The Business Case for Hospital SBIRT and an Update on Joint Commission SBIRT Measures/CMS Inpatient Psych Prospective Payment Rule

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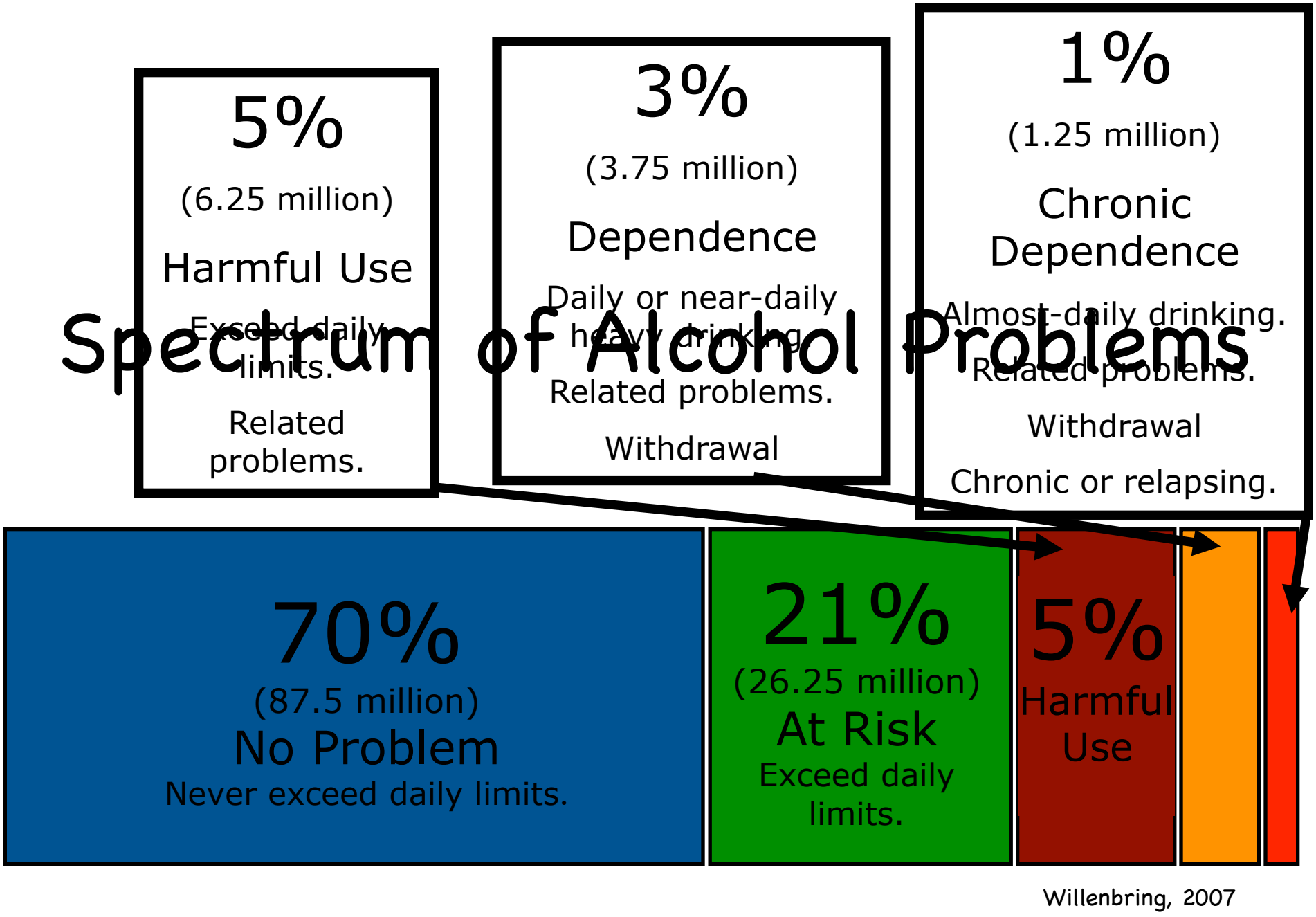
The Colorado Hospital Association's Summit on Screening, Brief Intervention, Referral to Treatment

