Achieving The Triple Aim Through Innovations In Care Management: Improving The Value Of Care In Mental Health

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He previously served as the Medical Director for the Missouri Department of Mental Health in Jefferson City and as the Division Director for the Division of Comprehensive Psychiatric Services.

Dr. Parks has conducted research and published in the areas of implementation of evidence-based medicine, pharmacy utilization management, integration of behavioral healthcare with general healthcare, and health care policy. He has received numerous awards for improving the quality of care and leadership.

Stephen Christian-Michaels is the President and CEO at Family Services of Western Pennsylvania. He is a social worker and family therapist. Stephen started working collaboratively in primary care in 2003, embedding a therapist in a primary care family practice. He is now supplying three behavioral health staff to a federally qualified health center and moving into another small family practice.

Family Services was part of a three sight research project where behavioral health was embedded and utilized the IMPACT model to identify, engage and treat depression, anxiety and unhealthy substance use in primary care. Now these types of strategies are being reversed, putting a nurse into a case management team to identify and improve the health status of people with serious and persistent mental illness. He has been a leader in promoting technology including web based EMR’s, embedding outcomes data collection in the EMR, developing dashboards that give real time data feedback and use of tablets for client entry of outcomes.
This program is paid for by Otsuka Pharmaceutical Development & Commercialization, Inc. and Lundbeck, LLC
PsychU Virtual Forum Rules of Engagement:

Otsuka Pharmaceutical Development and Commercialization, Inc. (OPDC) and Lundbeck, LLC have entered into collaboration with OPEN MINDS to explore new ways of bringing/increasing awareness around serious mental illness.

OPDC/Lundbeck’s interaction with OPEN MINDS is through PsychU, an online, non-branded portal dedicated to providing information and resources on important disease state and care delivery topics related to mental illness. One of the methods employed for the sharing of information will be the hosting of virtual fora. Virtual fora conducted by OPDC/Lundbeck are based on the following parameters:

When conducting medical dialogue, whether by presentation or debate, OPDC/Lundbeck and/or its paid consultants aim to provide the viewer with information that is accurate, not misleading, scientifically rigorous, and does not promote OPDC/Lundbeck products.

OPDC/Lundbeck and/or their paid consultants do not expect to be able to answer every question or comment during a PsychU Virtual Forum; however, they will do their best to address important topics and themes that arise.

OPDC/Lundbeck and/or their paid consultants are not able to provide clinical advice or answer questions relating to specific patient’s condition.

Otsuka and Lundbeck employees and contractors should not participate in this program (e.g., submit questions or comments) unless they have received express approval to do so from Otsuka Legal Affairs.

OPDC and Lundbeck operate in a highly regulated and scrutinized industry. Therefore, we may not be able to discuss every issue or topic that you are interested in, but we will do our best to communicate openly and directly. The lack of response to certain questions or comments should not be taken as an agreement with the view posed or an admission of any kind.
Objectives

To understand the payer & provider perspectives on:

• The complex needs of people with mental illness
• The Triple Aim and how it helps guide population health management
• The effectiveness of care management in providing value in mental health services
The Complex Needs Of People With Serious Mental Illness
Polling Question

What percentage of clients who receive health care services at your organization have comorbid mental and physical health care needs?

A. Up to 10%
B. 11% to 25%
C. 26% to 40%
D. More than 40%
E. Not Applicable
Primary Care and Behavioral Health Integration- Life Expectancy

# Comparison Of Metabolic Syndrome Prevalence In Fasting CATIE Subjects & Matched NHANES III Subjects

<table>
<thead>
<tr>
<th>Measures</th>
<th>CATIE Males</th>
<th>NHANES Males</th>
<th>CATIE Females</th>
<th>NHANES Females</th>
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</thead>
<tbody>
<tr>
<td>Metabolic Syndrome Prevalence</td>
<td>36%</td>
<td>20%</td>
<td>52%</td>
<td>25%</td>
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<tr>
<td>Waist Circumference Criterion</td>
<td>36%</td>
<td>25%</td>
<td>76%</td>
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<td>Triglyceride Criterion</td>
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<td>32%</td>
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<tr>
<td>High-Density Lipoprotein (HDL) Criterion</td>
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<tr>
<td>Blood Pressure Criterion</td>
<td>47%</td>
<td>31%</td>
<td>47%</td>
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<tr>
<td>Glucose Criterion</td>
<td>14%</td>
<td>14%</td>
<td>22%</td>
<td>11%</td>
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</tbody>
</table>

CATIE = Clinical Antipsychotic Trials of Intervention Effectiveness; NHANES = National Health and Nutrition Examination Survey

