

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.

Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

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| Project Title | <p>Integration of Primary Medical Care into the Opioid Treatment Program at Evergreen Treatment Services</p> |
| Rationale for the Project | |
| <p><i>Problem statement</i></p> <p>Individuals with substance abuse disorders frequently suffer multiple co-morbidities such as cardiovascular disease, lung disease, hepatitis, and HIV/AIDS, and mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia. Over the years the segregation of addiction treatment and medical care due to policy and practice restrictions has resulted in medical care not available nor linked to specialty substance abuse care. Although medical conditions are common among patients who receive substance abuse treatment, many patients enrolled in opioid treatment programs (OTP) often do not receive the necessary general medical care. This is related to the stigma associated with OTP patients and their medication; without a provider who clearly understands and supports their OTP medications, many patients will forego primary care in favor of their OTP treatment. This results in OTP patients receiving less primary care than they typically need. One solution to overcome barriers to primary care and to provide high quality care for this vulnerable population is to bring integrated primary care services onsite to opioid treatment programs.</p> <p>Supporting research (evidence-based and promising practices) for the value of the proposed project.ⁱ</p> <p>Research shows that integrating primary care with addiction and mental health care is likely to provide better outcomes while improving lives, promoting recovery, and controlling costs. Clinical trials have shown that when someone has a substance abuse problem and one or more nonsubstance-related disorders, integrated care can be more effective than traditional treatment delivery in terms of clinical outcomes and cost.¹ Randomized trials in addiction programs comparing on-site medical services to outside referrals found increased access to medical care² and improved addiction related outcomes.^{3,4} Therefore, for persons with a substance abuse problem and one or more nonsubstance-related disorders, integrated care can be more effective than traditional treatment delivery in terms of clinical outcome and cost.</p> <p>Several examples of successful models that demonstrate an integrated and collaborative practice between primary care and OTP services include:</p> <ol style="list-style-type: none"> 1) The BAART Programs in California provide onsite substance abuse, mental health, and medical services to maintain cohesive service delivery for each person. In this model, substance abuse specialists serve as care managers and patients can access primary care for immediate health concerns or for routine medical appointment for prevention or ongoing management of chronic medical conditions. These services are provided in context with their OTP services 2) The Methadone Maintenance Treatment Program (MMTP) at Mount Sinai Beth Israel Medical Center in New York, the nation’s largest nonproft methadone clinic, provides healthcare to individuals including health maintenance, disease prevention, and illness management, through its primary medical practices. The Beth Israel methadone clinics are comprised of a full-service health and behavioral health disciplinary team, which works to help individuals overcome their opioid addiction. 3) The state of Rhode Island has been testing OTPs as medical homes. Started in 2012, this effort was designed precisely because these patients have known unmet primary care needs typically associated with their addiction history. | |

Project Description

Which Medicaid Transformation Goalsⁱⁱ are supported by this project/intervention? Check box(es)

- X Reduce avoidable use of intensive services
- X Improve population health, focused on prevention
- Accelerate transition to value-based payment
- X Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- X Health Systems Capacity Building
- X Care Delivery Redesign
- X Population Health Improvement – prevention activities

Overview

We propose a collaboration between Evergreen Treatment Services and Harborview Medical Center to create a patient-centered medical home for patients enrolled in an opioid treatment program at Evergreen Treatment Services through the integration of primary care, mental health care, and substance abuse services at Evergreen Treatment Services’ Seattle location.

Evergreen Treatment Services is a private, 501(c)(3) nonprofit organization which has been delivering evidence-based addiction treatment services in Western Washington since 1973. Evergreen Treatment Services uses a comprehensive approach to addiction treatment which combines medication assisted treatment with wrap-around services such as counseling, mental health care, and case management services.

Harborview Medical Center is owned by King County, governed by a county-appointed board of trustees and managed by the University of Washington. UW Medicine physicians, staff and other healthcare professionals based at Harborview serve patients from all walks of life and have a mission and the expertise to care for the underserved populations in King County. One of Harborview’s priority populations is persons with substance use disorders. Being a part of the larger UW Medicine network, the staff and providers at Harborview Medical Center work alongside other medical and specialty care members of UW Medicine to provide comprehensive health care and access to state-of-the-art diagnostic and specialty services.

Evergreen Treatment Services and Harborview Medical Center share the common mission of caring for patients with substance use disorders and have a long and successful history of collaboration to improve the care of this vulnerable population.

