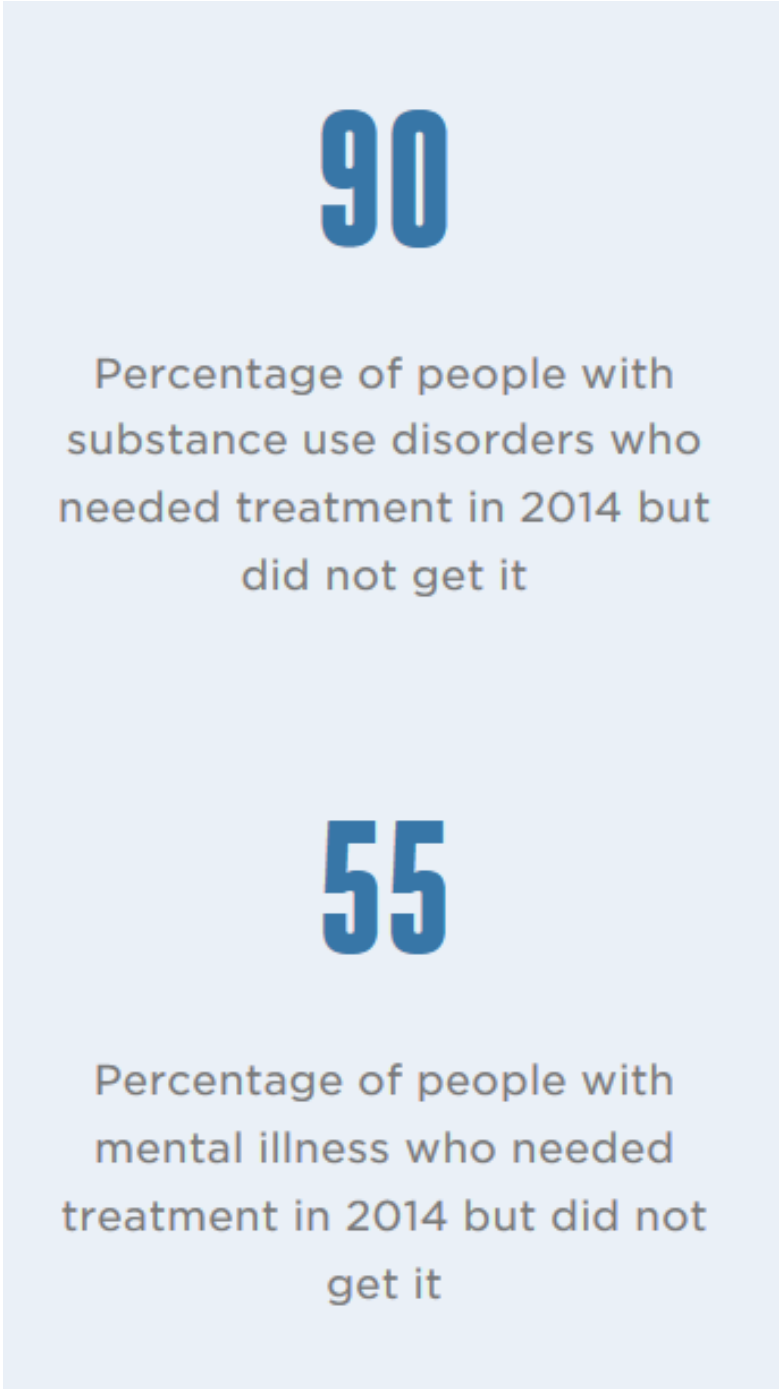
Opportunities and Challenges for Substance Use Disorder (SUD) Policy

Haiden Huskamp, Ph.D.
Harvard Medical School
Brandeis/Harvard NIDA Center to Improve System Performance of Substance Use Disorder Treatment
November 7, 2017

Two Key Challenges for Policy to Address

- Treatment gap
- Lack of integration



Source: Colleen Barry, JHUSPH Forum

Historical separation in delivery and financing of MH/SUD treatment from broader medical care sector

