



## **OUTCOMES FROM THE FIRST YEAR**

### Medicaid Addiction and Recovery Treatment Services (ARTS)

#### *Presentation to Joint Commission on Health Care*

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## Addiction and Recovery Treatment Services (ARTS) Benefit

### *Changes to DMAS' Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members approved by General Assembly in Spring 2016*

- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase reimbursement for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require SUD Care Coordinators at DMAS contracted Managed Care Plans
- 6 Organize Provider Education, Training, and Recruitment Activities

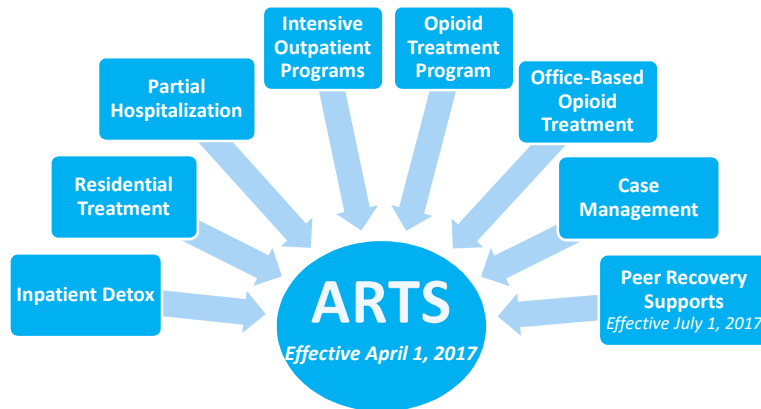
## General Fund Appropriation for ARTS Benefit

State FY	GF	NGF	Total
SFY 2017	\$2.6 million	\$2.6 million	\$5.2 million
SFY 2018	\$8.4 million	\$8.4 million	\$16.8 million

3

## Addiction and Recovery Treatment Services (ARTS): Transforming the Delivery System of Medicaid SUD Services

- All ARTS services are covered by managed care plans
- Magellan continues to cover community-based substance use disorder treatment services for fee-for-service members



ARTS creates a fully integrated physical and behavioral health continuum of care

4

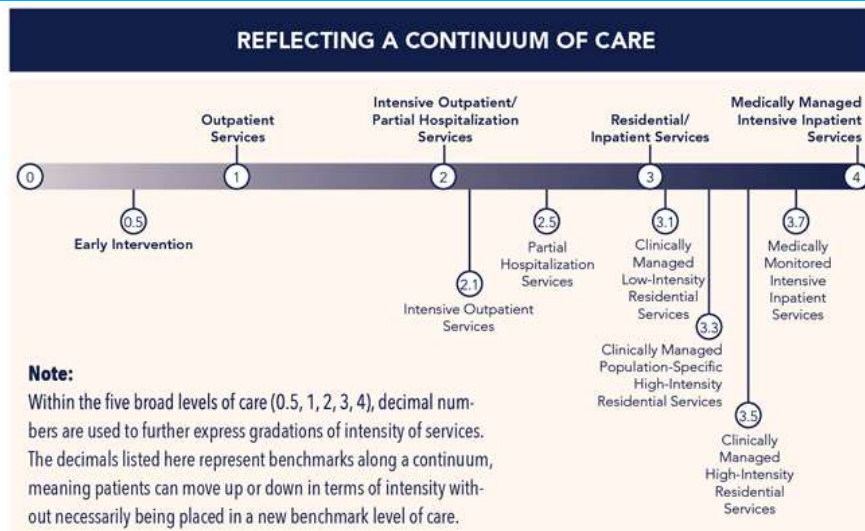
## SUD Transformation 1115 Demonstration Waiver

Approved by CMS in December 2016

- Allows Virginia to draw down federal matching funds for IMDs – SUD residential treatment facilities > 16 beds
- Resulted in significant increase in number and size of SUD residential treatment facilities
- Requires Virginia to implement national American Society of Addiction Medicine (ASAM) to create evidence-based continuum of addiction treatment
- Requires robust independent waiver evaluation – partnering with Virginia Commonwealth University

5

## American Society of Addiction Medicine (ASAM) Continuum



6

## Preferred Office-Based Opioid Treatment (OBOT) Provider – Interdisciplinary Care Team

### Required Core Team Members

- Member
- Buprenorphine-waivered practitioner (physician, NP or PA)
- Licensed credentialed addiction treatment professionals (e.g., LCSW, LPC, licensed clinical psychologist, etc.)
- Nurse

### Optional Team Members

- Pharmacists
- Peer Recovery Specialists
- Substance Use Care Coordination
  - This can be designated team member whose only function is to perform care coordination or a team member such as the nurse or LCSW who performs dual roles in the clinic.

