The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

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The Director's Desk

SBIRT: Saving Lives and Money

By Richard L. Brown, MD, MPH
Clinical Director

With persistent concerns about our economy, and with election and football seasons now upon us, news on healthcare seems to be taking a back seat. A research paper published in the latest issue of Health Affairs[1] might have otherwise made the news but didn't. So I'll bring it to your attention here.

The paper was written by some of the same people who were involved with the National Commission on Prevention Priorities. This was the group that found that tobacco and alcohol screening and intervention services prevented more deaths, diseases and injuries and generated more return on investment than screening for high blood pressure, high cholesterol and each form of cancer.

In their latest paper, these researchers calculated how many lives and how many dollars we could save if 90% of Americans received an entire package of 20 preventive services. They chose 90%, because there would always be some people who would refuse services and some for whom various services are inappropriate.

The bottom line: Every year, the package would cost about $72.1 billion. However, the services would result in a $62 billion reduction in other healthcare costs, so the net cost of the services would be about $10 billion. And for that $10 billion, our population would enjoy a total of 2.3 million extra years of life in a calendar year. That's about $4,000 per extra year of life. Sounds like a bargain to me!

Now, this analysis focused only on healthcare economics. Had other economic realms been included—like costs to workplaces, families and communities—these preventive services undoubtedly would have been shown to save money across the board.

Here's something else the researchers found: If these preventive services had been delivered routinely to 90% of Americans leading up to the year 2006, then 2 million Americans who died that year would have stayed alive. That's the power of prevention.

Another interesting aspect of the study was a separate economic analysis for each of the twenty preventive services. Most services caused a net increase in healthcare costs, but six services actually saved money. These services were childhood immunizations, pneumonia immunizations for older and chronically ill adults, daily aspirin use for adults at risk for cardiovascular disease, vision checks for adults, and, of course, tobacco and alcohol screening and interventions.

This is yet another reason for all of us involved with WIPHL to keep on doing what we're doing. Thanks to everyone for all your continuing efforts to get behavioral screening and intervention services to Wisconsin patients.

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[1] Maciosek MV, Coffield AB, Flottemesch TJ, Edwards NM, Solberg LI. Greater use of preventive services in US health care could save lives at little or no cost. *Health Affairs* 2010; 29:1656-60.

Project Manager Update

Moving Toward Sustainable SBIRT Services in Wisconsin: WIPHL's Current Efforts

By Candace Pterson, Ph.D.
WIPHL Project Manager

WIPHL's mission, since the beginning of Wisconsin's 5 year federal SBIRT grant, has been to ensure that all patients who receive health care in Wisconsin will routinely and systematically receive Screening, Brief Intervention, and Referral to Treatment (SBIRT) services as a part of their primary health care in Wisconsin.

The WIPHL program's primary focus has been on unhealthy drinking and drug use, as required by its current funding source, but WIPHL has also been seeking and creating opportunities to expand more meaningfully into other health lifestyle areas, such as tobacco use, nutrition and exercise, and depression.

Sustaining SBIRT services in clinical settings around the state after grant-funded services ends has been, and continues to be, a major effort of the WIPHL SBIRT program. Reimbursement for delivery of SBIRT services is a key sustainability factor for most clinical settings. Effective reimbursement requires that purchasers of health care demand that their coverage include these services, that payers agree to cover the services, and that providers effectively bill for services.

Here are three of WIPHL's recent efforts to support sustainability.

1. We continue to work with policymakers and health care payers and purchasers to *build demand and support* for SBIRT and to *remove barriers to implementation* (such as SBIRT services being subject to co-pays and deductibles). WIPHL held four half-day regional conferences in August and early September in Madison, Milwaukee, Wausau, and the Fox Valley. The targeted audiences consisted of employers and key healthcare payers. The objective of these conferences, which were coordinated and co-hosted by the Wisconsin Safety Council (an affiliate of Wisconsin Manufacturers and Commerce), was to increase understanding of and support for SBIRT and to promote demand for SBIRT services. We introduced SBIRT to this audience as a comprehensive, integrated, public health approach to the delivery of screening, early intervention, and treatment services for behavioral health. And we made a compelling case that universal behavioral screening and intervention lead not only to healthier behaviors but also to lower healthcare costs and higher productivity.

