Presenter Disclosures

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- **The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months: “No relationships to disclose”**

Addressing Substance Use in a Primary Care Setting

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Objectives of Presentation

- Participants will learn how to integrate the SBIRT into a traditional primary care setting

Morris Heights Health Center (MHHC)

- Morris Heights Health Center (MHHC) is a not-for-profit, Article 28 federally qualified health center. MHHC SBHC Network currently serves over 12,000 students in 10 sites in the Bronx, NYC.
  - Provide comprehensive primary care services
  - Staffed by medical providers, social workers and health educators
  - Services at no cost to students
  - Improves access to care for adolescents

MHHC: Getting Started

- Is there an Alcohol and substance Use problem in your practice?
- How do you know? Are you asking? What are you documenting?

MHHC: Getting Started

- Screening using a validated instrument is one way to identify alcohol and substance use.
- Health Outcomes is another way to identify alcohol and substance use.

Adolescent Alcohol and Substance Use

- Alcohol is the most commonly used drug among adolescents.
  - Alcohol use usually starts in early adolescence
  - One in three 8th graders admitting to alcohol use
  - 80% of 12th graders report using alcohol.(1)

- Alcohol use is responsible for more mortality and morbidity in this age group than all other drugs combined.(2)

Adolescent Alcohol and Substance Use

- All substance use involves health risks that occur long before addiction and teenagers seem to be particularly susceptible to risk taking behaviors.(3)
- Adolescent drinking results in:
  - unintentional injuries and death
  - suicide
  - infections and pregnancies from unplanned unprotected sex
  - academic and social problems. (4)

Adolescent Alcohol and Substance Use

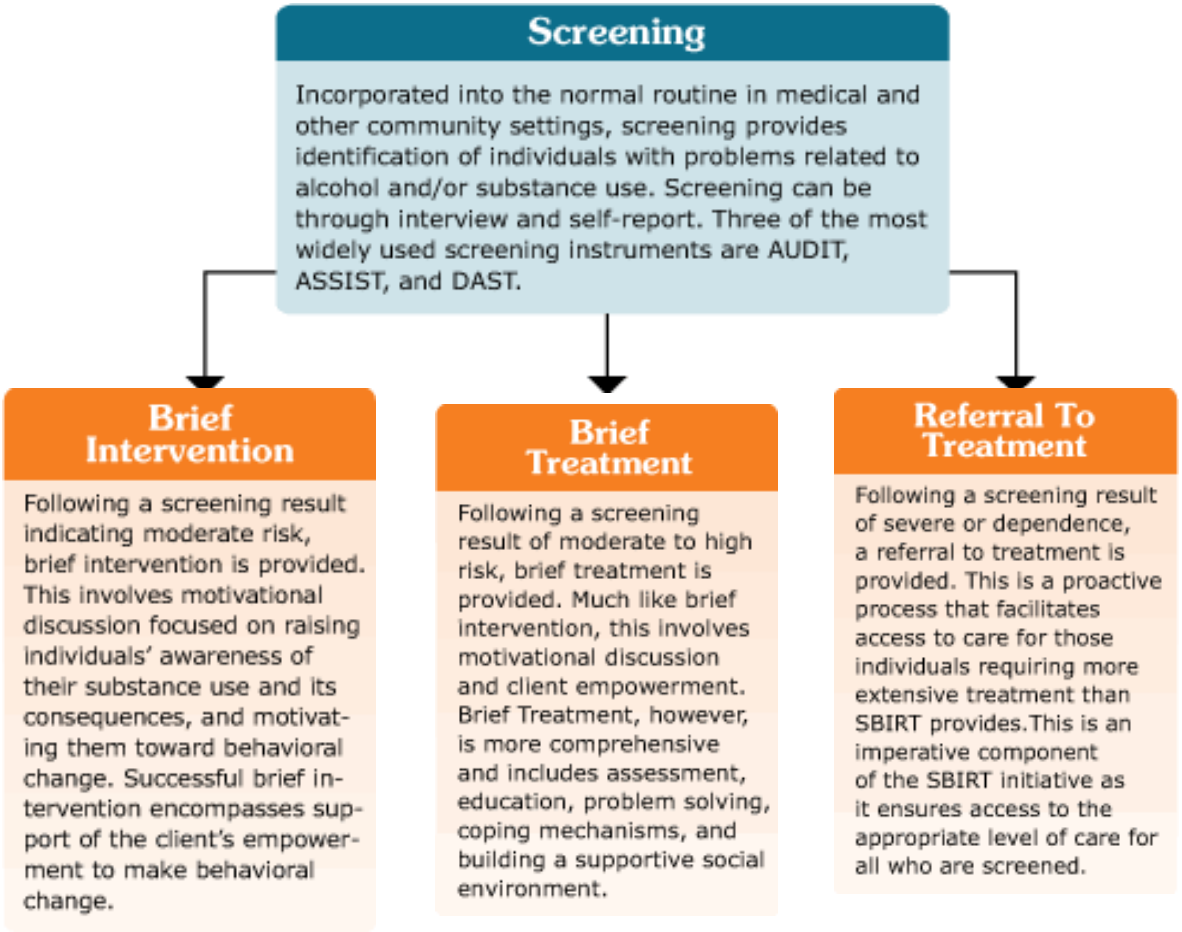
- Alcohol misuse or abuse often goes undetected with a majority of clinicians citing lack of confidence in alcohol management skills as a barrier.(5)

