

Screening, Brief intervention, and Referral to Treatment.

A Public Health Approach

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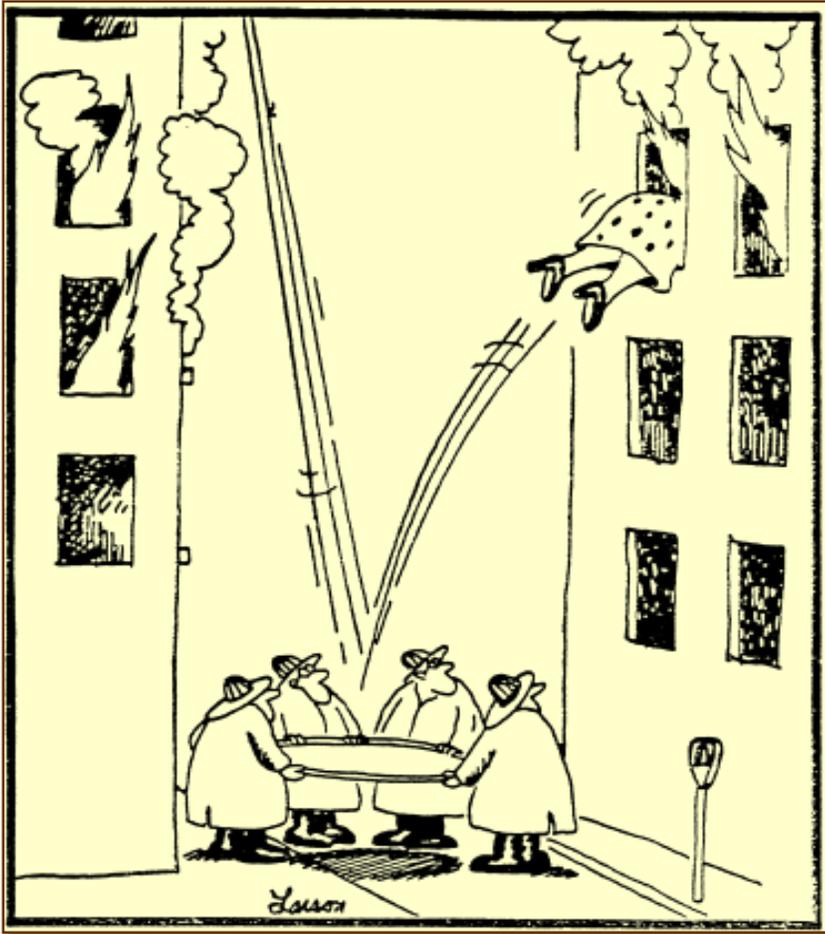
When “I” is replaced by “we”,
even *illness* becomes *wellness*.

Malcom X

Thinking in “WE” gives us a broader view of the
way things are so we can be better systems
engineers.

Me 😊

We Need a Broad Perspective or Our Decisions will Often Lead To...



- ▶ Adverse side effects
- ▶ Too little effect
- ▶ Resistance
- ▶ Longer-term effects different from near-term
- ▶ Emergence of new issues

A Chronic Disease Comparison

▶ Disease 1

- ▶ By 2050, the number of people in the United States with the disease is estimated to grow to 48.3 million.
- ▶ Controlled trials provide evidence that intensive lifestyle interventions can prevent or delay the onset of the disease –especially in high-risk individuals.
- ▶ Effective interventions, at both the individual and population levels, are desperately needed to slow the prevalence rates of this disease and reduce disease-related complications in the United States.
- ▶ Its condition associated complications are a major cause of morbidity and mortality in the United States and contribute substantially to health care costs.
- ▶ Psychosocial factors such as depression, increased stress, lower social support, and poor mental health status also are associated with an increased risk for the development of this disease
- ▶ Disease can affect many different organ systems in the body and, over time, can lead to serious co-morbid complications.
- ▶ Other complications include dental disease, reduced resistance to infections and birth complications
- ▶ The estimated costs associated with the disease in the United States is estimated at \$249 billion per year.

