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Medicaid's Role in Addressing Substance Use Disorders Through Innovative Care Pathways

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John Knapp

Director, Federal Affairs
Children's Hospital Association

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National Council for Behavioral Health

National Health Care for the Homeless Council

National Hispanic Medical Association

National Rural Health Association

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The Honorable Deborah Lieberman

County Commissioner
Montgomery County, Ohio

MONTGOMERY COUNTY

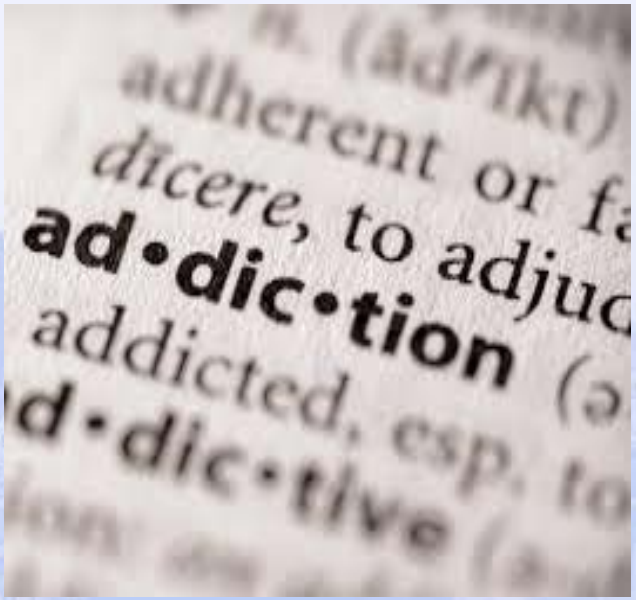
Medicaid's Role in Addressing Addiction: A Local Perspective

NATIONAL ASSOCIATION of COUNTIES NACo

Montgomery County, Ohio, Commissioner Debbie Lieberman

Defining Addiction

Addiction is a chronic disease.



- Addiction is not a moral failing or a character defect.
- Like other chronic diseases, such as diabetes and heart disease, **addiction requires long-term treatment and often involves multiple cycles of treatment.**

Medicaid and Addiction

- Medicaid is a vital source of health coverage for individuals with addiction and accounts for **21% of all health care spending on substance use disorders nationwide**
- The expansion of Medicaid has provided low-income single adults access to health coverage for the first time.
- Approximately **29% of persons who receive health insurance coverage through the Medicaid expansion either have a mental health disorder, a substance use disorder, or both.**

Montgomery County, Ohio – By the Numbers

Community Overdose Action Team (COAT)

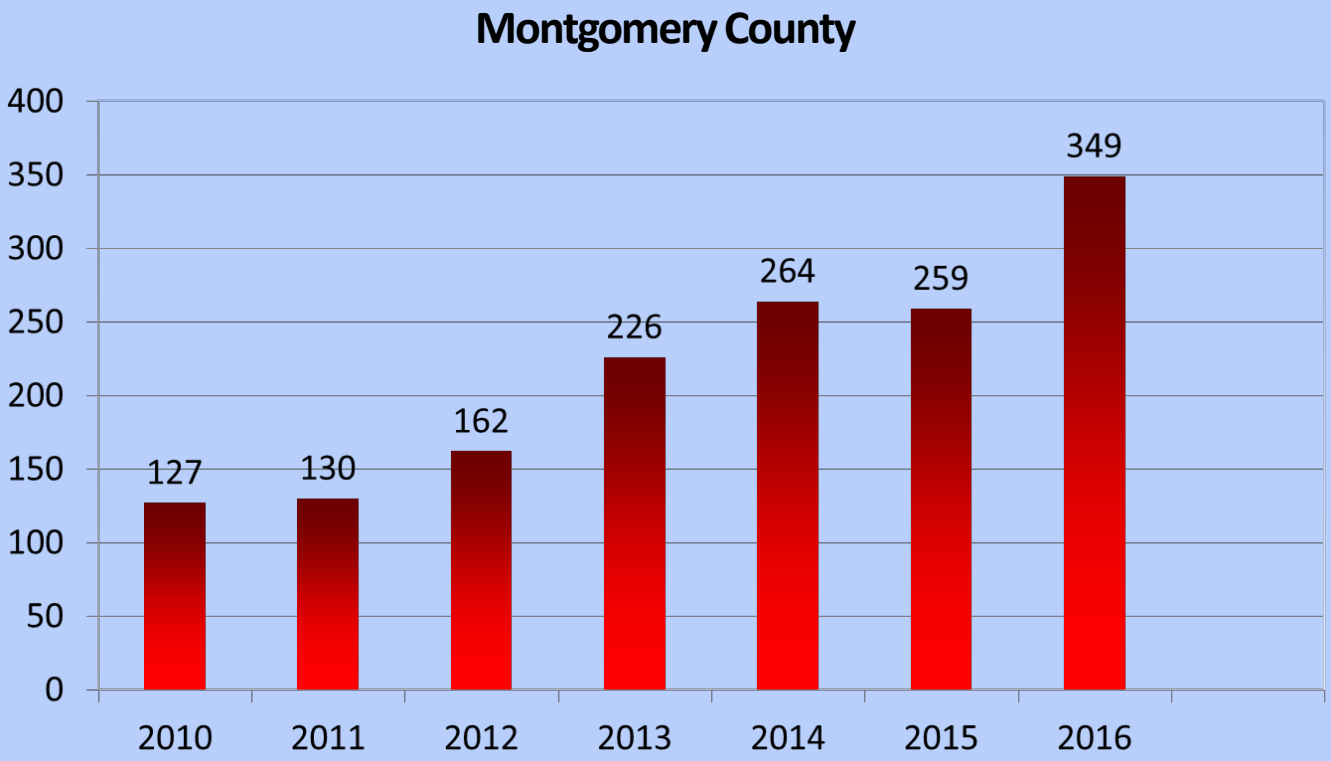
Action and Response

Today's Main Topics

Top 10 Ohio Counties with the Highest Number of Overdose Emergency Department visits by Home Location
January – June 2017

