Defragmenting health: Integrating care through payment, policy, and provision

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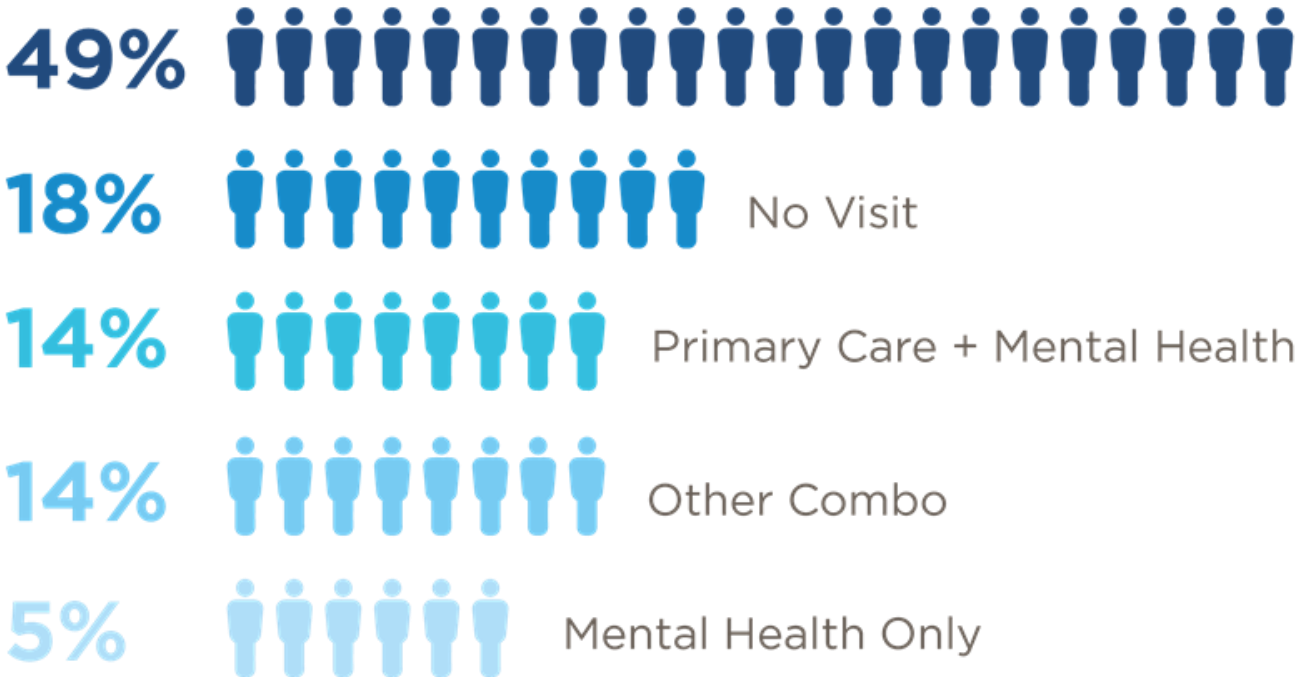
MENTAL HEALTH TREATMENT PATHWAYS

Visits for Individuals with Poor Mental Health

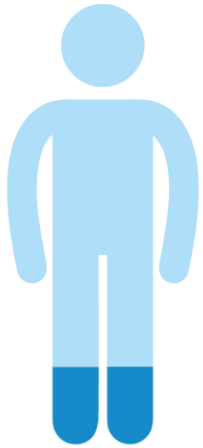


Findings from
109,593
respondents to the
2002-2009 Medical Expenditure Panel Surveys (MEPS)

Peterson, S., Miller, B., Payne-Murphy, J., & Phillips, R. (2014). Mental health treatment in the primary care setting: patterns and pathways. Family, Systems, & Health.

