

# Presenter Disclosures

Tracy L. McPherson, PhD

**(1)The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

# *Translating Medical SBIRT for Alcohol Misuse into Behavioral Healthcare Practice in Workplace Settings*

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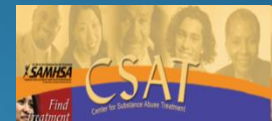


at the UNIVERSITY of CHICAGO



# Workplace SBIRT Project

- ❑ Launched in 2006
- ❑ Seed Funding:
  - NHTSA
  - CSAT
  - SAMHSA
  - NETS
  - Alkermes
- ❑ Corporate Sponsors of BIG Initiative
- ❑ Pilot Sites:
  - OptumHealth
  - Aetna
  - ValueOptions
- ❑ Denise Ernst, PhD Training & Consultation  
[www.deniseernst.com](http://www.deniseernst.com)



# *Screening for unhealthy alcohol use, brief counseling, treatment and follow-up: SBIRT*

“Suitable methods of identification and readily learned brief intervention techniques with good evidence of efficacy are now available. The committee recommends...broad deployment of identification and brief intervention.”

**(21 Years Ago!)**

**(IOM, Broadening the Base of Treatment for Alcohol Problems, 1990, pg 8)**

# *Workplace SBIRT Project: Translating Research into Practice*

- Overall Aim: Adapt alcohol SBIRT approaches developed in the medical field for work-related settings:
  - EAP
  - Occupational Health & Safety
  - Wellness & Health Promotion
  - Disease Management
  - Disability & Risk Management

# *Aim of Workplace SBIRT*

- ❑ Increase early identification of workers risky alcohol use.
- ❑ Build awareness and educate workers about U.S. recommended guidelines and risks associated with alcohol misuse.
- ❑ Motivate and develop an action plan with workers to:
  - reduce unhealthy, risky drinking
  - adopt health promoting practices
  - seek help

# Components of Workplace SBIRT Programs

**Screening**  
Identification of behavioral problems/risk (alcohol, tobacco, drugs, depression)

Moderate

Low

High

**Brief Intervention**  
Raises awareness of risks and reinforces staying at low risk

**Brief Intervention/  
Brief Treatment**  
Cognitive behavioral, medications with clients who acknowledge risks and are seeking help

**Referral to TX**  
Referral of those with more serious or complicated mental or substance use conditions

# *Rationale:*

## *Why Address Employee Alcohol Use*

- ❑ Sustained heavy drinking (5+ drinks on one occasion) increases worker risk of HEALTH problems:
  - Depression, sleep problems, cancer, diabetes, hypertension.
  
- ❑ Short-term risk of worker SAFETY problems:
  - Impaired judgment, reaction time, distraction, sleep disturbance





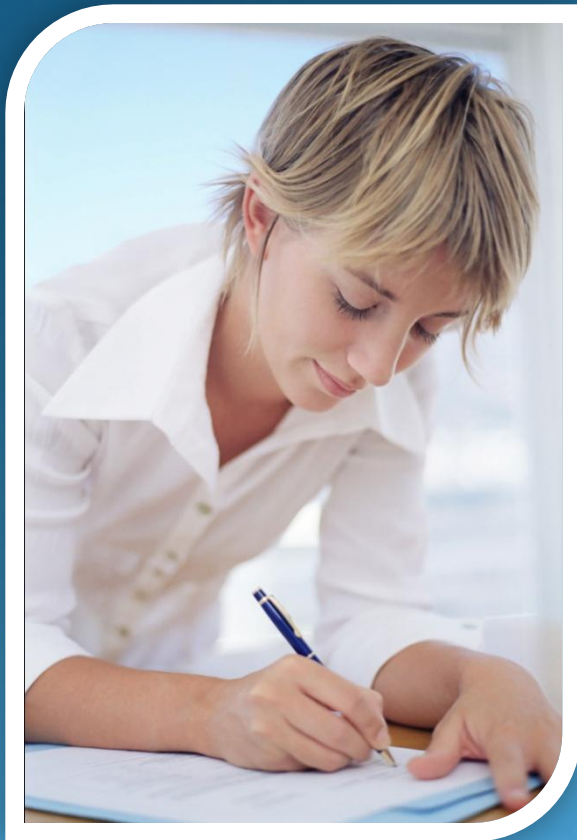
# *Rationale for Workplace SBIRT*

- ❑ 80% of problem drinkers are employed
- ❑ 76% of alcohol-related absenteeism, tardiness, and poor work quality caused by at-risk drinkers
- ❑ 20% of employees have covered for a coworker, required to work harder, or injured due to coworker drinking



Alcohol misuse has a profound impact on the workplace, employees and their families:

- ✓ lower productivity
- ✓ lost work days
- ✓ worker turnover
- ✓ extra health care use
- ✓ worker compensation and disability
- ✓ diverted supervisory and coworker time
- ✓ accidents and damage
- ✓ injuries and violence
- ✓ workplace conflicts
- ✓ family problems



**Cost of alcohol problems** = CDC's new estimates at over \$223 billion annually (most in lost productivity)

**Extra \$1.90 per drink**

Alcohol misuse is linked to **almost 50%** of trauma and injury visits to ERs => driving up employers' health insurance costs and employees' premiums.



# Alcohol & Substance Abuse Cost Calculator

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



## The Alcohol Cost Calculator



CALCULATOR FOR BUSINESS

RETURN ON INVESTMENT

CALCULATOR FOR KIDS

ALCOHOL COST CALCULATOR

[About Us](#)

[FAQ](#)

[Media Center](#)

[Contact Us](#)

### Calculating the Cost of Alcohol Problems Can Improve Access to Treatment

The human and economic consequences of alcohol problems are staggering on a national scale. They are the third leading cause of preventable death in America, they destroy millions of families, they rob millions of young people of their futures and they drain \$186 billion from our economy every year. Yet few people know how much alcohol problems cost at the community or company level.

Make your workplace safer,  
healthier, and more productive

The Alcohol Cost Calculator  
**for Business**



Learn how health plans are  
affected by alcohol problems

The Alcohol Cost Calculator  
**for Health Plans**



Calculate how many kids need  
treatment in your community

The Alcohol Cost Calculator  
**for Kids**



Investing in alcohol treatment  
can help your business

The Alcohol Cost Calculator  
**Return on Investment**



Knowledge is power. By using these tools to calculate the human and economic consequences of alcohol problems, you can work more effectively to improve access to treatment.

# Calculate the Impact in Your Organization

## Step 1: Choose your industry.

What [industry](#) do you work in? If you're not sure, or if your company participates in several industries, choose "U.S. Industry Average":

Finance and Real Estate

## Step 2: Enter number of employees.

How many people do you employ?

## Step 3:

**Choose a State** or **Choose a Metropolitan Area**

In which State do your employees work? If you have employees in many States, choose "the United States."

