
NAATP
NATIONAL 2021
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Wellness through Integrated and Measurable Health Care

Jaime Vinck

Recovery Ways CEO

NAATP Conference Chair

Moderator

Wellness through Integrated and Measurable Health Care:

Care Integration

A Primary-Behavioral-Substance Use Disorder Model

Patrick Kennedy

Former U.S. Representative (D-RI)
Founder The Kennedy Forum

Care Integration: A Primary-Behavioral-Substance Use Disorder Model

Former U.S. Rep. Patrick J. Kennedy

Founder, The Kennedy Forum

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National Data Collection Efforts
Treatment Outcomes for Substance Use Disorders

SAMHSA Data

Grantees that provide direct SUD services are required to collect data from each consumer receiving SAMHSA grant-funded services, both during and at intervals after care. Measures address the National Outcome Measures (NOMs) through the GPRA tool.

National Data Collection Efforts Continued

CMS Data

Required outcome measures for consumers receiving CMS funding for SUD treatment are (HEDIS measures):

- Initiation and engagement of AOD treatment
- Use of opioids at high doses
- Concurrent use of opioids and benzos
- Follow up after ED visit for AOD

National Data Collection Efforts Continued

Other Payers' Data: Claims data for services customers receive following SUD treatment.

AMNet Data: ASAM, APA, and Friends Research Institute received a NIDA grant to create the AMNet patient registry to address the opioid epidemic. Focusing on measurement-based care during opioid treatment.

NAATP's FoRSE: Collects data from standardized tools for measurement-based care and post-discharge outcomes measurement, across a diverse set of providers.

Mental Health Parity & Addiction Equity Act (MHPAEA)

Generally applies to:

- ✓ Commercial health insurance plans (individual & small/large group)
- ✓ Medicaid managed care / Medicaid Alternative Benefit Plans / CHIP
- ✓ Self-funded non-federal government plans (unless opt out)

Does NOT apply to:

- ✗ Medicare
- ✗ Traditional Medicaid
- ✗ TRICARE

Affordable Care Act requires many plan types to cover mental health / addiction services, triggering parity protections.

Mental Health Parity & Addiction Equity Act

Parity must occur within each of six separate classifications of care: Inpatient (in/out-of-network), outpatient (in/out-of-network), emergency, and prescription drugs.

Plans generally CANNOT:

- Charge higher co-payments or other out-of-pocket expenses for behavioral health than for physical health. ("Financial Requirements")
- Limit more stringently the number of visits or days for behavioral health services than they do for physical health. ("Quantitative Limitations")
- Use more restrictive managed care practices for behavioral health than for physical health. ("Non-Quantitative Treatment Limitations" -- NQTLs)

The Parity Enforcement Act

U.S. Dept. of Labor cannot fine plans for parity violations!

- The bipartisan Parity Enforcement Act (H.R. 1364 – Norcross/Fitzpatrick) would give the U.S. Department of Labor this critical tool.
- Key recommendation of President Obama's Parity Task Force and the 2017 Opioid Commission.
- Identical to existing authority to enforce the Genetic Information Non-Discrimination Act (GINA).
- Without this authority, DOL can't effectively deter parity violations.

In Latest Version of the Build Back Better Act!

Closing Other Gaps in Parity

While MHPAEA was a landmark civil rights law, Congress must expand its protections by:

- Ending the ability of state and local governments to "opt out" of parity, denying public employees and their families critical protections.
- Applying the Act to Medicare, traditional fee-for-service Medicaid, and TRICARE.
    - Would include ending discriminatory IMD exclusion

Unequal Coverage — 2019 Milliman Report

Large Out-of-Network Disparities are Increasing

Delaware

(one of the highest drug overdose rates)

Inpatient MH/SUD treatment: Approximately **29 times** more likely to be out-of-network than inpatient medical care.

Maine

(suicide rate far above the national average)

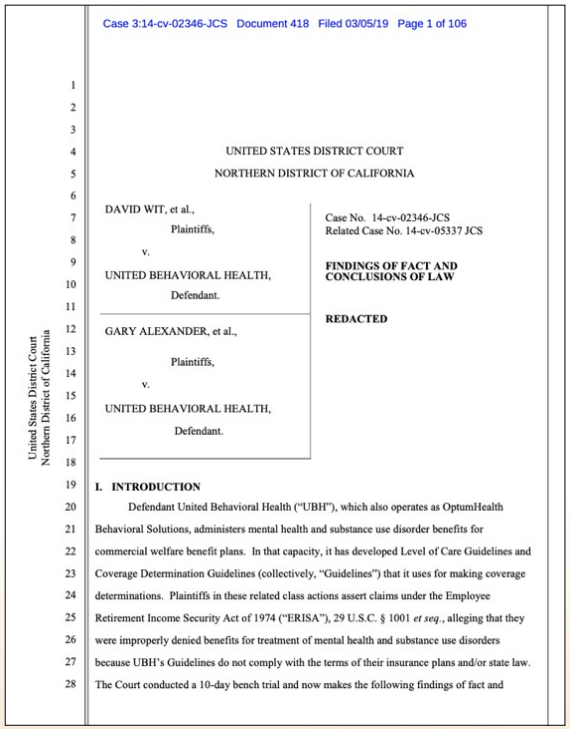
Inpatient MH/SUD treatment: Approximately **38 times** more likely to be out-of-network than inpatient medical care.