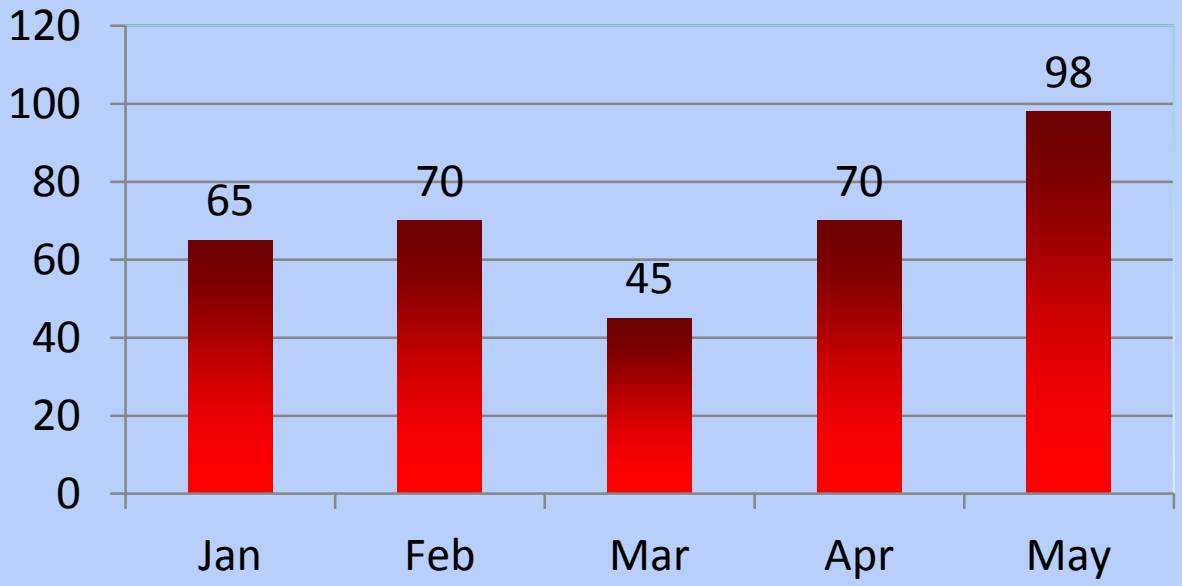
Rank	County	Number of Visits
	All of Ohio	19,128
1	Montgomery	2,565
2	Cuyahoga	2,204
3	Franklin	1,834
4	Summit	1,488
5	Butler	1,221
6	Hamilton	1,027
7	Stark	642
8	Clark	606
9	Greene	509
10	Lucas	509

Unintentional Drug Overdose Deaths



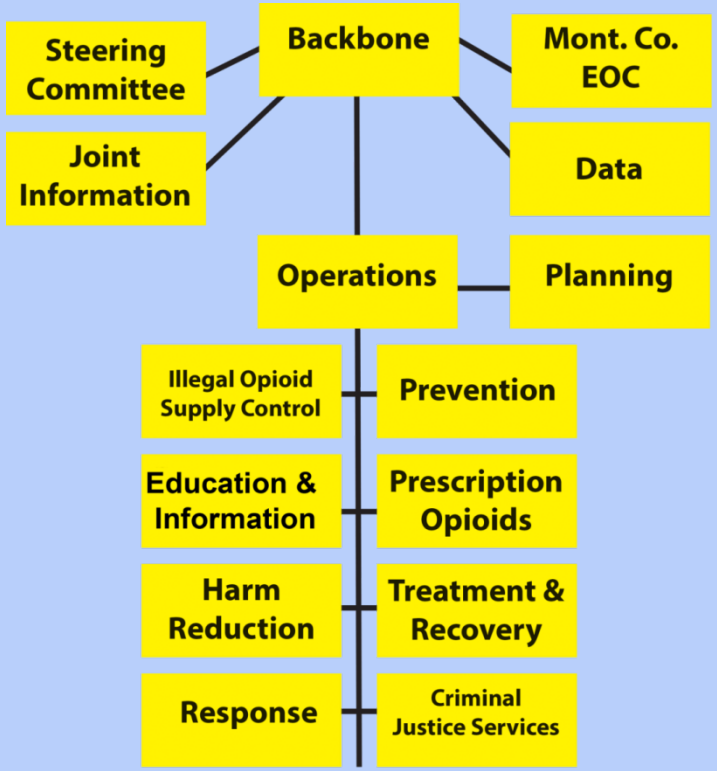
Unintentional Drug Overdose Deaths

Montgomery County



Community Overdose Action Team

Working Together To Combat Opioid Overdoses



First Year COAT Response and Outcomes

Community Overdose Action Team
Working Together To Combat Opioid Overdoses

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

MONTGOMERY COUNTY
Alcohol Drug Addiction & Mental Health Services

Education and Information

2016	2017
Getting Recovery Options Working (GROW) provided outreach in East Dayton	GROW Team expands to seven police departments Dayton Police, Miamisburg and Fire/EMS added one full-time employee from each department to GROW GROW Blitzes began
DEA provided funding to the GROW Teams for resource distribution	DEA 360 Strategy was implemented for Dayton

Harm Reduction

2016

Project DAWN and CarePoint complete first year of implementation

2017

Project DAWN expanded training to community agencies, community events and in the criminal justice institutions

Project DAWN trained business employees, volunteers or contractors to administer Narcan

Public Health partnered with Project DAWN to provide Narcan training to service entities

Harm Reduction

2016		2017
Dayton Police Department was the first law enforcement department carrying Narcan	❯	Expanded to 20 law enforcement departments and 5 other first responder agencies.
No law enforcement agencies were furnishing Narcan to the public	❯	Dayton Police Department, in partnership with Public Health is furnishing Narcan to the public

Treatment & Recovery

2016	2017
8 subacute (residential) detoxification beds available county wide. Capacity to serve 415 people per year	14 subacute (residential) detoxification beds available countywide. Capacity to serve 730 people per year
Ambulatory (Outpatient) Detoxification Services operating during regular business hours, Monday - Friday	24/7 Ambulatory (Outpatient) detoxification services operate at Samaritan Behavioral Health Inc.

Treatment & Recovery

2016		2017
Zero Certified Peer Recovery Specialists	>	20 Certified Peer Recovery Specialists; 47 are in the process of becoming certified
4 ADAMHS contracted recovery housing providers with capacity for 20 female & 5 male beds	>	7 ADAMHS contracted recovery housing providers with capacity for 45 females and 43 men