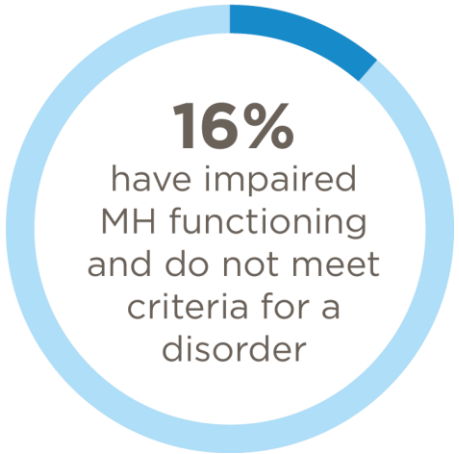
Anderson, L. E., Chen, M. L., Perrin, J. M., & Van Cleave, J. (2015). Outpatient Visits and Medication Prescribing for US Children With Mental Health Conditions. *Pediatrics*. doi:10.1542/peds.2015-0807

Child & Adolescent BH



Approximately 21%
of US children and adolescents
meet diagnostic criteria for a
mental health or substance abuse disorder
with impaired functioning

Only 20%
of these receive
needed services



Shaffer D, Fisher P, Dulcan MK, et al. The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): description, acceptability, prevalence rates, and performance in MECA study. Methods for the Epidemiology of Child and Adolescent Mental Disorders Study. J Am Academy Child Adolescent Psychiatry. 1996;35(7):865-877

US Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health; 1999. Available at: www.surgeongeneral.gov/library/mentalhealth/home.html

Child & Adolescent BH

Adolescents with mental health disorders are most likely to receive mental health services

*Except for youth of color (welfare or juvenile justice where MH care received)

Farmer EMZ, Burns BB, Phillips SD, Angold A, Costello EJ. Pathways into and through mental health services for children and adolescents. Psychiatric Services. 2004; 54: 60-66.

CREATING A CULTURE OF WHOLE HEALTH

Recommendations for Integrating Behavioral Health and Primary Care

Multi-Method Findings Aligning the Literature, Interviews, Focus Groups, and a National Leader Summit

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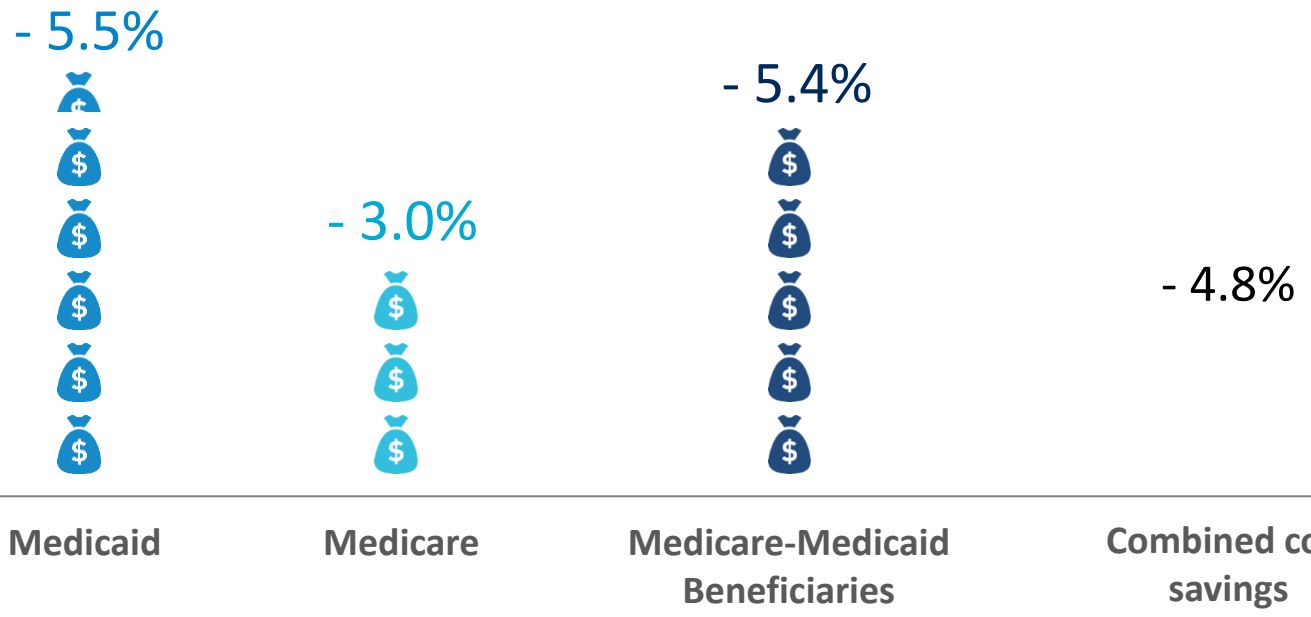
Miller, B. F., Gilchrist, E. C., Ross, K. M., Wong, S. L., & Green, L. A. (2016). *Creating a Culture of Whole Health: Recommendations for Integrating Behavioral Health and Primary Care*. Retrieved from http://farleyhealthpolicycenter.org/wp-content/uploads/2016/02/Culture-of-Whole-Health-Full-report.pdf

