



Implementation of a Community-Wide Screening and Brief Intervention Project

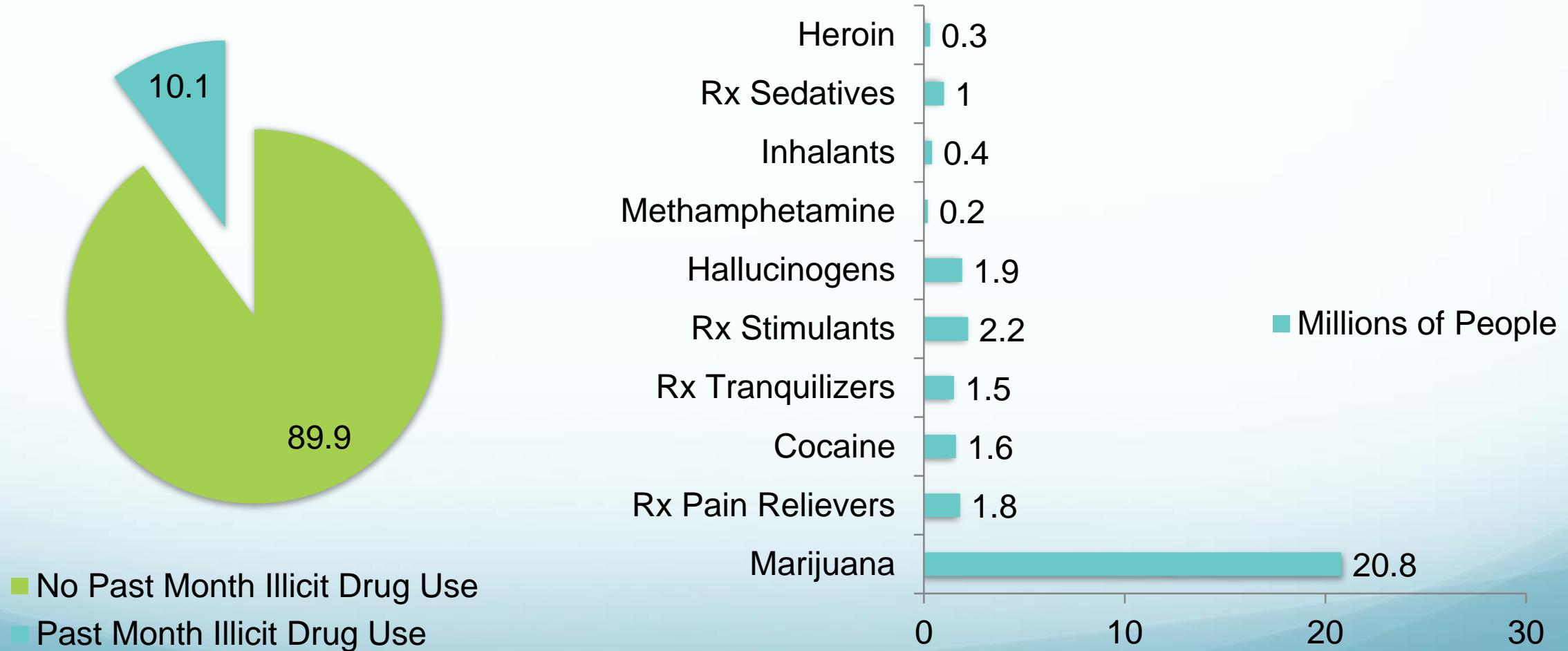


“When you look at what determines morbidity in this country, 80% of that has nothing to do with the quality of health care received”

