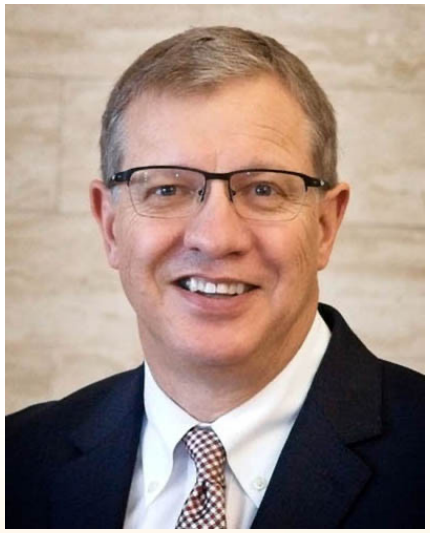

NAATP
NATIONAL 2021
NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS
Voice. Vision. Leadership.

Welcome to NAATP National 2021

Emerging from Industry Trauma through Accountability

Jaime Vinck
Chief Executive Officer
Recovery Ways
NAATP Board of Directors Executive Committee Member



Marvin Ventrell
Chief Executive Officer
NAATP

Tier One Sponsors

Ashley
Everything for Recovery

caron
Comprehensive Addiction Treatment.
Recovery For Life.®

cumberland heights

Hazelden Betty Ford Foundation

HIGH WATCH
RECOVERY CENTER

Recovery Ways™
Healing is Possible

Taking Our Inventory

Treatment Quality, Leadership, and Racial Equity

Joseph Lee, MD
Hazelden Betty Ford Foundation
President & CEO

Corrie Vilsaint, PhD
Harvard Medical School
Institute & Research
Fellow

Douglas Nemecak, MD
Behavioral Health CMO

Chuck Ingoglia
National Council For Mental Wellbeing
President & CEO

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

Quality, Leadership, and Racial Equity

Corrie Vilsaint, PhD

Harvard Medical School Institute & Research Fellow

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

Using Recovery Science to Take a Fearless Inventory of Racial Health Equity

Corrie L. Vilsaint, PhD.

Recovery Research Institute, Harvard Medical School

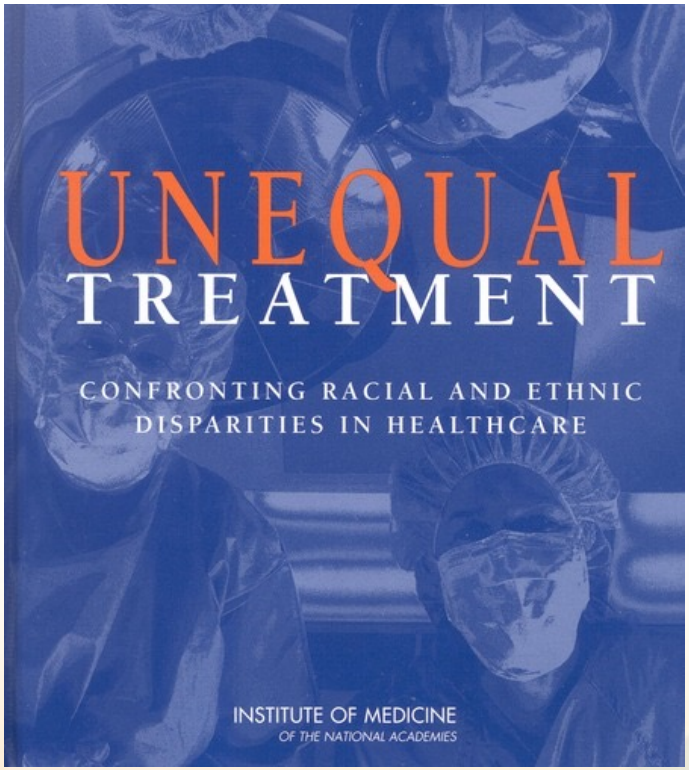
NAATP

December 8, 2021

Racial Health Equity on the National Stage

- Landmark report from Institute of Medicine prepared at the request of Congress.
- Conclusion:

  Striking disparities in burden of illness experienced by Black Americans, despite health insurance, income, etc.



Racial-ethnic minorities, Black Americans in particular, suffer a disproportionate burden of health and social consequences despite having a lower or equivalent prevalence of substance use and substance disorders (American Indians are exceptions).

Why Racial Health Inequities Exist?

Disproportionate exposure to risk and protective factors (e.g., homelessness, wealth, air pollution, discrimination, access to healthy food).

Race was derived as a social construct, we are not observing the limited effects of biology, genetics[1], or class, but a distinct construct akin to a caste system[2].

[1] Genetic Pearce, Foliaki, Sporle, Cunningham. 2004. Genetics, race, ethnicity, and health. *BMJ*, 328(7447), 1070-1072.

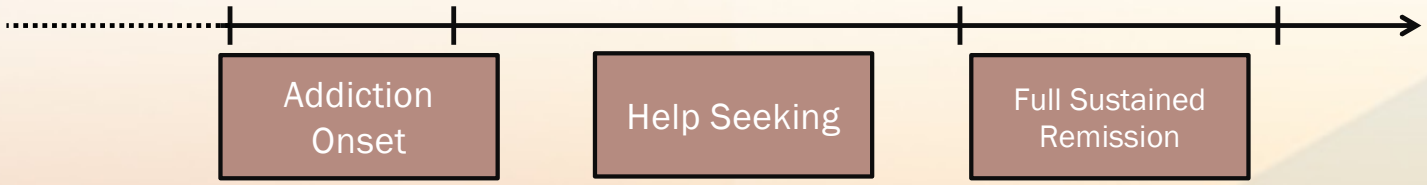
[2]Kawachi, Daniels, Robinson. 2005. Health disparities by race and class: Why both matter. *Health Affairs*, 24.

Course of Illness and Recovery from Substance Use Disorders: Racial Health Equity

