Substance Abuse and Mental Health Services Administration

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Mental Health, Substance Abuse & Primary Care: Bridging Gaps in Access

Christopher Carroll, Director,
Health Care Financing and Systems Integration
Substance Abuse and Mental Health Services Administration

The National Institute for Health Care Management (NIHCM) Foundation
July 18, 2016

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Agenda

- SAMHSA Overview
- Real Costs and Consequences
- Federal Efforts
  - Systems
  - Services
  - Payments
- Watching Out for…

SAMHSA BUDGET: OVERVIEW

- SAMHSA's FY 2016 Budget of $3.7 billion reflects a $44.6 million ↑ from the FY 2015 Enacted Level

- Supports the President's commitment to/investment in the Nation's health through key BH priorities

- SAMHSA's FY 2016 Budget prioritizes critical BH areas:
  - Strengthening Crisis Systems
  - Addressing Prescription Drug and Opioid Abuse
  - Expanding the BH Workforce
  - President's Now is the Time Plan

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System Costs

WEB FIRST

By Charles Roehrig

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NO. 6 (2016): –

DATAWATCH

Mental Disorders Top The List Of The Most Costly Conditions In The United States: $201 Billion

Estimates of annual health spending for a comprehensive set of medical conditions are presented for the entire US population and with totals benchmarked to the National Health Expenditure Accounts. In 2013 mental disorders topped the list of most costly conditions, with spending at $201 billion.

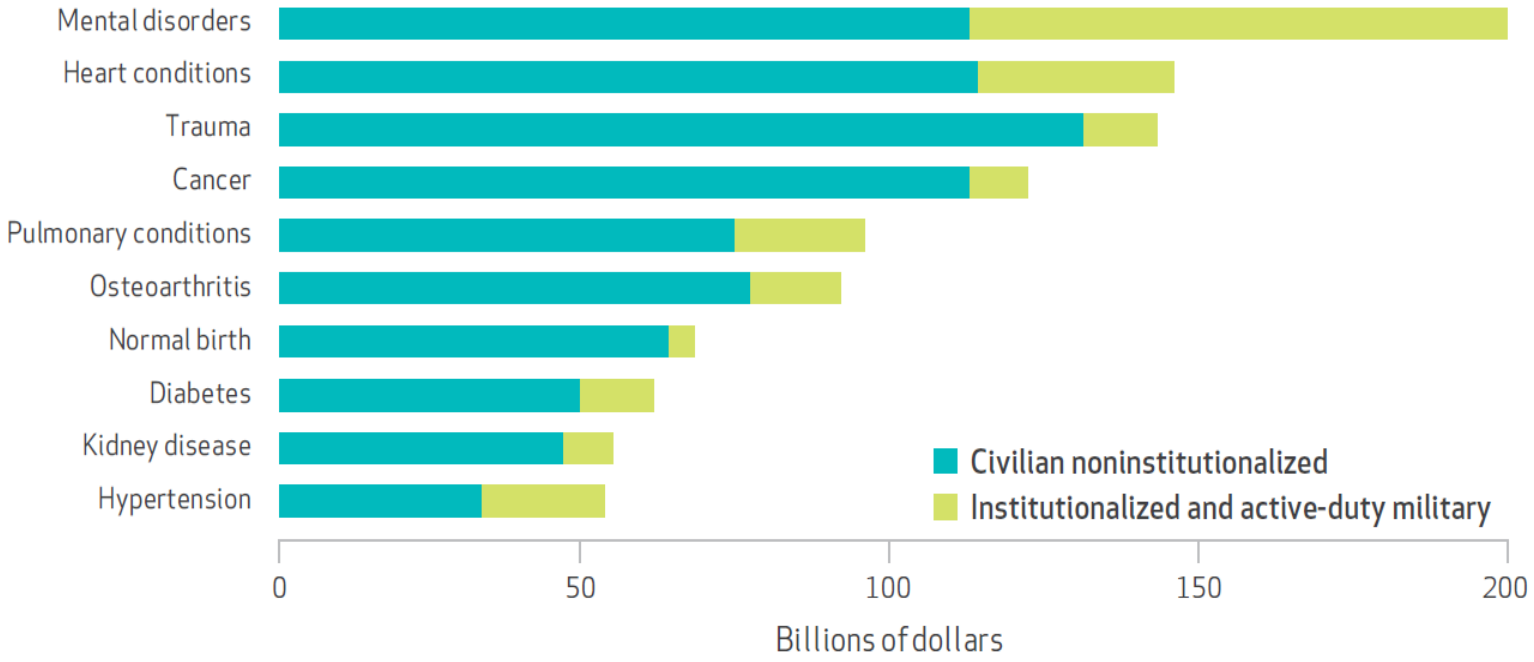
The National Health Expenditure Accounts (NHEA), maintained by the Centers for Medicare and Medicaid Services, provide official estimates of annual health spending in the United States. The NHEA covers spending by the entire US population broken out by type of service and source of payment, but not by medical condition. For many years the Agency for Healthcare Research and Quality (AHRQ) has produced estimates of spending by medical condition from its Medical Expenditure Panel Survey (MEPS), but they are limited to the civilian noninstitutionalized population and include double counting of spending that involves multiple conditions.[1] The Commerce Department's Bureau of Economic Analysis recently released the Health Care Satellite Account, which promises to be an ongoing source of spending by medical condition, without double counting, for the civilian noninstitutionalized population.[2,3] Estimates of health spending by medical condition for the entire US population, without double counting and benchmarked to the NHEA, were first developed in a 2009 study published in *Health Affairs* that covered the period 1996–2005.[4] This article updates those estimates through 2013, using similar data and methods. The inclusion of institutionalized populations has a significant impact on total spending and brings mental disorders to the top of the list of medical conditions with the highest estimated spending: $201 billion in 2013 (Exhibit 1).

