



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Integrating Primary Care into Substance Use Treatment Provider Services Innovation Community

April 27th, 2016

Setting the Stage: Today's Moderator



Madhana Pandian
Associate

SAMHSA-HRSA Center for Integrated Health Solutions



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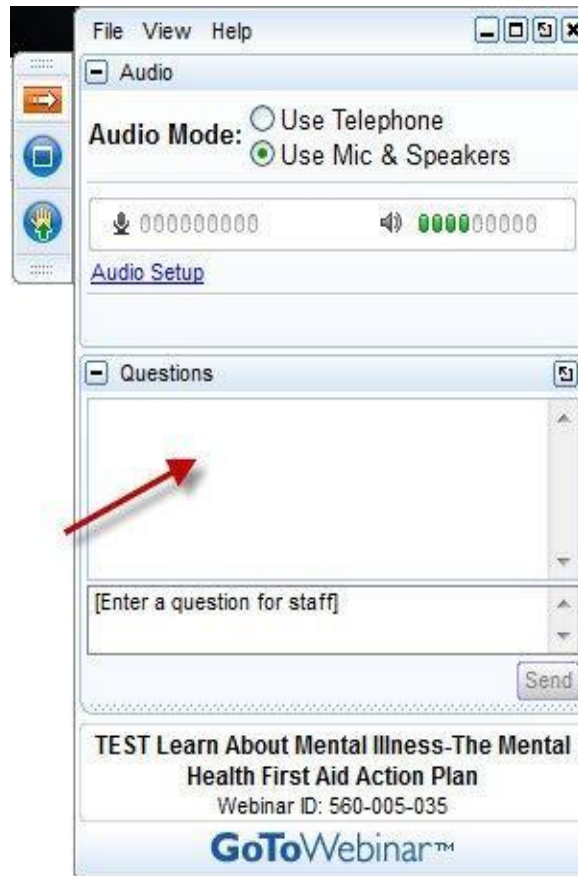
To download the presentation slides, please click the dropdown menu labeled “Handouts” on the bottom right of your screen.

Slides are also available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Innovation Community

Our format:



Structure

Presentations from experts

Polling You

At designated intervals

Asking Questions

Responding to your written questions

Follow-up and Evaluation

Ask what you want/expect
and presentation evaluation

Setting the Stage: Today's Facilitator



Aaron Williams

Director of Training and Technical Assistance for Substance Use
SAMHSA-HRSA Center for Integrated Health Solutions

