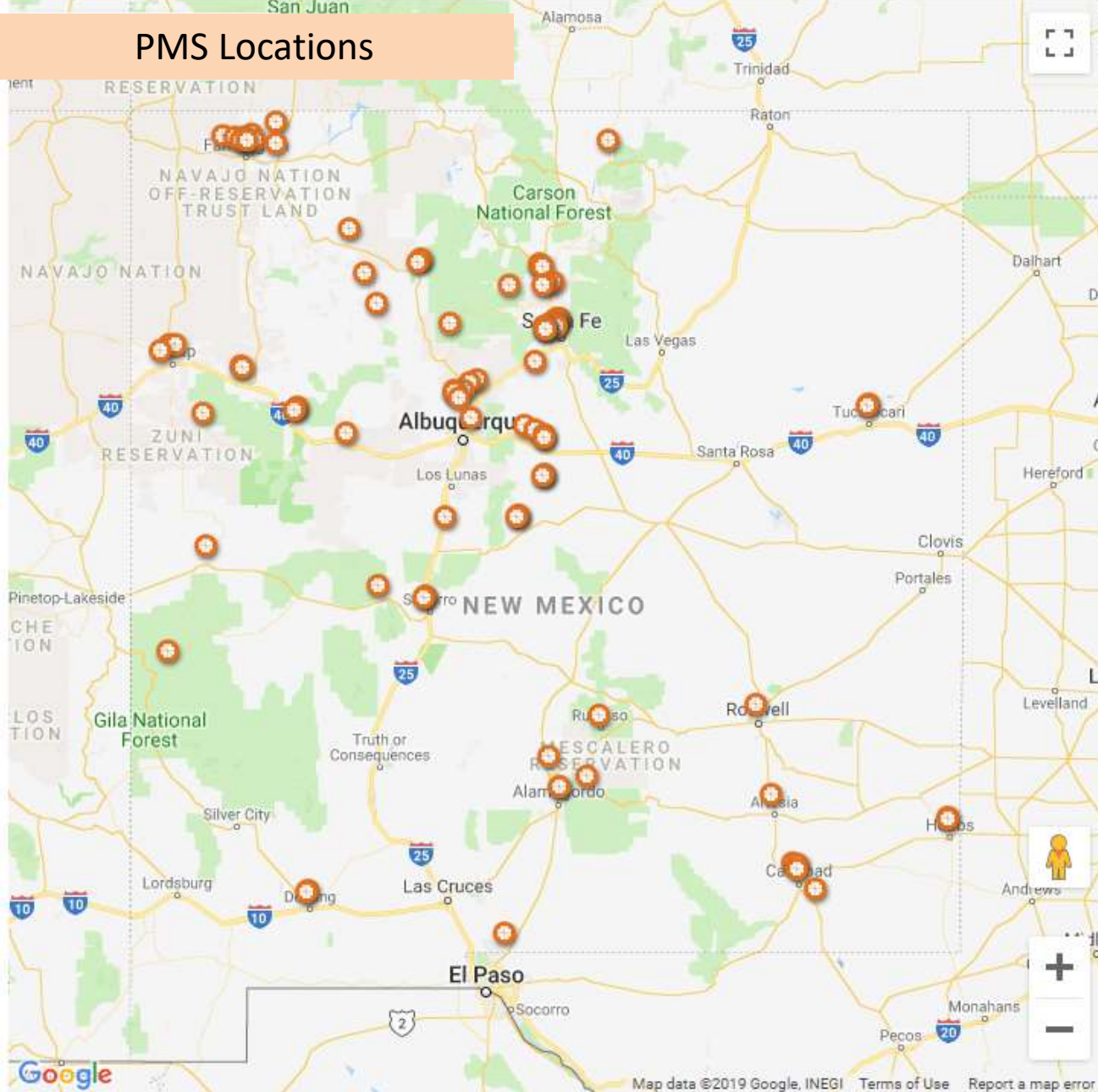


STRATEGIES FOR BEHAVIORAL HEALTH INTEGRATION

THE PMS JOURNEY

Doug Smith, EVP
Presbyterian Medical Services

PMS Locations



HISTORY OF BH IN PMS

- Started providing BH services within an FQHC in 1986
- Slow growth throughout 90s early 2000s
- **CMHC services focus**
- Co-location focus
- Minor “integration” with Medical Staff
- 340,000 Total Visits 2015
- 120,000 BH visits 2015

