Substance Use Disorders

Promoting Long-Term Recovery with Innovative Payment Models

Substance use has become a public health crisis in the United States. In 2018, drug overdoses claimed the lives of 68,500 Americans and are now the leading cause of accidental death for those under 50 years of age. Today, over 20 million Americans are suffering from Substance Use Disorders (SUD).

Yet only 10% of people with a SUD receive any kind of treatment (less than half is evidence based), leaving 18.2 million American without any care. This has enormous economic impacts:

- 70% loss is in the private sector, mainly lost productivity.
- Employees with an SUD are 5x more likely to file Worker's Comp.

However, our healthcare system continues to treat addiction issues ineffectively and at a high price; today's treatment model incentivizes relapse over recovery, prompting (a) inadequate treatment guidelines; (b) a siloed approach to care and payment; (c) an unmet need for community integration; (d) the absence of patient navigation; and (d) a short-term approach to treatment.

Properly addressing the needs of SUD patients requires both delivery reform and payment reform. Providers should be focused on delivering outcomes in conjunction with their patients, not maximizing fee-for-service revenue or constraining treatment to reimbursable activities. The opportunity to make a positive societal impact in this space alone is staggering, but the prevalence and high cost of care means there is a considerable savings opportunity as well.

Story of Beatrice

Beatrice is a 19-year old woman living with a partner in Kentucky. Beatrice has a history of alcohol abuse in her family, and she has been drinking since she was 15 years old. Beatrice often parties late and drives intoxicated. In September 2015, Beatrice was involved in a car accident and was rushed to the Emergency Department with head injury costing $1500/-. Two months later she was admitted again for injury to her abdominal organs costing another $2500/- . The timeline below shows Beatrice's story beyond these incidents and the impact on her healthcare costs:

Total Cost: $44,266

KEY	* Opportunity for intervention.	Excluded from total cost calculation.

Within her journey, there were at least six intervals at which thoughtful interventions could have been implemented to deliver more appropriate care to Beatrice. Examples of these include:

Patient navigator: The patient navigator would work with Beatrice to determine what is the right course of therapy and what additional resources Beatrice may need to improve.

Collaborative approach: Medical information would be shared between her OB/GYN and SUD treatment team with all parties taking on financial risk, leading to increased health.

Community integration: Her patient navigator would activate community resources and a financial intermediary would allocate risk to these resources to ensure Beatrice's recovery.

Flexible approach: Beatrice's care team may conduct a home assessment to determine what economic, social and community factors are negatively impacting her health and how to provide her with resources to combat these factors (i.e. providing transportation).

Long-term orientation: The duration of treatment would be sufficient to ensure that both mother and infant are well in the long-term.

Had Beatrice been treated as part of an SUD episode, her long-term outcome and total cost of care would have been significantly different. Further, her employer would have benefited from her improved treatment:

- Workers in recovery help employers avoid $1626 in turnover costs.
- Workers in recovery miss 5 less workdays per year.
- Each employee who recovers from a SUD saves a company $3200+ per year.

Because SUDs traverse medical, mental, behavioral, social and economic health boundaries and require a variety of specialists, new models must include a fiscal interme-diary and focus on eliminating obstacles to access. Implementation of this model can only succeed with a financial intermediary capable of distributing risk and formally linking the various parties across all boundaries (mental, behavioral, social, etc.) increasing their shared accountability.

Instituting payment reform and standing up alternative payment models is challenging. In order to account for the many moving parts involved, a great deal of trust must be established between organizations, and some unique operational and financial capabilities will need to be added. Signify Health specializes in establishing this kind of trust with our partners because, in addition to sharing financial risk, we provide turnkey administrative capabilities to operate episode of care programs at scale.

We offer episode definitions, network resources, care protocols, episode tools, data, analytics and reporting. Further, our clinical team is well positioned to validate established protocols and evidence-based levers in collaboration with our SME partners to drive cost savings and outcome improvements. One potential lever we can evaluate is the effective implementation of interventions in the ED, including MAT induction and embedding paraprofessionals (e.g. peer recovery coaches) in the Emergency Department and primary care offices to engage patients with a SUD related diagnosis.

To find out how Signify Health can help bring better SUD treatment to your employees, email Joe Miralles: jmiralles@signifyhealth.com.