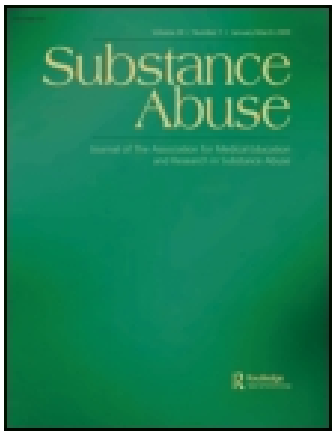



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# Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an Integral Part of Nursing Practice

Deborah S. Finnell DNS PMHNP-BC CARN-AP FAAN[a], Shahrzad Nowzari BS RN[b], Brie Reimann MPA[c], Leigh Fischer MPH[c], Elizabeth Pace MSN, RN[c] & Eric Goplerud PhD[d]

[a] Johns Hopkins University, School of Nursing, Baltimore, Maryland, USA

[b] University at Buffalo, The State University of New York, School of Nursing, Buffalo, New York, USA

[c] Peer Assistance Services, Inc., Denver, Colorado, USA

[d] Department of Substance Abuse, Mental Health and Criminal Justice Studies, NORC at the University of Chicago, Chicago, Illinois, USA

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# Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an Integral Part of Nursing Practice

Deborah S. Finnell, DNS, PMHNP-BC, CARN-AP, FAAN,[1] Shahrzad Nowzari, BS, RN,[2] Brie Reimann, MPA,[3] Leigh Fischer, MPH,[3] Elizabeth Pace, MSN, RN,[3] and Eric Goplerud, PhD[4]



**ABSTRACT.** Substance use screening, brief intervention, and referral to treatment (SBIRT) should be an integral part of the scope of nursing practice. This commentary is an appeal for nurses to advance their knowledge and competencies related to SBIRT. The question of how to move SBIRT into the mainstream of nursing practice was posed to several leaders of federal agencies, health care and nursing organizations, nurse educators, and nurse leaders. The authors provide recommendations for moving this set of clinical strategies (i.e., SBIRT) into day-to-day nursing practice.

***Keywords:*** Nursing practice, screening, substance use

## INTRODUCTION

This commentary is a rallying cry for nurses to (1) actively engage in embracing screening, brief intervention, and referral to treatment (SBIRT) as essential to nursing practice; (2) collaborate with nurses across practice settings and specialty areas in advancing the knowledge and competencies of current and future nurses related to SBIRT; (3) promote the distinct assets of nurses in moving SBIRT into routine clinical practice; and (4) engage leaders of federal agencies, health care and nursing organizations, nurse educators, and nurse leaders in leading change to advance the health of individuals impacted by alcohol, tobacco, and other drugs of abuse. The time is now for SBIRT to be an integral part of the scope of nursing practice.

SBIRT is defined as a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, and the timely referral to more intensive substance abuse treatment for those who have substance use disorders.[1] SBIRT is unique in that it promotes universal screening for substance use. A report issued by the Institute of Medicine (IOM) titled *Broadening the Base of Treatment for Alcohol*[2] and accumulating evidence since its release points out that screening in primary care for risky alcohol use and counseling and treatment are effective. Specifically, screening followed by brief intervention has been shown to significantly reduce alcohol consumption, morbidity, and health care utilization in primary care patients.[3,4]

Various efforts have been made in attempt to institutionalize SBIRT as a standard practice. The US Preventive Services Task Force,[5] the Department of Veterans Affairs/Department of Defense,[6] and the American College of Obstetricians and Gynecologists[7] recommend alcohol screening and brief interventions to reduce alcohol misuse by adults in primary care. The American College of Surgeons Committee on Trauma[8] set forth accreditation standards for Level I and Level II trauma centers to implement routine screening and brief intervention to address alcohol use. The Joint Commission has established hospital accreditation measures focused on substance use.[9] The Office of National Drug Control Policy identified SBIRT as a key strategy to reducing substance abuse and related consequences in its 2012 National Drug Control Strategy.[10]

Despite recommendations and mandates, acceptance of screening and brief intervention by health care providers in any health care setting is still relatively limited.[11] Pointing to the presence of provider-, patient-, and system-level barriers, Broyles and Gordon[12] suggest that SBIRT champions are needed to promote widespread dissemination of the skills and competence for all disciplines. Believing strongly in the intervention, these champions can be instrumental in supporting the agenda for change and generating