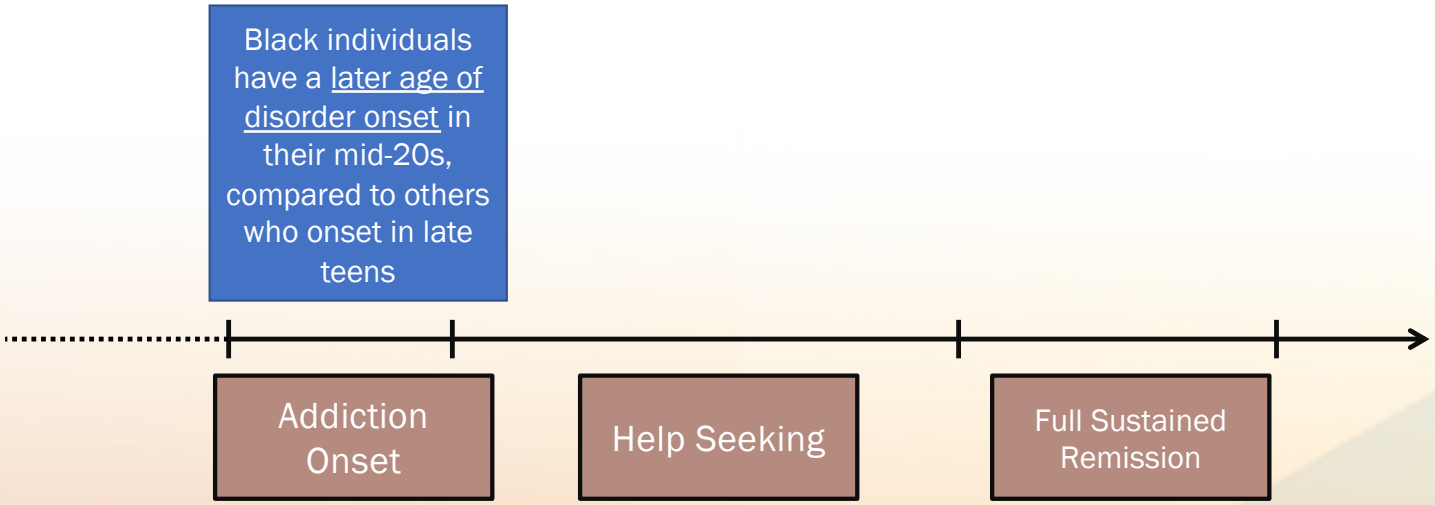
NAATP NATIONAL 2021

Course of Illness and Stable Recovery: Racial Health

Black individuals progress from initiation of use to disorder onset faster



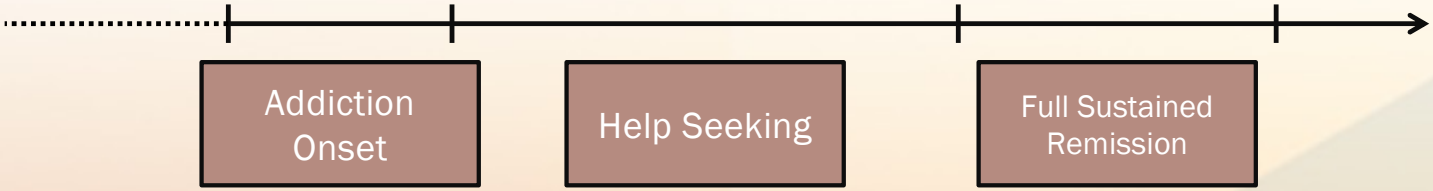
Course of Illness and Stable Recovery: Racial Health



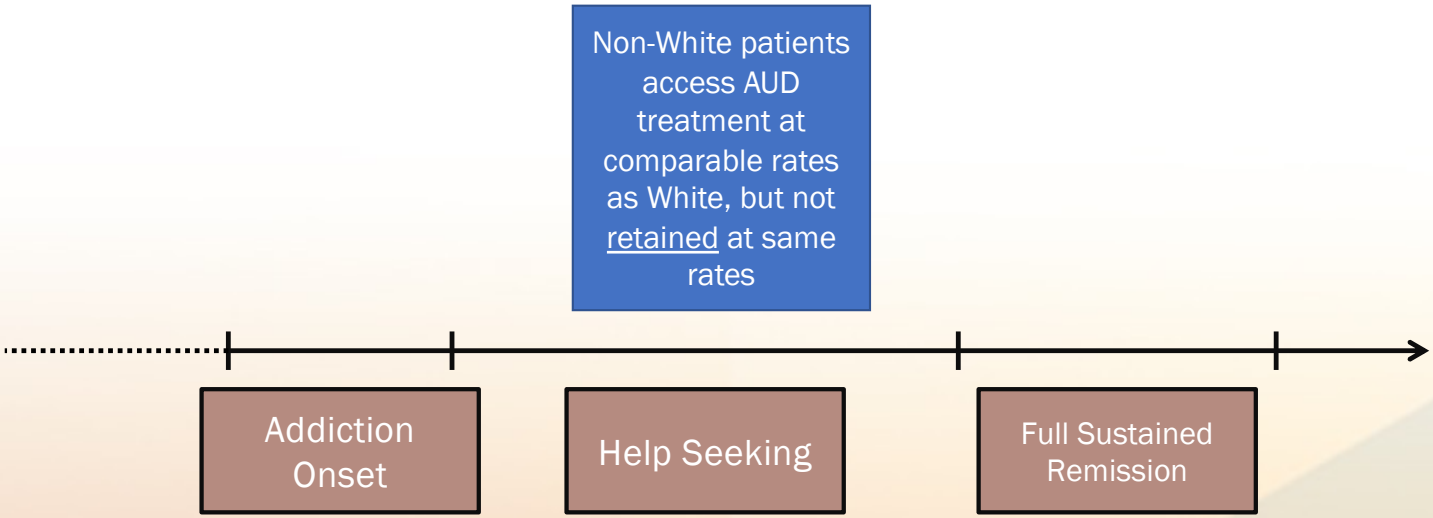
Course of Illness and Stable Recovery: Racial Health

Black individuals with less than HS degree are >2X as likely to have persistent substance use disorder than comparable White counterparts

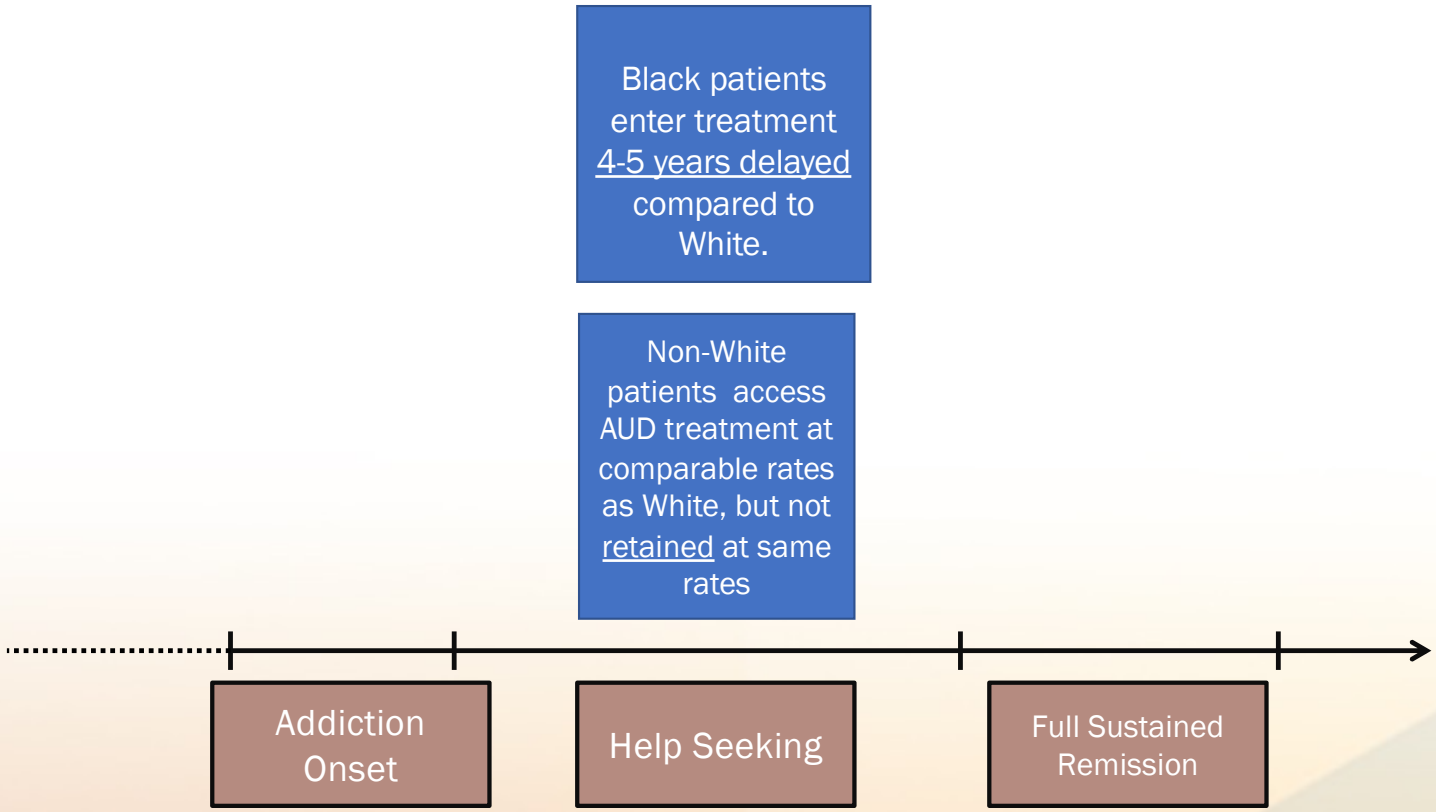
Black individuals have a later age of disorder onset in their mid-20s, compared to others who onset in late teens



