RISING TO THE CHALLENGE:

COMMUNITY HEALTH CENTERS ARE MAKING SUBSTANCE USE DISORDER TREATMENT MORE ACCESSIBLE THAN EVER

Community Health Centers have long been at the forefront of providing high quality, cost effective care to underserved rural and urban communities across the country. Health centers are leaders in integrating medical care, behavioral health, dental care, pharmacy, and other services all under one roof. As communities across America cope with a dramatic increase in the prevalence of substance use disorder (SUD), including opioid addiction, health centers are meeting this challenge by providing much needed SUD services to their patients.

Today, health centers serve more than 27 million people in over 10,000 sites nationwide.[1] As community-based providers, health centers are always ready to respond to the changing needs of their communities. This is more important than ever as the incidence of SUD has been on the rise for nearly two decades, with the age-adjusted death rate for drug overdoses more than tripling since 2000.[2] In response, **health centers are breaking down barriers to care, bolstering their effective service delivery model, and expanding their capacity to deliver SUD treatment—along with a comprehensive range of other health care services—in thousands of communities in greatest need.**

NATIONAL ASSOCIATION OF Community Health Centers

MARCH 2018

BREAKING DOWN BARRIERS TO CARE

The Community Health Center model directly addresses many of the most common reasons people are unable to receive needed SUD treatment: financial barriers to care, a lack of available SUD treatment and difficulty accessing needed care, as well as the stigma of receiving SUD services.[3]

OVERCOMING FINANCIAL BARRIERS TO CARE

According to a 2016 national survey, insurance and affordability issues are the top reason respondents who were ready to stop using substances and seeking SUD treatment did not receive it.[3] Health centers offer services to all residents, regardless of their health insurance status or ability to pay.

Nine in ten health center patients have incomes below twice the federal poverty level, with roughly half on Medicaid and nearly one in four patients without health insurance at all.[4] When low-income, uninsured, or publicly insured residents experience difficulty affording SUD treatment—or finding a provider that accepts their insurance—health centers offer them full access to a wide range of affordable, high quality services, including alcohol and drug counseling, medical care, and, increasingly, pain management and Medication-Assisted Treatment (MAT) for opioid addiction.

PAYMENT TYPE ACCEPTED BY SUD TREATMENT PROVIDERS

PAYMENT TYPE	ALL SPECIALTY SUD FACILITIES[5]	HEALTH CENTERS
Sliding Scale Fees Based on Income	59%	100%
No Charge to Clients Who Cannot Pay	45%	100%
Medicare	34%	100%
Medicaid	62%	100%
Cash/Self-Pay	89%	100%

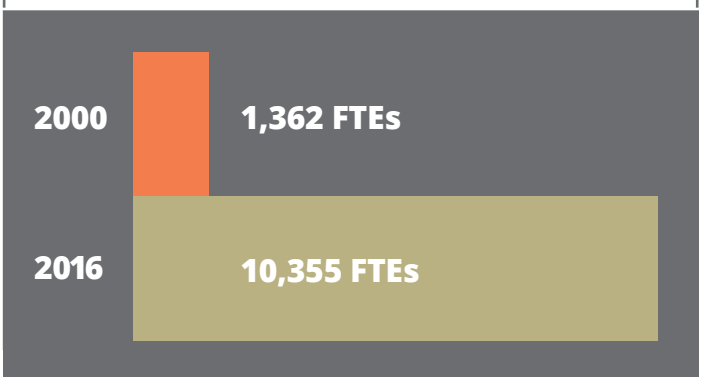
AVAILABILITY & ACCESSIBILITY OF NEEDED CARE

Health centers ensure that care is within reach for underserved communities. With over 10,000 sites,[4] all of which are required by law to serve areas where care is needed but scarce, health centers are providing care in some of the hardest to reach urban and rural communities across America. Sparsely populated rural areas commonly experience difficulty attracting SUD specialists, and patients often face long distances between home and health provider. Health centers are helping fill this void, serving 1 in 6 Americans living in rural communities[6] where the opioid epidemic has hit the hardest.[7]

As the need for SUD treatment grows, health centers are also finding new ways to deliver care in places where treatment options are in short supply, utilizing technology to enhance care through telehealth and telepsychiatry. By 2016, more than half (57%) of health centers had either begun utilizing telehealth, were in the process of implementing a telehealth program, or were actively exploring its feasibility.[8]

HEALTH CENTERS INCREASED THEIR BEHAVIORAL HEALTH WORKFORCE NEARLY EIGHTFOLD SINCE 2000 TO MEET COMMUNITIES' NEEDS. [4,10]

FTE = full time equivalent for behavioral health staff



Note: Behavioral health includes mental health and SUD services.

