

Value-Based Reimbursement: Huge Opportunities for Treatment Programs

Presenter: Richard L. Brown

What challenges or barriers have you encountered implementing BSI?

A: Honestly, all usually goes smoothly when people follow our recommendations, which are based on best practices we've learned from working with dozens of healthcare settings over the past ten years. Problems often arise when people try to cut corners.

The most frequent mistake people make in implementing BSI is begging and training current staff to do it. Providers and other staff in general healthcare settings simply don't have time to provide robust interventions and follow-up for all patients who screen positive for various behavioral risks and disorders.

Another frequent mistake people make is providing inadequate training for the staff. Many people believe that they should be able to send their staff for a day or two of training, which is insufficient for most people to develop the expertise in motivational interviewing necessary to deliver BSI that is effective and well accepted by patients. Our training is two weeks, which seems like a long time but is quite reasonable compared to the years of training most healthcare professionals receive to carry out their roles.

Other ways of ensuring smooth and effective service delivery are:

- Plan workflows and documentation procedures
- Appoint a BSI QI team to oversee implementation and refine workflows as needed
- Conduct daily plan-do-study-act (PDSA) cycles over a week or two to maximize the proportion of patients screened and the proportion of patients with positive screens who get to see coaches.
- Allow my staff to conduct phone interviews with final applicants for coaching positions to make sure they have the attributes that predict success, as described in my response to the next two questions.

You noted that bachelor-level paraprofessionals get the best results. Could you elaborate a little more?

A: We've found that bachelor's-level paraprofessionals get the best results. We observed that many are easier to train than experienced master's-level clinicians (counselors or social workers, for example), because training people in motivational interviewing from scratch is often easier than helping experienced clinicians break old habits. For example, I found for myself that it took me about a year to break my bad habit of giving unwanted advice and information, because that's what I had been doing as a family doctor for years before I learned motivational interviewing. However, some master's-level professionals can work out well if their previous counseling style resonates well with motivational interviewing and if they are willing to deliver BSI with high fidelity without straying into other kinds of counseling.

We've found that the best predictors of success for coaches are personality traits - warmth, empathy, and a non-judgmental stance toward people who engage in unhealthy behaviors. Our best coaches had a wide variety of majors in college, including psychology, social work, sociology, physical education, art history, etc. Some worked in healthcare settings previously and some did not.

Your goals for BSI seem to be directed more toward short-term symptom reduction. How can this be effective in the long run?

A: Actually, the goal of BSI for people engaged in various unhealthy behaviors is to reduce those behaviors, and the goal for people with mental health disorders, such as depression, is remission. There is an important difference between alcohol/drug treatment and alcohol/drug screening, brief intervention and referral to treatment (SBIRT). The vast majority of patients who come to treatment have severe disorders, and abstinence is clearly the best option for promoting long-term recovery. The majority of patients in general healthcare settings with positive alcohol and/or drug screens do not have severe disorders. They are drinking or using drugs in ways that have created some negative consequences in people's lives or pose risk for such consequences. The goal for those individuals is to reduce their substance use and related consequences.

Could you provide some examples of how behavioral healthcare via BSI impacts general health?

A: Absolutely. For generally healthy people, BSI prevents many serious health consequences. By helping people quit smoking, we help them avoid heart attacks, strokes, cancer and many other diseases. By helping people reduce their drinking or drug use, we help them avoid injuries and a wide variety of medical complications - heart disease, liver disease, sexually transmitted infections, unplanned pregnancies, and addiction. By helping people with depression and other mental health disorders, we improve their function and quality of life. For people who already have various chronic illnesses, BSI can help people avoid progression of those illnesses, hospitalizations and premature death.