

Colorado Substance Abuse and Healthcare Policy Summit: An Overview

—BY BRIE REIMANN, SBIRT PROGRAM DIRECTOR

PURPOSE

In September 2006, the Colorado Office of the Governor received a grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment to implement Screening, Brief Intervention, Referral to Treatment (SBIRT) Services in healthcare settings statewide. Known as SBIRT Colorado, its mission is to implement SBIRT as a standard, routine part of healthcare delivery for people living in Colorado. SBIRT is a public health approach aimed at reducing health-related consequences of substance abuse by intervening early on the continuum and providing people the tools they need to make positive decisions related to their health. SBIRT represents a significant paradigm shift in addressing substance abuse as a healthcare issue, rather than a legal issue.

On August 20, 2009, in collaboration with the Colorado Providers Association SBIRT Colorado hosted the first annual Colorado Substance Abuse and Healthcare Policy Summit at The Cable Center in Denver. The purpose of the summit was to bring together key policy makers representing behavioral health and healthcare at the national, state and local levels to discuss policy initiatives needed to support substance abuse preventive services.

The theme for the summit was ‘Bridging the Gap’ between behavioral health and healthcare to improve the provision of substance abuse preventive services. Opening remarks were made by John Bender, MD, physician and director at Miramont Family Medicine in Fort Collins, Colorado. Dr. Bender continues to be a champion for SBIRT Colorado. Three panel presentations followed: Prevention and Early Intervention; Service and System Integration; and Financing Preventive Services.

The panel presentations consisted of three to five people representing federal, state and local perspectives. Each panel presentation was followed by breakout sessions among the 120 participants randomly assigned to tables to encourage dialogue. Each table had a captain responsible for recording three key action items and three key themes related to each panel discussion. Table captains reported on themes and action items to the larger group. These key action items and themes will drive the agenda for the SBIRT Colorado Policy Steering Committee to further support the mission of bridging the gap between behavioral health and healthcare. To synopsise the three panel presentations:

PANEL 1

PREVENTION AND EARLY INTERVENTION OF SUBSTANCE ABUSE IN GENERAL HEALTHCARE SETTINGS

MODERATOR Stan Paprocki, director of prevention services, Division of Behavioral Health.

PANELISTS Kerry Broderick, MD, emergency department attending physician, Denver Health Medical Center; José Esquibel, director Interagency Prevention Services, Colorado Department of Public Health and Environment; State Representative Tom Massey Jr.; Sandeep Wadhwa, MD, director of Medicaid, Colorado Department of Healthcare Policy and Financing; and Allen Ward, lead public health advisor, Division of State Programs, Center for Substance Abuse Prevention.

QUESTIONS

1. Why should the early identification of substance use and misuse be integrated into general medical practice?
2. What will it take to make prevention and early intervention a top policy priority in the State of Colorado?
3. How do we emphasize the importance of prevention and early intervention of substance abuse in healthcare and in other settings such as public health agencies, community-based organizations and Employee Assistance Programs?

KEY THEMES AND ACTION ITEMS

Key action items from all panels fell within five main categories: systems change; policy; funding; training/education; marketing/public awareness.

Participants felt the following action items are needed to improve substance abuse prevention and early intervention services:

- address the stigma related to substance abuse
- break down the barriers preventing providers from sharing information across sectors
- increase the funding available to support prevention and intervention strategies
- provide additional training and cross-training to providers in evidence-based prevention and intervention strategies
- create the demand among the consumer population for better substance use prevention and early intervention services

PANEL 2

SERVICE AND SYSTEM INTEGRATION: DISCUSSION ON THE GAP THAT EXISTS BETWEEN THE TWO SYSTEMS

MODERATOR Janet Wood, MBA, MEd, director, Division of Behavioral Health

PANELISTS Karen Beye, executive director, Colorado Department of Human Services; State Senator Betty Boyd; Westley Clark, MD, JD, MPH, CAS, FASAM, director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration; Wayne Maxwell, PhD, executive director, North Range Behavioral Health; Paul Samuels, director and president, Legal Action Center; and Karen Wyatt, MD, medical director, Summit Community Care Clinic.

