Kansas Behavioral Health
Preparing for the Future

A Kansas Example: Bringing SUD Services to Acute and Primary Healthcare Settings

February 28, 2012 1:00 pm CST

Since 1974
KAAP
Kansas Association of Addiction Professionals

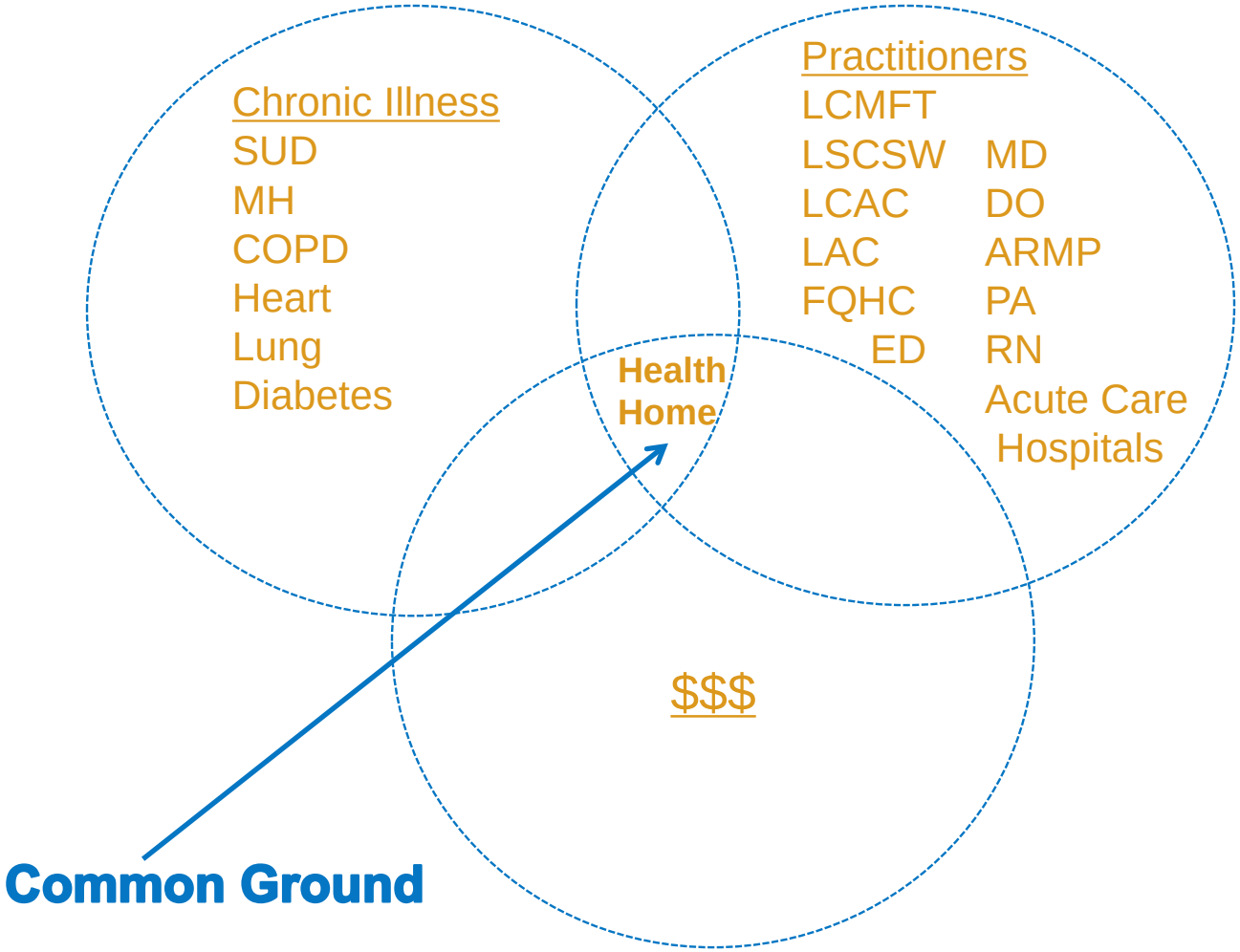
NIATx™

Substance Use Providers Integrating Primary Care

LES SPERLING, ANECEA STAMBAUGH, AND EDDIE SPLICHAL

CENTRAL KANSAS FOUNDATION

INTEGRATION



INTEGRATION

Potholes

1) Funding-FQHC reimbursement/culture
2) Access to decision makers
3) Need champions in FQHC-Hospital
4) Marketing-lean gently and don't push

