

Wisconsin Medicaid Expands Alcohol and Drug Abuse Prevention Benefit



- ❖ **Overview.** Wisconsin regularly tops national rankings for heavy and high-risk drinking, including binge drinking and drunk driving. Injuries and diseases from drinking and drug use are the fourth leading cause of death and hospitalization in the state, and the leading cause of disability for men.
 - Numerous studies and years of experience show that Screening, Brief Intervention and Referral to Treatment (SBIRT) is a cost-effective, evidence-based approach to save lives, improve outcomes and reduce costs.
 - The Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) has implemented SBIRT in 20 sites, with support from the US Substance Abuse and Mental Health Services Administration through May 2011.

Wisconsin Medicaid and BadgerCare Plus currently cover SBIRT services for pregnant women. Beginning in January 2010, Wisconsin will significantly expand alcohol and drug abuse prevention by extending Medicaid and BadgerCare Plus coverage and reimbursement of SBIRT services for all of its members.

- ❖ **What is SBIRT?** SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with and at risk of developing alcohol and other drug disorders. Primary care clinics and physician's offices, hospitals, emergency departments, trauma centers and community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

Studies show that SBIRT often identifies and effectively addresses risky behaviors before problems get worse. About 30% of Wisconsinites, ages 12 and up, engage in risky or problem drinking or drug use every month. With so many at risk, a comprehensive, consistent approach is needed. SBIRT especially targets those who are not yet dependent.

Screening quickly assesses the severity of substance use and identifies the appropriate management strategy.

Screening, comprised of a few key questions to each patient once a year as part of any health care visit, and subsequent brief assessment for patients who screen positive, identify alcohol and other drug problems even at the earliest stages.

Brief intervention focuses on increasing patients' insight and awareness about their use to motivate behavioral change.

Brief intervention, with one to three 20-minute consultations, often elicits substantial change. More extended motivational interventions can help ambivalent patients or those who need more support.

Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Referral to treatment for more intensive needs includes outpatient or residential care. For patients who cannot or will not obtain treatment, primary care based pharmacotherapy and support can help.

- ❖ **Why is SBIRT needed?** Wisconsin's rates of risky and problem drinking are among the highest in the nation. The economic toll on our health care, social services and criminal justice systems exceeds \$5 billion annually.
 - Wisconsin leads the U.S. in binge drinking (29%) and heavy drinking (8%).
 - Pregnant women in Wisconsin are more likely to drink (66%) and binge drink (24%) than in other states.
 - At 49%, Wisconsin's underage drinking rate exceeds the national average; underage binge drinking ranks third.
 - Wisconsin leads the U.S. in drunken driving violations at 1½ times the national average.
 - Roughly 51% of all Wisconsin motor vehicle fatalities are alcohol-related; mortality exceeds the U.S. rate.
 - More than one in four engage in risky behaviors, but only 10-20% who would benefit from help receive it.
 - Alcohol-related hospitalizations rose 8% and charges increased 44% from \$595 to \$857 million (2002 to 2006).
- ❖ **Is SBIRT effective?** Numerous studies in Wisconsin and nationally have shown that SBIRT reduces the frequency and severity of alcohol and drug use, the risk of trauma, and the number of hospital days and ER visits.
 - A Wisconsin study showed savings of nearly \$1,000 in health care and criminal justice costs for every patient receiving screening and brief intervention services. Conducted in four MCOs, the study concluded that both clinical and economic results support SBIRT implementation for all patients who seek health care services in primary care MCOs.
 - Another study on alcohol interventions for trauma in ERs found nearly a 50% reduction in recurrent alcohol-related injuries, ER visits and hospitalizations. For every \$1,000 invested in SBIRT services, \$4,000 was saved.
 - A study in Washington State identified reduced Medicaid costs of \$185 per member per month for the next 12 months among patients that received screening and brief intervention services.

Alcohol and Drug Abuse Prevention Improves Health and Saves Money!