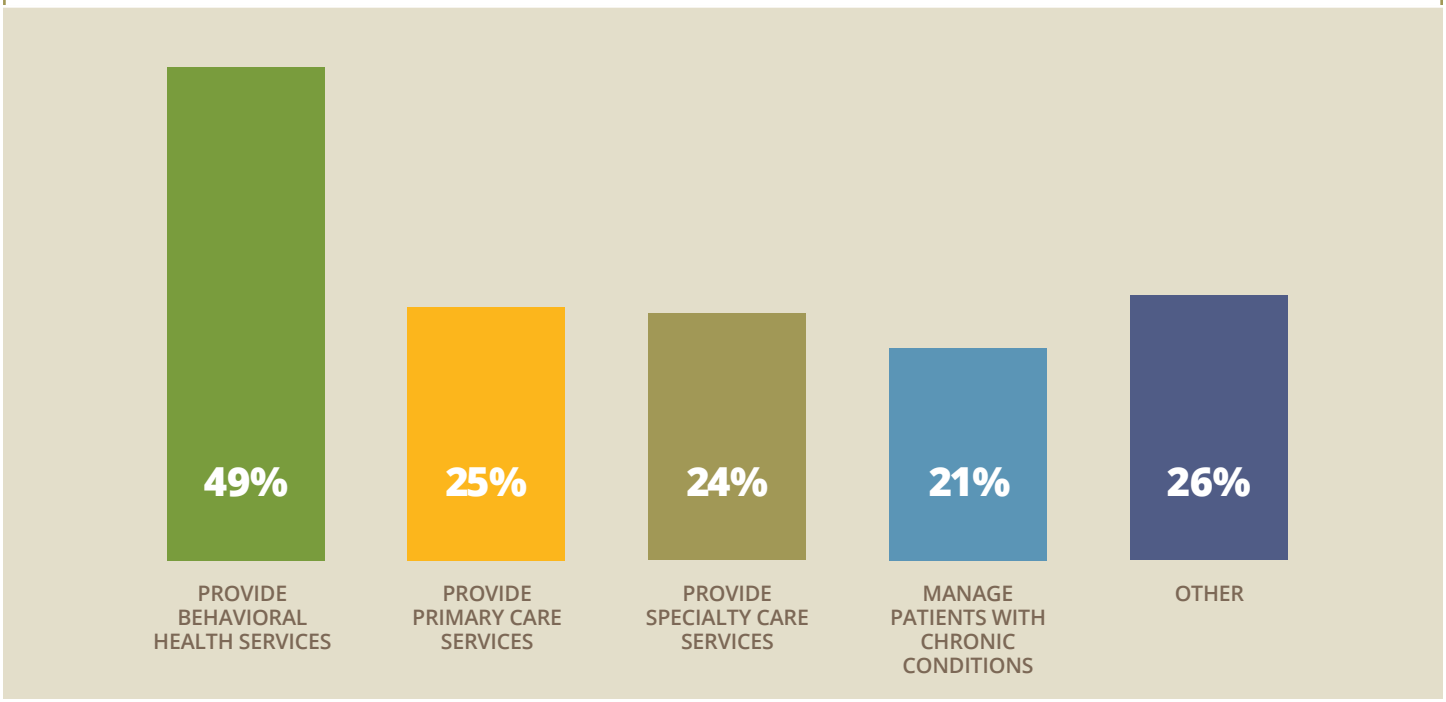
Additionally, providers from more than 175 health centers are receiving in-depth opioid addiction treatment training via the virtual Project ECHO model, which uses video conferencing to train primary care clinicians to provide specialty care services, such as MAT or performing evidence-based SUD screening procedures.[9]

