Integrated Behavioral and Primary Care Services: An Introduction

Satellite Conference and Live Webcast
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Produced by the Alabama Department of Public Health
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Faculty

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Learning Objectives

- Participants will learn:
  - What Market Forces Driving the Need to Integrate Healthcare Services
  - How the Ability to Integrate Services is Affected by State, Regional, and Provider Factors

Learning Objectives

- Clinical and Financial Outcomes Associated with the Integration of Health Care Services
- The Six Levels of BH / PC Provider Integration
- Clinical and Administrative Components Necessary for Successful Integration

Presentation Overview

1. Overview of Terms
2. What is Driving the Movement to Integrate
3. State, Regional, and Provider Level Approaches to Integration
4. Integration Outcomes

Presentation Overview

5. Business and Clinical Components of Successful Integration:
   a) Organizational Change Management
   b) Creating and Maintaining Partnerships
   c) Redesigning Administrative Work Flows and Clinical Care Pathways to Enhance Care Management and Coordination

Presentation Overview

6. Ok, where do we begin…?
7. Questions / Discussion

Defining Our Terms

- How we define a "Term" determines how we structure beliefs / mental models and ultimately our behavior
- Terms are at the core of how we think and act
- If you / your staff are going to be expected to change the way you think and act everyone must be working from the same set of terms

Integration Terms

- Some Integrated Health Term Sources:
  - Research Literature - "Collaborative Care"
  - Policy - "Health Home"
  - Accrediting Bodies - "Patient Centered Medical Home"
  - Provider Agencies - "Patient Centered Healthcare Home"

Terms Worth Spending the Time to Define

- Population Health Management and Continuous Quality Improvement
- Care Management and Care Coordination
- Team-base Care and Interdisciplinary Team
- Scope of Work and Scope of Practice

Terms Worth Spending the Time to Define

- Value-based Purchasing and Episode of Care
- Treat to Target and Stepped Care
- Etc.

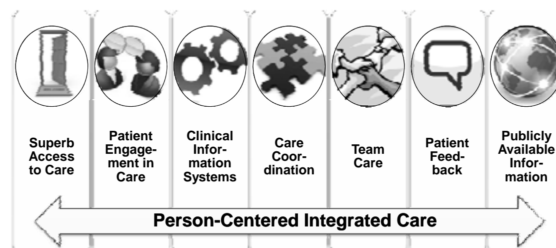
Defining Integrated Health

- "At the simplest level, integrated behavioral health care (i.e., mental health/substance use disorder) & physical health care occurs when behavioral health specialty & primary care providers work together to address the physical & behavioral health needs of their patients"

Defining Integrated Health

- "Integration can be bi-directional: either (1) specialty behavioral health care introduced into primary care settings, or (2) primary health care introduced into specialty behavioral health settings"

Integration is Essentially Good Healthcare Delivery



Integration: A New Initiative?

"The Body must be treated as a whole and not just a series of parts"

--Hippocrates 300 BC

The Triple Aim is… in Essence a Call for Care Integration

•Targets identified by Don Berwick (former director of the Center for Medicaid / care Services and Institute for Healthcare Improvement) that new approaches to healthcare services provision should aim to achieve:

The Triple Aim is… in Essence a Call for Care Integration

1. Improving the Health of Populations of People
2. Bending the Cost Curve
3. Improving the Patient's Experience / Quality of Care

State Level Approaches

- Each state is a Health Care Integration Experiment
- All are using one or more of the following:
  – Medicaid Expansion
  – Medicaid 1115, 1915, and 2703(Health Home) Waivers

State Level Approaches

– SAMHSA / HRSA Primary Behavioral Health Care Integration; Certified Community Behavioral Health Center; HRSA; local / national Foundation; and other Grants

- Some are bringing in / expanding use of Medicaid Managed Care entities

State Level Approaches

- How State Government and Provider Associations work together (or not) is important
- Accountable Care Organizations, Regional Care Organizations, Regional Integrated Care Organizations, etc. are all developing capacity to share data, coordinate care, and stratify cost

Regional Level Approaches

- All Health Care is Local
- Frontier, Rural, and Urban areas have different strengths / opportunities when it comes to integrating care
- All providers must understand their regional market:
  – The health of the Population (zip code level)

Regional Level Approaches

– How many service providers are present (i.e., specialty health care, hospitals, independent physician groups, lab services, social services, and government svs-courts / police / parks rec / etc.) who do they serve, are they financially sound, do they produce value, are you in competition, coopetition or are you strangers to these providers?

IH Outcomes: Do People Become Healthier with IH?

