

# The Power of Motivational Interviewing: Identify, Reduce Risk & Promote Behavior Change

July 20, 2017

A Department of Social Services  
PCMH Presentation hosted by  
Community Health Network of Connecticut, Inc.



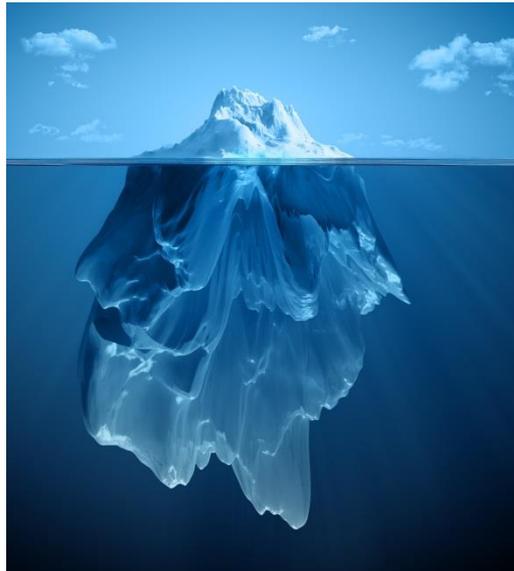
# Learning Objectives

- Explain why Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an important tool to incorporate in a Person-Centered Medical Home (PCMH)
- Define SBIRT screening steps & tools
- Examine how to overcome barriers to screening
- Understand the relevance of Motivational Interviewing (MI)
- Operationalize SBIRT and promote smoking cessation in your practice



# SBIRT Program Rationale

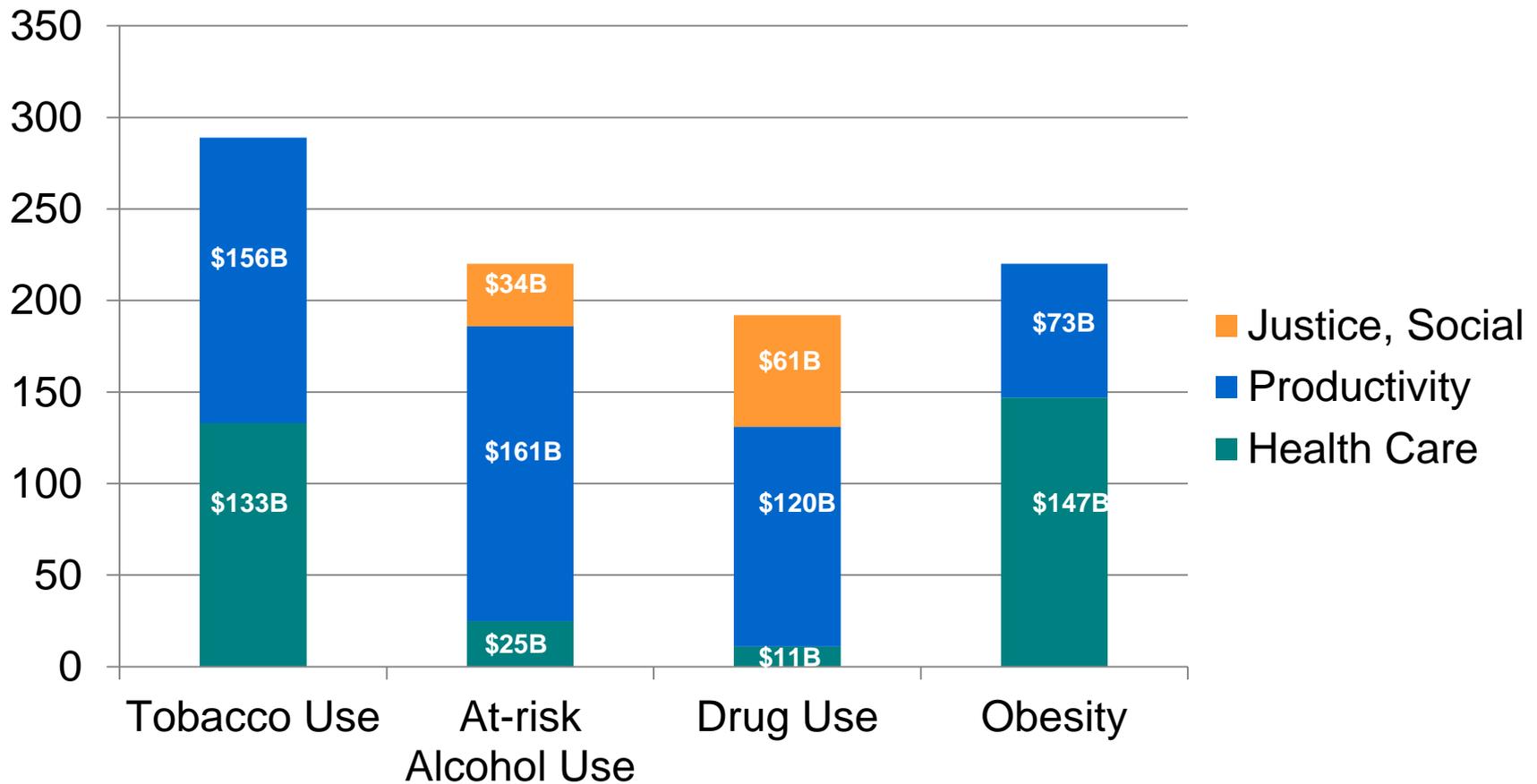
- Use of tobacco, alcohol, and other drugs is a leading cause of preventable death in the United States (U.S.)
- Most affected individuals receive no treatment
- Early identification and intervention works
- SBIRT programs are putting early intervention into practice



