



What's It Going to Take to Get **Schools** to Screen and Intervene **Hospitals** and Other Drugs?

Lessons in Research, Business, Politics

Population Prevalence



SBI – potential impact on healthcare

Alcohol and drug use - **even at levels below “addiction”** - regularly lead to:

- misdiagnoses,
- poor adherence to prescribed care,
- interference with commonly prescribed medications,
- greater amounts of physician time,
- unnecessary medical testing,
- poor outcomes and
- increased costs

particularly in the management of chronic illness.

Vinson D, Ann Fam Med, 2004. Brown RL, J Amer Board Fam Prac, 2001. Humeniuk R, WHO, 2006. Manwell LB, J Addict Dis, 1998. Longabaugh R. Alcohol Res Health, 1999. Healthiest Wisconsin 2010, WI DHFS, 2000. USPSTF, Screening for Alcohol Misuse, 2004. National Quality Forum, National Voluntary Consensus Standards, 2006. Bernstein J, Drug Alcohol Depend, 2005. Saunders B, Addiction, 1995. Stephens RS, J Consult Clin Psychol, 2000. Copeland J, J Subst Abuse Treat 2001. Fleming MF, Med Care, 2000. Fleming MF, Alcohol Clin Exp Res, 2002. Gentilello LM, Ann Surg, 1999. Estee S, Medicaid Cost Outcomes, Interim Report 4.61.1.2007.2, Washington State Department of Social and Health Services. Yarnall KSH, Am J Public Health, 2003. Solberg LI, Am J Prev Med, 2008. National Committee on Prevention Priorities, <http://www.prevent.org/content/view/43/71/>.

Story 1

SBI in Breast Cancer Care

Background

Prominent University Medical Center in Philadelphia

- CEO of Healthcare System – “**JCAH wants this** – whatever it is – I want it in the whole system. Start with whichever clinic raises their hand.”
- Cancer center administrator raises his hand – currying favor

Meeting **1** With Cancer Staff

- **With Docs** - ready to discuss procedures
 - Go through slides – NO Questions
- **Result**
 - Letter to Dean – “ *Why do we have to do Psychiatry’s work....trolling for addicts is not part of our mission*”

Meeting **2** With Cancer Staff

- **Bring in the research**
 - Alcohol is significant predictor of susceptibility to BC
 - Alcohol at any dose accelerates tumor growth
 - BI reduces alcohol use among non-dependent drinkers
 - BI is paid for
- **Re-set Expectations**
 - NOT here for a favor – here to DO a favor
 - If not good for cancer treatment – we leave – no problem

Meeting **3** With Cancer Staff

- Surprised but convinced by the research
- New concerns – fit and clinical value in work setting
 - Training and Time (Rotations every 12 weeks)
 - Workflow
 - Who, When, How
 - What exactly to say – What exactly to do
 - Electronic Health Record (EHR)
 - Patient Neg Reactions – “Probing into their lifestyle”

SBI and EPIC

The screenshot displays the EPIC EHR interface for a patient named Zzzepicrx, Staci. The main window shows the 'Problem List' for a visit on 5/4/2011. The problem list includes several entries, with 'Breast cancer' being the most recent and active. A black arrow points from the 'Breast cancer' entry in the problem list to the 'Medical History' section, which contains a record for 'HTN (HYPERTENSION), BENIGN [401.1E]' dated 2006.

Problem List

| Diagnosis | Sort | Priority | Visit | Updated |
|---|--------------|---------------|-----------|---------------------|
| Empyema with Fistula | Edit Notes | Unprioritized | 3/21/2010 | Arment, Michael |
| Collapsed Lung | Create Notes | Unprioritized | 3/21/2010 | Arment, Michael |
| Unspecified Pleural Effusion | Create Notes | Unprioritized | 3/21/2010 | Arment, Michael |
| PREGNANT STATE, INCIDENTAL | Create Notes | Unprioritized | 3/21/2010 | Arment, Michael |
| Malignant neoplasm of esophagus, unspecified site | Create Notes | Unprioritized | 1/7/2011 | Wiesnet, Allyson |
| Unspecified hypothyroidism | Create Notes | Unprioritized | 4/1/2011 | Browne, Rosem... |
| Breast cancer | Create Notes | Unprioritized | 5/4/2011 | Brandemarte, Ali... |

