



# Provider payment approaches and incentives to implement screening

**Constance Horgan**

**Maureen Stewart, Mary Brolin, Deborah Garnick,  
Dominic Hodgkin, Sharon Reif, Amity Quinn**

Symposium: Integrating Implementation Science and Early Screening and  
Brief Intervention for Alcohol Problems: New Findings, New Challenges

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# Outline

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Background on Effectiveness of SBI

Payment Approaches to Encourage Screening

3 Studies

Discussion and implications for SBI



# 25 years of Screening Effectiveness Research

Large numbers of individuals with unhealthy use may be identified by primary care screening<sup>1,2</sup>

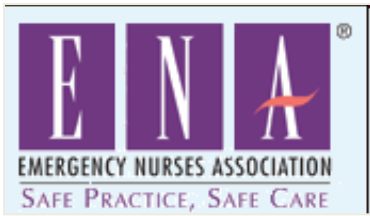
Screening has been found to:

- Be most effective with less severe alcohol use identified in primary care<sup>3</sup>
- Be least effective with most severe cases<sup>4</sup>
- May increase the percentage of patients who enter specialized care and decrease hospital days<sup>5,6</sup>

1 Babor, T *Sub Abuse* 2007; 2 Mertens, J *Alc Clin Exp Res* 2005; 3 Kaner, E *Drug Alc Review* 2009;  
4 Saitz, R *Ann Intern Med* 2007; 5 Krupski, A *Drug Alc Dep* 2010; 6 Estee, S *Medical Care* 2010.




# Screening Endorsed by :



Adapted from  
Carol Girard,  
Mass BSAS, 2012

# Other Potential Benefits



Improvement in medical conditions worsened by unhealthy substance use (e.g. diabetes, high blood pressure) <sup>1</sup>

Prevent medical conditions that emerge with abuse or addiction (e.g. cancer, heart, liver and lung disease)<sup>2</sup>

SBIRT in primary care settings saves \$6 for every \$1 spent<sup>3</sup>

Improves workplace performance<sup>4</sup>

<sup>1</sup>Boyd, C et. al. Center for Healthcare Strategies Data Brief, December 2010; <sup>2</sup>Saitz, R NEJM 2005;

<sup>3</sup>Solberg LI, et al Am J Prev Med 2008; <sup>4</sup>Osila, K et al ADDICT BEHAV 2010



# Payment Approaches to Encourage Screening

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- Reimburse providers for screening and/or brief intervention
- Pay-for-performance incentives on screening measures
- Screening conducted independent of visit-shift responsibility
- Global payment – no specific reimbursement for screening



# Research Question 1

How are payment policies used to encourage screening and brief intervention in primary care?



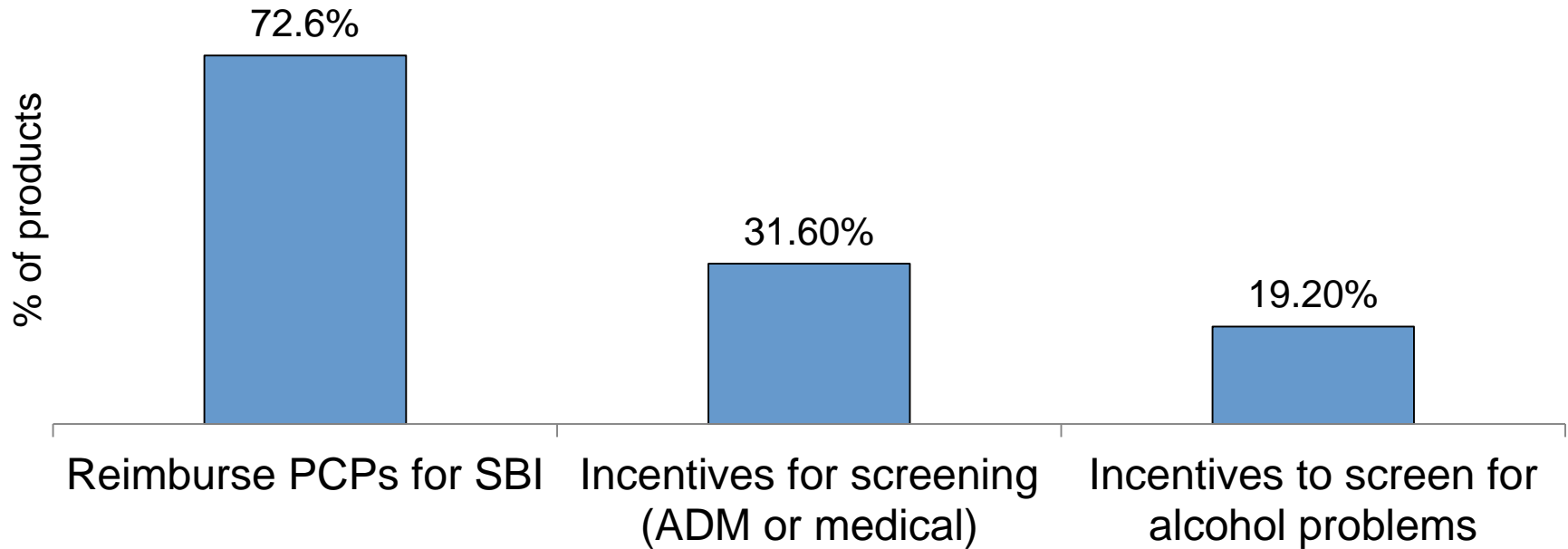
# Health Plan Survey

- Nationally representative survey of private US health plans in 2010:
  - Telephone survey focused on provision of alcohol, drug, and mental health services
  - Top 3 commercial products per health plan
  - 89% response rate (N=351 plans, 935 products)

