

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Addiction Medicine: Opportunities in the Era of the Affordable Care Act

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Presentation Overview

- Changes in the field as a result of ACA:
 - Essential Benefits of ACA
 - Expansion of insurance
- Implications for Clinical Care
 - Expanded role of substance abuse treatment programs and addiction medicine
- DSM-5/ICD-10
- Workforce issues
- SAMHSA Initiatives

ACA: Changes to the Field: Essential Benefits

- ambulatory patient services
- emergency services
- hospitalization
- maternity and newborn care
- mental health and substance use disorder services including behavioral health treatment
- prescription drugs
- rehabilitative and habilitative services and devices
- laboratory services
- preventive and wellness services and chronic disease management
- pediatric services, including oral and vision care

Changes in How Health Care is Paid for & Delivered (aka “Payment and Delivery Reform”)

- Health insurers throughout the country – both public and private – are seeking to change the way that health care is paid for and delivered.
- **The Goals are to :**
 - Shift from paying for volume to paying for outcomes
 - Improve care coordination, thereby reducing costs and improving quality
 - Most of these changes are voluntary & small-scale, but they are spreading

New Models of Care Encouraged

- Medicaid State Option for Health Homes (ACA Section 2703) Effective Jan 2011
- State plan option allowing states to develop “health homes” for Medicaid beneficiaries with chronic conditions, which can include mental and substance use disorders
- Community substance abuse treatment programs and/or mental health treatment programs can be eligible providers

Eligibility for a Health Home

- To be eligible, individuals must have:
 - Two or more chronic conditions, OR
 - One condition and the risk of developing another, OR
 - At least one serious and persistent mental health condition
- The chronic conditions listed in statute include a **mental health condition, a substance abuse disorder**, asthma, diabetes, heart disease, and obesity (as evidenced by a BMI of > 25).
- States may add other conditions subject to approval by CMS

Health Home Services

- **Health Home Services**
(covered at enhanced FMAP [90%] for 2 years)
 - Comprehensive care management
 - Care coordination
 - Health promotion
 - Comprehensive transitional care/follow-up
 - Patient & family support
 - Referral to community & social support services
- **Standard FMAP (50%) for other services**

Expanded Role of Traditional Substance Abuse Treatment Programs and OTPs

- Issues Impacting:
- Need for expansion of treatment access for those with substance use disorders
 - Increased numbers needing treatment for opioid use disorders
- Substance abuse treatment programs: addition of medical services; mental health services; other SA pharmacotherapies
- OTPs have medical, substance abuse counseling, and addiction pharmacotherapy available in one place; could consider expanding to offer mental health services and treatment of other substance use disorders

Expanded Role of Substance Abuse Treatment Programs

- 'one stop shopping'
 - **Provide wrap around services: substance abuse treatment, medical/mental health care, case management, peer support, voc rehab, medication management/directly observed therapy**
 - **Provide support services to office-based practitioners (e.g.: urine tox screens, counseling)**

Role of Addiction Medicine

- Leadership role in substance abuse treatment programs; providers of expanded services
- Consulting role in integrated care systems:
 - Primary care
 - Specialty care
- Direct care in integrated programs

DSM 5: New Diagnosis: Substance Use Disorder

- Combines current abuse and dependence criteria (so there are now 11 criteria) with two exceptions:
 - Recurrent substance-related legal problems has been deleted
 - Craving or strong urges for the substance has been added
- 2-3 criteria: 'mild'
- 4-5 criteria: 'moderate'
- 6 or more: 'severe'

DSM 5: New Diagnosis: Substance Use Disorder*

- Implications:
- Thorough assessments must be done to determine what criteria are met by every patient and to guide treatment approach
 - Expect opioid-addicted patients to meet criteria for moderate to severe use disorder
 - Important to ascertain that a person is physically dependent on opioids before starting them on an opioid therapy
- DSM 5 /ICD-10 linkage

ICD-10

- International Classification of Diseases-10:
 - Used worldwide
 - U.S. one of the last countries to adopt the revised version
 - We currently use ICD-9
 - ICD-10: many more codes; describes illnesses/disorders in much greater detail
 - Helpful in surveillance
 - Better describes a medical condition so that reimbursements better match complexity of disorders