Charles Roehrig (charles.roehrig@altarum.org) is founding director of the Center for Sustainable Health Spending at Altarum Institute, in Ann Arbor, Michigan.

System Costs

EXHIBIT 1

Ten medical conditions with the highest estimated spending in 2013



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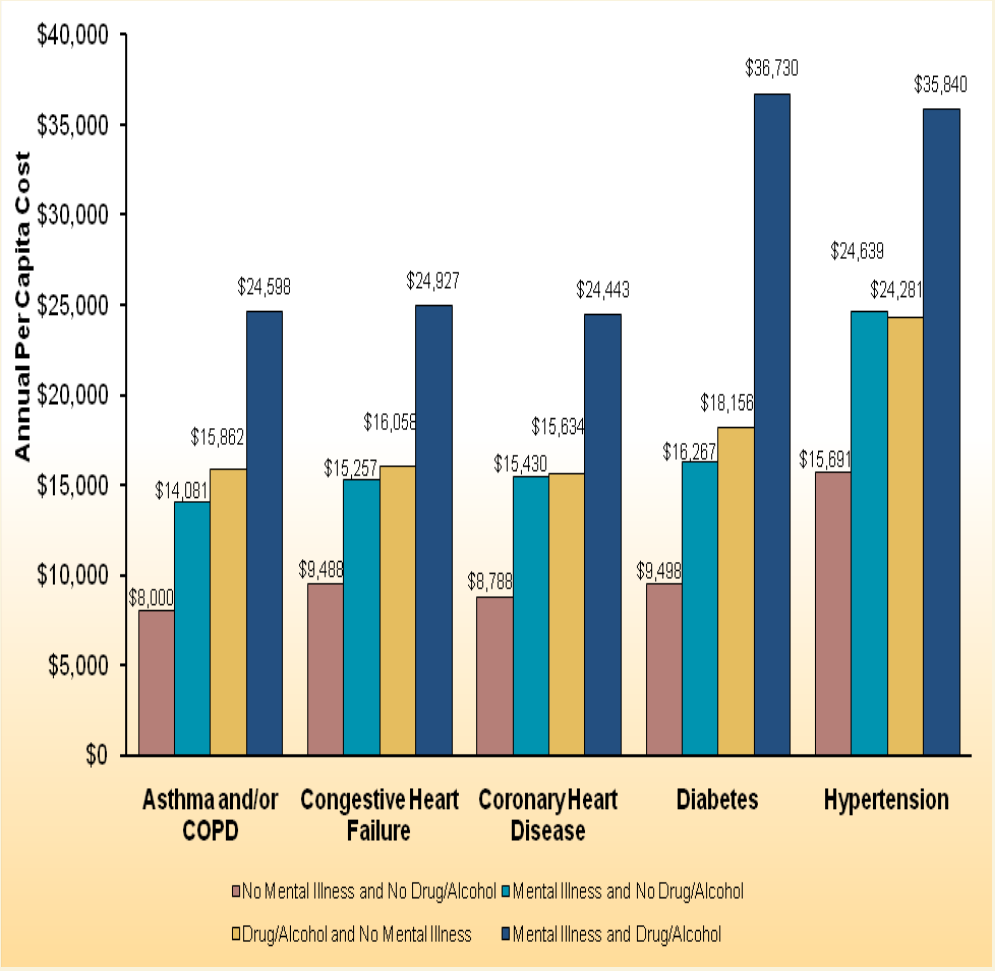
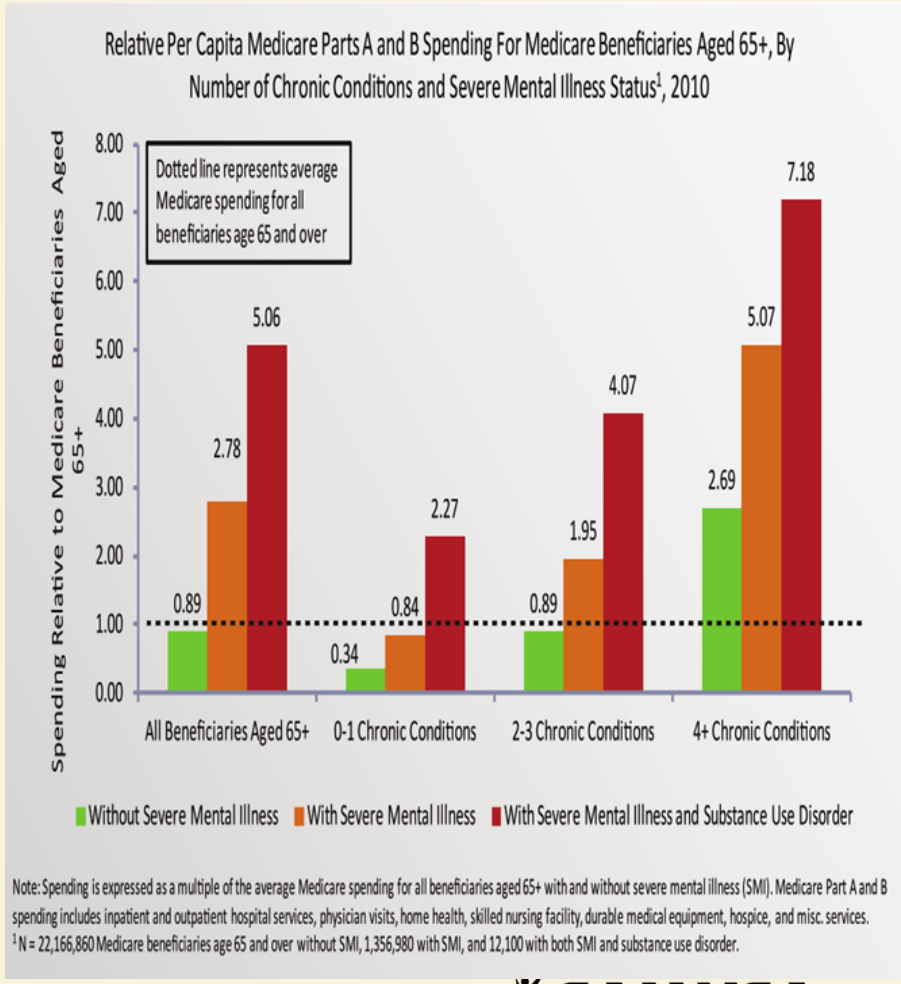
Increasing Costs





