Integration with Primary & Specialty Medical Care

Opportunities and Challenges for Behavioral Health

NAADC-Denver, CO

September 2017
What we Hope to Learn Today

- Why is Integration Important?
- Models or Phases of Integration/
- How is it Different?
- What Skills Do I Need?
- Barriers and Challenges
Life expectancy has improved in the US, but a 2015 dip shows that might be changing.

Life expectancy fell from 78.9 to 78.8 years in 2015.

The last major decline was in 1993, when life expectancy fell by 0.3 years.

Source: National Vital Statistics System
Credit: Sarah Frostenson
Case and Deaton (2015) US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).
Mortality by Cause, White non-Hispanics ages 45–54

Case and Deaton (2015) Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century
Mortality by Poisoning, Suicide, Chronic Liver Disease, and Cirrhosis, among White non-Hispanics

Case and Deaton (2015) Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century
Economic Impact of Opioid Use

50% of prime age men who are not in the labor force take pain medication on a daily basis

Kreuger, A. 2016
We’ve Come a Long Way

Moral Model → Brain Disease
But Not From This...

Acute Care Model

2015 MA Detox Admits

Once: 13,957
61%

Multiple: 8,846
39%
IOM Quality Chasm 2003 Report

“Current care system can’t do job”

“Trying harder (doing same thing) will not work”

“Changing care systems will/might”
Healthcare Reform Task: Inverting the Triangle

Realigning Resources

Inpatient and Institutional Care are limited; Chronic conditions are care coordinated; and spending is slowed
Transition in Health Care

Paradigm Shift

ACUTE CARE

- Focus: Illness
- Care: Fragmented

CHRONIC CARE

- Focus: Prevention
- Care: Coordinated
Factors Compelling Integration

- System can’t accommodate demand or need
- More seek help in Primary Care
- SUD: 20% get care; Diabetes 84% get care
- Failure of Referral Conversions
- Stigma Endures
- Behavioral Factors in Chronic Management
# National Supply and Demand, All Behavioral Health Practitioner Categories, 2013 and 2025

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>2013 Estimates Scenario Two</th>
<th>2025 Projections Scenario Two</th>
<th>Difference</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Supply</td>
<td>Demand</td>
<td>Difference</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>45,580</td>
<td>56,980</td>
<td>-11,400</td>
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<td></td>
<td>45,210</td>
<td>60,610</td>
<td>-15,400</td>
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<tr>
<td>Behavioral Health Nurse Practitioners</td>
<td>7,670</td>
<td>9,590</td>
<td>-1,920</td>
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<td></td>
<td>12,960</td>
<td>10,160</td>
<td>2,800</td>
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<tr>
<td>Behavioral Health Physician Assistants</td>
<td>1,280</td>
<td>1,600</td>
<td>-320</td>
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<tr>
<td></td>
<td>1,800</td>
<td>1,690</td>
<td>110</td>
</tr>
<tr>
<td>Clinical, Counseling, and School Psychologists</td>
<td>186,710</td>
<td>233,390</td>
<td>-46,680</td>
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<tr>
<td></td>
<td>188,930</td>
<td>246,420</td>
<td>-57,490</td>
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<tr>
<td>Substance Abuse and Behavioral Disorder Counselors</td>
<td>85,120</td>
<td>106,380</td>
<td>-21,260</td>
</tr>
<tr>
<td></td>
<td>105,970</td>
<td>122,510</td>
<td>-16,540</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse Social Workers</td>
<td>110,880</td>
<td>138,630</td>
<td>-27,750</td>
</tr>
<tr>
<td></td>
<td>109,220</td>
<td>157,760</td>
<td>-48,540</td>
</tr>
<tr>
<td>Mental Health Counselors</td>
<td>120,010</td>
<td>150,000</td>
<td>-29,990</td>
</tr>
<tr>
<td></td>
<td>145,700</td>
<td>172,630</td>
<td>-26,930</td>
</tr>
<tr>
<td>School Counselors</td>
<td>246,480</td>
<td>308,130</td>
<td>-61,650</td>
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<tr>
<td></td>
<td>243,450</td>
<td>321,500</td>
<td>-78,050</td>
</tr>
<tr>
<td>Marriage and Family Therapists</td>
<td>30,560</td>
<td>38,250</td>
<td>-7,690</td>
</tr>
<tr>
<td></td>
<td>29,780</td>
<td>40,250</td>
<td>-10,470</td>
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U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health
Self Management Tools

Can’t have a therapeutic relationship with a TV screen. Really?

