

# Strategies to Increase the Capacity for Substance Use Disorder Treatment



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**Health insurance providers offer members access** to comprehensive, evidence-based substance use disorder treatment and support services.



**Key challenges exist to further improve and expand substance use disorder treatment**, including a fragmented fee-for-service payment model, insufficient measures with which to evaluate recovery programs, clinician shortages, and stigma associated with addiction and recovery.



**Opportunities for health insurance providers to further improve care include** facilitating assistance for clinicians offering treatment services, encouraging team-based care, leveraging technology including telehealth, and addressing social and economic factors that may impact a person's care.

**Multi-stakeholder strategies to improve and expand the capacity to treat substance use disorder are needed**, such as: educating patients, family members, clinicians, and the community about substance use disorder to eliminate stigma; encouraging providers to receive a DEA waiver to prescribe medication-assisted therapy; establishing standards to evaluate recovery and peer support programs; and coordinating with the legal and criminal justice systems to connect patients to services.

Abuse of substances including tobacco, alcohol, prescription medications, and illicit drugs cost our nation more than \$740 billion annually in crime, lost work productivity, and health care. On an average day, 115 people will die from an opioid-related overdose, 3,900 people will use a prescription opioid outside of legitimate medical purposes, and 580 people will try heroin for the first time.<sup>1</sup> Health insurance providers are working with physicians and other care providers, as well as state and federal leaders, to address the opioid crisis that is devastating individuals, families, and communities across the country.

The consequences of substance use disorder (SUD) and the opioid crisis are profound, impacting individuals and families no matter where they live, how much they earn, or how young or old they are. The impact is broad, affecting the health care system, social services, communities, and the economy.

<sup>1</sup> <https://www.getsmartaboutdrugs.gov/sites/getsmartaboutdrugs.com/files/files/OPIOID%20FACT%20SHEET.pdf>

## Current Insurance Provider Activities to Address SUD

**Health insurance providers offer access to comprehensive, evidence-based SUD treatment and recovery services.** Insurance providers want to ensure patients have access to patient- and family-centered care, such as evidence-based medication-assisted treatment (MAT) to help address their SUD. Nearly all plans available on federal and state health insurance exchanges cover all four MAT medications (methadone, buprenorphine, naltrexone, and naloxone).<sup>2</sup> To accompany MAT, health insurance providers also offer a wide range of holistic services including counseling, peer support, and community-based programs to assist in recovery.

**Health insurance providers are enhancing access to ongoing recovery and support programs.** SUD is a chronic condition requiring comprehensive care, which is why insurance providers directly engage with their members to provide them with ongoing support. This could include peer coaching and Pharmacy Home programs--where patients are assigned to a single pharmacy--to best coordinate care and improve medication management. Further, since SUD requires both behavioral and physical care, health insurance providers are closely complying with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure mental health and SUD benefits are covered on par with medical and surgical benefits. Health insurance providers also provide support to families and loved ones of those suffering from SUD by advocating on behalf of patients; educating and disseminating information on SUD and recovery; and facilitating screening, evaluation, education, programs, and services.

**Health insurance providers are collaborating with community organizations to improve access to SUD treatment.** Access to treatment and ongoing support for SUD can be limited due to provider shortages, particularly in rural areas. Insurance providers are working closely with community-based organizations, peer support services, criminal justice organizations, local law enforcement, hospitals, clinicians, and other providers to connect patients with appropriate treatment. Additionally, telehealth is increasingly becoming an option to augment capacity, support remote interaction between individuals and clinicians, improve convenience and efficiency, and potentially reduce stigma.

**Medical management helps ensure safe care.** Medical management tools, such as prior authorization, promote evidence-based care and can help ensure patients receive affordable access to safe and effective MAT including counseling and other support services. Medical management approaches may vary across health insurance providers and across private insurance and public programs. Some health insurance providers use medical management to ensure that patients receive coordinated medical, psycho-social and behavioral supports, have a treatment plan in place, and to monitor progress. Other insurance providers have lifted prior authorization requirements for MAT or waived prior authorization for lower dosages of drugs used for MAT. Despite eliminating prior authorization, there has not been a large increase in people accessing MAT, indicating there are other impediments to this type of care.

## Key Challenges to Expanded Access to SUD Treatment

**The fee-for-service model can result in fragmented care.** The fee-for-service payment model is not conducive to effective SUD treatment and recovery, which requires a team-based, whole-person approach encompassing a continuum of care over time like other chronic conditions. The fee-for-service model hinders coordination between primary care and specialty care and across care delivery settings. Mental health and SUD benefit carve-outs from other services exacerbate fragmentation of care.

