IMPROVING ACCESS TO MENTAL HEALTH AND ADDICTION SERVICES UNDER THE AFFORDABLE CARE ACT:

A PUBLIC POLICY FORUM

FEBRUARY 14TH, 2014
CECIL B. DAY CHAPEL
THE CARTER CENTER
THE IMPORTANCE OF THE AFFORDABLE CARE ACT TO MENTAL HEALTH AND ADDICTION SERVICES IN GEORGIA

Benjamin Druss MD, MPH
February 14, 2013
Overview

- The Challenge: Behavioral Health and the Triple Aim
- New Opportunities under the ACA
  - Insurance expansion (Exchanges, Medicaid expansion)
  - System redesign (Health homes)
- The Road Ahead: Transforming Care in Georgia
The Challenge

Population Health

The Triple Aim

Patient Experience/Quality

Cost
Quality

People with SMI in the United States: 17 million

Receiving any treatment: 6.8 million (40%)

Receiving minimally adequate treatment 2.6 million (15.3%)

Costs for NY State Medicaid Enrollees

- Behavioral Costs
- General Medical Costs

No MH/SU Disorder vs. MH Disorder
Life Expectancy

No Mental Disorder | Any Mental Disorder General Population | Any Mental Disorder Public Sector

Psychiatry Res. 2010 Apr 30;176(2-3):242-5
Med Care. 2011 Jun;49(6):599-604
Expanding Insurance

Percent Uninsured Prior to the ACA

Insurance Exchanges

“There will be a bit of a wait while we figure out a market solution to your problem.”
Supporting Better Care through Health Homes

**Health Home:** Patient-centered system of care that facilitates access to coordinated primary and acute physical health services, behavioral health care, and long-term community-based services and supports.

**Behavioral health home:** a health home based in a community behavioral health clinic
State Medicaid Health Home Amendments

Approved Health Home State Plan Amendment (SPA)
- Idaho, Iowa, Missouri, New York, North Carolina, Ohio, Oregon, Rhode Island

Health Home SPA “On the Clock” (officially submitted to CMS)
- Alabama, Maine, New York (phase II), Wisconsin

Draft Health Home SPA Under CMS Review
- Illinois, Oklahoma, West Virginia

Approved Health Home Planning Request
- Alabama, Arizona, Arkansas, California, District of Columbia, Idaho, Kansas, Maine, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Carolina, Washington, West Virginia, Wisconsin

No Activity
- Alaska, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Wyoming
The Road Ahead: Transforming Care in Georgia
Keeping a Public Health Focus

Proportional Contribution to Premature Death

- Genetic predisposition: 30%
- Behavioral patterns: 40%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%

Using Data to Guide Action
Building on Georgia’s Assets
The ACA’s Impact on Access to Mental Health Services in Georgia

Cindy Zeldin
Executive Director, Georgians for a Healthy Future
February 14, 2013
ACA: Overall Approach to Coverage

• Everyone is eligible for something (citizens and most legal immigrants)

• Maintain employment-based health insurance system

• Expand Medicaid for low-income individuals and families (made optional by SCOTUS)

• Restructure the individual and small group health insurance marketplace through exchanges and new regulations

• Individual mandate
Why Does Coverage Matter?

• Access to the health care system

• Financial protection against high medical costs

• Overwhelming evidence that insurance facilitates better access to care and better health outcomes; increases productivity; saves lives

• Amenable to public policy intervention
Why Expand Medicaid?

• People with low-incomes disproportionately lack access to job-based health insurance (nationally, 28% of predominately low-wage firms offer v. 77% of predominately high-wage firms)*

• Purchasing a private, individual policy is cost-prohibitive for people with very low incomes

• Medicaid is an existing program; many states have used it as a vehicle to expand coverage for low-income families over the past 20 years

* Source: Kaiser Family Foundation Employer Health Benefits 2012 Survey
Why Expand Medicaid, cont’d?

