Why SBIRT Matters to Primary Care - Behavioral Health Integration

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Integrated Managed Care by 2020

The path to integration of physical and behavioral health (MH & SUD) *under managed care* started in SW WA on 4/1/16. North Central Region is scheduled to move forward on 1/1/2018.

All regions are to move forward to Fully Integrated Managed Care (FIMC) by 2020

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What's the Vision? SAMHSA & Healthier WA

Transform the delivery of healthcare services with a focus on innovative models of care that will improve the quality, efficiency and effectiveness of care processes.

A system that supports person-centered integrated care, and that delivers the right services in the right place at the right time.

Through a whole-person approach to care , physical and behavioral health needs will be addressed in one system through an integrated network of providers, offering better coordinated care and more seamless access to services.

Integrated primary and behavioral health services, to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.

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Molina of WA - Integrated BH Model of Care

Vision: A full continuum of behavioral health services and recovery supports for adults and youth, that are:

- Based on a whole person care philosophy
- Integrated with physical health and community partners
- System of care coordination across continuum
- Timely access at every level of care - supply meets demand
- Tailored to unique regional characteristics
- Incorporates consumer voice and input

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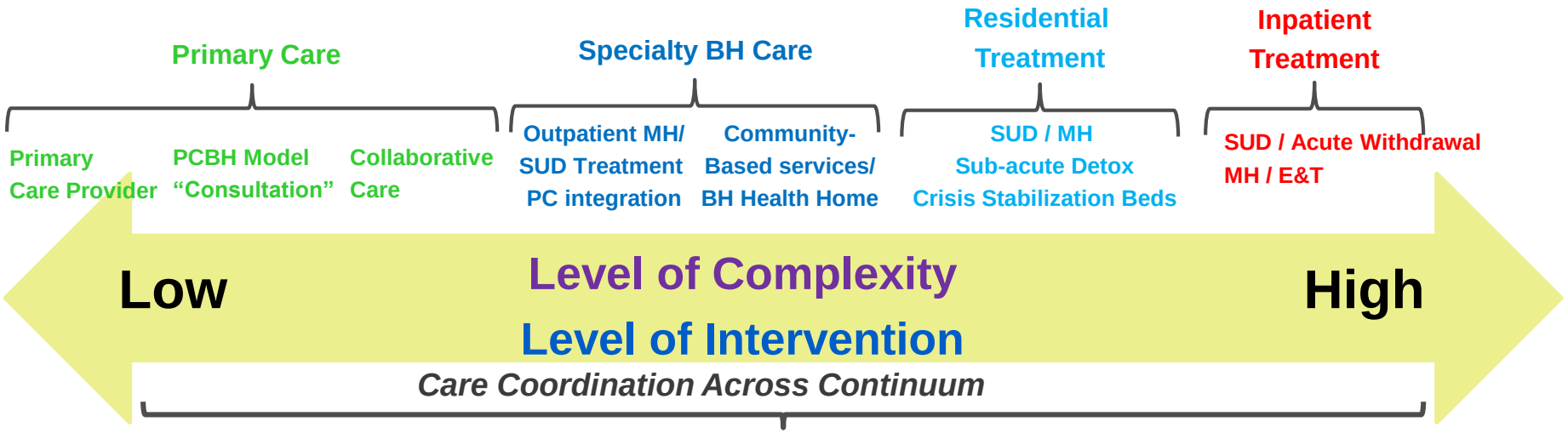
Full Continuum of Behavioral Health Care