Integration and payment

CHANGE THE PAYMENT, CHANGE THE CARE

Comprehensive Care = Cost Savings

- Substantial, independently evaluated total cost of care differentials
- Normalized for differences in population, demographics, risk and price



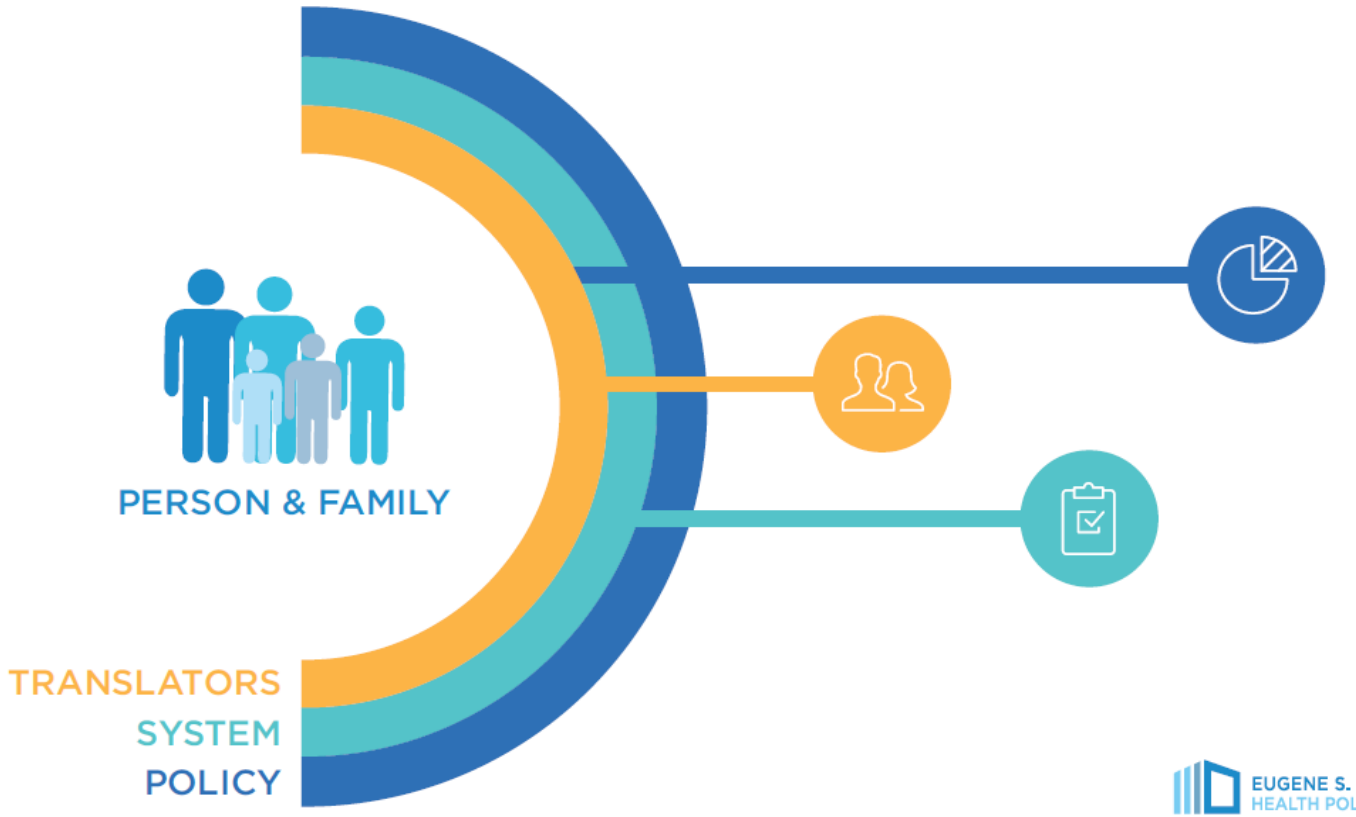
Payment recommendations

- This is not about changing the way we pay for behavioral health this is about changing the way pay for health
- Behavioral health should be seen as a critical facet of comprehensive primary care and no different than other investments in high quality comprehensive primary care, such as practice-based care management, measurement and other data use competencies, technology, and practice transformation support
- Global payments for behavioral health services should support team-based care and provide compensations for personnel, interventions, and related infrastructure specific to individual practices (Volume-based reimbursement models may limit the role of the behavioral health provider to patient services and other team-based activities that can be coded for payment)

