Outline

• Background
  – Why SBI is important
  – Resources devoted to implementing SBI

• Barriers to Implementation/Integration in Primary Care
  – Individual/System/Policy

• Proposed Solutions
  – Individual/System/Policy

• Opportunities for future research/funding
Why is Alcohol SBI Important?

- Unhealthy alcohol use is preventable
- Mortality: more than 88,000 deaths each year.
- Cost: $225 billion annually.
- Far-reaching implications for the individual, family, workplace, community, corrections, and the health care system.

http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm
Drinking Patterns in the U.S.

- **Dependent**: 4%
- **At Risk**: 24%
- **Low Risk**: 37%
- **No Risk**: 35%

Moderate Risk Drinkers Account for the MOST Problems

- Health
- Aggression
- Spouse
- Job
- Friends
- Accidents

Legend:
- High Risk Drinker
- Moderate Drinkers
- Light Drinkers
Basis for Implementation of SBI into Healthcare settings

• Most people who misuse alcohol do not seek treatment at addiction treatment programs
• Most people who misuse alcohol do require care for other health issues
  – Alcohol-related health issues may be chronic or acute
• When properly implemented in healthcare settings, SBI identifies both abuse/dependence (4-5% of population) and at-risk use (occasional binge drinking or high levels of daily drinking) (20-25% of population)
• At-risk users respond best to SBI services
  – Can prevent future long-term health consequences
US Preventive Services Task Force: SBI Recommended for All Adult PC Patients

• Class B recommendation
  – Flu shots
  – Cholesterol screening
  – SBI

http://www.ahrq.gov/clinic/uspstf/uspsdrin.htm; USPSTF, 2004
<table>
<thead>
<tr>
<th>Ranking</th>
<th>Service</th>
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<tbody>
<tr>
<td>1</td>
<td>Aspirin (Men 40+; Women 50+)</td>
</tr>
<tr>
<td>2</td>
<td>Childhood immunizations</td>
</tr>
<tr>
<td>3</td>
<td>Smoking cessation</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol Screening &amp; intervention</td>
</tr>
<tr>
<td>5</td>
<td>Colorectal cancer screening &amp; treatment</td>
</tr>
<tr>
<td>6</td>
<td>Hypertension screening &amp; treatment</td>
</tr>
<tr>
<td>7</td>
<td>Influenza Vaccination</td>
</tr>
<tr>
<td>9</td>
<td>Cervical cancer screening</td>
</tr>
<tr>
<td>10</td>
<td>Cholesterol screening (men 35+: women 45+)</td>
</tr>
<tr>
<td>12</td>
<td>Breast cancer screening</td>
</tr>
<tr>
<td>18</td>
<td>Depression screening</td>
</tr>
<tr>
<td>21</td>
<td>Osteoporosis screening</td>
</tr>
<tr>
<td>23</td>
<td>Diabetes screening - adults</td>
</tr>
</tbody>
</table>

*Solberg LI et al., Am J Prev Med. 2008;34(2):143-152*  
For rankings: 1=highest
SBI is endorsed by Important Payers and Policymakers
Efforts to foster SBI Implementation

• Substance Abuse and Mental Health Services Administration
  – Since 2003 - 22 State SBIRT services grants
    • Implementation in diverse range of healthcare settings
  – Since 2007 – 17 medical residency training grants
  – 2013 – 13 Health professional training grants
  – 2014 – 11 Additional health professional training grants
  – Total = over $315 million

• National Institute on Alcohol Abuse and Alcoholism
  – Currently funding 40+ studies
  – $17 million/year

• Numerous individual state initiatives
Most adults have not talked with a doctor, nurse, or other health professional about how much they drink.

At least 38 million adults drink too much and most are not alcoholics. Drinking too much includes binge drinking, high weekly use, and any daily use.

Only 1 in 6 adults talk with their doctor, nurse, or other health professional about their drinking.
Why the lack of progress?

