

# Prevention Forward: The ACA and Why Prevention is Health Reform

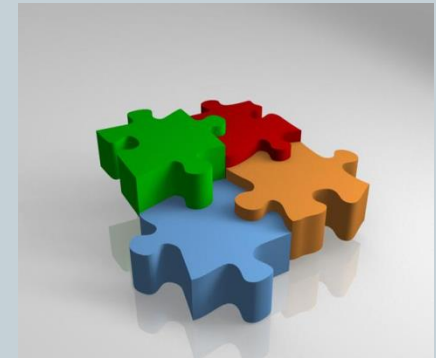


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# Learning Objectives

1. Increased understanding of the ACA
2. Increase understanding of the National Prevention Strategy and the health reform movement
3. Current challenges and strengths of prevention in the new system



# Session & Discussion Topics



- Brief history of prevention
- Affordable Care Act
- National Prevention Strategy
- Implications for prevention in the health reform transition
- New models for service delivery



# Brief History of Prevention



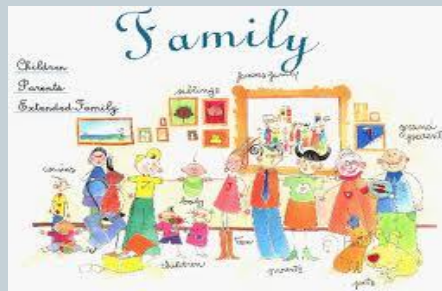
**UNDERSTANDING THE PAST HELPS TO  
CLARIFY THE PRESENT AND  
PLAN FOR THE FUTURE**