Setting the Stage: Today's Presenter



Les Sperling
CEO of Central Kansas Foundation

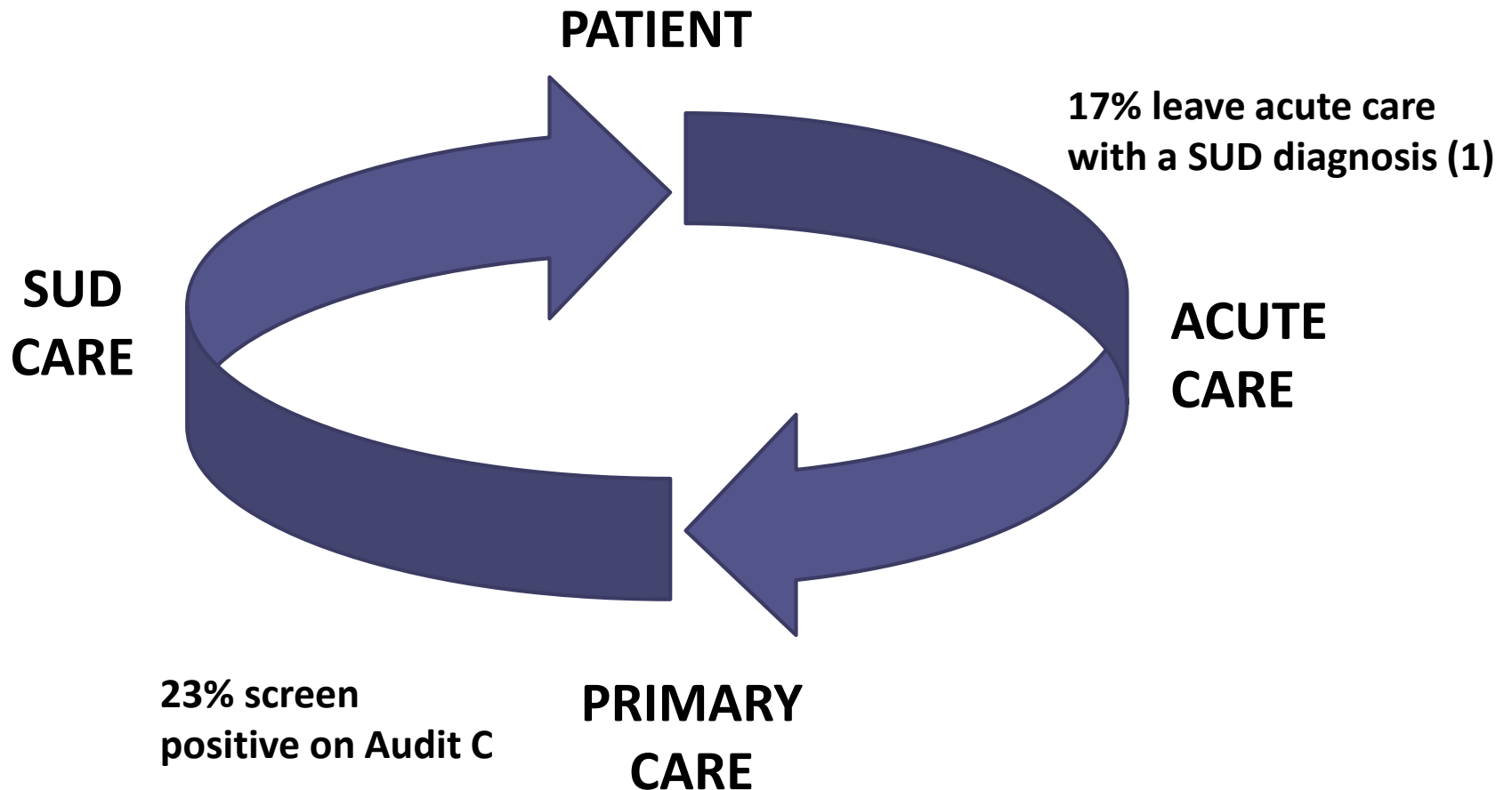
Substance Use Disorder Providers Impacting Population Health

Les Sperling
Central Kansas Foundation

Our Three Guiding Principles For Integration

- 1) SUD providers possess expertise that is incredibly valuable to medical professionals.
- 2) When this expertise is available in acute and primary medical care settings, patient health improves and costs associated with chronic illness are reduced.
- 3) SUD services have a significant impact on health care costs and SUD work will be compensated adequately.

Patient Pathways



(1) "Acute Care Hospital Utilization Among Medical Inpatients Discharged With a Substance Use Disorder Diagnosis", *J Addict Med* . Volume 6, Number 1, March 2012

Important Questions

- 1) Do you have a thorough understanding of the operational and cultural challenges that each group you are seeking collaboration with faces on a daily basis?
 - Are you bringing a boutonniere or a centerpiece to the table?
 - Is your elevator speech acronym free?

Making YOUR Case will be highly dependent upon

- Your medical community
- Your SUD provider community
- Your agency mission
- Your state Medicaid plan
- Your individual commitment to SBIRT/Integration

Our case was made with

- \$0 grant dollars
- Financing within existing healthcare spend
- SUD treatment codes active in state Medicaid plan
- Focus on integration

Addressing the Elephant in the Integration Living Room

- **Primary Care Physicians**

“My least favorite patients to work with are those with addiction, pain management, and weight loss issues.”

“If you add another preventive screen, I won’t have any time to visit with my patients.”

- **Emergency Room Physician**

“My treatment plan for intoxicated patients is a sandwich and a taxi”.