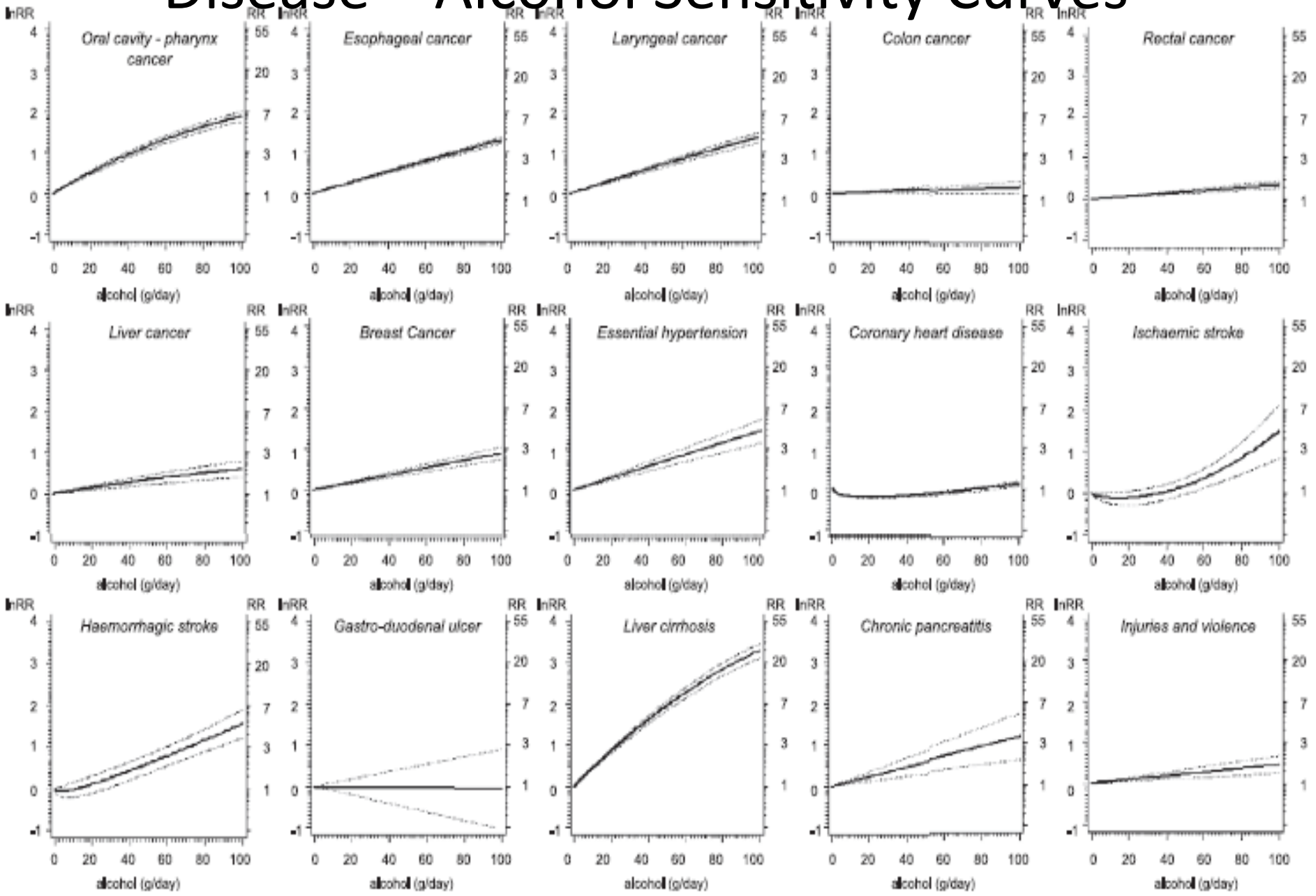
February 3, 2011


Spectrum of Alcohol Problems
5%
(6.25 million)
Harmful Use
Exceed daily limits.
Related problems.
3%
(3.75 million)
Dependence
Daily or near-daily heavy drinking.
Related problems.
Withdrawal
1%
(1.25 million)
Chronic Dependence
Almost-daily drinking.
Related problems.
Withdrawal
Chronic or relapsing.
70%
(87.5 million)
No Problem
Never exceed daily limits.
21%
(26.25 million)
At Risk
Exceed daily limits.
5%
Harmful Use
Willenbring, 2007

Heavy Alcohol Use Causes or Exacerbates Disease and Injury (66 dx's with positive AAFs)

