Healthcare Reform, and Substance Use Disorder (SUD) Treatment

Deni Carise, Ph.D

Deputy Chief Clinical Officer, CRC Health
Adjunct Clinical Professor,
University of Pennsylvania, School of Medicine

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Disclosures –

Employment: CRC Health Group

Faculty: Adjunct Clinical Professor: University of Pennsylvania, Perelman School of Medicine

Disclaimer: National Perspective

Let's look at….

How Parity and Healthcare reform will affect substance abuse treatment in our country

and

How can treatment providers respond to the new demands of the field?

2 Major Federal Activities Impacting Substance Use Disorder Treatment:

The Parity Act (MHPEA)

Federal Healthcare Reform (ACA)

The Parity Act

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act
(MHPEA)

Signed into law September 23, 2008
Effective January 1, 2010

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What is “Parity” anyway?

Insurance plans offering mental health and substance abuse treatment can no longer offer coverage that differs in dose, frequency or quantity from coverage for physical health services such as diabetes or cancer.

But…

Notice the wording – “insurance plans **offering** mental health and substance abuse treatment..”

The Parity Act doesn’t require that insurance plans include coverage for Substance Abuse and Mental Health treatment.

But….Parity's OK with me…

Healthcare Reform, passed in 2010, mandates the inclusion of substance use treatment as one of the TEN Essential Benefits:

It must be included by all companies offering health insurance

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Essential Health Benefits (EHB's)

1. Emergency services
2. Hospitalization
3. Outpatient Care
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative services and devices (skilled rehab)
8. Laboratory services
9. Pediatric services
10. Preventive/Wellness services (disease mgt)

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Healthcare Reform

The Patient Protection and Affordable Care Act
(P-PACA, ACA, Obamacare)

Signed into law by the President
March 23, 2010
Full Implementation will occur by 2014
Or not…

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Healthcare Reform

It could just go away, couldn't it?

Let me show you why....

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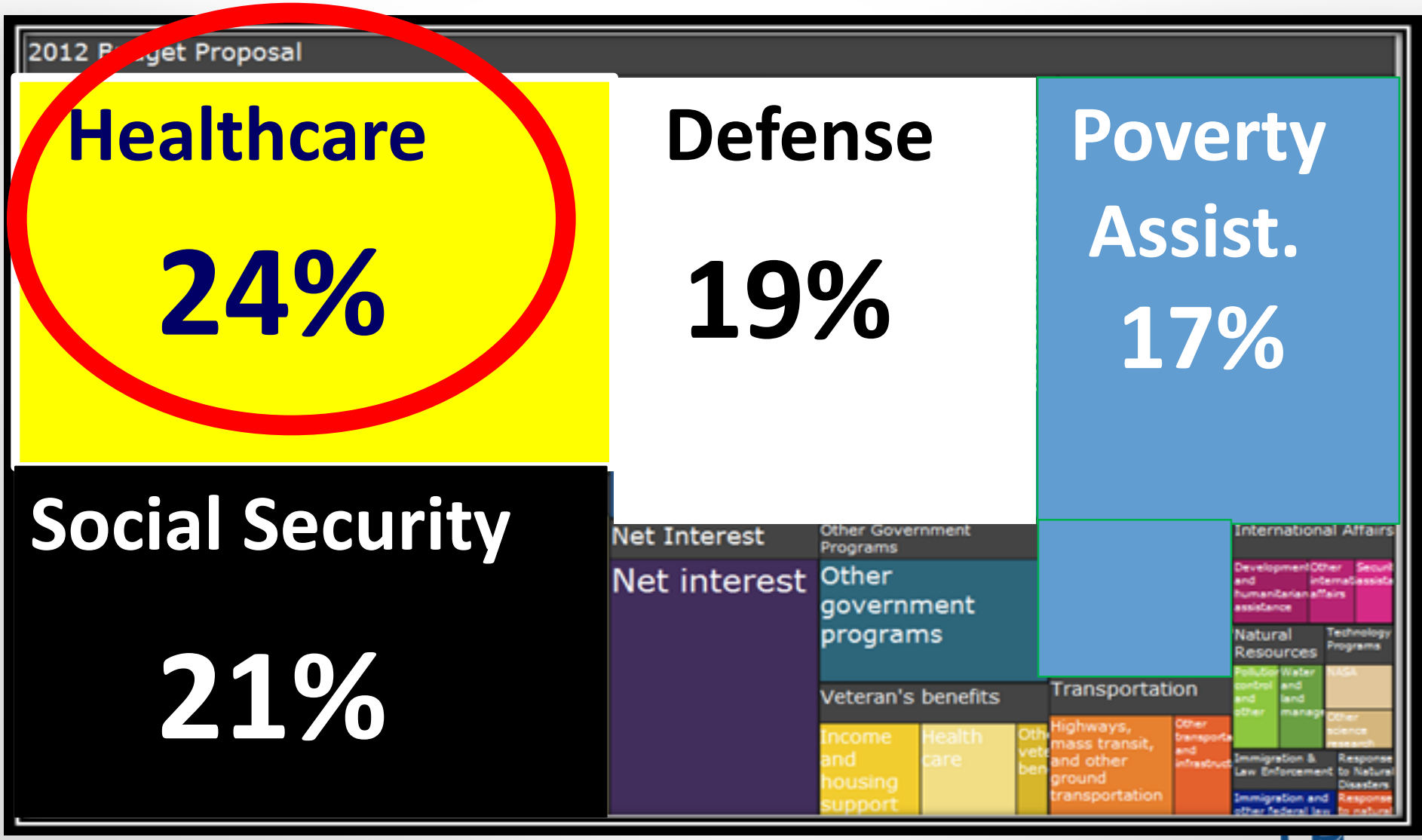
It won't just go away



Think you know….

