

Wisconsin Initiative to Promote Healthy Lifestyles

Screening Brief Intervention and Referral to Treatment (SBIRT): Pursuing and Sustaining Funding

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August 2008*

Wisconsin Initiative to Promote Healthy Lifestyles

**Funded
by:**



**Screening, Brief Intervention,
Referral, and Treatment
(SBIRT) Grant Program**

To:



Office of the Governor of the State of Wisconsin

Administered by: Wisconsin Department of Health Services

**Coordi-
nated by:**



Department of Family Medicine

Amount: \$12.6 million from 9/15/2006 to 8/14/2011

WIPHL Primary Care & Public Health Clinical Site Partnerships

St. Croix
Tribal Clinics

Marshfield
Clinic

Polk County
Health Dept

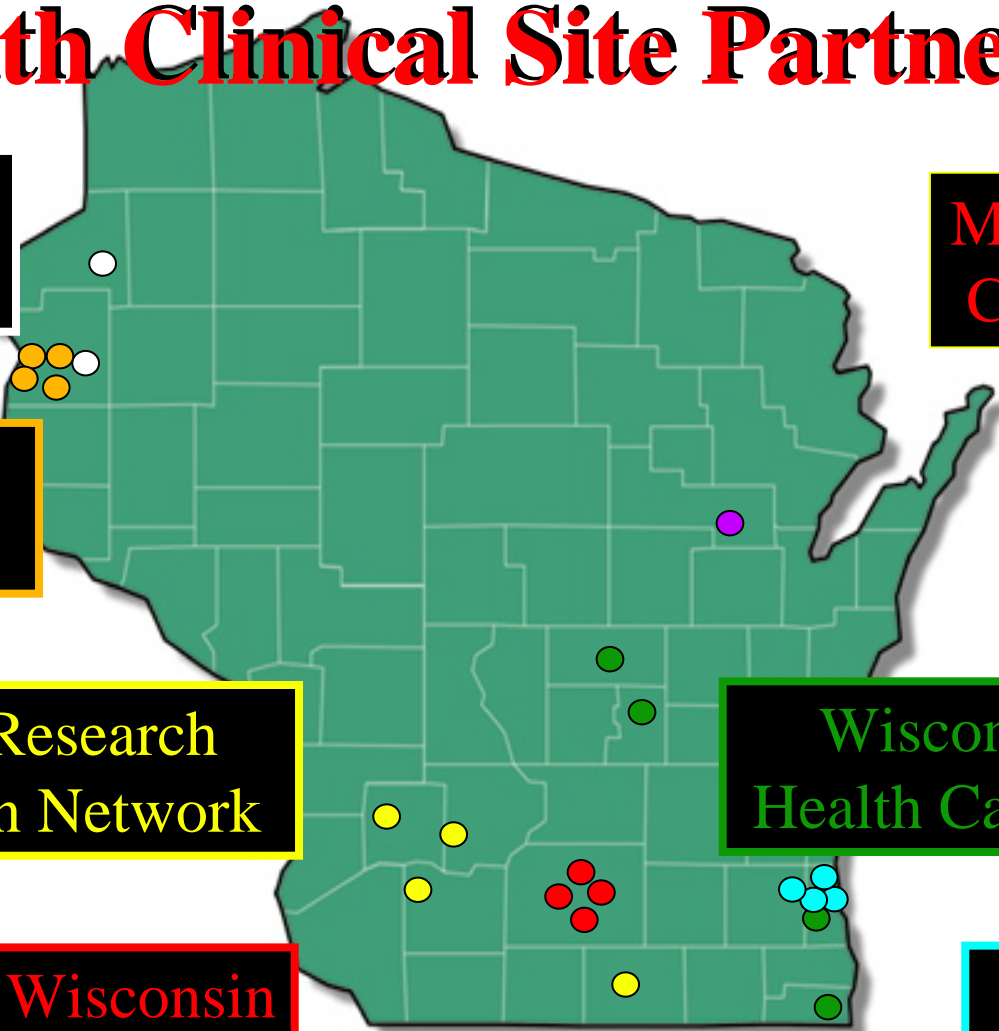