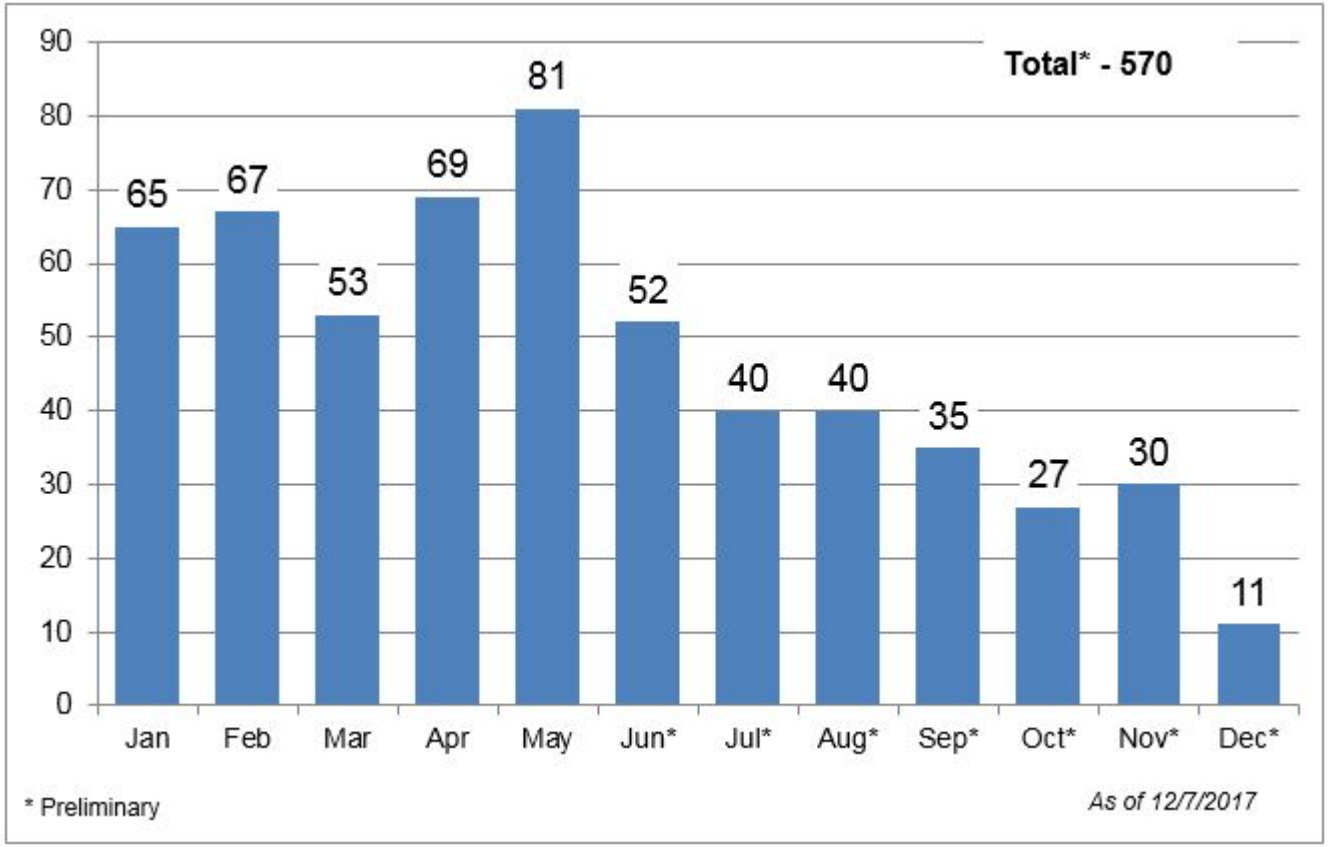
Criminal Justice Services

2016		2017
No Narcan training for people being released from jail and local diversion programs	»	Project DAWN provides monthly trainings at the jail and other local facilities for people preparing to be released from the incarceration
1.5 FTE for court ordered behavioral health assessments for people incarcerated in the county jail	»	2.2 FTE for court ordered behavioral health assessments for people incarcerated in the county jail

Where We Are Going Next

Unintentional Drug Overdose Deaths

Montgomery County – 2017



MONTGOMERY COUNTY
Ohio

THE PARTNERSHIP FOR MEDICAID

Mark Miller

Vice President of Behavioral Health
Swope Health Services

SWOPE HEALTH SERVICES℠

Mark Miller
Vice President of Behavioral Health
Swope Health Services
12/12/2017

Swope Health Services

- Providing care since 1969, Swope is a Federally Qualified Health Center (FQHC) and serves over 40,000 people a year in the Kansas City area.
- While there are many positive aspects about our community, we also struggle with high crime, poverty and addiction. A typical client at Swope has many needs, not just one.
- We strive to meet those needs with an integrated approach, regardless of a client's ability to pay
- If you walked into our building today, you could get treated for chronic diabetes and high blood pressure, get your medication, get prenatal care and childhood immunizations, get help to quit smoking, see a psychiatrist and an addiction counselor, get help finding affordable housing and much more.

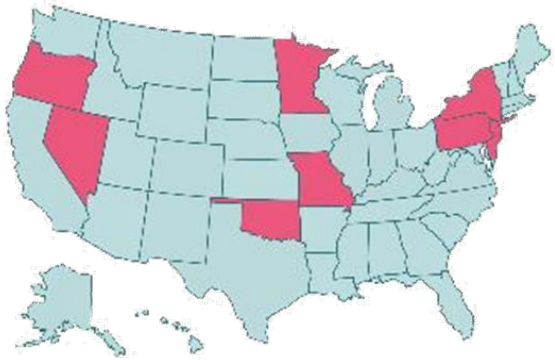
Medicaid Makes Addiction Care Possible

- While we do have local and state grants to pay for some addiction care, these grants often put limits on who can get care.
- Grants also have shifting priorities; each has its own application and data collection; these must be put together each year like a puzzle
- Grants often pay for one type of service to one type of client which makes it hard to provide comprehensive care
- This funding is important but it cannot replace the role of Medicaid.

CCBHC's and Expanding Addiction Care

- One way Medicaid is really helping us reach more people is the new Medicaid innovation called Certified Community Behavioral Health Clinics or CCBHC's.

- Eight states, including Missouri, are participating in this effort to bring together all the elements of mental health and addiction care, integrated with primary care.

