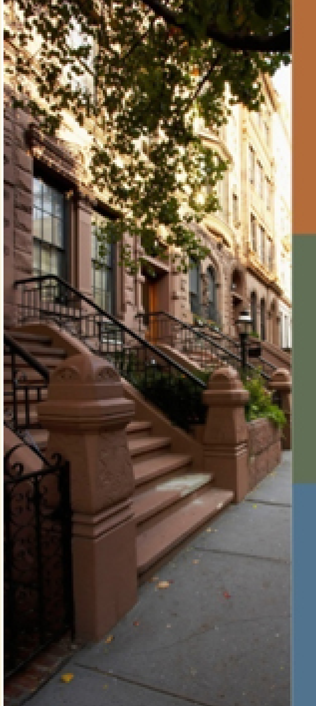
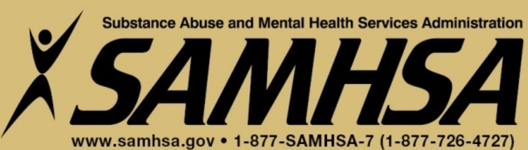
Behavioral Health is Essential To Health



Prevention Works

Treatment is Effective

People Recover



INTERSECTION OF ALCOHOL, DRUGS, AND HEALTH

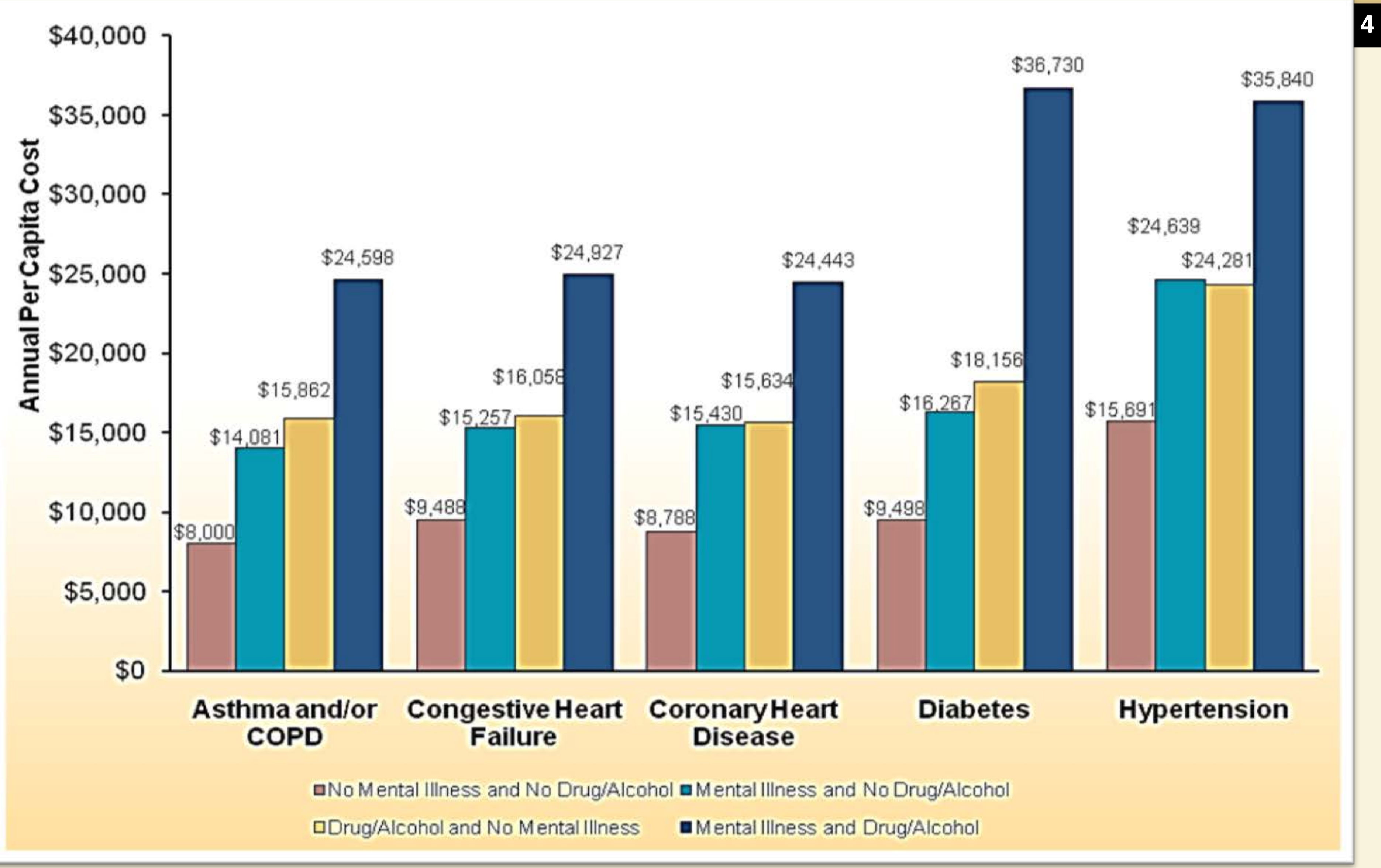
Kana Enomoto
Principal Deputy Administrator
Substance Abuse and Mental Health Services Administration