• Traditional Explanations
  – Physicians:
    • Lack training in substance use disorders
    • See only the most severe cases
    • Have not seen many clinical successes
  – Medical care and behavioral health traditionally separate silos

• Individual/Systemic/Policy Barriers Prevent Widespread Implementation
Residency Training Programs Show Little Improvement

- Studies have shown increased confidence, readiness, perceived effectiveness and efficiency (Muench et al, 2012; Marshall, 2012)
- Only 1 of 4 single-site studies showed increase in both screening and brief intervention (Seale 2005; Seale 2005b; Chossis 2008; Gunderson 2008; Saitz et al 2003)
- Multi-site study showed increases only in screening rates (Seale, 2012)
Results from SECSAT
Pre-post chart review

• Significant increases in % of patients screened w/ validated instrument (22% to 88%)
  – This is nurse delivered (systems change)
• Resulted tripling of patients screening positive (1.8% to 6.3%)
  – Still quite low based on drinker’s pyramid
• Sig. increase in BI by residents, but still only conducted with half of screen positives.
Resident Binge Drinking

- Past 12 months:
  - All adults: 26.5%
  - Adults 26-35: 35.7%
  - Residents: 49.7%

- Past month:
  - Residents: 17.6%
But the problem goes even deeper

- Existing SBI billing codes unlikely to generate sufficient funds to make SBIRT sustainable
  - Restrictions on who can bill
  - Time requirements for billing
  - Low reimbursement rates and limited payers
- Medicaid restrictions on same-day billing for MH and Primary Care
<table>
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<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee schedule</th>
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<tr>
<td>Private insurance</td>
<td>CPT 99408</td>
<td>15 - 30 minutes Alcohol and/or substance abuse structured screening and brief intervention services</td>
<td>$33.41</td>
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<tr>
<td></td>
<td>CPT 99409</td>
<td>&gt; 30 minutes</td>
<td>$65.51</td>
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<tr>
<td>Medicare</td>
<td>G0396</td>
<td>15 - 30 minutes Alcohol and/or substance abuse structured screening and brief intervention services</td>
<td>$29.42</td>
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<td>G0397</td>
<td>&gt; 30 minutes</td>
<td>$57.69</td>
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<tr>
<td>Medicaid</td>
<td>H0049 (7 States)</td>
<td>Alcohol and/or drug screening</td>
<td>$24.00</td>
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<tr>
<td></td>
<td>H0050 (8 States)</td>
<td>Alcohol and/or drug service, brief intervention, per 15 minutes</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
Wisconsin Study

- Estimated revenue per health educator at ambulatory sites
- Estimated 70% commercial, 20% Medicare, 10% Medicaid
- Average patient: $37.38/ 21 minutes
## Wisconsin Estimates

<table>
<thead>
<tr>
<th>Patients Per Day</th>
<th>Per Day</th>
<th>Per Year</th>
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<tbody>
<tr>
<td></td>
<td>Reimb.</td>
<td>HE Time</td>
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<tr>
<td>10</td>
<td>$369.63</td>
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<td>$443.55</td>
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<tr>
<td>14</td>
<td>$517.48</td>
<td>4.9 hr</td>
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<tr>
<td>16</td>
<td>$591.41</td>
<td>5.6 hr</td>
</tr>
<tr>
<td>18</td>
<td>$665.33</td>
<td>6.3 hr</td>
</tr>
<tr>
<td>20</td>
<td>$739.26</td>
<td>7.0 hr</td>
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</tbody>
</table>
Proposed Solutions

- Move to specialist model
  - Create new credentialled specialists that can bill codes
    - Peer coaches provide billable services in GA
    - Cross-train to make more financially feasible
- Reduce time requirement for SBI codes
- Increase reimbursement rates for SBI codes
- Turn on Medicaid codes all over country
- Remove restrictions on same day billing
- Technology, Technology, Technology
Computer/Web-based Brief Intervention (eSBI) as first-tier intervention

• Promising results in clinical trials
  – alcohol use in pregnant women (Tzilos et al, 2011, *J Women’s Hlth*)
  – primary care patients (Kypri et al, 2008, *Arch Int Med*)
  – trauma patients (Neumann et al, 2006, *J Trauma*)
Opportunities for Future Research/Funding

• Integration of computer or web-based SBI into primary healthcare settings
• Effectiveness of tele-health for SBI
• Comparative effectiveness study of bachelors level specialist, MH professional, and medical professional
• Funding Substance Abuse and Mental Health Services Administration (SAMHSA), TI019545, TI020278
Questions?