Innovations in Integration

Indiana Council of Community Mental Health Centers, Inc.

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DMA Health Strategies

5/9/2013

Goals

- Establish the need to change, the costs of chronic illnesses and the goals of the Triple Aim
- Innovations in integrating care : Defining Integration and examples
- Discuss the role of innovation in practice and business strategy
- Identify best practices and the administrative infrastructure needed
- How do we change practice? What are the leadership challenges and skills needed?
- Questions and answers

NEED FOR CHANGE

Need for change

- No one is happy with our health care system
- For decades, mental health has advocated a carve-out”
- We built bigger silos even as we deinstitutionalized
- Meanwhile the health of “our people” declined
- We documented the poor health of people with SMI (25 years of life lost) and the high costs of people with mental illnesses became clear
- The quadrant model (Mauer, 2006) made the solution more clear
- The architects of the ACA understood and encouraged health homes for people with SMI and better coordination of care for dual eligibles
- Now its up to states as they establish health homes and programs for duals to drive integration efforts

They listened and now we have to step up to the plate…

High rates of co-occurring physical conditions

- People with mental illnesses have costs as much as 75% higher than other Medicaid beneficiaries with disabilities; 2-3 times higher for those with a co-occurring substance use disorder. In a California study, Medicaid recipients with a serious mental illness were found to have 3.7 times greater health care costs. *(Kronick, R., Bella, M., Gilmer, T. The faces of Medicaid III: Refining the portrait of people with multiple chronic conditions. Center for Health Care Strategies, Inc., October, 2009)*
- Among the five conditions that account for nearly half (49%) of health care costs and 43% of illness-related lost wages, mood disorders rank first in work loss costs, second in total costs and third in health care costs. *Bartels, S. (2004) Integrating mental health in primary care: an overview of the research literature. Powerpoint presentation t NASMPHD Technical Report: Behavioral Health / Primary Care integration – Guidance for Public Sector Implementation Work Group, June, 2004.*
- Homeless adults with mental illness have high rates of substance abuse disorders, poor physical health, barriers to employment, and criminal justice involvement. *(Baggett, T. et al. (2010). The unmet health care needs of homeless adults: A national study. American Journal of Public Health. July, 2010, 100(7):1326-33.)*
- 49% of Medicaid beneficiaries with disabilities in the U.S. have a psychiatric illness. *(Center for Health Care Strategies, 2009)*

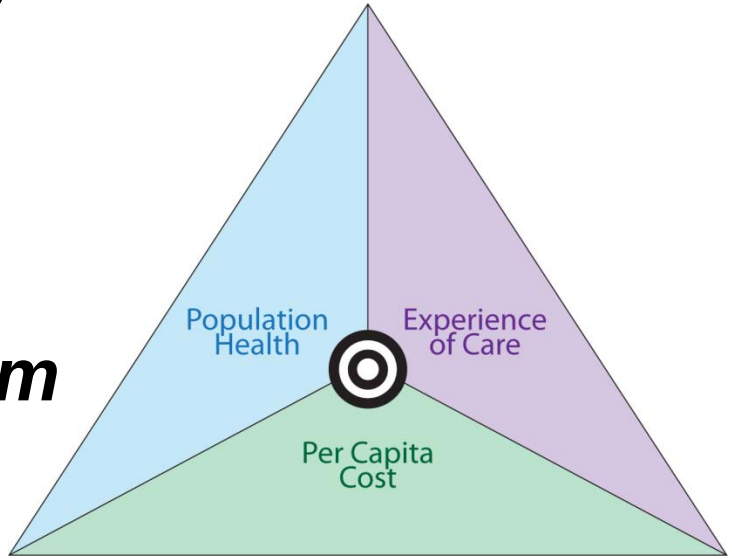
Dual eligibles

- 20% of dual eligibles have more than one mental health diagnosis, and their average annual spending (more than $38,000) is more than twice that of the overall dual eligible population. *(Kasper, M., O'Malley-Watts, M., Lyons, B. (2009). Chronic disease and co-morbidity among dual eligible: Implications for Medicare and Medicaid service use and spending. Kaiser Commission on Medicaid and the Uninsured, July, 2010.*
- "Approximately five percent of Medicaid beneficiaries drive up to 50 percent of total spending in states across the country. More than 80 percent of these high-cost beneficiaries have three or more chronic conditions, and up to 60 percent have five or more; yet, the majority of these patients receive fragmented and uncoordinated care often leading to unnecessary and costly hospitalizations and institutionalizations." (*Center for Health Care Strategies Rethinking Care Program)*
- For CMS Payment reform efforts, most states with risk based managed care models intend to include not only HCBS, but also some nursing facility care and behavioral health *(AARP Public Policy Institute, 2013)*

Triple Aim

- Achieving the Triple Aim requires aligning ***consumers, providers and payors*** so that ***services, transitions in care and the use of resources***
  - ***happen when they should,***
  - ***in the right intensity and***
  - ***for the right duration.***
- Track services and resources on a real time basis and manage transitions in care. Incentives, accountability and “checks and balances” are needed for everyone.