CHALLENGES

- Lack of a defined integration with Medical Providers
- Inconsistent Referral Partners
- Limited Professional Staff

2016 Strategic Initiative – Improve BH integration

DESIGNING STRATEGY

- Understand your patient population
 - SMI, SED panel
 - SUD panel
 - Co-occurring panel
- Understanding financial models
 - VBP arrangements
 - CMS/State Plan options
- Understand your available resources
 - Existing personnel
 - Community partners
- Comprehensive plan
 - “Go-it-alone”, partner and/or acquire
 - Population specific or generalized
 - Evidence-based model(s)**
 - Performance measurement

One in 5 adults experiences a mental health condition every year. One in 17 lives with a serious mental illness such as schizophrenia or bipolar disorder.

Half of mental health conditions begin by age 14, and 75% of mental health conditions develop by age 24.

- National Alliance on Mental Illness

DEFINING INTEGRATED CARE.....

As is typical, there are numerous definitions and several models.....



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.

This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

Lexicon for Behavioral Health and Primary Care Integration

Concepts and Definitions Developed by
Expert Consensus



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

DEFINING INTEGRATED CARE.....

Illustration: A family tree of related terms used in behavioral health and primary care integration

See glossary for details and additional definitions

Integrated Care

Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Connotes organizational integration involving social & other services. "Attitudes of integration: 1) Integrated treatments, 2) integrated program structure; 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

Patient-Centered Care

"The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care"—or "nothing about me without me" (Berwick, 2011).

Coordinated Care

The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care" (AHRQ, 2007).

Shared Care

Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared system and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

Collaborative Care

A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unützer et al, 2002)

Co-located Care

BH and PC providers (i.e. physicians, NP's) delivering care in same practice. This denotes shared space to one extent or another, not a specific service or kind of collaboration. (adapted from Blount, 2003)

Integrated Primary Care or Primary Care Behavioral Health

Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

Behavioral Health Care

An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA conditions, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

Patient-Centered Medical Home

An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient's family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007).

Mental Health Care

Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

Substance Abuse Care

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

Primary Care

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

Thanks to Benjamin Miller and Argen Unützer for advice on organizing this illustration

From: Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>



U.S. Department of Health & Human Services

SAMHSA

Substance Abuse and Mental Health
Services Administration

The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.