- Many adolescents are willing to discuss alcohol or substance use when assured of confidentiality.(6)

SBIRT: As an Option

- Screening
- Brief Intervention
- Referral
- Treatment

SBIRT Core Components



What are the goals of SBIRT Initiative?

- Expand timely screening and referral services in generalist settings
- Help “at risk” individuals avoid addiction and dependence through early assessment and brief intervention
- Improved linkages among providers
- Provide specialized training of key staff in targeted communities

MHHC : Training

- Obtained 2 day training for staff on SBIRT and the readiness to change model from New York state office of alcoholism and substance abuse services (NYS OASAS)
- Obtained 2 day training on “Teen Intervene” from New York city Department of Health and Mental Hygiene (NYC DOHMH) Bureau of Alcohol and Drug Use Prevention, Care and Treatment

Why Screen Adolescents?

- It is a marker for unhealthy behaviors: when adolescents screen positive for one risky behavior it is generally a good marker for others.(7)

- Alcohol is the first substance to be abused by adolescents so screening becomes important and providers are uniquely positioned to do this.

Why Brief Intervention for Adolescents?

- Their problems are not as complex.
- Person centered approach is appealing for young people.
- Commitment to a lengthy and intensive intervention can be difficult at this age.
- Many youth are seen in different settings.

Brief Treatment

- Primary care settings deliver extended risk- education interventions through multiple sessions of motivational counseling termed “brief treatment”

Brief Treatment Incorporates a Readiness to Change Model

- Motivation to change is elicited from the client, and not imposed from without.
- It is the patient's task, not the interventionist's, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- The intervention style is generally a quiet and eliciting one.
- The interventionist helps the patient to examine and resolve ambivalence before barriers to change or coping strategies are addressed. Stephen Rollnick, Ph.D., & William R. Miller, Ph.D., What is motivational interviewing? *Behavioral and Cognitive Psychotherapy*, *23*, 325-334

Referral

- Severe substance use problem (high risk) should prompt a referral for more intensive treatment
- Standardized tools provide guidance
- Persistent difficulties in attaining goals should prompt referral
- Awareness of community resources and building linkages to substance use provides facilitates care coordination

MHHC: Getting Started

- Set up team (administrative and clinical members)
  - Lack of knowledge, skills and financial resources
  - Need for training and intervention that could be integrated into the clinic workflow
  - Engage the school community and maintain confidentiality
  - Issues of staffing, time and reimbursement

MHHC: Getting Started

- Considerations for the team
  - Form implementation committees at the school sites (health educators, providers, assistants)
  - Parental Involvement
  - Incentives for clients to complete intervention
  - Choice of Screening tools: CRAFFT, ASSIST , AUDIT
  - Self report vs. Clinician interview
  - Integration with other tools vs. use alone
  - Expand screening opportunities: all clinic visits vs certain types of visits
  - Tracking using the Plan, Do, Study Act process

MHHC: Getting Started

- Preparing SBHC for implementation:
  - Engaging School Community
  - Review of Confidentiality law
  - Curriculum on alcohol and substance use
  - Clinic work flow and data collection
  - Obtain educational materials
  - Identify community resources
  - Develop linkages for referral and follow up
  - Explore grant, billing and reimbursement opportunities

MHHC: Utilizing Resources

- Increasing interest by the NYS OASAS office
  - Ongoing conference call support to understand implementation opportunity at SBHC and to address issues of billing and sustainability.
  - Administrative site and clinic visit with discussions about tool selection, data collection, evaluation and opportunity to participate in a statewide pilot.
  - Facilitated outreach to city agencies involved in substance use for ongoing support.

