

Maryland Primary Care Program: Behavioral Health Integration

Substance Use Disorders

Program Management Office

Overview of Series

1. Overview
2. Build your team
3. Choose what's best for your practice
4. Establishing workflows for treatment and referral
5. Recruiting Resources
6. Registry and Data
7. Collaborative Care Model
- 8. SBIRT and MAT**
9. Coding and Billing

What do we mean by Behavioral Health?

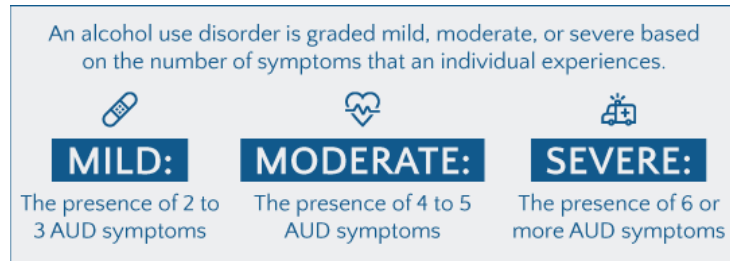
- Mental health and substance use disorders
- Focus on:
 - Mental health – in particular depression and anxiety
 - **Substance use disorders – in particular alcohol and opioids**

Why treat substance use in the primary care setting?

- Substance use is prevalent in our communities
- Substance use is often linked to presenting symptoms (e.g. injuries, hypertension)
- Primary care clinics have established relationships & rapport with patients
- Minimize associated stigma
- Large numbers of people can be helped using fewer resources

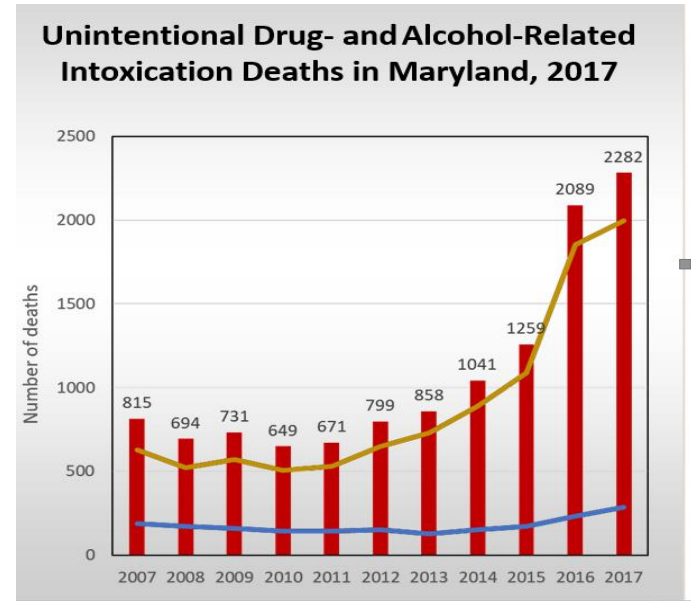
Alcohol use disorder

- Most commonly used drug in the US.
- US: 88,000 deaths per year, 4th leading actual cause of death
- Maryland: 1,324 attributable deaths per year
- Costs the state \$5 billion per year



Opium Use Disorder

- National overdose crisis with higher annual mortality than at the height of the HIV epidemic.
- Maryland is top five of states with highest rates of opioid-related overdose deaths.
- 2,282 overdose deaths in 2017. 88% of these involved opioids.



BHI Overview – Focus on SUD

Screening (universal)

- Registry creation/maintenance
- Risk stratification

Treatment

- Counseling – Behavioralist
- Medication – Clinician
- Coordination – Care Manager

Referral (as needed)