**It is difficult to evaluate program performance or measure success.** There is a relatively immature quality infrastructure to evaluate or compare the performance of SUD treatments and MAT programs. For example, there is limited data and measures to consistently and accurately quantify how many people with SUD diagnoses receive MAT, and how many people receive MAT but do not have SUD diagnoses (e.g., primary diagnosis of depression with substance use). For patients receiving MAT, it is difficult to identify how many of them actually receive the appropriate behavioral health services. In addition to more robust quality measurement infrastructure, there should be ongoing evaluation of SUD treatments and MAT programs, including their effectiveness for specific populations and clinical settings.

<sup>2</sup> <https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-00077.pdf>



**There is a shortage of behavioral health clinicians, particularly those administering MAT.** Most states (49 states) lack sufficient treatment capacity to provide MAT to patients with an opioid use disorder.<sup>3</sup> An estimated 21 million people needed SUD treatment in 2016, equal to one in 13 Americans.<sup>4</sup>

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 60,000 clinicians have been certified to prescribe MAT drugs, which can reach a maximum capacity of 3.8 million people<sup>5</sup>— far fewer than the estimated number of Americans who could benefit from MAT. Providers may opt not to pursue a waiver to prescribe MAT because of the required time and cost.

Also, it appears these shortages will worsen in the future. By 2025, the Health Resources and Services Administration (HRSA) projects significant deficits in the supply of psychiatrists, clinical psychologists, substance use and behavioral health counselors, mental health and substance abuse social workers, and mental health counselors.<sup>6</sup>

**Clinicians who can prescribe MAT are not treating at full capacity.** In addition to the shortage of physicians who are licensed to prescribe MAT, many clinicians who can prescribe MAT may not do so or treat fewer patients than they are allowed. There are limits to the number of patients for whom providers can prescribe MAT (30, 100, or 275 patients), and though the patient caps increased in 2016, only 8 percent of waived clinicians are certified to manage MAT for the maximum of 275 patients.<sup>7</sup> Some reasons clinicians may not treat at capacity include:

- They may not be comfortable prescribing MAT due to insufficient training and experience.
- They may get the waiver to meet the need of a current patient, but not intend to provide MAT to other patients.
- They may be concerned about the stigma of treating many people with SUD, though they likely have patients with SUD who need access to treatment.

**There is a lack of understanding and stigma about addiction and its treatment.** Clinicians, practice staff, patients and their families, other stakeholders, and the public lack understanding of SUD and its treatment. This lack of understanding can result in stigma which can impact interactions with patients with SUD and their families. Patients with SUD may fear stigma and therefore

be reluctant to seek treatment — worrying about privacy, interactions with the justice system, cultural implications, or how SUD may impact their employment. Patients with SUD may not understand their options or know where to find help from an appropriate clinician and may be afraid or ashamed.

**There is limited understanding of the value of accredited peer support services.** Peer support can be valuable to an individual in recovery, helping support an individual through treatment, helping manage expectations, and serving as a sounding board based on shared experiences. Peer support programs are viewed as important to people in recovery, but there is a lack of understanding about the appropriate role of accredited peer support, a lack of consistent training for peer support, and no uniform accreditation for peer support.

## Health Insurance Provider Strategies to Improve Treatment and Increase Capacity

*There are several opportunities for health insurance providers to build on their current efforts and address some of the challenges that have been identified. Some of these strategies have already been implemented by health insurance providers while others are suggestions for future activity.*

**Provide assistance for clinicians offering MAT.** Health insurance providers can offer additional training and support for providers and practice staff to build their understanding and comfort level in treating addiction. If clinicians and care providers believe the waiver training is too limited, plans could encourage SAMHSA to make the training more robust. Insurance providers can also offer case managers to help identify and address social issues people with SUD and their family members may be facing, including food, housing, or transportation issues by connecting them with community resources as well as social workers to help them navigate the system and ensure that patients receive whole-person care.

**Integrate SUD treatment into primary care practices.** Health insurance providers can encourage primary care providers to screen patients for SUD and use the setting as an opportunity for providers to identify and engage with SUD patients. This is particularly important in rural and

3 <https://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302664>

4 <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>

5 <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/physician-program-data>

6 <https://bhwsa.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/behavioral-health2013-2025.pdf>

7 <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/physician-program-data>

underserved areas where provider shortages are most severe. Plans can also utilize [ECHO initiatives](#) to enable provider-to-provider contact to extend patient access to specialists.