MHHC: Financial

- Financial
  - Obtained funding from the New York city council to start pilot project ($40,000)
- Meeting with New York city council to define deliverables and timeline:
  - 30 Classroom presentations
  - 200 Screenings of students
  - 40 Brief Interventions & 40 Brief Treatments
  - 2 Substance use health fairs

MHHC: Pilot Implementation

- Alcohol & Substance Abuse Program(ASAP)
  - 2 Pilot sites selected (School A and School B)
  - Developed Implementation Committee.
    - Committee was key to program success
      - Ensure objectives and deliverables were met
      - Evaluate, track and assess ongoing progress
      - Meeting dates, timeline and reports
    - Included Health Educator (lead), PI support, Clinical Champion, Social worker and Administrative person

MHHC: Screening and Workflow

- Screening
  - Prescreening questions are included with the CRAFFT with specific instructions for self report.
  - Offered to students at all visit types and integrated into work flow with other screening tools.
  - Positive screens are referred to either the social worker, health educator or provider for further assessment and brief intervention.
  - ASSIST is used for further assessment to capture level of risk of alcohol and substance use.

MHHC : Definitions of Risk

- Assessment to ascertain level of risk
- Low/Moderate Risk
  - Eligible for 4 Brief intervention sessions
  - 2 Brief Intervention sessions with documentation of behavior change accepted as completion.
- Moderate/High Risk
  - Eligible for 4 Brief intervention sessions
  - 2- 4 Brief treatment sessions with documentation of behavior change accepted as completion
- High Risk
  - Eligible for 4 Brief treatment sessions pending referral to treatment

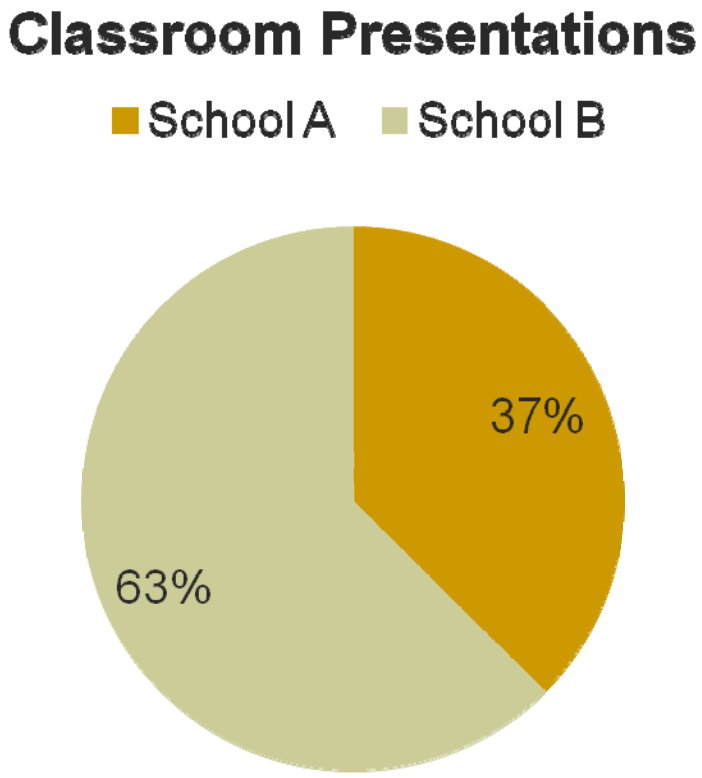
MHHC ASAP

- Use of Brief Intervention:
  - Stand alone approach with low and medium risk teens
  - As a prelude to participate in more extensive treatment

MHHC: Results

- Deliverables attained:
  - 56 classroom presentations were conducted by the health educators reaching over 1010 students (Exceeded)
- Topics focused on alcohol and substance abuse and its related consequences

