

# Implementation of SBIRT in Primary Care: Successes and Barriers

Peer Assistance Services, Inc.

RMHP Learning Collaborative Session  
March 6, 2020

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# Agenda

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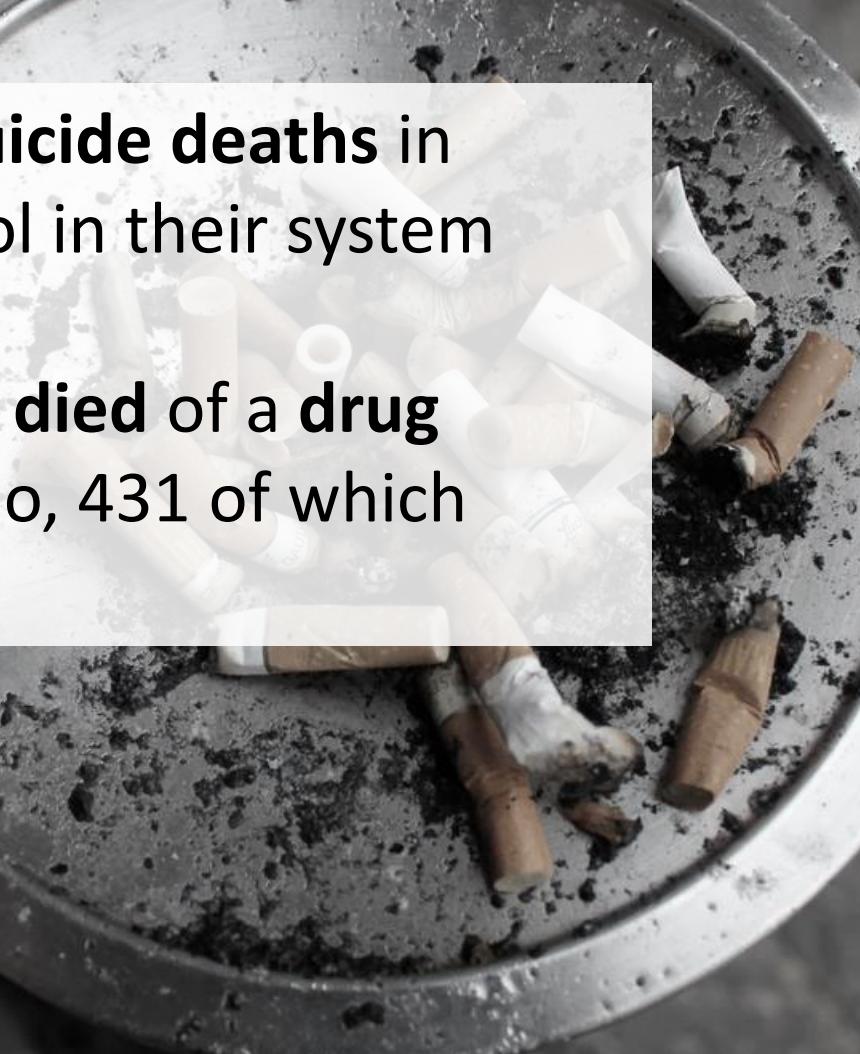
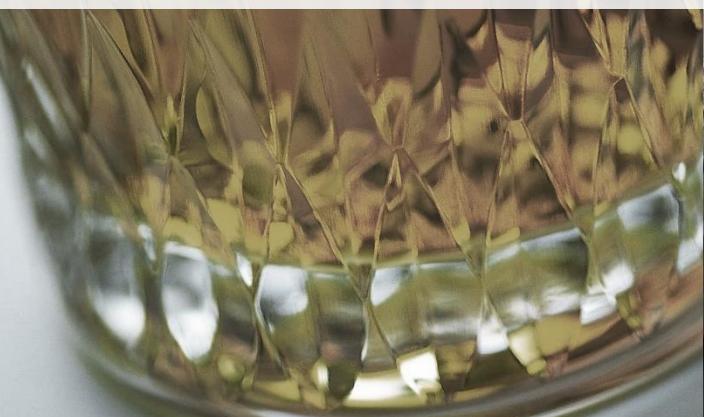
1. Discuss Substance Use Disorders in Colorado
2. Review the evidence for SBIRT
3. Explore *Screening, Brief Intervention & Referral to Treatment* (SBIRT) for prevention of alcohol and drug problems
4. Examine Case Studies
5. Discuss resources
6. Allow time for discussion

# Substance Use in Colorado

- **5 deaths** each day due to excessive drinking
- **1 in 5** adults binge drink
- **\$5 billion** in economic costs
  - Lost work productivity
  - Healthcare costs
  - Criminal justice
  - Vehicle crashes
  - Property damage

