



# Medicaid Innovation Accelerator Program (IAP)

*IAP Learning Collaborative:  
Substance Use Disorder*

*November 7, 2014*

*Conference Call: 1-877-267-1577*

*PIN: 991 621 562*

*<https://webinar.cms.hhs.gov/sota1107/>*



# Speakers for Today's Webinar

- **Karen LLanos**, Acting Staff Director, IAP Strategy & Support Staff, CMCS (*moderator & speaker*)
- **Stephen Cha MD**, CMCS Chief Medical Officer
- **Barbara Edwards**, Group Director, Disabled and Elderly Health Program Group, CMCS
- **John O'Brien**, Senior Advisor, Disabled and Elderly Health Programs Group, CMCS

# Logistics for Today's Webinar

- All call lines are muted
- Use the chat box on your screen to ask a question or share a comment
  - Note: chat box will not be seen if you are in “full screen” mode
- To participate in a polling question, exit out of “full screen” mode
- Moderated Q & A will be held periodically throughout the webinar

# Polling Question #1

- Before we get started, who do we have joining us today?
  - State Medicaid/CHIP agency staff
  - State official (non-Medicaid/CHIP agencies)
  - Federal partner
  - Health plan
  - Provider
  - Stakeholder/advocate representative

**Note:** In order to participate in the poll question, exit “full screen” mode

# Overview of Webinar

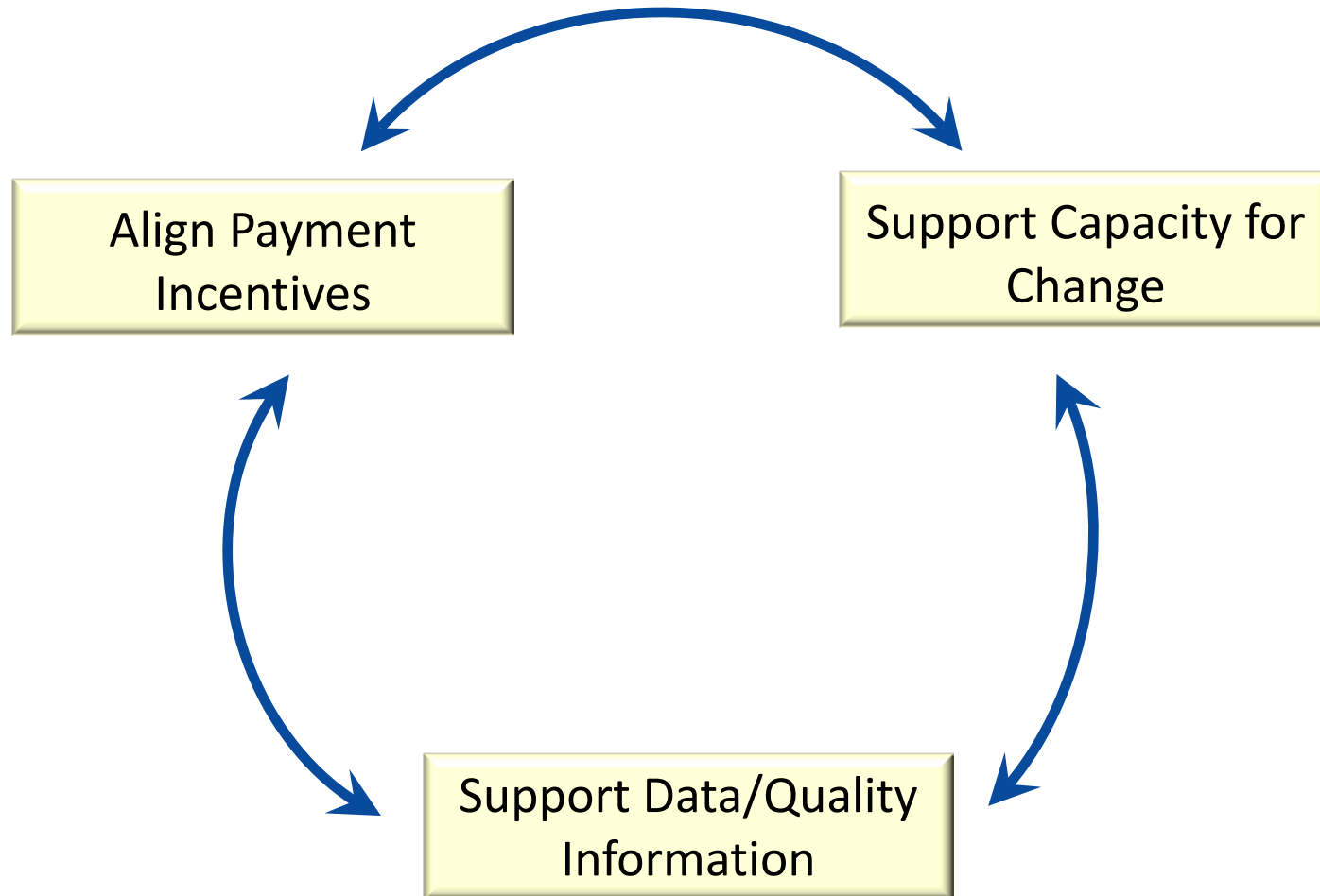
- What is the Medicaid Innovation Accelerator Program (IAP)?
- Substance Use Disorders (SUD) as an IAP program priority
- High Intensity Learning Collaborative
- Targeted Learning Opportunities
- National Dissemination Process