# “Actual” Causes of Death in the U.S.

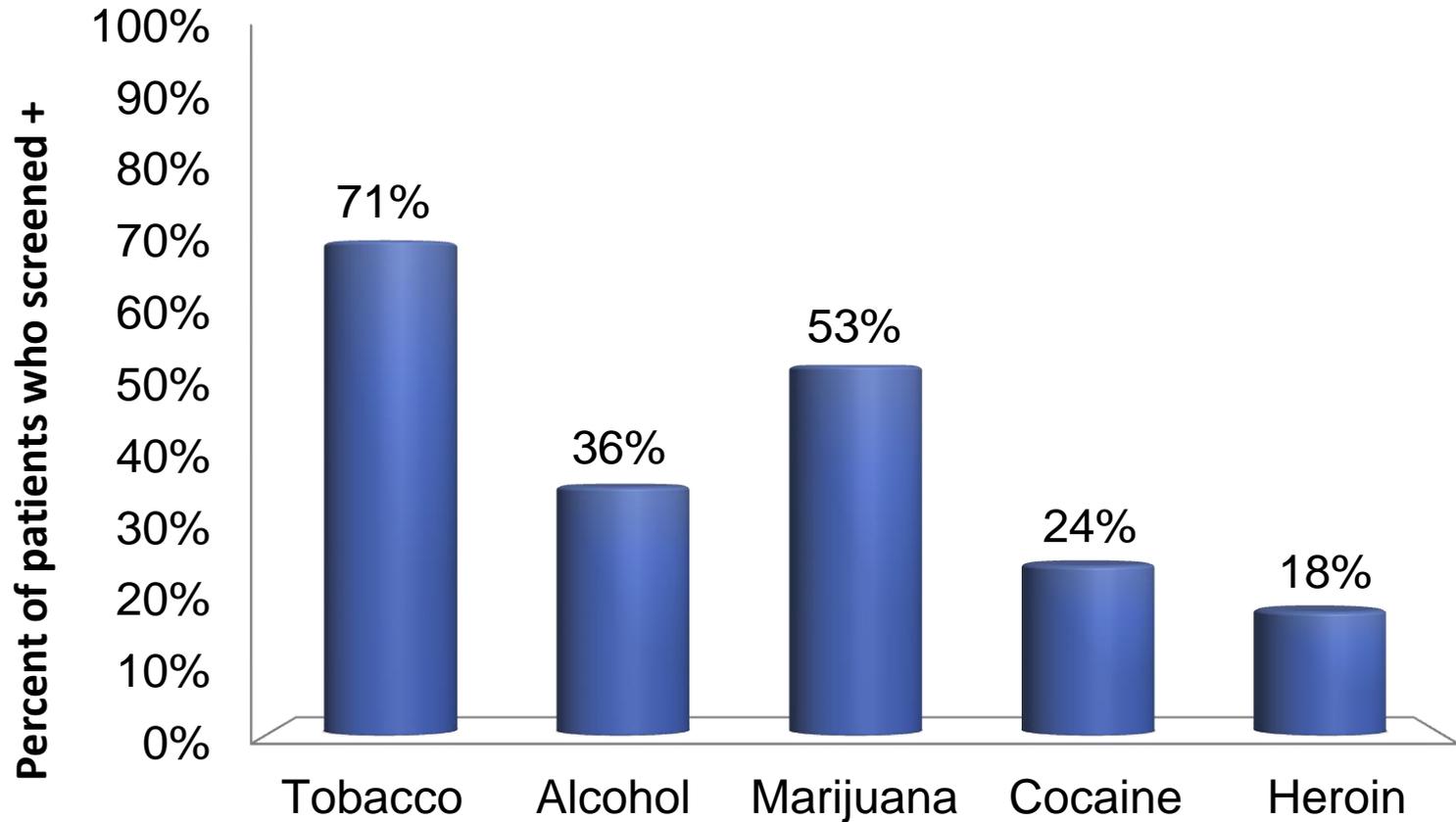
- Modifiable risk factors are the “actual” causes of mortality in the U.S.
  - Tobacco use (18.1%)
  - Poor diet and physical inactivity (16.6%)
  - Alcohol consumption (3.5%)
- Other “actual” causes: microbial agents, toxic agents, motor vehicle crashes, firearms incidents, sexual behaviors, and use of illicit drugs
- Approximately half of all deaths that occur in the U.S. can be attributed to a limited number of preventable behaviors and exposures

