

## SBIRT coming to hospitals via Joint Commission

by Eric Goplerud, Ph.D.

Addressing the alcohol and drug treatment needs of people hospitalized for injuries and medical illnesses is reaching the same public health priority as treatment of heart attacks, asthma, surgical infections and immunizations. To address this major public health problem, the Joint Commission for the Accreditation of Health Care Organizations, the accrediting body for 95 percent of hospital beds in the United States, approved in 2011 new performance measures to track hospitals' rates of:

- inpatient screening for unhealthy alcohol use,
- brief interventions with patients with high-risk alcohol use,
- alcohol and other drug dependence treatment while inpatient or specific referral at discharge, and
- follow-up to assess post-discharge substance use and treatment engagement.

Since January 1, 2012, hospitals can report on these four measures to the Joint Commission, as well as a complementary set of four inpatient tobacco screening and treatment measures.

At least 2.5 million of the 35 million patients admitted to U.S. hospitals annually have serious alcohol and drug problems that go untreated. Alcohol and drug use are the third and ninth leading actual causes of death in the United States, respectively, which exceeds the number of deaths caused by infectious agents, motor vehicle crashes, firearms and all sexually transmitted diseases combined. Although high-risk and dependent alcohol and drug use are common among medically ill or injured hospital patients, there is a substantial "quality gap" between the actual care delivered to patients with substance use problems and effective detection and treatment of these conditions. A study by RAND researchers found that 70-80 percent of patients with cataracts, breast cancer, prenatal care, lower back pain and coronary care receive care meeting professional standards, but substance use ranked last of the 25 conditions studied. Only 10 percent of patients received care meeting professional standards.

On April 17, the National Quality Forum (NQF) Behavioral Health Panel reviewed the Joint Commission's substance use and tobacco inpatient measures. The NQF panel recognized the importance of addressing substance use among hospitalized patients and the large gap between what the research has demonstrated to be effective and what is practiced in most hospitals. But the NQF panel determined that more reliability data were needed before they could be endorsed. NQF

endorsement of measures provides a "seal of approval" that the federal government can use to, for example, include measures in health IT meaningful use incentives or Medicare hospital quality reporting incentives. The NQF panel urged the Joint Commission to resubmit the measures with additional data. The NQF panel will review the measures "ad hoc," so that there will be no delay in putting them forward for full consensus endorsement by the NQF once the Joint Commission submits the additional data.

The Joint Commission stands strongly behind the measures and will continue to make these measures available for data collection as part of its ORYX reporting program while it explores options for meeting NQF endorsement criteria for these measures.

The decision by the NQF's panel to ask for more testing of the alcohol, drug and tobacco measures is a good thing. The evidence must be scientifically rigorous on the benefits of measuring hospitals' performance in screening and treating patients with substance use problems. The measures must be reliable and valid. The decision by the NQF to require additional testing, and the Joint Commission's commitment to gathering that information, are positive signals that the alcohol, drug and tobacco problems of hospitalized patients will be effectively managed. The thousands of physicians, nurses, social workers, counselors, health educators and people in recovery who are working to improve substance use screening and treatment and the millions of hospitalized patients with treatable alcohol and drug problem deserve no less.

To help integrate substance use screening, brief intervention and treatment into the nation's hospitals, NORC at the University of Chicago facilitates a hospital SBIRT learning community (<http://hospitalsbirt.webs.com>). This is a mutual support network that brings together hospital-based clinicians, quality improvement professionals, researchers and SBIRT experts to share ideas, materials and experiences.

Our next monthly hospital SBIRT conference call is June 16 at 2:00 p.m. EDT at 218-339-4600 426443#. Anyone is welcome to join. Monthly conference calls are the third Monday of the month at 2:00 p.m. EDT.

*Eric Goplerud, Ph.D. is Senior Vice President, NORC at the University of Chicago and Co-Chair of the Technical Advisory Panel on Alcohol, Drug and Tobacco Performance Measures, Joint Commission for Accreditation of Health Care Organizations.*

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