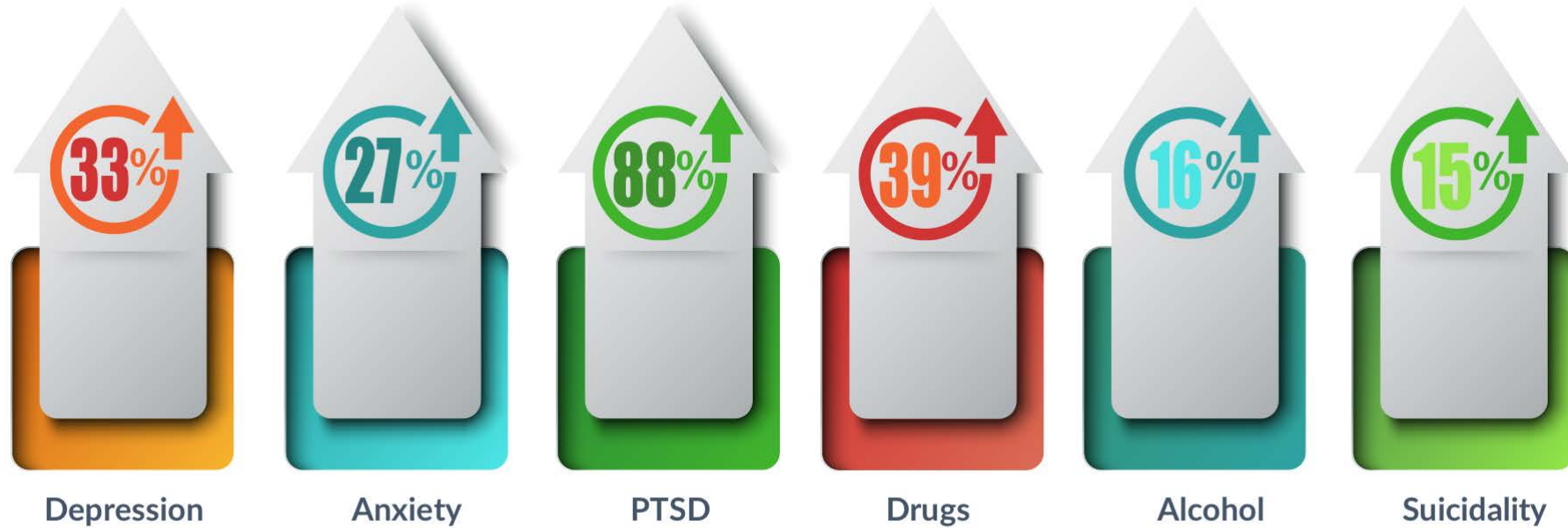


COVID-19 IMPACT ON MENTAL HEALTH



March-June year over year comparison based on eHome Counseling Group assessment results



