Integrated Care/Evidence-Based Screening Tools for Rapid Identification of SUD and MH Disorders

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Substance abuse as chronic disease and public health problem
Services provided to those at risk not just those who are dependent
Better relationships and management between Primary Care and specialty Substance Use Treatment – e.g. Integrated Care

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Data from the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Treatment Episode Data Set (TEDS) indicate that while the largest share of publicly funded treatment admissions are associated with alcohol use, admissions for heroin and prescription opioid use are climbing.

Publicly funded admissions involving primarily alcohol use dropped from 42% of all publicly funded admissions in 2003 to 38% in 2013. In the same period, admissions primarily associated with heroin jumped from 15% to 19%, and admissions primarily associated with other opioids besides heroin increased from 3% to 9%. 

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Data from federal researchers show increases in the prevalence of opioid use disorders, high-frequency use of opioids, and overdose deaths. The latter increase was particularly dramatic, moving from 4.5 deaths per 1,000 people in 2003 to 7.8 per 1,000 in 2013.

*Journal of the American Medical Association, October 13, 2015*
The societal costs of addiction are as much as $555 billion*

In addition to the crime, violence and loss of productivity associated with addiction, individuals living with an addiction often experience a number of physical health problems, including:

- Lung disease
- HIV/AIDS
- Cardiovascular disease
- Cancer disease
- Hypertension
- Asthma
- Psychoses
- Ischemic heart disease
- Pneumonia
- Chronic obstructive pulmonary
- Cirrhosis
- Hepatitis C

Current Trends in Healthcare

- US population is aging and becoming less healthy
- Health care reform to add insurance coverage for millions & improve coverage for millions more
- Unsustainable cost increases (some stabilization being seen)
- Concerns about potential health workforce shortages
Current Trends in Healthcare

- Continued focus on use of EBP (e.g., MAT)
  - Concern with inefficiencies & potential overuse of health care
  - Increasing interest in identifying ways to improve efficiency & health outcomes
  - Focus on the benefits of early intervention
- Provider consolidation
- Shift from fee for service to pay for performance
Bi-Directional Care Model

Bi-Directional Care:
Behavioral Health in Primary Care
and
Primary Care in Behavioral Health

Clinical Design for Adults with Low to Moderate and Youth with Low to High BH Risk and Complexity

Primary Care Clinic with Behavioral Health Clinicians embedded, providing assessment, PCP consultation, care management and direct service

Partnership/Linkage with Specialty CBHO for persons who need their care stepped up to address increased risk and complexity with ability to step back to Primary Care

Clinical Design for Adults with Moderate to High BH Risk and Complexity

Community Behavioral Healthcare Organization with an embedded Primary Care Medical Clinic with ability to address the full range of primary healthcare needs of persons with moderate to high behavioral health risk and complexity

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Value and the Consumer Experience

- Simple healthcare experience
- Easy access with less effort
- No-wrong door entry for whole-person care
Opportunities and Challenges in Bidirectional Care

- What level of integration fits with your communities needs and practice culture?
- Practice culture
- What primary care services to deliver in MH/SU practices?
- Work and patient flow
- Collaboration with other medical specialties
- Sustainability

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Stepped Care in Bi-directional Care Models

1. Causes the least disruption in the patient’s life
2. Is the least extensive needed for positive results
3. Is the least intensive needed for positive results
4. Is the least expensive needed for positive results
5. Is the least experience of staff training required to provide effective service
The first three steps are more in line with integrated care

- **Step 1** – Basic education of illness and referral to self-help
- **Step 2** – Involves professionals who provide psycho-educational interventions and make follow-up contact with clients
- **Step 3** – Involves more highly trained professionals who use specific practices (Algorithms and Evidenced-Based Practices) e.g. SBIRT

The fourth step is referral to specialty care

- **Step 4** – Referral to highly specialized and intensive care provided by a specialist. Care may be stepped down to primary care when stability and acuity are managed
How Will These Look and How Will We Get There?

