

Substance Abuse: The Missing Link in a Health/Wellness-Based Health Care System

Jack B. Stein, MSW, Ph.D.

Director

Division of Services Improvement

Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration

ACMHA 2009 Santa Fe Summit

March 12, 2009



H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM

Director

Center for Substance Abuse Treatment

SAMHSA

Today's Topics

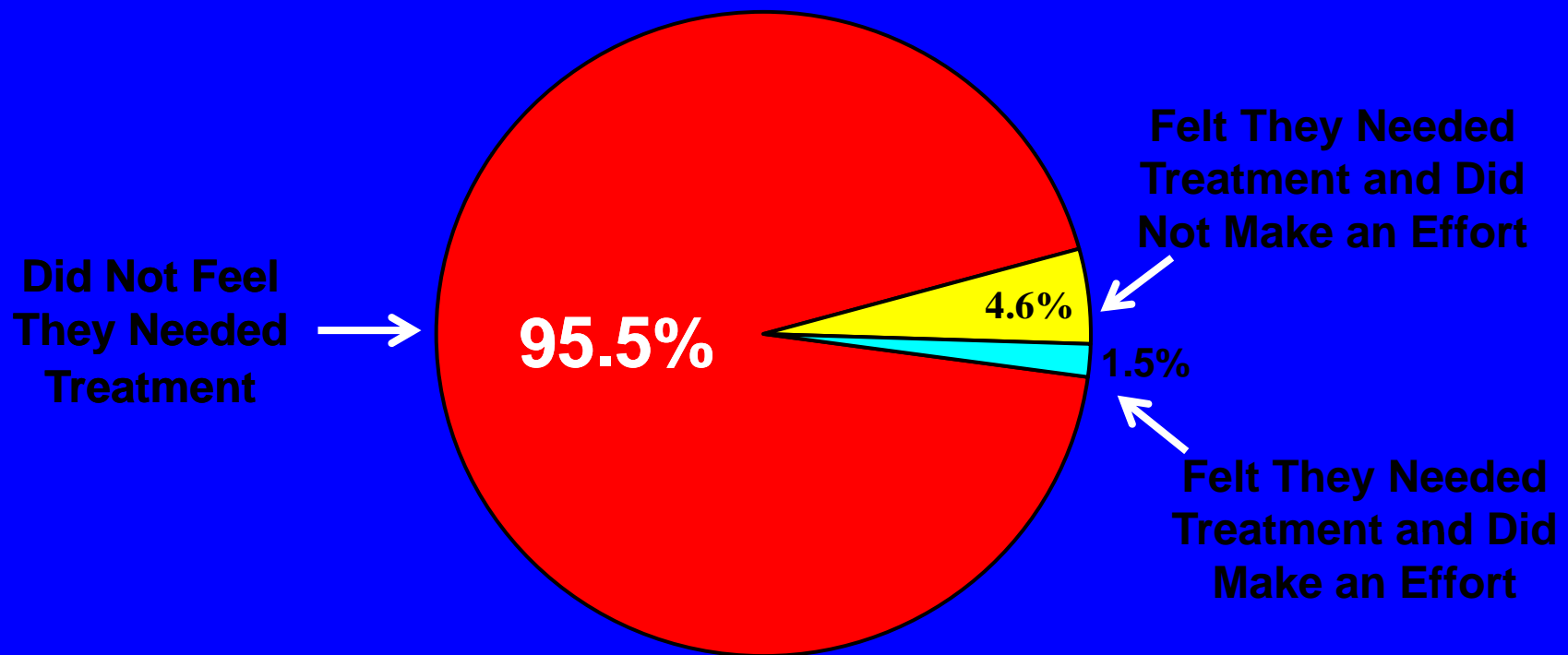
- Making the (Business) Case for Addressing Substance Abuse
- A Model Framework
- CSAT/SAMHSA Program Examples
- Suggested Next Steps

Making the (Business) Case

Economic Costs to Society

- Drugs and alcohol problems cost the nation an estimated \$276 billion/year mainly due to lost productivity and healthcare costs (Harwood, et al. 1998).
- About 19.2 million U.S. workers (15%) reported using or being impaired by alcohol at work at least once in the past year (Frone, 2006)

Most People in Need of Drug Treatment Do Not Seek It



20.8 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

NSDUH/SAMHSA (2007)