-Shattuck lecture, 2007

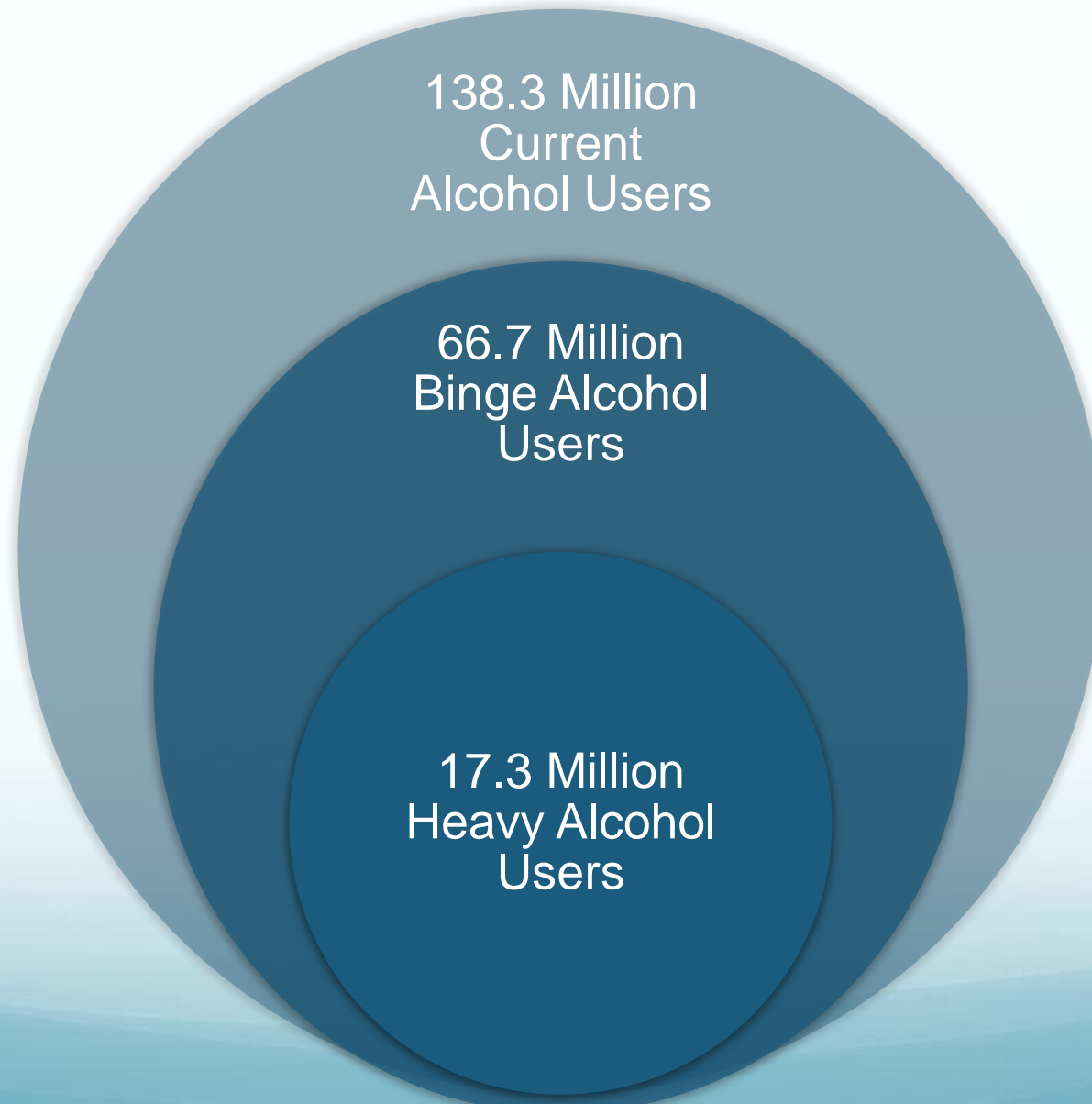


SUBSTANCE USE- 2016*



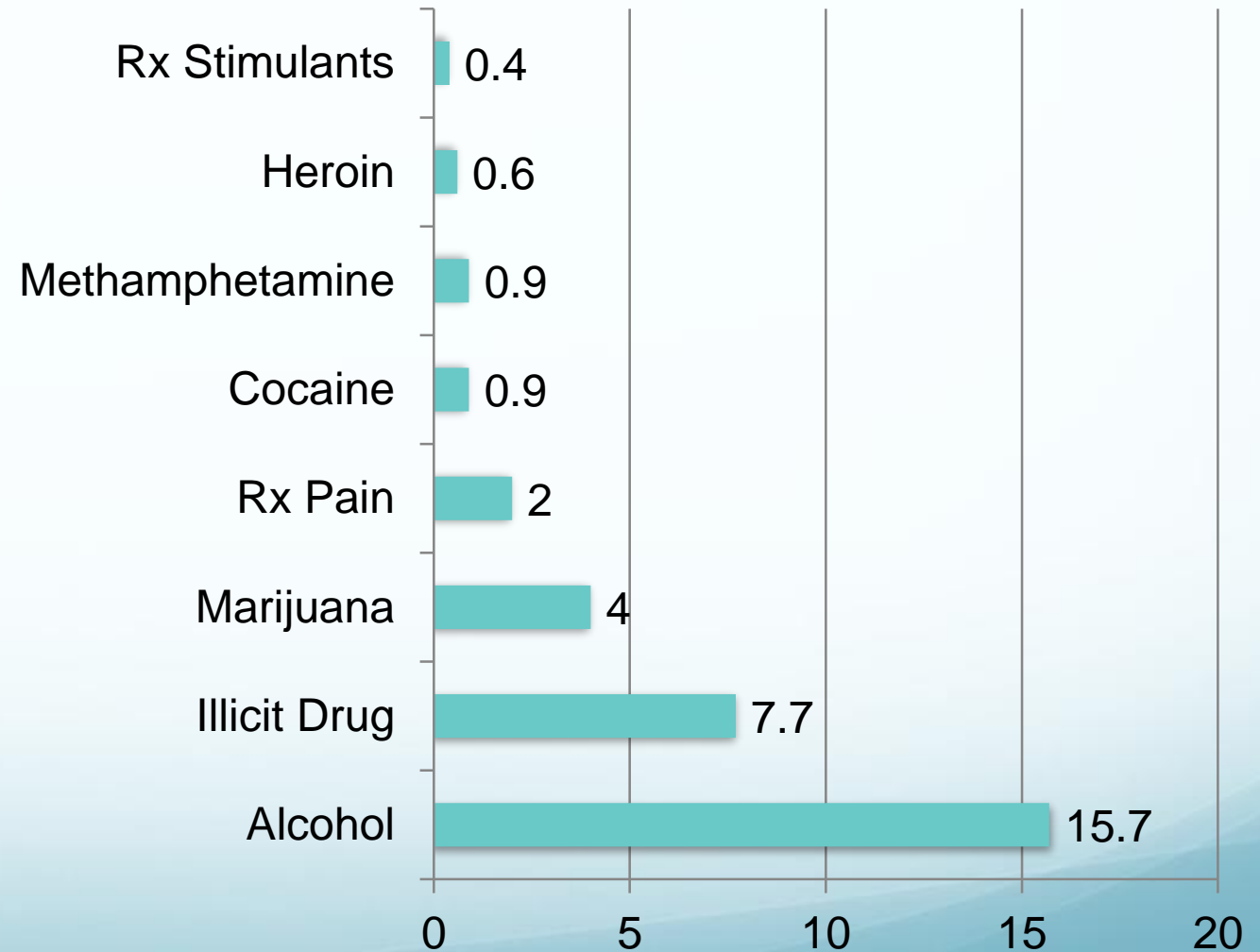
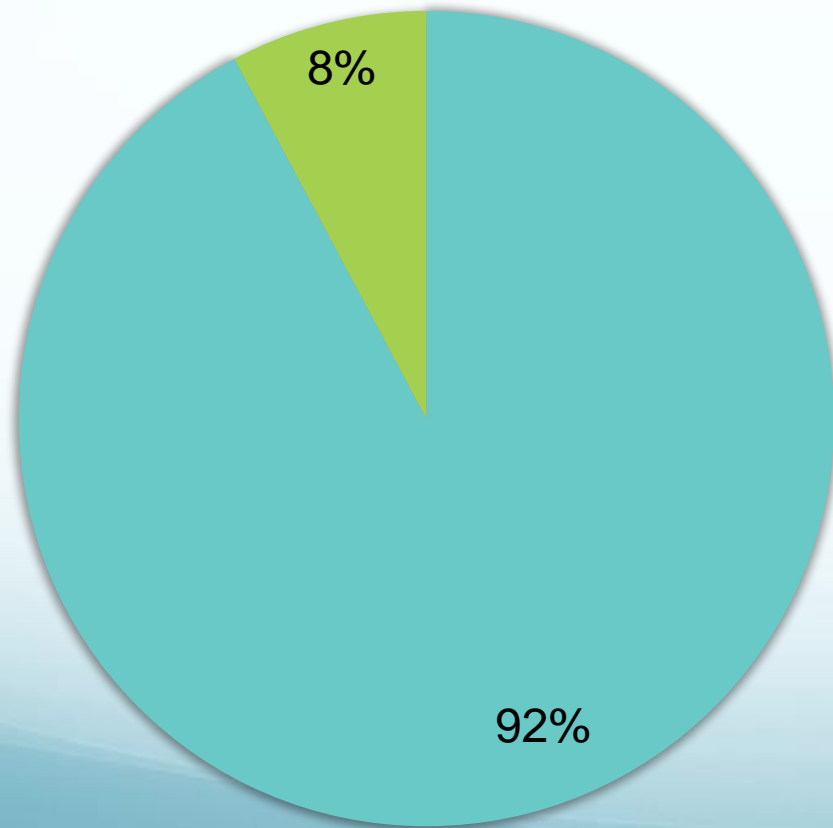
*data slides 4-9 from 2016 National Survey on Drug Use and Health

