

www.TheNationalCouncil.org

40TH
National Mental Health and Addictions Conference & Expo
MARCH 2010

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

Integrating Primary Medical Care in Substance Abuse Treatment Settings
When will we get there?

Susan Whitley, MD
New York University School of Medicine
Unit Chief, Opioid Addiction Treatment Program
Bellevue Hospital Center
New York, NY

See you in San Diego, May 2-4, 2011

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Overview

- Review Potential Benefits of Integrated Care
- Identify Barriers to Integrated Care
- Describe Existing Models of Integrated Care and Selected Outcomes
- Discuss Potential Solutions
- Questions & Discussion

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

System-Centered Care:
Separate Doors to Treatment

- Primary Care
 - Address toxic effects and consequences of use
 - Opportunity to intervene with less severe users
- Mental Health
 - Address mental health issues
- Substance Abuse
 - Address chemical dependency
 - Sets patient up for "non-compliance" with medical and mental health care

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

We Are Here- System-Centered Care

Adapted from Marc Gourevitch, MD, MPH

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

BENEFITS OF INTEGRATED CARE

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Potential Benefits of Integrated Care

- Consumers
 - Increased convenience
 - Higher satisfaction with care
 - Improved substance abuse outcomes
 - Improved medical outcomes
 - Improved mental health outcomes
 - Decreased stigma

Samet et al., Arch Intern Med 2001

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Potential Benefits of Integrated Care

- Treatment Providers
 - Improved patient outcomes
 - Less duplication of services
 - Improved communication across treatment team
 - Improved training & reinforce similarities to other chronic illness
 - Increased reimbursement parity

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Potential Benefits of Integrated Care

- Society
 - Decrease health care cost
 - Versus concern that increase service utilization may result in higher cost
 - Decrease in crime and criminal justice costs
 - Public health impact
 - HIV and Hepatitis C
 - Increased productivity

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

BARRIERS TO INTEGRATED CARE

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Consumer-Related Barriers

- Active substance use
- Chaotic lives with competing priorities
- Cost of treatment

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Provider-Related Barriers

- Need for buy-in and activation energy
 - More evidence supporting the value of integrated care
- Inadequate professional education in area of substance use
 - Limited confidence in effectiveness of treatment
 - Reluctance to take on this challenging “non-compliant” population

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Reframing Perception

- Professional education
 - Need to normalize treatment of substance users i.e. Substance Abuse Objective Structured Clinical Examination (OSCE)

Parish et al., JGIM 2006

Poor access to care ≠ Poor compliance

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Program-Related Barriers

- Need for more evidence supporting the cost-effectiveness of integrated care
- “Cultural” differences & Rigid thinking
- Staffing
- Facilities & supplies

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Program-Related Barriers

- How to get paid?
 - Separate funding streams
- Need to comply with 2 agencies
- Confidentiality

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

MODELS OF INTEGRATED CARE & SELECTED OUTCOMES

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Focused Integrated Care: HIV in an MMTP

- Substance users are less likely to get appropriate HIV treatment
 - Integrated care is feasible and acceptable
 - High rates of compliance

Sellwyn et al., Ann Intern Med 1989

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Focused Integrated Care: TB in an MMTP

- Voluntary administration of directly observed prophylaxis (n=102) or treatment (n=12)
 - 80% completed or still receiving therapy at end of 2-year study period
 - Compares favorably with non-substance using populations
 - Active substance use was not associated with reduced adherence

Gourevitch et al., J Addict Dis 1996

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Focused Integrated Care: Hepatitis C

- Most HCV-infected drug users referred to specialized liver clinics do not have satisfactory outcomes
- Clinical outcomes for 73 patients receiving HCV treatment on-site in a MMTP in Bronx, NY

Litwin et al., JSAT 2008

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Hepatitis C in the Bronx: Patient Characteristics

- Mean age 46 years
- 71% Male, 67% Latino
- 67% Psychiatric comorbidity
- 80% Medicaid
- 38% Attending support group

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Hepatitis C in the Bronx: Outcomes

- Comparable to outcomes in other published studies
 - 55% end of treatment response
 - 45% sustained viral response
- Is this sustainable without research dollars?