# Substance Use in Colorado

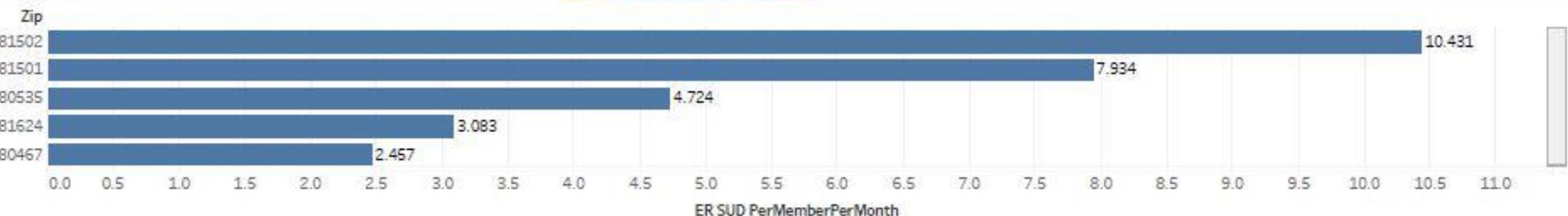
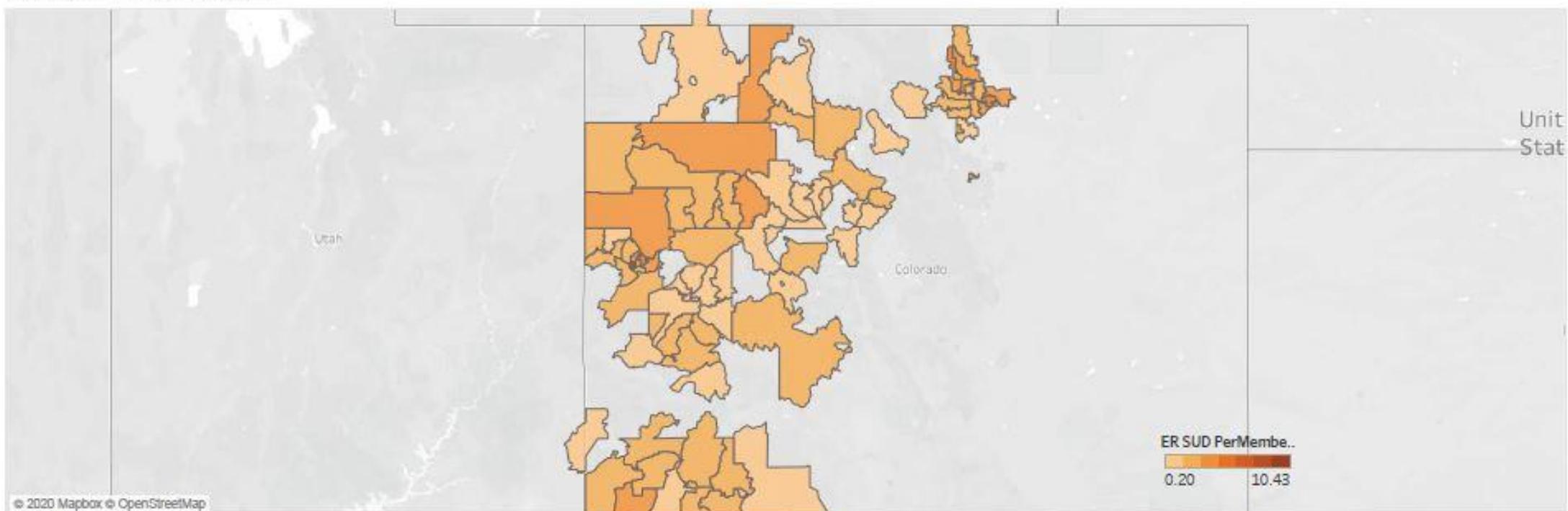
- More than **1/3 of suicide deaths** in Colorado had alcohol in their system
- In 2018, **974** people **died of a drug overdose** in Colorado, 431 of which were not opioids



# Substance Use in RAE Region 1

ER Visits with SUD Diag Code by Zip Code

Per thousand members per month



# Why screen for alcohol in health care?

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## Risks

- Cancers of breast, colon, liver, head and neck
- Stroke
- Accidents and injuries: falls, intimate partner violence, child abuse
- Unintended pregnancy & sexually transmitted infections
- Birth defects
- Suicide

## Causes

- Medication interactions
- Alcohol use disorder
- Fatty liver
- Cirrhosis and cardiomyopathy
- Pancreatitis

## Worsens

- Hypertension
- Diabetes
- Depression and Anxiety
- Insomnia
- Gastrointestinal conditions
- Atrial Fibrillation
- Weight gain

# In addition, excessive substance use...

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- Negatively affects work productivity
- Interferes with healthy relationships and family life
- Increases negative emotions and anger
- Disrupts academic achievement
- Hinders ability to successfully manage stress and sleep problems
- Increases the risk of early childhood exposures to substance use for children of heavy drinkers

# What about Marijuana?

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**Clinical guidelines for addressing marijuana in adolescents, adults, pregnant and breastfeeding women**

- <https://www.colorado.gov/cdphe/marijuana-clinical-guidelines>

**Responsibility Grows Here Campaign**

- <https://responsibilitygrowhere.com/>

A close-up photograph of several US one-dollar bills, showing the portrait of George Washington and the text 'THE UNITED STATES OF AMERICA' and 'ONE DOLLAR'. The bills are slightly overlapping and angled, creating a sense of depth.

# Other Benefits of SBIRT

## Cost Saving

- Health care savings of \$2,074 to \$6,504 per patient per year
  - (Pringle et al. 2018; Estee et al. 2010)

## Effectiveness

- Evidence-based, validated screening questions
- Quickly assess a patient's level of risk and need for further assessment and services
- Universal application of SBIRT reduces stigma around alcohol and drug use
- Increases staff morale and satisfaction when staff are able to help patients commit to change and find services

# Lower-Risk Drink Limits

	<b>Per Day</b> No more than...	<b>Per Week</b> No more than...
<b>WOMEN</b>	<b>3</b>	<b>and</b>
		<b>7</b>
<b>MEN</b>	<b>4</b>	<b>and</b>
		<b>14</b>
<b>OVER 65</b>	<b>3</b>	<b>and</b>
		<b>7</b>
<b>LESS IS BETTER</b>		

Adapted from CDC

- Why different limits for women?
- There is no “safe” amount.
  - Alcohol is a toxin.