▶ Disease 2

- ▶ Currently, the number of people in the United States with the disease is estimated to be over 22 million.
- ▶ Controlled trials provide evidence that intensive lifestyle interventions can prevent or delay the onset of the disease –especially in high-risk individuals.
- ▶ Effective interventions, at both the individual and population levels, are desperately needed to slow the prevalence rates of this disease and reduce disease-related complications in the United States.
- ▶ Its condition associated complications are a major cause of morbidity and mortality in the United States and contribute substantially to health care costs.
- ▶ Psychosocial factors such as depression, increased stress, lower social support, and poor mental health status also are associated with an increased risk for the development of this disease
- ▶ Disease can affect many different organ systems in the body and, over time, can lead to serious co-morbid complications.
- ▶ Other complications include dental disease, reduced resistance to infections and birth complications
- ▶ The estimated costs associated with the disease in the United States is estimated at \$400 billion per year.

It is clear that there is a growing epidemic of both diseases in the United States;

An increasing prevalence of related risk factors will continue to exacerbate the problem;

Therefore, population-based efforts that affect the modifiable risk factors, are needed to reduce the burden of both.

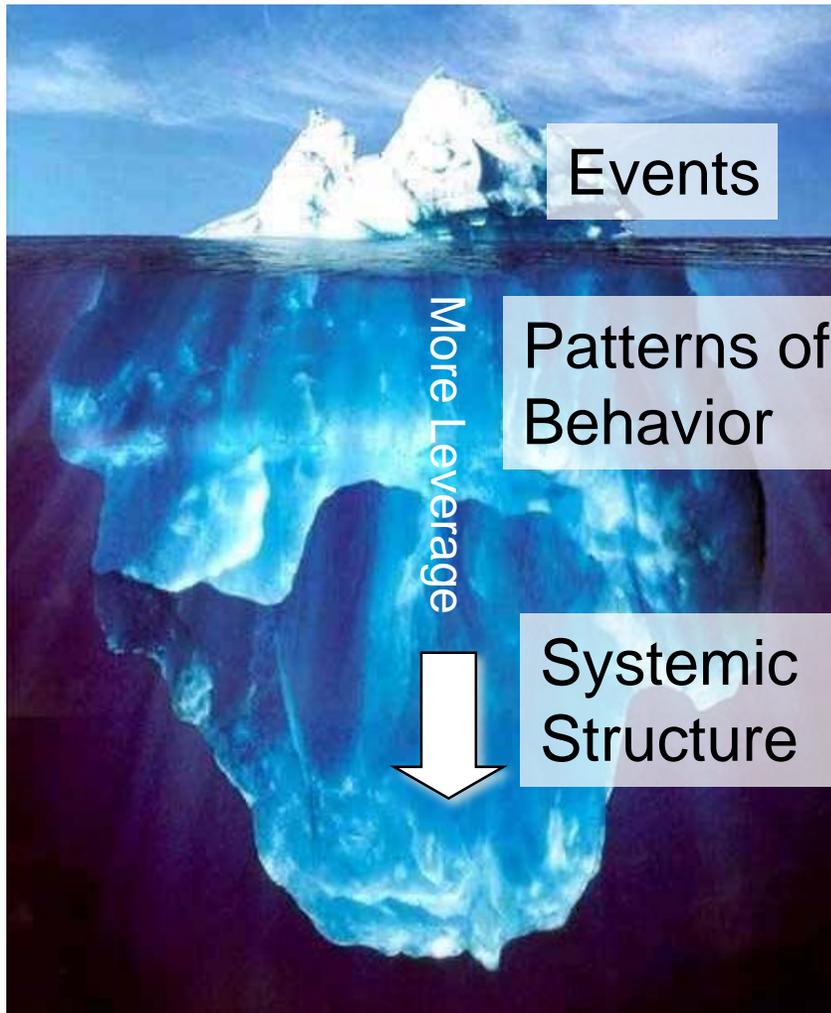
The Public Health Approach

CDC's Chronic Disease Prevention System

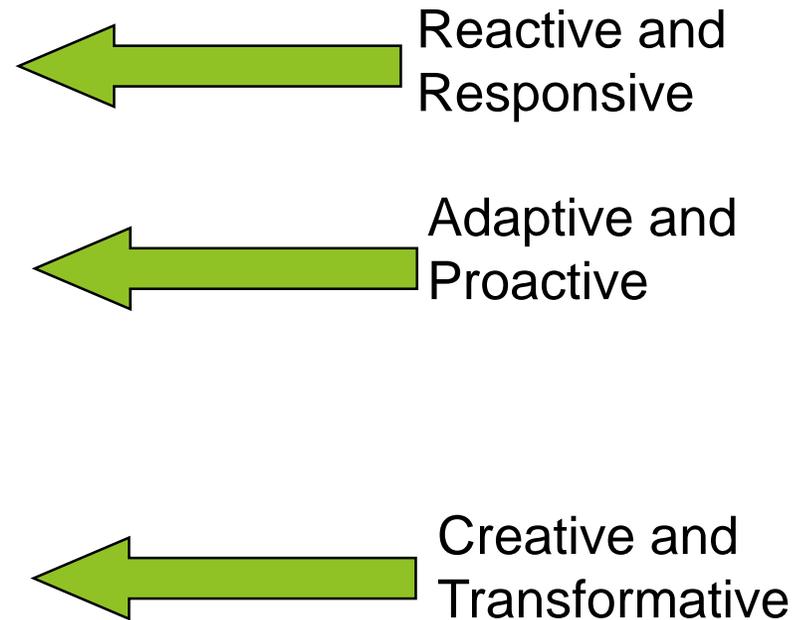
THE FOUR DOMAINS

- **EPIDEMIOLOGY AND SURVEILLANCE** - Provide data and conduct research to guide, prioritize, deliver, and monitor programs and population health
