

Behavioral Screening and Intervention: A Critical Component of Primary Care and Behavioral Health Integration

Presentation for:



West Virginia Integrated
Behavioral Health Conference
Charleston, WV

September 19, 2013

Richard L. Brown, MD, MPH
Director of WIPHL
Professor of Family Medicine
University of Wisconsin
School of Medicine and Public Health
CEO of Wellsys LLC
rich.brown@wellsys.co



Richard L. Brown, MD, MPH - “Rich”



- ✿ Tenured Professor of Family Medicine, UW School of Medicine Public Health
- ✿ Practicing academic family physician (1984 - 2006)
- ✿ NIH-funded researcher and award-winning teacher
- ✿ Past President, Association for Medical Education and Research in Substance Abuse (AMERSA)
- ✿ Past Director, Project MAINSTREAM, a national program that enhanced substance abuse education for 10,000 health professional trainees
- ✿ Director, Wisconsin Initiative to Promote Healthy Lifestyles
- ✿ CEO and Chief Medical Officer, Wellsys LLC

rich.brown@wellsys.co

2

Disclosure

- ✿ Dr. Brown is CEO and owner of Wellsys, LLC
- ✿ Wellsys helps healthcare settings deliver BSI
- ✿ Dr. Brown will give an evidence-based presentation on BSI

3

*If all US patients received BSI,
in one year we'd have ...*



Of 44 million smokers,
10 million more quitters



567 million fewer binges
by 54 million binge drinkers



Of 28 million depressed individuals,
10 million more in remission



\$47 billion savings in
healthcare costs

4

Outline

The problem

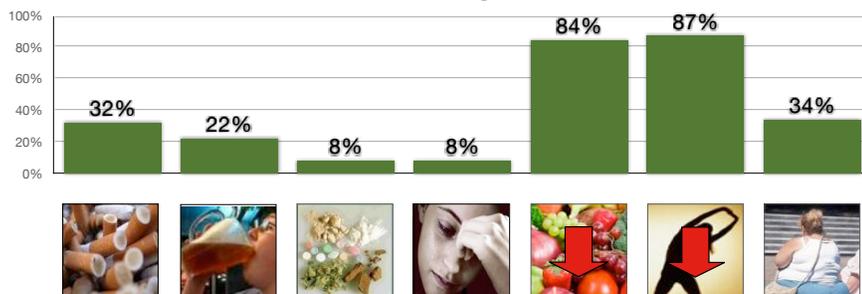
-  A solution: Behavioral Screening and Intervention (BSI)
-  BSI effectiveness, cost savings and endorsements
-  BSI, primary care/behavioral health integration
-  BSI: WIPHL's experience
-  NACHC/OPCA/SCPHCA project
-  Summary

5

The Problem:

>40% of Deaths and Most Chronic Disease

Prevalence – West Virginia Adults

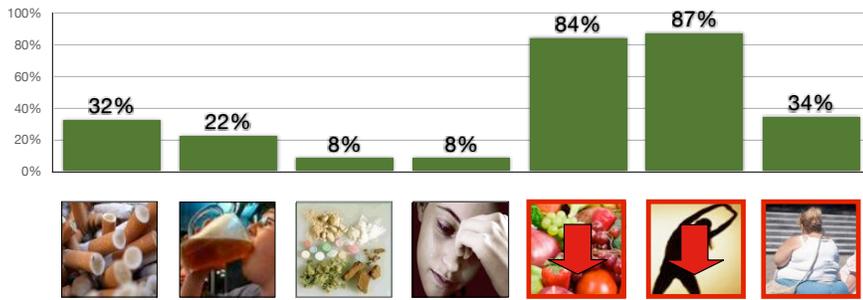


6

The Problem:

>40% of Deaths and Most Chronic Disease

Prevalence – West Virginia Adults



Most attention

CDC, Behavioral Risk Factor Surveillance System, 2009 - 2012; SAMHSA, National Survey on Drug Use and Health, 2011

7

Limited Effectiveness of Interventions



- Brief advice can increase fruit & vegetable intake



- Brief intervention → 1 in 12 previously sedentary, healthy adults meet physical activity recommendations



- Best results from intensive, structured, long-lasting programs
- Average 9 to 15 pound weight loss
- Slight improvements in BP, lipids and glucose

Cochrane Database of Systematic Reviews 2013, Issue 6, Art. No.: CD009874, DOI: 10.1002/14651858.CD009874.pub2, Orrow G, BMJ 2012;344:e1389, Appel, New Eng J Med 2011; 365:1959-1968.

8

Limited Effectiveness of Interventions



- Brief advice can increase fruit & vegetable intake



- Best results from intensive, structured, long-lasting programs
- Average 9 to 15 pound weight loss
- Slight improvements in BP, lipids and glucose

NO DEMONSTRATED IMPACTS ON OUTCOMES

NO DEMONSTRATED COST SAVINGS

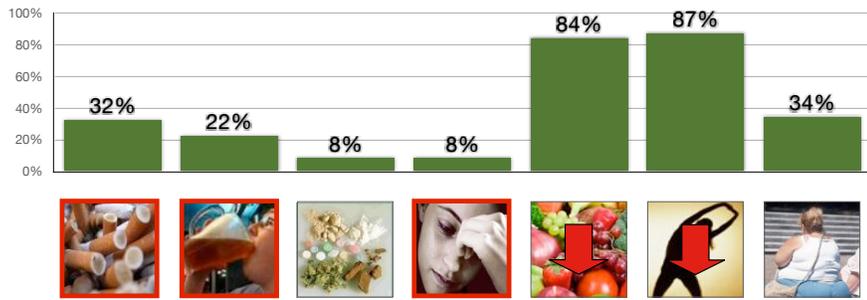
Cochrane Database of Systematic Reviews 2013, Issue 6, Art. No.: CD009874, DOI: 10.1002/14651858.CD009874.pub2, Orrow G, BMJ 2012;344:e1389, Appel, New Eng J Med 2011; 365:1959-1968.