The United States

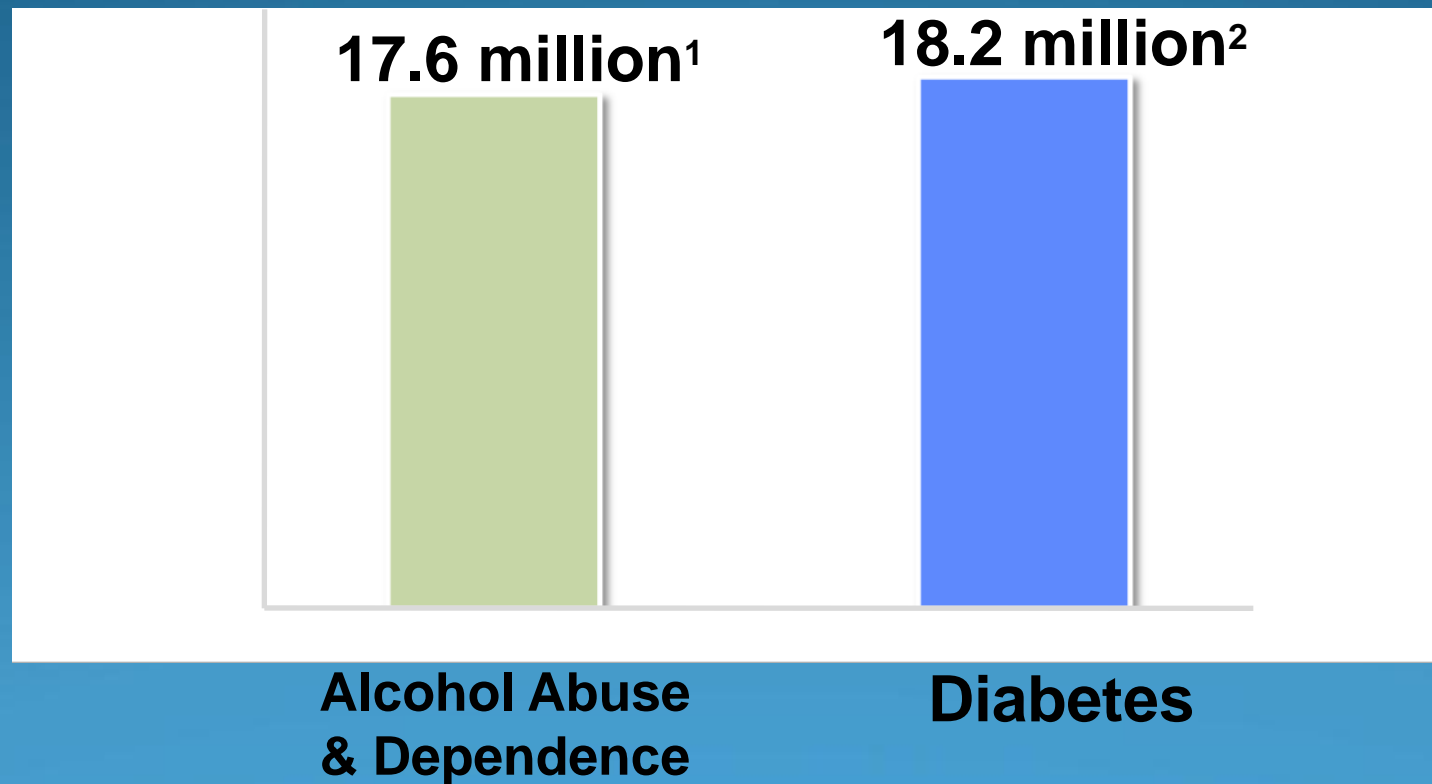
<b>Number of Employees:</b>	<b>144,000</b>
<b>Likely number of <a href="#">problem drinkers</a> in your workforce:</b>	<b>13,064</b>
<b>Likely number of the 231,840 employees' family members who are <a href="#">problem drinkers</a>:</b>	<b>17,875</b>

# The Impact...

## How Do Untreated Alcohol Problems Affect Productivity and Health Care Costs?

Likely number of excess work days lost to sickness, injury and absence because of problem drinking per month	<b>4,229 days</b>
Cost of excess lost days per year	<b>\$7,993,825</b>
Likely alcohol-related health care costs per year	<b>\$56,507,544</b>
Emergency room visits per year at \$1,191.81/visit	<b>1,856 visits</b> <b>\$2,211,999</b>
Hospital stays per year at \$5,306.68/day	<b>1,550 excess days</b> <b>\$8,225,354</b>
Emergency department and hospital costs per year	<b>\$10,437,353</b>

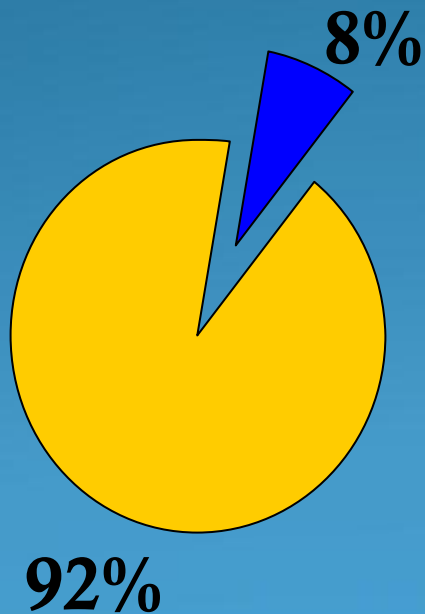
# Alcohol Problems Nearly as Prevalent as Diabetes



## References:

1. Grant BF, et al. *Alcohol Res. and Health*. 2006; 29:77.
2. National Center for Chronic Disease and Prevention and Health Promotion. National Diabetes Fact Sheet. <http://www.cdc.gov/diabetes/pubs/estimates.htm>. Accessed June 25, 2008.