NASADAD
2015 Annual Meeting
Charleston, South Carolina • June 2, 2015

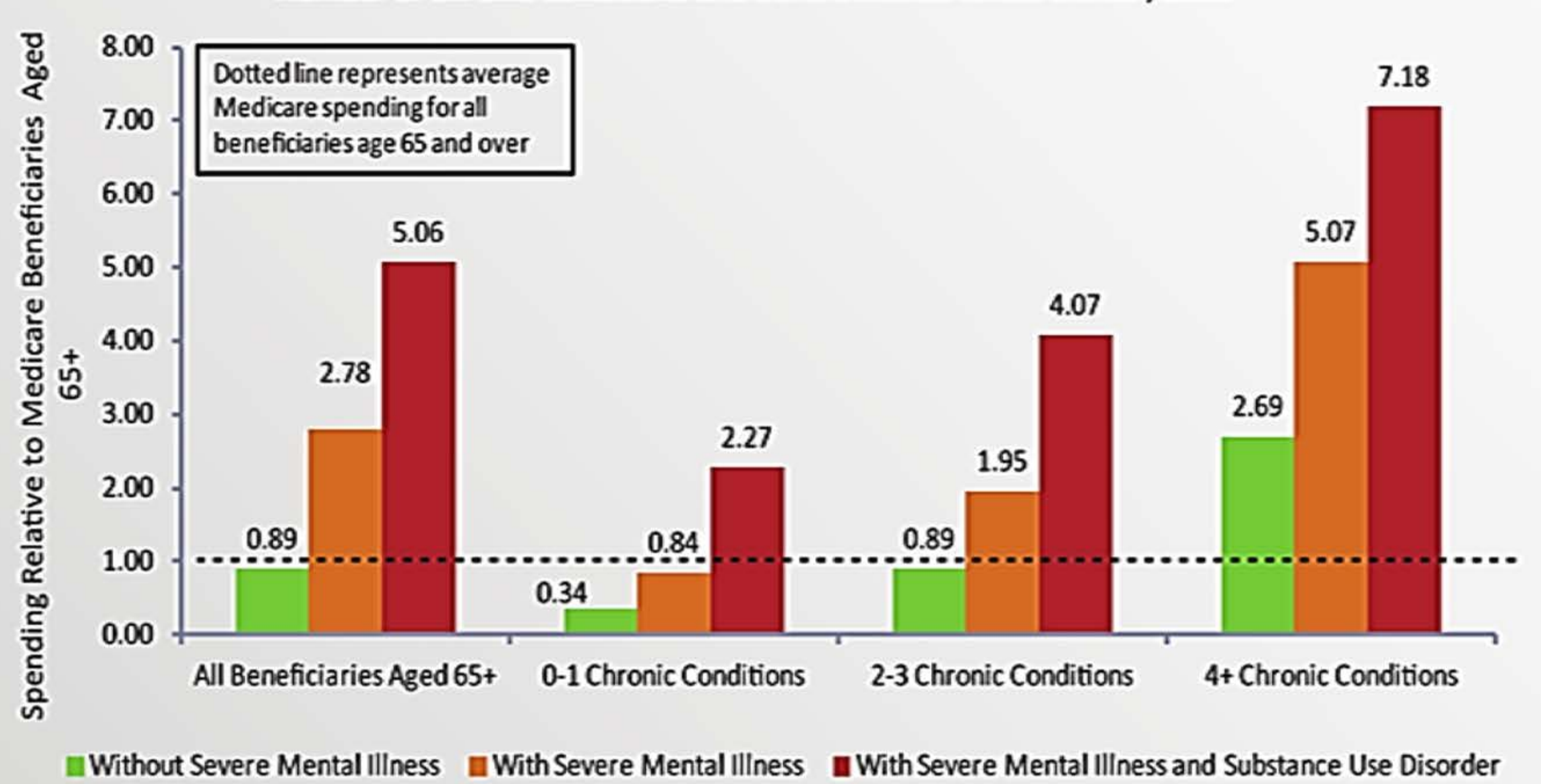
BH IMPACTS PHYSICAL HEALTH

- MH problems increase risk for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness
- Cost of treating common diseases is higher when a patient has untreated BH problems, mostly preventable or treatable
- 24 percent of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs
- M/SUDs rank among top 5 diagnoses associated with 30-day readmission, accounting for about one in five of all Medicaid readmissions (12.4 percent for MD and 9.3 percent for SUD)
- Half of Americans will experience M/SUD; half know someone in recovery from SUD

BEHAVIORAL HEALTH CONDITIONS INCREASE COSTS



BEHAVIORAL HEALTH CONDITIONS INCREASE COSTS



Note: Spending is expressed as a multiple of the average Medicare spending for all beneficiaries aged 65+ with and without severe mental illness (SMI). Medicare Part A and B spending includes inpatient and outpatient hospital services, physician visits, home health, skilled nursing facility, durable medical equipment, hospice, and misc. services.
[1] N = 22,166,860 Medicare beneficiaries age 65 and over without SMI, 1,356,980 with SMI, and 12,100 with both SMI and substance use disorder.

PREMATURE DEATH AND DISABILITY

- People with M/SUDs are nearly 2x as likely as general population to die prematurely, (8.2 years younger) often of preventable or treatable causes (95.4 percent medical causes)
- BH conditions lead to ***more deaths*** than HIV, traffic accidents + breast cancer combined