# Medical, Economic, & Social Costs of Behavioral Risk Factors



# CT SBIRT Data

Percentage of Patients who Screened Positive\* who Scored in the Moderate to High Risk Category, Top 5 Substances of Use (n=5,043)



\*Screened positive for alcohol and/or other drug use.

# Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

## IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

---

### Tobacco?

- Never
- Once or twice
- Monthly
- Weekly or more

*S2BI Tool developed at Boston Children's Hospital with support from the National Institute on Drug Abuse.*

*It is best used in conjunction with "The Adolescent SBIRT Toolkit for Providers" [mass.gov/maclearinghouse](http://mass.gov/maclearinghouse) (no charge).*

### Alcohol?

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

### Marijuana?

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

***STOP*** if answers to all previous questions are "never." Otherwise, continue with questions on the back.

# Screening to Brief Intervention (S2BI) Tool

**Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?**

- Never
- Once or twice
- Monthly
- Weekly or more

**Inhalants (such as nitrous oxide)?**

- Never
- Once or twice
- Monthly
- Weekly or more

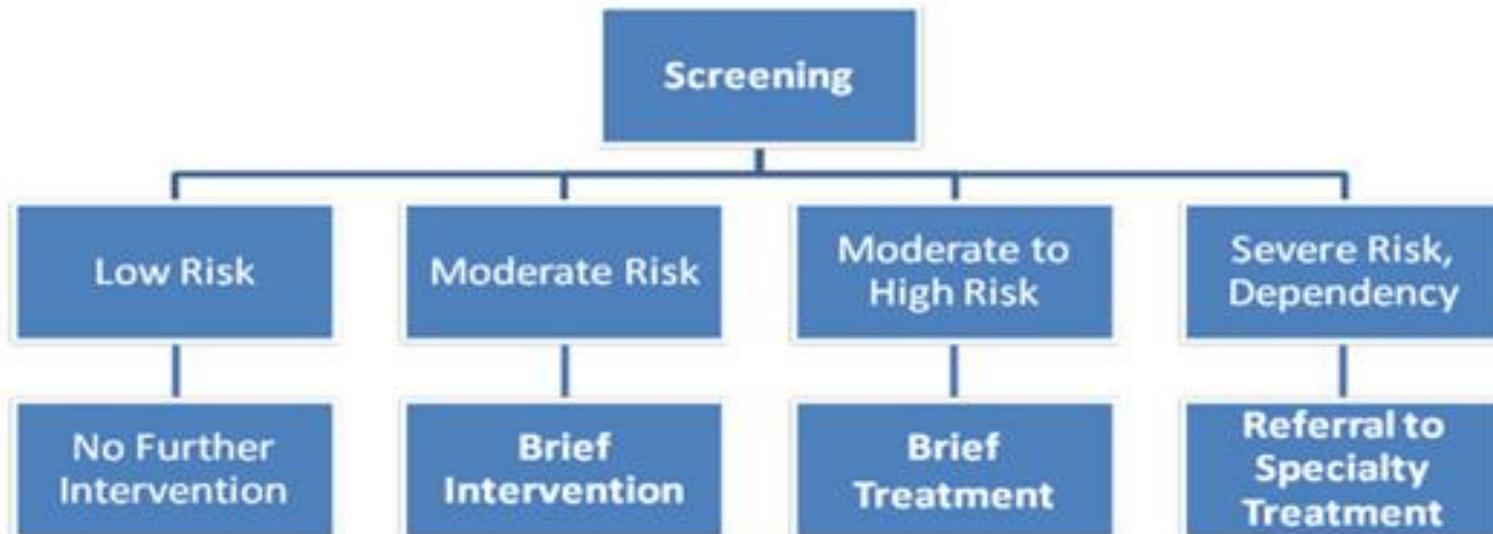
**Illegal drugs (such as cocaine or Ecstasy)?**

- Never
- Once or twice
- Monthly
- Weekly or more

**Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?**

- Never
- Once or twice
- Monthly
- Weekly or more

# Early Identification: SBIRT



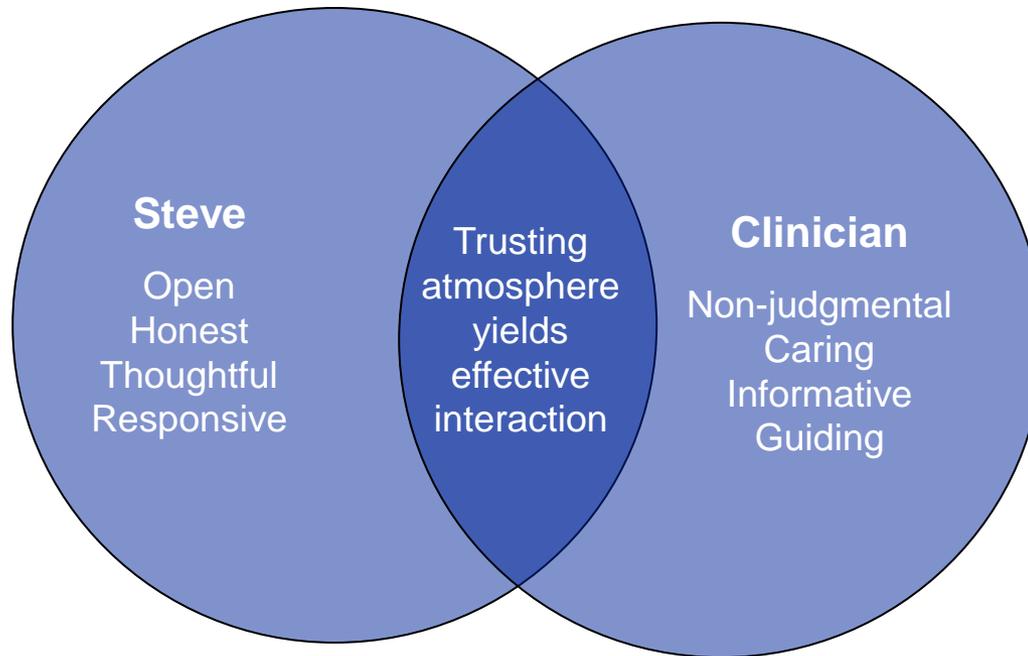
# S2BI Algorithm

In the past year, how many times have you used:  
Tobacco? Alcohol? Marijuana?