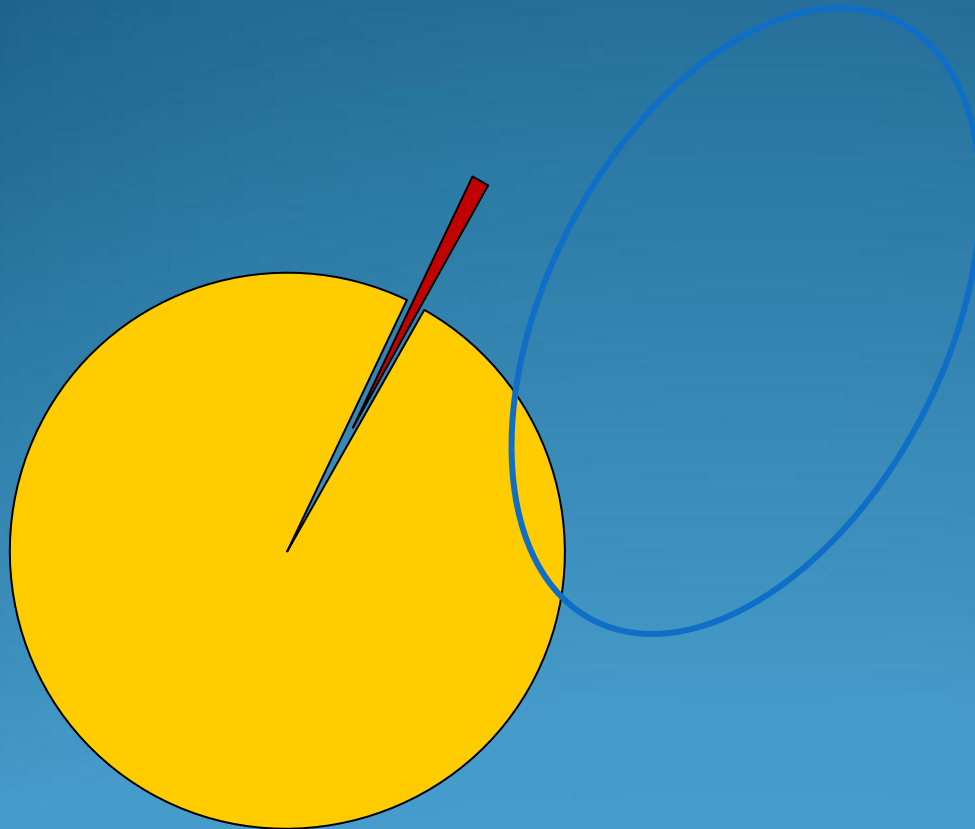
# Most Go Unidentified



~ 8% of U.S. adults has a diagnosable alcohol use disorder (NSDUH, 2005)



# How Many Get Identified?



Health plans  
identify <1% of  
members  
(NCQA, 2007)

# Few Americans Treated for Problem Drinking



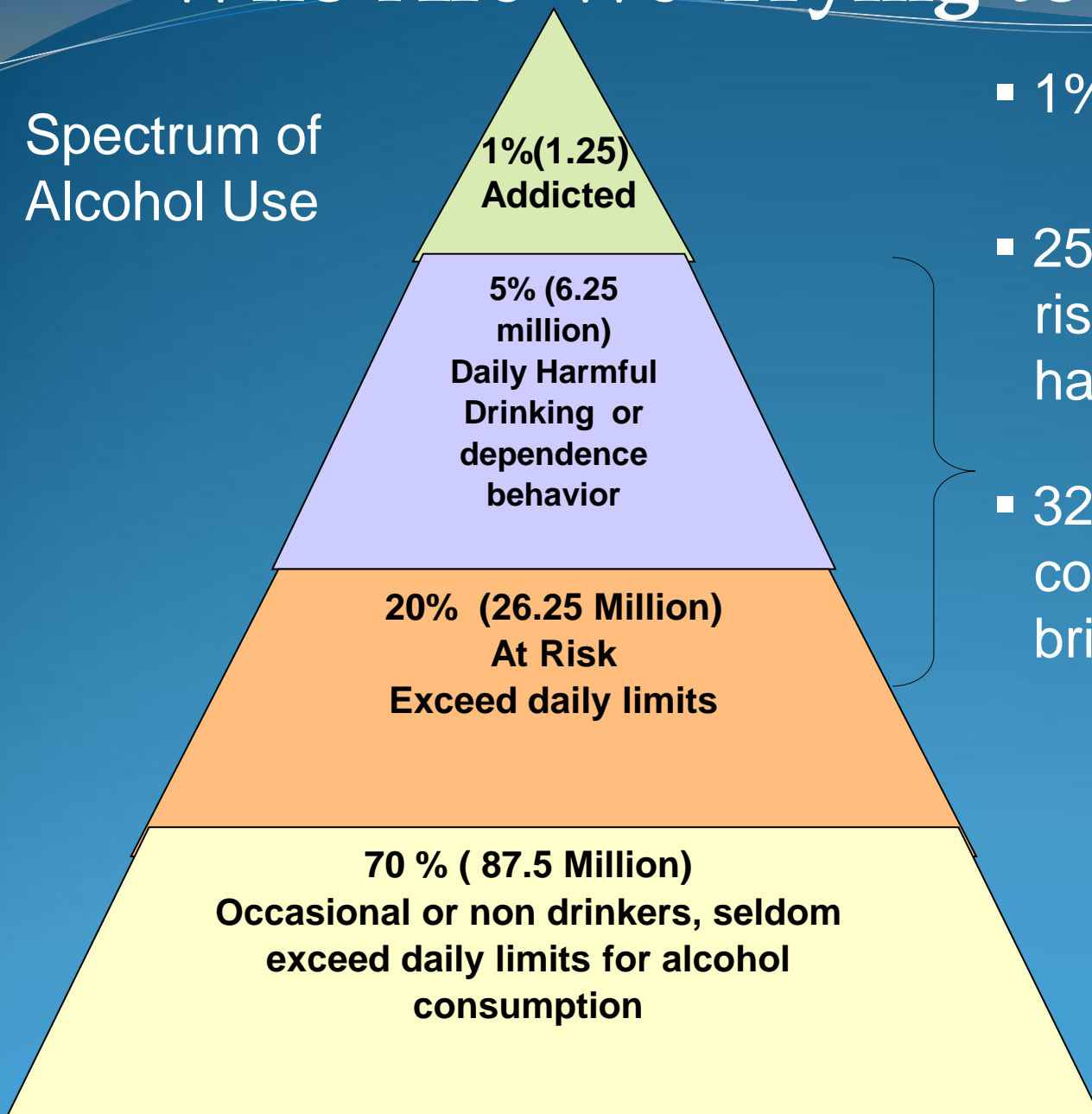
**2.8 Million Americans Receive  
Treatment Annually**

**17.8 Million Americans  
Need Treatment**

Office of Applied Studies. (2004). Results from the 2003 National Survey on Drug Use and Health: National findings. Rockville, MD: Substance Abuse and Mental Health Services Administration.

# Who Are We Trying to Reach?

Spectrum of Alcohol Use



- 1% Historical focus
- 25% engaged in risky, harmful or hazardous drinking
- 32.5 million people could benefit from brief intervention

# *Before Workplace SBIRT Project*

- ❑ Well developed approaches existed in the medical settings, e.g., trauma, ED, primary care.
- ❑ Numerous professional associations, government agencies, business groups and others recommended SBI as routine practice.
- ❑ No well-developed approaches for the workplace.