Alcohol Use- 2016



Substance Use Disorders 2016

- No Past Year Substance Use Disorder
- Past Year Substance Use Disorder

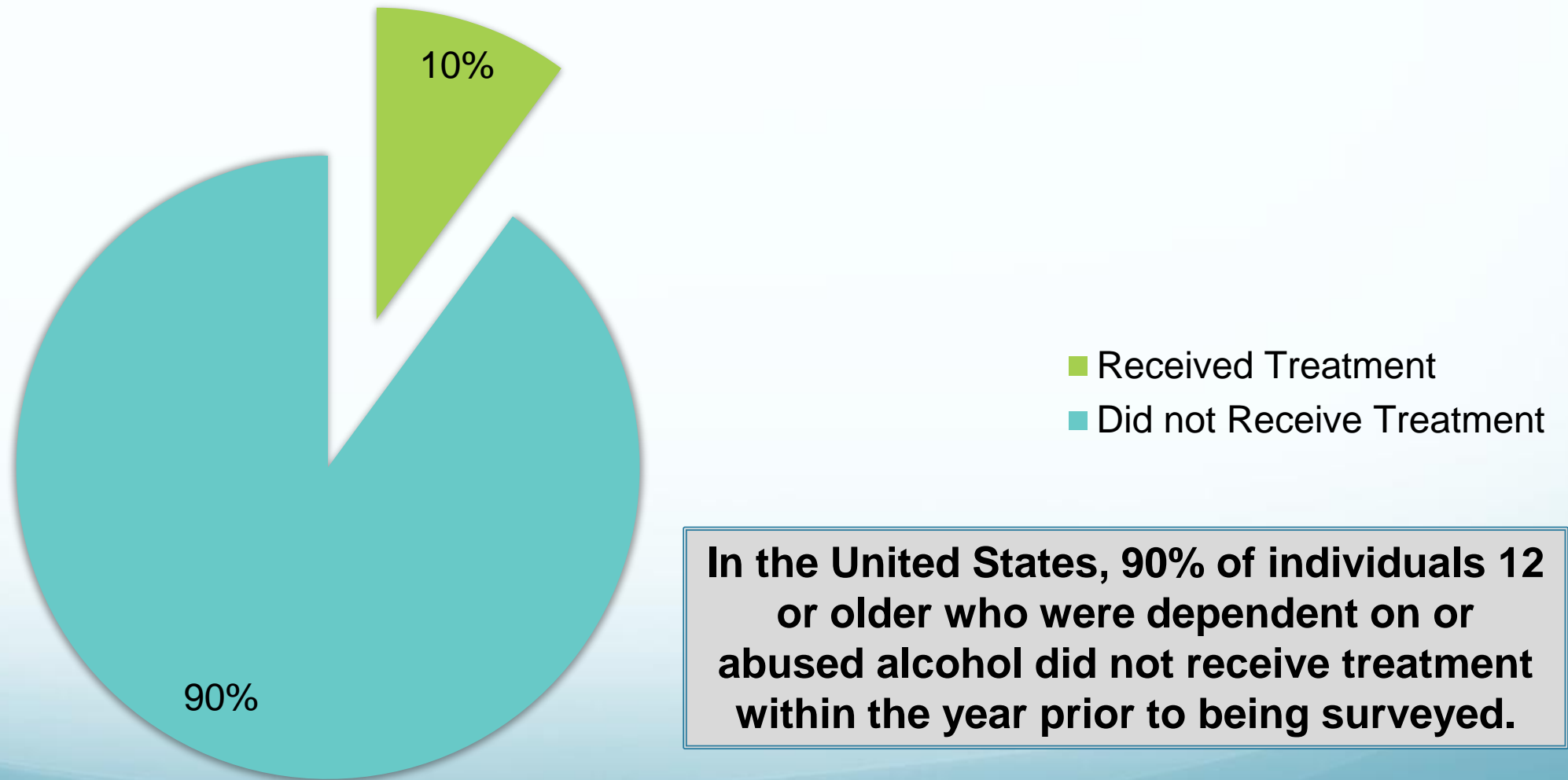


Opioids

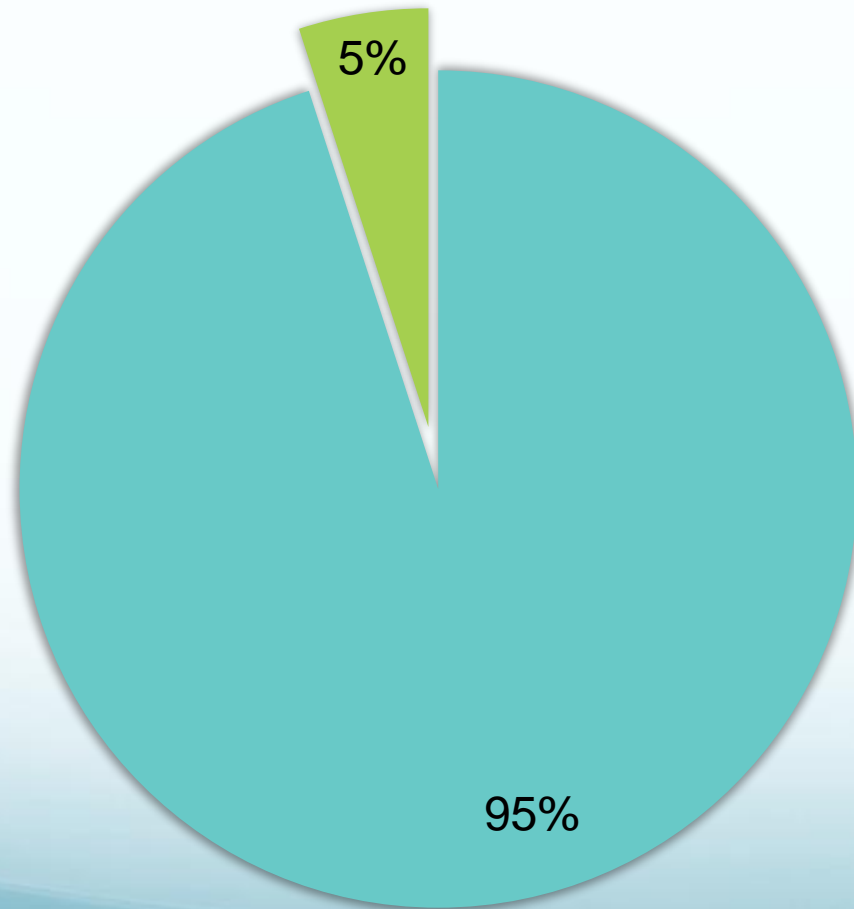
- Drug poisonings are the **leading cause** of accidental death in persons aged 25-64
- On average, **115** Americans die every day from an opioid overdose.
- **66%** of the more than 63,600 overdose deaths in 2016 involved an opioid.
- **26%** of primary care patients with non-cancer pain suffer from an opioid use disorder



Past-Year Alcohol Treatment Among Patients 12 or Older with Alcohol Dependence or Abuse