Levy, S., Shrier, L., *The Massachusetts Department of Public Health Bureau of Substance Abuse Services, The Massachusetts Department of Mental Health Division of Child and Adolescent Services, Massachusetts Child Psychiatry Access Project. Adolescent SBIRT Toolkit for Providers. Boston, MA. Massachusetts Department of Public Health, 2015.*

# SBIRT Screening Video



<https://www.youtube.com/watch?v=b-ilxvHZJDc>

# Benefits of SBIRT

- Provider receives more patient history
- Quality Improvement (QI) Project
  - NCQA 2014 Standard 6 (Factors: 6A2, 6D1-2, 6E & 6F)
  - NCQA 2017 Criterion KM04, QI08 & QI15
- Offers the patient the opportunity to explain at-risk behaviors



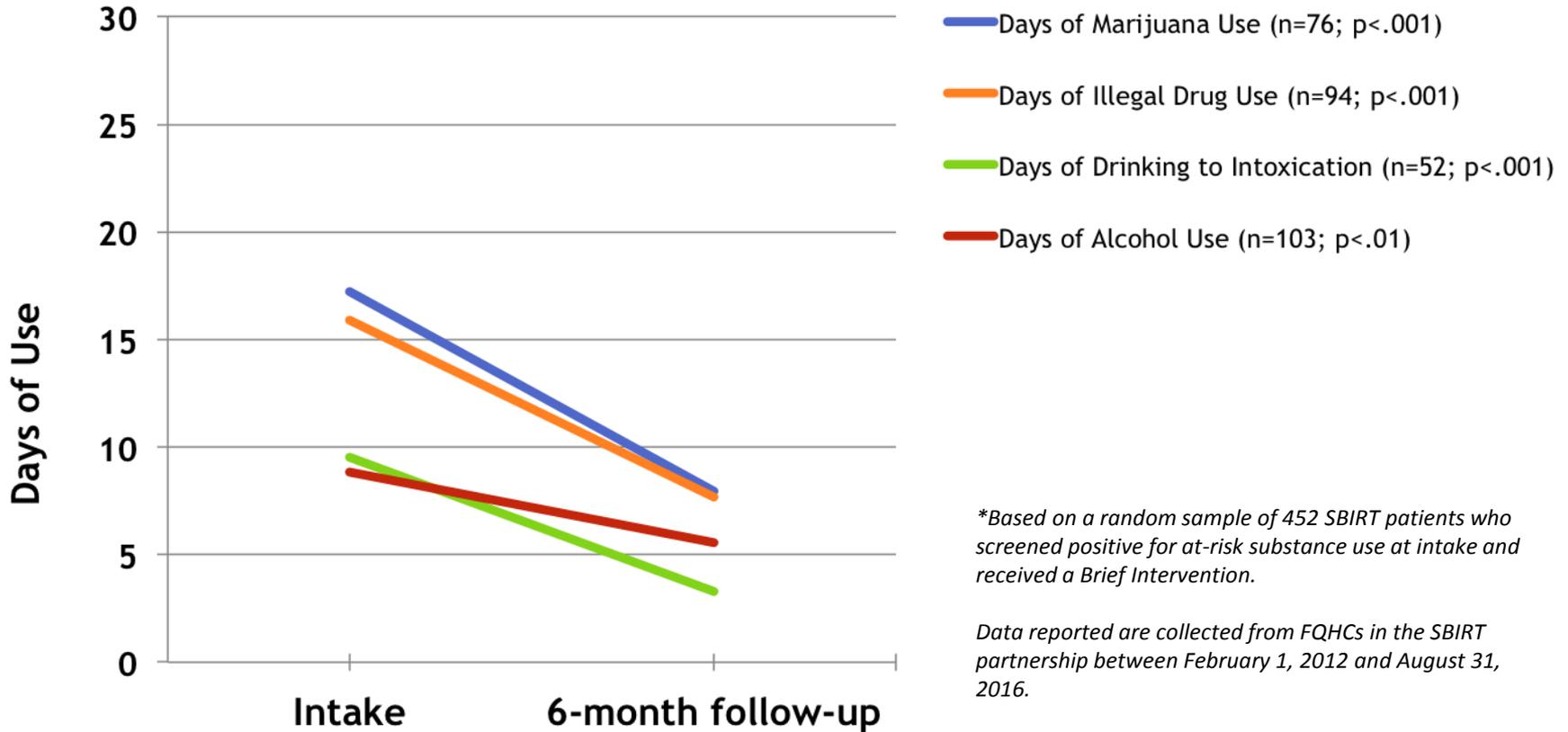
# Benefits of SBIRT (cont.)