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Models of Integrated Care: Montefiore SATP

- Cohort of 413 subjects receiving treatment at MMTP plus ability to link Medicaid claims data
 - Majority male, Hispanic
 - Average age 46
 - 1/3 HIV positive

Gourevitch et al., JSAT 2007

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Montefiore SATP: Study Groups

- **Linked Care**
 - Minimum 6-months continuous treatment
 - At least 2 medical visits per year comprising at least 35% of medical visits
- **Drug Treatment Only**
 - Minimum 6-months continuous treatment
- **Neither**

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Montefiore SATP: Health Care Utilization

- **Linked Care** associated with
 - Higher utilization of outpatient services
 - Reduced emergency room visits
 - Reduced hospitalizations
 - **No net increase in Medicaid spending**

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Impact of Outpatient Care: New York State

- Retrospective review of Medicaid claims
 - 1156 HIV positive drug users
 - 46687 HIV negative drug users
- **Outcomes**
 - Regular drug abuse care
 - Regular medical care
 - Neither
 - Both

Laine et al., JAMA 2001

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Impact of Outpatient Care: New York State

- **Both** (regular drug abuse care plus regular medical care) is associated with reduced rate of hospitalization among drug users

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Impact of Integrated Care: New York State

- Telephone interviews of directors of 125 outpatient drug treatment programs in New York state linked to Medicaid claims data
 - Emergency Room visits less likely when medical services provided on site versus more distant

Laine et al., Medical Care 2005

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Impact of Addiction on Families

Kaiser Permanent of Northern California, analysis of cost and utilization

- Family members of patients with an alcohol or drug use diagnosis had
 - Greater health care utilization and cost
 - Higher rates of medical conditions
 - Depression, Substance Abuse, ADD
 - Acne, Asthma, Headache
 - Hypertension, Low back pain, Pneumonia
 - STD's, Trauma

Ray et al., Med Care 2007

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

We Need to Get Here

Adapted from Marc Gourevitch, MD, MPH

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

POTENTIAL SOLUTIONS

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Making It Work

- Identify Existing Resources
- Identify Key Players and Willing Participants
- Motivate Less Willing Participants

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Potential Models

- Problem-focused care
- Total primary medical care

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Potential Models

- Linkage agreements with other agencies
- Contract out for onsite services
- Existing providers provide onsite services

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Integrated Care at Bellevue Hospital OTP

- Created a co-located medical clinic with ability to drop separate bills for medical visits and services

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Integrated Care at Bellevue Hospital OTP

- Administration
 - Buy-in from key leadership
- Finance
 - Understanding goals and potential for increased revenue
- Medical Records
 - Integrated versus separate
- Staff: Counselors, Nurses, Medical
 - Frequent check-in, Weekly medical meeting

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

Reimbursement Restructuring

OASAS
NY's Office
of Ambulatory and
Substance Abuse
Services

Ambulatory Patient Groups (APGs)

OASAS is developing a new outpatient rate setting methodology – APGs are a patient classification system designed to explain the amount and type of resources used in an ambulatory setting. OASAS is planning to begin implementation of this methodology during the 2009-10 Fiscal Year.

<http://www.oasas.state.ny.us/pio/documents/5YPlan2008-2012.pdf>

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE
www.TheNationalCouncil.org

APGs may allow the following:

- Provision of multiple services on the same day
- Delivery of co-occurring services
- Reimbursement of services which are currently not being reimbursed
 - Medication Administration (i.e. methadone)
 - Crisis Intervention
 - Peer Counseling
 - Medical visits that are distinct from the substance abuse service can be billed separately

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

Integration in the Other Direction

- Substance Abuse Treatment in Primary Care
 - Buprenorphine for office based treatment of opioid dependence
 - Medication treatment for alcohol dependence

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTH CARE
www.TheNationalCouncil.org

QUESTIONS AND DISCUSSION