SBIRT in a Radically and Rapidly Changing Environment

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Major Game Changers

- Affordable Care Act
- Medical Homes
- ACOs
- Payment Reform
- Parity
- Electronic Medical Records
- Challenging state and federal fiscal environment

Affordable Care Act

- Effective 2014
- Expands Medicaid Coverage for eligible individuals up to 133% FPL
- Sets up state-based insurance exchanges for those at or below 400% FPL
- Individual Mandate
- Employer Mandate
- Must include BH services, including SUD
- Must meet parity

Affordable Care Act (cont.)

- Change in Coverage for non-elderly individuals (2019)
  - 158 M will have coverage through employers
  - 50 M will have coverage through Medicaid/CHIP
  - 25 M will have coverage through exchanges
  - 26 M will have coverage through non-group plans
  - 26 M will remain uninsured

Many will have SUDs and related problems

SBIRT and the ACA

Must provide US Preventive Health Task Force recommended screens (including SBIRT) with no co-pays.

Expansion may allow states to re-deploy dollars spent on previously un-reimbursable services.

SBIRT Role in Behavioral Health and Primary Care Integration

- Culture Change
- Systems Change
- Relevance to other “behavioral” issues
- Changes in workforce competencies
- Quality Assurance

Accountable Care Organizations

- An **accountable care organization** (ACO) is a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. A group of coordinated health care providers form an ACO, which then provides care to a group of patients

Medical Homes

ACA created option for state to create health homes for those with multiple chronic conditions, including MH and SUD.

90% federal re-imbursement for services rendered to these recipients

Pays for services that have not traditionally been reimbursable (care coordination, referrals

Some states (Missouri, Rhode Island) have included SUD providers as the medical home.

Payment Reform Efforts

Movement away from a fee-for-service system to bundled payment, episode of care payment or other payment mechanism.

Its goal is to contain costs, improve efficiency and improve outcome

Requires strong performance metrics to measure outcomes

Mental Health Parity and Addiction Equity Act

Passed by Congress in October 2008

If a plan is providing BH services it must do so on par with medical services – not a coverage mandate

Eliminates non-quantitative limitations unless used for med/surg benefits (step therapies, etc)

Challenges and Opportunities

Significant opportunity to get more people better care and maximize third-party payment, BUT

- SUD agencies, providers and consumers need to be at the table
- Lack of competency/fluency about Medicaid and insurance purchasing
- SUD often gets lost when looking at "behavioral health" services
- Few (but growing) list of validated performance measures – alcohol use screening and alcohol use brief intervention under NQF review

Challenges and Opportunities (cont.)

- What are “essential benefits” for SUD?
- Quality Assurance and Oversight
- Lack of “Return on Investment” studies
- Need to Safeguard against adverse selection
- Role of Consumer and Family Voice
- Provider readiness to participate in new payment and delivery models
- Need to protect confidentiality
- Status of SAPT Block Grant and state funding
- Workforce shortages

Action Steps to be taken now!

- Develop/bring in someone with Medicaid and/or health care purchasing expertise
- Find out who is responsible for these initiatives in your jurisdiction
- Get a seat at the table!
- Energize and educate your advocates/allies
- Build and make your case
- Market your success
- Be relentless!

In the final analysis….

Did more people get access to care?

Did they get good care?

Did they get better and healthier?

Questions