From Mental Health and Substance Abuse to Behavioral Health Services: Opportunities and Challenges with the Affordable Care Act.

Ron Manderscheid, Ph.D.
Exec Dir, National Association of County Behavioral Health and Developmental Disability Directors
Adjunct Prof, Johns Hopkins Bloomberg School of Public Health

Philip J. Leaf, Ph.D.
Professor, Johns Hopkins Bloomberg School of Public Health and Schools of Medicine, Nursing, Education, and Arts & Sciences, pleaf@jhsph.edu

Public Health Practice Grand Rounds
Mid-Atlantic Public Health Training Center 3-19-2014
10 for 5:
5 ACA Reforms &
10 ACA Actions

Ron Manderscheid, PhD
Exec Dir, NACBHDD
Adjunct Prof, JHSPH
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TODAY,
WE ARE GOING TO TALK ABOUT
SOCIAL JUSTICE
Policies Reflected in the Affordable Care Act

1. Universal Insurance Coverage and 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:
Person-Centered Care, Whole Person Care, Shared Decision Making have all come of age.
Wellness Models

HEALTHY

NOT ILL

NOT HEALTHY

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Wellness Model Applied
Wellness Model Implications

What are some of the implications?
Provision of primary care is essential. Provision of behavioral health care is essential.
Facilitation of WELLNESS and RECOVERY approaches is essential.

Care integration becomes an obvious mechanism to achieve these goals.
5 Key ACA Reforms

Insurance Reform
Coverage Reform
Quality Reform
Payment Reform
IT Reform
The ACA is designed to provide personal health insurance to 39 million adults. Approximately 11 million will be persons with pre-existing mental health or substance use conditions. (Prevalence is 30%).
Insurance Reform

Key Features:

Do this through State Health Insurance Marketplaces (20 million) and through an Expansion of Medicaid (19 million).

Driven by the Essential Health Benefit.
2 ACA Actions

Insurance enrollment is our responsibility.

Enrolling persons with mental health and substance use conditions is our responsibility.
The ACA eliminates pre-existing condition clauses in health insurance, as well as annual and lifetime limits, and extends family insurance to age 26.

Everyone with a mental health or substance use condition has a pre-existing condition.
Coverage Reform

**Key Features:**

**Guaranteed Enrollment:** No one can be excluded from insurance because of a pre-existing condition; 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; insurance benefits must be at parity.

**Prevention/Promotion:** No co-pays or deductibles for some prevention interventions.
2 ACA Actions

Explaining these coverage changes to consumers is our responsibility.

Monitoring the implementation of parity is our responsibility
The ACA provides for the creation of integrated Health Homes which offer prevention and promotion, as well as care.

Mental Health and Substance Use Care Providers will need to become part of Accountable Care Organizations that operate Health Homes.
Quality Reform

**Key Features:**

**Health Homes:** Can be created through **modifications to Medicaid** and Medicare--Medicaid State Plan Amendments (Section 2703).

**Accountable Care Organizations:** Organizations to implement and **operate Health Homes**. Generally, operated out of the health care sector, but also can be operated by behavioral health entities.

**Quality Measures:** Drive quality improvement through system-wide performance measures.
2 ACA Actions

It is our responsibility to foster the development of health homes and ACOs.

It is our responsibility to investigate related services, such as social wrap-around and public health services.
The ACA provides for the implementation of new payment models that reward Strategic Service Delivery rather than More Service Delivery.
Payment Reform

ACA will implement performance-adjusted *case rates* and *capitation rates* as a longer-term goal.

*Mental Health and Substance Use Care Providers will need to self-manage insurance benefits under these systems.*
2 ACA Actions

It is our responsibility to understand case and capitation rates and how they will apply to emerging Health Homes.

It is our responsibility to develop internal service management approaches that promote strategic care.
The ACA IT reforms assume that providers already are using electronic medical records (EMRs).
IT Reform

The ACA provides financial incentives for use of electronic medical records for federal reporting.

The ACA provides financial incentives for use of electronic health records for training.
It is our responsibility to implement electronic medical records (EMRs).

It is our responsibility to implement personal health records (PHRs).
Outcomes Under the ACA

We would expect:

- Longevity to improve
- Recovery to improve community tenure
- Community tenure to improve community participation

We also would expect the implementation of prevention and promotion protocols to improve personal and population health over the longer run.
Community Life Under the ACA

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!
Patient Protection and Affordable Care Act, March 23, 2010

Priorities:

• *Increase insurance coverage of health care*
• *Improve healthcare quality*
• *Prevention of illnesses and disability and promotion of health*
From Mental Health and Substance Abuse to Behavioral Health Services: Opportunities or Back to the Future?

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Patient Protection and Affordable Care Act, March 23, 2010

Priorities:

• Correct insurance problems
• Improve healthcare quality and reduce the cost of healthcare
• Prevention and increased wellbeing
“If you build it, he will come (Field of Dreams, 1989)”
AFFORDABLE CARE ACT

• Now in Effect – Or is It?
4.2 million have selected plans on both state and federal exchanges since Oct.1 2013.