Primary care providers were paid 24% more than MH/SUD providers for office visits.

Recent Parity Enforcement Actions

- **New York / U.S. Dept. of Labor**, Aug. 2021 ($18 million): Joint USDOL & NYAG settlement with United Healthcare
- **Delaware**, Nov. 2020 and July 2021 ($1.2 million): Highmark, Aetna, United, Optimum Choice, Cigna
- **Illinois**, July 2020 ($2 million): CIGNA Healthcare of IL, United Healthcare, CIGNA Health and Life, BCBS IL, and Celtic
- **Massachusetts**, Feb. 2020 ($1 million): AG Settlements with Harvard Pilgrim Health Care and United Behavioral Health; Fallon Community Health Plan and Beacon Health Strategies; All Ways Health Partners; Blue Cross Blue Shield of Massachusetts; and Tufts Health Plan
- **Pennsylvania**, Nov. 2019 ($1.8 million): United Healthcare
- **Pennsylvania**, Jan. 2019 ($190,000): Aetna fined for addiction & autism coverage violations
- **Rhode Island**, Sept. 2018 ($5 million): AG settlement with BCBS RI
- **New York**, 2014-17 ($3 million): AG settlements with MVP, EmblemHealth, Excellus, Beacon Health Options, Cigna, HealthNow, and Anthem

Wit Case & Generally Accepted Standards



Case 3:14-cv-02346-JCS Document 418 Filed 03/05/19 Page 1 of 106

United States District Court
Northern District of California

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

DAVID WIT, et al.,
Plaintiffs,
v.
UNITED BEHAVIORAL HEALTH,
Defendant.

Case No. 14-cv-02346-JCS
Related Case No. 14-cv-05337 JCS

FINDINGS OF FACT AND CONCLUSIONS OF LAW

REDACTED

GARY ALEXANDER, et al.,
Plaintiffs,
v.
UNITED BEHAVIORAL HEALTH,
Defendant.

I. INTRODUCTION

Defendant United Behavioral Health ("UBH"), which also operates as OptumHealth Behavioral Solutions, administers mental health and substance use disorder benefits for commercial welfare benefit plans. In that capacity, it has developed Level of Care Guidelines and Coverage Determination Guidelines (collectively, "Guidelines") that it uses for making coverage determinations. Plaintiffs in these related class actions assert claims under the Employee Retirement Income Security Act of 1974 ("ERISA"), 29 U.S.C. § 1001 *et seq.*, alleging that they were improperly denied benefits for treatment of mental health and substance use disorders because UBH's Guidelines do not comply with the terms of their insurance plans and/or state law. The Court conducted a 10-day bench trial and now makes the following findings of fact and

- In *Wit v. United Behavioral Health*, a federal court ruled that UBH's coverage practices and medical necessity criteria were inconsistent with Generally Accepted Standards of Behavioral Health Care.
- The court ruled that the criteria were improperly focused on limiting coverage to "acute" episodes rather than ongoing care needed to treat oftentimes chronic conditions.
- Ordered UBH to reprocess 67,000 claims for 50,000 members nationwide (half of whom were children / adolescents).
- Ordered UBH to use criteria from non-profit professional associations (e.g. The ASAM Criteria).

California SB 855 and Ramstad Model Bill

CA Senate Bill 855

- Requires plans to follow Generally Accepted Standards of Care for all mental health and substance use disorders.
- Insurers must use level of care criteria from non-profit professional associations (e.g. ASAM).
- Cannot limit coverage to short-term or acute care.

Ramstad Model

- Based off of SB 855.
- Complements requirements of Federal Parity Act.
- Supported by 40 national organizations.
- In 2021, enacted in Illinois and Oregon.

Federal Emergency Authorities

Opioid Public Health Emergency (PHE)

- Declared by Trump Administration in Nov. 2017
- Limited to opioids (not SUD or MH)
- Less powerful without either a Presidential declaration of an emergency or disaster
- With both emergency/disaster declaration + PHE

Actions that Should Have Been Taken:

1. President declares MH/SUD disaster / emergency under the Stafford Act or National Emergencies Act in addition to existing PHE declared by HHS Secretary.
2. With both in place, HHS issues broad-based 1135 waivers to modify certain requirements of Medicaid, Medicare, CHIP, HIPAA, and other provisions (including IMD exclusion).

Parity Resources from The Kennedy Forum

DontDenyMe.org

A campaign/website designed to educate consumers and providers about patient rights under the Federal Parity Law and connect them with essential appeals guidance. Providers can download printable posters and brochures.

ParityRegistry.org

A website where consumers can register complaints against health plans and learn to file appeals after being wrongfully denied coverage for mental health or addiction treatment.

ParityTrack.org

A website where policymakers and others can track legislative, regulatory, and legal parity activities in all 50 states and at the federal level to monitor implementation and best practices.