[1]*Johns Hopkins University, School of Nursing, Baltimore, Maryland, USA*
[2]*University at Buffalo, The State University of New York, School of Nursing, Buffalo, New York, USA*
[3]*Peer Assistance Services, Inc., Denver, Colorado, USA*
[4]*Department of Substance Abuse, Mental Health and Criminal Justice Studies, NORC at the University of Chicago, Chicago, Illinois, USA*
Correspondence should be addressed to Deborah S. Finnell, DNS, PMHNP-BC, CARN-AP, FAAN, The Johns Hopkins University School of Nursing, 525 N. Wolfe Street, Suite 463, Baltimore, MD 21205-2110, USA. E-mail: dfinnel1@jhu.edu

creative, setting-specific strategies for overcoming difference or resistance that the intervention implementation may provoke in the organization.[13]

## REGISTERED PROFESSIONAL NURSES AS SBIRT CHAMPIONS

"Screening for alcohol problems should become a routine part of nursing assessment and the medical history so that advice can be given before irreversible physical or psychosocial problems have developed."[14] Nearly three decades have passed since this appeal, and universal adoption of SBIRT has yet to be achieved. Nurses are well positioned to deliver SBIRT because of their extended patient contact and existing skill sets in health promotion, communication, and patient education.[15] Nurses are consistently viewed by the public as the most trusted group of professionals.[16] Having the most contact with health care consumers, nurses are well positioned to identify individuals who are at risk because of alcohol, tobacco, and other drug use and provide early prevention, intervention, and treatment. Thus, nurses can champion SBIRT implementation and contribute to the reduction in the burden of disease attributable to substance use.

Advancing the role of the nurse in the delivery of SBIRT screening in Colorado and nationally is part of an initiative undertaken by Peer Assistance Services, Inc., a Colorado nonprofit organization. Through grant funding from the Substance Abuse and Mental Health Administration (SAMHSA), Peer Assistance Services, Inc. has been focused on integrating SBIRT services into health care settings. With the goal to improve the lives and health of Coloradoans, SBIRT Colorado[17] has worked since 2006 to integrate routine screening and brief intervention services into hospitals, primary care settings, federally qualified health centers, human immunodeficiency virus (HIV) prevention and care settings, dental clinics, and employee assistance programs. To date, over 117,000 patients have been screened and 6-month follow-up interviews indicate a significant reduction in alcohol and other drug use.[18] Continuous funding coupled with experience implementing SBIRT in diverse health care settings has provided the opportunity to evaluate lessons learned and to identify strategies needed to enhance service delivery.

An implementation lesson learned in Colorado is that nurses play a fundamental role in the delivery and sustainability of SBIRT screening due to their patient contact and rapport and experience providing health education. The SBIRT Colorado initiative has trained hundreds of nurses with the aim of providing the skills to deliver effective SBIRT services as a routine standard of care. A goal of SBIRT Colorado is to facilitate the standardization of screening, brief intervention, and referral to treatment in nursing practice across all settings.

Presented with the opportunity to engage national stakeholders and nurses specializing in addictions, Peer Assistance Services, Inc. provided support for a Policy Panel (see Table 1) to engage in a conversation with nurses. This panel of experts was convened at the 36th Annual Educational Conference of the International Nurses Society on Addictions (IntNSA) in September 2012 in Washington, DC. The conference, "Nurses Caring for Patients Across the Continuum of Substance Use: Leading Change and Advancing Health" emphasized the key point that all nurses can and should play a fundamental role in reducing the burden of injury, disease, and disability associated with the continuum of substance use. The panel was charged with addressing how screening, brief counseling, treatment, and recovery supports for the prevention, intervention, treatment, and rehabilitation for individuals impacted by alcohol, tobacco, and other drugs of abuse can be moved into the mainstream of nursing practice.

## CONVERGENCE OF THE MISSIONS OF SELECT NATIONAL AGENCIES IN ADVANCING SBIRT AMONG THE NURSING WORKFORCE

The main thrust of the panel discussion was to explore how SBIRT can shift from being just a good idea to becoming an integral part of nursing practice. Specifically, each panelist was asked, "What is your organization or agency currently doing or could it do in concert with other federal agencies, accrediting organizations, and the nursing profession to move this agenda forward?" Widespread SBIRT delivery throughout the United States will require leaders at all levels—from nurse leaders engaged in direct care to leaders of federal agencies.

The Office of National Drug Control Policy (ONDCP) has a critical role in the US drug-control efforts. ONDCP focuses on public health and public safety approaches to reduce drug use and its consequences. ONDCP Deputy Director David Mineta acknowledges that a consolidated effort will be needed to ensure the delivery of quality and affordable substance abuse care. As he stated in his panel commentary, "There are many things competing for time, attention and resources, and if you don't talk about it, you don't get into the resource game. So we have to keep that discussion at very high level and talk to people about cost efficiencies and better health outcomes."[19] There is a clear need to effectively and rapidly translate this comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use. Timely referral to more intensive substance abuse treatment is also critical for those with a substance abuse disorder. Such is the mission of the Substance Abuse and Mental Health Services Administration (SAMHSA), reflected in this agency's funding of 30 national SBIRT initiatives, including SBIRT Cooperative Agreements to Single State Authorities for Substance Abuse Services, SBIRT implementation on college campuses, a pilot project for SBIRT implementation within Federally Qualified Health Centers, and SBIRT implementation within medical residency programs. SAMHSA's recent call for applications focused on teaching health professionals the skills to provide SBIRT underscores the agency's commitment to increasing the number of health care professionals in general and nurses in particular who can address the needs of persons at risk for substance use disorders.