Triple Aim



Modern Mental Health and Addictions Services: Continuum

Principles

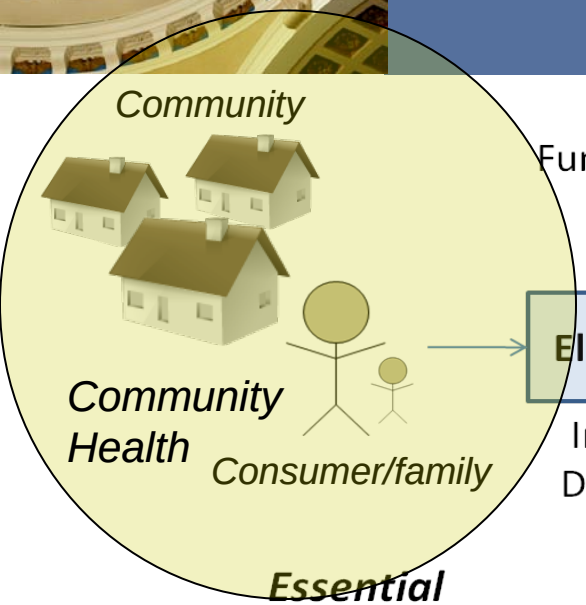
- **Integrated care**
- **Patient Centered**
- **Comprehensive**
- **Care Coordination among providers**
- **Systems approach to Quality**
- **Use of IT systems**
- **Increased accountability**

Continuum of BH Services/Benefits

Health Homes; Prevention and Wellness; Engagement services; Outpatient and Medication; Community and Recovery Support; Other Support (Habilitative); Intensive Support; Out of home residential; Acute Intensive

"Modern Mental Health and Addictions Services - SAMHSA"

The New Delivery System



Exchanges: Functions include eligibility; choice; enrollment

Plan enrollment: Primary care choice; screening?; health home

Eligibility

Income, Disability

Choose Plan/ benefits

Plan Enrollment

Access and Engagement

Specialty BH health homes

Essential Benefits Rules will guide what is in expansion plans

Covered Health Services

Acute Hospital

Post acute care

Lab., imaging, etc.

Specialty Clinics

Physicians and Allied Health

Health Homes, PCMH

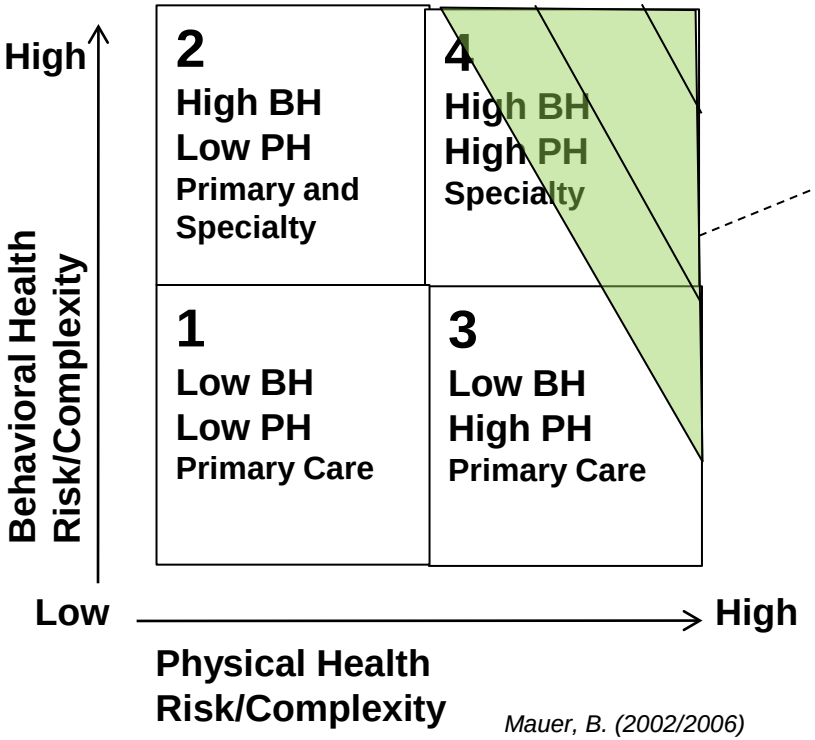
ACOs

Behavioral Health Services

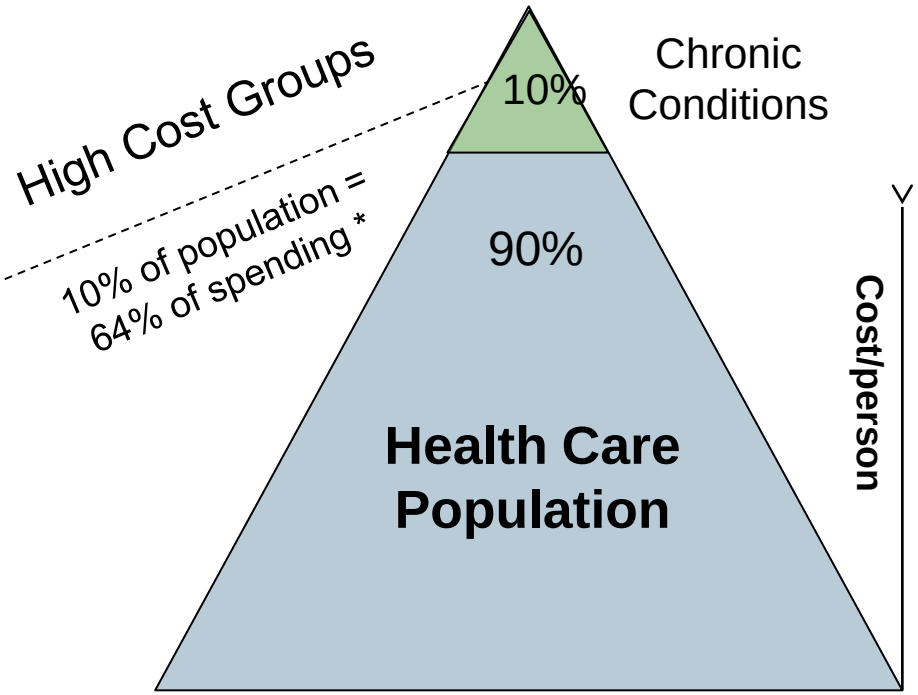
ACOs will seek to increase in scope and size

