

White Paper

Screening Brief Intervention & Health Promotion: A cost effective approach to changing health related behaviors that cause and exacerbate chronic disease

Introduction:

Health care costs in the US have skyrocketed and the number of poor and working poor families and individuals who are uninsured or underinsured has more than doubled over the past five years. These trends place tremendous strain on the healthcare system particularly hospital emergency rooms, and community clinics. State and County Health and Human Service administrators, as well as health care, and health insurance executives are struggling to reverse these trends and provide adequate healthcare services for everyone regardless of economic status.

Rising costs are largely due to increasing acute care procedures and rehabilitation services related to four chronic diseases; cardiovascular disease, chronic lung disease, cancer and diabetes II. Research from the Center on Disease Control indicates the major underlying causes of these diseases are poor nutrition, physical inactivity, tobacco use and substance abuse. These behaviors are major risk factors directly related to the prevalence and severity of these chronic conditions. Underserved populations such as the poor and working poor suffer disproportionately from chronic conditions, are less effective at managing them and more likely to be positive for one or more of the major risk factors.

Research on SAMHSA funded Screening and Brief Intervention Programs aimed at changing substance abuse behaviors in primary care patients, showed a reduction in acute care services and \$4 to \$7 dollar savings in health care costs per \$1 dollar invested. Similarly research on increasing activation level of patients with chronic conditions using Motivational Interviewing showed a 22% drop in emergency room visits and a 33% decline in hospital admissions compare to a control group.

A broad and systematic application of similar prevention, early intervention and health promotion services that includes screening and brief intervention for poor nutrition, physical inactivity, tobacco use and substance abuse and MI health promotion services for patients who suffer from or are at high risk for chronic conditions would likely result in even greater reduction in the need for acute care services. Changing high risk behaviors in as little as 15 % of those who suffer from or who are at high risk for chronic diseases would dramatically reduce the need for acute care procedures and rehabilitation services and considerable savings in health care costs.

Health care reform legislation known as the “The Affordability Care Act” recognizes the importance of prevention, early intervention and health promotion services and provides an opportunity for systemic change that integrates these services into mainstream healthcare. This paper explores the feasibility of using a screening, brief intervention, and health promotion service model to provide cost effective prevention, early intervention and health promotions services using best practice MI strategies to activate patients to reduce behaviors that put them at risk for chronic disease and increase self management of chronic health conditions.

Market Drivers: *(The changing landscape of healthcare)*

The landscape in health care is rapidly changing, as health care costs increase, employer based health insurance has decreased and public funding for healthcare is questionable, creating a very difficult environment for healthcare. The Affordable Care Act (ACA) is intended to address these issues by; expanding health care access to more than 32 million; placing strong emphasis on prevention, early intervention, health promotion services; using integrated care models, converting to portable electronic medical records and reimbursement reform. These strategies are designed to load more effective health care services into primary care and reduce expensive acute care procedures and rehabilitation services and increase the efficiency of the system.

The San Diego County the Health and Human Services Agency (HHS) is at the leading edge of this rapidly changing environment. The Agency recently revised its health agenda to emphasize the devastating impact of four major chronic diseases on the health care system. HHS recognizes that poor nutrition, physical inactivity, tobacco use and substance abuse are the primary cause of these chronic diseases and that reducing those behaviors is critical to the success of the five year health agenda. To champion that agenda the Agency has embarked on an advocacy campaign and supports a variety programs that promote behavior change and encourage healthy lifestyles.

Several healthcare systems in San Diego County including Sharp Healthcare and Kaiser Permanente have developed health promotion services and make them available to their members and patients. In addition there are several grant funded programs designed to pilot innovative programs including an alcohol and other drug (AOD) screening and brief intervention project at two South Bay Hospital emergency departments funded by the Paradise Valley Community Health Fund.

However, prevention, early intervention and health promotion services are not yet prevalent in San Diego County, nor are they comprehensive or well integrated into the health care system. For the vast majority of patients, particularly underserved populations, these services are unavailable or inadequate. The San Diego County health care system can thrive in a new era of dwindling resources and health care reform by taking advantage of forward thinking and build on its efforts to reduce behaviors that cause and aggravate chronic disease. The ACA will provide opportunities for innovative ideas that make cost effective prevention, early intervention and health promotion services more available.