Comprehensive and Effective Addiction Recovery Panel Discussion

FLORIDA ALLIANCE FOR HEALTHCARE VALUE

JULY 30, 2020

The Impact On Employers, Employees & Their Families – COVID Has Made This Worse

01

70% of people with a direct or indirect substance use disorders are employed

02

They have 40% more missed days from work than other employees

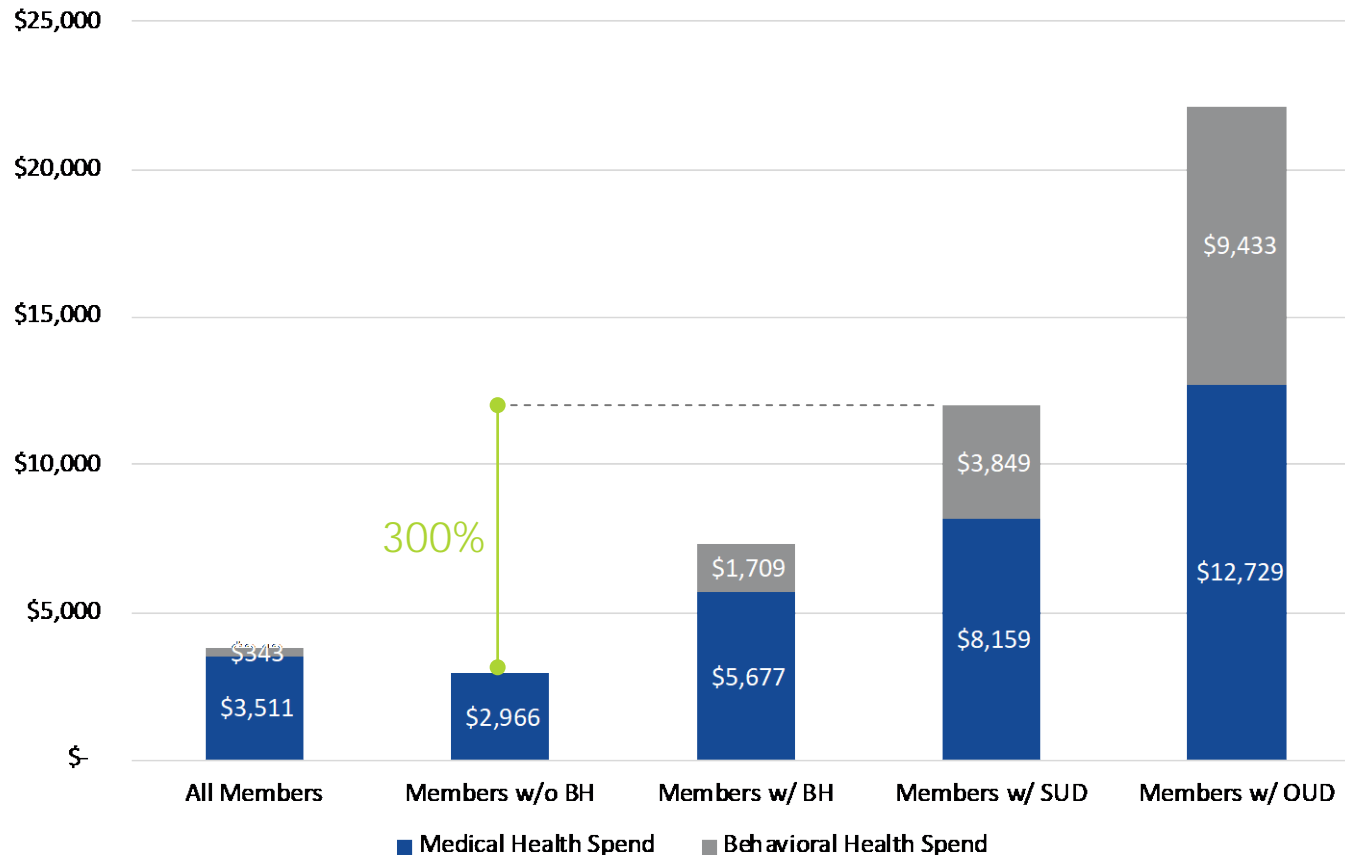
03

They are 50% more likely to change jobs every year

They cost an employer close to \$10K a year. But, when they are in stable recovery, they're even more productive and less costly than other employees.

Employees (or Family Members) With SUDs Also Consume More Health Care

Average Annual Spend Per Member – Anthem National (Commercial)



- Plan members with a substance use disorder consume 3 times as much health care.
- Most of it is in medical costs because of the spillover effect – co-morbid condition such as gastro and cardio-metabolic

This Can Be Solved Through Payment & Delivery System Change

Payment Today:

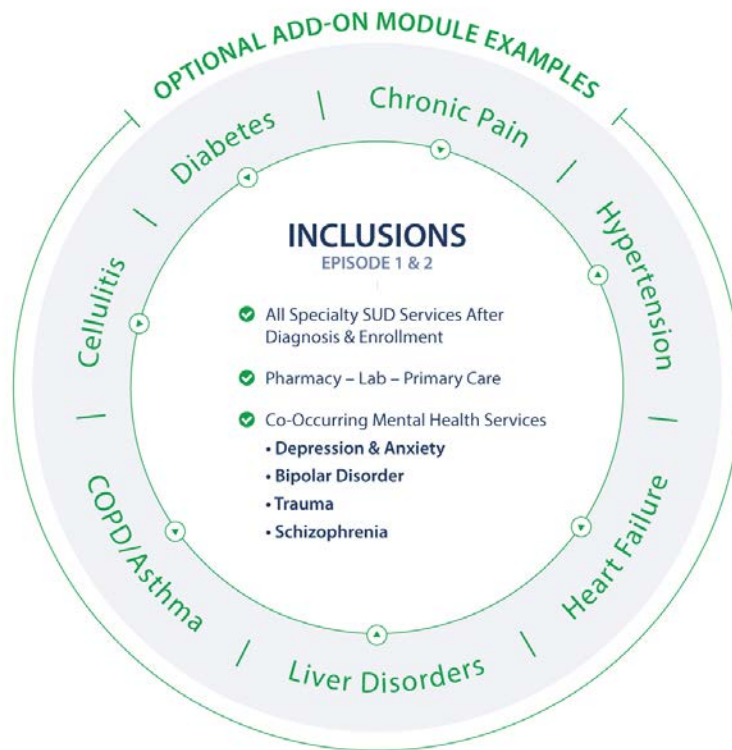
- ▶ Every service is paid separately
- ▶ Community support services are not paid – rely on charitable donations and/or public funding
- ▶ Alternative treatment programs (e.g. Sober Houses) have to be paid out-of-pocket by patient
- ▶ Out-of-state/out-of-network providers are paid charges, some coming from family members or the patients
- ▶ Every relapse means more FFS payments

Payment Tomorrow:

- ▶ Comprehensive payment/bundle that includes all services – medical and non-medical
- ▶ Relapses are debited against the comprehensive payment – no additional payment
- ▶ Alternative treatment programs can be paid for out of the comprehensive payment/bundle
- ▶ Big incentive for a “center of excellence” to manage the whole patient

