



**ALLIANCE FOR ADDICTION
PAYMENT REFORM**
INCENTIVIZING RECOVERY. NOT RELAPSE.

The Addiction Recovery Medical Home - Alternative Payment Model (ARMH-APM) Overview

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Development of The ARMH-APM

- A consensus learning model first published in September of 2018 and updated in 2019 by The Alliance For Addiction Payment Reform, a national collaborative of over 40 multi-sector health care stakeholders.
- Only longitudinal shared-risk APM model to-date with comprehensive, wing-to-wing approach to incentivize sustained recovery.
- It is a model grounded in overarching consistent principles but maintains flexibility and adaptability to be deployed in a variety of commercial and network contexts.
- Pilot projects were announced in late 2019 and are now in development in Connecticut, Kentucky, Michigan, North Carolina, Tennessee, Texas, Washington, and Washington D.C.

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ARMH – APM: Guiding Principles

1. Multiple Pathways

Recovery from Substance Use Disorder (SUD) is a process of change whereby individuals achieve SUD remission, work to improve their own health and wellness, and live a meaningful life in a community of their choice while striving to achieve their full potential.

2. Three Critical Components

Care recovery has three critical, interconnected states: pre-recovery/stabilization, recovery initiation and active treatment, and community-based recovery management.

3. Multi-Disciplinary Care Team

Recovery management requires a multi-disciplinary care recovery team who can provide the diverse biopsychosocial elements of treatment needed and is critical in creating optimal conditions for recovery and improving personal, family, and community recovery capital.

4. Broad Continuum Of Care

A well-managed and broad continuum of care ranging from emergent and stabilizing acute-care settings to community-based services and support is essential to managing patient needs across the stages of personal and family recovery.

5. Integrated

Clinical and non-clinical recovery support asset across a continuum of care should be integrated, allowing for a sharing of patient information, high-functioning care transitions, and commensurate clinical and safety standards.

ARMH – APM: Guiding Principles (con.)

6. Includes Co-Morbidity/Co-Occurring

Co-morbidities and co-occurring mental health challenges must be managed in concert with the underlying treatment and recovery of a SUD.

7. Patient-Centered

Recovery support strategies must accommodate and support the growing varieties of SUD recovery and the broader spectrum of alcohol and other drug problem solving experiences. There are no static SUD cases, requiring a model sufficiently malleable to accommodate for multiple pathways and styles of alcohol and other substance problem resolutions, including a subclinical focus.

8. Aligned Incentives

Integrating economic benefits and risks between payers and the delivery system will promote greater accountability and care design to facilitate holistic and comprehensive care recovery environment for the patient.

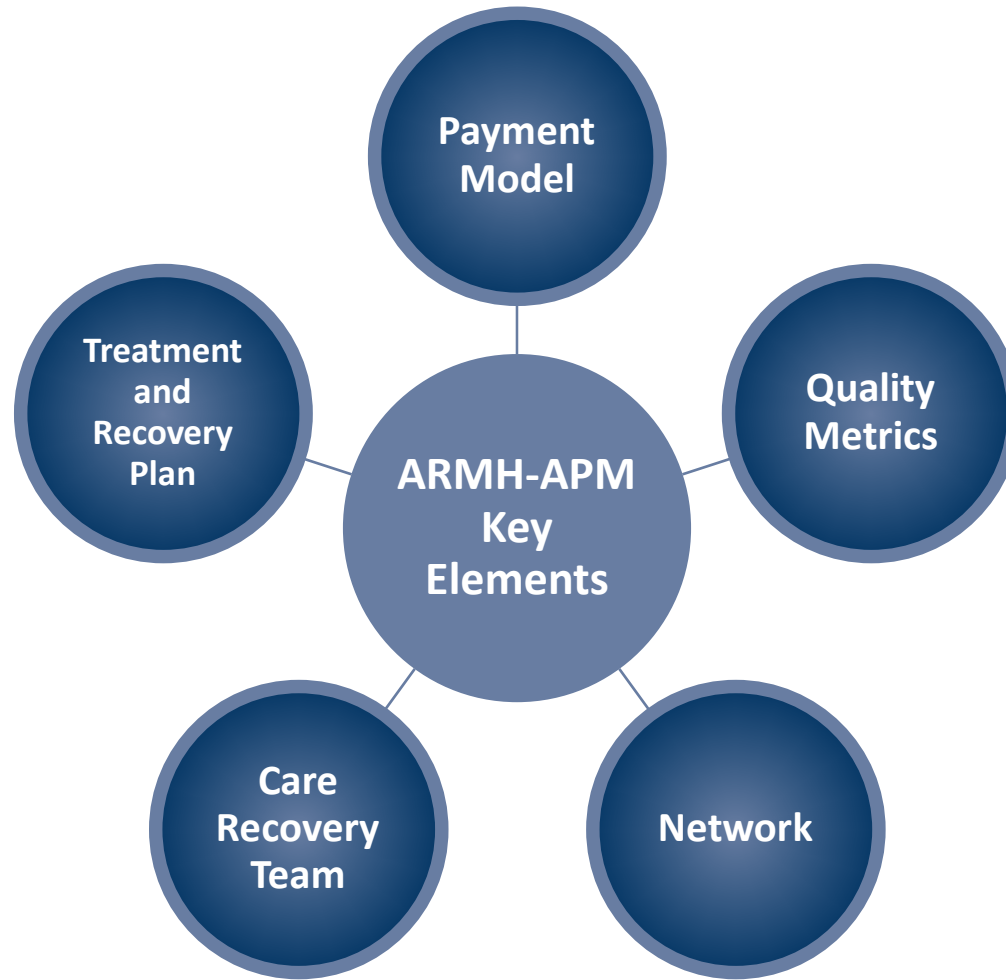
9. Longitudinal Care Model (~5 Years)

Recovery is a life-long process, with five years of sustained substance problem resolution marking a point of recovery stability in which risk of future SUD recurrence equals the SUD risk within the general population.