- **ENVIRONMENTAL APPROACHES** - Make healthy behaviors easier and more convenient for more people
- **HEALTH CARE SYSTEM INTERVENTIONS** - Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors
- **COMMUNITY-CLINICAL LINKS** - Ensure that people with or at high risk of chronic diseases have access to quality community resources to best manage their conditions

The Iceberg - A Metaphor for the Level at Which We Address a System



We Can Be:



ALL 3 are needed

A Systems Paradigm Shift

- ▶ Current polarity of thinking about addiction - Brain Disease vs. Bad personal choices.
 - ▶ Not reflective of the research which, if nothing else, emphasizes the sheer complexity of the issue
- ▶ Addiction, like diabetes encompasses both; a manifestation of a “disease” heavily impacted by personal choices and lifestyle habits.
- ▶ At every stage of the progression of both diseases there exists both “voluntary” and “involuntary” components.
- ▶ Successful treatment of both diseases requires a combination of medical interventions as well as lifestyle/behavior changes.
- ▶ The cost of not doing so for both diseases represent tremendous burden to society

The public health approach is
also the system approach -
both seek to be proactive vs.
Reactive

The DOH Strategic Plan seeks to
implement systems that are proactive

Make Health Hawaii's Shared Value



A

Invest in Healthy Babies and Families

- 1 Reduce substance use and exposure for pregnant mothers
- 2 Decrease unintended pregnancies
- 3 Support parents and extended ohana after childbirth
- 4 Promote developmental screenings and services in early childhood
- 5 Enhance maternal bonding and improve obesity prevention through breastfeeding
- 6 Address conditions contributing to child deaths and maternal mortality
- 7 Plan for a system of care for children that addresses physical and emotional health



