

INTEGRATED CARE: OPPORTUNITIES FOR IMPROVING ACCESS TO BEHAVIORAL HEALTH SERVICES

Karen W. Linkins, PhD

Director

CaMHSa Integrated Behavioral Health Project



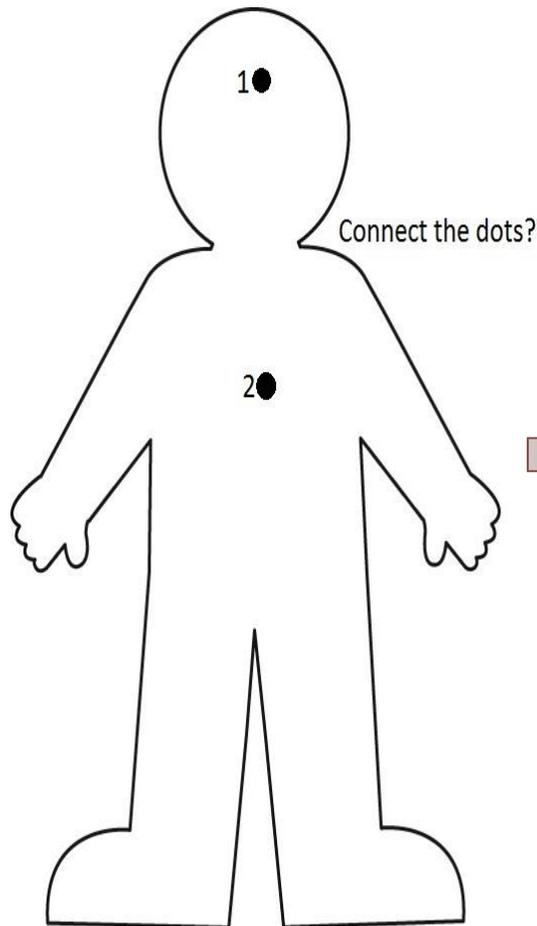
Integrated Behavioral Health Project (IBHP)

- Launched in 2006 by the Tides Center and The California Endowment to accelerate the integration of behavioral health (BH) services at primary care (PC) community clinics throughout California
- Starting in 2011, with funding from CalMHSA, began targeting counties across California and promoting bi-directional integration (PC in BH settings, BH in PC settings)

IBHP Goals:

- To promote access to care by increasing the availability and quality of integrated health, mental health, substance use, and social services throughout California.
- Increase access to behavioral health services
- Reduce stigma associated with seeking behavioral health treatment
- Improve treatment outcomes
- Strengthen linkages between mental health and primary care providers to improve overall population health and patient experience
- Strengthen networks & collaboratives among mental health, substance use, primary care, & social services providers, consumers, and systems for collective impact

The Problem: Fragmentation



Clinical delivery

Payment /financing

Community
expectation

Training/education

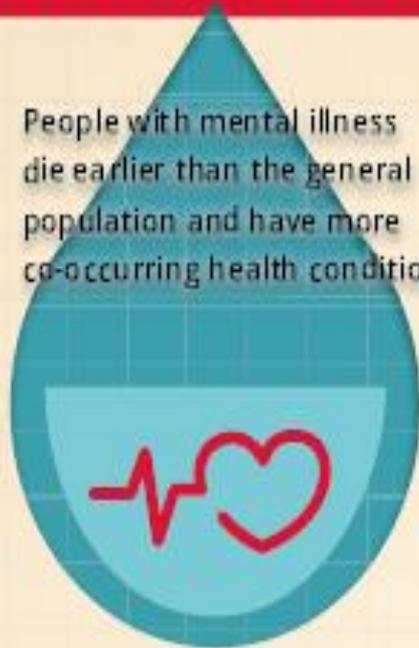


Fragmentation

Population with Serious Mental Illness

The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.



68%

of adults with a mental illness have one or more chronic physical conditions.

more than

1 in 5

adults with mental illness have a co-occurring substance use disorder.