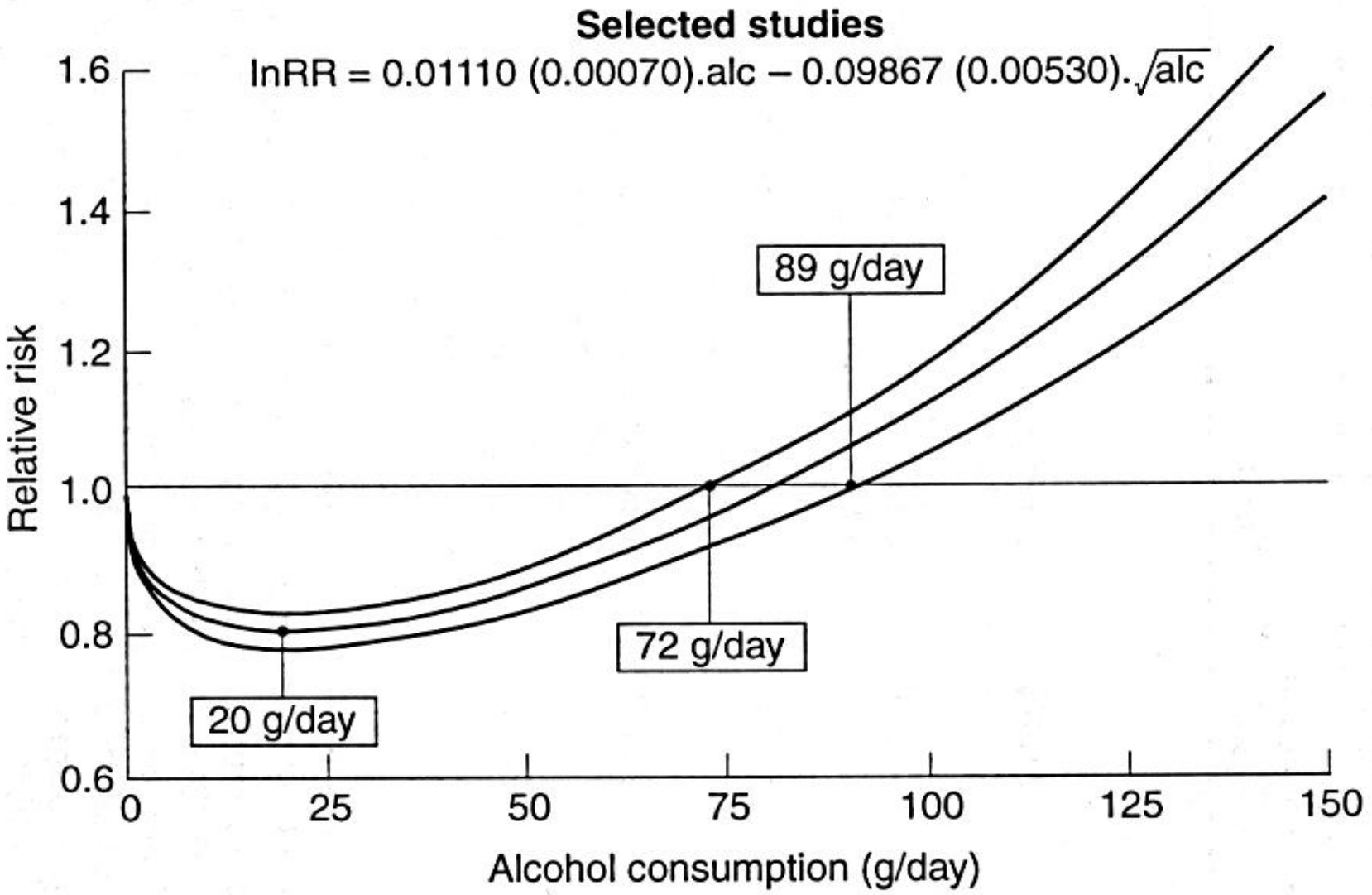
Chronic and Acute Disease (Primarily Ages 35 and Older)	
Cancer	
Lip, Mouth, Pharynx, Larynx	**50% (men) 40% (women)**
Esophagus	**75%**
Liver and Bile Ducts	**15%**
Stomach	**20%**
Diabetes	**5%**
Gastrointestinal Disease	**20%**
Injuries Attributable to Alcohol (Under 35 years)	
Motor Vehicle	
Fatalities	**41%**
Injuries	**9%**
Violence (Including Homicide)	**46%**