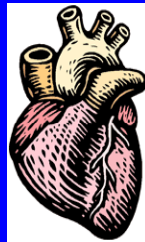
Health Consequences of Substance Use



HIV/AIDS



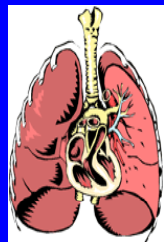
Liver



Cardiovascular



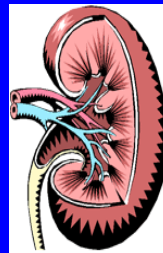
Musculoskeletal



Respiratory



Gastro-Intestinal



Kidney

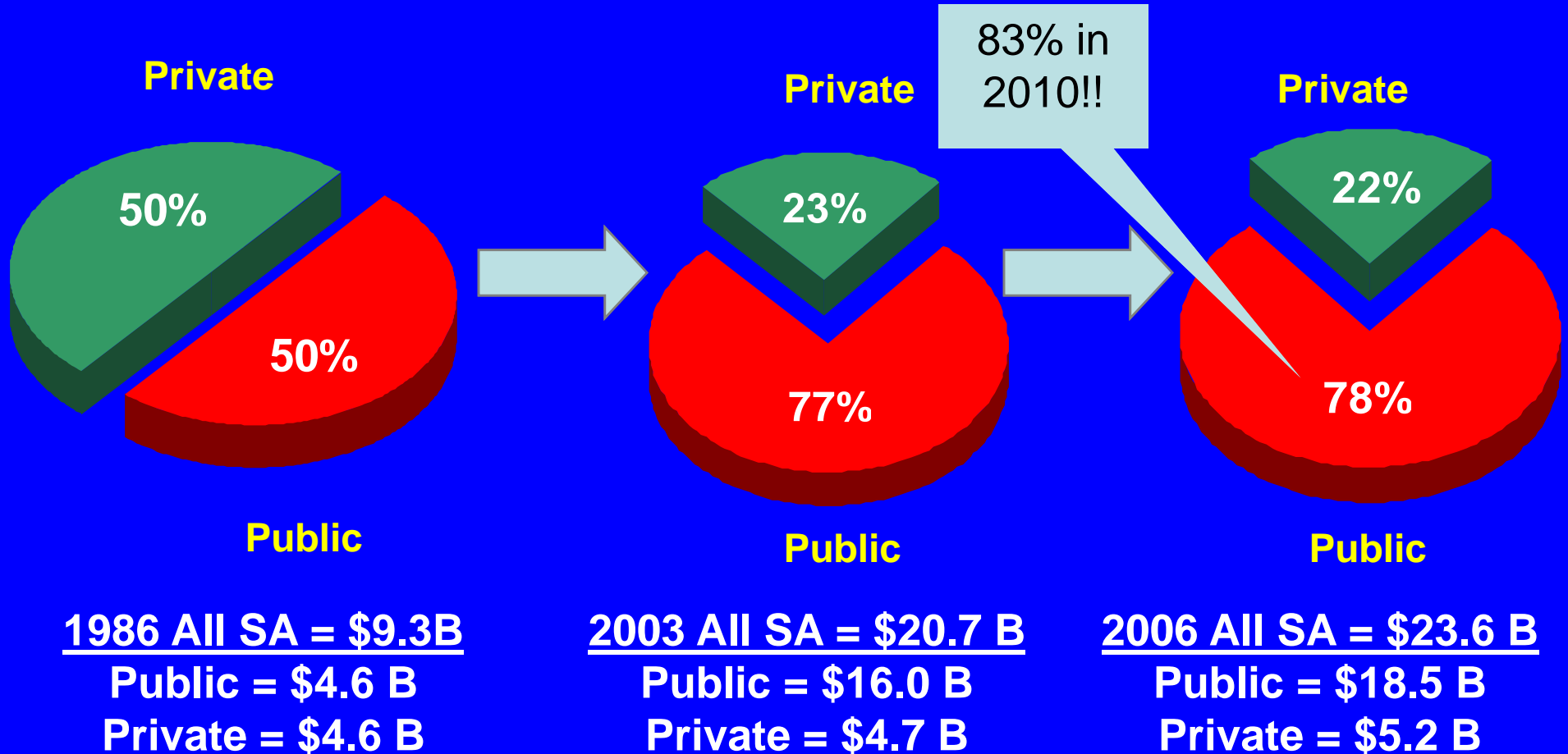


Prenatal

Substance Abuse Creates a Burden on Our General Medical Care System

- Medical conditions were found to be more common among substance abuse patients compared to non-substance abuse patients (Mertens et al., 2003).
- Substance dependent persons without primary medical care have a substantial burden of medical illness compared to age/gender matched US population controls (De Alba et al., 2004).

Greater Burden on Public Sector



Source: Health Affairs, October 2008

Substance Abuse Treatment is Effective

- Reduces drug use, criminal justice involvement, and improves productivity.
- As effective as treatment for other chronic conditions (e.g., diabetes, high blood pressure, and heart disease).
- Cost effective: \$1 invested in treatment saves \$7 in future costs.

The Business Business Case

- Xerox Corporation achieved a 5 to 1 investment by enrolling workers in a wellness program that included reducing alcohol consumption.
- ChevronTexaco found that 75% of employees who entered the company EAP were able to retain their employment.
- Gillette Company saw a 75% drop in in-patient substance abuse treatment costs after implementing an EAP.

Toward a Recovery-Oriented Model of Care

What Do We Mean by “Recovery” from Substance Use?

A process of change through which
an individual achieves abstinence
and improved health, wellness, and
quality of life.

Why a Recovery-Based Approach?

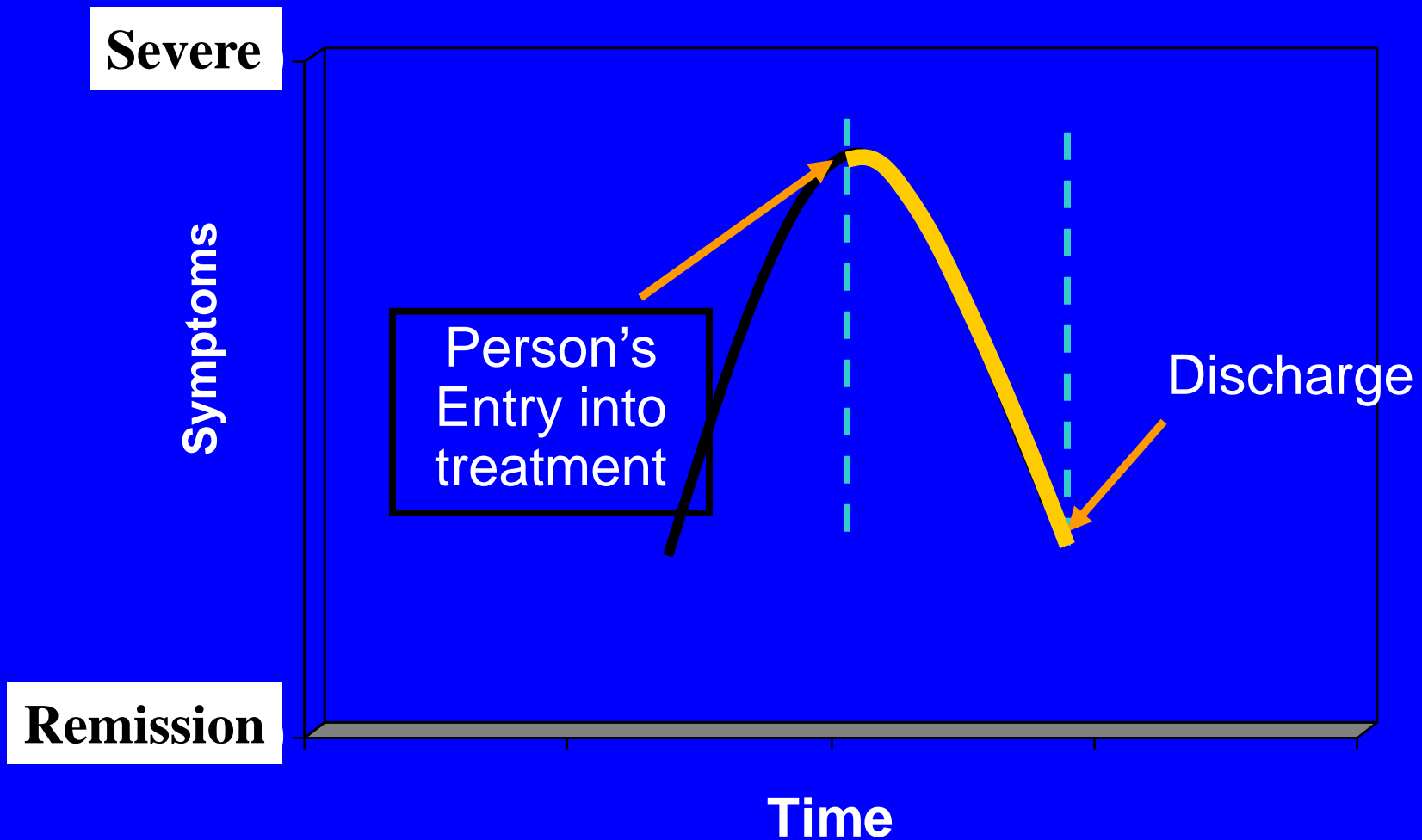
- Most clients undergo 3 to 4 episodes of care before reaching a stable state of abstinence ¹
- Chronic care approaches, including self-management, family supports, and integrated services, improve recovery outcomes ²
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness ³

¹ Dennis, Scott & Funk, 2003

² Lorig et al, 2001; Jason, Davis, Ferrari, & Bishop; 2001; Weisner et al, 2001; Friedmann et al, 2001