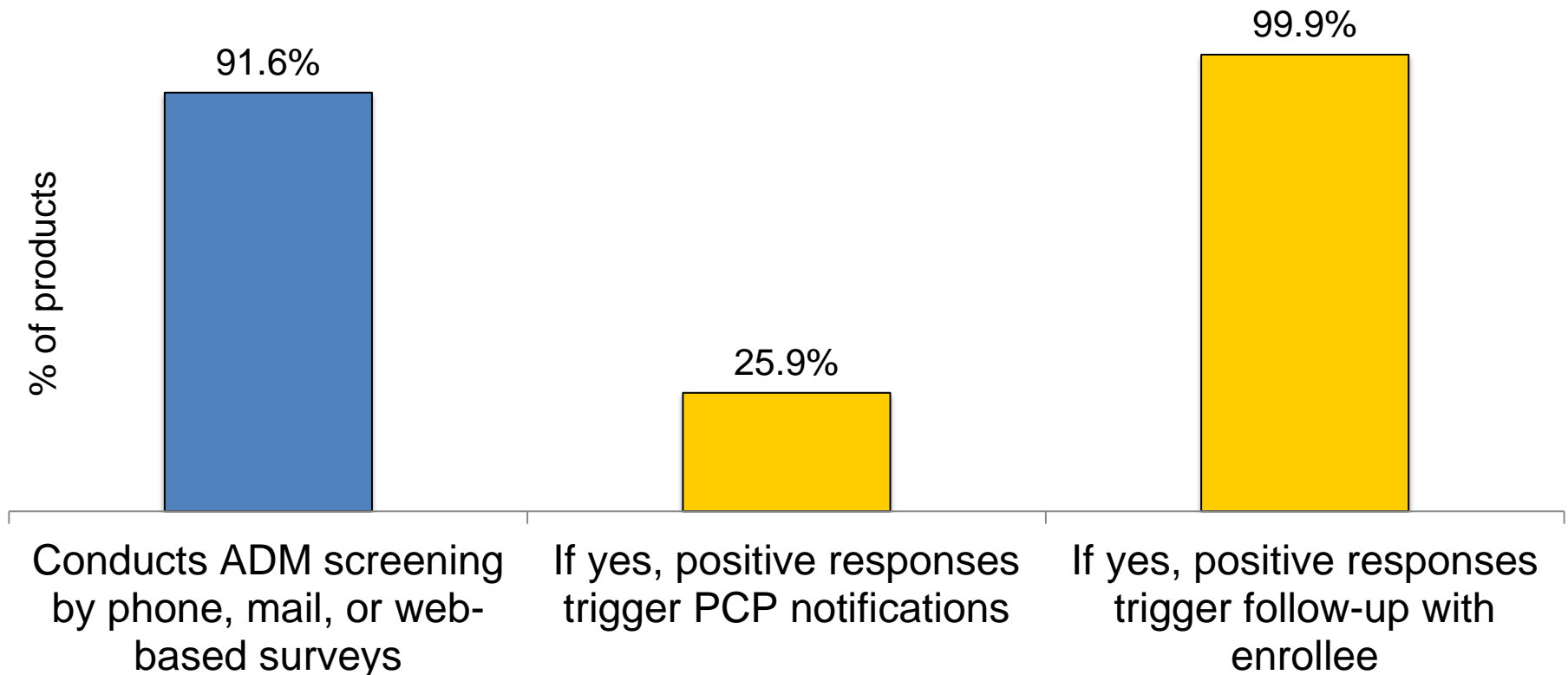




# US private health plans: Payment policies supporting SBI in primary care, 2010



# US private health plans: ADM screening activities, 2010



# Research Question 2

How often do providers bill for SBI?



# Health Plan Claims Analysis

- 2010 Truven Analytics Market Scan Database
- Commercial Health Plans
- Enrollees under 65
- Includes only health plans with more than 1,000 enrollee



# Research Question 3

How can health plans use performance measures to encourage screening?



# US Public health plan: Medicare

- Medicare Physician Quality Reporting System:
  - 2013: Incentives for reporting measures (.5%)
  - 2015: Penalties for not reporting (1.5%)
  - Performance data will be published on Physician Compare website
- Alcohol-related measures:
  - Screening for Unhealthy Alcohol Use
  - Counseling regarding psychosocial and pharmacologic treatment options for alcohol dependence
  - Not among the top 10 most frequently reported by PCPs



# Conclusions

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**Despite US efforts, including billing codes and payment policies, SBI rates are low**

**Movement toward global budgets may incentivize overall health and may provide additional motivation for providers to conduct screening**

**Efforts to improve screening must be tied to better understanding of the organizational and systems barriers to screening**

**It's more than about money!**



# Acknowledgments

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