10 for 5:
5 Key ACA Reforms &
10 Essential ACA Actions

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• TODAY,
WE ARE GOING TO TALK ABOUT
SOCIAL JUSTICE
Policies Reflected in the Affordable Care Act

• 1. Universal Insurance Coverage and Extension of Parity
• 2. No Pre-Existing Condition Exclusions
• 3. Fostering Medical and Health Homes
• 4. Disease Prevention and Health Promotion
• 5. Achieving “Recovery” and “Resilience”

IMPLICATIONS:

• Person-Centered Care, Whole Person Care, Shared Decision Making have all come of age.
Illness and Treatment

• Serious Mental Illness:
  – Adults: Approximately 13 million (5.8%)
  – Children: Approximately 8 million (10%)

• Overall Mental Illness
  – Adults: Approximately 55 million (25%)
  – Children: Approximately 16 million (20%)

• 1/3 of adults and 2/3 of children with SMI/SED receive no services at all; 2/3 of others with mental health conditions receive no care.
Illness and Treatment

• Substance Use Conditions:
  – Approximately 24 million potential cases/year

• Substance Use Care:
  – Approximately 2.4 million receive care/year

• **Fully 90% do not receive any care**
  – and

• **Care provided comes principally from grants, not personal insurance**
Causes

• Substance use conditions have been excluded as a source of disability for SSI and SSDI since 1998.

• Growth in other funding sources, such as the SAPT Block Grant, has been marginal.

• American society has favored criminalization of substance use, rather than provision of appropriate treatment.
Wellness Models

- HEALTHY
- NOT ILL
- ILL
- NOT HEALTHY
Wellness Model Applied
Wellness Model Implications

• What are some of the implications?
  – Provision of primary care is essential.
  – Provision of behavioral health care is essential.
  – Facilitation of WELLNESS and RECOVERY approaches is essential.

• Care integration becomes an obvious mechanism to achieve these goals.
5 Key ACA Reforms

- Insurance Reform
- Coverage Reform
- Quality Reform
- Payment Reform
- IT Reform
The ACA is designed to provide personal health insurance to 39 million adults. Approximately 11 million will be persons with pre-existing mental health or substance use conditions. (Prevalence is 30%.)
Insurance Reform

• Key Features:

Do this through State Health Insurance Marketplaces (20 million) and through an Expansion of Medicaid (19 million).

Driven by the Essential Health Benefit.
2 ACA Actions

• Insurance enrollment is our responsibility.

• Enrolling persons with mental health and substance use conditions is our responsibility.
HIGHLIGHT – Reform 2

• The ACA eliminates pre-existing condition clauses in health insurance, as well as annual and lifetime limits, and extends family insurance to age 26.

• Everyone with a mental health or substance use condition has a pre-existing condition.
Coverage Reform

• Key Features:
  – **Guaranteed Enrollment:** No one can be excluded from insurance because of a pre-existing condition; extended to all ages in 2014.
  – **Young Adult Coverage:** All age 26 or less can remain on their family’s policy.
  – **Limits:** No annual or lifetime financial limits on insurance; insurance benefits must be at parity.
  – **Prevention/Promotion:** No co-pays or deductibles for some prevention interventions.
2 ACA Actions

• Explaining these coverage changes to consumers is our responsibility.

• Monitoring the implementation of parity is our responsibility.
The ACA provides for the creation of integrated Health Homes which offer prevention and promotion, as well as care.

Mental Health and Substance Use Care Providers will need to become part of Accountable Care Organizations that operate Health Homes.
Quality Reform

• Key Features:
  – **Health Homes:** Can be created through *modifications to Medicaid* and Medicare--Medicaid State Plan Amendments (Section 2703).
  – **Accountable Care Organizations:** Organizations to implement and *operate Health Homes*. Generally, operated out of the health care sector, but also *can be operated by behavioral health* entities.
  – **Quality Measures:** Drive quality improvement through system-wide performance measures.
2 ACA Actions

• It is our responsibility to foster the development of health homes and ACOs.

• It is our responsibility to investigate related services, such as social wrap-around and public health services.
Highlight – Reform 4

• The ACA provides for the implementation of new payment models that reward Strategic Service Delivery rather than More Service Delivery.
Payment Reform

• ACA will implement performance-adjusted case rates and capitation rates as a longer-term goal.

• Mental Health and Substance Use Care Providers will need to self-manage insurance benefits under these systems.
2 ACA Actions

• It is our responsibility to understand case and capitation rates and how they will apply to emerging Health Homes.

• It is our responsibility to develop internal service management approaches that promote strategic care.
Highlight – Reform 5

• The ACA IT reforms assume that providers already are using **electronic medical records** (EMRs).
IT Reform

• The ACA provides financial incentives for use of electronic medical records for federal reporting.

• The ACA provides financial incentives for use of electronic health records for training.
2 ACA Actions

• It is our responsibility to implement electronic medical records (EMRs).

• It is our responsibility to implement personal health records (PHRs).
Outcomes Under the ACA

• We would expect:
  – Longevity to improve
  – Recovery to improve community tenure
  – Community tenure to improve community participation

• We also would expect the implementation of prevention and promotion protocols to improve personal and population health over the longer run.
Community Life Under the ACA

• We would expect:
  – Greater attention to the social and physical determinants of health
  – More community participation in addressing local health issues
  – Less stigma in the community
  – Much greater recognition that:

   All health and health care is local!
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