

# Design Concept for a “Hub & Spoke” SUD Health Home Pilot

Division of Medicaid Services  
June 10, 2020



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

Division of Medicaid Services

# Virtual Meeting Logistics

- Please mute your line when not speaking
- Please hold comments and questions until the “Stakeholder Input” section
- Additional feedback can be provided via email after the presentation

# Our Expectations

- Our ideas are “in development”
- We are not committed to this version of the benefit design
- Your honest input is needed to help craft and refine our initial design
- We want to design a benefit that works for members, providers, and Medicaid

# History & Context

# Governor's Task Force on Opioid Abuse – Policy Recommendations

- In 2017, the Pew Foundation conducted a full system review of Wisconsin's substance use disorder (SUD) treatment system.
- The final report of findings recommended creation of a new treatment model, based on Vermont's hub-and-spoke approach.

# Commission on Substance Abuse Treatment Delivery

In January 2018, Executive Order #274 created the Commission on Substance Abuse Treatment Delivery to research hub-and-spoke delivery models.

# 2019-2021 Budget Request

Wisconsin's 2019-21 biennial budget included an allocation for a substance abuse hub-and-spoke treatment model, to be delivered under the Medicaid health home benefit for persons with substance use disorders.

# Medicaid Health Homes

A Medicaid Health Home coordinates care for Medicaid members with **chronic conditions**.

Care is coordinated for all primary, acute, behavioral health, and long-term services related to the member's chronic condition.

Health Homes often target specific geographic regions rather than state-wide care.



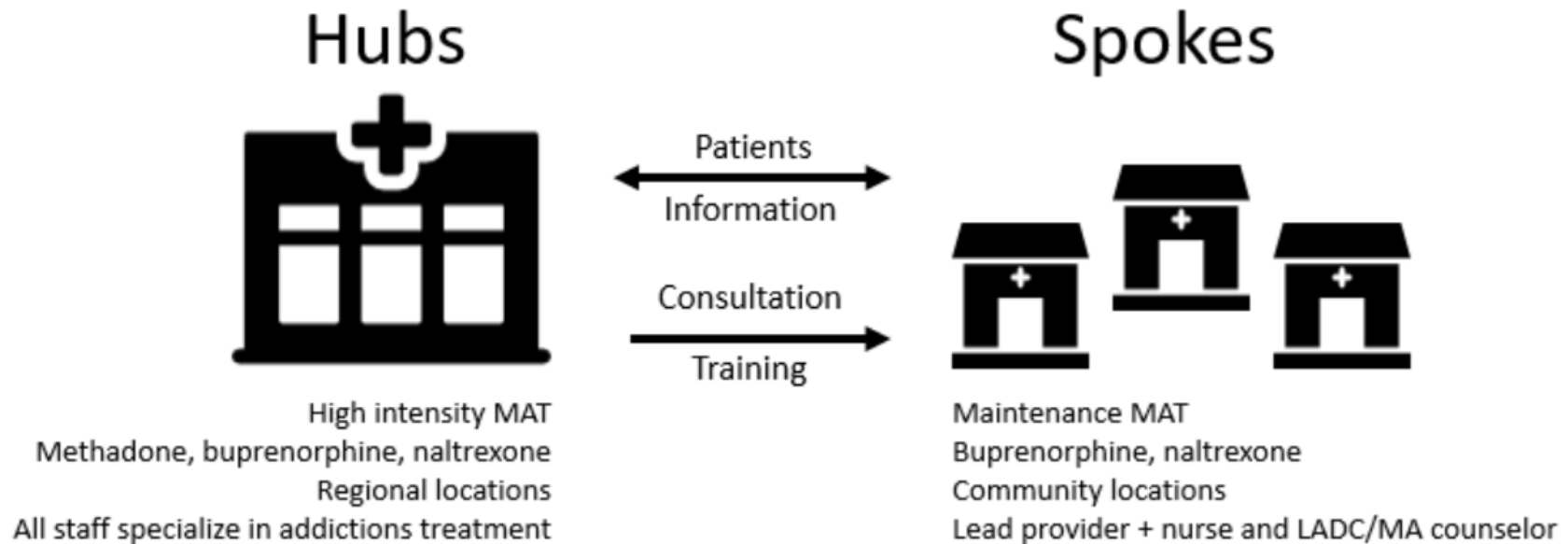
# SUD Health Homes

- Some states have used the Medicaid Health Home benefit to create Substance Use Disorder (SUD) Health Homes.
- SUD Health Homes serve individuals whose addiction challenges are complex, chronic, and prone to relapse.