Systemic Barriers to Reform – Key System Elements

However, there are formidable barriers that must be overcome in order to develop a system that routinely delivers preventative services. A **model of service delivery** must be established that assures health care providers that services are cost effective and delivered consistently. Services must be well **integrated into primary healthcare sites** including hospital emergency rooms, and community clinics. In addition, services must be connected to ongoing health promotion/wellness services. A pool of **highly trained and certified personnel** must be developed to provide and manage these services without reducing the availability of medical professionals such as doctors and nurses who are in short supply. **Data management and information** systems need to be developed that monitor services for consistency and effectiveness, and integrate information with portable medical records systems. Finally a **system**

for reimbursement for prevention, early intervention and health promotions/wellness services needs to be fully implemented.

Changing Behavior using Motivational Interviewing – beyond giving a pill

Health care in the 21st century is increasingly about behavior change—those things that people can do to improve their health. In almost every health care problem patient behavior change is an important contributor to prevention, to treatment, or to the maintenance of health. However, most patients are still looking for a medical cure where the practitioner asks a series of questions then prescribes a medication or procedure that will restore them to health. When patients ignore recommended lifestyle changes they are often seen as unmotivated to change or take advice. It is often assumed that there is something the matter with the patient and that there is not much one can do about it. These assumptions are very often false. No patient is completely unmotivated and there is much room for improvement.

In the 1990's a gentle form of counseling called ***Motivational Interviewing*** (MI) was found to be effective in fostering change across a wide range of health behaviors. MI works by activating patients' own motivation for change and adherence to treatment. In clinical trials patients exposed to MI were more likely to enter, stay in, and complete treatment; to participate in follow-up visits; to increase medication adherence; to quit smoking; to adhere to glucose monitoring and improve glycemic control; to increase exercise and fruit and vegetable intake; to reduce stress and sodium intake; to decrease alcohol and illicit drug use. The size of effect of MI has varied widely among trials and evidence indicates services using MI are more effective when they have a *high degree of fidelity* to the MI model; are integrated with other medical services; and are *administered consistently* over time by well trained providers. A bibliography of the relevant research is available at (www.motivationalinterviewing.org) .

A comprehensive program that incorporates these science-based MI services into a best practice delivery model has great potential to improve health outcomes, and reduce related acute care procedures and rehabilitation costs. Such a program would need to reach a large number of patients who suffer from or are at high risk for chronic disease and provide a vehicle for increasing preventative and health promotion services.

Building on a Proven Solution

A successful program must adequately address each of the stated problems and barriers including accepted model, integrated services, a workforce, data and information, reimbursement and be quickly scalable. San Diego County is in the enviable position of having the successful California Screening and Brief Intervention Referral and Brief Treatment (CASBIRT) program. The CASBIRT services delivery model has received national acclaim for its effectiveness and provides a solid foundation to build a broad comprehensive and integrated program of MI services.

- **Benefits:** *how CASBIRT overcomes the stated problems*

A comprehensive program using a CASBIRT service model as a foundation overcomes many of the stated barriers for the following reasons:

- The CASBIRT model has more than a decade of experience providing high quality screening and brief intervention and brief treatment services in high volume primary health care settings including emergency departments and clinics in San Diego County. Many healthcare providers have designated CASBIRT as a preferred model of service delivery.
- The CASBIRT model employs best practice Motivational Interviewing (MI) techniques designed specifically for the health care setting and were found to be successful by a SAMHSA national evaluation.
- The CASBIRT service model uses paraprofessional Health Educators (HE) trained and certified as specialists in screening and brief intervention and the use of motivational interviewing techniques in health behavior change and health promotion services.
- A cadre of HE's can be trained, certified and deployed quickly using proven CASBIRT training and shadowing program that assure the highest quality services provision and prevents "training decay" without negatively impacting the availability of doctors, nurses and other medical professionals.
- The CASBIRT model uses bubbled screening and intervention forms and mark recognition software to collect and analyze data. This approach assures Constant Quality Improvement (CQI) methods that track processes, interventions and outcomes while establishing the path towards sustainability by developing the business case for using Medicaid and "Meaningful Use" codes.
- Adding tobacco and obesity (poor nutrition and physical inactivity) screening and brief intervention services is feasible, increases participation and adds services that are reimbursable under health care reform (ACA).