# What is SBIRT?

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**Screening: Using validated questions**

**Brief Intervention: Brief conversation to enhance motivation to change**

**Referral to Treatment: Assessment and services for the person with a more severe alcohol or drug use problem**

# Screening

- Use validated questions exactly as worded
  - Self-administered preferred (*paper or electronic forms the client fills out alone*)
    - Enhanced comfort for patient
    - Potentially more accurate results
    - More efficient
  - Two-step process
    1. Brief screening
    2. Further screening when brief screen positive
- \*Most efficient approach: brief screening = vital sign**

Question	Positive Screen Criteria
<b>TOBACCO</b> Do you currently smoke or use any form of tobacco?	Positive Screen = Yes <b>NEXT STEP:</b> Explore readiness to quit. Offer assistance and/or arrange additional services.
<b>ALCOHOL</b> <b>Drinks per week:</b> How many drinks do you have per week? 12 fl oz beer = 5 fl oz table wine = 15 fl oz liquor (vodka, tequila, etc.)  -5% alcohol  -12% alcohol  -40% alcohol	Positive screen = More than 7 drinks per week for a female of any age or a male over age 65 Positive screen = More than 14 drinks per week for a male up to age 65 <b>NEXT STEP:</b> Consider further screening using the AUDIT or another screening tool. Provide a brief intervention and referral to treatment if indicated.
<b>Drinks per day:</b> When was the last time you had 4 or more drinks per day? (Asked of all females and males over the age of 65) OR When was the last time you had 5 or more drinks per day? (Asked of males age 65 and younger)	Positive Screen = in the past year <b>NEXT STEP:</b> Consider further screening using the AUDIT or another screening tool. Provide a brief intervention and referral to treatment if indicated.
<b>MARIJUANA</b> In the past year, how many times have you used marijuana?	Positive screen = 1 or more times <b>NEXT STEP:</b> Explore quantity and frequency of use. Consider further screening using the CUDIT-R or another screening tool. Provide a brief intervention and referral to treatment if indicated.
<b>OTHER DRUGS</b> In the past year, have you used or experimented with an illegal drug or a prescription drug for non-medical reasons?	Positive Screen = Yes <b>NEXT STEP:</b> Identify specific drugs, quantity and frequency of use. Consider further screening using the DAST or another screening tool. Provide a brief intervention and referral to treatment if indicated.
<b>OTHER POSITIVE SCREEN CRITERIA</b>	
For those age 18 – 20	Any alcohol use
For pregnant women	Any alcohol use

# Brief Screening

- “How many times in the past year have you had X or more drinks in one day?”**

Positive Response	Men < 65 years	Women Anyone $\geq$ 65 years
(1 or more times)	5 or more drinks/day	4 or more drinks/day

- “How many drinks do you have on average each week?”**

Positive Response	Men < 65 years	Women Anyone $\geq$ 65 years
(1 or more times)	15+ drinks/week	8+ drinks/week

***\*Any alcohol use by pregnant women or < age 21 = positive score***

# Further screening for alcohol: AUDIT

- Alcohol Use Disorders Identification Test

- Developed for primary care

- Identifies low/no-risk, hazardous or harmful use and possible severe alcohol use disorder

- Self-administer whenever possible

  **Screening, Brief Intervention, Referral to Treatment:  
Alcohol Use Disorders Identification Test (AUDIT)**

page 1 of 2

**PATIENT:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

**Note:** Alcohol is inclusive of beer, wine, liquor or any other alcoholic beverage. One drink = 12 oz. beer, 5 oz. wine, or 1.5 oz. liquor.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>AUDIT-C Score</b> (add items 1-3)						
(+) screen = 4 for men/3 for women and men >65 years old. If positive, ask the next 7 question to administer the full AUDIT.						
4. How often during the last year have you found that you were unable to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you felt guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
<b>Total AUDIT Score:</b>						

# Brief Screening for Marijuana Use

**“In the past year, how many times have you used marijuana?”**

**Positive screen = 1 or more times**

## Next steps:

- Further assessment to determine quantity and frequency of use
- Further screening may be indicated: CUDIT-R
- See Marijuana Clinical Guidance document for more information
- Daily or near daily use: corresponds to greater risk for Cannabis Use Disorder

## The Cannabis Use Disorder Identification Test - Revised (CUDIT-R)

Have you used any cannabis over the past six months? YES / NO

If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use *over the past six months*

1. How often do you use cannabis?	Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4 or more times a week 4
2. How many hours were you “stoned” on a typical day when you had been using cannabis?	Less than 1 0	1 or 2 1	3 or 4 2	5 or 6 3	7 or more 4
3. How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4. How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
8. Have you ever thought about cutting down, or stopping, your use of cannabis?	Never 0	Yes, but not in the past 6 months 2	Yes, during the past 6 months 4		

*This scale is in the public domain and is free to use with appropriate citation:*

Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143.

**This questionnaire was designed for self administration and is scored by adding each of the 8 items:**

- Question 1-7 are scored on a 0-4 scale
- Question 8 is scored 0, 2 or 4.

Scores of 8 or more indicate hazardous cannabis use, while scores of 12 or more indicate a possible cannabis use disorder for which further intervention may be required.

# Brief Negotiated Interview

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Source: Shutterstock

- 1. Raise the subject**
- 2. Provide feedback**
- 3. Enhance motivation**
- 4. Negotiate a plan and advise**

# Step 1: Raise the Subject

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**“Would you mind taking a few minutes to talk  
with me about your screening results?”**

**Ask permission to have the conversation**



Source: PNG

# Step 2: Provide Feedback

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- Review reported alcohol use; compare to lower risk limits
- Connect alcohol to presenting concerns or risk for future health conditions
- Express concern
- Advise to quit or cut back