- Integrated Care "Can improve mental and physical outcomes for individuals with mental disorders across a wide variety of care settings, and they provide a robust clinical and policy framework for care integration"
- Over 30 RCT's showing IH improves health outcomes

IH Outcomes: For People with Severe Mental Illnesses

- "…Consumers treated at PBHCI clinics had greater reductions in select indicators of risk for metabolic syndrome and several physical health conditions, including hypertension, dyslipidemia, diabetes, and cardiovascular disease. No similar benefit of PBHCI was observed for other indicators, including triglycerides, obesity, and smoking…

IH Outcomes: For People with Severe Mental Illnesses

- … Consistent with other studies of integrated care not directly targeting changes to BH service delivery…no reliable benefit of PBHCI on indicators of BH”

IH Outcomes: For Youth

- Benefits of IH were observed for interventions that target MH problems
  - Although there was variability in effects across studies, these overall results enhance confidence that IH will lead to improved youth outcomes

IH Outcomes: Does IH Lower Cost?

- Depression treatment in primary care for those with diabetes correlated with an $896 lower total health care cost over 24 months
- Medical use decreased 15.7% for those receiving behavioral health treatment while controls who did not get behavioral health medical use increased 12.3%

IH Outcomes: Does IH Lower Cost?

- Depression treatment in primary care $3,300 lower total health care cost over 48 months

Initial Estimated Cost Savings after 18 Months

- Missouri Health Homes Total Saving
  - 43,385 persons total served
  - Cost Decreased by $51.75 PMPM
  - Total Cost Reduction $23.1M

Importantly Consumers Like IH Approaches

- For e.g. older adults reported greater satisfaction with mental health services integrated in primary care settings than through enhanced referrals to specialty mental health and substance abuse clinics

Importantly Consumers Like IH Approaches

- Patient engagement helps to drive health literacy and ultimately patient "ownership" / responsibility for health behavior change
- In the new marketplace the patient has more choice about who to see so customer satisfaction matters

Standard Framework for Integration

Referral		Co-Located		Integrated	
Key Element: Communication		Key Element: Physical Proximity		Key Element: Practice Change	
Level 1 *Minimal Collaboration*	Level 2 *Basic Collaboration at a Distance*	Level 3 *Basic Collaboration On-Site*	Level 4 *Close Collaboration On-Site with Some System Integration*	Level 5 *Close Collaboration Approaching an Integrated Practice*	Level 6 *Full Collaboration in a Transformed/ Merged Integrated Practice*
Behavioral health, primary care and other healthcare providers work:					
In separate facilities.	**In separate facilities.**	**In same facility not necessarily same offices.**	**In same space within the same facility.**	**In same space within the same facility (some shared space).**	**In same space within the same facility, sharing all practice space.**

Standard Framework for Integration

Level 1 *Minimal Collaboration*	Level 2 *Basic Collaboration at a Distance*	Level 3 *Basic Collaboration On-Site*
•Separate systems •Communicate about cases only rarely and under compelling circumstances •Communicate, driven by provider need •May never meet in person •Have limited understanding of each other's roles	•Separate systems •Communicate periodically about shared patients •Communicate, driven by specific patient issues •May meet as part of larger community •Appreciate each other's roles as resources	•Separate systems •Communicate regularly about shared patients, by phone or e-mail •Collaborate, driven by need for each other's services and more reliable referral •Meet occasionally to discuss cases due to close proximity •Feel part of a larger yet ill-defined team

Standard Framework for Integration

Level 4 *Close Collaboration On-Site with Some System Integration*	Level 5 *Close Collaboration Approaching an Integrated Practice*	Level 6 *Full Collaboration in a Transformed/ Merged Integrated Practice*
•Share some systems, like scheduling or medical records •Communicate in person as needed •Collaborate, driven by need for consultation and coordinated plans for difficult patients •Have regular face-to-face interactions about some patients •Have a basic understanding of roles and culture	•Actively seek system solutions together or develop work- a- rounds •Communicate frequently in person •Collaborate, driven by desire to be a member of the care team •Have regular team meetings to discuss overall patient care and specific patient issues •Have an in-depth understanding of roles and culture	•Have resolved most or all system issues, functioning as one integrated system •Communicate consistently at the system, team and individual levels •Collaborate, driven by shared concept of team care •Have formal and informal meetings to support integrated model of care •Have roles and cultures that blur or blend

The Organizational Components Impacted by Adoption of IH

- Staffing
- Building Design
- Partnerships / Contracting
- Financing
- Clinical Practice
- Health Information Technology / Use of Data

The Organizational Components Impacted by Adoption of IH

- Quality Assurance and Improvement
- Marketing
- Customer Service

Implementing IH Model Components Vary in Difficulty

- Implementing discrete model components was easier than changing staff roles and work patterns
- For example, many practices implemented disease registries, but were unable to reconfigure work processes to use them effectively for population management

Implementing IH Model Components Vary in Difficulty

- Same-day scheduling and e-prescribing were far easier than developing care teams and population management

Factors Influencing Model Design and Adoption

1. The Organization's Vision for Care Provision
2. Organizational Capacity to Change
3. Funding - Understanding cost of care

Factors Influencing Model Design and Adoption

4. Infrastructure and Staff Capacity to Capture, Manage and Share Information - At both provider and state levels
5. Provider Network - Who does what, who gets along with whom?

