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INTEGRATING CARE UNDER HEALTH REFORM: WHERE ARE WE HEADED?

■ TODAY,
WE ARE GOING TO TALK
ABOUT
SOCIAL JUSTICE

Overview

- Environmental Scan: Policy, Practice, and Politics
- Factors in the Changing Landscape
- Solutions that are Emerging
- Key Steps Going Forward

- **Environmental Scan**

Formative Factors in National Policy

- 1. Treatment Works
 - --SG Satcher *Report on Mental Health* (1998)
- 2. Care Integration is Required
 - --President's *New Freedom Commission* (2003)
 - --IOM Study on *Improving the Quality of Health Care....* (2005)
- 3. Mental Health and Substance Use Insurance Benefits will be at Parity
 - --Wellstone-Domenici Legislation (2008)
- 4. Recovery Is Essential
 - --Evolution of Concept
- 5. Affordable Care Act codifies 1-4

Policy Reflected in the *Affordable Care Act*

- 1. Universal Insurance Coverage and Extension of Parity
- 2. No Pre-Existing Condition Exclusions
- 3. Fostering Medical and Health Homes
- 4. Disease Prevention and Health Promotion
- 5. Achieving “Recovery” and “Resilience”

- IMPLICATIONS: ACA favors Person-Centered Care, Whole Person Care, Shared Decision Making

Practice Developments

- **(Inputs):** Rapid Shift Toward Managed Care Models, Integrated Care, and Carve In Financing in State Medicaid Programs
- **(Throughputs):** An Enduring Concern with Cost, and an Emerging Concern with Wellness and Wellness Models (“moving upstream”)
- **(Outputs):** Seek Rehabilitation and Active Community Lives

Political Developments

- Consumer Movement has Come of Age--
FAVOR
- “Recovery” is a Key Motivator for Care Participation
- Affordable Care Act is creating External Pressure and Financial Incentives
- Weakening of State Substance Use Agencies and strengthening of State Medicaid Agencies

- **Factors in the Changing Landscape**

Illness and Treatment

- Substance Use Conditions:
 - Approximately 23 million potential cases
- Substance Use Care:
 - Approximately 2.3 million receive care
- Fully 90% do not receive any care
 - and
- Care provided comes principally from grants, not personal insurance

Causes

- Substance use conditions have been **excluded as a source of disability** for SSI and SSDI since 1998.
- Little growth has occurred in other funding sources, such as the **SAPT Block Grant**.
- American society has favored **criminalization** of substance use, rather than provision of appropriate treatment.

Wellness Models



Wellness Model Applied



Wellness Model Implications

- What are some of the implications?
 - Provision of primary care is essential.
 - Provision of substance use care is essential.
 - Facilitation of WELLNESS and RECOVERY approaches is essential.
- Care integration becomes an obvious mechanism to achieve these goals.

Key Features of the Affordable Care Act

- Insurance Reform
- Coverage Reform
- Quality Reform
- Payment Reform
- IT Reform

HIGHLIGHT

- The ACA will provide personal health insurance to 38 million adults.
Approximately 6.6 million will be persons with pre-existing substance use conditions.
(Prevalence is almost 20 %.)

Insurance Reform

- Key Features:
 - **New Insurance:** Cover 38 million adults.
 - **Mechanisms:** State Health Insurance Marketplaces and Expansion of Medicaid.
 - Will be driven by the **Essential Health Benefit**.
 - **Importance:** Insurance expansion is a core feature of reform, and it is absolutely essential that we be engaged.

HIGHLIGHT

- HHS is in the early phase of a major insurance enrollment initiative.
- Enrollment will commence on:
October 1, 2013
- Insurance coverage will commence on
January 1, 2014
- What are your plans to participate?
- Are you part of a health insurance navigator grant?