7

## Increases in Addiction Providers Due to ARTS

### Over 440 new Addiction Treatment Provider Sites in Medicaid

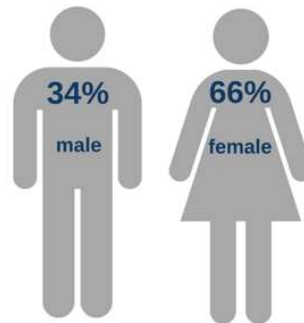
Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	94	↑ 2250%
Partial Hospitalization Program (ASAM 2.5)	0	16	NEW
Intensive Outpatient Program (ASAM 2.1)	49	136	↑ 178%
Opioid Treatment Program	6	39	↑ 550%
Preferred Office-Based Opioid Treatment Provider	0	89	NEW

8

## VCU Evaluation: Outcomes from First Year of ARTS

### Characteristics of Members

- More than 20,000 members have Opioid Use Disorder (OUD)
- About 30,000 members have other Substance Use Disorder including Alcohol Use Disorder and other legal/illegal drugs
- OUD diagnoses increased by 15% during first year
  - 2/3 members with OUD are female
  - Members with OUD are disproportionately white and ages 45 and older and more likely to have gained eligibility as an adult with a disability



9

## VCU Evaluation: Outcomes From First Year of ARTS

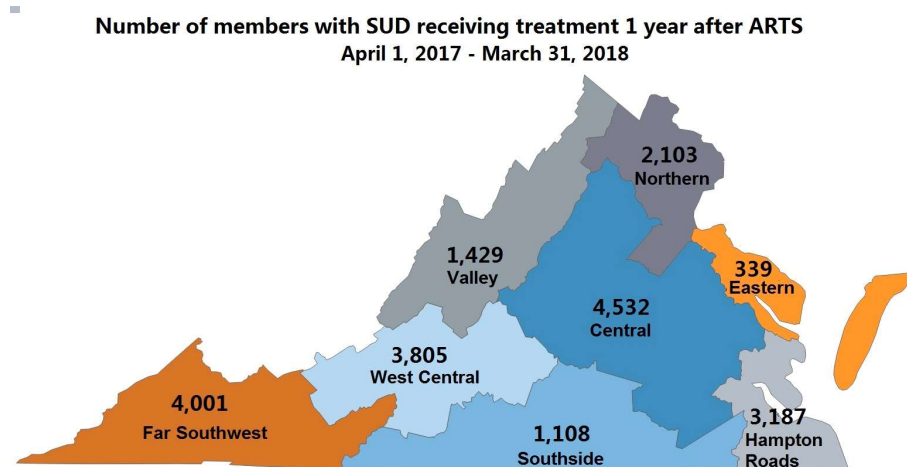
### More Medicaid members are receiving treatment for all Substance Use Disorders (SUD) and Opioid Use Disorder (OUD)

	Before ARTS (Apr 2016-Mar 2017)	After ARTS (Apr 2017-Mar 2018)	% Change
Members with SUD receiving treatment	15,703	24,615	↑ 57%
Members with OUD receiving treatment	10,092	14,917	↑ 48%

10

## VCU Evaluation: Outcomes from First Year of ARTS

### ARTS Increased SUD Treatment in All Regions



11

## VCU Evaluation: Outcomes From First Year of ARTS

### Increase in total number of Substance Use Disorder Outpatient Providers

	Before ARTS (Apr 2016-Mar 2017)	After ARTS (Apr 2017-Mar 2018)	% Change
Total number of SUD Outpatient Providers	1,087	2,965	↑173%
By Provider Type			
Physicians	261	1,571	↑502%
NP	25	188	↑652%
Counselors and SW	300	457	↑52%
Other	501	749	↑50%

12

## VCU Evaluation: Outcomes From First Year of ARTS





### Increase in total number of Opioid Use Disorder Outpatient Providers

	Before ARTS (Apr 2016-Mar 2017)	After ARTS (Apr 2017-Mar 2018)	% Change
Total number of OUD Outpatient Providers	570	1,352	↑137%
By Provider Type			
Physicians	128	586	↑358%
NP	13	66	↑408%
Counselors and SW	142	236	↑66%
Other	287	464	↑62%

