

Screening, Brief Intervention and Referral to Treatment (SBIRT) in Wisconsin's Community Health Centers

WIPHL Fall Symposium
September 17, 2013



Introductions & Objectives

- At the conclusion, participants will be able to ...
 - Describe unique features of Community Health Centers
 - Consider the opportunities and barriers of SBIRT implementation
 - Evaluate participating in future implementation efforts

FQHC: A Payment Methodology

- Designation that entitles the health center to certain federal benefits
- Three main varieties:



**Tribal Health
Centers (IHS)**



**PHS Section 330
(CHCs): Community,
Migrant, and
Homeless Health
Centers (HRSA)**



**FQHC Look-Alikes
(no federal
funding)**

FQHCs or CHCs?

- Section 330 FQHCs are commonly called Community Health Centers (CHCs)
- CHCs must
 - Be a non-profit tax exempt organization or public entity
 - Located in a Medically Underserved Area (MUA) or serve a Medically Underserved Population (MUP)
 - Governed by a community-based board (51% must be Health Center patients)
 - Applied for, and received, a competitive federal CHC grant (new access point)
 - Have a Quality Improvement program
 - See all patients regardless of ability to pay
 - Provide comprehensive primary care services, including medical, preventive dental, and behavioral health

CHCs in Wisconsin

- Serve over 300,000 patients annually
 - 93% have incomes below 200% of the Federal Poverty Level
 - 25% are uninsured
- 17 organizations, over 80 sites



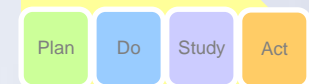
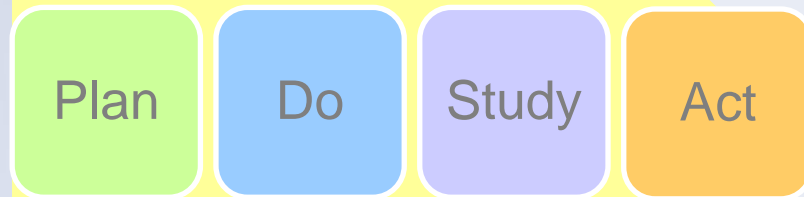
Getting Started

- Rationale

- Structure for getting into behavioral health
- Scope of needs were unknown or anecdotal
- County Health Rankings data pointed to issues
- Continuous quality improvement

- Implementation Strategies

- Executive support
- QI experience
- Diverse implementation team
- Staff buy-in to the process
- Embrace Motivational Interviewing
- Start small & spread



SBIRT Benefits

- Working to the “top of the license”
- Team-based care
- Trust transfers by warm handoffs
- Improved patient & provider satisfaction
- Improved reimbursement since 2007
- Increased patient engagement
- Grant support for launching & training



- **Effort = RESULTS**

“WIPHL has helped patient populations at partner clinics achieve a 20% decline in binge drinking, a 48% reduction in regular marijuana use, and a 55% reduction in depressive symptoms — all with high patient satisfaction.”

Barriers to Implementation & Strategies to Overcome Them

- Billing issues for some populations
- Grants
 - ↑ reporting responsibilities
 - may limit broader uses of Motivational Interviewing
- Competing priorities
- Care continuum sometimes challenging

New (Potential) Opportunities

- New SAMHSA grant
 - (Est.) announcement in September 2013
 - Five year grant
 - Service delivery sites
 - Salary support for health educators
 - Training for health educators
 - Practice improvement assistance
- FFS Training Opportunities
 - Possible through contractors
 - Could organize a group
- RWHC grant: SBIRT via telehealth
- Independent implementation
 - Patient engagement is critical in a reformed environment

What Would Need to Happen in WI to Make this Routine?



- Eliminate remaining funding barriers
- Payment reform strategy
- More demand from employers/purchasers
- Use of MI for broad patient engagement
- Further integration of primary care and behavioral health
- Support for workflow redesign

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