9

The Problem:

>40% of Deaths and Most Chronic Disease

Prevalence – West Virginia Adults



BSI is highly effective and reduces healthcare costs

CDC, Behavioral Risk Factor Surveillance System, 2009 - 2012; SAMHSA, National Survey on Drug Use and Health, 2011

10

Tobacco use poses risk for

- | | |
|---------------------------|----------------------|
| ☼ Heart disease | ☼ Cancers |
| ☼ Stroke | - Lung |
| ☼ Chronic lung disease | - Mouth, lips, nose |
| ☼ Respiratory infections | - Larynx, pharynx |
| ☼ Reproductive | - Esophagus, stomach |
| - Miscarriage, stillbirth | - Pancreas |
| - Prematurity | - Kidney, bladder |
| - Low birthweight | - Uterine cervix |

11

Common Alcohol/Drug-Related Conditions

- | | | |
|---------------------------|--------------------|-----------------------------|
| Alcohol & drugs cause ... | Alcohol causes ... | Alcohol impedes tx for ... |
| ☼ Injury & disability | ☼ Hypertension | ☼ Hypertension |
| ☼ Viral hepatitis | ☼ Dyslipidemia | ☼ Dyslipidemia |
| ☼ HIV/AIDS | ☼ Heart disease | ☼ Diabetes |
| ☼ Other STIs | ☼ Stroke | ☼ GERD & other GI disorders |
| ☼ Unplanned pregnancies | ☼ Neuropathy | ☼ Sleep disorders |
| ☼ Poor birth outcomes | ☼ Dementia | ☼ Depression |
| ☼ Psychiatric disorders | ☼ Cancers | ☼ Anxiety disorders |
| | - Oropharynx | ☼ Psychoses |
| | - Esophagus | ☼ All chronic diseases |
| | - Breast | |
| | - Liver | |
| | - Colon | |
| | ☼ Hepatitis | |
| | ☼ Pancreatitis | |

12

Proportion of Events Involving Alcohol/Drugs

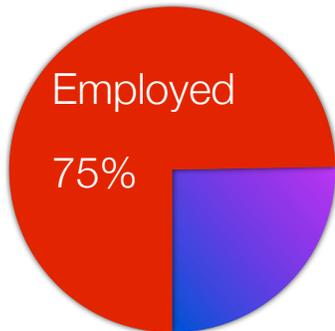
- ☼ Crime
 - Homicides - 46-86%
 - Sexual assaults - up to 60%
 - Other assaults - 37-40%
- ☼ Incarceration
 - Adults - 65%
 - Juveniles - 67% (41% alcohol)
- ☼ Suicides - 20 to 37%
- ☼ Falls - 44%
- ☼ Drownings - 69%
- ☼ Fires - 26%
- ☼ Child abuse/neglect - 70%
- ☼ Domestic violence - ?
- ☼ Unintended pregnancies and STIs - ?
- ☼ Fetal alcohol spectrum disorders - 100%