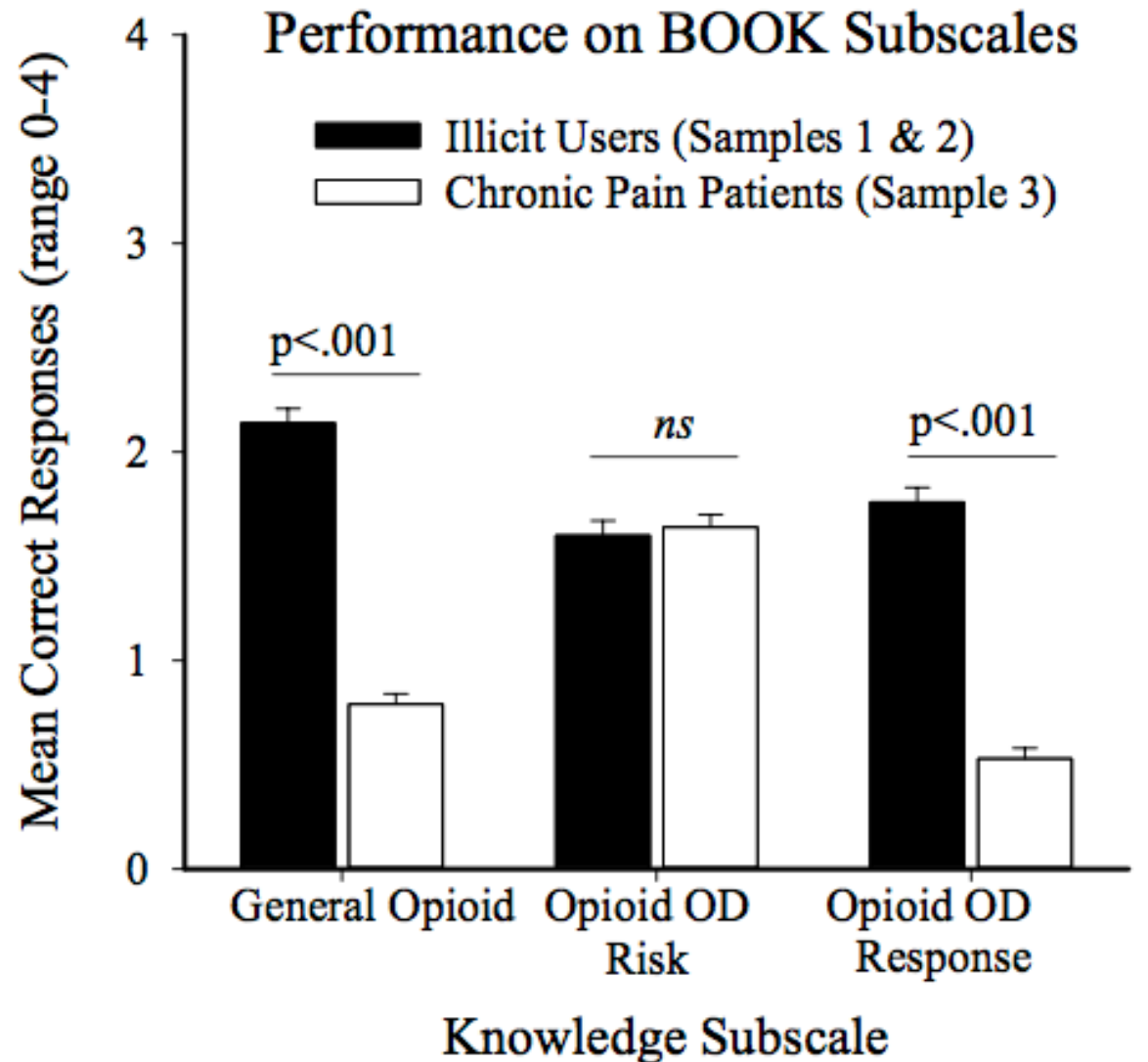
Perceived Need for Treatment



- Did Not Perceive a Need for Treatment
- Perceived a Need for Treatment

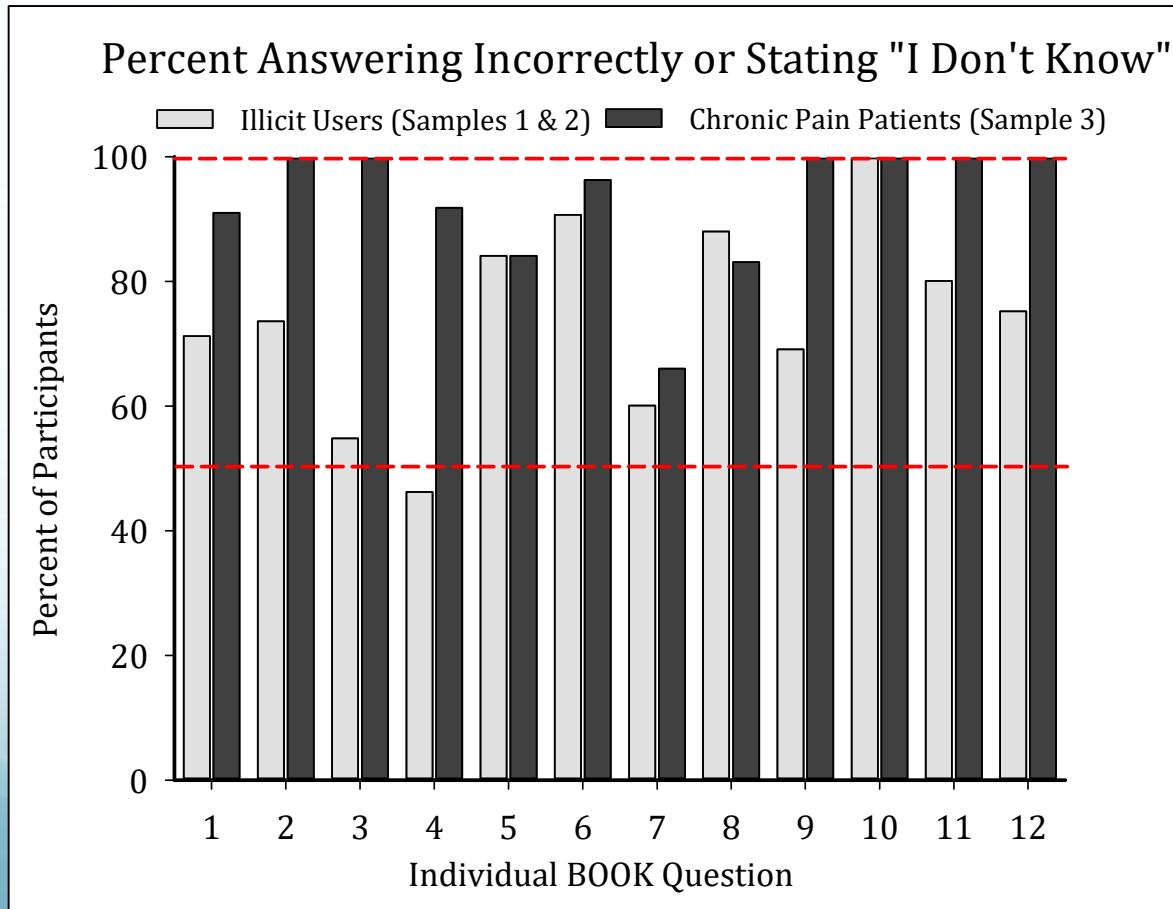
BOOK: Gaps in Knowledge

- Patients receiving opioids for pain management knew **LESS** about overdose risk than illicit users