Disease – Alcohol Sensitivity Curves



G. Corrao et al. / Preventive Medicine 38 (2004) 613–619

Average volume alcohol and CHD in high quality large cohorts



Rankings of 25 Preventive Services Recommended by the USPSTF

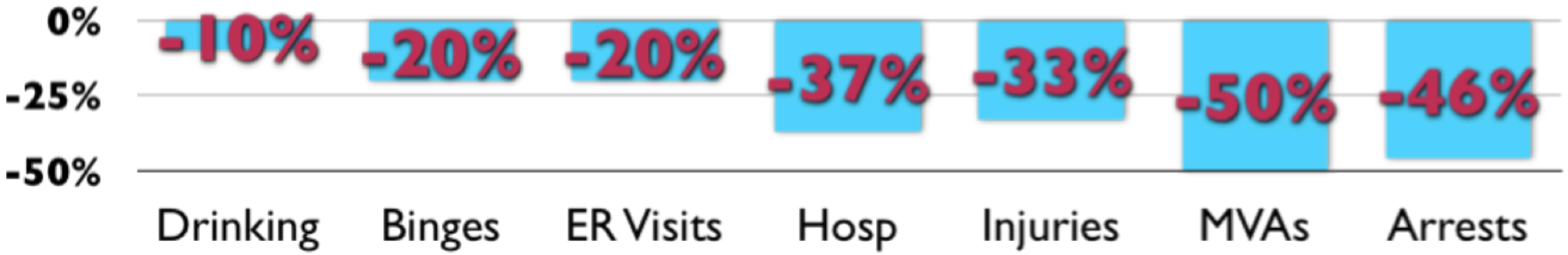
#	Service	Effectiveness	ROI
1	Aspirin to prevent heart attack & stroke	5	5
2	Childhood immunizations	5	5
3	Smoking cessation	5	5
4	**Alcohol screening & intervention**	**4**	**5**

Effectiveness & ROI scoring: 1 = lowest; 5 = highest

Estimated net savings of $254 per person offered screening
Medical care costs only, cost effectiveness ratio of $1,755 per QALY saved

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008; http://www.prevent.org/content/view/43/71

Effectiveness of Brief Alcohol Interventions



- Primary care - $950 net savings in 1 year continuing out to at least 4 years; ROI >$4 per $1 spent
- ER/trauma centers - 47% reduction in recurrent alcohol-related injury; nearly $4 ROI per $1 spent
- WA Medicaid disabled - $366 decrease in health care costs per recipient per month x 12 months
- Estimated employer savings: $771 per employee

Campbell KP et al, eds. *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage*. Washington, DC: National Business Group on Health; 2006. Estee S et al. *Medical Care* 2010; 48:18-24. Fleming MF et al. *Medical Care 2000; 26:36-43.* Fleming MF et al. *Alcoholism: Clinical and Experimental Research 2002; 26: 36-43.* Gentilello LM et al. *Annals of Surgery 2005, 241:541-550.* Quanbeck A et al. *Wisconsin Medical Journal* 2010; 109:9-14.

Impact of SBI on Utilization in an Employment-Based Health Plan

• BH inpatient days decreased	63%
• Medical inpatient days decreased	51%
• ER visits decreased	20%
• Partial Hospital and IOP visits increased	81%
• Psychiatrist visits increased	31%
• Therapist visits increased	22%
• **Net total medical cost savings**	**15%**

(N = 247, 12 month continuous enrollment prior and post SBI)

Institute of Medicine concluded:

"Suitable methods of identification and readily learned brief intervention techniques with good evidence of efficacy are now available. The committee recommends… broad deployment of identification and brief intervention."

1990 (21 years ago!)