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

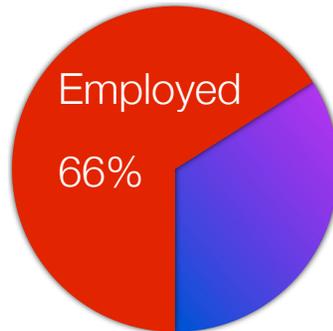
13

Binge Drinking, Drug Use, and Employment

US Binge Drinkers - 2010



US Adult Drug Users - 2010

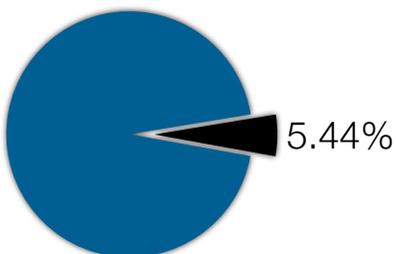


SAMHSA, National Survey on Drug Use and Health, 2010

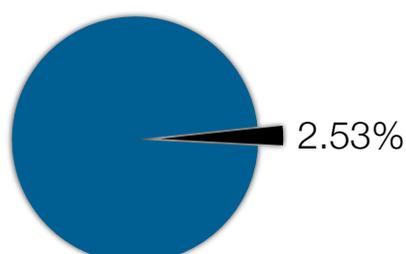
14

Prevalence of Alcohol/Drug Disorders – West Virginia Adults –

Alcohol



Drugs

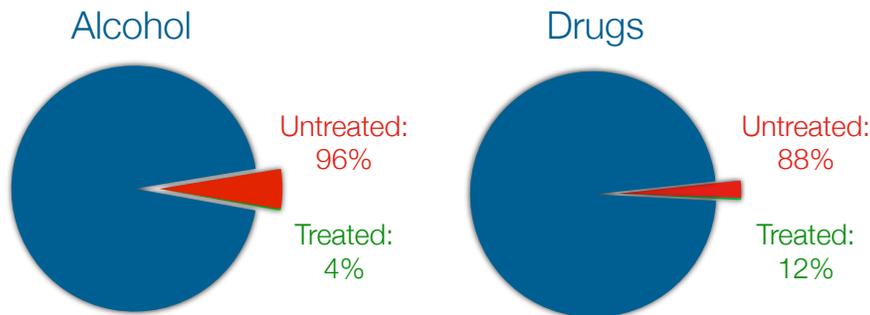


Abuse or Dependence

SAMHSA, National Survey on Drug Use and Health, 2011

15

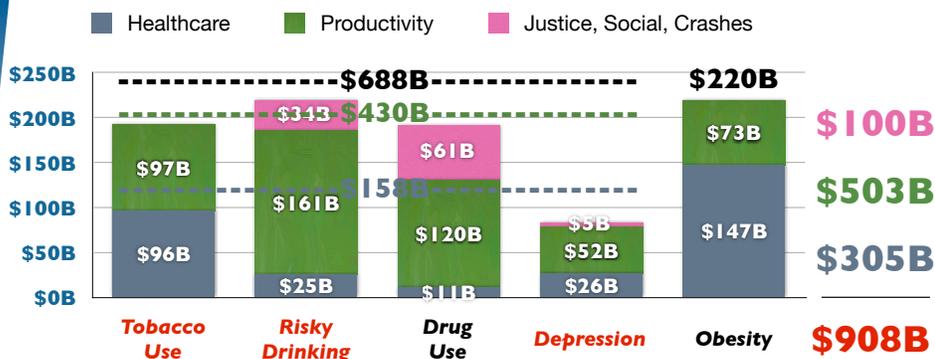
Receipt of Alcohol/Drug Treatment – West Virginia Adults –



SAMHSA, National Survey on Drug Use and Health, 2011

16

Annual Costs - United States



WV: \$5.4B

17

Impacts of Mental Health, Alcohol and Drug Disorders for Dual-Eligibles with Chronic Diseases

Chronic diseases: HTN, DM, CHD, CHF, asthma/COPD

	Prevalence	Hospitalizations per pt per year	Total costs of care per pt per year
Neither	24% to 32%	0.3 to 0.9	\$8,000 to \$16,000
Mental health disorder only	48% to 53%	0.6 to 1.4	\$14,000 to \$25,000
Alcohol/drug disorder only	3% to 6%	1.2 to 2.0	\$16,000 to \$24,000
Both	11% to 21%	1.9 to 3.0	\$24,000 to \$37,000

Boyd C, Faces of Medicaid Data Brief, Center for Health Care Strategies, December 2010

18

Costs to Employers – Per Employee Per Year



\$3,747 - healthcare & productivity



Double for healthcare
Triple for workplace injuries



\$3,000 - \$4,000 - healthcare & productivity



19

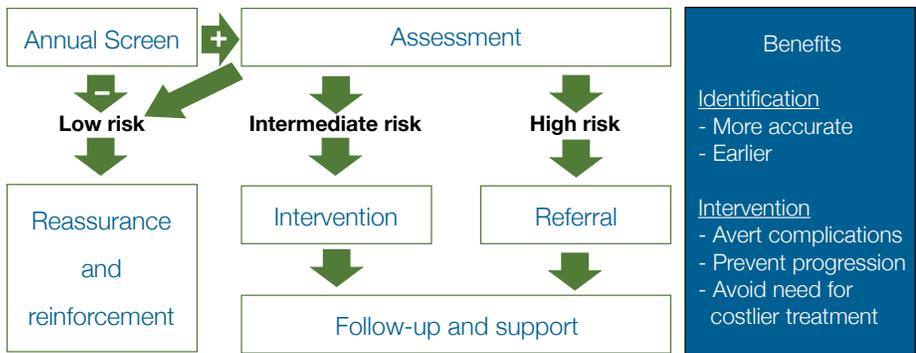
*Healthcare settings are flooded
with clinically and economically
important behavioral issues*

Outline

- 🌟 The problem
- 🌟 A solution: Behavioral Screening and Intervention (BSI)
- 🌟 BSI effectiveness, cost savings and endorsements
- 🌟 BSI, primary care/behavioral health integration
- 🌟 BSI: WIPHL's experience
- 🌟 NACHC/OPCA/SCPHCA project
- 🌟 Summary

21

BSI Concept



Screens, Assessments & Outcome Measures

Topic	Screen	Assessment	Outcome Measure
Tobacco	Direct question	Fagerstrom	Cigs/day in past 7 days
Alcohol and Drugs	NIAAA & NIDA questions plus Two-Item Conjoint Screen	AUDIT & DAST or SIP-AD and SDS <small>(Short Index of Problems for Alcohol and Drugs and Severity of Dependence Scale)</small>	# of risky drinking days* and # of days of drug use in past 28 days
Depression	PHQ-2	PHQ-9	PHQ-9
Fruit & veg intake	CDC BRFSS question on days per week of adequate intake		
Physical activity	CDC BRFSS questions on days per week of adequate activity		
Obesity	Body Mass Index (BMI)		

*Days during which men have >4 standard drinks or women have >3 standard drinks

BSI Systematic Implementation

In clinics:



Patients complete screen while waiting



MA reviews screen



Dedicated health educator sees the patient at that visit

In EDs & hospitals:

Health educators introduce themselves and deliver services

Why expand the healthcare team?

Extra Time Per Day Needed to Address Positive Screens for 30 Patients at 5 Minutes Per Issue

	Issues	Extra Time
Tobacco	7	35 min.
Alcohol	5	25 min.
Drugs	2	10 min.
Obesity	8	40 min.
Depression	2	10 min.
Total	24	2 hours

Primary care providers ...

