The State of The Profession

The Delivery of Addiction Treatment

2019

Marvin Ventrell
CEO
NAATP
What is the State of the Profession?

At a Crossroads:

“We are at a crossroads of great opportunity while in the midst of an addiction crisis, a massive treatment delivery gap, and an environment of harmful economic greed. What we do now will define addiction treatment and impact the field, patients, and our society for many years to come.”

NAATP: May 2017
What is the State of the Profession Today?

Re-emerging with Credibility and Value

“The time has arrived for the addiction treatment field at large to re-join back together as a national community of health care providers and install values-based, uniform, measurable standards of practice to close the abuses, restore public faith, and secure our long-term viability as a integral member of the health care community. Armed with the clinical and operational tools now at our disposal, our success is imminent if we do so.”

NAATP, October 2019
What Brings Us to this Moment?

Environmental Factors

1. An Addiction Crisis without an Effective Public Policy Response
2. The Addition of the Lethal Opioid Crisis
3. A Rapidly Evolving Clinical Treatment Model
4. Together with Data that Support Longstanding Treatment Practices
5. An Increasingly Highly Competitive Semi-Regulated Marketing Environment
6. A Changing and Unstable Reimbursement Environment
7. Addiction Entering Behavioral Health and Health Care Care Generally
8. A Treatment Provision Gap
9. A Treatment Payment Gap and Unrealized Parity
10. Lack of Provider-Payer Partnerships
11. Good Things: Stigma Reduction, Disease Recognition, ACA, Parity
12. The Unscrupulous Predatory Treatment Profiteer, Still Out There
Framing Our Next Steps

• Industry “Reform”?

• Industry “Correction”?

• Industry “Evolution”
  • Evolution honors the past and embraces the future
First Things First: The End Game – “Recovery”

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Dimension 1: Health
Overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Dimension 2: Home
A stable and safe place to live.

Dimension 3: Purpose
Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

Dimension 4: Community
Relationships and social networks that provide support, friendship, love, and hope.

i.e., Recovery Capital

Source: SAMHSA
Recovery = Transformation: Requires a Spiritual Setting

You can feel it on-site in a clinically-sound, values-based treatment program.

- It is grounded in the highest level of institutional leadership.
- It is passed on to every level of operation and care.
- It is witnessed by the staff practice of the principles of recovery.

Integrity is never situational
It is not divisible between business and clinical practice
It only exists when it is challenged

The ethics crisis that has plagued us and damaged our reputation is a function of both egregious criminal behavior and subtle insidious institutionalized practices that are still tolerated

- Integrity requires cutting the ties
- We cannot allow the tail to wag the dog: Mission must drive business model not the converse
Good News: Evolving with Accomplishments and Tools

- Disease Recognition & Stigma Reduction
- Recovery Recognition
  - 23 Million in Recovery
- Mental Health Parity & Addiction Equity Act
- Essential Benefit Law: Affordable Care Act
- Congress is Responding
  - CURES ACT, Appropriations, Medicaid Expansion
- We Know More about Treating Addiction
  - Brain Science and Psycho-Social Developments
- We Have More Tools to Treat With
  - MAT, Trauma Treatment, and Recovery Capital
Evolving with Health Care Disease Definition

• Addiction is a **primary, chronic** disease of **brain** reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic **biological, psychological, social and spiritual** manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

• Addiction is characterized by inability to consistently abstain, .... **Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.**
Evolving with Data!
Evidence of Success: Our Tools Work

- Treatment Models Work!
  - Outcomes and Measures Systems are in place in numerous NAATP centers
  - They show strong recovery rates
- 12-Step Facilitation Works!
  - High Remission Rates from National Survey on Drug Use and Health (NSHUD) = 75%
    - Use the term “Remission” like other diseases
  - The New Cochrane, Kelly Harvard Research in Final Peer-Review
    - Strong evidence of remission from treatment modalities and 12-step facilitation
  - Opioid Use Disorder Efficacy within 12-step based Treatment
    - Klein and Seppala in the September 2019 issue of Journal of Substance Abuse, “Medication-assisted treatment for opioid use disorder within a 12-step based treatment center: Feasibility and initial results”
Outcomes Pilot Program
The OPP: 2017-2019

• 3-Year Outcomes Research Study
• Strong Fidelity Protocols
  • OMNI, NIH, Institutional Review Board (IRB)
• Designed to Create a Reliable Model
• 7 Pilot Sites
• Tracking Intake to 12 Months

Pilot Sites
• Ashley
• Avenues Recovery
• Caron
• Hazelden Betty Ford
• New Directions for
• Seabrook
• Sundown M Ranch
• Tully Hill
NAATP Outcomes Pilot Program Final Report

Key Findings

• Survey validity and reliability require professional fidelity protocols and processes
• The Toolkit establishes a foundation for outcomes tracking
• 66% Abstinence at 12-month mark
• Six characteristics are predictive of abstinence at 12 months:
  • AA meeting attendance
  • Age
  • Relationship status
  • Number of substances used 30 days pre-intake
  • Treatment completion
  • Days spent in care

