Behavioral Health: Opportunities in the Era of the Affordable Care Act

Elinore F. McCance-Katz, MD, PhD
Chief Medical Officer
Substance Abuse and Mental Health Services Administration

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Presentation Overview

- Changes in the field as a result of ACA:
  - Essential Benefits of ACA
  - Expansion of insurance

- Implications for Clinical Care
  - Expanded role of substance abuse treatment programs and addiction medicine

- SAMHSA Initiatives and Priorities in 2015
  - DSM-5/ICD-10
  - Workforce issues
  - Integrated Care
  - Early intervention for serious mental illness
  - Prescription drug abuse and opioid overdose prevention
SAMHSA: A Public Health Agency

• Mission: To reduce the impact of hazardous substance use and mental illness on America’s communities

• Roles:
  • Leadership and Voice – Influencing Public Policy
  • Data and Surveillance
  • Clinical Education
  • Public Education and Communications
  • Regulation and Standard Setting
  • Practice/Services Improvement
  • Funding - Service Capacity
ACA: Changes to the Field: Essential Benefits

- ambulatory patient services
- emergency services
- hospitalization
- maternity and newborn care
- mental health and substance use disorder services including behavioral health treatment
- prescription drugs
- rehabilitative and habilitative services and devices
- laboratory services
- preventive and wellness services and chronic disease management
- pediatric services, including oral and vision care
Substance Dependence/Abuse: 21.6 M (8.2 percent)
  - Similar to 29 M (9.3 percent) with diabetes
Any Mental Illness: ~ 43.8 M (18.5 percent)
  - Represents 1 in 5 adults, as compared to 11.3 percent of adults (26.6 million) diagnosed w/heart disease
Serious Mental Illness: ~ 10 M (4.2 percent)
Major Depressive Episode (Adolescents 12-17): ~ 2.6 M (10.7 percent)
  - Represents 1 in 10 adolescents
Specific Illicit Drug Dependence or Abuse in the Past Year among Persons ≥ 12 years old

2013

- Marijuana: 4,206
- Pain Relievers: 1,879
- Cocaine: 855
- Heroin: 517
- Stimulants: 469
- Tranquilizers: 423
- Hallucinogens: 277
- Inhalants: 132
- Sedatives: 99

Numbers in Thousands

SAMHSA NSDUH 2014
Past Year Substance Dependence or Abuse and Mental Illness among Adults Aged 18 or Older: 2012

19% of those with MI have SUD

41% of those with SUD have MI

12.3 Million

8.4 Million

35.3 Million

20.7 Million Adults Had SUD

43.7 Million Adults Had Mental Illness

NSDUH, 2013
About one in six individuals with HIV/AIDS had used an illicit drug intravenously in their lifetime (16.60 percent); nearly two thirds had used an illicit drug but not intravenously (64.44 percent), and 18.96 percent had never used an illicit drug.

Nearly one quarter of persons with HIV/AIDS were in need of treatment for alcohol use or illicit drug use in the past year (23.94 percent).

Approximately 64% of injection drug users are infected with HCV.

Up to 36% of alcohol abusers are infected with HCV.


19.6% of the population with a serious mental illness is infected with HCV.

Changes in How Health Care is Paid for & Delivered (aka “Payment and Delivery Reform”)

- Health insurers throughout the country – both public and private – are seeking to change the way that health care is paid for and delivered.

- The Goals are to:
  - Shift from paying for volume to paying for outcomes
  - Improve care coordination, thereby reducing costs and improving quality
New Models of Care Encouraged

- Medicaid State Option for Health Homes (ACA Section 2703) Effective Jan 2011
- State plan option allowing states to develop “health homes” for Medicaid beneficiaries with chronic conditions, which can include mental and substance use disorders
- Community substance abuse treatment programs and/or mental health treatment programs can be eligible providers
Eligibility for a Health Home

• To be eligible, individuals must have:
  • Two or more chronic conditions, OR
  • One condition and the risk of developing another, OR
  • At least one serious and persistent mental health condition

• The chronic conditions listed in statute include a mental health condition, a substance abuse disorder, asthma, diabetes, heart disease, and obesity (as evidenced by a BMI of > 25).

