OUTCOMES FROM THE FIRST YEAR

Medicaid Addiction and Recovery Treatment Services (ARTS)

Presentation to Joint Commission on Health Care

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Department of Medical Assistance Service

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

<table>
<thead>
<tr>
<th>State FY</th>
<th>GF</th>
<th>NGF</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2017</td>
<td>$2.6 million</td>
<td>$2.6 million</td>
<td>$5.2 million</td>
</tr>
<tr>
<td>SFY 2018</td>
<td>$8.4 million</td>
<td>$8.4 million</td>
<td>$16.8 million</td>
</tr>
</tbody>
</table>

### 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**

*Effective April 1, 2017*

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

American Society of Addiction Medicine (ASAM) Continuum

Reflecting a Continuum of Care

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
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.

Increases in Addiction Providers Due to ARTS

Over 440 new Addiction Treatment Provider Sites in Medicaid

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

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)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Members with SUD receiving treatment</td>
<td>15,703</td>
<td>24,615</td>
<td>↑57%</td>
</tr>
<tr>
<td>Members with OUD receiving treatment</td>
<td>10,092</td>
<td>14,917</td>
<td>↑48%</td>
</tr>
</tbody>
</table>
ARTS Increased SUD Treatment in All Regions

Number of members with SUD receiving treatment 1 year after ARTS
April 1, 2017 - March 31, 2018

Increase in total number of Substance Use Disorder Outpatient Providers

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total number of SUD Outpatient Providers</td>
<td>1,087</td>
<td>2,965</td>
<td>↑173%</td>
</tr>
<tr>
<td>Physicians</td>
<td>261</td>
<td>1,571</td>
<td>↑502%</td>
</tr>
<tr>
<td>NP</td>
<td>25</td>
<td>188</td>
<td>↑652%</td>
</tr>
<tr>
<td>Counselors and SW</td>
<td>300</td>
<td>457</td>
<td>↑52%</td>
</tr>
<tr>
<td>Other</td>
<td>501</td>
<td>749</td>
<td>↑50%</td>
</tr>
</tbody>
</table>
VCU Evaluation: Outcomes From First Year of ARTS

Increase in total number of Opioid Use Disorder Outpatient Providers

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of OUD Outpatient Providers</td>
<td>570</td>
<td>1,352</td>
<td>↑137%</td>
</tr>
<tr>
<td>Physicians</td>
<td>128</td>
<td>586</td>
<td>↑358%</td>
</tr>
<tr>
<td>NP</td>
<td>13</td>
<td>66</td>
<td>↑408%</td>
</tr>
<tr>
<td>Counselors and SW</td>
<td>142</td>
<td>236</td>
<td>↑66%</td>
</tr>
<tr>
<td>Other</td>
<td>287</td>
<td>464</td>
<td>↑62%</td>
</tr>
</tbody>
</table>

VCU Evaluation: Outcomes From First Ten Months of ARTS

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

<table>
<thead>
<tr>
<th></th>
<th>Before ARTS (Apr 2016-Jan 2017)</th>
<th>After ARTS (Apr 2017-Jan 2018)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Visits Related to SUD</td>
<td>24,962</td>
<td>21,445</td>
<td>↓14%</td>
</tr>
<tr>
<td>ED Visits Related to OUD</td>
<td>5,016</td>
<td>3,756</td>
<td>↓25%</td>
</tr>
</tbody>
</table>
VCU Evaluation: Outcomes From First Ten Months of ARTS

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

<table>
<thead>
<tr>
<th></th>
<th>Before ARTS (Apr 2016-Jan 2017)</th>
<th>After ARTS (Apr 2017-Jan 2018)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related to SUD</td>
<td>13,182</td>
<td>12,650</td>
<td>↓4%</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related to OUD</td>
<td>3,520</td>
<td>3,315</td>
<td>↓6%</td>
</tr>
</tbody>
</table>

VCU Evaluation: Decrease in ED Visits Due to ARTS Program

Probability of an Emergency Department Visit

- Members with OUD
- Members without SUD

Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4
VCU Evaluation: Decrease in Inpatient Hospitalizations Due to ARTS Program

Probability of an acute inpatient hospitalization

- Members with OUD
- Members without SUD

VCU Evaluation: Outcomes From First Year of ARTS

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of prescriptions for opioid pain medications</td>
<td>549,442</td>
<td>399,678</td>
<td>↓27%</td>
</tr>
<tr>
<td>Number of members who received prescriptions</td>
<td>137,847</td>
<td>115,966</td>
<td>↓17%</td>
</tr>
</tbody>
</table>
**Implementation of CDC Guideline for Prescribing Opioids for Chronic Pain (FFS)**

- **Decrease in Opioid Pills, Cost & Days Supply**
  - Implementation of CDC Guidelines in FFS
  - CCC Plus Implementation – FFS Members in LTC transitioned to MCO
  - Reductions:
    - 59% Quantity
    - 51% Payment
    - 58% Days Supply

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

- **Decrease in Opioid Pills, Cost & Days Supply**
  - Implementation of CDC Guidelines in MCOs “new starts only”
  - CDC Guidelines Applied to All Members
  - Reductions:
    - 54% quantity
    - 51% payment
    - 54% days supply

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*Note: The diagrams show trends in opioid prescriptions, costs, and days supply over time, highlighting the impact of the CDC guidelines on patient care.*
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.

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
## 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