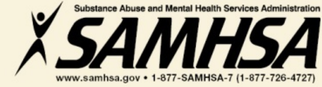
120000
100000
80000
60000
40000
20000
0

Behavioral health conditions
Other combined causes of death

Drug or alcohol use
Suicide
Breast cancer
Traffic accidents
HIV

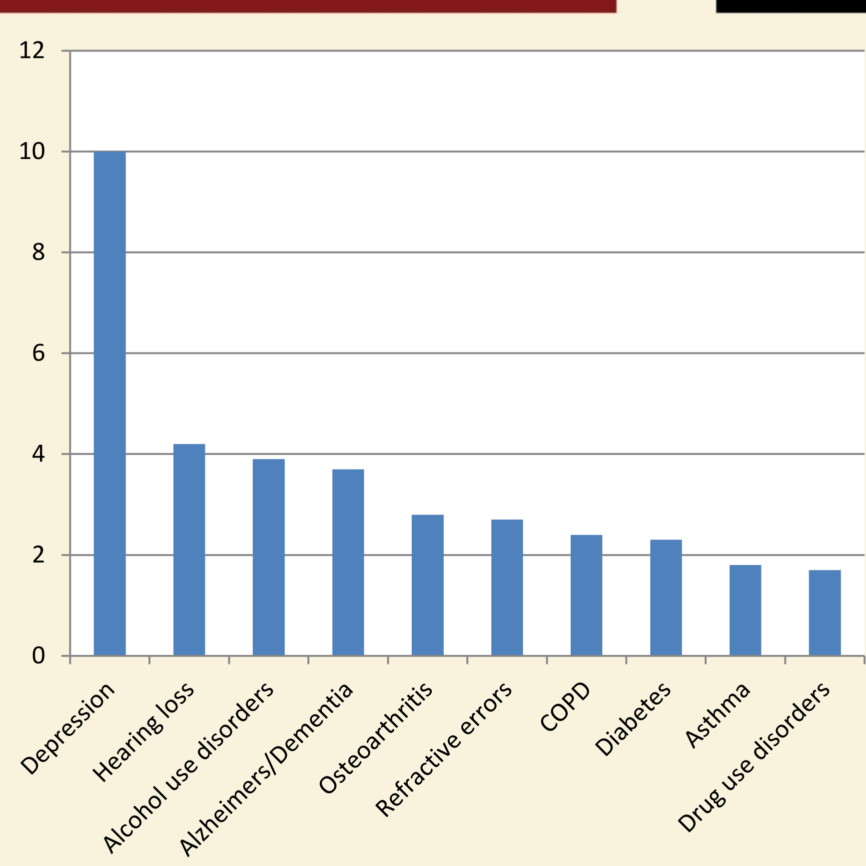
- ***More deaths from suicide*** than from HIV or homicides
- ***Half the deaths from tobacco use are among persons with M/SUDs***

CDC, National Vital Statistics Report, 2009

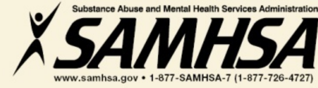


BH-RELATED DISABILITY

- More than 2 million Americans report mental/emotional disorders as the primary cause of their disability (CDC)
- Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease (WHO)



Years Lost Due to Disability in Millions (High-Income Countries – World Health Organization Data)



ECOLOGICAL MODEL OF BEHAVIORAL HEALTH

- Based on IOM's Ecological Model of Health
- Provides a broader framework for addressing social, economic and environmental factors that impact BH
- Structural determinants of health" extend ***beyond*** boundaries of traditional BH and public health services to include partnerships/collaborations that further BH integration with other community wellness efforts and with other service systems, settings, providers

Neighborhoods – Environment – Social Norms - Media
Peace/War – Poverty – Racism
Jails – Schools – Social Systems, Domestic Violence
Jobs – Child Welfare – Early Childhood
Prevention/Public Health – Violence Prevention
HIV, Tobacco / Million Hearts
BH Specialty Care
Non-BH Specialty care – ER Specialty Care
Primary BH Care
DRAFT

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SAMHSA'S STRATEGIC INITIATIVE #2
HEALTH CARE AND HEALTH SYSTEMS INTEGRATION

- Foster ***integration*** between BH and prevention, health care, and social support – "BH is essential to health" ecological model
- Develop/implement new provisions under Medicaid and Medicare to assure ***treatment*** available, provide and evidence-based – regulations, info bulletins, EBPs
- Influence/support efficient use of ***financing models***/ mechanisms to address BH treatment/services/activities
- Finalize/implement ***parity*** provisions in MHPAEA & ACA, disseminate information – Medicaid reg; Medicare analysis
- Implementation of ***quality indicators*** to advance BH outcomes – NBHQF; Delivery System Reform

PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION
FEDERAL INITIATIVES

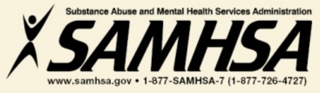
- **OASH:** Co-morbidity working group
- **SAMHSA'S Primary/BH Integration (PBHCI):** Physical health of adults w/ SMI and TA for bi-directional integration (Center for Integrated Health Solutions, w/ HRSA)
- **Primary Care/Addiction Services Integration (PCASI): Proposed for 2015 & 2016**
- **HRSA FQHCs:** Integrating BH screening, brief intervention. and treatment into primary care settings
- **Million Hearts:** Wrapping BH into prevention efforts to address ABCS
- **AHRQ Center for Integration Models:** Developing models of integrated BH care in primary care settings
- **CMMI Innovative Financing Models for Integration:** Grants to test models using SAMHSA and AHRQ indicators and TA
- **Medicare Accountable Care Organizations (ACOs):** Payment for integrated care & outcomes (ASPE tracking impacts for BH)

HHS DELIVERY SYSTEM REFORM EFFORTS

➔ ***Smarter Spending***: Payment systems based on value not volume (Medicare – 30 percent alternative payment by 2016); transparency on cost & quality information; electronic health to monitor cost and quality

➔ ***Better Care***: Integration and coordination of clinical care services in patient-centered medical homes (health homes); patient engagement through shared decision-making

➔ ***Healthier People***: Health promotion through State Innovation Model grants, tobacco media campaigns, and food initiatives; *Million Hearts* campaign to expand hypertension & cholesterol screening and control



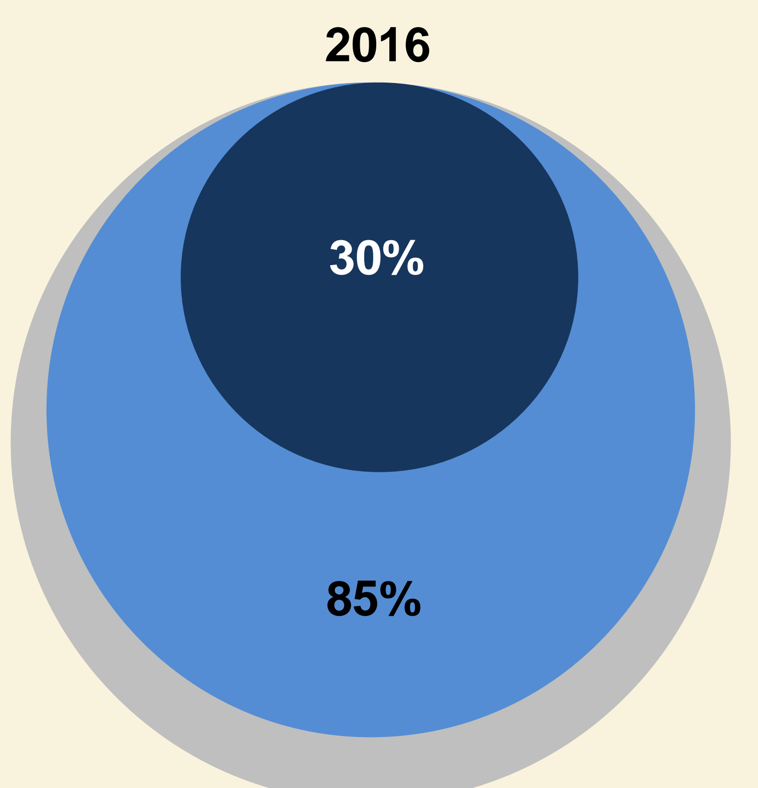
TARGET FOR *MEDICARE* FFS PAYMENTS LINKED TO QUALITY AND ALTERNATIVE PAYMENT MODELS

All Medicare FFS (Categories 1-4)