Quick Review: Case for Integration

- 5% of the population use 50% of the health care resources (the 5/50 population)
- 1% use 20% of the health care resources
- Half of both groups have a behavioral health disorder
- We cannot achieve the triple aim (especially the cost saving part)... Without successfully addressing the needs of those with a serious mental illness and comorbid medical conditions

Behavioral Health is a Key Concern for Health Care

- Disparities: Affects low-income populations
 - Nearly half (49%) of all Medicaid beneficiaries with disabilities have a psychiatric diagnosis
 - Among Dual eligibles (Medicare/Medicaid), 44 percent have at least one mental health diagnosis
- Cost driver
 - Behavioral health disorders are among the five most costly conditions in the U.S. with expenditures of \$57 billion
 - Mood disorders such as depression are third most common cause of hospitalization in the U.S for both youth and adults

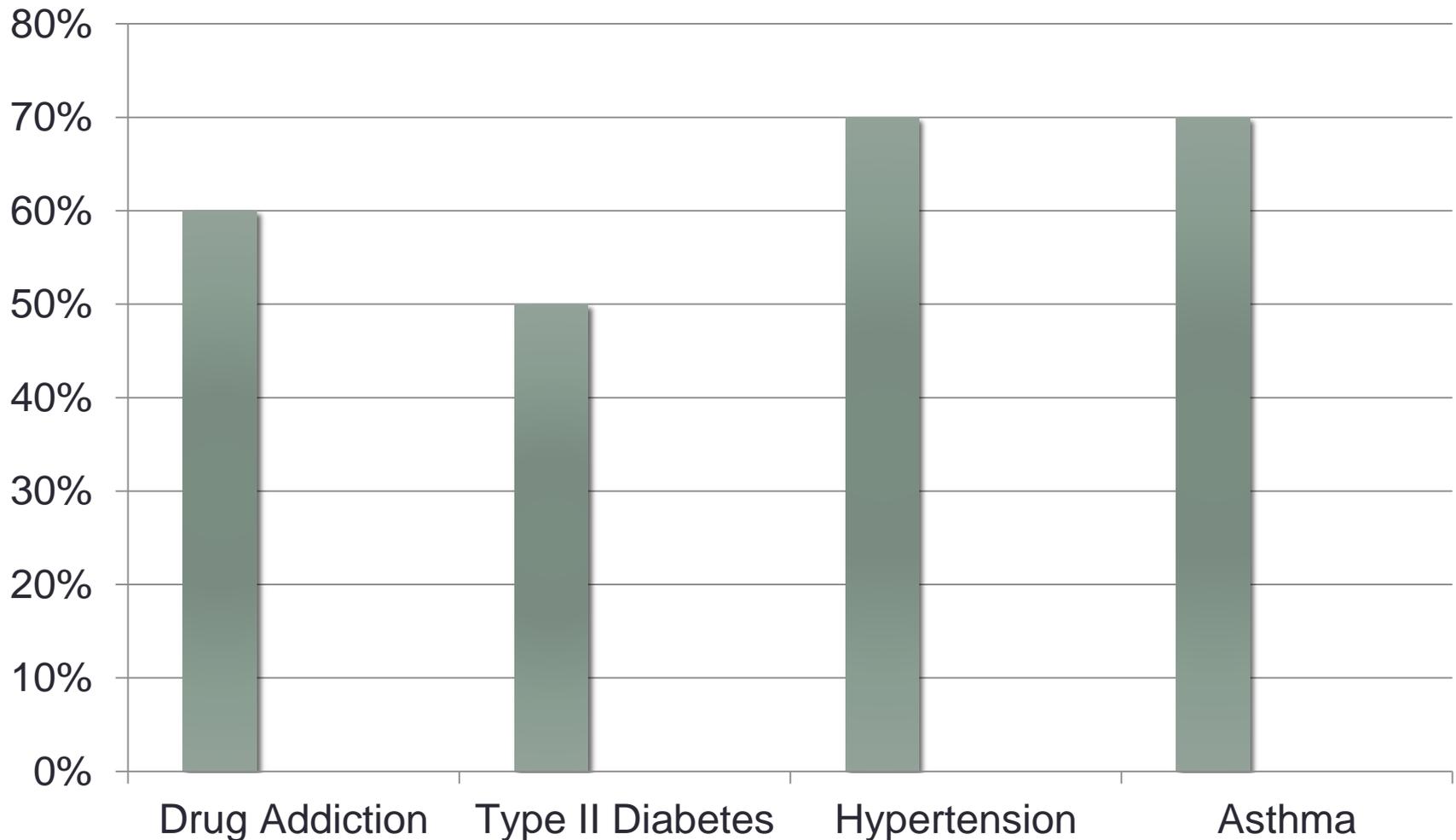
Why Integrate in Primary Care? Problem is larger than SMI