# Medicaid Innovation Accelerator Program

---

**What is the Medicaid Innovation  
Accelerator Program?**

# Vision for Innovation



# Medicaid Innovation Accelerator Program

- Joint Innovation Center-CMCS venture with agency and department collaboration
- Technical assistance for all states interested in advancing innovations in Medicaid that will result in improved health, improved health care delivery and lower costs



# Medicaid Innovation Accelerator Program

- Opportunity to advance on specific areas identified through input from states and stakeholders
- Enhance state capacity and efforts to adopt and disseminate new models
- Complements state efforts for delivery and payment system reform, such as the Innovation Center's SIM initiative

# Medicaid Innovation Accelerator Program

- Key Functions:
  - Data analytics
  - Quality measures
  - Model development
  - Disseminating best practices
  - Rapid-cycle learning and evaluation

# IAP and Substance Use Disorders: Aligning with CMCS Efforts

- Builds off of ongoing CMCS efforts to promote good behavioral health care, including:
  - Preventing, identifying, and intervening earlier for mental health and substance use conditions
  - Enhancing community integration
  - Encouraging better benefit design
  - Coordinating care across behavioral health, physical health and LTSS to achieve quality outcomes

# IAP and Substance Use Disorders: Aligning with CMCS Efforts

- IAP continues CMCS efforts to work with States regarding their services for individuals with behavioral health conditions:
  - EPSDT—Screening and Early Intervention
  - Mental Health Services for Children and Adolescents
  - Medication Assisted Treatment
  - Screening and Brief Intervention and referral to treatment
  - SUD services for Adolescents

# SUD: What States Have Taught Us

- Major Cost driver (behavioral and physical health)
- Alternative Benefit Plan Discussions regarding good benefit design
- How to think about MHPAEA and SUD
- Strategies for integrating care for this population are unique compared to other chronic conditions
- Need for more/better quality metrics

# What Does the Data Tell Us?

- Individuals with behavioral health conditions in Medicaid are cost drivers:
  - Top re-hospitalizations for Medicare vs Medicaid are very different
  - For Medicare: Cardiac Conditions & Pneumonia
  - Medicaid: Mood disorders and Schizophrenia #1 and #2 and SUD #5 and #10

# Top 10 dx for Re-hospitalizations, 2011

<u>Medicare</u>	<u>Medicaid</u>
Congestive Heart Failure*	Mood disorders
Septicemia (except labor)*	Schizophrenia, other psychosis
Pneumonia (except TB or STD)	Diabetes mellitus
Chronic Obstructive Pulmonary Disorder (COPD) and bronchiectasis*	Other complications of pregnancy
Cardiac dysrhythmias	Alcohol-related disorders
Urinary tract infections	Early or threatened labor
Acute renal failure	Congestive Heart Failure*
Acute myocardial infarction	Septicemia (except labor)*
Complications of device/implant/graft	COPD and bronchiectasis*
Acute cerebrovascular disease	Substance-related disorders

\* Common across Medicaid and Medicare

# IAP & SUD:

## Vision for Transformed System

- IAP can support states' ongoing health care transformation in the area of SUD:
  - Data-driven decision making
  - Enhanced benefit design
  - Integration with physical health
  - Innovative delivery and payment models



# IAP & SUD:

## Vision for Transformed System

- Enhanced benefit design
  - American Society of Addiction Medicine (ASAM) levels of care
  - ASAM placement criteria
  - Medication Assisted Treatment (MAT) and Screening, Brief Intervention and Referral to Treatment (SBIRT) evidence
  - Aftercare, recovery and support services

# IAP & SUD:

## Vision for Transformed System

- Data-driven decision making
  - Needs and capacity assessment
  - Data analytics to identify hot spots
  - New, current and repurposed quality metrics to refine the benefit
  - Link Medicaid and state SUD agency data
  - Link Drug Utilization Review/Prescription Drug Monitoring Programs to electronic health records

# IAP & SUD:

## Vision for Transformed System

- Integration with physical health care and LTSS
  - Enter SUD treatment <-> Enter primary care
  - Dual diagnosis and comorbidities engagement
  - Superutilizers targeted opportunity
- Integrated Care Models that address:
  - Better transitions between levels for care
  - Less frequent use of emergency departments
  - Better re-entry strategies for individuals released from jails/prisons