B

Take Health to Where People Live, Work, Learn, and Play

- 1 Invest in telehealth to improve health access
- 2 Prevent and contain epidemics and disease outbreaks
- 3 Improve connections between primary care and behavioral health
- 4 Improve life trajectories for vulnerable persons
- 5 Partner with communities to identify and meet their needs
- 6 Create communities where the healthy choice is the easy choice
- 7 Improve home, school, and workplace safety



C

Create a Culture of Health Throughout Hawaii

- 1 Invest in better mental health
- 2 Enforce public health and environmental regulations
- 3 Make health and environmental data more accessible
- 4 Improve and protect Hawaii's water, land, and air
- 5 Adapt to and mitigate climate change
- 6 Enhance public health communication to influence, educate, and motivate
- 7 Enhance laboratory and scientific services

D



Address the Social Determinants of Health

E



Use Evidence-Based Practices and Make Data-Driven Decisions

F



Improve Core Business Services and Customer Satisfaction

SBIRT - One Component of a Proactive System

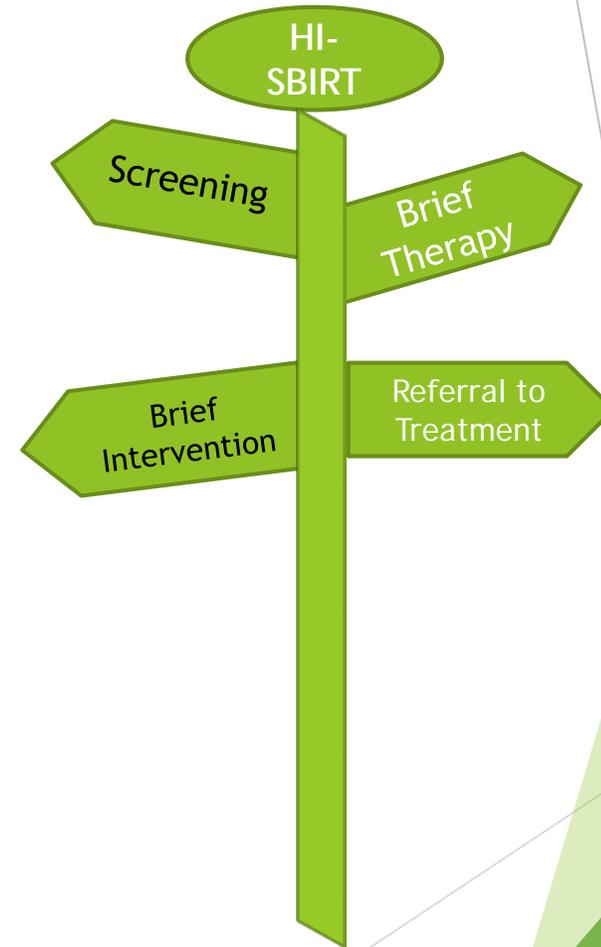
- ▶ Hawaii's Screening, Brief Intervention and Referral to Treatment (HI-SBIRT/Maternal SBIRT) projects incorporate SBIRT Services into primary care settings across the State.
- ▶ Collaborative effort between SAMHSA, Hawaii state agencies, community organizations and healthcare providers to expand Hawaii's continuum of health promotion, prevention and care.
- ▶ Moves Hawaii toward realizing its goal of a seamlessly integrated healthcare system that helps to improve Social Determinants of Health.
- ▶ SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment for persons with substance use disorders, as well as for those who are at risk of developing these disorders.

WHY SBIRT?