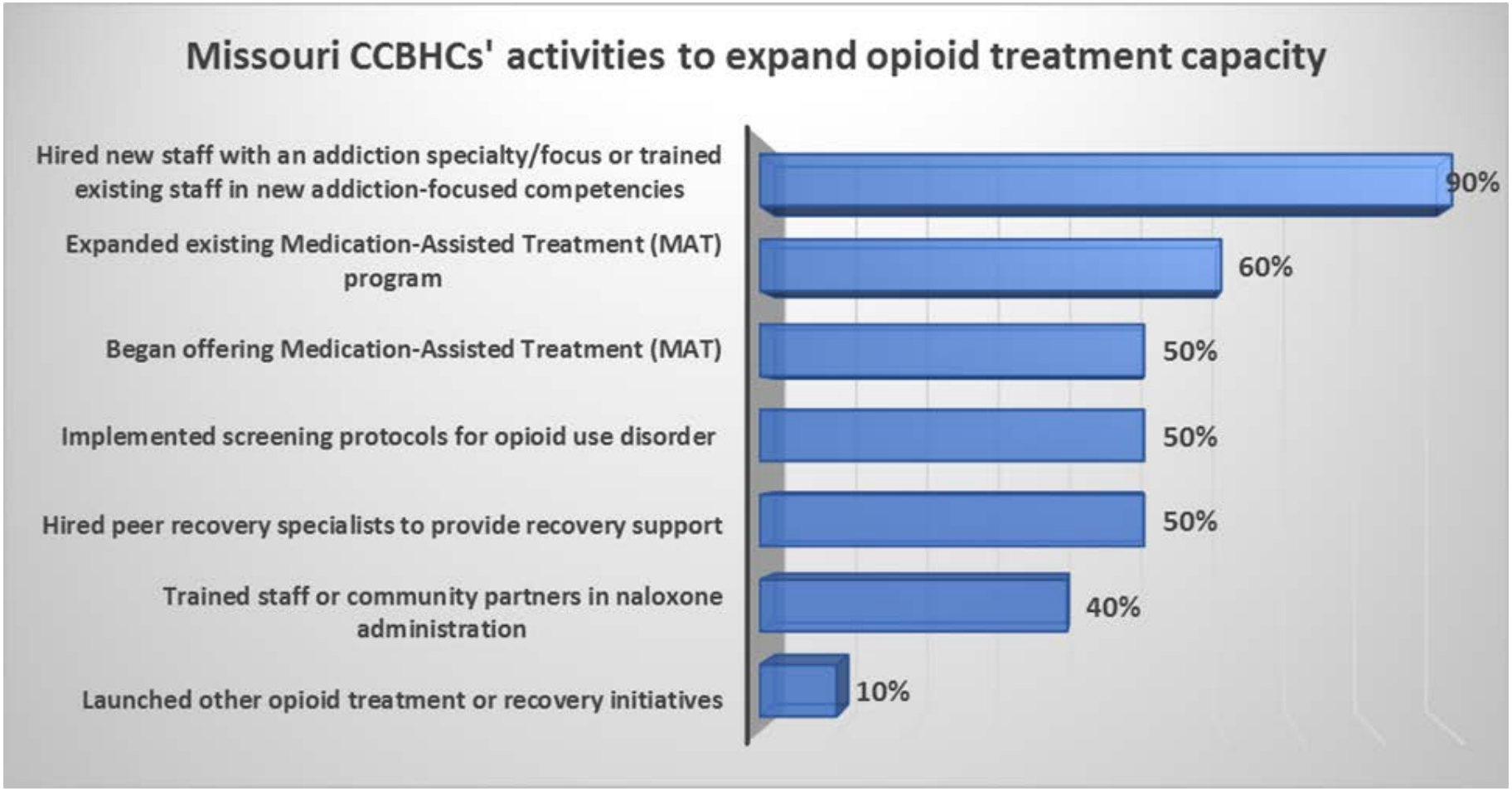


- This program demonstrates that Medicaid can provide a flexible environment for innovation, based on the needs in each state – and providers/states are accountable for outcomes.

CCBHC Impact

- Missouri has added significant capacity to treat addictions. In Missouri alone this includes at least 29 new psychiatrists and 25 staff with an addiction specialty, just in the first 6 months.
- Expansion at Swope Health Services includes new adolescent treatment services and Medication Assisted Treatment for those withdrawing from opioid addiction.
- Prior to CCBHC our clients had to leave their community in order to receive these services.

CCBHC Impact - Opioid Treatment



CCBHC Impact, continued

- The payment flexibility of CCBHC's has allowed our organization to eliminate wait times for entering services, to recruit and train new staff, and to focus on post-hospital follow-up to prevent repeated hospitalizations.

- What it all means: One example is a client who had to make a 250 mile round trip for Suboxone treatment prior to CCBHC. He can now get services in his community.

Medicaid Matters

- Our clients achieve the best outcomes when we treat their addictions, mental illness and physical health conditions together.

- The fact is, Medicaid is a primary component in helping us keep our doors open.

In Conclusion

- Medicaid is a critical source of comprehensive, community-based health care.

- Medicaid makes it possible for us to provide easily-accessible and quality health care services while developing new innovative ways to reach patients and deliver services.

- As you look for solutions to the addiction crisis, I urge you to look to the Medicaid program for new opportunities to help patients.

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Mishka Terplan, MD

Professor Departments Obstetrics & Gynecology and Psychiatry
Virginia Commonwealth University

Addiction Medicine Consultant
Department Medical Assistance Services, Medicaid, Virginia

WOMEN, BABIES, AND THE OPIOID EPIDEMIC: OPPORTUNITIES IN MEDICAID Pregnancy and the Addiction Treatment Gap

Mishka Terplan, MD, MPH, FACOG, FASAM

Professor, Departments Obstetrics & Gynecology and Psychiatry
Virginia Commonwealth University

Addiction Medicine Consultant
Department Medical Assistance Services, Medicaid, Virginia

Medicaid's Role in Addressing Substance Use Disorders Through Innovative Care Pathways