Course of Illness and Stable Recovery: Racial Health



Course of Illness and Stable Recovery: Racial Health



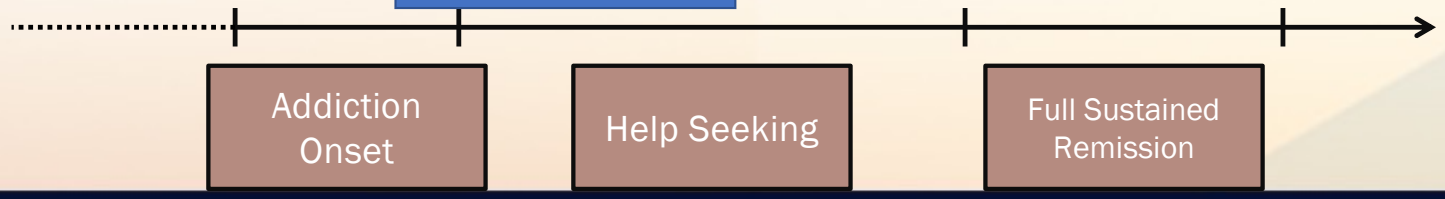
Course of Illness and Stable Recovery: Racial Health

Black patients were 75% less likely to receive buprenorphine prescription at their visit compared to White patients.

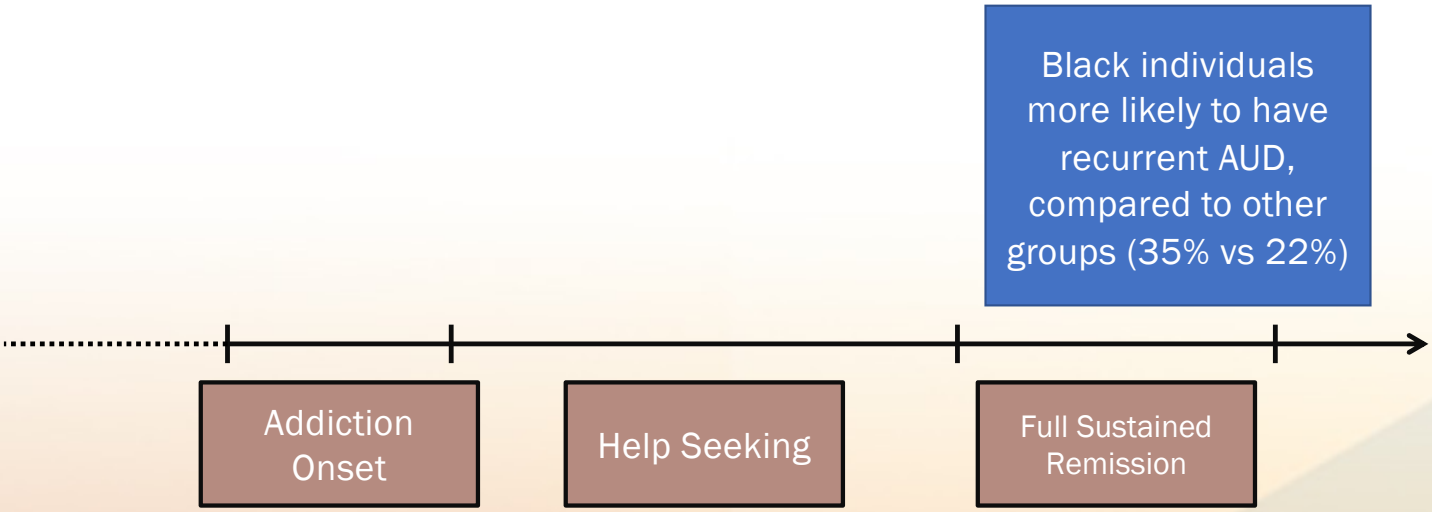
The dominant use of bup. for White patients occurred at the same time overdoses were rising fastest for Black than Whites.

Two tiered treatment system: Buprenorphine accessed by Whites and high income. Methadone accessed by people of color and low-income.

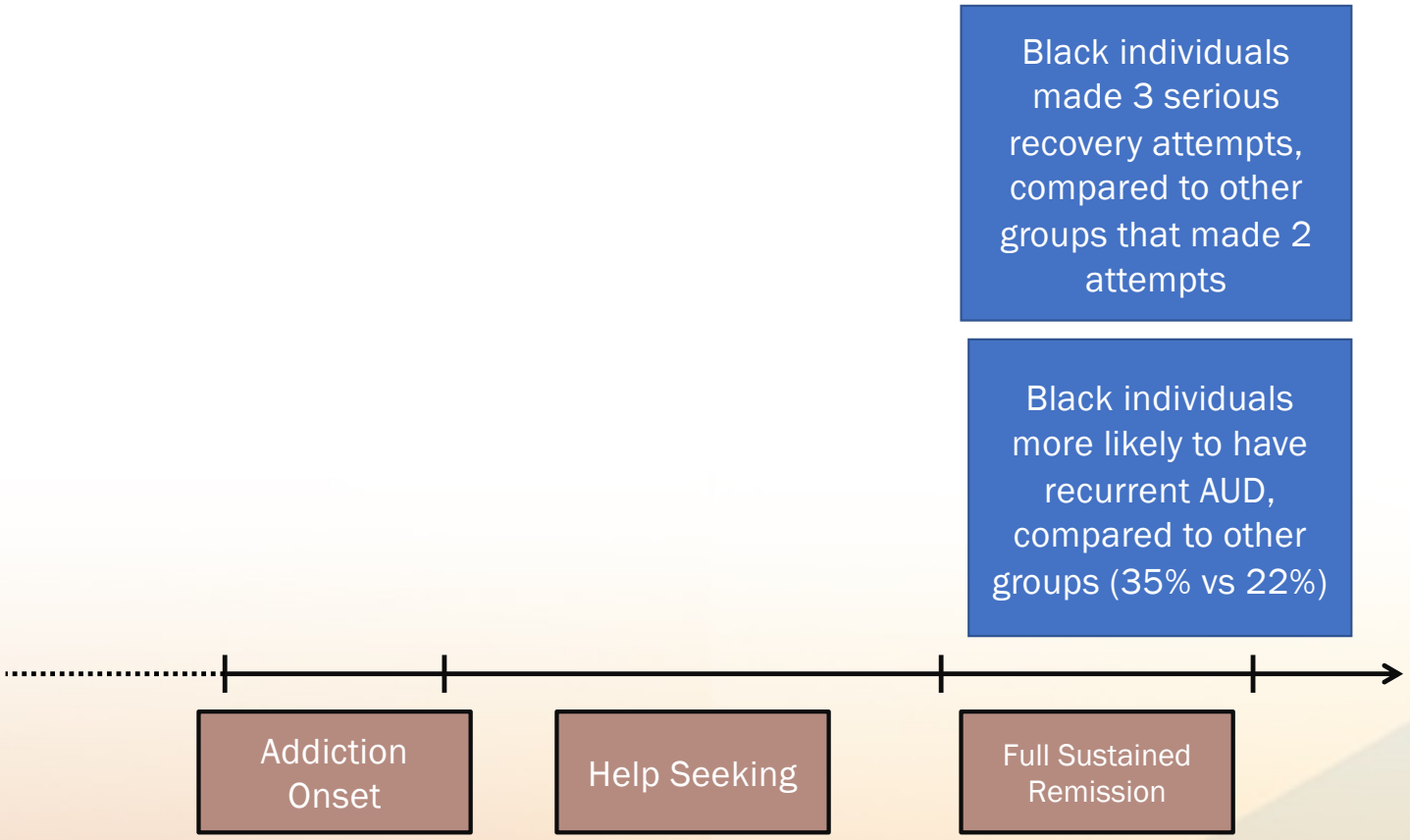
Black patients less likely to receive OUD medication because it was a secondary diagnosis