The GOAL of Healthcare Reform?

Healthcare Reform – implemented first

…insurers cannot discontinue insurance once you get sick

…insurers cannot deny coverage for "pre-existing" conditions

…insurers must allows parents to keep kids on their insurance till age 26

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Healthcare Reform (ACA)

Two ways Healthcare Reform will make insurance available to more Americans:

1. Expansion of Medicaid
2. Insurance Exchanges

Estimates on Healthcare Reform

In total, the CBO (Congressional Budget Office) estimates that the ACA will cover 27 million **previously uninsured** individuals

12 million more in Medicaid expansion

and

15 million in marketplace insurance plans

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1. Medicaid before ACA

Prior to ACA, Medicaid generally wasn't available to healthy males or singles without children

And – the person/household had to show income below the federal poverty level

The Federal Poverty Level?

$11,490 for an Individual

$23,550 for a Family of 4

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1. Expansion of Medicaid

…allows States to expand Medicaid to **all** Americans @ 138% of FPL (Federal Poverty Level) beginning in 2014

The Federal Poverty Level?
Individual goes from $11,490 to $15,856
Family of 4 goes from $23,550 to $32,499

However, in 2012, the Supreme Court rendered the expansion optional and not all states will participate.

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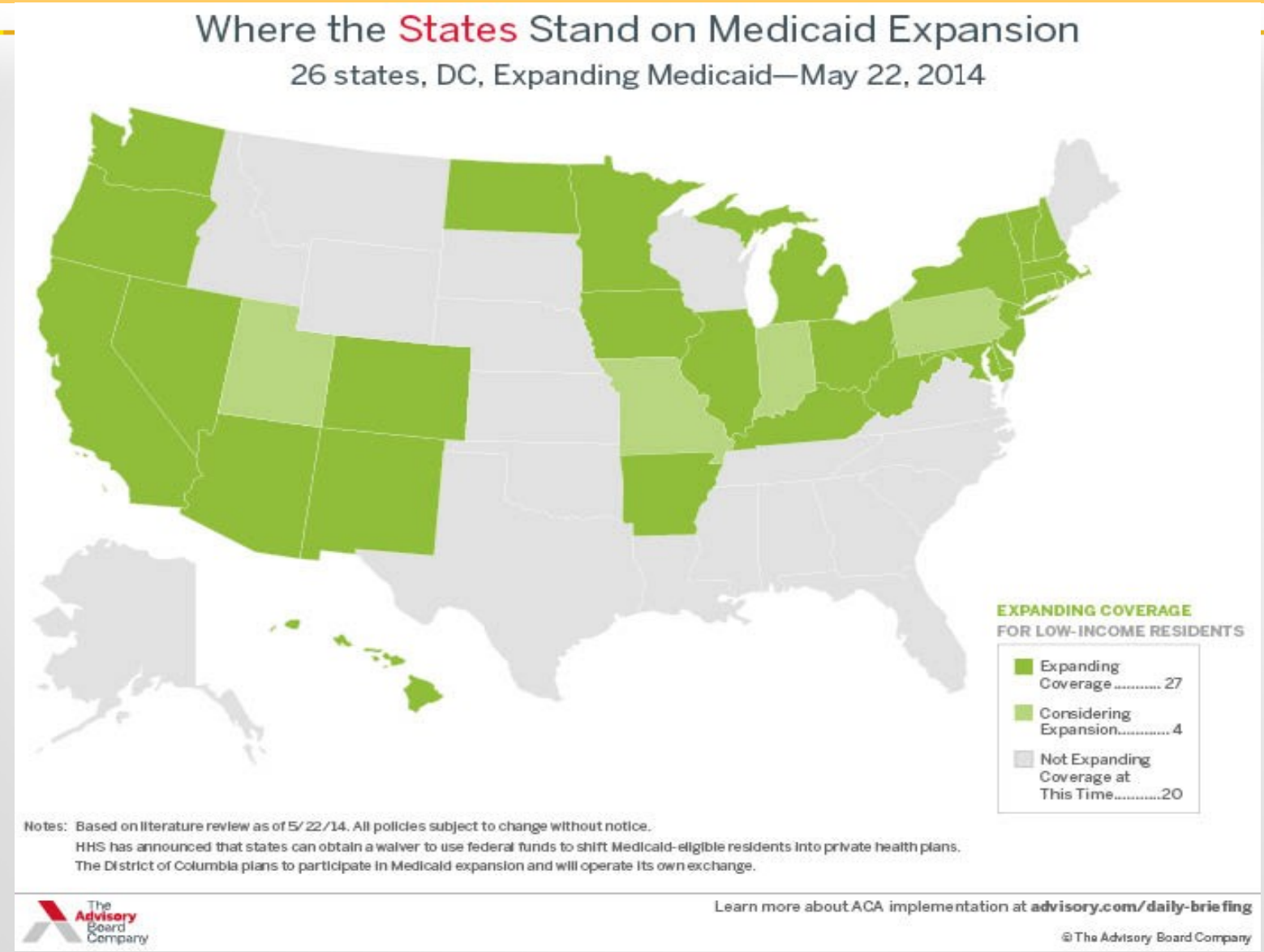
Medicaid Expansion by State



http://www.advisory.com/daily-briefing/resources/primers/medicaidmap#lightbox/0/

Why should States opt in?