Three themes emerge……

1. Person–Centered healthcare teams
2. No wrong door entry
3. Blended culture and practice styles
4. Roles in wellness and disease management

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Addiction Treatment Medications

- 45% of people who used heroin were also addicted to prescription opioid painkillers
- Prescription opioid drug overdoses increased 3 fold from 2001-2013 and are now the number 1 type of overdose death
- Excessive alcohol use exacerbates chronic health conditions and is still a leading cause of accidental death
- New advances in medications have provided new tools in the treatment of substance use disorders
New medications for treatment of addictions can be administered in primary care settings, e.g., buprenorphine and injection naltrexone.

These medications are safe and highly effective and help individuals achieve and sustain recovery.

Yet, 54% of addiction treatment programs have no physician.

Integrated care can provide the necessary supports for the use of this medications.
17% leave acute care with a SUD diagnosis (1)

23% screen positive on Audit C

Primary Care

Patient Pathways

(1) “Acute Care Hospital Utilization Among Medical Inpatients Discharged With a Substance Use Disorder Diagnosis”, *J Addict Med*, Volume 6, Number 1, March 2012
Exploring Integration Opportunities

- Primary Care
- Acute Care
- Minor Emergency Centers
- Health Departments
- Dental Offices
- Chiropractic offices
- Schools
Tangible Business Benefits of Integration

- Commercial insurance revenue increasing an average of 18.9% per year for the last 4 years
- Medicaid revenue increasing an average of 19.2% per year for the last 4 years
- SUD services are beginning to be seen as an integral part of quality medical care
- Higher salaries paid in medical environments improve the recruitment and retention of quality staff
Screening Brief Intervention Referral To Treatment (SBIRT)

Top 5 advantages of SBIRT

1. Improve overall clinical care
2. Reach adults and adolescents at higher risk for substance abuse issues due to mental health conditions
3. Position primary care and behavioral health providers as integrated care partners
4. Build overall co-occurring capability in a concrete way, and provide a gateway to developing co-occurring services
5. Fortify your practice as a line of defense against addictions through an evidence-based prevention and early intervention protocol that any provider – even those with little experience with addictions – can successfully implement

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Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce and prevent risky alcohol and drug use. The model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use, and the U.S. Preventive Services Task Force recommends alcohol screening and behavioral counseling for all adults in primary care.
SBIRT’s Effectiveness

- SBIRT has a high return on investment with a low burden of time and resources on providers. When services such as SBIRT are offered, primary care, behavioral health and specialty addiction services find a valuable and highly satisfying partnership – and an opportunity to move towards the model of service integration.

- Interventions such as SBIRT have been found to:
  - Decrease the frequency and severity of drug and alcohol use
  - Reduce the risk of trauma
  - Increase the percentage of patients who enter specialized substance abuse treatment
  - Reduce hospital stays and emergency department visits
  - Yield net cost savings — savings for each brief intervention exceed treatment costs by 3 to 1

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More Screening Tools

- Screener and Opioid Assessment for Patients with Pain (SOAPP) ®

SOAPP® version 1.0 is a quick and easy-to-use questionnaire designed to help providers evaluate the patients’ relative risk for developing problems when placed on long-term opioid therapy.

14 questions, 5 point scale, a few minutes to complete with demonstrated validity
“Pre-Screening” for at-risk drinking

NIAAA Single Item Screen

“How many times in the last 12 months have you had more than X drinks in a day?”

$X = 4$ for men

$X = 3$ for women

Any answer $> 0$ will pick-up 82% of patients with unhealthy alcohol use.