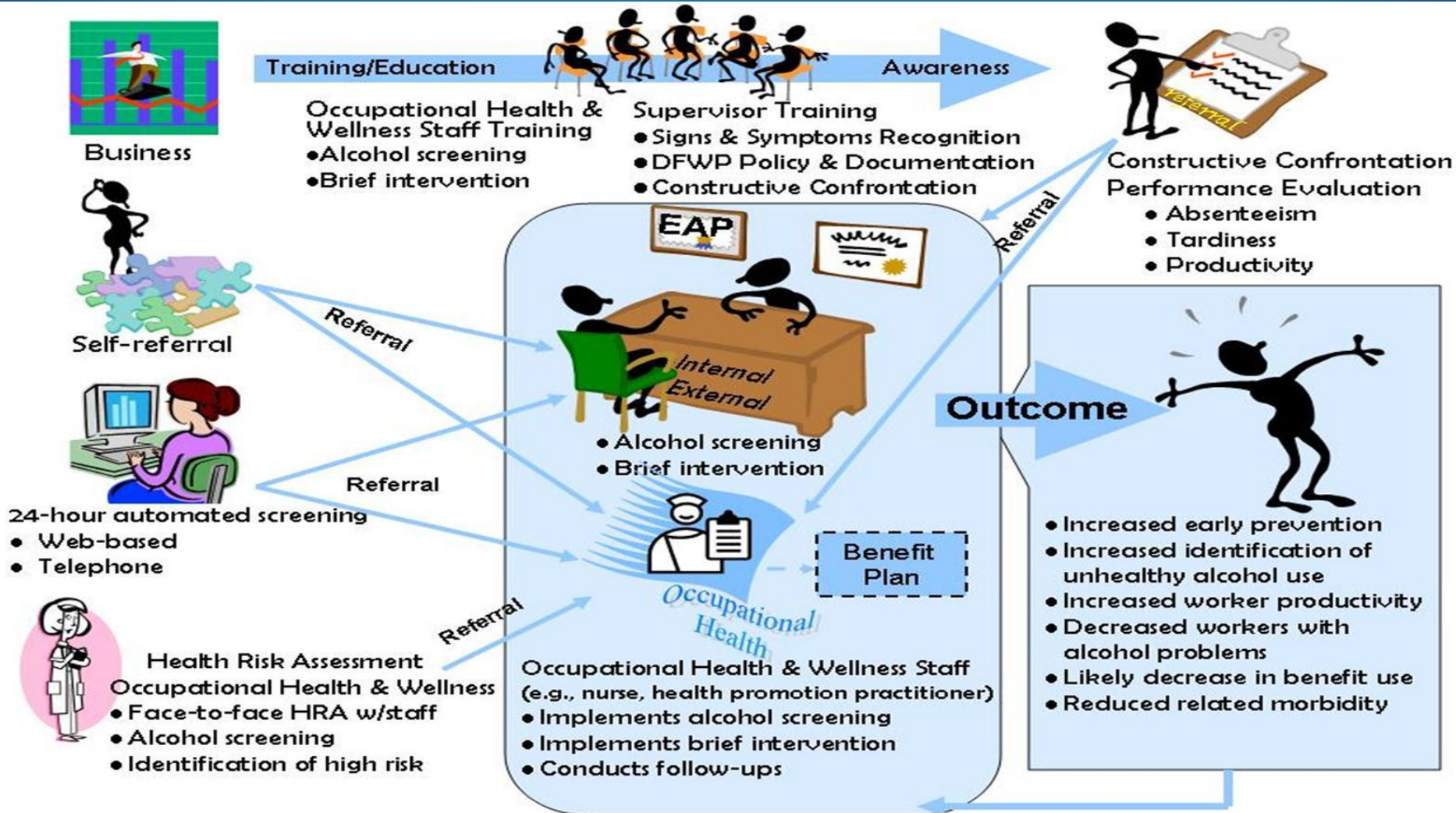


# *Workplace SBIRT Project*

## **Phase I: Adaptation**

- Conducted extensive literature review of medical and workplace literature.
- Surveyed 500 employers and 200 vendors of workplace services
- Convened Advisory Panel
- Developed a Conceptual Model of Workplace SBIRT

# Workplace Options for Increasing Screening and Treatment



# *Workplace SBIRT Project*

## Phase II:

- ❑ Developed workplace SBIRT training
- ❑ Developed SBIRT protocols adapted for workplace practitioners
- ❑ Conducted “proof of concept” feasibility studies of the model using protocols - starting with EAPs

# *Brief Intervention Group*

## *“BIG Initiative”*

### Phase III

- Launched the “BIG Initiative” learning collaborative to facilitate:
  - Dissemination of resources and training materials to workplaces
  - Adoption and further evaluation of alcohol SBIRT



# ***BIG Members***

- EAPs and MBHOs
- Employers
- Professional Associations
- Clinicians and Substance Abuse Experts
- SBIRT/MI Experts
- Researchers and Consultants
- Pharmaceutical Companies
- Treatment Centers
- Technology Companies
- Federal Agencies

# ***BIG Committees***

- ❑ Board of Directors – thought leaders, industry decision-makers
- ❑ Operations & Systems – call center and internal EAP practice
- ❑ Clinical Improvement – provider and network affiliate practice
- ❑ Quality Improvement – common metrics (program performance, client and business outcomes)

# *Connect with BIG*

- ❑ Join at [www.EAPBIG.org](http://www.EAPBIG.org)
- ❑ LinkedIn “BIG Initiative Group”
- ❑ Resources [www.ensuringsolutions.org](http://www.ensuringsolutions.org)
- ❑ Training
  - BIG <http://bigsbirteduction.webs.com>
  - EAPA Learning Center [www.eapassn.org](http://www.eapassn.org)



*A campaign dedicated to mobilizing the entire EAP industry – clinicians, EAP companies and employers – to work together to make screening and brief counseling for hazardous alcohol use routine practice for employers across North America.*

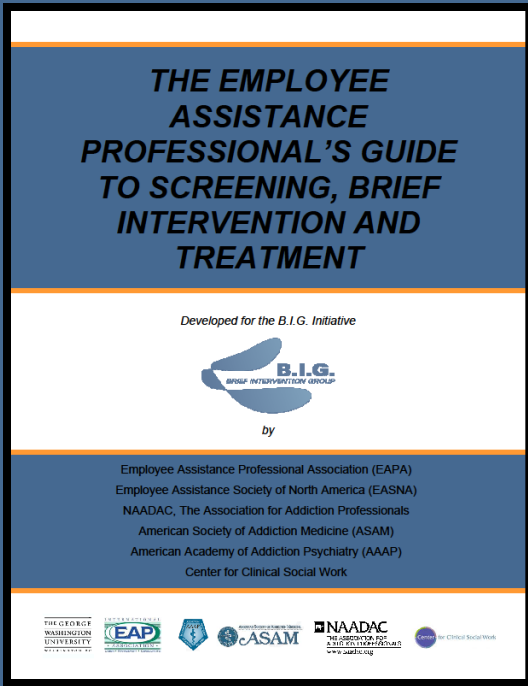
# *Employee Assistance Professional's Guide to Screening, Brief Intervention and Treatment for Problem Drinking Training Program*

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



# Learning Objectives of Core Curriculum

1. Use the AUDIT-C, AUDIT or similar evidence-based tools to screen employees for unhealthy alcohol use;
2. Provide feedback and deliver effective brief counseling strategies informed by motivational interviewing and cognitive behavioral techniques; and
3. Link clients with needed medical or specialty addiction treatment services, and to work with physicians and others in ongoing care coordination and follow-up support.





