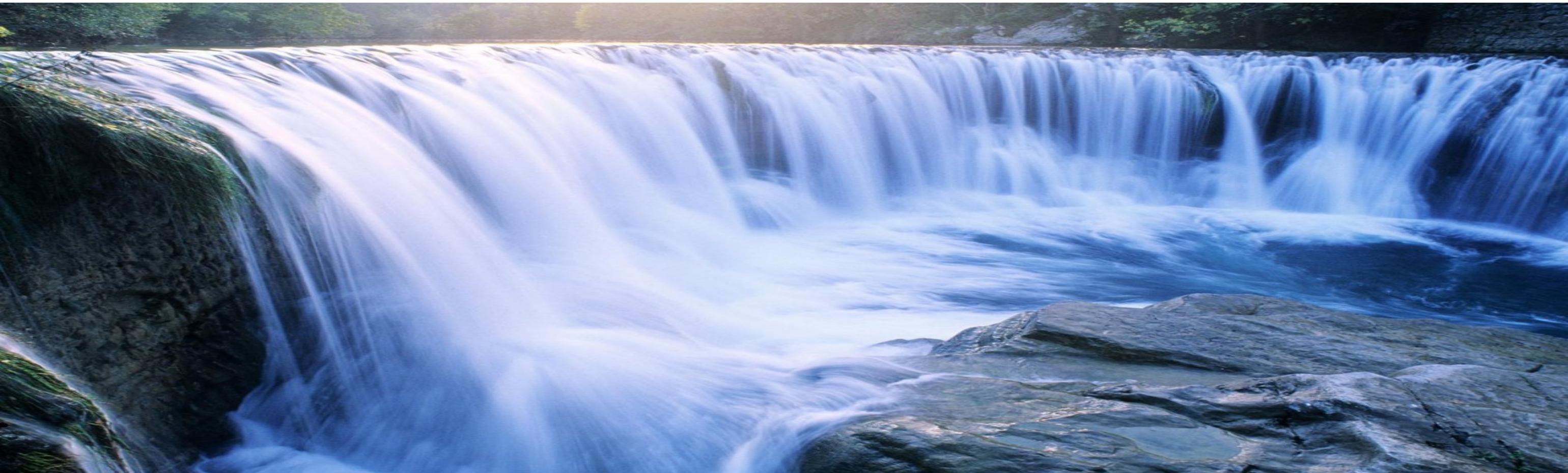


THE WATERFALL EFFECT:

Transformative Impacts of the ACA Coverage Expansions and System Reforms for People with Mental Health Conditions



***THE WATERFALL EFFECT:
Transformative Impacts of the ACA
Coverage Expansions and System Reforms for People with
Mental Health Conditions***

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Outline of Presentation

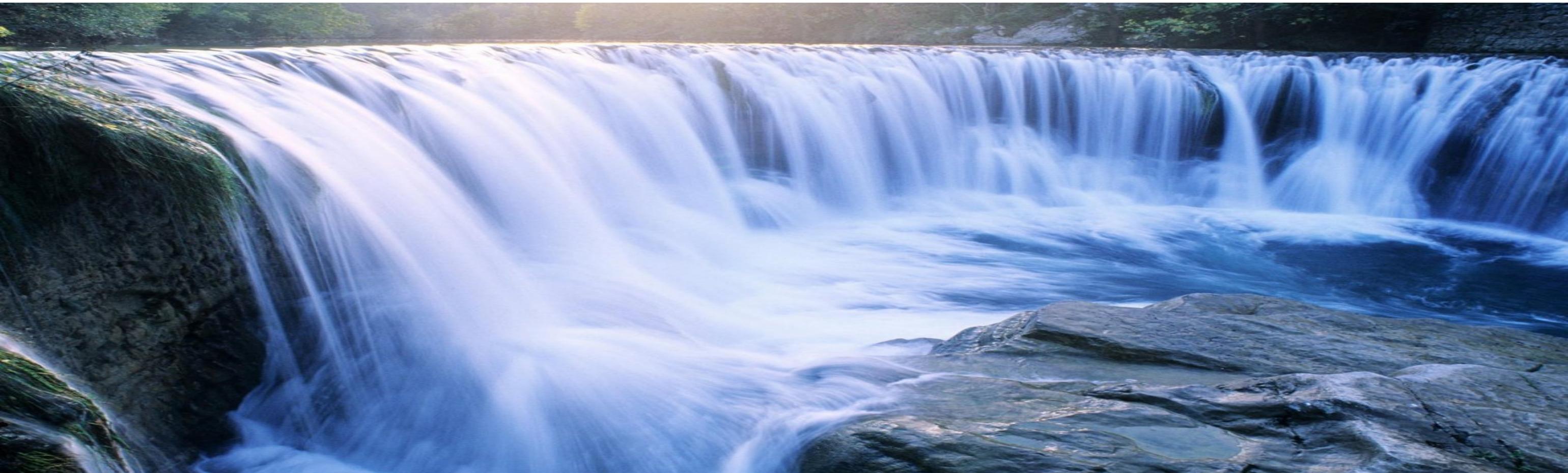
- ▶ **Setting the Stage**
- ▶ **The Opportunities:**
 - Impact of the Affordable Care Act (ACA) in Addressing the Needs of Uninsured Individuals with Mental Illness
 - Expanding Health Insurance Coverage
 - Increasing Access to Services
 - Redesigning the System
 - Quality Improvement
- ▶ **The Challenges Ahead:**
 - Medicaid Expansion
 - Maximizing ACA Enrollment
 - Essential Health Benefit Packages that Address the Needs of Mental Health Consumers

