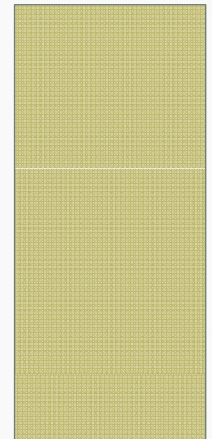


GEORGIA BASICS

RESULTS FROM SBIRT IN GEORGIA



THANK YOU



DBHDD



World Class Care... *right where you need it.*

**The Medical Center
of Central Georgia**

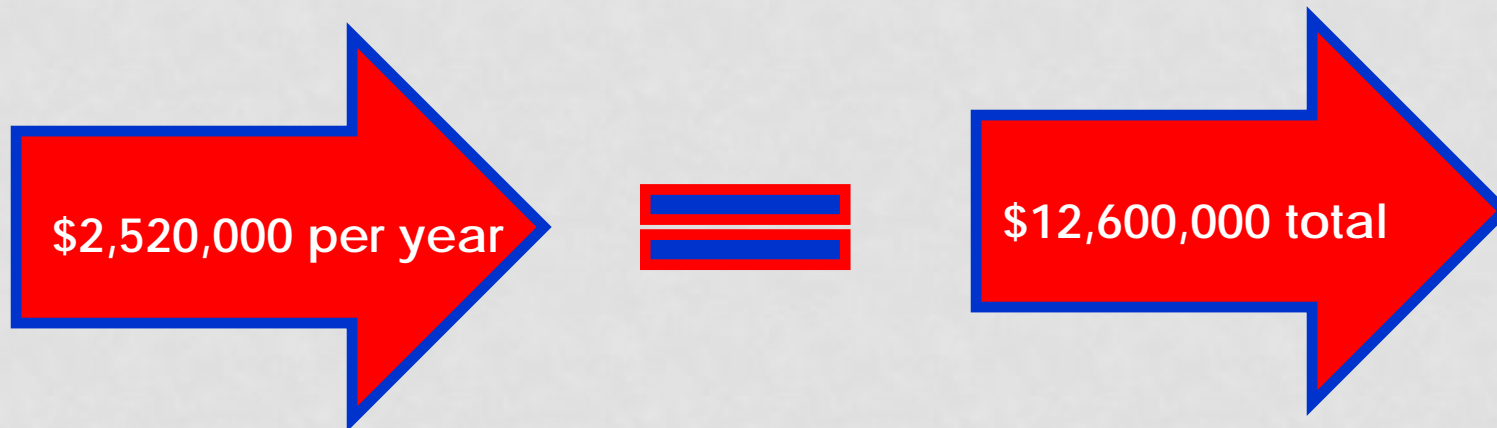
THANK YOU

**Gabe Kuperminc and the Evaluation
Team from the Department of
Community Psychology at Georgia
State University**

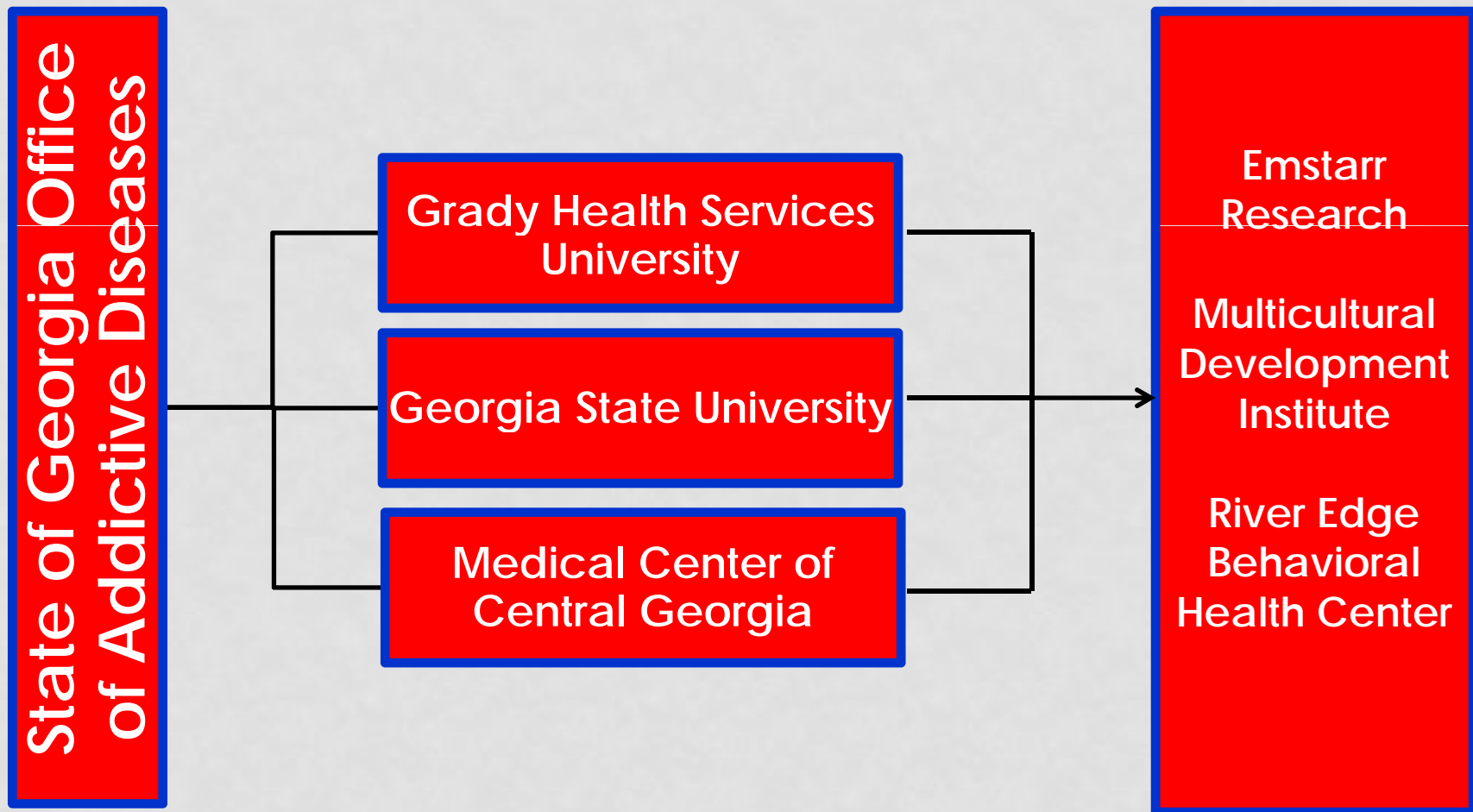
**Aaron Johnson and the Evaluation
Team at the Medical Center of Central
Georgia**

OVERVIEW OF GEORGIA BASICS

- Five year cooperative agreement with the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Services.



ADMINISTRATIVE STRUCTURE



CLINICAL SITES

Grady Health Systems Atlanta, GA

- Largest public health hospital system in the southeast.
- Comprised of more than 200 specialty and sub-specialty clinics.
- Nationally recognized emergency department, and a level 1 trauma center.
- Teaching hospital for Emory University and the Morehouse College Schools of Medicine.

Medical Center of Central Georgia – Macon, GA

- Second largest hospital system in the state.
- Multiple specialty and sub-specialty clinics.
- State of the art emergency department and a level 1 trauma center.
- Teaching hospital for Mercer University School of Medicine.