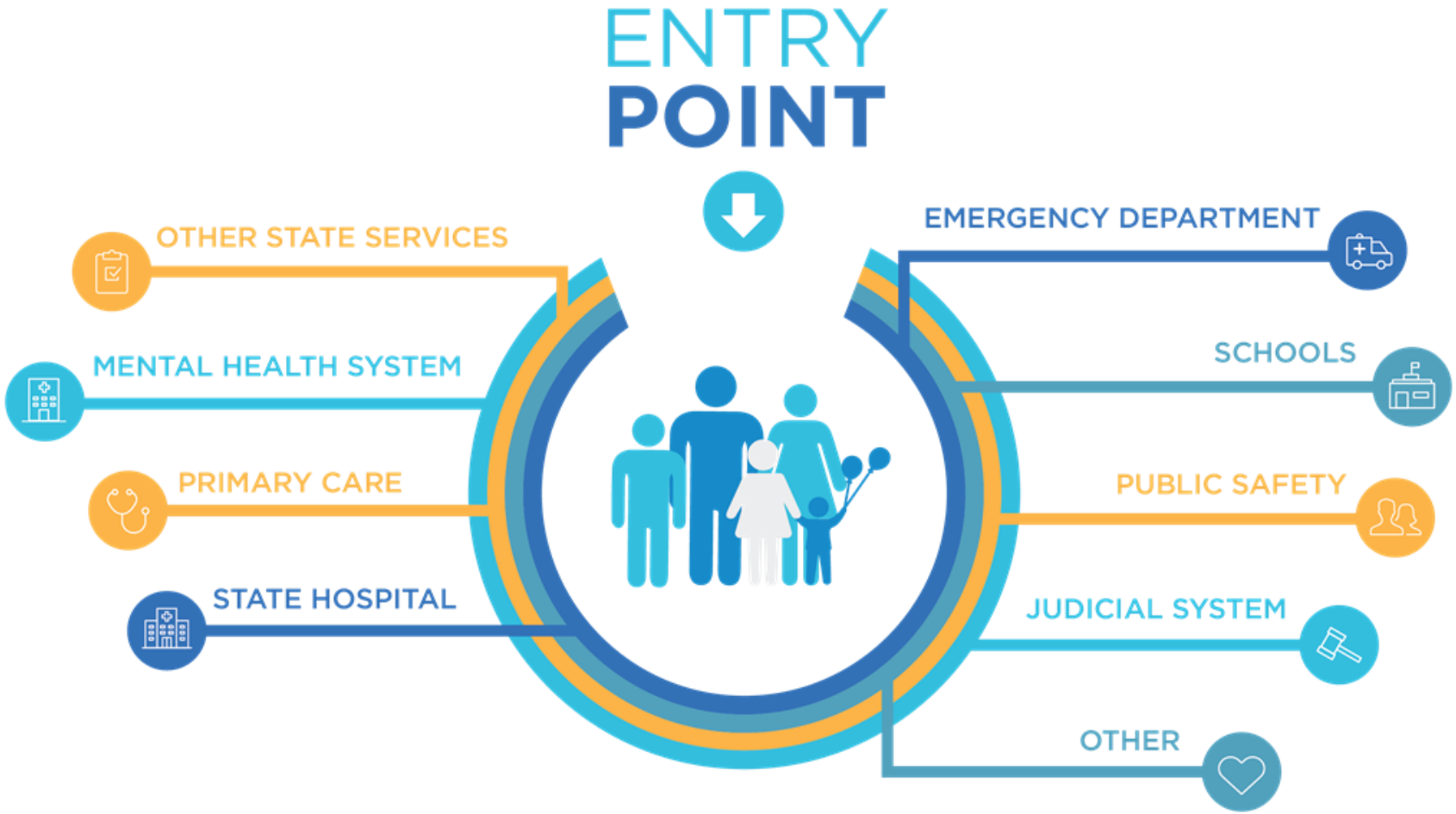
Integration and policy

DIVISIONS DIVIDE

CONCEPTUAL FRAMEWORK



Is no wrong door a possibility?