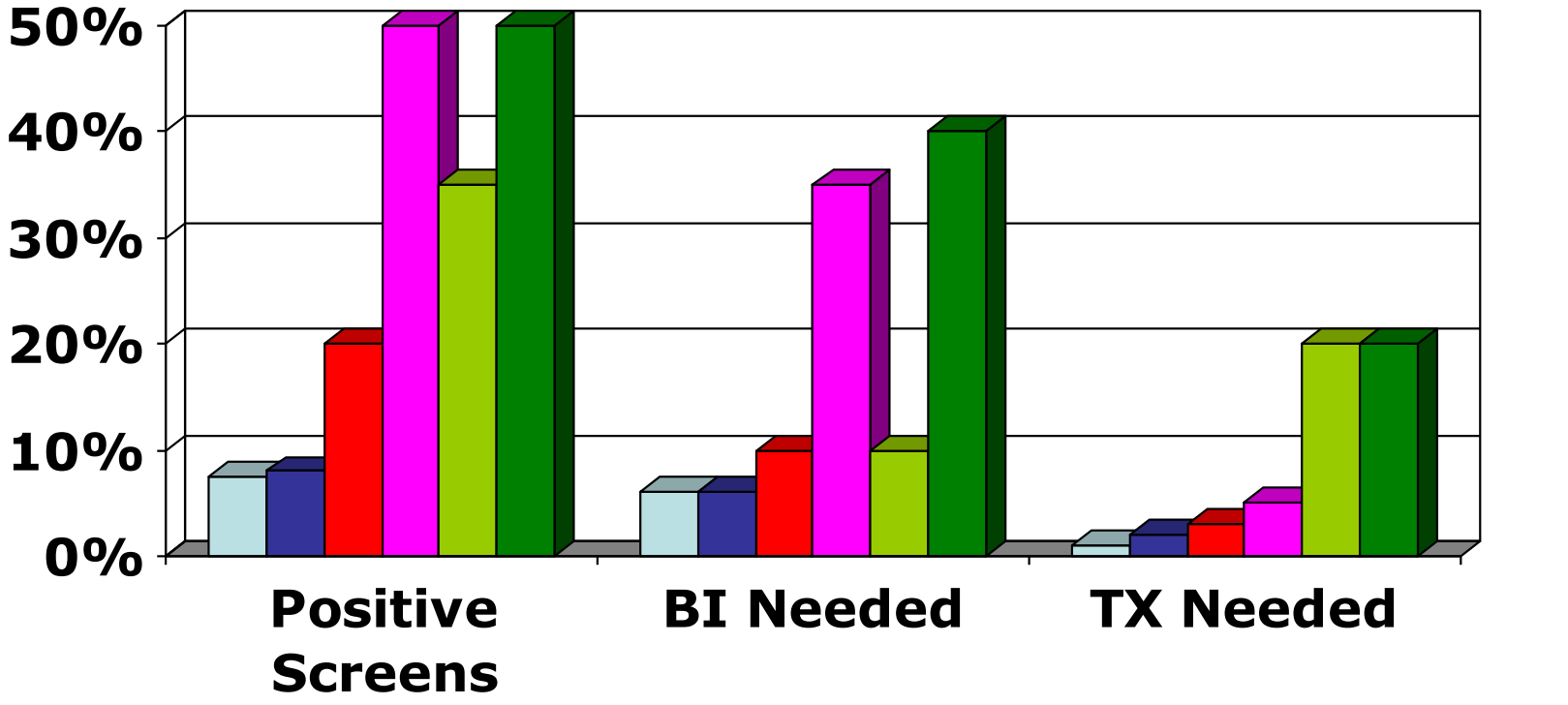
(IOM, Broadening the Base of Treatment for Alcohol Problems, 1990, p. 8)

SBIRT is good for payers, society, patients, but…….

What's in it for hospitals?

Where are the patients?
What is the revenue potential?

Likelihood of Positive Screen, BI and Treatment



Colorado ED Visits Likely Positive for Risky Substance Use, Costs & Savings*

	Likely to Screen Positive	Annual Costs Undetected	Savings if Detected
All Payers ED Visits	123,398	$175,101,664	$35,328,918
Insurance ED Visits	34,405	$ 61,030,664	$12,077,104
Medicaid ED Visits	18,183	$ 32,253,864	$ 6,382,385
Medicare ED Visits	4,941	$ 8,763,843	$ 1,734,240
Uninsured ED Visits	43,120	$ 76,848,444	$15,135,188

* Of 1,045,155 ED visits 2006; Schur, Goplerud (2007) Estimating the costs and benefits of routine emergency department SBI.

Colorado Inpatients with SUDs or Unhealthy Use by Payer

	Total hospital discharges	Medicare 32%	Medicaid 12%	Self pay 8%	Insurance 42%	Other, charity 6%
Total CO Inpatient Discharges 2009	349,613	111,876	41,954	27,969	146,837	20,977
Total CO Inpatients with likely substance use disorders	22,725	2,363	2,550	3,054	8,552	2,291
Total CO Inpatients with likely SUDs or unhealthy substance use	48,946	5,090	5,492	6,578	18,419	4,934

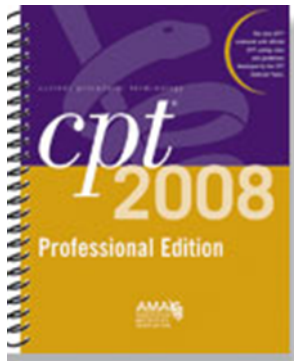
Inpatients with SUDs or Unhealthy Use: Selected Colorado Hospitals*

	Inpatient Discharges	Probable SUDs	SUDs or Unhealthy Use
Denver General	15,656	1,018	2,192
Exempla Lutheran	14,653	952	2,051
Exempla St Joseph	14,894	1,102	2,085
Memorial	21,281	1,383	2,979
Parkview	10,724	794	1,501
Penrose St Francis	16,936	1,101	2,371
U Colorado	16,041	1,027	2,246
Gunnison Valley	546	35	76
Vail Valley	2,098	136	294