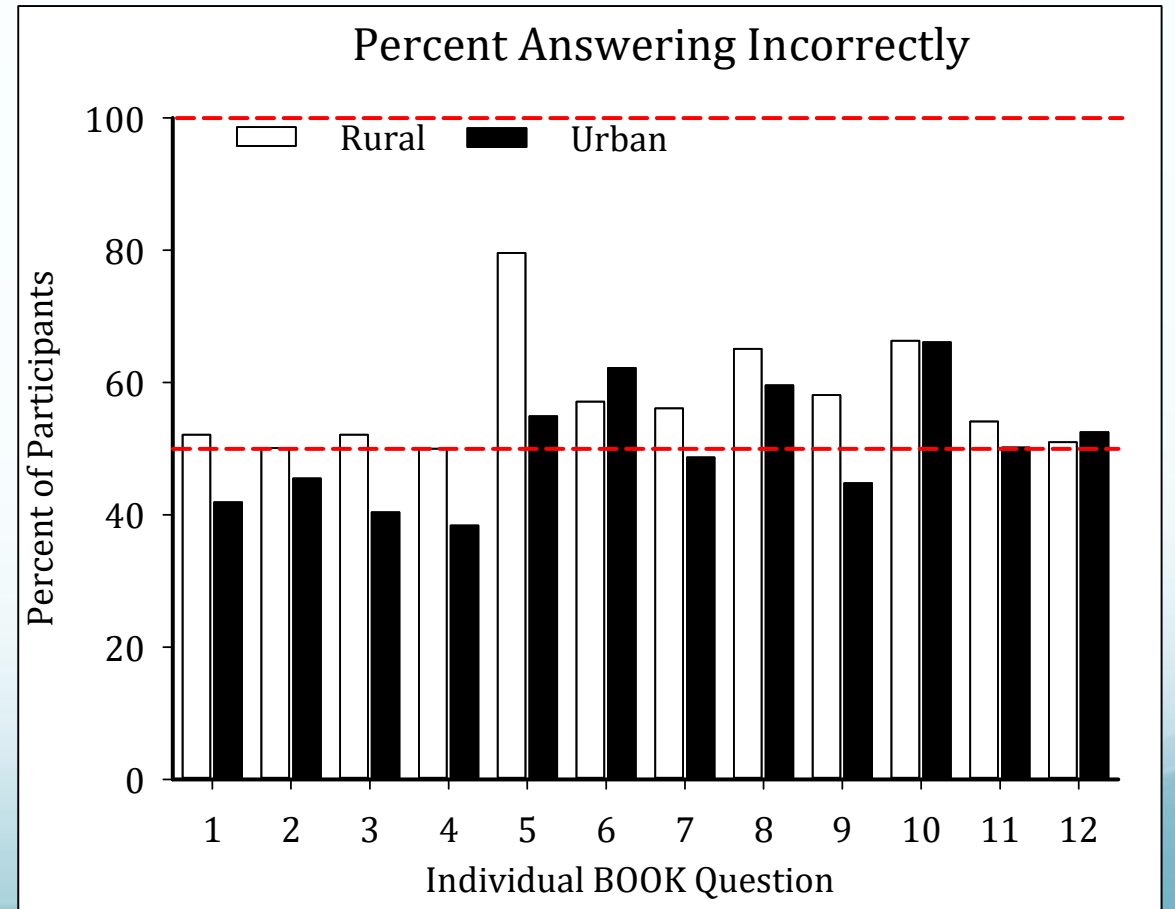


BOOK: Gaps in Knowledge: Percent of Participants Who May Benefit from an Educational Intervention

- Knowledge was LOWER among chronic pain patients compared to illicit users. Other demographic features (such as geographic location) were not as important

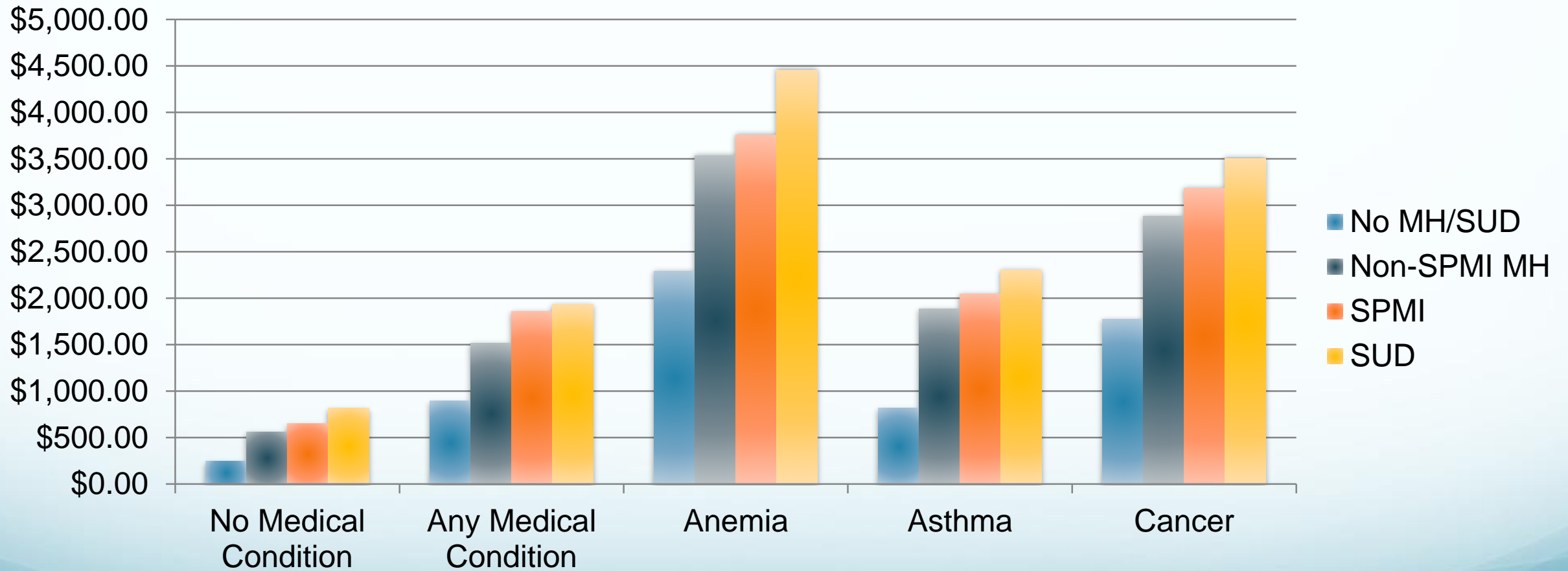


Dunn et al., 2016, *J Addict Med* Vol. 10(5), pp 314-323



Dunn et al., 2016, *JSAT* Vol. 71, pp 1-7

PMPM Healthcare Spending & Presence of Behavioral Health Conditions



Limitations with Current Practices

- <**50%** of patients in treatment reported their primary care physician addressed their substance abuse.
- Fewer than **20%** of primary care physicians believe they are “very prepared” to identify alcohol or drug dependence.
- Physicians, patients, and their families cannot easily identify or connect with licensed, accredited treatment providers.
- “Helping” professionals do not have the skills to identify substance use disorders.

Our Opportunity...

- To Improve Health
- To Reach New Populations
- To Reduce Costs
- To Achieve Positive Outcomes



Screening, Brief Intervention and Referral to Treatment (SBIRT)



NEW TARGET POPULATION

- Primary focus of substance abuse treatment has been persons with more severe substance use.
- SBIRT targets those with non-dependent substance use and provides effective strategies for intervention prior to the need for more specialized treatment.
- BOOK can be used when an opioid prescription is written or throughout the course of treatment.

