Office of Alcoholism and Substance Abuse Services

From Science to Practice to Value Based Payment: SUD as Health Care

October 25, 2017

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Volume

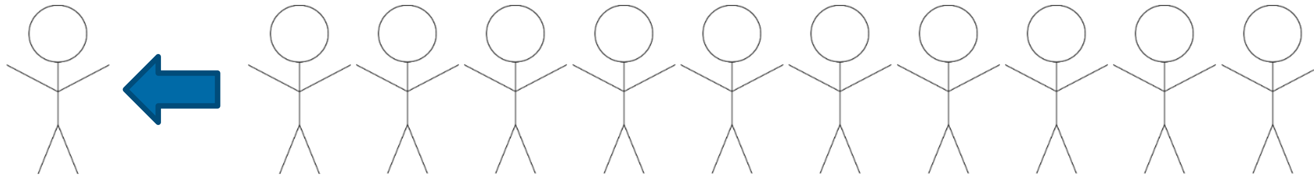
- Number of billable services provided.
- Most likely to attend.
- No incentive for very high need pt – likely to no show, drop out, use non-billable time.
- No incentive for efficiency.
- Data focused on productivity, EBP, process measures, unit cost.

Outcomes

- Effectiveness of services – how did the person do?
- Incentive to engage high need individuals – opportunity for innovation.
- Balance of right amount of service to client need.
- Incentive to be efficient.
- Data to identify high need, tracking, linking, episode and average costs.

Substance Use Disorders

- 1 in 10 access treatment



- Half of MA clients with complex chronic health conditions have SUD
- High barriers to screening and intervening in health care settings
- SUD treatment system challenges
  - Poor transitions between inpatient and ongoing care
  - Majority leaving before full benefit of treatment (majority in treatment <30 days)
  - Low levels of science based care (e.g., opioid agonist therapy for opioid use disorders)

So often times it happens that we live our lives in chains
And we never even know we have the key

Songwriters: Jack Tempchin / Robert Arnold Strandlund

What can I do now?

- **Access -** *"I need help now"* Next appointment cannot be 3 weeks from now.
- **Integration –** real time clinical information, integrated treatment planning/treatment team.
- **Quality –** In health care environment expectation that care is provided with same standards. Metric Dashboard.
- Linkages, outreach engagement.

Strengths of the System

- Isolation is the oxygen for poorly managed chronic illness including SUD and MH – **You are expert in helping people to connect!**
- Motivational Interviewing was born and nurtured in the Substance Use field.
- You Care about a population that vexes other parts of the system.
- SUD recovery requires a full continuum of care including prevention, treatment and recovery – this cannot be replicated.
- You are the experts – while we can draw analogies to other disease states, SUD treatment has it's own body of knowledge and experience vital to successful intervention.

Thank You

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Metrics, Quality and Cost

October 25, 2017

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- Access
- Quality
- Integration

Cascade of Care for Opioid Use Disorders

3000000
2500000
2000000
1500000
1000000
500000
0

OUD severe
1. OUD diagnosed
2. Engaged in Care
3. MAT initiation
4. Retained 6+ months
5. Continuous abstinence

90% goal at each stage
Treatment gap
Current estimates

Source: Williams, et al. 2017. To battle the opioid overdose epidemic, deploy the cascade of care model. Health Affairs.

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NYS DOH Approved SUD Quality Reporting Measures

Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)

The percentage of individuals with a new diagnosis of alcohol or other drug (AOD) dependence who received the following:

- *Initiation of AOD Treatment.* The percentage who began treatment within 14 days of initial diagnosis.
    - 2016 – 51.7%
- *Engagement of AOD Treatment.* The percentage who had two or more additional AOD treatment visits or MAT within 34 days of the initial treatment visit.
    - 2016 – 21.6%

Source: Medicaid Claims data 2016.

Continuity of Care (CoC)

Two measures with similar definition:

The percentage of inpatient detox **or** Inpatient rehab discharges with a follow up to a lower level AOD treatment admission within 14 days of the discharge date.

- 2016: ~ 45% for detox
- 2016: ~45% for inpatient rehab

Source: Medicaid Claims data 2016.

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Initiation and Utilization of Medication Assisted Treatment for Opioid or Alcohol Dependence

- 4 Measures
- Initiation of pharmacotherapy within 30 days of opioid or alcohol diagnosis
  - CY 2016: 41.3% for Opioid
  - CY 2016: 2.1% for Alcohol
- Utilization within year of pharmacotherapy for individuals with opioid or alcohol diagnosis
  - CY 2016: 56.2% for Opioid
  - CY 2016: 5.7% for Alcohol

Source: Medicaid Claims data 2016.

