

Prevention, Treatment, and Recovery Supports for Those with Substance Use Problems: Opportunities for Enhanced Access and Quality of Care

Thomas O. Savidge, Flo Stein

Substance use disorder is one of our nation's most significant public health problems. If unaddressed, an individual's addiction will negatively impact the family, community and the health care system. Despite major strides in the field of addiction treatment, major barriers still exist preventing the problem to be addressed. We propose some recommendations to help improve access to care.

The North Carolina public and private system for the treatment of persons with substance use disorders continues to face many challenges, the most important of which is the need to remove barriers confronting those seeking access to care. However, we are cautiously optimistic that the Affordable Care Act and the state's recent legislation expanding the managed care Medicaid waiver statewide will improve the overall service delivery system for those in need of substance abuse treatment.

The challenges currently facing substance abuse professionals as well as the organizations and programs that provide treatment have been present for many decades. Most of them are attributable to unnecessary barriers to appropriate access to care, including gaps in insurance coverage for substance abuse services in some plans, reimbursement rates that do not support the required professional credentials to provide treatment, social stigma of people with substance use disorders, and denial. The mainstream media now more than ever glamorizes binge drinking and the use of illicit drugs. Portrayals of a lifestyle of nonstop partying reach an even younger audience than in the past, thanks to omnipresent access to the Internet. Young people get the impression that if one's lifestyle gets out of hand, then all that is needed is an intervention, followed by a ride to the nearest rehab facility. The media portrays substance abuse rehabilitation as easily accessible, and they minimize its seriousness, implying that it is simply a normal part of growing up. The realities of addiction and of its impact on individuals, families, and society are glossed over.

Great strides have been made in achieving parity between coverage for mental health and substance abuse treatment and coverage for medical and surgical treatment. However, the coverage offered by most insurance plans is still limited,

and both premium costs and the costs of care is quite costly. Cost, fear of withdrawal, and the stigma associated with substance abuse continue to deter many individuals from seeking treatment.

In comparison with other states, North Carolina is generous when it comes to providing state funding for the uninsured or underinsured to receive substance abuse treatment. But although funding is available, care is difficult to access. This is clearly evidenced by a long history of state allocations being underutilized.

There are multiple systemic problems that contribute to difficulty in accessing treatment for substance abuse. Providers and organizations that receive state or federal substance abuse funding are required to give pregnant substance users and injecting users priority admission. Although pregnant women and those who inject drugs do have fairly good access, the majority of all others in need of treatment are usually unable to attain it. The Local Management Entities (LMEs) conduct a needs analysis for each county on an annual basis. They identify groups in need, and in conjunction with the state, try to target those in need by allocating funds accordingly. Yet their desire to be good stewards of taxpayer dollars has led them to create an eligibility and authorization process that is complicated to navigate. Different funding sources have different requirements before a person can be approved for treatment (for example, a failed attempt at Alcohol or Narcotics Anonymous, length of time or amount of use, or income). While the addicted person is awaiting "approval" to receive services, more often than not the small window of opportunity for engagement will close, as addiction cravings overrule the person's desire for treatment. The emphasis on managing limited substance abuse funds conservatively has been taken to an extreme, which has resulted in funds not being utilized and those in need not getting treatment. This has to change. It would be much more beneficial

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Address correspondence to Thomas O. Savidge, 4300-110 Sapphire Court, Greenville, North Carolina 27834 (tsavidge@porthumanservices.org).

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for those in need if the system required that all available funds be exhausted. Any eligible person, regardless of the severity of his or her addiction, should be given immediate access to treatment if he or she requests it. If an epidemic of swine flu were to break out, we would not address it by requiring those who need treatment to go through a labor-intensive process to get approval to receive it. At a recent lecture, the presenter discussed the phenomenon of society spending vast sums to rescue people who get lost on rock-climbing or camping excursions. More than a million dollars may be spent on a rescue mission to retrieve one individual lost in the woods, emphasizing the high value we place on a life. Yet a person seeking treatment for substance abuse may have great difficulty in getting society to pay \$19.05 so that he or she can receive an hour of group therapy. This is the amount that Medicaid and the state Division of Mental Health, Developmental Disabilities and Substance Abuse services authorizes for group therapy. In some instances it seems as though more money is being spent on efforts to avoid spending treatment dollars than is being used to provide services.