The National Council- Four Quadrant



National Institute
of Mental Health

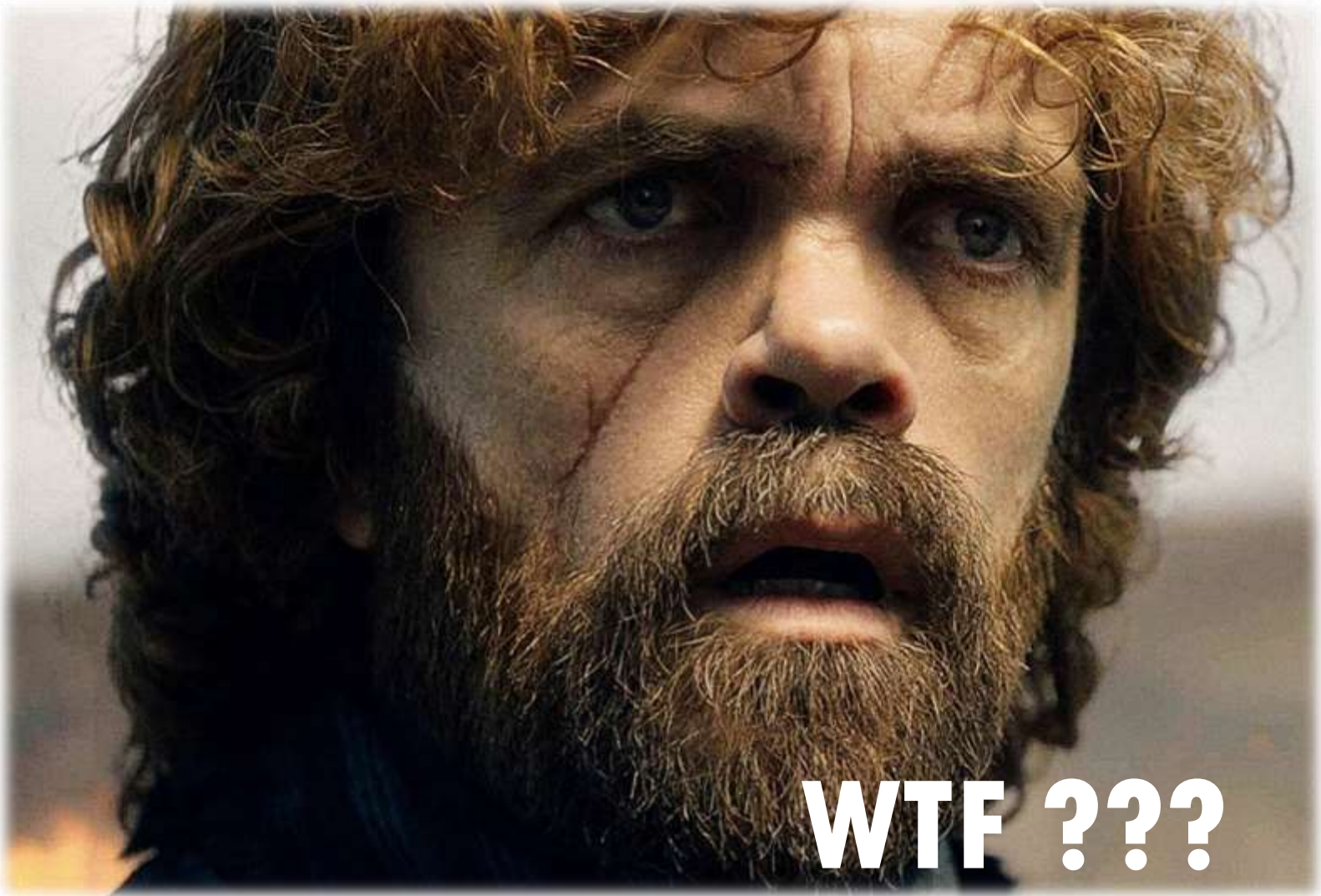
Integrated Care combines primary health care and mental health care in one setting. There are many ways to integrate care, and they may go by different names, including “Collaborative Care” or “Health Homes.”

Providing Integrated Care helps patients and their providers. It blends the expertise of mental health, substance use, and primary care clinicians, with feedback from patients and their caregivers. This creates a team-based approach where mental health care and general medical care are offered in the same setting. Coordinating primary care and mental health care in this way can help address the physical health problems of people with serious mental illnesses



Box 2.1 10 principles for integrating mental health into primary care

1. Policy and plans need to incorporate primary care for mental health.
2. Advocacy is required to shift attitudes and behaviour.
3. Adequate training of primary care workers is required.
4. Primary care tasks must be limited and doable.
5. Specialist mental health professionals and facilities must be available to support primary care.
6. Patients must have access to essential psychotropic medications in primary care.
7. Integration is a process, not an event.
8. A mental health service coordinator is crucial.
9. Collaboration with other government non-health sectors, nongovernmental organizations, village and community health workers, and volunteers is required.
10. Financial and human resources are needed.



WTF ???