2. WIPHL has worked hard over the last year to provide reimbursement resources for providers, including a manual on coding, billing and getting reimbursed for delivery of SBIRT services. The manual is available on our website at wiphl.org (click on 'Billing and Reimbursement' tab). Other resources that can be found here include an archived webinar on billing and reimbursement, as well as a list of companies and organizations currently reimbursing for delivery of SBIRT services.

3. WIPHL staff plans to schedule fall visits with each of our clinical site partners to discuss issues and barriers to billing and reimbursement, and to provide technical assistance. We'll use insights gained through these visits to inform further advocacy to address identified issues and barriers. We look forward to speaking with each of you and working together to support effective, successful reimbursement.

Cultural Competence Update

WIPHL CAN Bend the Health Cost Curve

By Laura A. Saunders, MSSW,
Mia D. Croyle, MA

On Tuesday, September 14 the Wisconsin Women's Health Foundation hosted its 5th Annual Dialog: *Bending the Health Cost Curve…Wisconsin Style: How to Improve Wisconsin's Health Care Value,* gathering thought leaders to discuss ways to improve the health and wellness of women in our state.

The esteemed guests included: Carolyn Clancy, MD, Director, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services; Cheryl DeMars, President and CEO, The Alliance; Larry Pheifer, Executive Director, Wisconsin Academy of Family Physicians; Jo Musser, Vice President, Wisconsin Health Information Organization (WHIO); Chris Queram, President and CEO, Wisconsin Collaborative for Healthcare Quality; and Douglas Reding, MD, MPH, FACP, Clinic Vice President, Marshfield Clinic. Each panelist presented his or her vision for health care reform and what is needed. While I listened, I was continually struck with the fit between what we're already doing at WIPHL and their hopes for reform.

Some of the most salient points were:

1) We need to look not just at the cost of care but at the value.

2) Consumers and physicians need information to make decisions. Consumers need to demand accurate information about their health care. Is the treatment being proposed the least invasive, affordable, most evidence based approach? For the most part, consumers do not have sufficient information to take responsibility for their own health care.

Physicians have an accepted cultural norm of professional autonomy. This can result in significant variation in the utilization of healthcare resources and quality of care among providers. Sharing data on treatment outcomes allows physicians to make better decisions about the best treatment for their patients.

Our current system is one of sick care rather than health care. We need incentives for the delivery of prevention services rather than just diagnostic and therapeutic services.

The concept of the medical home will provides convenient access, personalized care and care coordination for patients.

So, does WIPHL fit?

Good value!

SBIRT services in health care settings are a good value. The return on investment for the reduction of excessive alcohol use is 4:1 in 12 months, for tobacco it's greater than 4:1 over several years, for depression it's 3:1 over 2 years.

Information!

WIPHL health educators gather information on important risky and unhealthy behaviors and feed that information back to patients and on to physicians. Anecdotally, we've heard time and time again how impressed the physicians are with the quality of the information gathered by the health educators. The patients can also take better control of their own health care armed with accurate information on safe and healthy guidelines for the use of alcohol and drugs and strategies for tobacco cessation.

Prevention!

The SBIRT model IS prevention. Behavioral screening in the health care setting encourages early detection of risk before problems need specialty intervention. According to the US Preventative Task Force tobacco cessation is a Grade A service and alcohol reduction is a Grade B service. Thinking progressively, Medicaid policy makers in Wisconsin have ensured SBIRT reimbursement for this important prevention service. Other health care payers are following suit.

Medical home!

The Medical Home calls for proactive, preventive management of patient populations, enhanced self-management skills, and expansion of team-based care. WIPHL health educators epitomize these Medical Home principles. They support patients in making their own decisions about whether and how to change risky and unhealthy behaviors.

If all of the health care reform elements envisioned by the panelist coalesce, it will surely drive up the demand for SBIRT services. Will we be ready?