- Primary care is the sole source of MH treatment for 1/3 of patients receiving care for a MH condition
- 70% of all health care visits are generated by psychosocial factors. (*Fries et al., 1993; Shapiro et al. 1985*).
- Depressed patients are 3 times more likely than non-depressed patient to be non-compliant with treatment recommendations

Behavioral Health Disorders are Chronic Conditions

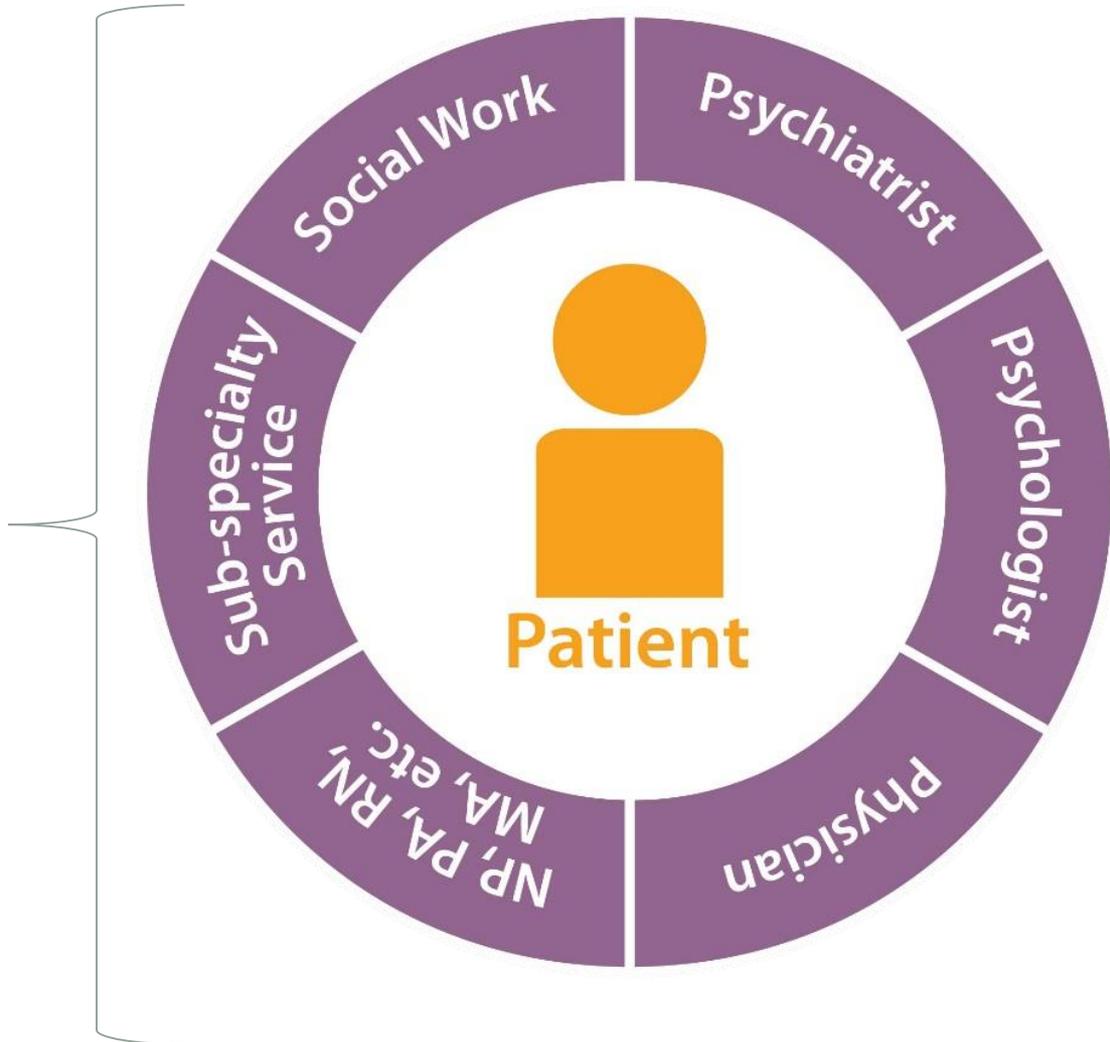
- Mental health disorders and addiction need to be understood as chronic conditions that sit on the same treatment continuum as other chronic medical conditions, which includes: prevention, treatment, relapse, self-management, and support.