Partnership for Medicaid

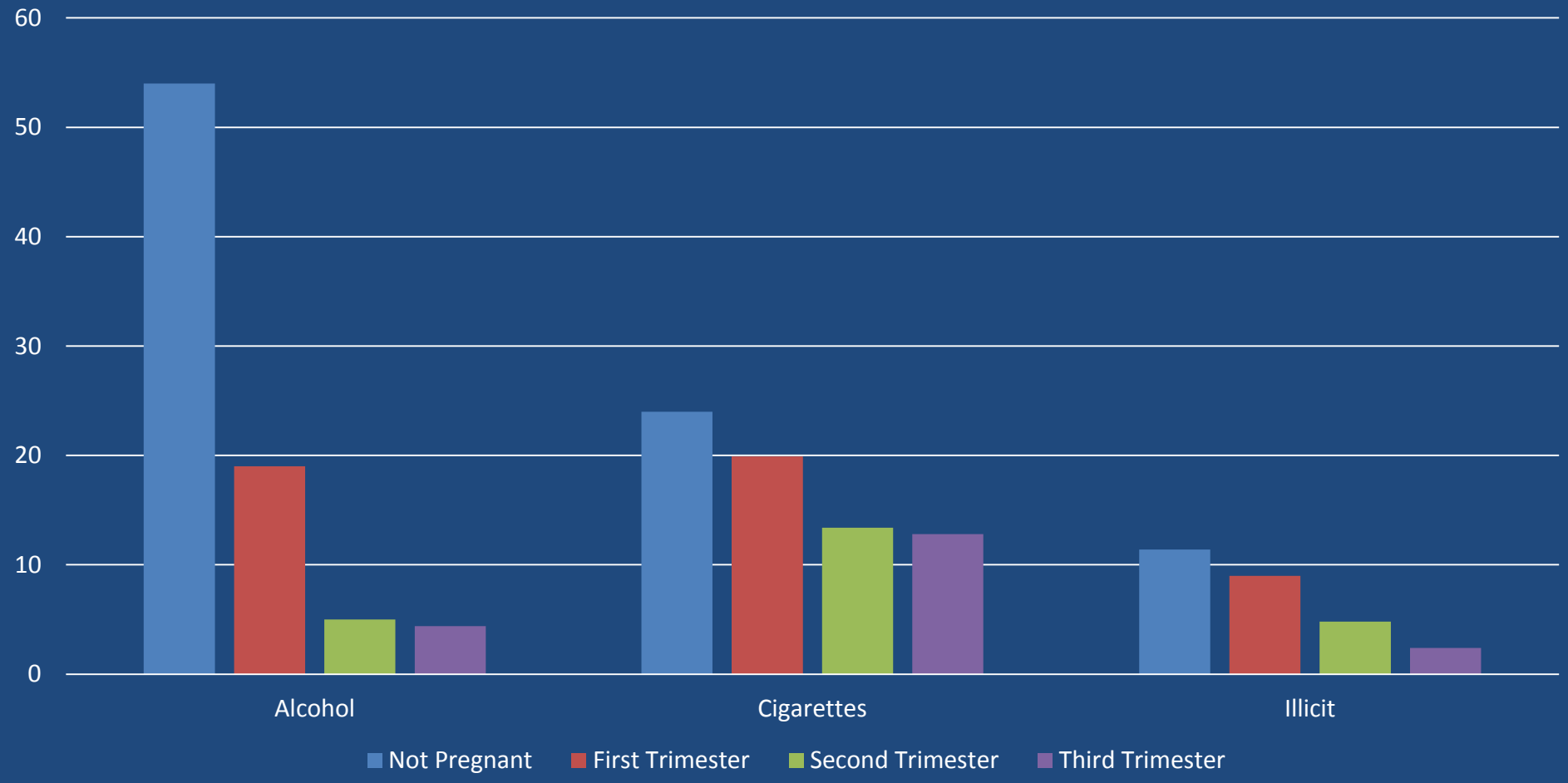
December 12, 2017

Medicaid and Pregnancy
By the Numbers

- Medicaid is the largest payer of maternity care
  - 48% of US births covered by Medicaid
- Among women with an opioid use disorder 86% of pregnancies unplanned
  - Compared with roughly 46% in general population

Heil S et al., *J Subst Abuse Treat*, 2011

What happens when women who use drugs get pregnant?



National Survey Drug Use and Health 2013/2014 Past Month Use Data

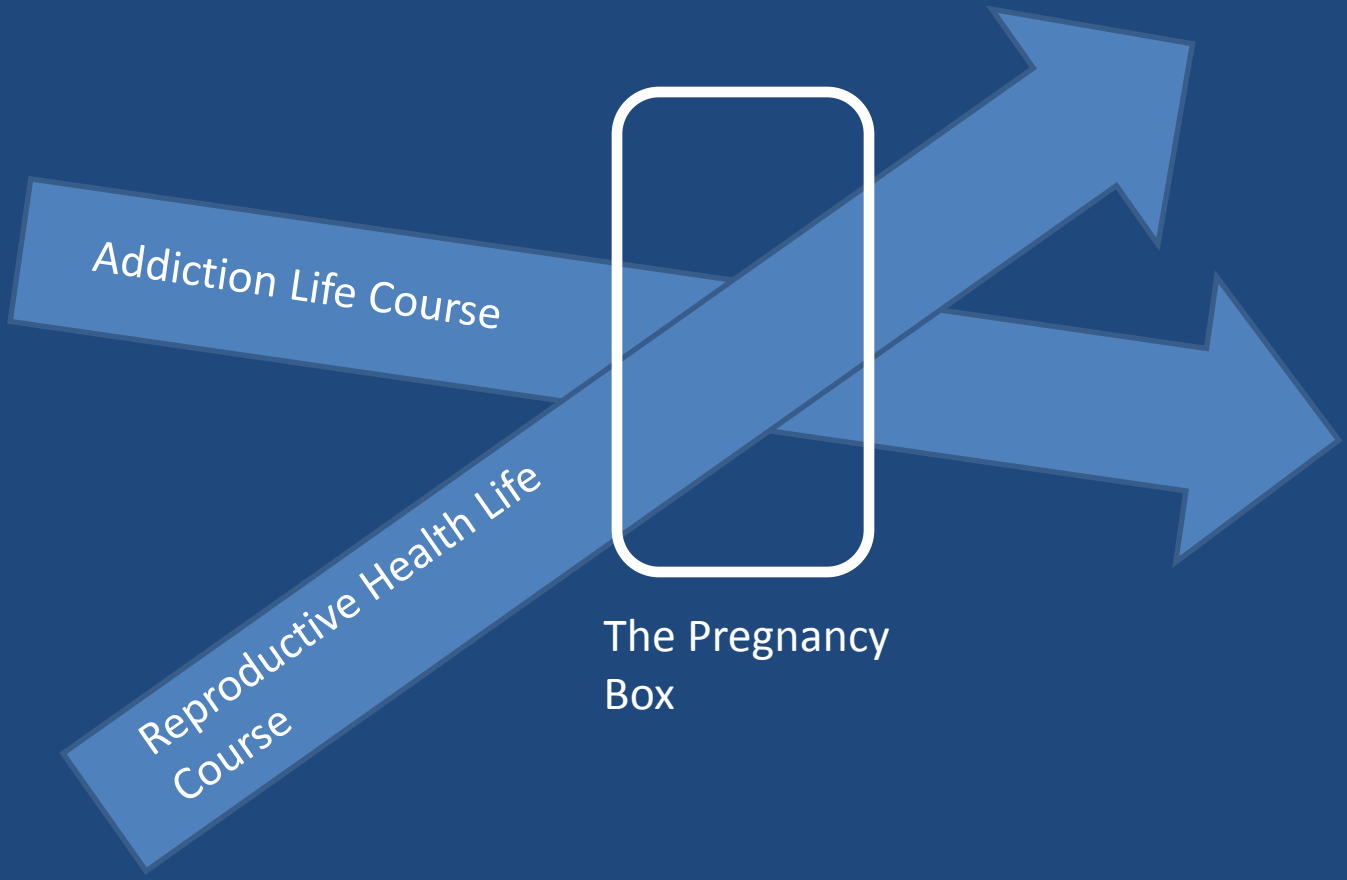
All pregnant women are motivated to maximize their health and that of their baby-to-be

