

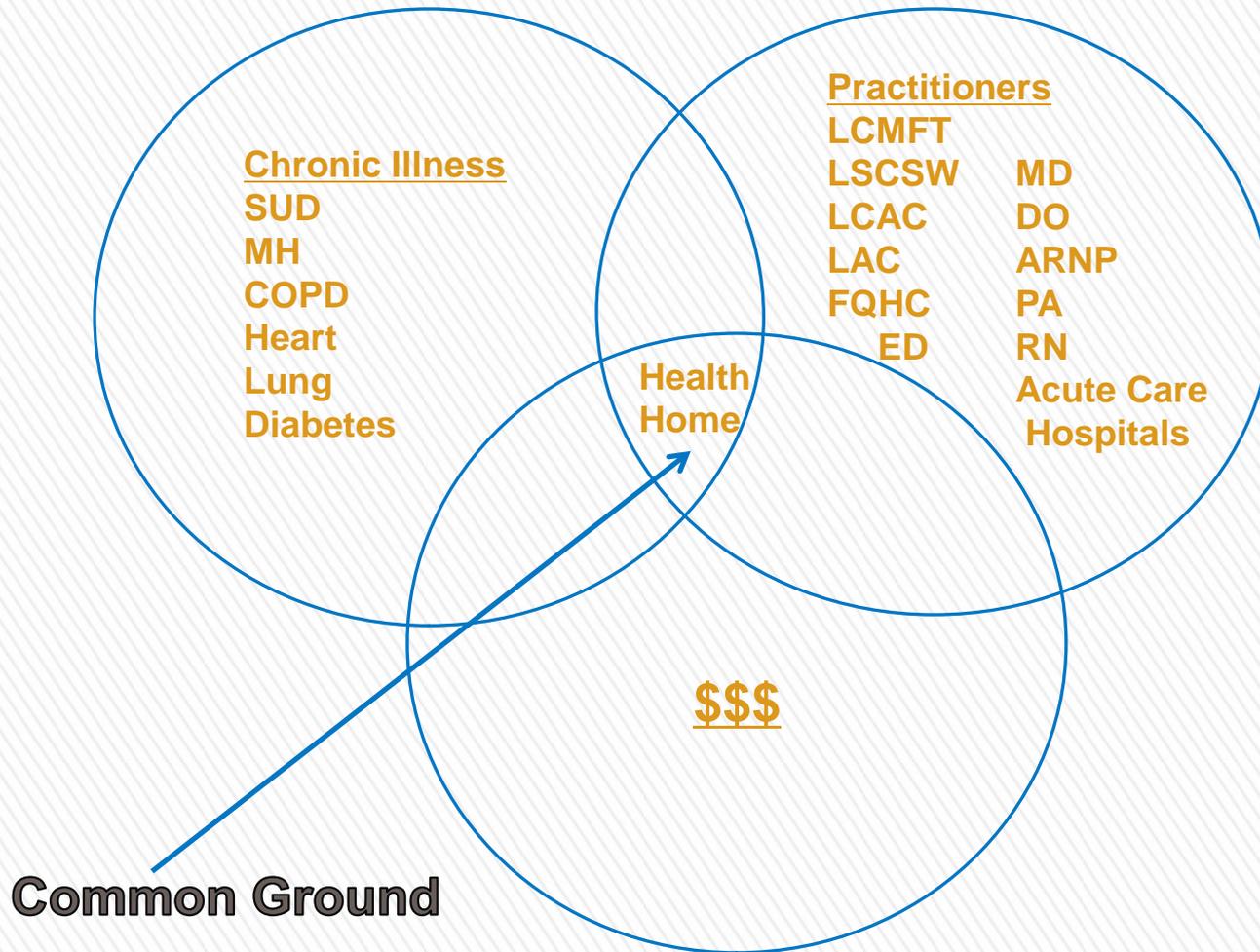


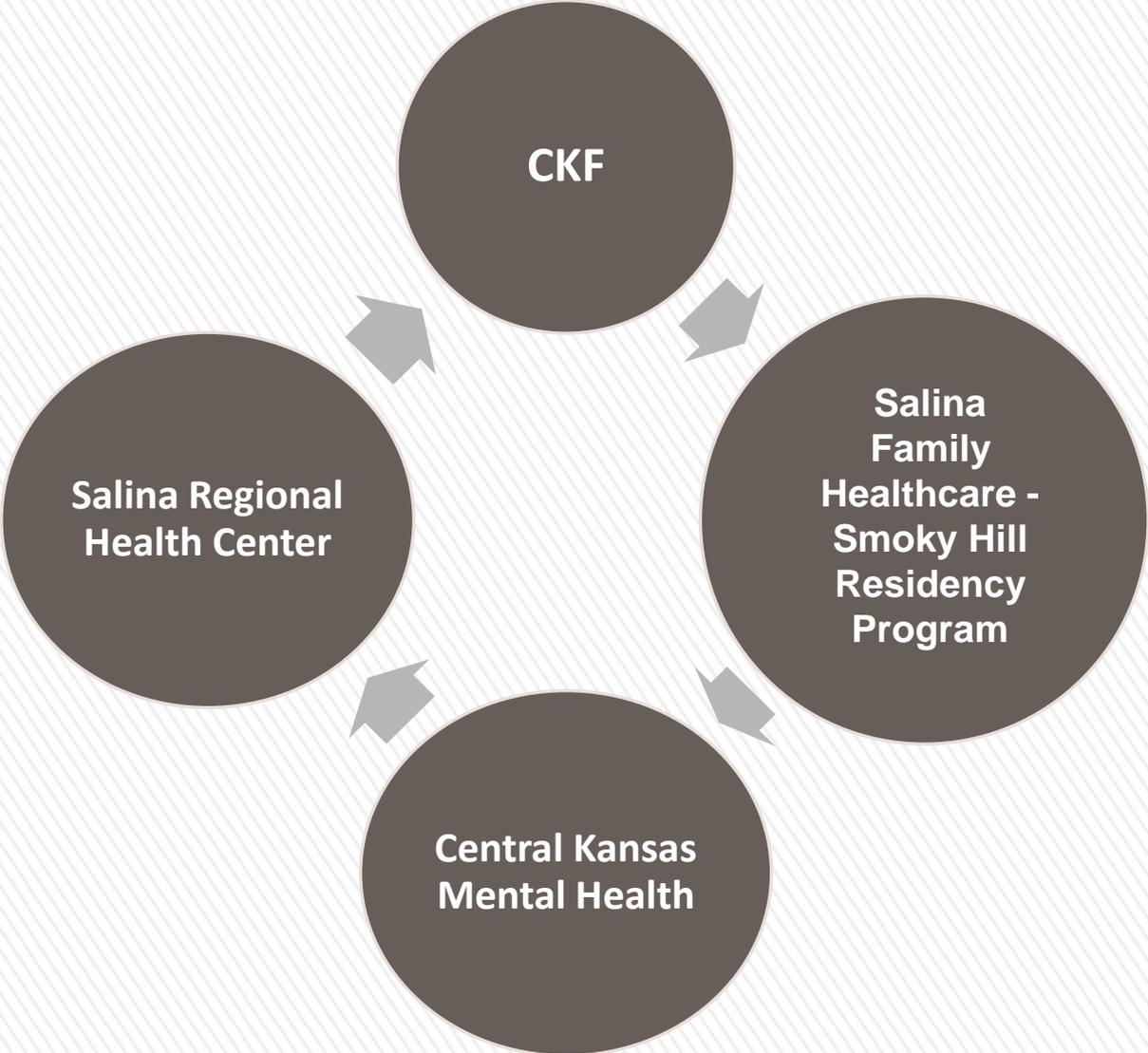
Substance Use Providers Integrating Primary Care