PARTNERS

SUD Providers

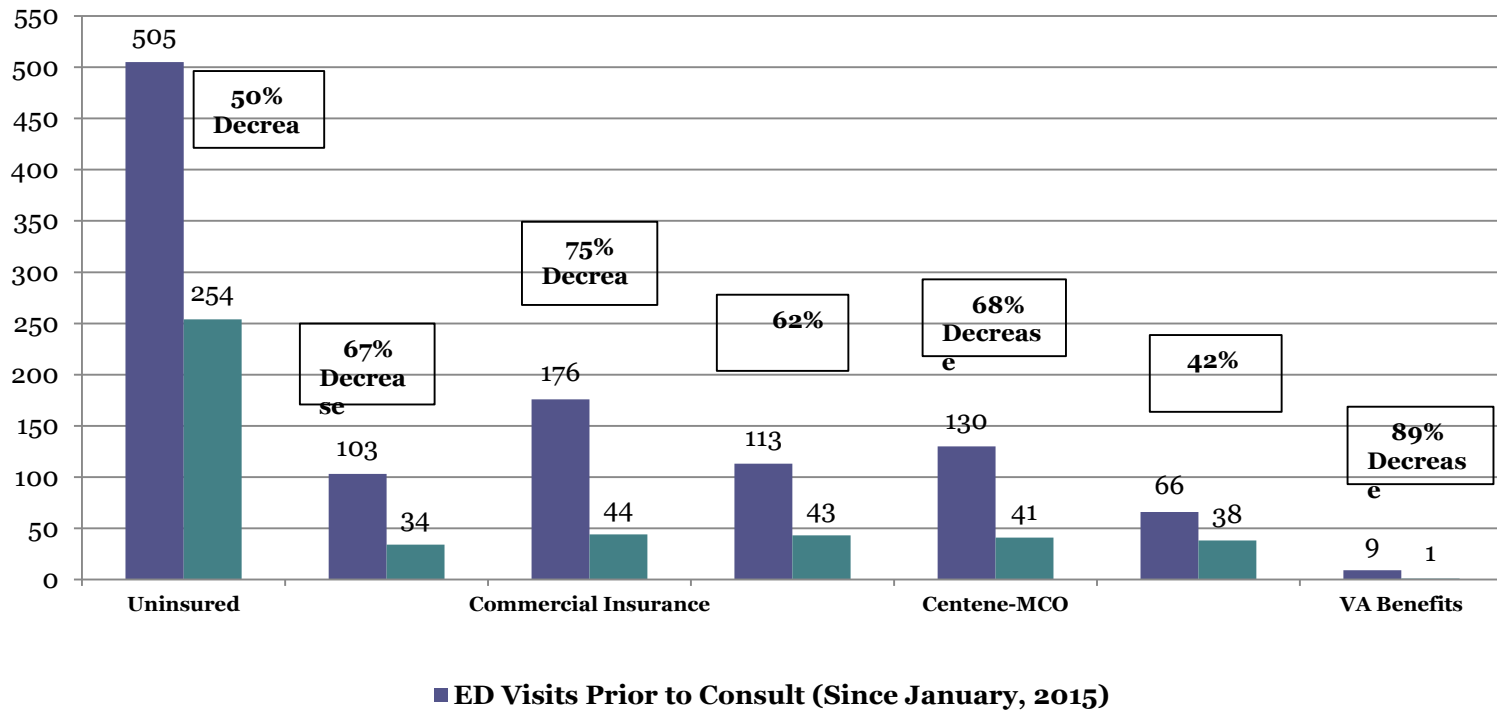
CKF
Community Based
65 Employees
5 locations
Outpatient, Detox,
Medication Assisted
Withdrawal, Residential
Treatment &
Prevention/Education

**Salina Regional
Health Center**
300 Bed Acute Care
Regional Health Center
Level III Trauma Center
27,000 ED
presentations/year
Alcohol/Drug DRG was
2nd most frequent re-
admission