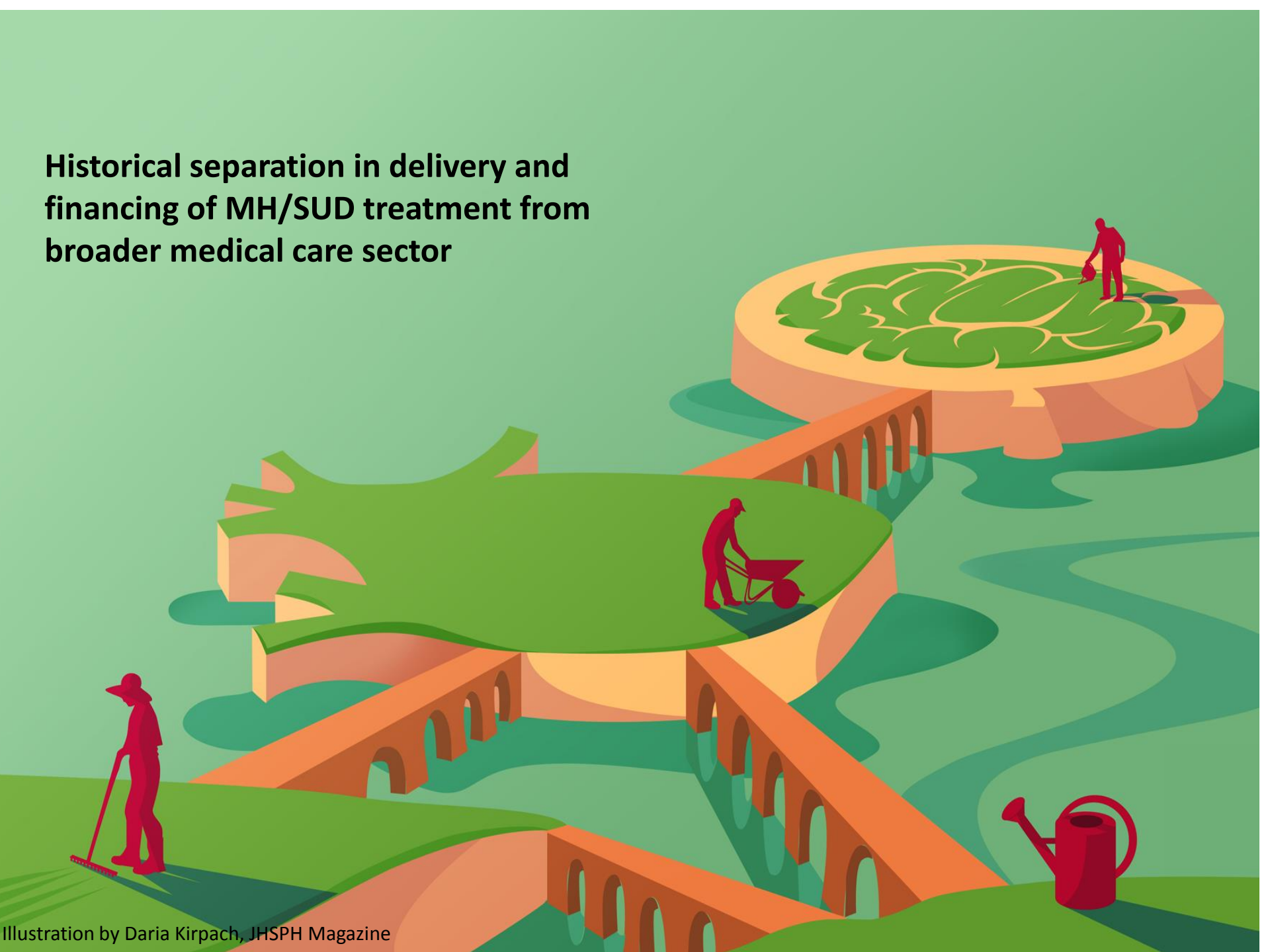
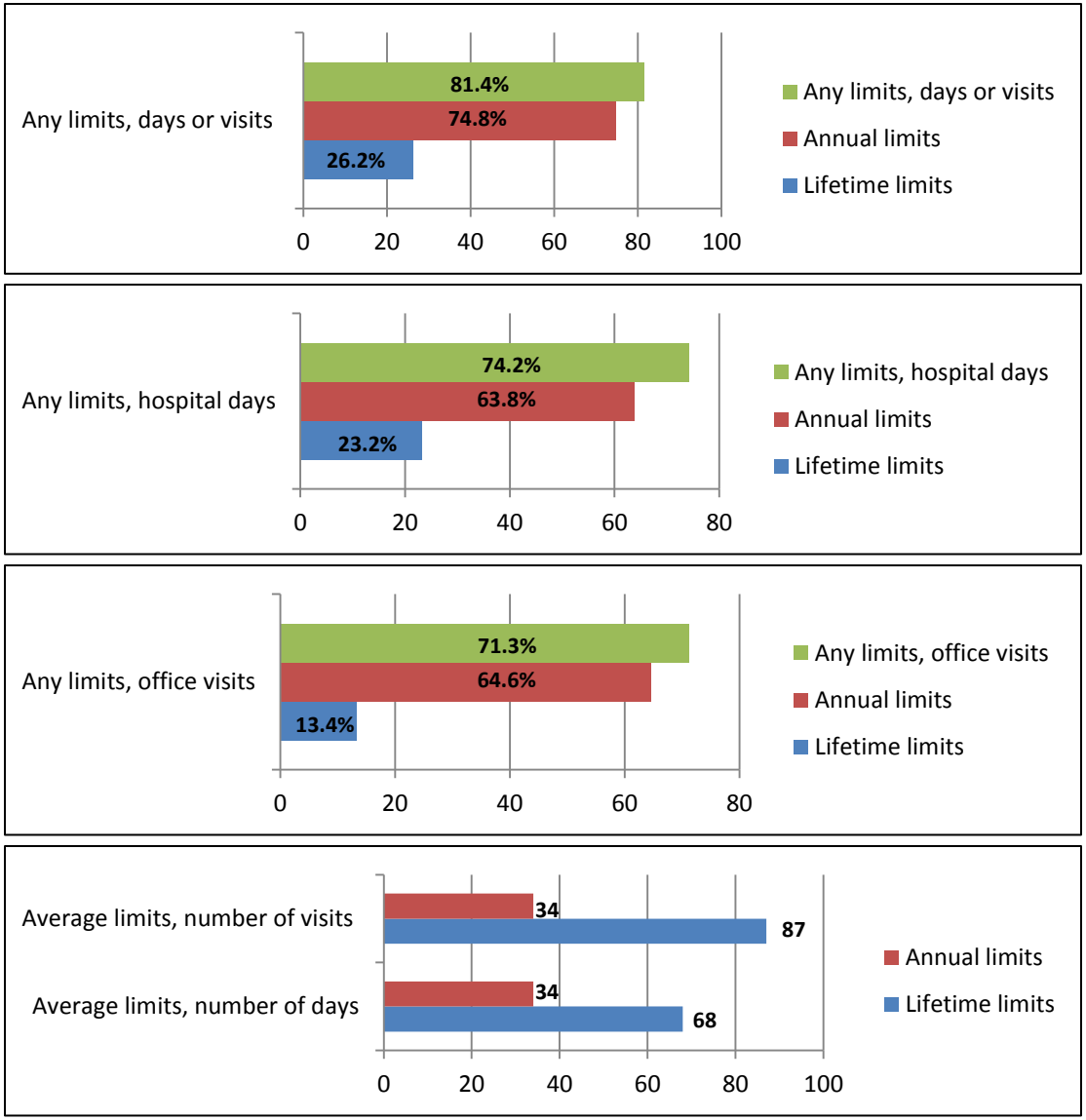