- ✦ address 3 clinical issues in a typical visit
- ✦ must spend 15 minutes to bill for alcohol, drug, and obesity services
- ✦ must delegate all prevention services to serve expanding elderly and insured populations

Intervention

The health educator ...

- ✦ Builds commitment to change through motivational interviewing

Motivational Interviewing

Avoids

- ✦ Dispensing unwanted advice and information
- ✦ Using scare tactics
- ✦ Twisting arms
- ✦ Shaming
- ✦ Eliciting denial and resistance



Motivational Interviewing



Engages patients in

- ✦ Learning about risks and consequences that they find important
- ✦ Weighing pros & cons of behavior in light of their goals & values
- ✦ Making the best decisions for themselves on whether and how to change

Hundreds of studies on a variety of behaviors prove the effectiveness of MI

28

Intervention

The health educator ...

- ✦ Builds commitment to change through motivational interviewing
- ✦ Supports change by helping patients design and optimize change plans

29

Behavior Change Plans

- ✦ Limits
- ✦ Triggers
- ✦ Strategies to avoid or manage triggers
- ✦ Other activities
- ✦ Environmental changes
- ✦ Medications
- ✦ Social supports - professional and lay
- ✦ Self-rewards
- ✦ Contingency plans
- ✦ Follow-up



Dozens of studies on a variety of behaviors have proved effectiveness

30

Intervention

The health educator ...

- ☀ Builds commitment to change through motivational interviewing
- ☀ Supports change by helping patients design and optimize change plans
- ☀ Delivers collaborative care for depression

31

Collaborative Care for Depression

Health educator/care manager:

- ☀ Measures severity of depression
- ☀ Educates about depression and instills optimism
- ☀ Promotes behaviors that reduce depressive symptoms



- ☀ Refers for medications and/or counseling
- ☀ Promotes adherence to treatment
- ☀ Reassesses severity periodically and alerts providers when treatment is inadequate

Psychiatrist: Conducts case review, advises team

Thota, American Journal of Preventive Medicine, 2012;
Woltmann, American Journal of Psychiatry, 2012

69 RCTs show effectiveness for depression

Studies suggest effectiveness for:

- Bipolar disease
- Anxiety disorders
- Multiple disorders

Intervention

The health educator ...

- ☀ Builds commitment to change through motivational interviewing
- ☀ Supports change by helping patients design and optimize change plans
- ☀ Delivers collaborative care for depression
- ☀ Makes referrals to other resources – as healthcare settings direct
- ☀ Offers follow-up sessions

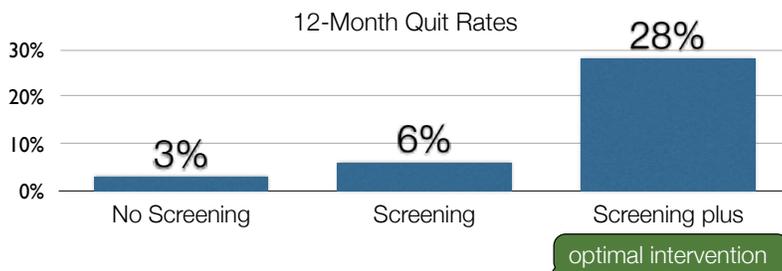
33

Outline

- 🌟 The problem
- 🌟 A solution: Behavioral Screening and Intervention (BSI)
- 🌟 BSI effectiveness, cost savings and endorsements
- 🌟 BSI, primary care/behavioral health integration
- 🌟 BSI: WIPHL's experience
- 🌟 NACHC/OPCA/SCPHCA project
- 🌟 Summary

34

Effectiveness of Tobacco Screening & Intervention

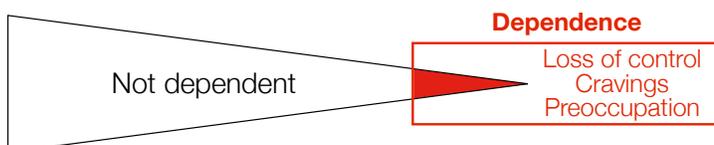


- Up to 5 hours of one-on-one counseling over >8 visits
- Physicians and non-physicians obtain similar quit rates
- Medication and counseling