HIGHLIGHT

- The ACA eliminates pre-existing condition clauses in health insurance, as well as annual and lifetime limits.
- **Everyone with a substance use condition has a pre-existing condition.**

Coverage Reform

- **Key Features:**
 - **Youth Coverage:** No one less than age 19 can be excluded from insurance because of a pre-existing condition; provision will be extended to all ages in 2014.
 - **Young Adult Coverage:** All age 26 or less can remain on their family's policy.
 - **Limits:** No annual or lifetime financial limits on insurance.
 - **Prevention/Promotion:** No co-pays or deductibles for specific interventions.

HIGHLIGHT

- The ACA provides for the creation of integrated **Health Homes** which offer prevention and promotion, as well as care.
- **Substance use care providers will need to become part of Accountable Care Organizations that operate Health Homes.**

Quality Reform

- **Key Features:**
 - **Health Homes:** Create through modifications to Medicaid and Medicare--Medicaid State Plan Amendments, e.g. Section 2703.
 - **Accountable Care Organizations:** Organizations to implement and operate Health Homes. Generally, operated out of the health care sector.
 - **Quality Measures:** Drive quality improvement through system-wide performance measures.

Highlight

- The ACA provides for performance-adjusted **case rates** and **capitation rates** as a longer-term goal.
- **Substance use providers will need to self-manage insurance benefits under these systems.**

Payment Reform

- **Key Features:**
 - **Encounter Systems**—by event: Move away from encounter systems.
 - **Case/Capitation Systems**—by person: Move toward case/capitation systems.
 - **Performance Adjusted Payments:** Link payments to performance as determined by quality measures

Highlight

- The ACA IT reforms assume that providers are using **electronic medical records** (EMRs).
- **Do you use an EMR currently, and do you have a personal health record (PHR) for your clients?**

IT Reform

- **IT Applications:** Use IT for EMRs, Quality Measures, Training
- **Peer IT Applications (including APPS):** Using IT to self-manage wellness and recovery.
- **S-539** and **HR-6043** are designed to address the EMR gap.

“Think Small and Home”

- **Solutions Are Emerging**

- **Program Level Solutions**

Mobilizing the Field

- Evolution of the Health Home:
 - Behavioral Health Home
 - Primary Care Health Home
 - Coordinated Care at Same or Different Sites
- Evolution of Accountable Care Organizations (ACOs)

- **State-Level Solutions**

Some State Specifics

- Weakening of the State Substance Use Agencies
- Strengthening of the State Medicaid Agencies
- An emergent model of Patient Centered and Whole Person Care
- Integrated care reduces costs; managed care reduces costs.
- “Business as Usual” is not an Option.

What Providers Can Do

- Always assess the basics—weight, body mass, blood pressure, blood sugar.
- Learn about and exercise care in prescribing medications.
- Always consider and use wellness regimens.
- Engage and use prevention and positive health interventions.
- Promote RECOVERY.

- Key Steps Going Forward

ACTIONS NEEDED RIGHT NOW

- **INSURANCE ENROLLMENT**
- **BRING MEDICAID EXPANSION TO NONPARTICIPATING STATES**
- **WORK WITH THE QUALIFIED HEALTH PLANS OFFERED THROUGH THE MARKETPLACES**

Outcomes

- We would expect:
 - Longevity to improve
 - Recovery to improve community tenure
 - Community tenure to improve community participation
- We would also expect the implementation of prevention and promotion protocols to improve personal and population health over the longer run.

Community Life

- We would expect:
 - Greater attention to the social and physical determinants of health
 - More community participation in addressing local health issues
 - Less stigma in the community
 - Much greater recognition that all health and health care is local!



Some Likely Future National Policy Topics

- 1. Integration of Health Care with **Public Health** and Community Interventions
- 2. **Positive Health** Promotion
- 3. **Personalized Care** with Customized Drugs
- 4. Debates about **Genetic Engineering**

Return to Social Justice

- We are on the **right side** of the issue
- We have services that can **decrease health disparities** and promote equity
- Our clients can and will become **productive citizens** in a global economy

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