Policy recommendations

- Assess how policies limit what treatment options are offered to patients? Do the policies limit where the treatment is offered?
- Make sure there are incentives in place to encourage primary care clinicians to work with behavioral health (e.g. hold them accountable for certain behavioral health conditions)
- Carving out the behavioral health benefit may have unintended consequences on increasing access and allowing for better integrated care
- Fragmentation at the administrative level may limit integration at the delivery level

Integration and provision

CREATING THE WORKFORCE FOR THE SYSTEM YOU WANT, NOT THE ONE YOU HAVE

A Colorado Consensus Conference:

Establishing Core Competencies for Behavioral Health Providers Working in Primary Care

The Colorado Health Foundation™
SIM State Innovation Model
Caring for Colorado Foundation A Health Grantmaker
The Ben and Lucy Ana Walton Fund of the Walton Family Foundation
ROSE Community Foundation
The Piton Foundation at Gary Community Investments

The big 8

1. Identify and assess behavioral health needs in primary care settings
2. Engage patients in participating in integrated care in the primary care setting
3. Treat behavioral health problems and factors as part of primary care plans and teams
4. Participate in team-based care and collaboration
5. Communicate frequently with other clinicians and patients
6. Manage your provider time in the primary care culture
7. Provide whole-person care with cultural competence
8. Apply professional values and attitudes in daily work

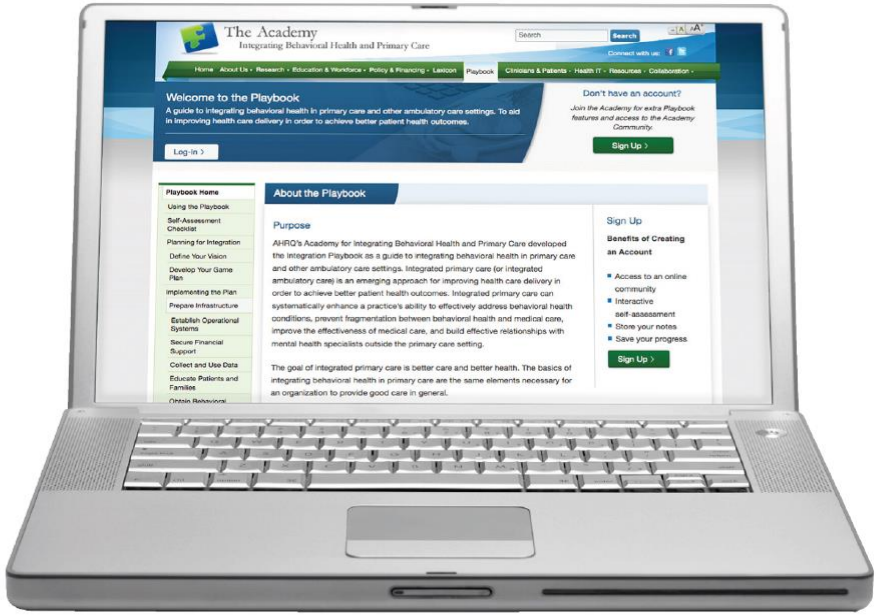
Clarifying the goal

- What is and what is not integration? (see AHRQ Lexicon)
- Clarifying specialty behavioral health from integrated behavioral health (differentiating populations and needs)
- Specifying at what level the measures are for (e.g. clinical, process)
- Structure of data
- Data quality

A free, Web-based guide to integrating behavioral health in primary care and other ambulatory care settings.

What topics are covered?

- Planning for integration
- Preparing the infrastructure
- Establishing protocols and clinical workflows
- Developing processes for tracking patients, monitoring outcomes, and maintaining engagement