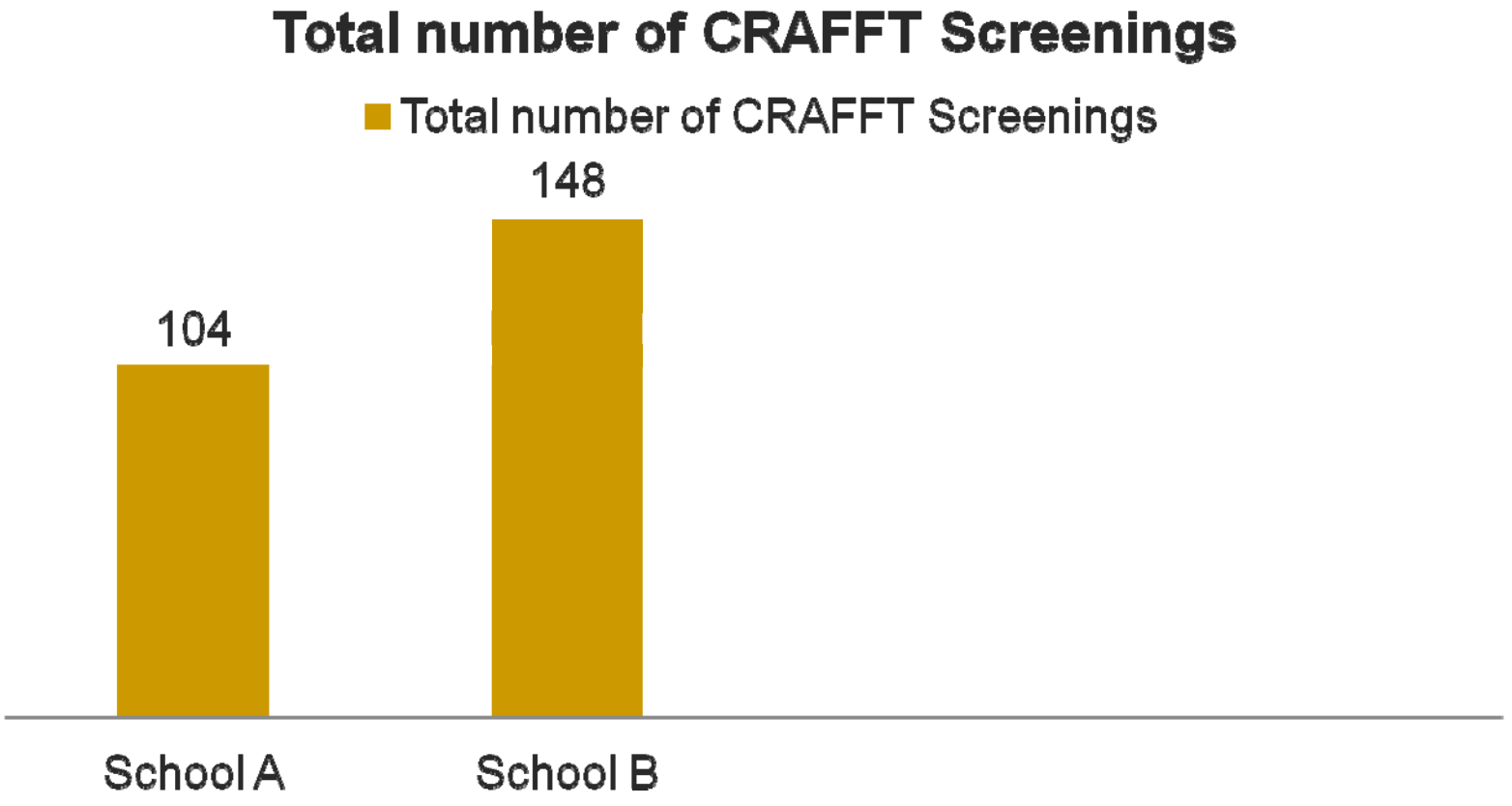
MHHC SBHC ASAP: Results



MHHC SBHC ASAP: Results

- 252 students completed the CRAFFT screening tool as part of their clinic visits in the two selected high schools
  - In the highest risk school (School A) 104 students were screened of which 24% screened positive (higher than national average)
  - The School B, 148 students were screened with a 13.5% positivity rate

MHHC SBHC ASAP: Results



MHHC SBHC ASAP: Risk Assessment

- All students were classified in the low/moderate or moderate/high risk categories
- All students were identified as needing either Brief Intervention and/or Brief Treatment sessions

