



How Early Identification and Whole-Health Intervention for Substance Use Drives Positive Change

The Problem

Across the nation, increased prevalence of substance use disorder (SUD) and opioid use disorder (OUD) continue to place significant strain on communities, families, and providers. Supporting this, the rate of overdose has risen nearly 4% year over year with accidental drug overdose named the leading cause of death among persons under the age of 45.¹ Reports also show that adolescents who are in environments that expose them to substances are at higher risk of use, and 70% who begin using at age 13 developing a SUD.² Compounding these issues, the COVID-19 pandemic not only interrupted care for individuals already in recovery but contributed to increased rates of relapse and newly developed SUDs.³ The alarming loss of life and misuse of substances in youth and other generations has created additional pressure on providers and highlighted the significant gap in resources available for those seeking treatment.

Research states that only 10% of the more than 20 million individuals who reported experiencing a SUD in the last year received treatment.⁴ Of those who did not receive care, 24% said they did not know where to get treatment and 21% shared they did not have health insurance or were unable to afford the cost of care.⁵ While barriers such as stigma and limited availability or affordability can impede engaging in treatment for all individuals, systematic and structural inequities, including discrimination and availability of diversely humble providers disproportionately affect historically marginalized ethnic and racial groups.⁶ For Black and Hispanic/Latino populations, these gaps are even greater with more than 90% not receiving addiction treatment.⁷

There is an undeniable link between SUDs and mental health with nearly half of people diagnosed with a mental health condition likely to also experience a substance use disorder

and vice versa.⁸ Additionally, there is also a substantial impact on physical health and total cost of care among those who use substances. In adults, substance use and SUDs have been linked to an array of serious health conditions including heart disease, stroke, diabetes, respiratory complications, liver damage/disease, and hypertension.⁹ Individuals who inject drugs are also at a higher risk for infectious diseases such as HIV and hepatitis C.¹⁰ The average medical costs of an individual diagnosed with a SUD exceeds \$15k.¹¹ In addition, opioid overdose, misuse, and dependence account for \$35 billion in yearly healthcare costs.¹² SUD is attributed to greater inpatient utilization and average length of stay and increased emergency department utilization, leading to nearly twice the cost of care compared to those without an opioid or substance use disorder.

Socioeconomic and community characteristics such as low income, unemployment, and inadequate housing are significant risk factors for SUD.¹³ Often, these challenges are experienced across generations attributing to persistent misuse of substances and trauma intensifying SUD within select communities. Understanding risk factors that exists within specific communities and populations is essential to developing solutions that consider drivers of health that impact access to and success in treatment and recovery. Centene’s HALO (Health Assistance, Linkage, and Outreach)[™] program leverages evidence-based predictive modeling to identify and prevent members at risk of developing substance use disorders and treat those already diagnosed to avoid worsening of symptoms — ultimately broadening care options, improving access to treatment, and fostering recovery.

Why It Matters

More than **106,000** Americans **died of overdose** in 2021.¹⁴

Improving access to evidence-based treatments for OUD amounts to savings of **\$25k-\$105k per person** lifetime medical costs.¹⁵

Nearly **20%** of those experiencing **depression or an anxiety disorder** also have a SUD.¹⁶

The US spends **\$78.5 billion** annually on opioid abuse, with **\$29 billion** attributed to **healthcare costs**.¹⁷

More than **150 million** people live in federally designated **mental health professional shortage areas**.¹⁸

Barriers to Progress

- Inability to find culturally humble care
- Limited access to desired treatment environment
- Persistent stigma
- Unmet social determinant needs/drivers of health
- Untreated co-occurring conditions

How HALO Solves for Barriers

PROACTIVE IDENTIFICATION

HALO leverages a machine-learning predictive model to provide early identification of members at risk of SUD including alcohol, amphetamines, opioids, and other substances that are on the rise. In addition to identification, the data helps determine which interventions and program outreaches will be most impactful for an individual member. Designed for prevention and intervention, member education and interactions are intentional and meet the individual where they are in their treatment journey.

ENHANCED SCREENINGS

Care managers make SUD screening a regular part of outreach helping to combat stigma and aiding in early identification of use to prevent SUD. The validated screening assessments are flexible enough to be used for any SUD and designed to take a whole-health approach, consolidating time spent on individualized screenings and maximizing insights into member need, severity, and utilization to build comprehensive care plans.

TAILORED ENGAGEMENT

Care managers play a pivotal role in aligning members to an ideal setting for their needed care. By assisting members in reducing daily barriers and providing linkage to community resources and providers who meet their cultural, social, and health needs, engagement and progress toward recovery is better enabled. Our teams are regionally located and actively engaged in the local community, furthering the ability to provide personal insight when connecting members to the most fitting resources and care. Warm transfers to local organizations support the recovery process to minimize relapse. To extend the reach of HALO, virtual services offer a way to overcome stigma, tailor care delivery to the individual's preference, and avoid barriers such as lack of transportation, childcare, and more. Additionally, Centene is pursuing peer support services to create a more personalized experience to combat disparities in care in a culturally humble manner and increase access to effective prevention, treatment, and recovery service

INTEGRATED CARE

Behavioral and physical health analysis allow for substance use intervention and identification of co-occurring health conditions to encourage coordination of care. Considering physical, mental, and environmental needs that may be triggering substance use, the assessments inform treatment recommendations for optimal outcomes. For example, pharmacy lock-in programs can be employed to prevent overutilization of prescription opioids and inappropriate access. This comprehensive approach to care aligns the member, providers, community resources, and interventions to guide and support the individual recovery.

Impact of HALO



600+ members engaged



25% reduction in total medical spend



27% reduction in in-patient admissions



28% reduction in emergency department visits



\$11.3 million in savings

- <https://drugabusestatistics.org/>
- <https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud>
- <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776559>
- <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRDPDFWHTML/2019NSDUHFFR1PDEW/090120.pdf>
- <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRDPDFWHTML/2019NSDUHFFR1PDEW/090120.pdf>
- <https://aspe.hhs.gov/sites/default/files/documents/a4fff6fdb6623b3f867afa203fc334/Addressing-Substance-Use-and-Social-Needs-of-People-of-Color-11222022-FINAL.pdf>
- <https://www.samhsa.gov/data/sites/default/files/reports/rpt31099/2019NSDUH-AA/AfricanAmerican%202019%20NSDUH.pdf>
- <https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373082/>
- <https://nam.edu/the-american-opioid-epidemic-in-special-populations-five-examples/>
- <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800719>
- <https://pubmed.ncbi.nlm.nih.gov/33121867/>
- <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>
- <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>
- <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2778020>
- <https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5975355/>
- <https://www.aamc.org/news-insights/growing-psychiatrist-shortage-enormous-demand-mental-health-services>