

45th Annual
Addiction Leadership
Conference



NATIONAL ASSOCIATION[®]
OF
ADDICTION TREATMENT PROVIDERS

Welcome
NAAATP
NATIONAL2025

From Numbers to Impact: Driving Revenue Through Comprehensive Community Care



Moderator

Philp Rutherford

Vice President, Substance Use
Continuum

National Council for Mental Wellbeing

NAATP Board Member



Anika Alvanzo, MD

Physician Principal – Baltimore, MD

Health Management Associates



Carolyn Coker Ross, MD

CEO

Inclusive Minds Consultants



Kelly Scaggs

President & CEO

Fellowship Hall

NAATP Board Member

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Beneficiaries:

White Women

LGBTQ+ Individuals

Veterans

People with Disabilities

Neurodiverse Individuals

Diversity, Equity and Inclusion Includes:

- Ramps and sidewalk curb cuts
- Subtitles and closed captioning
- Family restrooms
- Changing tables in men's restrooms
- Breast feeding/pumping stations & accommodations
- Floating holiday pay
- Pay equity and transparency
- Parental leave (time & pay)
- Not having to accept workplace harassment
- Work accommodations for a variety of disabilities, including WFH options
- Size inclusive chairs and beds in medical facilities
- Belt extenders on planes

How does it benefit your organization?

- Inclusive teams make better decisions 87% of the time. (Cloverpop, 2017)
- Psychological Safety—Employees are 50% less likely to leave inclusive workplaces. (Deloitte, 2020)
- Better performance—Inclusive companies are 120% more likely to hit financial goals. (McKinsey, 2023)



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The logo features the text 'NAATP' in a large, bold, sans-serif font, with 'NATIONAL2025' in a smaller, all-caps font directly below it. The text is positioned over a decorative background of overlapping purple and dark purple hexagons.

From Numbers to Impact: Driving Revenue Through Comprehensive Community Care



**Anika Alvanzo, MD,
MS**

Physician Principal – Baltimore, MD
Health Management Associates

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From Individualized to Population Based Substance Use Disorder Care

PRESENTED BY:
Anika A. H. Alvanzo, MD, MS,
FACP, DFASAM

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The Evolution From Social Services To Healthcare

Historically, services for substance use disorder were delivered through charitable organizations, often funded through donations

Frequently funded through grants and direct contracts

As the system evolves, we see more services delivered through the healthcare system

Increase focus on contracting

Outcomes

Increased regulatory oversight

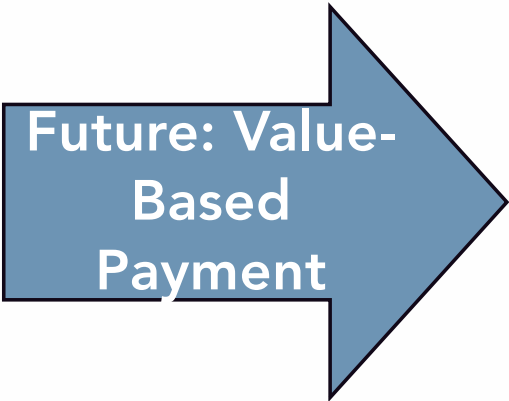
National Healthcare Landscap

- Think of purchases you make regularly
 - How do you define value?
 - Quality
 - Service
 - Outcome
- Current Model: Fee for Service (FFS)
 - The service is delivered, **the provider is paid**
 - **No connection to outcome or value**

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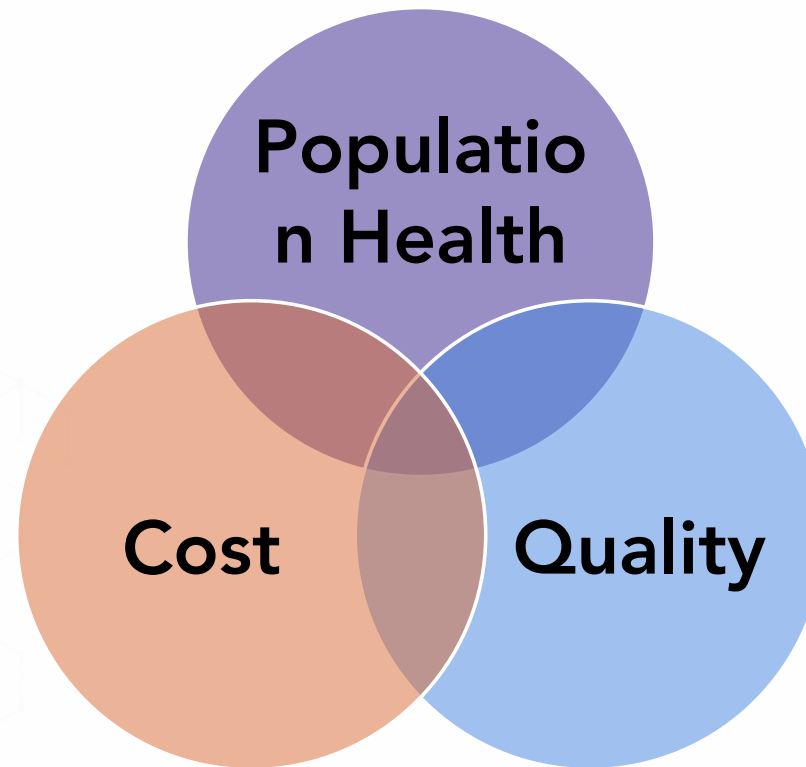