It was estimated that in 2009 there were 48.6 million people in the US (15.7% of the population) who were without health insurance (U.S. Census, 2010).
Parity – Effective since 7/1/2010

- Apply to 50+ employees *Health Plans* offering behavioral health benefit
- No financial requirements or treatment limitations that are more restrictive than Medical Coverage
- Establishes 6 classifications of benefits
- Plan must provide BH benefits in each class in which it provides Medical
- Scope of services must be largely analogous
The Effects of Federal Parity on Substance Use Disorder Treatment (Busch et al. 2014)

- Study of 5 Oregon commercial plans from 2005 to 2008 to comparison groups exempt from the Oregon 2007 state parity law found spending on alcohol treatment services demonstrated increase in compared to comparison but no significant increase in drug abuse treatment services with no significant differences for overall services.
The Effects of Federal Parity on Substance Use Disorder Treatment

• No studies have found increased use of mental health and substance abuse services following the implementation of parity legislation (McCarty 2013).
Improve Quality and Reduce Costs

- Improve individual experience of care
- Evidence based care, clinical guidelines
- Health homes
- Integration and coordination with primary care
- Emphasize prevention
Maryland Health Homes

Health Homes for individuals with chronic conditions will augment Maryland’s broader efforts to integrate somatic and behavioral health services. Program targets populations with behavioral health needs who are at high risk for additional chronic conditions, including those with serious persistent mental illness, serious emotional disturbance, and opioid substance use disorders.
“A community-based approach, not a residential program. Health Homes are designed to enhance person-centered care, empowering participants to manage and prevent chronic conditions in order to improve health outcomes, while reducing avoidable hospital encounters. Core services:

• Comprehensive Care Management
• Comprehensive Transitional Care
• Care Coordination
• Individual and Family Support
• Health Promotion
• Referral to Community and Social Support
“Health Homes will offer participants enhanced care coordination services from providers with whom they regularly receive care, including psychiatric rehabilitation programs, mobile treatment service providers, and opioid treatment programs.”
"Of the 33 quality measures to hold ACO’s accountable for meeting minimum quality standards, only one (screening for depression) is directly related to behavioral health” (Bao et al. 2013).
Increasing Access to Services

The rate of substance use disorder for uninsured persons is higher than for low-income Medicaid enrollees (Busch et al. 2013).
Increasing Access to Services

Analysis of data from NSDUH found that for persons ages 20-64 with income of less than 13% of Federal Poverty Level, the uninsured had higher rates of substance abuse but only 47% of insured in need had received treatment and only 31% had received services from the medical sector (Busch et al. 2013).
Increasing Access to Services

About 24 million adult Americans have a substance abuse disorder but only about 10% receive treatment for their addiction.

- Need to expand specialty services
- Need to expand primary care services
- Need for prevention and early detection in primary care settings
Early Impacts of ACA

Creation of Medicaid Health Home Option

SAMHSA authorization of $50 million for “co-location” grants

90% federal funding of first two years after creation of health home for services not “traditionally covered” such as health promotion, care management, post-inpatient transition, and information technology
Will Increasing Access to Services Improve Outcomes?

Only 10-20% of patients in primary care settings are screened for alcohol problems (Coffield et al. 2001).

Less than \(\frac{1}{2}\) of pediatricians and even a smaller percentage of family physicians ask adolescents about their use of alcohol (Millstein and Marcell, 2003).
Will There Be Increased Access to Services: Lessons from the Parity Legislation?

- “the main impact of parity (and of changes in care management that may have accompanied parity) was a decline in the quantity of services delivered” (Goldman et al. 2012)

- Who is available to provide the needed services when lack of health insurance is no longer a barrier to seeking services?
The New Psychiatric Hospital

Jails
Persons with psychiatric disorders released from prison are more likely to return to prison when not provided with psychiatric services upon release.

Many/Most are not provided with these services!
Opportunity or Challenge?

Each year, more than 600,000 youth in America are placed in juvenile detention centers, and close to 70,000 youth reside in juvenile correctional facilities on any given day.
Youth Involved with the Juvenile Justice System (Shufelt & Cocozza, 2006):

• 65% to 70% of youth in contact with the juvenile justice system have a diagnosable mental health disorder;
• Over 60% of youth with a mental health disorder also have a substance use disorder; and
• Almost 30% of youth have disorders that are serious enough to require immediate and significant treatment
How do we get from here to there?

System Change:
We can't wait for miracles!

The Change Process

Good work,
but I think we
need just a
little more
detail right here!
Paradigm Shifts

- Segregation to Integration of both “Systems” and “Services”
  - Who is guiding the process?
  - Systems of What?
  - From Treatment To Recovery To Wellness
  - Whole Population Health?
  - Consumer run services?
Contact Information

• Ron Manderscheid, PhD
• Executive Director
• National Association of County Behavioral Health and Developmental Disability Directors
• 25 Massachusetts Avenue, NW, Suite 500
• Washington, DC 20001
• Voice: 202-942-4296
• Cell: 202-553-1827
• E-Mail: rmanderscheid@nacbhd.org
• www.nacbhd.org
• The Voice of Local Authorities in the Nation's Capital
Contact Information

• Philip J. Leaf, PhD
• Professor
• Johns Hopkins Bloomberg School of Public Health
• 624 North Broadway, Baltimore, MD 21205
• Voice: 410-955-3962
• Cell: 410-440-2178
• E-Mail: pleaf@jhsph.edu
• www.jhsph.edu/preventyouthviolence
• www.jhsph.edu/adolescenthealth
• www.urbanhealth.jhu.edu
HHS Issues HIPAA Guidance on Sharing Information Related to Mental Health

- The complete guidance is available at [http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/mhguidance.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/mhguidance.html)

- HIPAA FAQs are available at [http://www.hhs.gov/ocr/privacy/hipaa/faq/index.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/index.html)