

# WELCOME WIPHL's WI SBIRT UPDATE

Candace Peterson, Ph.D.  
SBIRT Program Manager



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## Systematic Behavioral Screening & Intervention *A Win for Everyone*



9-09 Thought Leaders Meeting – Summary Points



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## Summary

- Risky drinking, drug use, and other unhealthy behaviors are prevalent, harmful and costly in Wisconsin
- SBIRT and other behavioral screening elicit:
  - Healthier behaviors
  - Superior outcomes
- Lower healthcare costs
- Higher productivity
- Services can be implemented with high patient satisfaction, efficiency, and profitability
- Mandates and quality measures are coming
- Let's implement SBIRT & behavioral prevention now



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| <p>The services</p> <p><b>S</b>creening,<br/><b>B</b>rief<br/><b>I</b>ntervention,<br/><b>R</b>eferral and<br/><b>T</b>reatment</p> | <p>The program that aims to implement these services in Wisconsin</p> <p><b>W</b>isconsin<br/><b>I</b>nitiative to<br/><b>P</b>romote<br/><b>H</b>ealthy<br/><b>L</b>ifestyles</p> |
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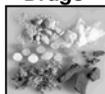
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## SBIRT

*Alcohol*



*Drugs*



|  |  |   |   |
|--|--|---|---|
| <br>Screening for all patients in healthcare settings | <br>Assessment for patients who screen positive | <br>Intervention for patients at mild to moderate risk | <br>Referral for patients at high risk |
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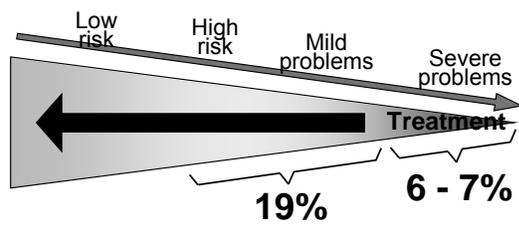
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### Clinical Management



Manwell, *Journal of Addictive Disease*, 1998




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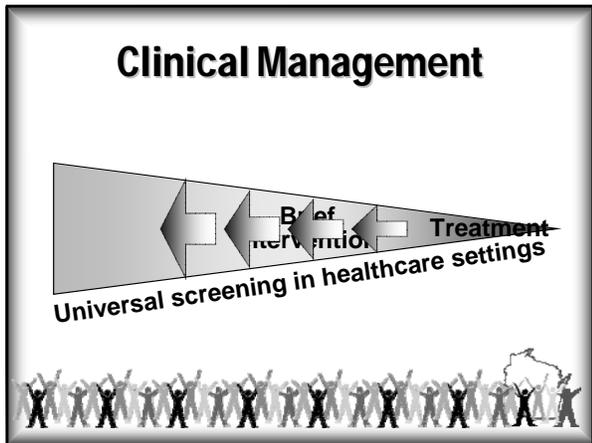
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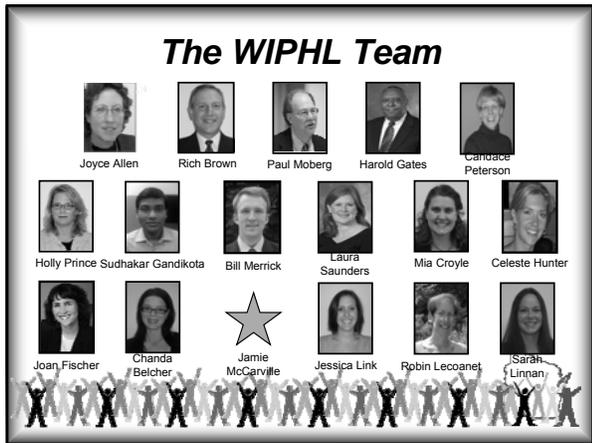
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## WIPHL Goal

- Durably enhance the delivery of evidence-based, culturally competent SBIRT services in healthcare settings throughout Wisconsin

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# WIPHL Goal

Make systematic SBIRT services a standard of care throughout Wisconsin



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## WIPHL and WI SBIRT Goals

- Where are we now?
- How can we attain our goals?



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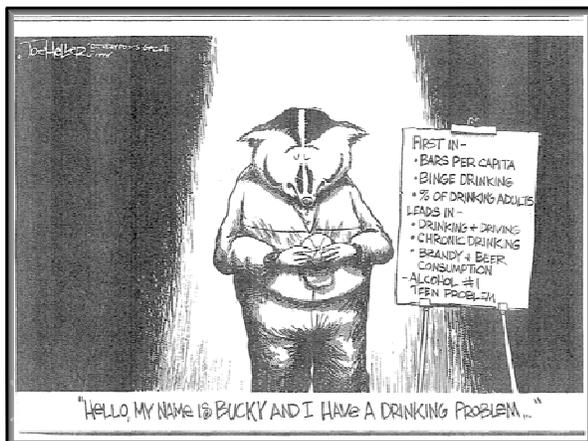
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## Wisconsin Usually Leads the US in ...