Fiore, Treating Tobacco Use and Dependence: 2008 Update, AHRQ

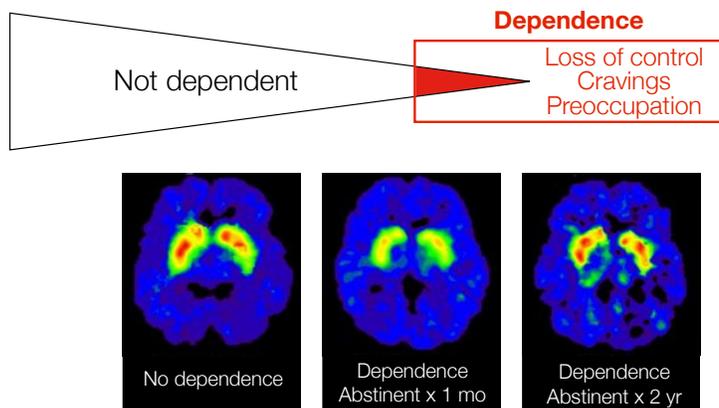
35

Alcohol Problems: The Old View



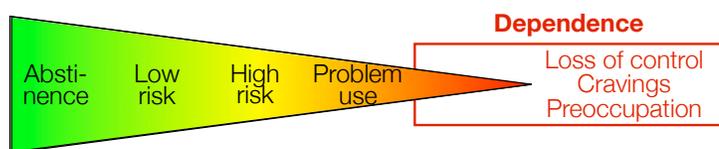
36

Dependence: A Treatable Brain Disease



37

Drinking and Drug Use Continuum



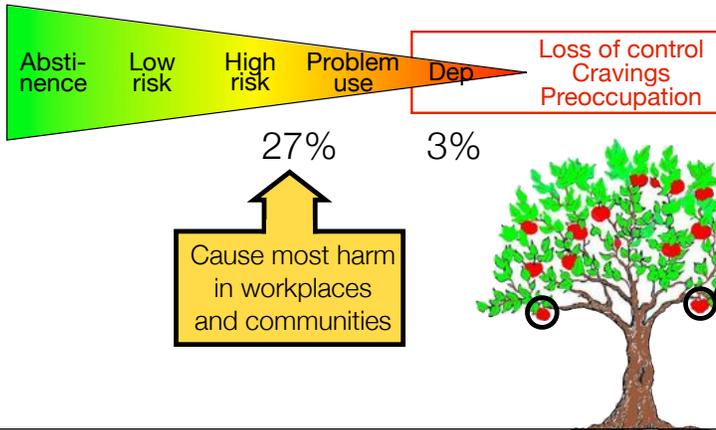
38

Risky Drinking



39

Drinking and Drug Use Continuum



Effectiveness of Brief Alcohol Interventions

– Candidates: 22% of WV adults –



Madison Police Chief Noble Wray:

GUEST COLUMN

Wisconsin State Jrn.
26 Nov. 2012

Hire health educators to reduce DUI

By NOBLE WRAY

As most of us know, Wisconsin usually leads the nation in binge drinking and intoxicated driving. Fewer may know Madison is suffering from a terrible epidemic of prescription drug and heroin abuse and overdose.

Every day and night, Madison Police officers deal with the fallout. Over 70 percent of police calls and incarcerations involve alcohol or drugs. We do the best we can with enforcement, but the problems continue.

I am especially concerned about intoxicated driving. While we hear most about the relatively few repeat offenders, drunken drivers with no prior convictions are the actual cause of most alcohol-related traffic fatalities.

Across all 50 states, differences in binge drinking rates account for 78 percent of differences in drunken driving rates. If we are serious about reducing deaths and injuries from drunken driving in Wisconsin, we need to get serious about reducing binge drinking.

Recently learned about a preventive health care service that does just that. It's called "behavioral screening and

intervention."

All patients who come to health care clinics, emergency departments or hospitals complete an annual brief questionnaire on a variety of behavioral risks, including drinking and drug use. Patients who answer "yes" to an alcohol or drug question meet with a dedicated on-site health educator. The health educator asks additional questions in a non-judgmental manner, educates patients about their risks and helps them consider the pros and cons of quitting or cutting down.

Occasionally, a patient accepts a referral to treatment. Most who benefit simply decide to cut down on their own. This approach works because most binge drinkers and drug users are not addicted and do not need treatment — just a 10- or 20-minute conversation and a follow-up visit or call are effective.

The health educators are essential because doctors and nurses simply do not have time to have these conversations with the one-third of Wisconsin adults who screen positive. Another advantage of health educators is their modest salaries allow them to generate a small profit from the low reimbursement most health plans offer for screening and intervention.

Research at UW-Madison and elsewhere has found that behavioral screen-

ing and intervention for alcohol results in reductions of 20 percent in emergency department visits, 37 percent in hospital admissions, 46 percent in arrests, and 50 percent in car crashes for binge drinkers. Across all behavioral risks, employers save more than \$800 per screened employee through decreases in health care costs, productivity losses and work injuries.

Many health and business groups recommend behavioral screening and intervention. But it is only systematically delivered at one clinic in Madison (the UW Health Northeast Family Medical Center) and none of Madison's hospitals or emergency departments.

Madison clinics, emergency departments and hospitals: We at the Madison Police Department are doing the best we can, but we and all Madisonians need your help to reduce binge drinking, drunken driving and drug use in our city. Please consider hiring health educators to deliver behavioral screening and intervention.

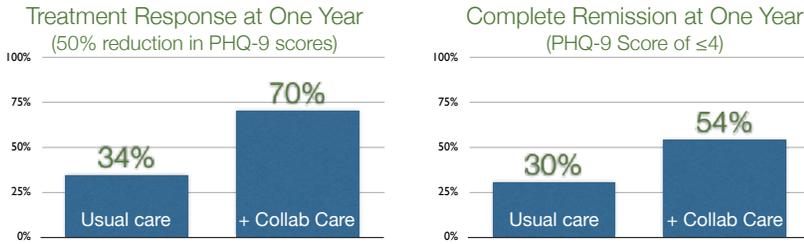
You will help us improve safety and your patients' health, lower our health care costs, make our businesses more economically competitive and save taxpayer dollars. Go to www.wipl.org for help getting started.

Wray is police chief of Madison.