# IAP & SUD:

## Vision for Transformed System

- Innovative delivery and payment models
  - Health home
  - Integrated care model
  - Payment reforms to promote care improvement (value-based purchasing, episodic/bundled payments, shared savings, managed care)

# IAP & SUD:

## Vision for Transformed System

- Additional focus areas for a transformed system
  - Provider network development
  - Information sharing
  - A strategy to curb prescription and illicit opioid use
  - A strategy to identify and treat youth with SUD
  - Collaboration with state agency for Substance Use Disorder
  - Ensuring program integrity
  - Interventions for individuals re-entering the community

# High Intensity Learning Opportunity: Overview

# Three IAP Substance Use Disorder (SUD) Opportunities for States

- High Intensity Learning Collaborative
  - 12 month “deep dive” for committed states
  - Shared learning network with peer states
  - Expert resources on data analytics, strength of evidence, care models and delivery systems
  - Technical assistance on federal authorities
- Targeted Learning
  - Technical assistance and support to states on specific, limited topics that states have expressed interest in
- Learning Diffusion
  - Sharing/learning opportunities/process for non-participating states

# High Intensity Learning Collaborative

- What are best pathways to refine the SUD benefit?
  - 1945 Health Homes (FMAP enhancement)
  - Integrated Care Models
  - 1915(i) Home and Community-Based Services
  - 1915(b) Managed Care Options
  - 1905(a) State Plan
  - 1937 Alternative Benefit Plan
  - 1115 Demonstrations



# High Intensity Learning Collaborative

- Why should my state participate in the High Intensity Learning Collaborative?
  - Direct technical assistance to support a state-specific strategy for coverage, delivery, data and policy reforms
  - Valuable resources for data analytics, payment innovations, strength of evidence for SUD interventions in the Medicaid population, and developing, refining and repurposing metrics
  - Shared learning network to identify barriers, showcase solutions, and spread successes
  - Individualized technical assistance on federal pathways and flexibilities to support SUD reforms

# High Intensity Learning Collaborative

- What does participating in the High Intensity Learning Collaborative entail?
  - Strong state Medicaid leadership commitment to meaningful reform
  - Active participation by Medicaid benefits and data staff, and SUD agency staff
  - Development of a work plan to serve as a blueprint for transformation
  - Devote state staff & resources to ultimately collect, analyze and share data with other participating states
  - Join Peer-based learning sessions (every other month)

# Federal IAP SUD Team

## CMCS

- John O'Brien, Senior Policy Advisor, CMCS
- David Shillcutt, Health Insurance Specialist
- Tyler Sadwith, Health Insurance Specialist

## Federal Partners

- SAMHSA
- ASPE

# Technical Assistance Contractors

- Truven Health Analytics
- National Academy for State Health Policy
- Health Management Associates
- Treatment Research Institute
  - Mady Chalk, Ph.D; David Gastfriend, MD; Amanda Abraham, Ph.D; Jack Kemp, MS

Expressing Interest in the  
IAP SUD learning opportunities  
and next steps

# States Interesting in the High Intensity Learning Collaborative (option 1)

## Next steps and timeframes

- Letter of Interest due November 21
- “Office hours” during first week of December
  - 1:1 calls with states interested in participating
- Kick-off meeting during first week of January
- First Learning Collaborative learning session late January, 2015
  - Monthly learning sessions through December, 2015

# States Interested in Targeted Learning (option 2)

- States can access:
  - Data-centered learning opportunities
    - Technical assistance on data systems and analytics
    - Employ data-based tools of CQI and state-to-state learning
  - Technical assistance resources on benefit design, policy and delivery
- To express interest in this learning opportunity:
  - Email [MedicaidIAP@cms.hhs.gov](mailto:MedicaidIAP@cms.hhs.gov) with additional areas of interest related to SUD

# National Dissemination Process (option 3)

- States can access:
  - Tools on IAP website and webinars
  - Findings from High Intensity Learning Collaborative
  - Findings from Targeted Learning
  - “How to” resources on issues like data and quality tools
- To be added to the IAP mailing list:
  - Email [MedicaidIAP@cms.hhs.gov](mailto:MedicaidIAP@cms.hhs.gov)



# Polling Question #2

- Of the three options described today, which seems most interesting to you?
  1. I'm interested in a high intensity learning collaborative
  2. I'm interested in specific/targeted learning opportunities
  3. I'll track best practices, resources, and tools via national dissemination

# Next Steps

- Next steps for states interested in the high intensity learning collaborative is to submit letter of interest by November 21
- Submit letter of interest, questions or comments to: [MedicaidIAP@cms.hhs.gov](mailto:MedicaidIAP@cms.hhs.gov)

Thank you for participating today!