# Webinar Series Begins November 2011

- Introduction to SBIRT
- SBIRT: Referring to Mutual Support Groups
- EAP, SBIRT and DOT-Covered Employees
- Working with Family Members
- SBIRT and Older Adults
- Working with Physicians in Ongoing Care Coordination
- Working with Addiction Treatment Programs in Ongoing Care Coordination
- Applying SBIRT to Depression, Prescription Medication Abuse, Tobacco Use, Trauma and Other Client Concerns
- SBIRT and Young Workers
- Using SBIRT with Social Media

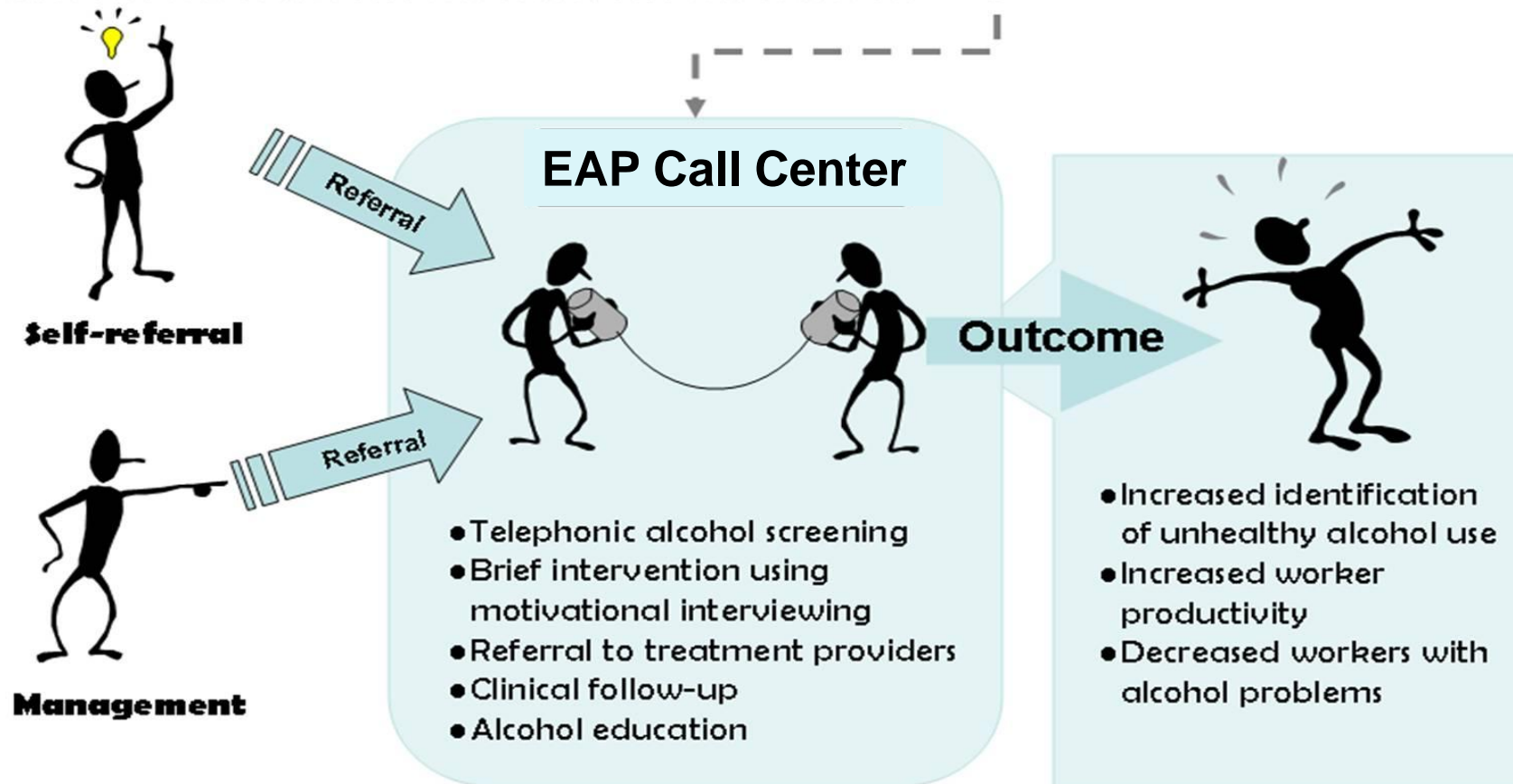


Pilot Studies:

“Proof of Concept”  
Feasibility in EAP  
Settings

### Antecedent Activities to Implementation

- Intensive training
- Infrastructure adaptation (e.g., data collection system)
- Organizational changes (e.g., policies and contracts)
- Quality monitoring process changes





# *Demonstrating Value - Outcomes*

## □ Program Performance:

- Can you find people with problems?
- Will people get better who receive EAP SBIRT?
- Will workplace and personal costs decline after EAP SBIRT?

## Box 10

### The Alcohol Use Disorders Identification Test: Self-Report Version

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.

Place an X in one box that best describes your answer to each question.

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 six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had 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 had a feeling of 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 your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care 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</b>	

# AUDIT\*

## Alcohol Use Disorder Identification Test

### Developed by WHO

English: [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf)

Spanish: [http://www.who.int/substance\\_abuse/activities/en/AUDITmanualSpanish.pdf](http://www.who.int/substance_abuse/activities/en/AUDITmanualSpanish.pdf)

## Detects Alcohol Problems in the Last Year

AUDIT-C <2 min  
AUDIT <5 min



# AUDIT-C

## Consumption (AUDIT Items 1-3)

Read questions as written. Record answers carefully. Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during this past year.” Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. (see below, What is a Standard Drink?) Code answers in terms of “standard drinks”. Place the correct answer number in the box at the right.

Questions*	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
2. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 +	
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
				<b>AUDIT-C Score (add items 1-3)</b> <i>Positive screen=4 men/3 women and adults over age 65</i>		

If positive, you can stop or move to items # 4-10.

# Dependence Symptoms (Items 4-6)

4. How often during the last year have you found that you were not able to stop drinking once you had 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	

# Harmful Use (Items 7-10)

7. How often during the last year have you had a feeling of 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 your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care 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>AUDIT Score (add items 1-10)</b>						

# Levels of Brief Intervention

## Workplace Adaptations Tested in EAP/MBHO Settings:

Risk	Intervention (3 levels)	AUDIT score
Level I - Low	<ul style="list-style-type: none"><li>▪ Alcohol Education</li></ul>	0-7
Level II - Moderate	<ul style="list-style-type: none"><li>▪ Alcohol Education</li><li>▪ Normative Feedback</li><li>▪ Simple Advice</li><li>▪ Brief Intervention (with/without MI-informed - focused on behavior change)</li><li>▪ Follow-up</li></ul>	8-19
Level III- High	<ul style="list-style-type: none"><li>▪ Alcohol Education</li><li>▪ Normative Feedback</li><li>▪ Simple Advice</li><li>▪ Brief Intervention (with/without MI-informed – focused on connecting to referral)</li><li>▪ Referral to Specialist for Diagnostic Evaluation and Treatment</li><li>▪ Follow-up</li></ul>	20-40

**SBIRT Basic**  
**AUDIT with 3 Risk Levels Protocol w/Scripting**

McPherson & Goplerud 2010

**Open by saying:** "How can I help you today?...proceed with Intake

**Introduce screening by saying:** "We ask all our clients intake questions to help us better understand who you are and what your needs might be. As part of our holistic approach and as a preventive measure, we also ask some screening questions of all our members. Your answers will remain confidential"...proceed with screening [embed alcohol questions, e.g., start with depression, go to alcohol, drug use, then close with stress]

**Conduct AUDIT-C Hazardous Use Prescreen (3 questions)**

Q1: Frequency of drinking  
 Q2: Quantity in a typical day  
 Q3: Frequency of heavy use  
 Record responses and add Q1+Q2+Q3, then Enter AUDIT-C score  
 If client refuses at any point, indicate "Refused AUDIT-C"

**If AUDIT-C = <4 for men, <3 for women and adults over age 65**

**Follow NEGATIVE PRESCREEN Procedures:**

- AUDIT-C score feedback
- Alcohol education
- Normative feedback

**Brief Intervention RESPONSE**

• "From your responses, your drinking is in a healthy range, which means that you are at lower risk for many health and emotional concerns than those who drink at higher ranges. The U.S. recommended guidelines for low-risk drinking for women and adults over 65 is no more than 1 drink per day or 7 drinks per week, and for men no more than 2 drinks per day or 14 drinks per week. Most people, about 72% of adults in the U.S. never exceed these daily or weekly limits. Would you like me to send you some more information on healthy drinking patterns?"