Month end data

Year 4 Month 12

August 15 – September 14, 2010

Clinics	*Eligible for BS**	*Completed BS*	*% BS Completed*	*Positive BS*	*% BS Positive*	*Completed FS*	*% FS Completed*
Aurora Sinai Family Care Center (0.9 FTE)	124	103	83.1%	30	29.1%	54	180.0%
Aurora Sinai Women's Health Center (0.9 FTE)	64	59	92.2%	20	33.9%	23	115.0%
Aurora Walker's Point (0.9 FTE)	143	143	100.0%	47	32.9%	54	114.9%
Beloit Area Community Health Center	229	223	97.4%	66	29.6%	63	95.5%
Columbia St. Mary's	131	131	100.0%	45	34.4%	61	135.6%
Family Health/ La Clinica (0.5 FTE)	112	110	98.2%	23	20.9%	9	39.1%
Gundersen Lutheran Family Medicine	318	282	88.7%	91	32.3%	51	56.0%
Gundersen Lutheran Trauma Center	85	n/a	n/a	n/a	n/a	81	95.3%
Menominee Tribal Clinic	211	166	78.7%	44	26.5%	57	129.5%
Milwaukee Health Services, Inc. (0.3 FTE)	30	10	33.3%	7	70.0%	6	85.7%
Northeast Family Medical Center	240	201	83.8%	78	38.8%	61	78.2%
Scenic Bluff's Community Health Center (0.2 FTE)	20	19	95.0%	5	26.3%	1	20.0%
St. Joseph's Community Health Services - Adolescents	7	7	100.0%	1	14.3%	1	100.0%
St. Joseph's Community Health Services - Adults	70	69	98.6%	20	29.0%	20	100.0%
Upland Hills Health	94	81	86.2%	7	8.6%	4	57.1%
Waukesha Family Practice Center	93	92	98.9%	25	27.2%	10	40.0%
Grand Totals	**1,971**	**1,696**	**86.0%**	**509**	**30.0%**	**556**	**109.2%**

*Eligibility varies by clinic

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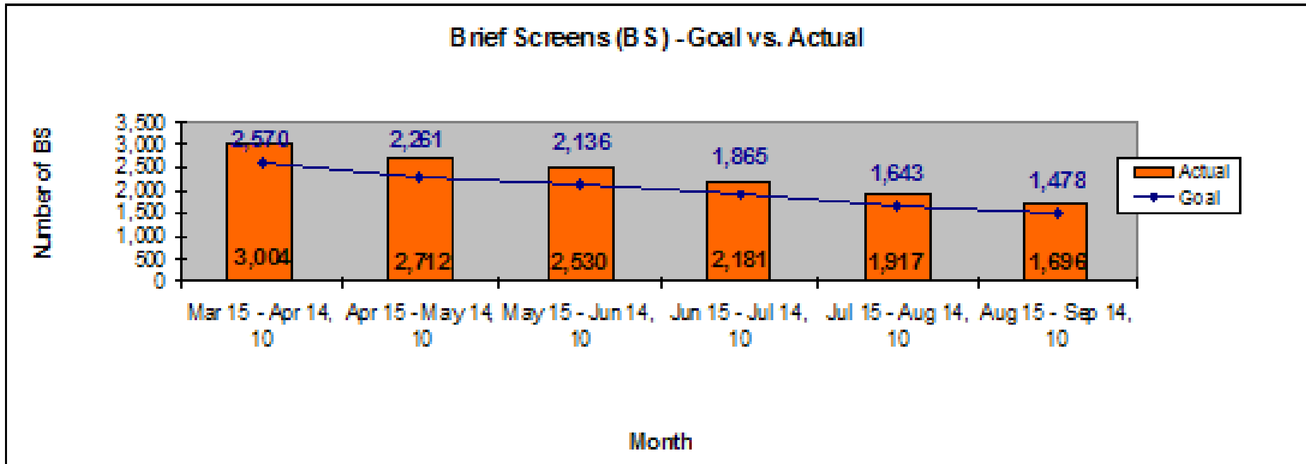
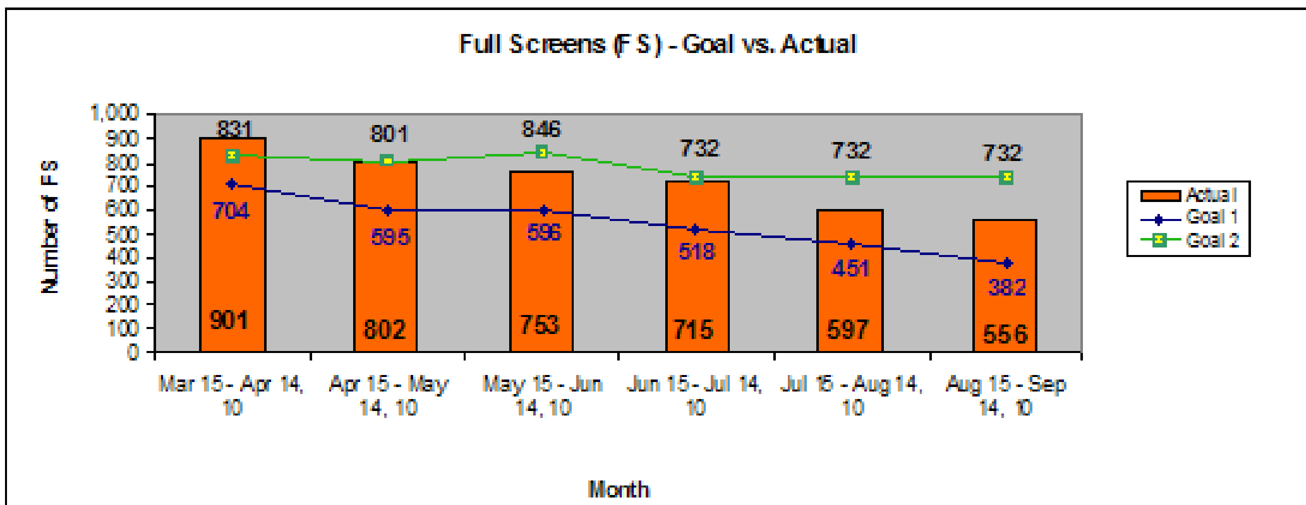
6 month wrap-up