• States may add other conditions subject to approval by CMS
Health Home Services

(Covered at enhanced FMAP [90%] for 2 years)

• Comprehensive care management
• Care coordination
• Health promotion
• Comprehensive transitional care/follow-up
• Patient & family support
• Referral to community & social support services
• Standard FMAP (50%) for other services
Expanded Role of Traditional Substance Abuse Treatment Programs and OTPs

• Issues impacting:
• Need for expansion of treatment access for those with substance use disorders
  • Increased numbers needing treatment for opioid use disorders
  • Substance use disorders frequently co-occur with medical and mental disorders—provides opportunity for substance use disorder treatment programs to provide all care necessary
Expanded Role of Traditional Substance Use Disorder Treatment Programs and OTPs

- Substance use disorder treatment programs: consider adding medical services; mental health services; other SA pharmacotherapies
- OTPs have medical, substance abuse counseling, and addiction pharmacotherapy available in one place; could consider expanding to offer mental health services and treatment of other substance use disorders
Demonstration 223 (Protecting Access to Medicare Act of 2014): Creation of CCBHCs

- Certified Community Behavioral Health Centers:
  - Will provide mental health services, substance use disorder treatment services, medical care and recovery support services
  - States can apply for planning grants (RFA release May; award October 2015) and will compete for implementation grants to be awarded to 8 states by December 2016
  - Models for other states to consider in developing their CCBHCs
Expanded Role of Substance Use Disorder Treatment Programs and CCBHCs

• ‘One Stop Shopping’
  • Provide wrap around services: substance abuse treatment, medical/mental health care, case management, peer support, vocational rehabilitation, medication management/directly observed therapy

Substance Use Disorder Programs/OTPs:
• Provide support services to office-based practitioners (e.g.: urine tox screens, counseling)
Role of Psychiatric and Addiction Medicine Physicians/Providers

- Leadership role in substance abuse treatment programs and CCBHCs; providers of expanded services

- Consulting role in integrated care systems:
  - Primary care
  - Specialty care

- Direct care in integrated programs
  - Residency training programs/training programs for allied health professionals should be preparing trainees to work in integrated systems
ICD-10

- International Classification of Diseases-10:
  - Used worldwide
  - U.S. one of the last countries to adopt the revised version
  - We currently use ICD-9
  - ICD-10: many more codes; describes illnesses/disorders in much greater detail
    - Helpful in surveillance
    - Better describes a medical condition so that reimbursements better match complexity of disorders
ICD-10

- Major implications for practice, medical-recordkeeping, and billing/reimbursements
- Need to train staff to use appropriate coding; need to modify EHR to accept diagnoses; billing system updates

**Transition delayed from October 1, 2014 to October 1, 2015**
- Failure to transition has major consequences: no recognition of billing codes for ICD-9 after start date; penalties for failure to transition
- DSM-5 is cross-walked to ICD-9 and ICD-10
- SAMHSA has sponsored webinar trainings on ICD-10 to BH community; archived and available to all providers
Workforce Issues

• With healthcare reform, there will be increasing requirements for training and continuing education of staff working in behavioral health programs

• Psychiatric and addiction medicine specialists, psychology, social work, counseling, peer professionals can play an important role in training for healthcare practitioners

• Physicians will need to show ongoing evidence of competence—MOC/MOL
  • State by state differences may exist in what constitutes evidence of competence
SAMHSA Strategic Initiatives: Behavioral Health Workforce Development

- Promotes availability of prevention and treatment for substance use disorders and mental illness through enhancing the capabilities of behavioral health providers
- Promotes development of infrastructure in health systems to deliver competent behavioral health services
- Monitors the needs of health professionals, peers and communities in meeting behavioral health needs
Behavioral Health Workforce

- Projects under consideration:
  - *ECHO-type models of learning collaboratives*
  - *Telebehavioral health*
    - Distance consultation
    - Individual and group therapy
    - More efficient use of providers
    - Continuing education
SAMHSA Initiatives: Integration of Primary/HIV and Behavioral Health Care

• Development of new models of care:
  • PBHCI (Primary Behavioral Health Care Integration)
  • HIV Continuum of Care Program: Integration of HIV/primary care into substance abuse and/or mental health treatment programs
    • Models of integration/case management
    • Models of co-location and integration
HCV Care in Substance Abuse Treatment Programs

