Richard L. Brown, MD, MPH - “Rich”

Tenured Professor of Family Medicine, UW School of Medicine and 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

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
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

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

The Problem:
>40% of Deaths and Most Chronic Disease

Prevalence – West Virginia Adults

The Problem:
>40% of Deaths and Most Chronic Disease

Prevalence – West Virginia Adults

Most attention

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

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
The Problem:
>40% of Deaths and Most Chronic Disease

Prevalence – West Virginia Adults


BSI is highly effective and reduces healthcare costs

Tobacco use poses risk for

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

Common Alcohol/Drug-Related Conditions

Alcohol & drugs cause ...
- Injury & disability
- Viral hepatitis
- HIV/AIDS
- Other STIs
- Unplanned pregnancies
- Poor birth outcomes
- Psychiatric disorders

Alcohol causes ...
- Hypertension
- Dyslipidemia
- Heart disease
- Stroke
- Neuropathy
- Dementia
- Cancers
  - Oropharynx
  - Esophagus
  - Breast
  - Liver
  - Colon
  - Hepatitis
  - Pancreatitis

Alcohol impedes tx for ...
- Hypertension
- Dyslipidemia
- Diabetes
- GERD & other GI disorders
- Sleep disorders
- Depression
- Anxiety disorders
- Psychoses
- All chronic diseases
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; Hooney & Hargarten, 2007; Reid, Maschette, & Foster, 1999

Binge Drinking, Drug Use, and Employment

US Binge Drinkers - 2010
Employed
75%

US Adult Drug Users - 2010
Employed
66%

Prevalence of Alcohol/Drug Disorders
- West Virginia Adults -

Alcohol
Drugs
Abuse or Dependence
5.44%
2.53%

SAMHSA, National Survey on Drug Use and Health, 2010
SAMHSA, National Survey on Drug Use and Health, 2011
Receipt of Alcohol/Drug Treatment
– West Virginia Adults –

SAMHSA, National Survey on Drug Use and Health, 2011

Annual Costs - United States

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

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

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

Boyd C. Faces of Medicaid Data Brief, Center for Health Care Strategies, December 2010
Costs to Employers – Per Employee Per Year

- $3,747 - healthcare & productivity
- Double for healthcare
  Triple for workplace injuries
- $3,000 - $4,000 - healthcare & productivity

Healthcare settings are flooded with clinically and economically important behavioral issues

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BSI Concept

Annual Screen

Assessment

Benefits

Identification
- More accurate
- Earlier

Intervention
- Avert complications
- Prevent progression
- Avoid need for costlier treatment

Low risk

Intermediate risk

High risk

Reassurance and reinforcement

Intervention

Referral

Follow-up and support

Screens, Assessments & Outcome Measures

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

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

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?

<table>
<thead>
<tr>
<th>Issues</th>
<th>Extra Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>35 min.</td>
</tr>
<tr>
<td>Alcohol</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>25 min.</td>
</tr>
<tr>
<td>Drugs</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>10 min.</td>
</tr>
<tr>
<td>Obesity</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>40 min.</td>
</tr>
<tr>
<td>Depression</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>10 min.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
</tr>
<tr>
<td><strong>Extra Time</strong></td>
<td><strong>2 hours</strong></td>
</tr>
</tbody>
</table>

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

Intervention

The health educator...
- Builds commitment to change through motivational interviewing
- Supports change by helping patients design and optimize change plans

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
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

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

69 RCTs show effectiveness for depression

Studies suggest effectiveness for:
- Bipolar disease
- Anxiety disorders
- Multiple disorders

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

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
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Effectiveness of Tobacco Screening & Intervention

- 12-Month Quit Rates
  - No Screening: 3%
  - Screening: 6%
  - Screening plus optimal intervention: 28%