**Leverage technology such as telehealth to expand convenient and efficient access to counseling and coaching.** Health insurance providers can continue to expand use of telehealth to enable patients to meet remotely with a waived clinician, counselor, or clinical social worker. Patients can be e-prescribed a MAT medication, and his or her care can be managed remotely by the waived clinician, breaking down geographic barriers and providing easier access to care for the patient, while also potentially enhancing provider efficiency. Health insurance providers can promote ECHO initiatives to enable providers and patients to access additional behavioral health expertise and capacity. Telehealth and other technology solutions that support treatment across the care continuum can be especially useful in bringing whole-person care to underserved areas.

**Encourage team-based care that encompasses the patient, family, peers, and community.** Health insurance providers can promote care teams that include a care coordinator, primary care providers, recovery coaches, behavioral health specialists, addiction specialists (who understand the importance of the role of the family in engagement, assessment, and treatment), peer support, and licensed counselors. Delivery models can incorporate hub-and-spoke models of care where appropriate to expand geographic reach and access. Health insurance providers can also work with community providers to connect people at high-risk for opioid-related adverse events to programs that could prevent such occurrences.

**Create patient-centered treatment and recovery plans that advance guidelines for treatment and recovery.** Health insurance providers can promote SUD treatment and recovery plans that are individualized and based on the input of the patient and the care team, which can set expectations of treatment for the patient, their families, providers, and the community. These efforts should encourage patient and family engagement to help ensure their commitment and adherence and incorporate peer support into long-term recovery plans. It is important to educate individuals and families affected by SUD about mutual support programs, and link them to these programs. This includes 12-step (such as Narcotics Anonymous and Alcoholics Anonymous) and non-12 step programs, chat rooms and online meetings, programs for families like [Nar-Anon](#) and [Al-Anon](#), and programs unique to different communities. Through shared understanding, respect, and mutual empowerment, peer support can help

extend the reach of treatment beyond the clinical setting and encourage long-term recovery by providing a model for sober living.

**Consider social and economic factors that could impact treatment plans.** Health insurance providers should promote treatment plans that take into consideration the [social determinants of health](#) – conditions where a person is born, lives, learns, works, plays, and worships – which can have a significant influence on an individual’s health, including their SUD treatment and recovery. Employment status, [housing status](#), [food security](#), transportation status, and community influences all play significant roles in a person’s recovery.

## Recommendations for Broader Stakeholders to Address Challenges

*The broader stakeholder community plays an important role in ongoing efforts to improve SUD treatment and increase capacity. Implementing these strategies will require multi-stakeholder collaboration.*

**Educate stakeholders on substance use disorders and treatment to reduce stigma.** Provide education programs for clinicians, practice staff, patients, families, and the community to build awareness and reduce stigma associated with SUD and treatment. This may include continuing medical education (CME), training, and mentorship programs to align experienced professionals with others who may want to get more comfortable with treating people with addiction. This may also include providing information, tools, care plans, and other resources for patients and their families to answer common questions or direct them to community-based resources. Informational materials should cover addiction as a chronic condition, the importance of access to services and timeliness of care, the continuum of clinical settings and providers, types of community-based programs and resources, and the ongoing nature of recovery, for example.

**Encourage clinicians to receive a Drug Enforcement Administration (DEA) waiver to prescribe MAT.** Encourage providers to consider acquiring a DEA waiver upon graduation from medical school. This may entail working with state medical associations and residency programs to ensure that clinicians receive training on SUD and MAT throughout their medical education and receive a waiver upon practice licensure. Providers who are hesitant to receive a waiver or treat at capacity could first start by

treating patients with SUD who are already in the practice to gain experience and build confidence before treating more patients with addiction.

**Promote consistency of available accreditation standards for peer support counselors.** There are many different accreditation programs for peer support but not necessarily consistent standards or characteristics. Examples include programs from the [National Association for Alcoholism and Drug Abuse Counselors \(NAADAC\)](#), [Mental Health America](#), [International Certification and Reciprocity Consortium \(IC&RC\)](#), the [Council on Accreditation and Peer Recovery Support Services \(CAPRSS\)](#), and several states or localities that have their own certification programs (including [Rhode Island](#), [Tennessee](#), [Virginia](#), [Maryland](#), and [Atlantic County, NJ](#)). It may be helpful to have more consistency in these types of programs in order to gain more widespread acceptance and use of peer support counselors.