Wellness through Integrated and Measurable Health Care:

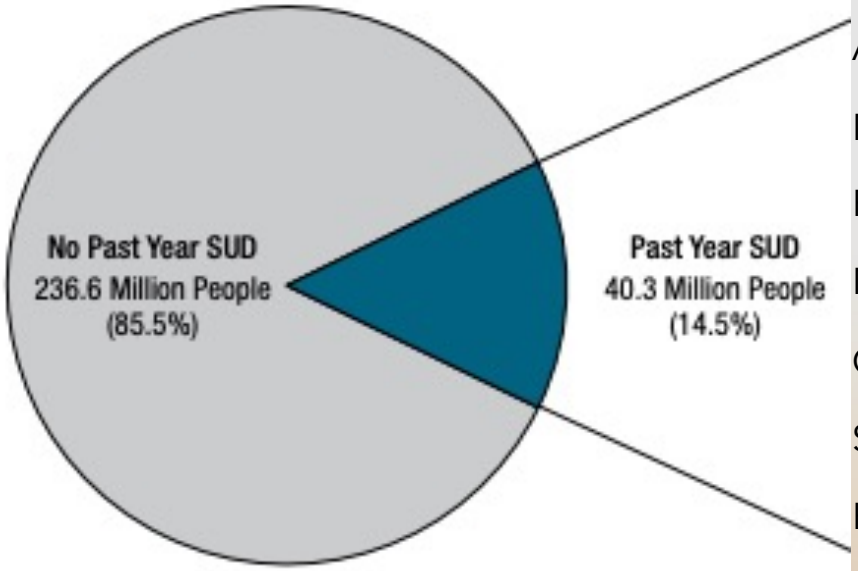
Answering the Call

The NAATP Foundation for Recovery Science and Education (FoRSE)

Annie Peters, PhD, LP

NAATP Director of Research and Education
FoRSE Executive Director

The Addiction Epidemic



Alcohol	28.3M
Marijuana	14.2M
Pain meds	2.3M
Meth	1.5M
Cocaine	1.3M
Stimulants	758k
Heroin	691k

Results from the 2020 National Survey on Drug Use and Health

100,306 drug overdose deaths in the US in the 12-month period ending in April 2021, an increase of ~30% from the previous year.

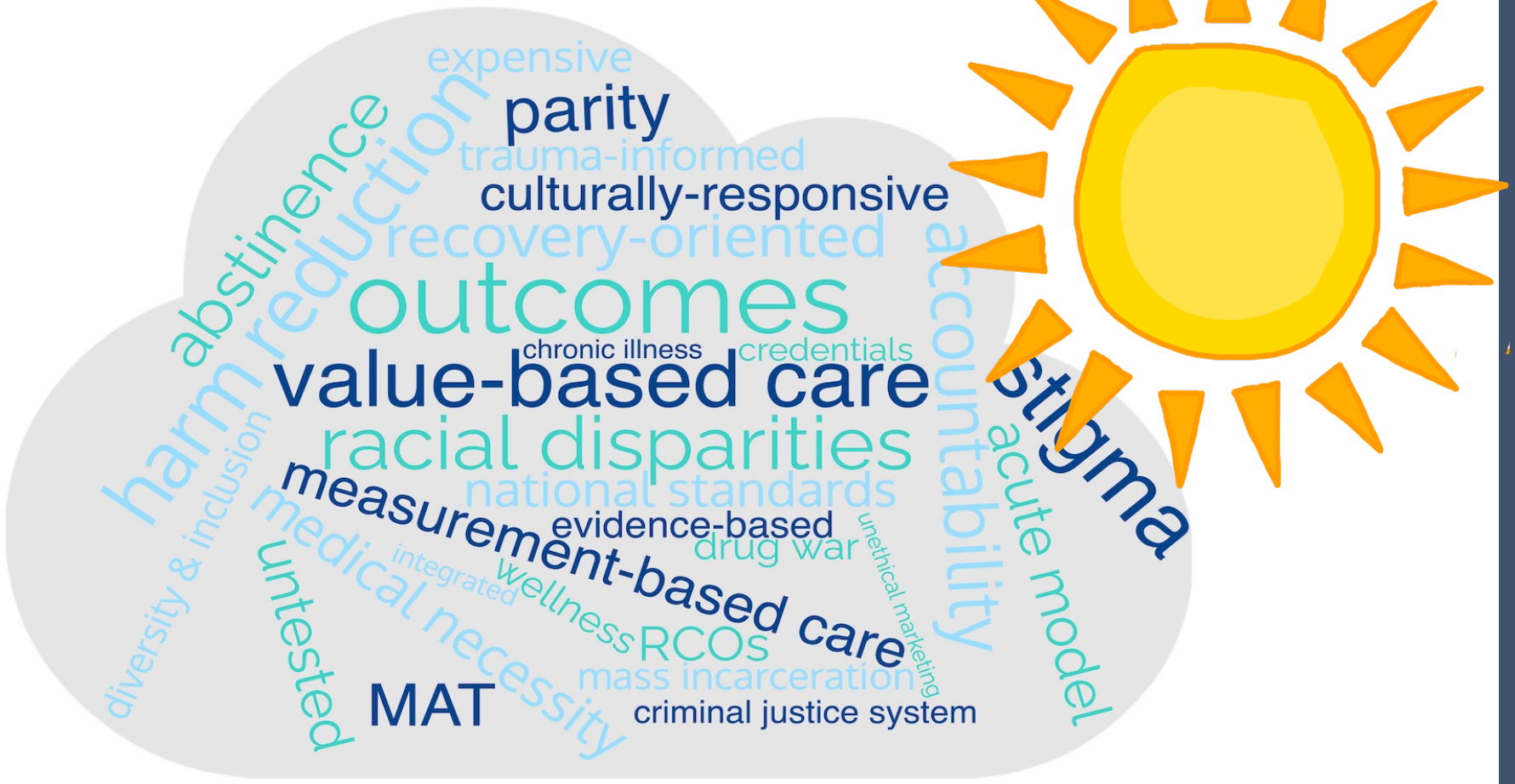
Excessive alcohol use is responsible for more than **95,000** deaths in the US, or 261 deaths per day.

