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State health agencies screening and treatment program for pregnant Medicaid enrollees

COLUMBIA, SC— Physicians, hospitals and state agencies will work to improve the health outcomes of thousands of babies by helping pregnant women receiving Medicaid seek treatment for substance abuse, depression and domestic violence, the South Carolina Department of Health and Human Services (SCDHHS) announced Tuesday. The SBIRT program is part of SCDHHS' Birth Outcomes Initiative, which works with hospitals and other partners to improve the health of newborns in the Medicaid program and is a component of Gov. Nikki R. Haley's overall strategy to support investments in mental health and addiction disorders statewide.

Nationally, 4.5% of all pregnant women need treatment for illicit drug use; 11.9% need treatment for binge drinking; and 15.3% need treatment for tobacco use. A Michigan State study from 2010 found the percentage of smokers among pregnant Medicaid women specifically to be much higher—26%. Those harmful behaviors can lead to a wide range of complications, including miscarriages, low birth weight and a host of physical and mental birth defects.

Many other women suffer from depression or are victims of domestic violence during pregnancy. South Carolina law enforcement receive more than 36,000 reports of domestic violence each year, and the state ranked 7th in 2010 in the number of deaths involving women killed by men. Those who experience domestic abuse also are more likely to use alcohol, tobacco and drugs. Currently there is no standard process to identify pregnant women who need help, and then ensure that they receive treatment.

The new program, called the Screening, Brief Intervention and Referral to Treatment (SBIRT) program, will provide doctors tools and reimbursement to perform standardized screening and referrals to more than 30,000 pregnant women each year through receiving Medicaid benefits. Pregnant women will be asked a series of standardized questions by their doctor and/or plan care coordinator. The one-page questionnaire is specifically designed for ease of use and effectiveness in eliciting responses and – as with all medical records – remains strictly confidential. If a woman indicates she is using harmful substances, she will be referred for drug and alcohol treatment or to free smoking cessation counseling.

Those with depression and victims of domestic violence will receive counseling and/or a referral to local women's shelters.

The SBIRT program includes SCDHHS, the SC Department of Alcohol and Other Drug Abuse Services (DAODAS) the SC Department of Health and Environmental Control, SC Department of Mental Health (DMH), as well as many other private non-profit organizations, such as the SC March of Dimes and the SC Coalition Against Domestic Violence and Sexual Assault.

“Problems caused by alcohol, tobacco and other drugs are the only completely preventable type of birth defects,” said DAODAS Director Bob Toomey. “It is crucial that we identify pregnant women using these harmful substances as early as possible and provide the help they need to stop. The health of their babies depends on it.”

Both DAODAS and DMH have been actively engaged in the planning of SBIRT and will help ensure expectant mothers find placement in appropriate treatment programs available throughout the state.

Primary care doctors enrolled in Medicaid coordinated care plans are receiving special training on the SBIRT questionnaire and referral tool and will receive an enhanced payment for the screening. To gauge the program's effectiveness, researchers at the University of South Carolina will track the health outcomes of each baby born to mothers who received screenings and treatment. SBIRT will be made available to all pregnant Medicaid enrollees in the state in March following regional training. The estimated total annual cost of the program is \$1.6 million. The average hospital charge for a single infant admitted to a neonatal intensive care unit in South Carolina is about \$100,000.

“This investment in SBIRT is small compared to the huge improvements we can make in the lives of families throughout the state and the overall savings we expect by reducing the need for expensive neonatal intensive care,” said SCDHHS Director Anthony Keck. “This is a great example of how state agencies are working collaboratively with private providers, consumers and advocates to address problems that affect us all. These partnerships are critical to addressing the fundamental problem in our nation's health care system – high costs and poor outcomes resulting from uncoordinated care and short-term thinking.”

The Birth Outcomes Initiative is actively promoting other best practices to improve the health of infants in South Carolina. This fall, all 43 of the hospitals that deliver babies in South Carolina pledged to end the practice of early elective deliveries before 39-weeks gestation, which have been shown to be harmful to the health and development of infants.

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