*Don't give too much information*

*Always elicit the person's response*



# Step 3: Enhancing Motivation

## Assess Importance or Readiness

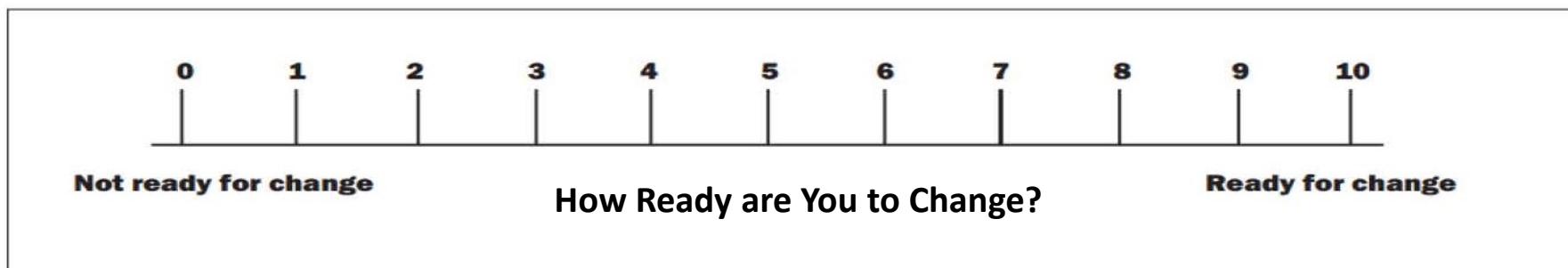
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**“On a scale of 0 -10, how important is it to you to decrease your drinking?”**

**“On a scale of 0-10, how ready are you to cut back on how much alcohol you drink?”**

**Then Respond:**

**“What makes you a X and not a lower number?”**

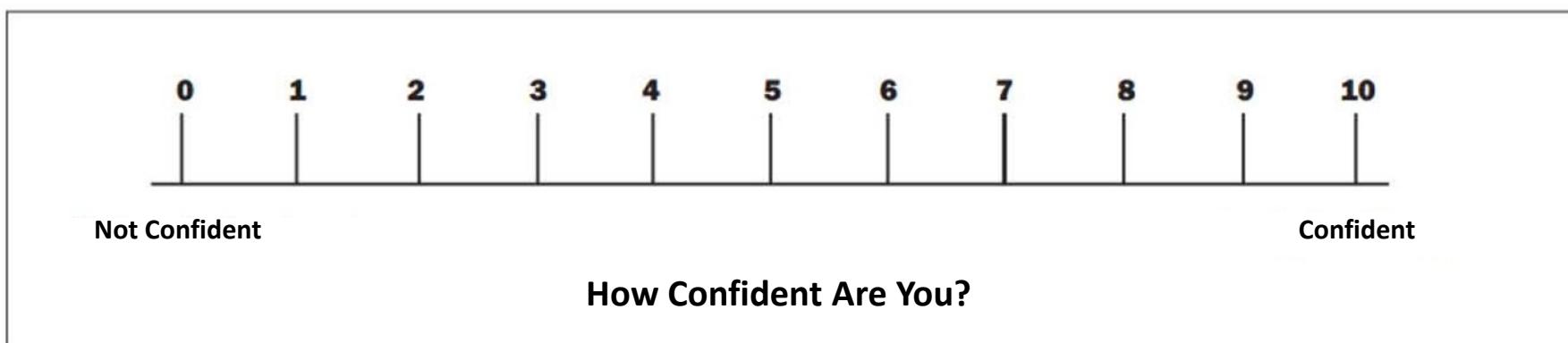


# Step 3: Enhancing Motivation

## Assess Confidence

**“On a scale of 0 -10, how confident are you that you could make a change if you decide to?”**

## Then Respond: “What could help you feel more confident?”



# Step 3: Enhancing Motivation when readiness is low

## Explore the pros and cons

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**“What do you like about your current level of drinking?”**

Followed by:

**“What are the not so good things about your current level of drinking?”**

Then summarize both sides:

**“So, on the one hand \_\_\_\_\_, and  
on the other hand, \_\_\_\_\_.”**

# Step 3: Enhancing Motivation when readiness is low

## Explore the pros and cons

**“What do you like about your current level of drinking?”**

**Followed by:**

**“What are the not so good things about your current level of drinking?”**

Then summarize both sides:

**“So, on the one hand \_\_\_\_\_, and  
on the other hand, \_\_\_\_\_.”**

# Step 3: Enhancing Motivation when readiness is low

## Explore the pros and cons

**“What do you like about your current level of drinking?”**

**Followed by:**

**“What are the not so good things about your current level of drinking?”**

**Then summarize both sides:**

**“So, on the one hand \_\_\_\_\_, and  
on the other hand, \_\_\_\_\_.”**

# Step 3: Elicit “Change Talk”

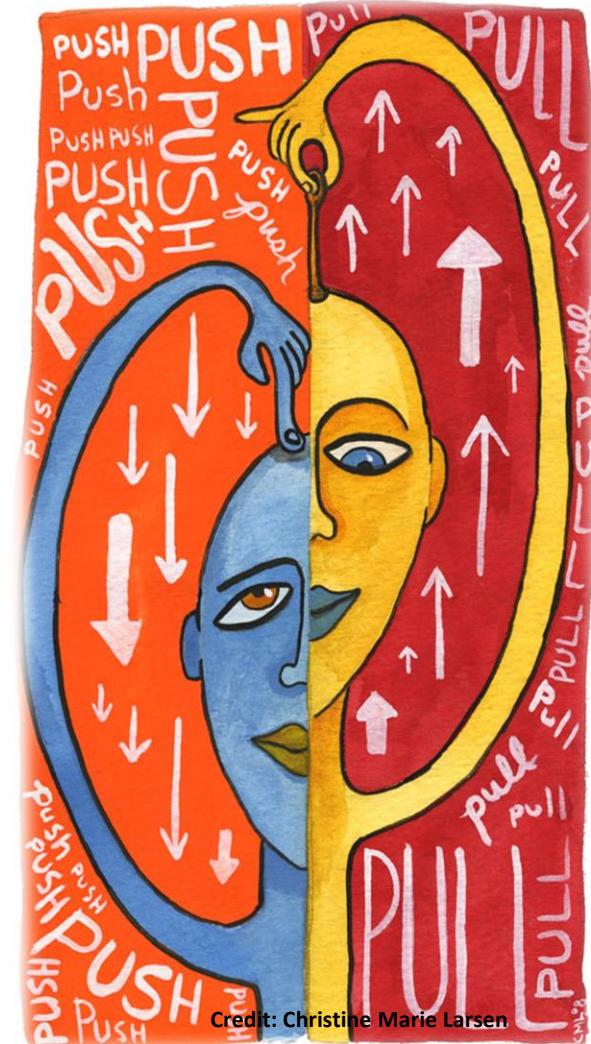
## Exploring Ambivalence

“Why might you want to consider making a change in your alcohol or drug use?”