**Stormont-Vail Health
Center**
586 Bed Acute Care Hospital
Level II Trauma Center
65,000 ED presentations /year

**Salina Family
Healthcare**
10,000 unique patients
13 Family Medicine
Residents
10 dental chairs

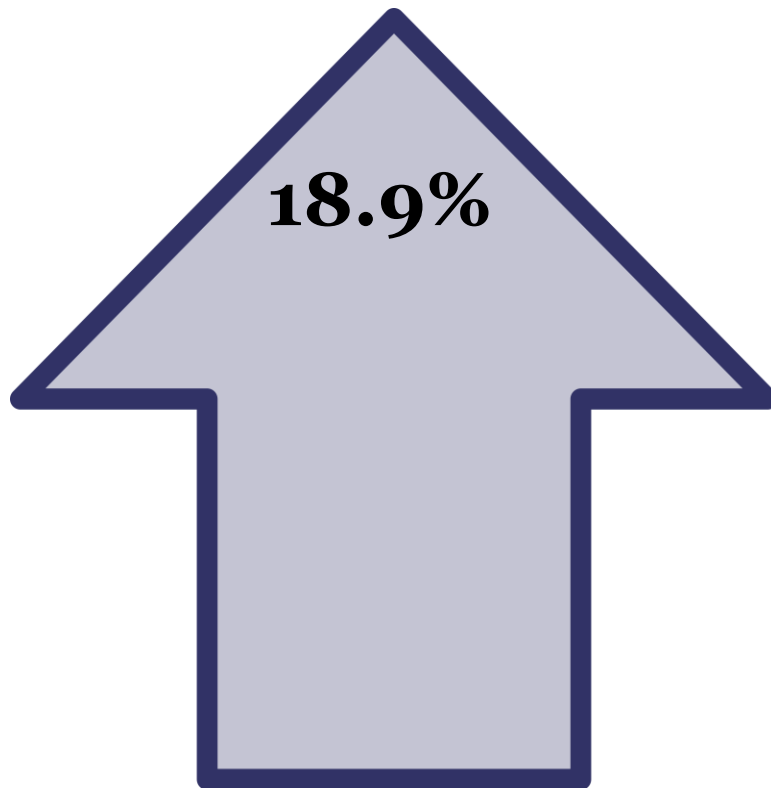
2015 Total Number of Stormont-Vail SUD-ED Visits by Payer Source



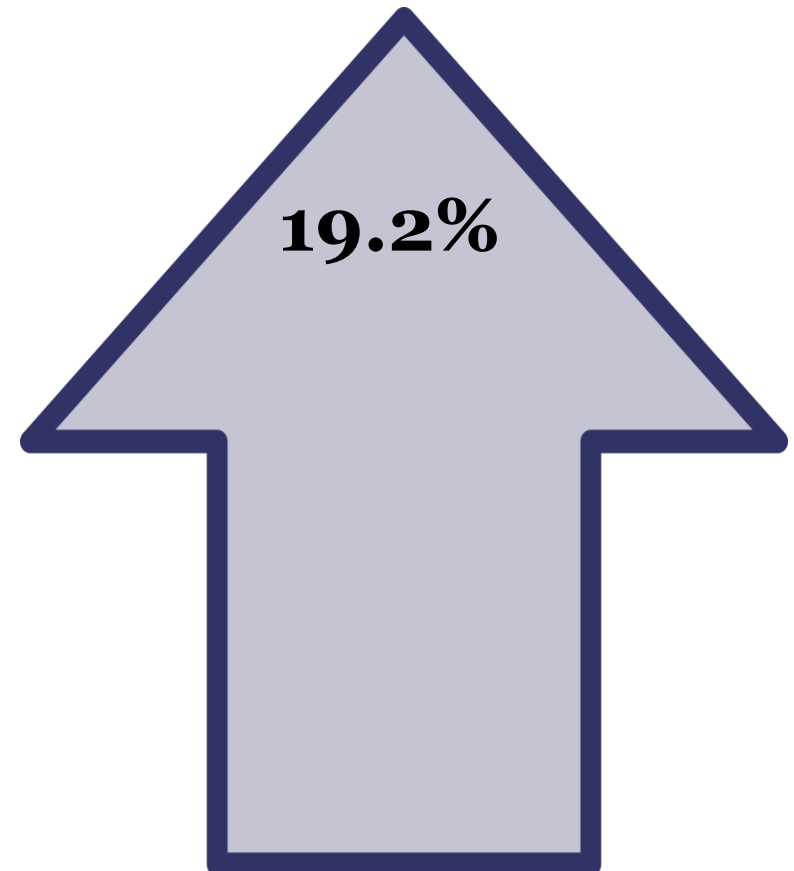
Tangible Business Benefits of Integration