Setting the Stage: The ACA Ushers in a Golden Age for Coverage of Behavioral Health Services

- ▶ The passage of the ACA was a major milestone in long-standing efforts to ensure access for all Americans to appropriate, high-quality and affordable behavioral health (BH) care and prevention and treatment services.
- ▶ Many of the most prominent features of the ACA were instrumental in establishing the CENTRALITY of behavioral health services within the overall health care delivery system – such as the designation of mental health and addiction services as one of the ten categories of essential health benefits (EHB).
- ▶ Expanded ACA Medicaid eligibility and the new health insurance marketplaces (exchanges) create a way for lower-income and other uninsured individuals to obtain health insurance – but also makes a number of changes to how the mental health and health care systems can better operate through delivery reforms.

**What better way to dramatically reduce stigma, discrimination and outright rejection that keep people from seeking help, than opening up the “Coverage Door” to those with mental illness.
Treated like any other illness.**

Transformative Impacts of the ACA Coverage Expansions on People with Mental Health Conditions



Expanding Health Insurance Coverage

Increasing MH & HC Benefits

Providing MH Benefits at Parity

COVERAGE INTEGRATION

Deploying the MH Workforce

Addressing MH Disparities

Collaborating Across Providers & Gov't Agencies

ACCESS SERVICE INFRASTRUCTURE

Redesigning State MH Systems

Promoting Prevention & Early Screening

Integrating MH & PC Services

Coordinating MH & SA Services

DELIVERY INTEGRATION

Implementing EBPs & EB Services

Insuring Person-Centered Focus

QUALITY IMPROVEMENT

**The ACA
“Waterfall Effect”
Will Have a Multi-
Level Cascading
Positive Impact on
Uninsured People
with Mental
Illness.**

Transformative Impacts of the ACA Coverage Expansions on People with Mental Health Conditions

A wide waterfall cascading over rocks in a forest. The water is white and frothy as it falls, creating a misty spray at the base. The surrounding rocks are dark and wet, and the background is a dense green forest.