(CDC.gov)

An Inventory of the Addiction Treatment System in the US

(according to a variety of sources)

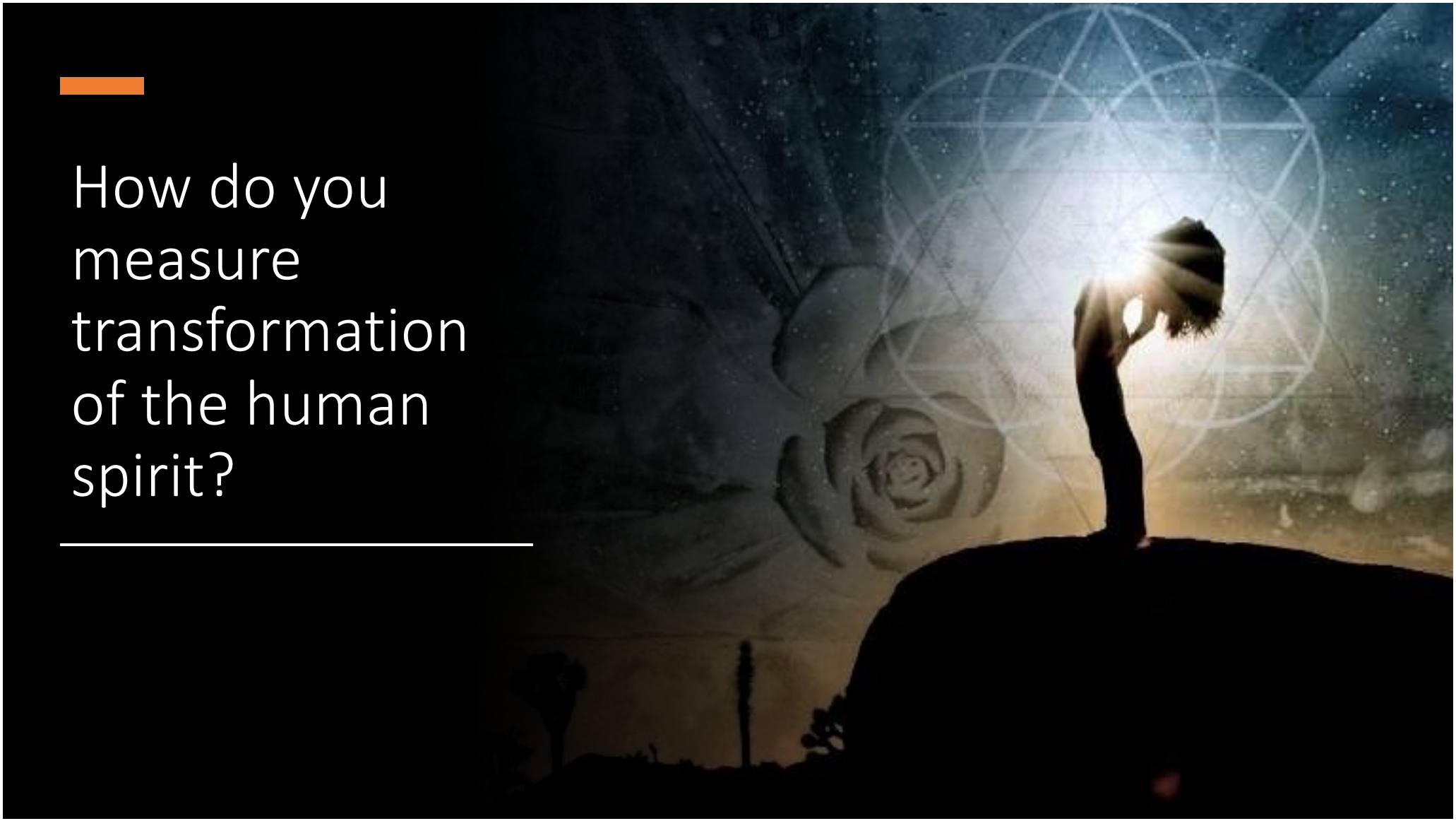
- Acute care model for a chronic illness
- Major gap between needs and access
- No national standards of care
- Parity violations
- No clear goals of treatment (abstinence/harm reduction, remission, mental health symptoms, functioning, quality of life, readmissions)
- Expensive and inaccessible to many
- Untested treatments / little outcome data
- Measurement-based care not utilized
- Not integrated with the rest of healthcare
- Insufficient treatment of co-occurring disorders
- Nutrition, exercise, wellness, smoking not addressed
- Stigma in society and the healthcare system prevents people from seeking/getting help
- Not culturally-responsive
- Racial disparities in access, engagement, retention
- War on Drugs policies caused discrimination and racial disparities in healthcare and the CJ system
- Work and care environments are not inclusive and welcoming to all
- Impact of racism & other social contributors to addiction/obstacles not addressed
- Lack of accountability and consistency in education of addiction treatment providers
- Not connected with RCOs
- Evidence-based practices underutilized
- MAT underutilized
- Trauma is insufficiently addressed
- Unethical marketing practices


