From "Implementing Care for Alcohol & Other Drug Use in Medical Settings – An Extension of SBIRT SBIRT Change Guide, February 2018. National Council for Behavioral Health

Screen all adult patients (≥ 18 years old) for alcohol and other drug use, at least annually, using a structured screening tool and document the screen scores in the patient's medical record.	
Recommendation	Use the AUDIT-C Plus 2 which combines screens for alcohol (three items), cannabis (one item) and other drugs (one item), each scored independently.
Metric	Proportion of patients with screening results documented.
Benchmark	80%

Use a structured questionnaire to assess and document alcohol- and/or other drug-related symptoms if: • **Patients have "high-positive" screening results (e.g., AUDIT-C scores of 7-12 points, daily cannabis use, any other drug use); and/or** • **Patients have a clinical evaluation that suggests possible alcohol and/or other drug use disorder.**	
Recommendation	• Use the recommended Symptom Checklist with a three-month timeframe or a validated approach to elicit common symptoms. • Record results of questions and scores in the EHR. • Use patients' symptoms to engage them in discussions about alcohol and/or other drug use.
Metric	Among those with high-positive screen scores, proportion of patients who have documented assessment of alcohol- and/or other drug-related symptoms in their medical record.
Benchmark	80%

Offer brief counseling at least once a year for unhealthy alcohol and/or other drug use to all patients with positive screens.	
Recommendation	• Patients with unhealthy alcohol use should be offered patient-centered advice about recommended limits[27] and feedback linking alcohol use to health conditions relevant to the patient,[56] based on USPSTF recommendation.[4, 5] • Similar counseling can be offered to patients with at least weekly-to-monthly cannabis use.[28] • For the subset of patients with high-positive alcohol or other drug screens, experts recommend that patients be offered ongoing, patient-centered brief counseling, repeated at every visit, in addition to care outlined in Changes #4-5.
Metric	Among patients with positive screens for alcohol and/or other drug use, the proportion who have brief counseling documented in their medical records in the last year.
Benchmark	80%

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Manage patients with alcohol- and/or other drug-related symptoms: offer repeated visits for brief counseling and shared decision-making regarding treatment options and referral, as appropriate.	
Recommendation	Offer patients shared decision-making about five types of options and refer as needed if services are not available in primary care. ○ Medications such as naltrexone and acamprosate for alcohol disorders and buprenorphine naltrexone, or methadone for opioid use disorders in primary or specialty care.[59] ○ One-on-one behavioral treatments for alcohol and/or other drug use disorders by a behavioral health clinician (e.g., cognitive behavioral therapy, motivational enhancement therapy),[1, 60, 61] which can be integrated into primary care.[64] ○ Peer support groups (e.g., Alcoholics, Narcotics Anonymous (AA, NA,[62], SMART Recovery[63]). ○ Group-based treatment as provided by most specialty addiction treatment programs. ○ No treatment at this time, but possible self-management, with continued primary care support with monitoring and motivational interviewing. • Continue ongoing brief counseling. Provide ongoing alcohol- and/or other drug-related care (i.e., repeated visits)—within primary care, mental health, or specialty addiction treatment settings, per patient preference—to support self-management and change. • Adapt care based on results of monitoring and changes in symptoms and patient preferences.
Metric	Among patients with alcohol and/or other drug use symptoms on a structured tool, the proportion who have a follow-up visit that addresses alcohol and/or other drug use within 90 days.
Benchmark	80%

Arrange follow-up to monitor alcohol and/or other drug use and symptoms with a structured tool in all patients with high-positive alcohol and/or other drug screens, or reporting symptoms on the Symptom Checklist.	
Recommendation	Select a tool for monitoring patients with symptoms. At a minimum, monitor frequency of use with the AUDIT-C Plus 2 every three months.[90] • Ideally, also monitor symptoms of use (questions #2-5 of the Short Alcohol Monitor and/or Short Drug Use Monitor). • Ideally, monitor whether patient is achieving their own goals regarding alcohol and/or other drug use (Questions #1 of the Short Alcohol Monitor and/or Short Drug Use Monitor). If patients are not responding to treatment, reassess with MI and shared decision-making and adapt or change treatment(s). Repeated visits for monitoring should include: repeated brief counseling with MI and shared decision-making, tracking alcohol and/or other drug use and symptoms, and patient self-assessment of alcohol and/or other drug use. Develop tracking protocols (e.g., EHR registry) for ensuring population-based follow-up based on clinical severity, at least every three months.
Metric	Among patients with high-positive screening scores or alcohol- or other drug-related symptoms, proportion who have a follow-up contact within three months of high-positive screening score or report of alcohol- or other drug-related symptoms.
Benchmark	80%

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Use population-based quality improvement processes for each of the five clinical changes.	
Recommendation	• Assess current gaps in alcohol and/or other drug-related care. • Prioritize clinical Changes(s) #1-5 to implement. • Local implementation team members (i.e., champions) meet regularly: pilot, then implement. • Monitoring metrics by establishing a quality improvement system (e.g., PDCA). • Demonstrate progress on selected change concepts at six months.
Metric	Prioritized changes are in rapid cycle pilot testing within 2 months and implemented at six months and sustained at 12 months
Benchmark	100%

Train primary care teams to address alcohol and other drug use and use disorders in primary care, as appropriate.	
Recommendation	• Assess training needs of key staff for each change. • Plan training for the entire primary care team (e.g., front desk, staff who conduct patient intakes, primary care clinicians, behavioral health clinicians). • Ongoing assessment of training and work force development needs. • Plan training for new staff onboarding.
Metric	• Training needs are identified during pilot testing (within 2 months) • Training implemented before launch • Additional training needs evaluated at 3, 6, and 12 months
Benchmark	100%

Bill for screening, brief counseling, management, and monitoring, and explore other revenue sources to support the cost of provision of alcohol- and/or other drug-related services in primary care.	
Recommendation	• If appropriate, use SBI, collaborative care, or care coordination codes to support the spectrum of alcohol- or other drug-related care. • Develop a financial model where revenue fully covers the cost of delivery of alcohol and other drug-related care.
Metric	• Process measure: Estimate costs and revenue per month of alcohol and/or other drug use care (screening, assessments to elicit symptoms, brief counseling, and care management) and calculate revenue/cost ratio. • Process measure: Meet at least twice a year to review costs and revenue for providing alcohol- and other drug-related care.
Benchmark	• 100% (completion) for both process measures • Work towards a financial model where the ratio of revenue/cost is greater than one.