The ACA Coverage Imperative

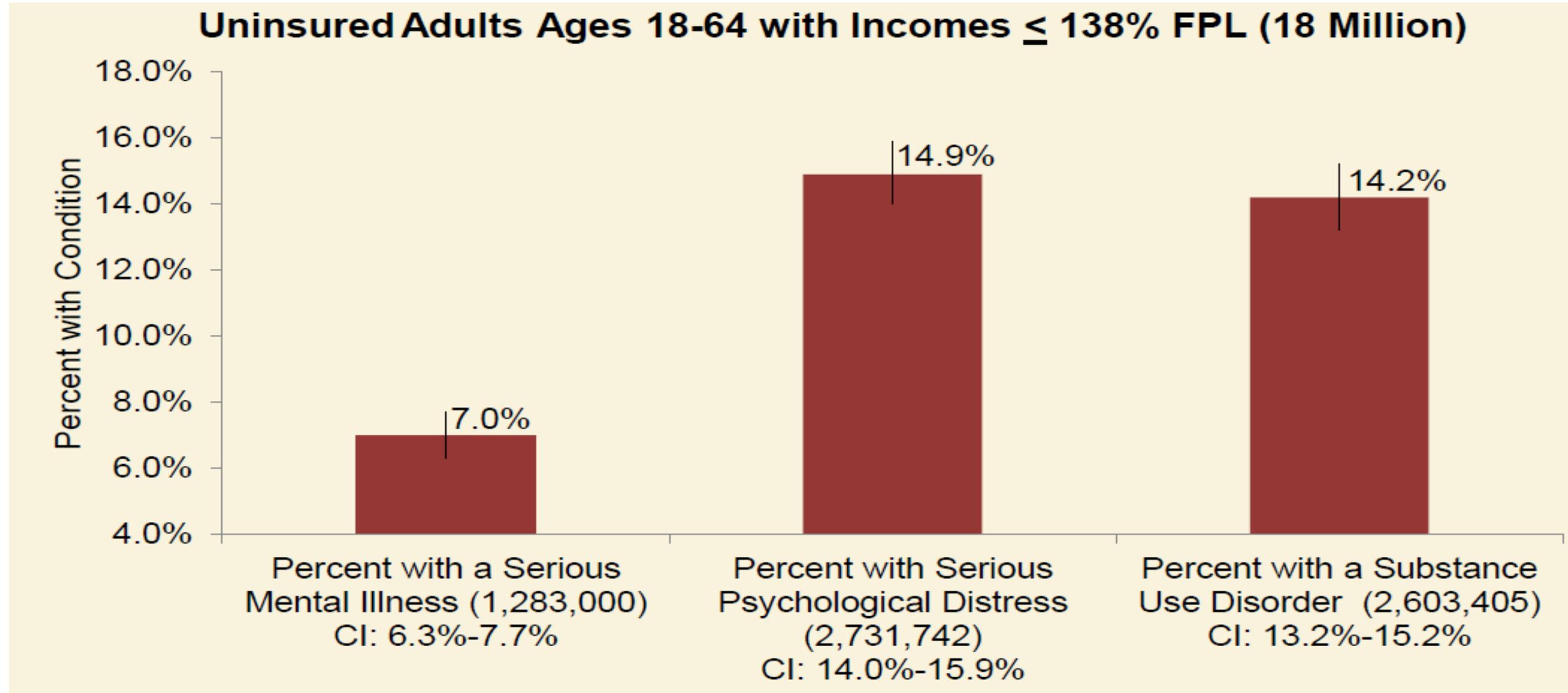
1. Expanding Health Insurance Coverage: Transformative by Its Very Nature

Health Insurance Coverage is the PASS-KEY to the Delivery System & Quality Care! It is Stable, Solid, Consistent, Affordable, Sleep-Better-at-Night Security & Protection for the You & Loved Ones.

- ▶ Nationally, about **6.6 million** uninsured ADULTS with a mental illness are eligible for coverage in the new State Medicaid Expansion program, out of nearly 19 million projected newly-insured people between 2014 and 2019. *Feds will pay 100% of all costs between 2014-16 tapering off to 90% by 2020 – and the funds have been already set aside.*
- ▶ Another **6.8 million** uninsured ADULTS with a mental illness could also gain health insurance coverage through the implementation of state health insurance exchanges under the ACA, out of nearly 22 million projected newly-insured people between 2014 and 2019. *Eligible people receive tax credit subsidies to help defray premium costs – and the funds have already been set aside.*