- Risky/binge drinking (≥5 drinks/occasion)
- Heavy drinking (≥60 drinks in a month)
- Risky drinking among women of reproductive age
- Drinking among high school students
- Underage drinking
- Drinking and driving
- Average in illicit drug use

CDC, BRFSS, 2007; SAMHSA, Combined 2004-5 NSDUH Data; Impact of Alcohol and Illicit Drug Use in Wisconsin, UW PHI

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## Substance Use & the Workplace



SAMHSA, National Survey on Drug Use & Health, 2005-2007

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## Societal Costs of Alcohol/Drug Use

- Crime
  - Homicides - 49-86%
  - Sexual assaults - ≤60%
  - Other assaults - 37-40%
- Proportion of incarcerated individuals with disorders:
  - Adults - 65%
  - Juveniles - 67% (41% alc.)
- Suicides - 20 - 37%
- Falls - 44%
- Drownings - 69%
- Fires - 26%
- Child abuse & neglect - 70%
- Domestic violence - ?
- Unintended pregnancies and sexually transmitted infections - ?
- Fetal alcohol spectrum disorders - 100%

Moore & Gerstein, 1982; Chesson, 2000; Winters, 2003; Rooney & Hargarten, 2007; Reid, Macchetto, & Foster, 1999

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## Impacts in Wisconsin



Alcohol and drug use is:

- The fourth leading cause of death
- The fourth leading cause of hospitalization
- Linked annually to:
  - 2,082 deaths
  - 16,677 hospitalizations
  - 5,992 traffic injuries
  - 2,400 child abuse cases
  - 126,207 arrests
  - \$5B economic impact

Wisconsin DHFS, *Healthiest Wisconsin 2010, 2000*; UW PHI

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## SBIRT Milestones

|      |  |
|------|--|
| 1995 | National Institutes of Health (NIH)        |
| 1996 | US Preventive Services Task Force (USPSTF) |
| 1999 | American Medical Association               |
| 2006 | National Business Group on Health          |
| 2007 | Cochrane Collaboration                     |
| 2007 | National Quality Forum                     |




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## SBIRT Milestones

|      |   |
|------|---|
| 2007 | Center for Medicare and Medicaid Services (CMS) establishes HCPCS codes for Medicaid programs |
| 2008 | CMS and AMA establish CPT codes   |
| 2008 | CMS established Medicare reimbursement  |
| 2008 | National Commission on Prevention Priorities publishes prevention service priority rankings   |




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## Rankings of Preventive Services

National Commission on Prevention Priorities

- USPSTF-recommended services ranked by:
- *How much disease, injury, and death would be prevented if services were delivered to all targeted individuals?* **Preventable Burden (PB)**
- *How many dollars would be saved for each dollar spent?* **Return on Investment (ROI)**

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008;  
<http://www.prevent.org/content/view/43/71>

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## Rankings of 25 USPSTF-Recommended Preventive Services

| # | Service                                     | PB | ROI |
|---|---|----|-----|
| 1 | Aspirin to prevent heart attack & stroke    | 5  | 5   |
| 2 | Childhood immunizations                     | 5  | 5   |
| 3 | Smoking cessation                           | 5  | 5   |
| 4 | <b>Alcohol screening &amp; intervention</b> | 4  | 5   |

*PB & ROI scoring: 1 = lowest; 5 = highest*

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008;  
<http://www.prevent.org/content/view/43/71>

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## Alcohol Screening and Intervention # 4

Ranked higher than:

- Screening for high blood pressure or cholesterol
- Screening for breast, cervical, or colon cancer
- Adult flu, pneumonia, or tetanus immunization
- Sexually transmitted infection screening
- All nutritional advice or supplementation
- Osteoporosis screening
- Vision and hearing screen

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008;  
<http://www.prevent.org/content/view/43/71>

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## SBIRT Milestones

|      |   |
|------|---|
| 2009 | HRSA establishes reporting mandate for FQHCs  |
| 2009 | HR3200 includes requirement for reimbursement |
| 2009 | JCAHO disseminates draft requirements         |




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## Proposed JCAHO Quality Measures for Hospitals

| For Inpatients - Ages 12+  | Tobacco                  | Alcohol & drugs          |
|--|--------------------------|--------------------------|
| Universal screening  | <input type="checkbox"/> | <input type="checkbox"/> |
| Intervention   | <input type="checkbox"/> | <input type="checkbox"/> |
| Referral   | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavior change and/or receipt of services 2 weeks after discharge | <input type="checkbox"/> | <input type="checkbox"/> |