### Health Care Quality and Cost

Another driver of change is The Joint Commission (TJC), which inspires health care organizations to excel in providing safe and effective care of the highest quality and value. As pointed out earlier in this commentary, TJC recently implemented evidence-based performance measures related to tobacco and alcohol screening and cessation counseling. As the nation's hospitals prepare

TABLE 1
Policy to Support Practice—Panel Members at the 36th Annual Educational Conference of the International Nurses Society on Addictions (IntNSA) September 8, 2012

- David Mineta, Demand Deputy, Office of the National Drug Control Policy
- Patricia Kurtz, Director of Federal Relations, The Joint Commission
- Julie Sochalski, PhD, RN, FAAN, Director, Division of Nursing, Health Resources and Services Administration
- Joan Stanley, PhD, CRNP, FAAN, FAANP, Senior Director, Education Policy, American Association of Colleges of Nursing
- Madeline A. Naegle, PhD, APRN-BC, FAAN, Professor and Coordinator, Substance Related Disorders, Director, WHO Collaborating Center on Geriatric Nursing Education, New York University College of Nursing
- Robert Lubran, MPA, Director of the Division of Pharmacologic Therapies, Substance Abuse and Mental Health Services Administration
- John O'Brien, Senior Advisor to Disabled and Elderly Health Programs Group, Centers for Medicare and Medicaid System

for adopting these metrics, an adequate supply and distribution of qualified nursing personnel with the knowledge and competence to deliver SBIRT is needed to meet the nation's health needs.

Of course, the cost of SBIRT delivery must also be addressed. Leading the way is the Centers for Medicare & Medicaid Services (CMS). CMS administers the Medicare program and works in partnership with state governments to administer Medicaid, the state Children's Health Insurance Program, and health insurance portability standards. CMS covers annual alcohol screening, and for those that screen positive, up to 4 brief, face-to-face behavioral counseling interventions annually for Medicare beneficiaries, including pregnant women.

### Nursing Education and Practice

The Health Resources and Services Administration (HRSA) provides grant support through their Title VIII grant programs, such as the Nurse Education, Practice, Quality and Retention Program (NEPQR). NEPQR provides support for projects to strengthen the nursing workforce, quality of care and practice, and improve nurse retention. With NEPQR funding, the University of Pittsburgh School of Nursing has integrated a sustainable educational and skill-building program within the undergraduate nursing curriculum to provide nursing students with the knowledge and skills to address the needs of individuals earlier along the continuum of substance use.[20] This type of innovation and leadership in nursing education needs to be leveraged to meet the demand for a nursing workforce qualified to deliver SBIRT. That leadership role can come from the American Association of Colleges of Nursing (AACN).

As the national voice for baccalaureate and graduate nursing education, the AACN works to establish quality standards for nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support for professional nursing education, research, and practice. Additionally, individual nursing leaders can be potent change agents for practice. For example, Dr. Madeline Naegle launched a campaign after the panel was concluded, petitioning the American Nurses Association (ANA) Board of Directors to endorse SBIRT as an integral part of nursing practice. Less than 60 days later, the International Nurses Society on Addictions (IntNSA) and the American Psychiatric Nurses Association (APNA) received letters from Dr. Karen Daley, ANA President relaying the decision of the ANA board of directors related to nurse-delivered SBIRT. In her letter, Dr. Daley affirmed that "nursing must be a partner in addressing [the] problem [of unhealthy substance use] with our patients, families and in our communities."[21] Representing the interest of the nation's 3.1 million registered nurses, ANA's endorsement of this essential role for nurses in preventing the harms associated with substance use will catalyze the dissemination of SBIRT to members of this profession, who are often the first health care provider with whom patients and their families interact.

## RECOMMENDATIONS FOR MOVING THIS SET OF CLINICAL STRATEGIES INTO DAY-TO-DAY NURSING PRACTICE

1. *Nurses can promote screening, brief intervention, and referral to treatment in the settings where they work.* Grounded in evidence-based practice, nurses can identify the health and economic benefits for this set of clinical strategies. Nurses can also promote the business case for SBIRT at the state level with their state Medicaid Director to ensure that beneficiaries receive potentially life-saving preventative services and screenings, including those for alcohol misuse. (See http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf.) Additionally, advanced practice nurses (nurse practitioners and clinical nurse specialists) need to be cognizant that they are eligible to use SBIRT-related billing codes.