Relapse is Common in Addiction and Other Chronic Diseases



The Solution

Primary
Care



Integrated Care Definition

- Integration of behavioral health and physical health care refers to the **intentional, ongoing, and committed coordination and collaboration between all providers treating the individual**. Providers recognize and appreciate the interdependence they have with each other to positively impact healthcare outcomes. Integrated care can occur when:
 - Behavioral health providers work alongside physical health providers in the same location; or
 - Behavioral health and physical health providers work in different settings but coordinate care through shared electronic medical records.

Important Elements of Integrated Care

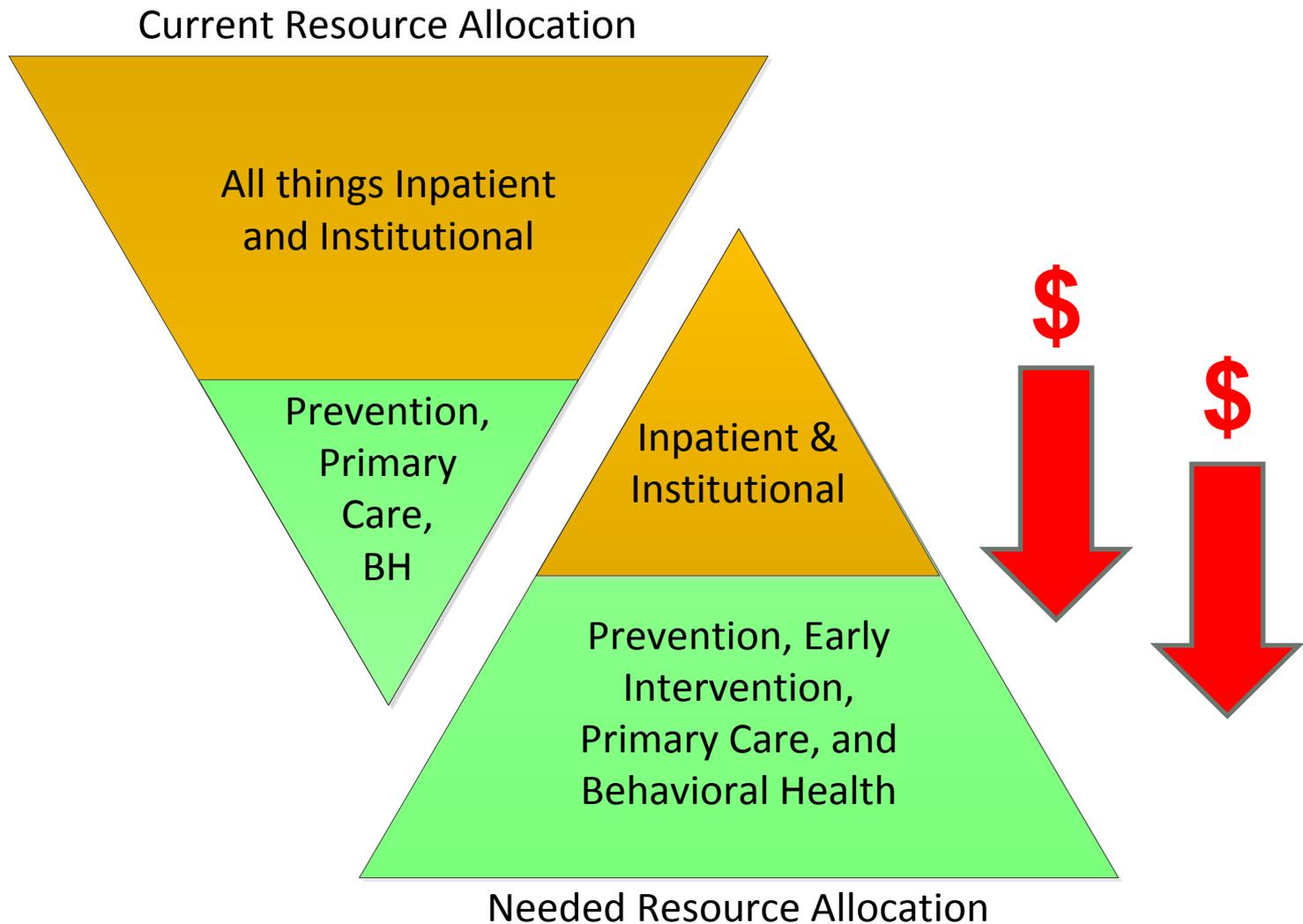
Care Coordination: “the deliberate integration of patient care activities between two or more participants [INCLUSIVE OF THE PATIENT] involved in a patient’s care to facilitate the appropriate delivery of health care services.” E. Wagner

