**Question 1:**

Is SBIRT known to be more (or less) effective in populations with high incidence of chronic illness than in general populations?

**Answe**r:

Sorry, I am not aware of any studies that have investigated the effectiveness of SBIRT specifically in populations with a high incidence of chronic illness. And I don’t know of any studies that have looked at subgroups of such patients in primary care settings. Indeed it would be interesting to know, for example, if SBIRT improved outcomes for various chronic diseases, such as hypertension, diabetes and congestive heart failure, but I’m not aware of such research.

**Question 2:**

Has SBIRT been a revenue generator via billing?

**Answer:**

**Yes, SBIRT can generate reimbursement. There are specific billing codes for this:**

**- Medicare: G0442 & G0443**

**- Medicaid: H0049 & H0059**

**- Commercial: 99408 & 99409**

**In Wisconsin, there are several clinics who have hired paraprofessionals to administer SBIRT and they have made small profits doing so. When reimbursement becomes more value-based, as DHHS promises will happen in the next few years, the value that SBIRT brings to healthcare organizations will be much greater.**

**Question 3:**

In your quality metric equation, how, and what experience have you had, calculated the expected number of OT patients to manifest behavior change?

**Answer:**

**These quality measures have only been proposed. They have not been implemented in practice. Colleagues in Minnesota and Wisconsin and I have applied for a grant to implement and study the validity of such metrics in 4 large healthcare provider organizations. If we get that grant, we’ll have answers for you in the next few years.**