# Brief Interview & Referral for Opioid Use Disorder Script

## Raise subject

- 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?
- Help me understand, through your eyes, what connection (if any) do you see between your use of XX and this pregnancy?
- People use drugs for many reasons: what do you like most/least about using X?

## Provide Feedback

### (including patient education handouts)

- Sometimes patient’s who give similar answers are continuing to use drugs and alcohol during their pregnancies.
- I have some information on risks substance use in pregnancy. Would you mind if I shared them with you? **Share education handouts.**
- 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.

## Investigate Readiness

### (Use readiness ruler)

- What are your thoughts about the information I just shared?
- Do you have any concerns?
- On a scale of 1-10, how ready are you to make any kind of changes in your use of XX? **You marked ___. That's great.**
- Why did you choose ___ and not a lower number like a 1 or 2?

## Create Action Plan

### (Provide a warm handoff)

- What are some steps you could take to reduce the things you don’t like about using that you shared with me earlier like___? **Restate answers the patient shared earlier.**
- What steps can you take to reach your goal of having a healthy pregnancy and healthy baby?
- Those are good ideas! Is it OK for me to write down the steps/plan you just shared with me?
- I have additional resources and people that patients often find helpful for achieving these goals? **Discuss options, schedule consults, identify navigator and make referrals to MAT/ BH counseling/recovery services.**
- Thank you for talking with me. Can we schedule a date to check in again?

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

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### READINESS RULER

**How ready are you to make a change?**

<table>
<thead>
<tr>
<th>NOT READY</th>
<th>VERY READY</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Not Ready" /></td>
<td><img src="https://via.placeholder.com/150" alt="Very Ready" /></td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
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</tbody>
</table>
Documenting and Billing
Screening, Brief Intervention, and Referral to Treatment (SBIRT) for screen positive

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

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

**Example language**

“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.”

Insert Clinical Care Checklist & obtain recommended lab testing:

- HIV
- HCV antibody
- 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**

Illinois Referral Helpline
Opioids and other substances:
1-833-2FINDHELP
Helpline.IL.org

Help is here.
833-2FINDHELP • HelplineIL.org
Activating the OUD protocol for every screen positive woman, every time:

1. Screen and document positive result.
2. Provide SBIRT risk assessment and brief counseling re: benefits of treatment, next steps for linking patient to care.
3. Activate care coordination and navigation to link woman to MAT, and behavioral health counseling/recovery programs.
4. Insert and complete OUD clinical care checklist in electronic medical record (or paper chart) (prenatal / L&D).
5. Provide patient education re: OUD and NAS, and engaging in newborn care via neonatology consult, counseling, hand-outs.
## Antepartum Care

<table>
<thead>
<tr>
<th>Checklist Element</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counsel on MAT, assess readiness for treatment, warm handoff for MAT start</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsel and link to behavioral health counseling/recovery treatment services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social work consult or navigator who will link patient to care and follow up</td>
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</tbody>
</table>

## Obtain recommended lab testing-
- HIV / Hep B / Hep C (if positive viral load & genotype)
- Serum Creatinine/ Hepatic Function Panel

Institutional drug testing policies and plan for testing reviewed

Urine toxicology testing for confirmation and follow up (consent required)

Discuss Narcan as a lifesaving strategy and prescribe for patient / family

Neonatology/Pediatric consult provided, discuss NAS, engaging mom in non-pharmacologic care of opioid exposed newborn, and plan of safe care.

DCFS Reporting system reviewed, discuss safe discharge plan for mom/baby

Screen for alcohol/tobacco/non-prescribed drugs and provide cessation counseling

Screen for co-morbidities (ie: mental health & domestic violence)

Consent for obstetric team to communicate with MAT treatment providers

Consider anesthesia consult to discuss pain control, L&D and postpartum

## Third Trimester

Repeat recommended labs (HIV/HbsAg/Gc/CT/RPR)

Ultrasound (Fluid/Growth)

Urine toxicology with confirmation (consent required), and review policy

Review safe discharge care plan and DCFS process

Patient Education: OUD/NAS, participating in non-pharmacologic care of the opioid exposed newborn, including breastfeeding, and rooming in.

Comprehensive contraceptive counseling provided and documented

## During Delivery Admission

Social work consult, peds/neonatology consult, (consider) anesthesia consult

Verify appointments for support services (MAT/Recovery Treatment Programs)

Confirm Hep C, HIV, Hep B screening completed

Discuss Narcan as a lifesaving strategy and prescribe for patient / family

Provide patient education & support for non-pharmacologic care of newborn

Review plan of safe care including discharge plans for mom/infant

Schedule early postpartum follow-up visit (within 2 weeks pp)

Provide contraception or confirm contraception plan

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**SBIRT Billing Codes:**

- **G0396:** Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min
- **G0397:** Alcohol and/or substance abuse structured screening and brief intervention services greater than 30min

**BOLD Text:** Elements tracked with monthly data collection for all women with OUD. Also track completion of checklist for all women with OUD.

**v:** 10/10/19