expensive
parity
trauma-informed
culturally-responsive
recovery-oriented
outcomes
chronic illness
credentials
value-based care
racial disparities
national standards
evidence-based
measurement-based care
drug war
integrated
wellness
RCOs
mass incarceration
criminal justice system
MAT
medical necessity
untested
diversity & inclusion
harm reduction
abstinence
unethical marketing
accountability
acute model
stigma

“If you can’t measure it, you can’t improve it.”

- Lord Kelvin

How do you measure transformation of the human spirit?



FoRSE™

NAATP FOUNDATION

for Recovery Science and Education

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How Do You Measure Addiction Treatment Quality?

PROCESS

- Safety
- Wait times
- Use of medications, EBP
- Readmission rate
- ED and hospital visits

Insurance – Claims
CMS – HEDIS
SAMHSA – NOMS, TEDS
ATLAS – Shatterproof

OUTCOMES

- Reduced substance use
- Fewer symptoms / criteria
- Improved health & functioning
- Quality of life

Treatment Providers
NAATP FoRSE
ASAM & APA

PATIENT EXPERIENCE

- Ease of access
- Inclusion of family in treatment
- Satisfaction with care
- Respect of culture / identity

ATLAS - Shatterproof
Press Ganey
CAHPS - ECHO

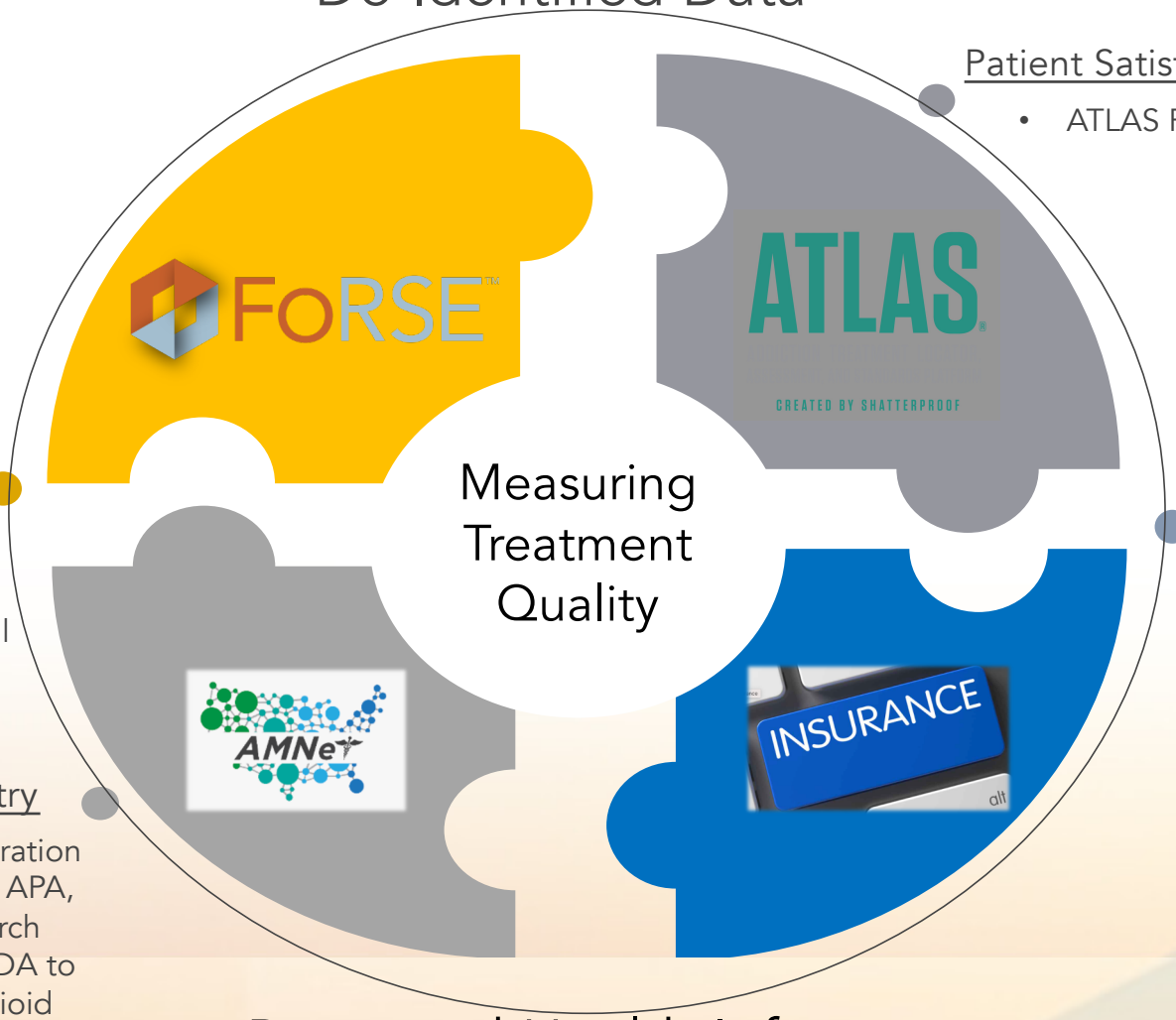
De-Identified Data

Patient Satisfaction

- ATLAS Patient Experience Survey

Patient-Reported Outcome Measures

- Substance use
- Psychological symptoms
- Quality of life
- Recovery capital



Process Measures / Claims Data

- ATLAS Treatment Facility Survey
- Insurance Claims

Patient Registry

Built as a collaboration between ASAM, APA, Friends Research Institute, and NIDA to address the opioid overdose epidemic

Protected Health Information