- Psychiatry
- Addiction Specialist

Screening

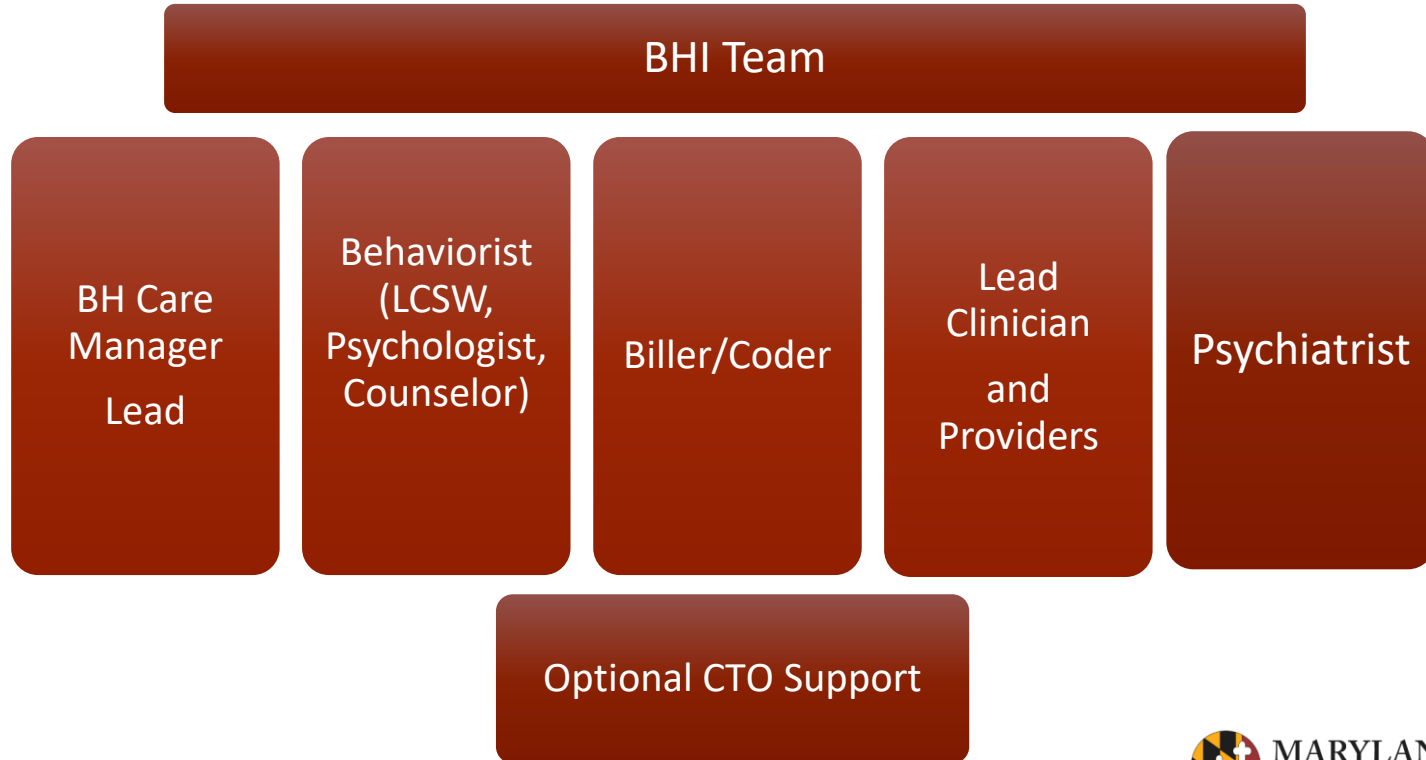
Treatment

Brief interventions, counseling, medications, and harm reduction

Referral

Counseling or specialists

Build the Team



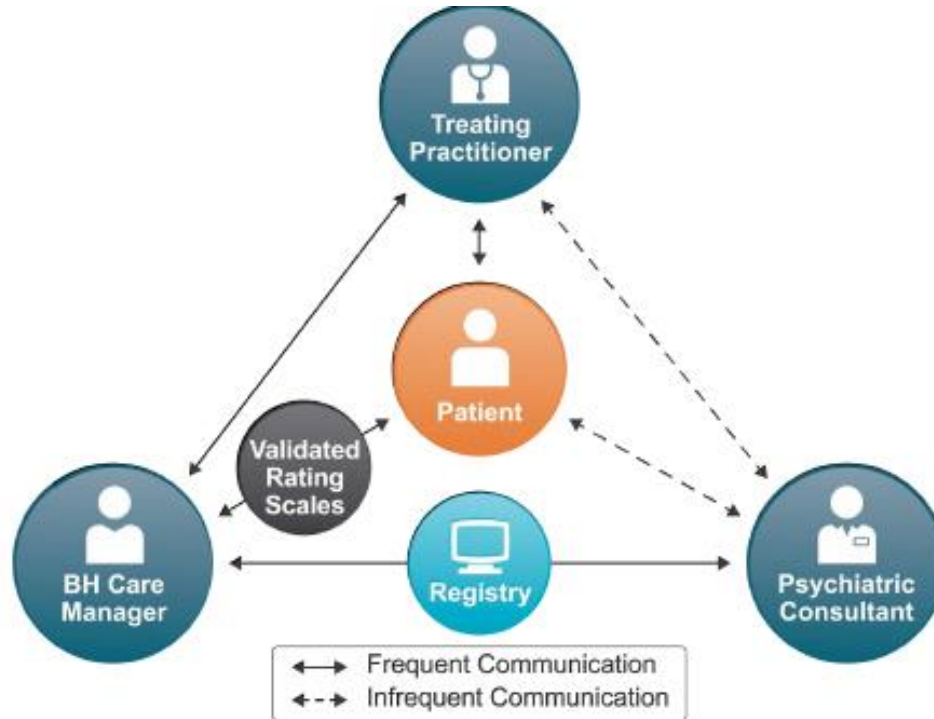
Screening and Identification

- Mood disorders
 - **PHQ-2**, PHQ-9
 - GAD-7
- Substance use disorders:
 - Alcohol: **AUDIT-C** (the “S” in SBIRT)
 - Opioids and other drugs: **NIDA Quick Screen**
- Other screening options
- Intuition
- Data Capture Important- Initial and Longitudinal