# Hub-and-Spoke Health Homes

- Some states have implemented hub-and-spoke models to address the opioid crisis.
- Hubs are often Opioid Treatment Programs (OTPs) that provide all 3 forms of medication assisted treatment (MAT).
- Spokes are often primary care doctors who are waived to provide office-based opioid treatment (OBOT).

# Vermont's Hub-and-Spoke Model



# Hub-and-Spoke Coordination

- Hubs provide regionally-based specialty addiction treatment to serve complex patients.
- Hubs support locally-based spokes via consultation and training to care for less complex patients.
- Together, hubs and spokes expand the capacity to provide quality care for addiction.

# Wisconsin's Vision

- Harness the **expertise** of specialty addiction treatment providers and the **capacity** of local providers to increase access to quality care
- Provide specialized care for individuals with a **variety of addiction** challenges (such as opiates, alcohol, and methamphetamines)

# Design Concepts

# SUD Health Homes

Wisconsin's SUD Health Homes will provide services that promote comprehensive care management for individuals with complex, chronic, and severe substance use disorders that have caused or are likely to cause additional physical or behavioral health challenges.

# Whole-Person Integrated Care

SUD Health Homes serve people with addiction issues, but team-based care should address whole-person needs, such as:

- HIV/TB/Hepatitis screening & treatment
- Chronic co-morbid conditions
- Smoking cessation
- Obesity reduction
- Family relations & re-engagement
- Personal recovery goals
- Community integration