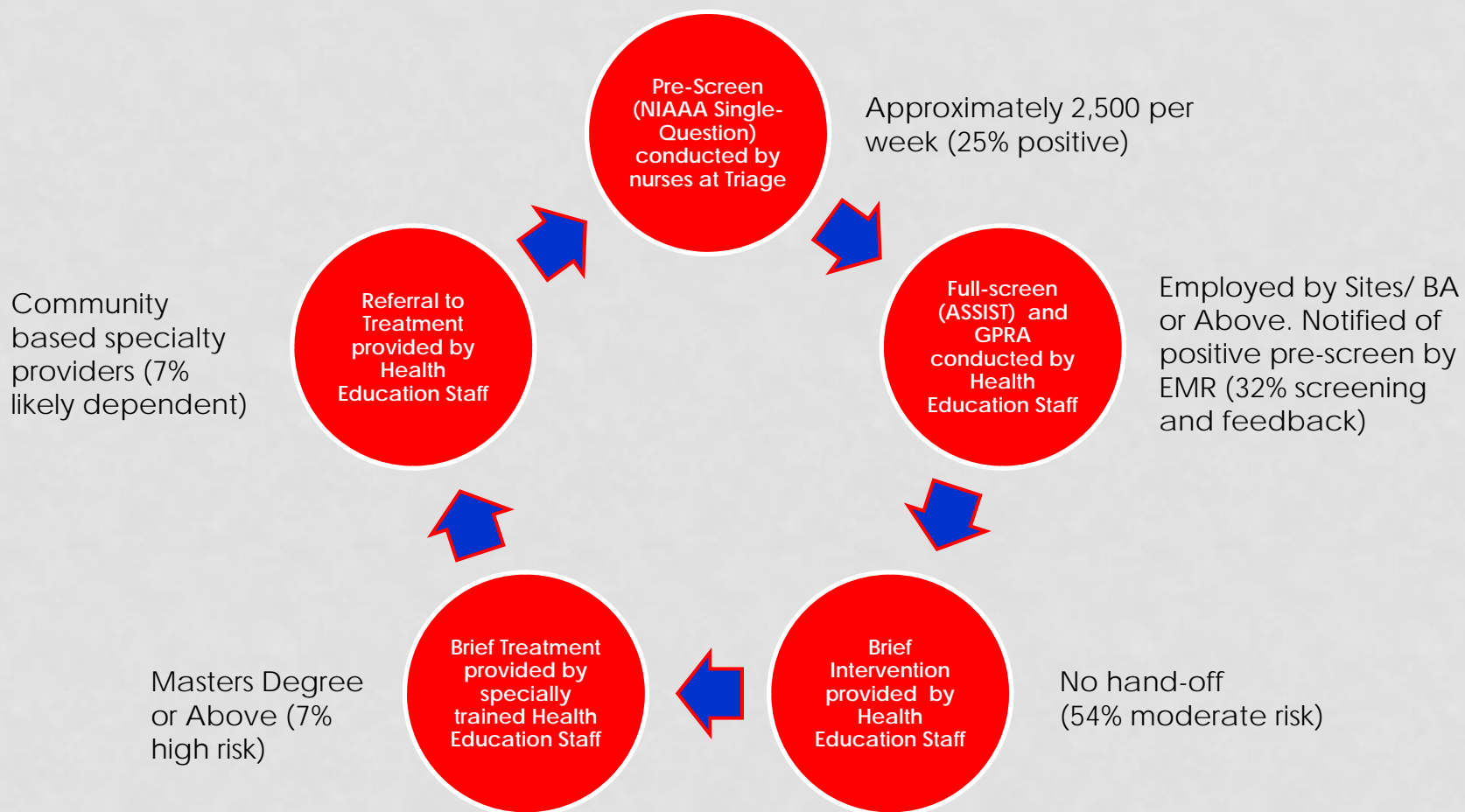


Approximately 40% of our patients were precariously housed.

Many of our patients had complex healthcare conditions and lack of consistent health care.



CLINICAL STRUCTURE



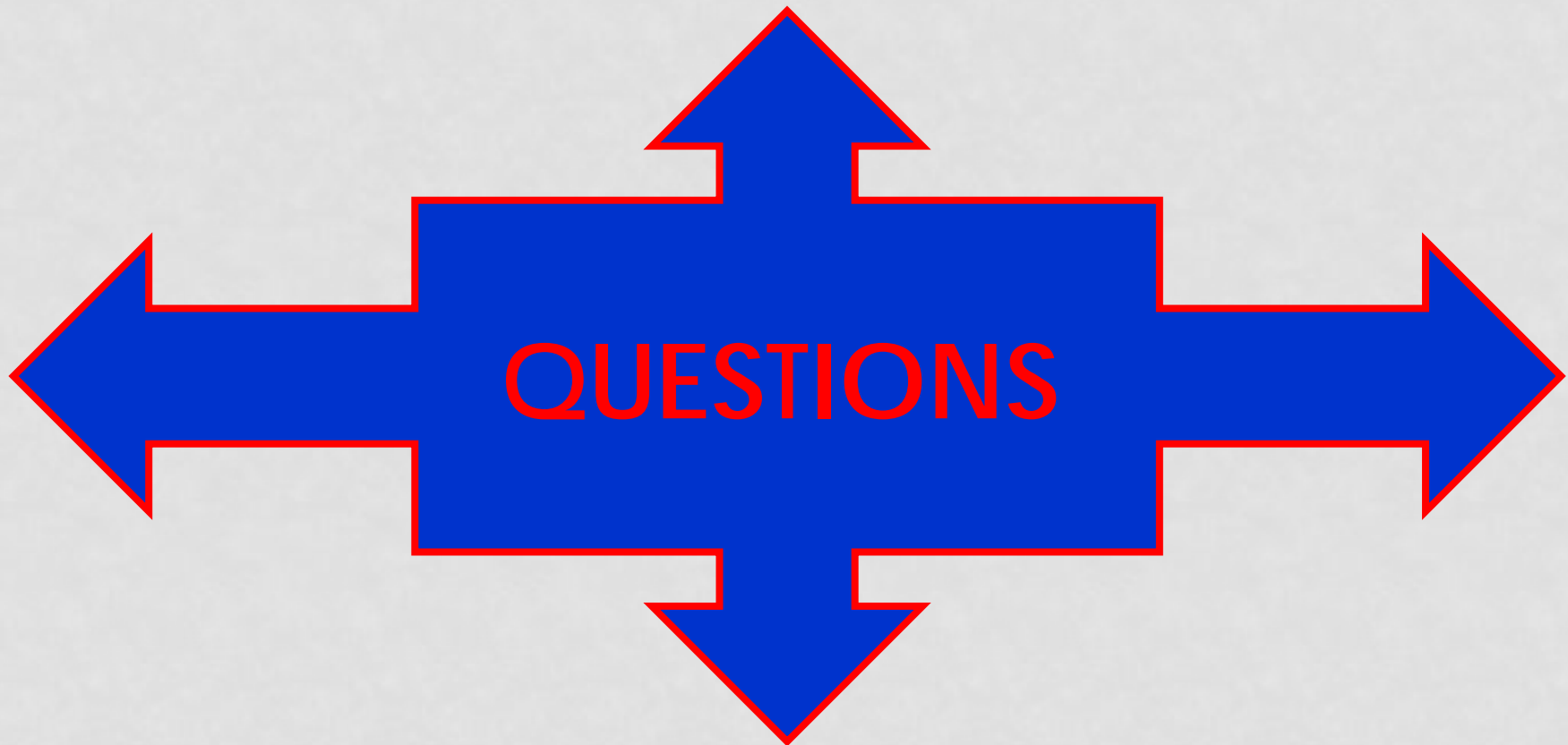
CLINICAL FIDELITY



IMPORTANT CAVEATS

- Staffing was 24 hours per day 7 days per week based on patient flow and peak hours.
- All health education staff wore scrubs.
 - Helped to integrate into ED.
 - Helped to identify them as “healthcare” staff.
- Georgia State University conducted follow-up and evaluation.
 - A liaison from GSU was assigned to each clinical site to resolve issues of data collection and reporting.
 - Follow-up patients were contacted after 7 days to verify their contact information and again when the follow-up window opened at month five.