Considerations when looking for a solution

In addition to CASBIRT, there are other service delivery models capable of providing prevention early intervention and health promotions services in medical settings. What should systems interested in providing these services look for when deciding the type of services and delivery model to select.

- **Best practice models:** Is the service model or combination of service models considered a best practice by federal agencies or the scientific community or is there sufficient evidence in the research that supports a substantial investment in building a service delivery system.
- **Ability to integrate:** Is there evidence the service delivery system integrates well in a variety of primary health care environments ranging from fast paced clinics and emergency departments to doctors offices.

- **Capacity to ensure fidelity to the service model:** Behavior change services in health care are subject to rapid degeneration, where medical personnel provide services using appropriate technique for a time and soon revert back to prescribing and educating behavior change rather than using more effective techniques like addressing ambivalence and rolling with resistance. Service delivery systems need to have the capacity to track and record services, analyze their effectiveness and use the information to monitor service quality, develop ongoing training and improve service techniques.
- **Staffing capacity:** Does the service model utilize staff with sufficient time and commitment to provide the highest quality interventions. Is there sufficient staff available who have the training and disposition to provide services or can they be trained in a reasonable time period.
- **Scalability:** Can the service delivery model expand throughout the health care system and beyond, particularly to high volume sites where a significant impact can be made.
- **Comprehensive:** Patient behavior is important in every type of medical service including prevention, early intervention, brief treatment, treatment, rehabilitation, health maintenance and wellness. Can the model being considered deliver effective behavior change services throughout the continuum of care.

The Metro Solution

“Metro Wellness”, is a program that provides comprehensive screening, brief intervention and health promotion services that are grounded in the science of patient activation and motivational interviewing. Screening and brief intervention services are delivered using a CASBIRT delivery model and the behaviors identified by the CDC as major underlying causes of chronic disease (poor nutrition, physical inactivity, tobacco use and substance abuse). The program also provides integrated health promotion services using the patient activation measure (PAM13) and correlated motivational interviewing techniques. The program is designed to improve and integrate services at every stage of the health services continuum of care and support health lifestyles in San Diego County.

Metro is well positioned to develop and implement the wellness program. As the current provider of CASBIRT services in San Diego County (www.casbirt.org) Metro has assimilated more than a decade of CASBIRT expertise and technology and retain key staff from the CASBIRT SAMHSA funded project. Metro currently operates a successful alcohol, and drug Screening and Brief Intervention, Referral and health promotion program at Scripps Chula Vista and Sharp Chula Vista hospitals through a grant from the Paradise Valley Community Health Fund (PVCHF).

Metro uses highly trained, Spanish bilingual Health Educators (HE’s) who provide alcohol, tobacco and other drug screening and brief interventions for emergency room patients as well as health promotion and referral services when appropriate. The program screens and provides services to hundreds of patients weekly. Patients who screen at no and low-risk receive reinforcement for healthy behaviors. Patients at-risk for substance abuse related problems receive a brief intervention infused with MI

techniques. High risk and severe risk patients also receive a brief intervention plus health promotion services and/or referral to appropriate community based treatment, recovery, or cessation services.

Patients who accept health promotions services work with their HE for at least two weeks and receive motivational interventions by phone. The HE also helps to identify any immediate life-stabilizing needs such as finding a health home or dealing with mental health, food, shelter, and employment issues that are a major obstacle to patient success. The HE's are well integrated into the emergency room settings and data indicates they improve patient flow and patient satisfaction.

Metro has the commitment, expertise and capacity to expand their current screening and brief intervention program into to include poor nutrition, and physical inactivity. They have more than a decade of experience in the use and development of valid and reliable screening instruments that acquire and record frequency, intensity and dose information. Instruments also record patient responses regarding behavior and determine their level of risk for related problems. Metro has demonstrated the capacity to quickly develop the materials and processes needed to implement successful SBI services that integrate well within the health care system.