Menominee
Tribal Clinic

Wisconsin Research
and Education Network

Wisconsin Primary
Health Care Association

University of Wisconsin
Medical Foundation

Aurora
Health Care



Rationale: Magnitude of the Problem

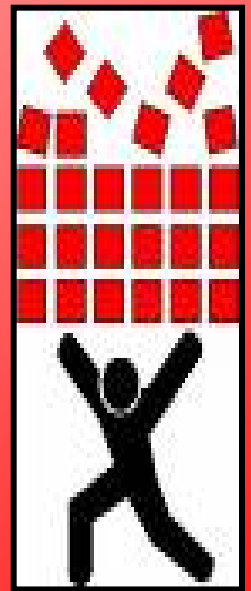
- Wisconsin leads the US in high-risk drinking¹
- Wisconsin leads the US in heavy drinking¹
- Wisconsin women of reproductive age lead the US in high-risk drinking¹
- Rank in drug use compared to other states²
 - Marijuana: 31st
 - Cocaine: 23rd
- For Wisconsin residents, ages 12 and up, the prevalence of alcohol or drug abuse and dependence is: **10%**³

¹ CDC BRFSS; ² SAMHSA Combined 2002 & 2003 NHSUD Data;

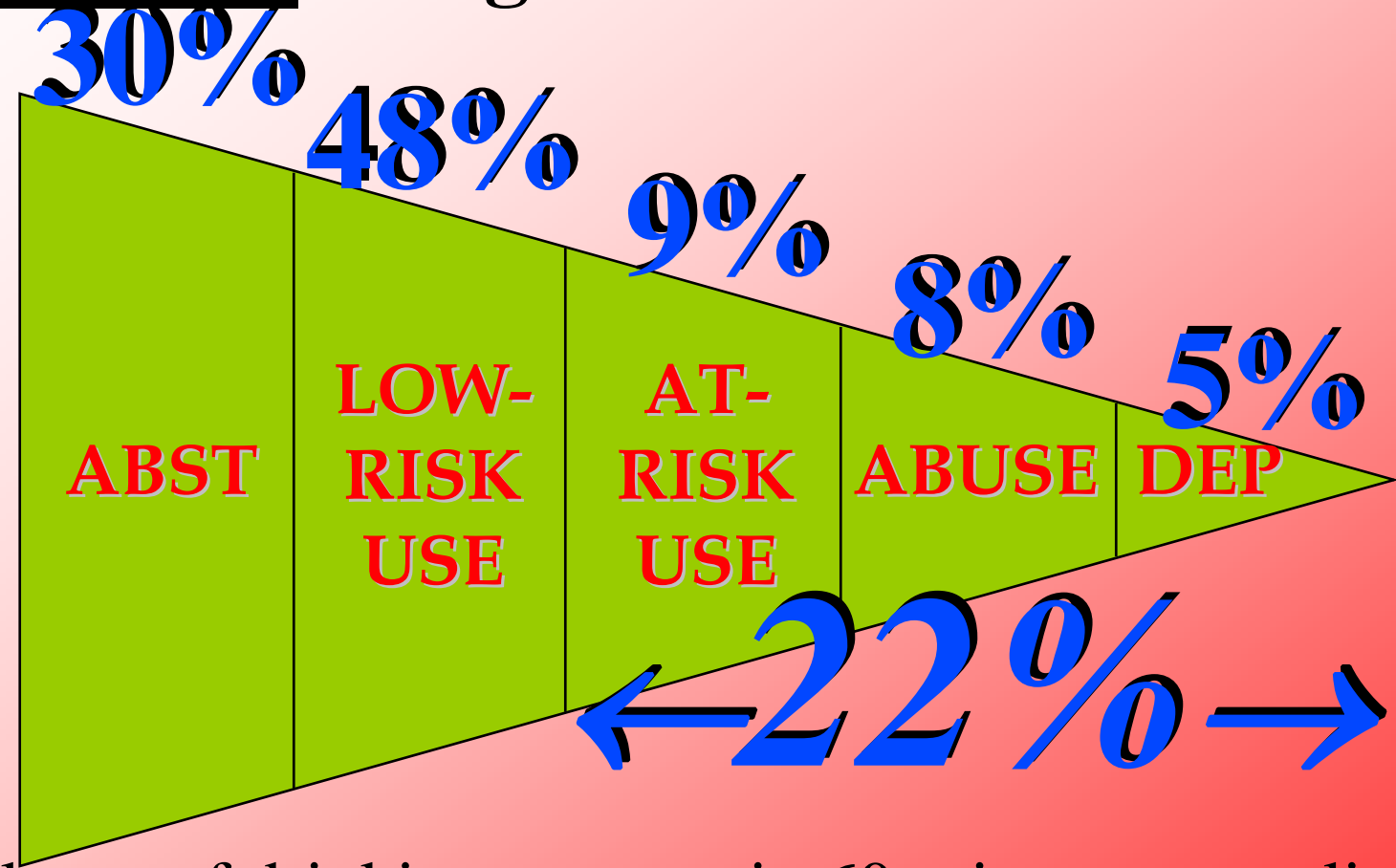
³ Wisconsin DHFS State Treatment Needs Survey, 1999

