



## **Brief Screening and Intervention (BSI) Improves Your Patients' Health and Strengthens Your Community**

We can help you implement evidence-based, cost-saving alcohol, drug, tobacco and depression screening and intervention in your primary healthcare setting, as recommended by the US Preventive Services Task Force, the CDC, NIH, the Wisconsin Medical Society, and major national and Wisconsin business groups.

### **Benefits of Participating**

- Guidance on hiring/selection of health educator
- Training and ongoing support for health educator in delivering protocol-guided assessment, intervention, and referral services
- Complete protocols and clinical tools for service delivery
- Consultation on adjusting workflow
- Training and consultation on billing for services
- Readiness for new quality measures

### **Your Role**

- Appoint project champion at your site
- Hire or appoint a dedicated person to serve as "health educator" in your clinic
- Form an implementation team with representation from key staff groups
- With guidance from program staff, deliver evidence-based behavioral screening and intervention services for alcohol, drug, tobacco, and depression services
- Submit monthly data on services

### **Three States Lead the Way**

The **Wisconsin Initiative to Promote Healthy Lifestyles** (WIPHL) and the **Wisconsin Collaborative for Healthcare Quality** (WCHQ) have joined forces with the **Network for Regional Healthcare Improvement** (NRHI), the **Pittsburgh Regional Health Initiative** (PRHI) and the **Institute for Clinical Systems Improvement** (ICSI) to form **Partners in Integrated Care (PIC)** – a collaborative, multi-state effort to ensure that depression and unhealthy substance use are identified and addressed as part of routine primary care. We have secured grant funding from the **Agency for Healthcare Research and Quality** (AHRQ) and are working to build on local successes and refine and disseminate a model that combines two evidence-based approaches: Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) for depression and Screening, Brief Intervention, and Referral to Treatment (SBIRT) for unhealthy substance use.

### **Why BSI Is Right for Wisconsin, Now**

- High prevalence – 30% binge drinking, 20% tobacco use, 8% drug use, 8% depression
- Major contributors to mortality, morbidity, chronic disease, disability, poor outcomes for other health conditions, healthcare costs, poor workplace productivity, car crashes, and crime
- Ample research shows effectiveness of screening and intervention
- High return on investment (ROI): 400% ROI for alcohol services in 12 months, and 300% ROI for depression services in 24 months
- Increasing expectation of service delivery by government, employers, regulators, Wisconsin Medicaid and others
- Availability of reimbursement from Medicaid and most commercial payers in Wisconsin for SBIRT services

### **Building on Our Success**

Wisconsin has benefited from a major five-year grant, which launched and sustained the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL – [wiphl.com](http://wiphl.com)).

WIPHL has a proven track record of launching clinical sites in implementing SBIRT services and supporting these sites in sustaining these services. Through the hard work of WIPHL staff and our partner clinics, we have built a leading national model with demonstrated feasibility and effectiveness in many settings:

- Over 115,000 patients screened
- Over 25,000 interventions delivered
- High patient and provider satisfaction
- Substantial reductions in binge drinking
- Substantial reductions in marijuana use
- Substantial reductions in depression symptoms

Most of Wisconsin's third-party payers reimburse for tobacco, alcohol and drug screening and intervention. Employers and employer groups, such as Wisconsin Manufacturers and Commerce, the Business Health Care Group of Southeastern Wisconsin, and The Alliance, are increasingly demanding these services. The Joint Commission will publish tobacco and alcohol screening and intervention quality measures in July 2011. Expectations are growing that these services will be delivered to patients served by medical homes and accountable care organizations.

Although services would include referral to treatment for alcoholic and addicted patients, the main thrust of the grant program is to verbally screen all adults, identifying the much larger group of patients with risk and early problems, and delivering on-site interventions. Your successful participation will serve as a model to disseminate these services in other states. Please take advantage of this opportunity to better serve your patients, strengthen your community, and model a better way to deliver healthcare nationwide.

**We are currently enrolling clinical sites for training in October 2011!**

### **Questions? Interested?**

Please contact Dr. Rich Brown ([drrichbrown@gmail.com](mailto:drrichbrown@gmail.com)) or Mia Croyle ([miacroyle@gmail.com](mailto:miacroyle@gmail.com); 608-265-3897) to ask questions or convey your desire to participate.