Finding Stories Behind the Affordable Care Act

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Initial Observation

We Must Address

SOCIAL JUSTICE
The ACA will address many social justice concerns!

- Insurance coverage for 20 million poor and 20 million near-poor citizens
- **Health benefits for 13 million persons with behavioral health conditions***
- **Safe Harbor for those with severe illnesses**
- New focus on prevention and promotion, not just disease care
Where we stand today

• State Health Insurance Marketplace: 10.5 million enrolled; 2.6 million with behavioral health conditions enrolled.

• State Medicaid Expansion: 8.5 million enrolled; 3.4 million with behavioral health conditions enrolled.

• 13 million uninsured with behavioral health conditions – 6 million currently enrolled = 7 MILLION REMAIN TO BE ENROLLED.
Moving quickly into ACA implementation

- Become involved
- Work together
- Work quickly
- Work smartly

- **New Enrollment Period: November 15 – February 15!**
- **ISSUE:** Do you know this? Does you know how to enroll an uninsured person?
CONTEXT: 50 Years of Federal Spending
CONTEXT: Some Mini Trends Toward 2020

- **Whole health**, person-centered care, and recovery advance rapidly.
- **Peer support** and health navigation become ubiquitous.
CONTEXT: Some Demographic Trends

• Changing U.S. demography
  – Bigger (282 → 350M)
  – Older (12 → 18%) ($27T Medicare; $11T Soc Sec)
  – More racially and ethnically diverse (81 → 78% white)

• Medicaid (→ 80M) and Medicare (→ 75M) will continue to grow.
CONTEXT: Some Important Facts for Behavioral Health Care

• People with behavioral health conditions still die 25–35 years earlier than others.

• One million people with behavioral health conditions will die from heart attack or stroke in the next 5 years.

• Behavioral health conditions are implicated in all major chronic diseases and vice versa, such as heart disease and epilepsy.
Implementing the ACA
Abstract
We begin by reviewing the five key intended actions of the ACA—insurance reform, coverage reform, quality reform, performance reform, and IT reform. This framework provides a basis for examining how populations served and service programs will change at the county and city level as a result of the ACA, and how provider staff also will change over time as a result of these developments. We conclude by outlining immediate next steps for county and city programs.

Article can be accessed at: http://www.tandfonline.com/doi/full/10.1080/1536710X.2013.870510#.UwePis7EUs0
Point of View

The ACA is about ... Insurance Coverage and Care Access
ACA Keynotes

• Person-centered care
• Shared decision making
• Whole health
Role of Parity

– Essential Health Benefit (EHB) for private insurance must be at parity. What does parity mean?  
– Medicaid Benchmark Benefit must be at parity. 
– Parity does extend to all new individual and small group plans beginning in 2014. 
– What about parity for current Medicaid and Medicare beneficiaries?

– ESSENTIAL TAKE-AWAY: Parity was essential to get behavioral health to the health reform table.
Quick ACA Overview

- Insurance reform
- Coverage reform
- Quality reform
  - Payment Reform
  - Performance Reform
ACA Medicaid Expansion

• Fact: For states that choose this option (now 28 + DC), designed for all uninsured adults up to 133 percent of poverty (plus discounted 5 percent of income).

• Overall 40% with Behavioral Health Conditions. (About 7% will have a Serious Mental Illness and about 14% will have a Substance Use Disorder).

• **KEY ISSUES TO CONSIDER:**
  – What is the effect of a State opting out?
  – Are eligible uninsured persons aware of the opportunity?
  – Will persons with mental health and substance use conditions actually enroll?
Fact: Open Enrollment Period will operate in ALL STATES from November 15, 2014 to February 15, 2015. Scope is all uninsured adults above 133 percent of poverty (plus discounted 5 percent of income).

Overall 25% will have a Behavioral Health Condition. (About 6% will have a Serious Mental Illness and 14% will have a Substance Use Disorder).

KEY ISSUES TO CONSIDER:
- Are eligible uninsured persons aware of the opportunity?
- Will persons with mental health and substance use conditions actually enroll?
- Will the insurance benefits be adequate? What about deductibles and co-pays?
ACA New Coverage Mandates

• Facts:
  – Certain prevention and promotion services now have no co-pays or deductibles;
  – Guaranteed Insurance for pre-existing conditions now covers all ages since January 1, 2014;
  – Those up to age 26 can now remain covered by family policies (more than 3+ million enrolled).

• KEY ISSUES TO CONSIDER:
  – Will persons with mental health and substance use conditions actually seek care?
  – How can we improve outreach to these people?
ACA—Health Homes and ACOs

• Fact: Everyone (including you) will be in a “health home”/ “medical home” by 2020.

• Likely Future
  – Health homes will be operated by ACOs.
  – Behavioral health entities may form ACOs.
  – Think about some out of the box approaches— a county or community collaborative!

• KEY ISSUES TO CONSIDER:
  – Will people seek care from health homes?
  – How will health homes change the stigma of mental illness and substance abuse?
ACA—Health Homes and ACOs

• Fact: We *do* have a lot to offer ACOs!
• Likely future
  – We can and should contribute the concepts of *recovery* to chronic illness care.
  – We can and should contribute the concept of *resilience* ("well-being" and good "health-related quality of life") to prevention and promotion care.
  – We can contribute *peer support* and health navigation for cost reduction and improved outcomes.

• **KEY ISSUES TO CONSIDER:**
  – How will recovery and resilience change the nature of health care?
  – How will peer support change behavioral healthcare?
A few words about prevention and promotion

- HEALTHY
- NOT ILL
- --- --- ILL
- NOT HEALTHY
Wellness Model Applied
New Ideas: Our “Health First Era”

• **Personal:**
  – Health (physical, mental, social)
  – Health **Literacy**
  – Health **Activation**

• **Community:**
  – Effects on Personal Health
  – Personal Health Literacy about Community
  – Community Activation (Public and Population Health)
Understanding ACA Disease
Prevention and Health Promotion

Very Healthy

YOU IN FUTURE (health)                  YOU SOON (wellness)

No Disease               Severe Disease

YOU SOON (disease prevention)          YOU NOW

Very Unhealthy
Key planning questions

• --What are some of your fears about the ACA, such as integrating behavioral health and primary care?
• --What steps are you and your organization planning to take to prepare for ACA integration? Any new partnerships?
• --What vision стрategy/tactics do you think will be necessary to accomplish ACA integration? Short-term? Longer-term?
• --How do you plan to do work with your State Health Insurance Exchange? State Medical Expansion? Specifically?
Contact Information

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