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
What is the Medicaid Innovation Accelerator Program?
Vision for Innovation

- Align Payment Incentives
- Support Data/Quality Information
- Support Capacity for Change
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
• 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
• 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

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

* 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
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
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 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
• 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

Thank you for participating today!