Health centers also make treatment more accessible through enabling services. These are services that facilitate patient access to the range of care needed to manage, treat, and prevent addiction. Health center staff are out in their communities performing outreach and education, transporting patients to and from care, coordinating care through complex health care and social service systems, and ensuring patients understand their care needs and providers understand patients' needs. Health centers have expanded their enabling services staff to over 20,000 professionals—a nearly threefold increase since 2000—helping to improve patient engagement and maintain treatment regimens.[4,10]

To ensure that all patients understand their treatments and can make informed decisions about their health, health centers are also required to deliver care that is culturally sensitive and addresses reading comprehension levels and linguistic barriers, all of which further bolsters access to high quality, patient-centered care.

BEHAVIORAL HEALTH IS THE MOST COMMONLY PROVIDED SERVICE VIA TELEHEALTH FOR HEALTH CENTERS.[4]

Percent of health centers using telehealth for selected services



Includes only health centers that implemented a telehealth program in 2016.
Note: Behavioral health includes mental health and substance use disorder services. Other includes oral health services as well as responses for "other."

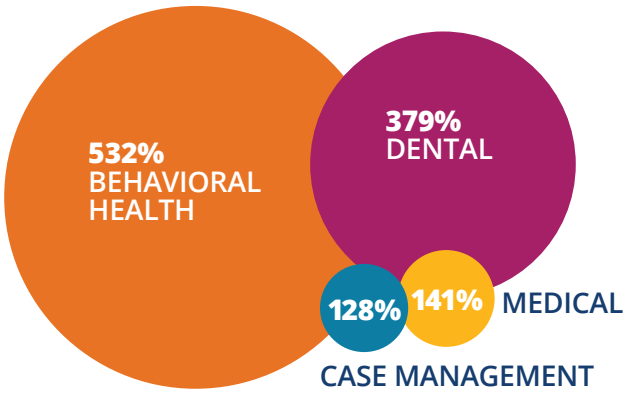
COMBATING STIGMA AS A BARRIER TO CARE

Many individuals forego needed treatment because of the stigma often associated with visiting SUD treatment providers.[3] However, a health center's waiting room is filled with patients seeking all types of services, from routine checkups to dental care, behavioral health, and pharmacy services. Because of this, health centers can provide a safe place for SUD care, without the negative perceptions associated with addiction treatment.

HEALTH CENTERS' INTEGRATED, COMPREHENSIVE CARE

Primary care is a key entry point for new patients seeking SUD treatment while also necessary for maintaining overall health.[11] SUD often leads to or co-occurs with other social, psychiatric, or physiological problems.[12] Moreover, patients receiving SUD treatment still require preventive service screens for conditions like diabetes, cancer, and hypertension, among others. In 2016, health centers provided 71.3 million visits for medical services and 14.4 million visits for dental services, in addition to over 800,000 visits for vision care. During that same year, health centers provided 9.6 million visits for behavioral health, including mental health and substance abuse services.[4]

GROWTH IN BEHAVIORAL HEALTH VISITS OUTPACED OTHER SERVICES SINCE 2000.[4,10]



CONTINUUM OF CARE

Health centers' comprehensive set of primary, behavioral health, dental, pharmacy and other services ensure that patients can be cared for holistically. For example, patients experiencing severe tooth pain can receive dental treatment before that pain leads to potential alcohol or drug dependence. Conversely, patients who are recovering from methamphetamine addiction can access the dental care needed to repair damage resulting from drug use. This continuum of care, from prevention to treatment and recovery, is at the core of the Community Health Center model.

INFORMED PRIMARY CARE AND PAIN MANAGEMENT

Integrating behavioral health specialists with primary care helps medical providers better identify and address underlying social and behavioral health factors impacting patients' health. It also helps avoid the over-prescription of opioids for pain relief, which played a major role in creating the opioid crisis in the first place.[13] To build on this work, health centers are increasingly implementing chronic pain management programs, as well as alternative therapies like acupuncture and chiropractic care, to help lower the need for prescription medications and the potential risk of addiction.