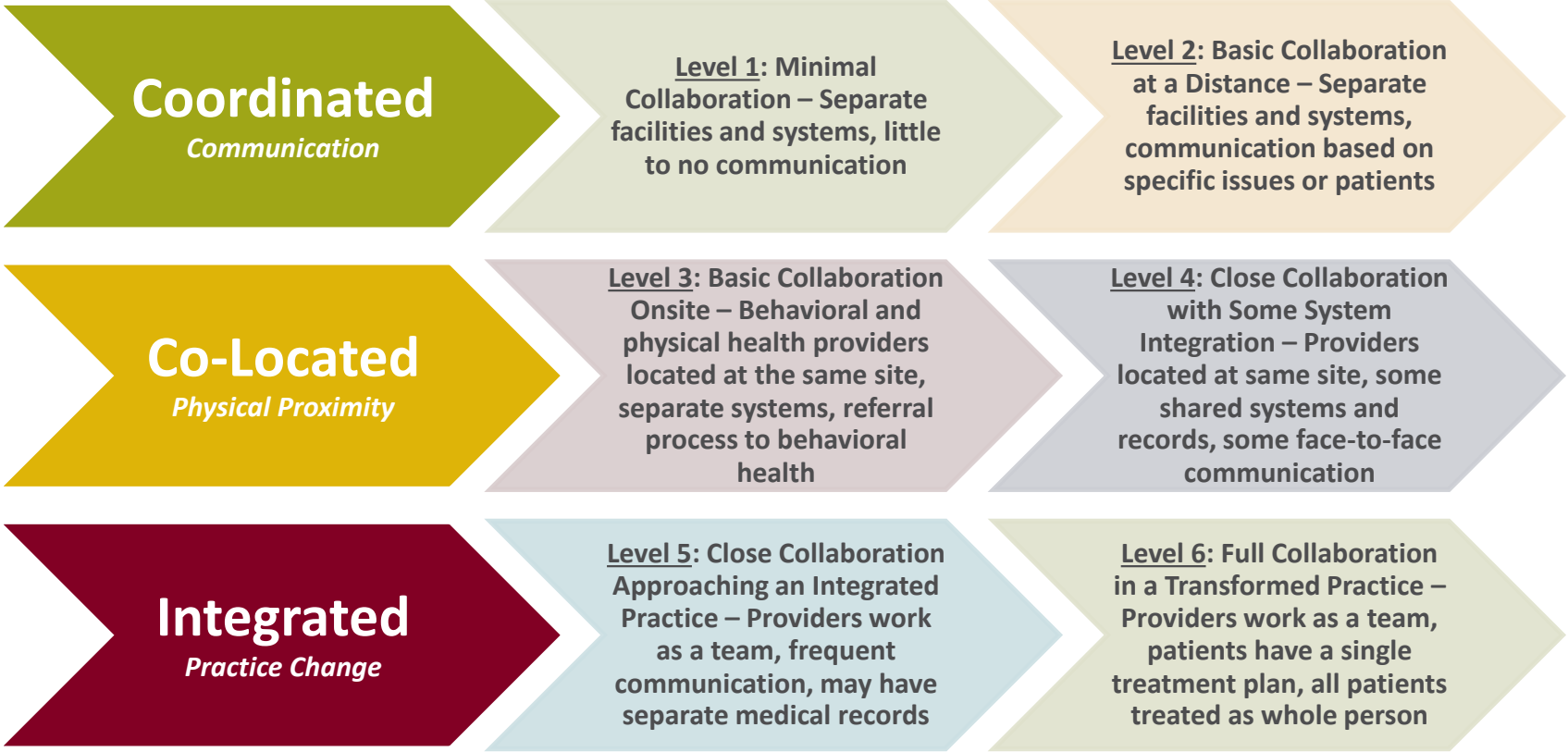


Community Partners

Physical Health Systems
Crisis Services
Recovery Supports
Community/Social Service Agencies
Housing Resources
First Responders/Law Enforcement
Jails/Courts

Adapted from the "Bree Collaborative Behavioral Health Integration Report and Recommendations

SAMHSA Levels of Integration



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Current State

- Primary Care and Behavioral Health Care are typically disconnected (and within BH – MH and SUD are often disconnected)
- Primary Care screens for common medical conditions, but typically does not routinely screen for behavioral health conditions