Those who can’t quit or cut back likely have a substance use disorder

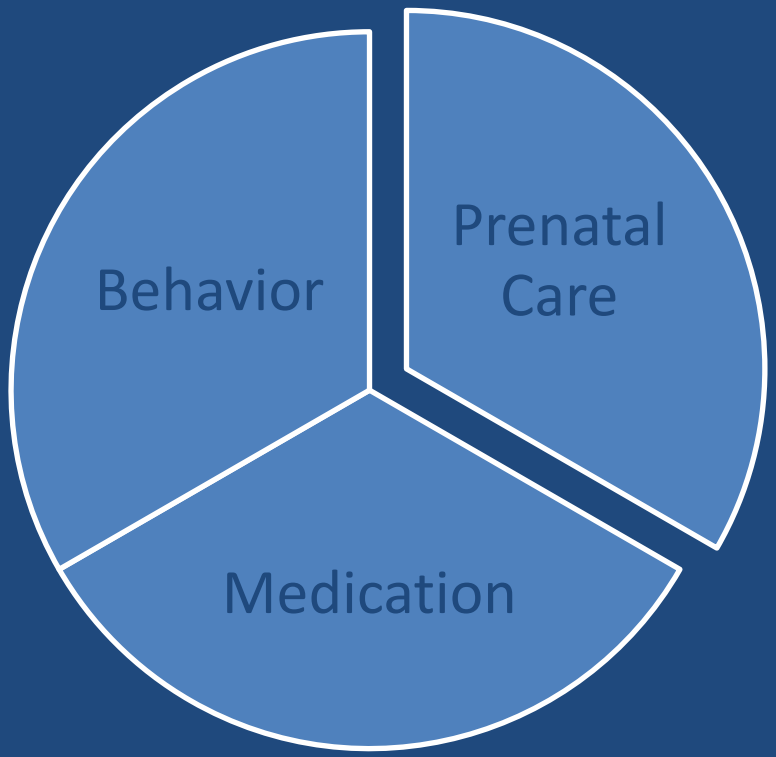
Continued use in pregnancy is pathognomonic for addiction

Addiction: A Brain-Centered Disease Whose Symptoms Are Behaviors

Salient Feature: Continued use in spite of adverse consequences


Addiction Life Course
Reproductive Health Life Course
The Pregnancy Box

Treatment of OUD in Pregnancy: Integrated and Comprehensive



Comprehensive Care (PNC + SUD treatment) Works

Table IV. Incidence (%) labor and delivery complications

Variable	*Addicts (No. = 72)*	*Clinic controls (No. = 36)*	*High-risk controls (No. = 36)*	*Combined controls (No. = 72)*
Laceration	19.4	16.7	36.1	26.4
Breech presentation	2.8	2.7	0	1.4
Forceps, other than outlet and low	8.3	2.7	0	1.4
External version	0	5.6	0	2.8
Precipitate birth	1.4	0	0	0
Cord complications	8.3	11.1	11.1	11.1
Contracted or abnormal pelvis	0	2.8	0	1.4
Premature labor	5.6	2.7	5.6	4.2
Meconium	23.6	19.4	11.1	15.2
Other complications	6.9	5.5	0	2.8
Respiration established with catheter and/or forced O_2	31.9	36.1	19.4	27.8

- Methadone treatment during pregnancy + comprehensive prenatal care reduced OB risk to a comparable level of “non-addicted” women of similar socio-medical circumstances

Strauss et al., *AJOG,* 1974

Pregnant Women: A Priority Population

- "Because it is crucial that pregnant women engage in treatment for their addictions, OTPs should give priority to admitting pregnant patients at any point during pregnancy and providing them with all necessary care, including adequate dosing strategies as well as referrals for prenatal and follow-up postpartum services." (Federal Guidelines for Opioid Treatment Programs, 2015)

- Pregnant women – don't need to meet DSM criteria for use disorder to receive MAT (TIP 43)

Pregnant Women: A Priority Population?

- Overall <20% of women who need treatment received it

- Among women with recent drug use, pregnant women are more likely to need treatment (OR 1.92 [1.46, 2.52])

- But no more likely to receive it (OR 0.90 [0.54, 1.51])

PREGNANT AND NON-PREGNANT WOMEN WITH SUBSTANCE USE DISORDERS: THE GAP BETWEEN TREATMENT NEED AND RECEIPT

Mishka Terplan, MD, MPH[1], Erica J. McNamara, MPH[2], Margaret S. Chisolm, MD[3]

Journal of Addictive Diseases, 31:342–349, 2012

NSDUH 2002-2006

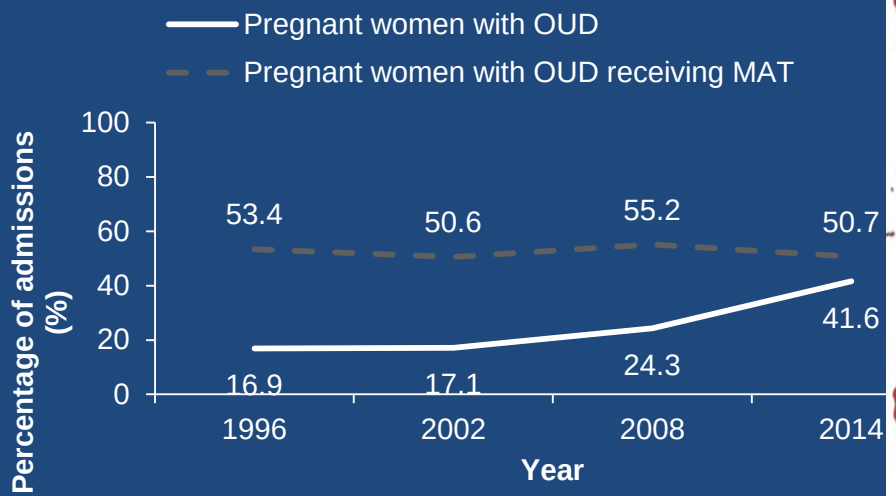
TABLE 4. Odds Ratios and 95% Confidence Intervals (CIs) for the Odds of Treatment Receipt Among Those Meeting Criteria for Treatment