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Measures in the Pipeline

Continuing Engagement in Treatment (CET)

- Engagement in treatment 6 months after initiation.
- Under development

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Patient Reported Outcomes

- Treatment Effectiveness Assessment (TEA)
  - 4 items asking about progress in recovery
- Treatment Progress Assessment 8 Item (TPA8)
  - 8 items assessing symptoms and treatment processes
- Pilot Testing
  - Pilot 1 found good provider acceptability and clinical utility
  - Pilot 2 under way to validate as outcome measures

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Prevalence of Chronic Health Conditions among SUD clients

Prevalence of Chronic Health Conditions among SUD clients

Condition	Prevalence
Depression/Bi-Polar Disorder	56.7%
Cardiovascular Disease	39.4%
Hypertension	31.3%
Anxiety	29.9%
Asthma	17.6%
Schizophrenia	13.4%
HIV/AIDS	11.6%
Diabetes	9.9%
PTSD	8.8%

Source: Medicaid Claims data 2015

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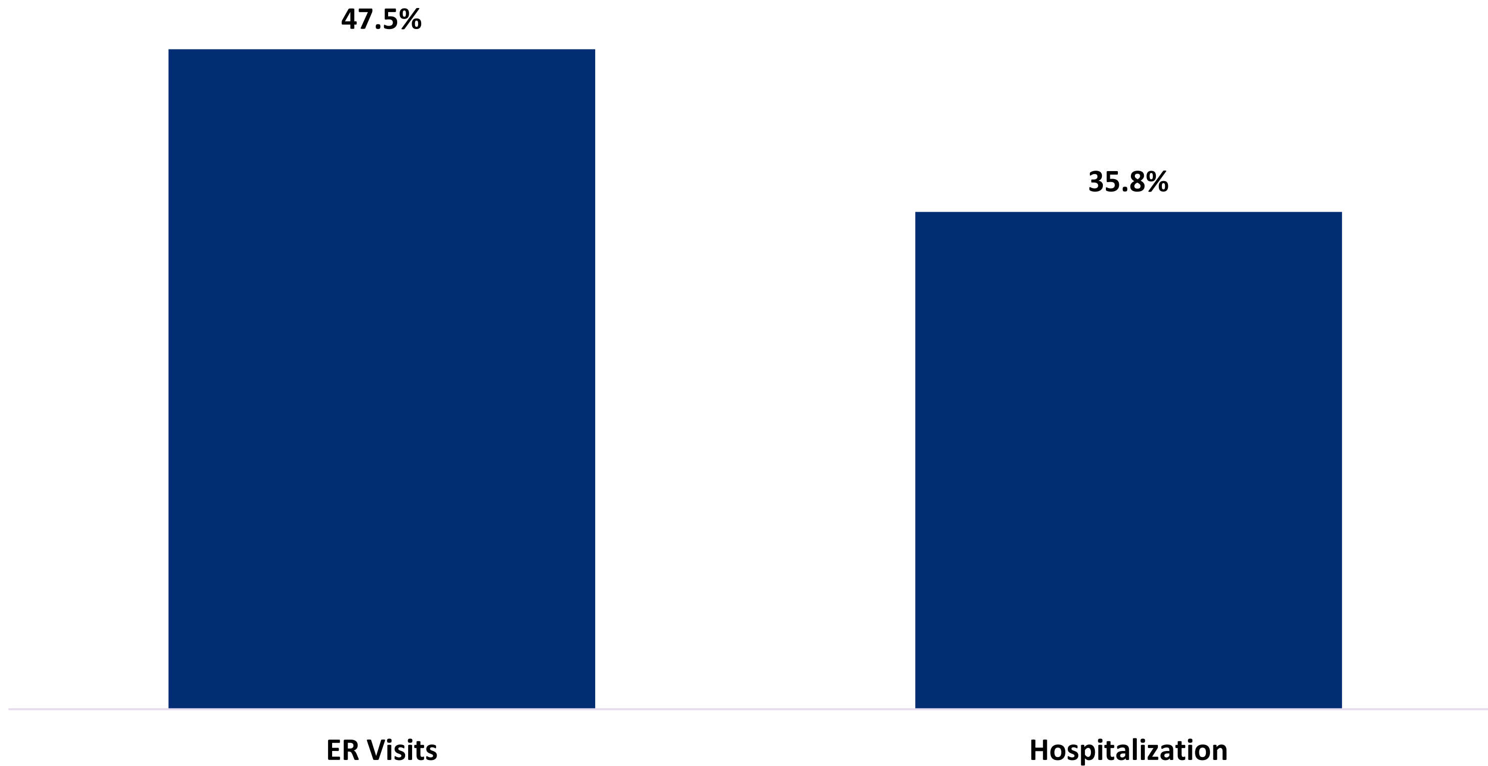
ED visits and Hospitalization of People with SUD



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Source: Medicaid Claims data 2015.