Some BH services will continue to be state and block grant funds

The costs of chronic illnesses - The Quadrant Model



Mauer, B. (2002/2006)



* **Yu WW, Ezzati-Rice TM. (2005). *Concentration of health care expenses in the U.S. civilian noninstitutionalized population. Statistical Brief* #81. May 2005. Agency for Healthcare Research and Quality, Rockville, MD.**

INTEGRATION

Integrated Care

"…integrated health care is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served." *Hogg , Foundation for Mental Health, Connecting Body & Mind: A Resource Guide to Integrated Health Care in Texas and the U.S., www.hogg.utexas.edu*

*But **true integration is not just with primary care**. It includes:*

…other support providers and specialists

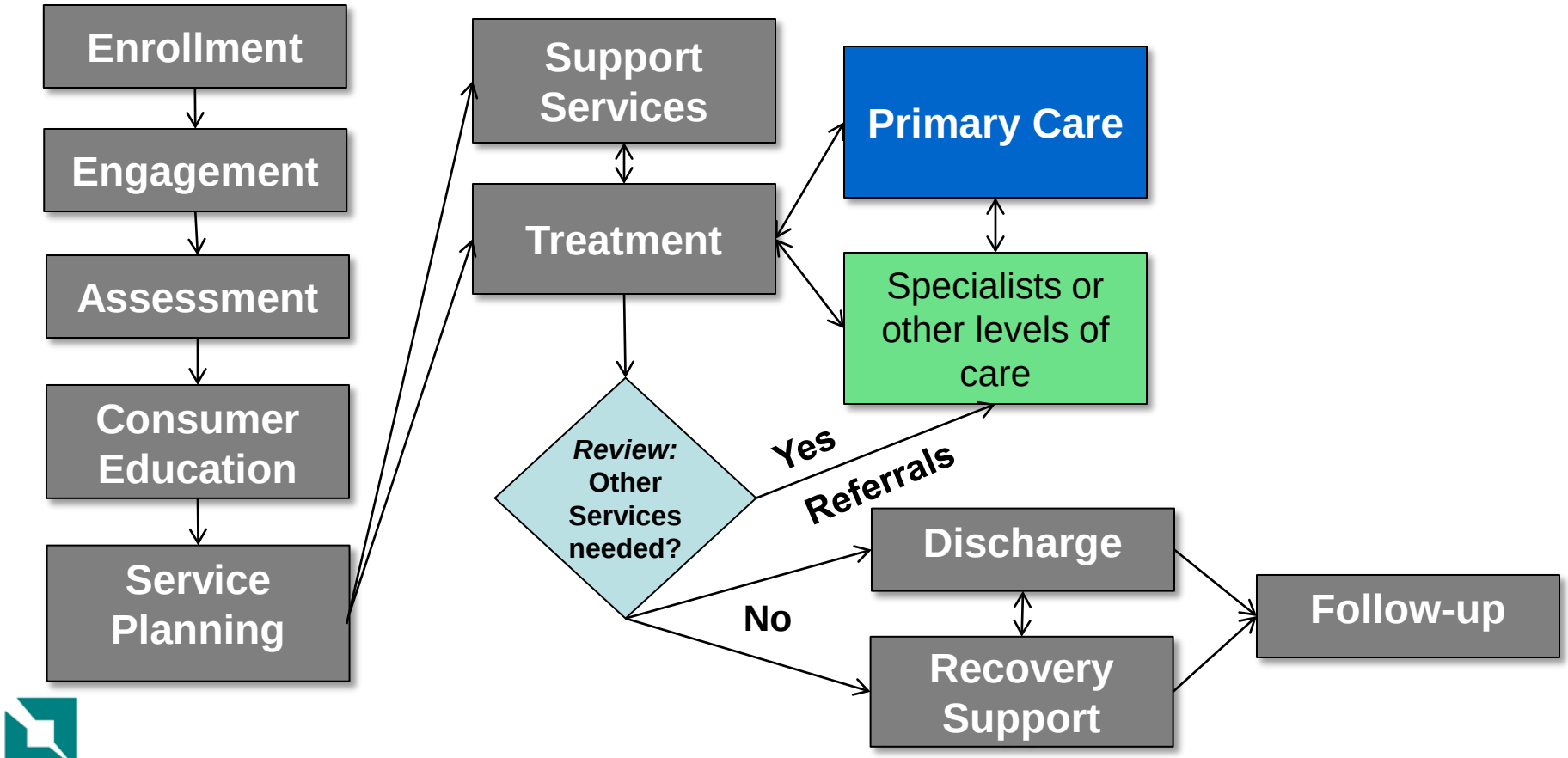
…Corrections and other agencies

…Substance abuse services

…Other long term services and supports….

Delivery System Integration: Process of care

Integrated care is not just between physical and behavioral health. A truly integrated delivery system is one that manages and optimizes each phase of the health care process.



