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University of Florida Psychiatry Grand Rounds *Treatment Outcome Research: Addiction and Psychiatry*

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1. What impact does the Affordable Care Act have on the treatment of substance use disorders?

Answer: The Affordable Care Act is clearly one of the largest pieces of legislation and obviously one of the most controversial for all health care. Despite all that controversy it is safe to say there is no illness that's going to be more affected than substance abuse disorders. I'll give you a few reasons why. First of all, in our field substance abuse disorders have never been covered as an illness at all. Only the most severe and chronic have ever received any kind of insurance reimbursement, that is the addicted. Well there are about 23 million addicted adults in the United States, which is a lot. But there are about 40-45 million others who drink too much, and use substances too often. That substance use compromises the diagnosis, care, course, management costs of virtually every illness. There have never been insurance benefits for them, now there are.

Moreover, its not just a specialty anymore, its part of regular general primary care medicine. Likely, many of the things that are going in a chronic care management, the chronic care model for example will apply to the treatment probably not of the most serious addictions but to many of the lower severity substance use problems. So, basically there is a market now for the kinds of care and services that we've always wanted to provide but never been able to.

2. What is the significance and the difference between the terms substance use disorder and addiction?

Answer: Substance use disorders encompass a range of problems with the use of alcohol, cigar rates, licit drugs used against medical advice and illicit substances. By the way, new substances are arriving all the time, designer drugs. Full term is substance use disorders. As you go from use to medically harmful use, to abuse, to addiction, you go up in term severity, chronicity, complexity. What's important is most people don't realize that. They think there is only one kind of substance use disorder and that's addiction. That has extremely important perceptual effects.



2. What is the significance and the difference between the terms substance use disorder and addiction? CONT'D

People who drink way too much for their relationship, to be good at work, to function appropriately do not imagine that they have a substance use disorder because in their mind, the only people that do are the people that are falling down drunks or people who have shakes, withdrawal symptoms. So as we move toward coverage and understanding of the full syndrome, its going to be very important for public understanding and medical understanding. That's one of the reasons why so many cases of substance use disorders are ignored by the medical establishment. They've not had training in recognizing the full range. They think they know about substance use disorders when in fact they only know a little bit about the most severely affected.

3. What would you consider appropriate continuing care treatment for an individual with a substance use disorder?

Answer: In my view the way to think about treating serious substance use disorder is to think about how you would treat and manage another illness. Let's take Diabetes, I think its really an apt analogous condition. Like most substance use disorders, most adult onset cases of diabetes are acquired disorders. You eat your weigh into diabetes, you can't cure diabetes in its most severe forms but you can manage it and people can live a full rich life with low levels of symptoms and high levels of functions. One of the things that make the management of diabetes better is work now to recognize pre-diabetes. Early signs that kinds of people who are most likely to get it because of genetics or because of personal health habits or personal life style habits and provide early interventions . So that as background the kinds of care that is now available for people who are addicted physicians or addicted ...Its a very good model for kind of care that ahs to be available for everyone . Early diagnosis to prevent and intervene early in cases where there's emerging problem is going to be by far would be the most efficient . That kind of care has to be available in primary care center, schools and colleges. You wont be able to prevent or intervene effectively with everyone.

As case gets worse in terms of severity, chronicity, complexity; now it seems to me that it needs stages of care. One stage would be stabilization, get rid of the kinds of chemical toxins, physiological and emotional instability that so often occurs, associated with really serious substance use which is very good but not sufficient amount of care. Its designed to prepare you with next phase which is the clinical management. Like diabetes, nobody knows exactly which combination of behavioral therapies, medications, interventions, social services, family training are going to be exactly right so that is going to take judgment and are concerted effort but with the help of clinical management , you have already seen first elimination of substance use and you want to see return of function or emergence of function and prevention of relapse.

At some point nobody knows when just yet but at some point the management that care has to be transferred over to the patient, the end goal of all chronic illness management is patients self management. We cannot cure these but properly educated, properly motivated, properly instructed patients with sufficient social and medical resources available to them ought to be able to continue to manage their illness. Of course that's true and addiction, the role of AA and other peer support networks has been really terrific way of doing that. That kind of staged model, I think, is going to be the way most cases have of substance use disorders are treated by general medical system.



4. Say you have a substance use disorder and a heart condition, which do you treat first?

Answer: You do not have to choose, you can do both of them and that's an interesting point. The kinds of people that can manage diabetes, hypertension, asthma and other chronic illness, they ought to be able to develop a parallel effort concurrently managed substance use disorders, eating disorders and most mental health disorders. You got to treat it all otherwise you just going to have rapid recycling into the hospital, double digit increase in the health care costs.

5. Final thoughts?

In its essence the Affordable Care act is a new way a financing and purchasing health care and it might be seen as simply just that and of course its debated, but I think it's in a way more in the case of addiction. Think about this, the decisions that have been made in this country about how to purchase substance use disorder care. In the interest of husbanding scarce resources the decisions was made long ago to just treat patients with the most severe complex chronic disorders that are truly addicted.

It sounds like a pretty good idea, it would strip some dollars and that may be a good thing. I think history is going to show that was a terrible idea because its produced market forces that go against quality and continuity and it has distorted both medical and public understanding about the nature of the illness. I guess its best seen if you could think about the same kind of health care purchasing strategy applied to an illness, lets say diabetes.

Suppose we said that we are spending too much money on diabetes, why don't we restrict that with just people who have lost their fingers or toes or had a diabetic com or got retinopathy that on the surface might be good, stop having to give all that acre to people who have lower severity problems but think about it– First that would eliminate the market for pre-diabetic care, nutrition management, all the kind of health things that are common now, they have been on market for it would have happened then it wouldn't be taught but more than that it would change how people saw it. Very soon, the face on diabetes would e horribly obese , probably poor, treatment resistant individuals who had many warnings along the way to change the diet and exercise more and all that stuff. And for home the treatment did not have a very good prognosis, very soon health care professionals would say-that not going to be the population I'm interested in.

Remember something else, healthcare purchasing decisions largely come from employers so as you begin to narrow the group to the most severe, the most complex, the most chronic, you eliminate the number of people who are likely to be employed or employed in high-level positions so as funding decisions, insurance reimbursement decisions came down what group do you think would be cut the first? Very soon the public would begin to see diabetes as just those people with the most severe form . People who have lower level would say to all their families that see I'm not that bad, I don't look like anything like those people who really have it. And that would perpetuate denial. And doctors, the only time you would see what they thought was a diabetic patient was in an emergency room probably or in some very strain setting. They would come out thinking they understood disorder diabetes but for evermore in their practices they would miss, not even really understand the need to screen for people with pre-diabetic disorders.

So yes, its sort of a forced picture . I think it illustrates how purchasing decisions can have really profound facts on public understanding, medical understanding, the availability of care. Factors that re important, every other market for improving quality and improving access. So with that I see the Affordable Care Act as opening up a very wide door to new markets and new forces for quality in our filed.

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