

FIXING THE SYSTEM—PROVIDERS AND INSURANCE COMPANIES

Cannot Prosecute Our Way Out of the Opioid Crisis

Fix Fee for service (acute care) model

- Encourages overutilization of services
- Encourages fraud
- Encourages relapse (economic model)
- However, in-network bundled services must be adequate.

Best practice: Long term care and recovery – chronic illness

- Reward/encourage positive outcomes
- ACA Medicare model: Stop rewarding failure

Best practice: Combine primary care with communicable disease and behavioral health care (Triple Aim)

Best practice: Safe and sober housing is key

- All recovery housing be required to adopt best practices/standards – Oxford House, NARR

Cost benefit – recycle vs. recovery



Opening of the Addiction Stabilization Unit



- ER trauma model: 20 beds at a local hospital for acute treatment of overdose victims helping them break the cycle of addiction.
- Warm hand-off to stabilization unit providing out-patient services including MAT after medical stabilization – long term care model with data collection.
- Staffed by doctors, nurses, social workers and peer navigators.
- Funded by patient insurance, the county's health care district (federal funding) and a special \$1 million appropriation by county government.
- FQHC – all patients treated.