New Medicaid Expansion

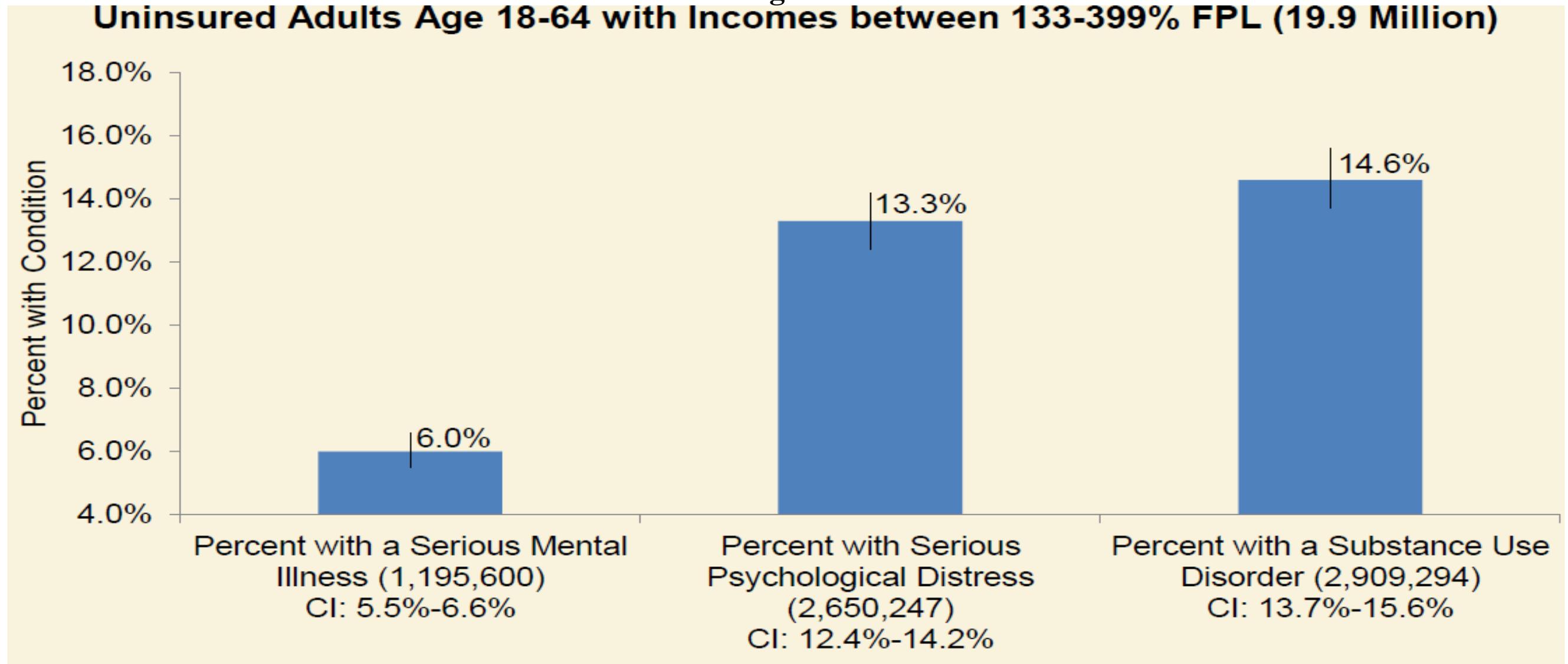
Figure 6



Note: CI = Confidence Interval

State Health Insurance Marketplaces

Figure 7



Note: CI = Confidence Interval

1A. Reforming the Health Insurance Market: ACA Has Already Increased Security for All Americans

- **Pre-Existing Conditions Are No Longer a Barrier to Coverage**
 - One of the most important provisions in the law for children and adults with mental health needs is the ban on exclusion for a pre-existing condition(s). This provision went into effect in 2010. Insurers often denied coverage because an individual has a health condition or has been sick in the recent past, and many children and adults with mental illnesses have failed to qualify on these grounds. Insurers cannot deny coverage due to pre-existing conditions for all Americans.
- **Insurers cannot charge people with poor health more than others.**
- **No health plan can have a lifetime or annual limit on certain benefits or rescind coverage if an individual gets sick.**
- **Young Adults Can Remain Covered**
 - Young adults (up to age 26) must be allowed to remain on their parents' health plan, if their parents so desire. by ensuring coverage up to age 26.