- ❖ **How does SBIRT help patients, employers and purchasers?** SBIRT services fill the gap between community and school-based prevention and alcoholism and addiction treatment. No other service targets the many Wisconsinites with risky and problem drinking and drug use who, by their numbers alone, generate more harm and economic costs than those who are already dependent. Making SBIRT a routine part of health care in Wisconsin addresses this need.

Patients benefit from an accessible, empathic, non-judgmental approach that promotes healthy lifestyles.

- *Reduces stigma and provides culturally competent care for a wide range of ethnic and socioeconomic backgrounds*
- *Makes prevention a routine part of care*
- *Can also address other preventive needs, such as smoking, depression, nutrition and exercise*

Employers save money by improving productivity, lowering absenteeism and controlling health care costs.

- *Lowers employer costs (\$640 per substance abusing employee per year); 60-70% of abusers work full-time*
- *Uses an evidence-based, off-site, confidential approach to lower lost productivity, injuries, illnesses & health costs*
- *Builds on large employer/insurer coverage of SBIRT (86 of 150 plans surveyed by the National Business Coalition on Health pay for substance use screening and brief intervention, including Aetna and CIGNA nationally)*

Purchasers guarantee access to the 4th most effective preventive intervention, with standard national billing codes.

- *Extends top-ranked National Commission on Prevention Priorities services to avert death, prevent illness, cut costs*
- *Utilizes new billing codes (commercial insurance, Medicare and Medicaid) and builds on momentum of coverage for all federal employees and Medicaid programs in several states that now cover SBIRT*
- *Can build off the new Wisconsin Medicaid and BadgerCare Plus benefit for all members (not just pregnant women)*

- ❖ **What models have demonstrated success in primary care and emergency room settings?** In Wisconsin, SBIRT has been implemented in 20 primary care clinics throughout the state since March 2007, using health educators to support SBIRT services. Implemented through the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL), the service has been offered to all patients age 18 and older. In particular, research has shown that:

- General health care settings provide an optimal place for alcohol and drug screening, but physicians and other providers often do not have time to provide these services. Only 8.7% of those with drinking problems report any screening or advice from their primary care physician.
- By training health educators to provide SBIRT services, WIPHL offers a cost-effective solution to the treatment gap.
 - *Health educators receive initial intensive training at WIPHL on the use of evidence-based, culturally competent protocols developed by the U.S. government, the World Health Organization and UW researchers.*
 - *Health educators must pass a written exam and demonstrate competence with simulated patients.*
 - *A computer system guides health educators in delivering all SBIRT services and creates a confidential patient record that tracks program progress for each patient.*
- Participating sites include small primary care clinics, family medicine departments within large hospitals, community health centers, hospital-based emergency departments, and inpatient units. Sites are located in varied settings, including inner-city Milwaukee, the rural Northwest, suburbs, and farming and tribal communities. The aim is to be accessible and to provide high-quality SBIRT services as a routine part of health care for all in Wisconsin.

- ❖ **How will WIPHL support implementation of the SBIRT benefit?** A key goal of WIPHL is to inform and support health care professionals, employers, insurance providers, purchasers, policymakers, patients, and citizens in their efforts to make SBIRT services as widely available and easy to access as possible. In particular, WIPHL will:

- Identify organizations that support SBIRT, including the Wisconsin Medical Society, Wisconsin Manufacturers & Commerce, Wisconsin Hospital Association, Wisconsin Primary Health Care Association, the Menominee Indian Tribe of Wisconsin, Wisconsin Council on Children and Families, and Addiction Resources Council, Inc.
- Offer training, support, and technical assistance to ensure high-quality, cost-effective SBIRT implementation
- Identify best practices and models to facilitate the use of SBIRT for public and private coverage

- ❖ **What new initiatives support SBIRT in Wisconsin?** Beginning in January 2010, Wisconsin Medicaid and BadgerCare Plus will cover SBIRT for all of its members. By building from Medicaid coverage, providers, employers and purchasers may create a platform to extend access to SBIRT more broadly throughout Wisconsin.