Whole Person Care- Los Angeles Policy Brief

April 2021

Whole Person Care-Los Angeles Increases Primary Care for Adults with a Substance Use Disorder

SUMMARY: Through the Los Angeles County Department of Health Services (LAC-DHS), Whole Person Care-Los Angeles (WPC) operates the Substance Use Disorder Engagement, Navigation, and Support (SUD-ENS) program. The SUD-ENS program helps patients with an active substance use disorder navigate substance use resources and social services. Since the SUD-ENS program began in 2017, there has been a seven percent increase in primary care use, six percent reduction in medical inpatient admissions, and four percent reduction in emergency department visits.

PROBLEM: Health Care Utilization Among Patients with a Substance Use Disorder (SUD)

Substance use disorder is the consistent use of alcohol or drugs, which leads to uncontrollable dependency, clinical impairment, and functional impairment.[1,2] In Los Angeles County, there are 725,000 people over the age of 12 living with a substance use disorder (SUD), 37,770 of which are in publicly funded SUD treatment.[1] Due to high rates of relapse and lack of treatment compliance, SUD patients incur two to three times more medical expenses than those without an SUD.[1,3] Furthermore, many living with SUD face numerous barriers to receiving holistic care. Stigma surrounding substance use often prevents patients from seeking necessary treatment, particularly those with disabilities and multiple comorbidities, including depression and anxiety.

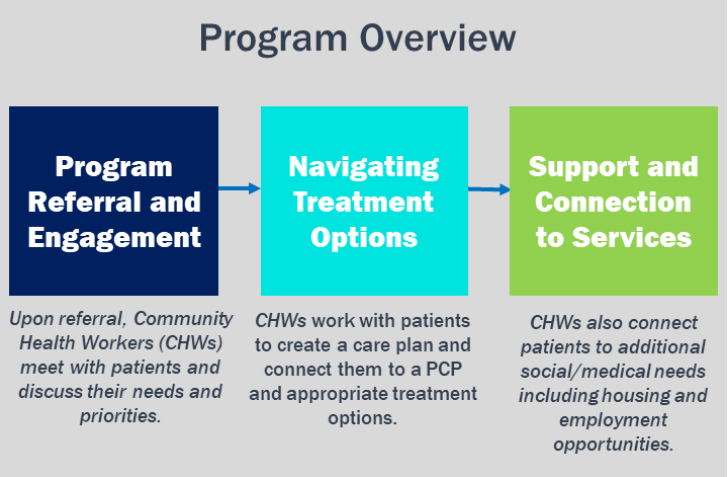
By centering their services on the medical and social needs of patients, SUD programs can reduce emergency department utilization by five percent and inpatient visits by three percent.[4]

SOLUTION: The Substance Use Disorder Engagement, Navigation, and Support (SUD-ENS) Program

As part of Whole Person Care—Los Angeles (WPC), the SUD-ENS program employs community health workers (CHWs) to help patients with an active substance use disorder navigate substance use resources and social services. Patients can access Medication Assisted Treatment administered by their primary care provider, Alcoholics Anonymous meetings, and accompaniment to medical appointments, behavioral health appointments, and psychosocial services. Additionally, the Substance Abuse Services Hotline (SASH) enables patients to connect with residential, detox, and intensive outpatient treatment through a Los Angeles County Department of Public Health SUD treatment network. CHWs meet frequently to assess patients' progress in accomplishing goals on their care plan. SUD-ENS patients are typically enrolled for two months, but enrollment can be longer depending on their needs.

Program Goals

SUD-ENS aims to reduce frequent emergency room and hospital utilization by engaging individuals who are ready for SUD services and assist them in navigating barriers to treatment options. It also aims to sustain patient support by connecting patients to longer-term services.



Program Eligibility

SUD-ENS serves any Medi-Cal eligible patient with an active substance use disorder who is willing to receive treatment or discuss potential treatment options. Upon receipt of referrals from a number of sources, including medical providers, treatment centers, help lines, and direct referrals from partner organizations, SUD-ENS staff screen all patients to match eligibility criteria. If eligible, patients are matched with a CHW to complete enrollment, conduct a comprehensive needs survey, assist patients in creating a care plan, and conduct the first post-enrollment visit. Detailed eligibility criteria are listed on page four.