- Independent Community Based Practice Physicians, Advanced Practice Registered Nurse (APRNs), and Physician Assistants (PAs) may bill SBIRT codes, 99408 and 99409. [PB2015-79](#)
- Licensed Practical Nurses (LPNs) or health professionals in Federally Qualified Health Centers (FQHCs) can administer the SBIRT screening tool but LPNs cannot interpret the results nor administer the brief intervention unless they are under the supervision of a health professional.
- In an FQHC setting, encounters should be coded using appropriate screening, brief intervention (SBI) codes along with the T1015 code. [PB2016-81](#)

Procedure Code	Description
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and Brief Intervention (SBIRT) services; 15 to 30 minutes
99409	Greater than 30 minutes

# CT SBIRT Program Outcome Data

## *Reduction in Days of Substance Use in the Past 30 Days\**



*\*Based on a random sample of 452 SBIRT patients who screened positive for at-risk substance use at intake and received a Brief Intervention.*

*Data reported are collected from FQHCs in the SBIRT partnership between February 1, 2012 and August 31, 2016.*

# Common Concerns About Integrating SBIRT at the Practice Level



# UConn SBIRT Video

- <http://health.uconn.edu/sbirtinstitute/>
  - “Why do SBIRT”



# Motivational Interviewing<sup>1</sup>

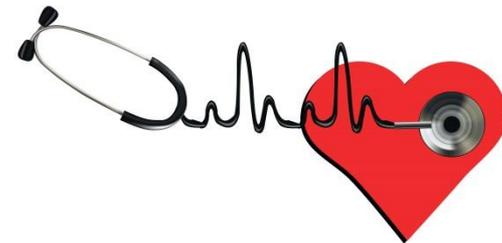
- A person-centered directive method for motivating change by exploring & resolving ambivalence
- The goal of MI is to encourage change-talk and discourage resistance-talk
- The more a person makes the case for change, the more likely they are to actually make changes
- Strong focus on engagement and empathy

<sup>1</sup>Wellcoaches Corporation (2009). Coaching Psychology Manual: Chapter 5 NVC & Motivational Interviewing in Coaching, pg.3.

# The Heart of MI: Empathy<sup>1</sup>

Empathy is: I respect (understand) your pain

- Empathy is the prelude to the work of MI
- Through the respectful and appreciative understanding of a person's experiences:
  - We help expand their awareness
  - Create openness
  - Facilitate change



<sup>1</sup>Wellcoaches Corporation (2009). Coaching Psychology Manual: Chapter 5 NVC & Motivational Interviewing in Coaching, pg.6.