Common Treatment Plan: Ideally, a designated team of behavioral and physical healthcare providers develop a common treatment plan that identifies and addresses both physical health and behavioral healthcare needs.

ACA: Shining a Light on Bi-Directional Integration and Workforce Issues

- Behavioral health is being integrated into primary care settings and primary care integrated into behavioral health settings
 - Managed Care Plans
 - Mild and moderate BH risk in primary care health home
 - Contracted network of MH/SUD providers (MBHO)
 - Mental Health Plans (County-Based)
 - Serious and severe BH risk in behavioral health home
 - Medical providers (PA, NP) working within county BHCs
- Acceleration of new integrated care delivery models, e.g. team-based care

Health Reform is Pushing for System Realignment



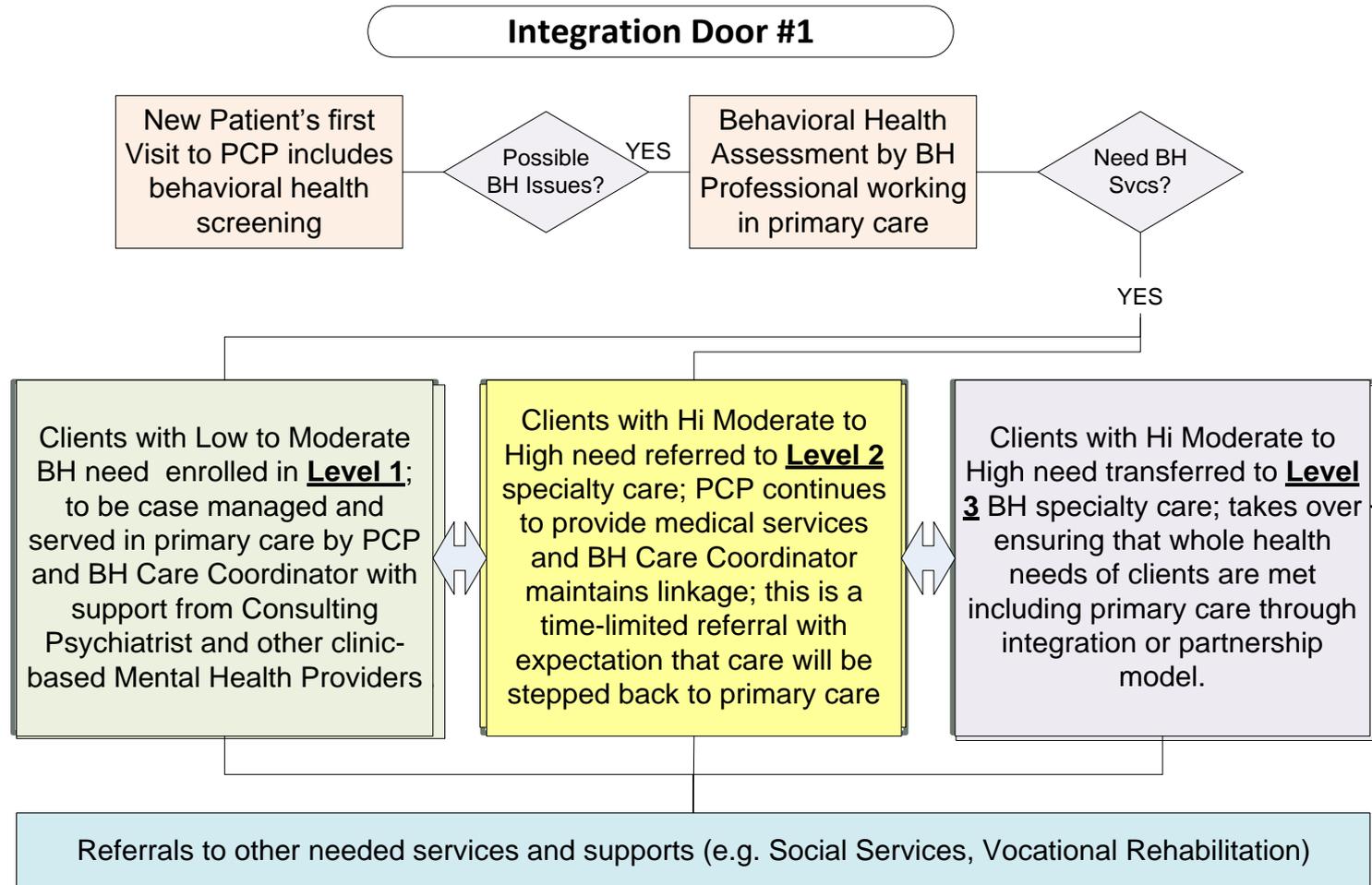
Medi-Cal Expansion

- Population and BH benefit expansion
- 1.9M new beneficiaries since January 2014
- Enhanced SUD services include intensive outpatient treatment, residential SUD services, and a new elective detoxification benefit
- New relationships at the county level to address 3 Tiers of Care – County Behavioral Health, Health Plans, Managed Behavioral Health Organizations (e.g., Beacon), FQHCs and CHCs
- Education for new beneficiaries to learn how to use their benefit and navigate the systems of care