[1] Scott CK, Grella CE, Dennis ML, Nicholson L. Linking Individuals with Substance Use Disorders (SUDs) in Primary Care to SUD Treatment: the Recovery Management Checkups–Primary Care (RMC-PC) Pilot Study. *J Behav Heal Serv Res*. 2018;45(2). doi:10.1007/s11414-017-9576-5

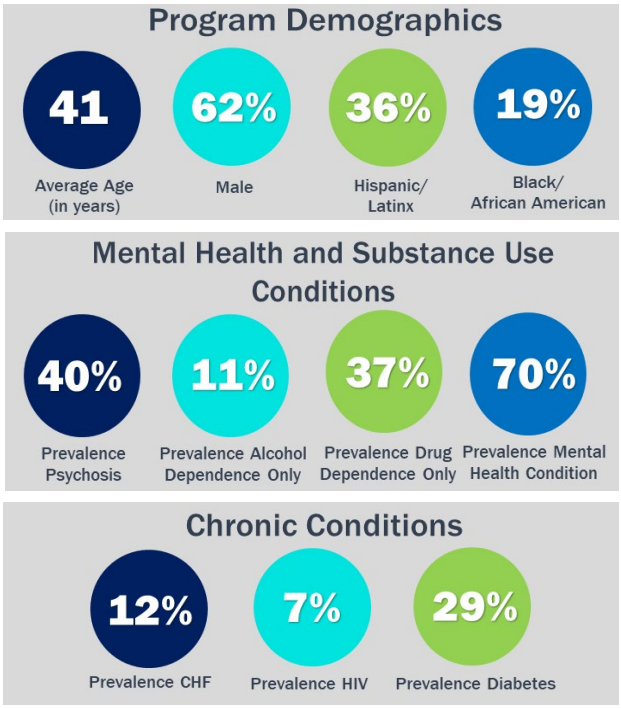
[2] Substance Abuse and Mental Health Services Administration. Mental Health and Substance Use Disorders. 2020. https://www.samhsa.gov/find-help/disorders

[3] Substance Abuse Prevention and Control (SAPC). *Costs of Alcohol and Other Drug Misuse/Abuse*. 2019. http://publichealth.lacounty.gov/sapC/MDU/MDBrief/CostBriefFinal.pdf

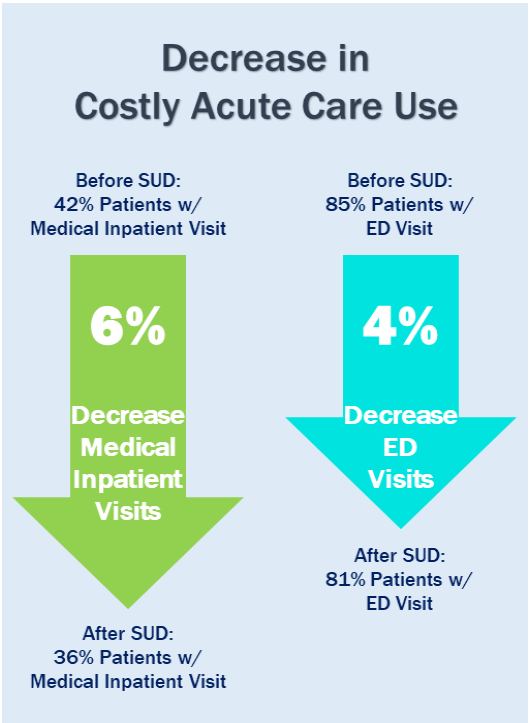
[4] Parthasarathy S, Mertens J, Moore C, Weisner C. Utilization and cost impact of integrating substance abuse treatment and primary care. *Med Care*. 2003;41(3):357-367. doi:10.1097/01.MLR.0000053018.20700.56