Under the health care law, the federal government will pay 100% of the costs of covering people newly eligible for Medicaid from 2014 through 2016,

…after 2016, the federal share will diminish until it reaches 90 percent in 2022 and future years.

That compares to an average 60 percent of costs the federal government pays states to cover current Medicaid beneficiaries.

Why might States opt out?

Belief it "expands Medicaid to unsustainable levels.“ (Tom Corbett, PA)

Covering the additional 10% after 2022: “10 percent is still real money, and state costs could escalate as time goes by”

Belief feds will not hold to promise to cover 90% in future years.

How many have enrolled?

Washington Post , Feb 13, 2014

Six Million new Medicaid enrollees

Oct- Dec 2013, (since enrollment available, but..)

2. Insurance Exchanges

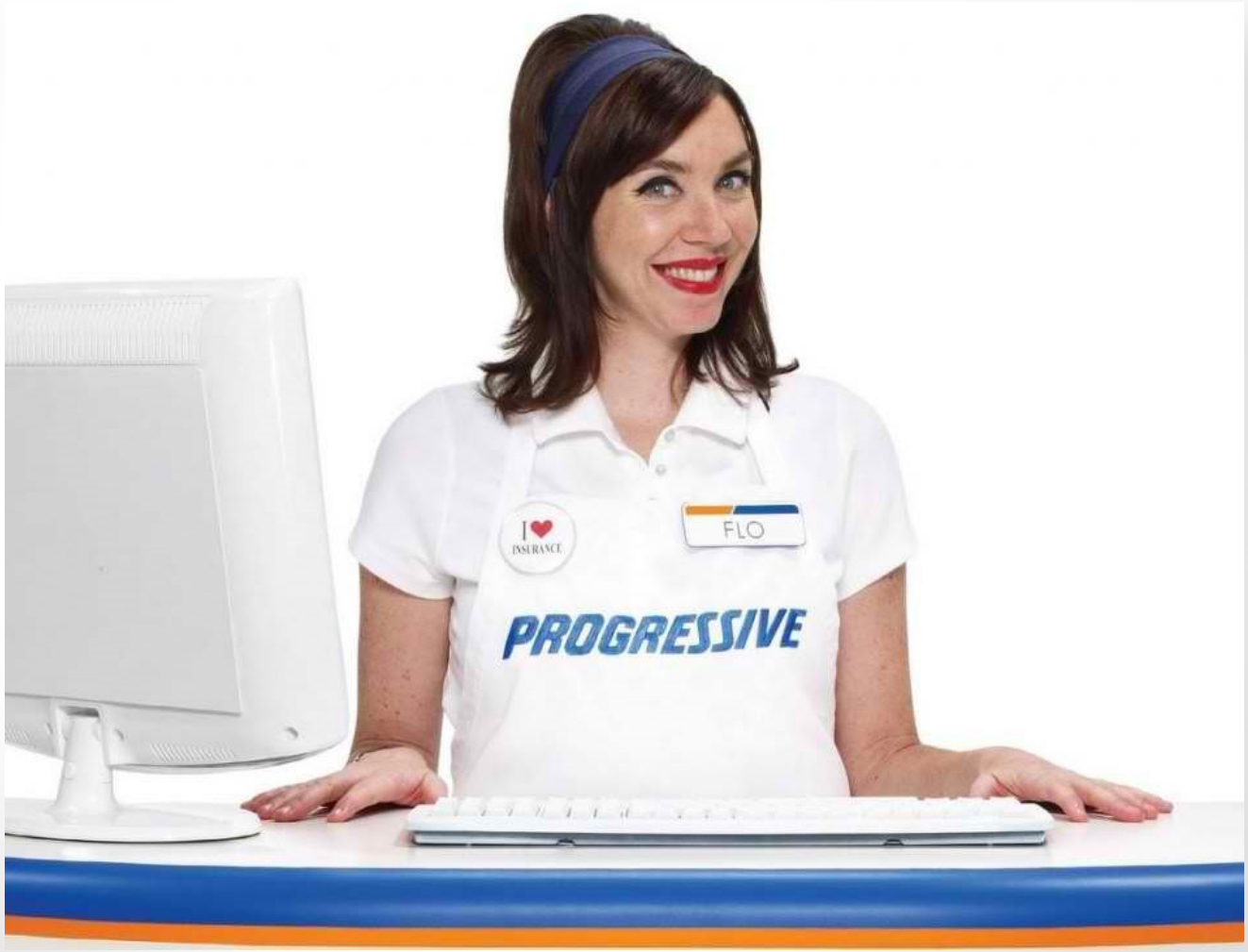
2. Insurance Exchanges

Beginning on October 1, 2013, individuals, families, and small businesses were able to purchase private health insurance through competitive marketplaces called Exchanges, now also known as Health Insurance Marketplaces.