DOES ANYONE HAVE



RESULTS

DOES SBIRT LEAD TO HEALTH BEHAVIOR CHANGE

NUMBERS

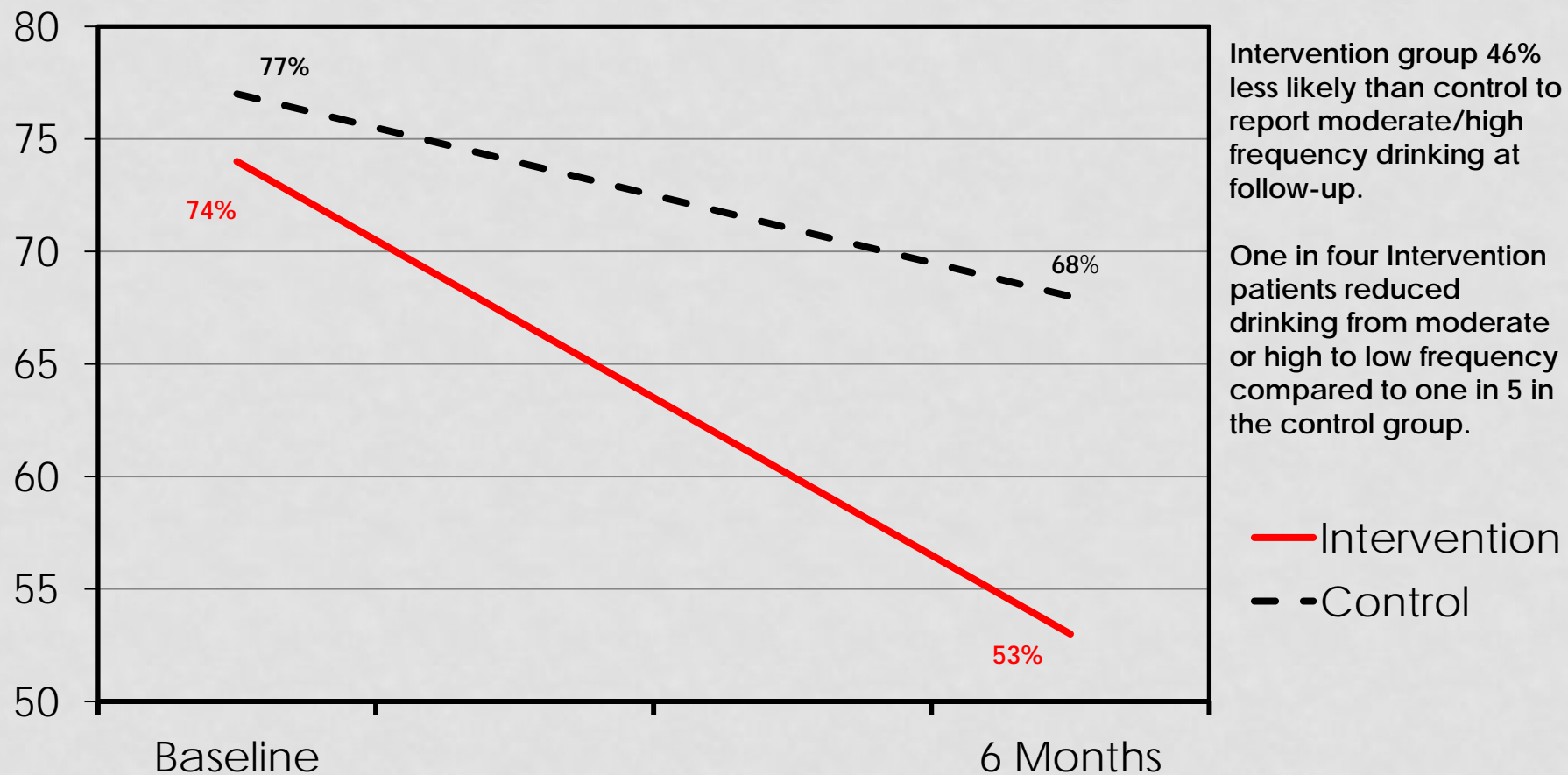
Service Provided	Number of Patients
Screening and Feedback	150,452
Brief Intervention	23,270
Brief Treatment	2,933
Referral to Treatment	3,344
Total	177,999

ANALYSIS SAMPLE

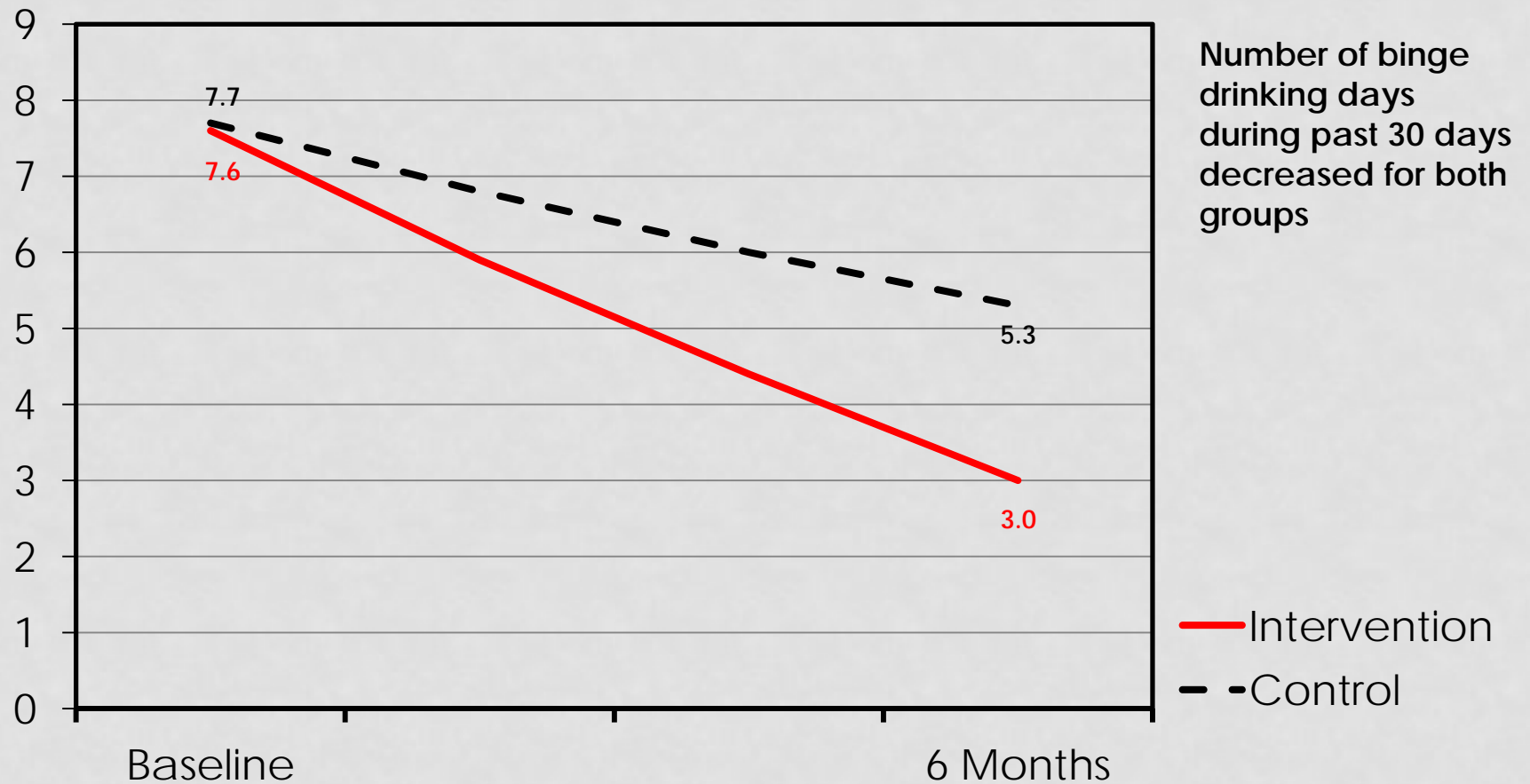
Demographic	Control N = 1,737	Intervention N = 724
Education	11.94	11.88
Age	42	42
Female	34%	29%
African American	75%	73%
Employed	34%	32%
Unstable Housing	39%	45%
Monthly Wages	\$885	\$643