2014 non-Dual Medicaid Members: Cost among Substance Use Disorder (SUD) Members vs. Non-SUD Members

SUD *Per Member* Total Cost	Non-SUD *Per Member* Total Cost
$13,091	$3,836

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Healthcare Performance Targets

HEDIS Measures

- e.g., HbA1C testing for diabetes
- e.g., ARV medication use for HIV

Emergency Department Visits

- All-cause
- Potentially Avoidable

Hospitalizations

- All-cause
- Potentially Avoidable
- Readmissions

Potentially Avoidable Costs

- SUD specific
- Other conditions

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New York State' SUD Treatment Quality Care Strategies

Treatment Quality Element: Chronic Disease Management

- Exacerbation as part of SUD TX
- No discharge b/c of exacerbation
- Toxicology Testing as clinical tool
- Integrated Use of Medication Assisted Treatment
- Case Assignment
- Language used not judgmental - non-compliance or relapse versus "exacerbation of symptoms"
- Service recipient not blamed for adherence challenges
- External community partnerships towards coordination of SUD + other healthcare service needs

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Treatment Quality Element: Person Centered Care

- Strength-Based services
- Evidence of client participation or “Voice” – demonstrating direction and decision making in SUD treatment
- Meeting an individual “where they are”
- Use of MAT to alleviate craving and withdrawal
- Use of Informed Consent as person centered – individual informed of all options + risks / benefits
- COMPASSION

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Treatment Quality Element: Use of Evidence Based Practices

- ✓ Cognitive Behavioral Therapy
- ✓ Motivational Interviewing
- ✓ Community Reinforcement and Family Training
- ✓ Contingency Management
- ✓ 12-Step Facilitation
- ✓ Behavioral Couples Therapy
- ✓ Dialectical Behavior Therapy
- ✓ Matrix Model
- ✓ Trauma Informed Care

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CURRENT APPROACH TO SUD TREATMENT

1. Counseling / Psychotherapy
2. Peer Supports / Recovery Supports
3. Medication Assisted Treatment – maintenance and acute withdrawal management
4. Family Therapy
5. Auxiliary wellness supports
6. Chronic Care / Addiction Management
7. Primary Care Services
8. Mental Health Services
9. Community Collaboration Models

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OPPORTUNITIES

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The Na
Addict

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INTEGRATED SERVICES

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NEW YORK STATE

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- Integrated Outpatient Services "IOS"

- DSRIP – 3ai "Model 2"

Programmatic Issues
Payment Issues

September 2017 Medicaid Update Article

Integrated Services: Guidance for Licensed/Certified Facilities, including Billing under FFS and Medicaid Managed Care

https://www.health.ny.gov/health_care/medicaid/program/update/2017/sep17_mu.pdf.

Regulatory Modernization Workgroup (RMI)

- The Limited Integrated License (LIL)
- Single License “Article 99”

CCBHCs
Scope of Services

Must be provided directly by the CCBHC	May be provided by CCBHC or Designated Collaborating Organization
• Crisis mental health services (24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization) 3 hour community response • Outpatient mental health and substance use services • Screening, assessment, and diagnosis • Patient-centered treatment planning that includes risk assessment and crisis planning	• Physical Health screening and health risk monitoring • Care management • Psychiatric rehabilitation services • Peer support and family supports • Community-based substance use disorder and mental health care for veterans and members of the armed forces

CCBHC PROVIDERS

Central Region

Syracuse Behavioral Health

North Country Region

Citizen Advocates

Mid- Hudson Region

Bikur Cholim

Long Island Region

Central Nassau Guidance and Counseling Services

NYC Region

New Horizon Counseling Center
PROMESA
VIP
Samaritan Daytop Village
Services for the Underserved

Finger Lakes Region

University of Rochester, Strong Memorial Hospital

Western Region

Spectrum
BestSelf (f/k/a Lakeshore Behavioral Health)
Endeavor (f/n/a Mid-Erie Mental Health Services)

TELEPRACTICE

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14 NYCRR Part 830

- Provider designation
- Written plan & Attestation
- Site Approval
- Authorized Practioners
- Confidentiality

Authorized Services

- Admission Assessments
- Medication Assisted Treatment prescribing and Monitoring
  - Federal law requires “in person evaluation” by prescribing professional
- Other Services Approved by the Office

Patient rights

- Patients must consent to services via telepractice
- Patients must be evaluated for suitability
- Patients *may* be accompanied by a staff member

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IN COMMUNITY SERVICES AND RESIDENTIAL REDESIGN

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Benefits of In Community Services

- Engage or re-engage – prevent early termination of treatment
- Access – treatment provided where people are willing/able to get it
- Integration – delivering services within other systems of care
- Strengthen linkages – insuring connection to the next referral
- Reach some of the 9 out of 10 that never get to you – expand demand and utilization.

The Redesign Vision

- A continuum of care within the residential service to better meet individual needs
- Includes the ability to begin opioid treatment for those who do not need the highest levels of care but whose needs are too complex for outpatient care.
- Individualized, person-centered, trauma informed care that utilizes evidence based treatments.

Key Concepts

- From Program Driven To Participant Driven
- Measurement Based Care – treatment is driven by individualized assessments using validated tools
- Flexible lengths of stay – elimination of standardized length of stay
- Universal availability of Medication Assisted Treatment within the three elements of residential service. This medicalizes treatment and places the MD in a newly central place on the team.
- Welcoming of families into the treatment process – education, support and therapy
- A consistent means of assessing adequacy of staffing patterns

THANK YOU

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www.centeronaddiction.org

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