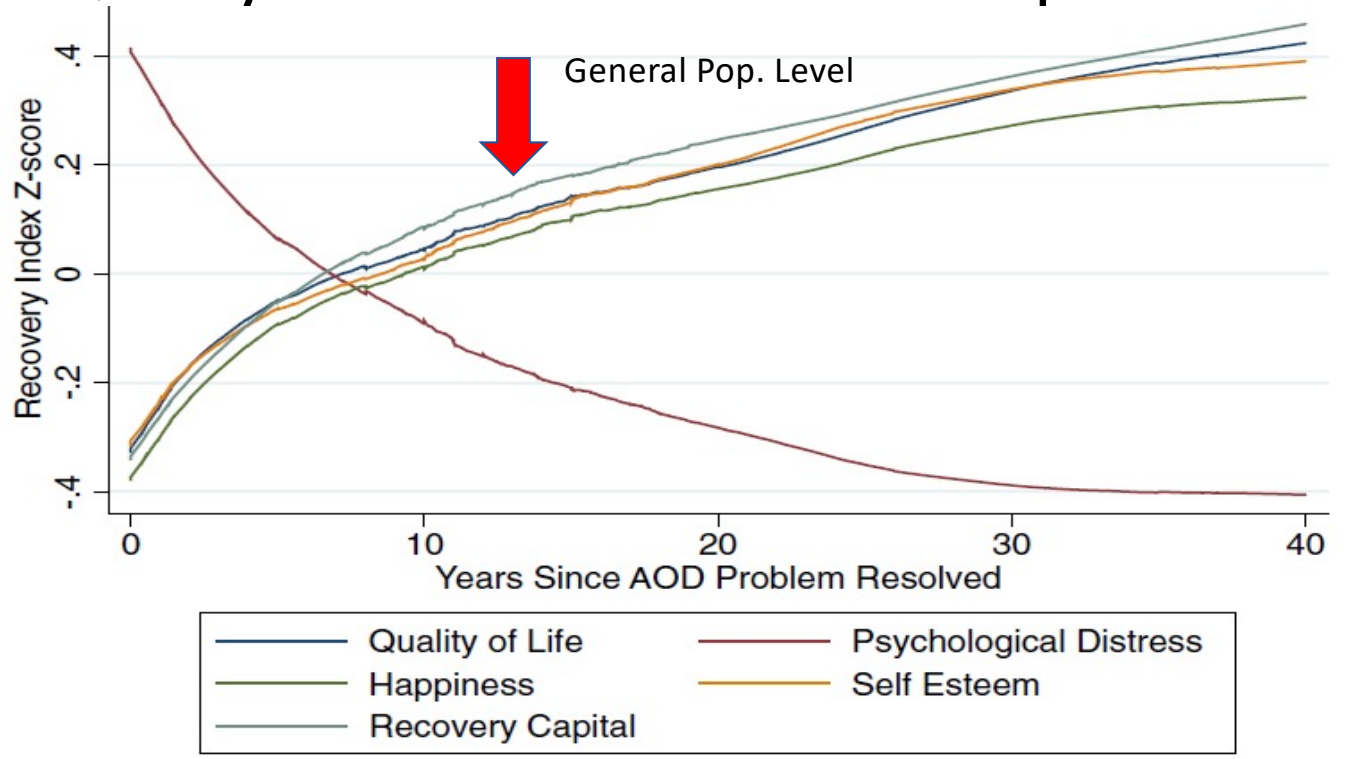
Course of Illness and Stable Recovery: Racial Health



Course of Illness and Stable Recovery: Racial Health

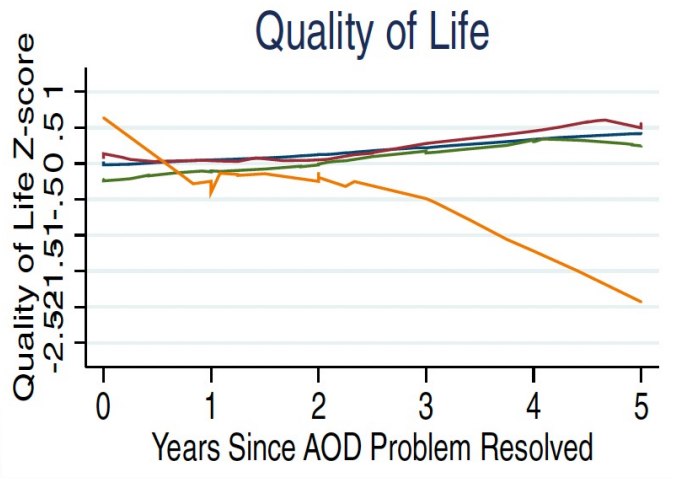


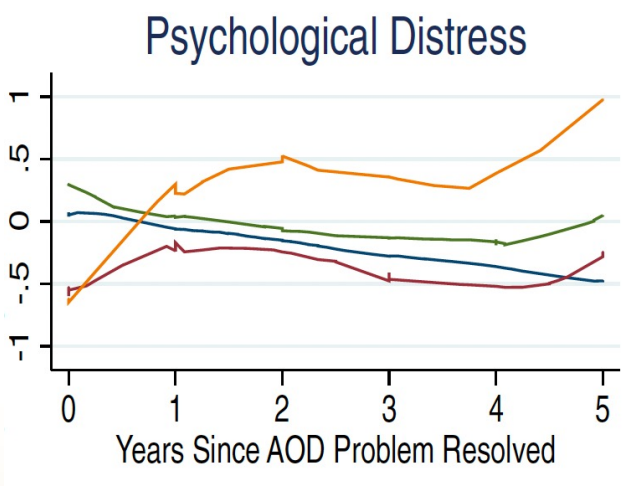
It Takes 15 Years for an Individual in Recovery to Reach a Similar Quality of Life as the General Population