- Control group received screening but no intervention.
- Six month follow-up completed on 50% of control group and 65% of intervention group.

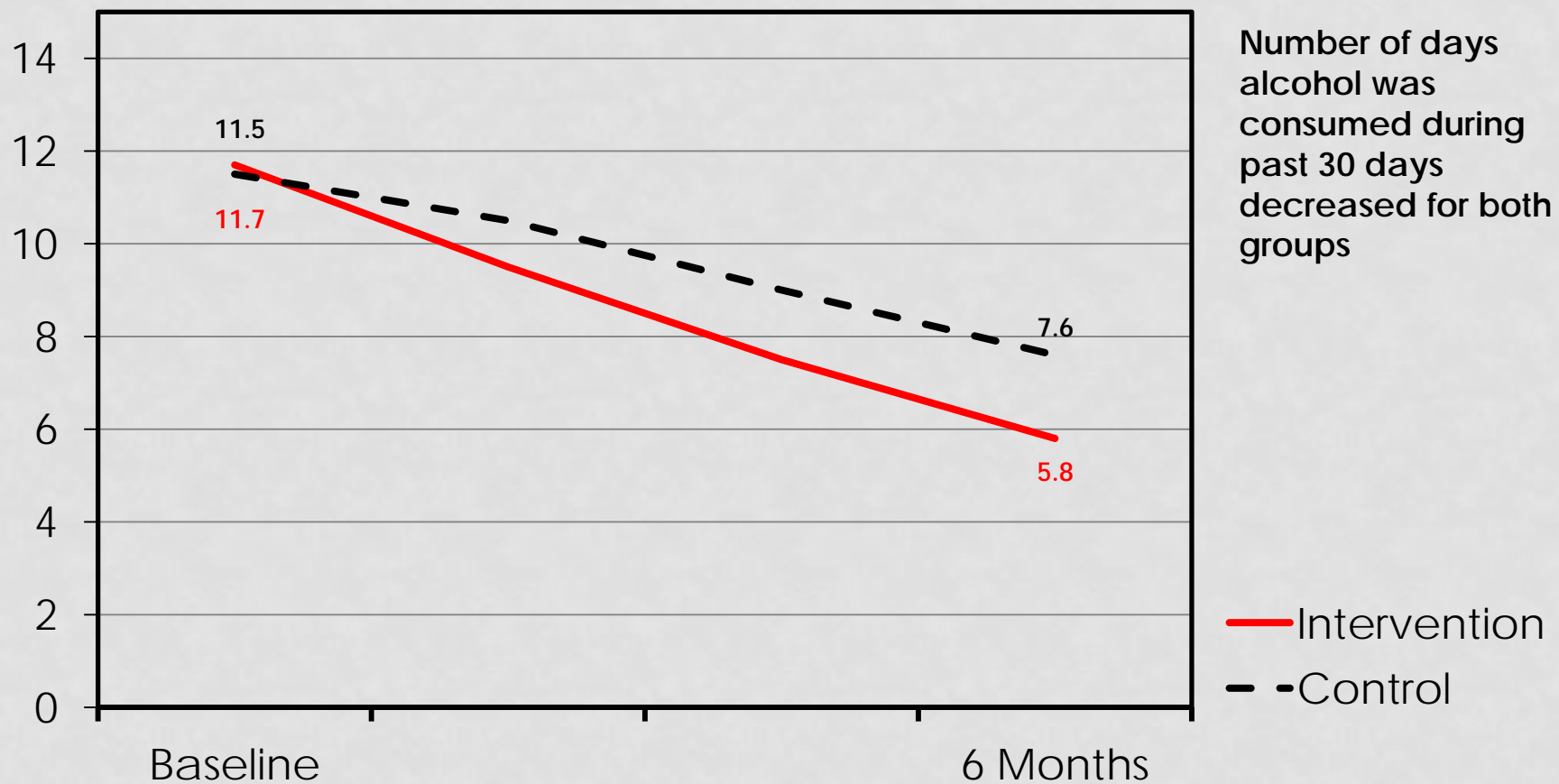
REDUCTION IN RISKY DRINKING



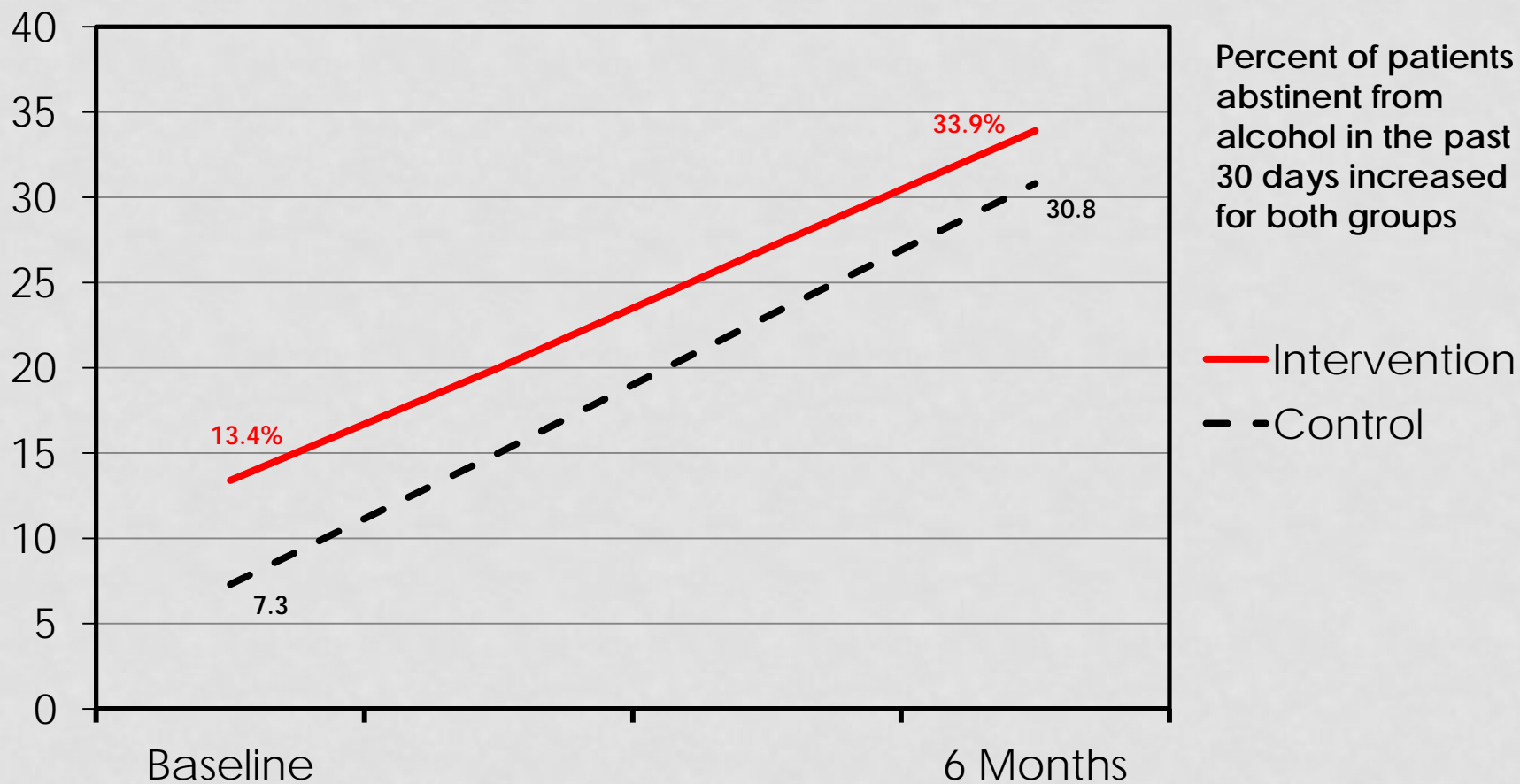
REDUCTION IN BINGE DRINKING DAYS



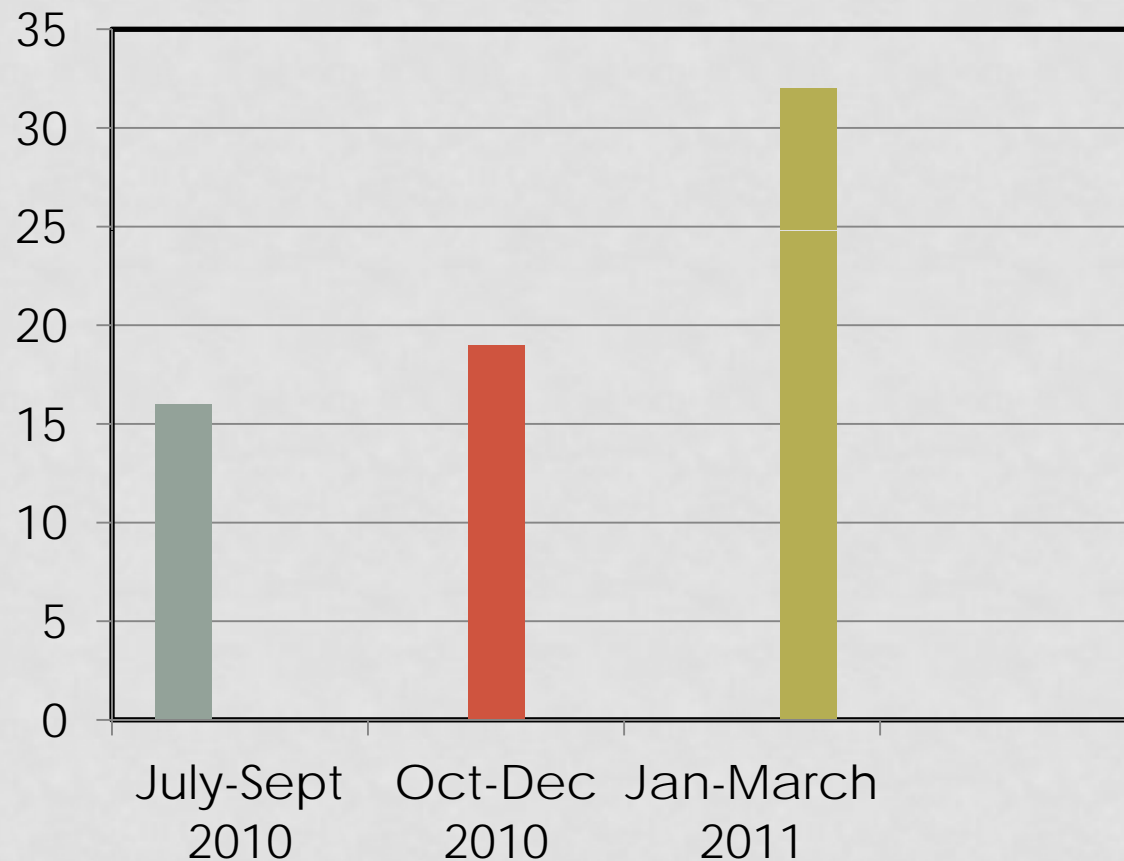
REDUCTION IN DRINKING DAYS