# MI Principles

- Express Empathy:
  - Convey emotional understanding about the person's experience
- Resistance:
  - Roll with it: recognize it as fear, or problem with engagement, not an inherent flaw or conscious sabotaging by the individual
- Support Self-Efficacy:
  - Find opportunities to highlight the individual's capabilities
- Recognize and work with ambivalence:
  - Seen as a given, not a problem
- Make use of feedback:
  - Careful reflections are used to highlight areas the individual has described are important to him/her

# MI Principles → Practice

## Key MI Skills for Brief Intervention

- **O**pen-ended questions
- **A**ffirming
- **R**eflective listening
- **S**ummarizing



# Asking Open & Closed-Ended Questions

Closed-Ended Questions	Open-Ended Questions
<i>So, you are here because your partner is concerned because of your marijuana use, correct?</i>	<i>Tell me, what is it that brings you here today?</i>
<i>On a typical day, how much do you drink?</i>	<i>Tell me about your alcohol intake during a typical day.</i>
<i>Do you think you drink alcohol too much?</i>	<i>In what ways are you concerned about your drinking?</i>
<i>How long ago did you last use Vicodin?</i>	<i>Tell me about the last time you used Vicodin.</i>
<i>Do you agree that it would be a good idea for you to get treatment for your alcohol use?</i>	<i>What do you think about the possibility of getting treatment for your alcohol use?</i>
<i>When do you plan to quit smoking?</i>	<i>So what do you think you want to do about your smoking?</i>

# OARS: Affirmations

*“I realize that drinking is a big part of your life right now and quitting may not be easy. You have a lot of strengths including strong willpower, and family and friends that support you. I believe that you have what it takes to be successful.”*



# Utilizing Reflective Listening

- I understand the problem is...
- I'm sensing...
- I wonder if...
- I get the impression that...
- As I hear it, you...
- From your point of view...
- In your experience...
- I'm picking up that...
- You mean...
- Could it be that...
- Let me see if I understand.  
You...
- You feel...
- From where you stand...
- You think...
- What I think I hear you  
saying...

# OARS: Summarizing

*“On the one hand, you enjoy using marijuana and want to relax, and you say you’re not using any more than your friends do.*

*On the other hand, you’ve spent a lot more money than you can afford to and that concerns you. So does feeling tired all the time and not getting things done - you want to accomplish some things around your new condo.*

*You’re feeling like you aren’t holding up your end at volleyball. These are people that are important to you. You don’t want to let them down.”*



# MI Example: Smoking

1. Express Empathy
2. Develop Discrepancy
3. Avoid Arguments
4. Rolling with Resistance
5. Support Self-Efficacy



# Smoking Cessation Counseling

Department of Social Services (DSS) Person-Centered Medical Home program participant practices are **required** to address smoking cessation with their HUSKY Health patients.

Smoking Cessation Assistance Supported and Covered by HUSKY Health:

- Individual or group face-to-face smoking cessation counseling
- Nicotine replacement products (inhalers, lozenges, nasal sprays, and patches)
- Prescription Medications:
  - Bupropion SR (Wellbutrin XL)
  - Varenicline (Chantix)

# CT Medical Assistance Program

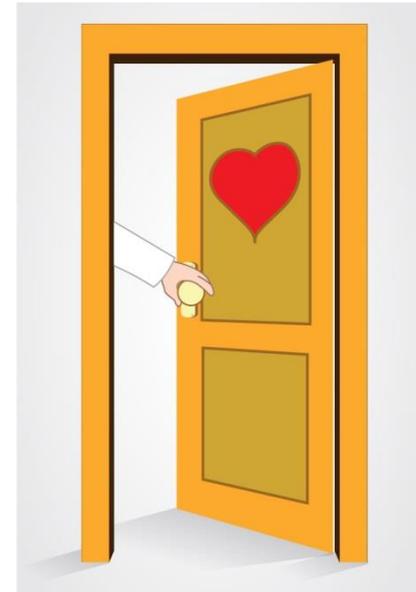
## Smoking Cessation Billing

- Enrolled Physicians, APRNs, PAs, Behavioral Health Clinicians, FQHCs, Medical Clinics, Behavioral Health Clinics, and Family Planning Clinics may render smoking cessation counseling for members in HUSKY A, C, & D using the following codes according to [PB2017-28](#)
  - **99406** - Smoking and tobacco cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
  - **99407** - Smoking and tobacco cessation counseling visit; intensive, greater than 10 minutes
  - **99412** - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 60 minutes
- Encounters for smoking cessation counseling performed in an FQHC setting should be coded using the appropriate codes along with the T1015 code