Go to www.NAATP.org
Health Care
Accountability, Transparency, Validity

Value-Based Care is the New Reality of Entry into Health Care

• Evidence Based Practice
  • Outcomes Research = Distal Measure

• Practice Based Evidence
  • Real Time Measurement = Proximal Measures

• NAATP Sequel to the OPP is the OMP
  • Outcomes and Measures Program Underway
The Environment
Patient Population: Addiction in America, An Addiction Crisis

23 Million Suffer from Substance Use Disorder (SUD)

- 17 Million = Alcohol (AUD)
  Alcohol also accounts for most SUD Deaths
- 6 Million = “Drug” Addiction
  Primarily Cocaine, Methamphetamine, and Opioids
  Opioids = ½ - 3 Million
- Deaths
  *120,000 Annually
  *80,000 = Alcohol
  *40,000 = “Drugs” (Cocaine, Methamphetamine, Opioid)
  Opioids Lethality: 30,000 + annually and rising (72K?!) 100 per day ½ & ½ Prescription vs Illicit Over ½ Illicit = Heroin
- Cost to Society: $400 Billion Annually

SAMHSA; NIDA: JAMA; Open Society Foundation; *NYT 8.15.18 CDC Increases #
“Responding” to the Need
The Addiction Treatment Gaps

The Treatment Gap
• 10% of 23 Million Receive Targeted Treatment
• Compared to 87% for Diabetes

The Payment Gap
• Unlike most healthcare, government funding is the primary source of payment for addiction care, and that funding is woefully inadequate.
• Private insurance doesn’t adequately close the gap. It pays 40% of medical care generally, but only 10% of addiction care.
The Profession: Treatment Programs in the US

The SAMHSA Mental Health and SUD Treatment Locator

- Identifies 13,294 locations of SUD treatment
- Does not distinguish accreditation
- Does not distinguish license
- Refine search to Buprenorphine Physicians = 57,000 locations of SUD treatment
NAATP as a Representation of the Field

Membership Conditions and Composition
The Membership of the National Association in Year 41

A Professional Membership Society and Trade Organization Dedicated to Serving our Members and Developing Addiction Treatment Service and Access to Service

• Our Core is the Provider Member
  • Direct Addiction Treatment Service

• Supporter Members
  • Support the field through services

• Provider Member Qualification
  • Licensed for all addiction treatment services in all locations
  • Accredited for all services in all locations
  • Bound by Code of Ethics Code 2.5 and agree to be removed for violation
  • Adherence to Quality Assurance Guidelines
The NAATP Locator Distinguishes Facility Composition and Services

naatp.org/resources/addiction-industry-directory
# NAATP AID

## Search Criteria

### Type of Member
- [ ] Licensed
- [ ] Accredited
- [ ] Provider
- [ ] Supporter

### Accrediting Body
- [ ] Number of Beds
- [ ] Payment Assistance Available

### Length of Stay
- [ ] Type of Payment Assistance Available
  - [ ] Monthly Payments
  - [ ] Scholarships
  - [ ] Sliding Fee Scale
  - [ ] Insurance Accepted
  - [ ] Medicaid Accepted
  - [ ] Medicare Accepted
  - [ ] Private/Self Pay Accepted
  - [ ] State Funded Payment Accepted
  - [ ] Military Insurance Accepted

### Levels of Treatment Care
- [ ] After Care
- [ ] Day Treatment (PHP)
- [ ] Intensive Outpatient (IOP)
- [ ] Outpatient Treatment
- [ ] Transitional Living
  - [ ] Consulting
  - [ ] Extended Care
  - [ ] Intervention
  - [ ] Primary Residential
  - [ ] Continuum of Care
  - [ ] Inpatient Detox
  - [ ] Outpatient Detox
  - [ ] Sober Living

### Specialty Treatment Programs
- [ ] Adolescent
- [ ] Coed Program
- [ ] Dual Diagnosis/Co-Ocurring
- [ ] EMDR
- [ ] Gender Separate
- [ ] Male Only
- [ ] Medication Management
- [ ] Patients with Children
- [ ] Psychiatric Services
- [ ] Young Adult Recovery
  - [ ] Alcohol/Drug Addiction
  - [ ] Compulsive Gambling
  - [ ] DUI/DWI Offender Program
  - [ ] Family Program
  - [ ] Holistic
  - [ ] Medically Assisted Treatment (MAT)
  - [ ] Older Adult/Senior Recovery
  - [ ] Pregnant/Postpartum Women
  - [ ] Sexual Addictions
  - [ ] Chronic Pain
  - [ ] Domestic Violence
  - [ ] Eating Disorders
  - [ ] Female Only
  - [ ] LGBTQ
  - [ ] Opiate Detox
  - [ ] Professionals
  - [ ] Trauma/PTSD
Foundations Nashville