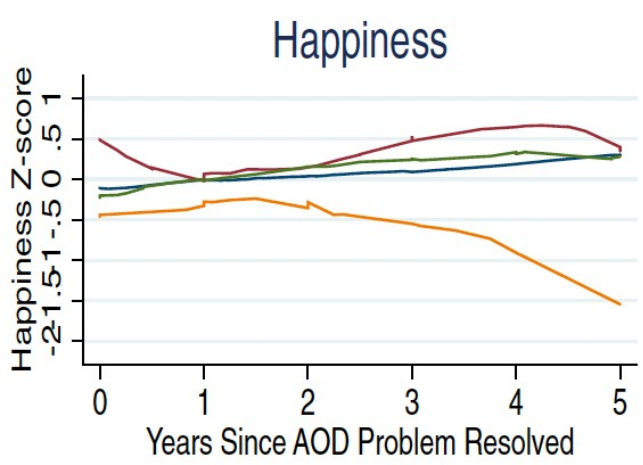


Kelly, Greene, Bergman. 2018. Beyond abstinence: Changes in quality of life with time in recovery in A nationally representative sample of US adults. *Alcoholism: Clinical and Experimental Research, 42(4), 770-780.*

For Individuals Who Identify as "Other" Recovery is Lower the First 5 Years

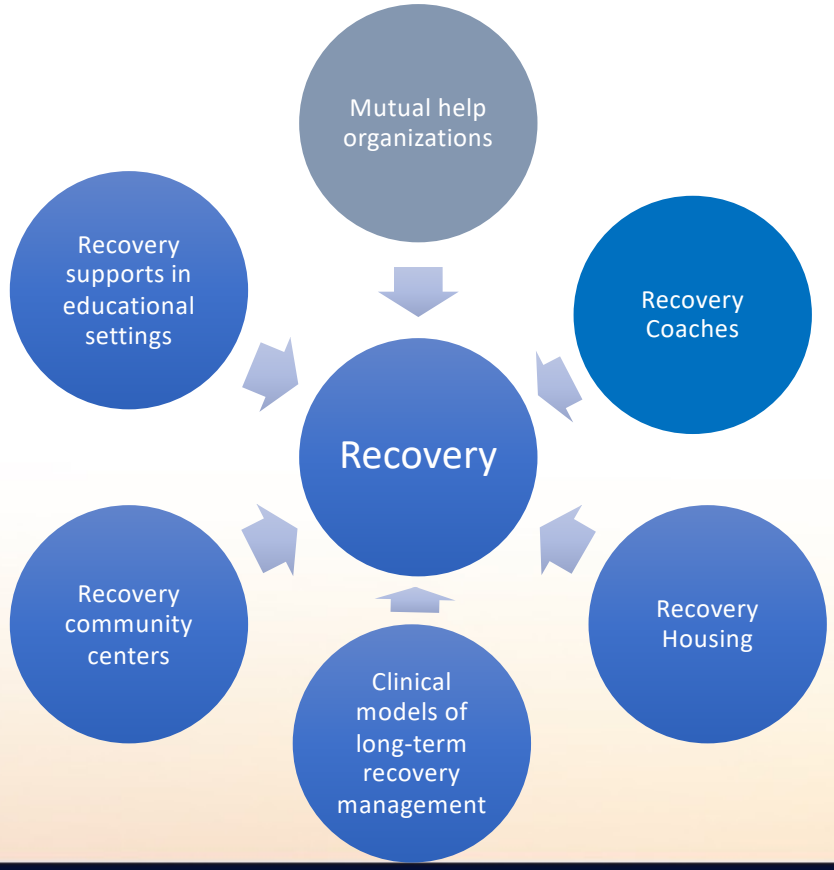




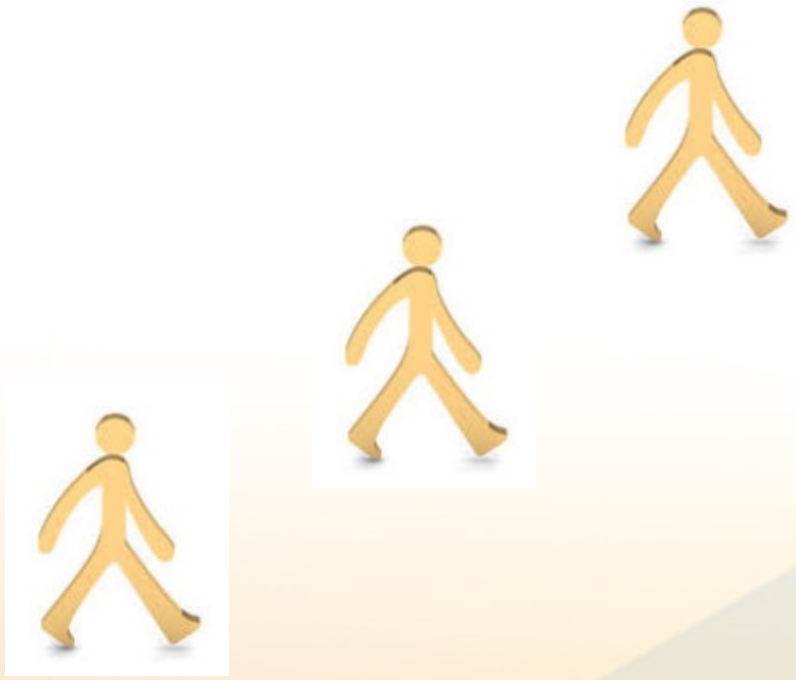


White, non-Hispanic
Black, non-Hispanic
Hispanic
Other, non-Hispanic

Recovery Support Services (peer based/people with lived experience)



Recovery Capital as Building Materials for Reconstruction



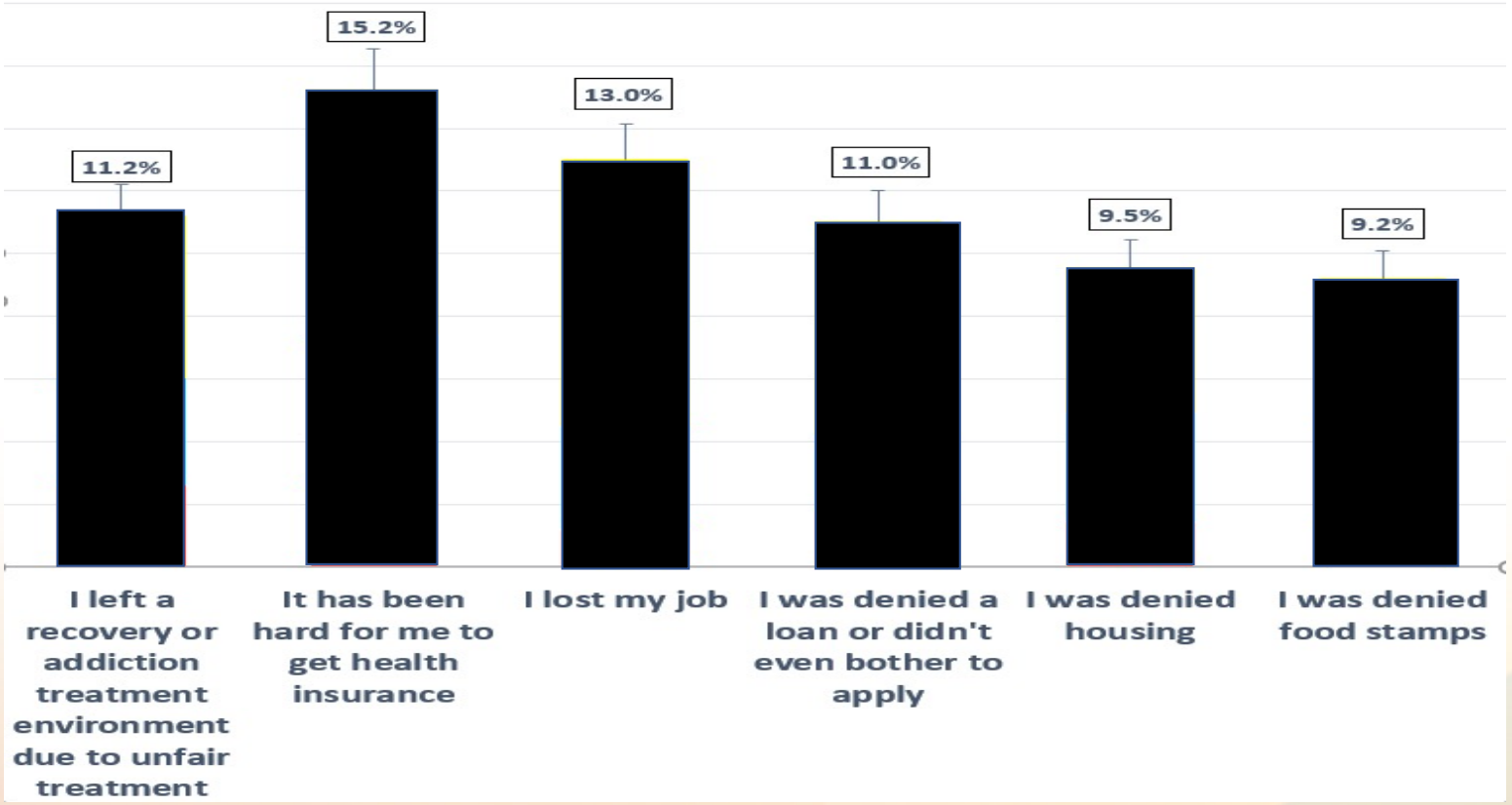
Negative Recovery Capital: Recovery-Related Discrimination

