

# SBIRT: DY14 Measure Specs

PRIME SBIRT Measure Stewards  
answer your questions

Resources:

SBIRT practice guidance: <http://www.sbirtoregon.org/>

Screening tools:

<https://www.oregon.gov/oha/HSD/AMH/Pages/EB-Tools.aspx>

[Play recording](#)

# Webinar Housekeeping

- **Mute**  
All participants will be placed in mute until Q&A time. In the meantime, please chat in your questions. During live Q&A, please mute yourselves locally.
- **Chat**  
Questions typed here will only be seen by SNI Staff, who will post the question for all & read the question aloud.
- Recordings of the webinar and slide deck will be posted on PRIMEone (& [SNI Link](#) for DPHs)

# Agenda

- Purposes & Disclaimers
- PRIME SBIRT Steward Introductions
- DY14 SBIRT Spec Overview
- PCS Q&A
  - Metric Goal
  - Brief Screen and/or Full Screen
  - Full Screen only or Full Screen Plus
  - Examples of Numerator Compliance
  - Screening Tools
  - Questions about Codes, Codes vs EHR data
  - Exclusions
  - Achievement Value and Benchmarks

# Purposes & Disclaimers

- PRIME SBIRT Measure Purpose
  - Identification of previously undiagnosed alcohol or substance use
- Webinar Purpose:
  - To clarify DY14 specs, based on Oregon's claims based specs
- DY14 Specs Disclaimer
  - Oregon calculated SBIRT performance using state Medicaid claims data. Since brief screen wasn't billable (no CPT code), it couldn't be measured...
  - PRIME doesn't depend on claims data & allows local mapping
- SBIRT for DY15
  - PRIME Stewards are examining new approaches to measuring, including the use of Oregon's new EHR based SBIRT measure

# PRIME SBIRT Steward Introductions

- David Folsom, MD, MPH
  - Family Medicine/Psychiatry
  - Director, Clinical Psychiatry, UC San Diego Health
- David Tian, MD, MPP
  - Internal Medicine
  - Medical Director, Buprenorphine Induction Clinic, Alameda Health System
- *Bill Perry, PhD*
  - *Psychologist*
  - *Co-Director, Clinical Psychiatry, UC San Diego Health*
- *Margot Ragosta, LCSW*
  - *Behavioral Health Supervisor, San Francisco Health Network*

## Webinar Facilitator:

- David Lown, MD
- CMO, CA Health Care Safety Net Institute

# DY14 Spec Overview

What exactly is supposed to be measured?

# SBIRT DY14 Denominator

**Rate 1:** Unique counts of individuals in the PRIME Project Target Population ages 12 years or older as of the last day of the measurement period who received a **qualifying outpatient service** during the measurement period.

**Rate 2:** Unique counts of individuals in the PRIME Project Target Population ages 12 years or older as of the last day of the measurement period who received an **outpatient service** during the measurement period **as identified by the follow CPT codes:**

- Office or other outpatient visits: 99201-99205, 99211-99215, **99241-99245 (these codes were discontinued by CPT in 2017)**
- Home visits: 99341-99345, 99347-99350
- Preventive medicine: 96160, 99383-99384, 99385-99387, 99393-99394, 99395-99397, 99401-99404, 99408, 99409, 99411, 99412, 99429, G0396, G0397, G0402, G0442, G0443, T1015, Z00.129.

# Q: DMPH Denominator

- For DMPHs, if the patient only had 2 ED encounters (meeting the DMPH Target Population) and doesn't meet the CPT criteria for that measure, they would not be included in the denominator, correct?
- Correct.
- If two encounters were ED only, they would not have any of the appropriate CPT codes listed in the measure's denominator and therefore not qualify to be included in the denominator (*for Rate #1 or Rate #2*)

# SBIRT DY14 Numerators

## Rate #1: Brief Annual Screen

- Unique counts of individuals from the denominator with **one or more brief screening services** during the measurement period (brief screening must be tracked by local methods).

Note: Brief annual screens may be administrated by...

## Rate #2: Full Screen, Brief Intervention, Referral, and Follow-Up Services (SBIRT)

- Unique counts of individuals from the denominator with **one or more full screening, brief intervention, and referral to treatment (SBIRT) services** during the measurement period. SBIRT services are defined by the following codes, or through data reports from the EHR...

## Q: DY13 vs DY14 Rate #2

- What is the difference between the old specs and Rate #2?
- Nothing. The "new sub-rate #2" is exactly the same as the "old" Oregon DY13 SBIRT specs.