Common Ground

1) Increase patient outcomes/health
2) Reduce high cost of care
3) ACA
4) Start with chronic-move to universal screening & SBI
5) FULL INTEGRATION!!

CKF STRATEGY

1) Become integral part of Health Home

2) Implement SBIRT in Primary and Acute Care Settings

3) Reduce recidivism to High Cost 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

- 393 Bed Acute Care Regional Health Center
- 27,000 ED presentations per year
- Alcohol/Drug admission was 2nd most frequent 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

- 8,000 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

Via Christi Health System

- 768 bed acute care hospital (3 locations)
- Level I trauma and burn center
- 127,000 ED presentations/year (7,600 SUD related)

- **Objectives**
  - ✓ Universal Screening and Brief Intervention
  - ✓ Reduce ED recidivism
  - ✓ Medical and Surgical Floor consultations
  - ✓ Reduce Length of Stay for those admitted

Kansas University School of Medicine

- 32 slot medical school

- **Objectives**
  - ✓ Provide standard rotation for students in SUD treatment setting
  - ✓ Insert SUD information in formal curriculum.

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

Other Important Information

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

CKF Lessons Learned

CKF began a strategic effort to integrate substance use screening and disorder services into primary healthcare settings shortly after attending a SAMHSA event in Washington, D.C. in 2009. This event provided clear direction and urged attendees to prepare for health care reform and begin building relationships with medical practitioners and primary health care delivery systems.

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) Set the bar high, i.e. full integration, but begin the conversation with smaller goals.

4) Develop a champion within the clinic staff. Ultimately has to be MD or CEO, but tell your story to low and mid-level practitioners.

CKF Lessons Learned

5) Not all FQHCs are created equal. Stick with those with vision and passion.

6) Request data and use it.

7) Be prepared to do the administrative work and be the "go to" person for all problem solving.

8) Be persistent, but lean instead of push. Double the time you think it will take to operationalize.

9) Don't waste Dr.'s time. Be prepared for meetings. Keep e-mail and other communications focused and brief. Always respond to their requests immediately.

CKF Lessons Learned

10) Accept that you are a key player in the health home, not the house manager. It takes time to educate and produce results.

11) Design services to take care of the most chronic cases first. If you can buy Dr.'s time by getting a difficult patient out of their office and doing better at the next appointment, then you purchase good will and they will listen more later.

12) Have a good plan to increase income over the long term with specific billing codes, grants, etc. to shoot for.

13) Increase your capacity to effectively treat and manage co-occurring and chronic illness.

14) Build mental health services capacity via contract or staff.

Integration Collaboration between CKF & Salina Family Healthcare Center (SFHC)

FQHC Feedback on CKF Efforts:

- ✓ Shared vision of primary care/substance abuse integration with SFHC
- ✓ Provided leadership for spearheading project
- ✓ Facilitated the credentialing of SFHC providers and facility
- ✓ Explored different reimbursement models

Integration Collaboration between CKF & Salina Family Healthcare Center (SFHC)

FQHC Feedback on CKF Efforts:

- ✓ Identified person who fits well into the culture of our organization
- ✓ Led collaborative charge at all levels of integration (IT, billing, administrative, clinical)
- ✓ Developed key processes for scheduling, document sharing, charting, etc.
- ✓ Opportunities for Improvement-Define contractual agreement more clearly. SFHC is equally responsible in this matter as well.

Contact Information

Les Sperling
Central Kansas Foundation
1805 S. Ohio Street
Salina, KS 67401
785-825-6224
lsperling@c-k-f.org