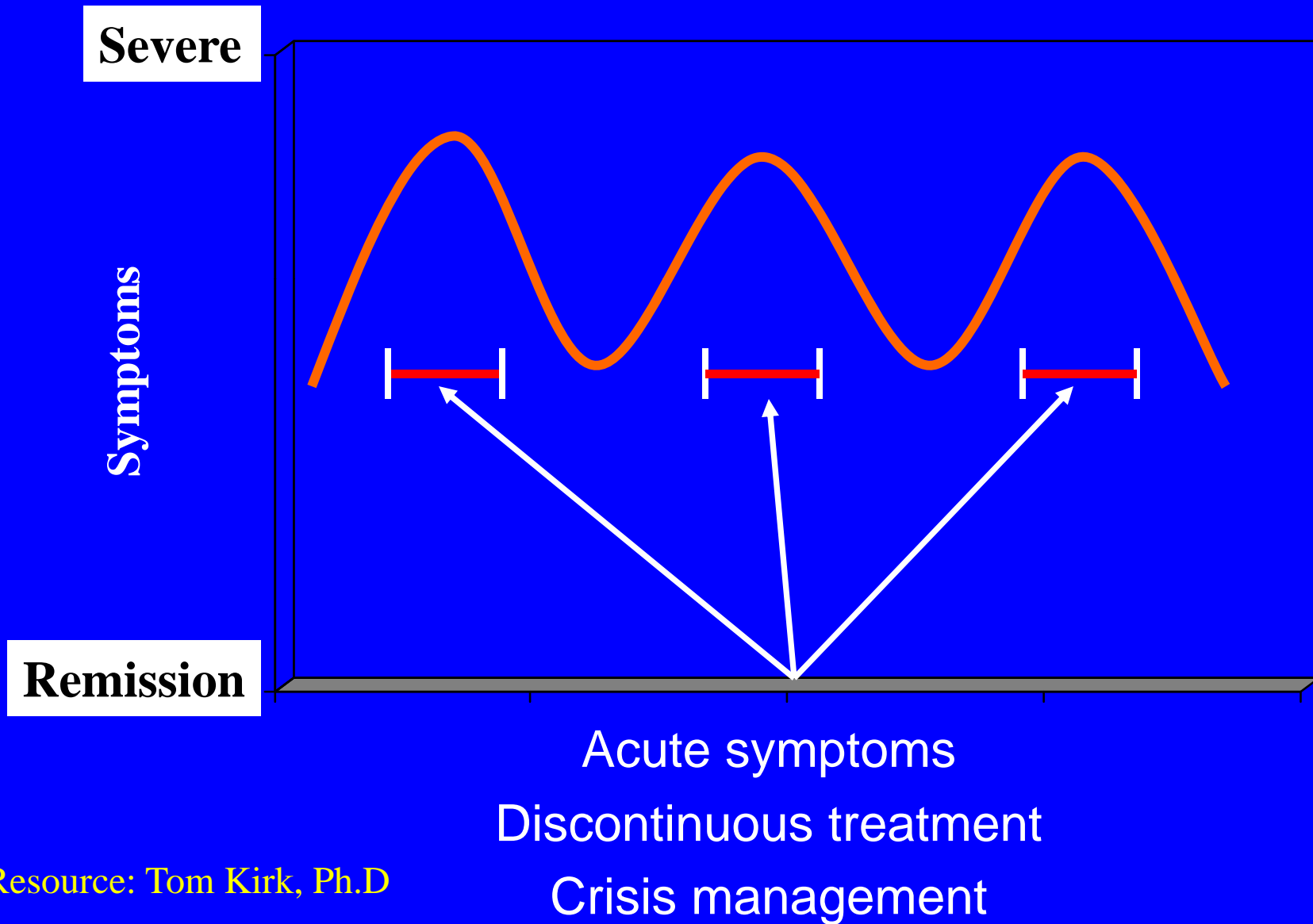
³ Smith, Meyers, & Miller, 2001; Humphreys & Moos, 2001)