Outcomes Pilot Program

2016-2019

1. **Establish best practices** in outcomes research for substance use treatment

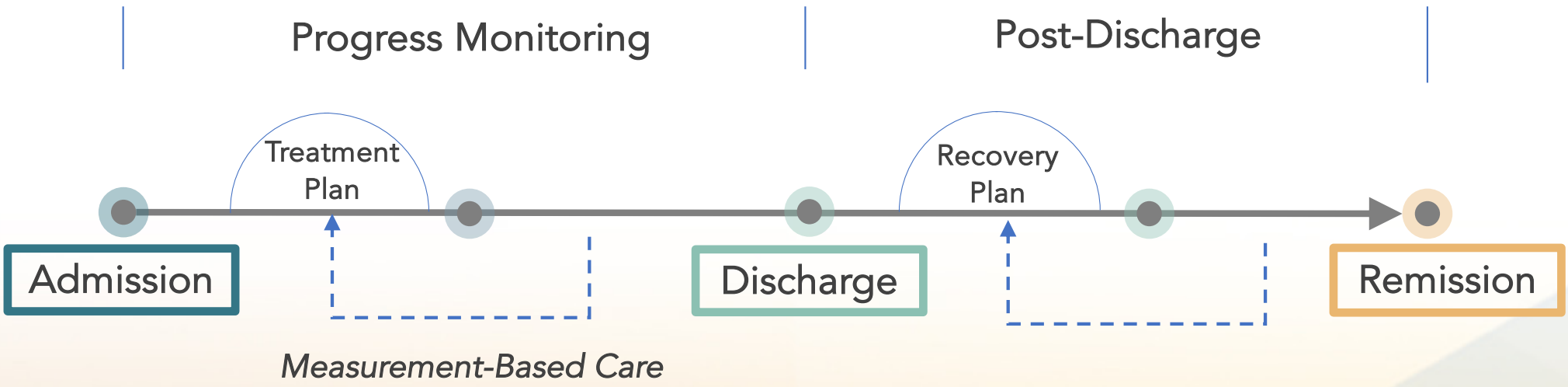
2. **Measure long-term outcomes** for patients who receive residential treatment for a substance use disorder

Goals of FoRSE

Help providers to:

- Better **inform and support patients** – measurement-based care, long-term engagement & recovery support
- Improve the **quality** of our programs
- Better **communicate** with external stakeholders – value-based care; integration with medicine; parity; accreditation
- Advocate for increased **access** to and **equity** in our programs

Outcomes Measurement in SUD Treatment



Measurement-Based Care

"The systematic evaluation of patient symptoms before or during an encounter to inform behavioral health treatment"
(Lewis et al, 2018)

Less than **20%** of behavioral health practitioners integrate it into practice

Can **double** overall effect sizes
(Miller & Duncan, 2006)

THE KENNEDY FORUM

ISSUE BRIEF

Fixing Behavioral Health Care in America

A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services

Measuring Outcomes of SUD Services

The Patient

Demographics
Substance Use
Mental Health
Social Determinants

The Service

Residential, IOP, OP
Length of Stay
MAT
Recovery Support Services

The Outcome

Substance Use
Functioning
Physical & Mental Health
Quality of Life

FoRSE Surveys

Patient & Service Data

- Demographics
- Social Determinants
- Services
  - Level/Type of Care
  - Length of Stay
  - Medications

22 items

Common in most patient records

Progress Measurement

- SUD (BAM, TEA)
- MH (PHQ-9, GAD-7)
- Recovery Capital
  - BARC-10
  - WHOQOL-BREF

