

ADDICTIONS AND MENTAL HEALTH DIVISION (AMH)

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

**May 29, 2015
Minutes - DRAFT**

AMH Participants: Michael Oyster, Patricia Alderson

Webinar Participants:

Presenters: Michael Oyster, Dr. Reid Hester, John McIlveen

Special Guest: Dr. Reid Hester Presentation: **“The Cost Effectiveness of SBIRT”**, John McIlveen, Ph.D., AMH State Opioid Treatment Authority (both by phone)

TOPIC	KEY DISCUSSION	ACTION/TASK/DECISION	RESPONSIBLE	DUE DATE
INTRODUCTION (MICHAEL OYSTER)	<ul style="list-style-type: none"> • Brief review of webinar functions and features and conference line muting and unmuting. • Reminders: <ol style="list-style-type: none"> 1. Only unmute when needing to speak. 2. Do not place call on hold or the group cannot hear the speaker over the hold music. 3. State your name before speaking to avoid confusion. 		Michael and audience	
HEALTHCARE COSTS OF EXCESSIVE DRINKING	<ul style="list-style-type: none"> ❖ Excessive drinking negatively impacts 50 medical conditions. ❖ The following conditions have the biggest impact on healthcare costs: Heart disease, cancer, diabetes, obesity, unintentional injury (15-44 y/o) ❖ Oregon is one of the higher states per capita for excessive alcohol consumption after D.C. & Alaska (2006 data) ❖ Oregon’s costs due to heavy drinking is estimated at \$2.8 billion/year; of these costs, \$430 million 			

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	<p>attributed to healthcare costs</p> <ul style="list-style-type: none"> ❖ Each Oregon heavy drinking subscriber costs \$774 in healthcare costs per year-these costs are prior to the increase in Medicaid patients on 1/1/14 (SUDs higher in the newly insured in 2014 (AP, 2013) 			
PREVALENCE OF EXCESSIVE & PROBLEM DRINKING	<ul style="list-style-type: none"> ❖ 50-60% of diabetics drink ❖ Binge drinking associated with a 43% increased risk for developing diabetes-these patients/clients with SUDs have high rates of adverse health outcomes ❖ There are 3-4 x as many problem drinkers as there are alcohol dependent drinkers ❖ Prevalence of problem drinking increasing while dependence is decreasing: 43% of men, and 29% of women drank heavily one or more in the last 12 mos. ❖ Heavy drinkers who aren't dependent don't go to alcohol treatment programs 			
STRATEGIES TO ADDRESS UNMET NEEDS	<ul style="list-style-type: none"> ❖ Routine and better screening (SBIRT, for example) annually during PCP visits ❖ The impact on a person's medical condition is a significant motivator for addressing the excessive drinking issue ❖ Interventions provided by PCPs or NPs using feedback from screenings ❖ "Warm handoff" to "wellness counselors" embedded in primary care: psychologists & counselors trained in M.I. & B.M.I.s, also able to provide brief treatment, clinicians may refer patients to providers on the panel when needed ❖ Wellness counselors can refer to: community mutual help resources, online mutual help 			

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	<p>resources (some patients are more willing to do on-line meetings vs. face-to-face meetings for privacy(anonymous) and confidentiality purposes)</p> <ul style="list-style-type: none"> ❖ More intensive treatment protocols as needed for more dependent patients: detox, outpatient, residential treatment programs; Methadone, suboxone, Naltrexone (Vivitrol) for opioid dependence 			
<p>WHAT TO EXPECT FROM SBIRT TO REDUCE COSTS</p>	<ul style="list-style-type: none"> ❖ Research and evidence on Adolescent SBIRT is mixed ❖ Pediatricians do like the addition of this screen for adolescent patients for addressing the underage drinking concern ❖ SBIRT trying to have the biggest impact on the greatest # of patients at the lowest cost ❖ CCO based apps: Reduced healthcare costs beyond the year that the treatment was provided ❖ Benefit cost ratio: 5.6% to 1 ❖ Savings on E.R. costs ❖ Solid evidence that implementing SBIRT in the PCP setting is a win-win situation for everyone: clinic, patient, insurer, health care costs 			
<p>EXAMPLES OF WEB-BASED RESOURCES TO COMPLEMENT CLINIC AND COMMUNITY SERVICES</p>	<ul style="list-style-type: none"> ❖ <u>SMARTRecovery.org</u> is an alternative to AA, and growing by leaps and bounds ❖ <u>Moderation.org</u> ❖ <u>Drinkerscheckup.com</u> ❖ <u>ModerateDrinking.com</u> ❖ <u>OvercomingAddictions.net</u> ❖ <u>CheckupandChoices.com</u> 			
<p>FUTURE TOPICS FOR WORKGROUP?</p>	<ul style="list-style-type: none"> • Next month's special webinar will be SBIRT & Naltrexone for both alcohol and opiates in primary care presented by Dr Reid Hester June 18, 2015, 9- 	<p>Email Michael with your agenda/topic ideas</p>	<p>all</p>	

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	<p>10:30 a.m.</p> <ul style="list-style-type: none"> • We will still have our SBIRT Workgroup meeting on June 26, 2015 9-10:30 a.m. when we will be discussing the topics over the last several months and having Dan Reece from The Transformation Center talk about SBIRT and behavioral health in primary care 			
NEXT MEETING	<ul style="list-style-type: none"> <input type="checkbox"/> Meetings are the last Friday of the month starting Jan. 2015 <input type="checkbox"/> Next regular <i>SBIRT workgroup</i> meeting: June 26, 2015; 9-10:30 a.m. (webinar format) 			