A Traditional Course of Treatment for a Substance Use Disorder



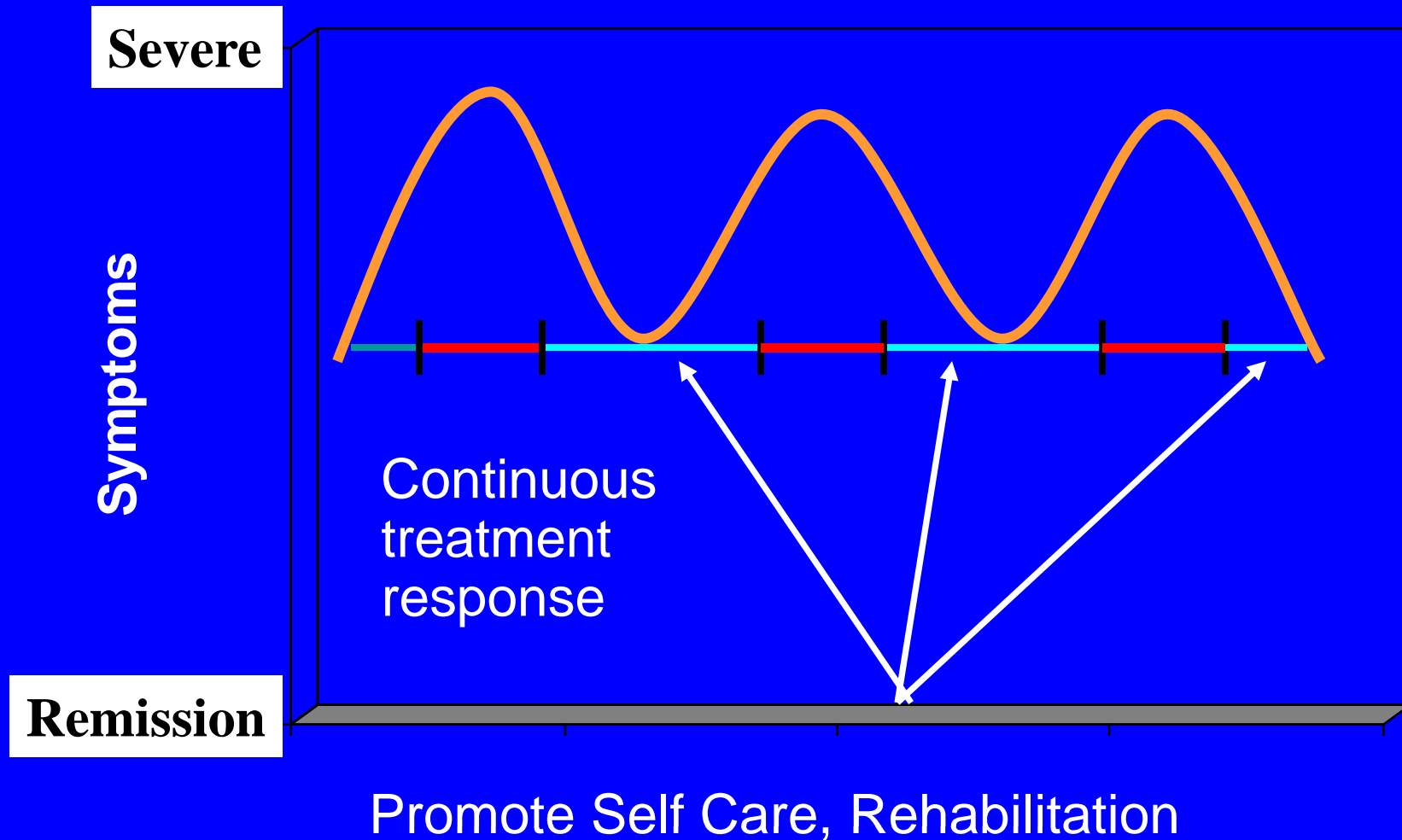
Resource: Tom Kirk, Ph.D

A Traditional Service Response



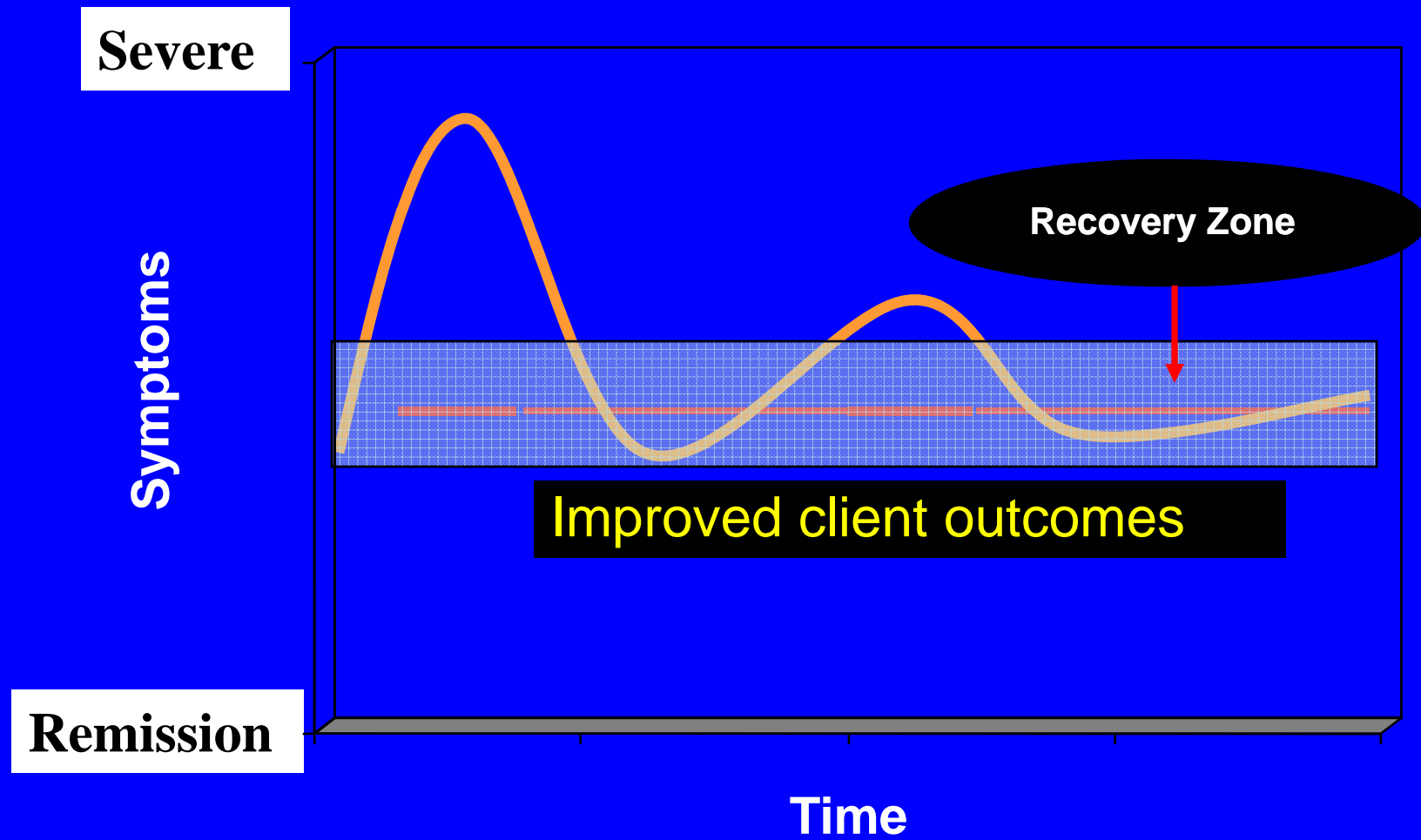
Resource: Tom Kirk, Ph.D

A Recovery-Oriented Response



Resource: Tom Kirk, Ph.D

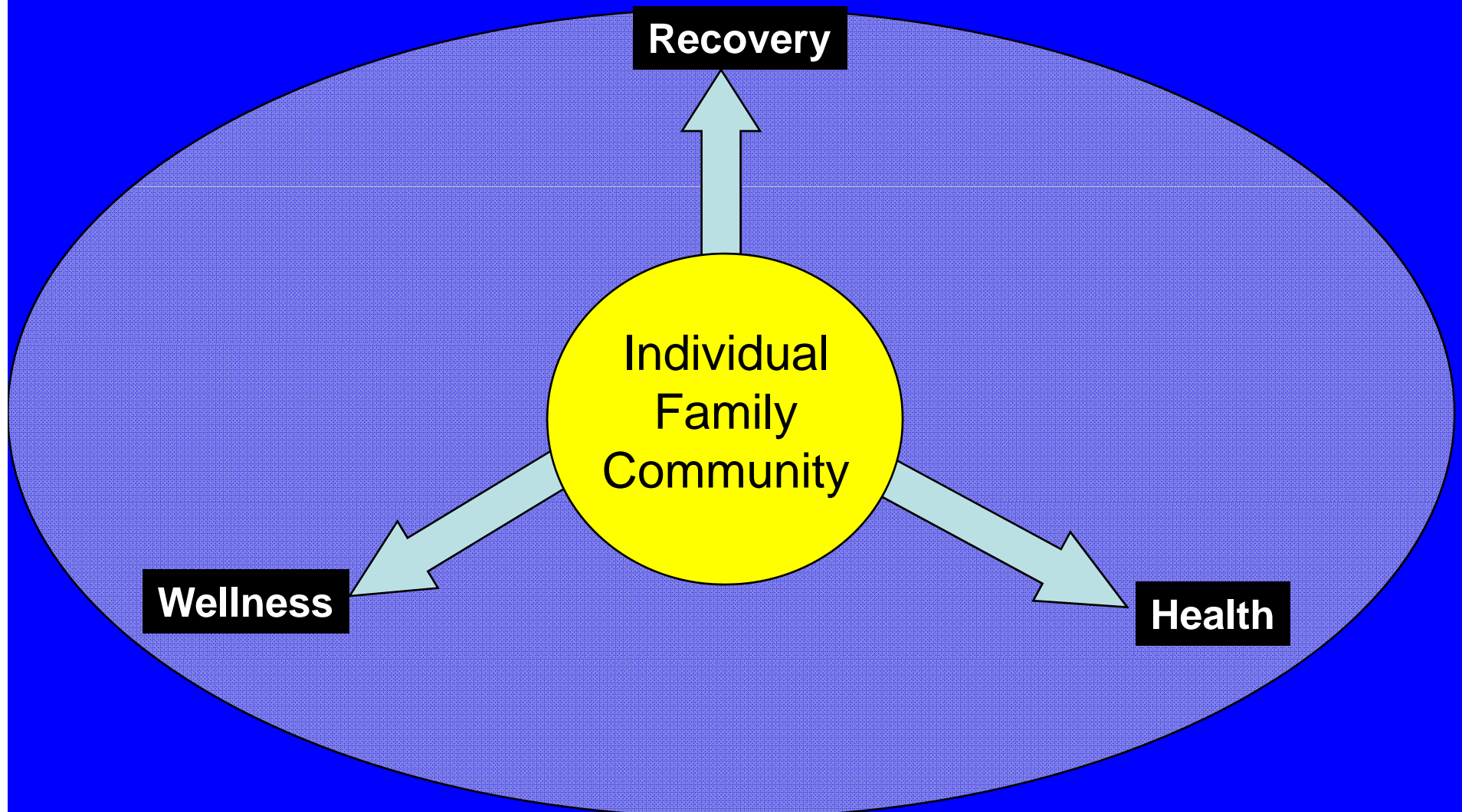
Helping People Move Into A Recovery Zone



