

Opioid & Other Substance Use Interim Study Committee

Opportunities for Legislation

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Areas of Focus

- Workforce
- Integration and Utilization Management as they relate to creation of Value-based payments, and
- Some brief comments about parity and methadone.

Workforce – Legislative Food for Thought

- In recognition of the structural inequities inherent in obtaining formal educational degrees and the legislature's recent focus on micro-credentialing at our institutions of higher education...

What opportunities exist to...

- ...structure these micro-credentials or stackable credentials such that they can be achieved through on-the-job training within healthcare delivery settings (clinics, FQ's, CMHCs, IPNs, etc)?
- ...then structure the Uniform Coding Manual such that reimbursement for care (ex-case management and/or care coordination) can be reimbursement by folks who have achieved such credentialing?
- ...value the lived experience of Peer Professionals as similar to other behavioral health professionals in the workforce?



Workforce – Legislative Food for Thought

- In recognition of the structural inequities inherent in obtaining formal educational degrees and in the ways that we regulate substance use versus mental illness...

What opportunities exist to...

- ...allow licensed therapists (LCSW/LAC/LPC) to provide supervision hours for those seeking qualification as addictions counselors? Currently, LCSW/LAC/LPC's can provide SUD services but can not provide supervision hours for those seeking the addiction certification.
- ...ask DORA to consider a single licensure for mental health and addictions therapists?



Workforce – Legislative Food for Thought

- In order to address the health disparities we know exist, we need to collect demographic data on those experiencing the disparate conditions as well as the workforce available to serve those persons....

What opportunities exist to...

- ...ask our institutions of higher education that produce practitioners in this field (MD/DO's, PA's, PsychNPs, NPs, RNs, social workers, counselors, etc) to routinely track and publish statistics on the demographics of their graduates?



Workforce – Legislative Food for Thought

- Providers who practice medicine in FQHCs and other federally designated healthcare settings are provided with liability coverage through FTCA, a robust form of coverage that adds a layer of protection while caring for a very at-risk and sick population of people. This level of liability coverage helps to attract providers to careers in which they care for very at-risk and sick populations often found in the safety net setting.

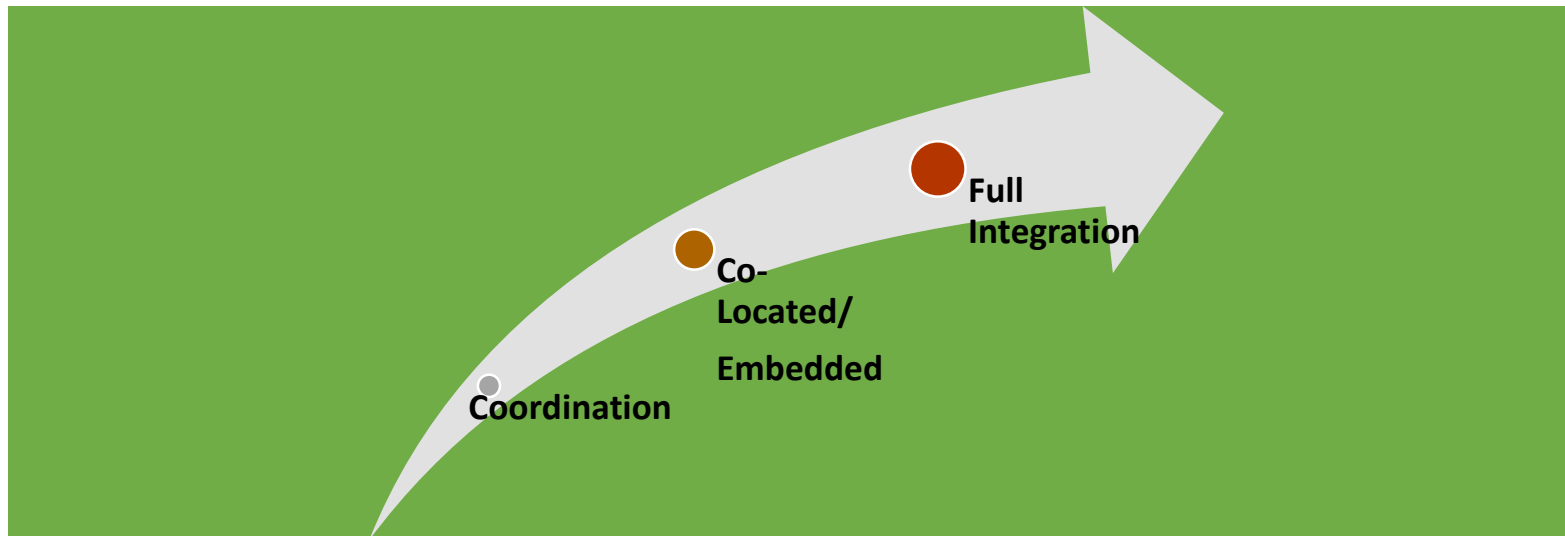
What opportunities exist to...