Medical History

| Past Medical History | Date | Comments |
|---|------|----------|
| HTN (HYPERTENSION), BENIGN [401.1E] | 2006 | |
| CAD (CORONARY ARTERY DISEASE), NATIVE CORONARY ARTERY [414.01D] | | |

Active problem of patient is entered into the patient's problem list (this example is breast cancer)

SBI and EPIC

OPENN DEV - DEV - PBM OPC 3535 MARKET ST 2ND FLOOR - ALICIA BRANDEMARTE

Epic - Chart - Encounter - Telephone Call - Secure - UPHS Links - Epic Team Help - Defaults - Print - Log Out

Zzzepicrx, Donna

Zzzepicrx, Donna 43 y.o., Female, 12/29/1967

PCP: None, Adv Dir: None, Code: None, Allergies: Peanut Oil, Penicillins,...

5/4/2011 visit with Physician Test, MD for Psych Office Visit

Images - Questionnaires - Admin - Benefits Inquiry - Scans - Dictations - Open Orders - Care Teams - Print AVS

MedView - Flowsheets - Graphs - Results Review - Demographics - Patient Files - Letters - Problem List - History - Allergies - Medications - Order Entry - Immunizations - Health Maintenance - Doc Flowsheets - MAR - Synopsis - FYI - Visit Navigator - More Activities

CHARTING

- Chief Complaint
- Health Screening
- Vitals
- Results Console
- Allergies
- Verify Rx Benefits
- Reconcile Dispens...
- Disclaimer
- Med. Document
- Problem List
- History
- Doc Flowsheet**
- Progress Notes

ORDERS

- BestPractice
- SmartSets
- Dx and Orders

DISCHARGE

- Pt. Instructions
- LOS & Follow-U
- Close Encounter

Doc Flowsheet - ALCOHOL & SCALES

Time Taken: []

Date: 5/4/2011 []

Time: 1131 []

OTHER

Days per month that you drink? 4 [] []

Number of drinks per day on days that you drink? 5 [] []

BDI [] []

BAI [] []

MDQ [] []

ADHD Rating Scale [] []

BHS [] []

NPI - Q [] []

DSRS [] []

FAQ [] []

GDS [] []

MMSE [] []

MOCA [] []

YBOCS [] []

YMRS [] []

BDI-II [] []

SDS [] []

ALICIA BRANDEMARTE - Open Orders - Progress Notes - Letters-Unsent - 11:31 AM

Answers to two alcohol related questions are entered into a documentation flowsheet. When the **first question has an answer >6 second question has an answer > 1 AND THE PATIENT HAS A BREAST CANCER DIAGNOSIS**, it will trigger the alert. I can set this up to be a product of the two questions or just a “greater than or equal to” equation for one question.

SBI and EPIC

The screenshot displays the Epic EMR interface for a patient named Donna Zzopicrx. The patient's information includes age (43 y.o.), gender (Female), and date of birth (12/29/1967). The current visit is dated 5/4/2011 and is a 'visit with Physician Test, MD for Psych Office Visit'. The interface shows a 'Health Screening (1 Advisory)' section with a 'SA Screening - Best Practice Advisory SmartSet' triggered based on diagnosis and alcohol use by the patient. The advisory includes an 'Acknowledge Reason' field and buttons for 'Counseled', 'Recommended action taken', 'Will monitor closely', and 'Patient declined'. Below this, a 'SmartSets' section shows an 'incomplete SmartSet' for 'PSYCH ALCOHOL BPA' with a 'Finish SmartSet' button. The 'Diagnoses and Orders' section shows a primary diagnosis of 'Breast cancer [174.9D]'. The interface also includes a left-hand navigation menu, a top navigation bar, and a bottom status bar.

The combination of the diagnosis and the answers to the two questions will trigger the **Best Practice Advisory** above. It will also give them the suggested smartest of **PSYCH ALCOHOL BPA**. The provider will have to fill out whether they Counseled, Taken recommended action (used SmartSet), Will Monitor closely, or Patient declined.