# The Role of Prevention

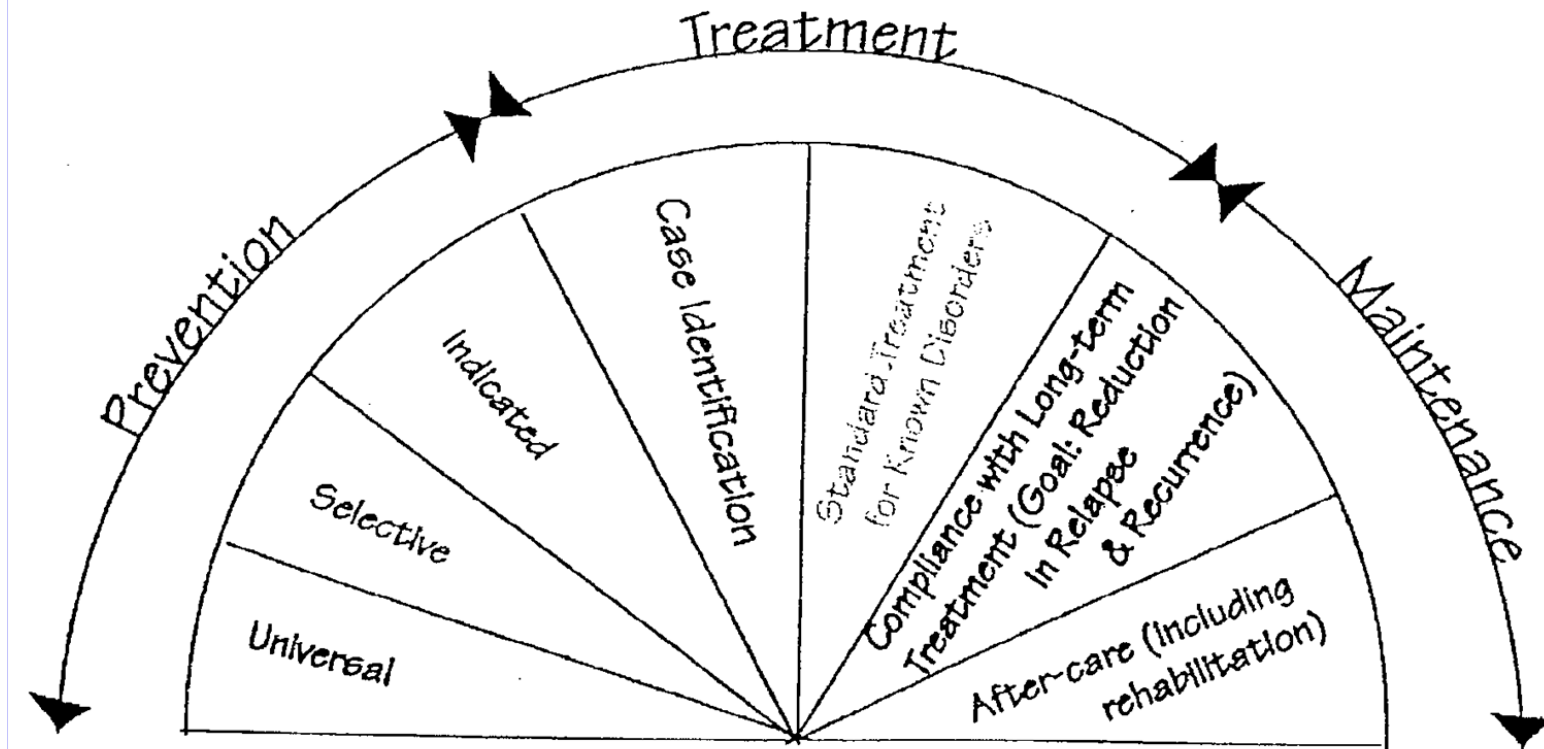


To create communities in which people have a quality life:

- Healthy environments at work and in school
- Supportive communities and neighborhoods
- Connected to families and friends
- Free from abuse of alcohol, tobacco, and other drugs

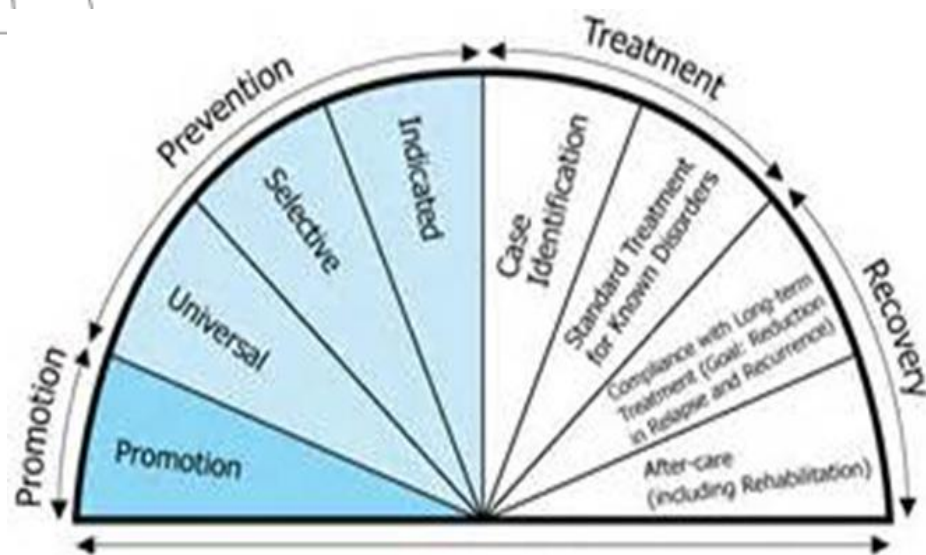


# The Continuum of Care



**Different levels of prevention are distinguished by the level of risk of disorder/distress in various populations groups targeted.**

# The Continuum of Care



# IOM Prevention Components



## Universal Prevention:

- Addresses the *entire* population.
- Aim is prevent/delay use of ATOD. Deter onset by providing individuals with information/skills

## Selected Prevention:

- Targets *subsets* of the population considered at risk by virtue of their *membership* in a particular segment of the population.
- *Key* selected Prevention targets the *entire* subgroup regardless of the degree of risk of any individuals in the group.

## Indicated Prevention:

- Targets *individuals* who are exhibiting early signs or consequences of ATOD use.