National Healthcare Landscape



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Value-Based Payment (VBP) Basics: Three Key Components



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Steps For Achieving VBP Outcomes

- Care organized around medical condition(s)
 - Multidisciplinary team-based, patient-centered care
- Measurement and lowering of the costs for treating those with the medical condition
 - Includes both billable costs (e.g. medications) and non-billable costs (e.g. administrative support)
- Measurement and improvement in outcomes important to improved quality and patient experience
 - Risk adjustment
 - Continuous quality improvement
- Reimbursement of providers via VBP

Revenue Cycle Value Based Care – How You Get Reimbursed

$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}} = \frac{\text{OUTCOMES PATIENT + EXPERIENCE}}{\text{DIRECT COSTS + INDIRECT COSTS}}$$

The New World

	Volume-Based	Value-Based
Payment	Fee-for-Service	Outcome Based
Incentives	Pass-A-Tube-Get-A-Payment	Keep-Em-Healthy-And-Make-A-Living
Focus	Episodes	Populations
Role of the Providers	Interaction on Individual Interactions	Team-Based Case Continuum
Information	Retrospective	Predictive

Value-Based Care

Potential VBP Benefits For Substance Use Disorder (SUD) Treatment

- Integrated care for co-occurring medical and mental health conditions
- Improved care coordination and transitions in care
- Increased attention to Social Determinants of Health (SDOH)
- Reduction in costs and increased reimbursement
- Improved clinical and patient-reported outcomes

The logo for NAATP NATIONAL2025 is positioned in the lower-left area of the slide. It features the text 'NAATP' in a large, bold, grey font, with 'NATIONAL2025' in a smaller, grey font directly below it. The background of the logo area consists of a decorative pattern of overlapping purple and dark purple hexagons, some of which are connected by thin white lines, creating a network-like appearance.

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VBP Example: Caron Treatment Centers

- In 2017, Caron entered into VBP contract with Independence Blue Cross
 - Caron paid a flat fee for treatment
 - "At-risk" for any readmissions within 90 days of discharge
- 2019 results:
 - Caron: 6% 90-day readmission
 - All other IBC providers: 12 – 26%
- Multiple VBP arrangements in multiple states
 - Allows Caron to design and deliver integrated care (physical, mental health and SUD) and facilitate successful transition to next level of care
- More profitable than fee-for-service

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From Numbers to Impact: Driving Revenue Through Comprehensive Community Care



Carolyn Coker Ross, MD

Chief Executive Officer

Inclusive Minds Consultants

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TACKLING WORKFORCE SHORTAGES IN SUD TREATMENT

THE PROBLEM

Projected Shortages by 2025:

31,000
Mental Health Practitioners

6,000
Psychiatrists

17,000
Social Workers

93% Of behavioral health workers experience burnout

84% Say those most in need struggle to access care

48% Are considering leaving the field

76% Fear the # of lives to be lost due to no access to care.

Annual turnover rates between **19-50%** for addiction counselors

169 million living in Mental Health Professional Shortage Areas

IMPACT ON CARE DELIVERY

Access Barriers
84% say patients can't get timely care

65% Rising Caseloads report increased patient loads post-COVID

Public Health Risk
3 in 4 believe staff shortages lead to avoidable deaths

SOLUTIONS TO ATTRACT & RETAIN TALENT

Combat Burnout

- Offer flexible scheduling
- Reduce paperwork burdens
- Promote self-care

Tap Into Untapped Talent Pools

Veterans & Military
Leadership, resilience, adaptability
Supported by SHRM Foundation certifications

Individuals with Disabilities
22% lower turnover when included
High problem-solving and commitment

Workers Aged 60+
Experience and strong interpersonal skills
Offer part-time/flexible roles

Promote Self-Care
Mental health support programs
Celebrate recovery milestones
Encourage autonomy and creativity

Offer culturally intelligent care
Deliver services that meet the social, cultural, and linguistic needs of patients from diverse backgrounds.

This will improve trust, engagement, and outcomes.

UPSKILLING & RESKILLING PATHWAYS

Apprenticeships
Structured on-the-job learning
Reduce paperwork burdens

Upskill
Telehealth, treatment modalities, digital tools

Reskill
Shift admin staff to clinical support or health informatics

Remote Learning
Online certification programs (ideal for rural areas)
E-learning for communication and safety protocols