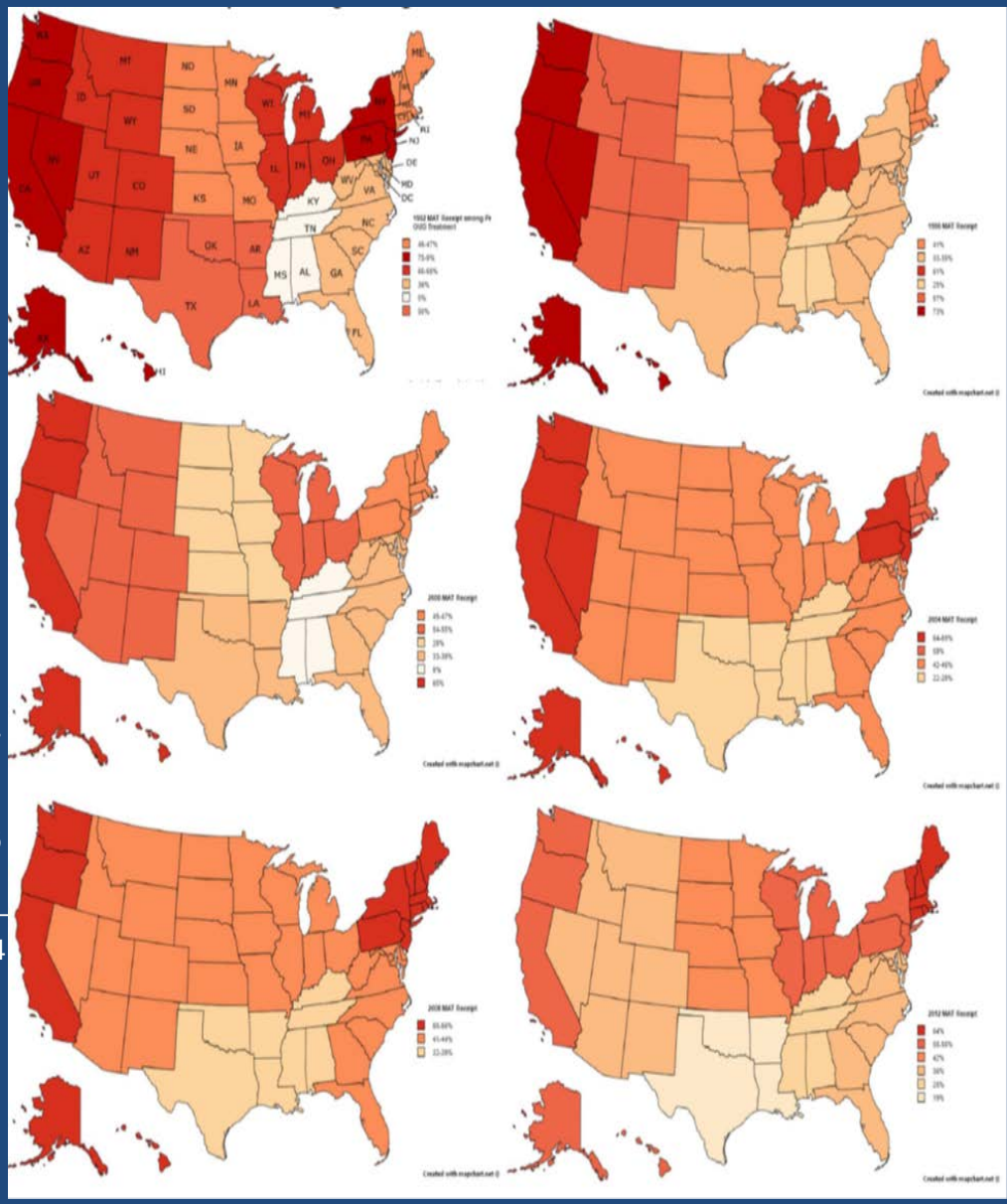
	Treatment Receipt	
Demographic Characteristics	Crude odds ratio (95% CI)	Adjusted odds ratio (95% CI)[a]
Pregnant	1.15 (0.70, 1.89)	0.90 (0.54, 1.51)
Race/ethnicity		
White	Ref	Ref
Black	1.22 (0.86, 1.73)	0.87 (0.59, 1.28)
Hispanic	1.27 (0.92, 1.75)	1.09 (0.76, 1.57)
Other	0.67 (0.39, 1.13)	0.59 (0.33, 1.05)
Age, y		
≤20	Ref	Ref
21–25	0.60 (0.49, 0.75)	0.69 (0.54, 0.90)
26–34	0.90 (0.66, 1.23)	1.09 (0.78, 1.53)
≥35	0.85 (0.61, 1.18)	1.05 (0.70, 1.57)
Education		
High school diploma or equivalent	0.54 (0.44, 0.69)	0.65 (0.50, 0.83)
Governmental Assistance	1.84 (1.44, 2.35)	1.30 (0.99, 1.71)
Employed	0.47 (0.36, 0.60)	0.58 (0.45, 0.76)
Insurance		
Private	Ref	Ref
Public	2.17 (1.65, 2.84)	1.32 (0.97, 1.78)
None	1.45 (1.12, 1.86)	1.17 (0.89, 1.55)
Married	0.67 (0.45, 0.99)	0.65 (0.42, 1.00)

[a]Adjusted model controls for all variables in the table.

There is no evidence that pregnant women receive preferential access to treatment

Receipts of Pharmacotherapy for Opioid Use Disorder during Pregnancy TEDS 1996-2014





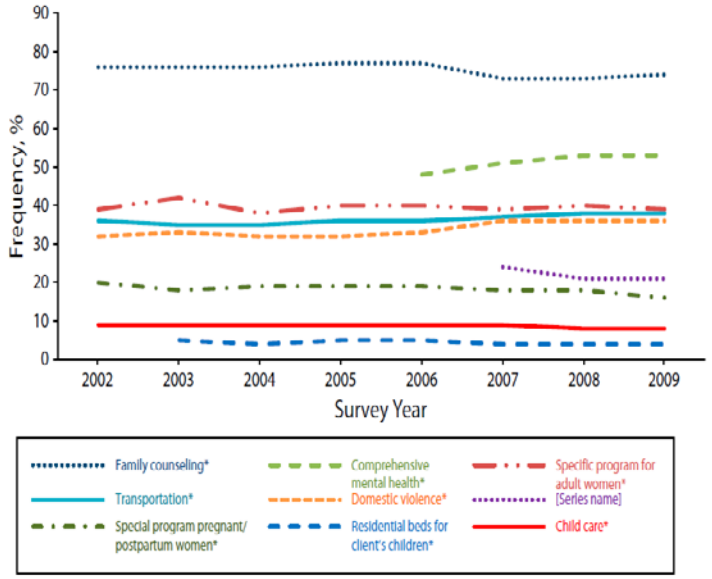
- GAO (2015): “the program gap most frequently cited was the lack of available treatment programs for pregnant women…”

- Overall provision of women-centered services in drug treatment facilities declined 2002-2009 (43%-40%, p<0.001)

- As did services specific for pregnant or postpartum women (19% in 2002 to 13% in 2009)

Women-Centered Drug Treatment Services and Need in the United States, 2002–2009

Mishka Terplan, MD, MPH, Nyaradzo Longinaker, MS, and Lindsay Appel, MD



*P < .05; P values determined by Cochran-Armitage trend test.

