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

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

- HEALTHY
- NOT ILL---------|----------| ILL
- NOT HEALTHY
Wellness Model Applied

- Recovery and Health
- Self-Help
- Social Support
- Changes in Unhealthy Lifestyle
- Illness
- Biopsychosocial Interventions
- High Morbidity and Mortality
- Little Self-Help or Hope
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
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?
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.
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
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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