Let's Dig a Little Deeper

- Integration Components:
  - a) Organizational Change Management
  - b) Creating and Maintaining Partnerships
  - c) Redesigning Administrative Work Flows and Clinical Care Pathways to Enhance Care Management and Coordination

Organization Change Management

1. Vision for the Organization (Why / What / How)
2. Use of a Change Management Technology
3. Leadership Communication Plan
4. Clear Statement of Work / Charge
5. Work Plan Goals Detailing:

Organization Change Management

a. Action Steps
b. Accountability
c. Measures
d. Timelines
e. Resource Requirements

6. Continuous Quality Improvement to Sustain the Change

Creating and Maintaining Partnerships

- Map-out your provider network to determine:
  1. Provider Specialty
  2. Location
  3. If they share your consumers
  4. Capacity to share data

Creating and Maintaining Partnerships

5. Willingness to sign a Business Associates Agreement
6. Ability / willingness to share data and coordinate care

Creating and Maintaining Partnerships

- Be clear about what you want and know your costs and data requirements (i.e., business plan)
- Approach partners with whom most of your consumers get their care
- Start with a discussion about your potential partner's wants / needs

Creating and Maintaining Partnerships

- Consider using an IH assessment tool to learn where each other stands
- Develop a Business Associates Agreement (BBA) and focus on care coordination

Creating and Maintaining Partnerships

- Once in a partnership make sure to have regular senior leadership discussions about progress being made / or not
- Regularly discuss budget and care coordination metrics to see if targets are being hit
- Make sure middle managers are executing a work plan that focuses on administrative workflow and clinical pathway alignment

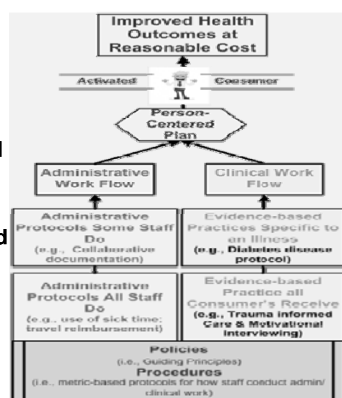
Confidentiality

- HIPAA permits sharing information for coordination of care
- Nationally, with a Business Associate Agreement consent is not necessary

Confidentiality

- Exceptions:
  - HIV
  - Substance abuse treatment – No
  - Stricter local / state laws
- Don't confuse legal advice with court orders

Redesigning Administrative Work Flows and Clinical Care Pathways to Enhance Care Management and Coordination



Redesigning Administrative Work Flows and Clinical Care Pathways to Enhance Care Management and Coordination

- Administrative Work Flows Redesigns:
  - Collaborative / Concurrent Documentation
  - Same / Day Access and Just In Time Prescribing
  - Team Based Care; Team Huddles
  - Data Sharing; Population Health Management

Redesigning Administrative Work Flows and Clinical Care Pathways to Enhance Care Management and Coordination

- Clinical Pathways Redesigns:
  - Motivational Interviewing (level of care, activation)
  - Physical Health (Diabetes, Cardiovascular Disease, Obesity, Respiratory Disease, etc.)
  - Behavioral Health (Depression, Suicide, etc.)
  - Social Determinants of Health (poverty, housing, etc.)

BH / PC Integration

- Where on the path to integration is your organization?
- What ground have you covered?
- What barriers have you hit?
- What questions remain?

Let's Discuss!

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Change Management References Resources

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- The Advantage (2012). Patrick Lencioni.
- Our Iceberg is Melting: Changing & Succeeding Under Any Conditions (2005). John P. Kotter & Holger Rathgeber.
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- Cost Savings and ACO's - Source: 8/25/15 CMS Report https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-08-25.html
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- Components Vary in Difficulty - Source: Paul A. Nutting, see http://www.slideserve.com/kobe/the-patient-centered-medical-home-implications-for-health-policy-and-workforce-development

Resources

- SAMHSA/HRSA Center for Integrated Health Solutions
- http://www.integration.samhsa.gov/ (Great resource on everything integration)
- Integrated Care Resource Center http://www.integratedcareresourcecenter.com/ (Website detailing what is happening with health reform in each state)
- Center for Healthcare Strategies http://www.chcs.org/ (Website focused on publicly funded healthcare and the transformations underway)

Resources

- **AHRQ Integration Academy http://integrationacademy.ahrq.gov/atlas (1.Framework for understanding measurement of integrated care; 2. A list of existing measures relevant to integrated behavioral health care; & 3.Organizes measures by the framework and by user goals to facilitate selection of measures).**
- **CMS Innovation Center: Health Care Payment Learning & Action Network http://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/**
- **Partnering w/ Schools for MH: A Guidebook https://www.omh.ny.gov/omhweb/Childservice/docs/school-based-mhservices.pdf**