
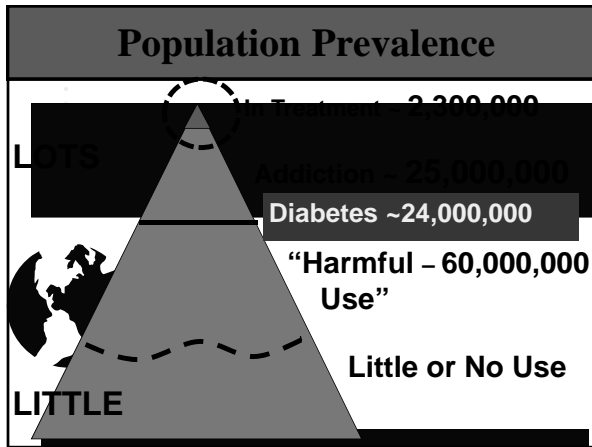
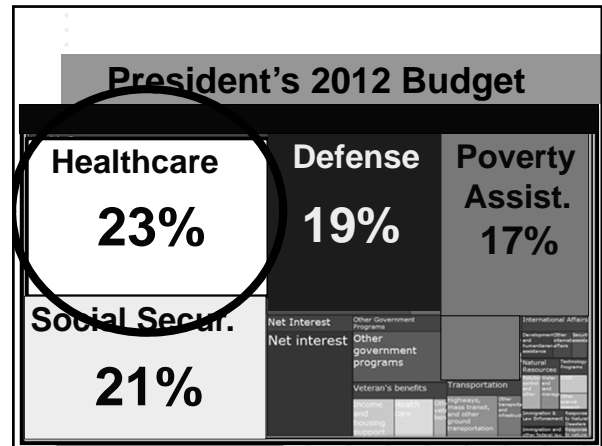



# Healthcare Reform And Substance Use Disorders



## How Will It Affect Opportunities for Nurses?



# The Presentation



## The Basic Elements – Changes Expected 3 – The Implications

# 2010 Healthcare Reform The "Affordable Care Act"

## Transformative for MH/SA

- SA care is "Essential Service"
- Funds full continuum of care
- Prevent, BI, Meds, Spec Care
- Focus on Primary Care
  - Part of "Medical Home"
  - Information management

# Purposes:

- ~32 million newly insured
- Admin Costs, Prevention, Tech.
- Pre-exist cond, dropping, portability
- Ev Based Pract., Technology

# Key Features

Expanded Insurance

Health Exchanges



“Medical Home”

Electronic Health Record

Prevention Emphasis

# Other Issues

## • Training Emphasis



Significant federal investment

– On-line Medicaid billing requirement

– Federal/State funding “match”

– “Essential services” 100% federal

– Most prevention is 100% federal

# The Presentation



The Basic Elements

– Changes Expected

3 – The Implications

XXXXXXXXXX



“Substance Use Disorders”

# Conceptual Approach to Addiction

A “Bad Habit” not an Illness  
Leads to a Special Approach

## A Nice Simple Rehab Model

Substance Abusing Patient

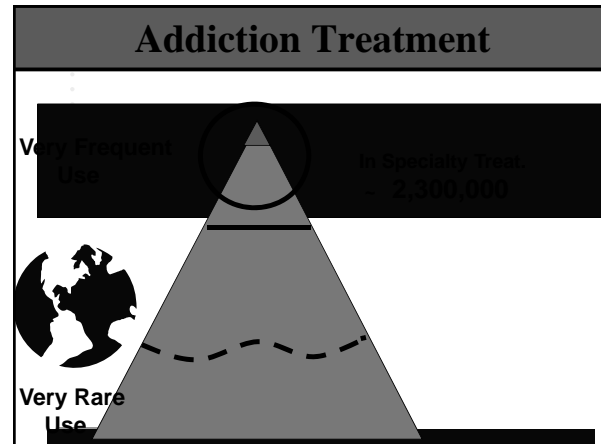
Treatment

NRTO's Sample of  
250 Programs

Non- Substance Abusing Patient

### ASSUMPTIONS

- Some fixed amount or duration of treatment will resolve the problem
- Clinical efforts put toward correctly placing patients and getting them to complete treatment
- Evaluation of effectiveness should occur following completion
  - Poor outcome means failure