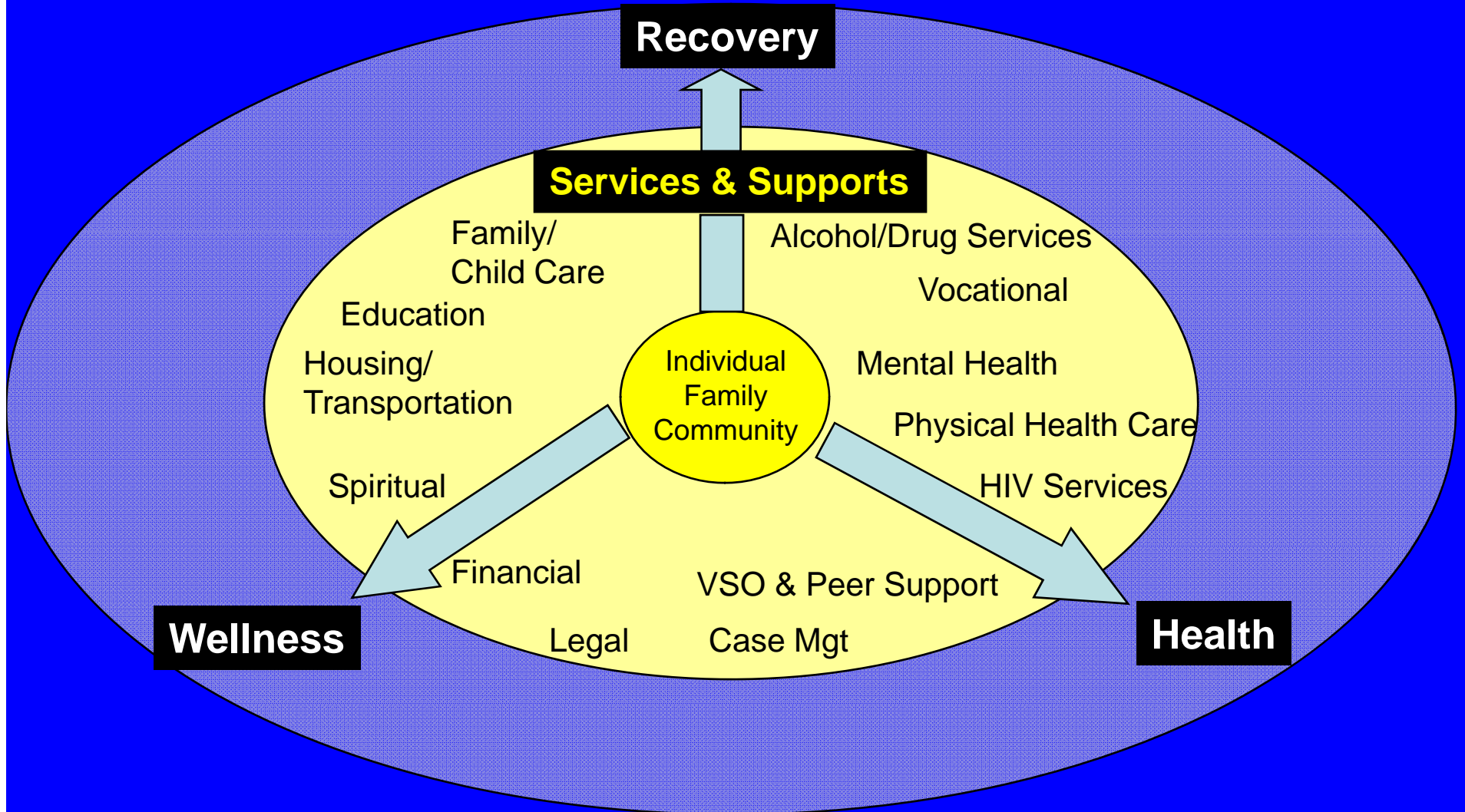
Resource: Tom Kirk, Ph.D

Components of a Recovery-Based Care System

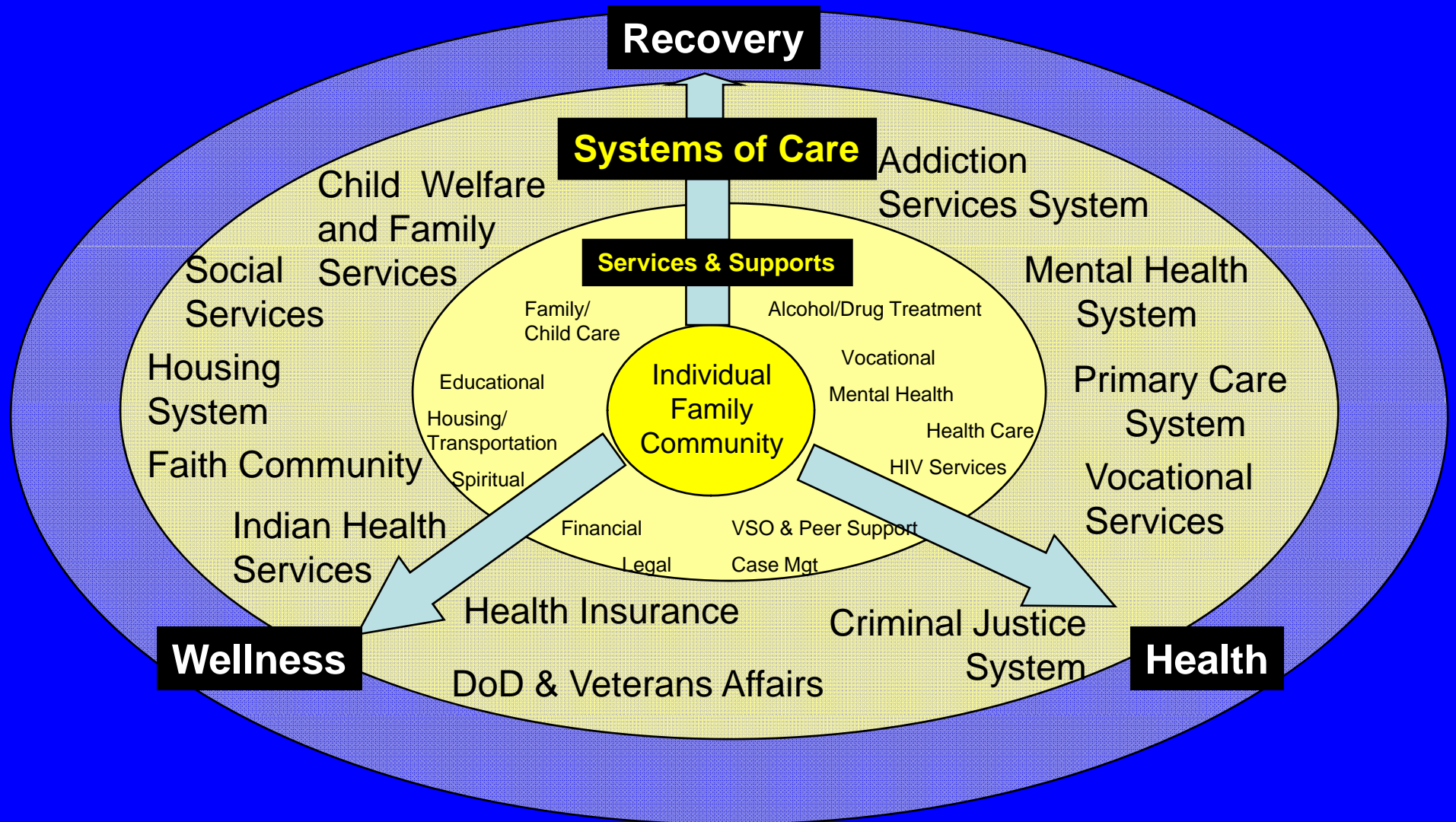
Recovery-Based Care System:
Individual, Family, and Community-centered