FINANCIAL IMPLICATIONS

WHAT WE KNOW

- 45k Medicaid Lives
- Top 5% utilizers

NICU

Cancer

Co-occurring

Most common in top utilizers:

- Alcohol abuse
- Opioid abuse
- Depressive Disorders
- Bipolar and Related Disorders

Diagnoses		Total (104)
T31.11	Burns involving 10-19% of body surface with 10-19% third deg	
T31.11	Burns of 10-19% of body surface w 10-19% third degree burns	
R52	Pain management	
R52	Pain, unspecified	
Z59.5	Extreme poverty	
F10.20	Alcohol dependence, uncomplicated	
R41.82	Altered mental status, unspecified	
T50.994A	Poisoning by oth drug/meds/biol subst, undetermined, init	
T50.904A	Poisoning by unsp drug/meds/biol subst, undetermined, init	
Z74.3	Need for continuous supervision	
X02.8XXD	Oth exposure to controlled fire in bldg, subs	
E11.85	Type 2 diabetes mellitus with hyperglycemia	
T20.00XD	Burn of unsp degree of head, face, and neck, unsp site, subs	
T21.02XD	Burn of unspecified degree of abdominal wall, subs enctr	
T21.01XD	Burn of unspecified degree of chest wall, subs enctr	

51 y/o female, dx ALSO include:
 F31.32 Bipolar I
 F43.01 PTSD

MODEL DESIGN

SBIRT

Goal: To identify appropriate patients and provide early intervention for substance use and co-occurring mental health disorders

S creening	<u>NM Healthy Lifestyle Questionnaire (PHQ2/9)</u> 13 Qs Screens for Depression, Anxiety , PTSD , Alcohol and SUD SDOH, ACE Use of Telehealth in Frontier Areas
B rief I ntervention	Licensed / Peer / CHW
R eferral to T reatment	Internal to PMS (CMHC environment)

MODEL DESIGN

Integrated Teams –

- Morning Huddle / Treatment planning
- Population Health - Patient Profile (Gaps, Risk Strat)
- Interdisciplinary Team Meetings
- Shared Medical Record
- BH Interventionist embedded in Medical Pod 1:4/ 1: Dental site
- Evidence based practices (ACT, MST, CBT,CRA, MAT)
- **Care Coordinator assigned based on defined Cohorts**
- **CHW Support link patient to services and RT**
- CLNM Health Home

Training – **All** Team Members (Medical, Dental and Administrative)

- PMS Clinical Services Orientation
- Motivational Interviewing
- Mental Health First Aide
- Crisis Prevention Institute Training

Communication –

- Morning huddles and IDT meetings provide updates on RT's.
- **E.H.R. Tasking (Bi-Directional Tasking)**

IMPLEMENTATION STRATEGY

- Acquire Through Merger or Asset Purchase / Acquisition Stand Alone CMHCs
 - Add Medical Services within Facility
 - Implement SBIRT with existing CMHC staff
 - Progress to date – 7 CMHC Acquisitions (2015-2019)
- Implement SBIRT at Existing PMS locations
 - 10 Locations with CMHC services SBIRT complete or in progress
- Refine Data and Analytics to capture outcome data within CMHC environment (Evidence based practices) and Medical BH.

MEASURING PERFORMANCE

OBJECTIVE DATA/PATIENT OUTCOMES

Utilization

Avoidable ED/Admits
TCC (Percent of Premium)

Standardized screening/assessments

PHQ 9
CAGE AID
Healthy Lifestyles Questionnaire

Softer data but meaningful

Recovery, including harm-reduction

- Using less
- Reduction in self-harm
- Reduction in risky behavior
- Increased activity level
- Housing/employment

Quality Measures

Antidepressant Medication
Adherence

7 & 30 day follow up from
Hospitalization

Initiation & Engagement of
Alcohol and Other Drug
Abuse Treatment

MEASURING PERFORMANCE

OBJECTIVE DATA/PATIENT OUTCOMES

Quality Measures	Medical	CMHC
Antidepressant Medication Adherence	X	X
7 & 30 day follow up from Hospitalization	X	X
Initiation & Engagement of Alcohol and Other Drug Abuse Treatment		X
PHQ 9	X	X
CAGE AID		X
Healthy Lifestyle Questionnaire (GAD/PTSD/SU)	X	
GAD-7		X
ACE		X
Housing/MAT	X	X
Employment/MAT	X	X
Incarceration/MAT	X	X