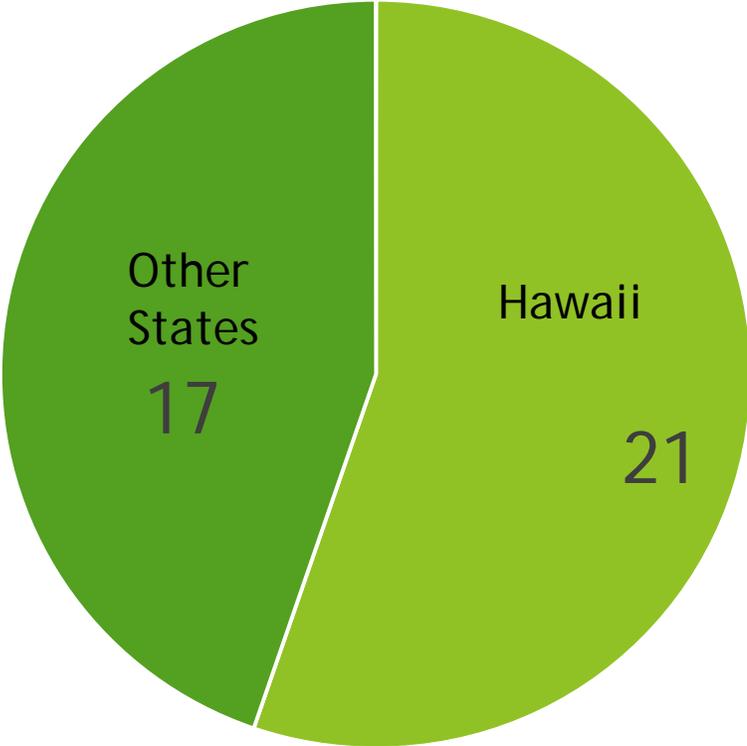
Screening, Brief Intervention and Referral to Treatment (SBIRT)

Because!

- ▶ “The SBIRT model represents a paradigm shift in substance use and abuse interventions.” (Source: SAMHSA, TAP33).
- ▶ Traditionally, the focus of SUD intervention has been on individuals with severe substance use or for those meeting the criteria for substance abuse or dependence.
- ▶ The SBIRT model allows healthcare systems to move this focus to a more effective, comprehensive, and integrative approach.
- ▶ This is achieved by providing services on a full continuum of substance involvement, which includes: universal screening, secondary prevention, early intervention, and timely referral to treatment for individuals with SUD.



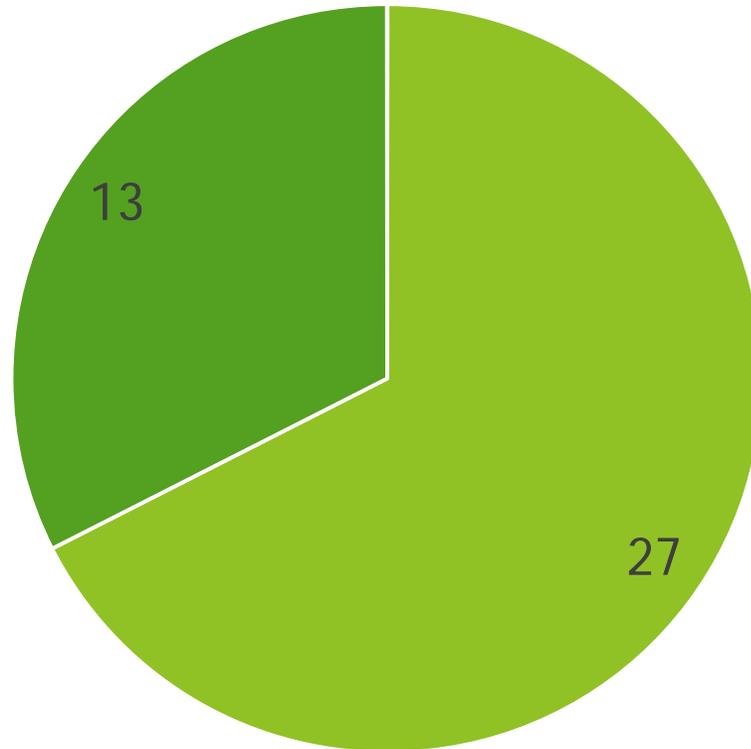
Heavy/Binge Drinking -National Average Rates vs. Hawaii - 2015