• Improves health access and outcomes:
  • Oregon health insurance experiment: Medicaid more likely to have a usual source of care and to get preventive care than their uninsured counterparts (Source: National Bureau of Economic Research)
  • New England Journal of Medicine study: states that expanded Medicaid saw lower mortality rates than neighboring states that did not, after controlling for a range of factors (Source: New England Journal of Medicine)

• Reduces the burden of uncompensated care

• Federal funds coming into the health care economy have a stimulative effect
Expanding Medicaid, cont’d

• Creates a new eligibility category for Medicaid based solely on income

• Eligible individuals include those with incomes up to 138% FPL ($15,856 for an individual or $26,951 for a family of 3), Medicaid-eligible regardless of “category”

• Estimated 650,000 Georgians could gain coverage

• Expansion initially financed with 100% federal dollars (2014-2016) and then scales down such that by 2020 and thereafter the expansion population is 90% federally financed
Medicaid & Essential Health Benefits

- EHB within private health insurance: mental health and substance abuse services included as one of 10 categories of essential health benefits (moderate income Georgians will gain private coverage and access to behavioral health services)

- EHB within Medicaid: applies to the newly eligible population (and some currently eligible) and also requires coverage for mental health and substance abuse services
Medicaid & Essential Health Benefits

• If Georgia expands Medicaid, low-income, uninsured adults will have coverage for behavioral health services

• Behavioral health providers will have a payment source for mental health and substance abuse prevention and treatment services through Medicaid
Questions & Follow Up

Contact me at:
czeldin@healthyfuturega.org or 404-418-6179
Georgia has...

the 5th largest number of uninsured individuals in the nation at nearly 1.9 million

an uninsured population that grew by 700,000 in the last 10 years (60% increase)
Lower-Income Adults Less Likely to be Covered Compared to Kids and Elderly
(Health Coverage for Georgians < 138% Poverty)

Source: 2011 American Community Survey data compiled by GBPI
Current Eligibility for Medicaid and PeachCare Focused on Children

(Poverty = $11,200 for individual, $19,100 for family of three)
Optional Medicaid Expansion Under ACA

(Poverty = $11,200 for individual, $19,100 for family of three)
Federal Funds Cover Bulk of New Costs in GA

Gov’s Cost Estimates – Includes Non-Coverage Related Costs

$4.5 B

$36.9 B

Source: State Cost Estimates
## Much of State Cost Estimate Separate from Expansion

<table>
<thead>
<tr>
<th></th>
<th>2014-2023 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor’s Public Statements</td>
<td>$4,504 million</td>
</tr>
<tr>
<td>Costs for Georgians Already Eligible for Medicaid</td>
<td>-$993.0 million</td>
</tr>
<tr>
<td>Provider Payment Increase (optional)</td>
<td>-$559.6 million</td>
</tr>
<tr>
<td>Convert to 12-month eligibility review (req.)</td>
<td>-$464.2 million</td>
</tr>
<tr>
<td>Admin and Other Separate Issues (opt. &amp; req.)</td>
<td>-$339.6 million</td>
</tr>
<tr>
<td><strong>Net Costs for Expansion by Itself</strong></td>
<td><strong>$2,148 million</strong></td>
</tr>
</tbody>
</table>

Source: State Expenditure Forecast, Summer 2012, Office of Planning and Budget
## State Costs Further Offset by New Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2014-2023 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Expansion Population</td>
<td>561,269</td>
</tr>
<tr>
<td>Expansion Specific State Costs</td>
<td>$2,148 million</td>
</tr>
<tr>
<td>State Premium Tax Revenue</td>
<td>$751 million</td>
</tr>
<tr>
<td>State Income &amp; Sales Tax Revenue</td>
<td>$1,044 million</td>
</tr>
<tr>
<td><strong>10-year Net State Costs (after new revenue)</strong></td>
<td>$353 million</td>
</tr>
<tr>
<td><strong>Average Annual Costs as Percent of 2014 Budget</strong></td>
<td>0.2 percent</td>
</tr>
</tbody>
</table>

Sources: State Expenditure Forecast and “The Economic Impact of Medicaid Expansion in Georgia,” William S. Custer, February 2013
Expanding Medicaid Creates Jobs Increases Economic Output (2014-2023)

Increased Health Spending Creates Jobs
• **56,000 new jobs** resulting from $31 B in new federal spending
• $628 state investment per new job per year

$65 Billion in new Economic Activity in Georgia
$2.2 Billion in State and Local Tax Revenue

Additional Economic Benefits are not Monetized:
• State savings on programs serving uninsured Georgians
• Productivity gains from newly insured population
• Reduced uncompensated care benefits privately insured and employers who sponsor coverage
Expanding Medicaid Boosts Georgia Economy
($ in millions, total spending & economic impact, 2014-2023)

- State Spending: $2,148
- Federal Spending: $31,050
- Economic Impact: $65,400

Sources: “Economic Impact of Medicaid Expansion in Georgia,” William S. Custer, Ph.D., February 2013
Mental Health Services Big Part of Expansion