Saitz et al, 2008; Smithers, Jahn et al, 2006

SBI recognized by AMA, CMS, CO Medicaid, Commercial Insurers

- In 2008, the CPT and CMS Physician Payment Schedule signal AMA and CMS recognition that SBI is a separate and distinct medical procedure
  - requires significant amount of time and additional acquired skills to deliver beyond that required for provision of general advice
  - SBI techniques are discrete, clearly distinguishable clinical procedures that are effective in identifying problematic alcohol or substance use.
- SBI may be opportunistically delivered in general and specialty medical practice with patients who may not be seeking substance use care or meet DSM/ICD-9 diagnostic criteria of abuse or dependence



Reimbursement for SBI

Payer	Code	Description
Commercial Insurance and Medicaid	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes

Colorado Health Plans Paying on SBI CPT Codes: 2010 NBCH eValue8 RFI

Health Plans	Pay Non-BH Providers	Pay BH Providers	Number of Paid Claims 2009
Anthem BCBS Colorado HMO	yes	yes	4
Anthem BCBS Colorado PPO	yes	yes	12
CIGNA Colorado HMO	yes	yes	0
CIGNA Colorado PPO	yes	yes	0
Kaiser Colorado HMO	no	no	0
UnitedHealthcare of CO PPO	yes	yes	0
Kaiser Northern California HMO	yes	yes	58739
Kaiser Southern California HMO	yes	yes	44095

Medicare Reimbursement - by Place, Staff & Employment

Place	Physician	Resi-dent	Other credentialed		Ancillary	
			Hosp empl	MD empl	Hosp empl	MD empl
Hospital inpatient - 21	G0396-7 100%	Not bill-able	Facility fee	G0396-7 85%	Facility fee	No "incident to"
Emergency dept - 23	G0396-7 100%		Facility fee	G0396-7 85%	Facility fee	No "incident to"
Hospital outpt - 22	G0396-7 100%		G0396-7 Rev code 942	G0396-7 85%	G0396-7 Rev code 942	No "incident to"
Physician office - 11	G0396-7 100%		N/A	G0396-7 85%	N/A	"Incident-to" 99211*
RHC & FQHC	Not billable; included in encounter rate					

*Cannot be billed with another E&M code

Revenue Potential Delivering SBIRT to Colorado Inpatients by Payer: 2009*

	Total hospital discharges	Medicare 32%	Medicaid 12%	Self pay 8%	Insurance 42%	Other, charity 6%
SBI with patients with Substance Use Disorders	$1,786,932	$224,521	$242,224	$290,151	$812,422	$217,613
SBI with all patients with SUDs or Unhealthy Use	$3,848,776	$483,585	$521,713	$624,940	$1,749,833	$468,705

* $82/15-30 minute SBI; $163/30 minute+ SBI

Revenue Potential in Delivery of SBI to Hospital Inpatients: 2009 Discharges*

CO Hospitals	Probable SUD	Probable SUD or Unhealthy User
Denver General	$ 96,676	$208,225
Exempla Lutheran	$ 90,482	$194,885
Exempla St Joseph	$104,705	$198,090
Memorial	$131,410	$283,037
Parkview	$ 75,390	$142,629
Penrose St Francis	$104,580	$225,249
U Colorado	$990,532	$213,345
Gunnison Valley	$ 3,372	$ 7,262
Vail Valley	$ 12,955	$ 27,903

Saitz et al, 2008; Smithers, Jahn et al, 2006; Denver General, 2010; $82/15-30 minute SBI, $163/30 + minutes

Inpatient/ED Site Revenue Per 2 Health Educators -Alcohol/ Drugs

44% Commercial, 32% Medicare, 12% Medicaid

15 to 30 minutes: $82; 30 + minutes: $163

Reimbursable patients per day	Per Day		Per Year	
	Reimb.	HE Time	Reimb.	HE Time
4	$380	3 hr	$91,200	720 hr
5	$475	3.5 hr	$114,000	840 hr
6	$570	**4.0 hr**	**$136,800**	960 hr
7	$665	5.0 hr	$156,600	1200 hr
8	$760	5.5 hr	$182,400	1320 hr
9	$855	6.0 hr	$205,200	1440 hr

Based on 14% of initial screenings positive for substance use problems. 34 initial screenings per day at SBIRT Colorado ED/Inpatient yields 5 patients 15-30 minutes SBI; 1 patient 30+ minutes SBI