■ Hawaii ■ Other States

Source: United Health Foundation

Heavy or binge drinking among males and females in Hawaii - 2013



■ Males ■ Females

Source: Center for Disease Control's
Behavioral Risk Factor Surveillance
System, 2013

Percentage of Women in Hawaii who drink alcohol during the last 3 months of pregnancy



Source: Hawai'i Data Warehouse. 2015. "PRAMS Health Indicator - Drinking Alcohol Last 3 Months of Pregnancy (BRFSS)"

Rationale for adopting SBIRT...

The key characteristics of the SBIRT model is:

- ▶ It is brief.
 - ▶ The screening is universal.
 - ▶ One or more specific behaviors are targeted.
 - ▶ The services occur in a public health, medical, or other non-SUD treatment setting.
 - ▶ It is comprehensive.
 - ▶ Strong research or substantial experiential evidence supports the model. (Source: SAMHSA, 2011).
- ❖ Given Hawaii's high rates of binge drinking compared with other states, coupled with the need for a more universal alcohol and substance abuse screening at all points of access to care, it makes good sense to adopt the SBIRT model into the current healthcare system.

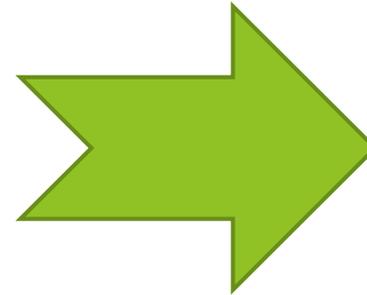
SBIRT's Alignment with Statewide Strategic Plans and Policies

Hawaii Department of Health Strategy Map: 2015 - 2018

Make Health Hawaii's Shared Value

 <p>A Invest in Healthy Babies and Families</p>	 <p>B Take Health to Where People Live, Work, Learn, and Play</p>	 <p>C Create a Culture of Health Throughout Hawaii</p>
<p>1 Reduce substance use and exposure for pregnant mothers</p>	<p>1 Invest in telehealth to improve health access</p>	<p>1 Invest in better mental health</p>
<p>2 Decrease unintended pregnancies</p>	<p>2 Prevent and contain epidemics and disease outbreaks</p>	<p>2 Enforce public health and environmental regulations</p>
<p>3 Support parents and extended ohana after childbirth</p>	<p>3 Improve connections between primary care and behavioral health</p>	<p>3 Make health and environmental data more accessible</p>
<p>4 Promote developmental screenings and services in early childhood</p>	<p>4 Improve life trajectories for vulnerable persons</p>	<p>4 Improve and protect Hawaii's water, land, and air</p>
<p>5 Enhance maternal bonding and improve obesity prevention through breastfeeding</p>	<p>5 Partner with communities to identify and meet their needs</p>	<p>5 Adapt to and mitigate climate change</p>
<p>6 Address conditions contributing to child deaths and maternal mortality</p>	<p>6 Create communities where the healthy choice is the easy choice</p>	<p>6 Enhance public health communication to influence, educate, and motivate</p>
<p>7 Plan for a system of care for children that addresses physical and emotional health</p>	<p>7 Improve home, school, and workplace safety</p>	<p>7 Enhance laboratory and scientific services</p>
<p>D  Address the Social Determinants of Health</p>		
<p>E  Use Evidence-Based Practices and Make Data-Driven Decisions</p>		
<p>F  Improve Core Business Services and Customer Satisfaction</p>		

RETURN ON INVESTMENT (ROI)



SBIRT COST BENEFIT

Screening and brief intervention are among the few things in medicine that not only improve patient outcomes, but also saves money.

