

The Affordable Care Act & The Role of Substance Abuse Research

Slingshot Solutions, LLC

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- Andrew Kessler, J.D.
- Slingshot Solutions, LLC
- 15 years in public policy, 13 in public health policy & behavioral health policy
- Clients include IC&RC, California Association of Addiction Counselors, Connecticut Certification Board, Maryland Addiction Professional Certification Board, National Council on Problem Gambling

SPECIAL THANKS

- ▶ Martin Iguchi, Georgetown University
- ▶ William Dewey, VCU
- ▶ Charles O'Keefe, Reckett Benckiser
- ▶ Ed Long, Van Scoyoc Associates
- ▶ Thomas McLellan
- ▶ Friends of NIDA
- ▶ Geoff Mumford & APA
- ▶ Redonna Chandler & the National Institute on Drug Abuse (NIDA)

DIG A LITTLE DEEPER

- ▶ The media- and policymakers- have only kept you informed about a fraction of the ACA. It is incredibly complex, and impacts actors at all levels.
- ▶ Let's examine some specifics of the ACA that will benefit researchers, practitioners, and consumers when it comes to substance abuse

FOR EXAMPLE:

- ▶ Public Health and Prevention Fund
- ▶ Since FY 2011, SAMHSA has received:
 - ▶ \$70 million for behavioral health integration programs
 - ▶ \$50 million for SBIRT programs
 - ▶ \$50 million for Access to Recovery
 - ▶ \$32 million for suicide prevention

RESEARCH TRANSLATES TO PRACTICE

- ▶ Expanded SA treatment options? Check!
- ▶ Yet treatment-to current and future consumers- is only as effective as research that counselors & other professionals base EBPs upon.
- ▶ In short, research is more important than ever- not only are consumers dependent on it, but treatment providers are as well.

HEALTH PROFESSIONALS NEED RESEARCH

- ▶ More coverage should mean more access to care
- ▶ Care is provided by professionals, including physicians, counselors, and other health care professionals
- ▶ This is where research will have a direct impact on the care provided to newly covered populations

HOW?

- ▶ How does SA research impact treatment?
 - ▶ Credentialed SA Counselors use Evidence Based Practices
 - ▶ The International Certification & Reciprocity Consortium (IC&RC) issues a Job Task Analysis for each of its credentials every five years.
 - ▶ There are eight different credentials, spanning prevention, treatment, and peer support
 - ▶ That's over 45,000 counselors

RESEARCH IN ACTION

- ▶ These JTAs are compiled by expert researchers, administrators, and practitioners (including Dr. Jack Stein of NIDA)
- ▶ This assures that over 45,000 SA counseling professionals are trained in the latest EBP, borrowing from psychology, neurology, biology, and sociology.

NIDA RESEARCH AND THE ACA

- ▶ Research- funded by both the government and private sources- has been part of treatment for some time, but can still stand to be more influential.
- ▶ NIDA research goes beyond neuroscience and behavior.
- ▶ NIDA has funded- and hopes to continue to fund- grants that have sought to quantify the impact of the ACA on substance abuse treatment.

LET'S GO BACK TO THE BEGINNING...

- ▶ Back in 2009, before the ACA...
- ▶ **Economic Studies of Health Insurance Coverage on Drug Abuse Treatment Availability, Access, Costs, and Quality.**
- ▶ Conducting rigorous, theory-driven research on the effects of recent legislative and regulatory changes affecting insurance coverage for drug abuse treatment services.

MEMO FROM THE BOSS...

- ▶ Drs. Nora Volkow and Betty Tai, NIDA
- ▶ “The Treatment of Substance Use Disorders”, *Social Work in Public Health*, 2013
- ▶ SA treatment must adapt to a chronic care model offered in an integrated care system that screens for at-risk patients and includes services needed to prevent relapses.
- ▶ The partnering of the health care system with substance abuse treatment programs could dramatically expand the benefits of prevention and treatment of SUD.

