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
    - NOT HEALTHY
Wellness Model Applied

- Recovery and Health
  - Yes
  - No

- Wellness
  - Self-Help
  - Social Support
  - Changes in Unhealthy Lifestyle
  - Illness
  - Yes
  - No

- Biopsychosocial Interventions
  - Yes
  - No

- High Morbidity and Mortality
  - Little Self-Help or Hope
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.
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.
HIGHLIGHT – Reform 3

• 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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