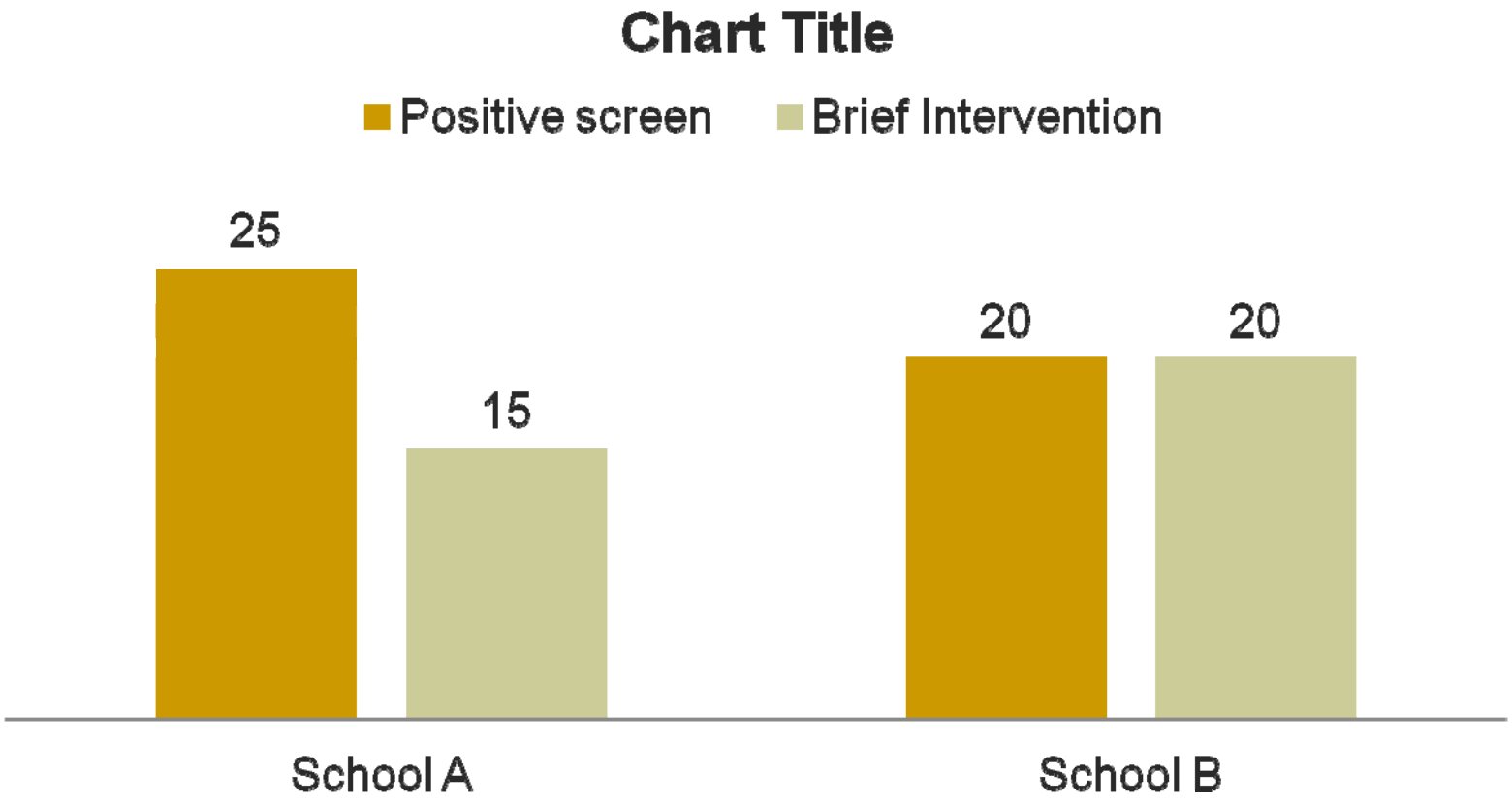
MHHC SBHC ASAP: Brief Intervention results

- Of the 25 students who screened positive in school A, 15 participated in at least one session of brief intervention (60%).
- A total of 41 sessions were conducted with an average of 2.7 sessions per participant was documented.

MHHC SBHC ASAP: Brief Intervention

- Of the 20 students who screened positive in school B, all 20 participated in at least one session of brief intervention (100%).
- A total of 48 sessions with an average of 2.4 sessions per participant was documented.