Violations of personal rights that occurred at the structural, organizational, or policy level.

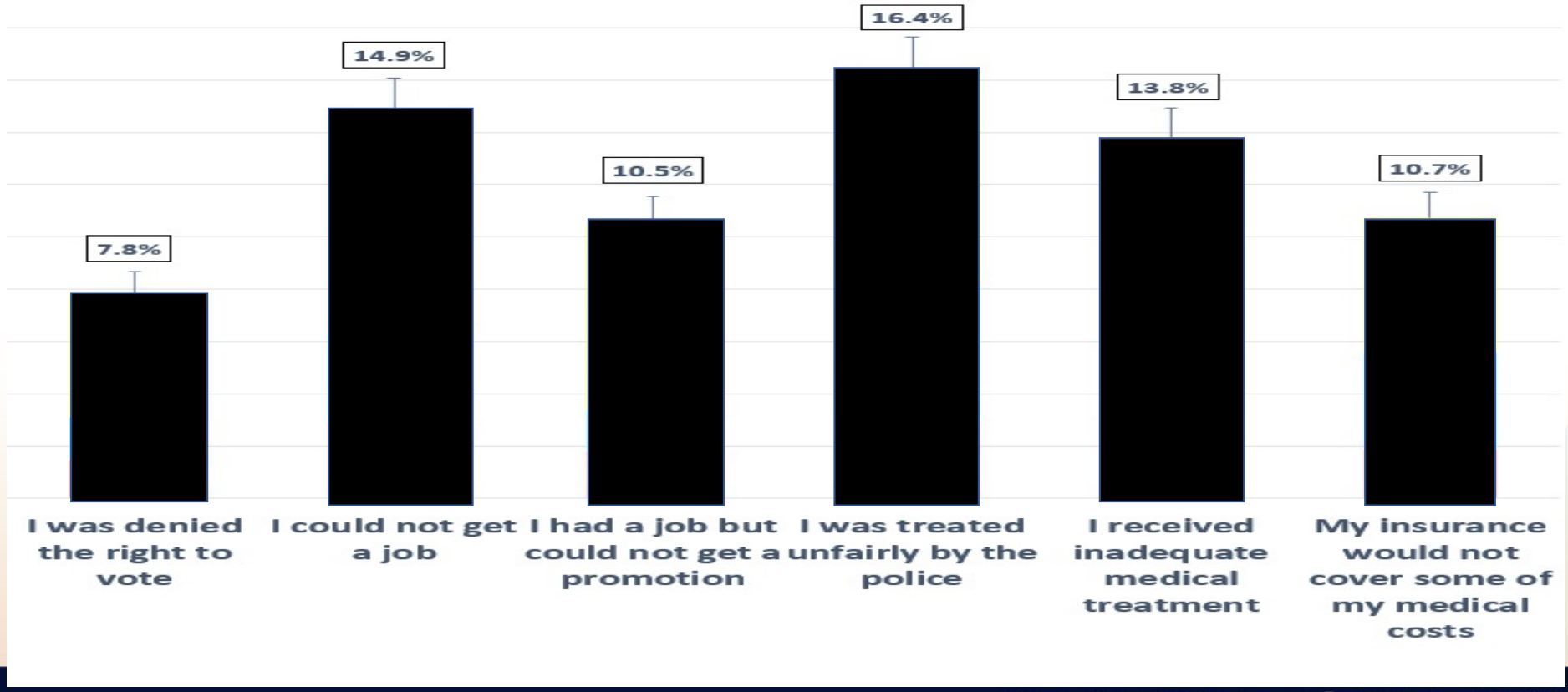
"How frequently have the following occurred because someone knew about your alcohol or drug history?"