Brief survey option

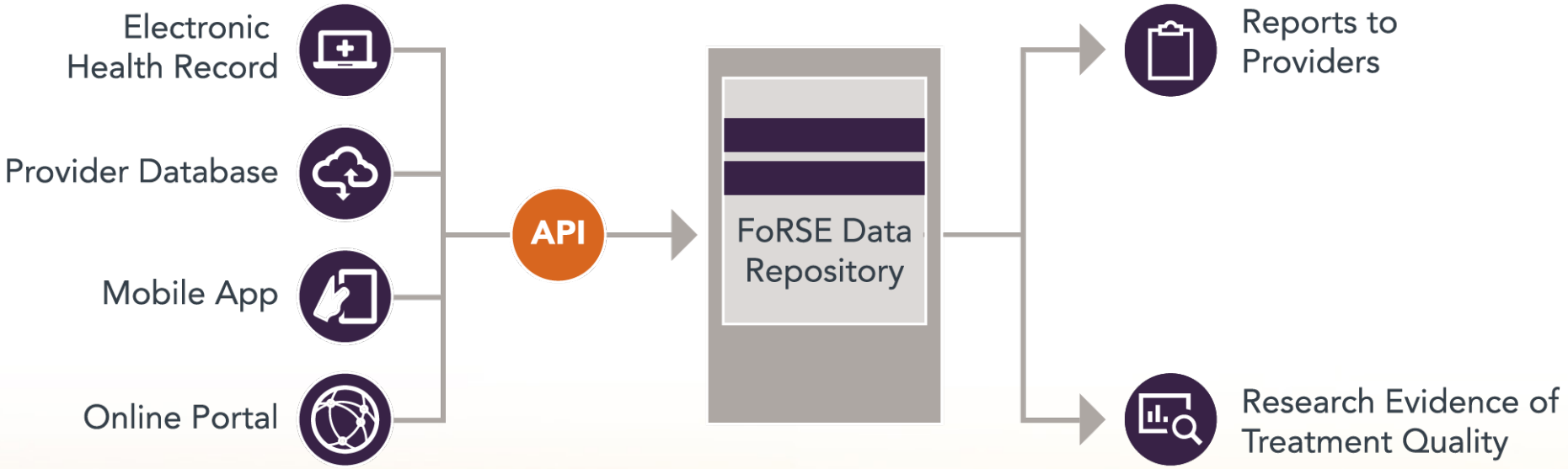
6 items on SU, MH, and recovery capital

Post-Discharge Outcomes

- SUD (BAM, TEA)
- MH (PHQ-9, GAD-7)
- Recovery Capital
  - BARC-10
  - WHOQOL-BREF

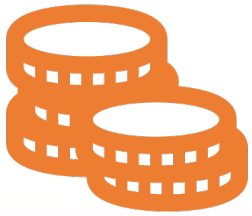
Brief survey option

10 items on SU, MH, recovery capital, service utilization, and quality of life



FoRSE Addiction Treatment Outcomes Program

Primary Concerns in Measuring Outcomes



Cost

Technology

Privacy

Valuable Output

What surveys are others using?

- PHQ-9 & GAD-7
- BAM or BARC-10
- FoRSE Outcomes Surveys
- TEA, WHOQOL

How are providers connecting?

- Petree Software
- Internally Written API Plug-In
- 3rd Party Written API Plug-In

What questions and comments do providers have?

- Is our data safe?
- What will the report look like?
- Who is participating?

How Are Providers Connecting?

https://www.naatp.org/foundation/our-technology-partners

PETREE CONSULTING INC.