# Q: Goal of Oregon (Rate 2) Metric

- Universal full screening regardless of brief screen results?
  - If so, why include the brief screen? The denominator doesn't exclude patients with negative brief screen.
- Or universal brief screening, with full screen for positive brief screen, & either brief intervention or referral if warranted based on full screen?
- The measure is intended to work with the SBIRT workflow, with **universal brief screening**, which, if positive, is followed by a full screen and/or a brief intervention or referral.
  - If either the brief screen or full screen are negative, no further assessment or intervention is necessary.

## Q: Brief Screen &/or Full Screen

- The EPIC tables used for the metric report included all screening information (brief and full screening). Are we to include both or only full screen in our numerator?
- Rate #1 numerator only includes brief screens
- Rate #2 numerator DOES NOT include any brief screens. It only includes full screen, brief intervention or brief referral
- Oregon specs (DY11-13, DY14 Rate 2), pg 1:
  - "Note: The brief annual screen cannot be billed and is not part of the measure specifications..."

## Q: Rate 2: Full Screen only or Full Screen +?

- Is either full screening OR brief intervention OR referral to treatment numerator compliant?
  - i.e., each service alone is sufficient, you don't need to provide combinations of services (e.g., full screening + brief intervention; full screening + referral to treatment; full screening + brief intervention + referral to treatment)?
- Does a negative full screening fulfill the numerator?
- Yes, providing any of the individual SBIRT services alone would fulfill the Rate 2 numerator, regardless of screening results.
- *See next slide for examples*

## Examples: Rate 1 Numerator Compliance

- **Brief screening** completed, result negative
- **Brief screening** completed, result positive
  - This action is Rate 1 compliant whether or not any further action is taken by the care team

## Examples: Rate 2 Numerator Compliance

- No brief screen. **Full screening** completed: Z13.9 coded, even if no referral to treatment were made.
- PCP makes a **referral** for alcohol use disorder (AUD) without administering a brief screen or full screen.
- Positive brief screen completed (by either single or multiple questions), followed by a **brief intervention** conducted in that visit.
- **Full screen** completed, positive for Drug use. **Brief intervention** completed in clinic.

## Examples: Numerator Compliance for both Rate 1 and Rate 2

- **Brief Screen** completed (result positive for Alcohol), followed by a **full screen** for alcohol (result negative). No further action needed.
- Positive **Brief Screen** for Alcohol → Positive **full screen** for alcohol. No further action taken by provider
- Positive **Brief Screen** for Drugs → Positive full screen for drugs. Provider makes a **referral** for drug treatment
- Positive **Brief Screen** for Drugs. Provider completes **Brief Intervention** completed in clinic without performing a full screen.

# Q: Brief Screen definition

- 1/2019: We understand Brief Screening must be tracked by local methods. Is there guidance for what elements of a “Brief Screening Service” are required to satisfy the Rate 1 numerator? Does each entity determine their own method for what constitutes a “Brief Screening Service”?
- PRIME Entities should not establish their own definitions for Brief Screening. Oregon lists approved screening tools as Brief or Full here: <https://www.oregon.gov/oha/HSD/AMH/Pages/EB-Tools.aspx>

## Q: Rate #2 Partial Full Screen

- 2/2018: After a brief screen, is a full screen (AUDIT, DAST) partially completed (e.g. missing a response) (*Rate 2*) numerator compliant?
- **YES.** A partially completed full screen is acceptable for (*Rate 2*) numerator compliance.
  - E.g., patient answers “I don’t drink ever” or “I don’t do drugs ever” and declines to continue the screen

## Q: Rate 2, Teens & CRAFFT

- If CRAFFT Part A + “Car” questions are all negative, but these only qualify as a Brief Screen & don’t fulfill the (*Rate 2*) numerator, then how do we satisfy the full screen?
- Per Oregon\*, the 3 Part A CRAFFT questions + the “Car” question, if all negative, must be followed by brief education, to fulfill the Full Screen (*Rate 2*) numerator.
- Because of the importance of pediatric prevention, all screening results must be discussed with the adolescent and brief education given, even to those who have not yet initiated substance use. Brief education, or positive reinforcement, does not explore a patient's motivation to change (vs brief intervention). Brief education example:
- *"I'm glad to see that you haven't used any substances in the last year. I recommend to all my teen patients not to use because a number of negative things are more likely to happen when they do. Things like doing poorly in school, having unprotected sex, getting injured, etc. However, I want you to know that you can always ask me any questions about drugs and alcohol if you have them."*

*\*Details from the DY11 specs. Details not included in DY12-DY14 specs*

# Q: Teens & HEADSS

- 4/2017: For pediatrics, does a HEADSS assessment count, or is use of the CRAFFT tool required to be (*Rate 2*) numerator complaint?
- HEADSS is not a screening tool.
  - It's an acronym for the topics that Pediatricians should ask about when seeing adolescent patients.
- The CRAFFT and S2BI are validated screening tools and thus (*Rate 2*) numerator complaint.
  - *See previous slide re: CRAFFT and Brief Screening*