Rationale: Magnitude of the Problem

- 4th leading cause of death
- 4th leading cause of hospitalization
- Annually, alcohol & drug use is linked to:
 - 1,300 deaths
 - 8,500 traffic crashes
 - 6,800 traffic injuries
 - 2,400 cases of child abuse
 - 90,000 arrests
- Annual economic impact: \$4.6 billion



Rationale: Magnitude of the Problem



Prevalence of drinking patterns in 60 primary care clinics in Southeastern and South Central Wisconsin

Rationale: Effectiveness of **SBIRT**

- Screening: Identifies most people with risky or problem substance use
- Brief Interventions: Reduces substance use, health care utilization, crashes, & criminal events for individuals with **at-risk use** or **abuse**
- Referral: Helps many individuals into treatment
- Treatment: Reduces substance use, frequency and severity of relapse, and medical, psychosocial, and legal problems for patients with **dependence**

Wisconsin State Health Plan: Healthiest Wisconsin 2010

- In 2001, Substance Abuse was identified as one of 11 key priority areas for public health improvement.

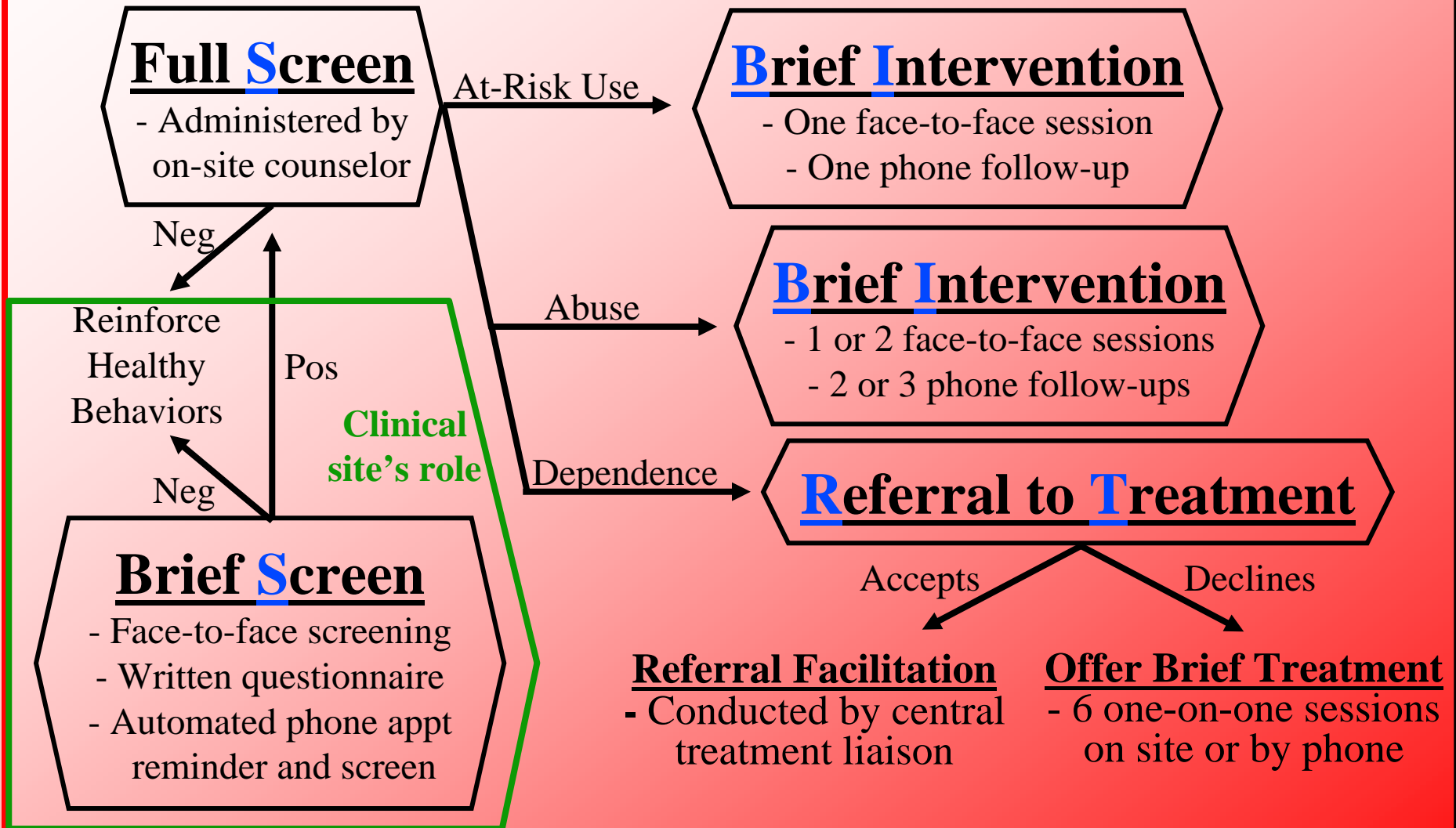
Goal: By 2010, 80 percent or more of providers of health and medical services will provide screening and referral for alcohol and other drug use.

