

Addiction and Dependence Treatment

Rank: 1 (lowest provider adoption)

Survey Responses- Hospitals: 12

Medical Groups: 10

Health Plans: 7

Adopted January 2015 | 23 months from adoption to survey

Read the Report and Recommendations here: www.breecollaborative.org/wp-content/uploads/ADT-Final-Report.pdf

Roadmap to Implementation

Current State	Transition Activities	Ideal State and Sustainability
Hospitals, Clinics, and Individual Clinicians		
<ul style="list-style-type: none"> • Patients with alcohol and substance use disorders may experience stigma in the health care setting. • Neither patients nor health care providers feel comfortable discussing alcohol or any substance use disorder. • There is no routine patient screening for alcohol use and substance use disorder • Staff are not trained or prepared to screen for alcohol use and substance use disorder • Staff are not qualified for providing and charging for brief intervention • There is no referral relationship in place to community chemical dependency treatment professionals • Insufficient resources for addiction treatment and rehabilitation 	<ul style="list-style-type: none"> • Staff are educated on alcohol and other drug misuse • Staff are trained in Screening, Brief Intervention, Referral to Treatment (SBIRT) as well as release of information rules • Screening tools are put into use • A patient registry is developed for tracking, follow-up, and results reporting • Referral relationships established with chemical dependency providers 	<ul style="list-style-type: none"> • Patients with alcohol and substance use disorders are identified and supported • Care providers are engaged in routine patient screening • Brief intervention, a reimbursable service, is provided to all qualifying patients • Screening results are tracked, with follow-up for patients referred to outside treatment • Routine quality improvement activities are conducted, and include patient input
Health Plans		
No provider monitoring or feedback on SBIRT	Achieve compliance with American Society of Addiction Medicine patient placement or equivalent criteria	Cost and utilization trends for chemical dependency treatment are tracked

Read the full Roadmap here: www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf

Background

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and other drugs. The protocol is intended for use in medical care settings, such as hospital emergency departments and primary care offices. SBIRT enables care providers to screen and assist patients whose substance use may cause complications in their ability to handle health, work, or family issues.

From 2004 to 2009, the Washington State Screening, Brief Intervention and Referral to Treatment (WASBIRT) Program worked to implement screening in nine hospital emergency departments statewide. In the grant funded program, more than 100,000 patients agreed to participate in screening for drug and alcohol use. Of these, 49% qualified to receive a brief intervention, and 3% went on to either brief therapy or chemical dependency treatment with follow-up. The program was expanded into primary care through a continuing grant, from 2011 to 2016. Partner clinics in five counties participated and established a sustainable, reimbursable SBIRT system, in which more than 85,000 additional patients were screened. During this time, Medicare, Medicaid, and private insurers started reimbursing SBIRT in the state of Washington. Read more about the program here: www.wasbirt.com

Implementation Survey Results

Among the hospitals and medical groups we surveyed, this topic scored lowest, though some organizations mentioned promising first steps. Some were educating clinical and administrative staff, and in one case piloting an alcohol and drug screening process in the clinic. Some hospitals have implemented screening in the emergency department or select inpatient units. Nonetheless, other providers mentioned that they do not currently offer this service in their setting.

Specific components of the recommendation scoring lowest on the survey include:

Hospitals and Medical Groups:

- Patients are contacted after they have been referred to chemical dependency treatment to address any barriers to accessing treatment
- Verbal communication takes place with the chemical dependency treatment facility to follow-up on any referrals and assess whether treatment was initiated and/or completed
- Patient results from alcohol and other drug misuse screens are tracked over time
- The patient's perspective is included as work is done to increase the capability of the chemical dependency system

Health Plans:

- The health plan declines to contract with medical providers (e.g., primary care, prenatal, hospitals) that do not provide screening, brief intervention, brief treatment, and referral to treatment

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Next Steps

- **Working with existing, accepted programs.** We encourage the growth and spread of the successful Washington Screening, Brief Intervention and Referral to Treatment (WA-SBIRT) program through financial incentives and reporting on required metrics.
 - More information: www.wasbirt.com
 - [More information on billing for SBIRT: www.wasbirt.com/sites/default/files/Washington%20State%20billing%20brief_Sept2015_0.pdf](http://www.wasbirt.com/sites/default/files/Washington%20State%20billing%20brief_Sept2015_0.pdf)
- **Measurement.** Use health plan claims data to track SBIRT utilization. Health plan claims data on current utilization would show where SBIRT is taking place and where it is not. Measurement of total patients screened and referred to treatment can bring a clearer picture of population needs and ensure that patients receive appropriate substance use treatment. The Substance Abuse and Mental Health Services Administration provides useful information and data and outcomes measurement for this topic.
 - More information: www.samhsa.gov
- **Incentivize screening and brief intervention.** Purchasers and health plans explore incentives for providers and hospitals aimed at developing screening processes and brief intervention within primary care and the emergency room setting. Medicare, as part of its Merit-based Incentive Payment System (MIPS), has three measures aligning with substance use disorder.
 - Preventive Care and Screening: Unhealthy Alcohol Use- Screening and Brief Counseling
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 - Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance UseMore information: www.qpp.cms.gov

Clinicians eligible for MIPS participation can consider these measures for reporting to Medicare, which would help them qualify for financial bonuses. Other payers and health plans can consider aligning incentives with these metrics.