Illustration by Daria Kirpach, JHSPH Magazine

Among Workers with Coverage for Substance Use Disorder Benefits, Percentage of Insured Workers with Either Annual or Lifetime Limits and the Size of Limits on Hospital Days and Outpatient Visits, 2006



Source: JR Gabel et al., Health Affairs, June 2007. Data from: Substance Abuse Supplement to Henry J. Kaiser Family Foundation/Health Research and Educational Trust Employer Health Benefits Survey, 2006.

Dramatic Policy Changes Since 2008

1. Mental Health Parity & Addiction Equity Act (MHPAEA)
2. Affordable Care Act (ACA)

> **Affected coverage for 170 million Americans**

3. 21st Century Cures Act

Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008

- Applies to both large private insurance plans and Medicaid managed care plans
- Extends federal parity to SUD benefits, out of network services, MHSUD treatment limits
- Regulations require parity in both quantitative and non-quantitative treatment limits (NQTLs)

Key Components of ACA Affecting SUD Coverage

- Coverage expansions
  - Medicaid expansions
  - Insurance exchanges with subsidies for lower-income
  - Dependent coverage requirement
- Insurance market reforms
- Extension of parity
- Mandate for coverage as “essential health benefits”

What We Know: MHPAEA Impacts

- Most quantitative treatment limits were removed; much less known about NQTLs (Horgan et al; Goplerud/ASPE; Thalmayer et al.; Berry et al.)
- Studies generally find improved financial protection
  - Most find little or no overall effect on SUD service use and decrease in OOP spending (Ettner et al.; Haffajee et al.; Harwood et al; Kennedy-Hendricks et al.)
  - For those with eating disorders and children with autism, increased service use but no increase in OOP spending (Huskamp et al; Stuart et al.)
  - Increased SUD out-of-network use and spending but no effect on SUD out-of-pocket spending (McGinty et al)
  - Highest spending (top 15%) children with mental illness experience small increase in OOP spending but increased service use (Kennedy-Hendricks et al.)

