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Can We Provide Necessary Care for Substance Use and Mental Health Disorders in the United States?

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Introduction

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- Among the greatest healthcare disparities, health equity, and social justice issues in the US is access to treatment for mental illness including substance use disorders
- High prevalence of these disorders along with the current public health crises of opioid deaths, alcohol use disorders, and suicide superimposed on pandemic stress
- Evidence based treatments
- Chronic lack of a coordinated, integrated treatment infrastructure
- Lack of a trained multidisciplinary treatment workforce
- Long-standing stigma associated with these conditions
- Requires a multilevel, linked & integrated health system and a trained workforce
- Restructured payment systems to incentivize delivery systems and clinicians

Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

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PAST YEAR, 2018 NSDUH, 12+

2008 Parity Law – we are a long way off

- Longstanding system fragmentation in mental health, addiction, and medical services
- Lack of integration between primary care and specialty behavioral health care
- Lack of trained practitioners
- **Poor reimbursement of treatment services compared with other areas of medicine**

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

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Innovation and Change in Public Health & Health Care

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How do we prioritize our policies to act on our knowledge base?

Social Strategy

Political will

Knowledge Base

Do we have the political will to get this done?

Is there an evidence base? Do we have effective treatments?

Richmond JB, Kotelchuck M. In: Oxford textbook of public health. Oxford (UK): Oxford Medical Publications; 1991. p. 441-54

Overcoming barriers

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- Reform payment systems to incentivize the provision of high quality coordinated care for MH/SUD treatment across linked service delivery platforms
- Utilize telehealth to expand care and we should not re-establish pre-pandemic barriers – Going forward, include evaluation of the most effective and cost-effective approaches to provide telehealth care including continuous quality improvement and methods of implementation (including both audio and video)
- Expand trained workforce through loan repayment programs; equitable reimbursement for services; other incentives for practice

Essential Interlinked/Integrated Treatment Platforms/Care Teams to Deliver Necessary Care for MH/SUDs

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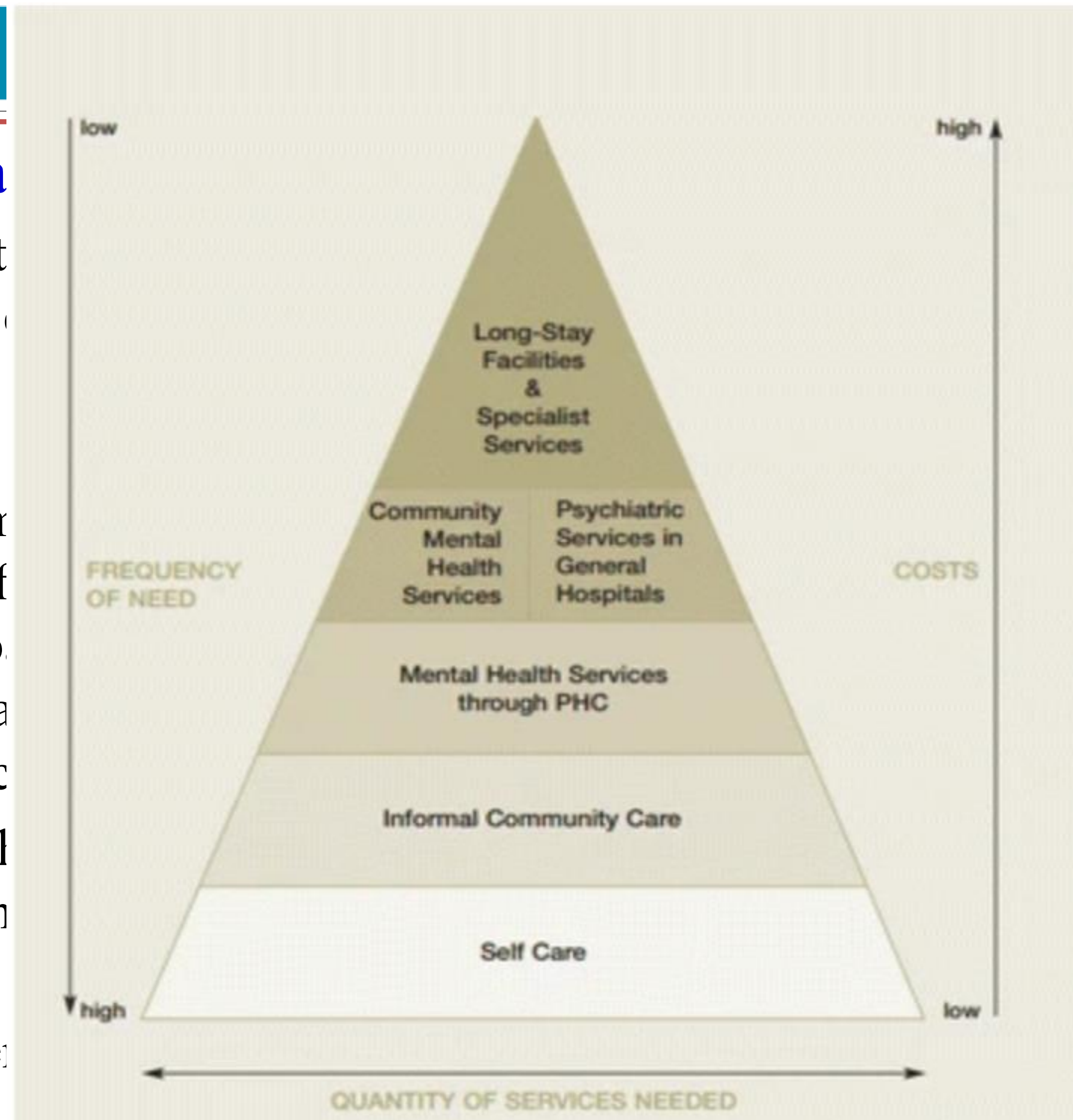
Self Care/Informa