Note: Spending is expressed as a multiple of the average Medicare spending for all beneficiaries aged 65+ with and without severe mental illness (SMI). Medicare Part A and B spending includes inpatient and outpatient hospital services, physician visits, home health, skilled nursing facility, durable medical equipment, hospice, and misc. services.
[1] N = 22,166,860 Medicare beneficiaries age 65 and over without SMI, 1,356,980 with SMI, and 12,100 with both SMI and substance use disorder.

Boyd, C., Clark, R., Leff, B., Richards, T., Weiss, C., Wolff, J. (2011, August). Clarifying Multimorbidity for Medicaid Programs to Improve Targeting and Delivering Clinical Services. Presented to SAMHSA, Rockville, MD.

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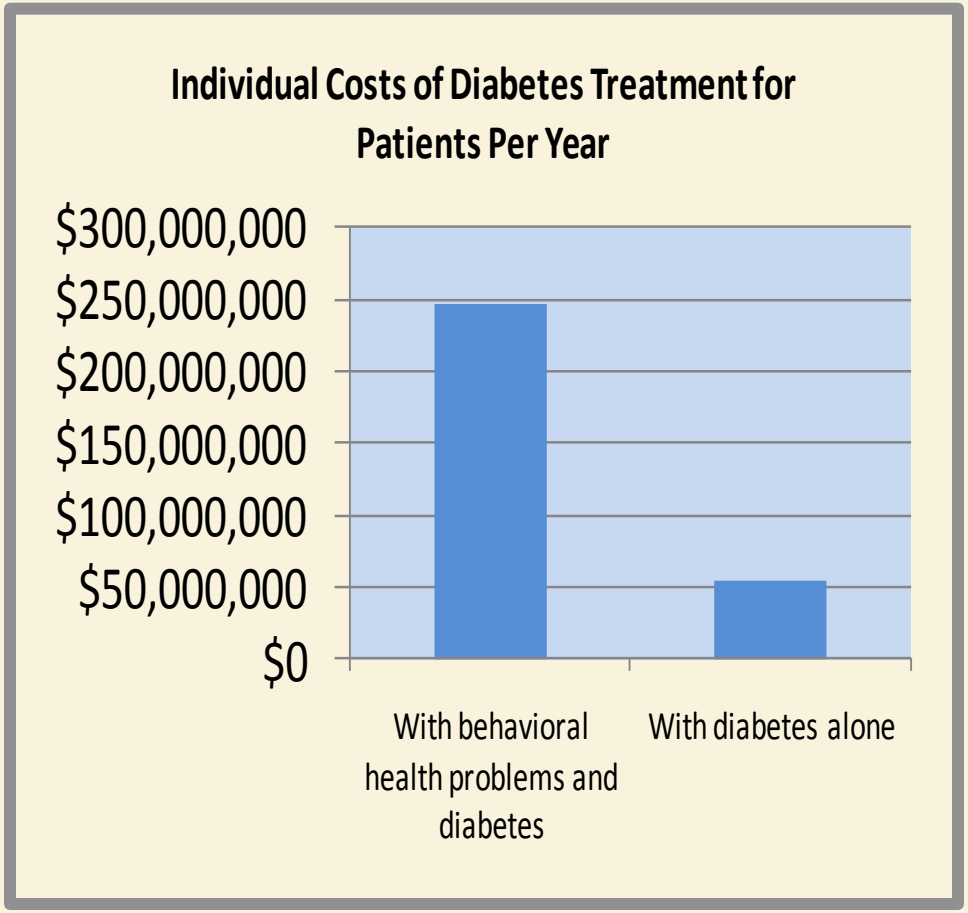
Impacts on Physical Health