Vilsaint, Hoffman, Kelly. 2020. *Drug and Alcohol Dependence*

Recovery-Related Discrimination: National Prevalence



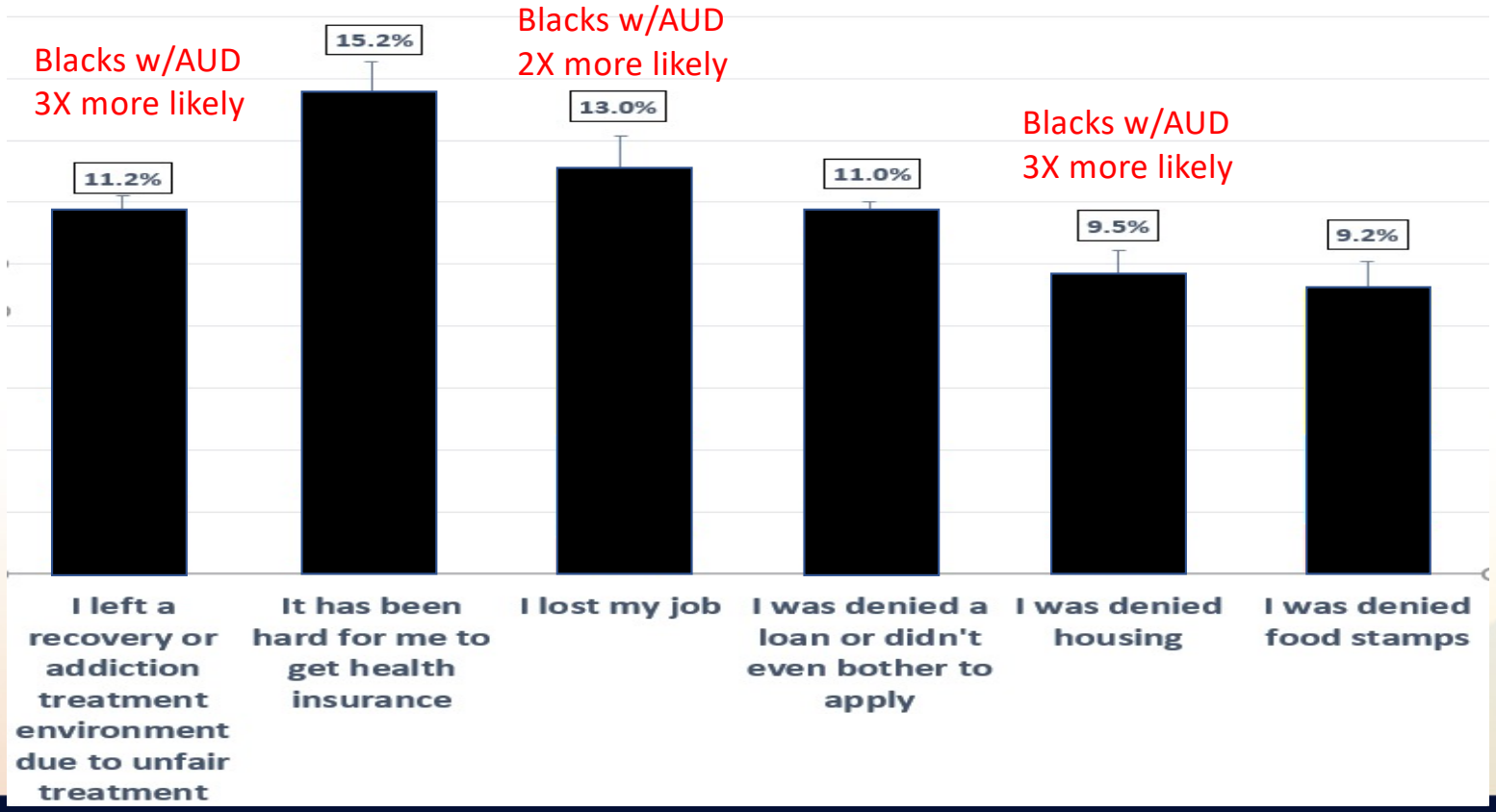
Recovery-Related Discrimination: National Prevalence



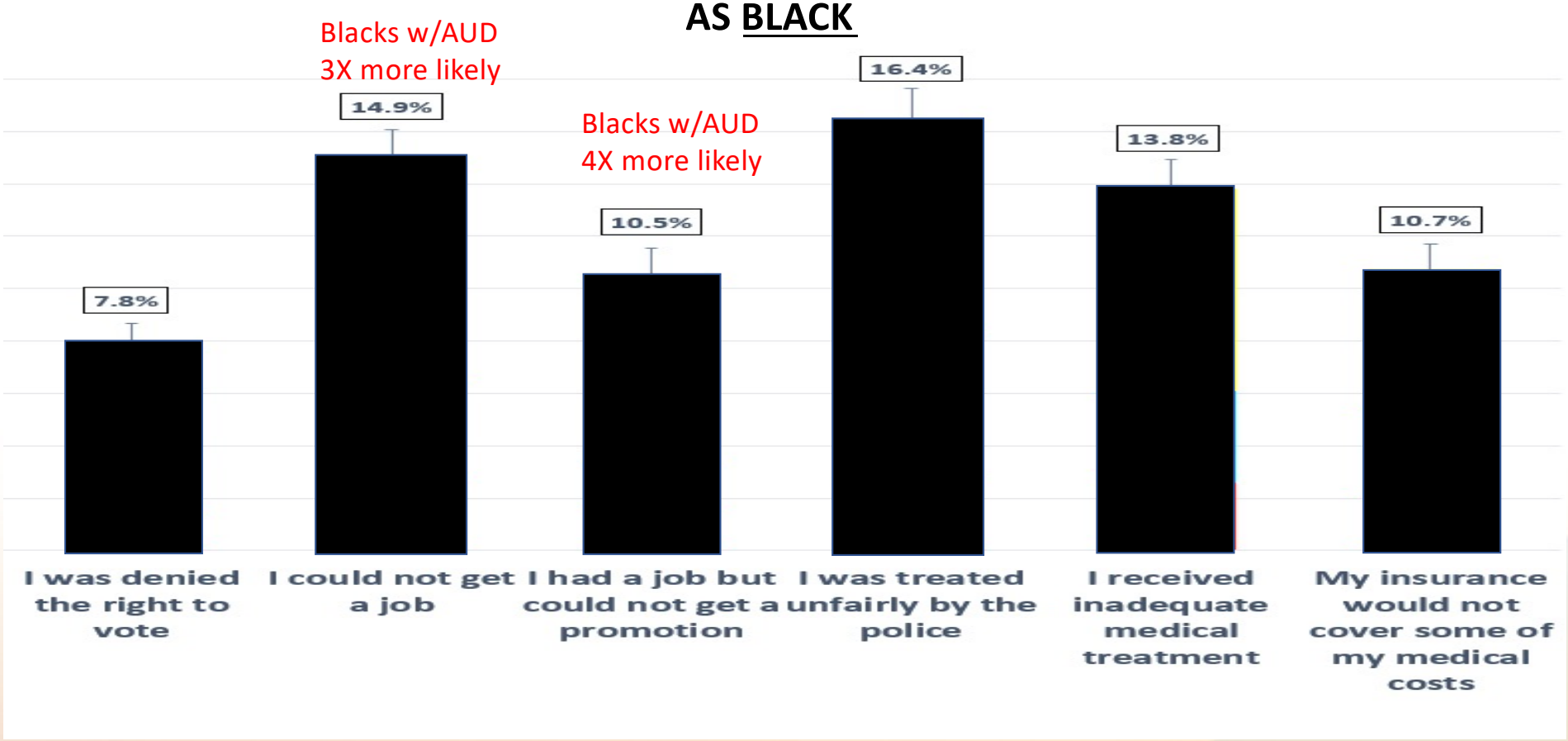
Recovery-Related Discrimination was associated with more Psychological Distress, lower Quality of Life and lower Recovery Capital after controlling for severity like indicators.

Does Recovery-Related Discrimination vary by Race-Ethnicity?

RECOVERY-RELATED DISCRIMINATION OCCURS MORE AMONG INDIVIDUALS WHO IDENTIFY AS BLACK



RECOVERY-RELATED DISCRIMINATION OCCURS MORE AMONG INDIVIDUALS WHO IDENTIFY AS BLACK



Mechanisms of racial health inequities has largely focused on behavior change at the individual level, despite increasing national recognition of the structural drivers of health disparities. This has resulted in limited impact on sustained improvements in disparities over time.

ACTION ITEMS: RACIAL HEALTH INEQUITIES IN RECOVERY

1) Go into Black communities leveraging recovery support services and peers to combat medical mistrust.

2) Build recovery capital and strength-based messaging.

3) Issue rebuilding permits, in access to higher education, nutrition assistance, housing, voting, and employment.