New Enrollees Have Unmet Mental Health Needs
• Federal funding will better enable Georgia to serve more people

Medicaid Expansion will Increase Access to Services for Georgians in Criminal Justice System

Broad Implications of Expanded Access to MH/SA Services
• State will save on programs serving uninsured Georgians
• New spending helps address provider shortage issues
• Increased access to services improves health and productivity of Georgia’s population and workforce
Mental Health Program

Improving Access to Behavioral Health Care and Integrated Services under the Affordable Care Act

Goal: Equal Coverage, Access & Quality of Care and Treatment for All
Behavioral Health Access: The Need

Table 1
Population Estimates of Persons with a Mental Illness or Serious Emotional Disorder for the State of Georgia

<table>
<thead>
<tr>
<th>Source</th>
<th>Adults</th>
<th>Children (Age 9-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Estimates (2004)</td>
<td>348,000</td>
<td>158,302</td>
</tr>
<tr>
<td>Federal Estimates (2002)</td>
<td>232,000 - 446,000</td>
<td>180,000</td>
</tr>
</tbody>
</table>

Behavioral Health Access: The Problem

- Inadequate Number of Providers
- Aging Providers
- Insufficient Replacement Rate
- Low Medicaid & Medicare Reimbursements
- Minimal Integration of MH & Primary Care
Not Enough MH Providers

• The U.S. Bureau of Health Professions (2000) projects that the number of child and adolescent psychiatrists will be \textbf{8,312} by 2020 this is far less than the estimated \textbf{12,624} needed to meet demand.

• For special populations such as those with mental retardation and developmental disabilities who have developmental neuropsychiatric disorders, there are \textbf{few child and adolescent psychiatrist specifically trained} to meet their needs.
<table>
<thead>
<tr>
<th>Field</th>
<th>Georgia Department of Labor</th>
<th>National Data Sources</th>
<th>Georgia Licensure Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number Practicing</td>
<td>Number Practicing</td>
<td>Number per 100,000</td>
</tr>
<tr>
<td>Counselors</td>
<td>3,704&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3,018&lt;sup&gt;b&lt;/sup&gt;</td>
<td>35&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Marriage &amp; Family Therapists</td>
<td>249&lt;sup&gt;a&lt;/sup&gt;</td>
<td>557&lt;sup&gt;b&lt;/sup&gt;</td>
<td>6.5&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Psychiatric/Mental Health Advance Practice Registered Nurses</td>
<td>N/A</td>
<td>221&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2.5&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>1,074&lt;sup&gt;a&lt;/sup&gt;</td>
<td>852&lt;sup&gt;b&lt;/sup&gt;</td>
<td>10&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Psychologists</td>
<td>3,233&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1,783&lt;sup&gt;b&lt;/sup&gt;</td>
<td>19&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>61,761&lt;sup&gt;a&lt;/sup&gt;</td>
<td>66,512&lt;sup&gt;g&lt;/sup&gt;</td>
<td>753&lt;sup&gt;g&lt;/sup&gt;</td>
</tr>
<tr>
<td>Social Workers</td>
<td>1,257&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1,655&lt;sup&gt;b&lt;/sup&gt;</td>
<td>19&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> Source: Georgia Department of Labor (2021).<br>
<sup>b</sup> Source: National Data Sources (2021).<br>
<sup>c</sup> Source: Georgia Licensure Boards (2021).
• The average age of practicing psychiatrists is 55.7 and the percentage under 40 dropped from 24% in 1989 to 8% in 2002.
Few Psychiatry Residents in Georgia

Georgia Psychiatry Residents by Subspecialty and Institution, 2009-2010

- Emory University: 46 Psychiatry, 9 Child and Adolescent Psychiatry, 3 Geriatric Psychiatry, 2 Addictive Psychiatry, 2 Psychosomatic Medicine
- Medical College of Georgia: 17 Psychiatry, 3 Child and Adolescent Psychiatry, 16 Addictive Psychiatry, 2 Forensic Psychiatry
- Morehouse School of Medicine: 16 Addictive Psychiatry
Georgia’s Drought of Physicians Will Become a Crisis*

- Without changes in the state’s medical education system, **Georgia will rank last in the United States in physicians per capita by 2020.**
- Only 50% of the graduates with confirmed practice plans are remaining in the state, down from 56% in 2002

* Study by Medical College of Georgia (2008)
About **31%** of doctors nationally will NOT accept new Medicaid patients.