Carve-Outs and Carve-Ins

- Managing Care
  - Grants and contracts
  - Fee for service
  - ASOs; MBHOs; MCOs, HMOs, SNPs; ACOs ICOs
  - PAHPs and PIHPs
  - Performance and Underwriting Risk - Insurance
- Specialization for behavioral health services
- Behavioral health services are different because….. ?
  - Stigma, visibility of outcomes, poorly defined interventions except medications
  - Consumerism, recovery, advocacy
  - Multi-system involvement
  - Denial and difficulties in engagement and communication

Specialty contracting issues

- Outreach and access
- Rules for networks and credentialing
- Benefit plans: Comprehensive; rehabilitative;
- Treatment planning
- Care coordination: authorizations; utilization review; case management; brokerage models
- Consumer involvement in policy and decisions
- Contracting
- Quality and cost outcomes
- Experience with vulnerable populations

Managed Care Contracting

- Plan design
  - Target population; adverse selection; benefits; rates for behavioral health and separate risk groups; provisions to guard against cost shifting
- Contract Specifications:
  - Consumer choice and protections
  - Outreach and Access
  - Network
  - Service authorization, treatment planning and care coordination
  - Medical care for special populations
  - Consumer involvement, cultural competency
  - Quality and cost savings
- Performance measures
  - Behavioral health: Access, utilization, and quality
  - Access, utilization, cost and level of integration with primary care
  - Administrative measures

INNOVATIONS

Change, Innovation and Strategic Differentiation

If you don't change your practice, you will be left behind.

- **Old dogs?** – Changes in payments, new documentation and different configurations for the same services you currently provide – e.g. Targeted case management and health homes?.
- **Managed LTSS? -** MCOs are increasingly responsible for a range of long-term services and supports (LTSS) that many are not familiar with. Look to ***Michigan*** and ***North Carolina*** for best practices
- **Innovate to Differentiate** – Are you the only game in town or do you compete for market share? Find ways to strategically differentiate your agency with new services, better quality, improved engagement and new partnerships. Test your innovations and improve.

Innovate for excellence!

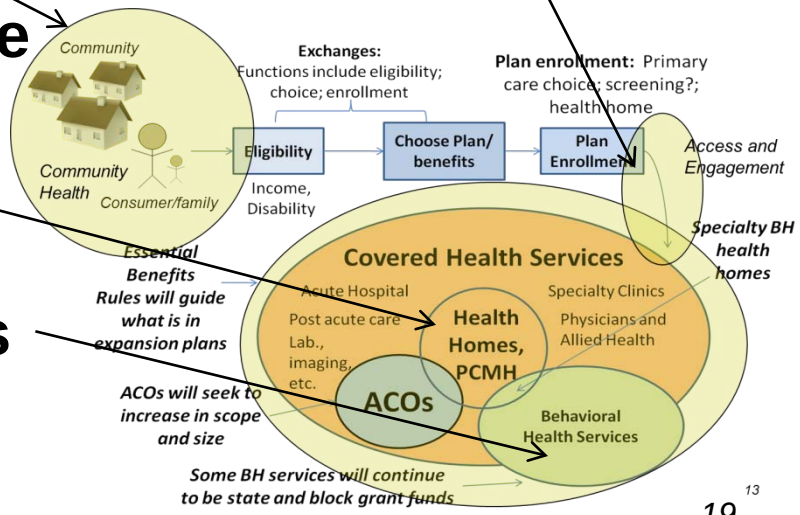
Innovations in Four Practice Areas

1) Community health promotion

2) Access and engagement

3) Planning and transitions in care

4) Accountability and outcomes



Community Health and Development

"Community Development tools" include (but are not limited to):

- Health education
- Social marketing
- Community health needs assessments
- Participant-based research
- Community planning days
- Coalition building, and
- Mobilizing self-help and peer services, including peer to peer and family centered services and supports

Building community capacity one conversation at a time!

Health promotion

Start with the obvious!

- Smoking – 75% of people with SMI smoke, compared with 23% of the rest of the population (CDC)
  - SAMHSA tool kit: 5 A's – Ask, Advise, Assess, Assist and Arrange
  - CHOICES in New Jersey,
- Diet and exercise
  - Health promotions Programs for Persons with SMI: What Works? http://www.integration.samhsa.gov/Health_Promotion_White_Paper_Bartels_Final_Document.pdf
  - "Lifestyle interventions appear to be inconsistently successful in achieving clinically significant weight loss for overweight persons with serious mental illness…[however] research shows programs to have enhanced success if they last three months or longer and incorporate both education and activity-based approaches"

We should be the behavior change experts!

Mental Health First Aid

- Developed in 2001 at ORYGEN Research Centre in Melbourne.
- Goals are to train first responders and others in how to provide help to someone who is experiencing a mental health crisis, increase understanding and combat stigma
- Train the trainers approach with more than 50,000 people trained as of 2012
- SAMHSA in funding a study of fidelity at U. Maryland and WICHE obtained an NIMH grant to test MHFA in colleges.
- ALGEE – 5 Step Action Plan
  1. **A**ssess for risk of suicide or harm.
  2. **L**isten nonjudgmentally.
  3. **G**ive reassurance and information.
  4. **E**ncourage appropriate professional help.
  5. **E**ncourage self-help and other support strategies.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

- Developed for substance use disorders to improve access
  - Key is the systematic use of screening tools, engagement and brief intervention techniques and organized referrals
  - Equally applicable to mental health
- Wide array of MH screening tools available for adaptation (see http://www.integration.samhsa.gov/clinical-practice/screening-tools)
  - Kessler -6 and Kessler – 10
  - Depression: PHQ-9
  - Anxiety Disorders: GAD-7; PC-PTSD (used by VA)
- What are you using?
- What are MH brief intervention techniques? Motivational Interviewing; Peer support; Engagement activities.
- How do we ensure that referrals actually occur?