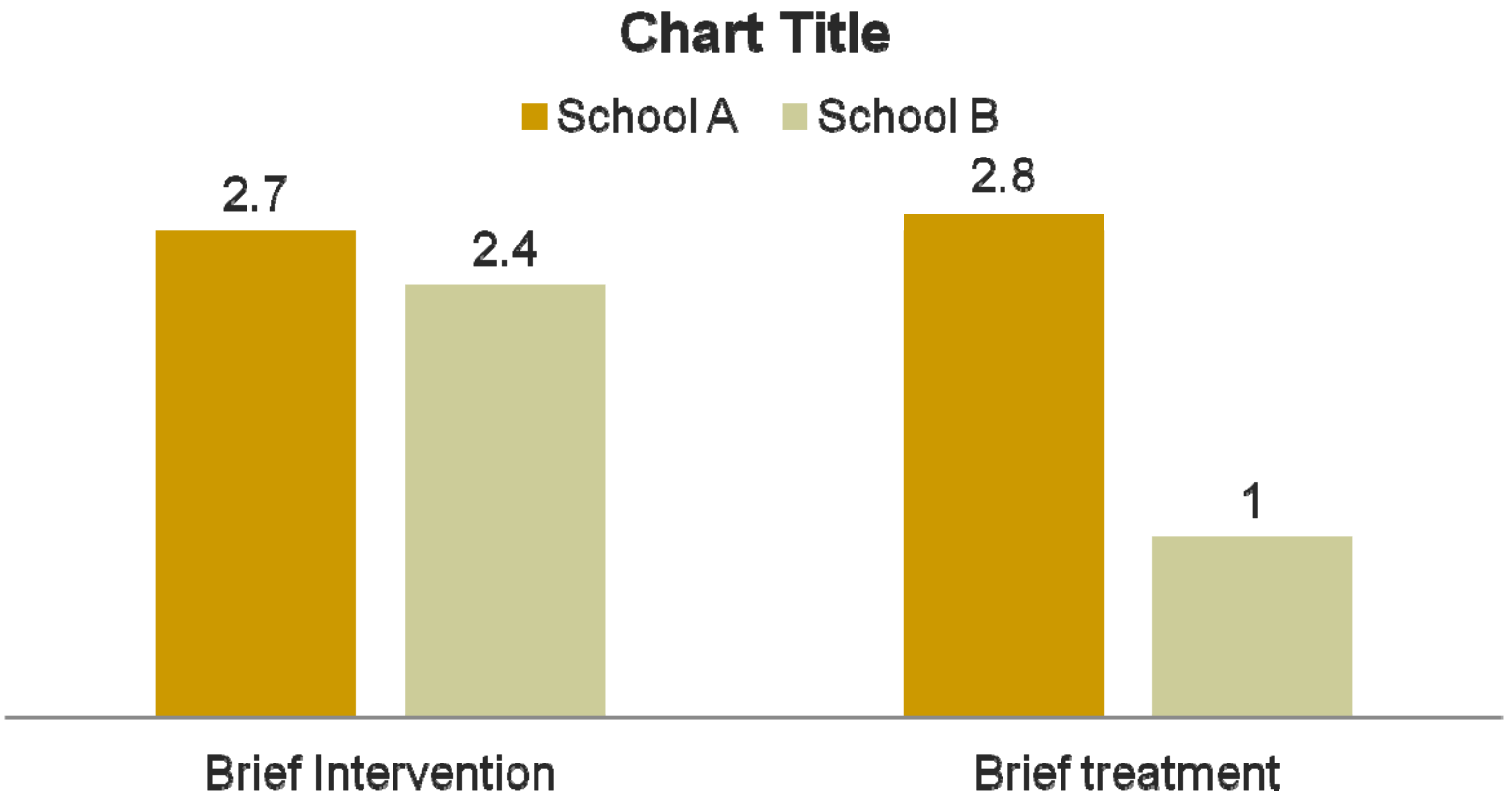
MHHC SBHC ASAP: Brief Intervention



MHHC SBHC ASAP: Brief Treatment Results

- Of the 25 positive screens in school A, 6 students participated in a total of 17 brief treatment sessions making an average of 2.8 session per student.
- Of 20 positive screens in school B, 16 students participated in a total of 16 brief treatment sessions making an average of 1.0 session per student.

MHHC SBHC ASAP: Results Summary



MHHC SBHC ASAP: Results

- Health fairs focusing on alcohol and substance use were conducted in collaboration with the school and other community agencies like Daytop
- Over 900 students participated with students very engaged with guest speakers and participants including those with histories of substance use

MHHC SBHC Sustainability and Billing Guidance

- In NYS, Medicaid currently covers SBIRT services in hospital out patient settings, emergency rooms, free standing diagnostic and treatment centers and school based health centers. Starting from September 2011, SBIRT services will be covered in all office based primary care settings.

