



Healthcare Reform and Treatment: Changes in Organization, Financing, and Standards of Care

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WHETHER OR NOT HEALTHCARE REFORM
LEGISLATION IS ENACTED:

- WE ARE IN THE MIDST OF A MAJOR
CULTURE CHANGE!!

PAYERS AND PROVIDERS MUST:

- SET THE STAGE TO MOVE AHEAD!!

Healthcare Reform and Patients

WHAT WILL WE (STATES, COUNTIES, AND PROVIDERS) DO WHEN WE WAKE UP ONE DAY IN THE NEXT YEAR, DISCOVER THAT MANY OF OUR PATIENTS ARE INSURED, AND

- *WANT TO MAKE CHOICES ABOUT THEIR TREATMENT SERVICES*
- *WANT TREATMENT THAT IS IN COMPLIANCE WITH STANDARDS OF CARE*
- *WANT TO HAVE INTEGRATED CARE*

What is the Culture Change?

- Scientific Advances
 - Medications
- Health Care and/or Health Insurance Reform
 - Covered populations
- Integration with Primary Care
 - Identification, Treatment, and Continuing Care
- Recovery Support
- New Organizational Arrangements

What Will Healthcare Reform Bring?

- New payer sources will have an impact on:
 - the existing treatment system,
 - entry of new organizations in treatment and,
 - entry of new types of professionals
 - new standards of care
- Treatment programs and the service mix will need to be balanced for different populations:
 - new types of patients will be identified and treated
 - we will need to identify which professionals treat which patients
 - medications can no longer be excluded from treatment

What Are the Issues?

- We are a field of generally small organizations: of 12,000 treatment programs, almost two-thirds have less than 60 clients in treatment at any one time and over one-third treat less than 200 patients per year.
- Standards of care will be required by all payers and will pose some difficulty for all providers.
- *Patient-centered care and comparative effectiveness* means that providers will need to adapt their programs for different populations—new sites? new services?

Small Providers

- Small providers have little capacity to bill, manage a 90-120 day reimbursement cycle, comply with workforce requirements of new payers
- Small providers will need assistance to merge or be acquired if they are to survive
- Providers will need assistance to develop new alliances and organizational relationships and to manage increased competition

What Do We Need to Be Thinking About?

- States and Counties will need to make new cross-system arrangements to integrate new payer sources, including Medicaid, while facing reduced revenues from other sources? with which agencies?
- States and Counties must NOW proactively identify potential populations that may be covered by new payer sources under parity and/or under health care reform?

Integration into Healthcare

- Integration of treatment of substance use conditions into healthcare:
 - what do specialty programs need in order to coordinate with primary care including FQHCs and group practices
 - how will the organization of services change?
 - will treatment become more specialized?
 - how will treatment programs prepare to 'outplace' treatment staff in primary care settings and receive primary care staff?
 - what will programs need to do to provide immediate access to primary care patients in need of treatment?

Behavioral Health Consultants

- What do we need to do to support primary care and other healthcare settings to work with individuals with substance use disorders?
 - e.g., what about “behavioral health consultants” in primary care that assists with management of psychosocial aspects of substance use disorders and of substance use in the context of other chronic diseases; helps connect patients with treatment outside of the primary care setting, and with linkage to recovery support services?

What About The Workforce?

- As integration into healthcare begin, use of medications in treatment increases and other standards of care are implemented, what workforce will do that work AND communicate across systems of care?
- Can specialty treatment, without attention to other medical conditions, be considered to meet standards of care and be SAFE and EFFECTIVE? And what are the implications for workforce training?

What About Workforce Needs?

- How will workforce education, training, and credentialing need to be changed so that treatment programs can meet standards of care, include pharmacotherapy, and meet the performance requirements of new payers ?
- In specialty treatment, how will we upgrade our workforce to be able to identify and provide access to treatment for co-morbidities of all medical conditions?
 - What additional assessment tools and interventions do we need?

Quality Improvement

- What do we need to do (and can we do) to improve treatment services so that patients will CHOOSE to use our current treatment programs and services?
- What is YOUR PLAN for working with providers to develop networks, horizontal integration models, and integrated financing to improve quality and choices?
- What is YOUR PLAN for working with the State to increase financing options in your County despite budget shortfalls?