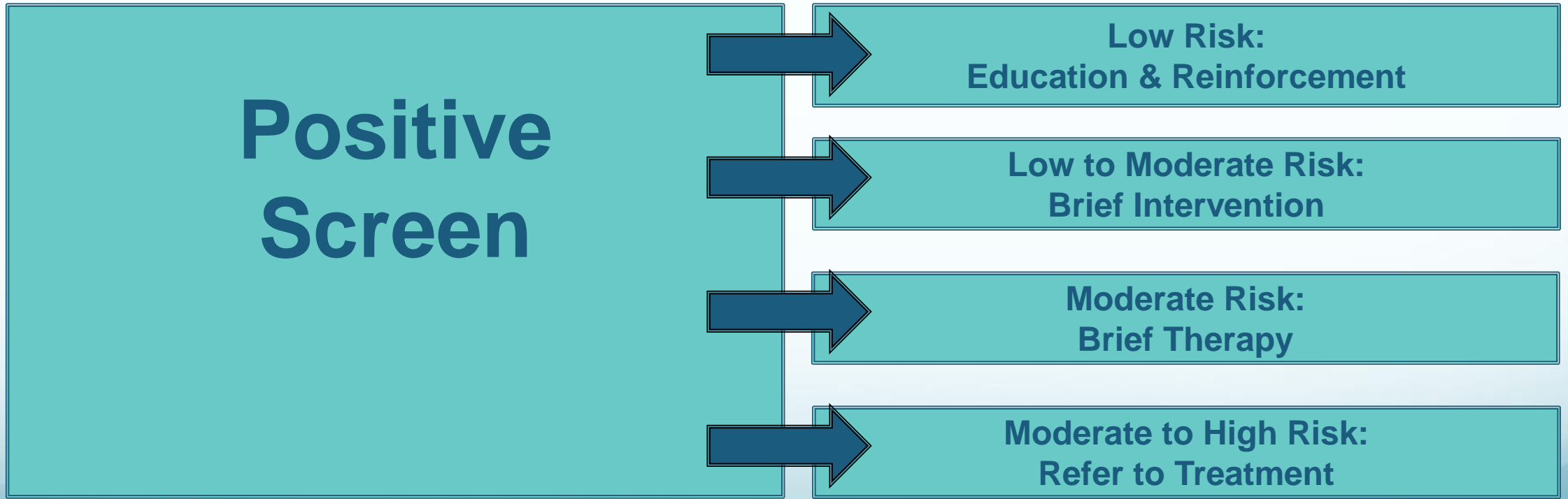
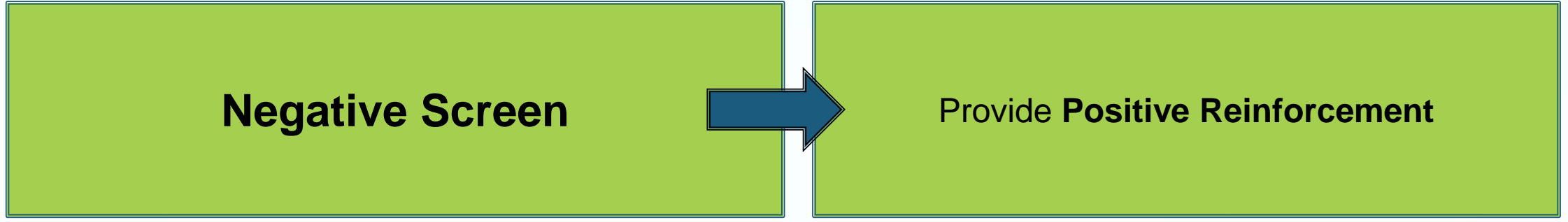


Substance Use Status Continuum



Substance Use Care Continuum





Screening Tools

Screen	Target Population	Assessment
ASSIST (WHO)	-Adults -Validated in many cultures and languages	Hazardous, harmful, or dependent drug use (including injection drug use)
AUDIT (WHO)	-Adults and adolescents -Validated in many cultures and languages	Identifies alcohol problem use and dependence. Can be used as a pre-screen to identify patients in need of full screen/brief intervention
DAST-10	Adults	To identify drug-use problems in past year
CRAFFT	Adolescents	To identify alcohol and drug abuse, risky behavior, & consequences of use
CAGE	Adults and youth >16	-Signs of dependence, not risky use
TWEAK	Pregnant women	-Risky drinking during pregnancy. Based on CAGE. -Asks about number of drinks one can tolerate, alcohol dependence, & related problems

Integrating SBIRT Across Community Agencies

Why SBIRT in Duval

Astounding data.

But data doesn't tell the whole story.

Real people. Real lives. Real stories.

Why SBIRT in Duval

Colin.



Why SBIRT in Duval

A 22 year old young man.



Why SBIRT in Duval

Susan Pitman. Speaking.



Duval Candidates for Screening



SCHOOLS



HOSPITALS



PRIMARY CARE
PRACTICES



COLLEGE CAMPUSES




COMMUNITY SITES

Engaging the Community

- Identify Champions by Sector
 - School board members
 - Hospital administrators
 - Physician practice administrators
 - College & University administrators
 - Community agency directors and board members




Neutral Community Champions: CHMI, Chamber

Engaging the Community



Because drug and alcohol use affects your health, we need to ask everyone about their use. We do this in order to provide you the best care possible. And that's why we ask - everyone.

WE ASK EVERYONE.

Engaging the Community

- Educate – Large gatherings to gain momentum
 - What is SBIRT?
 - How can it benefit my organization



Engaging the Community

- Recruit partners
 - Individual meetings
 - Negotiate the relationship



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

A **comprehensive, integrated, public health approach** to the delivery of early intervention and treatment services for people with substance use disorders or at risk of developing these disorders.

Who can participate: Primary care centers, hospital emergency rooms, trauma centers, and other *community settings* provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

When to participate: Now. Training will be available beginning in mid-February, and the tool is immediately available for use.

How to participate: Providers may choose to participate, and then designate persons for training and access to the tool. Through SBIRT NE Florida, participants will be able to deliver the screening through lap tops, PCs, tablets and smart phones or paper. Training will be provided, and a coordinator available to work through any challenges.

Why participate:

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

This is a **FANTASTIC** opportunity for Jacksonville to become a leader across Florida in providing a substance abuse screening tool that **WORKS**...and provides the screener with appropriate next steps, including the specific resources. This tool will assist us in reducing severe consequences, and creating a healthier, safer Jacksonville.

For medical providers:

Codes for Reimbursement

Reimbursement for screening and brief intervention is available through commercial insurance Current Procedural Technology (CPT), Medicare G codes, and Medicaid Healthcare Common Procedure Coding System (HCPCS). *We will need your support & advocacy to get these codes "turned on" in Florida!*

Engaging the Community

- Provide Training
 - Initially two scheduled trainings



Engaging the Community

- Provide Training
 - Initially two scheduled trainings
 - Coaching integration session included on site



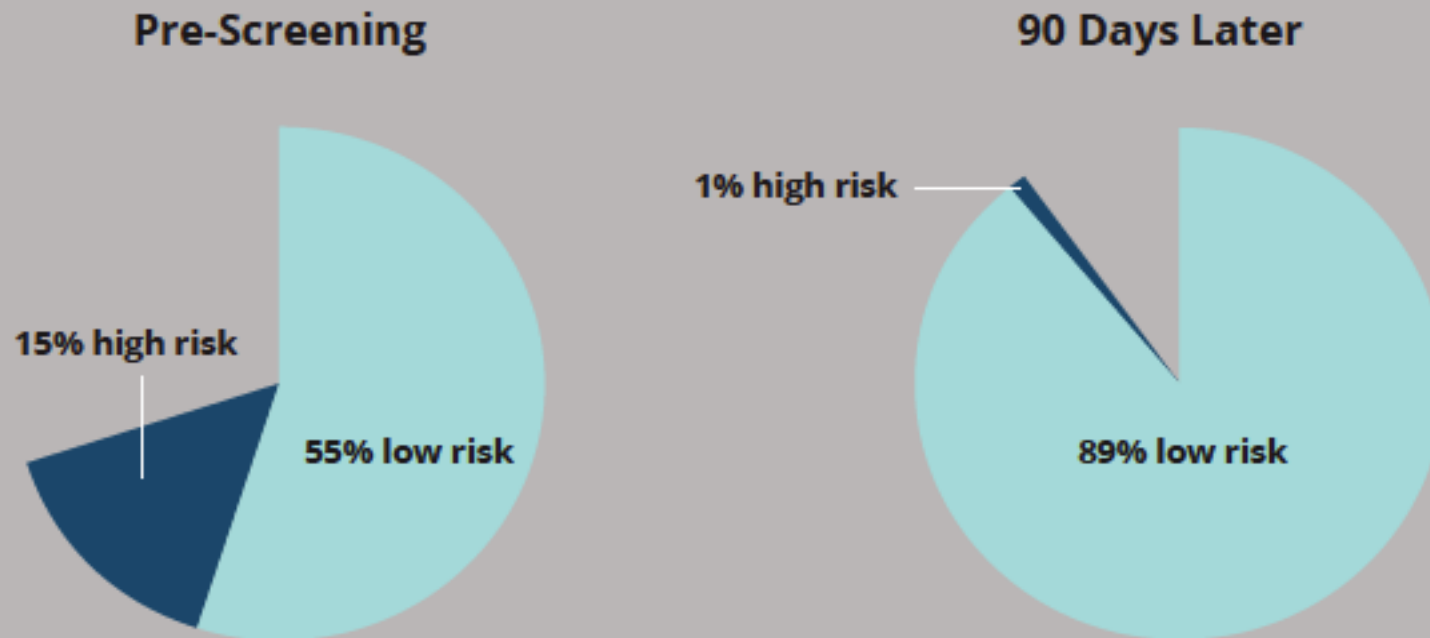
Engaging the Community

- Offer Technical Assistance
 - The process
 - Reports
 - Workflow
 - Employee updates and support
 - System quirks