<http://www.JointCommission.org/PerformanceMeasurement/WhatsNew/>




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## SBIRT Milestones

|          |   |
|----------|---|
| Jan 2010 | Wisconsin Medicaid expands SBIRT coverage from pregnant women to all Badger Care Plus and Medicaid recipients |
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## Software System

- Guides HE in evidence-based services
- Collects clinical data
- Generates
  - Reports for SAMHSA
  - Reports for internal QI
- Will generate
  - Progress notes
  - Billing information
- Moving to the web




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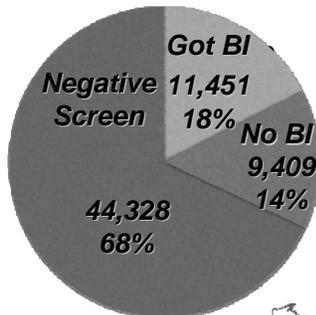
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## WIPHL Service Delivery

65,188 people screened  
March 15, 2007  
to July 14, 2009




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## Satisfaction with SBIRT

N = 336 to 346

- What I am doing or have done with my health educator have given me new ways of looking at my drinking or drug use **4.27**
- I feel that the things I am doing or have done with my health educator will help me to accomplish the changes that I want. **4.24**
- As a result of these sessions I am clearer as to how I might be able to change my drinking or drug use. **4.27**
- I believe that the way we are working with my drinking or drug use is correct. **4.45**




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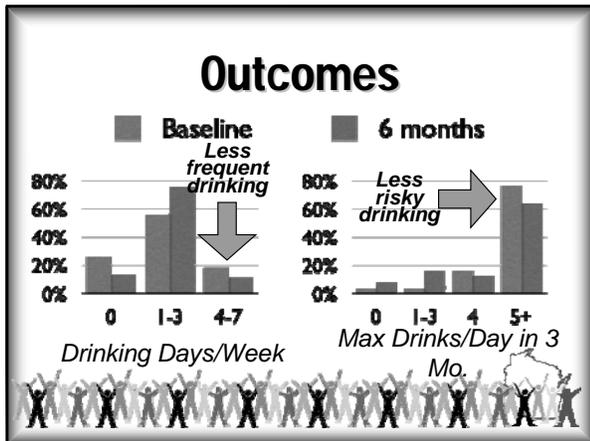
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- ### Where We Are: Summary
- Growing support nationally for SBIRT
  - Strong evidence for effectiveness, patient satisfaction and cost savings
  - Successful implementation model in WI- Dedicated HE - Software - Consultation
  - Experienced central team and clinical partners
  - Several Wisconsin healthcare systems involved
    - 1 to 4 settings
    - 1 health educator in each setting

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- ### Billing and Reimbursement- a Critical Key to WI SBIRT Sustainability
- Codes are established
    - CPT: 99408 & 99409
    - HCPCS: H0049 & H0050
  - Some payers reimburse
    - Medicare, Aetna, Anthem, Cigna, Humana
    - BPA, GHC of Eau Claire, Physicians Plus, Security, UMR, Unity, WEA Trust
    - Medicaid - pregnant pts now, all in Jan 2010
  - WIPHL & Wisconsin Medical Society will help clinical sites begin billing in early 2010

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## Business Model - Clinical Sites

- Reimbursement must support ...
  - Health educator compensation
  - Site overhead
  - Support services that WIPHL provides
- Challenges by delivering alc & drug services only
  - Variable buy-in by providers and staff
  - Some health educators are underutilized
  - Services become stigmatized

Solution - Address other behavioral health




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## SBIRT

*Alcohol*

*Drugs*



Screening for all patients in healthcare settings



Assessment for patients who screen positive



Intervention for patients at mild to moderate risk



Referral for patients at high risk




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## Systematic Behavioral Screening & Intervention