(Average annual growth/year for the last 4 years)

Commercial Insurance Revenue



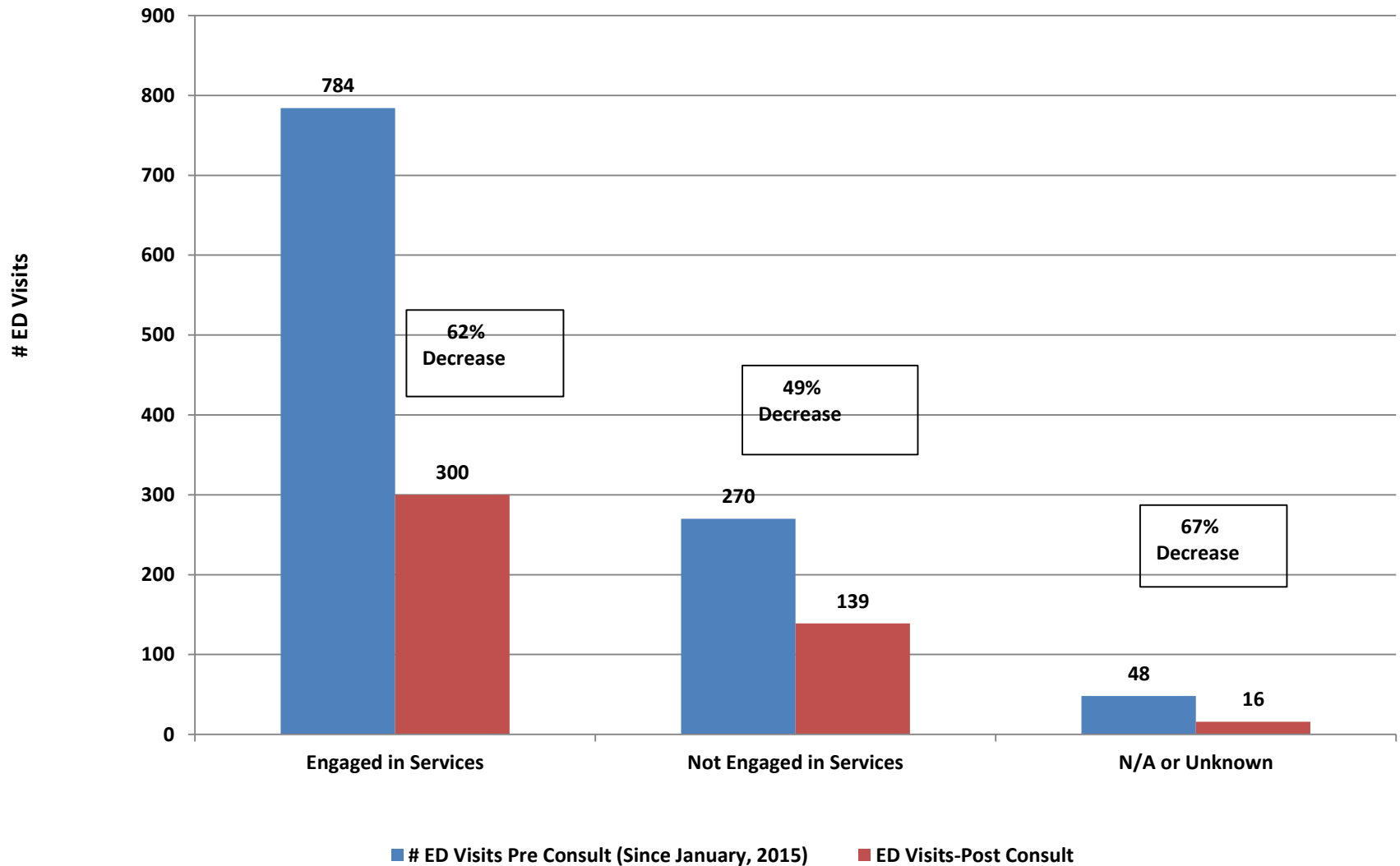
Medicaid Revenue



Data, Data, Data

- Annual UDI report from FQHCs
- Hospital Admission and Discharge Diagnosis Codes
- ED recidivism reports
- Opiate RX report-State opiate RX data
- CMS circulars
- National data
- Outcomes

2015 Total Stormont-Vail Patient ED Visits



What Do You Need In The Integration Development Toolbox?