Engaging the Community

- Evaluation

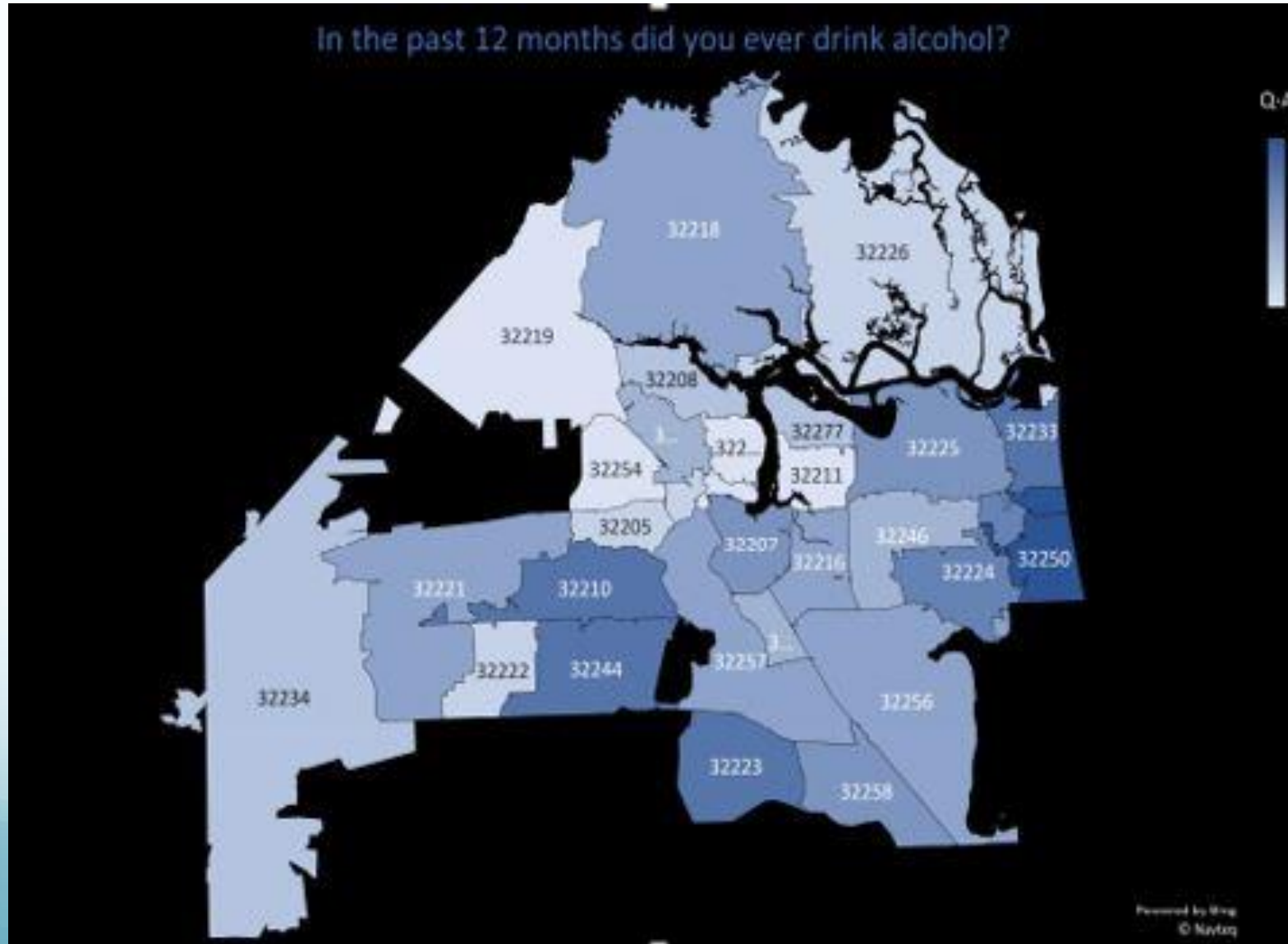
Change in Student Risk Score



Engaging the Community

- Evaluation
 - COMMUNITY IMPACT

Engaging the Community



- Assessment
- Planning
- Resource distribution
- Evaluation

Barriers to Engagement

- Time to implement
 - Self-directed tool, self-evaluating tool, brief responses
- Staff to implement
 - See above (self-directed, self-evaluating)
 - Doesn't REQUIRE special certification/training
- Cost to implement
 - Can become a new revenue source. HOW?

SBIRT Reimbursement

Payer	Code	Description	Fee Schedule
Commercial Insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$29.42
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$57.69
Medicare	G0442	Prevention: Screening for alcohol misuse in adults including pregnant women once per year. No coinsurance; no deductible for patient http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf	\$17.33
Medicare	G0443	Prevention: Up to four, 15 minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse; No coinsurance; no deductible for patient http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249	\$25.14
Medicaid	H0049	Alcohol and/or drug screening (code not widely used)	\$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)	\$48.00



The best part...

- Implementation becomes a powerful prevention tool for the community – opening up communication & solutions.

Destigmatize. Remove shame. Encourage health.

We don't heal in isolation, but
in community.

S. Kelley Harrell



SBIRT and Technology

Using Technology

- Studies have found that patients (especially youth) would rather complete an e-screener than begin a discussion with a professional.
- Technological solutions allow communities to get a clear picture of their substance use needs and patterns.
- Technological solutions will increase access to follow-up care.



ASSESS & IDENTIFY

- Screen patients using tablet enabled, evidence-based assessments to identify individuals at-risk of drug dependence
- Integrated Brief Opioid Overdose Knowledge[©] assessment
- 10 minute screen + immediate report of results for patient and practitioner