Engagement Services

- Goals: Engaging people to be active participant in treatment and supports. Many may not know they are ill (pre-contemplation) or are think about it! (contemplation). Many don't know what to do next
- Solutions? *See February 2013 Health Affairs*
  - Health Literate Model (Koh et al 2013): "Improving health outcomes relies on patients' full **engagement** in prevention, decision-making, and self-management activities."
  - "*patient and family **engagement*** as patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system—direct care, organizational design and governance, and policy making—to improve health and health care" (Carmen et al 2013)
  - Related to Patient activation (readiness), and person centered care (decisions)

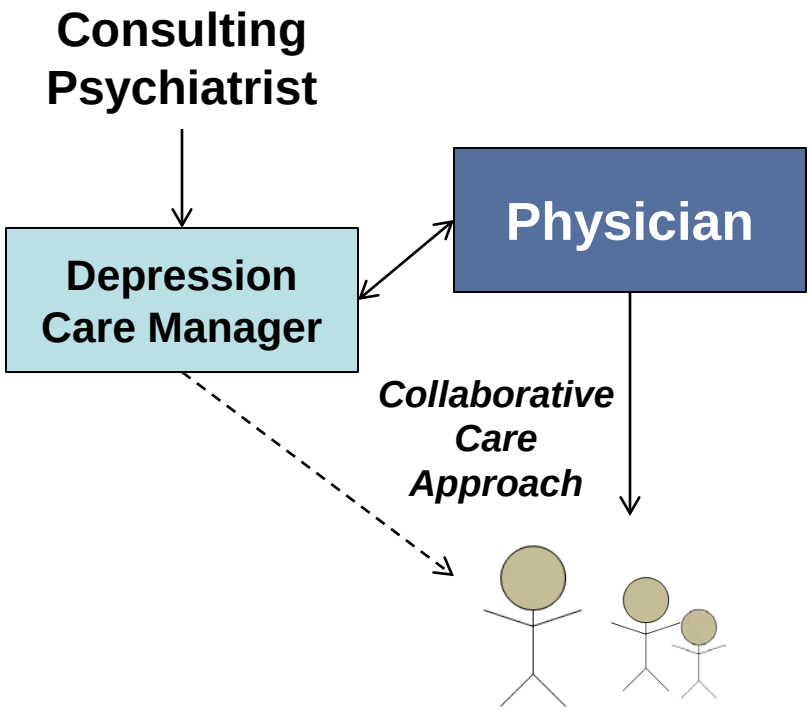
Psychoeducation, shared decisions and consumer accountability for quality and cost

IMPACT Model

"…care delivered through the IMPACT model was twice as effective as usual care (primary care or referral to specialty mental health care as available) in treating adult depression"

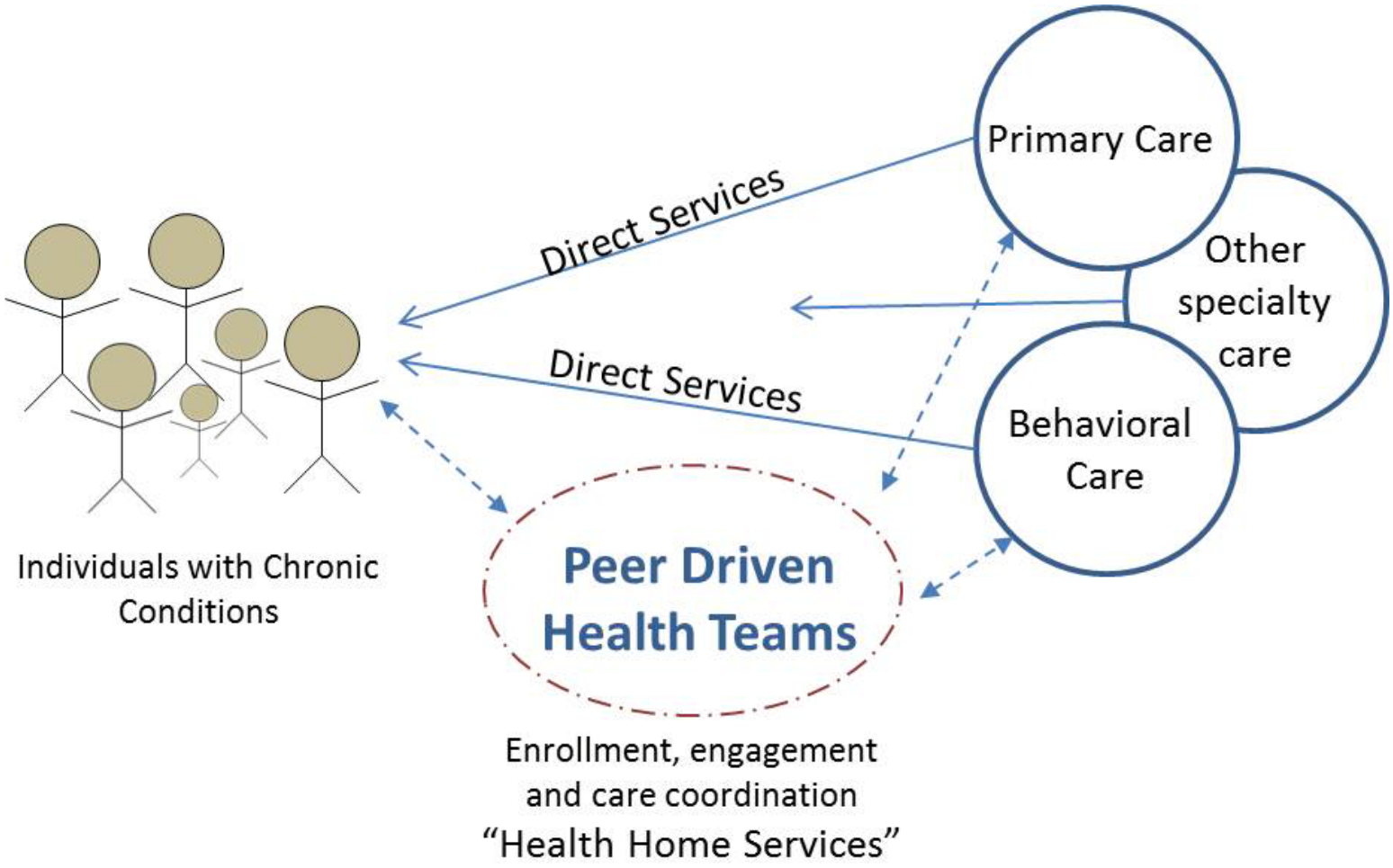
Key Components

- Stepped Care Treatment Plan
- Consumer Education
- Monitors symptoms for Tx response
- Coaching , Problem Solving Tx
- Relapse prevention plan