Target populations for screening

- Goal is for universal screening
- Need to determine how often patients will be screened:
 - On annual visits
 - Bi-annually
 - At every visit
 - On preventive care visits
- Who will be screened:
 - Adults
 - Adolescents – age range
 - Pregnant women

BH Care Manager- Central to Registry



Treatment of Alcohol Use Disorder (AUD)

Three components of evidence-based treatment for AUD:

1. Psychosocial Treatment (using SBIRT)
2. Medications
3. Harm Reduction/Supportive Treatment

Opioids- Medication Assisted Treatment (MAT)

Medication assisted treatment (MAT) is the standard of care

- Buprenorphine and methadone (opioid agonist therapy)
- Naltrexone (opioid antagonist)

Always consider harm reduction- Naloxone, etc.

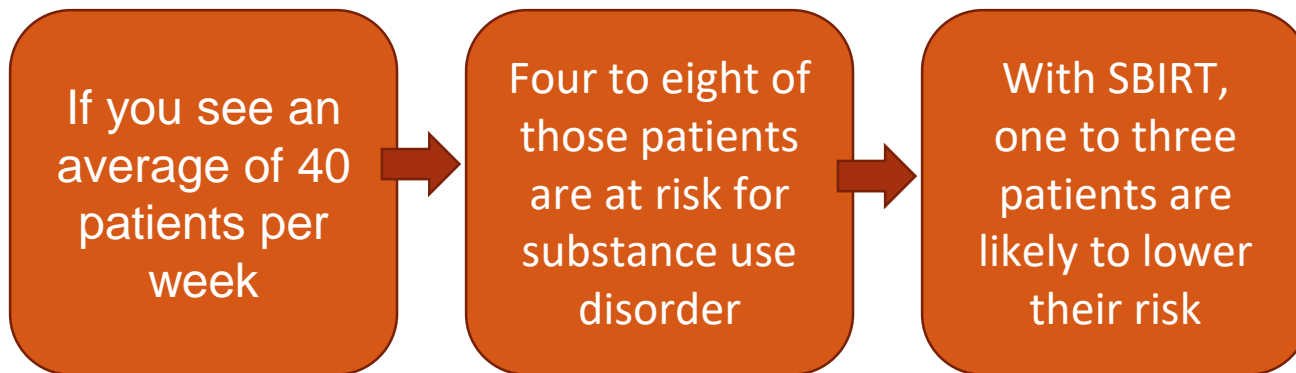
Buprenorphine and methadone maintenance decrease mortality, independent of counseling. They should be considered for every patient with OUD.

What is SBIRT?

- Screening, Brief Intervention, Referral to Treatment
- An evidence-based, cost-effective model to reduce or stop alcohol use.
- When combined with MAT, can be effective in caring for patients with OUD

SBIRT Effectiveness

- Reduced health care costs:
 - For each \$1 spent on SBIRT we save \$3.81-\$5.60
- Reduced ED visits **20%**
- Reduced hospitalizations **37%**



SBIRT for OUD

- SBIRT effective for OUD when medication (MAT) is part of the “brief intervention”
 - Medications are the cornerstone of treatment and are effective even without psychosocial treatments
- Workflows should combine SBIRT with MAT and Harm Reduction
- Build referral networks to methadone treatment facilities and addiction specialists (CTOs can facilitate)

Steps to Conduct SBIRT

- Screen for alcohol, drug use, and smoking with evidence-based tools such as AUDIT-C
- Brief advice/interventions for those with at-risk use
- Start medication as indicated (MAT for OUD)
- Harm reduction/Supportive treatment
- Refer patients with high screen scores to dedicated treatment: counseling, peer recovery, addiction specialist
- Follow-up to continue brief interventions and medications and to assess response

Design Workflows for SBIRT

- Goal to integrate into existing staffing and flow
- Organize multi-disciplinary team
- Conduct walk-throughs
- Produce flow charts of existing operation
- Work with team to integrate SBIRT by identifying staff roles and new process flow



SBIRT/MAT Support Business Cases

- ATTC training programs- MAT - free to practices
- Mosaic SBIRT implementation - free to practices

Billable services

- MAT- E/M codes - prolonged
- Co-located providers may bill as usual
- SBIRT substance abuse and structured screening and brief intervention services (99408) can be offered and billed for naloxone education.
- Collaborative Care billing

Thank you!



Updates and More Information:

<https://health.maryland.gov/MDPCP>

Questions: email mdh.pcmode@Maryland.gov