Wisconsin State Health Plan: Healthiest Wisconsin 2010

Primary Care Screening DMHSAS Key Activities/Outcomes:

- Promoting Alcohol Awareness Month activities and physician screening days.
- Working with Medicaid to promote Mental Health and Substance Abuse Screening with their HMOs.
- Convened two summits in 2004 & 2005 on SA screening in conjunction with the Wisconsin Medical Society.
- Partnering with Dr. Rich Brown at the UW Department of Family Medicine on federal Screening, Brief Intervention and Referral to Treatment (SBIRT) Grant in 2006.
- BadgerCare Plus (Medicaid & Low Income Insurance Program for Wisconsin) began offering Screening & Brief Intervention Pregnant Womens' Benefit: Effective February 1, 2008.

SBIRT Service Delivery



Alcohol and Drug Brief Screen

1. Please think back to when you last had [males – 5 / females – 4] or more drinks in a day or night. Was this within the last 3 months?
2. In the last 12 months, did you smoke pot, use another street drug, or use a prescription painkiller, stimulant, or sedative for a non-medical reason?
3. In the last 12 months, did you ever find yourself drinking or using drugs more than you meant to?
4. In the last 12 months, did you ever think that maybe you should cut down on your drinking or drug use?

Multi-Behavior Brief Screen

– *Menu of Topics* –

- Tobacco use - 2 items - present and past
- Exercise - 2 items - days per week of vigorous and moderate exercise
- Overweight - height and weight
- Depression - 2 items from PHQ
- Alcohol and drug use - 4 items
- Domestic violence - 3 items

Available Screening Methods



Personal
administration
by staff in
exam room



Written
questionnaire
in waiting or
exam room



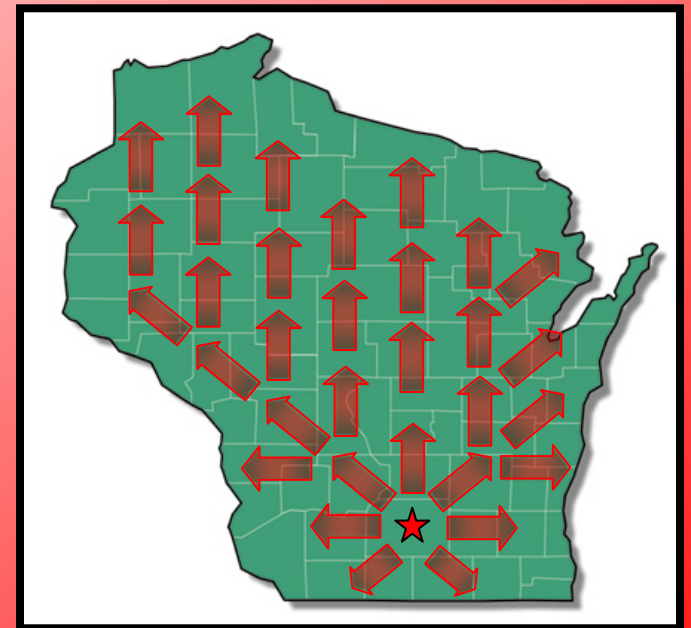
Automated
appointment
reminder &
survey

WIPHL Resources for Clinical Sites

- Written and computerized brief and full screens
- Training for clinical site project leadership
- Evidence-based SBIRT clinic protocols
- In-depth training and monitoring for on-site health educator
- Computer tablet system with protocols to guide screening, interventions and collect data
- Quality improvement infrastructure
- Central treatment liaison
- \$1.9 million in treatment for patients who cannot otherwise afford it