EARLY Results

- **No Patient Problems/Complaints**
- **No Intrusion into Workflow/Routine**
- **No “Alcoholism” – 6% drink above thresh.**
- **Cancer Center gets CQI credit/prize**
- **SBI is now part of regional cancer training**
- **Reduced drinking, better cancer care ???**

RECENT Results

- **No Patient Problems/Complaints**
- Turned into CQI standard measure
- **Still No “Alcoholism” ~5 % drink above threshold**
- SBI is **STILL** part of regional cancer training

Story 2

SBI in Middle & High School
A Partnership Between TRI and
Phoenix House

Background

- **Suburban NYC School System**
 - **MANY Drug Probs**
- **School Superintendant** – “We need help, teachers can’t teach, getting dangerous ...”
- **Other little, bitsy, insignificant issues**
 - School is broke – no money for new interventions
 - Teacher’s Union will not allow teachers to do more
 - School Board is furious w/Superintendant (Property Values)

Issues

- ***What MIGHT work?***
 - SBI
- ***Who should do health screening – can they pay?***
 - Health Department – Yes, part of recurring budget
 - But NOT in schools – ONLY in “Registered Health Clinic”
- ***Who should do the BI and RT?***
 - SA Treatment program – but only if it is reimbursed
- ***Why would a kid self disclose substance use?***
 - PERHAPS if it were engaging, useful, confidential

Solutions Round 1

- **Create a “Health Clinic” in the School –**
 - Get specifications for minimal requirements
 - Get architect and builder and inspector
 - Get license and billing authorization - Phoenix House
 - Get agreement that this is Prevention
 - No need for Parent consent
 - No record of “substance abuse treatment”
- **Credit - Phoenix House NY**
- **Credit – NYC DoH (OASAS) & DoE**

Solutions Round 2

- ***Create an engaging, anonymous screen***
 - Begin with CRAFFT – NYC regulations
 - Use computer – private, multi-language, audio
 - Tailored Software
 - Anonymous & Confidential
 - Personalized Feedback (BAC)
 - Provide Tailored Guidance to Counselor for BI
 - Develop detailed clinical protocol – manual – billing
- ***CREDIT – Brenda Curtis, PhD – Annenberg Sch.***

Solutions Round **3**

- **Create tailored BI sessions and decision criteria**
 - Remember this is anonymous
 - 1 - Kids with no problems
 - 2 – Kids with emerging use – to problem use
 - **3 – Kids with significant problems**
 - **Fundamentally different – Parent Involvement**
 - Develop confidentiality protections
 - Develop billing and administrative procedures

Alpha Testing – 2 months

- **Insurance problems**
 - Ultimately need parental consent - insurance
- **School scheduling problems – too much time out**
 - Screen only during non-academic classes
- **Computer problems**
 - Better, faster forms generation
- **Training problems**
 - Two counselors could not learn MI

Beta Testing – 12 Months

- No teacher, admin or parent problems – BUT absolutely NO teacher or parent involvement
- Screened 480 kids – 16 weeks
 - Over-reporting of substance use (53%)
 - 42 % students received 2 MI sessions
 - 4 students & 9 parents referred to treatment
- Financially viable at 2 counselors @ 5-6 per day in schools of 500+
- Now want depression, bullying, diabetes screens