2. Increasing Mental Health Benefits

- ACA requires the inclusion of essential health benefits (EHBs) that **qualified health plans must offer to participate** in state health insurance exchange & essentially provided through the Medicaid Expansion effort.
- EHBs must include items and services within at least the following 10 categories:
 - **Mental health and substance use disorder services, including behavioral health treatments**
 - Preventive and wellness services and chronic disease management
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Prescription services
 - Maternity and newborn care
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Pediatric services, including oral and vision care.

Preventive Services Coverage

- ▶ Preventive services must be covered without copayment or coinsurance, when delivered by a network provider.
- ▶ Current list (U.S. Preventive Services Task Force) includes:

For Adults:

- Alcohol misuse screening
- Depression screening
- Obesity screening and counseling for all adults
- Sexually transmitted infection prevention counseling for adults at higher risk
- Tobacco use cessation interventions for tobacco users

For Children:

- Alcohol & drug use assessments
- Behavioral assessments
- Depression screening

3. Assuring Mental Health Benefits at Parity with Medical Services

- ▶ The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 prohibits financial requirements & treatment limitations for mental health and substance abuse benefits in group health plans **from being more restrictive** than those placed on medical and surgical benefits.
- ▶ The parity provisions also will apply to the new expanded Medicaid programs, as well as to Medicaid managed care programs, and under the state health insurance exchanges.
- ▶ Most importantly, the ACA requires the inclusion of mental health & substance use treatment services in the list of the 10 essential benefits.

But always remember this:

People can't have comprehensive essential health benefits and at parity, unless they have health insurance coverage.

Benefits of the Essential Health Benefits Package for Those with Individual Coverage

- ▶ **Americans who currently buy coverage in the individual health insurance market (about 18 million) in 2014 will gain access to essential health benefits.**
- ▶ Coverage of benefits in the individual market **will expand** parity on many levels.
- ▶ **Expected EHB Expansion also means expanded BH parity:**
 - *Nearly 5 million Americans will gain substance abuse coverage parity**
 - *Nearly 2.5 million Americans will gain mental health coverage parity **
 - *Over 1.3 million Americans will gain prescription drug coverage*

**7.1 million Americans alone who have coverage in the individual market will gain BH parity through insurance reforms and the EHP.*

Transformative Impacts of the ACA Coverage Expansions on People with Mental Health Conditions

A wide waterfall cascading over rocks in a forest. The water is white and frothy as it falls, creating a misty spray at the base. The surrounding area is lush with green trees and foliage. The overall scene is serene and natural.

The ACA Access Imperative

4. Deploying and Positioning the Mental Health Workforce

- ▶ Workforce experts say a major area of concern is having enough providers to ensure access to mental health services.
- ▶ Policymakers and BH experts believe there is insufficient capacity and coordination in the current system to adequately serve the newly-eligible population with mental health needs under the ACA. So strategic deployment is critical.
- ▶ Effectively serving newly-eligible children and adults who may be experiencing the first signs of a mental health condition and have immediate needs, calls for appropriately deploying -- and building on -- current capacity in the current BH system.
- ▶ ACA programs are helping to transform the process, by promoting integrated care for BH and PCP services – major momentum in this area. But more needs to be done.

Environmental Factors and the Workforce

Workforce shortages will likely be impacted by additional demands that result from:

- ▶ (1) a large number of returning veterans in need of services;
- ▶ (2) new state re-entry initiatives to reduce prison populations, a large majority of whom have mental health or substance use disorders, and
- ▶ (3) the increasing number of baby boomers and the need to train more geriatric mental health providers in the near term.

Meeting the Need: Strategies to Achieve the Promise of Better Outcomes for People with BH Disorders

With BH care – and health care – moving toward a more chronic care-public health model that recognizes the importance of prevention and the primacy of long-term recovery, the following strategies could be implemented:

- ▶ Promoting cross-training for the BH workforce to enhance capabilities to serve individuals with co-occurring disorders and how to work in complex multi-disciplinary teams.
- ▶ Fostering the expansion of the workforce by recruiting a more diverse workforce and concentrating on underserved populations. Specific populations that need additional services include children and adolescents, geriatric patients, and those living in rural areas.
- ▶ Disseminating & promoting the adoption of evidence-based practices to reduce the delay in adoption of science-based interventions.
- ▶ Encouraging the development and dissemination of BH core competencies for the primary care sector and other health care workforce.