Project Goals: The primary goal of this project is to redesign the delivery system and transition traditionally silo-ed care systems into seamlessly collaborating systems of care by integrating primary care, mental health care and substance abuse care for the 1500 patients seen in the Seattle clinic. Through a collaborative team-based approach, we aim to improve the health of this population through better access, better outcomes, and better experiences for patients and families. With the increased availability of primary care, patients would be more likely to receive preventive and chronic disease care, and mental health treatment. They would be less likely to seek care in the emergency department, leading to improved preventive and chronic disease outcomes and reduction in utilization of acute services (i.e. emergency department visits, hospitalizations). Thus, the implementation of this integrated care model strongly aligns with the goals of the Washington State Medicaid Transformation Initiative.

Location/Targeted Population: Approximately 1500 patients with substance use disorders receive treatment and services at Evergreen Treatment Services clinic in Seattle. Approximately 90% of these patients are Medicaid funded. We estimate that less than 30% of the population is currently engaged in primary care.

Intervention: We propose embedding a Harborview primary care and behavioral health interdisciplinary team within the Seattle Evergreen Treatment Services site. The team will consist of primary care providers with ancillary staff (RN, MA, program coordinator, social worker) along with a behavioral health care manager and psychiatric consultant. The primary care and behavioral team will provide outpatient primary care, including general medicine, mental health care, immunizations, specialty care referrals, and care management for chronic medical conditions. This model will also include providing transitional care for those patients recently discharged from the emergency department and the hospital. The primary care and behavioral team will work with the Evergreen Treatment Services team to communicate frequently in

person, virtually, and via regular team meetings to discuss overall patient care and specific patient issues, with an in-depth understanding of team member roles and culture.

Core Investment Components

Proposed activities and cost estimates (“order of magnitude”) for the project.

We anticipate that when the clinic is fully implemented we will be serving approximately 1000 patients annually with approximately 4000 visits per year. To support this effort, we require 1.5 FTE physician, 1.0 RN, 1.0 medical assistant, 1.0 FTE social worker, and 1.0 program coordinator to provide and coordinate general medical care. In addition, the behavioral health team will consist of a 1.0 behavioral health care manager with 0.1 FTE for a psychiatrist as a team consultant.

Project preparation which will include facility/space planning, IT support, training and hiring of staff, and development of workflows, will require approximately 6 to 9 months. Once the infrastructure is in place, we expect to use a phased approach starting with the implementation of the primary care team for the first 2-3 months then adding the behavioral health team.

Based on our staffing needs, we estimate that this program will cost approximately \$167 per person per month. The financial return on investment (ROI) opportunity is based upon reduction of avoidable emergency department use and hospital avoidable admissions and readmission. Due to the Substance Abuse Confidentiality regulations, we are unable to calculate the financial ROI at this time.

Project Metrics

Project performance metrics would fall within the following domains:

- 1) Retention in substance use treatment
- 2) Preventive Care
 - Pneumococcal vaccinations
 - Breast cancer screening
 - Colon cancer screening
 - HIV, Hepatitis C screening
- 3) Chronic Disease Management
 - Glycemic control (HbA1c < 9%)
 - Blood pressure control BP < 140/90)
 - Hepatitis C treatment
- 4) Mental Health Treatment
 - Screening for depression (PHQ-9), anxiety (GAD-7) and PTSD (PCL-5)
 - Improvement of depression (PHQ-9), anxiety (GAD-7) and PTSD (PCL-5)
- 5) Reduction of acute services
 - Avoidable emergency department visits
 - Avoidable hospital admissions
 - 30-day all cause readmission rates

Because of the Substance Abuse Confidentiality Regulations, we are currently unable to obtain baseline data for the clinical quality measures. Once the primary care clinic is implemented, we would apply the same rigorous methodology that we use currently at Harborview-based primary care clinics and behavioral health programs for defining, measuring, and tracking the above quality metrics and establishment of targets for improvement.

ⁱThe Washington State Institute for Public Policy, <http://www.wsipp.gov>, has identified “evidence-based” policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation>

ⁱⁱTransformation goals as stated in Washington’s Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:
 • Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.

Development of Washington State Medicaid Transformation Projects List – December 2015

- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

References

1. Parthasarathy, S., Mertens, I., Moore, C., Wersner, C. Utilization and cost impact of integrating substance abuse treatment and primary care. *Medical Care* 2003 41(3)357-367.
2. Umbricht S-A, Ginn DH, Pabst KM, Bigelow GE. Providing medical care to methadone clinic patients: referral vs. on-site care. *Am J Public Health.* 1994;84:207-210.
3. Weisner C, Mertens J, Parthasarathy S, Moore C, Lu Y. Integrating primary medical care with addiction treatment: a randomized controlled trial. 2001;286:1715-23
4. Friedmann PD, Zhang Z, Hendrickson J, Stein MD, Gerstein DR. Effect of primary medical care on addiction and medical severity in substance abuse treatment programs. *J Gen Intern Med.* 2003;1:1-8.