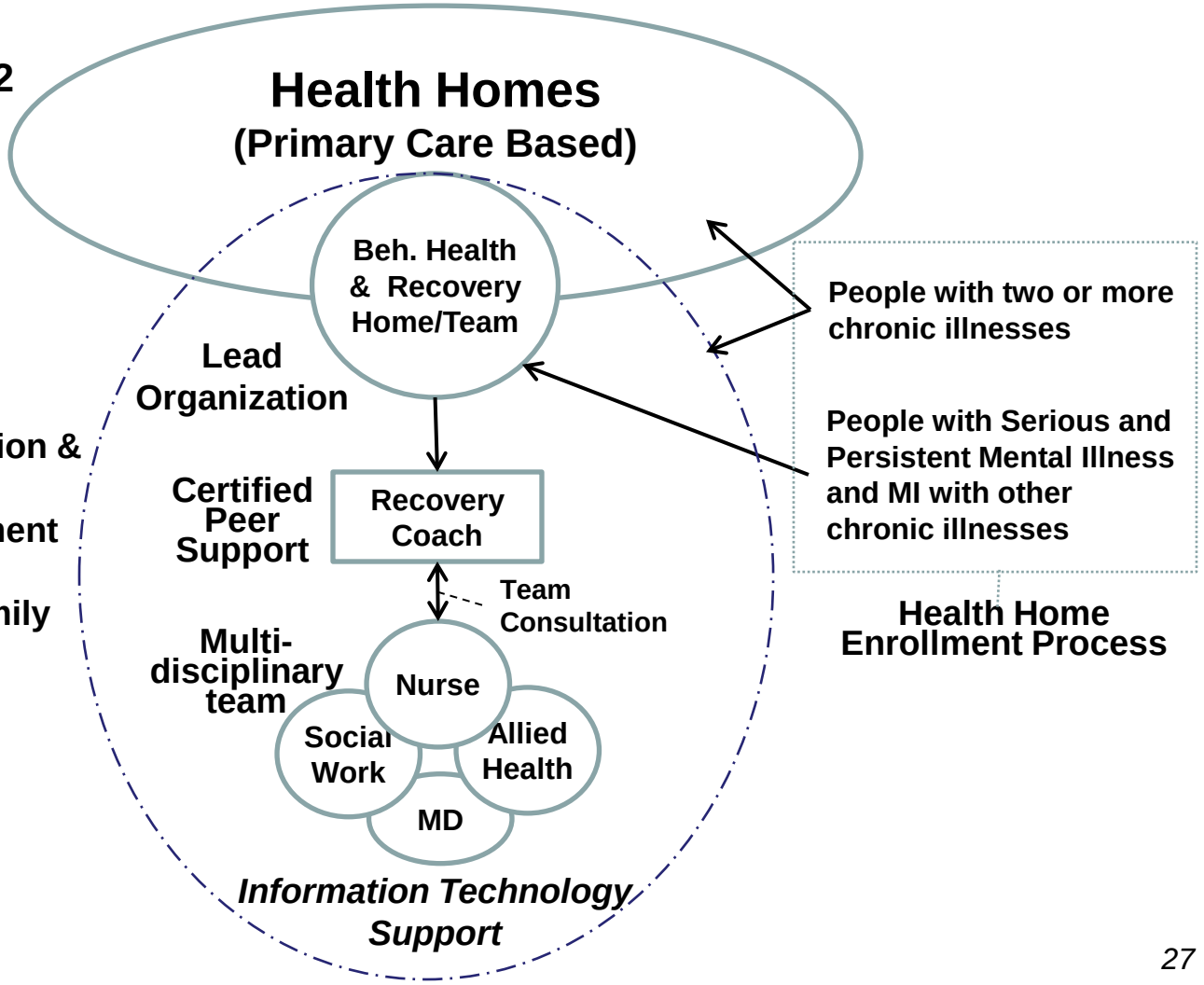
http://impact-uw.org/

Peer Support in Health Homes



Medicaid Behavioral Health Recovery Homes

Affordable Care Act provides 90% FFP for 2 Years



Health Home Services

- Health Promotion & Outreach
- Care Management
- Transitions
- Consumer/Family Support
- Referrals

Georgia Peer Support Whole Health Coaches

- Demonstration that Medicaid could pay for peer support to achieve whole health
- 8 week training at 2 Peer Centers
- Individual Service Recovery Plans, organized assessment and detailed progress notes are needed to support Medicaid funding
- Initial center in Atlanta cut hospitalizations by one-third though data are unpublished.
- Related trainings include Peggy Swarbrick's Wellness Coaching (*Swarbrick, M., Murphy, A., Zechner, M., Spagnolo, A., Gill, K. (2011). ' Wellness Coaching: A New Role for Peers', Psychiatric Rehabilitation Journal, Volume 34, No. 4, 328-331.)*
- Ben Druss' Health and Recovery Peer Program is similar and is an adaptation of Kate Lorig's Chronic Disease Self-Management Program