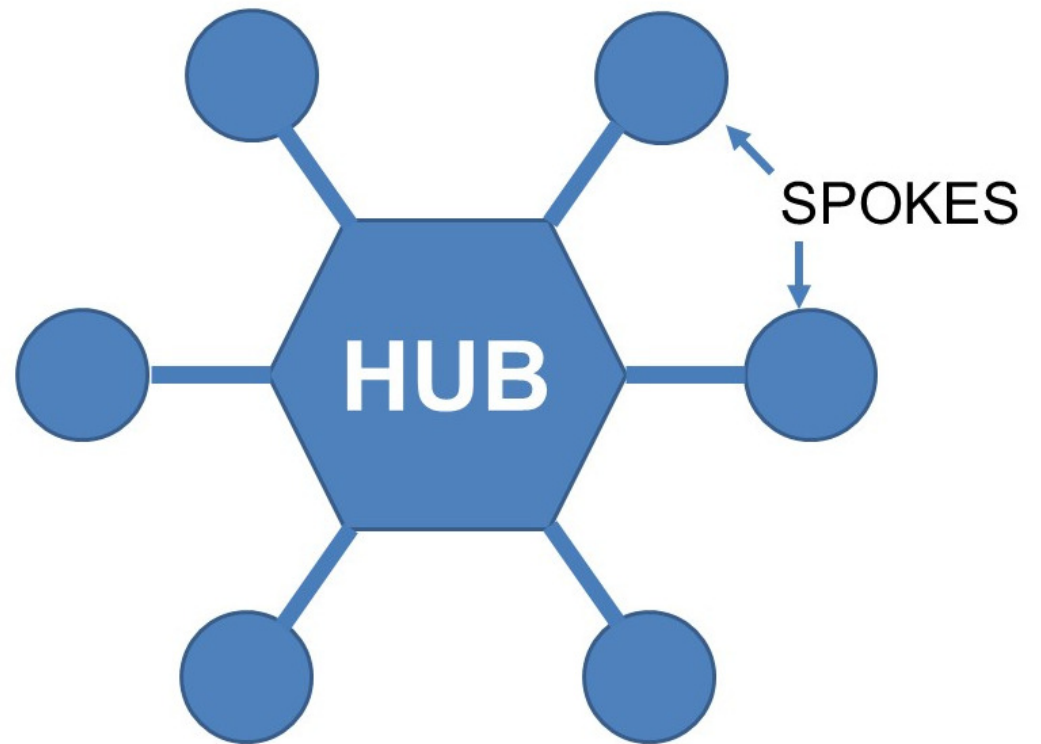
# Typical Provider Types

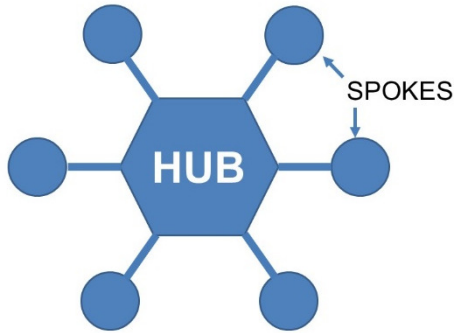
- Addiction Psychiatrists
- Behavioral Health Professionals
- Physicians
- Physician's Assistants
- Nurse Practitioners
- Nurses
- Medical Specialists
- Social Workers
- Pharmacists
- Chiropractors
- Complementary and Alternative Medicine Practitioners
- Dietitians/Nutritionists
- Certified Peer Specialists
- Recovery Coaches
- Community Health Workers

# Target Population

Medicaid-eligible youth and adults who have severe substance use disorders (SUD) and are experiencing or at a high risk for chronic physical and behavioral health conditions

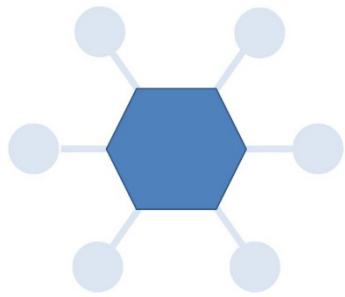
Wisconsin Medicaid plans to pilot a hub-and-spoke health home benefit in up to 3 locations around the state for members with severe substance use disorder





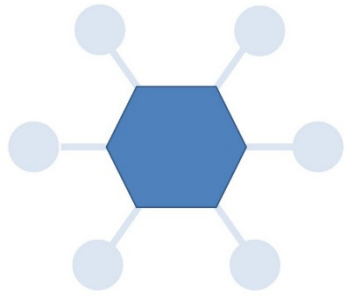
Hubs and spokes are expected to serve people who come to them.

We also expect hub and spoke providers to go to people and meet them outside the clinic walls, in the community, to be maximally accessible.



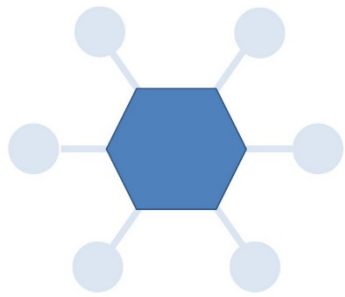
## Hubs

- Hubs are specialized addiction treatment centers able to provide comprehensive assessment, MAT initiation, and a full array of SUD treatment services and supports.
- Hubs provide robust and timely regional expertise to support spoke providers via training and consultation.



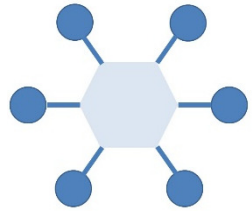
## Hub Services

- Offer treatment intensity and staff expertise to treat individuals with significant needs at the beginning and throughout their recovery
- Transfer primary care collaboration to or from a spoke when indicated by the patient's assessed level of care and patient choice