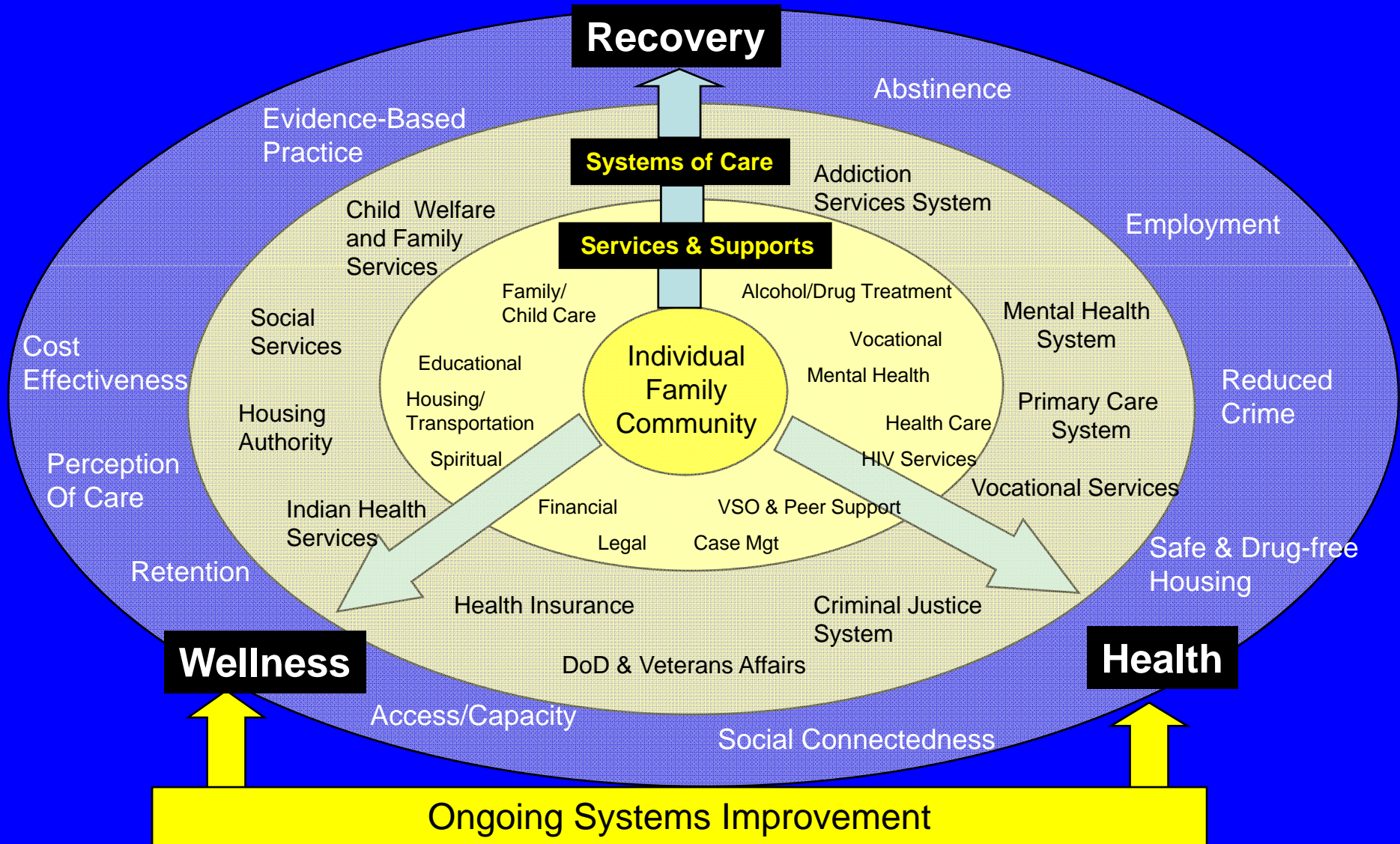
Recovery-Based Care System: *Comprehensive menu of services and supports recovery*



Recovery-Based Care System: *Interface of multiple systems*



Recovery-Based Care System: Ongoing process of systems improvement



Key Questions

- How to measure recovery?
- Which systemic components are most essential?
- Incentives to leverage systems change?
- Staffing and other organizational changes required?
- Utilization of peers as recovery coaches?
- Role of faith-based organizations in sustaining recovery?
- Effectiveness of various financing mechanisms (e.g., vouchers)?

CSAT Program Examples

Access to Recovery

- State-based program designed to promote recovery-based systems of care:
 - Choice in providers
 - vouchers
 - Non-traditional providers (e.g., faith-based organizations) to provide clinical and recovery support services
- Grants awarded to 24 States and Tribal Organizations (2007-2009)