Three Tiers of Complexity: Mild, Moderate, Severe

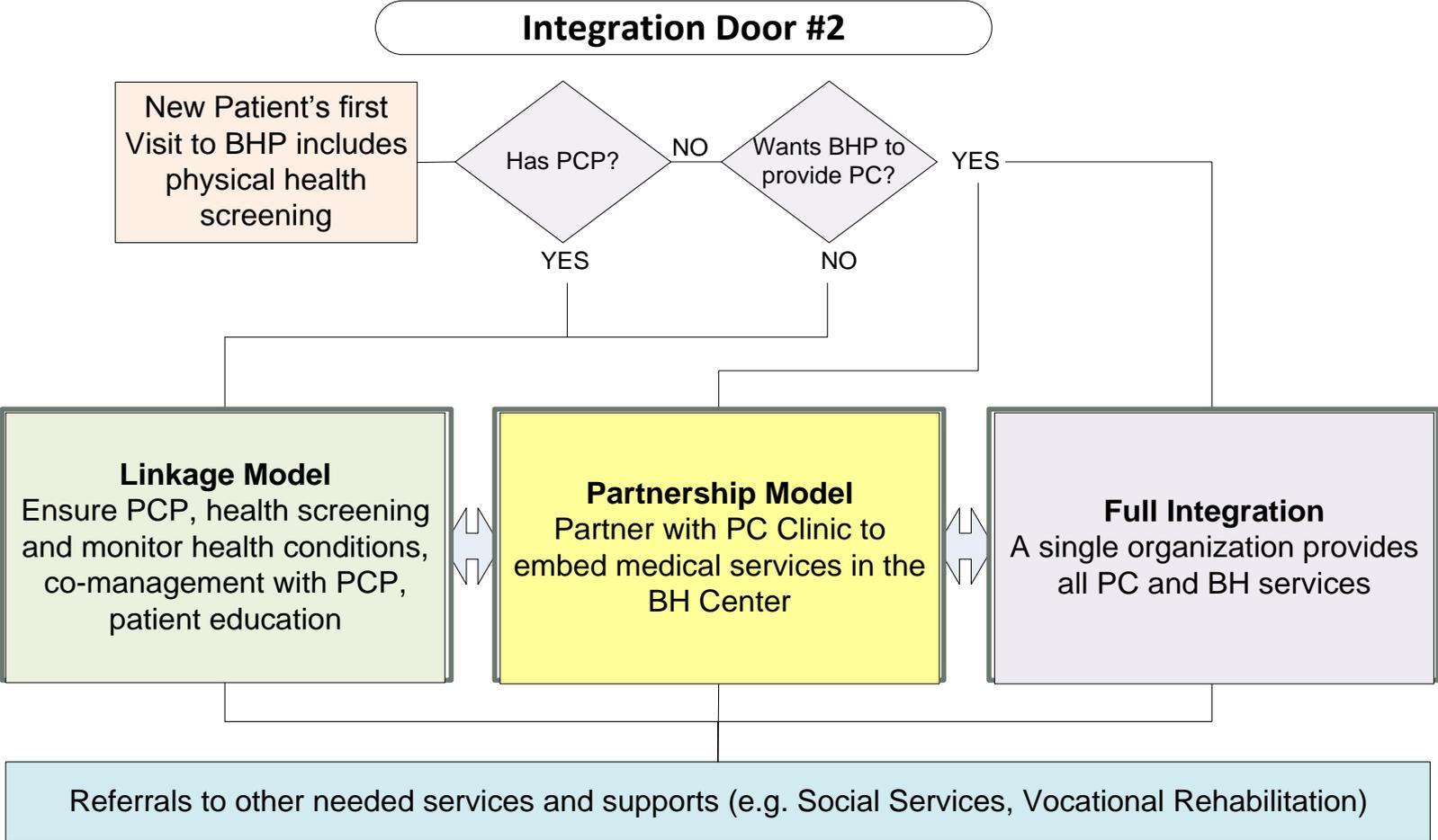
- Challenges and questions:
 - Tiers are not static: functioning and needs change
 - What types of patients are best served in primary care?
 - Optimizing services in different settings: what capacity is needed in primary care vs. specialty behavioral health?
 - Person-centeredness – patient ideally would be served where they choose
 - Coordinating care across the continuum

Workflow 1: Primary Care



No Wrong Door!

Workflow 2: Behavioral Health Clinic (SMI Population)



No Wrong Door!

Despite the Evidence, There are Barriers and Resistance to Integrated Care

- Provider knowledge about the impact of integration on stigma reduction lags behind the research evidence
- Stigma associated with MH and SU services
- Lack of understanding of Recovery
- Not always shared terminology – Recovery, Person-Centeredness, Peer Involvement, Lived Experience