# Hub Staffing

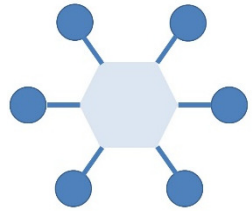
- Program Director
- Multidisciplinary Assessment Team (SUD, physical health, mental health)
- Addiction psychiatrist or psychologist
- Nursing services
- Care Coordinators
- SUD Counselors
- Waived MAT providers
- Methadone dispensing providers
- Certified Peer Specialists/Recovery Coaches



# Spokes

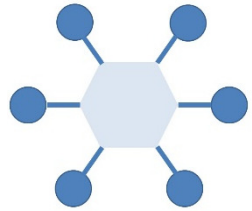
- Spokes provide locally-based, ongoing care in the patient's community to support individual recovery.
- Spokes maintain strong collaborative relationships with the hub to access specialized resources and maintain referral options for unstable patients.





# Spoke Services

- Monitor adherence to treatment and coordinate access to counseling, recovery supports, and local resources
- For primary care providers, integrate management of the patient's addiction care into general medical care
- For OUD, include professionals waived to prescribe buprenorphine



## Spoke Staffing

- Nurse Case Manager and/or Care Coordinator
- Primary Care Provider
- Waived MAT providers (for OUD)
- SUD Treatment Professional\*

\*Can coordinate with the hub or other providers for these services.