What We Know: ACA Impacts

- Increases in psychiatric treatment among young adults 19-25 after dependent coverage provision implemented (Golberstein et al. 2015, Saloner and Cook 2014, Kozloff and Sommers 2017)

- No changes in SUD treatment overall for 2014-2015 relative to 2011-2013, but those with OUD were less likely to report financial barriers and more likely to use services (Creedon and Cook 2016, Saloner 2017, McKenna 2017)

- Drop in uninsurance in 2014 among those with SUD and recent criminal justice involvement but no change in SUD treatment (Saloner et al. 2016)

21st Century Cures Act

- $1 billion for grants to states for response to opioid crisis
- Reauthorizes many federal grant programs
- Establishes new grant programs (e.g., suicide prevention and intervention program grants)
- Authorizes demonstration program for mental health and substance use disorder workforce training
- Requires new efforts at parity compliance
- Includes new provisions related to intersection of mental health and justice system

Addressing System Fragmentation

- Existing models to improve integration
  - Collaborative Care Model – strongest evidence base
  - Other approaches – co-location, integrated practice units
- Sustainability over time has been problematic in part due to financing barriers

“We need to change the payment system so it doesn’t cost you money to do the right thing.”

Stuart Altman, MA Health Policy Commission and Professor, Brandeis University, 2014

ACA Efforts to Improve Integration

- Medicare ACO demonstration
- Medicaid health homes
- “Co-location” grants
- Funds to improve MHSUD capacity of federally qualified health centers
- Financial integration demonstration for dual eligibles

Global Payment and Accountable Care

- Place large provider organizations at financial risk for cost and quality for a defined population of enrollees
- Models vary with respect to level of risk imposed on provider organizations
- Experiments by both private and public payers

MENTAL HEALTH

By Colleen L. Barry, Elizabeth A. Stuart, Julie M. Donohue, Shelly F. Greenfield, Elena Kouri, Kenneth Duckworth, Zirui Song, Robert E. Mechanic, Michael E. Chernew, and Haiden A. Huskamp

The Early Impact Of The 'Alternative Quality Contract' On Mental Health Service Use And Spending In Massachusetts

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

RESEARCH REPORT

doi:10.1111/add.1355

Effects of accountable care and payment reform on substance use disorder treatment: evidence from the initial 3 years of the alternative quality contract

BEHAVIORAL HEALTH

By Alisa B. Busch, Haiden A. Huskamp, and J. Michael McWilliams

Early Efforts By Medicare Accountable Care Organizations Have Limited Effect On Mental Illness Care And Management

Experience with Medicaid ACOs

- Oregon Coordinated Care Organizations (CCOs) associated with 7% spending reduction over 2 years relative to WA state (McConnell et al. 2017; Rieckmann et al. 2017)
  - some improvements in appropriateness
  - decrease in primary care visits
  - increase in screening and brief intervention for at risk substance use but no change in SUD diagnoses in claims or increases in treatment

- Comparison of ACO models used in CO and OR found similar decreases in spending but relative performance improvements in some areas for OR (McConnell et al. 2017)

- Little study of impacts on BH service use overall

MassHealth ACOs

- Effective March 1, 2018, ACOs will be financially accountable for cost, quality, and member experience for over 850,000 MassHealth members
  - 17 organizations have signed contracts
  - Since December 2016, 6 organizations have been participating in the ACO pilot program
- Community Partners (CPs) will coordinate BH services for ACO members with complex needs
- Expanding access to additional recovery-oriented substance use disorder services
- Up to 20% of the ACO and CP payments will be tied to performance, measured by an “accountability score”

UMass Memorial pulls out of state Medicaid overhaul

PAT GREENHOUSE/GLOBE STAFF/FILE 2015

UMass Memorial, which has its flagship teaching hospital in Worcester, said it will continue to care for MassHealth patients.

By Priyanka Dayal McCluskey | GLOBE STAFF AUGUST 17, 2017

Barriers to Accountable Care

Accountable care and payment innovations do not yet seem to be trickling down to behavioral health in the form of major improvements in integration