***Please note: For HUSKY B members, these codes only apply to enrolled pregnant members.***

# The RULE for the Medical Practitioner<sup>1</sup>

- Resist the righting reflex
- Understand the patient
- Listen to the patient
- Empower patient



<sup>1</sup>Wellcoaches Corporation (2009). Coaching Psychology Manual: Chapter 5 NVC & Motivational Interviewing in Coaching, pg.27.

# Conclusion

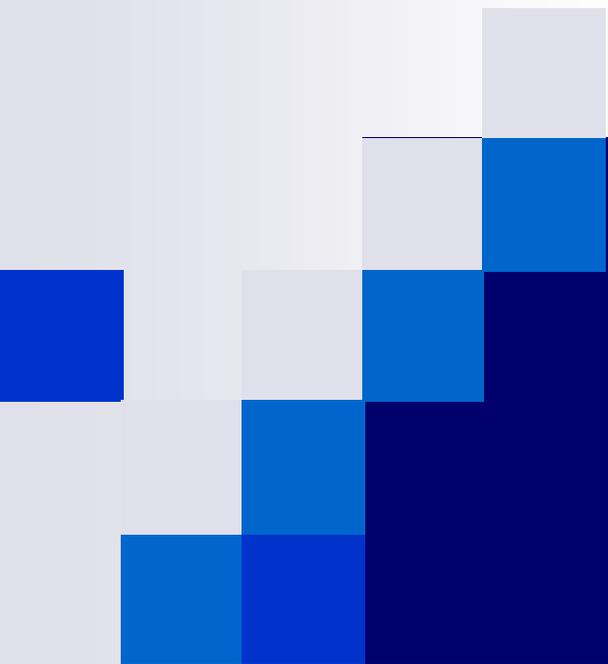
- Since 1980, several hundred empirical studies on screening, brief intervention, referral, and integration of SBIRT into healthcare settings in a wide range of countries
- Over 25 screening tests developed and validated
- 20+ integrative literature reviews
- A growing literature on provider training, program implementation, and new applications

# Resources

- Contact us:
  - By email: [pathwaytopcmh@chnct.org](mailto:pathwaytopcmh@chnct.org)
  - By phone: 203.949.4194
  - Online: [www.huskyhealthct.org/providers/pcmh.html](http://www.huskyhealthct.org/providers/pcmh.html)
- All PCMH webinars are located on the HUSKY Health website page “[Webinars](#)” under the “***Person-Centered Medical Home***” menu item
- CT Behavioral Health Partnership (CT BHP):  
[www.ctbhp.com](http://www.ctbhp.com), 1.877.552.8247
- CT Quitline: 1.800.QUIT.NOW (1.800.784.8669)
- CT SBIRT: Screening, Brief Intervention and Referral to Treatment: <http://www.ct.gov/dmhas/ctsbirt>, 860.418.6904

# Polling Questions

1. Please select each screening tool you currently use at your office:
  - ✓ SBIRT
  - ✓ CRAFFT
  - ✓ ASSIST
  - ✓ Another screening tool for tobacco, alcohol and other drugs
  - ✓ Currently not screening for tobacco, alcohol, or other drugs
2. Would you consider starting to use SBIRT at your practice?
  - ✓ Yes
  - ✓ No
  - ✓ We already use SBIRT
3. How important do you think using motivational interviewing skills are when conducting SBIRT screenings?
  - ✓ Not at all
  - ✓ Somewhat important
  - ✓ Important
  - ✓ Very important
4. Before this webinar did you know HUSKY Health provides reimbursement for SBIRT screening?
  - ✓ Yes
  - ✓ No
5. Before this webinar did you know HUSKY Health provides reimbursement for smoking cessation services?
  - ✓ Yes
  - ✓ No



# Questions/Comments