WIPHL Goal

Durably enhance the delivery of evidence-based, culturally competent substance abuse Screening, Brief Intervention, Referral, and Treatment services throughout the State of Wisconsin



Barrier: Stigma/Cultural Norms

- Individuals affected by a condition are judged for actions that may have contributed to the condition
- Wisconsin's cultural norms regarding drinking
- Contributes to:
 - Patients' fear of divulging their condition or not seeing their substance use outside the norm
 - Payers' and professionals' rationale for not providing and paying for services

WIPHL Strategy: Address alcohol and drug use as mainstream medical concerns

Barrier: Lack of System Support

- Health care professionals are not well trained in **SBIR**
- The average primary care physician would need to spend 7.4 hours per day providing all recommended preventive services.
- With current modes of clinical practice, major additional services cannot be offered
- Systems to facilitate delivery of **SBIR** services are needed

WIPHL Strategy: Provide health care clinics with SBIRT clinic protocols, HE training & resources

Barrier: Lack of Funding

- Lack of parity for mental health and substance use disorders in Wisconsin
- Under-funded and overburdened treatment programs
- Lack of reimbursement for screening, brief intervention, and referral services

WIPHL Strategy: Enhance funding for 5 years, and systematize reimbursement

Billing and Reimbursement for SBIRT in Wisconsin

- Successful efforts at federal level have accomplished making insurance funding codes available in Medicare, Medicaid & private insurance
- For Medicaid and private insurance, it requires additional work in each state to “turn on the codes”
- Wisconsin’s Medicaid program is primarily run through HMOs. To require the SBIRT benefit to be provided by HMOs, it must be included in their capitation rate—which requires budget authority from the legislature.

Medicaid & BadgerCare Plus Coverage in Wisconsin

- For the current 2008-09 State Budget, the Governor's priority was to promote healthy kids and improve services to pregnant women in Medicaid and BadgerCare Plus, the state's low income health insurance program.
- The Governor requested and obtained legislative authorization to include SBIRT and depression screening for pregnant women as of Feb. 2008.
- Currently working on next biennial budget initiative to expand to SBIRT to all Medicaid & BadgerCare Plus enrollees.
- WIPHL staff are developing a billing guide for clinics about the various means of capturing the activities of SBIRT services within existing billing mechanisms through primary care physician visit codes, through federally qualified health center services reimbursement.

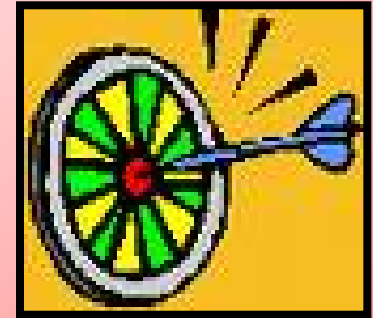
At the State Level Billing & Reimbursement Begins with Making the Case with Payers...

- Making the case—showing positive outcomes
- Making the case—showing cost effectiveness
- Making the case—showing why this early intervention/prevention practice would be a higher priority than other prevention targets in health care (i.e. why is SBIRT more important than screening for high cholesterol?)
- Making the case—promoting demand

Governor's Policy Steering Committee

- Committee Charge & Membership
- Key Subcommittees:
 - Co-Occurring Mental Health, Tobacco & Trauma Needs
 - Promoting Demand
 - Billing & Reimbursement

Ultimate Goal: *SBIRT services will be provided routinely in all Wisconsin health care settings*



Strategies & Recent Progress:

- Generate reimbursement - *MA billing codes for pregnant women 2008; hoping for expansion to all enrollees in 2009 Budget.*
- Promote demand by major payers - *National Quality Forum (NQF) consensus statement*
- Add to health care report cards - *NQF statement*
- Document outcomes and cost offsets
- Educate clinicians and administrators to promote cultural shift in health care
- Provide infrastructure for service delivery