INTEGRATED CARE: OPPORTUNITIES FOR IMPROVING ACCESS TO BEHAVIORAL HEALTH SERVICES

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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

McLellan, et al, 2000
The Solution

Primary Care

Patient

Social Work
Psychiatrist
Sub-specialty Service
Psychologist
MA, etc.
NP, PA, RN
Physician
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

- Prevention, Early Intervention, Primary Care, and Behavioral Health
- Inpatient & Institutional

Needed Resource Allocation

- Current Resource Allocation
  - All things Inpatient and Institutional
  - Prevention, Primary Care, BH

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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

Integration Door #1

New Patient’s first Visit to PCP includes behavioral health screening

Possible BH Issues? YES

Behavioral Health Assessment by BH Professional working in primary care

Need BH Svcs? YES

Clients with Low to Moderate BH need enrolled in Level 1; to be case managed and served in primary care by PCP and BH Care Coordinator with support from Consulting Psychiatrist and other clinic-based Mental Health Providers

Clients with Hi Moderate to High need referred to Level 2 specialty care; PCP continues to provide medical services and BH Care Coordinator maintains linkage; this is a time-limited referral with expectation that care will be stepped back to primary care

Clients with Hi Moderate to High need transferred to Level 3 BH specialty care; takes over ensuring that whole health needs of clients are met including primary care through integration or partnership model.

Referrals to other needed services and supports (e.g. Social Services, Vocational Rehabilitation)

No Wrong Door!
Workflow 2: Behavioral Health Clinic (SMI Population)

New Patient’s first Visit to BHP includes physical health screening

Has PCP? NO

Wants BHP to provide PC?

YES

NO

Integration Door #2

Linkage Model
Ensure PCP, health screening and monitor health conditions, co-management with PCP, patient education

Partnership Model
Partner with PC Clinic to embed medical services in the BH Center

Full Integration
A single organization provides all PC and BH services

Referrals to other needed services and supports (e.g. Social Services, Vocational Rehabilitation)

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

**Historical Designs**
- Managed Care Organizations (MCOs) for Health Care of TANF
- Fee for Service Health Care Services for Aged, Blind, Disabled
- Mental Health Carve-Out
- Fee for Service Drug & Alcohol

**Emerging Designs**
- Managed Care Organizations (MCOs) for all Health Care
  - Clinical Integration Activities
  - Behavioral Health Carve-Out

**Emerging Designs**
- Fully Integrated Systems of Care that Align Service Delivery, Management Structures and Financing for Medical Care and Behavioral Health Services in Support of Full Clinical Integration
Resources

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