

## Alcohol and Drug Misuse (SBIRT)

Performance Measure Set:  CCO Incentive  Medicare Star Rating

Quality Measurement Type:  Structure  Process  Outcome  Patient Experience

Data Type:  Claims  Chart Documentation  eCQM  Survey  Other

State Benchmark: N/A. CCOs must report data for a minimum population threshold (estimated 20%).

**Who:** All patients aged 12 and older.

**Why:** Screening for alcohol and drug misuse is important for early detection and prevention of substance use disorder.

**What:** Percent of all patients aged 12 years and older who are screened for alcohol and drug misuse using an age-appropriate screening tool, and received appropriate follow-up as clinically indicated.

**How:** Two rates are reported for this measure using EHR-based data:

1. Of the patients aged 12 years and older who had a visit with your clinic during the year, what percentage received age-appropriate screening for alcohol and drug misuse and had either a brief screen with a negative result or a full screen.
  - a. The denominator for rate 1 uses the same denominator criteria as the depression screening and follow-up measure (NQF0418e/CMS2v9).
2. Of those patients who had a positive full screen during the year, what percentage of patients received a brief intervention, referral to treatment, or both that is documented within 48 hours of the date of the full screen.
  - a. The denominator for rate 2 includes those patients in the rate 1 numerator who had a positive full screen (i.e. subset of rate 1 numerator).

### Example:

Scenario	Rate 1		Rate 2	
	Denom	Num	Denom	Num
Patient refuses screening any point before required screening is completed.	No	No	No	No
Patient completes brief screen that is positive but refuses to complete full screen.	Yes	No	No	No
Patient completes brief screen that is negative.	Yes	Yes	No	No
Patient completes brief screen that is positive and completes full screen that is also positive. Results are discussed, and brief intervention or referral is completed.	Yes	Yes	Yes	Yes
Patient completes full screen that is positive but refuses brief intervention or referral to treatment.	Yes	Yes	Yes	No

**Exclusions:** Any of the following criteria remove people from the denominator:

- SBIRT services received in an emergency department or hospital setting;
- Patients with an active diagnosis for alcohol or drug dependency, engagement in treatment, dementia or mental degeneration;
- limited life expectancy, palliative care or hospice;
- situations where the patient’s functional capacity or motivation to improve impact the accuracy of results of standardized assessment tools;
- Patient refuses to participate;
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status.

**Reporting:** This is an EHR-based measure and does not require billing codes or claims data. CareOregon must receive data pulled from each clinic’s EHR for this measure; the data is then aggregated across all clinics in the CCO region and submitted to OHA. Please note the following reporting requirements:

- Patient-level detail, for CareOregon members only;
- Final reporting must be for the full calendar year; mid-year reports preferred in a rolling 12-month timeframe;
- Data can be formatted in QRDA category 1 or Excel.

Please email your Quality Improvement Analyst or Primary Care Innovation Specialist with any questions about data reporting.

## Alcohol and Drug Misuse (SBIRT) FAQ

### **Q: Does a brief screen count toward the measure?**

**A:** This measure leaves flexibility for clinical preferences on whether to do a brief screen before a full screen. Although a negative brief screen is numerator compliant, a positive brief screen, by itself, is not numerator compliant. If a patient has a positive brief screen, then a full screen must be completed for numerator compliance on Rate 1. A full screen is numerator compliant, regardless of the result.

### **Q: What score counts as a “positive” screening result?**

**A:** The clinician should interpret the age-appropriate screening tool to determine if the result is positive or negative. Where the screening tool includes guidance on interpreting scores, the clinician should consult that guidance. This is the same approach used to identify positive or negative results for depression screening in NQF0418e/ CMS2v9. There may be instances in which it is appropriate for clinicians to use their discretion in interpreting whether a result is positive or negative, such as for patients reporting use of topical medicinal marijuana.

### **Q: What counts as a brief intervention? Is there a time requirement?**

**A:** Brief interventions are interactions with patients that are intended to induce a change in a health-related behavior. They are short, one-on-one counseling sessions ideally suited for people who use substances or drink in ways that are harmful or abusive. Examples of brief interventions include assessment of the patient’s commitment to quit and offer of pharmacological or behavioral support, provision of self-help material, or referral to other supportive resources. A brief intervention of less than 15 minutes can count towards this measure.

### **Q: Does the referral to treatment need to be completed?**

**A:** No, a referral to treatment is counted when the referral is made and documented in the EHR. Given the challenges of documenting whether a referral was completed (that is, whether the patient actually saw the provider to whom the patient was referred), numerator compliance is not dependent on referral completion.

### **Q: What screening tools are recommended?**

**A:** Approved Evidence-Based Screening Resources/Tool are located here:  
<https://www.oregon.gov/oha/HSD/AMH/Pages/EB-Tools.aspx>

We recommend that you check this list to ensure your screening tool is OHA-approved.

### **Q: Do I need to screen patients at every visit?**

**A:** Screening in an ambulatory setting is required once per measurement year. This measure does not require screening to occur at all encounters.