# Health Home Services

Comprehensive  
Care  
Management

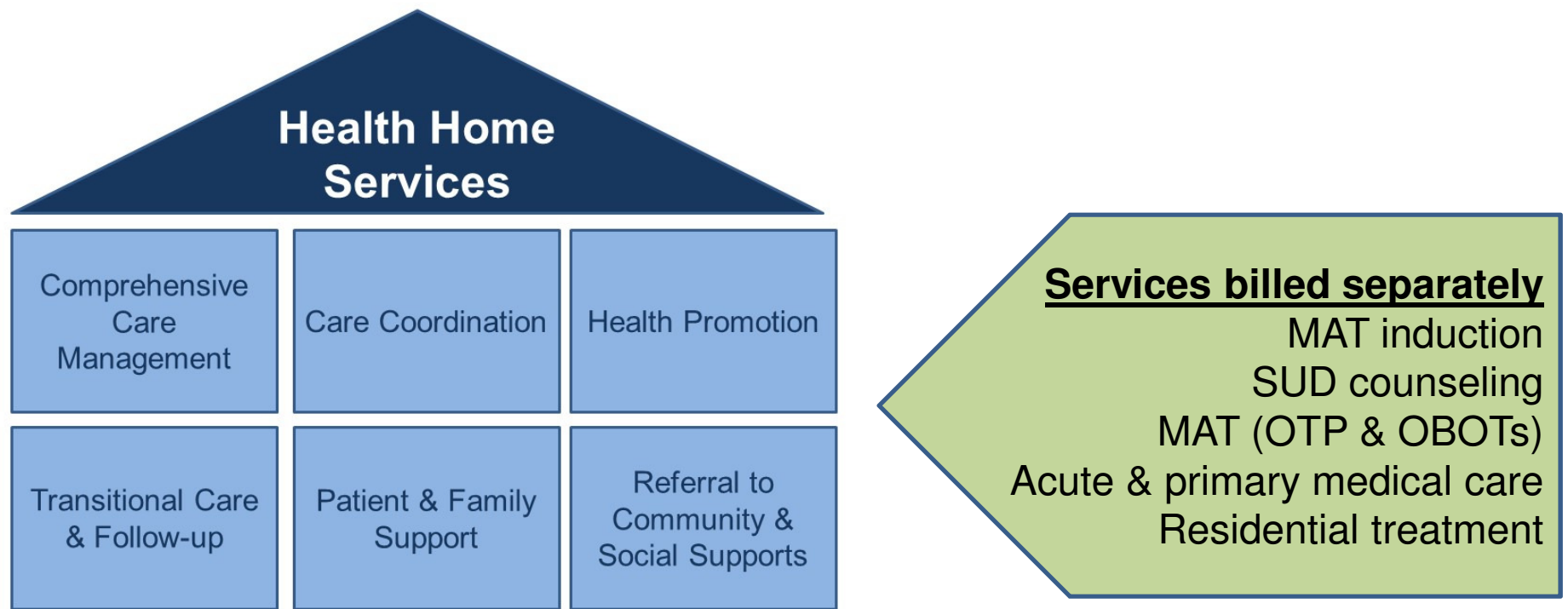
Care Coordination

Health Promotion

Transitional Care  
& Follow-up

Patient & Family  
Support

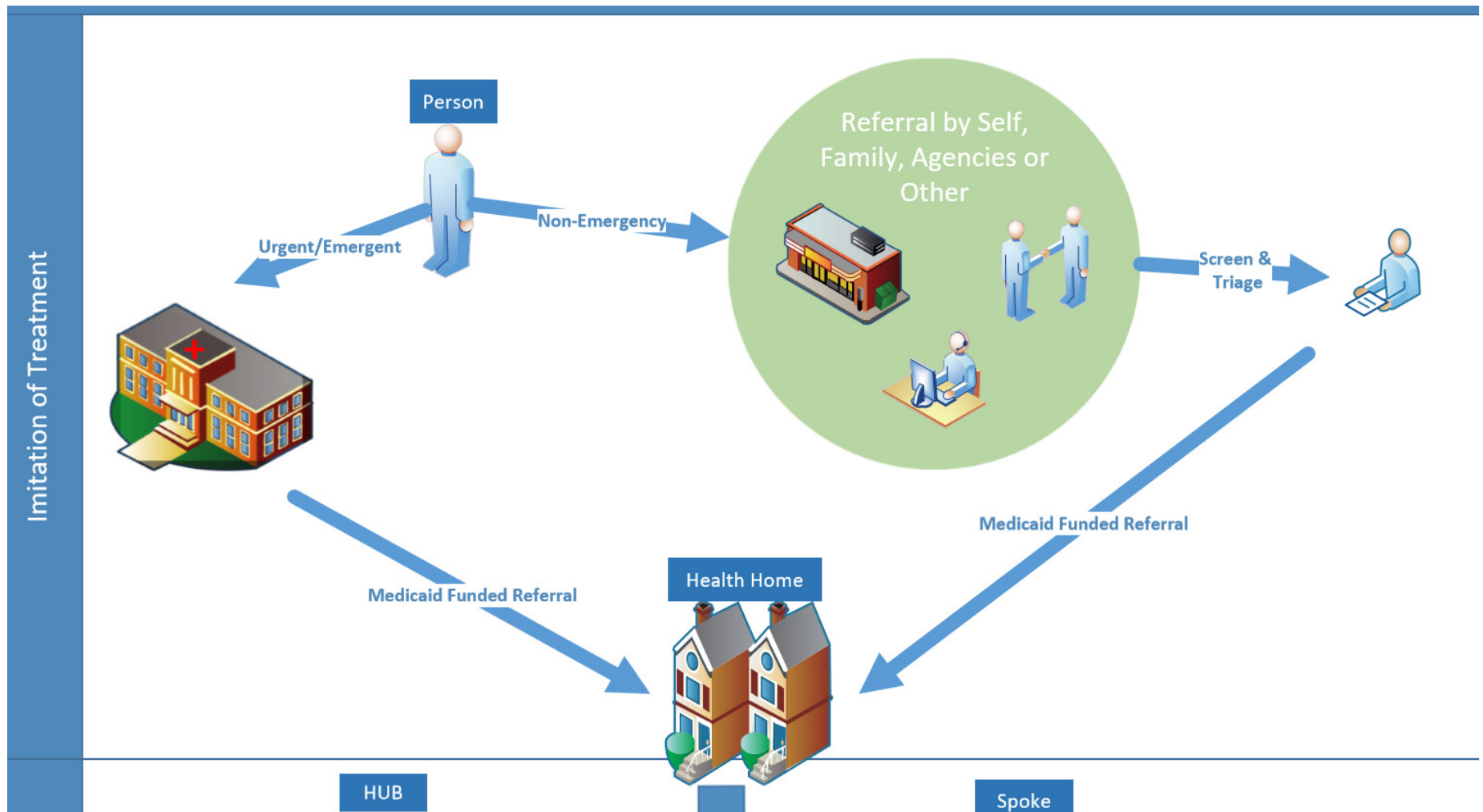
Referral to  
Community &  
Social Supports



