TREATMENT RESEARCH INSTITUTE

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Integration of SUDs Across the Care Continuum: Emerging Workforce Issues

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August, 2015

Current Status of Treatment

- CMS has established requirements for clinical and recovery support services along the entire continuum of care beginning in primary care that are based in evidence and meet standards of care.

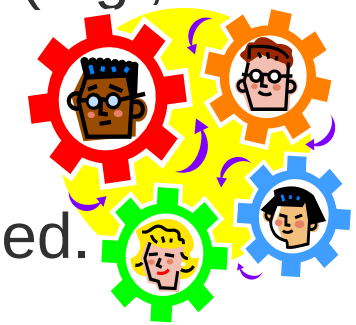
- We are in a time of rapid scientific advances that are not being applied, e.g., use of medications in treatment, screening and counseling focused on behavior change for multiple chronic conditions.

- Consolidation of treatment programs (e.g. CRC and Deutschbank) as in other parts of health care; higher percent of for-profit treatment programs.

Identified Workforce Issues

1) Higher skill level, greater flexibility, and expanded roles for clinical and administrative staff are critical.

2) Fewer people are choosing health professions, problems exist with distribution by geography and population (e.g., rural areas, treatment for adolescents).



3) Professional licensing criteria are not standardized.

4) Employer/payer workforce requirements, pre-service education, and in-service training for targeted skill areas are not aligned.

Learning the Right Skill Set

1) Integration 2.0 – Beyond SBI in primary care
   - SBI+
   - "Selling" services to health care settings
   - Team-based treatment

2) Pre-Service Education
   - Recruitment and Training Incentives

3) In-Service Education
   - State-or-the-art clinical assessment, ability to treat patients with substance use and mental disorders, and manage patients with other chronic conditions

Learning the Right Skill Set

3) Incentive Payments, Performance, and Accountability

- Performance on evidence-based practices will count in payment

4) Network Development

- Developing and participating in networks and aligning with ACOs

5) Use of Medications

- Increasing the use of medications and adjusting counseling and other services to meet the early needs of patients who receive medications.

Who Says These are the Right Skills?

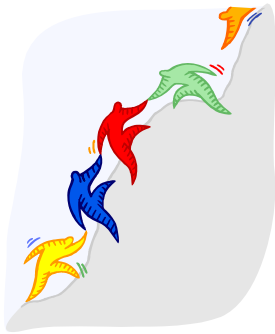
- The Affordable Care Act
  - Parity
- CMS
- State Medicaid Agencies
- Employers
- Managed Care Plans
- NQF Standards and Performance Measures

Integration 2.0

- SBI+ - screening for SUDs and other chronic conditions, 4-6 counseling sessions, care management, and use of medications in primary care settings
- Referral and continuing support for engagement in treatment in other health care settings, e.g., mental health settings, hospital medical and surgical units
- Providing evidence-based clinical assessment that assures identification of appropriate level of care and patient-centered treatment planning

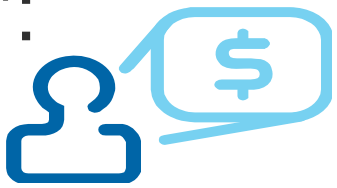
Integration 2.0

- Screening of SUD patients and interventions for other chronic conditions and follow-up
  - Less than 50% of SUD treatment programs screen for mental illnesses;
  - Less than 25% of SUD treatment programs screen for other chronic illnesses N-SAATS, 2012
- Understanding what it means to work in a team-based approach following a screening



Incentive Payments and Performance

- Focus of “pay for performance”:
  - benefitting the patient
  - encouraging widespread adoption of evidence-based and patient-centered treatment practices (quality improvement activities)
  - guaranteeing to patients that they will receive appropriate care (accountability)
  - reducing long-term risks for returns to detox
  - adherence to medications



ACOs and Networks

- Network Development

  - The need for networks is related to what happens to patients as they leave hospital medical units, detoxification units, and the ER. Workforce trained to function at this intersection is critical.

  - Post-discharge follow-up (continuing care) from any level of care is a critical service; the diagnoses most often readmitted following a hospitalization, including for medical/surgical interventions are substance use disorders and mental health diagnoses.

Use of Medications

- According to the National Quality Forum (NQF) and ASAM, access to medications is a national standard of care for all adults in treatment for substance use disorders; seriously underutilized in treatment.

- Comprehensive treatment includes both medications AND importantly counseling, other therapeutic, and recovery support services. Little training is available specific to counselors and other workforce needed to provide these services.

Use of Medications

- Skilled treatment staff need to understand not only the medications themselves but how they affect the "state" of the person taking them and the implications their use has for the treatment process and treatment planning.

- Given the increasing role of Medicaid and private insurances in reimbursement of treatment of substance use disorders, workforce needs for training in billing, claims, prior authorization, review of claims denials, and other such issues is essential.