- HCV has surpassed HIV as a cause of death in the United States.
- USPSTF recommends testing of the 1945-65 cohort
- ~64% of IDU seropositive for HCV
  - 68% of OTPs had the staff required for HCV testing, but only 34% offered on-site testing.
  - Limited HCV testing services in opioid treatment programs is a key challenge to reducing HCV and its consequences in the US population.
HCV Care in Substance Abuse Treatment Programs

- SAMHSA responses:
  - SAMHSA MAI grant 5% set-aside requirement for Hepatitis testing/vaccination
  - Dear Colleague letter from Chief Medical Officer
  - TIP 53 Addressing Viral Hepatitis in People with Substance Use Disorders
  - Encouraging HIV/viral hepatitis testing simultaneously
  - Encourage states to fund testing/models to support these services including health homes
DRUG OVERDOSE-RELATED DEATHS: A PREVENTABLE PUBLIC HEALTH ISSUE

Since 2009 drug overdose deaths are leading cause of injury death in the U.S. – more than even car crashes

Majority of drug overdose-related deaths are caused by prescription opioids and heroin

1999 to 2010: Opioid prescribing quadrupled 1999 to 2013: Rate for drug poisoning deaths involving opioid analgesics nearly quadrupled

2013: Opioid analgesic related deaths: 16,235; heroin-related deaths: 8,257

*Most frequently involved in deaths: oxycodone, hydrocodone, methadone, in combination w/alcohol or other drugs, often benzodiazepines
• Between 2004 and 2011: Rates ED visits associated with pharmaceutical misuse/abuse ↑ 114 percent

➔ 2011: > 1.4 million ED visits annually due to misuse/abuse of pharmaceuticals
  • 420,000 involving prescription opioids and 425,000 involving benzodiazepines

➔ From 1999 to 2009: Admission rate for substance abuse Tx for prescription opioid abuse ~ 6 fold increase
Prescription Drug Abuse: Past Month Nonmedical Use of Psychotherapeutic Drugs among Persons Aged 12 or Older: 2002-2013

- Pain Relievers
- Tranquilizers
- Stimulants
- Sedatives

Percent Using in Past Month

- 2002: Pain Relievers 1.9, Tranquilizers 0.8, Stimulants 0.6
- 2003: Pain Relievers 2.0+, Tranquilizers 0.8, Stimulants 0.6, Sedatives 0.1
- 2004: Pain Relievers 1.9, Tranquilizers 0.7, Stimulants 0.6, Sedatives 0.1
- 2005: Pain Relievers 1.8, Tranquilizers 0.7, Stimulants 0.6, Sedatives 0.1
- 2006: Pain Relievers 2.1+, Tranquilizers 0.7, Stimulants 0.6, Sedatives 0.1
- 2007: Pain Relievers 2.1+, Tranquilizers 0.7, Stimulants 0.6, Sedatives 0.1
- 2008: Pain Relievers 1.9, Tranquilizers 0.7, Stimulants 0.6, Sedatives 0.1
- 2009: Pain Relievers 2.1+, Tranquilizers 0.8+, Stimulants 0.5, Sedatives 0.1
- 2010: Pain Relievers 2.0+, Tranquilizers 0.8+, Stimulants 0.5, Sedatives 0.1
- 2011: Pain Relievers 1.7, Tranquilizers 0.7, Stimulants 0.5, Sedatives 0.1
- 2012: Pain Relievers 1.9, Tranquilizers 0.8+, Stimulants 0.5, Sedatives 0.1
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SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4772)
Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2013

Source Where User Obtained:
- More than One Doctor (2.6%)
- Free from Friend/Relative (53.0%)
- One Doctor (21.2%)
- Other\(^1\) (4.3%)
- Bought on Internet (0.1%)
- Drug Dealer/Stranger (4.3%)
- Bought/Took from Friend/Relative (14.6%)