“Let’s say you did decide to quit or cut back, how would you go about doing it?”

“What are some of the best reasons you can think of to make a change?”

“How does your current alcohol use fit with what matters most to you in your life?”



# Step 4: Negotiate and Advise

## Elicit response:

“What you decide to do is up to you.”

“What steps could you take to make a change?”

## Negotiate a goal and specific next steps:

Offer input with permission.

## Assist with developing a plan:

“What will be challenging?

“How will you approach this?”

“How can we help?”

## Summarize:

“Your plan and next steps are...”

## Arrange follow-up:

Depending on level of risk and circumstances.

## Thank them:

For their honesty and willingness to have the conversation.

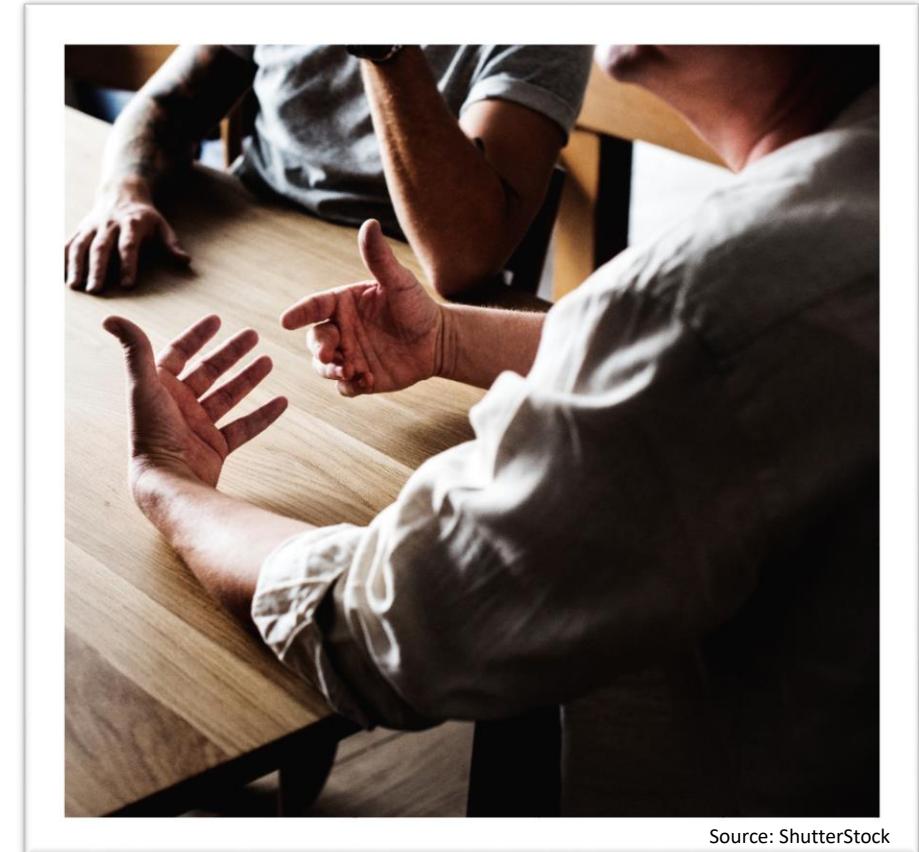


# Referral to Treatment

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## Who?

- A pattern of binge drinking
- Serious consequences of alcohol or drug use
- Continuation of alcohol or drug use despite awareness of harmful consequences
- Unsuccessful attempts to cut back or abstain from alcohol or drugs

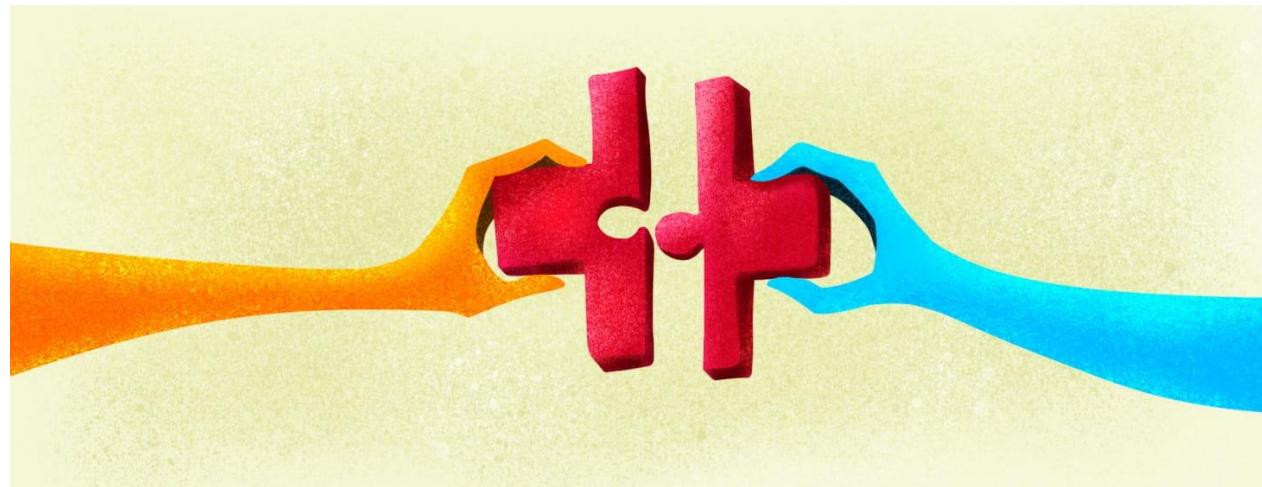


Source: Shutterstock

# Management of Alcohol or Other Drug Use Disorders

## Collaborative Shared Decision-Making

- Implemented in conjunction with Motivational Interviewing and repeated brief counseling