2. *Nurses who are competent in screening and brief intervention can serve as mentors and educators for other nurses across all specialties and settings.* SBIRT delivery is in keeping with the role of the registered nurse and consistent with nursing standards of practice.[22] As part of basic nursing education, nurses are equipped with communication skills, organizational skills, and the ability to educate and activate patients with common adverse health consequences of alcohol use. Nurses must also be aware of referral sources for patients who need specialty treatment and services. The widespread dissemination of SBIRT would translate into decreased morbidity, mortality, and cost associated with unaddressed and undertreated problematic alcohol consumption.

3. *Nurse leaders need to document essential activities for the generalist and advanced practice registered nurses related to screening, brief intervention, and referral to treatment.* Several nursing specialty organizations have taken the lead in promoting SBIRT. For example, the Emergency Nurses Association has been a leader in the nursing field related to SBIRT, developing online education and an SBIRT Mentorship Project. SBIRT is an essential part of the scope of addictions nursing practice. The expanded roles and responsibilities for nurses in SBIRT have been articulated in a joint position statement from the International Nurses Society on Addictions (IntNSA) and the Emergency Nurses Association (ENA)[23]

and a position statement from the American Psychiatric Nurses Association.[24] As additional nursing organizations adopt SBIRT for their specialty nurses, nurse-delivered SBIRT will become more widespread. To advance SBIRT implementation, the gap in knowledge and competency needs to be addressed among the current and future nursing workforce.

4. *Model nursing curricula are needed.* In current nursing curricula, few didactic and practicum hours are devoted to providing care for individuals across the continuum of substance use.[25,26] The need for systematic changes in preparing health professionals was documented in a strategic plan of the Association for Medical Education and Research in Substance Abuse (AMERSA).[27] Yet these gaps continue to persist in health professional curricula in general and nursing curricula in particular.[22] With funding support from the Substance Abuse and Mental Health Services Administration,[28] promising steps are being taken by several colleges and schools of nursing to integrate substance-related content into baccalaureate and master's curricula. This education will integrate SBIRT-related content in didactic and clinical nursing courses. Thus, graduates of these SAMHSA-grant-funded programs will have the knowledge and competence to reach persons at risk because of substance use.

As nurse educators are implementing prelicensure nursing curricula, the needs of the current nursing workforce need to be simultaneously addressed. Model curricula have been developed that can help address this gap. For example, a curriculum that focuses on the prevention and treatment of alcohol use disorders was designed for distance learning. The 9-module curriculum is intended to be used as either a stand-alone course or integrated into an existing baccalaureate nursing curriculum.[29] Another exemplar curriculum has been developed for nurses in inpatient settings.[30] A pilot study of this curriculum reported that nurses engaged in this novel curriculum felt more knowledgeable about working with individuals consuming alcohol (i.e., role adequacy). Additionally, these nurses reported increased performance and increased competence for a greater number of SBIRT care tasks, compared with nurses who engaged in a self-directed, Web-based program on alcohol-related care.[31] Leadership from nurse educators in health care setting will help promote the SBIRT-related knowledge and competence of the current nursing workforce.

5. *Nurses can lead translation of SBIRT-related evidence into practice.* At the 2012 IntNSA conference, Dr Lauren Broyles from the US Department of Veterans Affairs shared her professional mission statement about linking SBIRT research to nursing practice. She relayed, "Through my research on nurse-delivered brief intervention for hospitalized patients, my overarching goals are to integrate SBIRT into an overall change in nursing practice that, (1) changes and mainstreams conversations about alcohol use; (2) promotes nurses' unique skills sets and full professional capabilities in health promotion across health care settings, patient populations, and practice levels; and (3) most importantly, helps prevent physical and psychosocial sequelae of alcohol use for our patients or clients and their families."[32] As nurse-delivered SBIRT becomes more widespread, original research and evidence-based projects will be important to demonstrate the impact that nurse-delivered SBIRT has on the health and costs associated with substance use. Nurses across all specialties, practice settings, and populations are in key positions to favorably impact health outcomes among their patients who are consuming alcohol and other drugs. Currently, the largest share (58%) of federal and state spending related to the burden of alcohol and other drug abuse and addiction is in health care costs,[33] but nurse-delivered SBIRT could have a significant impact in stemming the hemorrhage of these costs.

In summary, the time is ripe for knowledge discovery, translation, and dissemination of best practices for nurse-delivered SBIRT. From the ANA to nursing specialty organizations, nurses are encouraged to take action in reducing the burden of disease associated with substance use. Nurse leaders with expertise in substance use have the potential to lead provider and organizational change in translating screening, brief intervention, and referral to treatment into routine practice.[34]

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## AUTHOR CONTRIBUTIONS

All authors contributed to the writing of this commentary.

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