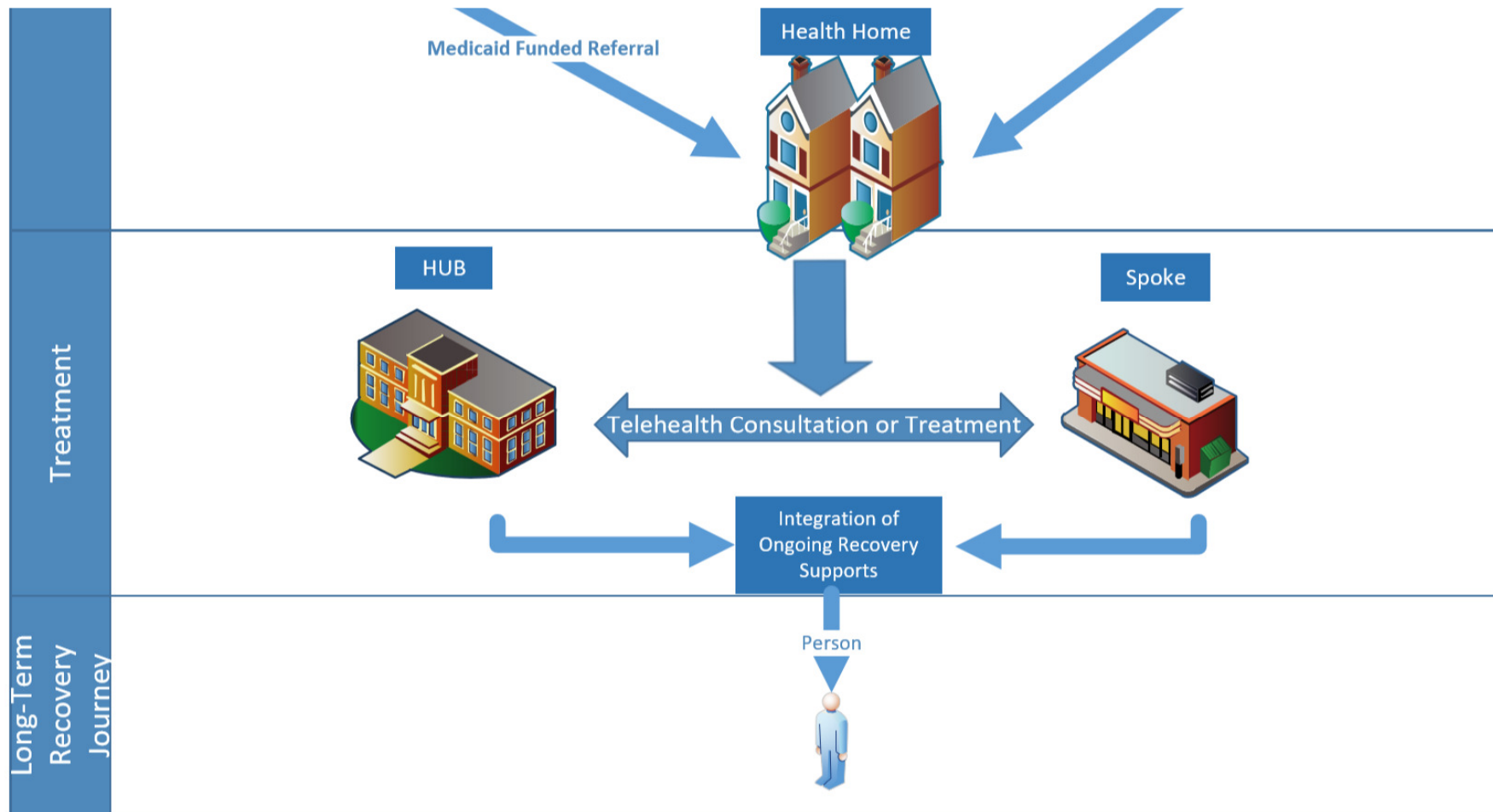
Medicaid Health Home services focus on care coordination and management.