### Management includes:

- Medications and counseling
- One-on-one behavioral treatment
- Peer support groups
- Group-based treatment
- Resources and support for self-management
- *Patient preferences, values, priorities*

# Treatment Locators

- **Colorado LADDERS:**  
<https://www.colorado.gov/ladders>  
*Office of Behavioral Health Licensing and Designation Database and Electronic Records System (LADDERS)*
- **SAMHSA Treatment Locator**  
<https://findtreatment.gov/>

 **COLORADO**  
Office of Behavioral Health  
Department of Human Services



Search Services   About Us   Substance Use   Mental Health   About Prevention   Resources   Insurance   For Providers

**Colorado LADDERS**  
Office of Behavioral Health Licensing and Designation Database and Electronic Records System (LADDERS)  
Colorado Department of Human Services, Office of Behavioral Health (OBH) offers this referral resource for information and services for prevention, treatment and recovery from substance use and mental health conditions.

**Find A Service Provider**  
To access a service provider: Click on an image or search by name, city or zip code.

Substance Use      Mental Health



Crisis Services Information

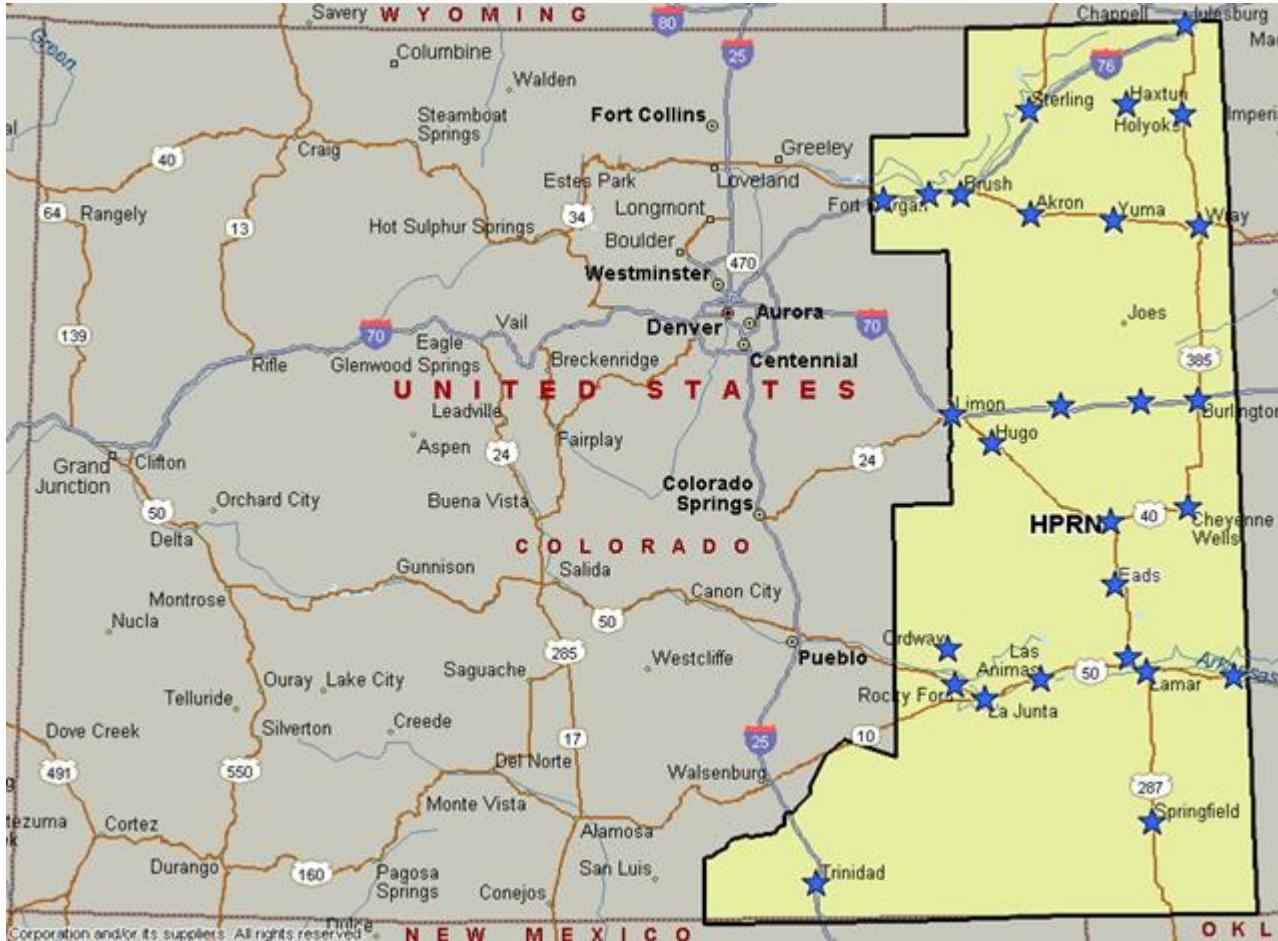
Search by Provider Name, City or Zip Code

Provider Name, City, Zip Code

Visit the [Colorado Department of Human Services/Office of Behavioral Health website](#) for additional information.