# Numerator Tools: NIDA vs ASSIST

- Does the NIDA (National Institute of Drug Abuse) Quick Screen qualify as "Brief screen" and would a NIDA Quick + Assist would qualify as full screen?
- Per Oregon, ASSIST is an approved full screening tool for adults. NIDA quick screening is not in the list at this moment.
- For Oregon approved screening tools:  
<https://www.oregon.gov/oha/HSD/AMH/Pages/EB-Tools.aspx>

# Q: SBIRT Codes vs EHR data

- We don't use the CPT, HCPCS or ICD-10 codes, but do document SBIRT services in the EHR. Would an EHR report showing the completed services (e.g., AUDIT, DAST, brief intervention) be numerator compliant, or is use of the specified codes required?
- EHR reports showing evidence of  $\geq 1$  full screening, brief intervention, or referral to treatment (SBIRT) services, as described in the measure specified CPT/HCPCS codes do count for numerator compliance.
- Local mapping is allowable for SBIRT reporting
  - Section F. Local Mapping, pg 8, DY14 YE Reporting Manual)
- AUDIT or DAST completion are numerator compliant. Spec codes include **G0396, G0397**, described by [CMS](#) as:
  - *Alcohol and/or substance use structured screening (e.g., AUDIT, DAST), and brief intervention services; 15-30 minutes (G0396); Greater than 30 minutes (G0396)*

# Codes: V79.1 vs. V82.9

- 2/2018: V79.1 is allowed as a stand-alone code, but not V82.9. Was that an oversight, or are we no longer allowed to use V82.9?
  - V82.9 approximately maps to Z13.9 ("*Encounter for screening, unspecified*"), which is an acceptable spec code. Many of our PRIME population have V82.9 coded in this measurement year.
- ***DO NOT USE ICD-9 codes***
- Per Oregon: There is a lot of ambiguity of how both ICD-9 (V79.1 & V82.9) & ICD-10 (Z13.89 & Z13.9) codes are being used in real world. OHA had outreach efforts to advocate specific use of these codes, and attempted to pair the codes with specific procedure codes, but still see signs of numerator credits falsely incorporating non-SBIRT services. This is a main reason Oregon has moved to EHR-based specs

# Q: Z13.89 standalone

- 8/2017: Z13.89 is a generic screening code (includes depression screening). The spec footnote says it "will no longer be standalone compliant in the MY 2017." Do we disregard this footnote and still include it as a standalone for DY12 YE which covers half of 2017?
- Z13.89: *"Encounter for screening for other disorder"*
- As the footnote was in the context of Oregon's reporting period, for PRIME, Z13.89 was acceptable as standalone code for DY12 YE reporting and will be honored for DY14.
- Per the PRIME Stewards, if the code is being used by providers specifically to signify SBIRT screening, that is acceptable. However, if for reporting, the system is just querying for existence of Z13.89 in the record, be very cautious before using it to report on SBIRT.
- Future SBIRT specs will move to EHR based clinical data.

# Exclusions: ED SBIRT services

- We are taking the ED related CPTs to remove the patient from the numerator, but keep them in the denominator. Is that correct?
- Does the numerator exclusion only apply to Rate#2? But for Rate#1, there are no exclusions. Is that correct?
- The specs say:
  - *Required exclusions for the Numerator: Exclude SBIRT screening and/or brief intervention services provided in the emergency department settings.*
- The exclusion applies to both Rate 1 & Rate 2.
- ED services does not qualify the patient for inclusion in this measure at all, neither the denominator nor the numerator

# SBIRT resource links

- Could you provide the links to all the resources that used to be in the measure specs?
- All of the old resources can be found in DY11 specs.
- For SBIRT practice guidance, please see the Oregon SBIRT page at <http://www.sbirtoregon.org/>
- For Oregon approved screening tools: <https://www.oregon.gov/oha/HSD/AMH/Pages/EB-Tools.aspx>

# SBIRT Achievement Value

- Rate 1 P4R:  $AV=1$  for data submission
- Rate 2 P4P:  $AV=0, 0.5, 0.75,$  or  $1$  based on target achievement
- SBIRT  $AV = \underline{\text{Exact average}}$  of Rate 1 & 2 AVs
- Example
  - Rate 1  $AV = 1,$  Rate 2  $AV = 0.75$
  - DY14 SBIRT  $AV = (1 + 0.75)/2 = 0.875$

# **SBIRT DY14 Benchmark**

- To be updated using PRIME Entity reconfirmed/resubmitted DY12 YE data
- DHCS to release by end of January

# QUESTIONS?