AHA State Issues Forum Meeting
**Tipping Point**

Behavioral health is essential to health

Prevention/early intervention is possible

Treatment is Effective and People Recover

Primary Care Level of Behavioral Health
Integrated Models

- Dual Eligible
- Accountable Care Organizations
- Medical/Health Homes
- State Medicaid Waivers

All include a focus on behavioral health...
Specialty Behavioral Health

State Hospital

Specialized Community Services

Integrated Care
Two Roles of Behavioral Health Providers in the New Health Ecosystem

• Behavioral health inside medical homes—deeply embedded in primary care team, prevention and early intervention, addressing behaviors as well as disorders

• Behavioral health specialty centers of excellence, partnering with medical homes to provide high-value, whole-health care to people with complex conditions

CCBHCs
Paradigm shift

Transformation from Mental Health Service model to Wellness Service. Mind and body working together.
Day activities program is Wellness Program. Exercise, movement, dance are a part of all group activities.
Primary care needs are followed from intake to exit.
Integration and coordination among PC staff and psychiatric staff.
What we know

• Persons with behavioral health problems are more likely to be frequent users of ED services.
• Persons with SMI have higher rates of comorbid health problems, are less likely to access and receive quality care, and more likely to die prematurely.
• Little research is available examining the effect of integrative primary and behavioral health care on hospital utilization.
Community Behavioral Health Providers

• Expertise in working with behavioral health population
• Experience in rendering community based case management
• Ability to provide home visits and connections to community resources
• Ability to implement discharge plans in the home
Communicating Success

- Improved Outcomes
- Lower Cost
- Quality & Consumer Experience
Health Integration Project

Hospital Usage

- Inpatient days
  - 114 consumers
  - 155 less inpatient days in year post HIP enrollment
  - Average of $2001 per inpatient day
  - Estimated annual savings $310,155

- Total Estimated Annual Savings $1,193,277
Family Services, Inc./ Washington Adventist Hospital

- **Goal:** Connect clients to community resources and implement the discharge plan
- **Client success rate** – 83.6%
  - Predicted savings to the hospital: $3.6M
  - Cost of CareLink: $416k
- **Successes factors**
  - Tested workflow
  - Clear identification of population
  - Team-based care
  - Wam Handoff
  - Access to information
Focus on Implementation
Opportunities and Challenges

- Integrated Care Models
- Financing
- Workforce
- Clinical Practice
- Operations & Administration
- Health & Wellness
Integrated Care Models

Do we partner or hire our own staff?

What infrastructure is needed (technology, facilities, support staff)?

How do the models align with other redesign efforts?

What does measurement based care look like?

How do we increase access through efficient service capacity?

What populations do we stratify and match to different levels of care?
Financing

Cost of Services
- Knowledge of cost and revenue per code by staff type
- A functioning utilizing management plan
- Ability to link identified outcomes to the cost of services

Back room operations

Setting case rates

Performance Incentives – shared savings (quality metrics – performance targets)
Redesigning Practice to Manage Population Health

Moving from a focus on **providing services** to a **single individual**… to **measurably improving outcomes** for the **populations** in our communities

- Developing clinical registries, clear workflows
- Transparent use of data to inform service delivery changes
- Access & focus on improving ambulatory
- Using data to inform key performance indicators
- Making the business case for shared savings
Care Coordination

Adequate payment for care management
Appropriate staffing models
Information sharing - ER admissions
HIT Requirements
  - Developing data sharing protocols with partner organizations
  - Creating & using Continuity of Care documents
  - Participation in HIEs
Addressing confidentiality needs and barriers
Standardizing transitions of care - new performance measures
Business Barriers Preventing Integrated Data Sharing

Exclusion of most behavioral health providers in the Meaningful Use Incentives Program

Impact of HIE need to process granular consent data on HIE sustainability

Expensive technical interfaces and applications

Workflow for Data Sharing

Privacy Policies for Data Sharing
Adopt Technology

Communication Preferences
Coordinate Care
Transparency & Benchmarking
Replace & Extend Staff
Preparing The Workforce

- Interdisciplinary Care Teams
- Team Composition – how many clinicians of what disciplines are needed to support a team-based care model?
- Cross training and use of brief, focused assessments and interventions
- Licensure – Who can provide treatment
- Facilitating client self-care management
- Concurrent Documentation / Technology
- Task Shifting

integration.samhsa.gov
Integrated Health Workforce Training

Producing and implementing integrated health education curriculum and resources for:

- **Psychiatrists** Working in Primary Care
- **Consumers** serving as Peer Educators
- **Case Managers** as Health Navigators
- **Addiction Professionals** Working in Primary Care
- **Primary Care Clinicians** Working in Behavioral Health Settings
- **Care Management** in Primary Care for current Behavioral Health Workforce
- **Mental Health First Aiders** in Rural Communities
- **Social Worker** Standard of Practice and Field Placement
The Payment Hitch

Expectations around care coordination, increased access, and data collection intended to improve care and cost created non-billable costs in the short term.

Source: Beverly Ryskamp
Network180 Behavioral Health Home
“To survive in an industry challenged by increased competition and a new set of rules imposed by reform, healthcare providers must deliver ever-higher quality and become more efficient — doing more with potentially lower reimbursements”
Seizing Opportunities
Delivering Value
TRUST
What Resonates?
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