If yes, offer to email booklet and links

- "Tips for Cutting Down on Drinking" booklet  
<http://pubs.niaaa.nih.gov/publications/Tips/tips.pdf>
- EAP website

Document "BI provided" or "BI refused"  
 Document "alcohol education materials provided"

Close alcohol SBI:

- "Thank you for taking a few minutes to talk with me."

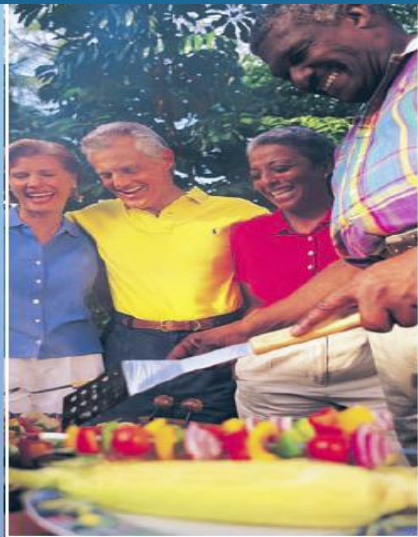
**STOP alcohol BI, continue EAP intake**

**If AUDIT-C = 4+ for men, 3+ for women and adults over age 65**

**Follow POSITIVE PRESCREEN Procedures:**

- Complete remaining AUDIT items Q4 – Q10
- Record responses and add ALL AUDIT items (Q1-Q10), Enter total score
- Identify Level of Risk (Low, Moderate, High)
- If member refuses at any point, indicate "Member refused AUDIT"

Risk Level	Intervention	AUDIT score*	
Level I - Low Risk	<ul style="list-style-type: none"> <li>▪ AUDIT score feedback</li> <li>▪ Alcohol Education</li> <li>▪ Normative Feedback</li> </ul> [no follow-up]	0-7	→ Level I See "Follow Negative Prescreen"
Level II - Moderate Risk	<ul style="list-style-type: none"> <li>▪ AUDIT score feedback</li> <li>▪ Alcohol Education</li> <li>▪ Normative Feedback</li> <li>▪ Simple Advice</li> <li>▪ Referral to EAP Provider and/or other resources</li> <li>▪ Schedule Follow-up</li> </ul>	8-19	→ Level II Continue to "Brief Intervention Response"
Level III- High Risk	<ul style="list-style-type: none"> <li>▪ AUDIT score feedback</li> <li>▪ Alcohol Education</li> <li>▪ Normative Feedback</li> <li>▪ Simple Advice</li> <li>▪ Referral to Appropriate Level of Care (Specialist for Dx Eval, Tx, Alc DM, Community Resources)</li> <li>▪ Schedule Follow-up</li> </ul>	20-40	→ Level III Continue to "Brief Intervention Response"



# RETHINKING DRINKING

Alcohol and your health

Research-based information from the  
**National Institutes of Health**  
**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



### HOW MUCH IS TOO MUCH?

- > What counts as a drink?
- > Is your drinking pattern risky?
- > What's the harm?

### THINKING ABOUT A CHANGE?

- > It's up to you
- > Strategies for cutting down
- > Support for quitting
- > Tools & resources

### QUESTIONS?

Q & As

1 2 3 4 5

## DO YOU KNOW...

### THE SIGNS THAT ALCOHOL IS CAUSING HARM?



**Do you enjoy a drink now and then?** Many of us do, often when socializing with friends and family. Drinking can be beneficial or harmful, depending on your age and health status, and, of course, how much you drink.

For anyone who drinks, this site offers valuable, research-based information. What do you think about taking a look at your drinking habits and how they may affect your health? *Rethinking Drinking* can help you [get started](#).

"Sometimes we do things out of habit and we don't really stop to think about it. This made me think about my choices."

"It emphasized that drinking is not bad in and of itself—it's how much you're doing it and how it's affecting your life."

"I thought the strategies for cutting down were really good. It gives you tools to help yourself."

These are comments from social drinkers who reviewed the *Rethinking Drinking* [booklet](#) in focus testing. We welcome your comments on the booklet and this Web site as well. Send us an [email](#).

### Quick links

- ✓ Check your drinking pattern
- ✓ See signs of a problem
- ✓ Get tools to make a change

## TAKE IT with you



Download or order

this 16-page booklet,  
*Rethinking Drinking:  
Alcohol and Your  
Health*

Is your "lite" beer light in alcohol?



How strong is your mixed drink?

TRY THE COCKTAIL CONTENT CALCULATOR



How many "drinks" are in a bottle of wine?