- Self: Wellness pract
mindfulness; yoga;
stress relief
- Informal: providers
of the formal systen
traditional healers, f
associations, faith b
peer-led education a
supports, recovery c
- Builds mental healtl
literacy: recognition
and symptoms
- Patient self-manage



**chiatry/Addiction
vices**

- General hospital psychiatry
units – well staffed with
rained providers
- Specialty mental health &
addiction programs/hospitals
- Community mental health
centers, community
addiction treatment
programs, opioid treatment
programs,
- Residential, partial hospital,
outpatient for MH/SUDs

High performing Health Plans: Broad Themes for Best Practices and Barriers

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- **Care coordination**: Physical, mental, behavioral, & substance use specific services
- **Benefit design**:
  - No prior authorization for outpatient tx and medication for OUD;
  - Coverage for at least two Medications for OUD and for naloxone;
  - Medicaid plans had no out of pocket costs for covered services
- **Open communications**
  - Secure electronic messaging providers/ beneficiaries;
  - outreach teams trained on effective comms

- **Network inadequacy for SUD services**
  - Lack of Medicaid reimbursement for residential treatment, peer support
  - Lack of Buprenorphine prescribers and prescribers taking Medicaid
  - Lack of Residential beds
- **Low reimbursement rates** limited plans' abilities to recruit providers/expand network
- **Stigma**: Barrier to treatment initiation among patients/families and provider stigma to treating patients
- **Competing member needs**: child care, housing, treatment for comorbid physical and other mental health conditions

Best Practices and Barriers to SUD/OUD Treatment – Studies of high performing health plans: Potential Solutions

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- Expand treatment options to **cover the care continuum**
- **Remove obstacles** to access to all levels of care (prior authorizations; waivers for residential care)
- Provide **mechanisms to pay for care coordination**, management, and cross-system integration to increase treatment initiation and engagement
- **Incentivize providers** through adequate/equitable reimbursement that is reasonable so they can be brought into payer networks (lowers workforce recruitment barriers)
- Address provider **stigma** (again adequacy of reimbursement/incentives can help)
- Provide payment structures to **incentivize systems** of care to provide necessary services

(O'Brien et al, 2019)

Telehealth - Expanding access to MH/SUD – Results from the Pandemic Natural Experiment

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- Before 2020 – telehealth for MH/SUD infrequently used (<1% visits)
- Sweeping federal and state regulations changes and health plan reimbursement policies reduced longstanding barriers*

*(Obstacles removed included HIPAA, Ryan Haight, Medicare coverage for audio-only, expanded list of covered services, types of providers, expanded Medicaid telemedicine coverage policies, states allowing out of state providers to deliver care, among others)

- October 2020, 41% MH/SUD visits by telehealth (Busch AB et al 2021)
- Telehealth for SUD is effective and acceptable to patients – quality and costs will need more study (Pham H et al 2023)
- Why are we resurrecting multiple barriers we overcame?

Strategies to deliver necessary components of MH/SUD Care

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- **Incentivize** the workforce to see patients in multiple settings for screening, assessment, referral, and treatment (reimbursement; system incentives to provide care)
- Provide **Access** to levels of care in all of the necessary delivery platforms
- Utilize **Technology** to address wide gaps in care and in training – Sustain pandemic-related gains and remove obstacles for telehealth delivery of services
- Build capacity through **Training**/incentivize training/loan repayment programs
- Recognize that patients often have multiple **Co-occurring disorders** and build in mechanisms and incentives for identification and treatment
- Address the **Stigma** barrier – by society, clinicians, as well as self-stigma
- **Restructure payment systems to achieve these goals***

(* Medicaid/Medicare programs/commercial insurance)

Summary – Closing the Gap

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- Current MH and addiction crisis is superimposed on longstanding pre-existing failures to provide necessary treatment for substance use and other mental disorders in the U.S.
- Need linked multi-level, coordinated, service delivery platforms as well as supports in other services sectors
- Evidence-based treatments can be delivered at each level of the treatment delivery platforms and ALL are necessary inter-related, linked components of care
- Solutions require a multilevel, integrated health system and a workforce trained to provide treatment
- Combinations of policies at federal and state levels including payment system reforms (Medicare, Medicaid, Commercial Insurance) to incentivize care delivery & clinician training and education (e.g., loan repayments; increased reimbursement) are necessary to eliminate this vast health care disparity in the U.S.