### Current Benefit in Addiction

- Detoxification – 100%
  - Ambulatory – 85%
- Opioid Substitution Therapy – 50%
- Urine Drug Screen – 100%
  - 7 per year

Note – Great variability state to state

### Addiction Benefits

- Virtually all these are hospital benefits
- Very few are “visit” benefits – almost all are program benefits
- Very few care options, little variety within options
- Comparatively little acknowledgement of patients’ rights, little help with access

### Medicaid Benefit in Diabetes

- Physician Visits – 100%
- Clinic Visits – 100%
- Home Health Visits – 100%
- Glucose Tests, Monitors, Supplies – 100%
- Insulin and 4 other Meds – 100%
- HgA1C, eye, foot exams 4x/yr – 100%
- Smoking Cessation – 100%
- Personal Care Visits – 100%
- Language Interpreter - Negotiated

### Diabetes Benefits

- Virtually all these are in primary care
- Most are “visit benefits” not packaged
- The term “dual disorder” originated here as diabetes and hypertension
- Note patients have rights and benefits designed to help them access care and to benefit from it

## Future Benefit for SUDs

- **Physician Visits – 100%**
  - Screening, Brief Intervention, Assessment
  - Evaluation and medication – Tele monitoring
- **Clinic Visits – 100%**
- **Home Health Visits – 100%**
  - Family Counseling
- **Alcohol and Drug Testing – 100%**
- **4 Maintenance and Anti-Craving Meds – 100%**
- **Monitoring Tests (urine, saliva, other)**
- **Smoking Cessation – 100%**

## Care Continuum

~ 500,000 Primary Care Physicians + CNPs

- 1. Prevention Services**  
Screening and Brief Intervention - UPHS
- 2. Early Intervention**  
Brief Counseling / Treatment
- 3. Office-Based Treatment**  
Medications, Monitoring, Management
- 4. Referral to Specialty Care**  
Referral Back for Continuing Care

## Care of Substance Use Disorders

Very Rare Use

## The Presentation

- 1 Affordable Care Act**
- 2 Insurance Coverage**
- 3 The Implications**

## Prevention & Early Intervention

## Intervening in Substance Use Dis.

Very Frequent Use

In General Pop. ~ 60,000,000

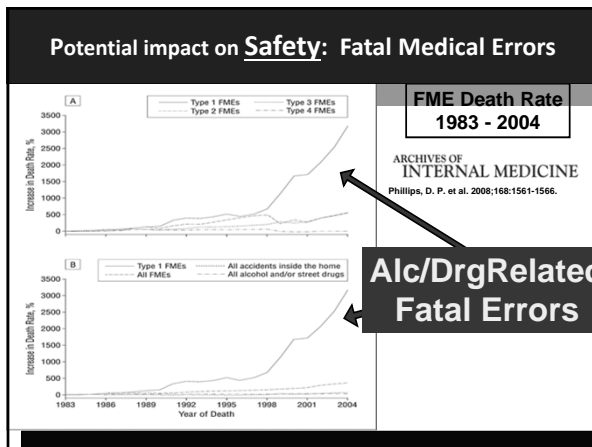
Very Rare Use

# Prevention

- **New market for prevention research**
  - Very significant funding in ACA
  - New initiatives to drive down cost and improve personal responsibility
  - New opportunities using tele-health and internet
  - **Challenge** – What is prevention – just vaccines or community focus – wellness

# Early, Brief Interventions

- **“Harmful substance use” is accurately identified with 2 – 3 questions.**
  - Prevalence rates of **20 – 50%** in healthcare
  - **60%** of all ER admissions (10 million/yr)
- **Brief counseling (10 minutes) produces lasting changes & savings**



### Potential impact on Care Quality

- **Alcohol consumption @ ANY DOSE accelerates tumor growth in breast and prostate cancer.**
- **Alcohol @ more than 2 drinks/day reduces treatment response in hypertension & diabetes.**
- **Alcohol @ ANY DOSE within 2 hours of bed time REDUCES sleep quality**
- **Alcohol use @ 3 or more drinks/day produces 30 – 50% reductions in medication adherence**