Addiction Recovery Medical Home

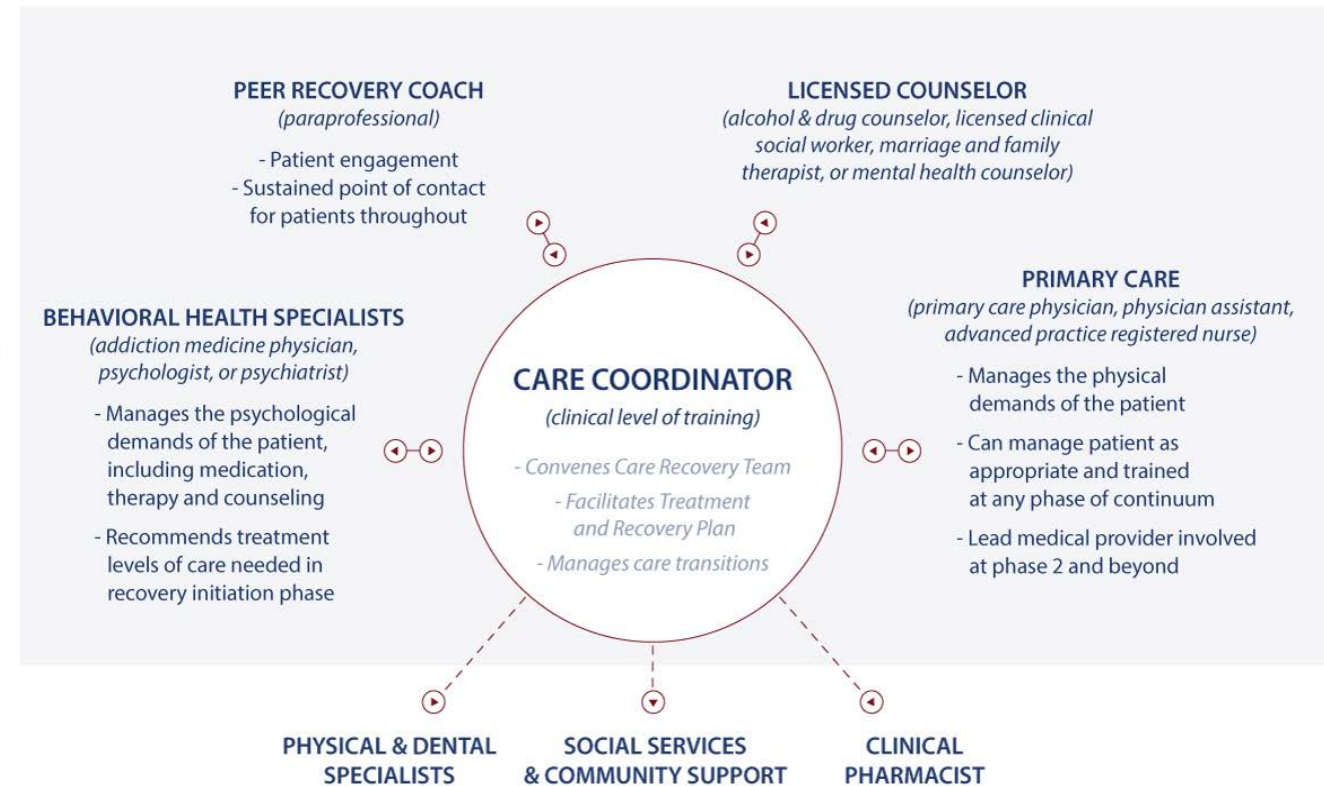
ARMH-APM BUNDLE INCLUSIONS



EXCLUSION EXAMPLES

- ❌ Pregnancy & Delivery
- ❌ HIV/AIDS
- ❌ Hepatitis C
- ❌ Cancers

CARE RECOVERY TEAM



THE POWER OF VIDEO CONFERENCING AS A DELIVERY METHOD

Video delivery provides a high quality, geographic agnostic, scalable solution to mental healthcare barriers

Why Video Conferencing

- Increased **access, availability, and timeliness**
- **Private and confidential** for clients—no stigma concerns
- **More counselors** with more **specializations and languages**
- **Continue** sessions while **traveling**
- Clients and counselors appreciate the **convenience** of videoconferencing from work or home (“My life is not interrupted”)

- ✓ Greater engagement results in higher completion rates of treatment
- ✓ Decreased admissions and days of psychiatric hospitalization
- ✓ Less absenteeism and work/school/home impact

Source: [Virtual Visits](#)