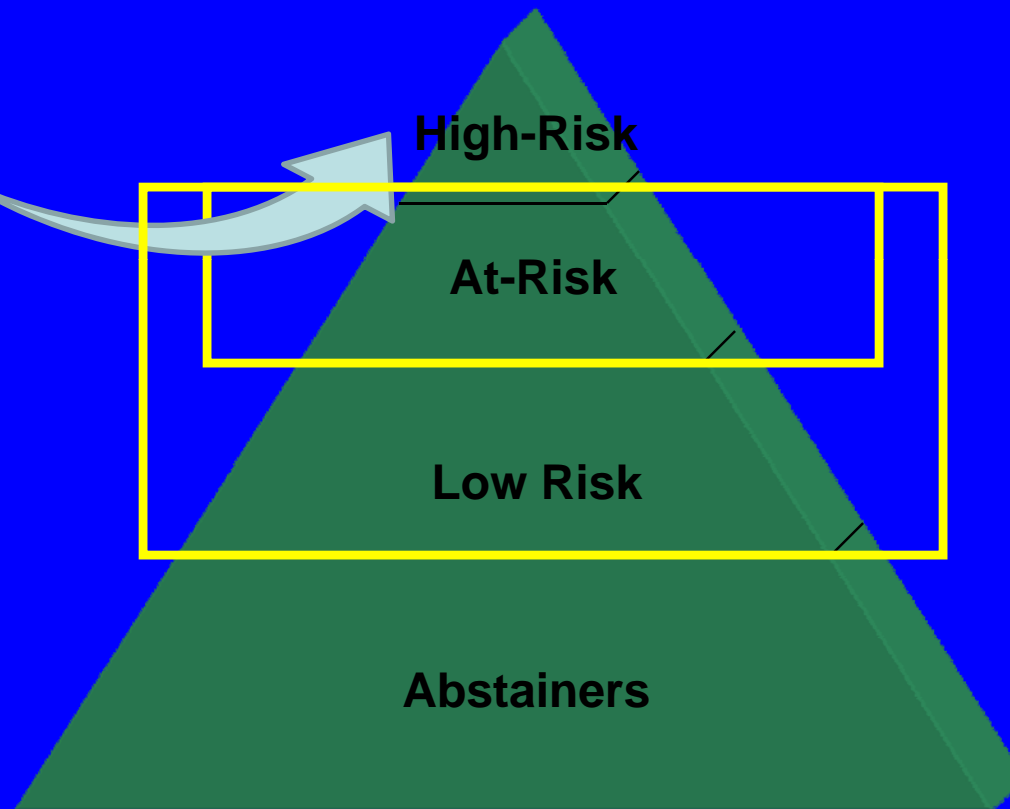
A New ROSC-Based Grant Opportunity

- Title: “Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need-Local Recovery-Oriented Systems”
- \$5.1 million available
- 13 awards
- 4 year grants
- \$ 400,000/grant
- See: grants.gov OR samhsa.gov

**A Recovery-
Oriented System of
Care Should Focus
on Both “Upstream
and Downstream”
Services**



Traditional Substance Abuse Intervention

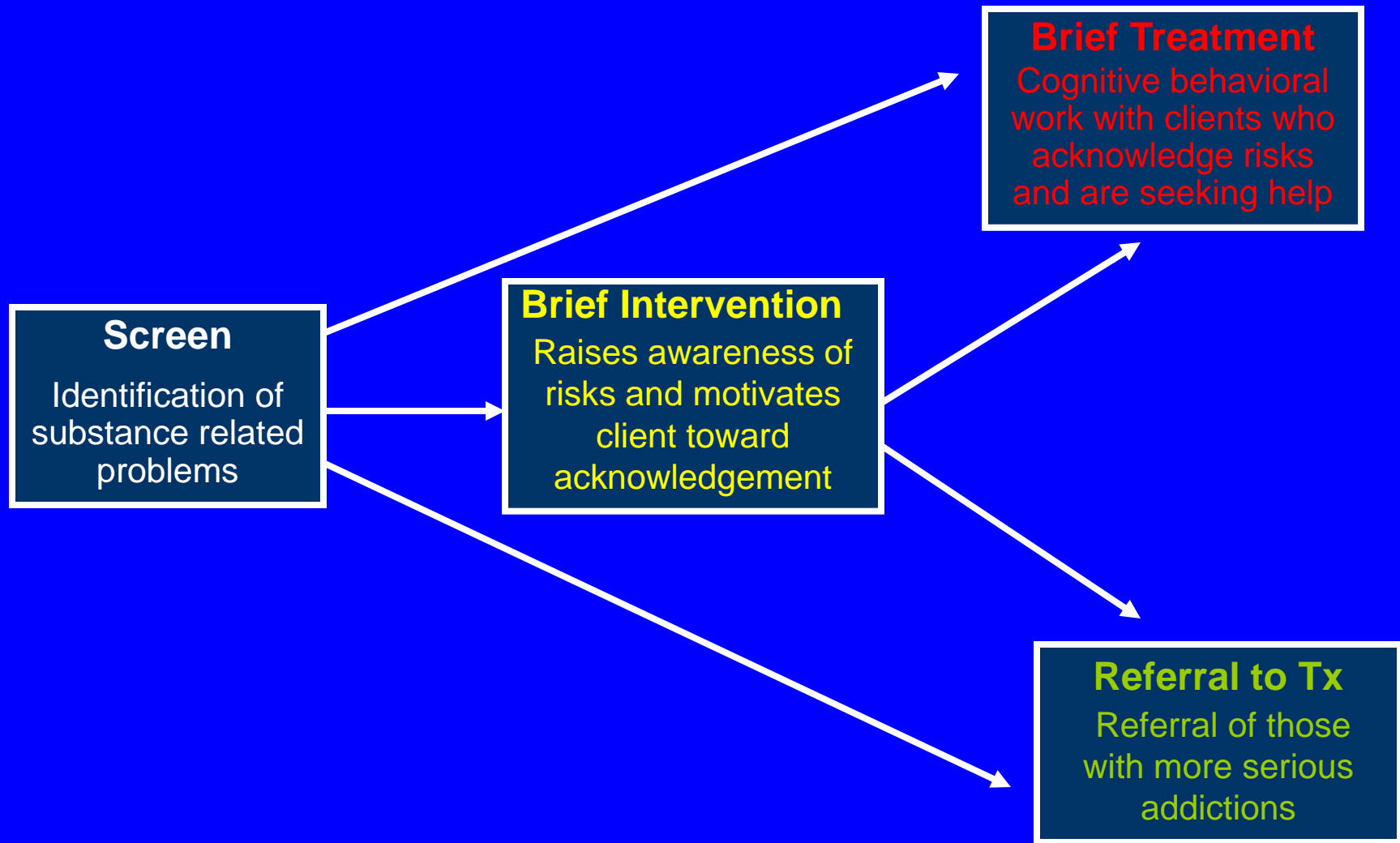


Adapted from Babor, T.F., Higgins-Biddle, J.C., (2001), *Brief Intervention for Hazardous and Harmful Drinking: A manual for use in primary care*. p 33. WHO/MSD/MSB/01.6b World Health

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Comprehensive, integrated approach to early intervention and treatment.
- Conducted in primary care and community health centers, hospital emergency rooms, trauma centers, and other community settings.
- Utilize standardized tools that screen for alcohol, substance abuse and tobacco use.

SBIRT: Core Components



SBIRT Implementation Challenges

- Insufficient training, organization, or reimbursement to screen, assess, and refer those with drug abuse disorders to services (McLellan & Meyers, 2004).
- Only 15% of health plans surveyed required any alcohol, drug, or mental health screening by primary care providers (Garnick, Horgan, et al. (2002).