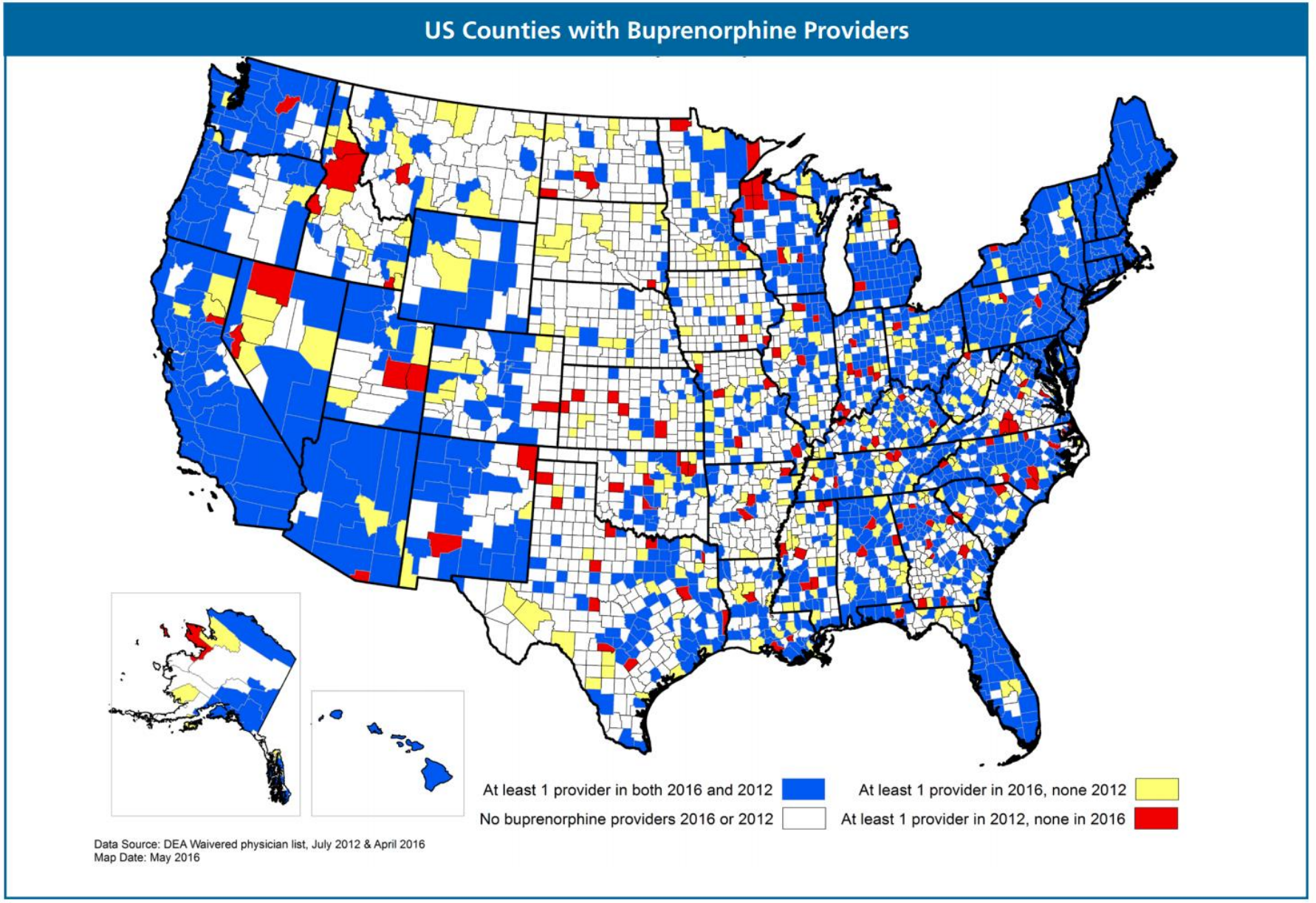
Barriers:

- Provider shortages

Provider Shortages

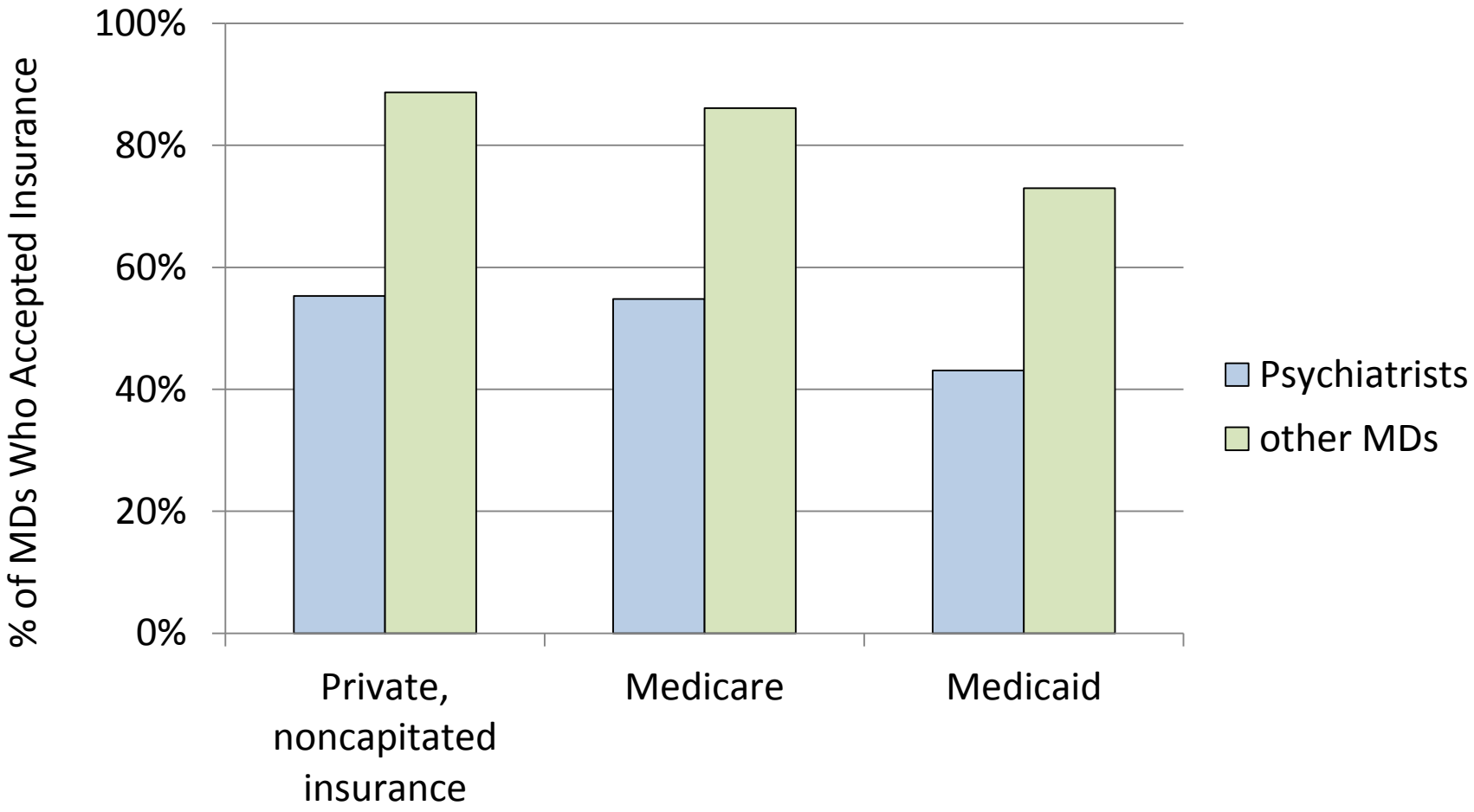
- As of 12/16, HRSA had designated 4,627 Mental Health, Health Professional Shortage areas, which together contain over 106 million individuals.

- 55% of U.S. counties (all rural) lacked a practicing psychiatrist, psychologist, or social worker (SAMHSA, 2007).



Source: http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2017/05/RHRC_DB162_Andrilla.pdf

Percentage of Psychiatrists and MDs From Other Specialties Who Accepted Insurance, 2009 - 2010



Source: Bishop et al., 2014

Limited Provider Networks

- Psychiatry has been among the most commonly restricted specialties in Marketplace exchange plan networks
  - about 15% of plans had fewer than five in-network psychiatrists within 100 miles (Dorner, Jacobs, Sommers 2015)
  - networks in exchange plans are generally narrower for mental health than primary care providers (Zhu, Zhang, Polsky 2017)

Barriers to Accountable Care

Accountable care and payment innovations do not yet seem to be trickling down to behavioral health in the form of major improvements in integration

Barriers:

- Provider shortages
- 42 CFR and restrictions/challenges with information sharing across providers
- Lack of direct financial incentives to support hard (and ongoing) work of behavioral health integration
  - Need for more/better quality metrics in contracts?

