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Accelerating Integration of Substance Use Services into Medical Settings: TRI and SAMHSA Launch Dissemination Initiative

Financing Challenges Dominate April 28 Meeting to Explore Lessons Learned, Dissemination Opportunities from Existing Integration Models

May 2010, Philadelphia: Fostering integration of substance use services into medical settings began in earnest in April via an exploratory meeting funded by SAMHSA/CSAT and hosted by the Philadelphia-based Treatment Research Institute (TRI).

Mady Chalk, Ph.D., Director of the TRI Center on Policy Analysis and Research, convened the April 28 “Forum on Integration” where federal and state experts, academics, and programs in primary care and other health care settings, considered examples of innovative integration efforts currently being implemented across the country.

Hoping to jump-start widespread adoption of an integrated approach to healthcare/substance use screening and treatment, Chalk and her team combed the nation for examples of existing models, inviting approximately ten sites to present April 28. The presenters demonstrated what they have been able to implement, their financing strategy, the predictable (and not-so-predictable) challenges that must be overcome, and other issues that must be considered in planning for this research-informed, quality improving and potentially cost-saving integration concept to take root nationwide.

“It’s true that healthcare reform and other federally-inspired initiatives have given the drug and alcohol field impetus for engaging doctors and other medical professionals to identify risky drinking and drug-taking and respond accordingly,” Chalk said. “But essential seed work preceded health care reform,” she pointed out, meaning *PRISM* (a 2002-2008 TRI and University of Pennsylvania research project) and SBIRT (launched by Chalk when she was at SAMHSA/CSAT).

“These and other initiatives have given the field many of the research underpinnings, some of the cost data, and the essential lessons learned from the trial and error approach that necessarily accompanies any large-scale transformative effort,” Chalk said.



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As expected, it was financing and reimbursement issues that dominated the April 28 discussion. In addition to improving medical and procedure billing codes, many presenters talked about blending funding streams and other experiments to ensure that work by doctors, nurse practitioners and other medical professionals to address drug/alcohol use are reimbursable under Medicaid and other forms of conventional insurance. Additionally, many of the presenters discussed their commitment to serving uninsured populations with substance use conditions and the creative financing needed to support services to all who need them.

Other issues raised by presenters included the best models for screening and treating patients and identifying their needs; communicating between healthcare and specialty settings; ensuring follow-up and return visits when patients are referred externally; selling integration to payors as a “value” proposition, and creating better connections between innovative programs and federal and state regulatory authorities (*ie*, Medicaid, State substance abuse directors, medical agencies).

Next steps after the April meeting include a follow-up meeting with decision makers. Federal sponsorship of state and/or county-level pilot projects, with wide dissemination of results, is also a possibility in the near future.
