

Embracing OUR FUTURE in the Reformed Health Care System: Opportunities for Nurses with Addiction Skills

Eric Goplerud, Ph.D.
 NORC at the University of Chicago
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- Expand coverage
- Improve value
- Increase accountability and performance
- Triple Aim: Better health care, better health, lower cost

***Goals of ACA**

***ACA in 2010**

*Starting September 2010, new private insurance plans must cover

- Pre-existing conditions in children
- No cancellation of coverage for illness
- No lifetime caps
- Preventive care fully covered (for new group and individual health plans)**
- Dependent coverage up to 26 years of age*

***ACA in 2011**

- Billions of \$ additional for FQHCs*
- Funds for renovation/construction of school-based health centers
- Out of pocket costs for Medicare preventive services eliminated**

***ACA in 2012**

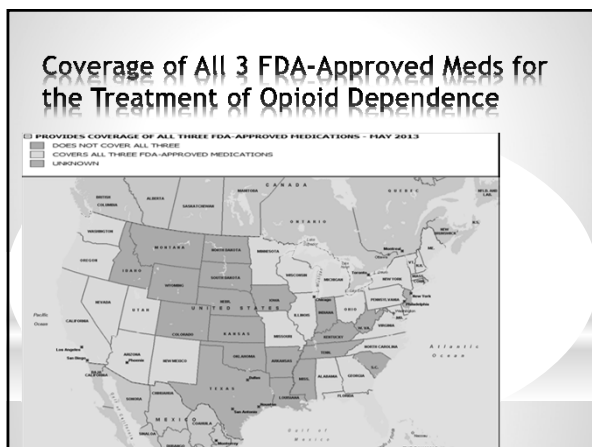
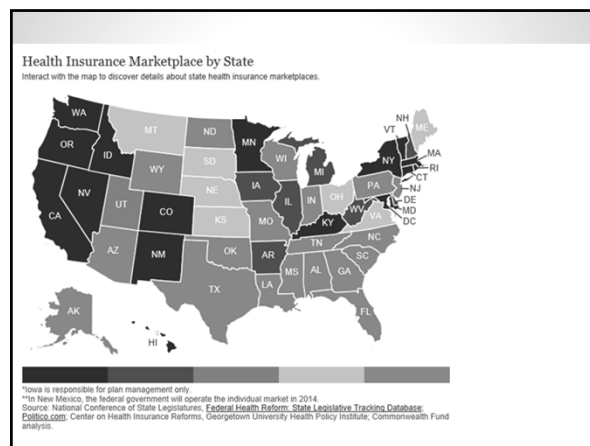
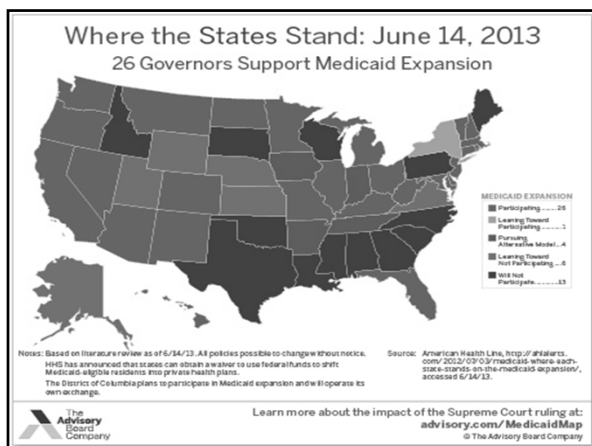
- Medicare incentives for Accountable Care Organizations (ACOs)
- Medicare penalties for hospital readmits

***ACA in 2013**

- Medicaid rate parity with Medicare
- Some Medicaid bundled payment pilots
- NFP hospitals required to complete community health needs assessments

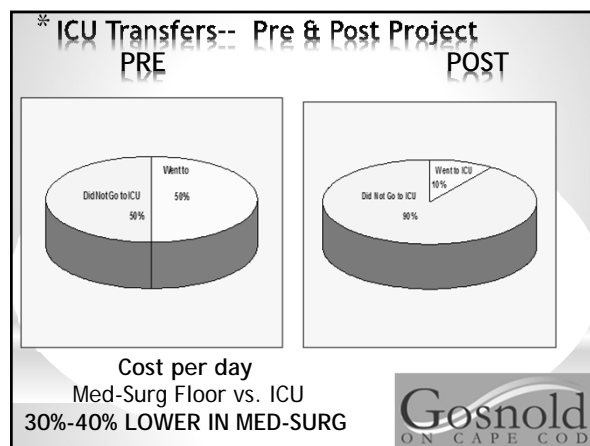
***ACA in 2014**

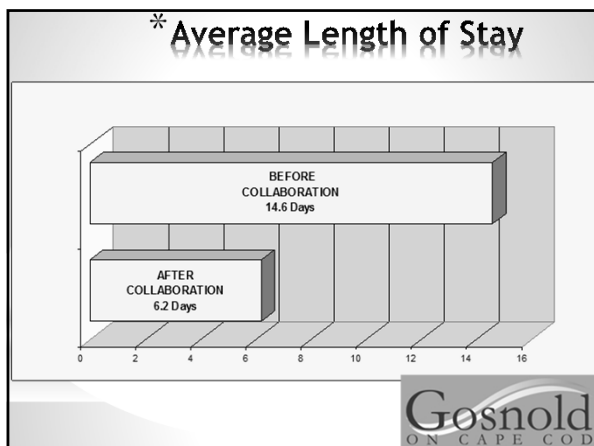
- Health Insurance Exchanges enrollment opens October 1, 2013*
- Individual insurance mandate and penalties start
- Federal subsidies up to 400% of FPL
- Insurance companies barred from:
 - Denying coverage for pre-existing conditions**
 - Charging higher fees based on gender
 - Imposing annual limits on coverage