QUESTIONS

1. What policies are needed to support integrating substance use prevention and early intervention into healthcare as a routine part of general medical practice?
2. Describe the gap that exists between healthcare and substance abuse services in Colorado and ideas for bridging the gap between the two disciplines.
3. How do you define integrated care; what steps would you propose to promote integrated care in Colorado?
4. How can we promote preventive services as a key component to healthcare reform?

KEY THEMES AND ACTION ITEMS

Participants acknowledged the following were needed to ensure service and system integration:

- address ownership issue between behavioral health and healthcare
- improved system of sharing of electronic medical records and other health information between healthcare and behavioral health
- reimbursement to encourage routine delivery of substance abuse preventive services in healthcare
- early workforce training and cross-training among behavioral health and healthcare professionals
- curricula and fidelity measures to ensure evidence- based services are in place
- follow-up between behavioral health and healthcare settings to assist in closing the loop
- tailor services to specific community needs
- additional services needed for youth
- increased exposure of public health message among consumers

PANEL 3

PRIVATE AND PUBLIC FINANCING OF PREVENTIVE SERVICES

MODERATOR Janet Wood, MBA, MEd, director Division of Behavioral Health

PANELISTS Lorez Meinhold, senior policy officer Colorado Health Foundation; Betsy Thompson, MD, DrPH, chief medical director, San Luis Valley Health Maintenance Organization; and Tom Stegbauer, PhD, supervisory management analyst, The Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.

QUESTIONS

1. What are the barriers preventing private and public health plans from paying for substance abuse preventive services as they do for cholesterol testing and medications?
2. What policies are needed to ensure providers are paid for substance abuse preventive services by the public and private sectors to reduce costs in the long run?
3. What are some solutions for incorporating preventive services into public and private financing?

KEY THEMES AND ACTION ITEMS

Participants agreed upon the following action items needed to support financing preventive services:

- adopt SBIRT in Medical Home Model
- initiate change among health plans, health plan purchasers, businesses, trainers, etc.
- capitalize on legislation such as HB1204 to support substance abuse preventive services
- prioritize substance abuse preventive services as equally important as other chronic disease prevention strategies
- highlight substance abuse preventive services and parity in healthcare reform discussions
- present short- and long-term cost savings to legislators and other policy makers to demonstrate effectiveness
- braided funding in local, state and federal arenas to support additional services
- include SBIRT as standard in state health insurance plan and other large employer plans
- determine tipping point to achieve desired change; shift infrastructure from individual to shared outcomes
- support from Office of the Governor
- activate Medicaid SBI codes in Colorado state plan
- Joint Commission standards for SBI
- increase alcohol tax

KEYNOTE SPEAKERS

In addition to the three panel speakers, two keynote presenters addressed the summit participants. Susan Foster, vice president and director of policy research and analysis, CASA Columbia, presented on the Shoveling Up Report II and the impact of substance abuse on federal, state and local budgets. Foster highlighted the enormous amount spent in Colorado on substance-related issues in 2005: 15.6% of total state spending. Foster provided recommendations to lessen the burden of substance abuse including prevention, treatment/disease management, taxation, regulation and research.

The second keynote speaker, Dr. Larry Gentilello, MD, FACS, professor of surgery at the University of Texas Southwestern Medical School, presented on the importance of SBIRT as a model to address substance abuse in acute healthcare settings. Gentilello highlighted the importance of adopting screening and brief intervention reimbursement codes to support SBI as a means to decrease the rate of trauma recidivism, prevent substance abuse and ultimately to save costs.

NEXT STEPS

The SBIRT Colorado Policy Steering Committee will devise a plan to implement prioritized action items and policy recommendations gathered from the summit. The Committee invites additional members to join in assisting with this task. Members act as advocates for improved substance abuse preventive services and integration between healthcare and behavioral health in Colorado. Finally, SBIRT Colorado is gearing up for the second Policy Summit tentatively scheduled for May 2010 and we welcome ideas and suggestions regarding topic areas and summit format. Please email ideas to Brie Reimann, program director for SBIRT Colorado at breimann@peerassist.org.

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