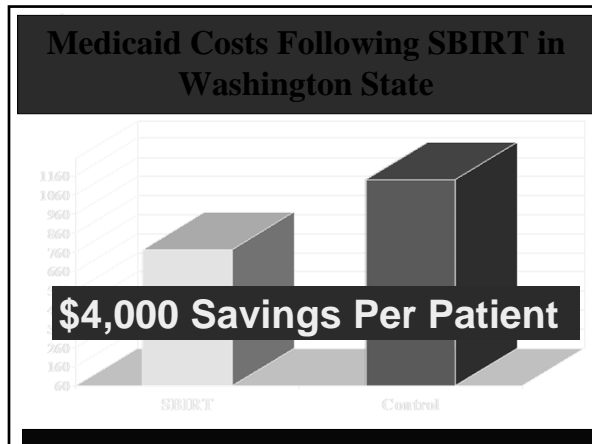
**BUT - Simply asking the patient to reduce their use can improve clinical outcomes**

### Impact Rankings of Preventive Services

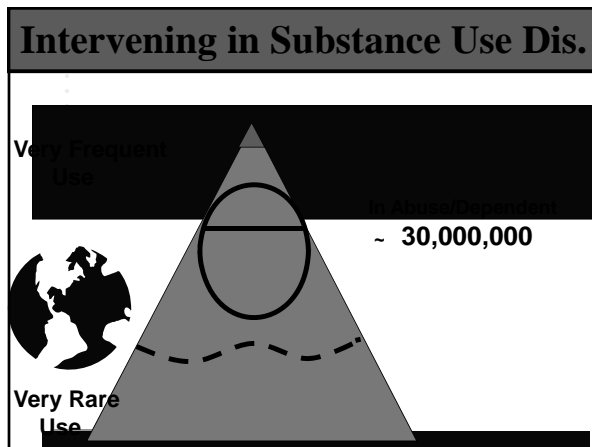
Rank	Service	Effect	ROI
1	Aspirin to prevent heart attack & stroke	4	5
2	Childhood immunizations	5	5
3	<u>Smoking screening &amp; intervention</u>	5	4
4	<u>Alcohol screening &amp; intervention</u>	4	5

### Washington’s Screening Brief Intervention & Treatment Evaluation

- **SBIRT in 9 Emergency Depts.**
- **Case Control Study of 1557 pts**
  - Matched group – got ER care but no BI
- **Measured healthcare utilization and costs for one year**



## Treatment In Primary Care



- ## Medications
- Tobacco (NRT, Varenicline)
  - Alcohol (Naltrexone, Accamprosate, Disulfiram)
  - Opiates (Naltrex., Methadone, Buprenorphine)
  - Cocaine (Disulfiram, Topiramate, Vaccine)
- Marijuana – Nothing Yet
  - Methamphetamine – Nothing Yet

- ## Primary Care
- Need “intervention research” with PCPs
  - New market for medications & software
    - 550,000 PCPs – other “prescribers”
  - Adaptation of Health Homes to SUD
    - 90% Federal funding for Health Home services
    - Emphasis on care integration and transition
    - Addition of case management services

- ## Specialty Care
- Most “treatment” funding will come from Medicaid and private health insurance
    - New populations – medical referrals
    - New billing requirements – reporting requirements
    - Emphasis upon Outpatient care integrated into “Medical Home”
  - Emphasis on “Evidence Based” Practices
  - What is a profitable outpatient model?

# Warning!

- Supreme Court decision may change *much* of this
- State variability will continue but ultimately reduce

# Thank You

## Costs & Consequences

- **Schools** – 30-50% HS & Coll Drop Out
- **Healthcare** – 60% of ER visits,
  - 30% chronic illness expense
- **Justice** – 60% all incarcerations
  - Drug Possession is #1 arrest, DWI is #2
- **Foster Care** = ~100% of placements

See you soon?

In a way, that's up to you.

None of us are one of risk for heart disease. If you are one of them, Main Line Health has lots of ways to help. Our innovative approach to heart disease starts with Main Line Health cardiologists right in your community. It continues with leading-edge cardiac care and surgery nationally recognized for superior outcomes. At Main Line Health, we want you to feel better, and our dedicated health care can help you do just that.

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