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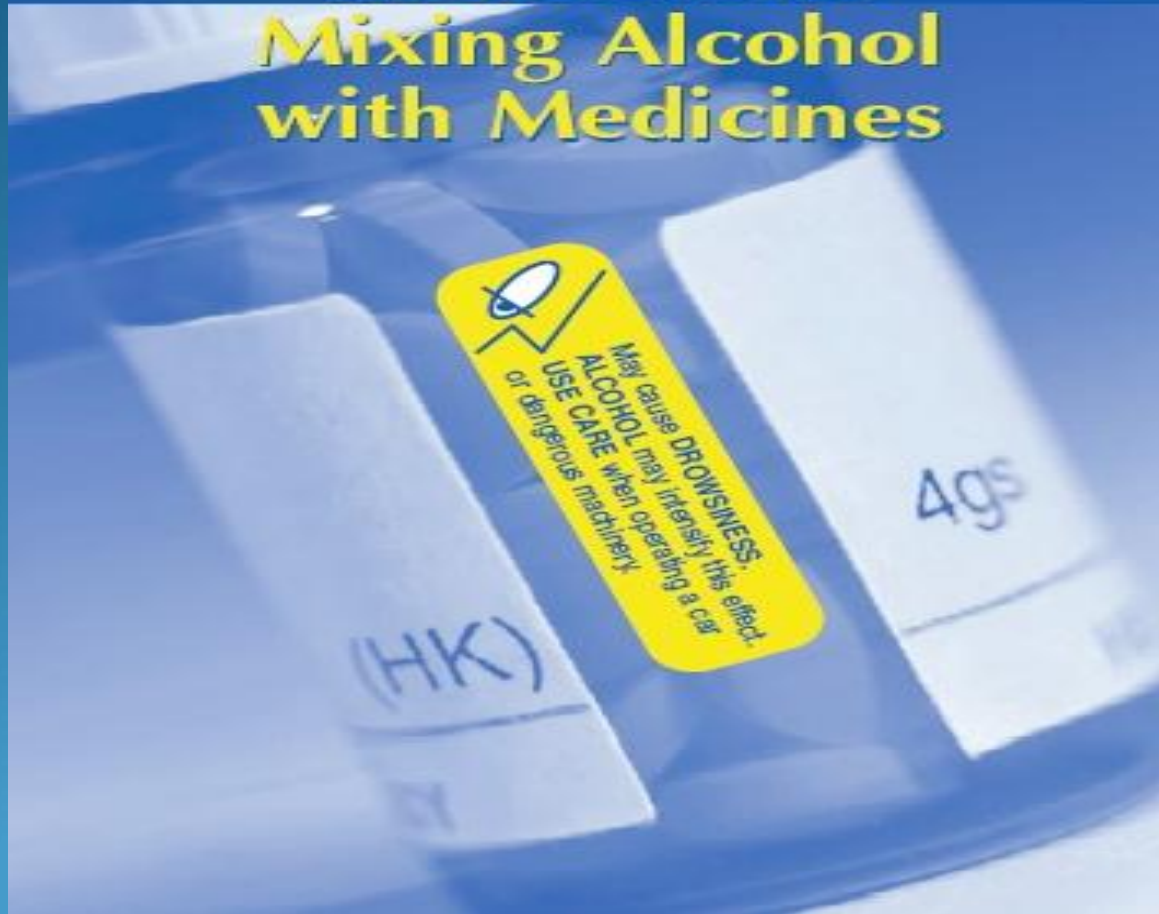
# TIPS FOR CUTTING DOWN ON DRINKING

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**U.S. Department of Health and Human Services**  
National Institutes of Health  
National Institute on Alcohol Abuse and Alcoholism

<http://pubs.niaaa.nih.gov/publications/tips/tips.pdf>

# Harmful Interactions: Mixing Alcohol with Medicines



# *Pilot A*

## □ Identification

- Risk Potential 28% (*AUDIT- C Prescreen Cases*)
- Confirmed Risk 13.4% (*AUDIT Full Screen Cases*)

## □ Self-reported presenting problem(s)

- 8% (28 of 336) based on any of up to 4 presenting problems (addiction/alcohol abuse or substance abuse)
- <1% (3 of 336) based on primary presenting problem (addiction/alcohol abuse)

# *Pilot B*

295 EAP cases  
93% Participation  
78% Follow-up Agreement

Female (73%), Male (27%)  
Avg. Age: 41 (range 20-74)

## Identification at 5 months

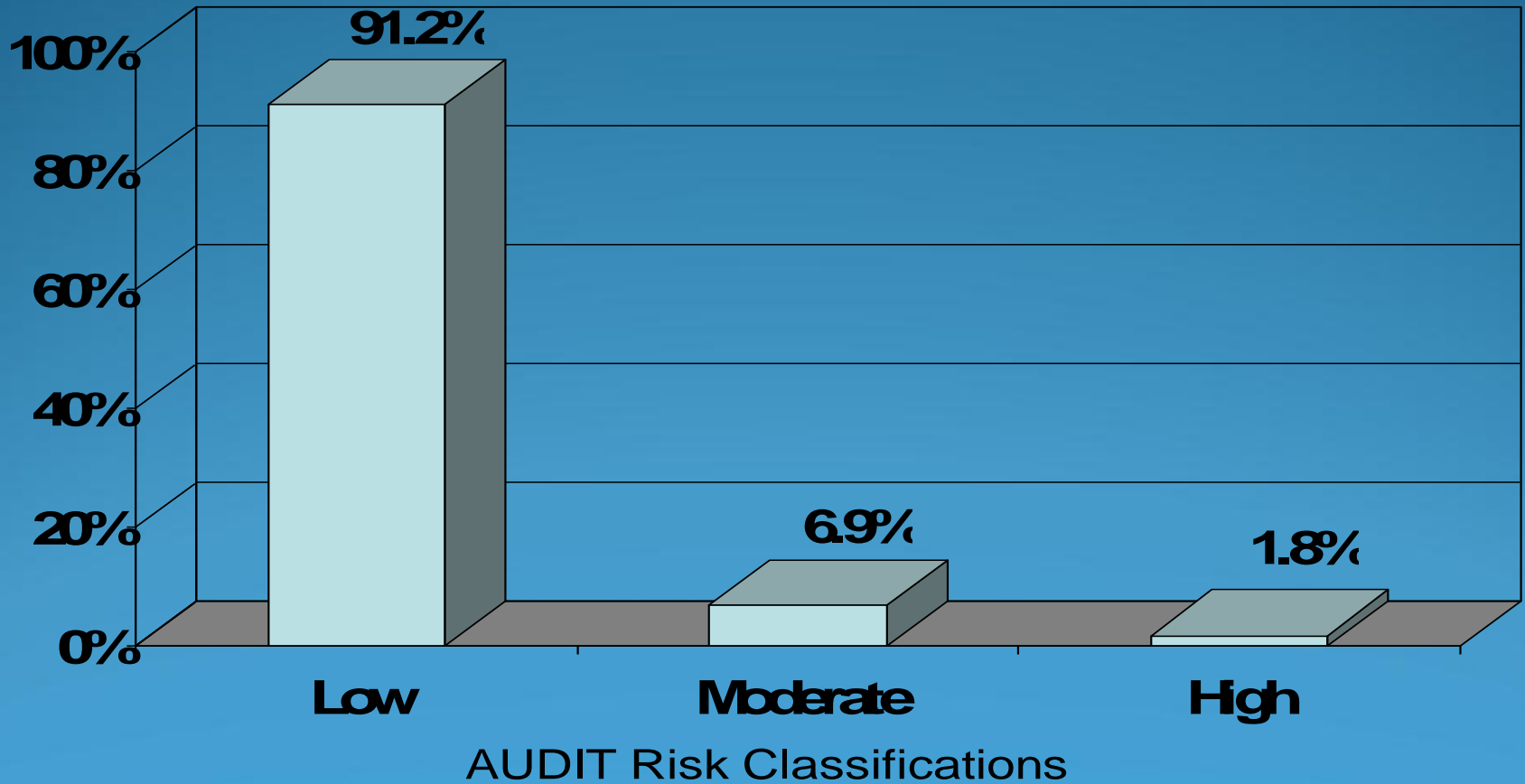
- 18.5% using AUDIT screening tool
- 6% based on “presenting problem”
- At baseline: < 1%