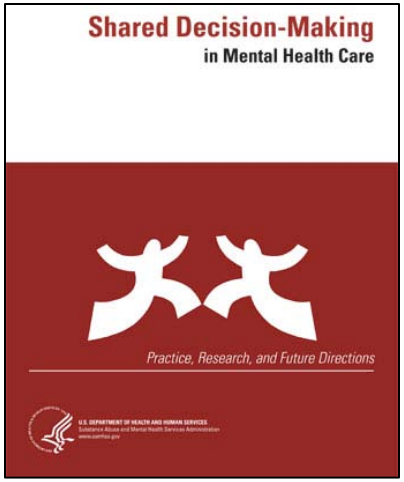
Shared Decisions and Self-Direction

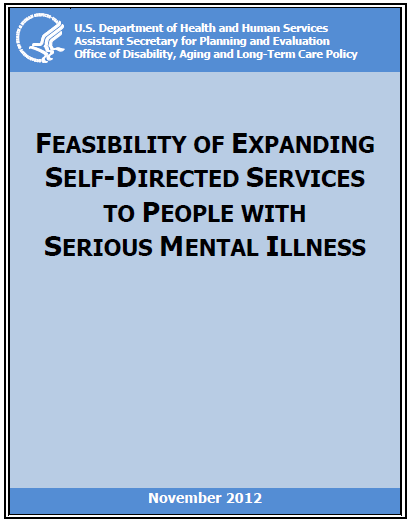
Shared decisions

- SAMHSA – Shared Decision Making in MH
- Center for Shared Decision Making - http://patients.dartmouth-hitchcock.org/shared_decision_making.html

Self-Direction has new energy behind it

- RCTs in PA and TX
- RWJF Feasibility study including planning for a national demonstration
- National Resources Center for Participant Directed Care – BC http://www.bc.edu/schools/gssw/nrcpds//
- HHS ASPE report is positive about wider testing and demonstrations



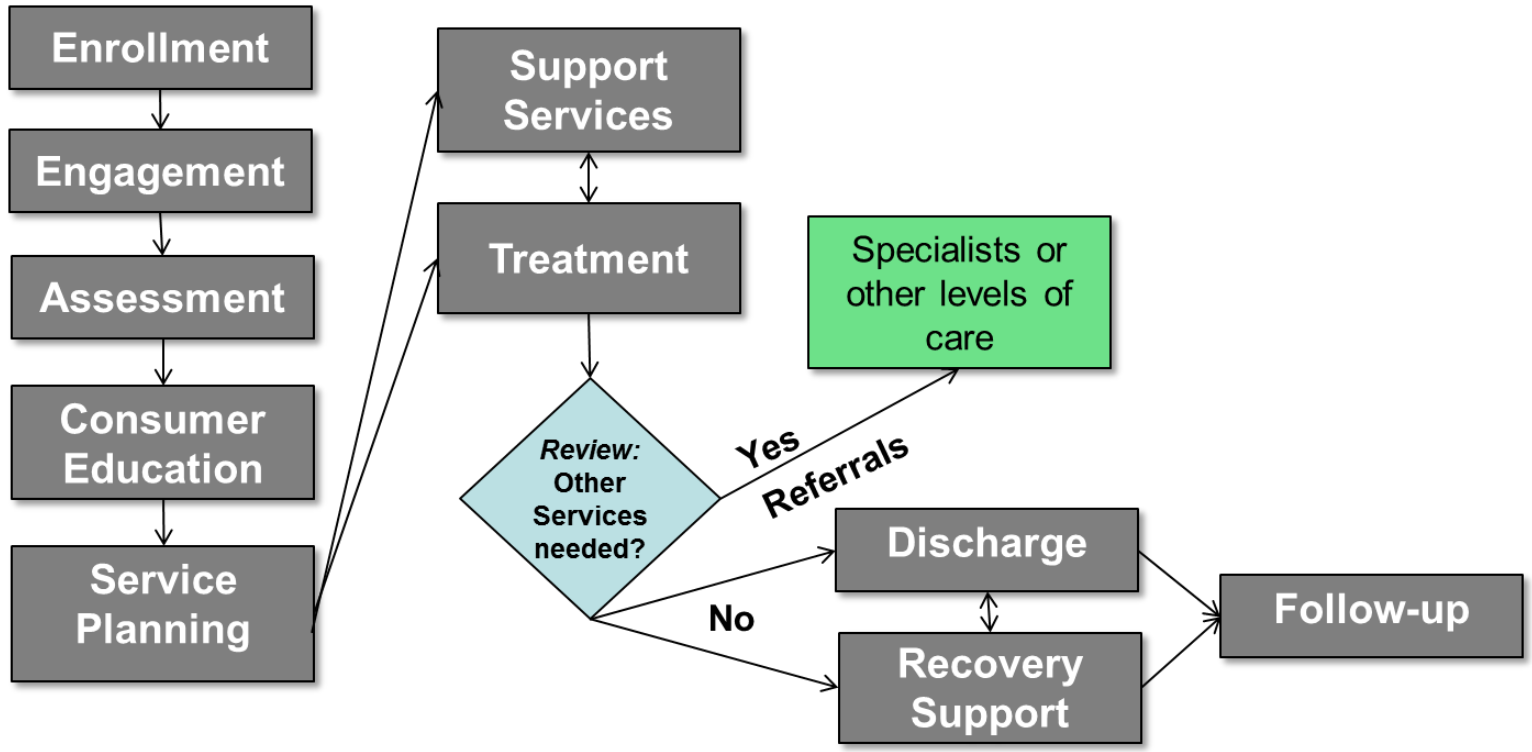


Systematic Measurement of Outcomes

- Basic and simple – start somewhere
- Process and performance measures focus on HEDIS – These are what the payors are measuring and will be accountable for
  - Anti-depressant Medication Management
  - Follow-Up Care for Children prescribed ADHD Medication
  - Follow-Up After Hospitalization for Mental Illness
  - Adherence to Antipsychotic Medications for Individuals With Schizophrenia
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Identification of Alcohol and Other Drug Services
  - Mental Health Utilization
- World Health Organization – Quality of Life Survey being tested by SAMHSA as a measure of recovery and well-being