Source Where Friend/Relative Obtained:
- One Doctor (83.8%)
- More than One Doctor (3.3%)
- Free from Friend/Relative (5.1%)
- Bought/Took from Friend/Relative (4.9%)
- Drug Dealer/Stranger (1.4%)
- Other\(^1\) (1.2%)
- Bought on Internet (0.3%)
More Fallout from Prescription Pain Medication Abuse

Past Month and Past Year Heroin Use among Persons Aged 12 or Older: 2002-2013
Specific Illicit Drug Dependence or Abuse in the Past Year among Persons ≥ 12 years old

2013

- Marijuana: 4,206
- Pain Relievers: 1,879
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SAMHSA NSDUH 2014
Overdose Deaths

- Drug overdose death rates increased five-fold since 1980.
- By 2009, drug overdose deaths outnumbered deaths due to motor vehicle crashes for the first time in the U.S. led by opioid analgesics.
- Opioid analgesics were involved in 30% of drug overdose deaths where a drug was specified in 1999, compared to nearly 60% in 2010.

Most frequently involved in deaths: oxycodone, hydrocodone, methadone, in combination with alcohol or other drugs, often benzodiazepines.
Since 2010: States and cities reporting significant ↑ in heroin deaths

Since 2010: Rate for deaths involving heroin has almost tripled

Between 2012 and 2013: A 39 percent ↑ in heroin related deaths
HHS, MARCH 26: SECRETARY BURWELL’S NEW PLAN

3 MAIN PRIORITY AREAS

• Opioid prescribing practices to reduce opioid use disorders and overdose

• Expansion of Medication-Assisted Treatment (MAT) to reduce opioid use disorders and overdose

• Expanded distribution and use of naloxone
A CLOSER LOOK…

- Improving opioid prescribing practices by enhancing prescription monitoring, data-sharing (CDC/SAMHSA)
  - Prescribing guidelines states can adopt to address over-prescribing (CDC)
  - Prescription Drug Monitoring Programs (PDMPs) to improve opioid prescribing, inform clinical practice, and protect patients at risk (SAMHSA to CDC)
- Improved clinical decision-making with provider education (SAMHSA)
- Increasing access to MAT to break addiction cycle (SAMHSA)
- Preventing addiction and supporting recovery (SAMHSA)
- Preventing overdose-related deaths by expanding utilization of overdose reversal medication – naloxone (SAMHSA/HRSA)
- Incentivizing development of abuse-deterrent opioids (FDA)
- Improving Medicaid and Medicare programs designed to prevent opioid use/misuse and overdose (CMS w/ states)
SAMHSA: Addressing the Epidemic in the United States

- Prevention Initiatives: Community Outreach
- Provider Education
  - SBIRT
  - Safe/Appropriate Opioid Prescribing
  - Use of Treatment Agreements
  - Toxicology Screening
- Prescription Drug Monitoring Programs
  - Intrastate and interstate data
- New OTP Guidelines
- Increasing Treatment Access
- Opioid Overdose Prevention
Efforts to Prevent Prescription Drug Abuse

- Partnerships for Success grants
- Prevention of Prescription Abuse in the Workplace (PPAW) Technical Assistance Center
- Promotion of DEA’s national take-back days
- Not Worth the Risk, Even If It’s Legal (pamphlet series)
Other SAMHSA Initiatives: Provider Education

PCSS-MAT: Medication Assisted Treatment
www.pcssmat.org
Focus on Treatment of Opioid Use Disorders

PCSS-O: Focus on Safe Opioid Prescribing
www.pcss-o.org

ATTC: Addiction Technology Transfer Centers
Increasing knowledge and skills of addiction practitioners
State PDMPs

PDMP interoperability between states

Inclusion of data from federal dispensers

PDMP/EHR linkage

http://www.pdmpassist.org/pdf/PDMPProgramStatus2014.pdf#page=1&zoom=auto,-24,546

Primary reference/central measure for program staff, accreditation bodies, other stakeholders on delivery of care in OTPs

Guidelines are not a substitute for medical judgment and cannot provide sole basis for treatment decisions

Some states apply additional regulations to OTP operations: compliance w/state and federal regulations; or the stricter of the two
Revised Federal Guidelines: Content

- The 2015 guidelines contain updated information on:
  - Treatment of pregnant patients
  - Patient withdrawal from MAT
  - Management of patients w/multiple problems, e.g., chronic pain