There are significant variations in state exchanges

Health Insurance Marketplaces?

Think of Flo



http://kff.org/health-reform/video/health-reform-hits-main-street/
http://kff.org/health-reform/video/youtoons-obamacare-video/

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Types of Plans and % Coverage

Catastrophic	**<60%** of the total average costs of care
Bronze	**60%** of total average costs of care
Silver	**70%** of the total average costs of care
Gold	**80%** of the total average costs of care
Platinum	**90%** of the total average costs of care

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Who Qualifies for Lower Costs?

Beginning 2014 (?) sliding scale for up to 400% of FPL

Number of people in your household	Income range to qualify for lower costs
1	$11,490 to $45,960
2	$15,510 to $62,040
3	$19,530 to $78,120
4	$23,550 to $94,200

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Permissible “Price Bands”

The only price bands permitted for insurance coverage will be:

1. Age
2. Tobacco use
3. Geography,

and those bands will be restricted.

PA “Catastrophic Costs” Individual

Plan	Philly Over 50	Philly Under 50
Aetna Basic HMO	$291	$171
Aetna Basic PPO	$297	$174
Personal Choice, Independence Blue Cross PPO	$314	$184

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PA “Platinum Costs” Individual

Plan	Philly Over 50	Philly Under 50
Keystone HMO, Independence Blue Cross	$556	$326
Personal Choice, Independence Blue Cross PPO	$608	$357

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How many have enrolled?

April 2, 2014

President Obama on Tuesday announced that at least 7.1 million people had signed up for coverage through the Affordable Care Act's (ACA) federal and state insurance exchanges.

http://www.advisory.com/Daily-Briefing/2014/04/02/Early-numbers-are-in-At-least-7M-have-signed-up-for-Obamacare

Healthcare Reform & SA Treatment

It is estimated that 20-40% of substance abuse treatment programs will not be ready for healthcare reform.

Why such an impact specifically on substance abuse treatment in America?

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HCR – Why Such an Impact?

Historical factors that impact the SUD treatment field:

1. Who do we treat?

2. Reliance on The Block Grant

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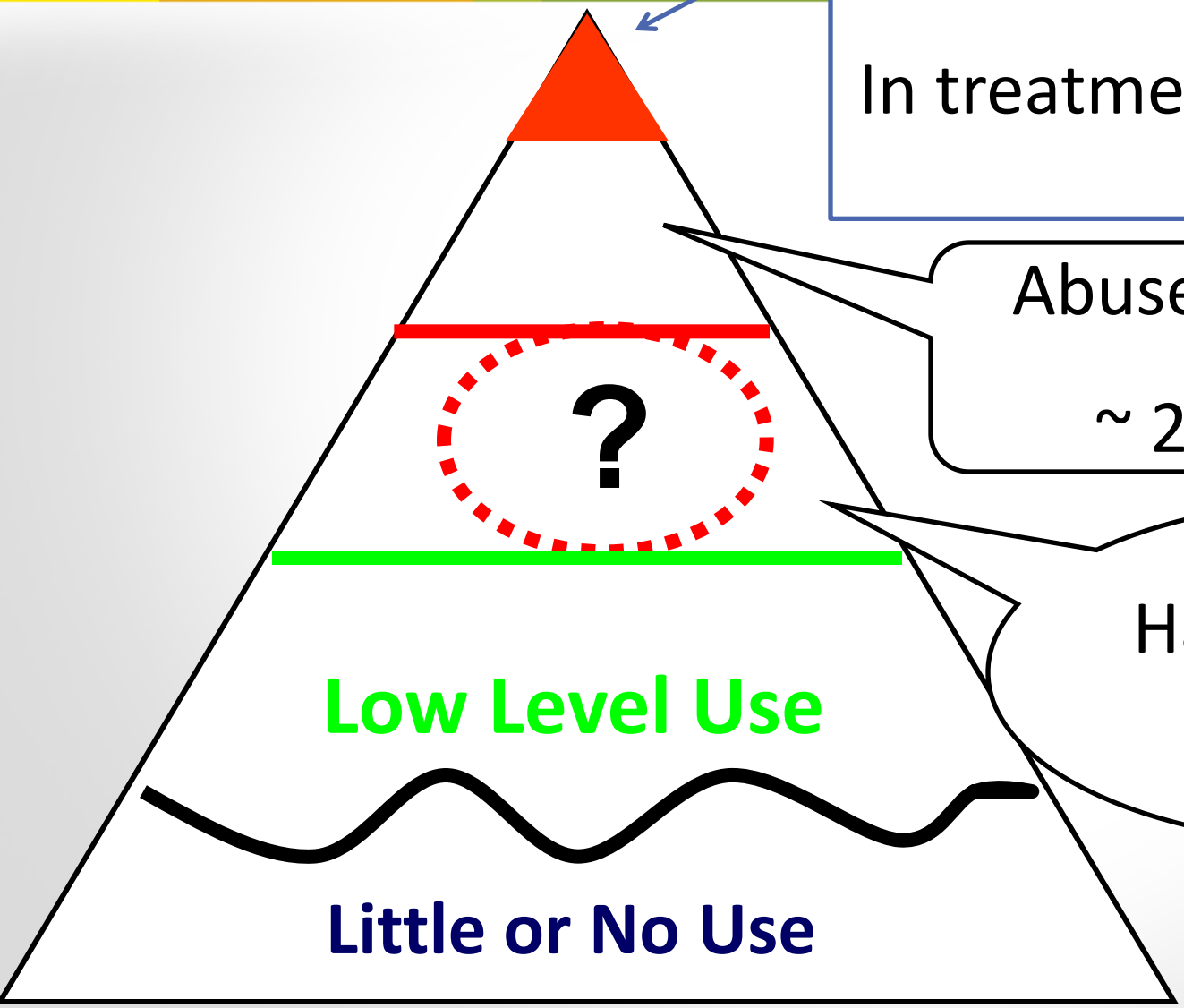
Who do we Treat?



