Our mental health integration imperative

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Deaths from drugs, alcohol and suicide 1999 to 2025 (PROJECTED)

1999
Annual Deaths from Alcohol, Drugs, and Suicide in the United States, 1999–2017

Source: Trust for America’s Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC
The United States is experiencing a mental health crisis.

Individual-level factors like loneliness, isolation, and a lack of belonging; Systemic elements such as fragmented care delivery and lack of affordable access to care; and Social and community conditions like economic exclusion, housing and food insecurity, racism and intergenerational trauma, and inequitable divisions of resources; have resulted in Deaths of Despair.

For the past three years, Americans have died younger and younger, primarily due to deaths from drugs, alcohol, and suicide.

We need a comprehensive, systemic, response to battle this complex crisis.

- Long-term, intergenerational work (Well Being in the Nation - WIN Network)
- Short-to-medium term work to immediately address the crisis
We've responded to the substance misuse crisis as if it's only about opioids

BY JOHN AUREBACH AND BENJAMIN F. MILLER, OPINION CONTRIBUTORS — 02/05/20 10:30 AM EST
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL
HEALING THE NATION

Advancing Mental Health and Addiction Policy
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https://healingthenation.wellbeingtrust.org/
Framework for excellence in mental health and well-being

PROMOTION

VITAL COMMUNITY CONDITIONS
- Belonging & Civic Muscle
- Thriving Natural World
- Reliable Transportation
- Lifelong Learning
- Meaningful Work & Wealth
- Humane Housing
- Basic Needs For Health & Safety

PREVENTION

COVERAGE
- Affordability
- Comprehensiveness
- Parity

ENGAGEMENT
- Identity, assess, connect to care, coordination, digital

TREATMENT

HEALTH SYSTEMS
- Primary Care / Emergency Department / Hospital

WORKPLACE & UNEMPLOYMENT
- Employees / Employers

WHOLE COMMUNITY

JUDICIAL SYSTEM
- Diversion / Treatment / Re-entry

EDUCATION SYSTEM
- Students / Teachers / Programs

MAINTENANCE

OUTCOMES
- Improved community conditions
- Increased affordable and available access to care
- Advance integration
- Structures for evidence-based care
- Individual and family reported outcomes
- Enhanced efficiency

ENABLERS
- Universality / Cost / Social Supports / Community / Technology

ADVANCING MENTAL, SOCIAL, AND SPIRITUAL HEALTH
Life Course Health Development

A primer and practical application to policy
Life Course Health Development

Defines Health as a developmental process

Builds Upon a rapidly Expanding Evidence Base
  • Life Course Chronic Disease Epidemiology
  • Neurobiology
  • Early Adversity and Early Intervention Research
  • Developmental Toxicology and Epigenetics

Not just connecting the dots between early exposures and later or latent manifestations of those exposures

Elucidating how physical, social, emotional environment is embedded into developing bio-behavioral regulatory systems
Down Stream Health Problems Related to Early Life

2nd Decade
- School Failure
- Teen Pregnancy
- Criminality
- Substance abuse
- Anxiety Disorders

3rd/4th Decade
- Obesity
- Elevated Blood Pressure
- Depression

5th/6th Decade
- Coronary Heart Disease
- Diabetes
- Renal Disease
- Arthritis

Old Age
- Premature Aging
- Memory Loss

From Hertzman
Summary

• Life course health development models are emerging
  • New synthesis integrating life course chronic disease epidemiology, developmental neurobiology, psychology, toxicology, epigenetics
  • Not just arraying social determinants but understanding mechanisms, timing, dynamics

• Health development in US is comprised from the start
  • Poorer child health >> more chronic disease and lower Life expectancy
  • Steep social gradients when compared to other nations
  • Obesity epidemic and emerging mental health epidemic are prime examples
Policy and payment

Defining a new vision for supporting integrated mental health
Financing

• Sustaining Healthcare Across integrated Primary care Efforts
  • A partnership between Collaborative Family Healthcare Association, Rocky Mountain Health Plans, Colorado Health Foundation, and University of Colorado School of Medicine Department of Family Medicine
  • To evaluate a global payment model to sustain behavioral health in primary care
Comprehensive Care = Cost Savings

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

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<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Medicare-Medicaid Beneficiaries</th>
<th>Combined cost savings</th>
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<tbody>
<tr>
<td>Cost Savings</td>
<td>- 5.5%</td>
<td>- 3.0%</td>
<td>- 5.4%</td>
<td>- 4.8%</td>
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Payment recommendations

• This is not about changing the way we pay for mental health; this is about changing the way we pay for practice that includes mental health

• Make sure the delivery setting is getting paid by keeping the patient healthy, not per patient visit (e.g. move as quickly as possible away from fee for service)

• Make sure there are incentives in place to encourage medical clinicians to work with mental health (e.g. hold them accountable for certain behavioral health conditions)
The takeaways

Be comprehensive, integrated, and seamless.