**Create, implement, test, and expand alternative payment models with aligned financial incentives to promote improved coordination and integration of patient- and family-centered care that emphasizes long-term recovery.** Integrated, team-based care can clarify the roles and responsibilities of various clinicians and improve coordination of care for people with SUD and family members affected by SUD. This may include rethinking the continuum of care and adding more long-term treatment services for continuing care that could be in-person, by phone, or via telehealth. Aligning economic risks and benefits between payers and the delivery system promotes shared accountability and incentives to promote recovery will benefit the patient and ultimately generate savings for the system. The Center for Medicare & Medicaid Innovation (CMMI) should consider piloting alternative payment models for SUD treatment and recovery.

**Develop and utilize quality measures and other metrics to encourage system-wide improvements.** Utilize both process and outcomes measures to link the delivery of care to payment and to create a baseline for SUD treatment performance metrics. A consistent approach to measure access to MAT nationwide should be defined. Examples of possible metrics include:

- Quality metric to evaluate how many people with a diagnosis of SUD receive MAT.
- Quality metric to assess how many people who receive MAT may not have a diagnosis of SUD.

- Quality metric to track the proportion of people on MAT who receive appropriate behavioral health services.
- Quality metric to quantify the number of people who get into treatment following an overdose, such as when provided peer supports.

Stakeholders should coordinate and collaborate with the Centers for Medicare and Medicaid Services (CMS) and others to leverage existing work, such as the [Core Quality Measures Collaborative \(CQMC\)](#), the [Health Affairs blog by OptumLabs](#) which proposes metrics, and the [American Society of Addiction Medicine \(ASAM\) Performance Measures for the Addiction Specialist Physician](#).

**Establish a network of clinical and community resources to support a patient's treatment and ongoing recovery, supported by common information infrastructure that enables clinical data sharing and care coordination.**

Provide access to services when a patient needs them, including access to community resources, peer support, overdose reversal medications, and hand-offs when transitioning from hospital or criminal justice settings to ensure continued coordination throughout recovery. Coordinate patient records across care settings and care transitions and promote information systems that are interoperable and have the capacity to acknowledge [42 CFR Part 2](#) information-sharing consent. Encourage expansion of information technology infrastructure to provide necessary services through programs in underserved areas, including community resource referral programs to support continuity of care. Important data gaps may exist when emergency medical services (EMS) personnel revive patients who overdose but may then refuse immediate care. First responders should be able to report information to overdose trackers such as [ODMAP](#) and insurance providers should have access to this information when it impacts their beneficiaries in order to ensure necessary follow-up care.

**Advocate for regulatory changes to improve SUD treatment and increase capacity.** For example:

- Explore ways to streamline SAMHSA's credentialing of new methadone clinics to increase capacity and access to MAT.
- Provide state Medicaid programs flexibility to use alternative payment programs. Some states currently require bundled fee-for-service payments under Medicaid programs, which inhibits plan efforts to create alternative payment programs.

- Revisit current billing restrictions to allow for billing same-day medical and behavioral health care under specified circumstances. Some states have restrictions on billing medical and behavioral health in the same day which can prevent clinicians from delivering coordinated, whole-person care with minimal barriers as possible.
- Modernize 42 CFR Part 2 information-sharing consent rules to encourage care coordination across the treatment team.
- Streamline state mental health licensure requirements to eliminate duplication, such as requiring licensure as both SUD providers and behavioral health providers.
- Restructure Medicaid payments for buprenorphine treatment in opioid treatment programs (OTPs) to further increase access to MAT.
- Provide health insurance providers and pharmacy benefit managers with access to Prescription Drug Monitoring Programs (PDMPs) to enable a more complete view of patients' controlled substances prescriptions.

**Expand access to naloxone for overdose reversal.**

Communities should facilitate greater access to naloxone to protect against dangerous relapses and encourage training for first responders and community members to administer the drug in cases of emergency.

**Encourage coordination and collaboration with the legal system.** The community can work with legal entities, such as drug treatment courts and through pre-trial drug diversion programs, in the rehabilitation of members with drug-related offenses and underlying SUD.

**Encourage and support continued SUD treatment research.** Real-world data can lead to better understanding of the factors that can impact MAT effectiveness and outcomes, including patient-specific characteristics, presence of support services, and community and other variables that may contribute to successful long-term SUD recovery.

## Conclusion

While the opioid epidemic continues to devastate people and communities around the country, there are signs that this crisis may have turned a corner – opioid-related overdose deaths have fallen for six months, [according to CDC statistics](#). This could be a result of the efforts from health insurance providers and other stakeholders beginning to slow the progression of the opioid crisis. But more must be done. Working together across the community, health insurance providers and other stakeholders can continue to make significant steps to tackle this epidemic and end a generational health crisis.