HEALTH CENTER PRIMARY CARE PROVIDERS ARE INCREASINGLY MAKING SUD TREATMENT MORE ACCESSIBLE.

IN 2016:

- There were **1,700 PHYSICIANS** certified to provide Medication-Assisted Treatment (MAT) for opioid use disorder.[4]
- **OVER 39,000 HEALTH CENTER PATIENTS RECEIVED MAT** for opioid use disorder directly from MAT-certified physicians.[4]
- Providers performed an evidence-based screening, intervention, and referral procedure (SBIRT) for **15x MORE PATIENTS** than when health centers began recording the measure in 2009.[4,10]

COOK AREA HEALTH SERVICES | NORTHERN MINNESOTA

"It can be surprising to patients and providers what results can come from simply initiating a discussion about a planned opioid reduction strategy. Many opioid users are seeking a reduction or cessation pathway. We have been proactively working to reduce our patients' use of opioids through an aggressive, organization-wide opioid reduction strategy. We focused on working with our medical providers to enhance their knowledge regarding opioid prescribing and assisting in the appropriate management of individuals with chronic pain. As a result, by June 2017, 86% of our chronic pain patients had reduced their opioid usage to a more appropriate level."

—Jeffery Scrivner, M.D., Medical Director

COMMUNITY-BASED HEALTH CARE PROVIDERS

Community-wide problems like the opioid crisis require community-level solutions in addition to treating individual patients. The Community Health Center model requires that their patient-majority governing boards are representative of the communities they serve, keeping them in constant touch with the changing needs of their communities, holding them accountable to those they serve, and helping them tailor their services as needed.

Health centers also forge strong and lasting local partnerships to address their service area's most pressing needs. They have long partnered with local health departments, social services organizations, hospitals, and school systems to coordinate service delivery and move the needle on community health indicators. Increasingly, health centers are partnering with local justice departments, drug courts, and county jails to boost access to SUD treatment services as an alternative to incarceration.

FAMILY HEALTHCARE | ST. GEORGE, UTAH

"Understanding that opioid use disorder is a chronic condition helps us approach this disease in a compassionate, patient-centered, and supportive manner. We are actively partnering with our Mental Health Authority (meeting at least weekly), our justice system, Intermountain's Maternal Fetal Medicine group, and other partners in an effort to stretch resources, provide appropriate patient support, and just gain a better understanding of the barriers patients who have this disease encounter. This is not easy work, but it is critical for the health of our patients and our communities."

—Mahana Fisher, M.D., Medical Director

LOOKING AHEAD: EXPANDING & SUSTAINING HEALTH CENTER SUD SERVICES

Health centers' long-term sustainability, as well as needed expansions, rely on multiple funding streams that include targeted investments in capacity and adequate reimbursement for services.

TARGETED INVESTMENTS AND REIMBURSEMENT

Targeted federal grants have made high quality SUD treatment more accessible in the most underserved communities. These grants have allowed health centers to add new specialists, train primary care providers, and compile best practices to improve SUD services in the future.

But health centers cannot sustain their model of care on grants alone. They rely on diverse funding streams and adequate reimbursement to innovate and provide the full range of needed services. Medicaid is the largest payer of behavioral health services and a critical source of health insurance coverage for health center patients.[15] Health centers also successfully utilize the 340B Drug Pricing Program, which ensures that health center patients are able to buy their medications at affordable prices, including those associated with Medication-Assisted Treatment (MAT) for opioid use disorder.

RECENT FEDERAL GRANTS TARGETING SUD TREATMENT IN COMMUNITY HEALTH CENTERS

FY2016	**SUBSTANCE ABUSE SERVICES EXPANSION (SASE) GRANTS:** $94 million to increase accessibility for MAT & SUD screening procedures at 271 health centers.
FY2017	**ACCESS INCREASES IN MENTAL HEALTH & SUBSTANCE USE SERVICES (AIMS) GRANTS:** $200 million to expand behavioral health capacity at 1,178 health centers.
FY2017 – FY2021	**THE COMPREHENSIVE ADDICTION RECOVERY ACT (CARA):*** Authorizes up to $5 million each fiscal year to expand access for opioid reversal drugs & devices.