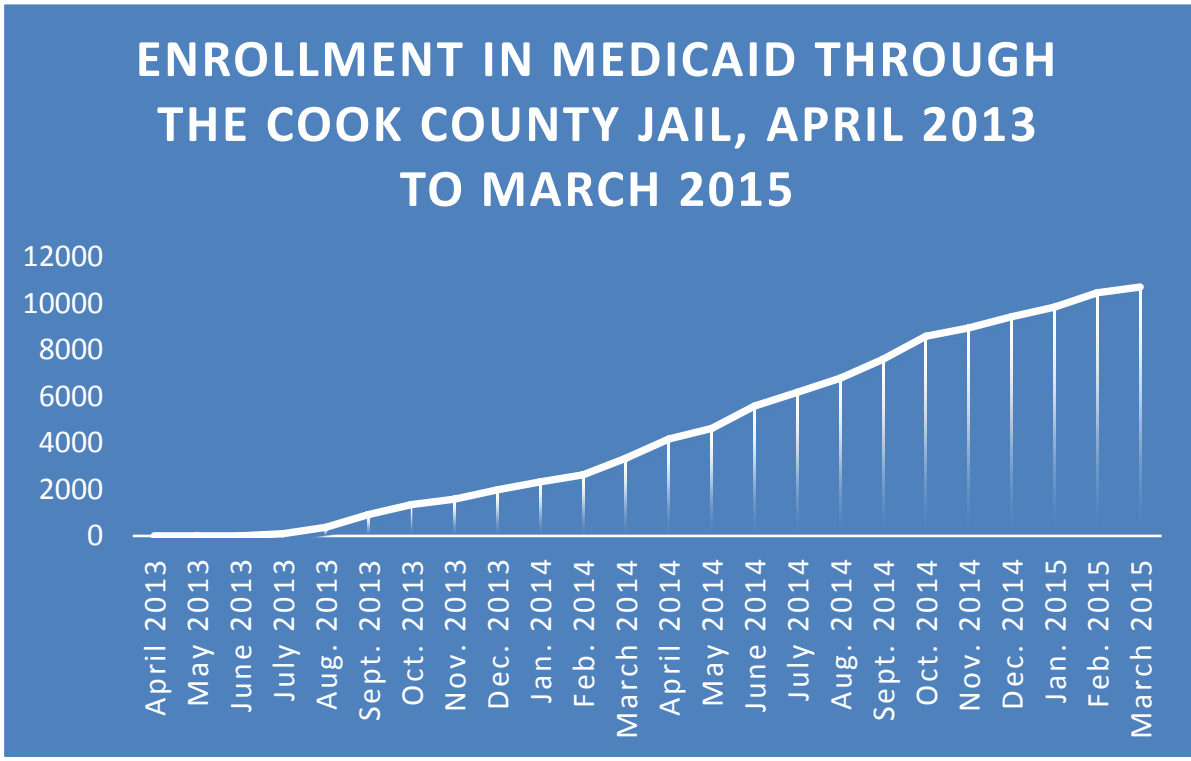
Some Remaining Issues

- Challenges in monitoring and enforcing parity, particularly NQTLs
- Medicaid waivers could dilute benefits of ACA Medicaid expansions for those with SUD in some states
- Concerns about stability of health insurance exchanges
- Watering down of the Essential Health Benefits requirement or other key ACA provisions?
- Addressing the intersection of criminal justice and behavioral health systems
- Availability of clinicians who provide buprenorphine

Charles Rex Arbogast / AP

America's Largest Mental Hospital Is a Jail

At Cook County, where a third of those incarcerated suffer from psychological disorders, officials are looking for ways to treat inmates less like prisoners and more like patients.



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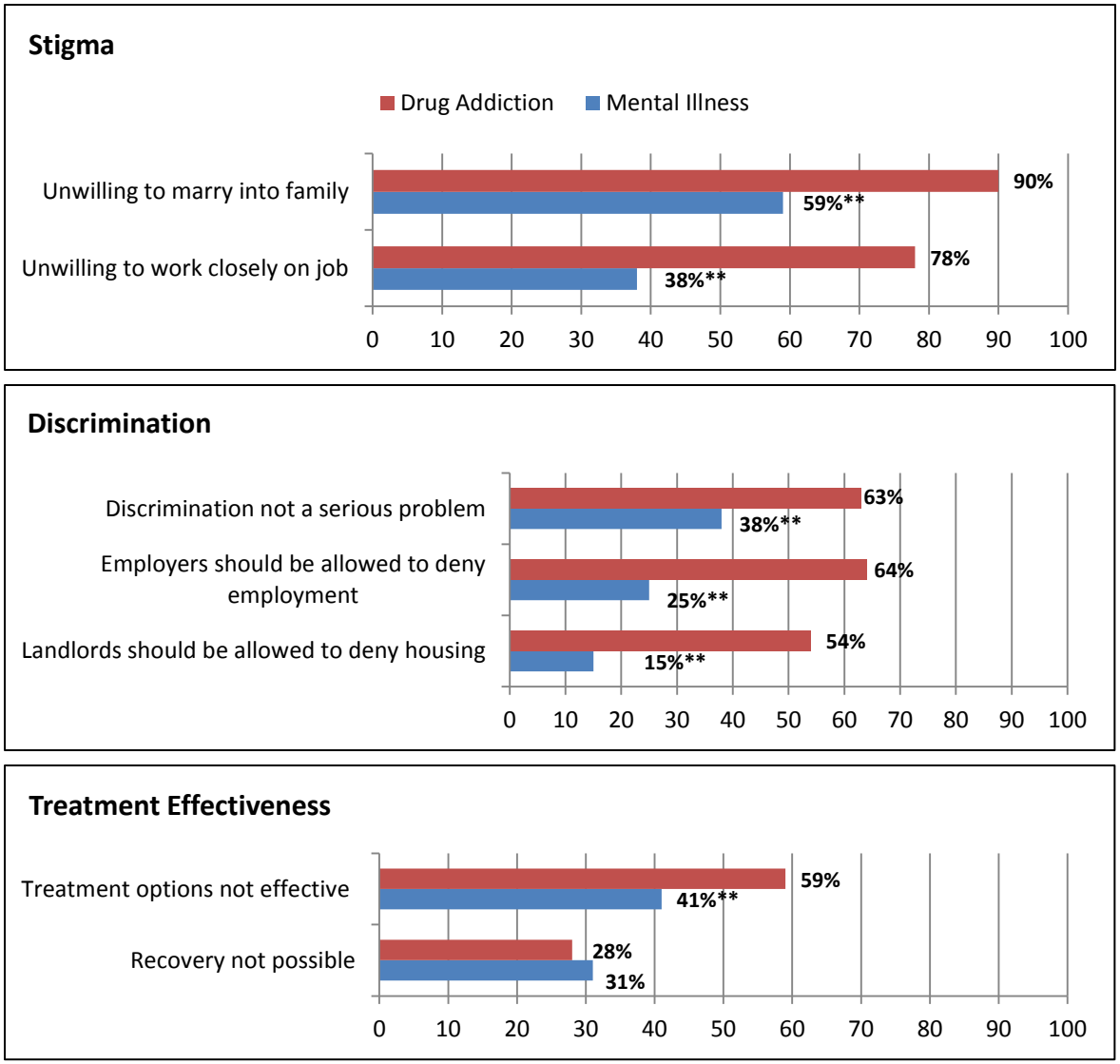
Role of Stigma in Shaping Policy