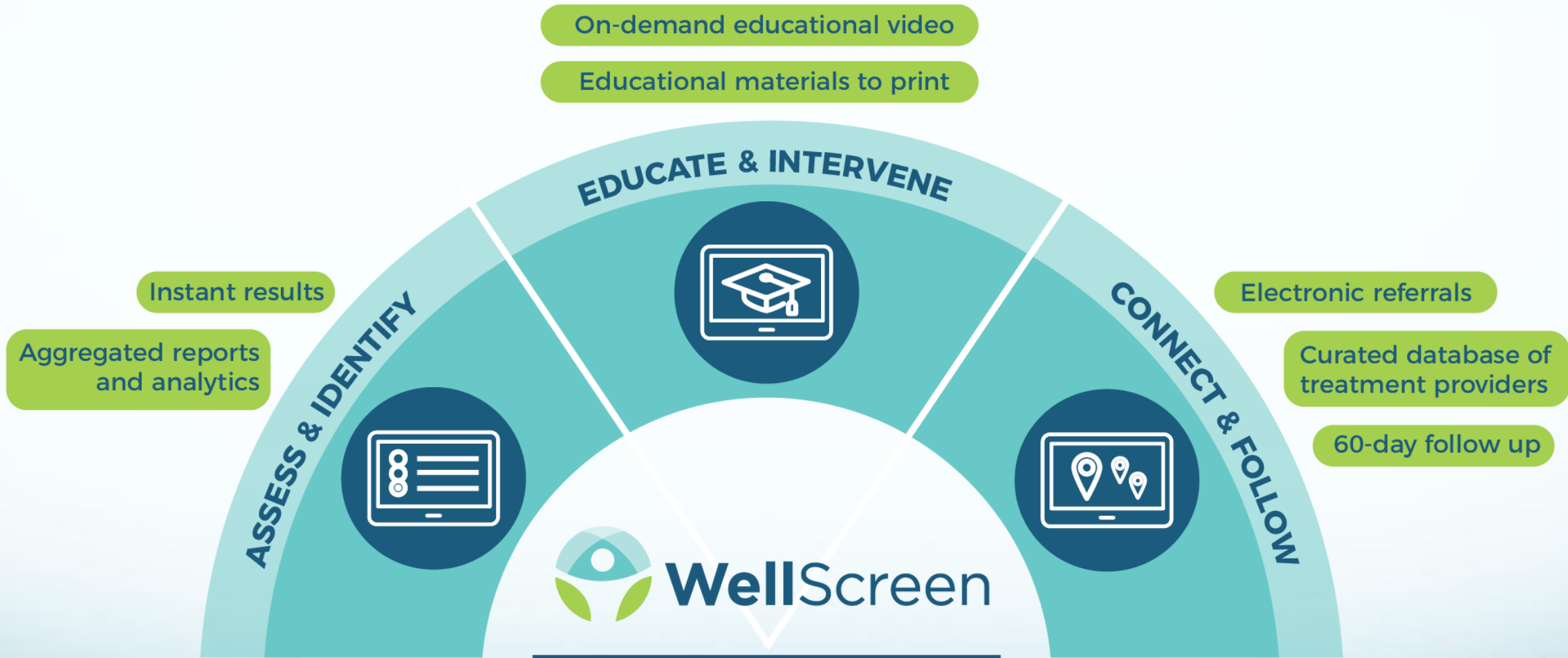
EDUCATE & INTERVENE

- On-demand, evidence-based education module to increase knowledge of opioids, opioid overdose risk, and opioid overdose response



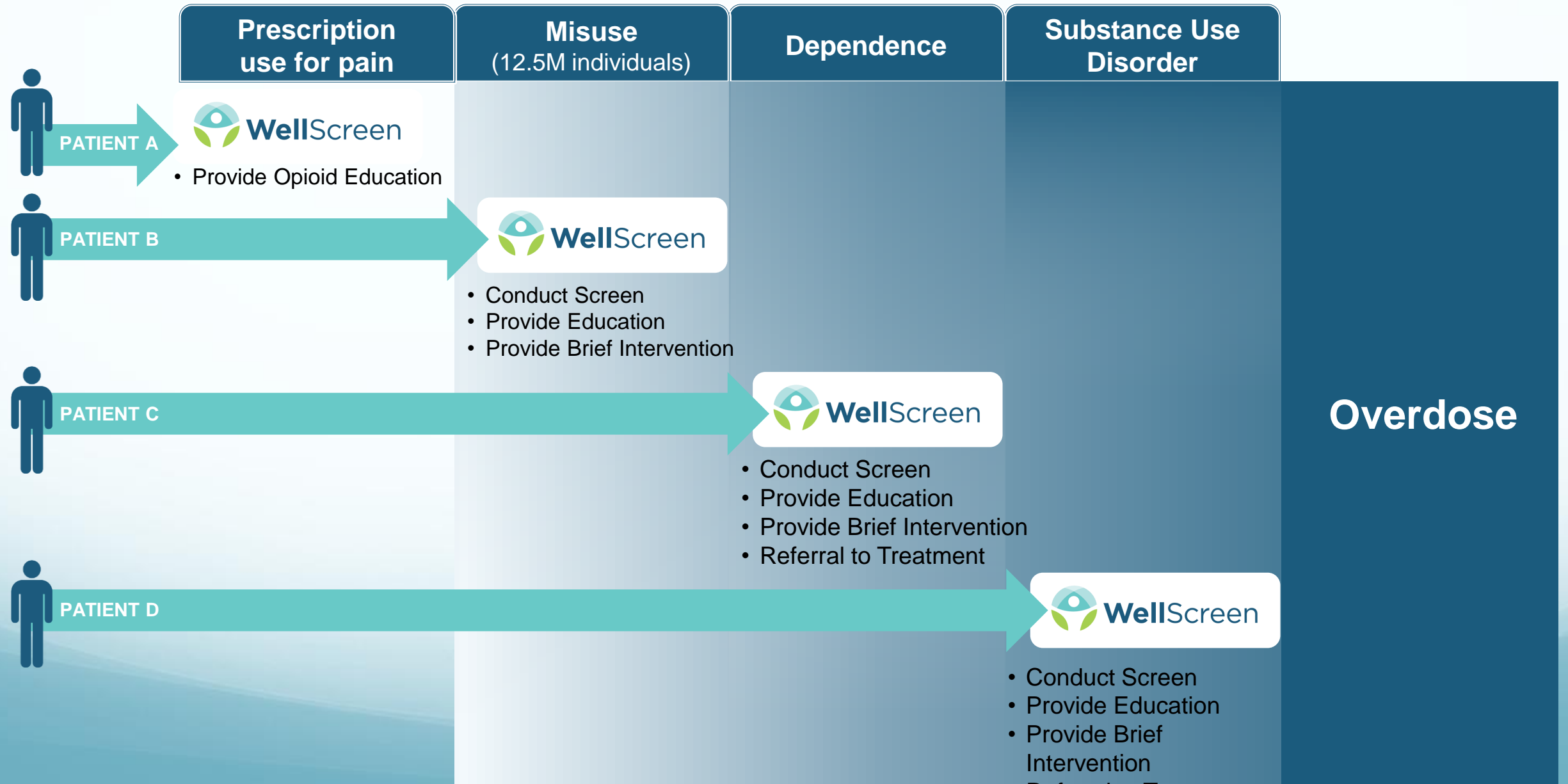
CONNECT & FOLLOW

- Integrated treatment locator through partnership with National Association of Addiction Treatment Providers
 - ✓ Only public & licensed, accredited private treatment facilities included
 - ✓ Patient matching based on criteria completed in screener
 - ✓ Electronic referral
- 60-Day follow-up screen with comparison to initial screen results



EHR compatible
Customized to meet practice work flow
Advanced application training and support

WellScreen promotes early intervention to prevent misuse and dependence.



Resources

- IRETA
 - <http://ireta.org>
- SAMHSA-HRSA Center for Integrated Health Solutions
 - <http://www.integration.samhsa.gov>
- SAMHSA
 - www.samhsa.gov/sbirt/resources
- World Health Organization
 - http://www.who.int/substance_abuse/activities/assist/en/



Thank You!

Learn More at:

wellscreen.health
drugfreeduval.org



References

- Institute for Research, Education and Training in Addictions.
<https://ireta.org/resources/>
- Milliman Research Report, *Potential Impact of Integrated Medical-Behavioral Healthcare*, January 2018
- Substance Abuse and Mental Health Services Administration, *Results from the 2016 National Survey on Drug Use and Health: Summary of National Findings*, NSDUG Series, H-48, HHS Publication. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.