ICD-10*

- Major implications for practice, medical-recordkeeping, and billing/reimbursements
- Need to train staff to use appropriate coding; need to modify EHR to accept diagnoses; billing system updates
- **Transition occurs October 2014**
 - Failure to transition has major consequences: no recognition of billing codes for ICD-9 after this date; penalties for failure to transition
 - DSM-5 is cross-walked to ICD-10
 - SAMHSA has sponsored webinar trainings on ICD-10 to BH community; archived and available to all providers

Workforce Issues

- With healthcare reform, there will be increasing requirements for training and continuing education of staff working in substance abuse programs
- Physicians will need to show ongoing evidence of competence—MOC/MOL
 - State by state differences may exist in what constitutes evidence of competence
- Addiction medicine specialists can play an important role in training for other physicians and healthcare practitioners

Integration of HIV and Behavioral Health Care

- **New models of care:**
 - *Integration of HIV/primary care into substance abuse and/or mental health treatment programs*
 - *Models of integration/case management*
 - *Models of co-location and integration*
 - *Emphasis on*
 - **patient preference for care**
 - **Integrated team-based approaches**

HCV Care in Substance Abuse Treatment Programs

- HCV has surpassed HIV as a cause of death in the United States.
- Study examined nationally representative sample of opioid treatment programs:
 - *Nearly 68% of these programs had the staff required for HCV testing, but only 34% offered on-site testing.*
 - *Limited HCV testing services in opioid treatment programs is a key challenge to reducing HCV in the US population.*

HCV Care in Substance Abuse Treatment Programs*

- USPSTF recommends testing of the 1945-1965 birth cohort
- Periodic testing thereafter for those at higher risk
- SAMHSA responses:
- Dear Colleague letter from Chief Medical Officer
- SAMHSA MAI grant 5% set-aside requirement for Hepatitis testing/vaccination

Other SAMHSA Initiatives: Provider Education



OpioidPrescribing.com
Safe & Effective Opioid Prescribing for Chronic Pain

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Safe and Effective Opioid Prescribing for Chronic Pain

Excessive or inappropriate use of opiates in the treatment of pain is a major national problem in the delivery of healthcare. Opioids are both underprescribed and overprescribed. Prescribing clinicians need training in effective communication skills as well as an understanding of when and how to prescribe opioids.

In addition to the specialists who frequently prescribe opioids (pain specialists, orthopedists, rheumatologists), primary care clinicians have increasingly taken on the burden of managing pain effectively. Safe and Effective Opioid Prescribing for Chronic Pain offers clinicians necessary education in how to work with their patients who are living with chronic pain – how to define chronic pain, how to manage its treatment, the tools available to assess pain and the risk involved in prescribing opioids, and how to discontinue treatment if necessary.

Register for New Account
REGISTER

Opioidprescribing.com: focus on CME accredited trainings on safe use of opioids

PCSS-O: Focus on Safe Opioid Prescribing
www.pcss-o.org



PCSS-O Training

Educational Resources for Prescribers of Opioid Medications



PCSS-MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

PCSS-MAT: Medication Assisted Treatment
www.pcssmat.org
Focus on Treatment of Opioid Use Disorders

Other SAMHSA Initiatives

Opioid Overdose Prevention Toolkit



Educate individuals, families, first responders, prescribing providers, and community members.

Practical, plain language information about steps to take to prevent opioid overdose and to treat overdoses (including the use of naloxone).

5 modules, each one customized to address the specific needs of target audiences.

Important resources for patients, families, prescribers, and communities.

<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>

The Coming Years: Opportunities and Challenges

- By meeting opportunities and challenges related to expansion of substance use and mental disorders treatment; these disorders are placed in the mainstream of medicine
- For those with SUD and/or mental disorders:
 - Greater access to treatment
 - More efficacious, evidence-based care
 - Less stigma, better treatment retention and improved outcomes
- SAMHSA will continue to help to improve the behavioral health of Americans through grant funding of services, technical assistance to providers/communities, and dissemination of best practices in behavioral health