**Competitive grant listing health centers as eligible entities.*

RETURN ON INVESTMENT

These targeted programs and policies result in an excellent return on investment. Health centers employ, on average, one full-time position for every 125 patients,[4] and health centers add $45.6 billion in total economic activity within low-income communities across America.[16] Additionally, health centers are a cost efficient option for public insurance programs. Recent studies found that total spending for health center Medicaid patients is 24% lower compared to other providers,[17] while annual costs for health center Medicare patients are 10% lower than other physicians and 30% lower than outpatient clinics.[18]

CHEROKEE HEALTH SYSTEMS | KNOXVILLE, TENNESSEE

"The Women's Health Department at Cherokee Health Systems utilized a 2017 AIMS grant to support their integrated primary care and addiction treatment program for women who are pregnant and using. To best care for these patients, Cherokee draws on a multi-disciplinary team consisting of an OB/GYN, Addictionologist, Primary Care Provider, Psychiatrist, Behavioral Health Consultant, Pharmacist, Nurses, Community Health Coordinators, and Peer Support Specialists. These critical addiction and MAT treatment services are helping to turn lives around each day."

—Michael Caudle, M.D., Director of Women's Health

POLICY SUPPORT NEEDED TO BUILD ON THESE SUCCESSES

The integration of behavioral health services and SUD treatment into health centers is clearly a success story. But there is much more that federal and state policymakers can do to support health centers' ability to improve access to and delivery of high quality, cost effective behavioral health care and SUD treatment.

→ INVEST IN HEALTH CENTER GRANT FUNDING

Health centers rely on Section 330 federal grants to offset the cost of providing care to uninsured and underinsured patients, to support behavioral health and SUD service expansions, and to expand health center locations into medically underserved areas. Congress can support health center funding by:

- *Maintaining annual discretionary appropriations at or above current levels of $1.5 billion*
- *Providing long-term stability to the Community Health Centers Fund, which is currently authorized through September 2019*

→ SUPPORT A ROBUST MEDICAID PROGRAM

Medicaid is a critical program for health centers and their patients. Nationally, 49% of health center patients are covered by Medicaid, and Medicaid payments represent 43% of health centers' total revenue, making it their largest revenue source.[4] Congress should maintain patient access to a strong Medicaid program and remove policy barriers that prevent health centers from delivering fully integrated care by:

- *Requiring reimbursement for medical and behavioral health visits that occur on the same day in order to enhance health centers' SUD treatment capacity and support care integration*
- *Expanding the list of billable providers to include behavioral health professionals such as Marriage and Family Therapists, Licensed Addiction Counselors, and Mental Health Counselors*

→ IMPROVE REIMBURSEMENT OF TELEHEALTH SERVICES

Policymakers can maximize the benefits of telehealth technology, and help partnering health centers utilize existing resources more efficiently, by allowing health centers to be reimbursed as both originating sites (where the patient is) and distant sites (where the provider is) under Medicare and Medicaid.

→ MAINTAIN HEALTH CENTER ACCESS TO THE 340B DRUG PRICING PROGRAM

With appropriate utilization of the 340B program, health centers are able to reinvest the savings they would otherwise have spent on purchasing expensive drugs into improving quality of care, including extending hours, hiring additional staff, and expanding services.

ROGUE COMMUNITY HEALTH
MEDFORD, OREGON

We find **SUCCESS** in engaging patients who enter our clinic for an urgent care need and connecting them with comprehensive health care services they never realized were available to them. Recently, a 58-year-old man came to us for treatment of a "cough." When offered complete primary care services, he was found to have severe PTSD, an underlying psychotic disorder, substance use disorder, and Hepatitis C. As a result of our aggressive screening and availability of a broad spectrum of services, we are now treating his mental health disorder, engaging him in SUD treatment, and addressing his medical conditions. Additionally, the team is working with him to find safe housing.

→ **DANIEL WEINER, D.O., CHIEF MEDICAL OFFICER**

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