EXPANDING ROLES

- ▶ To successfully transform SUD care into a chronic care model to improve long-term outcomes, the treatment community must
 - ▶ embrace coordinated chronic care models,
 - ▶ adopt modern health information technologies, and
 - ▶ cultivate a multidisciplinary workforce.

WHAT ARE THE PRIORITIES GOING FORWARD?

- ▶ Study effects of legislation on availability, access, costs, and quality of treatment.
- ▶ Treatment system responses.
- ▶ Research to understand and inform benefit design.
- ▶ Research to understand and inform managed care practices.

SA RESEARCH AND THE ACA

Rick Guerrero, USC

- ▶ **ORGANIZATIONAL CAPACITY TO ELIMINATE OUTCOME DISPARITIES UNDER HEALTHCARE REFORM**
- ▶ The overall goal of the proposed study is to identify how changes precipitated by the ACA impact community- based outpatient substance abuse treatment (OSAT) program capacity to expand service delivery in racial and ethnic minority communities and eliminate outcome disparities among African American and Latino clients.

MEDICATION ASSISTED TREATMENT

- ▶ Hannah Knudsen, University of Kentucky
- ▶ **BUPRENORPHINE TREATMENT AND HEALTH REFORM: AVAILABILITY, UTILIZATION, AND QUALITY**
- ▶ A longitudinal study of buprenorphine implementation that integrates multi-level data on state-level variations in ACA implementation with longitudinal surveys of buprenorphine-prescribing physicians.

RESEARCH ON PAYMENT MODELS

- ▶ Haiden Huskamp, Harvard
- ▶ **SUBSTANCE USE DISORDER TREATMENT UNDER NEW PAYMENT AND DELIVERY SYSTEM MODELS**
- ▶ Contrasts the effects of Alternative Quality Contracts implementation for SUD with effects for nicotine dependence, a condition not subject to the same system fragmentation as SUD but which also has low rates of detection and treatment in primary care.

IMPACT ON SA/HIV

- ▶ Derek Satre, UCSF
- ▶ **THE IMPACT OF HEALTH CARE REFORM ON ADDICTION AND HIV SERVICES**
- ▶ Focuses on key elements of the Affordable Care Act (ACA) that will be implemented in 2014 and will likely increase demand for SUD and HIV treatment services. The study evaluates the impact of the ACA on individuals with SUDs in a care setting well-suited to ACA implementation research.

NIDA RESEARCH

- ▶ UCLA
- ▶ **Phased Services Research Studies of Drug Use Prevention, Addiction Treatment, and HIV in an Era of Health Care Reform.**
- ▶ Objective services research to monitor and examine changes in drug use prevention, addiction treatment, and associated HIV and viral hepatitis services, that may occur as a result of healthcare reform.

UP AND COMING

- ▶ Polaris Health Directions, a Langhorne, Pa.-based behavioral health technology provider, has been awarded a \$1.1 million, two-year grant from the National Institute on Drug Abuse (NIDA) for the launch of the second phase of a project set to impact addictions outcomes.
- ▶ Polaris will implement a cloud-based clinical system designed to predict and improve the likelihood of patient engagement in 12 addictions treatment programs of a large behavioral health system. The evidence-based, patient engagement predictive model is the first ever developed for clinical use.

DATA DRIVEN

- ▶ It's a data-driven solution to help clinicians develop treatment plans that directly reflect the needs patients have reported, determine whether the current course of treatment is effective, and red flag those patients who are likely to dropout or relapse.
- ▶ The predictive model aims to help clinicians identify early those patients who are unlikely to engage in treatment.
- ▶ Additional enhancements include
 - ▶ a motivational, personalized patient feedback report
 - ▶ a clinical report that provides guidance for motivational Interviewing, a method known to be effective for improving engagement.

GO WHERE THE TREATMENT IS NEEDED....