Ambulatory Site Revenue Per Health Educator - Tobacco/ Alcohol/Drugs

70%Commercial, 20% Medicare, Medicaid – 10%

Average patient: $37.38 / 21.0 minutes

Patients per day	Per Day		Per Year	
	Reimb.	HE Time	Reimb.	HE Time
10	$369.63	3.5 hr	$85,015	806 hr
12	$443.55	4.2 hr	$102,017	967 hr
14	$517.48	**4.9 hr**	**$119,020**	1128 hr
16	$591.41	5.6 hr	$136,023	1289 hr
18	$665.33	6.3 hr	$153,026	1450 hr
20	$739.26	7.0 hr	$170,029	1611 hr

Based on experience of Wisconsin SBIRT. Estimates include very brief screens negative; reimbursement for SBI for positive screens.

Joint Commission

- Accredits 16,000 facilities
- 95% of US hospital beds
- Testing 8 SBIRT measures in 33 hospitals
- Review of pilots November, 2010
- Decision by JointCommission ~ January 2011
- Presentation to National Quality Forum Spring 2011
- Implementation nationally – 2011 or 2012

Joint Commission National Quality Core Measures - Hospital Based Inpatient Psychiatric Services (HBIPS) Core Measure Set

- Effective January 1, 2011
- All JC accredited free-standing psychiatric hospitals required to use the Hospital Based Inpatient Psychiatric Services (HBIPS) core measure set.
  - Free-standing psychiatric hospitals with average daily census greater than ten inpatients will be required to participate using a JC - listed vendor and submit data to the JC on all applicable measures that comprise the HBIPS core measure set.

- General medical/surgical hospitals with inpatient psychiatric units will not be required to use the HBIPS measure set.
  - However, they may elect to do so to meet or exceed current overall ORYX core measure set reporting requirements.

HBIPS Pilot Test Demographics

- 21 vendors supporting HBIPS
- 196 hospitals participating in HBIPS
- 40/50 (80%) of states & Washington D.C.
- 90/196 (46%) free-standing psychiatric hospitals
- 20/196 (10%) hospital systems with psychiatric hospitals
- 86/196 (44%) acute-care hospitals with psychiatric units

Performance Measure Name: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed

Set Measure ID	Performance Measure Name
HBIPS-1a	Admission Screening- Overall Rate
HBIPS-1b	Admission Screening- Children (1 through 12 years)
HBIPS-1c	Admission Screening- Adolescent (13 through 17 years)
HBIPS-1d	Admission Screening- Adult (18 through 64 years)
HBIPS-1e	Admission Screening- Older Adult (≥65 years)

Description: Patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of admission for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths. Completion of all **five** initial assessment categories is required for this measure.

Not NQF Approved

Hospitals must report – but not publicly reported by JC

Set Measure ID: HBIPS-2 Hours of physical restraint use

Set Measure ID: HBIPS-3 Hours of seclusion use

Set Measure ID: HBIPS-4 Patients discharged on multiple antipsychotic medications

Set Measure ID: HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification

Set Measure ID: HBIPS-6 Post discharge continuing care plan created

Set Measure ID: HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge

Alcohol, Tobacco, Drug SBIRT Measures: TAM and SUM

- all admitted patients must be screened for hazardous or unhealthy alcohol use and tobacco use.
- all patients with a positive screen for hazardous or unhealthy alcohol use or tobacco use must receive a brief intervention.
- all patients who are alcohol, drug or tobacco dependent must either be started in treatment while inpatient or referred for treatment, or to a primary care provider to arrange treatment at discharge (such patients must also be assessed for possible use of pharmacotherapies).
- all patients who screened positive for hazardous or unhealthy alcohol use, substance dependence or tobacco dependence must be contacted within one month post hospital discharge and offered additional help as needed.

TAM Pilot Test Demographics

- 24 hospitals participating in HBIPS
- 18 states (2 from Colorado)
- 6 VA hospitals
- 7 SBIRT hospitals
- Size range from 15 to 900 beds
- 7 electronic health records, 7 EHRs plus paper

Alpha test:

Survey Question	TAM 1	TAM 2	TAM 3	TAM 4	TAM 5	TAM 6	TAM 7	TAM 8
Clear Specifications	100%	100%	100%	100%	100%	100%	88%	87%
Information Actionable	100%	100%	80%	70%	100%	100%	100%	86%
Results Easily Interpreted & Useful	81%	91%	80%	80%	100%	100%	100%	86%
Routinely Collected & Accessible	73%	73%	60%	20%	75%	75%	71%	14%
Proceed for Endorsement & National Use	100%	100%	80%	60%	100%	100%	86%	71%

SUM-1 Alcohol Use Screening

Numerator Statement: The number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking

Denominator Statement: The number of hospitalized inpatients 18 years of age and older

SUM -2 Alcohol Use Brief Intervention

Numerator Statement: The number of patients who received or declined a brief intervention

Denominator Statement: The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence)

SUM - 3 Alcohol and Other Drug Dependence – Treatment Management at Discharge

Numerator Statement: The number of patients who received or declined at discharge a prescription for medication for treatment of an alcohol or drug dependence OR a referral for addictions treatment.

