

Consumer-Oriented Substance Use Disorder Care and Coordination: Guiding Principles

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Core Principles – Consumer Perception of Care

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- Transparent process for understanding how consumer perceptions affect service and care delivery
- Clear, relevant, substance use consumer-oriented language describing service and treatment goals – no jargon
 - SAMHSA definition of recovery: “A process of change through which individuals work to improve their own health and wellbeing, live a self-directed life, and strive to achieve their full potential.”
 - “Resilience refers to the ability of an individual, family, organization, or community to cope with adversity and adapt to challenges or change. It is an ongoing process that requires time and effort and engages people in taking a number of steps to enhance their response to adverse circumstances.” - SAMHSA
- Increase consumer representation on plan, exchange, and payer advisory boards and panels
 - Representative of the organized recovery movement; meaningful consultative role. “Nothing about us without us.”
- Develop and implement consumer perception of care survey tools meeting distinct needs of substance use disorder consumers and families
- Publicize consumer satisfaction surveys annually

Relevant Proposed ACA Regulations; Establishment of Exchanges and QHPs

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- **§ 155.205 – Required consumer assistance tools**
 - Exchange call centers, websites with transparent, culturally sensitive information on enrollment, benefits, plan selection, and other relevant services – including results of consumer satisfaction surveys mandated in ACA
- **§ 155.210 – Navigator program standards**
 - Requires Navigator program to include at least two entities from specified list; consumer advocates are an option on list
- **§ 155.260 – Privacy and security of information**
 - Release of medical records requires patient's informed consent
 - 42 CFR applies
- **§ 155.400 & §155.405 – Enrollment of qualified individuals; single streamlined application**
 - Transparent enrollment and re-enrollment process, one application for all programs – QHPs, Medicaid, CHIP, etc.

Core Principles – Consumer Assistance Tools

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- “Plain language” requirements on all tools – web, phone, and print materials
- After-hours accessibility
- Not all SUD individuals are computer literate yet. PSAs about rights, benefits, enrollment and re-enrollment assistance, appeals must be provided at bus stops, TV, newspapers, etc.
- More is better!



The Right Kind of Information: Transparency for Consumers

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- **The issue**
 - Consumers have unprecedented access to SUD information through the Internet, but often lack usable information on the quality or cost of SUD services.
 - An overload of generic or unspecified SUD information often does not meet the needs of patients or caregivers facing serious SUD issues.
- **How will focusing on this issue promote affordability and value?**
 - Interventions that engage patients with information and skill building have been shown to increase adherence, attainment of goals, and improve outcomes.^{1,2}
 - Engaging patients in meaningful ways in management of chronic disease also has efficiency implications, with patients having fewer hospitalizations and less resource utilization.¹

1. Bodenheimer T, Long K, Holman H, Grumbach K (2002) Patient self-management of chronic disease in primary care. JAMA Nov 20; 288 (19): 2469-75.

2. Lorig KR, Ritter P, Stewart AL, Sobel DS, Brown BR Jr, et al. (20010) Chronic disease self-management program. 2-year health status and health care utilization outcomes. Med. Care. Nov; 39 (11): 1217-23.

Core Principles – Navigator Standards

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- Demonstrated ability in work with individuals with SUD, including navigators with lived experience or their advocates
- One of the two navigator entities must be a consumer-focused not-for-profit organization
- Health insurers may not serve as navigators
 - No kickbacks may be accepted
- Minimum standards should include information on privacy and impact of disclosure of MH/SUD status
- Requirement that Exchange must use non-federal funds to establish Navigator program is burdensome
 - Navigator program should be operated by general funds within three years of establishment instead
- Navigator program must be established by the time of first open enrollment period