Les Sperling

Central Kansas Foundation

INTEGRATION





CKF PARTNERSHIP STRATEGY

- 1) Become integral part of Health Home
- 2) Implement SBIRT in Primary and Acute Care Settings
- 3) Reduce recidivism to High Cost Acute Care Settings
- 4) Demonstrate impact of SUD on general health
- 5) Increase capacity for SUD patients to access primary health and oral health care
- 6) Full integration of SUD services into Primary and Acute Care Settings



Salina Regional Health Center

- 199 Bed Acute Care Regional Health Center
- 27,000 ED presentations per year
- Alcohol/Drug admission was 2nd most frequent re-admission DRG
- Objectives
 - ✓ Universal Screening and Brief Intervention
 - ✓ Reduce ED recidivism
 - ✓ Medical and Surgical Floor consultations
 - ✓ Reduce Length of Stay for those admitted

Salina Family Healthcare-Smoky Hill Residency Program

- 10,000 unique patients per year
- 8 dental chairs
- 13 Family Medicine Residents
- Objectives
 - ✓ Improve access to primary medical and dental care for SUD patients
 - ✓ Provide ASAM Level I and II outpatient services on site
 - ✓ Universal Screening and Brief Intervention
 - ✓ Assist Residents with SUD information
 - ✓ Secure Medical Director Services



Personnel

- Licensed Addiction Counselors
- Person Centered Case Managers
- Recovery Coaches and Peer Mentors (Recovery Health Coaches)

Services Provided

- Universal Screening
- Motivational Counseling and Brief Intervention
- Recovery Coaching
- Warm hand-off to all services
- Full Bio-Psycho-Social Assessment
- ASAM Level I, II, and 3.2 Social Detox
 - ✓ Moving to ASAM 3.7 Detox on July 1, 2012
- 24/7 coverage of ED



Outcomes Produced

- 70% of hospital lengths of stay were 3 days or less.
- 83% of ED patients triaged were not admitted to hospital.
- 58% patients recommended for treatment made first two appointments (warm hand-off)
- Risk management incidents related to intoxicated patients were reduced by 60%.
- ADC at FQHC is 12 patients.
- Over 2000 patients annually with SUD secondary diagnosis

Other Important Information

- 44% of patients contacted at SRHC had private insurance.
- 44% eligible for Federal Block grant funding



SBIRT in KANSAS

Effective 1-1-2013, SBIRT billing codes are active for Kansas Medicaid

Codes are available on both medical and behavioral health sides

Eligible SBIRT Provider Panel: Physicians, P. A., A.R.N.P, Psychiatrist, Registered Nurse, any behavioral health professional licensed by the Kansas Behavioral Sciences Regulatory Board (includes Licensed Addiction Counselors, and Health Coaches

Training requirements vary from Physician to Health Coaches

Active Codes

H0049	Screening	\$24
H0050	Brief Intervention	\$24/15 min. (Capped at 4 hours annually)
99408	Screening	\$24
99409	Brief Intervention	\$24/15 min. (Capped at 4 hours annually)



CKF **Lessons** **Learned**

- 1) Research and understand the external and internal constraints experienced by safety net clinics and acute care hospitals.
- 2) Understand reimbursement and funding challenges for clinics and hospitals.
- 3) Develop a champion within the clinic staff. Ultimately has to be MD or CEO, but tell your story to nurses and mid-level practitioners.
- 4) Request data and use it.
- 5) Be prepared to do the administrative work and be the “go to” person for all problem solving.
- 6) Be persistent, but lean instead of push. Double the time you think it will take to operationalize.
- 7) Don't waste medical staff's time. Be prepared for meetings. Keep e-mail and other communications focused and brief. Always respond to their requests immediately.
- 8) Focus on addiction as chronic illness
- 9) Prepare and use cost-benefit data.
- 10) Have a good plan to increase income over the long term with specific billing codes, grants, etc. to shoot for.
- 11) Increase your capacity to effectively treat and manage co-occurring and chronic illness.
- 12) Build mental health services capacity via contract or staff.



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