Denominator Statement: The number of hospitalized inpatients 18 years of age and older identified with alcohol or drug dependence

SUM -4 Substance Use (Alcohol & Drug use): Assessing Status After Discharge

Numerator Statement: The number of patients who received a follow-up contact within 30 days after hospital discharge to determine substance use status

Denominator Statement: The number of hospitalized inpatients 18 years of age and older who screened positive for unhealthy alcohol use or who received a diagnosis of alcohol or drug dependence during their hospital stay.

CMS Inpatient Psych Pay for Reporting Measures

SCREENING/ASSESSMENT & PHYSICAL HEALTH CONCEPTS

Concept	Denominator	Numerator	Issues
1. Screened within first 3 days of inpatient admission (TJC)	Number of patients admitted to psychiatric inpatient facility (IPF)	Number screened within 3 days of admission date	Level of evidence linking to better outcomes
2. Receive timely specialty services after intake interview	Number of inpatients that receive intake interview	Number that receive specialty (mental health or) substance abuse service within 30 days	Level of evidence linking to better outcomes
3. Receive alcohol screening (TJC)	Number of patients admitted to psychiatric inpatient facility (IPF)	Number screened for alcohol use with a validated screening tool	Level of evidence linking to better outcomes Reliability
4. Metabolic screening for patients with antipsychotics	Number of patients that receive antipsychotic medications	Number of patients that receive blood glucose (or lipid) screen	Identification of services within inpatient claims data Look-back period for exclusions
5. Preventive & infectious disease screenings	Number of psychiatric inpatients	Number that received preventive/infectious disease screens within timeframe	Timeframes for screens

CMS Inpatient Psych Pay for Reporting Measures

NON-PHARMACOTHERAPY CONCEPTS

Concept	Denominator	Numerator	Issues
1. Use of any psychosocial treatment during inpatient	Number of psychiatric inpatients	Number receiving any psychosocial treatment (e.g., cognitive behavioral therapy, psychosocial education, family therapy, integrated dual diagnosis treatment)	Identifying inpatient treatments from claims Topped-out measure results? Integrated dual diagnosis treatment
2. Brief intervention for alcohol use (TJC)	Number of psychiatric inpatients	Number received brief intervention for alcohol use	Identifying brief intervention in claims Reliability

CMS Inpatient Psych Pay for Reporting Measures

CARE COORDINATION CONCEPTS

Concept	Denominator	Numerator	Issues
1. Discharged with continuing care plan (TJC)	Number discharged from IPF	Number with continuing care plan	Identifying care plan in claims data
2. Discharged with continuing care plan provided to next level (TJC)	Number discharged from IPF	Number with continuing care plan AND communicated to next level of care	Identifying care plan in claims data Identifying passage to next level in claims data
3. Received assertive community treatment post-discharge	Number discharged from IPF	Number receiving assertive community treatment	Identifying service Only selected conditions
4. Received alcohol/ substance use treatment post-discharge (TJC)	Number discharged from IPF	Number received/ referred for alcohol or substance use treatment post-discharge	Is hospital accountable?
5. Received any psychosocial treatment post-discharge	Number discharged from IPF	Number receiving psychosocial treatment (within 7, 30, at all post discharge)	Identifying services in claims data Is hospital accountable?
6. Readmission	Number discharged from IPF	Number readmitted to IPF in 30 days	Episodic nature of illness Small numbers

Center for Integrated Behavioral Health Policy

DEPARTMENT OF HEALTH POLICY, SPHHS, THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

Transforming practice. Expanding access. Improving health.

The Center for Integrated Behavioral Health Policy is dedicated to changing the way people with mental health and substance use disorders get the help they need. For too long behavioral health care has been separated from general medical care. This division between the mind and the body is an historical anomaly that contributes to stigma, discrimination, and poor care. By creating policy solutions that bring behavioral health and physical health back together, the Center for Integrated Behavioral Health Policy works to help create a healthier America.