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage of Doctors Accepting New Medicaid Patients</th>
<th>Percentage of Doctors NOT Accepting New Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>67.4%</td>
<td>32.6%</td>
</tr>
</tbody>
</table>

In comparison, more than 80 percent of doctors nationally accept new patients on Medicare, the program for seniors and the disabled, or those with private insurance, the Health Affairs study found.
Why Providers Refuse Medicaid
(GAO Study June 2011)

• (94%) Low reimbursement
• (87%) Billing Requirements
• (87%) Paperwork burdens
• (85%) Delayed reimbursements
• (85%) Burdensome enrollment/participation req.
• (78%) Difficulty referring patients
• (60%) Limited patient Compliance
• (55%) Complex medical/psychosocial needs of patients
• (38%) Limited capacity for new patients
The Washington Post identified that Medicaid patients with mental health issues wait in the ER for hours, the average time is now 15 hours (and can last multiple days).
Medicaid Pays Less than Any Other Form of Insurance

<table>
<thead>
<tr>
<th>Physician Payment Levels</th>
<th>Relative Payment Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>60%</td>
</tr>
<tr>
<td>Medicare</td>
<td>89%</td>
</tr>
<tr>
<td>Private/Commercial</td>
<td>114%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

With Commercial Insurance Providers receive almost DOUBLE the payment from Medicaid.
Medicaid is a Financial Loser for Providers

<table>
<thead>
<tr>
<th></th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>($34.8)</td>
<td>($16.2)</td>
<td>$51.0</td>
<td>$0.0</td>
</tr>
<tr>
<td>Physician</td>
<td>($14.1)</td>
<td>($23.7)</td>
<td>$37.8</td>
<td>$0.0</td>
</tr>
<tr>
<td>Total</td>
<td>($48.9)</td>
<td>($39.9)</td>
<td>$88.8</td>
<td>$0.0</td>
</tr>
</tbody>
</table>

For Profit & Not-for-Profit Providers must have Positive Margins to Continue to Operate
### Hospital Operating Margins (in Billions)

<table>
<thead>
<tr>
<th></th>
<th>Gain</th>
<th>Operating Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$(19.4)</td>
<td>-9.4%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$(10.7)</td>
<td>-14.7%</td>
</tr>
<tr>
<td>Private/Commercial</td>
<td>$66.5</td>
<td>23.1%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$36.4</td>
<td>6.4%</td>
</tr>
<tr>
<td>Oth Govt &amp; Self Pay</td>
<td>$(12.7)</td>
<td>-25.1%</td>
</tr>
<tr>
<td>Operating Total</td>
<td>$23.7</td>
<td>3.8%</td>
</tr>
</tbody>
</table>
Medicaid: Low Access & Quality

• GAO: Children with Medicaid have worse access to care than the uninsured.
• UVA: Medicaid patients are 13% more likely to die in hospitals than those with no insurance.
Children: Private Ins. Vs Medicaid
(GAO study 2011)

Access to Care
• 79% of Physicians accept Private Insured Children
• 47% of Physicians accept Children in Medicaid and CHIP

Access thru Referrals
• 26% of Physicians experience difficulty in referring private patients.
• 84% of Physicians experience difficulty in referring Medicaid/CHIP patients.
Clearly, Giving People Medicaid Cards is NOT the Same as Providing Behavioral Health Care & Treatment
The Solution to Better Access & Quality Care?

Behavioral Health in Private Policies Sold Thru Exchanges (Gov’t & Private Exchanges)

Separate and Unequal is NOT EQUAL for ALL
Each state can choose a “reference” plan from the following:

1. The largest plan by enrollment for any of the three largest small group insurance products in the state;

2. Any of the largest three state employee benefit plans;

3. Any of the largest three national Federal Employee Health Benefits Program plans; or

4. The largest commercial HMO plan in the state.
## Private Insurance for the Uninsured

### Profile of Georgia’s Uninsureds

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Not Need Financial Assistance (Private Ins under ACA)</td>
<td>630,000</td>
<td>35%</td>
</tr>
<tr>
<td>Need Some Financial Assistance (Private Ins under ACA &amp; Exchanges)</td>
<td>720,000</td>
<td>40%</td>
</tr>
<tr>
<td>Uninsurables (Private Ins under ACA &amp; Exchanges)</td>
<td>90,000</td>
<td>5%</td>
</tr>
<tr>
<td>Eligible for Gov’t Programs (Medicaid &amp; CHIP)</td>
<td>360,000</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,800,000</td>
<td>100%</td>
</tr>
</tbody>
</table>
Expanded Access to MH/SA Services under Private Insurance and ACA