Effectiveness of Collaborative Care

☀ A meta-analysis of 69 randomized controlled trials shows effectiveness

☀ One-year results of Project DIAMOND



Thota, American Journal of Preventive Medicine, 2012; Institute for Clinical Systems Improvement, www.icsi.org

Cost Savings of BSI

☀ Alcohol

- \$523 reduction in healthcare costs per risky drinking patient due to averted hospital admissions and ED over the next year → 400% ROI
- \$4,392 reduction in total healthcare costs per disabled Medicaid patient who received an alcohol or drug intervention in an ED over the next year

☀ Depression - \$5,200 healthcare cost savings in the four years following a \$900 investment in delivery of collaborative care in Year 1 → 480% ROI

☀ Tobacco - ROI is believed to be even greater over several years

☀ Employers - Save \$895 per employee who receives screening and other services as appropriate - ↓healthcare costs, ↑productivity, ↓workplace injuries over the next year

Fleming, Medical Care, 2000; Estee, Medical Care, 2010; Unutzer, American Journal of Managed Care, 2008; Unutzer, Testimony to CMS, 2012, unpublished; National Commission on Prevention Priorities, www.prevent.org

BSI: Endorsements



WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



BSI: Endorsements



All Americans should receive tobacco, alcohol and depression screening and intervention services

National Commission on Prevention Priorities

Tobacco and alcohol screening and intervention prevent more deaths, disease and injury and reduce healthcare costs more than screening for:

- All cancers
- High cholesterol
- High blood pressure
- Diabetes

<http://www.uspreventiveservicestaskforce.org/recommendations.htm>
<http://www.prevent.org/Initiatives/National-Commission-on-Prevention-Priorities.aspx>

46

Behavioral Screening and Intervention



The biggest step a clinic or hospital can take toward the triple aim:

- ☀ Improve health outcomes
- ☀ Enhance patient experience
- ☀ Control healthcare costs

47

Outline

- ☀ The problem
- ☀ A solution: Behavioral Screening and Intervention (BSI)
- ☀ BSI effectiveness, cost savings and endorsements
- ☀ BSI, primary care/behavioral health integration
- ☀ BSI: WIPHL's experience
- ☀ NACHC/OPCA/SCPHCA project
- ☀ Summary

48

BSI: The Front End of PC/BH Integration

Tier	Unhealthy Behaviors	Mental Health Disorders
1 Health Educator	Screening	
	Brief Assessment	
	Motivational Interviewing	Behavioral Activation
	Change Planning & Support	Collaborative Care
2	Expert prescribing by specialist	
	Psychotherapy, Treatment Programs, Recovery Services	

Benefits of Tier 1:

- Earlier recognition, less expensive intervention, and fewer costly consequences
- More efficient utilization and better access to scarce and costlier Tier 2 resources

Everyone Wins with BSI!

Patients & Communities

- ✦ Improved health
- ✦ Stronger families
 - Less stress
 - Better role modeling
- ✦ Less crime & violence
- ✦ Less intoxicated driving, fewer crashes

Healthcare Providers

- ✦ Enhanced effectiveness in preventing and treating chronic illness
- ✦ Reduced provider burden
- ✦ Fulfills dozens of NCQA PCMH criteria
- ✦ Meets growing numbers of quality measures
- ✦ Addresses risk factors for readmissions and poor surgical outcomes
- ✦ Helps hospitals address ACA requirements for mental health parity and community health assessment and planning

Healthcare Purchasers

For employers:

- ✦ Lower healthcare costs
- ✦ Higher productivity
- ✦ Fewer absences and injuries

For local & state governments:

- ✦ Reduced burden on
 - Law enforcement
 - Courts and corrections
 - Social services
 - Healthcare budgets

Outline

- ✦ The problem
- ✦ A solution: Behavioral Screening and Intervention (BSI)
- ✦ BSI effectiveness, cost savings and endorsements
- ✦ BSI, primary care/behavioral health integration
- ✦ BSI: WIPHL's experience
- ✦ NACHC/OPCA/SCPHCA project
- ✦ Summary

Wisconsin Initiative to Promote Healthy Lifestyles



Two federally funded projects:

- \$14M since 2006
- Helped 44 clinics deliver BSI
- Screened 113,642 patients
- Delivered 23,407 interventions

Results:

Patient satisfaction: 4.2 to 4.9 of 5 points

20%
Binge drinking

15%
Marijuana use

55%
Depression symptoms

Wisconsin Initiative to Promote Healthy Lifestyles



NATIONAL DRUG CONTROL STRATEGY

2013



"an effective innovation"

"a model for public-private collaboration"

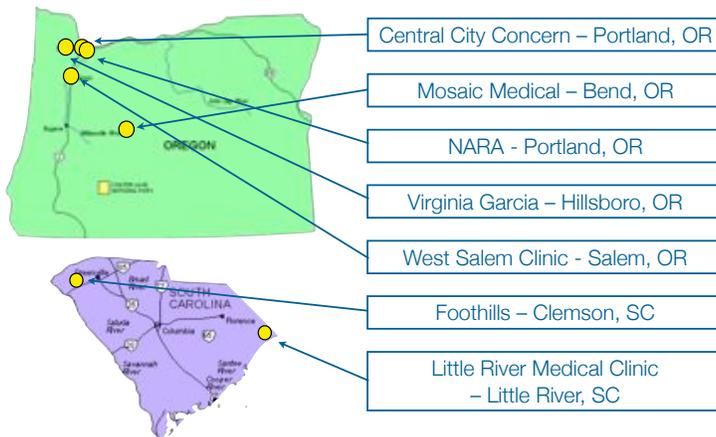
Outline

- 🌟 The problem
- 🌟 A solution: Behavioral Screening and Intervention (BSI)
- 🌟 BSI effectiveness, cost savings and endorsements
- 🌟 BSI, primary care/behavioral health integration
- 🌟 BSI: WIPHL's experience
- 🌟 NACHC/OPCA/SCPHCA project
- 🌟 Summary