Other services coordinated by the Health Home are provided and reimbursed as usual.

# Clinical Flow: Initiation



# Clinical Flow: Treatment

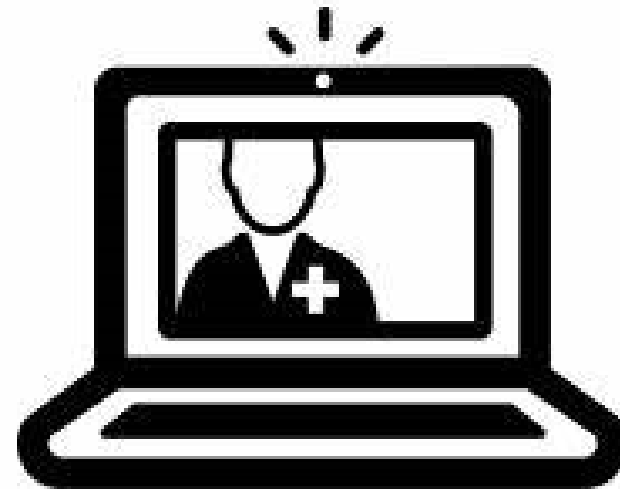


# Partnerships with Counties

- County human service agencies are currently key players in connecting people with SUD services and support.
- These agencies will continue to be integral in supporting these people.
- Health Homes will need to collaborate with area counties to develop a coordinated plan for service provision.

# Telehealth as a Tool

- Comprehensive reform of telehealth policy will be implemented by the end of 2020.
- Telehealth will simplify and streamline consultation and communication between hubs and spokes.





# Provider Enrollment

- Hubs and spokes would enroll together as a unified health home.
- Additional spokes could be added to a hub's network at a later time.

# Reimbursement

- Some states reimburse hubs, then hubs pay spokes for contracted services.
- Wisconsin might allow hubs and spokes to bill separately.
- The primary care coordination site would bill a monthly per patient, per month (PMPM) rate.
- The hub rate would be higher, to reimburse for higher acuity care management needs and support to spokes.

# Stakeholder Input

# Design Version 1.0

- Our current design is a draft.
- We want feedback from providers and other stakeholders about the feasibility of our design ideas.

# Feedback: Clinical Design

- Do the services and staffing ideas make sense?
- Are you already delivering these services?
- Can you envision staff doing these tasks?

# Feedback: Hubs and Spokes

- Do you see your agency as a hub or a spoke?
- Do you already have connections with other providers and/or community agencies?
- Do you have collaborative relationships with area counties?
- Are you already using EMRs to support sharing of patient information?

# Feedback: Reimbursement

- Does it make more sense to reimburse hubs and spokes separately, or to reimburse hubs and have them reimburse spokes?
- Should our reimbursement bundle cover more than the six basic health home services?
- Would outcome-based incentives make this model more appealing?

# Feedback: Your Needs

- What aspects of the design would be the biggest “lift” for your agency?
- What support or technical assistance would you want or need from DHS to stand up a health home?



Next Steps

# Timeline

- **Early July:** Request for Applications from potential health home sites
- **Mid August:** Responses due
- **Late August:** Health home sites selected
- **January 2021:** Benefit goes live

# Feedback

- **Feedback on today's presentation is requested by June 19.**

# Staying in Touch

- Email inbox (to provide input)
  - ◆ [MedicaidSUD@dhs.wisconsin.gov](mailto:MedicaidSUD@dhs.wisconsin.gov)
- Please use subject line **“Hub and Spoke”** for all feedback

Thank you!