Apps are for games, not for recovery. Oh yeah!
BH Screening in a Kiosk

Who’s going to sit at a kiosk to get health services? That will never happen!
MH/SUD Patients are High Cost

Patients with MH/SUD cost 2-3 times more ($1,000 PMPM compared to $400 PMPM)

Most of the added cost is facility-based costs (ER and inpatient) for medical care.
The BIG Numbers

$92 BILLION
Annual Expenditures on Behavioral Health

$293 BILLION
Additional Costs Incurred by Behavioral Comorbidities

Increased Emergency Room Visits

Increased Hospital Stays

Milliman Report 2014
BH Specialist-Patient Mismatch

Physical Health Sector

BH Patients (80%)

BH Specialists 5%
Practicing BH Specialists

Behavioral Health Sector

BH Patients (20%)

BH Specialists (95%)
## Impact of BH Comorbidity in Patients with Chronic Medical Conditions

<table>
<thead>
<tr>
<th>Patient Groups</th>
<th>Annual Cost of Care</th>
<th>Illness Prevalence</th>
<th>% with Comorbid Mental Condition</th>
<th>Annual Cost with Mental Condition</th>
<th>% Increase with Mental Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>$5,220</td>
<td>6.6%</td>
<td>36%</td>
<td>$10,710</td>
<td>94%</td>
</tr>
<tr>
<td>Asthma</td>
<td>$3,730</td>
<td>5.9%</td>
<td>35%</td>
<td>$10,030</td>
<td>169%</td>
</tr>
<tr>
<td>Cancer</td>
<td>$11,650</td>
<td>4.3%</td>
<td>37%</td>
<td>$18,870</td>
<td>62%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$5,480</td>
<td>8.9%</td>
<td>30%</td>
<td>$12,280</td>
<td>124%</td>
</tr>
<tr>
<td>CHF</td>
<td>$9,770</td>
<td>1.3%</td>
<td>40%</td>
<td>$17,200</td>
<td>76%</td>
</tr>
<tr>
<td>Migraine</td>
<td>$4,340</td>
<td>8.2%</td>
<td>43%</td>
<td>$10,810</td>
<td>149%</td>
</tr>
<tr>
<td>COPD</td>
<td>$3,840</td>
<td>8.2%</td>
<td>38%</td>
<td>$10,980</td>
<td>186%</td>
</tr>
</tbody>
</table>

*Approximately 10% receive evidence-based mental condition treatment
Statewide Readmission Rates with Behavioral Health Comorbidity

CHIA -2014
Readmission Rates & BH Comorbidity

- **Arrhythmia**
  - Without BH: 13.2%
  - With BH: 21.5%

- **Kidney Disorders**
  - Without BH: 13.2%
  - With BH: 21.5%

- **Renal Failure**
  - Without BH: 18.1%
  - With BH: 27.0%

- **Pneumonia**
  - Without BH: 12.7%
  - With BH: 21.0%

- **COPD**
  - Without BH: 15.4%
  - With BH: 26.4%

- **Septicemia & Infections**
  - Without BH: 15.8%
  - With BH: 23.2%

- **Heart Failure**
  - Without BH: 18.9%
  - With BH: 29.4%

CHIA - 2014
Readmission Rates and Comorbidity (by Age)

<table>
<thead>
<tr>
<th>Age</th>
<th>No BH</th>
<th>BH Diag.</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44</td>
<td>6.5%</td>
<td>18.0%</td>
</tr>
<tr>
<td>45-64</td>
<td>8.5%</td>
<td>20.4%</td>
</tr>
<tr>
<td>65-74</td>
<td>11.5%</td>
<td>21.6%</td>
</tr>
<tr>
<td>75+</td>
<td>14.6%</td>
<td>21.4%</td>
</tr>
</tbody>
</table>
Opportunity Abounds

Hospitals seek behavioral partners to reduce Medicare readmissions
Modern Healthcare Magazine

Medicare’s Readmission Penalties Hit New High
U.S. News & World Report
“Integrating behavioral health can lead to improved patient experience, improved provider satisfaction, improved medical and behavioral outcomes, and now the time is really right for ACOs.” (S. Guterman, Commonwealth Fund)

“In order to get to the Triple Aim—better care, better health and lower per capita costs—ACOs are going to need to develop an integrated behavioral health strategy.” (M. Laderman, IHI)

