

Health Care Reform Readiness Assessment

The changes that health care reform will bring to the substance use disorder (SUD) field are significant and multiple. Revenue streams will shift, with private insurance and Medi-Cal overshadowing the Substance Abuse Prevention and Treatment Block Grant in importance. In this environment, new populations will be eligible for publicly funded services and traditional SUD providers may be in competition with the commercial sector for clients. Improvements in information technology be essential to support billing multiple revenue streams, maintaining electronic health records and to support quality management.

This readiness assessment is a framework for evaluating the extent to which local systems for substance use disorders are able to meet those demands. This is not a test. The responses are intended to provide the user with an impression of the extent to which key elements or activities are in place. The items in the assessment are framed in such a way as to lend themselves to a dichotomous yes or no response. However, feel free to incorporate nuance in situations where a flat yes or no does not quite capture the local state of affairs. The goal is to help organize the thinking of administrators in planning next steps to meet the challenges of 2014.

A set of possible next steps follows the Readiness Assessment. These are discussion starters and not prescriptive actions. The wide variation in local level health system configuration (this includes the SUD system) makes it nearly impossible to provide specific instructions. However, at a minimum, the Next Steps should provide an overview of the range of policy and practical issues likely to be encountered.

For more information or for assistance in applying this guide locally, please contact ADPI at info@aodpolicy.org

Readiness Element	Yes/No
Linkages and Partnerships	
Are County health clinics FQHC certified?	
Do working partnerships exist with FQHC's (county or non-county)?	
What about other health systems or providers?	
Are there any current primary care integration projects?	
SBIRT	
Frequent Utilizers	
HIV	
Perinatal	
Others?	
County understands values, needs, constraints and incentives of primary care system.	
Is there clinical integration with Mental Health services?	
Is there any communication/partnership with Medi-Cal health plan(s)?	
Information Technology	
Does the county have and use data systems other than CalOMS for system management?	
Does the county have the capacity to analyze and report CalOMS or other data for decision support and performance management?	
Does the county have the capacity for statistical or geographic analysis of CalOMS or other data?	
Are there processes in place to ensure data quality?	
Can AOD, MH and Health systems databases communicate?	
Are linkages between MH, primary care, and AOD databases done on a one-time custom basis or routinely?	
Is there a common medical record number or other means to link records?	
Is there any data communication/partnership with Medi-Cal health plan(s)?	
Does AOD data system include an EHR?	
Are providers using it?	

Readiness Element	Yes/No
Service Delivery & System Management	
Do program providers operate under County direction?	
Is there a process in place for care management & coordination across modalities?	
Does the county control access to SUD treatment through a standard placement or authorization process?	
Do SUD programs operate as a system (not as independent providers)?	
Is there a systemwide quality management process?	
Provider Readiness	
Providers are informed about HCR and models for primary care/behavioral health care integration.	
Providers are generally ready, willing and able to move in a new direction.	
If asked to deploy current staff in health clinics, would they do this or resist?	
Are providers willing to serve non-traditional SUD populations (e.g., heavy users without an abuse/dependence diagnosis)?	
Are providers are DMC certified as appropriate?	
Do providers have licensed staff?	
Do providers have a medical director, medical consultant, or psychiatric support?	
Are any accredited – (e.g., CARE, JCAHO)?	
Are any billing private insurance?	
Are programs receptive to adopting evidence based practices?	
Are there any NIATx or COSSR participants?	
Do any have internal data systems for capturing practice based evidence?	
Other Factors . . .	
Is there enough interest and awareness to begin a local planning process to educate stakeholders and prepare.	
Are there political considerations that would constrain county reallocation of resources and redeployment of provider services?	

Next Steps	Specific Actions
Relationship Building	<ul style="list-style-type: none"> ▫ Contact primary care organizations; develop a list of questions for the initial meeting and a “pitch” for ADP involvement in helping them to contain costs and achieve better outcomes; interview key allies (e.g., health department director) to learn primary care’s values, needs, constraints and incentives related to intervention/prevention with SUD’s. ▫ Provide training opportunities.
Engage FQHC’s	<ul style="list-style-type: none"> ▫ Do they provide SUD services? Mental health services? ▫ Can County provide SUD referral resources to FQHC’s? ▫ Can County provide outstationed staff for SBIRT? ▫ Find out how FQHC’s unit of services rate from the Feds is built (e.g., what services are included in the rate setting process) and which staff bill directly vs. being subsumed under the overall rate; how often is the FQHC rate rebased?
Get providers DMC certified	<ul style="list-style-type: none"> ▫ Only half of California’s ODF providers are certified. Only 33% actually bill DMC. ▫ Consult with ADPI on DMC application process
Investigate integration opportunities with county health system Exert greater control over provider network.	<ul style="list-style-type: none"> ▫ Outstation SUD consultants in PC settings ▫ Outstation PC providers in SUD programs ▫ Prioritize referrals from health system ▫ Establish a single point of entry and care coordination for primary care referrals (and others)
Identify providers of services to clients who are not SMI or not AOD dependent Engage Medi-Cal Managed Care Plan	<ul style="list-style-type: none"> ▫ Behavioral health concerns in primary care are not restricted to the SUD dependent and SMI populations. ▫ Would they entertain a proposal for SUD services? What sort of data would they want to document the business case for reimbursing SUD services within current capitation? ▫ What data/studies would you want to provide them with by way of introducing the subject to them?

Next Steps	Specific Actions
Match common patients in MH, SUD and health system databases Capacity Building – System	<ul style="list-style-type: none"> ▫ If able to identify common clients, study health care costs and utilization patterns pre- and post- treatment. ▫ Develop an County AOD strategic plan for HCR ▫ Collaborate with MH to develop a joint strategy for behavioral health/primary care integration ▫ Hire medical director/consultant. ▫ As County AOD system migrates to EHR, ensure that EHR has capacity to manage key HCR functions (e.g., track third party billings and treatment authorizations, link to MH and primary care EHR's, track costs and outcomes for selected groups of clients, capacity to link contract provider EHR with County health system EHR)
Capacity Building – Programs	<ul style="list-style-type: none"> ▫ Build or buy? – i.e., Invest in current providers or recruit new ones? ▫ Investigate insurance plan provider requirements. ▫ Consider CARF/JCAHO accreditation. ▫ Facilitate mergers of local non-profits in order to maintain niche services and to build/maintain infrastructure needed to handle sophisticated HCR business practices.
Capacity Building - Workforce	<ul style="list-style-type: none"> ▫ Build or buy? ▫ Establish/revise County and provider staff minimum qualifications and pay scales to support more licensed/degreed staff. Use contracting process to help build capacity in provider network. ▫ Conduct training for staff in primary care integration EBP's (e.g., SBIRT) and primary care system navigation.