Contracted by FoRSE to create the Clinical Data Repository

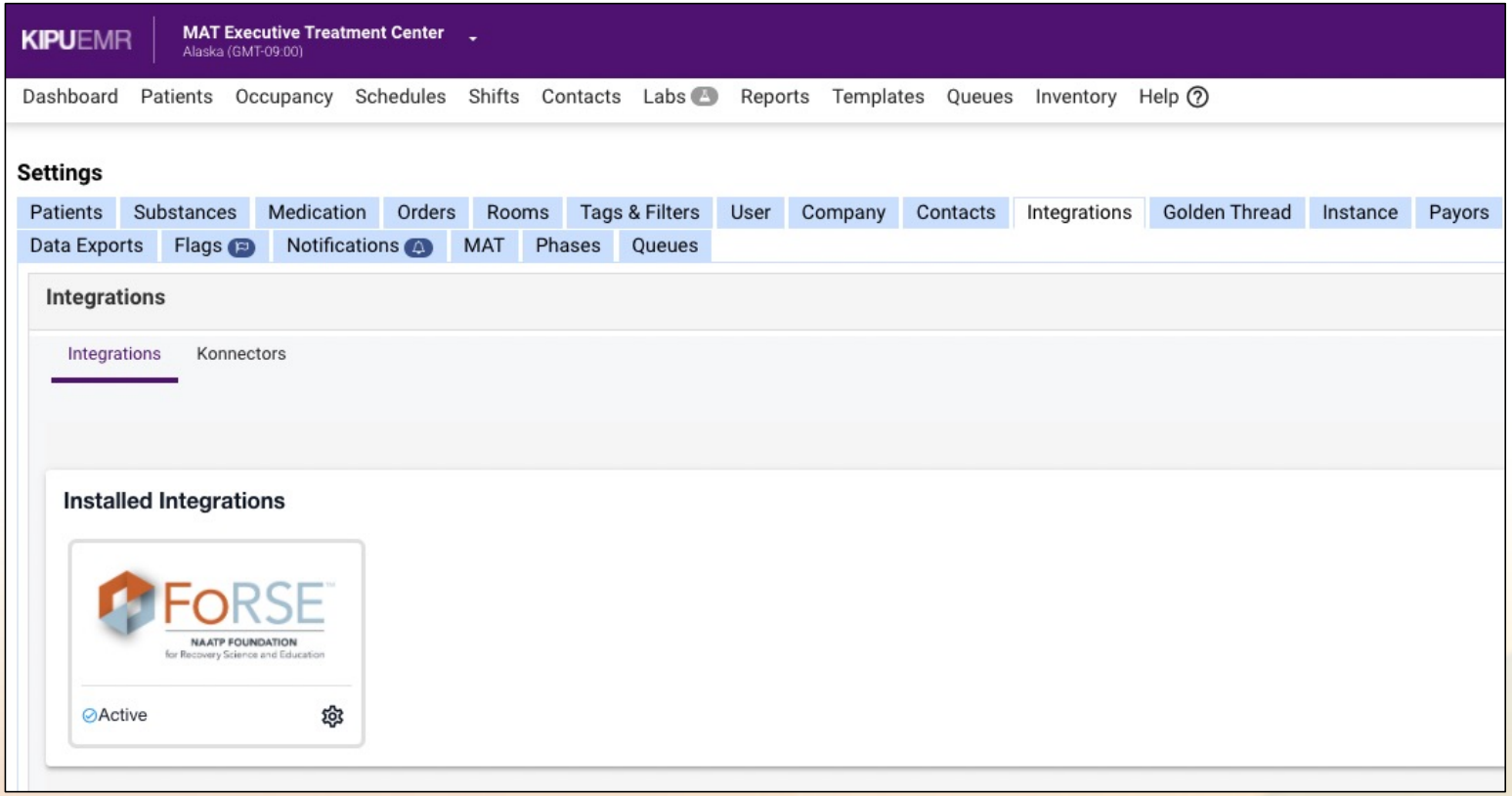
Provides survey-based outcomes research and client progress monitoring tools and services

The Remote Research Director Dashboard (R2D2) was designed to collect survey data and report results

R2D2 is the easiest way to contribute to the FoRSE database as it is integrated with several electronic health record systems

Surveys are disseminated through an automated system, and date are de-identified and added to the FoRSE database automatically

Kipu / FoRSE Integration



DATA PRIVACY & CONFIDENTIALITY

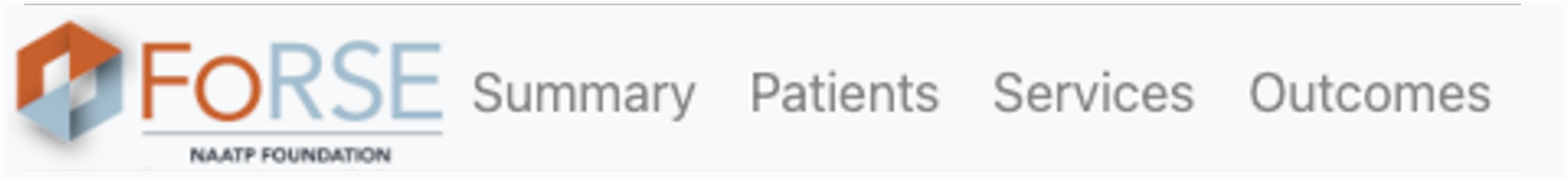
FoRSE is a fully de-identified clinical data program

HIPAA Safe Harbor de-identification standard

FoRSE has no PHI

Site-specific data is confidential

Reporting



- Demographics
- Diagnoses
- History of substance use & treatment

- Service type
- Level of care
- Length of stay
- MAT medications
- Telehealth services

- Discharge types
- Standardized surveys
- FoRSE surveys

FoRSE Early Adopter Data Sites

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cumberland heights

HIGH WATCH RECOVERY CENTER

Dilworth Center
UNLOCK YOUR RECOVERY

THE ROSE HOUSE

JAYWALKER LODGE
12 STEPS IN ACTION

gateway FOUNDATION

La Hacienda

AN EXTENDED CARE TREATMENT FACILITY FOR WOMEN
Recovery Ways™
Healing is Possible

WOMEN'S RECOVERY

LAKESIDE-MILAM RECOVERY CENTERS

Ashley
Everything for Recovery

Founded 1987
TURNING POINT OF TAMPA™
TPofTampa.com
Addiction • Eating Disorders
Dual Diagnosis Treatment
800-397-3006

SUNDOWN M RANCH

Transformations
TREATMENT CENTER
SUBSTANCE ABUSE & MENTAL HEALTH

FoRSE Data Sites

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FoRSE Steps to Participation

Express interest

FoRSE Provider Participation Agreement

Choose data to share

Set up API

Receive annual report

Use report for quality improvement & benchmarking

No cost to participate | *Contribute to the field* | *Show your value*

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

VOICE.

VISION.

LEADERSHIP.

Let's eat!