5. Addressing Behavioral Health Disparities

- ▶ The most important way in which the ACA will address disparities is by expanding access to health coverage to millions Americans, especially those who have been unable to access services because they couldn't afford to pay for such services or for insurance coverage.
- ▶ The ACA can be transformative as several studies show lack of health insurance negatively affects the quality of health care services received by racial/ethnic minorities & expanding access to care reduces racial/ ethnic health disparities.
- ▶ They suffer worse health outcomes across a spectrum of health indicators, including life expectancy, infant mortality, rates of chronic disease and self-reported health status.
- ▶ We recognize even when insurance status is equal across populations, disparities in both quality and access to care persist along racial/ethnic lines. But expanded coverage can break down many barriers in receiving timely, needed care.

ACA Workforce-related Provisions and Addressing Disparities

The ACA includes numerous initiatives for education and training programs for health professions and others, particularly for those who are willing to work in underserved areas and with health disparities populations.

These include:

- ▶ Workforce development grants to support comprehensive health care workforce development strategies at the state and local levels to increase diversity;
- ▶ Funding for interdisciplinary, community-based linkages for community-based training programs to increase the number of primary BH providers serving in underserved areas and with health disparity populations; and
- ▶ Funding to colleges to provide BH education and training that addresses the needs of individuals & groups from different racial, ethnic, cultural, geographic, religious, linguistic, & class backgrounds, and different genders and sexual orientations, & prioritizes cultural and linguistic competency.

6. Collaborating Across Providers and Gov't Agencies on Network Development; Managed Care; Payment Approaches

- Interest is high in both public and private health care sectors to achieve better mental health outcomes and value for funds invested.
- Health care reform can accelerate value-based purchasing (VBP) as cost and quality concerns are aligned. Purchasers are beginning to make significant strides **in transforming** the current payment systems from one that rewards **volume** into one that rewards **value**.
- Contracting with BH providers using a VBP design presents an opportunity for purchasers that contract collaboratively. VBP provides an important framework for local-level purchasers contracting with BH providers, especially if done in concert with an organized group of purchasers.
- The keys to successful, widespread implementation of a VBP model include:
 - The adoption of useful and workable quality measures and meaningful performance metrics that encourage rather than burden providers;
 - The avoidance of creating additional health disparities and reducing existing ones; and
 - Provision of valued incentives that encourage participation and drive improvements.

Transformative Impacts of the ACA Coverage Expansions on People with Mental Health Conditions



**The ACA Integration
Service Delivery
Imperative**

7. Redesigning Mental Health Systems

There are several reasons why ACA has made reinventing and improving mental health more likely:

- ▶ **First**, ACA provisions will enable states and federal agencies to test and evaluate improved financial and organizational tools in order to address the fragmentation of mental health services that lead to poor quality and high cost.
- ▶ **Second**, provisions such as health homes, directed toward chronic disease comorbidities. This strategy makes it possible for providers to be more responsive to clients who not only have mental illnesses, but also other serious chronic diseases.
- ▶ **Third**, ACA allows providers to better coordinate Medicaid BH services with social service programs that seek to prevent & manage homelessness among people with BH disorders.
- ▶ **Fourth**, by extending the concepts of treatment & related supportive care to such entities as health homes, ACA provisions provide new pathways for incorporating EB treatments.

8. Promoting Early Screening & Intervention of Mental Illness and Other Illnesses

- ▶ **It's all about prevention! And the ACA brings prevention to the forefront.**
- ▶ ACA builds on many recommendations of the IOM report: *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*.*
- ▶ ACA promotes the prevention & early identification of both health care and BH problems, thereby allowing for early intervention, which can effectively reduce the burden of disease on children, their families and communities. ACA coverage facilitates identification of mental illness at a young age due to increased access to key, timely screening services.
- ▶ Moreover, thanks to coverage & solid benefits, children can begin therapy, even without a specific dx that can be difficult to determine for many adolescents. The critically important goal is to reduce the chances that a serious dx will develop later.
- ▶ *Other countries are much further along in developing BH care interventions that emphasize preventing mental illnesses and promoting mental health. For example, Canada has achieved province-wide success in Manitoba by focusing on childhood interventions and strengthening integrated care models.