13

## VCU Evaluation: Outcomes From First Ten Months of ARTS

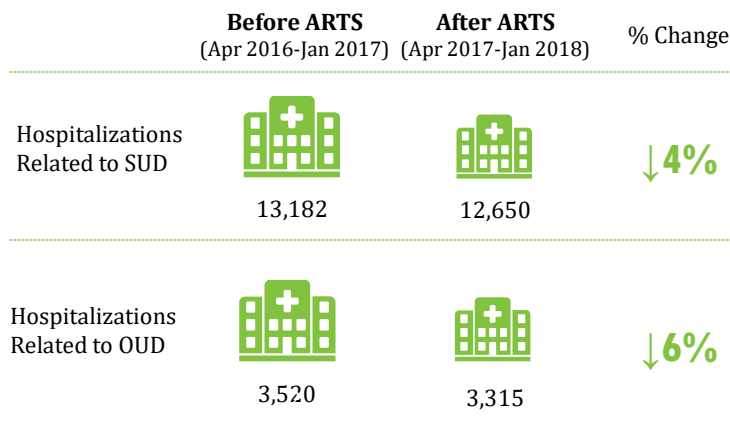
### Fewer Emergency Department visits related to Substance Use Disorder (SUD) and Opioid Use Disorder (SUD)

	Before ARTS (Apr 2016-Jan 2017)	After ARTS (Apr 2017-Jan 2018)	% Change
ED Visits Related to SUD	 24,962	 21,445	↓14%
ED Visits Related to OUD	 5,016	 3,756	↓25%

14

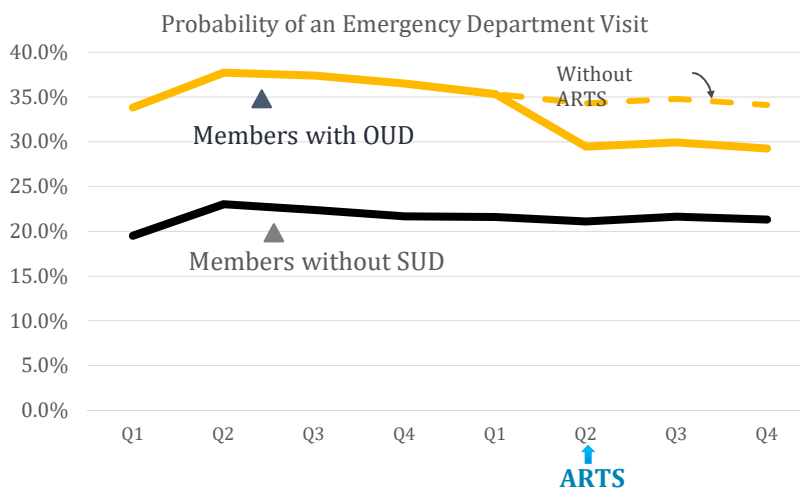
## VCU Evaluation: Outcomes From First Ten Months of ARTS

### Fewer inpatient hospitalizations related to Substance Use Disorder (SUD) and Opioid Use Disorder (OUD)



15

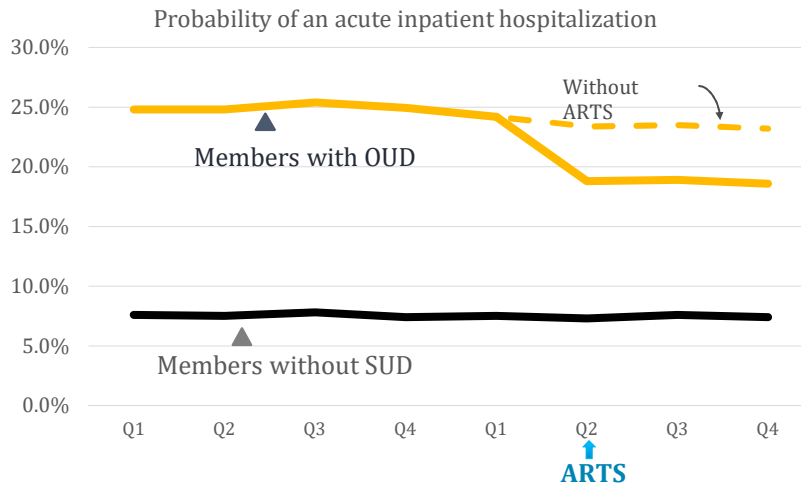
## VCU Evaluation: Decrease in ED Visits Due to ARTS Program