SBIRT State Cooperative Agreement Awards

2003 Awards :

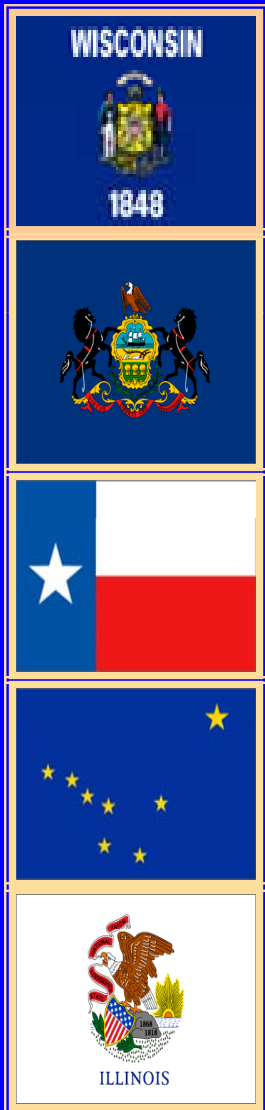
California	\$3.5m
Cook Inlet Tribal Council	\$1.7m
Illinois	\$3.5m
New Mexico	\$3.5m
Pennsylvania	\$3.0m
Texas	\$3.5m
Washington	\$3.0m

2006 Awards:

Colorado	\$2.8m
Florida	\$2.8m
Massachusetts	\$2.8m
Wisconsin	\$2.4m

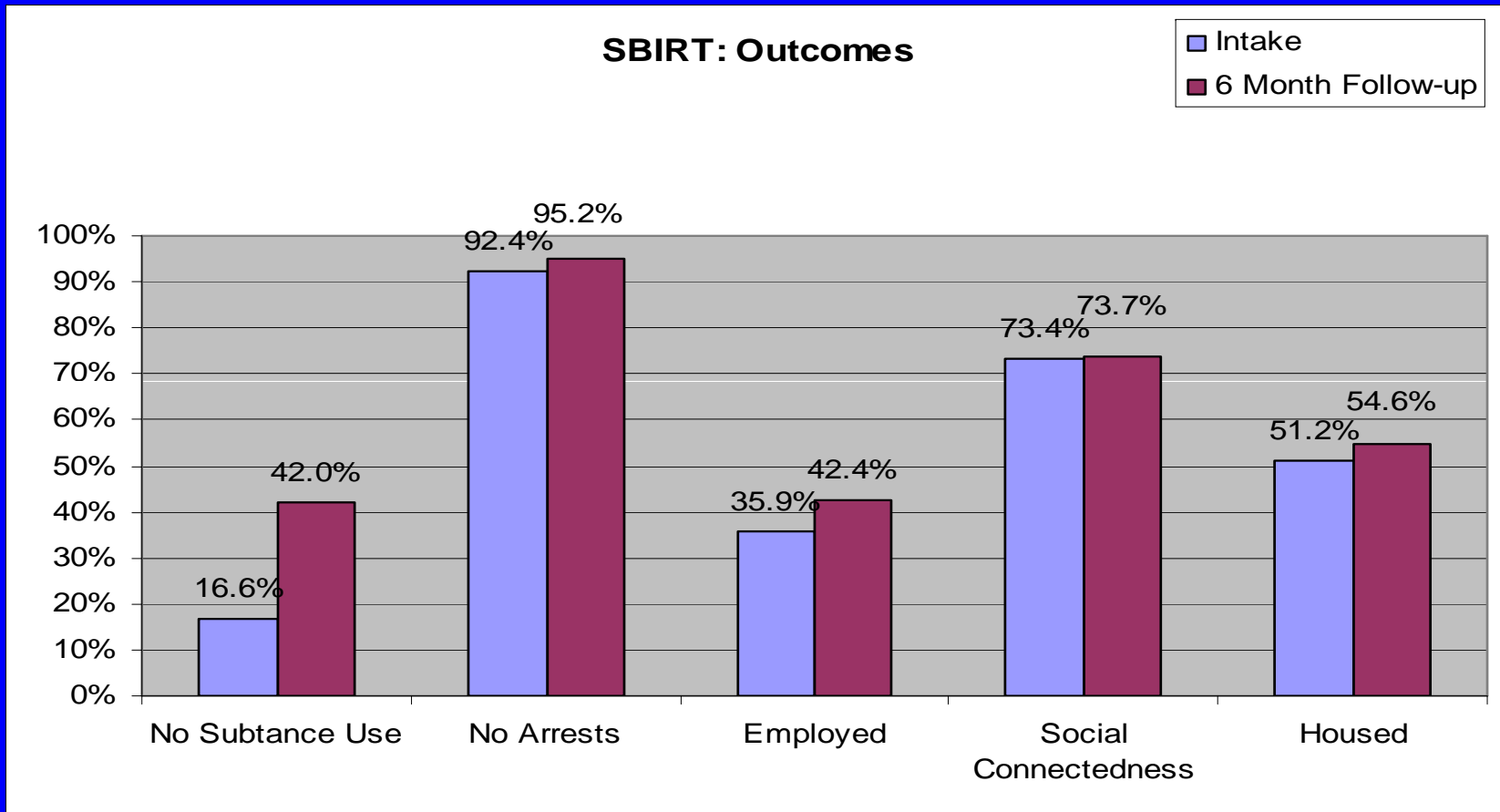
2008 Awards:

Tanana Chiefs Conference	\$2.1 m
West Virginia	\$2.2 m
Missouri	\$2.3 m
Georgia	\$2.5 m



**To date, nearly 800,000 persons
have been screened in SAMHSA's
SBIRT initiative!**

SBIRT: Outcomes at 6 Month Follow-Up



- **Clients reporting no substance use increased 153.8%**
- Clients reporting no arrests increased 3.1%
- Clients reporting being employed increased 18.0%
- Clients reporting being socially connected increased 0.5%
- Clients reporting being housed increased 6.6%

Reimbursing for SBI: Major Policy Changes!

- **HCPCS Codes (Medicaid)**
 - H0049: Alcohol &/or Drug Screening (\$24)
 - H0050: Brief Intervention:15 mins. (\$48)

- **CMS G-Codes (Medicare)**
 - G0396: 15-30 mins (\$29.42)
 - G0397: > 30 mins (\$57.69)

- **CPT Codes (Commercial Health Plans)**
 - 99408: 15-30 mins (\$33.41)
 - 99409: > 30 mins (\$65.51)



**Bravo Eric...
and a host of other SBIRT
proponents!**

FY 08 Medical Residency Grants

- Natividad Medical Center (CA)
- University of California, San Francisco
- Yale University (CT)
- Access Community Health Network (IL)
- Children's Hospital Corp (MA)
- Albany Medical College (NY)
- Kettering Medical Center (Ohio)
- Oregon Health and Science University (OR)
- University of Pittsburgh (PA)
- University of Texas
- Howard University (DC)

Next Steps

- Cost offset and cost effectiveness studies
- Lessons learned from State-level health care reform initiatives (e.g., MA, VT, ME)
- Data on how states use Medicaid to support drug treatment
- Integration of services
- Electronic health records

Thanks!

Integrating Care Makes Sense/Cents

- Between 1998 and 2003, the number of patients diagnosed with a mental health/substance abuse disorder in community health centers increased from 210,000 to 800,000 (Druss, et al. (2006).
- Availability of medical care services in drug treatment clinics is associated with lower repeated emergency department use (Laine, et al. (2005).
- Integrated care patients had significant decreases in hospitalization rates, inpatient days, and ER use (Parthasarathy, et al. (2003).