- Qualified Health Plans
 - Essential health benefit at parity
 - Eligible persons in expansion states to 133% poverty, 14% w/ SUDs
 - Eligible persons in non-expansion states to 100% poverty, 14% w/ SUDs
 - Tax subsidies, reduced copays < 250 FPL
 - Enrollment October 1 to December 31
 - Navigators, enrollment assistants and special funds for FQHC assistance
- * Opportunities in the Exchanges**

- ### * Opportunities in Health Reform
- * The New Complex Patients:
 - Trauma Conditions in Stroke Patients
 - Obesity co-occurring with everything (45Billion)
 - Hypertension/Diabetes Medication Adherence
 - MH in Major Physical Conditions
 - The Emerging Complex Problems
 - Opiate Dependent Surgical Patients
 - Opiate Dependent Moms/Newborns
 - College Binge Drinking
 - Workplace Health (Including Health Systems)
 - DWI—Traffic Fatalities
 - Sexual Trauma—Teens
- 22 May 2013





* Preliminary claims analysis

Claims from June 1, 2009 - November 30, 2009
3 months before and after claims review, n = 18

Metric	Pre	Post	Finding
Medical inpatient admits	12	8	33% decrease \$35,938
ER visits	54	33	38% decrease \$4,248
BH/SA inpatient admits	7	10	43% increase (\$1,579)
BH/SA outpatient visits	12	16	33% increase (\$847)
PCP office visits	27	51	88% increase (\$1,281)
			Total Savings = \$36,479

Modified from Wright, Delaware Physicians Care Inc., 2010

Claims from next 2 cohorts

Claims from January 1, 2010 - December 30, 2010
6 months before and after claims review, n = 25

Metric	Pre	Post	Finding
Medical inpatient admits	17	7	58% decrease : \$68,422 saved
ER visits	133	116	12.7% decrease : \$3,308 saved
			Total Savings = \$71,730

Claims from January 1, 2011 - December 30, 2011
6 months before and after claims review, n = 30

Metric	Pre	Post	Finding
Medical inpatient admits	42	22	48% decrease : \$184,236 saved
ER visits	153	151	1% decrease : \$8,690 saved
			Total Savings = \$192,926

Modified from Wright, Delaware Physicians Care Inc., 2010

Central Kansas Foundation
High-quality treatment and prevention services since 1967

Outcomes

- 199 Bed Acute Care Regional Health Center-Level III Trauma Center
- 27,000 ED presentations per year
- Alcohol/Drug DRG was 2nd most frequent re-admission
- Services provided
 - ✓ 24-7 coverage of ED
 - ✓ Full time SUD staff on medical and surgical floors
 - ✓ Warm hand off provided to all SUD/MH services
 - ✓ Universal Screening and SBI beginning in 2013

- Re-admission DRG moved from 2nd to 13th
- 70% of alcohol/drug withdrawal LOS were 3 days or less
- 83% of SUD patients triaged in ED were not admitted
- 58% of patients recommended for further intervention attended first two appointments (warm hand off)
- Adverse patient and staff incidents decreased by 60%.
- CKF detox admissions increased 450% in first year
- 300% increase in commercial insurance reimbursement

- “Bundled” evidence based care and integration strategy combining cutting edge technology in, smartphone recovery support (ACHESS), pharmacological recovery support (Vivitrol), trauma support (Najavits, et.al.) and peer support (White, et.al.).
- Results from first cohort
 - * 44 Active Patients for 11 months (110% of 1st Projected Enrollment)
 - * Pre-Enrollment Total Hospitalizations in Patient Cadre = 147
 - * Post-Enrollment Total Hospitalizations in Patient Cadre = 28
 - * 80% Reduction in Hospitalizations. Multiple relapses localized to 4 patients

August 2013

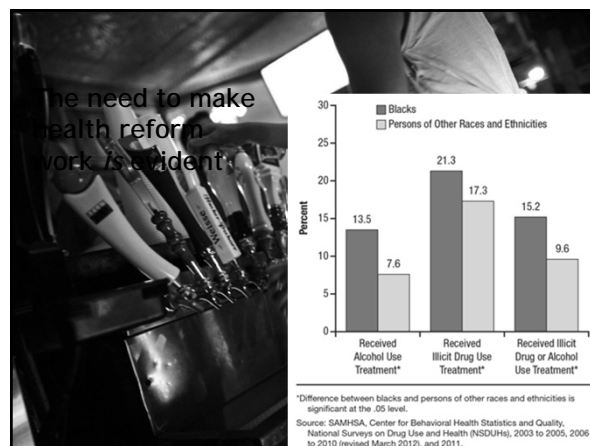
- Patient Need/Community
- Public Health Profile
- Health Delivery System
- Health Outcomes/Efficacy/Data/Metrics
- Cost/Reimbursement/Cost Offsets
- Risk Management
- Safety/Compliance/Accreditation
- Staffing/Staff Retention
- Marketing/Brand/Market Share

* What Does the Reforming Health Care System Care About?

*** What DON'T Healthcare Administrators Care About?**

Everything They Can't Reconcile Against the Preceding List of Interests

Where are we going to fit?



Eric Goplerud Senior Vice President
 Substance Abuse, Mental Health and Criminal Justice Studies
 NORC at the University of Chicago
 4350 East West Highway 8th Floor, Bethesda, MD 20814
 goplerud-eric@norc.org | office 301-634-9525 | mobile 301-852-8427

Thank You!

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