OUTCOMES: Reduction in High-Cost Care and Increase in Primary Care

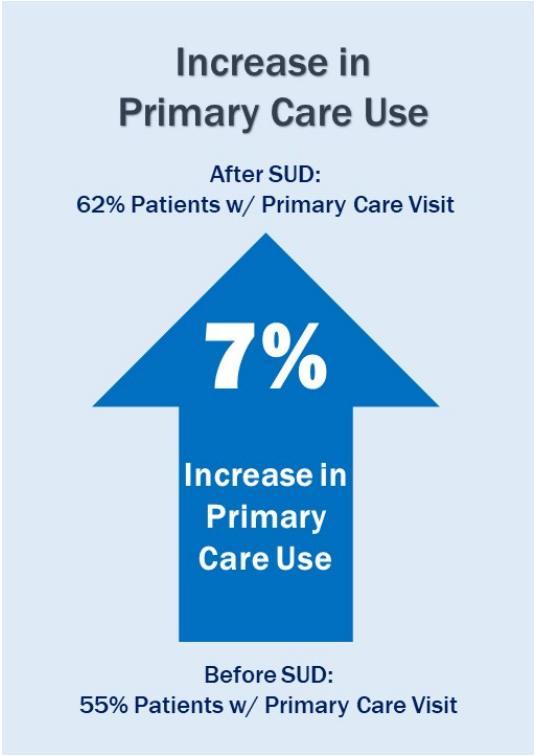
From March 2017 to December 2018, the SUD-ENS program served 1,106 patients. Their average age was 41 years. Additionally, 62% were male, 36% were Hispanic/Latinx, and 19% were Black/African American. Patients had a high burden of chronic disease, including 70% with a mental health condition, 40% with psychosis, and 29% with diabetes.



SUD-ENS achieved its goal of reducing costly acute care utilization. In the year after SUD-ENS enrollment, compared to the year before enrollment, patients had lower emergency department (ED) visits and medical inpatient admissions.



SUD-ENS also achieved its goal of increasing primary care use. In the year after SUD-ENS enrollment, compared to the year before enrollment, primary care visits following hospital discharge increased.



Program Strengths

- *Shared Connection with CHW:* SUD-ENS CHWs often have a lived experience with a SUD. This allows patients and CHWs to develop a relationship based on genuine understanding and support. Patients feel comfortable sharing their treatment and social needs without fear of being judged or dismissed.

- *Patient-centered Care*: Patient care typically defaults to the suggestions of the medical provider. SUD-ENS takes a different approach in which CHWs use harm reduction techniques to establish the patient's care plan based on their top medical, behavioral, and psychosocial priorities. This involves leveraging patient strengths with the goal of sustaining care and treatment.

- *Holistic Care:* SUD-ENS goes beyond medical care to connect patients to tangible services that address the behavioral and psychosocial needs of its patients, including mental health care and resources for housing and transportation. It aims to prepare patients for success during and after treatment, and help them reintegrate into their communities.

- *Option to Re-enroll:* Given the chronic nature of SUD, many with the condition may relapse. In response, SUD-ENS provides its patients the option to re-enroll in the program and stay with their initial CHW with whom they have already developed a relationship.

Program Challenges

- *Check-List Approach to Outcomes:* Given the chronic nature of SUD, some patients may relapse and continue using acute care services, even after enrollment in the SUD-ENS program. Program evaluation metrics measure program success by quantifying differences in health care utilization before and after enrollment. While the SUD-ENS program has reduced ED visits and inpatient admissions, data collection is limited on other substantial programmatic successes, including patient engagement and linkage to treatment, housing, and transportation services.

- *Lack of Treatment Options for Patients with Multiple Comorbidities:* Patients with a substance use disorder often have other comorbidities (e.g. mental health conditions) and circumstances that exacerbate the difficulties of having a SUD (e.g. histories of incarceration and/or homelessness). Additionally, patients with a disability have little to no treatment options, as there are limited treatment facilities that accommodate patients with disabilities or other developmental challenges.

- *Implicit Bias from Providers:* Substance use disorder develops from a surge of dopamine in the brain that reinforces unhealthy behaviors. Despite this change in tolerance imprinted in the brain, some providers stigmatize those with a substance use disorder and believe they should not receive services for their 'self-inflicted' condition. This mind-set discourages patients from seeking out assistance, especially if they are not aware of other treatment options outside of the medical system. Those that do seek medical assistance may not receive sufficient care due to provider implicit bias. Additionally, many patients have multiple comorbidities, including mental health conditions and complex histories of homelessness and/or incarceration, which compound providers' biases.