INCREASE IN ABSTINENCE



INCREASED ENGAGEMENT IN TREATMENT

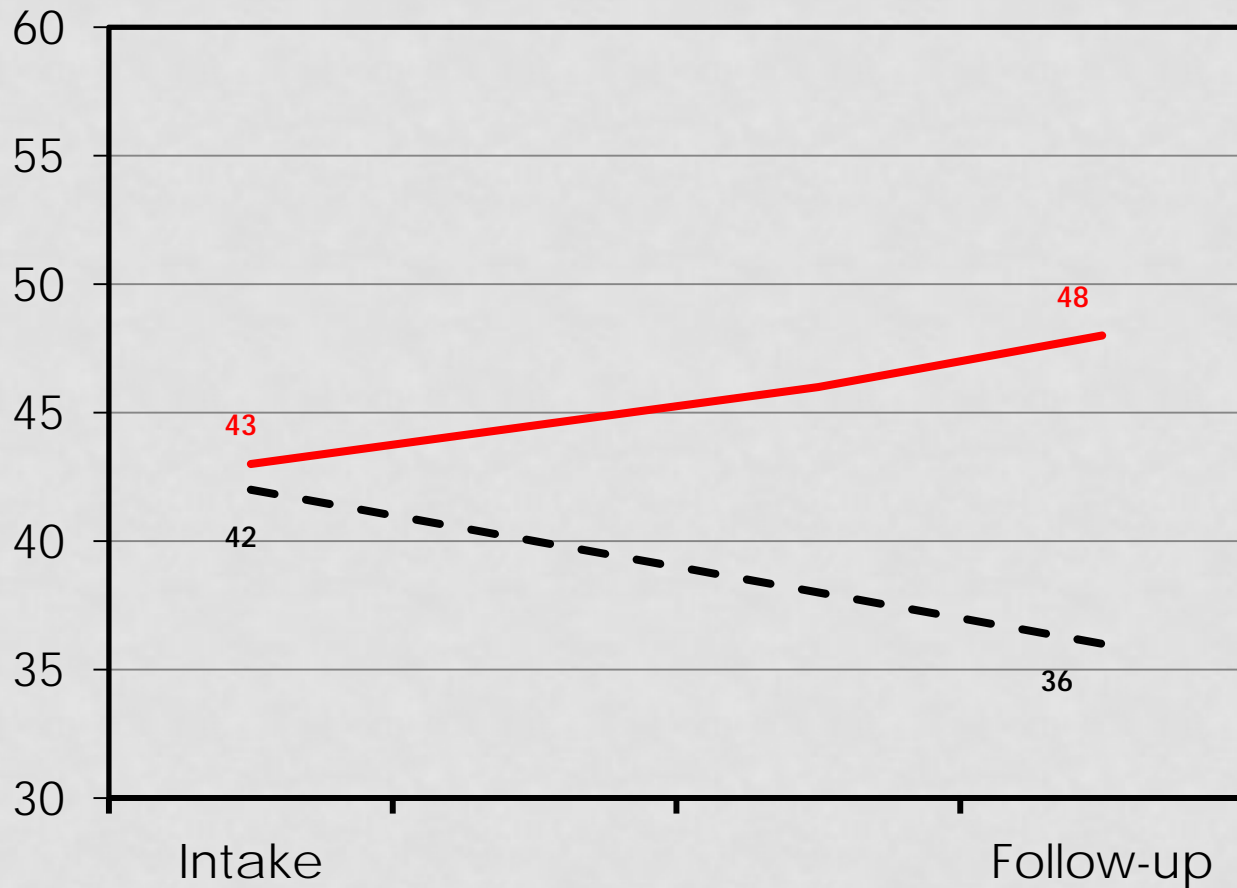


Highest risk patients were referred to treatment facilities in the local community

15-30% of these pts. engaged in treatment within 3 months of receiving SBIRT services (MCCG)

Higher than the national estimate of 5%

IMPROVEMENT IN MENTAL HEALTH



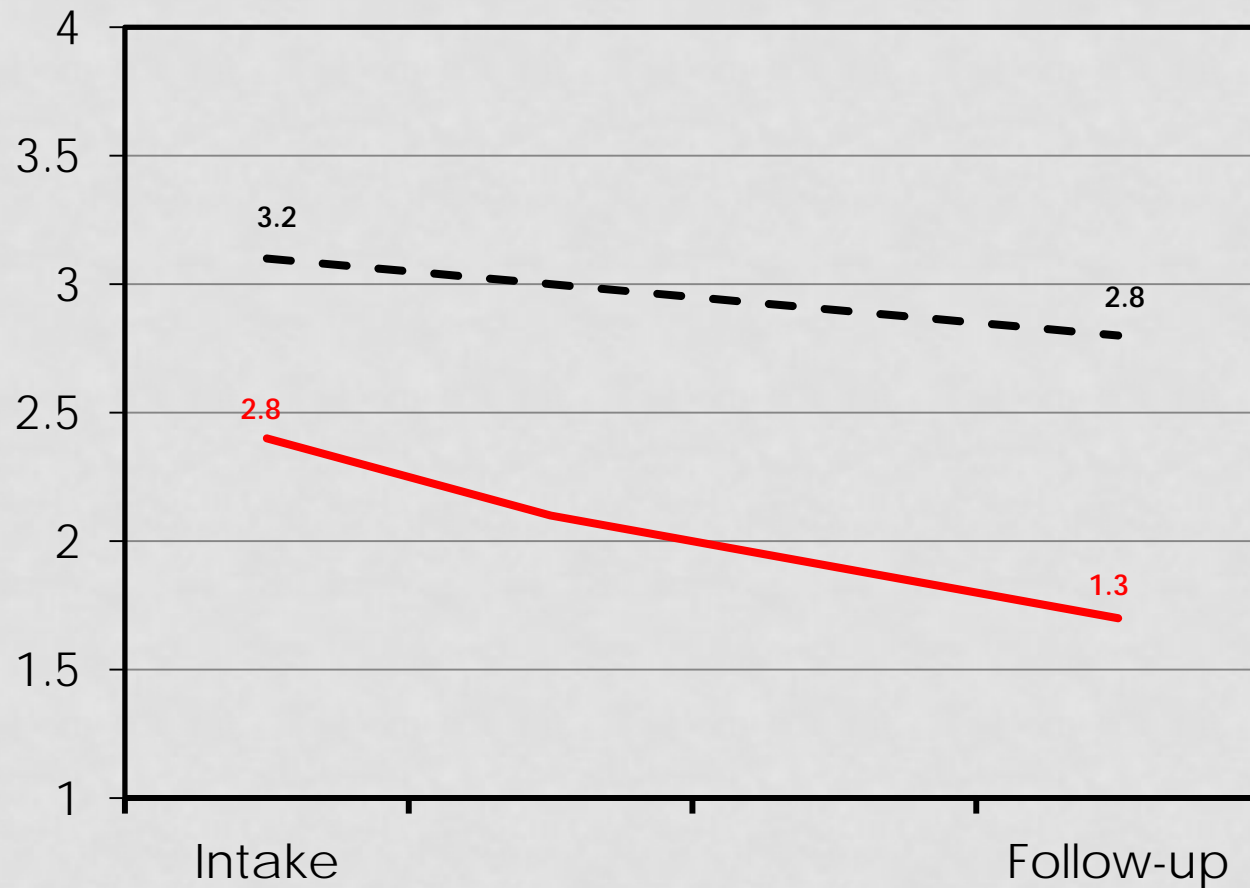
Intake scores were in the lowest quartile for mental health

By follow-up Intervention patients improved to the 40th percentile

Controls patients declined to 7th percentile

— Intervention
- - Control

ED UTILIZATION



1-month sample (248 SBIRT;
170 controls).

Intervention patients had
0.66 fewer ED Visits following
SBIRT services vs. Controls