The Metro team has a great deal of experience **integrating services into primary healthcare** settings throughout San Diego County, including most of the hospital emergency departments and several community clinics. The process includes; securing business associate agreements, educating hospital/clinic staff regarding the CASBIRT services and the training of Metro staff in the policies and procedures of the various agencies including the use of hospital and clinic computer systems for tracking patients. In addition, Metro tracks services and provides the agencies with information regarding their patients, service provision and patient satisfaction. This information is helpful for the institutions and provides the capacity to develop **a system for reimbursement** for screening and brief intervention and health promotion the services.

Metro has experienced staff, training manuals and a certification system (www.casbirt.org) to recruit hire, train and certify a cadre of HE's uniquely qualified to provide MI services for the new program. This approach builds the capacity of the system to provide behavioral health professionals (HE's) to provide program services and reserve licensed professionals for higher level treatment and rehabilitation services.

Metro has developed a Constant Quality Improvement process using a **data management and information** system that ensures MI services are consistently delivered with integrity and fidelity to the model. Using Info Power (IPTTP) software, Metro has developed a management information system (MIS) system that tracks each HE and determines specific performance measures for every service incident. The MIS system also has sophisticated analysis capabilities that track a myriad of site related and service type performance issues. Metro can easily expand their current mark recognition software, bubble screening forms and analytical data base to include additional behaviors and services.

Finally Metro health promotion services are the result of more than a decade of developing and implementing CASBIRT brief treatment, brief case management and health promotion services. The success of the services are largely due to very specialized training that gives HE's techniques to quickly

develop a helping relationship with patients, a high degree of expertise with MI techniques and adherence to its spirit and guidelines of MI. In addition are trained to use the Patient Activation Measure (PAM13) to determine the level of patient activation and tailor their MI strategies to correlate with the patients' level of activation. Metro health promotion services are interoperable and can be delivered in person, on the phone and potentially through online technology. Webb based services would expand the convenience and reach of health promotion services and provide an opportunity for generating operation funds through advertising sales.

A comprehensive and integrated wellness program of this nature could be transformative for the San Diego County Health Care system. The keys to success are:

- **CASBIRT-MI delivery model that provide quality services in a cost-effective manner**
- **Comprehensive services that address major behaviors and are well integrated into the primary health care system**
- **A cadre of highly trained and certified personnel within a Total Quality Improvement system that protects against “training effect decay”.**
- **An innovative data management system that supports interoperability with local healthcare systems**
- **Business plans that maximize reimbursement potential, “Meaningful Use” incentives, investment opportunities and large-scale deployment potential.**
- **Strong support from the San Diego and Imperial Counties Hospital Association and the San Diego County Council of Community Clinics**

The next step – Metro Wellness

The mission of Metro Wellness is to make effective prevention, early intervention and health promotion services available to everyone in San Diego County. Our strategy is to implement, comprehensive programs that employ MI to activate patients to change behaviors that improve health outcomes, and lower health care costs. Metro is urging health care providers and public administrators to support and partner in projects that will move this strategy forward.

Possibilities include:

1. A project that pilots SBI and health promotion services that uses a CASBIRT delivery model and includes all the major behaviors that promote chronic disease, poor nutrition, physical inactivity, and alcohol, tobacco and other drug abuse. The pilot would include the test of reimbursement strategies and protocols for eligible services.

2. An Innovations project that makes the services more accessible through technology. Metro and its technology partners SDSU Center for AOD Studies and VANDOR have conceptualized a parallel technology based program that expands service provision to include telephone and other electronic devices and allows service crossover in either direction and at key points of service provision. The program will permit patients to be screened in person and receive health promotion services online or be screened online and receive health promotions services in person. The technology will be developed by VANDOR and operates using a SBI&HP technology platform accessed online or by multiple technology touch points (phone, web based & mobile devise) and explore ambivalence & support change action. Provide interactive health maintenance services that engage cognitive behavioral and recovery techniques.

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