CAREER DEVELOPMENT & CULTURE

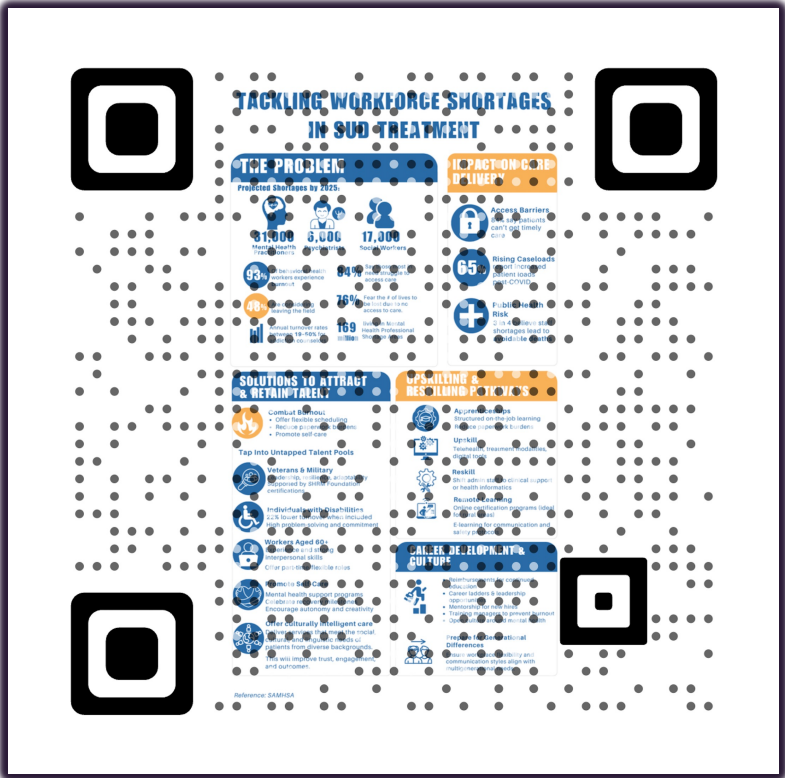
- Reimbursements for continued education
- Career ladders & leadership opportunities
- Mentorship for new hires
- Training managers to prevent burnout
- Open culture around mental health

Prepare for Generational Differences
Ensure workplace flexibility and communication styles align with multigenerational needs.

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Reference: SAMHSA

Tackling Workplace Shortages in SUD Treatment QR Code



Closing Remarks:

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Person centered

The diagram features five horizontal bars of varying colors (dark blue, blue, teal, and light blue) stacked vertically. Each bar is connected to a large purple rectangle on the right by a thin orange line that forms a bracket-like shape. The bars are labeled with the following text from top to bottom: 'Person centered', 'Population health', 'Evidence-based practices', 'Continuum of care', and 'Ecosystem'. The background includes a light purple hexagonal pattern on the left and a dark purple geometric pattern at the bottom left.

Population health

Evidence-based practices

Continuum of care

Ecosystem

ASAM Criteria

Fourth Edition Updates Include Essential VBP Elements

- **Chronic care model of treatment** – the new Level 1.0 provides ongoing monitoring for patients in stable remission, including ongoing medication management services.
- **Integration of Care** – integration of withdrawal management services into the continuum in the x.7 levels of care where integrated biomedical and psychosocial services are provided.
- **Co-Occurring Capable Care** – promotion of more integrated care for co-occurring mental health conditions by incorporating standards for co-occurring capable care into the core standards for all levels of care.
- **Harm Reduction** – encouragement for clinicians to consider harm reduction related needs for each patient. It also incorporates low-threshold addiction medication access and encourages programs to consider how to better support harm reduction strategies.



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Fourth Edition Updates Include Essential VBP Elements

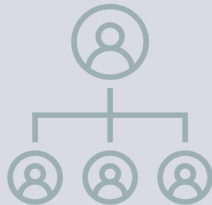
- **Access to recovery support services** – inclusion of standards that identify recovery support services (RSS) that should be available at each level of care and promoting ongoing remission monitoring and recovery management and check-ups (rmcs) for patients who have achieved sustained remission.
- **Person-centered considerations** – encourages identification of clinical and sociocultural services and supports based on individualized patient preferences, barriers and strengths, respecting patients' autonomy.
 - The **new** Dimension 6 – Person Centered Considerations considers barriers to care (including social determinants of health), patient preferences and need for motivational enhancement
- **Measurement-based care** – encourages use of standardized measures, completed at regular intervals, along with measures of individual and collective treatment effectiveness
 - Ex: cravings, withdrawal symptoms, mental health symptoms, quality of life, prescription of medications for addiction treatment, 90-day readmission

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Assess Your Readiness: VBP Readiness Assessment



Ability to Measure Outcomes



Board & Leadership Readiness



Technological Capabilities



Partnerships and Collaborative Agreements



Engaging with Payers



Financial Management & Cash Flow Reserves

<https://www.healthmanagement.com/vbp-readiness-assessment-tool/>

Upcoming Sessions

4:45-5:30pm

Open Reception: Empowering Your Organization Through NAATP Membership Offerings

Sponsored By



Tuesday, May 20th

8:00-9:00am

Open Recovery Meeting: (12 Step Format – All are Welcome)

8:00-9:00am

Exhibitor Appreciation Breakfast

Sponsored By NAATP Board of Directors

9:00-9:30am

Data-Driven Leadership:
The Foundation for Recovery Science and Education (FoRSE)

9:30-10:30am

A Critical Analysis of the Use of Existing and Emerging Technology in SUD Treatment

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