1. Require MH Parity under ACA for below 50 ees.
2. Require MH Parity under ACA for individuals
3. Change Georgia laws to require MH Parity
4. Change Georgia insurance laws for below 50 employees to make insurance more affordable
5. Add Any Willing Provider law
6. Allow direct contracting between patients and providers
7. Expand outreach to existing Medicaid eligibles
Uninsured Need Affordable Insurance Policies

1. Provide an exemption for certain physician arrangements;
2. Remove premium taxes
3. Provide that insurers may offer health incentives;
4. Pass Any Willing Provider legislation
5. Allow for Exclusive Provider Arrangements;
6. Allow Health Reimbursement Arrangement only plans;
7. Provide for state income tax deductions for insurance premiums;
8. Provide for tax credits for small employers offering comprehensive major medical plans.
9. Provide for an offset for sales taxes for small employers offering insurance.
Uninsured Eligible for Medicaid & CHIP Programs

• An aggressive outreach and education campaign is needed to assure that these 360,000 Georgians who qualify for Medicaid and SCHIP are signed up.
Improved MH Access: Equal Coverage and Access for All
# The Value of Integrated Health
## The Corporate Costs of Mental Illness

<table>
<thead>
<tr>
<th>Medical Intensity</th>
<th>Type of Condition</th>
<th>Direct MH Costs</th>
<th>Co-Morbid Conditions</th>
<th>Indirect Corporate Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Cost</td>
<td>Frustration</td>
<td>LOW</td>
<td>Tobacco Use Sleeplessness Colds/Flu Blood Pressure</td>
<td>Moderate–HIGH Increased Errors Presenteeism Presenteeism Loss of Teaming</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low Stress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium Cost</td>
<td>Moderate Stress</td>
<td>MEDIUM</td>
<td>Hypertension Musculoskeletal Digestive Gastrointestinal</td>
<td>Moderate-HIGH Unsch Absences Poor Morale Presenteeism Lost of Teaming</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td></td>
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<tr>
<td></td>
<td>Anger</td>
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<td></td>
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<td></td>
<td>Attention Deficit</td>
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<tr>
<td></td>
<td>PostTraumatic Stress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Cost</td>
<td>High Stress</td>
<td>HIGH</td>
<td>Cardiovascular Cancer Diabetes Asthma Back Pain Alcoholism</td>
<td>HIGH-VERY HIGH Low Productivity Divorce Turnover Early Retirement Worker’s Comp Disability</td>
</tr>
<tr>
<td></td>
<td>Major Depression</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Schizophrenia</td>
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<td></td>
<td>Bipolar Disorder</td>
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<td></td>
<td>Obsessive Compulsive</td>
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<tr>
<td></td>
<td>Panic Disorder</td>
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<tr>
<td></td>
<td>Anorexia-Bulimia</td>
<td></td>
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</tr>
<tr>
<td>Catastrophic</td>
<td>Violence</td>
<td>HIGH</td>
<td>Accidents Burns</td>
<td>VERY HIGH Death Work Violence Disaster Recovery</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td></td>
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</tbody>
</table>
Moving Forward under the PPACA

THE IMPACT ON INTEGRATION
GACSB-GAPHC-TCC Learning Collaborative

- 18 CSB/FQHC Collaborations on Integration of Somatic and Behavioral Health Care
- A foundation for success under the PPACA
Two principal types of reform

▪ **Insurance Reform**
  Medicaid Expansion, Pre-existing Conditions Coverage, No Life-time/Annual Limits, Coverage under 26 years of age, Closing the Medicare prescription “donut-hole”, Prevention Services Coverage, HIEs and Subsidies

▪ **Health System Reform**
  Chronic Disease Management and New Frontiers
It’s All About Managing Chronic Diseases

▪ **Accountable Care Organizations**
  Centers for Medicare and Medicaid (CMS) is funding 252 demonstrations in 46 States with Medicare Incentives. 11 in Georgia

▪ **Health Homes**
  8 States with Approved SPAs under Section 2703 for Medicaid recipients with 2 or more Chronic Conditions: SPMI, SA, Asthma, Diabetes, Heart Disease, Obesity

▪ **Long-Term Care Improvements**
New Frontiers for Behavioral Health

- FQHC Expansion
  - New Access Points
  - SAMSHA Integration Sites
  - School-based Clinics
- Prevention and Public Health Fund
- Workforce Development
- Community Health Needs Assessment
- Health Information Technology