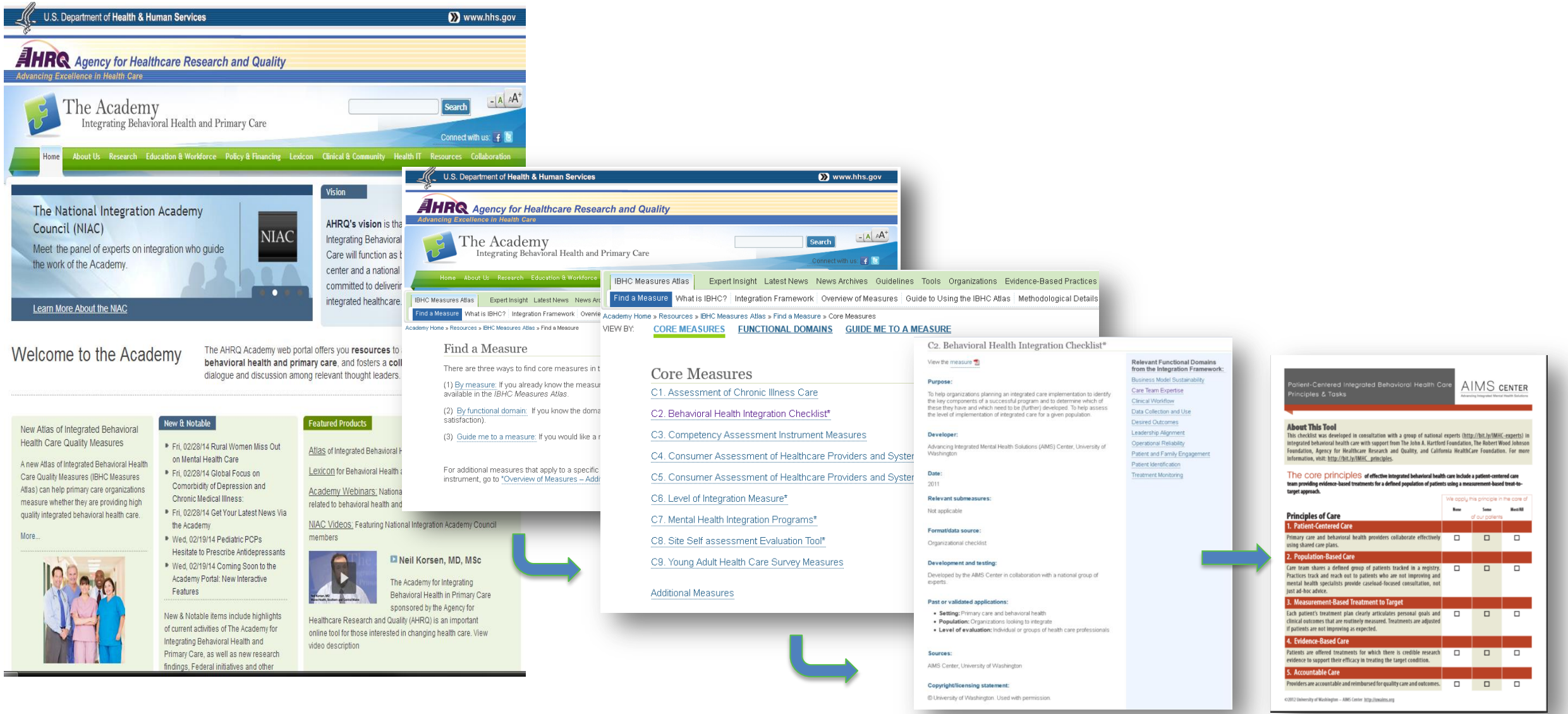
Available at
integrationacademy.ahrq.gov/playbook

The Academy
Integrating Behavioral Health and Primary Care

AHRQ
Agency for Healthcare Research and Quality

What's inside?

- Tips, resources, and real-world examples of how others are doing it
- "North Star" goals toward an ideal integrated behavioral health and ambulatory care setting
- What not to do, or the pitfalls to avoid when integrating behavioral health
- An interactive integration self-assessment checklist with immediate feedback linked to guidance
- Access to the Academy Community, an online forum for peer-to-peer networking and sharing



http://integrationacademy.ahrq.gov/atlas

The take away

- Define or be defined
  - How can you measure what's not been defined?
- Begin to consider parsimonious measures and measure alignment (and consider the multitude of federal, state, and local programs)
- Consider how payment and measurement are uniquely connected and often perpetuate fragmentation
- Leverage alternative payment models in support of the team


UPSTREAM

RESOURCES

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HEALTH POLICY CENTER

One stop
integrationacademy.ahrq.gov

Policy
farleyhealthpolicycenter.org

Case study
advancingcaretogether.org

State example
coloradosim.org

National organization
cfha.net

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