

Spring 2012

## NATIONAL COUNCIL NEWS

### Partner with ACHC

The Accreditation Commission for Health Care at the National Council for Community Behavioral Healthcare is the newest accrediting body in the behavioral health industry and looks to leverage its 26 years of experience in community based health care to inspire excellence in the field. ACHC still has availability for your organization to become a beta test site. This partnership with ACHC provides your organization an excellent opportunity to be on the forefront of behavioral health innovation with the possibility of earning free accreditation for your respective services. If you have additional inquiries, please do not hesitate to contact Britt Welch at (919) 785-1214, toll-free (1-855-937-2242), [bwelch@achc.org](mailto:bwelch@achc.org).

### Live Webinars

#### Using Interactive Communications Technologies to Improve Operations and Outcomes

May 15, 2-3:30 p.m. EDT

#### Behavioral Health World Series Webinars

May 16, 3:30-5:30 p.m. EDT

Register at the National Council online. [[www.thenationalcouncil.org/cs/national\\_council\\_live/upcoming\\_webinars](http://www.thenationalcouncil.org/cs/national_council_live/upcoming_webinars)]

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## Health Care Reform and the Integration of Behavioral Healthcare and Primary Healthcare

When the Patient Protection and Affordable Care Act was signed in to law in 2010, it established a new blueprint for reforming the U.S. healthcare delivery system. With sweeping provisions implementing over a 10 year span, U.S. health care delivery will transition from a current system that is suffering from medical cost inflation, inefficient systems, below average outcomes, and over \$50M uninsured participants. The current "fee-for-service" system is unsustainable as it consumes an increasing share of U.S. gross domestic product.

The earliest provisions of the Act have focused mainly on relatively popular insurance reforms. Later provisions will establish a managed care model, where health care providers will bear some financial risk in providing a patient's overall health care.

Health care financial success will be driven by favorable healthcare outcomes. Treatment focus will shift from "sick care", toward more emphasis on prevention and wellness programs designed to reduce the overall costliest segment of care — chronic disease. Behavioral health problems (addiction disorders and serious mental illness) will be treated equally with physical health problems by an integrated care provider.

*According to Kathleen Sebelius, Secretary of Health and Human Services, the long-established split between "mental" and "physical" health is not justified in research and should not be perpetuated in health care.*

The new health care delivery system will feature comprehensive "healthcare homes" for patients where care is delivered by related treatment



providers digitally connected through a single electronic healthcare record. More behavioral healthcare treatment providers are expanding

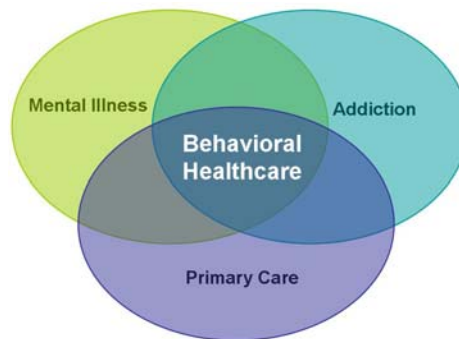
by offering primary care services themselves or aligning with a primary care provider group. Primary care providers are expanding their behavioral healthcare services.

The "integrated treatment model" could ultimately impact 80-90 percent of all treatment

programs. Only some "private pay" treatment providers (those that do not accept any form of public or private insurance) are likely to remain more "singularly focused" in their services. It is also likely that the behavioral health industry will bring with them some case management services, including employment and housing support — widely seen as essential to maintaining overall well being and good health.

At the National Council for Community Behavioral Healthcare's recent annual conference, the topic of "Healthcare Integration" was one of the three main educational tracks. Health care providers shared their experiences with different models and strategies for providing integrated care.

Regardless of any changes to 2010's Affordable Care Act, integrated care is moving inevitably forward, and it poses new exposures and risks that will need to be addressed by brokers and insurers working with the healthcare industry.



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## Is the Treatment of Addiction Scalable?

That is the question posed in the April issue of *FORTUNE Magazine*. The article outlines the strategy of CRC Health Group. CRC was purchased by Bain Capital (yes, the company that Mitt Romney used to run) in 2006. In a classic private equity play, they began acquiring dozens of treatment facilities in an effort to achieve economies of scale. CRC treats some 30,000 patients a day at its 140 facilities and they have recognized some cost savings and well above-average profit margins. The article goes on to pose a further question about whether this approach might sacrifice care for profit.

There are some financial and treatment benefits to "rolling-up" a notoriously fragmented industry. Some treatment programs may be better suited to scaling, such as outpatient methadone maintenance programs. The questions about patient care should be answered ultimately by the treatment outcome results.



Source: *FORTUNE Magazine*, April 30 2012 issue, pgs. 47-48 by Duff McDonald. Published by Time Inc., New York, NY

## Events Calendar

*Save the date*

Come and meet with the NSM program team at the following upcoming events:

### **National Association of Addiction Treatment Providers (NAATP) 2012**

#### **Annual Conference**

May 19-22, 2012

Phoenix, Arizona

Contact: [www.naatp.org](http://www.naatp.org)

### **25th Annual Northwest Conference on Behavioral Health & Addictive Disorders**

May 30-June 1, 2012

Seattle, Washington

Contact: [www.usjt.com](http://www.usjt.com) or 800-441-5569

### **Annual West Coast Symposium on Addictive Disorders**

May 31-June 3, 2012

LaQuinta, California

Contact: [www.wcsad.com](http://www.wcsad.com)



## Learn More Online About Integrated Healthcare



The new SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) is run by the National Council for Community Behavioral Healthcare under a cooperative agreement from the U.S. Department of Health and Human Services. CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.  
[[www.integration.samhsa.gov](http://www.integration.samhsa.gov)]