For Immediate Assistance, Call 1.844.493.TALK (8255) or Visit [ColoradoCrisisServices.org](#)

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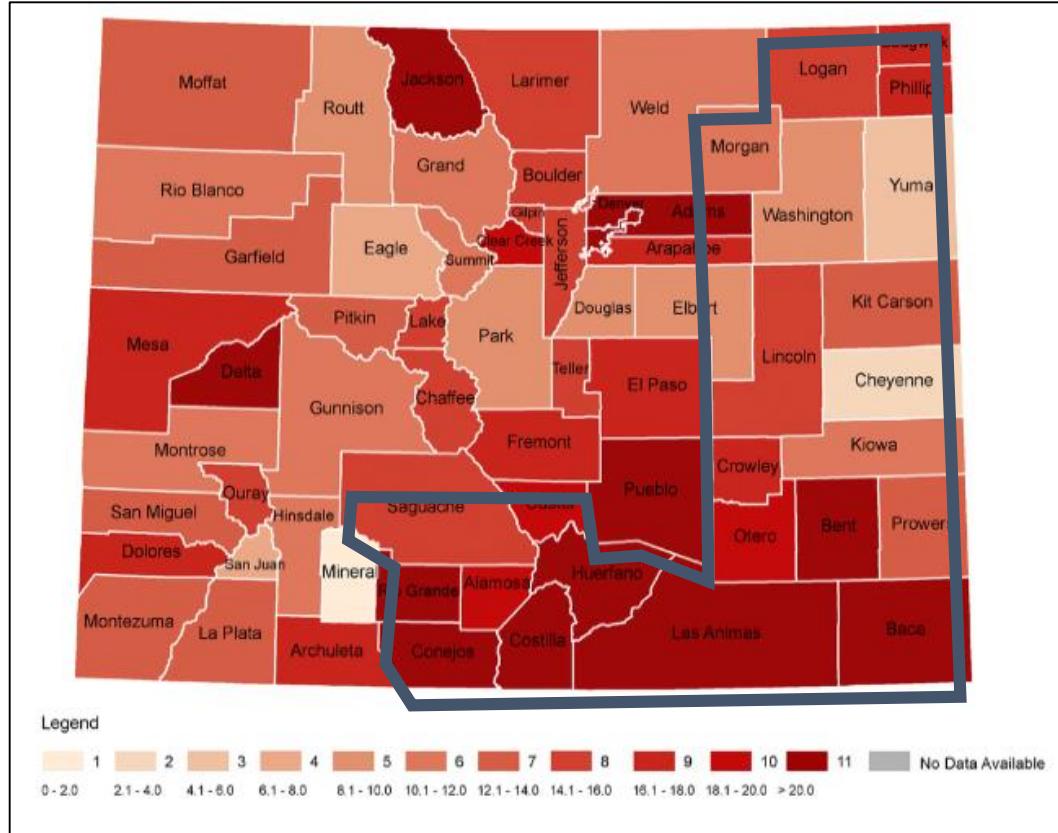


Colorado



- Established 1997
- 16 counties of eastern rural and frontier Colorado
- 54 primary care practices
- 16 hospitals
- 30,000 sq. miles
- 150,000 people

# Why SBIRT now?



Colorado drug overdose death rates: 2014

- Partnership with Peer Assistance Services, Inc. and Signal Behavioral Health Network
- Practice Based Research Network (PBRN) infrastructure offers practices access to locally-based practice facilitators (NE, SE, and SLV regions)
- Beneficial to IT MATTTRs practices working to deliver medication-assisted treatment (40 in region)
- Great opportunity to support overall wellness in our rural communities

# Practice Participation

- 10 practices currently engaged
  - 2 federally qualified health centers (6 practices)
  - 2 hospital-based clinics
  - 2 private practices
- Recruiting 10 more practices over next three years



# Screening

## Starting Line:

- Not screening
- Screening but not using validated tool
- Screening but not doing systematically in practice
- Screening but not able to pull data from EHR

## Successes:

- Developing protocols, starting to screen
- Switching from “Do you drink?” to using a validated tool (AUDIT, DAST-10)
- Implementing protocols for screening:  
All patients or subgroup of patients?  
Every visit or wellness visits or other?
- Finding a location in EHR to store and access data

# Brief Intervention (BI)

## Starting Line:

- No brief intervention occurring
- Doing some BI somewhat regularly



## Successes:

- Recognizing BI behavior (Hey, we *are* doing BIs!)
- Learning motivational interviewing and other brief intervention techniques
- Engaging behavioral health coaches, nursing staff, others in BI – not just clinicians

# Referral to Treatment

## Starting Line:

- Not screening, no referrals
- Screening, no referral protocol
- Referring everyone (skipping over BI)



## Successes:

- Meeting with local behavioral health practices and/or substance use counselor to determine referral protocol
- Actual referrals occurring!
- Referrals made for those with most need for treatment

# What's Happening?

1. We are telling the story for each practice.
  - Demonstrate practice SBIRT behavior through monthly data reports.
  - “Every cup of tea” approach using the new Practice Information Form. *(Recently adopted by Signal Behavioral Health for all SBIRT sites.)*
2. Practices are having more of those potentially difficult conversations around topics very important to health...but so easy to avoid. 
3. Aiming to work with 10 more practices!

SBIRT		
Practice Information Form		
Practice Name		
Number of Providers (MD, PA, NP)		
SBIRT team within clinic	Name	Role at practice
EHR brand		
EHR reporting capacity (brief description)	<p>▪ Can practice pull SBIRT-related data from EHR, or does practice need to use the paper form to track screening, interventions, referrals?</p>	
Screening Activity	<p>Within the past five years, has the practice implemented screening protocols for alcohol and/or drug use (opioids, marijuana)? If yes, describe: names of screening tools used, status of screening practice, if stopped – why?</p> <p>Has the practice received facilitation/training in SBIRT previously? When?</p> <p>▪ If practice screens patients, report monthly:</p> <ul style="list-style-type: none"><li>– Number of patients seen per month (age 12 and older)</li><li>– Number of patients screened per month, by type (alcohol, drug, etc.)</li><li>– Number of referrals to treatment</li></ul>	
Key clinic staff roles for SBIRT	Name	Role
Meeting Dates and Discussions		
Goals For Future Visits		