- ▶ While many advocates struggle to place SA and addiction squarely in the health care arena, the reality is that substance abuse treatment is inexorably linked to the criminal justice system.
- ▶ Criminal justice has always been a sort of gateway to SA treatment as well, but now, in large part due to the ACA, there will be some changes.

WHAT THE NUMBERS SAY

- ▶ Vera Institute:
- ▶ Estimates indicate that more than one-third of the individuals released annually from prison will now be eligible for Medicaid coverage. Based on the number of prison releases in 2011, this figure is estimated to be more than 230,000 people.
- ▶ This is a population that has an incredibly high percentage of consumers in need of SA treatment.

NOT SURPRISING

- ▶ About 90 percent of inmates are uninsured, and many have never had treatment for their illness. They have disproportionate rates of communicable and chronic diseases and behavioral disorders

HIGH RISK

- ▶ Jails are in a unique position to enroll high-risk populations in Medicaid (for which many did not qualify before the ACA)
- ▶ 60-80% of all those processed in a jail will test positive for one substance
- ▶ 13-38% will test positive for multiple substances
- ▶ 96% of all those in jail are released back into the community. Healthier jail populations = healthier communities

ILLINOIS LEADS THE WAY

- ▶ Cook County has been operating a pilot project to enroll prisoners in Medicaid since April under a federal waiver.
- ▶ States including Connecticut, Illinois and Maryland and counties such as Multnomah, which includes Portland, have helped hundreds of prisoners apply for coverage under the Affordable Care Act since it took effect Jan. 1.
- ▶ California, Ohio, San Francisco and other jurisdictions are starting programs or considering them.

MEDICAID MEANS TREATMENT

- ▶ Before the ACA: time in jail would terminate medicaid benefits, and force individuals re-apply upon releases.
- ▶ Now: Medicaid benefits are suspended during time in jail, but can be resumed upon release
- ▶ With the previously mentioned programs that allow inmates to enroll in Medicaid- or keep their coverage during incarceration- they should have more treatment options for SA, if they seek them out.

PITFALLS

- ▶ There is a tremendous roll research can continue to play post-release
- ▶ A NIDA funded study by Ingrid Binswanger found that among former prisoners, a high rate of death has been documented in the early post-release period, particularly from drug-related causes.
- ▶ Little is known about risk factors and trends in post-release mortality in the past decade, especially given general population increases in overdose deaths from pharmaceutical opioids

CRIMINAL JUSTICE AND OPIOID ABUSE

- ▶ The leading cause of death in former prisoners was overdose. Pharmaceutical opioids were the most common substances involved in these deaths. From 1999 to 2003, cocaine was involved in the largest number of deaths but in later years opioids were more commonly involved.
- ▶ We also found that multiple substances, often in conjunction with opioids, were involved in more than half of substance-related deaths.

SPECIAL POPULATIONS

- Findings that women leaving prison were at higher risk for opioid-related death than men may indicate evolving demographic patterns of complications from opioid use. Women also had higher mortality rates from overdose of other substances, including cocaine and antidepressants.

VULNERABLE POPULATION

- ▶ Increased attention to the complex health needs of this vulnerable population is also warranted because of the risk for cardiovascular disease, cancer, homicide, and suicide. The combined risk for death from liver disease and liver cancer may be partially related to the elevated prevalence of hepatitis C in prisoners.

INTEGRATION

- ▶ That last point could be the most important
- ▶ Many policy makers and advocates have cited that primary care can now be a gateway to substance abuse treatment
- ▶ Thanks to the ACA, Substance Abuse treatment can now be a gateway to primary care
- ▶ For many substance abusers, SA treatment is their first contact with any kind of health care
- ▶ Because more people can receive SA care, more people can also receive primary care. It's a two way street.

IN CLOSING

- ▶ The ACA benefits SA treatment far beyond expanded enrollment and benefits.
- ▶ Research will drive treatment.
- ▶ The ACA is a living, breathing entity, and can continue to evolve.