MHHC Sustainability and Billing guidance

- NYS has provided guidance on the provider type that can bill directly or under supervision and the training and certification requirement for these providers which ranges from 4-12 hours
- Training has to be by a certified OASAS trainer

MHHC SBHC Sustainability and Billing Guidance

- NYS has provided guidance on documentation requirement for billing including:
  - In person interview
  - Quantify frequency of alcohol/substance use over a particular time frame (1-12mths)
  - Problems related to substance use
  - Dependence symptoms, and
  - Injection use

MHHC SBHC Sustainability and Billing Guidance

- NYS has provided guidance on billing codes:
- Diagnosis V82.9 is required for claims on cpt codes H0049 (substance use screening)
- Diagnosis V65.42 is required for claims on cpt codes H0050 (substance use brief intervention services)

MHHC SBHC Sustianbaility and Billing guidance

- NYS has also published reimbursement rates based on provider type and facility. The rates vary from $24 for a physician provider to $20.40 for a nurse practitioner. The rates for facilities us $15.00

MHHC SBHC ASAP: Billing and Sustainability

- Other funding sources include grant funding
- Other codes for commercial insurers include 96110, 99406-8, 99420 for health risk assessment
- Ancillary provider certifications:
  - CHES, training requirements
- Hospitals with different rate codes compared to FQHC's
- Billing methodology- APG vs. FFS

MHHC SBHC ASAP: Lessons Learned

- Need to use PDSA more consistently
- Screening consistently at all visit types
- Balance BI/BT sessions with students motivation and school time
- Engage clients who screened positive but never attended a BI session (40%).
- Completing required BI/BT sessions.
- Use of Incentives

MHHC SBHC ASAP: Year 2

- Reviewing and Refining- PDSA
  - The “what” and “why”
- Expansion to other sites
- Sustainability
- Collaboration with other teams
- Use of focus groups

MHHC SBHC ASAP:Summary

- Identify need in your setting. Use focus groups
- Set up a team
- Engage all stakeholders
- Get appropriate training
- Choose appropriate tools
- Develop implementation plan
- Review work flow
- Use PDSA methodology
- Evaluate

Conclusion

- Alcohol and substance use is a major cause of morbidity and mortality among youths.
- Screening, Brief Intervention and Referral to treatment provides clinicians with the tools to address this at various generalist settings

References

- 1.Johnston L.D et al (2010): *Monitoring the Future national survey results on drug use 1975-2009, Vol. 1: Secondary school students (NIH Publication No.10-7584). Bethesda, MD*
- 2. *Muramoto et al (1993): Adolescent substance abuse: recognition and early intervention. Prim Care, 20, 141-154*
- 3.SBIRT for pediatricians (2011): *Committee on substance Abuse. Pediatrics 2011;128;e1330*
- 4. *Brown et al, 2008: A developmental perspective on alcohol and youths 16 to 20 years of age. Pediatrics, 121 (Supplement 4), S290-310*
- *5.Millstein & Marcell, 2003. Screening and counseling for adolescent alcohol use among primary care physicians in the United States*
- 6. *Ford et al, 1997. Influence of physician confidentiality assurances on adolescent willingness to disclose information and seek future care. A randomized controlled trial. Journal of the American Medical Association, 278 (12), 1029-34*
- 7. *Biglan et al, 2004. Helping adolescents at risk: Prevention of multiple problem behaviors. New York: Guilford Press*

Resources

- NYS Office of Alcoholism and Substance Abuse Services *www.oasas.state.**ny**.us*
- NYC Dept. Of Health and Mental Hygiene: Bureau of Alcohol and Drug Use, Prevention, Care and Treatment http://www.nyc.gov/html/doh/html/home/home.shtml
- Phoenix House NYC: www.phoenixhouse.org
- Covenant House NYC: www.covenanthouseny.org
- Daytop NYC: www.daytop.org

Acknowledgments

- New York State Office of Alcoholism and Substance Abuse Services: SBIRT Project
- New York City Dept. of Health and Mental Hygiene-Bureau of Alcohol & Drug Use Prevention, Care and Treatment.
- New York City Council
- National Association of School Based Health Care (NASBHC)

Questions

- QUESTIONS