Core Principles – Benefits and Appeals

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- Benefits and the behavioral and medical criteria used for determining them must be disclosed in plain language
- Plan medical criteria used to manage comparable medical benefits must be made available to patient to do parity compliance tests
- Beneficiary appeals rights should be made available by all QHPs
- Oversight agencies must make a standardized method for filing complaints available and in plain language
 - DOL, HHS, state insurance commissioners
- Complaints must be tracked in a transparent, uniform way and published annually

Relevant ACA Provisions

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- § 3021. Establishment of Center for Medicare and Medicaid Innovation within CMS
 - Tasked with implementing various pilot programs, potential source of funding for consumer-oriented care
- § 5604. Co-locating primary and specialty care in community-based mental health settings
 - \$50 million in grants for integration of care; ample room for consumer-oriented care

Consumer-Driven Care: The Evidence

- Burgeoning field of research, much more needed
- Cochrane reviews
 - Duncan et al. *Shared decision making interventions for people with mental health conditions*. 2010.
 - Lewin et al. *Interventions for providers to promote a patient-centered approach in clinical consultations*. 2009.
- Shared decision making and consumer-oriented care shown to be efficient, generally increase satisfaction
- More research on outcomes needed
 - Recommend patient-centered approach on ethical grounds

Core Principles – Care Coordination

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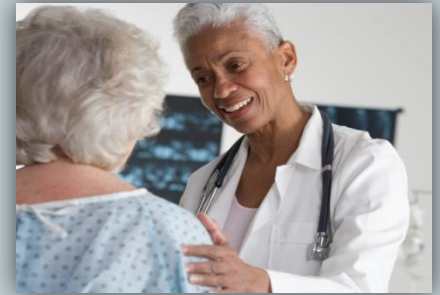
- Humanize the doctor/patient interaction
- Create environment where self-disclosure of past or ongoing substance use disorder is possible
 - No lectures. Focus on positive change
- Use patient navigators, including those with lived experience
- Navigators must educate patient on ramifications of self-disclosure
 - Understand and accommodate requests to withhold disclosure from medical record; provide alternative locations for care and services
- Specialists - addiction consults are good
- Say no to patients who consistently request early prescription refills; refer to peer navigator or addiction specialist
- Listen to patients who report they are in recovery and prescribe accordingly
- Participate in state prescription drug monitoring programs to reduce doc shopping



Care Coordination – Primary Care Settings

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- Make eye contact instead of looking at chart
- Sit, don't stand, in initial visit
- Incorporate navigators with lived experience
- Ask if patient has ever had alcohol or drug problems
- Test for STDs, HepC in office or at free clinic if insurance concerns exist
- Ask if patient has had MRSA and explain self-management of the disease
 - Many within criminal justice system have been exposed
- Explain hand hygiene and its importance
- Be respectful of those who have self-mutilated
 - If abscesses or cutting scars are present, treat without seeking “war stories.”
Limit number of professionals who must see these wounds to avoid humiliation.
- Disclosure of medical information must be based on patient consent.



Care Coordination – Specialty Settings

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- Don't make prescription pad, signature, mood-altering drug samples, or needles easily accessible
- Read patient's chart to see if they have self-identified as in recovery
- If in recovery and pain management is necessary, discuss patient's plan for managing addictive pain medication if needed
- Provide appropriate quantity of pain medication
 - Tailor prescription size to need
- Honor a request for non-narcotic pain management options
 - Toradol, nerve blockers, biofeedback, etc.
- Accommodate requests for an addiction specialist, psychiatrist, family member, or pain medication management consult
- Although physicians know the level of pain a patient is likely to be in after surgery, plan a patient's management of pain medication with them, not for them
 - Always ask for the patient's medication plan



Next Steps: Consumer-Oriented SUD Measures



- **Identify partners**
 - Build partnerships with key provider, payer, and consumer/patient advocacy organizations to advocate for creating consumer-oriented SUD performance measures that are patient-centered and will give all stakeholders essential information.
- **Initiate public dialogue**
 - Call on the federal government and the private sector to jointly fund a national campaign to promote health literacy and shared decision making.