- They also include new information on topics like:
  - Role of physicians, nurses, program staff
  - Full range of FDA-approved medications
  - Telemedicine
  - EHRs
  - PDMPs
  - Recovery
Treatment for Opioid Use Disorder

- Combination of FDA-approved medication:
  - Methadone
  - Buprenorphine/naloxone
  - Naltrexone

- and psychosocial treatments/safety measures
  - Counseling: Coping skills/relapse prevention
  - Education
  - Treatment Agreements
  - Toxicology Screening
  - PDMP use
Medication-Assisted Treatment

Benefits:

• Lifestyle stabilization
• Improved health and nutritional status
• Decrease in criminal behavior
• Employment
• Decrease in injection drug use/shared needles: reductions in risk for HIV and viral hepatitis/medical complications of injection drug use
Opioid Overdose Prevention Toolkit

- Educate individuals, families, first responders, prescribing providers, and community members.
- Practical, plain language information about steps to take to prevent opioid overdose and to treat overdoses (including the use of naloxone).
- 5 modules, each one customized to address the specific needs of target audiences.
- Important resources for patients, families, prescribers, and communities.

Responding to the Epidemic: Additional Efforts

- **Training Efforts:**
  - *Toolkit revisions to include heroin users*
  - *Development of opioid overdose curriculum including standardized training on naloxone use*
  - *Expansion of opioid overdose prevention toolkits*  
    - *E.g.: law enforcement*
- **U.S. FDA:** meeting to discuss status of naloxone administration products for opioid overdose
- **NIDA research** on efficacy and safety of naloxone via nasal administration
- **Public Service Announcement campaign:** dangers of overdose when opioids are used with other drugs/alcohol
More than $99 million in new funding in targeted efforts to reduce the prevalence and impact of prescription opioid and heroin abuse, dependence, and overdose.
SAMHSA: ADDRESSING PRESCRIPTION DRUG AND OPIOID ABUSE (1)

Strategic Prevention Framework for Prescription Drugs (SPF-Rx): $10 M (New in SAP)

- Raise public awareness about dangers of sharing medications
- Work with pharmaceutical and medical communities to raise awareness on risks of overprescribing
- Develop capacity and expertise in use of data from state prescription drug monitoring programs (PDMPs) to identify communities by geography and high-risk populations
Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction: $25 M ($13 M ↑ in SAT)

- Grants to states to focus on high-risk communities to address opioid use disorders
- Improve access to MAT services for individuals with opioid use disorders
- Make use of all FDA-approved medications for opioid use disorders:
  - Methadone, buprenorphine/naloxone products, injectable naltrexone
- Substance Use Disorders Treatment Programs and OTPs have large role to play in offering MAT services that include all approved medications and matching treatments to patients
Preventing Opioid Overdose-Related Deaths: $12 M (SAP)

- Grants to 10 states to reduce # of opioid overdose deaths
- Help states purchase naloxone not otherwise covered
- Equip first responders in high-risk communities
- Support education on opioid overdose risk, recognition, and use of naloxone and other overdose death prevention strategies
  - Inclusion of naloxone prescription when starting opioid therapy
- Cover expenses incurred from dissemination efforts
Ending the Epidemic

- Continue to train healthcare professionals in safe and appropriate use of opioids and alternatives to use of opioids for pain
- Continue to educate the public about the dangers of misuse of pain medications
- Use PDMPs, treatment agreements and toxicology screens to increase safety
- Continue research efforts to find better approaches to addressing opioid misuse/abuse
- Provide evidence-based treatment to all who need it for as long as it is clinically indicated
The Coming Years: Opportunities and Challenges

• By meeting opportunities and challenges related to expansion of substance use and mental disorders treatment; these disorders are placed in the mainstream of medicine

• For those with SUD and/or mental disorders:
  • Greater access to treatment
  • More efficacious, evidence-based care
  • Better treatment retention and improved outcomes

• SAMHSA will continue to help to improve the behavioral health of Americans through grant funding of services, technical assistance to providers/communities, and dissemination of best practices in behavioral health
Thank you!
Elinore.mccance-katz@samhsa.hhs.gov