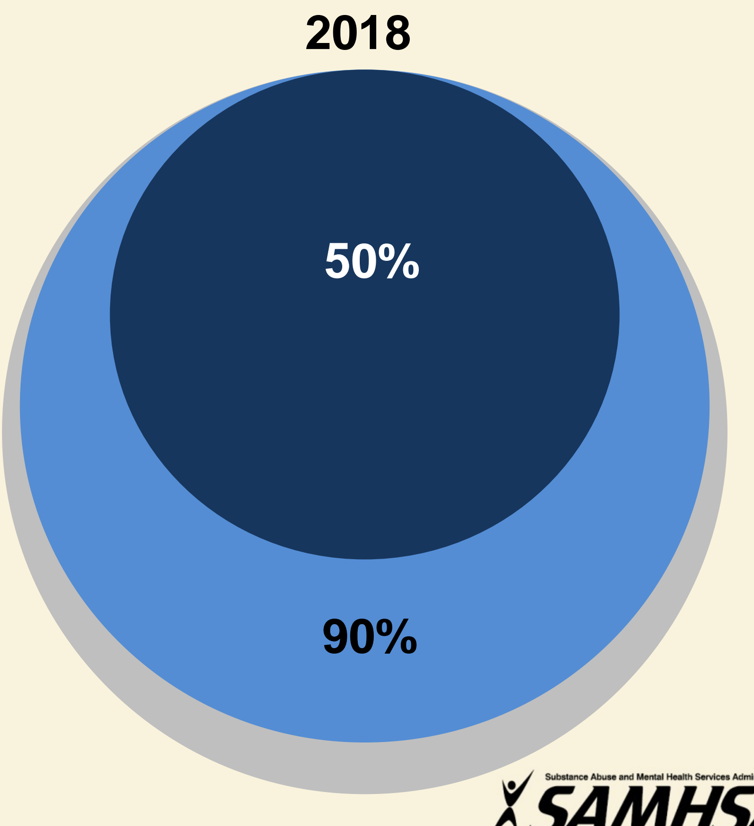
FFS linked to quality (Categories 2-4)

Alternative payment models (Categories 3-4)

2016



2018



PARITY/ACA: PROJECTED REACH

	Individuals who will gain mental health, substance use disorder, or both benefits under the Affordable Care Act, including federal parity protections	Individuals with existing mental health and substance use disorder benefits who will benefit from federal parity protections	Total individuals who **will** benefit from federal parity protections as a result of the Affordable Care Act
Individuals currently in individual plans	3.9 million	7.1 million	11 million
Individuals currently in small group plans	1.2 million	23.3 million	24.5 million
Individuals currently uninsured	27 million	n/a	27 million
Total	**32.1 million**	**30.4 million**	**62.5 million**

NOTE: These estimates include individuals and families who are currently enrolled in grandfathered coverage.

Source: ASPE Research Brief, February 2013

PARITY ISSUES

- ACA – Essential Health Benefits (EHBs) Regulation
  - Required BH EHBs in most insurance plans
- MHPAEA Parity Final Reg – Nov 2013
  - Regional/National Meetings
  - States tracking compliance
  - New DOL compliance tool
- Medicaid Parity – in Process
- Medicare – Parity Analysis
- Parity as a Concept – SAMHSA
  - Why parity matters
  - National Dialogue on MH
  - "Science of Changing Social Norms" to change attitudes/behavior

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INTEGRATION IN THE FUTURE

- ➔Broadened among BH, health care, social support, community prevention systems
- ➔Expanded use of health technology
- ➔Increased numbers, types and trainings of BH providers
- ➔Increased access to treatment
- ➔Includes a trauma-informed approach throughout health, BH health and related systems
- ➔Provides treatment and recovery services in community to prevent entry/involvement w/ CJ or JJ systems, creates early diversion, supports effective reentry

QUALITY FRAMEWORK

➔Quality rather than quantity; cost control through better care rather than more care **(EBPs that produce results)**

- National Quality Strategy (AHRQ)
- **National Behavioral Health Quality Framework** and BH Barometers (SAMHSA)

➔State choices increasingly impacting care and outcomes

- Participation in duals demos, Medicaid expansion, Medicaid state plan coverage, health homes
- Exchanges, EHB benchmark plans for parity, MHPAEA enforcement

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