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Alcohol Use Disorders Identification Test – AUDIT

- Use when prescreen results are greater than 0
- A 10–item questionnaire that screens for hazardous or harmful alcohol consumption. Developed by the World Health Organization (WHO), the test correctly classifies 95% of people into either alcoholics or non-alcoholics. The AUDIT is particularly suitable for use in primary care settings and has been used with a variety of populations and cultural groups. It should be administered by a health professional or paraprofessional.
PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some more questions about your use of alcohol. If we find that you are drinking more than you or we feel is good for you, we have some services right here that can help you take better care of yourself. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2-4 times a month</td>
<td>2-3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day you are drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>3. How often do you have four or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the past year have you failed to do what was expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the past year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the past year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the past year</td>
<td>Yes, during the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the past year</td>
<td>Yes, during the past year</td>
<td></td>
<td></td>
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</table>
Putting Screening into Practice

- Single item prescreen question
  - Add to flowsheet in chart
  - Nursing staff prescreen patients once a year during check-in
  - Registration staff flag chart if screening is due

- AUDIT
  - ONLY given to patients who prescreen positive
  - Nursing staff hand patient AUDIT to complete on clipboard while waiting for doctor
  - Clinician scores the AUDIT in visit

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Expected Results of Prescreen

Prescreen

85% negative

15% will receive full screen

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Intervention

- AUDIT score determines level of intervention

Your AUDIT score:
- Zero (no risk)
- At-risk drinking
- Major consequences/Possibly dependent

Standard Drink Sizes

- 12 oz Beer
- 8-9 oz Malt Liquor
- 5 oz Wine
- 1.5 oz/1 shot Liquor

Lower Risk Drink Limits

<table>
<thead>
<tr>
<th>Healthy Men</th>
<th>Per Day</th>
<th>Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>14</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Healthy Women</th>
<th>Per Day</th>
<th>Per Week</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>7</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>All ages &gt;65</th>
<th>Per Day</th>
<th>Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>7</td>
<td></td>
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</tbody>
</table>

No drinking if: driving, pregnant or possibly dependent

The percent of "pure" alcohol expressed here as alcohol/volume varies by beverage.

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## Intervention Guide

<table>
<thead>
<tr>
<th>Zone I: At Risk AUDIT 1-15 (≥ 1 binge)</th>
<th>Zone II: Possibly Dependent AUDIT ≥ 16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask Permission</strong></td>
<td><strong>Provide Feedback</strong></td>
</tr>
<tr>
<td>“I appreciate you answering our health questionnaire. Could we take a minute to discuss your results?”</td>
<td>Refer to bar graph &amp; provide patient’s AUDIT score. [As your physician] “Drinking at this level can be harmful to your health and possibly responsible for the health problem for which you came in today. What do you make of that?”</td>
</tr>
<tr>
<td><strong>Enhance Motivation &amp; Elicit Change Talk</strong></td>
<td>“What are the good things/not so good things about your alcohol use?” (Decisional balance) “On a scale of 0-10, how important is it that you cut back or quit your alcohol use?” If &gt;0, “Why that number and not a lower one?” [Use rulers to also ask about confidence, readiness] “Have you ever considered cutting back or quitting?” If so, “Why?” If not, “What would have to happen for you to consider cutting back?”</td>
</tr>
<tr>
<td><strong>Provide Advice</strong></td>
<td>Refer to chart on front of card in providing advice to quit or cut down as per NIH guidelines. If ZONE II: “If you go a day or 2 without drinking, do you ever get sick, shaky, have tremors/seizures/ or see/hear things that are not there?”</td>
</tr>
<tr>
<td><strong>Discuss Next Steps</strong></td>
<td><strong>Close on Good Terms</strong></td>
</tr>
<tr>
<td>“If you were to make a change, what would be your first step?”</td>
<td>Summarize, emphasize patient strengths, highlight change talk and decisions made. Arrange for follow-up as appropriate.</td>
</tr>
<tr>
<td><strong>Offer menu of options for more help:</strong></td>
<td>► Medication (naltrexone, acamprosate, disulfiram) ► Referral • Counseling/Brief treatment • Support group (e.g., AA, NA, Celebrate Recovery) • Treatment or substance abuse program</td>
</tr>
</tbody>
</table>

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Questions

Discussion

Next Steps