Significant even when
controlled for demographic
and health related
confounds

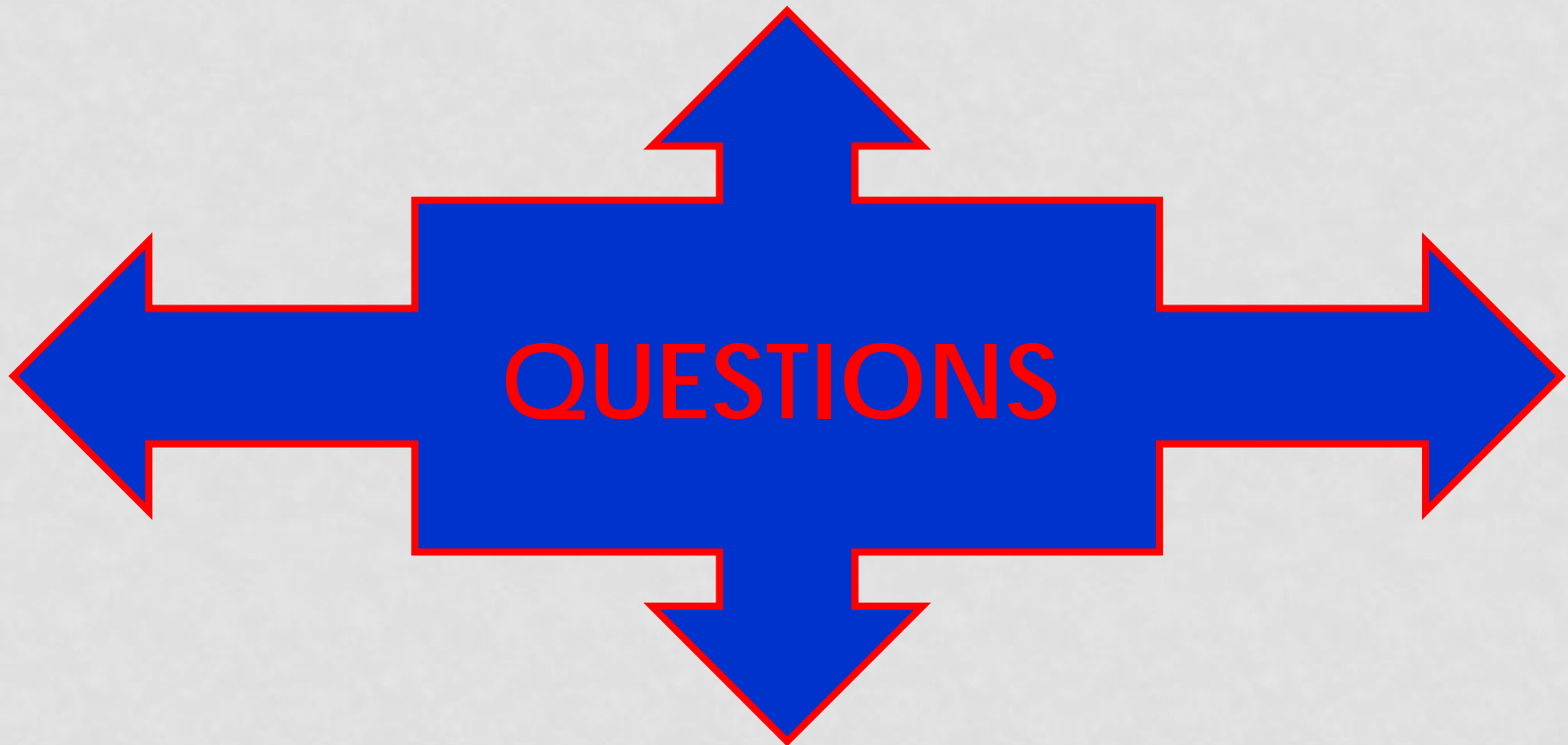
Cost savings may outweigh
cost of services (>60%
uninsured and 16%
Medicaid)

— Intervention
- - Control

CONCLUSIONS

- SBIRT services make a meaningful difference in people's lives
 - Reductions in risky drinking
 - Improvements in other mental health
- SBIRT services link patients to the care they need and natural support systems
 - High rates of treatment engagement
- SBIRT is good policy
 - Reductions in ED visits and hospital admissions point to substantial cost savings

DOES ANYONE HAVE



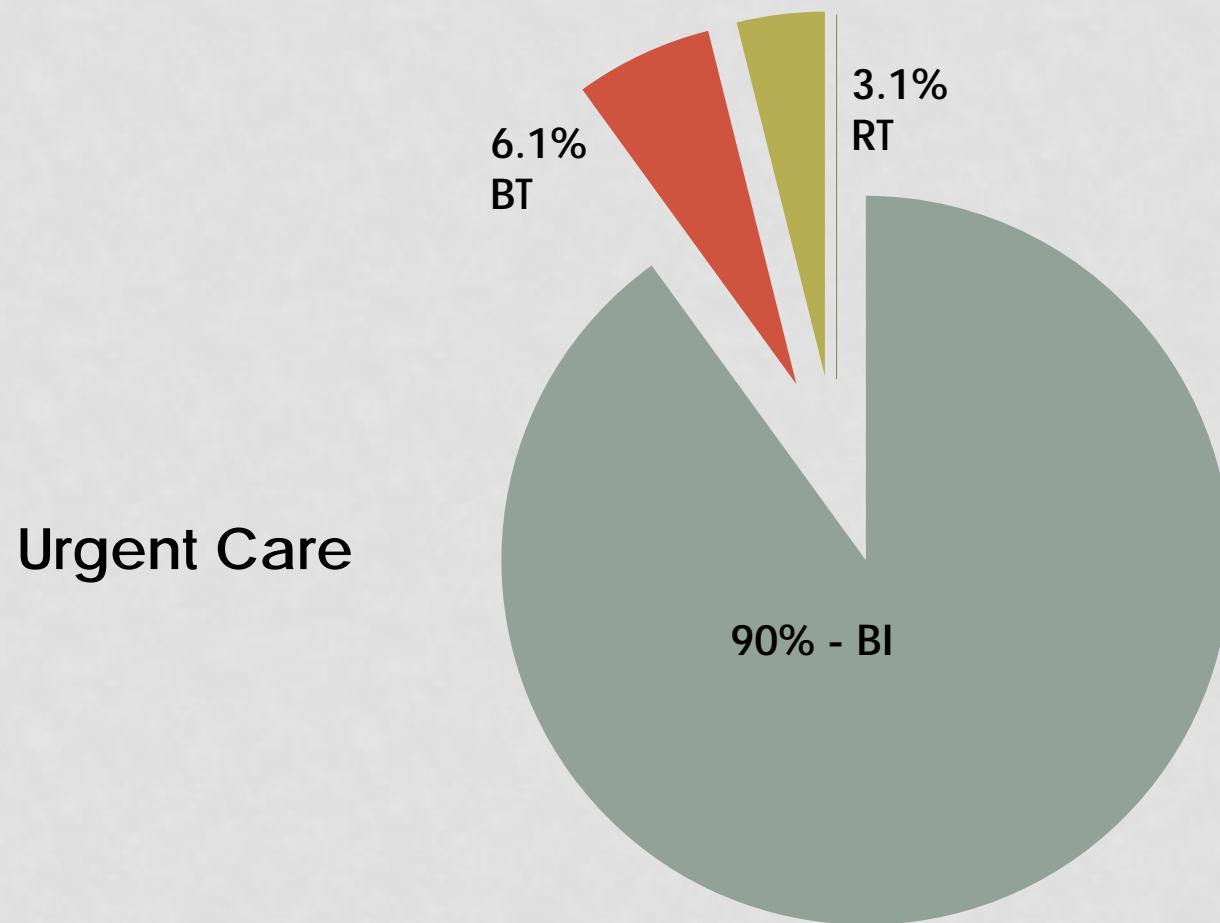
ARE URGENT CARE AND ED PATIENT POPULATIONS DIFFERENT

- Simultaneously delivering services in health system's Emergency department.
- Interested in knowing if we were reaching a different population by offering services in urgent care.
- Included only patients scoring 4+ on the ASSIST.