Contact Information

Mailing Address: 2603 Westwood Dr, Nashville, Tennessee 37204
Phone: 888-867-6802
Email: admissions@frnmail.com
Website: https://www.foundationsrecoverynetwork.com/outpatient-treatment/foundations-nashville-tennessee/
Facility Of: Foundations Recovery Network
CEO: Kris Blount
Admissions Email: admissions@frnmail.com
Admissions Phone: 888-867-6802

Organization Information

Membership Type: Provider
Member Facilities 2019: -1,000*

*Facility numbers fluctuate
Levels Of Care Provided
(May Select Multiple)

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<th>Percentage</th>
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Accreditation within NAATP Membership

- 340 CARF
- 399 Joint Commission
- 47 Not Accredited
- 41 Not Accredited
- 7 Other Accreditation
- 24 Dual Accredited
NAATP Members by Location
New and Established Members
NAATP Member Facilities by Revenue

Current Member Facilities

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<th>Provider</th>
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NAATP Member Revenue Categories

Current Primary Members

Provider

Supporter

<1.5M
1.5M-3M
3M-5M
5M-8M
8M-12M
12M-18M
18M-25M
25M-35M
35M-50M
>50M
<1.5M
>1.5M
Member Entity Tax Status

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<th>Membership Type / Tax Status</th>
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<td>Gov</td>
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<td>62.87%</td>
<td>14.07%</td>
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Number of Records
NAATP Quality Assurance Initiative (QAI)

- Establishing a Proficiency Baseline Below Which No Provider May Fall

- Distinguished from Recognizing a Small Subset of “Gold Standard” Providers

- QAI Serves a Greater System-Wide Need that Lifts us All as a Profession
Evolution Through Quality Standards: Demonstrating Transparency and Accountability

Prohibited Practice
  • Ethics Code Enforcement

Best Practice
  • Adopting Uniform Core Competencies
Prohibited Practice: The NAATP Ethics Program

- NAATP Code of Ethics 2.5
  - Treatment
  - Management
  - Facilities
  - Marketing
    - Financial Rewards for Patient Referrals
    - Deceptive Advertising or Marketing Practices
    - Exposing Client Identities for Marketing Purposes
Prohibited Practice:
AdWords Suspension and the LegitScript Program

- Google Suspends AdWords Program in Addiction Field
- Advertising Reinstated with LegitScript Certification
- NAATP Ethics Program
Problem Practices
The Primary Offenses

1. Patient Brokering
2. Billing and Insurance Abuses
3. License and Credential Misrepresentation
4. Predatory and Deceptive Web Practices
   a. Unbranded Marketing Pages
   b. Web and Call Directory Deception
   c. Consumer Identity Aggregation
   d. Google Platform Deception
      i. AdWords
      ii. Maps
      ii. Search Engine Optimization (SEO)
Identification and Implementation of Core Competencies
Standardizing Best Practice

The Guidebook: Foundation of the Quality Assurance Initiative

• Nine Core Competency Areas
• 32 Guidelines with Explanatory Comment
• Followed by an Implementation Resource
• Outcomes & Measures Key Component
• Ethics as a Key Component
• Serves as a Companion to Accreditation
The Nine Guidebook Core Competencies of Care

A. Operations
   7 Guidelines
B. Admissions and Patient Screening
   2 Guidelines
C. Employment, Training, and Credentialing
   4 Guidelines
D. Billing
   6 Guidelines
E. Discharge and Continuing Care
   3 Guidelines
F. Outcomes Measures
   1 Guideline
G. Community Engagement, Public Relations, and Public Policy
   3 Guidelines
H. Marketing, Advertising, and Visibility
   5 Guidelines
I. Code of Ethics
   1 Guideline
Guidebook Guideline A-1: *Treatment Philosophy*

“Addiction treatment providers should develop a treatment philosophy that includes their mission, values, services, and ethics. The treatment philosophy should be stated in their materials and made available to consumers. The treatment philosophy should recognize addiction as a multifaceted disease requiring multiple interventions provided along a continuum of care. The philosophy should describe the provider’s role or roles along the continuum of recovery and its use of best practices.”

Commentary: ....

Resources: ....
1. Addiction treatment is **health care** and must be chosen as such
   Do not be swayed by the photography and marketing of luxury amenities rather than necessary core health care service.

2. There are **knowable indicia of quality** in addiction treatment
   Indicia include descriptions of evidence-based practices, professionally credentialed staff, and accreditation. A visit and tour of the facility will reveal much.

3. **Transparency** of treatment center information is essential
   The deeper you look, the more useful information you should find including location, years of operations, outcomes data (but not “guarantees”), depth of clinical information, inquiries into consumer medical history, and in-network insurance information.

4. A treatment program should pledge compliance and accountability to a **Code of Ethics**
   Has the program adopted the NAATP Code of Ethics or similar comprehensive criteria to which it holds itself accountable, including an accountability system?

NAATP Resource Center, Consumer Resources: [www.naatp.org](http://www.naatp.org)
Thank you!

National Association of Addiction Treatment Providers

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