Healthcare Reform is Coming to the Southwest... But What About Persons with Substance Use and Co-Occurring Disorders?

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Advanced Publicity

• Many wheels of change are beginning to turn as healthcare reform unfolds, but what about the Americans with co-occurring disorders?
• Will the needs of one of society’s most vulnerable populations be addressed as national healthcare reform unfolds or will this group be an afterthought or non-thought?
Warning...

- Emerging body of research about the relationship between stress and
- Heart disease, diabetes, other chronic health conditions and early mortality...

Neuroendocrine System

Dale’s 20-State Adventure...
But Seriously...
Let’s Start with Three Questions

- **Question 1:** Will healthcare reform really fix the healthcare system?
- **Question 2:** How will the answer to question #1 affect Americans with substance use and co-occurring disorders?
- **Question 3:** But will all these great ideas really work for Americans with substance use and co-occurring disorders?
Question 1: Will healthcare reform really change the healthcare system?

Grounding Ourselves in “The Problem”
The U.S. Quality and Cost Problems

Per Capita Health Expenditures, 2007 (US $)
18 Industrialized Nations, OECD Health Data, 2010
Note: US Spending is 52% above Norway and 88% above Cana

Preventable Deaths* per 100,000 Population in 2002-2003 (19 Industrialized Nations, Commonwealth Fund)
(* by conditions such as diabetes, epilepsy, stroke, influenza, ulcers, pneumonia, infant mortality and appendicitis)

110 Preventable Deaths per 100,000

$7,285 Per Capita Health Expenditure

The U.S. has a Sick Care System not a Health Care System

- **Lack of Access**: 50+ million uninsured
- **Lack of Access**: 2 specialists for every PCP
- **Overuse** of unnecessary, high cost tests/procedures
- **Underuse** of prevention, early intervention, primary care, behavioral health
- **Medical errors**

All of the above = 30% of health care costs ($700+ billion per year)
Another view of “The Problem”

- 1% of the population use 20% of the healthcare resources
- 5% use 50% (the 5/50 population)
- And the care they receive generally sucks (a technical term)

Connecting the Dots: The Third Problem
Mental Health, Substance Use, and Co-Occurring Disorders: an inseparable part of the equation
• And several studies show that half of the 5/50 population has a mental health, substance use, or co-occurring disorder.

The Consequences for Americans with a SMI and a COD

• The 53 year lifespan for Americans with a Serious Mental Illness is comparable with Sub-Saharan Africa.
• Americans with a COD are dying, on average, at age 45 (Oregon Department of Human Services Addiction and Mental Health Division, June, 2008).
A Root Cause Analysis Reveals…

Mechanisms by which Adverse Childhood Experiences influence health and well-being throughout life

POPULATION ATTRIBUTABLE RISK

A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.

ACE reduction reliably predicts a decrease in all of these conditions simultaneously.
The Fix...
Creating a Sustainable Healthcare System

3 Strategies in the Affordable Care Act, the New Healthcare Reform Law...

- Coverage Improvements
- Delivery System Redesign
- Payment Reform

Healthcare Delivery System
Prevention, Public Health, Social Supports

97%/3%
70%/30%
Coverage Improvements

- Expands Coverage to most Americans
  - Expands Medicaid for all Under 139% of the Federal Poverty Level
  - Creates State Health Insurance Exchanges to help Newly Insured and those with Individual and Small Group Coverage to Purchase Affordable Policies (large buying club)
  - Provides Credits & Subsidies for those between 139% and 400% of the Federal Poverty Level to help Individuals and Families Purchase Insurance
- Eliminates pre-existing conditions, annual and lifetime limits and more

Service Delivery Redesign and Payment Reform

The Commonwealth Fund’s The Path to a High Performance U.S. Health System Identifies 10 Health Care Reform Policies that can save $3 trillion over 10 years (Commonwealth Fund 2009)
How is this Possible? “Follow the Money”
(Deep Throat quote from Bob Woodward’s account of Watergate)

- Need to invert the Resource Allocation Triangle:
- Prevention Activities must be funded and widely deployed
- Primary Care budgets in this country must double
- Mental Health and Substance Use Disorder Services must be available to all
- In order to Decrease Demand in the Sick Care System

Service Delivery Redesign:
Everyone is talking about Healthcare Homes

- What are they?
- Where did they get that name?
- Why are they important?
Healthcare Homes: What are They?