- *Disjointed Care:* SUD-ENS patients receive multi-level care coordinated by a team of medical providers, social workers and CHWs. However, given the differences in care provided by each group, it can be difficult to streamline information-transfer among them. This lack of integration between the care coordinators in the program prevents medical providers and social workers from communicating with CHWs, who are key in providing information regarding socioeconomic barriers that influence patients' health outcomes. Additionally, strict federal and state data sharing regulations, such as the federal 42 CFR Part 2, silo patient treatment information from their general medical history, making care coordination across substance use treatment and medical providers a challenge.

- *Time Sensitivity with Engagement and Treatment Access:* Many patients who check into hospitals overnight for SUD treatment often leave by the morning before CHWs receive the SUD-ENS referral and have the opportunity to engage with them. Furthermore, post-discharge outreach is difficult as many patients do not respond to outreach efforts. This prevents CHWs from engaging with key SUD patients who frequently utilize acute care for quick treatment and enrolling them into SUD-ENS. Additionally, wait times to get into SUD treatment discourage some patients from entering residential treatment, especially if that wait is more than a few days.

Policy Recommendations

- *Fully Support CHW Programs for Patients with SUD*: Centering the SUD-ENS intervention around CHWs with lived experience facilitates patient trust and comprehensive, patient-centered care that accounts for their medical, behavioral, and socioeconomic needs. Employing CHWs also reduces the burden on medical providers to address patient needs beyond medical care. However, there is not sufficient funding or support to fairly compensate CHWs and allow for career advancement. Prioritizing CHW-driven interventions requires increasing and sustaining funding for higher salaries and long-term employment, as well as removing bureaucratic barriers to establishing career ladders.

- *Expand Program Evaluation Metrics Beyond Health Care Utilization:* The complex nature of having a SUD sometimes drives patients to utilize acute care services despite receiving SUD-ENS program benefits. Hence, to fully capture the success of the program, evaluation metrics should measure patient engagement as well as funding availability for housing and transportation services. SUD-ENS evaluation should also apply a harm reduction lens that measures success by changes in the patients' quality of life rather than complete cessation of substance use and acute care utilization.

- *Increase Funding to Address Patients' Socioeconomic Needs.* In addition to coping with a SUD, many patients enrolled in the SUD-ENS program face adversities that are barriers to sobering, including homelessness and lack of transportation. Provide full financial support needed to address patients' socioeconomic needs, including housing and public transportation.

- *Support broader data sharing around SUD treatment history to improve care coordination*. Encourage ongoing relaxation of federal and state data sharing policies in order to promote care coordination between substance use treatment and medical providers.

Authors

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Data and Methodology

Demographic data for patients enrolled from March 2017 to December 2018 are pulled from CHAMP, the database used to document demographic information on WPC SUD-ENS patients. Outcomes for patients with any emergency department, medical/psychiatric inpatient, or primary care visit from March 2016 to December 2019 are preliminary. Data for health care utilization are adjusted for differences in gender, age, homeless status, race/ethnicity, length of enrollment, baseline comorbidity score, alcohol and drug dependency, and mental health condition. Data are pulled from enrollment, utilization, and diagnosis files from the Los Angeles County Department of Health Services, Los Angeles County, Department of Mental Health, LA Care, and Health Net, although diagnosis data from the Department of Mental Health was not included in the analysis.

Detailed Eligibility Criteria

To be eligible for the SUD-ENS program, individuals must:

- Be a resident of Los Angeles County
- Be a Medi-Cal beneficiary in an eligible Medi-Cal category:
    - Full-Scope Medi-Cal (excludes state-only Medi-Cal categories)
    - Medicaid/Medicare dual eligible beneficiaries who are fee-for-service Medicare beneficiaries
- Have an active substance use disorder; and
- Willing to receive or discuss treatment; and
- Any of the following:
    - 3+ SUD-related Emergency Department visits in the past 12 months;
    - 2+ SUD-related inpatient hospital admissions in the past 12 months;
    - 3+ sobering center visits in the past 12 months;
    - Homelessness with concurrent SUD;
    - 2+ residential treatment programs in the past 12 months;
    - 2+ SUD-related incarcerations in the past 12 months;
    - Drug court referral;
    - History of overdose in the past 24 months;
    - Pregnant with concurrent SUD; or
    - Active IV drug use