Practice Name	Northeast Colorado Family Medicine – Sterling, Colorado	
Number of Providers (MD, PA, NP)	1 NP, 1 PA, 1 MD	
Demographic focus	Families, all ages	
SBIRT team within clinic	Name	Role at practice
	Tony Gerk	MD/Owner
	Megan Ringlein	Practice Manager
EHR brand	Practice Partner	
Services Provided	<ul style="list-style-type: none"> <li>• Newborn and Well Child Care, including vaccinations and sports physicals</li> <li>• Obstetrical Care, including in-office ultrasound and surgical care/cesarean section</li> <li>• Complete Physicals and Well Woman Exams</li> <li>• DOT Medical Exams and Commercial Driver Medical Certification (all four providers certified)</li> <li>• Cancer Screening including colonoscopies performed at Sterling Regional Med Center</li> <li>• Weight Loss Counselling and Obesity Treatment</li> <li>• Care of Minor Psychiatric Illnesses with evaluation and referral if needed</li> <li>• <b>Drug and Alcohol Addiction Counselling and Treatment</b></li> <li>• <b>Smoking Cessation</b></li> <li>• Skin Exams and removal of skin lesions and warts</li> <li>• Joint and Trigger Point Injections</li> <li>• Chronic Disease Management, including high blood pressure, diabetes and high cholesterol</li> <li>• Care of minor injuries and trauma, including fractures, lacerations, sprains and strains and concussion care</li> <li>• Family planning services, including No-Scalpel Vasectomy, Essure, Nexplanon and IUD Insertion</li> </ul>	

Practice Name	Akron Clinic – Akron, CO	
Number of Providers (MD, PA, NP)	1 NP, 1 PA, 1 MD (several part time)	
Demographic Focus	Family Practice	
SBIRT team within clinic	Name	Role at practice
	Heather Gaines, RN	Nurse
	Caitlyn Ahern, MD	Provider
EHR brand	NextGen	
Services Provided	<ul style="list-style-type: none"> <li>• Laboratory</li> <li>• X-Ray</li> <li>• Physical Therapy</li> <li>• Home Health Care</li> <li>• Wellness visits</li> </ul>	

### **Starting Line:**

- No initial screening. When screening commenced in Spring 2018, it was done via paper.
- “Who will do what?”, work flow undefined
- All staff needed basic SBIRT training
- Screening results were not able to seen in EHR reports
- Brief Interventions?
- Referrals to treatment?

### **Starting Line:**

- Providers talk to patients about alcohol use, but there is not universal screening
- Workflow was undefined for SBI with EHR transition
- Staff turnover at onset of implementation

# For Further Information

## See our website!

[www.sbitcolorado.org](http://www.sbitcolorado.org)



- Screening and clinical tools
  - Pocket cards
  - Posters
  - Clinical Guides
- Patient education materials
  - Posters
  - Wallet Cards
- Schedule of all upcoming community trainings
- Information on Parity Law

## Other useful tools

- SBIRT Reimbursement and FAQ
  - <https://www.colorado.gov/pacific/hcpf/sbirt-benefit>
- Substance Use & Mental Health Screening Tool Site
  - <http://screeningtools.peerassuranceservices.org/>
- Office of the Ombudsman
  - [https://www.colorado.gov/pacific/behavioralhealth\\_ombudsman](https://www.colorado.gov/pacific/behavioralhealth_ombudsman)

The One Degree app allows anyone to practice difficult conversations about substance use with those they care about:



The image displays two side-by-side screenshots of the One Degree app's user interface. The left screenshot shows a man with a beard and a woman outdoors, with a 'START SIMULATION' button overlaid. The right screenshot shows two women indoors, also with a 'START SIMULATION' button overlaid. Both screenshots feature a large green speech bubble button labeled 'START THE CONVERSATION' in the center. The app's header includes the 'ONE DEGREE' logo and the text 'Shift the Influence'.



Available online and as a mobile app (Apple and Android)  
at [www.shifttheinfluence.org](http://www.shifttheinfluence.org)

Practice learning to:

- Ask open-ended questions: discuss stress or worries they may be facing.
- Listen with empathy: make sure they know you are there to listen.
- Problem-solve: instead of giving advice, ask questions.

## WOMEN'S HEALTH & ALCOHOL



# Women's Health & Alcohol

The **Women's Health & Alcohol** app and website is designed to educate women on the impact alcohol can have on their physical, mental, and social well-being.

Users interact with Maria, a virtual nurse practitioner, to learn about how alcohol can impact their lives. Available online and via the app stores at no cost.



<http://www.sbirtcolorado.org/womens-health-alcohol>

# No-cost Online SBIRT Training

## Online, Freely Available Professional Development Simulations



### Alcohol and Drug Use Basics

Learn the basics of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to prevent alcohol and drug misuse in adults and adolescents.



### At-Risk in the ED\*\*

Learn effective techniques to discuss mental health and substance use with adult patients in an emergency room setting.



### SBI with Adolescents\*

Learn effective techniques to conduct substance use screening and brief intervention with adolescent patients.



### At-Risk in Primary Care\*\*

Learn effective techniques to discuss mental health and substance use with adult patients in a primary care setting.



### SBI Skills Assessment\*

Practice and assess your skills in conducting substance use screening and motivational interviewing with adult patients.

**Visit:**

[shifttheinfluence.org/providers](http://shifttheinfluence.org/providers)

to access these **free**  
simulations for CO health  
professionals.

\* Accredited for AMA CME, ANCC CNE, and NASW contact hours.

\*\* Accredited for AMA CME and ANCC CNE contact hours.

**Free access** to these simulations is provided to all Colorado health and mental health professionals by One Degree and Peer Assistance Services, Inc.



# Thank you!

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# Question & Answer

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- Do you view SBIRT as an effective model to address patient substance misuse and related health problems?
- In your view as a healthcare practitioner and as a community member, is substance use and related health problems important to ask about and address in primary care?
- In your view or in the health setting you work, are there more pros or cons associated with implementing SBIRT in your setting?