Behavioral Health Service Delivery Process

Let's revisit the service delivery process and identify some of the best practices and innovations at each stage…..



Optimizing practice through Innovations

Stage of Service	Best Practice/Innovation
Enrollment	Peer Navigators; Care Coordinators (TCM)
Engagement	Health Literate model; Motivational interviewing; peer support; same day access; flexible hours
Assessment	Evidence based assessment tools; self-assessment tools
Consumer Education	Psycho-education; web based materials; education of consumers; families and others
Service Planning	Person centered planning; wraparound planning; shared decision making; self-direction
Treatment	Evidence based practices; PracticeWise for children; Peer crisis; Health and Recovery Homes

Best practices and Innovations

Stage of Service	Best Practice/Innovation
Support	Peer and recovery support; Whole Health Coaching; use of flexible supports to enhance treatment outcomes.
Discharge and follow-up	Warm hand-off; Follow- up calls; Peer Bridger service.
Referrals and transitions in care	Transitional support or community health workers; Health homes; care coordination
Crisis Planning and Support	WRAP; advance directives
Recovery Support	WRAP; Peer support; consumer education; self-help groups; self-management; HARP
Follow-Up	Outcomes measures; Peer support

Infrastructure for Services in Managed Care

- Shifting from grants to fee for service requires new administrative skills for many providers
- Increased role of marketing and new models of contracting
- Payer and consumer centric focus

Provider Organization Administrative Capabilities For A Managed Care Environment
Marketing and contracting functions – payer contracting, referral development, and consumer choice
Systems to facilitate administrative processes of FFS managed care and value-based purchasing – preauthorization, continued stay review, documentation
Revenue cycle management – billing and collections for both payer and consumer
Development of services that are customer-preferred in terms of value – both payer and consumer

Open Minds, 5/7/13

Infrastructure for Risk

- Managing risk requires a new focus on enrollment, clinical, utilization and underwriting risk
- Tools include IT, claims and network management systems

Care Management Administrative Capabilities
Clinical and utilization management system – clinical decision support, care tracking
Member and customer service functions (including eligibility determination)
Information systems and reporting systems
Financial management system – tracking of prepayments and liabilities
Legal and financial requirements – risk reserves, licensure, accreditation, reinsurance
Provider relations and network management – if not going to provide all services
Claims management and payment system – if not going to provide all services

Open Minds, 5/7/13

So if this is what you need to do to become a "center of excellence", how do you do it?

How do I assure innovation in a new service delivery system?

How do I lead my organization through the change?

Hogan's Crystal Ball

- "…..a few entrepreneurial leaders will embrace the challenge of achieving true integration at every level, from policy to plan to practice. These entrepreneurs will also succeed in business, because the game will come to them."

- "…do you have a business plan for success in an integrated health and behavioral health environment?"

What does it take to be a Transformational Leader?

"Musicians may have their instruments, and engineers may have their computers, and accountants may have their calculators, but leaders only have themselves. Leaders are their own instruments of change."

Anthony, Cohen, Farkas, Gagne: 2002
Psychiatric Rehabilitation

How Do I Support Change?

- Assure that your agency has a clear and relevant mission statement
- Support and finance programs and services that are consistent with the mission and vision
- Assure that service participants are included in all phases of planning, delivery and evaluation
- Assure available training; both in philosophy of change and then concrete tools for practicing differently
- Stress outcomes over process/collect and use both quality of life and recovery based outcome indicators
- Assure strong teamwork and encourage positive relationships between direct staff and management

Successful Leadership Traits

Leaders

- encourage a culture of open and regular communication
- adapt to changing situations
- are not afraid to put new ideas into practice
- bring together the ingredients for successful change: people, finances and organizational supports
- inspire others, exhibit tenacity, energy and creativity
- instill confidence by developing policies and procedures that make order out of chaos

Five Practices of Exemplary Leadership

- Model the Way
  - Earn the right to lead through direct involvement and action
- Inspire a Shared Vision
  - Let your vision of the future pull you and those around you forward; let your enthusiasm be infectious
- Challenge the Process
  - Experiment, take risks and don't be afraid to fail
- Enable Others to Act
  - Encourage employees to stretch themselves and take risks…be there for them if they fall
- Encourage the Heart
  - Create a culture of celebration

Kouzes and Posner: 2002, *The Leadership Challenge*

Conclusion

- The need for change in our healthcare system is clear.
- New collaborations are needed to achieve the Triple Aim.
- More integrated and better coordinated care is needed but integration is needed between primary care and specialists and across the stages of the delivery process
- We need to increase the innovative and evidence based practices we use – creating an organization that easily adapts to change and learns
- There are critical infrastructure changes we need to build – each organization needs to ID gaps in its capacity
- Leadership provides the foundation in each of your organizations for these changes. Your task is to make sure that you or other senior staff are providing the building blocks for change.

QUESTIONS and DISCUSSION