# Prevention Timeline



- 1950s – Scare Tactics
- 1960s – Scare Tactics and Information
- 1970s – Drug Education and Alternatives to Drug Use
- 1970s-1980s – Education, Alternatives, and Trainings
- 1980s-1990 – Parent, School, and Community Partnerships
- 1990s – Use of Evidence-based “Model Programs”
- 2000s – Strategic Prevention Framework and focus on cultural competency and sustainability
- 2010 forward – **HEALTH REFORM**

# Risk & Protection Approach



- In past century, doctors have discovered factors that:
  - Put people at risk for such things as heart disease and diabetes.
  - Protect people from such conditions
- This Risk and Protective Factor approach follows the same model to create wellness for our communities' children...

# SAMHSA's Strategic Prevention Framework Steps



Assessment

**Profile population  
needs, resources, and  
readiness to address  
needs and gaps**

Capacity

**Mobilize and/or build  
capacity to address needs**

Sustainability &  
Cultural Competence

**Develop a  
Comprehensive  
Strategic Plan**

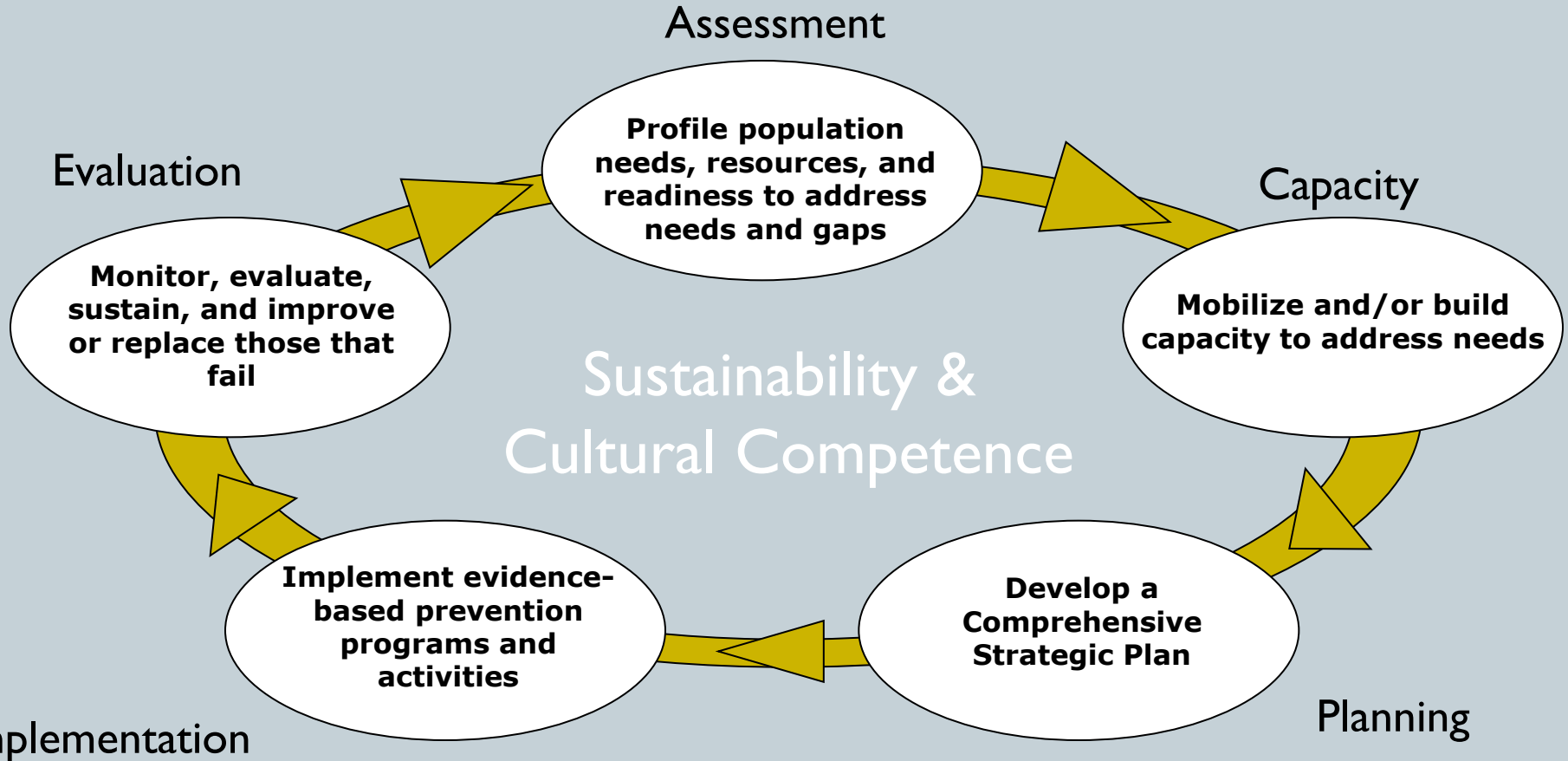
Planning

**Implement evidence-  
based prevention  
programs and  
activities**

Evaluation

**Monitor, evaluate,  
sustain, and improve  
or replace those that  
fail**

Implementation



# Prevention: Where We Are Now



- Prevention planning is strategic
- Based on risk and protective factors
- Prevention *movements*, rather than individual programs
- Strategies are evidence-based
- Addresses the *whole community* culture

## Brainstorm for Discussion:

How might these benefit the movement towards health reform?

# Affordable Care Act



**PREVENTION IS HEALTH REFORM...  
WHAT, WHY AND HOW?**

# What is Health Reform?



- Health Reform refers to the two combined bills that are often referred to as the Affordable Care Act (ACA), and the transformation of the medical industry that ACA creates. The two bills are:
  - **Patient Protection and Affordable Care Act**  
(HR 3590; signed into law March 2010)
  - **Health Care and Education Affordability Act of 2010**
    - (HR 4872; also referred to as “reconciliation”)

# The ACA



## The Affordable Care Act Becomes Law

- On March 23, 2010, President Obama signed the Affordable Care Act. The law expands health coverage and puts in place comprehensive health insurance reforms that will roll out over four years and beyond, with most changes taking place in 2014. Other improvements are already in place.