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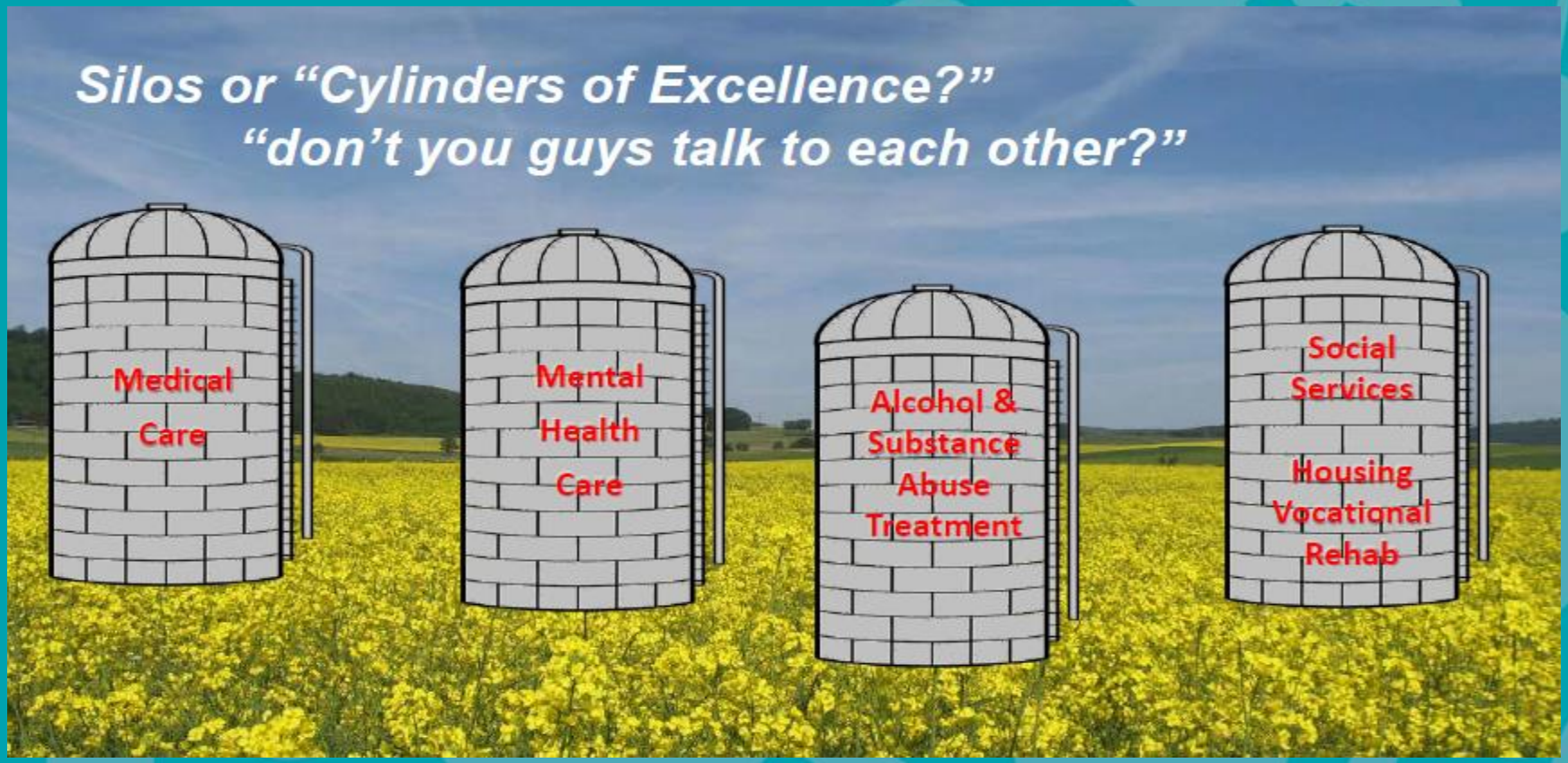
Whole Person Care: Patient Centered



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SBIRT – Current Use

Very low, based on:

- Claims paid
- Number of healthcare providers reporting use of the AUDIT, and SBIRT

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Why screen for alcohol use?

Alcohol use is common. People are not typically aware of the health risks associated with alcohol use.

Screening educates patients about what is of concern, and allows them to evaluate their health behaviors.

Results provide an opportunity for patients and practitioners *to learn from one another*, and to address health/concerns.

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Why SBIRT?

- Increase identification of population with problematic use
  (don't typically know *who* has problematic use)
- Can educate patients related to use of alcohol and associated risks
- Can use MI, and targeted specific interventions tailored to the individual, to engage the patient related to health behaviors and possible change (brief intervention)
- Evidenced based. People will make changes based on screening, interventions, referrals, and follow-up. Routine screening decreases stigma.

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As with other health issues…

- Screen early and educate (prevention)
- Earlier identification of health issues/concerns is always best
- Develop a care plan, monitor, adjust as needed
- Refer to specialty services when needed (many patients will not go to a specialist in part due to due to stigma)
- Have patient return for f/u care when stabilized and continue to monitor health/health behaviors

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Common Co-Morbidities

Self-medicating is common and may work temporarily.

Screen for alcohol use *and educate re: why you are screening* when your patient has the following or other health conditions that can be exacerbated by alcohol use:

- Depression
- Anxiety
- Difficulty falling or staying asleep
- Is Grieving
- Ongoing Significant Stress (significant life change, etc.)
- Trauma / History of Trauma

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Other Considerations

Do practitioners need standard scripting and other tools (specific to the AUDIT score) to manage the conversation with the patient?

What happens with the screening information? Imbedded in the AVS, documented in the EMR? *How is information communicated and to whom for handoffs?*

What about high risk or harmful use – what is the process? What are you going to do now and for follow up?

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AUDIT (and other BH screening tools) NOT intended to be diagnostic tools

- AUDIT is a screening tool – not a diagnostic tool
- Avoid entering a diagnosis in the medical record based only on a AUDIT screening score
- Need an *assessment* and to apply DSM-5 criteria to determine if an individual has an alcohol use disorder

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Moving Forward

We have immense opportunity. We can improve the way care is delivered, better engage with patients, and improve patient outcomes. We can break down silo's and redesign our delivery systems to remove barriers and to close gaps. SBIRT is one step in the process of system change. *All change starts with one step.*

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Thank You

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