# *Pilot C*

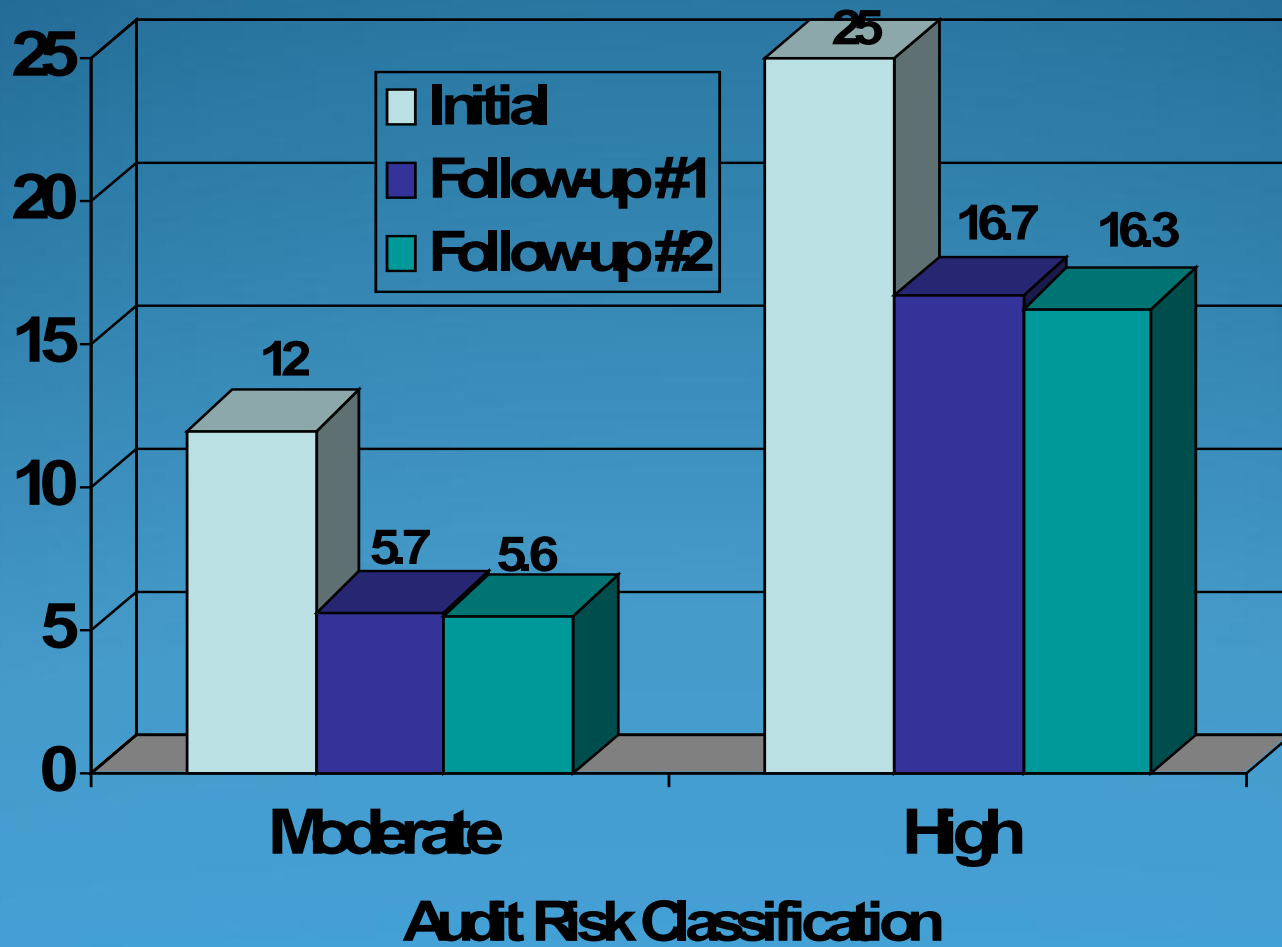
## AUDIT Risk Classification

n=5,725 Screens



# Site B

## Follow-up Data



# Site D

- **383 Completed AUDIT Screens** by telephonic EAP telephonically over 7 months
- **Modified FRAAMES approach:**
- **AUDIT Results:**
  - 80% (306) scored in Risk Zone I no or low-risk drinking
  - 10.2% (39) scored in Risk Zone II hazardous drinking
  - 2.4% (9) scored in Risk Zone III harmful drinking
  - 7.6% (29) scored in Risk Zone IV alcohol abuse or dependence drinking
- **Referral:** 35 (9.1%) referred to substance use behavioral health services, and 246 (64.2%) to follow-up EAP.

## Comparison of Pre-SBI (6 mo. prior) to Post-SBI Identification:

	Pre-SBI Period (n=681)	Post-SBI Period (n=383)	p-value
Hazardous Alcohol Use	7.5% (51)	20.1% (77)	<0.0001
Alcohol Abuse/Dependence	7.1% (48)	10.4% (40)	0.0536

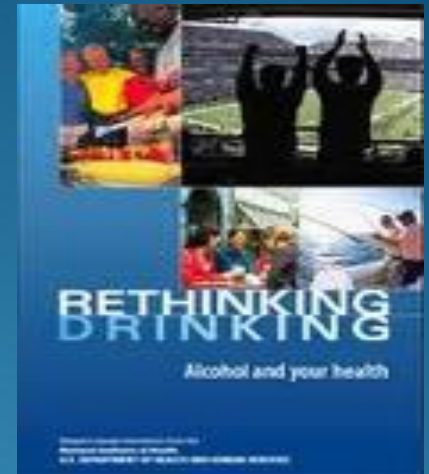


# *Resources*

□ **NIAAA's *Rethinking Drinking*** - give workers (clients) take-home material, such as, to answer questions about health risks and other common problems associated with unhealthy alcohol use.  
<http://www.rethinkingdrinking.niaaa.nih.gov/>

□ **SAMHSA's Treatment Locator** online at  
<http://www.samhsa.gov/treatment>

□ **SAMHSA's National Help Line** 800.662.HELP (4357) and offers confidential, free, 24-hour-a-day, 365-day-a-year, information services in English and Spanish for individuals and family members facing substance abuse and mental health issues.



# AMA Approved Billing Codes

The screenshot shows a Mozilla Firefox browser window with the title 'Ensuring Solutions to Alcohol Problems: Resources: SBI Reimbursement Guide'. The address bar contains the URL: [http://www.ensuringsolutions.org/resources/resources\\_show.htm?doc\\_id=385233&cat\\_id=2005](http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=385233&cat_id=2005). The website header includes the logo for 'Ensuring Solutions to Alcohol Problems' and navigation links for 'HOME', 'CONTACT US', and 'Subscribe to our E-Newsletter'. A search bar is also present. The main content area is titled 'SBI Reimbursement Guide' and includes a sub-heading 'How to Use Existing Codes to Bill for Alcohol Screening and Brief Intervention/Counseling'. The page is divided into sections: 'General Guidance on Coding for SBI', 'Ambulatory Outpatient Setting', 'Hospital Emergency Department', and 'Inpatient Hospital Setting'. A left sidebar lists various resources, with 'Screening and Brief Intervention' highlighted.

Providers can be reimbursed for SBI

[http://www.ensuringsolutions.org/resources/resources\\_show.htm?doc\\_id=385233&cat\\_id=2005](http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=385233&cat_id=2005)

# Reimbursement for SBI

McPherson & Goplerud (APHA 2011)

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 min	\$48.00

THANK  
YOU