NACHC BSI Pilot Project



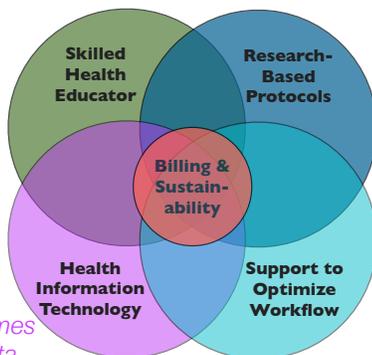
NACHC BSI Pilot Project



Capacity Building & Practice Transformation

- Warm, empathic
- Non-judgmental
- Expertly trained
- Monitored
- Expertly coached

- Guides service delivery
- Engages patients
- Prints session summary
- Tracks services & outcomes
- Generates aggregate data



- Screens
- Assessments
- Intervention protocols
- Referral resources

- QI team
- Coaching on best practices
- Quality metrics
- CQI framework

- Webinars & consultation

Hiring “Health Educators”

- 💡 Preferred: Bachelor’s-level - any major
- 💡 Desirable: Prior clinical exposure (not necessarily experience)
- 💡 Key: Personal attributes
 - Warmth, empathy - a “people person”
 - Respectful, non-judgmental, open-minded, therapeutic stance
 - A team player
 - Charisma - for patients and the healthcare team
- 💡 We help with final candidate interviews and selection

58

Health Educator Training

- 💡 1.5 weeks
 - Orientation to BSI and software
 - Basics of behavioral topics, BSI and MI
- 💡 1.5 weeks
 - Demonstrations, practice, feedback and coaching
 - Role-play exercises with other trainees
 - Practice with standardized patients
- 💡 Final knowledge and skills exams

59

Health Educator Support

- 💡 Email/phone consultation with trainers as needed
- 💡 Weekly case conference calls
- 💡 Monthly audiotape reviews guided by skills checklist
- 💡 Development guided by continuously updated learning contract
- 💡 Milestones:
 - Competence - after initial training
 - Proficiency
 - Expertise

60

Evidence-Based Protocols and Local Resources

Screens:

- Tobacco use, NIAAA/NIDA/TICS questions, and PHQ-2
- Optional: CDC questions on fruit/veg intake and exercise, BMI

Assessments:

- Fagerstrom, AUDIT/DAST or SIP-AD/SDS, PHQ-9

To promote behavior change:

- MI and behavior change planning

Collaborative care for depression

Referral list - by service, location, payer, special features

61

Software that Supports BSI Delivery

- Runs on touchscreen laptop PC
- Stores data on a secure server (HIPAA/HITECH compliant)
- Guides HE in all service delivery
- Engages patients
- Prints visit summaries for patients
- Generates billing information
- Stores all clinical information in a Sequel Server database
- Allows reporting on service delivery, outcomes & quality metrics
- Enables total population health management



62

Bob B. Barker
Age 30 (2/2/1992)
Interview #1

SCREEN RESULTS

Register	Nutrition 2 days per week with at least 5 servings of fruit or vegetables	Tobacco Used in last 3 months	Follow-up
Demographic	Exercise	Alcohol/Drugs Had more than 4 drinks in a day Has wanted or needed to cut down	Summary
Screen	Weight Weight: 185 lbs Height: 6 ft, 0 in BMI: 23 Serious health risks begin at 221 pounds Ideal weight is 164 pounds or less	Depression Feeling down, depressed, hopeless	Close Session
Medical History			

Bob B. Barker
Age 30 (2/2/1982)
Interview #1

04:07

Readiness Assessment Feedback Action

Importance For Importance Against Confidence For Confidence Against

Boss is on my case - lateness	Social	Bull-headed	
Spend too much	Fun		
Hangovers			

Bob B. Barker
Age 30 (2/2/1982)
Interview #1

04:41

Readiness Assessment Feedback Action

Use Impact Dependence Overview Recommendation

Questionnaire Most Americans You

Total Score 0 11

Impacts you have experienced in the last year

- unhappy
- missed expectations
- worse personality
- taken risks
- harsh words
- impulsive/regrets
- money problems
- hurt reputation
- overspent or lost \$

Other reasons to change

- Boss is on my case - lateness
- Spend too much
- Hangovers

Bob B. Barker
Age 30 (2/2/1982)
Interview #1

05:10

Readiness Assessment Feedback Action

Use Impact Dependence Overview Recommendation

Healthiest and safest

No drinking or drug use Low risk Risky Harmful Likely dependence

Workflow Design and Optimization

- ✿ Clinics form BSI QI team: champion, manager, provider & staff reps
- ✿ Workflow consultant advises on best practices and supports the team
- ✿ Team designs initial workflow - start small, then expand
- ✿ Clinic iteratively implements 1-day PDSA cycles
- ✿ Workflow is usually optimized after 5 to 10 cycles
- ✿ Team remains “on call” for slippage
- ✿ Health educator conducts internal marketing to augment and cement buy-in from all staff



70

Presentations

- ✿ Clinic launch meeting
- ✿ Short demonstration videos for staff
 - Receptionists
 - Medical assistants
- ✿ Orientation for billing staff
- ✿ Webinars for providers
 - Background on BSI and how to optimize services
 - Pharmacotherapy for alcohol dependence

71



- ✿ A 501 (c) (3) non-profit in Portland, Oregon
- ✿ Serves single adults and families affected by homelessness, poverty and addictions
- ✿ Programs:
 - Direct access to housing that supports wellness
 - Integrated health services, including a FQHC
 - Peer support for personal transformation and recovery
 - Income enhancement through employment or access to benefits

72

Reasons for participating:

- 🌱 Prepare to meet CCO quality measures
- 🌱 It's the right thing to do for patients

Initial barriers:

- 🌱 Time
- 🌱 Money
- 🌱 Workflow changes

73

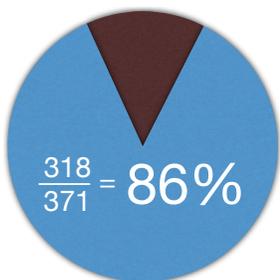
Steps taken:

- 🌱 Hired a full-time health educator
- 🌱 Had final HE candidate screened by trainers
- 🌱 Sent HE for training
- 🌱 Designed workflow and made expectations clear
- 🌱 Implemented initially with one team of 3 providers
- 🌱 Tracked quality metrics
- 🌱 Reviewed metrics weekly and modified workflow as needed
- 🌱 Now expanding to another provider team

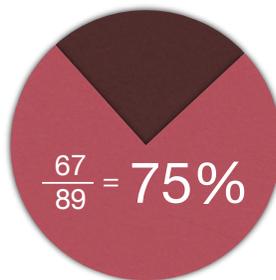
74

First 5 Weeks

Metric #1:
% Eligible Patients Who
Completed Screening



Metric #2:
% Screen-Positive Patients
Who Saw the HE



75

Take-home messages on implementation

- ☀ Shift from reactively addressing behavioral health needs of individual patients to proactive population-wide, universal, systematic BSI
- ☀ Training is necessary but not nearly sufficient
- ☀ Add health educators and embrace a team approach, systems change, and continuous improvement

76

Take-home messages on implementation

- ☀ Staff training and co-locating behavioral health staff is not the sole solution to PC/BH integration
- ☀ While access to referral resources (Tier 2) remains limited, BSI (Tier 1) is even more important
 - Referral resources can be utilized more efficiently
 - Early intervention reduces need for referral

77

Fallacy: “We’re already doing this. Our providers/staff have had MI training.”

- ☀ Expertise requires
 - Initial 2- to 3-day workshop
 - Practice
 - Follow-up workshop
 - Ongoing practice, feedback, coaching
- ☀ Did the training “take?”
 - How skilled are your providers/staff?
 - How often do they use MI?
 - For what behaviors do they apply MI?
 - Have outcomes improved?



78

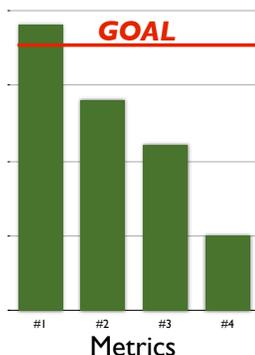
Fallacy: “We’re already doing this. We screen, and our providers are very conscientious.”

🌱 Do your providers really have time?

- 5 minutes per issue → ≥2 hours of additional patient care time per day

🌱 What proportion of ...

- eligible patients complete screens?
- screen-positive patients complete assessments?
- assessment-positive patients receive evidence-based interventions or referrals?
- patients have positive outcomes?



Even with spotty reimbursement, health centers can cover expenses

Per workday for alcohol and drug services (Wisconsin Medicaid):

- 6 assessments (20 questions, H0049) @ \$35	\$210
- 2 interventions (15 - 29 min, H0050) @ \$20	+ \$40
- Daily revenue	\$250
Workdays per year	x 240
Revenue per year	\$60,000

Time spent delivering the above services 2 hours
 Time left for other service delivery, admin, etc. 6 hours

Needed Advocacy - Federal and State

- 🌱 Billing code (bundled payment?) for collaborative care
- 🌱 Consistent multi-payer reimbursement for paraprofessional-administered BSI
 - eg, Wisconsin Medicaid SBIRT policy*
 - Medicaid - Medicare - Commercial
- 🌱 Process- and outcome-based quality measures and financial incentives
- 🌱 Seed funding



Outline

- ☀ The problem
- ☀ A solution: Behavioral Screening and Intervention (BSI)
- ☀ BSI effectiveness, cost savings and endorsements
- ☀ BSI, primary care/behavioral health integration
- ☀ BSI: WIPHL's experience
- ☀ NACHC/OPCA/SCPHCA project
- ☀ Summary

82

Summary - **BSI: A Win for Everyone**

- ☀ Behavioral risks and disorders are common and costly
- ☀ Hundreds of studies: BSI is effective
- ☀ WIPHL: BSI is logistically and financially feasible
- ☀ BSI would benefit ...
 - Patients
 - Families
 - Employers & taxpayers
 - Communities & gov'ts
 - Healthcare providers
 - Patient-centered medical homes
 - Accountable care organizations
 - Hospitals

rich.brown@wellsys.co

83

*If all US patients received BSI,
in one year we'd have ...*



Of 44 million smokers,
10 million more
quitters



567 million
fewer binges by
54 million
binge drinkers



Of 28 million
depressed people,
10 million more in
remission



\$47 billion
savings in
healthcare
costs

84

Captain Jean-Luc Picard
US Starship Enterprise



Make it so!

Behavioral Screening and Intervention: A Critical Component of Primary Care and Behavioral Health Integration

Presentation for:



West Virginia Integrated
Behavioral Health Conference
Charleston, WV

September 19, 2013

Richard L. Brown, MD, MPH
Director of WIPHL

Professor of Family Medicine
University of Wisconsin

School of Medicine and Public Health

CEO of Wellsys LLC

rich.brown@wellsys.co



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH



WISCONSIN INITIATIVE
TO PROMOTE HEALTHY
LIFESTYLES

Wellsys