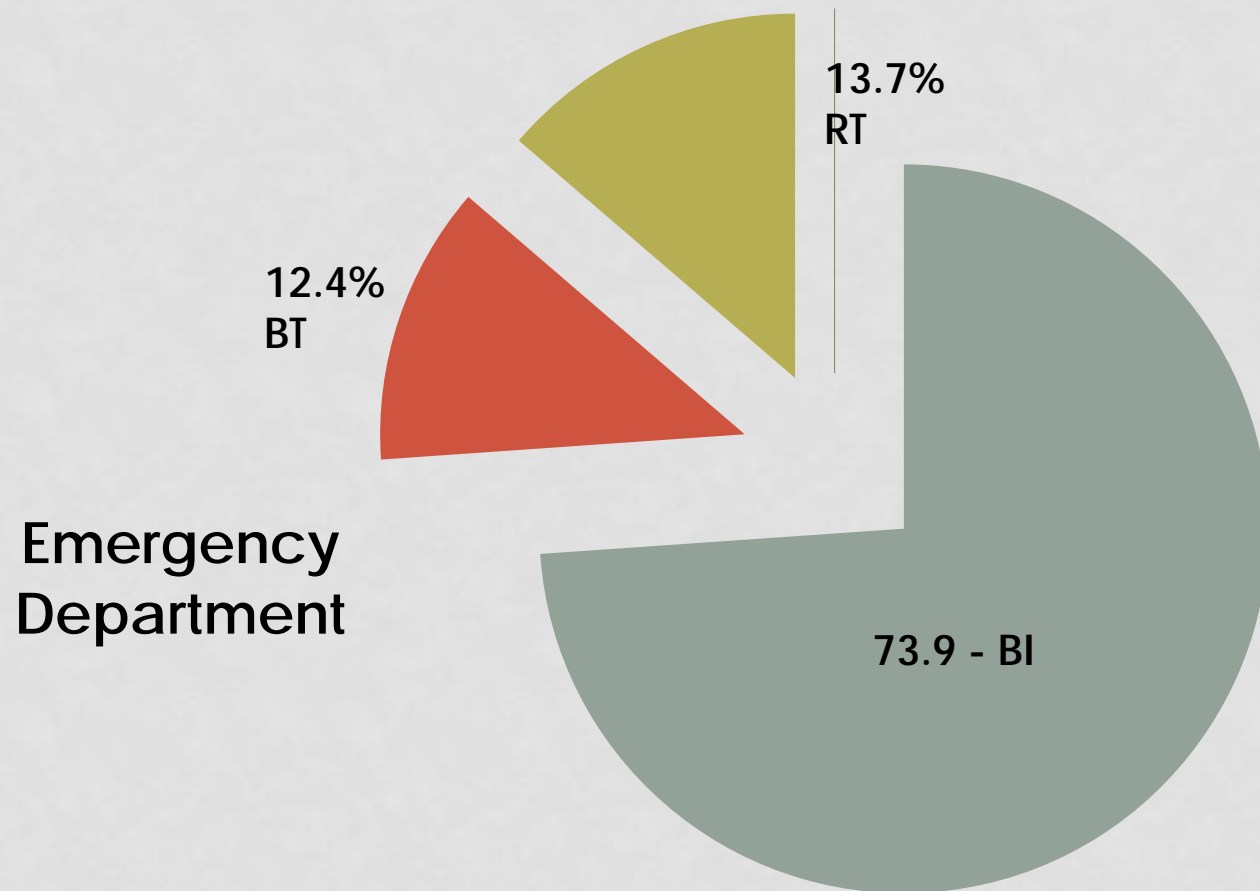
ALCOHOL USE IN PAST 30 DAYS

	Days of Alcohol Use	Binge Drinking Days
Urgent Care	7.16	2.27
Emergency Department	12.73	7.07

ASSIST CUT-OFF SCORES



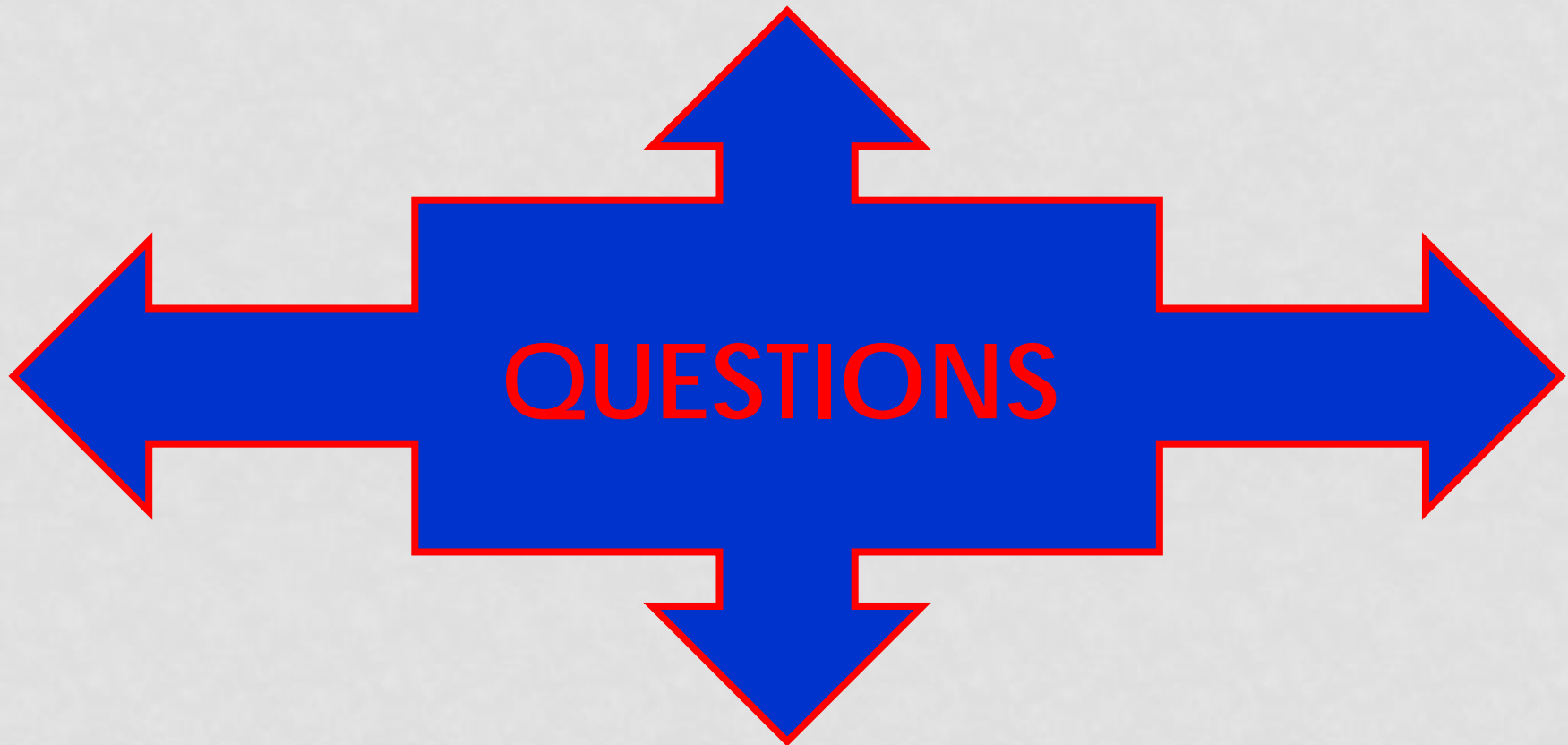
ASSIST CUT-OFF SCORES



CONCLUSIONS

- Both comparison and intervention groups showed significant decreases in mean drinking days and mean binge drinking days at 6 months post-visit.
- Regression analysis found no effect of group membership on either drinking days or binge drinking days.
- SBI in urgent care may be no better than assessment-only in reducing patient alcohol use.

DOES ANYONE HAVE



THANK YOU

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