Education and Training

Pre-Service: Who? About What?

- Education for psychologists and social workers
  - Curricula: neuroscience of addiction, assessment and treatment, recovery, co-morbid conditions
- Education in behavior change for multiple chronic conditions
- Education to work in healthcare settings
- Loan repayment for specializing in needed specialty areas, e.g., treatment of adolescents

Education and Training

In-Service: Who? About What?

- Training to carry out new treatment services, e.g., adjust counseling and treatment process for patients receiving medications or having other medical chronic conditions
- Training to work in primary care settings
  - Team-based care
  - Flexibility
- Training to work IN other medical settings
  - Emergency Department (ER), Med/Surg Units
- Training to work WITH medical settings
  - Care coordination and management

Becoming a Multi-faceted Workforce

- Acquiring multiple skills in pre-service and in-service education and training:
  - Brief interventions and short-term counseling to reduce substance use, and assist with SUDs and/or other chronic illnesses to become engaged in treatment
  - Flexible use of skills, e.g., substance use screening, counseling and treatment; mental health screening; and, screening for other medical chronic conditions for all patients
  - Providing supports for use of medications to physicians in primary care settings

Becoming a Multi-faceted Workforce (con't)

- Acquiring multiple skills in pre-service and in-service education and training
  - Care coordination across treatment systems—outreach and in-reach from specialty treatment
  - Ability to provide services in many healthcare settings as well as in specialty treatment programs …. understand that SUD treatment is a specialty

  - Ability to use technology to screen patients, chart and track treatment and treatment improvement, use the electronic health record, and intervene with patients.

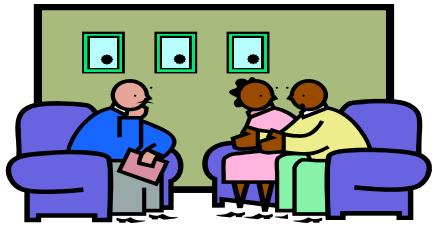
Honda Flexi-factories

What is a “Flexi-factory?”

- A “flexi-factory” is capable of changing the product it makes with relative ease, at low cost, and great rapidity: whether changing volumes, models, or the nature of the products made.
- Capable of making more than one model simultaneously
- Employees are expected to be flexible to accommodate shifts in mix of models
- Flexi-factories are operated as networks to balance their capacities

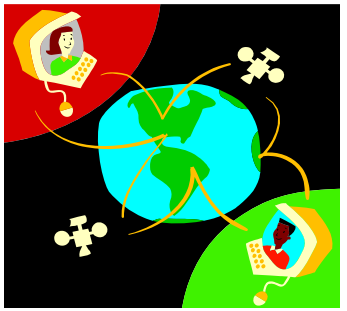
Flexi-Treatment Programs

- What is a Flexi-treatment Program?
  - A flexi-treatment program operates with staff that are capable of changing administrative and organizational approaches with relative ease, carrying out individual assessments, creating individualized treatment plans, and changing the components of treatment as necessary to meet the individual needs of patients.



The Rise of Networks

- Flexi-treatment programs that operate as networks within accountable care organizations (ACOs) or as part of primary care consortia or practices have an advantage over fixed and standalone programs; networks can balance the capacities of each program and allow individual programs to focus on what they do best.



Envisioning the Future

- Treatment and recovery services will increase in complexity and, as science advances, clinical and administrative issues will emerge at an increasing pace and have to be solved.
- There will be an increasing trend toward specialized treatment programs linked in a highly collaborative way to combine the capabilities needed to offer a full continuum of care at a reasonable cost.

Envisioning the Future

- Parity: requires increased access to treatment
  - Need to reduce high turnover rates, worker shortages, inadequate compensation and increase recruitment and retention of younger, highly skilled workers

- Population Health: improving the patient experience of care, improving the health of populations and reducing the per capita cost of healthcare.
  - Need to have workforce with skills in healthcare analytics, care coordination and management, wellness, and patient engagement.

State Policy Options

- Health workforce is primary a state responsibility…..therefore, states need to focus on:
  - Aligning licensing and credentialing requirements and resolving controversies over scope of practice
  - Addressing staffing requirements—minimum staffing levels or credentials for behavioral health facilities
  - Promote programs in state colleges and universities in specific shortage professions
  - Collecting and analyzing health workforce data at state, regional, and county levels to identify gaps and needs

State Policy Options

- In addition, states need to:
  - Identify policies necessary to support financing and other supports for community health workers, peer-to-peer counselors, and peer support organizations.
  - Provide greater level of financial support for restructuring educational and workforce development system to meet behavioral health needs especially lack of racial and cultural diversity and geographic distribution.
  - Link with HRSA Health Professions Minimum Data Set and state-level data available from HRSA to identify distribution of behavioral health workforce.

THANK YOU!