Actual: Number of brief screens completed
Goal: Brief screen 75% of eligible patients



Actual: Number of full screens completed
Goal 1: Year 4 (Sept 15, 2009 - Sept 14, 2010) - Full screen 75% of patients who brief screen positive
Goal 2: Year 4 (Sept 15, 2009 - Sept. 14, 2010) - Number varies by site based on start date

WIPHL Farewell and Welcome

By Candace Peterson, Ph.D.

Harold Gates, MSSW, CISW, WIPHL's Associate Director of Cultural Competence, recently left his position at WIPHL to spend more time with his family and focus on his teaching position at MATC in Madison. Harold, a heartfelt thank you for your valuable contributions integrating cultural competency into the SBIRT program in Wisconsin, and best of luck in future endeavors!

On September 15, Kevin Browne, Ph.D., began work with WIPHL as our consultant on Cultural Competence. Kevin is the founder and President of InterSource Research and Consulting. He is a cultural anthropologist and ethnographic researcher, having received his Ph.D. from the University of Wisconsin-Madison. He brings a unique set of skills and experience that combines anthropology and psychology training to understanding human behavior. His interviewing and observational skills, and qualitative analytic abilities, result in fresh insights and innovation opportunities for the learners he works with. Kevin has extensive international experience, which has honed his intercultural communication and leadership skills

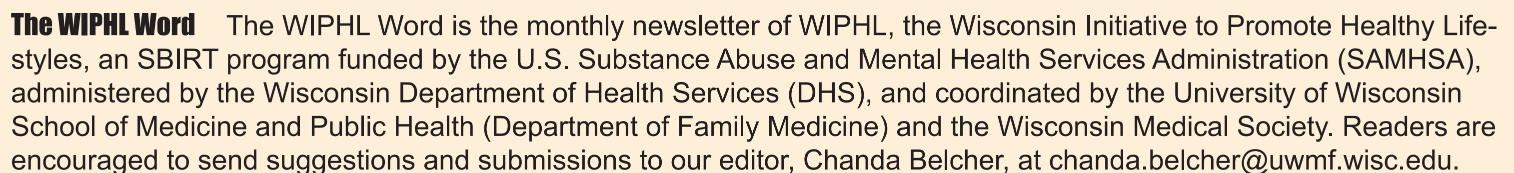
Kevin will be a contributor to the WIPHL Word, and will provide guidance and support to our Health Educators and clinical sites, as well as to WIPHL Central staff. Our Health Educators and other staff from WIPHL's clinical partner sites will meet Kevin at the September/October WIPHL Biannual Statewide Meeting in Green Lake.

Welcome Kevin!

The Last Word

A Tale of an SBIRT Patient and Her Two—Soon to be Three!—Children

A pregnant mother of two stopped a WIPHL health educator (HE) in the waiting room recently. The HE had met with this patient previously, but from her notes, "patient not interested in changing her daily marijuana and cigarette use" it appeared that not much progress was to be made. Instead, the patient reported that for the well-being of her baby, she'd stopped using both. One of the side effects of this, the patient noted, is the money that she's saving, which she is planning to use for a trip to Great America with her sons. She said that before quitting she didn't believe that marijuana was addictive. The patient went on to say that when she did quit, after the irritability, sleep and appetite problems subsided, she realized how addictive it was. She's surprised herself with quitting both—completely!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