- Use this timeline to learn about what's changing for Medicaid and the Children's Health Insurance Program (CHIP) and when. This timeline includes major Medicaid provisions in the Affordable Care Act but does not include every change; the [Healthcare.gov ACA timeline](#) has information on other Affordable Care Act provisions. For information on federal guidance that has been released related to Medicaid and CHIP, see [ACA provisions](#).

Source: <http://www.medicaid.gov/AffordableCareAct/Timeline/Timeline.html>

# Why is ACA Helpful?



**1.**

The ACA will bring health insurance to 32 million Americans who are currently uninsured. For those who already have insurance, the law offers new benefits, plus an end to practices that have kept people from being able to access health care just when they need it most.

## Brainstorm for Discussion:

- How can prevention agencies, and the field as a whole, benefit from this?
- Do you have existing relationships with insurance providers?
- Why might that be useful moving forward?



# Why is ACA Helpful?



**2.**

The law is especially good news for individuals with behavioral health disorders. Finding health insurance can be difficult for those with mental health and substance use disorders for two main reasons:

- a) insurers typically exclude people with pre-existing conditions; and
- b) people with serious behavioral health problems may not be employed and thus lack the insurance coverage that often goes along with employment.

The result is a widespread lack of health insurance among many of the people who need it most.

# Why is ACA Helpful?



## 3.

By 2014, the bill requires most people to have health insurance and large employers (50+ employees) to provide health insurance or pay a penalty.

- ACA builds on our current system of public coverage, employer-sponsored insurance, and individual (non-group) coverage.
- Half of the coverage expansion will come through Medicaid (for low-income populations), and the other half will come through coverage via the private insurance market.

# Implications for Prevention



**PROACTIVE PLANNING WILL SUSTAIN  
PREVENTION EFFORTS, AGENCIES AND THE  
FIELD AS A WHOLE**

# Prevention & ACA



- Preventing diseases and promoting wellness is a major theme in the Act.
- Targeted prevention activities funded through commercial insurance, Medicare, and Medicaid.
- Community Prevention activities funded through a variety of grant programs

## BRAINSTORM FOR DISCUSSION:

How is prevention included, or not, in health reform planning in your agency, MCO or State?