In treatment: ~ 2,300,000

Abuse/Dependent

~ 23,000,000

Harmful Users

40,000,000

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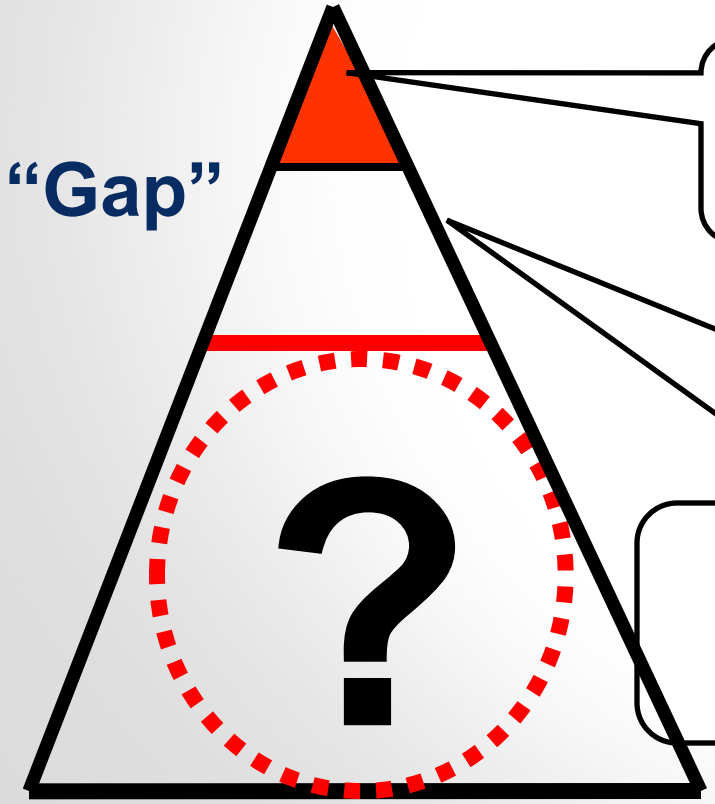
Question 1:

What about the 20,700,000 who didn't get care?



In Treatment ~ 2,300,000

Abuse/Dependent ~ 23,000,000

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What happened to..

23,000,000 met criteria for substance abuse or dependence…

2,300,000 received treatment…

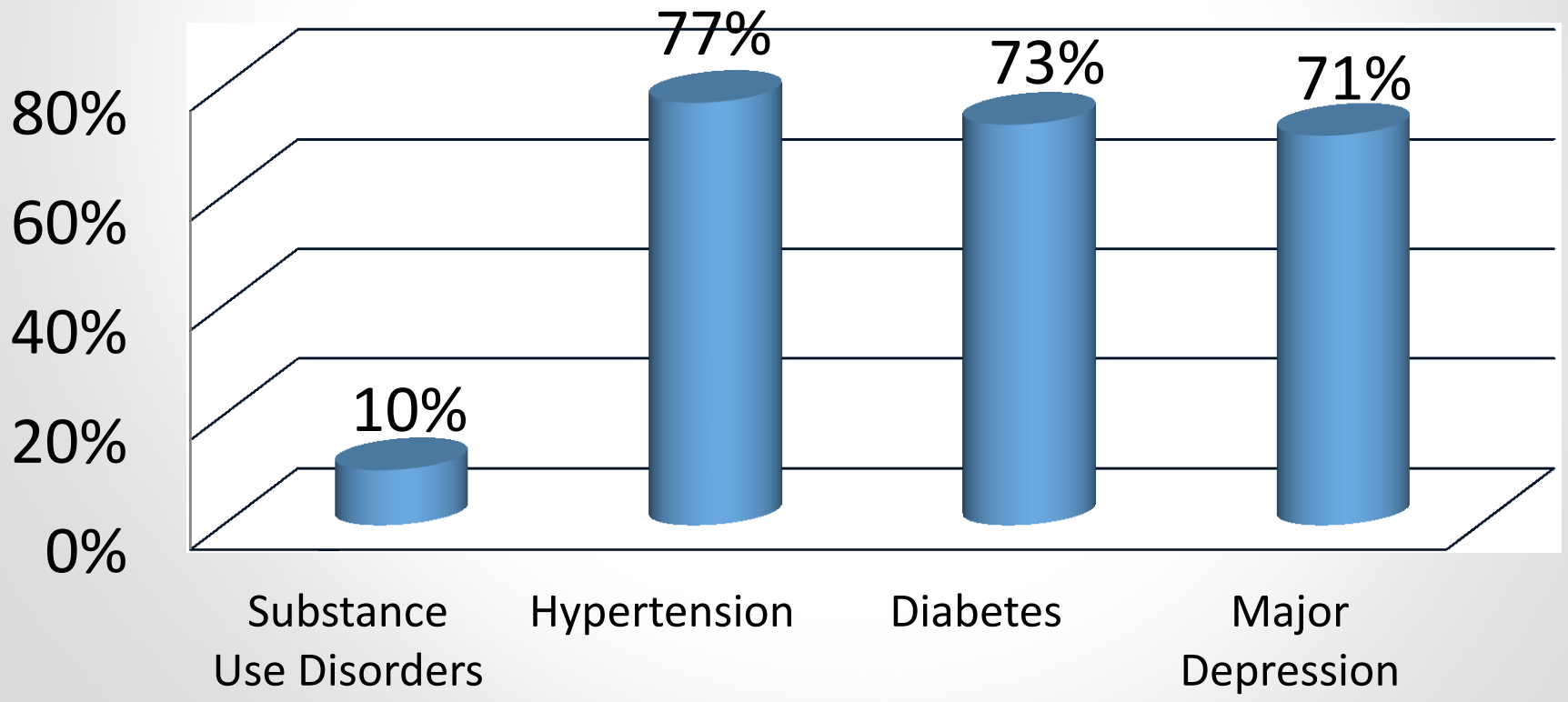
20,700,000 wanted it & turned away?