9. Integrating Mental Health Care into Primary Care Services

- ▶ Major challenge is to integrate basic BH care into PC. Most Americans with BH conditions get no treatment for these problems. We know more people are treated for mental illness by their family physician than by BH specialists. The problem is we have many unmet needs while many specialty BH programs are at capacity.
- ▶ Opportunity through ACA to address this problem because many people with these conditions will now have robust coverage and because practical ways to deliver basic BH care in PC settings are now well established.
- ▶ There is considerably less stigma in visits to primary care. People with a chronic illness like diabetes that also have depression, have health care costs at least 50% percent higher.
- ▶ This all will not occur automatically. BH care within PC today is often inadequate. It can be done well – improving health and reducing costs – but barriers must be addressed. Payments and supports for basic BH care in PC are often lacking. Less than 15% of the people with depression in PC settings get adequate care.

10. Integrating Mental Health and Substance Abuse Services

- ▶ Lack of integration between BH & SA treatment has been a persistent deterrent to appropriate care, but the ACA provides opportunities to address this issue.
- ▶ ACA encourages the use of preventive services and substance abuse education, evaluation, and treatment, and it allows providers treating people with mental illnesses to pay more attention and receive payments to SA problems. ACA enables a **transformation** in the management of substance abuse, whether occurring along with mental illness or as a condition in its own right.
- ▶ ACA does this through a “whole person” perspective focusing on the integration of services, as well as by encouraging coordination through health homes, & collaborative teams & services.
- ▶ **ACA provides a major opportunity for greater collaboration and shared responsibility by requiring MH and SA services to be incorporated into current/emerging clinical models.**

Transformative Impacts of the ACA Coverage Expansions on People with Mental Health Conditions

The ACA Quality Improvement Imperative

11. Implementing Evidence-Based (EB) Treatments and Support Services

- ▶ EB treatments that contribute to high levels of social functioning and recovery often are not used in the care of people suffering from mental health conditions. Opportunity to SCALE UP.
- ▶ **Within this New World of Coverage Expansions:**
 - ▶ Need clear, consistent and useful definitions for purchasers of what are good and modern BH practices and services:
 - ▶ Benchmark plans for Medicaid expansion (2014)
 - ▶ Essential benefits for state exchanges (2014)
 - ▶ Scope of services for Mental Health Parity and Addictions Equity Act
- ▶ **What Are Important Inputs Regarding Service Coverage – ACA Payers/Purchasers Want To Know:**
 - ▶ What's the modality/setting that will work?
 - ▶ What does the evidence say about what works for these populations?
 - ▶ How much will these individuals need?
 - ▶ What will it cost?
 - ▶ What are the cost offsets to the health care system?

12. Insuring Services & Programs are Person-Centered and Support Health

- ▶ A modern BH system should include a structure in which all holistic outcomes, measures and indicators of health are collected, stored and shared with the individual who has a mental illness, and all of the providers who are associated with care of the individual.
- ▶ The development of interoperable, integrated electronic health records will be necessary, as will community-wide indicators of MH and SA disorders in order to improve coordination and quality of care.
- ▶ **ACA has the potential to afford uninsured people with a mental illness greatly expanded access to MH and SA treatment in an integrated and community-based setting, with a person-centered treatment focus.**

UPSTREAM TO DOWNSTREAM: Transformative Impacts of Health Care Reform on People with Mental Health Conditions

The Ultimate Goal of Reforms

**THE CLIENT IS RECEIVING CARE AT THE
RIGHT TIME, IN THE RIGHT SETTING, FROM
THE RIGHT PERSONS,
WHO DELIVERS HIGH-QUALITY, EVIDENCE-
BASED MENTAL HEALTH SERVICES**

The Challenges Ahead

Medicaid Expansion Should Have Extremely Positive Effects for Uninsured People with a Mental Illness

- ▶ The best way to reduce mental illness and stigma is through better access to health coverage and timely, effective services. Eliminating access barriers involves fully implementing the new expansion initiative.
- ▶ Advocates need to provide guidance to state decision makers on the incentive in the expansion to improve health & well-being of individuals with mental illness.
- ▶ Medicaid expansion can help accelerate the creation of a strong infrastructure of community-based services.