Story 3

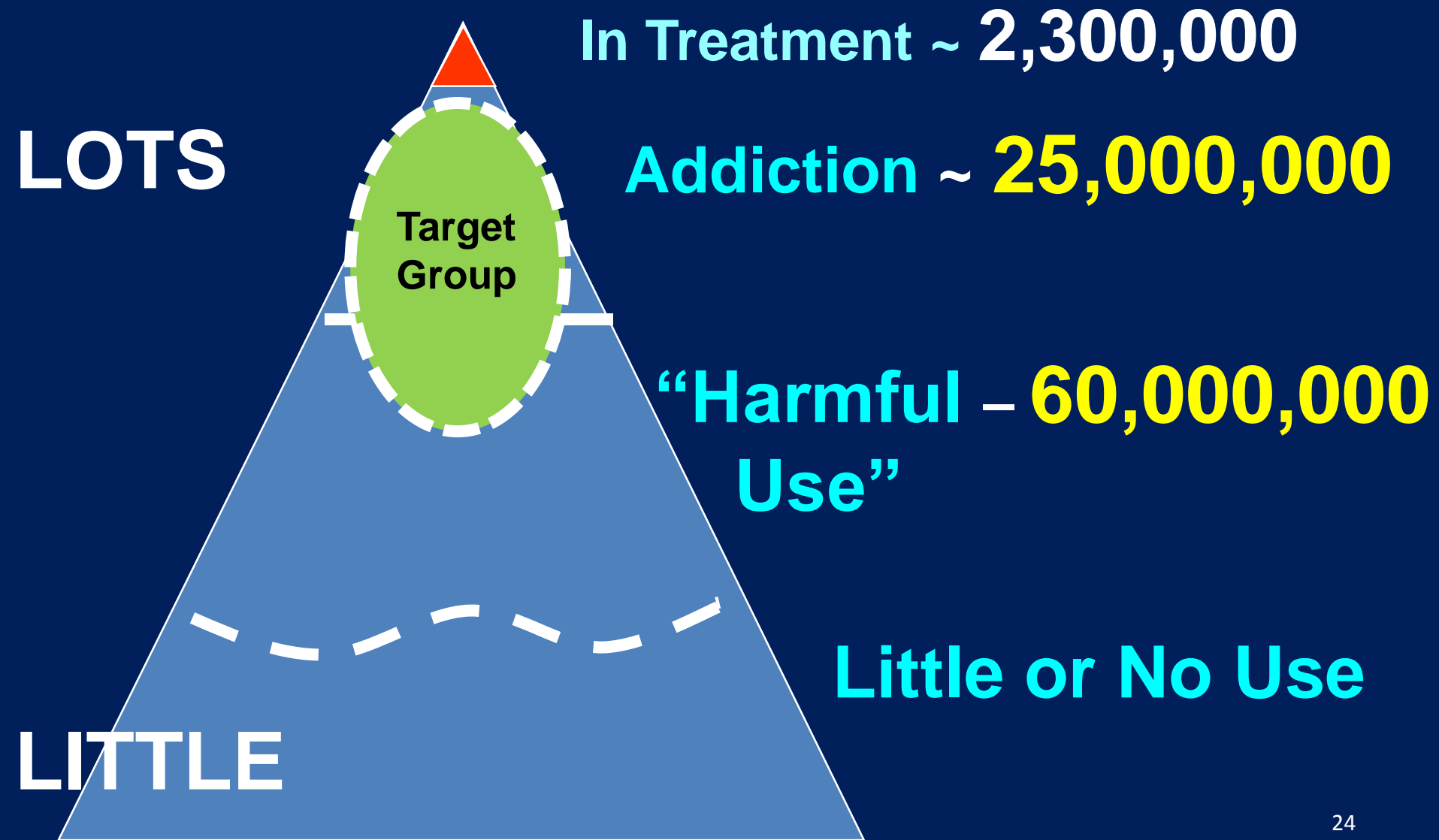
SBI & Case Management in
Inner-City Hospitals

A Partnership Between TRI &
Temple Hospital

Background

- **Large Inner City Hospital – 40% “Rapid Re-hospitalization” (<30 days)**
 - **2012 CMS imposes 2% fine (~\$3 million)**
- **Hosp Administrator** – “We cannot afford this...”
- **Other issues**
 - This is nobody’s and everybody’s job – fight among Consult Psych, Disch Planning, Visiting Nurses
 - Hospital needs help – does not want to pay

Different Target Population



Issues Solved by Adam Brooks

- ***What MIGHT work?***
 - SBI? NOPE – Likely too severe
 - Will need follow up counseling – not Visiting Nurses
 - Contract with PHMC Already have case mgmt contract for MH pts.
- ***How will it fit?***
 - ID and plan 1 – 2 days prior to discharge
 - Collaboration (?)- Disch Planning and Consult Psychiatry
- ***Payment?***
 - Problems with SBI billing – Charge to Disch Planning

Issues 2 – Solved by Adam Brooks

- **Plan?**

- Consultation with **Terry Horton – Christiana Care**
- TRI develops work plan, Disch Planning is in charge,
- Referral to Pub Health Mgmt Corp (Case Mgmt)

- **Financial Model –**

- Temple Hospital covers basic costs – will attempt to recover from CMS but **????**
- Shared savings from no hospital/ER admission – **20%** to PHMC if no admission in 45 days

- **Result?**

- Clinical results show reductions in re-admits and ER vis.
- **Financial results too early to tell**

Lessons So Far

1. Unlikely to be a Generic SBI
2. **“Fit is It”** – practical adaptation critical
3. Primary Care SBI Will Be Difficult
 - **4 – 5 dx / patient – different guidelines / dx**
4. Multiple **“customers” & “outcomes”**
 - **Issues critical for initiation are different from issues necessary to sustain.**

Stake Holders - Customers

But Nobody Wants this Business

- No clinical interest
- No clinical optimism

Beyond Stigma – True Discrimination

**Willing to Pay NOT to Do Something
“Waste Management” model**

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