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

Alcohol Problems: The Old View

- Dependence
  - Loss of control
  - Cravings
  - Preoccupation

Not dependent
Dependence: A Treatable Brain Disease

Loss of control
Cravings
Preoccupation

Not dependent

Dependence

Abstinent x 1 mo

Abstinent x 2 yr

Drinking and Drug Use Continuum

Abstinence Low risk High risk Problem use

Dependence

Loss of control
Cravings
Preoccupation

Dependence

Riskily Drinking

Standard drinks

Any occasion

Per week

=  =  

37

38

39
Drinking and Drug Use Continuum

Abstinence | Low risk | High risk | Problem use | Dep
---|---|---|---|---

27% Cause most harm in workplaces and communities

3% Loss of control

Cravings

Preoccupation

Effectiveness of Brief Alcohol Interventions

– Candidates: 22% of WV adults –

<table>
<thead>
<tr>
<th>ED visits</th>
<th>Injuries</th>
<th>Hospitalizations</th>
<th>Arrests</th>
<th>Crashes</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>33%</td>
<td>37%</td>
<td>46%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Madison Police Chief Noble Wray:


guest column

WISCONSIN STATE JOURNAL
11 Nov 2019

Hire health educators to reduce DUI

by Noble Wray

As we prepare to celebrate Thanksgiving, I would like to take a moment to talk about the dangers of drinking and driving. The statistics are alarming: 40 people die in alcohol-related crashes in Wisconsin every year. This is a preventable tragedy that we can work to prevent.

One solution is to hire health educators who can help reduce the number of drunk drivers on the road. These educators can raise awareness about the dangers of drinking and driving, as well as provide resources and support to those who need it. Their work is crucial in reducing alcohol-related crashes and saving lives.

In conclusion, we must work together to reduce the number of drunk drivers on our roads. By hiring health educators, we can make a difference and save countless lives. Let us not forget the importance of making safe choices when it comes to driving.

Wise to police chief of Madison.
Effectiveness of Collaborative Care

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

One-year results of Project DIAMOND

**Treatment Response at One Year**
(50% reduction in PHQ-9 scores)

<table>
<thead>
<tr>
<th></th>
<th>Usual care</th>
<th>+ Collab Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>34%</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Complete Remission at One Year**
(PHQ-9 Score of ≤4)

<table>
<thead>
<tr>
<th></th>
<th>Usual care</th>
<th>+ Collab Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>30%</td>
<td>54%</td>
</tr>
</tbody>
</table>

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

- CDC
- National Business Group on Health
- National Institutes of Health
- ONDCP
- Wisconsin State Council on Substance Abuse
- Business Health Care Group
- THE ALLIANCE
- Wisconsin Medical Society
- WPHCA
All Americans should receive tobacco, alcohol and depression screening and intervention services

Tobacco and alcohol screening and intervention prevent more deaths, disease and injury and reduce healthcare costs more than screening for:
- All cancers
- High blood pressure
- High cholesterol
- Diabetes

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

Outline

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- Summary
**BSI: The Front End of PC/BH Integration**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Unhealthy Behaviors</th>
<th>Mental Health Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Screening</td>
<td>Brief Assessment</td>
</tr>
<tr>
<td></td>
<td>Motivational Interviewing</td>
<td>Behavioral Activation</td>
</tr>
<tr>
<td>2</td>
<td>Change Planning &amp; Support</td>
<td>Collaborative Care</td>
</tr>
<tr>
<td></td>
<td>Expert prescribing by specialist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychotherapy, Treatment Programs, Recovery Services</td>
<td></td>
</tr>
</tbody>
</table>

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

Brown, Population Health Management, 2011

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**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
- For local & state governments:
  - Reduced burden on
    - Law enforcement
    - Courts and corrections
    - Social services
    - Healthcare budgets

---

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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
- Binge drinking: 20%
- Marijuana use: 15%
- Depression symptoms: 55%

Wisconsin Initiative to Promote Healthy Lifestyles

Brown, American Journal of Managed Care, in press

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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

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

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
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

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

**Against**
- Social
- Fun
- Bull-headed

**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
Sample Session Summary
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

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

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
Reasons for participating:
- Prepare to meet CCO quality measures
- It’s the right thing to do for patients

Initial barriers:
- Time
- Money
- Workflow changes

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

First 5 Weeks

Metric #1: % Eligible Patients Who Completed Screening
\[
\frac{318}{371} = 86\%
\]

Metric #2: % Screen-Positive Patients Who Saw the HE
\[
\frac{67}{89} = 75\%
\]
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

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

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?
**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

82
The problem
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Summary

83
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

84
If all US patients received BSI, in one year we’d have...

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