# Health Reform: Medicaid Waivers



- <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>
- The term “1915 (b)/(c) Medicaid Waiver” refers to two sections of the Social Security Act that allow states to apply for waivers from federal Medicaid policy. The (b) Waiver allows Medicaid beneficiaries to enroll in managed care plans and allows Medicaid to limit the provider network based upon needs of recipients. The (c) Waiver provides home and community-based care to Medicaid beneficiaries who would otherwise be institutionalized.

# Medicaid Waivers: How does Prevention Fit?



## EXAMPLE: NORTH CAROLINA

- Legislation passed in 2011 that requires the N.C. Dept. of Health and Human Services (DHHS) to restructure the management responsibilities for the delivery of services to individuals with mental illness, intellectual and other developmental disabilities, and substance abuse disorders through the 1915 (b)/(c) Medicaid Waiver.
- The goal of the legislation is the establishment of a system that is capable of managing public resources available for mental health, intellectual and other developmental disabilities and substance abuse services, including federal block grant funds, federal funding for Medicaid and Health Choice, and all other public funding sources. ([www.ncdhhs.gov/dma](http://www.ncdhhs.gov/dma) or [www.ncdhhs.gov/mhddsas](http://www.ncdhhs.gov/mhddsas)).
- State law requires the transition of the entire state to the 1915 (b)/(c) Medicaid Waiver by July 1, 2013. (Detailed implementation plan can be found at: [www.ncdhhs.gov/dma/lme/MHWaiver.htm](http://www.ncdhhs.gov/dma/lme/MHWaiver.htm) or [www.ncdhhs.gov/mhddsas/providers/1915bcWaiver/](http://www.ncdhhs.gov/mhddsas/providers/1915bcWaiver/)

# Medicaid Waivers: How Does Prevention Fit?



## EXAMPLE: NORTH CAROLINA

- There are 8 goals for expanding the 1915 (b)/(c) Medicaid Waiver. Of those, prevention services are relevant to 7 and are listed below. It is the responsibility of those of us in the prevention field to advocate and educate about how prevention supports and enhances achievement of these goals.
1. Improve access to Mental Health/Developmental Disabilities/Substance Abuse (MH/DD/SA) services
  2. Improve quality of MH/DD/SA services
  3. Improve outcomes for people receiving MH/DD/SA services
  4. Improve cost benefit of services
  5. Empower consumers and families to shape the MH/DD/SA services system through their choices of services and providers
  6. Effectively manage all public resources assigned to the Managed Care Organizations (MCO)
  7. Provide predictable Medicaid costs



# What Can You Do?



## **Advocate for and incorporate prevention services into your systems!**

- Develop a Prevention Providers Association to advocate for prevention in your State
- If one already exists, develop an Ad Hoc Committee to create and implement a plan for advocacy and integration of prevention
- Call your school board members, city officials and state officials to educate them on why prevention IS health reform, and ask them to support prevention initiatives
- Proactively plan for how your services & agency can evolve rather than waiting for the systems to develop around you



# A New Approach: Integrated Health Care Agency



**UTILIZING WHAT WE KNOW OF ACA,  
MEDICAID & SAMHSA'S STRATEGIC  
INITIATIVES TO CREATE A NEW MODEL FOR  
PREVENTION SERVICES**

# Case Study: Agency Merger



- Identify an agency that is the “best fit”
- Hold preliminary talks between Executive Directors
- Begin with and maintain transparent communication
- Discuss with Board executive committees
- Bring to full Board meeting to pass motion to explore
- Schedule meetings between executive committees to determine shared vision & expectations
- Set timeline for integration of agencies
- Identify & overcome potential deal-breakers
- Gather due diligence documentation & confidentiality agreements
- Meet with shared attorney for logistics
- E.D.’s begin integration plan for Year 1 of combined agencies to facilitate smoothest transition

Recommended resource: [Non-Profit Mergers Workbook: The Leader’s Guide to Considering, Negotiating and Implementing a Merger](#) by David LaPiana and Vincent Hyman



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