- ...create a state version of robust liability coverage (similar to FTCA) for providers working in safety behavioral health care?



Integrated Care & Payment Models – Legislative Food for Thought

- Given the workforce shortages across healthcare as well as the increased demands for behavioral health services, a payment model that supports the delivery of robust care for persons with behavioral health conditions is of critical importance at this time.
- This care must focus on delivery the way our clients/patients need it delivered rather than on how we as professionals and providers may find it feasible to deliver this care.
- This integrated care occurs across a continuum that goes from deep coordination to co-location/embedded to full integration in a single setting:



Integrated Care & Payment Models – Legislative Food for Thought

Regardless of the model of integration deployed, what opportunities exist for payment models to support....

- ... practices in structuring care delivery such that one or two or more provider(s) may deliver MH, SUD, and physical health care in one visit or one day would be very important.



Utilization Management & Payment Models – Legislative Food for Thought

- The utilization management (UM) often required for higher levels of behavioral healthcare (i.e., residential care, intensive wrap around services) can contribute significantly to inaccessible healthcare. Further, the extent to which these services are or are not covered by commercial insurance packages is another barrier to accessing these levels of care for certain populations of people.

What opportunities exist to...

- ...ask the Department of Insurance to ensure that commercial insurance packages cover the intensive services offered in substance use/mental health care such as IOP, group visits, intensive case management. These services and others (especially those services defined by H codes and B3 codes) are often denied by commercial insurance carriers.



Utilization Management & Payment Models – Legislative Food for Thought

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What opportunities exist to...

- ...ask Colorado’s RAEs to cover an initial stay that is not to exceed 28 or 30 days for **Circle Program** levels of care with UM processes in place to extend the stay? OR...to cover an initial stay with a minimum number of days covered?
 - **Reminder:** In 2018, the legislature, through SB113, “...formally establishes in statute the circle program, a 90-day inpatient treatment program for persons with co-occurring mental health and substance use disorders.” The Circle programs were established as 90 day programs to serve those with co-occurring substance use and mental health disorders who are also heavily impacted by the criminal-legal system, understanding that these folks need longer time in treatment to address the complex drivers of their conditions. The current UM process struggles to align current medical necessity standards with best practices in this complex population.

SB18-113

Circle Substance Use Disorder Treatment Prog
Concerning establishing the circle program for substance use disorders.

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Parity & Admin Burden – Legislative Food for Thought

Finally, I want to acknowledge the tremendous amount of work the BHA accomplished in its recent revision of the rules that govern Behavioral Health Entities, 27-65 designation, and Safety Net and Care Management. We in the community mental health are deeply grateful for the engagement and the attention given to decreasing existing administrative burden for both our clients/patients and our workforce.

But I would be remiss if I did not also acknowledge the...

1. ...significant increase in administrative burden that will come with some of the additions to the Rules,
2. ...continued lack of parity between processes for accessing physical health versus those for accessing behavioral health care, and
3. ...continued disparate administrative treatment of those with substance use versus mental illness in our regulations.



Parity & Admin Burden – Legislative Food for Thought

Moving forward, we want to ensure there is opportunity for....

- ...the BHA, for care providers in our community, and for advocates to continue to address the administrative burden that creates further barriers to access and poor experiences of care for Coloradoans, perpetuates structural inequities, and diminishes our workforce by contributing to burnout.



Thank you for your time!

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