- How the public thinks about the population of individuals affected by a policy is linked to the level of compassion in policy design

➔Is addiction a chronic medical condition or a moral failing?
➔Are people with serious mental illness and/or substance use disorders highly dangerous?

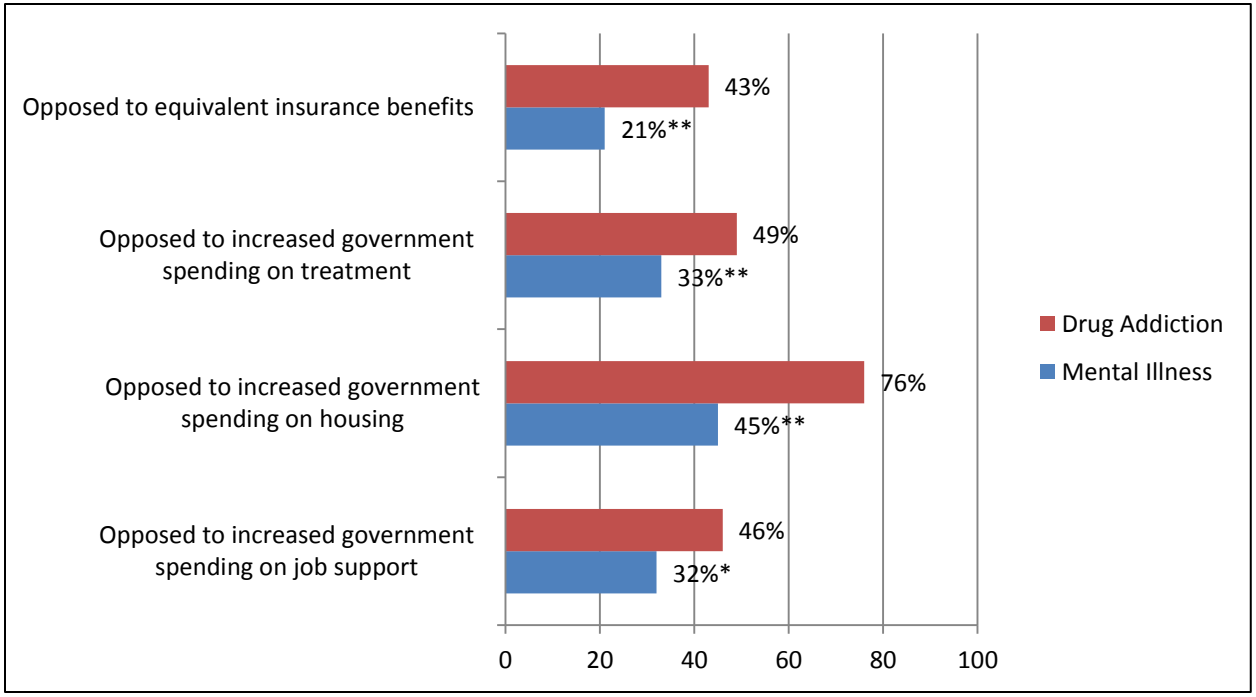
Public Attitudes About Persons With Mental Illness and Drug Addiction



**p<.001

Source: Barry CL, McGinty EE, Pescosolido BA, Goldman HH. Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. Psychiatric Services 2014; 65(10): 1269-72.

Public Attitudes About Policy Changes to Support Persons with Mental Illness and Drug Addiction



*p<.01, **p<.001

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