—LARRY GENTILELLO, MD, FACS, PROFESSOR OF SURGERY AT THE UNIVERSITY OF TEXAS, SOUTHWESTERN MEDICAL SCHOOL

The National Commission on Prevention Priorities ranked alcohol screening and intervention **4th on a list of the top 25 preventative clinical services** recommended by the U.S. Preventative Services Task Force on preventable burden and return on investment (ROI). ^{1,2}

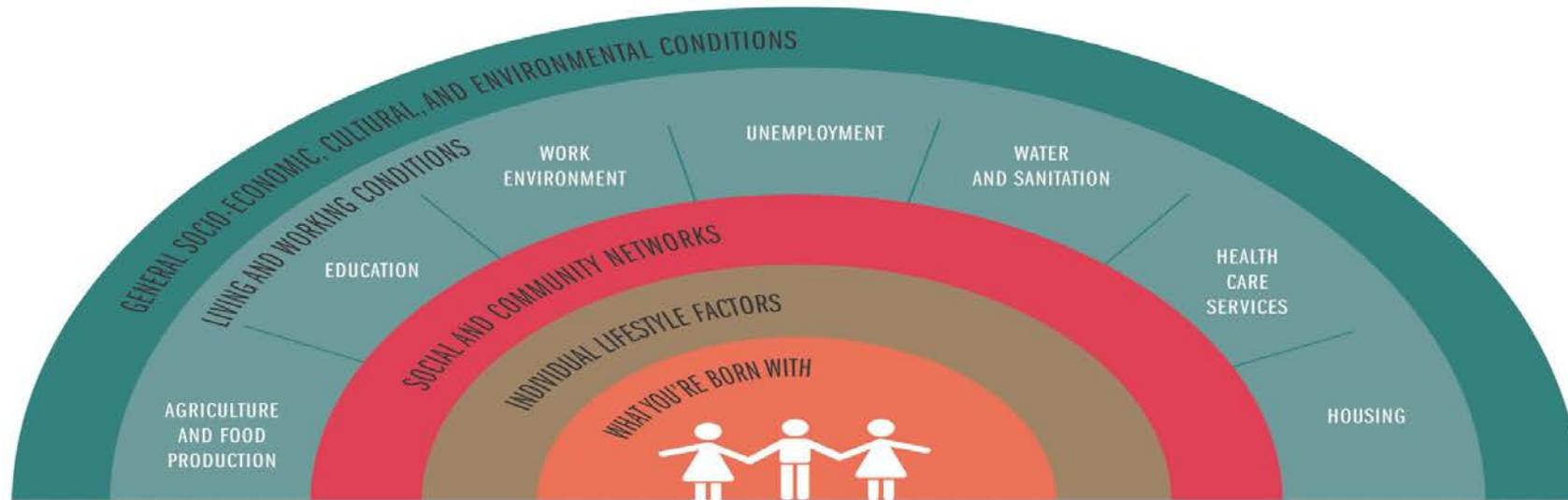
Cost **benefit analysis found an 89% savings** for each patient screened and a \$330 cost savings for each patient who received a brief intervention. ³

For every dollar spent on screening for substance use and providing early intervention approximately **\$4 can be saved in healthcare costs.** ³

1. Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventative services: results of a systematic review and analysis. (2006). American journal of preventative medicine, 31(1):52-61.
2. Bernstein J, Bernstein E, Tassiopoulos K, Heeren T, Levenson S, Hingson R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. Drug and Alcohol Dependence, 77(1):49-59.
3. Gentilello, L.M., Ebel, BE.E., Wickizer, T.M., Salkever, D.S., & Rivara, F.P. (2005). Alcohol interventions for trauma patients treated in emergency departments and hospitals: A cost benefit analysis of surgery. Annals of Surgery, 241(4):541-550.

MAKING "HAWAII'S HEALTH A SHARED VALUE" - has more than just Fiscal Value

THE SOCIAL DETERMINANTS OF HEALTH
for
a Healthy Community



Source: Dahlgren and Whitehead, 1991