4) Mandate equity

This work was supported by NIH/NIAAA

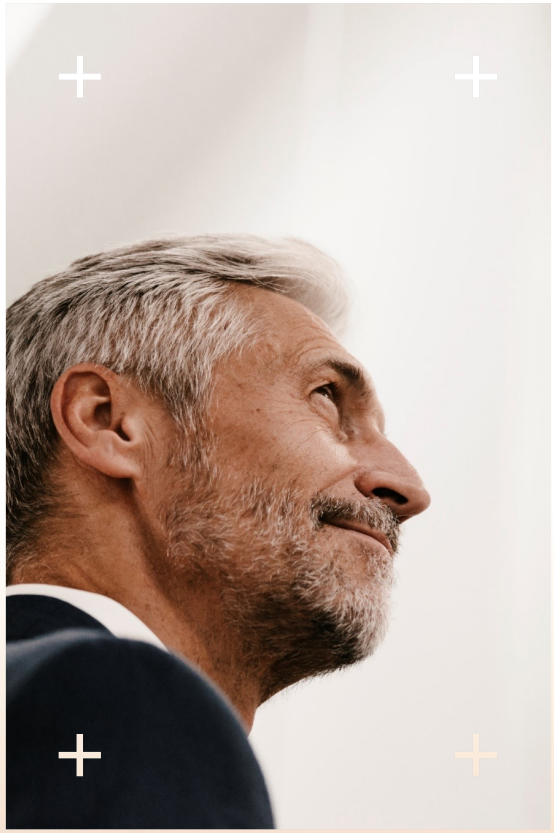
NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

Quality, Leadership, and Racial Equity

Innovating and Partnering for Better Health

Dr. Doug Nemecek, Chief Medical Officer-Behavioral Health, Evernorth

What we're hearing



I want my people to get access to care quickly.

My employees don't realize substance use care is covered or utilize the programs in place today.

I don't know how to effectively help my employees who are struggling with substance use disorders.

I don't see medical and behavioral providers working together.

Network access and solutions: more options means more access

Greater access and availability

+ **62,000+ virtual providers** the largest virtual network in the country[1]
+ Fast Access network guarantees first-time appointment in five days or less[2]
+ Expanding into specialty areas
+ Emergency Responder Clinical Certification Program

Quality providers

+ **96% of customers** would recommend their in-network provider[2]
+ Connecting medical and behavioral providers together
+ Centers of Excellence for:
  - **Substance use**
  - Mental health
  - Eating disorders
  - Child and adolescent
+ Working with patients to schedule appointments

Expanding network

+ **2x network** size in the last five years[1]
+ Growing behavioral and substance use Centers of Excellence
+ 216K mental health and substance use providers[1]
+ 6.5K+ facilities, 209K+ individual practitioners[1]

1. Internal unique provider data as of May 2021. Subject to change.
2. Internal patient recommendation reviews, 2020.

Wrap-around support for better outcomes

Every substance use journey is unique

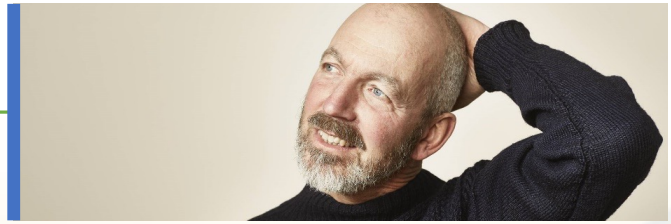
IDENTIFICATION, STRATIFICATION, ENGAGEMENT, 100% FOLLOW-UP

Low acuity
Individuals who need help early on in their substance use journey with at-risk conditions

+ EAP services
+ Coaching/Peer services
+ Digital self-service tools

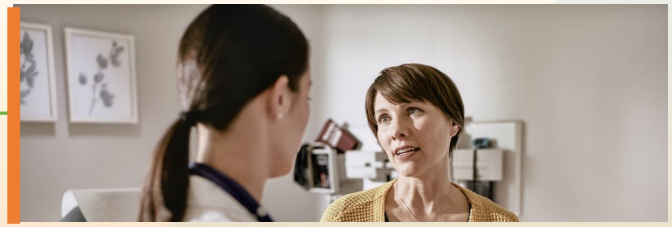
Moderate acuity
Individuals who have diagnosable substance use condition

+ Telephonic/digital support
+ Outpatient treatment
+ Medication management



Intense acuity
Individuals who have serious, more advanced substance use conditions

+ Intensive treatment options within network
+ Facility-based treatment



Strategic provider relationships and digital solutions help drive better outcomes

Advantages:

+ Access to SUD care the same as any other provider
+ New digital options, New opportunities for innovation
+ Access to peer support services
+ Ability to self-manage care through online tools
+ Additional providers with increased availability

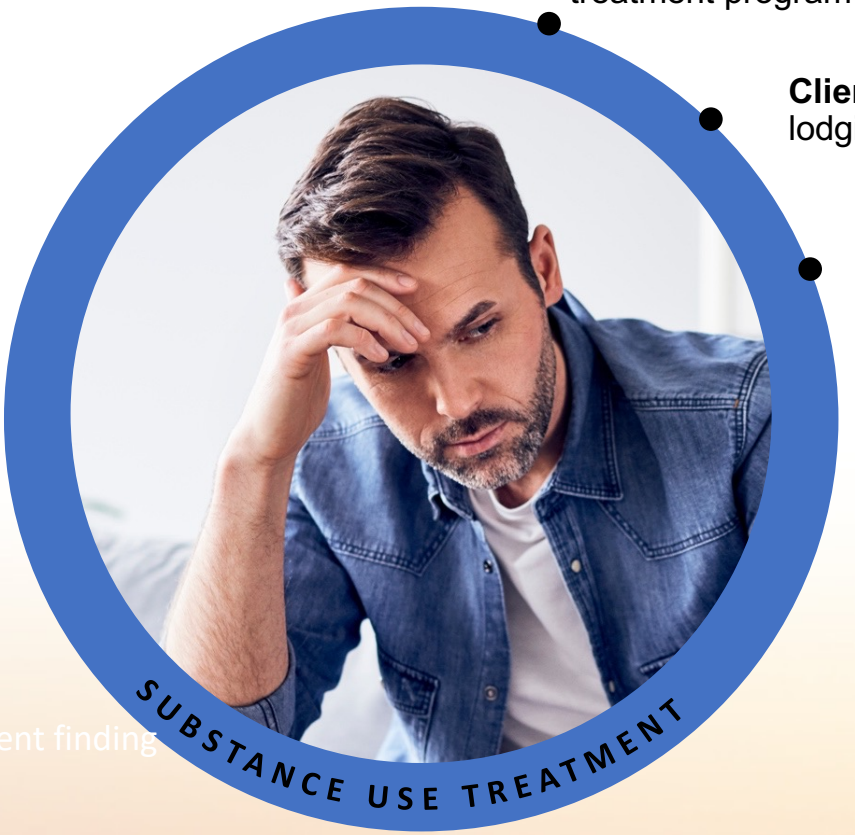
Substance use treatment

+ Pilot

Challenge: Reduce out-of-network Substance use spend and help employees maintain recovery

Solution: Leverage Substance Use Centers of Excellence (COE) providers and enhance benefits

Client: Self-Funded National Clients



Customer receives approval for a 30-day treatment program at COE facilities.

Client pays for customer airfare and lodging for a family member.

Facilities are reimbursed at case rate/episode of care. Facility accountable for customer's post-discharge progress for subsequent 11 months.

Appointment finding support

Case rate pilot

Continuing the conversation

In summary, partnership with payers and providers can help

Offer substance use support through a variety of channels

Engage with patients wherever, whenever, and however

Improve outcomes, improve affordability, and support individuals across the care continuum

1. *The American Psychiatric Association, Center for Workplace Mental Health*

Thank you

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

Quality, Leadership, and Racial Equity

Joseph Lee, MD

Hazelden Betty Ford Foundation

President & CEO

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

Thank you!

Networking Coffee Break in Exhibit Hall

10:30-11:00

Sponsored by:

LAKESIDE-MILAM® RECOVERY CENTERS

SUNDOWN M RANCH

VOICE.

VISION.

LEADERSHIP.