- MH problems increase risk for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness
- Cost of treating common diseases is higher when a patient has untreated BH problems, mostly preventable or treatable
- 24 percent of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs
- M/SUDs rank among top 5 diagnoses associated with 30-day readmission, accounting for about one in five of all Medicaid readmissions (12.4 percent for MD and 9.3 percent for SUD)
- Half of Americans will experience M/SUD; half know someone in recovery from SUD



Cascading Consequences

- In 2014, nearly 1 in 5 – or roughly 43 million – American adults had a diagnosable mental health disorder over the past year, and nearly 10 million American adults experienced serious functional impairment due to a mental health disorder, such as a psychotic or serious mood or anxiety disorders, yet 55% did not receive mental health services in the past year; 31.5% of the 9.8 million adults with serious mental illness did not receive mental health services
- There were 41,149 suicides in 2013 in the United States—a rate of 12.6 per 100,000 is equal to 113 suicides each day or one every 13 minutes
- Opioid misuse is a growing public health problem, and estimates show a 150% increase in opioid-related hospital stays over the last two decades, yet only 17% of patients engaged in treatment within 30 days of discharge
- Drug overdose is the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014
- ~ 80% of patients with BH conditions present only or primarily in the primary or specialty medical/surgical setting

Selected SAMHSA and Federal Partner Collaborations

- Informational Bulletins: Medication Assisted Treatment (MAT); coverage/ service design of BH services for youth with serious emotional disturbance (SED); trauma-focused services; prevention and early identification of mental health and substance use conditions; and strengthening management of psychotropic medications for vulnerable populations; others in process
- Ongoing Interactions: Payment rules; waiver consultation; state plan amendments; regulation review; quality measures; same day billing guidance; and parity
- Section 223 of the Protecting Access to Medicare Act of 2014: SAMHSA developed criteria for Certified Community Behavioral Health Clinics (CCBHCs) and managing state planning grants; CMS developed prospective payment system; ASPE to evaluate outcomes
- SAMHSA/HRSA Center for Integrated Health Solutions

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Federal Initiatives and Efforts to Support Integration

- OASH: Co-morbidity working group
- SAMHSA'S Primary/Behavioral Health Integration (PBHCI): Physical health of adults w/ SMI and technical assistance for bi-directional integration (Center for Integrated Health Solutions, w/ HRSA)
- Primary Care/Addiction Services Integration (PCASI): Proposed (no traction)
- HRSA FQHCs: Integrating behavioral health screening, brief intervention, and treatment into primary care settings
- Million Hearts: Wrapping behavioral health into efforts to address ABCS
- AHRQ Center for Integration Models: Developing models of integrated behavioral health care in primary care settings
- CMMI Innovative Financing Models for Integration: Grants to test models using SAMHSA and AHRQ indicators and technical assistance
- Medicare Accountable Care Organizations (ACOs): Payment for integrated care & outcomes (ASPE tracking impacts for behavioral health)

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Service Models, Payment Structures, and Demos to Achieve Better Care and Value

- State Innovation Models: Support for development and testing of state-based models for multi-payer payment and health care delivery system transformation
- Health Homes (Section 2703): Whole person care for Medicaid recipients w/specific characteristics or conditions (50 SAMHSA consultations with 25+ states)
- Accountable Care Organizations & Communities: Coordinating high quality care for Medicare recipients, including behavioral health care
- Duals Demo: Ensuring Medicare-Medicaid enrollees have full access to seamless, high quality health care that is cost effective
- Transforming Clinical Practice Initiative: designed to help clinicians achieve large-scale health transformation through sharing, adapting and further developing their comprehensive quality improvement strategies
- Medicaid Innovation Accelerator Program: Focusing on payment and service delivery reforms to improve health and quality of care for Medicaid beneficiaries
- CMS changes to the Physician Fee Schedule - Collaborative Care Model in Primary Care

Near Horizon Issues

- New Payment and Service Models
- Mental Health Parity and Addiction Equity Act
- Value Based Purchasing in Rx
- Expansion of Opioid Treatment
- BH Quality Measurement