

**ADDICTIONS AND MENTAL HEALTH DIVISION (AMH)**

**SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT (SBIRT)  
WORKGROUP WEBINAR**

**June 26, 2015**

**Minutes - DRAFT**

**AMH Participants:** Michael Oyster, Patricia Alderson

**Webinar & Phone Participants:** Sara Kleinschmit, Elizabeth DeLong, Ken House, Ben Messner, Debbie Standridge, Dominique Buhl, Roxann McAnnally, Jim Winkle, Jenna Harms, Alison Johnson, Rose Rice, Liz Thorne, Cindy Denne, Robert Ross, Jordan Rawlins

**Presenters:** Michael Oyster, Dan Reece

**Absent:**

**Special Guest:**

TOPIC	KEY DISCUSSION	ACTION/TASK/DECISION	RESPONSIBLE	DUE DATE
<b>INTRODUCTION</b> (MICHAEL OYSTER)	<ul style="list-style-type: none"> <li>• Brief review of webinar functions and features and conference line muting and unmuting.</li> <li>• Reminders:               <ol style="list-style-type: none"> <li>1. Only unmute when needing to speak.</li> <li>2. Do not place call on hold or the group cannot hear the speaker over the hold music.</li> <li>3. State your name before speaking to avoid confusion.</li> </ol> </li> </ul>		<b>Michael and audience</b>	
<b>BEHAVIORAL HEALTH INTEGRATION: CHALLENGES &amp; SOLUTIONS</b>	<ul style="list-style-type: none"> <li>❖ Presentation by Dan Reece, Transformation Center, who has been collaborating with Michael and SBIRT implementation.</li> <li>❖ Transformation center staff visited a cross section of primary care sites around the state and found some great BH integration results in several sites.</li> <li>❖ Integration tends to be more developed in larger health care systems, they have a single system in</li> </ul>		<b>Dan Reece</b>	

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	<p>which they can imbed themselves in the primary care system. However, some smaller, independent practices have robust integration services as well.</p> <ul style="list-style-type: none"> <li>❖ Reimbursement and sustainability is a concern</li> <li>❖ Communication challenges, project management and capacity</li> <li>❖ There is a lot of “change fatigue” going on with providers</li> <li>❖ need to more fully develop behavioral health homes</li> <li>❖ credentialing can be confusing and controversial</li> <li>❖ commercial and Medicare patients need to have access to the same care as other patients</li> <li>❖ strategies that have been used to get paid by multiple Payers: pilot programs have been used; some legislation has been set in motion to support this issue; most providers are “sucking it up” and not getting paid just because they believe in the model</li> <li>❖ CCOs have been responsive to paying for the SBIRT services</li> </ul>			
<p><b>ANNOUNCEMENTS &amp; UPDATES</b></p>	<ul style="list-style-type: none"> <li>❖ A big CCO report came out on Wed. this week and Michael wanted to share it with everyone. There has been mass improvement in the realm of SBIRT implementation; two have exceeded the 13% implementation mark.</li> </ul> <p><b>Jim Winkle update:</b>  Have a training initiative through OSU and PSU on the SBIRT process; have a reference sheet screening tool on their website for 3 different populations: adults, adolescents and pregnant women.  Billing codes currently being tracked for SBIRT, in a year and a half or so, may use data extracts, will this</p>		<p style="text-align: center;"><b>Michael</b></p> <p style="text-align: center;"><b>Jim Winkle</b></p>	

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	<p>make much of a difference?  Providers are anxious to make the change from a billing / encounter report to a EHR system report, but will still need to develop their EHRs to report on SBIRT work if not relying only on billable codes.</p>			
<p><b>TOPICS FOR DISCUSSION</b></p>	<ul style="list-style-type: none"> <li>❖ Adolescent screening: on-going topic that has re-surfaced in last couple months: which diagnosis code to use for this population?</li> <li>❖ V79.1 can make it obvious to parents that a child is being screened for alcohol use</li> <li>❖ There needs to be some confidentiality challenges around this considering that adolescent patients are told that this information stays in the exam room; keeping privacy can be a tricky situation</li> <li>❖ Adolescent screening process tends to be a one step process vs. two steps for adults</li> <li>❖ Teens respond well to patient-centered styles of intervention and are perhaps more sensitive / resistant to non-patient-center models than are adults</li> </ul> <p><b>Question:</b> Do CCOs send Explanation of Benefits (EOB) for Medicaid patients?</p> <p><b>Response:</b> Michael is pretty sure they have been doing this, but will research this and get back to the group.  **This can be a “privacy” issue for teens who receive the screening service and then has a EOB sent to parents about that service.</p> <ul style="list-style-type: none"> <li>❖ <b>House bill 2758</b> standardizes the process for patients who want confidential communication to request this of commercial health benefit payers.</li> <li>❖ This is for anyone who can “self-consent” for services.</li> </ul>		<p><b>Michael</b></p>	

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	<ul style="list-style-type: none"> <li>❖ <b>Medicaid does not</b> send out EOBs</li> <li>❖ Michael is developing a Medicare / Medicaid clarification document about how to encounter SBIRT when patients have both coverages</li> </ul>			
<b>UPDATES: CCO METRICS REPORTS; HOSPITAL METRICS</b>	<ul style="list-style-type: none"> <li>❖ Sarah Bartelman on vacation, no report for this webinar</li> </ul>			
<b>FUTURE TOPICS FOR WORKGROUP?</b>	Please send topics of interest to Michael	<b>Email Michael with your agenda/topic ideas</b>	<b>all</b>	
<b>NEXT MEETING</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Meetings are the <b>last Friday</b> of the month starting Jan. 2015</li> <li><input type="checkbox"/> Next regular <i>SBIRT workgroup</i> meeting: <b>July 31, 2015; 9-10:30 a.m. (webinar format)</b></li> </ul>			