• Trying to navigate the healthcare system in the U.S. is like trying to find your way through a tangled maze
• Especially if you are one of the 45% of Americans with a chronic health condition such as diabetes or hypertension
• Most of whom have three or more doctors that don’t talk with each other or share information

Healthcare Homes: Primary Care Clinics that Look and Act Differently

Picture a world where everyone has...
- An **Ongoing Relationship** with a PCP
- A **Care Team** who collectively takes responsibility for ongoing care
- And **Provides all Healthcare** or makes **Appropriate Referrals**
- Helping ensure that **Care is Coordinated and/or Integrated**

And where...
- **Quality and Safety** are hallmarks
- **Enhanced Access** to care is available (evenings & weekends)
- And **Payment** appropriately recognizes the **Added Value**

(Joint Principles of the Patient-Centered Medical Home: www.pcpcc.net)
Healthcare Homes: What are They? Oregon’s Description...

| ACCESS TO CARE | Be there when I need you. |
| ACCOUNTABILITY | Take responsibility for making sure I receive the best possible health care. |
| COMPREHENSIVE WHOLE PERSON CARE | Provide or help me get the health care and services I need. |
| CONTINUITY | Be my partner over time in caring for my health. |
| COORDINATION AND INTEGRATION | Help me navigate the health care system to get the care I need in a safe and timely way. |
| PERSON AND FAMILY CENTERED CARE | Recognize that I am the most important member of my care team - and that I am ultimately responsible for my overall health and wellness. |

Healthcare Homes: Where did they get that Name?

- Actually there are several names:
  - Patient-Centered Medical Home (PCPCC)
  - Person-Centered Healthcare Home (National Council)
  - Patient-Centered Primary Care Home (Oregon)
  - Medical Homes
  - Health Homes
- All of which are trying to convey the message that the primary care clinic of the future isn’t going to look like most primary care clinics today
Healthcare Homes: Why are They Important?

The Group Health Cooperative Story
2002-2006: Move towards Medical Home
- Email your Doctor
- Online Medical Records
- Same Day/Next Day Appointment

(Increased patient access but also saw provider burn-out and decline in quality scores)
2007: More robust Healthcare Home Pilot
- Added more staff (15% more docs; 44% more mid-levels; 17% more RNs; 18% more MAs/LPNs; 72% more pharmacists)
- Shifted to 30 minute PCP slots

(Reduced burnout, increased quality scores, broke even in the first year)

In Denmark, over the last few decades, the number of hospitals has dropped from 155 to 89 today, a 42% drop.

(Sources: Paul Grundy, Director of Healthcare, Technology and Strategic Initiatives for IBM Global Wellbeing Services and Wikipedia)

And in the US: “Pilots in the U.S. include Geisinger's, which Grundy says has been remarkably successful, yielding ... a 12% reduction in ER utilization, a 20% reduction in hospitalization, and a 48% reduction in rehospitalization. (excerpt from David Harlow’s Health Care Law Blog 9/15/2009)
But wait...

People with co-occurring psychiatric and substance use disorders frequently present in both substance treatment and mental health service systems and are associated with poorer outcomes and higher costs in multiple domains.\textsuperscript{1,2} In addition, these individuals have historically been poorly served in both mental health and substance abuse treatment systems, both because of a lack of information on effective treatment programs and interventions, and because of significant systemic barriers in both systems. These system barriers are striking in that these individuals—in spite of their poor outcomes and high cost—are not only not prioritized and specifically welcomed, they are experienced as “misfits” at every level—at the system policy level, at the program design level, at the clinical practice level, and at the clinician competency and training level—in terms of regulations, information systems, funding mechanisms, and clinical credentialing and certification.

Kenneth Minkoff, MD
Christie A. Cline, MD

Question 2: If healthcare reform results in the shift from a sick care system to a health care system, how will this affect Americans with substance use and co-occurring disorders?
We start with the “Business Case”

- SU conditions are prevalent in primary care
- SU conditions add to overall healthcare costs, especially for Medicaid
- SU conditions can cause or exacerbate other chronic health conditions
- SU interventions can reduce healthcare utilization and cost

In Treatment ~2.3 million
“Abuse/Dependence” ~23 million
“Unhealthy Use” ?? million
Little/No Substance Use

The Medicaid expansion population will have high rates of substance abuse
There will be a significant Increase in MH/SU Treatment Demand for the Newly Insured

Table 3: Increase in Mental Health/Substance Use Treatment Demand for Californians Under Age 65, Up to 200% of Federal Poverty (2019 Projection)