800,000 # who say they tried to get treatment and could not.

19,900,000 Didn't try to get treatment…

Most People in Need of Addiction Treatment Do Not Receive It

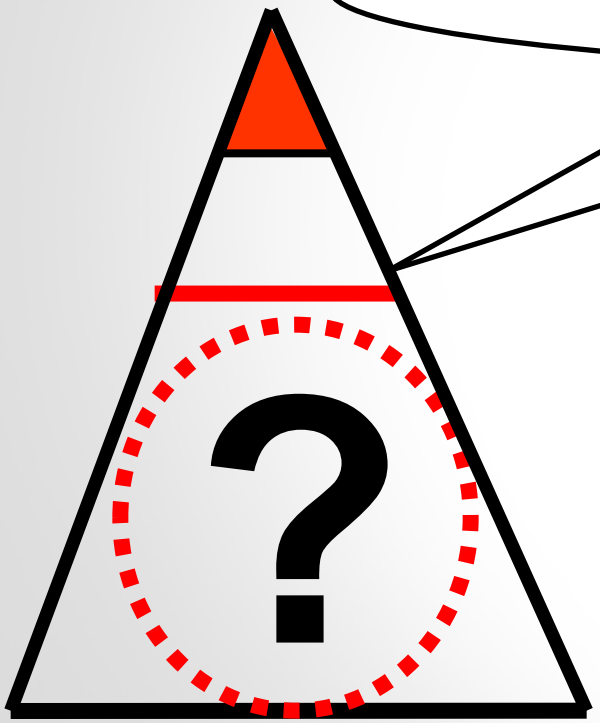
- Penetration Rate (% with Disorder who receive Treatment)



We owe it to ourselves, our clients and the field to do better

Question 2:

What about those



1. How do they effect Healthcare?
2. How do they effect our neighborhoods
3. What are their costs?
4. What are we doing about them?

HINT: THEY PLAY PROMINENTLY IN HCR

The Federal Block Grant

Treatment in "Specialty Care" Programs

Not held to same standards as "healthcare"

Reliance on the Block Grant

Community-based substance abuse treatment providers don't deliver care, document services, bill, or get paid <u>like other healthcare providers.</u>

Payments Accepted (2011 data)

Accepts	Yes	No
Medicare	66%	34%
Medicaid	58%	42%
Health Insurance	65%	35%
Cash (Really?)	91%	9%

*2011 N-SSATS Data (N=13,720)

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Reliance on the Block Grant

Opinion

In the next few years – it is highly likely states will receive reduced funding from the Block Grant due to coverage provided by ACA

States will want to move payment from block grant to Medicaid and insurance dollars.

Federal forces will continue to push to reduce the 1.6 Billion Block Grant Funds.

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Reliance on the Block Grant

Opinion

Federal forces will continue to push to reduce the 1.6 Billion Block Grant Funds.

After all – there's no CANCER block Grant, right?

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Wow Deni –

That’s amazing!

What should the field do?

(My best guess…)

TOP 6 Activities to Thrive in HCR

1. Deliver effective/Evidence-Based practices
2. By educated, credentialed staff
3. Document and bill insurances and Medicaid like other healthcare providers
4. Partner with other types of providers
5. Integrated Electronic Health Record Systems
6. Develop additional, engaging, new types of interventions.

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1. Evidence-Based Practices?

Evidence-Based?

How do we know which treatments work?

Hint – We don't get to call something Evidence-Based because we think it works, people like it or everyone emotes…

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Evidence-Based?

The FDA approves a treatment if:

2 Randomized Clinical Trials,
Usually by Separate investigators
Placebo Control or, in our case – TAU Comparison

Do any substance abuse treatments meet these standards?

SURE…

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Evidence-Based Treatments in SA?

Medications for use in Addiction

Alcohol: Disulfiram, Naltrexone, Acamprosate

Opiates: Naltrexone, Methadone, Buprenorphine

Cocaine: Disulfiram, Topiramate, Vaccine (soon).