Simply put: The new expansion effort will save lives, improve the quality of life, and improve the health status for millions of uninsured people with mental illness.

**Table 1 – Urban Institute
Worst- and Best-Case Scenarios for State Budget Effects
of Key Provisions of the Affordable Care Act: 2014-2019 (in Billions)**

State Budget Gains	Worst-case Scenario in Gains	Best-case Scenario in Gains
Uncompensated Care Gains	+\$42.6	+\$85.1
Mental Health Gains	+\$19.9	+\$39.7

**Table 2 – NASMHPD-NRI
FY2009 to FY2012 Total \$4.6 Billion in Cuts***

Year	Average	Median	Minimum	Maximum	Total
FY 2009 (39 States)	\$36,849,116	\$13,226,000	\$0	\$554,003,000	\$1,216,020,843
FY 2010 (38 States)	\$29,123,575	\$12,300,000	\$0	\$213,591,000	\$1,019,325,136
FY 2011 (36 States)	\$35,294,953		\$0	\$132,000,000	\$1,270,618,291
FY 2012 (31 States)	\$28,074,541	\$9,040,000	\$0	\$242,500,000	\$842,236,221
FY 2013 (15 States)	\$17,709,032	\$13,700,000	\$0	\$82,000,000	\$247,926,447

*Note: Results based on 41 State Mental Health Authorities Reporting Winter 2011-2012. NASMHPD-NRI

Where the Rubber Meets the Road: Implementing the ACA through State Outreach & Enrollment Strategies

- ▶ Extent to which the promise of the ACA/Medicaid expansion is fulfilled depends in large part on how many people actually avail themselves of the new coverage options. Rate of Medicaid enrollment among currently eligible adults averages only 62% across the states.
- ▶ In recognition of specific types of problems and challenges, legislation and regulations envision a streamlined process for enrolling Americans into either Medicaid or private plans through the exchanges.
- ▶ ACA lays out a number of interrelated strategies for streamlining enrollment process, coordinating across programs & helping people learn about options. Efforts at streamlining enrollment are vital not only for individuals and families in need of coverage and care, but also for the U.S. health care mental health safety-net system.

Now is the time to find out what your state is planning and to urge state officials to take maximum advantage of the opportunity to modernize systems.

ACA Success Depends on Enrolling “Young Invincibles”

- ▶ The Obama Administration’s goal is to enroll 7 million people through the new health insurance exchanges in the first year (2014).
- ▶ The ACA’s success depends on a significant number – about 2.6 million – of young and healthy people signing up for coverage. Need to enroll this population to spread costs to keep premiums in check – ala the group health insurance principle.
- ▶ Major outreach to this population of 18-35 year olds who are uninsured – one third who are clustered in California, Florida, and Texas.
- ▶ HHS is targeting Hispanic populations working with Spanish-language media to provide information on health insurance accessibility and affordability.

Develop an Effective Outreach Plan

1. Convene -- or strengthen – state and local coalitions.

- ▶ An effort of this magnitude will require a partnership among many different stakeholders. Many diverse voices should be at the table, including you, providers; consumer; groups representing communities of color; health plans; businesses; etc.

2. Encourage the state to invest in outreach.

- ▶ Stakeholders should urge their states to develop a plan for outreach this year and to include significant resources in their grant requests to accomplish this task.

3. Identify segments of the uninsured to target.

- ▶ The uninsured BH population may require different messages and different outreach strategies. In order to develop the most effective outreach campaign, it will be important to know who the uninsured with mental illness are in your state & pick segments of that population to target in an outreach campaign.

**Health Care Reform
is
Mental Health Reform**

Rolling Up Sleeves

- ▶ Symposium work groups – organized by region – should identify opportunities to implement ACA provisions and address challenges -- *Lessons Learned and Best Practices*.
- ▶ Foster cross-state and participant knowledge exchange around operational strategies to address enrollment and outreach, access, and service delivery challenges/barriers.
- ▶ Connect Post-Symposium to promote and implement actions via virtual teams.

THANK YOU FOR THE OPPORTUNITY

Be At The Table! Engage!

For follow-up questions, and for any additional information on the ACA and health care reform, please contact Joel Miller at:

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