<table>
<thead>
<tr>
<th>Change in Safety Net Californians with Coverage</th>
<th>ACA Base Scenario</th>
<th>ACA High Scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>1,260,000</td>
<td>1,620,000</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>-190,000</td>
<td>-130,000</td>
</tr>
<tr>
<td>Exchange with Subsidies, up to 200% Poverty</td>
<td>685,000</td>
<td>873,000</td>
</tr>
<tr>
<td>Total New Enrollees</td>
<td>1,755,000</td>
<td>2,363,000</td>
</tr>
</tbody>
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Increase in Safety Net Mental Health Treatment Demand

Currently Served: 698,460 698,460
Percent of Newly Covered Seeking Care (Projected Penetration Rate): 8.30% 8.30%
Additional Treatment Demand: 145,665 196,129
Percent Increase: 21% 28%

Increase in Safety Net Substance Use Treatment Demand

Currently Served: 262,219 262,219
Percent of Newly Covered Seeking Care (Projected Penetration Rate): 4.89% 4.89%
Additional Treatment Demand: 85,820 115,551
Percent Increase: 33% 44%

Untreated substance abuse is a key driver of chronic disease progression

FIGURE 4.
Percent diagnosed with major cardiovascular disease condition (myocardial infarction, CHF, etc.)
Among Medicaid Disabled, Disability Lifeline, or ADATSA clients with hypertension but without a more serious cardiovascular condition diagnosed in SFY 2002
EXCLUDES MEDICARE DUAL ELIGIBLES

David Mancuso, PhD and Barbara E.M. Felker, MES, MPA

SOURCE: DSHS Integrated Database, September 2010
Health Care Reform creates incentives for funding alcohol/drug treatment to prevent disability

- Starting in 2014, new non-disabled Medicaid enrollees will have their coverage paid 90% to 100% by the federal government
- The Feds will only pay 50% match if you’re disabled, creating an enormous incentive to prevent or delay disability from SU/COD ($20M over 7 yrs)

### Alignment of the Stars for Persons with MH/SU/COD Disorders?

- Growing awareness of the prevalence of MH/SU/COD and the cost of not providing effective treatment and supports
- Combined with parity and the increased risk of near universal coverage for the safety net population
- Combined with the an awareness that
  - Behavioral Health is necessary for Health
  - Prevention is Effective
  - Treatment Works
  - People Recover
- Results in increasing recognition that we can’t fix the US healthcare system without addressing the healthcare needs of persons with serious MH/SU disorders and the MH/SU needs of all Americans
Question 3: But will all these great ideas really work for Americans with substance use and co-occurring disorders?

The Elephant in the Living Room
This requires tackling the Silos

- Systems of Care that address whole health must be designed to focus on the needs of the population in a community, with a special emphasis on addressing the social determinants of health such as poverty, unemployment, homelessness, poor housing, neighborhood violence, etc.
Members Includes...

- Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)
- Community Mental Health and Substance Use Disorder Treatment Providers
- Recovery, Peer and Wellness Organizations
- Public Health Departments
- Hospitals
- Social Service Agencies
- Child Welfare Providers and Family Resource Centers
- Housing and Homeless Services Providers
- Oral Health Providers
- Pre-Schools and Schools
- Job Training and Employment Support Organizations

Purpose of a Community Care Organization

- A core objective of the CCO is to develop an integrated network of community groups that see themselves as hospital and institution prevention organizations;
- helping prevent admission and readmission to:
  - acute care and psychiatric hospitals;
  - nursing homes;
  - youth residential treatment facilities;
  - jails, prisons, and juvenile justice facilities;
  - and other restrictive, high cost, non-community based institutions.
The Work of the Community Care Organization

- **Prevention/Early Intervention**: Initiatives to prevent health conditions before they begin to develop
- **Hot Spotting**: Identify and engage the 5%/50% population
- **Community Health Teams**: Connect patients to primary care, get to appointments, transition from hospital, stay in their homes, etc.
- **Patient Centered Healthcare Homes**: Cradle to Grave Well Care (Prevention) and Sick Care
- **Complex Care Management**: Help patients with chronic health conditions self-manage their care and move toward health
- **Specialty Providers that are Health Neighbors to PCHHs**: Providing high value services that support health homes
- **Housing, Social Supports**: Efforts to Address the Social Determinants of Health

But will all these great ideas really work?

- **Short Answer**: Maybe
- **Longer Answer**:
  - We really have no choice economically
  - We have the knowledge and technology to invert the resource triangle
  - But we need a SU/COD provider system and SU/COD clinical workforce that’s ready and willing to become part of this new healthcare ecosystem