Evidence-Based Treatments in SA?

But what about non-pharmacologic treatment?

Sure…

Evidence-Based Treatments in SA?

Therapies

- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Behavioral Couples Therapy
- Multi Systemic Family Therapy
- 12-Step Facilitation
- Individual Drug Counseling
- Dialectical Behavior Therapy

What about EBP Registries?

NREPP

CJS Registries

State Registries

Insurance Registries

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What to Look for in SUD Treatment:

1. Do they use Evidence-Based practices?
2. Do they have educated, credentialed staff?
3. Will they partner with you on goals and discharge planning?
4. Do they measure and report on their performance?
5. Are they accredited: JCAHO, CARF?
6. Do they have a Continuum of Care?

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5. Use of integrated Electronic Health Record Systems

Fully executed

Electronic Health

Record System

Fully Executed Electronic Records

1. Clinical Data Collection
2. Billing
3. Interoperability/EDI's
4. Reports (Client, Counselor, Referral sources)
5. Management by Performance – Decisions based on data
6. Performance Measurement System
7. Quality Assurance – Reports to regions

Remember the AA line

"All you have to do is:

Don't drink and come to meetings."

Remember the AA line

And remember the day they told you it's really:

"Don't drink, come to meetings and change your whole life"

Well….

Transitioning to

Electronic Health Records is

just like that.

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6. Develop additional engaging, effective Substance Abuse Treatment

Increase delivery of new types of services:

- Mobile services
- Services in schools
- Services in medical settings
- Increasing use of SA medications
- Creating protocols for safe effective management of drug-related offenders in community settings

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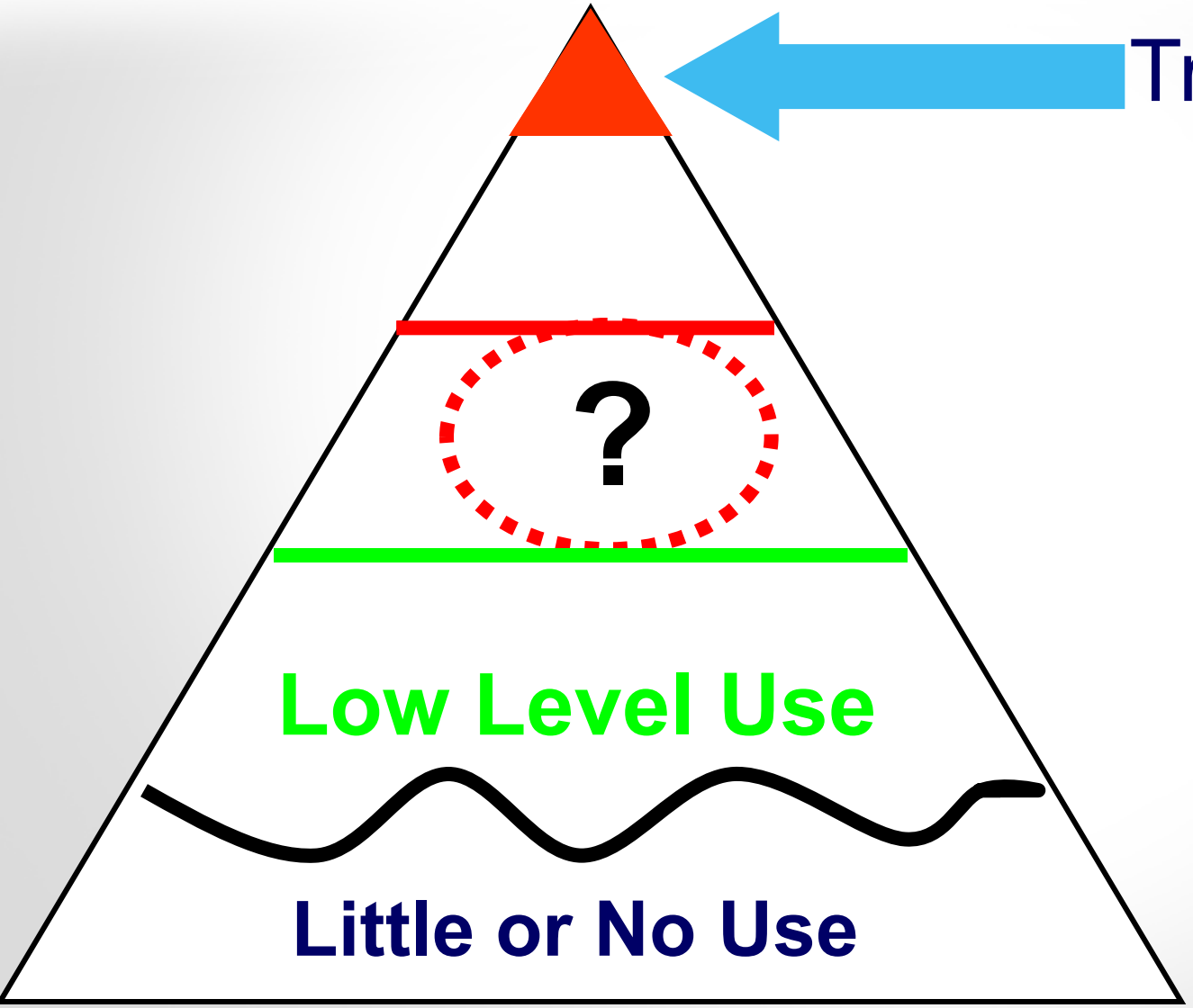
Take Treatment from Here:

Facility - Based (Bricks & Morter)

To Delivering Services Here:

Facility - Based (Bricks & Morter)	With ACO's	School Based – Home Based	In Medical Healthcare Settings	Online Or Web – Based

Provide Services for those here:



Treating only the most acutely impaired clients

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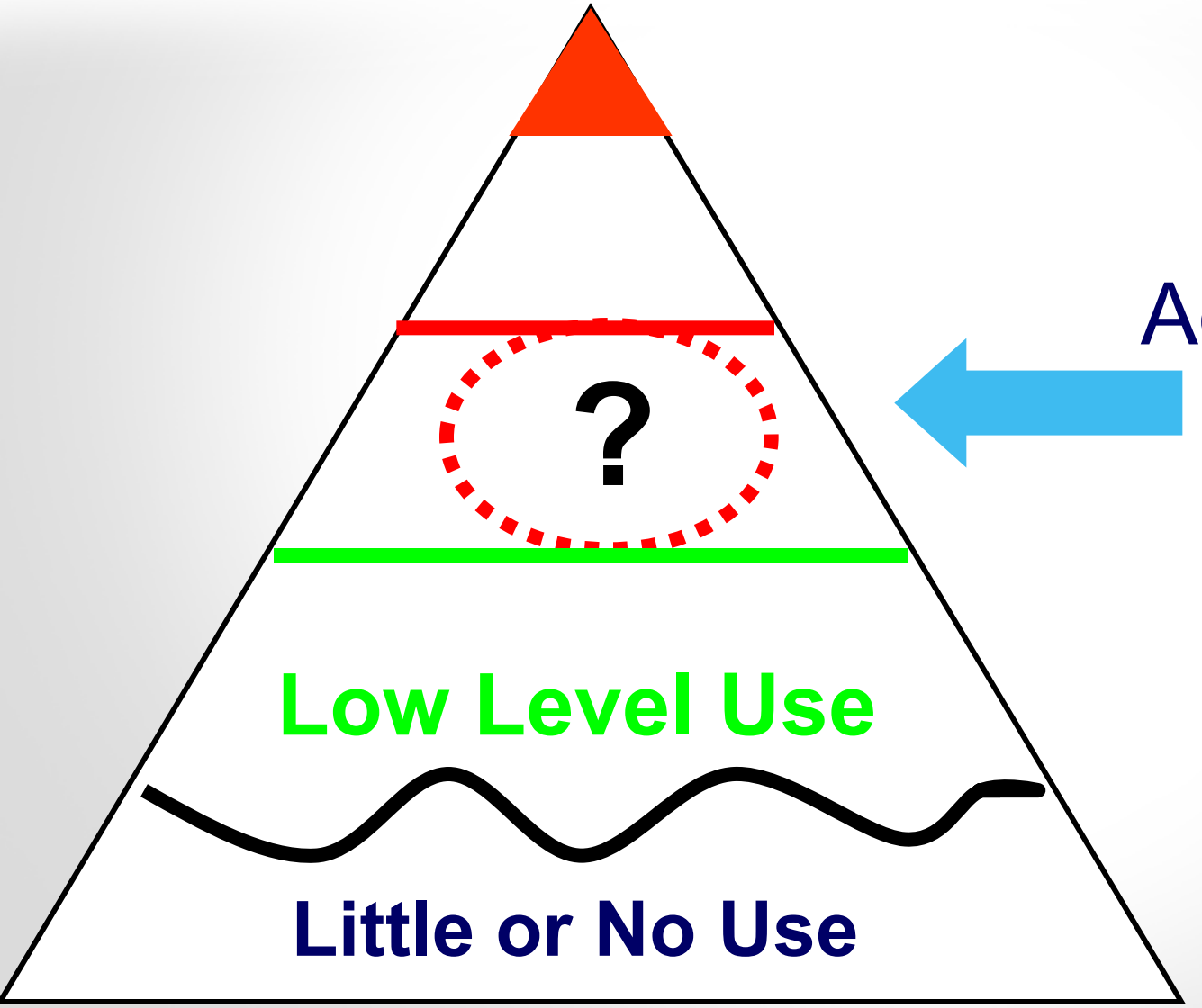
& Add Services for those Here:



Add treatment options for less severe clients

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Four “Take-Home’s”

1. “Addiction” treatment will evolve into more comprehensive “Substance Use Disorder Care” and be integrated into healthcare - Partnerships and collaborations will be critical

Four "Take-Home's"

2. Our Work Impacts:

the general healthcare field,

the criminal justice system,

the foster care system,

employers, insurers,

our clients and their families,

and our neighborhoods.

When someone with a SUD makes progress toward recovery or maintains stable recovery, everyone wins.

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Four “Take-Home’s”

3. Now more than ever, our field needs to rise to the challenges and opportunities facing us, to demonstrate our contributions and to show our value.

Four “Take-Home’s”

4. We owe it to ourselves, our clients and the field
to keep improving our care delivery
and to help others to do the same.
So in every town and every program,
one more person
can get into recovery…

Four “Take-Home’s”

…And live the life of their dreams!

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Thank You!