16



## VCU Evaluation: Decrease in Inpatient Hospitalizations Due to ARTS Program



17

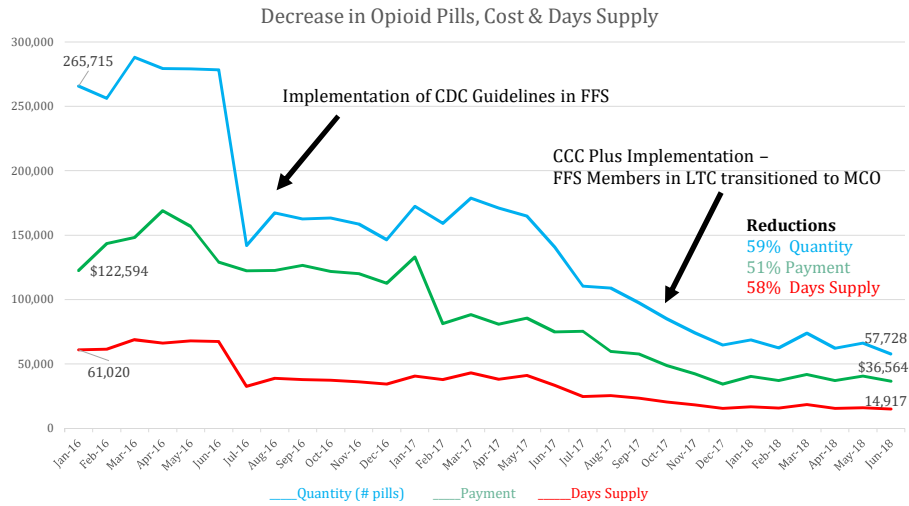
## VCU Evaluation: Outcomes From First Year of ARTS

### Decrease in total number of prescriptions and members with prescriptions for opioid pain medications

	Before ARTS (Apr 2016-Mar 2017)	After ARTS (Apr 2017-Mar 2018)	% Change
Total number of prescriptions for opioid pain medications	549,442	399,678	↓27%
Number of members who received prescriptions	137,847	115,096	↓17%

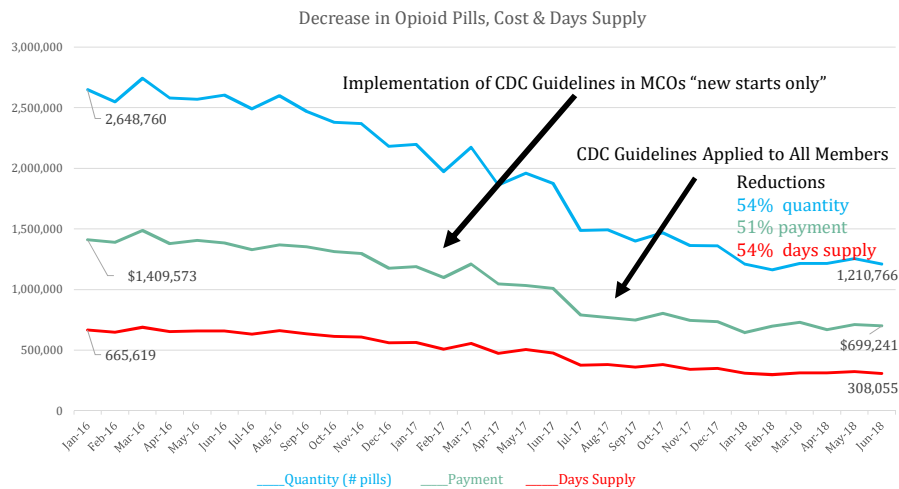
18

## Implementation of CDC Guideline for Prescribing Opioids for Chronic Pain (FFS)



19

## Implementation of CDC Guideline for Prescribing Opioids for Chronic Pain (MCO)



20

## New Medication Assisted Treatment (MAT) Requirement for ARTS Providers from CMS

- Centers for Medicare and Medicaid Services requirement for Virginia's 1115 SUD transformation waiver
- Effective December 1, 2018, ARTS Intensive Outpatient Programs, Partial Hospitalization Programs, and Residential Treatment Services providers shall ensure that Medicaid and FAMIS enrolled members with Opioid Use Disorder admitted to any of these programs have access to evidence-based MAT, including buprenorphine.
- The use of MAT has shown reductions in the overdose death rate of 75% compared to no MAT.
- DMAS requires that discharge planning shall document realistic plans for the continuity of MAT services with an in-network Medicaid provider.

21

## Collaboration with Sister Agencies

- Virginia Department of Health
  - Trained over 850 providers in Addiction Disease Management
  - Project ECHO ARTS Preferred OBOT Learning Collaborative
  - Project ECHO buprenorphine waiver training
- Department of Behavioral Health and Developmental Services
  - Trained over 400 providers in ASAM criteria
  - Trained over 1,000 Peer Recovery Support Specialists
- Department of Health Professions
  - Boards of Medicine, Nursing, and Dentistry implemented opioid prescribing regulations based on CDC Opioid Prescribing Guideline
- Department of Corrections
  - Offering Project ECHO buprenorphine waiver training to DOC staff
  - Collaborating on MAT Summit for DOC clinicians and staff

22

## Why ARTS is Achieving These Outcomes

### Critical Elements for Successful ARTS Implementation

1. Intensive stakeholder engagement – collaborated with DBHDS, VDH, DHP, MCOs, and providers to design and implement ARTS based on clinical evidence
2. Transformation of the Medicaid benefit and services using national ASAM criteria
3. Increased Medicaid reimbursement for evidence-based treatment
4. Innovative Value-Based Payment to support integrated behavioral health and primary care