The state's initial efforts to accomplish mental health reform in 2001 were admirable; unfortunately, the state did not accurately gauge the potential for such problems as provider fraud and abuse to arise. The irresponsible and unlawful behaviors of a few ultimately made it more difficult for substance abusers to access care, because in an attempt to address the fraud and abuse, excessive rules and regulatory requirements were put into place. This has dramatically shifted the focus of attention away from those in need, as the organizations that provide treatment services have been forced to give priority to regulatory bodies instead. We are currently operating in a system that values regulatory compliance more highly than quality of care.

The list of problems is daunting, but opportunities for improving the system of care are abundant. The Affordable Care Act (ACA) and the development of state managed care organizations required as part of the expansion of the state's Medicaid waiver are focusing many management efforts on improving patient outcomes. If this focus replaces the unnecessary rules and regulations, providers of services will be able and willing to place much greater emphasis on developing systems for measuring the outcomes of various treatment interventions. These measurements will accelerate the integration of evidence-based practices into the treatment continuum.

The use of electronic health records will greatly enhance the ability of all health care providers to develop more effective treatment interventions, for example, by having point-in-time information and recognizing patterns of inappropriate behavior such as doctor shopping for prescriptions. In addition, the controlled-substance reporting system will make it easier to hold physicians accountable for their prescribing practices and to identify patients making excessive use of prescribed medications. This will allow for more-immediate interventions and better coordination of care. The emerg-

ing practice of co-location substance abuse services with primary care holds great promise for ensuring that all of an individual's needs get addressed. This is particularly important because substance abuse problems are frequently triggered by other medical problems.

As these new systems are put into place, it will be important to monitor the impact that cost reductions have on patients and providers. Currently the lack of coordinated care results in unnecessary duplication of care. Eliminating this duplication will result in increased competition among providers for patient loyalty. The key to preventing this will be through the development of new business models that address the needs of all involved stakeholders.

Providers in North Carolina and across the nation are cautiously anticipating a new, more inclusive system. The ACA and the Mental Health Parity and Addiction Equity Act offer hope for improved coverage of services and improved access for those needing services. Those two laws have a number of provisions that address impediments to care for people with substance use disorders: Those with pre-existing conditions are being given immediate access to care, lifetime caps on insurance coverage have been eliminated, and access to free preventive care, including screening for alcohol and drug misuse, will be required. The ACA also encourages payers to reimburse evidence-based services and supports. In August 2011, John O'Brien, then senior adviser for health finance at the Substance Abuse and Mental Health Services Administration, stated that "the new system of care should use information and science to deliver care. Services that are proven effective or show promise should be funded and taken to scale" [1]. Guidance will be forthcoming providing states with information about the evidence base for services that are recommended to be included in benefits plans for mental health and substance use services.

One of the most significant changes is the extension of Medicaid coverage to include low-income, childless adults. As Steven Rosenberg, president of Community Oriented Correctional Health Services, has observed, "For the first time, Medicaid expansion will support the delivery of community-based behavioral health care that can reduce the use of jail beds as well as other costs to society" [2]. Currently, childless adults with substance use disorders are not eligible for Medicaid, regardless of how low their income might be. This lack of coverage has acted to restrict care, with the exception of emergency services, and it has limited the development of necessary provider capacity. It is estimated that nationwide, 14.6% (2,909,294) of the total number of people who are expected to be eligible to buy insurance coverage on the health insurance exchanges established by the ACA (by virtue of having an income that is at least 138%, and not more than 399%, of the federal poverty level) will have substance use disorders; it is likewise estimated that 14.2% (2,603,405) of the total number of people who will become newly eligible for Medicaid coverage (as result of its expansion to include adults with incomes up to 138% of

the federal poverty level) will have substance use disorders [3]. So the ACA will result in thousands of North Carolinians with substance use disorders being included in the health care system for the first time, creating an opportunity to improve the health outcomes of individuals, families, and communities. **NCMJ**

Thomas O. Savidge, MSW chief executive officer, PORT Human Services, Greenville, North Carolina.

Flo Stein, MPH chief, Clinical Policy, North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services, Raleigh, North Carolina.

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