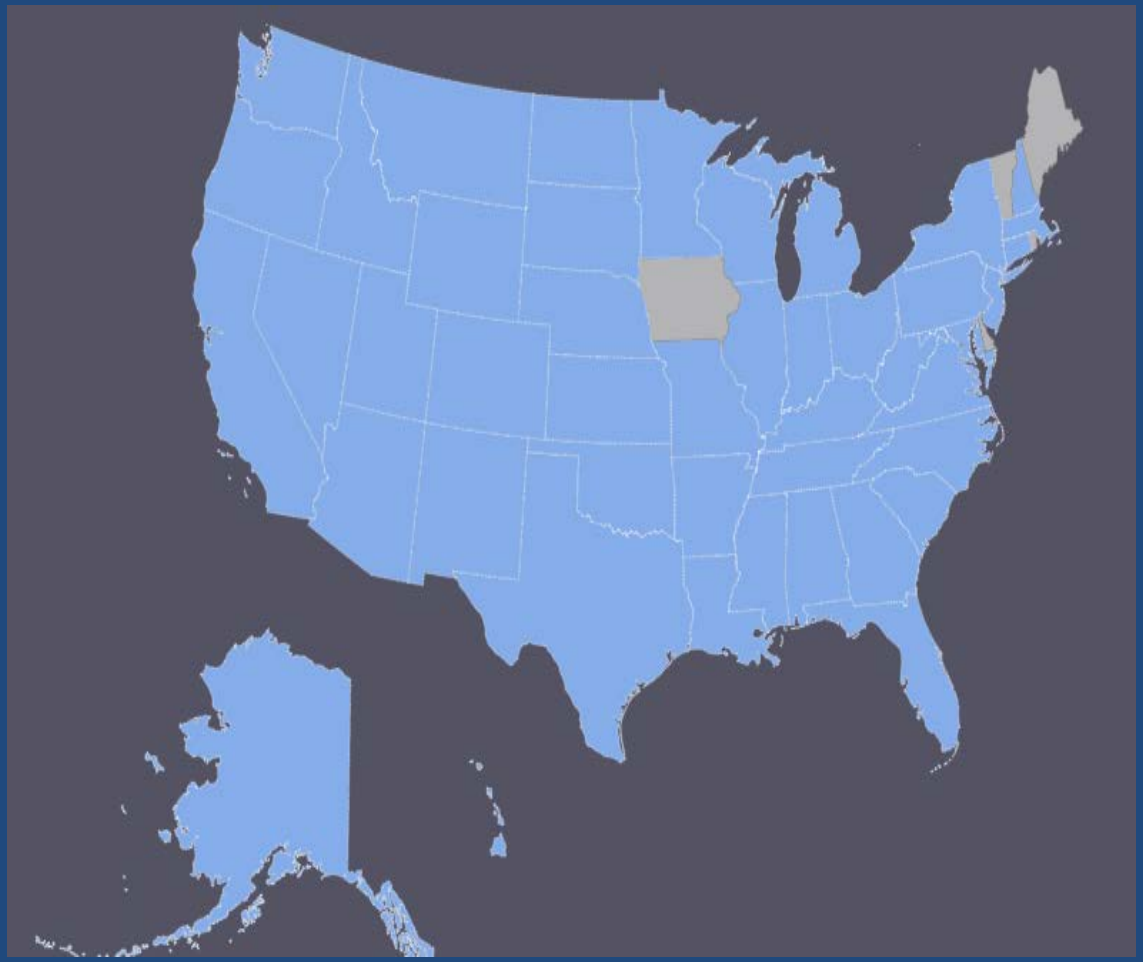
FIGURE 1—Proportion of substance use disorder treatment facilities offering specific women-centered services: National Survey of Substance Abuse Treatment Services (NSSATS), 2002–2009, United States.

National Efforts to Improve Care for Pregnant Women with Opioid Use Disorder

- ACOG/ASAM recommend universal screening for substance use as part of comprehensive obstetric care
- ACOG/ASAM training ob-gyns to prescribe buprenorphine, but treatment gaps remain
- ACOG leading national collaborative of 14 states to expand treatment options for pregnant women with SUD

States where pregnant women have been prosecuted for drug use

The first known indictment of an American woman for drug use in pregnancy was in California in 1977



Women prosecuted for drug use during pregnancy in all states but:
DE, IA, ME, RI, VT

https://projects.propublica.org/graphics/maternity-drug-policies-by-state

State Policies on Substance Use During Pregnancy

Policy	Number of States
Substance Use Considered Child Abuse	24+DC
Substance Use Grounds for Civil Commitment	3
Mandatory Reporting	23+DC
Targeted Programs for Pregnant Women	19
Pregnant Women Given Priority Access	17+DC
Pregnant Women Protected from Discrimination	9

Guttmacher Institute April 1 2017

What Can Congress Do?

Preserve the Medicaid program

Single largest payer of maternity care

One of the largest payers of addiction treatment

The Medicaid program must maintain the ability to respond to emergencies like the opioid epidemic

What Can Congress Do?

Coverage needs to match the illness:

Episodic care for chronic disease management is ineffective

Coverage must extend into time of new family formation:

Cessation of coverage following delivery is unethical

The Future

- The opioid epidemic will wane – but addiction will remain
  - There will be another drug epidemic
- We need to make sure that we use this moment to
  - Truly treat addiction as a disease - decriminalize drug use – roll back the War on Drugs
  - Stop discriminating against people with addiction – humanize our discourse, our language
  - Make sure that systems are in place assess and treat women and their families with the highest quality of care and with dignity and compassion

THE PARTNERSHIP FOR MEDICAID

Rosalind McCrory

Medicaid Patient Advocate

ROSALIND MCCRORY

Patient Advocate

Health Care for the Homeless

(Baltimore)

NATIONAL HEALTH CARE *for the* HOMELESS COUNCIL

THE PARTNERSHIP FOR MEDICAID

Medicaid's Role in Addressing Substance Use Disorders Through Innovative Care Pathways

For more information visit: www.partnershipformedicaid.org

Partnership Resources

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