"If you don't address the underlying issues that drive their conditions, then you're facing a situation where people will just be repeat users of the healthcare system, which runs up a lot of costs that could be avoided with appropriate care for the underlying conditions." (D. Muhlstein, Leavitt Partners)
A New Paradigm

- Prevention, Identification and Early Intervention
- Integration with General Medical Care & ERs
- Extended Engagement (Recovery Management)
- Predictive Analytics and Precision Treatment
- Sustained and Comprehensive Prevention
- Technology Interventions and Tele-Health
Levels of “Integration”

- Level 1: Minimal Collaboration--Separate Systems, little communication
- Level 2: Distance-Collaboration--Separate Systems, periodic communication
- Level 3: Onsite Collaboration--Co-location, still separate; infrequent communication
- Level 4: Partial Integration--Same site, common scheduling/charting, but BH and medical still seen as separate entities
- Level 5: Full Integration--Same site, same vision, same team, a fully unified practice
Services We Will Provide in Primary Care

- Triage/Rapid Assessment (SBIRT. PHQ-9)
- Consultation to Medical Team (on demand!)
- Patient Follow Up & Compliance
- Lifestyle Guidance & Management
- Specialty Care Referral % Tracking
- Subject Expert Training and Education
<table>
<thead>
<tr>
<th>Integrated Model</th>
<th>Traditional Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Management</td>
<td>Specialty Care</td>
</tr>
<tr>
<td>15-20 min. visits</td>
<td>45-60 min. visits</td>
</tr>
<tr>
<td>1-3 visits and done</td>
<td>5 or more visits</td>
</tr>
<tr>
<td>No limit # patients/day</td>
<td>5-7 patients/day</td>
</tr>
<tr>
<td>Open Access-Same Day Visit</td>
<td>Waiting Lists</td>
</tr>
<tr>
<td>Interruptible</td>
<td>Do Not Disturb</td>
</tr>
<tr>
<td>Instruct, Guide, Enhance</td>
<td>Diagnose and Treat</td>
</tr>
<tr>
<td>Integrated Model</td>
<td>Traditional Model</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Therapeutic Relationship not Focus</td>
<td>Relationship Critical</td>
</tr>
<tr>
<td>Visit is Primarily Medical</td>
<td>Visit specific to BH Issue</td>
</tr>
<tr>
<td>Stigma Minimal</td>
<td>Stigma Usually Very High</td>
</tr>
<tr>
<td>Interventions Support Med Providers</td>
<td>Rarely involve Med Providers</td>
</tr>
<tr>
<td>Referrals from Med Providers</td>
<td>Referrals from Community</td>
</tr>
<tr>
<td>Patient “Ownership” is Shared</td>
<td>Clinician “Owns” the Patient</td>
</tr>
<tr>
<td>Provider Moves Rapidly</td>
<td>Clinician Focus on 1-1 Interaction</td>
</tr>
<tr>
<td>Integrated Model</td>
<td>Traditional Model</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>MI, CBT &amp; Solution Focused</td>
<td>Based on Clinician</td>
</tr>
<tr>
<td>Preference</td>
<td></td>
</tr>
<tr>
<td>Documentation in Unified Record</td>
<td>Documentation stands alone</td>
</tr>
<tr>
<td>PCP Always Involved</td>
<td>PCP Hardly Ever Involved</td>
</tr>
</tbody>
</table>

**Best of All**

**NO CANCELLATIONS VS. 20-30% CANCELLATION RATE**
Barriers and Challenges

➢ Primary & BH systems/practitioners cultures
➢ Lack of clinician training in a different service setting
➢ Clinicians Unable to Adapt to PCP Setting
➢ Information sharing/Electronic Health Record
➢ Issues of Confidentiality and Space
➢ Financing and Reimbursement--(Grants Will End!)
We Have What Health Care Systems Need

- Expertise in SUD & MH
- We Know How to Talk to Patients
- Knowledge of Community Resources
- Improve Compliance; Reduce Use of High Cost Resources
- Help Medical Practitioners Understand BH Links to Disease
- We Can HELP PATIENTS BEFORE THEY’RE IN CRISIS
How to Get Started

- **Educate** Yourself & Your Staff
- **Expand** Your Thinking--Challenge Old Beliefs
- **Change** the Language
- **Use Data** - BH Integration Lower Costs & Readmissions
- **Share** it with Hospitals & MDs (They Don’t Know)
- Know and **BELIEVE** that you are **INDISPENSABLE** to Quality Care & Population Health Management
Making Decisions

If you miss the turn...

...you could be left by the side of the road.
Contact Information

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