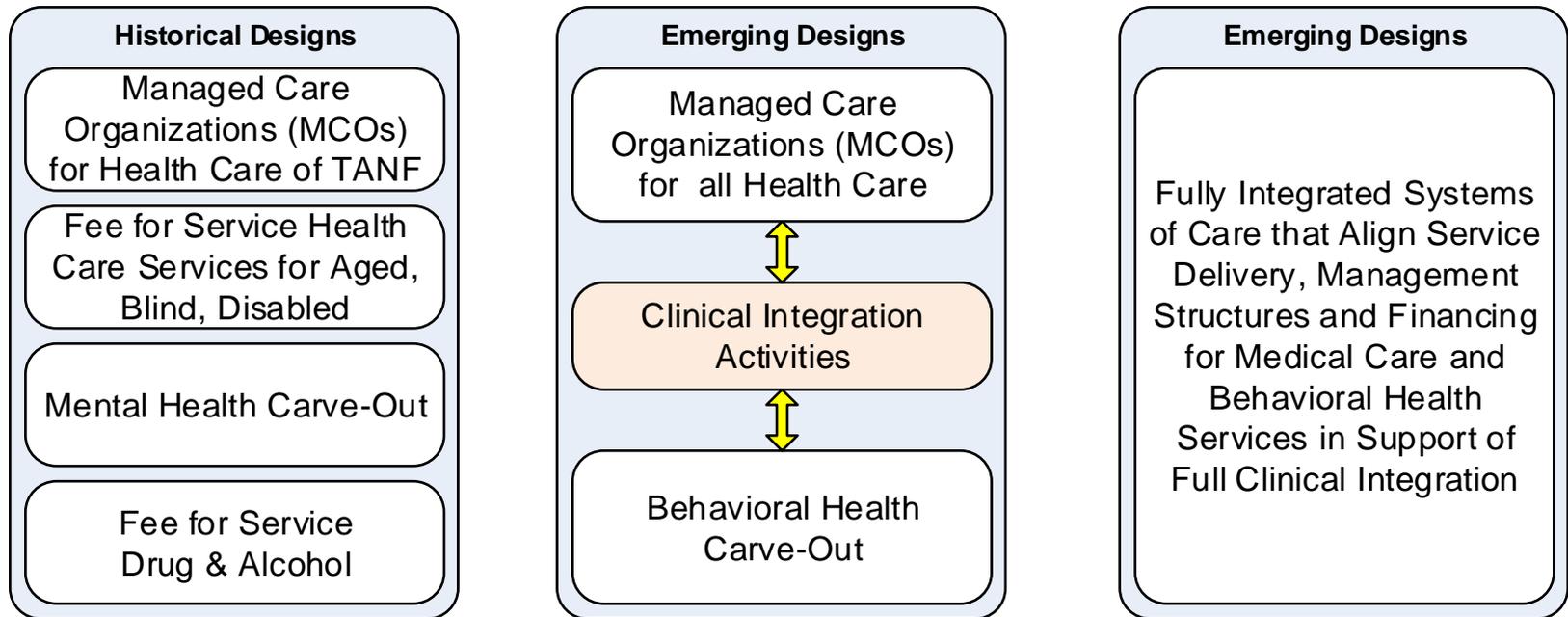
Why consumers feel stigmatized by health providers

- Orientation of primary care is reactive – which deters clients who are reluctant or unable to seek help
- Physicians inexperienced in or uncomfortable with mental health work may resist getting further involved with a client by actively asking about symptoms (M. Phelan, 2001)
- Cramped schedules can limit time physicians have to discuss behavioral health issues with clients
- Subtle or not so subtle judgments and communication about patients' mental health and substance use issues
- Short consultation times make it difficult for physicians to conduct complete physical assessments with cautious or suspicious patients

Why stigma should matter to providers

- Perceived stigma and experiences of discrimination influence:
 - Issues with medication adherence
 - Drop-outs and no shows
 - Access
 - Poor physical health outcomes
- Patient Experience: Key component and measure in the Triple Aim
- Quality care: welcoming environment is consistent with good care

All Healthcare is Local



Resources

- Integrated Behavioral Health Project (IBHP) <http://www.ibhp.org>
- University of Washington AIMS Center, WA State Mental Health Integration Program <http://uwaims.org/>
- SAMHSA-HRSA Center for Integrated Health Solutions (run by the National Council)
www.thenationalcouncil.org/cs/center_for_integrated_health_solutions
- Wayne Katon, MD et al., UofWA & Group Health--Treat to target
Teamcarehealth.org
- SAMHSA: A Modern Addictions and Mental Health Service System--
<http://www.samhsa.gov/healthreform/docs/AddictionMHSsystemBrief.pdf>

Contact Information

- Karen Linkins, PhD

karen@desertvistaconsulting.com