




# Brief Interview & Referral for Opioid Use Disorder Script

1	<p><b>Raise Subject</b></p>	<ul style="list-style-type: none"> <li>• Thank you for answering my questions. From what I understand from your screening, you are using XX - is it OK if we talk more about XX and pregnancy?</li> <li>• Help me understand, through your eyes, what connection (if any) do you see between your use of XX and this pregnancy?</li> <li>• People use drugs for many reasons: what do you like most/least about using X?</li> </ul>
2	<p><b>Provide Feedback</b> (including patient education handouts)</p>	<ul style="list-style-type: none"> <li>• Sometimes patient's who give similar answers are continuing to use drugs and alcohol during their pregnancies.</li> <li>• I have some information on risks substance use in pregnancy. Would you mind if I shared them with you? <b>Share education handouts.</b></li> <li>• Because of those risks, I recommend avoiding drugs and alcohol use during pregnancy. For women using opioids regularly, medication assisted therapy, such as Methadone or Buprenorphine, is recommended during pregnancy and after to improve outcomes for both mom and baby.</li> </ul>
3	<p><b>Investigate Readiness</b> (Use readiness ruler)</p>	<ul style="list-style-type: none"> <li>• What are your thoughts about the information I just shared?</li> <li>• Do you have any concerns?</li> <li>• On a scale of 1-10, with 10 very ready and 1 not ready, how ready are you to make any kind of changes in your use of XX? <b>You marked ____.</b> <b>That's great.</b></li> <li>• Why did you choose ____ and not a lower number like a 1 or 2?</li> </ul>
4	<p><b>Create Action Plan</b> (Provide a warm handoff)</p>	<ul style="list-style-type: none"> <li>• What are some steps you could take to reduce the things you don't like about using that you shared with me earlier like ____? <b>Restate answers the patient shared earlier.</b></li> <li>• What steps can you take today to reach your goal of having a healthy pregnancy and healthy baby?</li> <li>• Those are great ideas! Is it OK for me to write down the steps/plan you just shared with me? What exactly should I write?</li> <li>• I have additional resources and people that patients often find helpful, would you like to meet with them? <b>Discuss options, schedule consults, identify navigator and make referrals to MAT/ BH counseling/recovery services. Introduce SW.</b></li> <li>• Thank you for talking with me. Can we schedule a date to check in again to F/U?</li> </ul>

Adapted from: Wright, SBIRT in pregnancy, AM J Obstet Gynecol., 2016 and Northern New England Perinatal Quality Improvement Network

## Substance Feedback

<p><b>SMOKING</b></p> <p>Smoking cigarettes during pregnancy may cause:</p>  <ul style="list-style-type: none"> <li>• Miscarriage</li> <li>• Pre-term birth</li> <li>• Low birth weight</li> </ul> <p>• Babies born with low birth weight can have more health and learning problems</p> <p>• Babies exposed to cigarette smoke are at increased risk of SIDS/crib death</p>	<p><b>ALCOHOL</b></p> <p>There is no known safe amount of alcohol during pregnancy. Alcohol use during pregnancy may cause:</p>  <ul style="list-style-type: none"> <li>• Miscarriage</li> <li>• Newborn death</li> <li>• Fetal Alcohol Spectrum Disorder (FASD)</li> </ul> <p>Babies born with FASD have LBW, physical defects, developmental delay and intellectual disabilities</p>	<p><b>MARIJUANA</b></p>  <p>The potential risks of Marijuana use during pregnancy &amp; while breastfeeding are not well understood.</p> <p>Marijuana use may:</p> <ul style="list-style-type: none"> <li>• Disrupt normal brain development</li> <li>• Concentrate or build-up in breast milk</li> </ul> <p>Use of marijuana in any form is not recommended during pregnancy or while breastfeeding</p>
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Adapted from: Massachusetts SBIRT TTA/Boston Medical Center, 2019, <https://www.masbirt.org/>

# Documenting and Billing Guidance



**Documentation** should include time spent counseling along with details of the interaction including:

- Face-to-face interaction with the patient
- Assessed readiness for change
- Advised the patient about risks
- Recommended MAT treatment / Behavioral health counseling/ recovery services for the patient
- Referrals made to link patient to care

## **Sample Documentation:**

### **Screen positive → with OUD**

*"I met with \_\_\_\_\_ to discuss her positive (ie. 5P's/NIDA) screening. We discussed the risks of alcohol and drug use during pregnancy, and explored options for supporting abstinence from alcohol and illicit drugs. We reviewed patient information describing hospital policies on prenatal substance use and reporting requirements. We discussed that OUD is a chronic disease with treatment available. We discussed benefits of MAT including improved pregnancy outcomes and maternal risk reduction. Referral to MAT, behavioral health counseling/recovery services, behavioral health and social work follow up was offered. She accepted/declined \_\_\_\_\_. Education materials on OUD/NAS were provided with referral for prenatal pediatric consult on NAS. OUD clinical care check list was included in patient chart. Time spent in counseling was (<30 / >30 min) minutes."*

### **Screen positive → with risk factors**

*The patient was screened for substance use / opioid use using the (ie 5P's/NIDA/integrated health screen) screening tool on \_\_\_\_\_ date. The score was \_\_\_\_\_. A brief intervention was conducted, information on risks of substance use and pregnancy was provided. Follow up includes: \_\_\_\_\_.*

## **Insert Clinical Care Checklist & obtain recommended lab testing:**

- HCV antibody
- HIV
- Hepatitis B

### **Billing Codes:**

**G0396:** Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g. audit, DAST), and brief intervention; 15 to 30min

**G0397:** Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g. audit, DAST), and brief intervention; greater than 30min