*Alcohol*

*Drugs*

*Tobacco*

*Depression*

*Obesity*

*Inactivity*



Screening for all patients in healthcare settings



Assessment for patients who screen positive



Intervention for patients at low to moderate risk



Referral for patients at high risk




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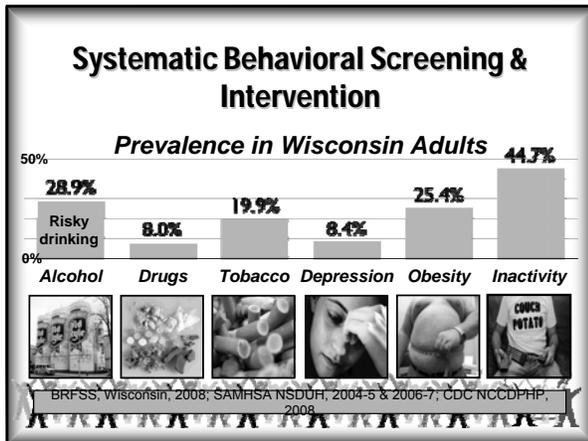
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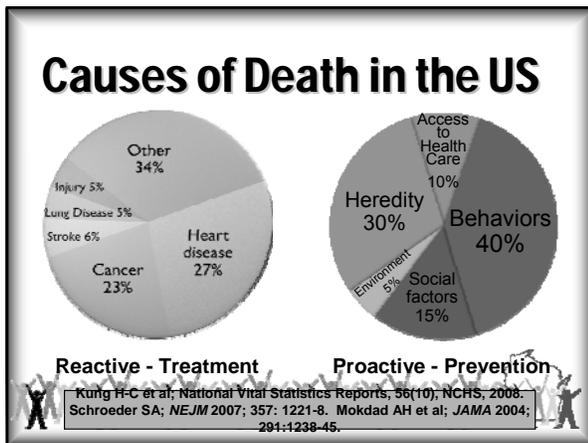
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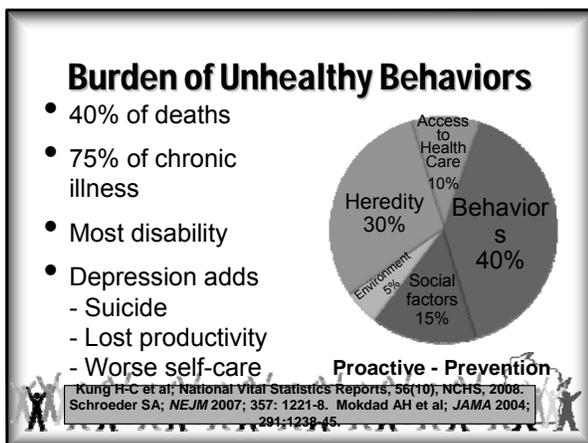
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## Sustainable Service Delivery Model

| Behavioral topic | Prevent death, disease, injury* | Return on investment* | Reimbursement-ability    | Service Level |
|------------------|---------------------------------|-----------------------|--------------------------|---------------|
| Alc/Drugs        | +++++                           | +++++                 | <input type="checkbox"/> | Full          |
| Tobacco          | +++++                           | +++++                 | <input type="checkbox"/> | Full          |
| Depression       | +++                             | +                     | ?                        | Full          |
| Diet             | +                               | +                     | -                        | Brief         |

\* National Commission on Prevention Priorities  
Behavioral activation intervention and referral  
Does not include substantial workplace impacts

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## Billing Codes & Reimbursement

| H-codes           | Alcohol & Drugs  |  | Tobacco                                     |   |
|-------------------|--|--|---|---|
|                   | H0049<br>Full screen                                       | H0050<br>Per 15 min intervention                           |   |   |
| <b>Medicaid</b>   | <b>\$30.00</b>   | <b>\$20.03</b>   | <b>\$10.00?</b>                             | <b>\$20.00?</b>                         |
| <b>CPT codes</b>  | <b>99408</b><br>15 to 30 min<br>Full screen & intervention | <b>99409</b><br>15 to 30 min<br>Full screen & intervention | <b>99406</b><br>3 to 10 min<br>intervention | <b>99407</b><br>>10 min<br>intervention |
| <b>Medicare</b>   | <b>\$29.42</b>   | <b>\$57.69</b>   | <b>\$12.46</b>                              | <b>\$24.16</b>                          |
| <b>Commercial</b> | <b>\$33.41</b>   | <b>\$65.51</b>   | <b>\$13.00</b>                              | <b>\$30.00</b>                          |

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## Clinic Revenue Per HE - Tobacco/Alcohol/Drugs

70% Commercial, 20% Medicare, 10% Medicaid

Average patient: \$37.38 / 21.0 minutes

| Patients per day | Per Day  |               | Per Year         |         |
|------------------|----------|---------------|------------------|---------|
|                  | Reimb.   | HE Time       | Reimb.           | HE Time |
| 10               | \$373.83 | 3.5 hr        | \$85,936         | 806 hr  |
| 12               | \$448.60 | 4.2 hr        | \$103,124        | 967 hr  |
| 14               | \$523.27 | <b>4.9 hr</b> | <b>\$120,311</b> | 1128 hr |
| 16               | \$598.13 | 5.6 hr        | \$137,498        | 1289 hr |
| 18               | \$672.90 | 6.3 hr        | \$154,685        | 1450 hr |
| 20               | \$747.67 | 7.0 hr        | \$171,872        | 1611 hr |

Implementation expenses per HE = \$100,000

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## Other Barriers & Progress

- Patients
- Providers
- Payers
- Purchasers
- Policymakers
- Others?

"Barriers ..."

"Progress ..."



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