Key Facts

20%

Faster appointments than in-person sessions

25%

Reduction in hospitalization rate; lengths of stay and services

60%

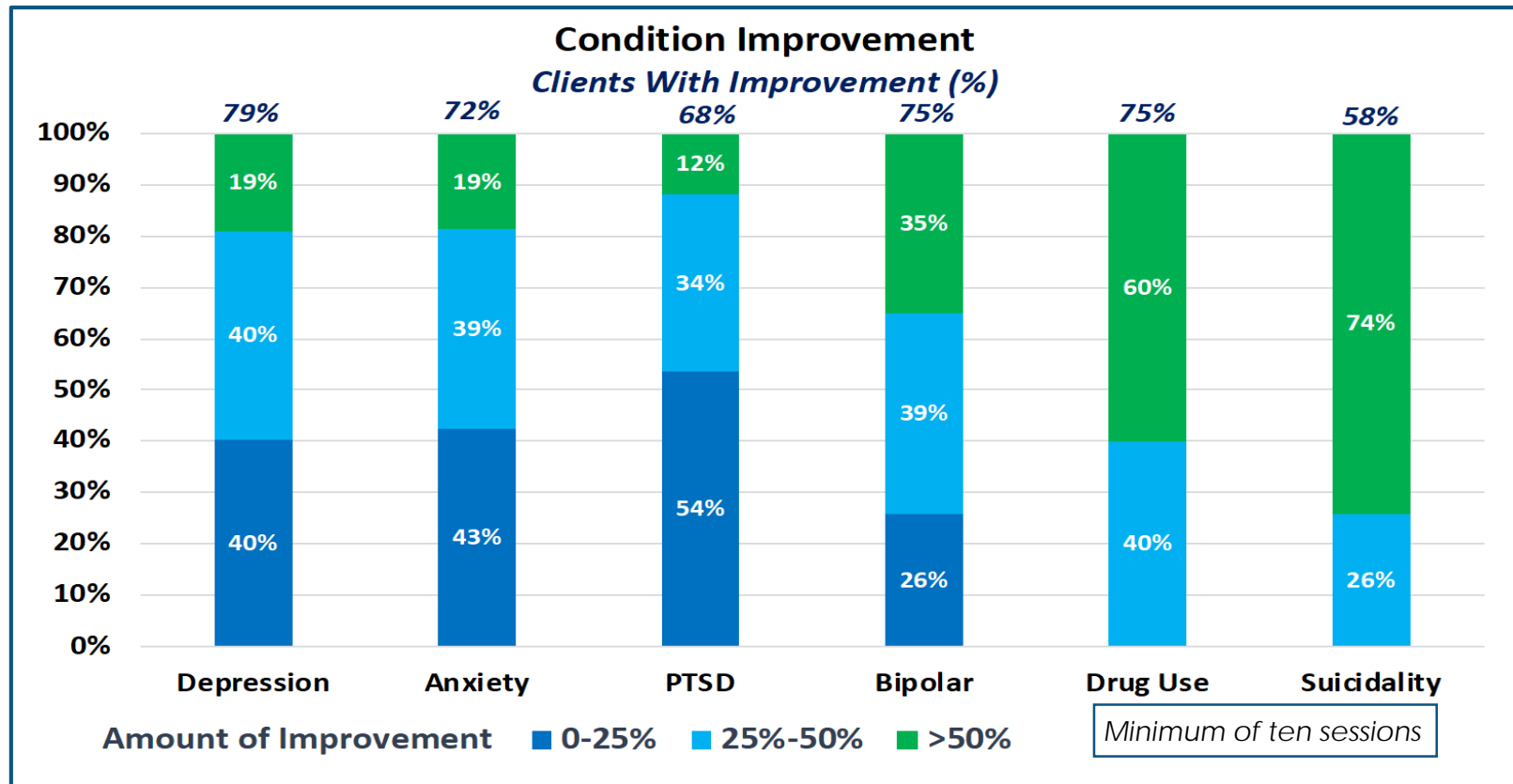
Decrease in missed appointments

80%

Completion rate for addiction treatment by video



PROVEN EFFECTIVENESS OF TELE-MENTAL HEALTH

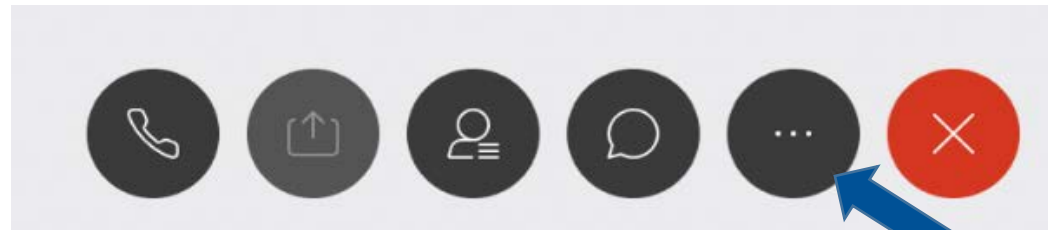


Source: M3 Analysis conducted by University of Central Florida Department of Health Informatics

Let's Talk Turkey

- ▶ Telehealth – what needs to happen
- ▶ Mental Health & Substance Use Disorder Coverage – Why aren't employers seeing this as a problem? Why isn't the 3X cost differential rising to the top of the list?
- ▶ Integrated and Coordinated Care – When do we stop talking about it and get it done? What needs to happen?
- ▶ PCPs Can Be Central – COVID has decimated practices, and yet PCPs working with patients and helping integrate BH/MH and medical care is an essential ingredient to success. Isn't this the perfect time for something like the Addiction Recovery Medical Home?
- ▶ Pregnancies and Substance Use Disorders – the effects of SUD on pregnancies is significant, and the Maternal Opioid Recovery Effort is designed to start addressing that. How can the ARMH interact with the management of a pregnancy?

TO ASK A QUESTION OF A SPEAKER/PANELIST



On your screen, click here to see **Q&A function**.

The **Q&A function** is found by clicking on the ellipsis icon.

- Type in your question and send to “All Panelists.”
- There is a 256-character limit for questions.
- If we are unable to address your question during the online presentation, we will try to have the remaining questions answered following the session and posted with the follow up material.