10. Dynamic Treatment and Recovery Plan

A dynamic treatment and recovery plan with the breadth and flexibility to engender increased recovery capital should be authored in collaboration with the patient, the patient's family, and other key social supports.

ARMH-APM: Foundational Elements



ARMH-APM: Payment Model Elements

The payment model, which adopts elements of episodes of care and bundled payments, rewards performance based on recovery-linked process measures (and emerging quality measures). Risk-bearing providers or providers in pay-for performance arrangements have three mechanisms through which they assume risk, achieve bonus payments, and achieve a non-traditional payment adjustment from the model:

Episodes of Care

Risk/reward is tied to the provision of more integrated and personalized care using the defined ARMH bundle definitions and optional modules

Quality Achievement Payment

A portion of the bundled payment is tied to achievement of successful patient outcomes

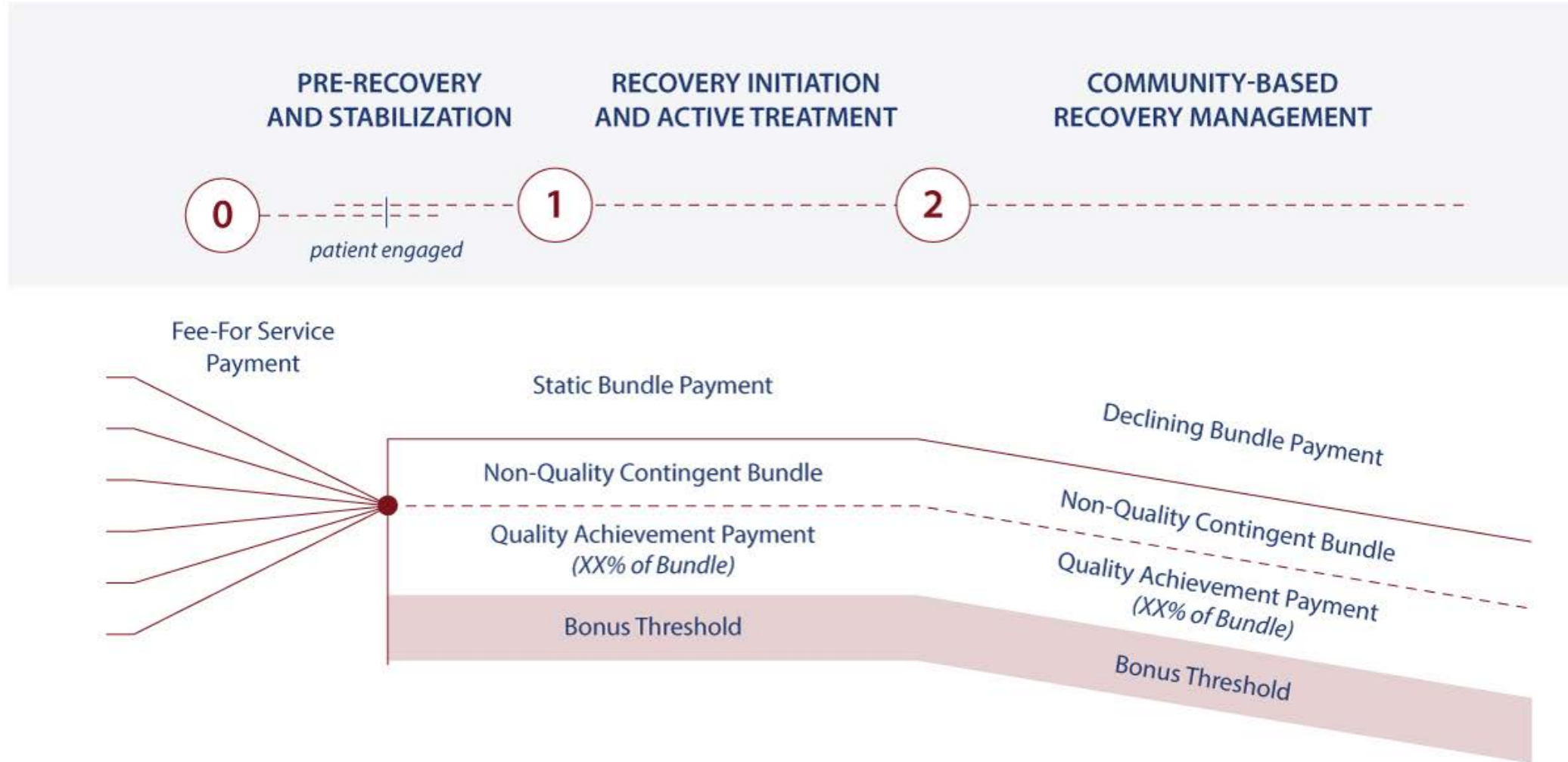
Performance Bonus

Providers may be eligible to share in additional savings created from better coordinating patient care across all health care services, including addiction, behavioral, and physical health services

Financial Incentives to promote improved integration of treatment and recovery

ARMH-APM: Episodes of Care

Payment
Model





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