- Effective and persistent advocacy
- Corporate sense of urgency
- Look for new meetings
- Understand internal and external constraints
- Know DRG's, CPT's, and Dx. codes
- Data, Data, Data
- Always carry a good crisp apple
- Do what you do in 8 minutes or less...
- Relationships, Relationships, Relationships
- Find a champion
- Seek out residency programs/teaching locations
- Understand Health Homes and PMPM

Key Lessons Learned

- Develop trust with medical team by demonstrating competence
- Develop models that address barriers to immediate access to care in all delivery systems
- Focus efforts on care coordination and access to appropriate treatment services
- Understand key internal/external constraints of each partner
- Take special care to match staff to setting
- Maintain flexibility in your model to meet individual setting needs
- Seek data driven solutions
- Establish formal access to care and engagement expectations with referral network

CKF Equation for SUD Integration Success

- $$\frac{(\text{SBIRT} + \text{CDM} + \text{MAT}) \times (\text{C} + \text{DNH})}{(\text{E} \times \text{IATC}) \times \text{T}^2} = \text{IPO}$$
- (SBIRT + Chronic Disease Management + Medication Assisted Treatment) x (Competence + Do No Harm) / Engagement x Immediate Access to Care x Technology = Improved Patient Outcomes

Equation Explained (S.B.I.R.T.)

- Foundational component of successful integration efforts.
- Implementation is often a “Quid Pro Quo” for effective management of chronic recidivists.
- S.B.I.R.T. reimbursement is not essential.

Equation Explained

Chronic Disease Management (CDM)

- Effective case management of chronic recidivists and “difficult patients” purchases good will and opens doors.
- Flexible approaches based upon patient need are critical.
- Brokering access to community based resources is important.

Equation Explained

Medication Assisted Treatment (MAT)

- Seek out SUD providers who value current MAT best practices.
- Making MAT affordable is still a major challenge.
- Time spent educating and engaging community partners around MAT is time well spent.

Equation Explained Competence (C)

- Matching staff to setting is critical.
- Medical professionals expect and demand a high level of competence.
- Competence and professionalism ensures participation in the care team.

Equation Explained

Do No Harm (DNH)

- Patient complaints about competence or care will sink your ship.
- Primary concern of medical practitioners.

Equation Explained Engagement (E)

- Willing to provide care in nontraditional settings?
- Willing to provide transportation?
- Motivational Interviewing and Strengths Based approaches are essential.
- No barrier is insurmountable.
- What happens when someone calls you or accesses your web portal?

Equation Explained

Immediate Access To Care (IATC)

- Does your staff view every need as “urgent”?
- What temperature are your “warm handoffs”?
- Can your data make the case that immediate access to care = additional dollars for SUD treatment providers?
- Can your data show a correlation between completion of treatment and lower healthcare utilization?

Equation Explained Technology (T^2)

- Imagine what impact technology will have on service delivery.
- How far do you want to go?

Equations

- Write your own Equation based on:
 - ✓ Your individual market
 - ✓ Your individual community
 - ✓ Your individual mission

Contact information

**Les Sperling
Central Kansas Foundation
1805 S. Ohio
Salina, KS 67401
785-825-6224
620-242-7923 cell
lsperling@c-k-f.org**



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Questions?



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**Thank you for joining us today.
Please take a moment to provide
your feedback by completing the
survey at the end of today's
webinar.**

If you have additional questions/comments please send them to:

Aaron Williams – aaronw@thenationalcouncil.org

Madhana Pandian – madhanap@thenationalcouncil.org