### Per Member Per Month Total Health Care Costs, 2012¹

<table>
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<tr>
<th>Health Plan</th>
<th>No Mental Disorder</th>
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<tr>
<td>Private Sector</td>
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<tr>
<td>Medicare</td>
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<tr>
<td>Medicaid</td>
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</tr>
</tbody>
</table>

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Mental Health & Substance Abuse Costs In New York State’s Medicaid Program

MH Disorder SU Disorder No MH or SU Disorder

Annual Mean Costs

- Physical Health Costs
- Behavioral Health Costs

MH = Mental Health; SU = Substance Abuse

The Triple Aim & How It Helps To Guide Population Health Management
Competition Among Health Plans Has Sharpened The Focus On Value

• Health plan’s responsibility is at the “population” level
• Looking to increase value by improving the consumer care experience, improving consumer health, and reducing the per capita cost of health care
• This is often referred to as “Triple Aim”

Population Health Definitions

- The health of the population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services (Dunn and Hayes, 1999).¹

- A conceptual framework for thinking about why some populations are healthier than others as well as the policy development, research agenda, and resource allocation that flow from it (Kindig, 2007).²

Why Behavioral Health Needs Population Management¹

- Confirmed link between physical health and mental health
- 1 in 4 persons will have a mental health disorder
- SPMI - multiple comorbid medical problems

The volume and acuity of behavioral health patients in primary care offices and emergency departments confirms the need for timely access to behavioral health resources.

SPMI = Serious persistent mental illness

Key Principles For Population Health Management

Population-Based Care

- Focus on the whole population not just the individuals actively seeking care

Data-Driven Care

- Use data to make informed decisions to serve those in your population who most need care

Evidence-Based Care

- Best available evidence to guide treatment decisions and delivery of care

Care Management

- Identify and correct care gaps, coordinate care across multiple providers

Innovative Programs In The ACA Provide A Framework For Population Health Management¹

• Community health needs assessment requirements
• Expansion of prevention and wellness services
• Hospital readmissions reduction programs
• Community-based care transitions programs
• Accountable Care Organizations
• Integrated Care – BH staff embedded in PCP offices and PC in CMHCs
• Patient-centered medical homes
• Health homes for chronic conditions
• Increased funding for health centers

ACA = Affordable Care Act; BH = Behavioral Health; CMHC = Community Mental Health Center; PC = Primary Care; PCP = Primary Care Provider

DISCUSSION
Effectiveness Of Care Management In Providing Value In Mental Health Services
Polling Question

What level of behavioral health integration is present in the organization where you work?

A. Complete financial/clinical integration, 100% screening
B. Partial integration, screening of high risk patients
C. No integration, some BH available, no screening
D. Not Applicable
Health System Is A Fractured System¹

People not identified with depression early enough¹

Access to care – difficult to start services²

79% antidepressant medications prescribed by primary care providers³

Primary care providers often discontinue anti-depressant before full effect is realized³

Serious lack of coordination between primary care and mental health providers³


Polling Question

In your professional experience, which of the following effects of a fractured health care system do you encounter most often?

A. PCPs not prepared to deal with behavioral health
B. CMHCs not prepared to deal with routine medical care
C. Differential confidentiality rules
D. Depression not diagnosed early enough
E. Medications not managed effectively

CMHC = Community Mental Health Center
PCP = Primary Care Provider
Differential Confidentiality Rules

- HIPAA regulations permit broad sharing of treatment information without consent.
- If a state law is more protective of privacy than federal regulations, the state law governs.
- State laws vary widely in terms of authorizing the disclosure of mental health records without consent for treatment purposes.
- These laws could in many cases stand in the way of coordinated treatment of persons with mental illness.

HIPAA = Health Insurance Portability and Accountability Act

DISCUSSION
Important Provider Competencies

Characteristics:
- Patient-centered
- Outcomes-oriented
- Enabled by technology
- Use of data and analytics
- Performance transparency
- Ability to partner across organizations

Comprehensive Care Management

- Identification and targeting of high-risk individuals
- Monitoring of health status and adherence
- Identification and targeting care gaps
- Individualized planning with the patient

The information is based on the presenter’s professional experience.
Models of integration

1. Minimal collaboration
2. Basic collaboration at a distance
3. Basic collaboration on site
4. Close collaboration on site with some system integration
5. Close collaboration approaching an integrated practice
6. Full collaboration in a transformed/merged integrated practice

5 Years from now in a reformed healthcare system there may not be a role for CMHCs that are not involved in integrated care

CMHC = Community Mental Health Center

2. The information is based on the presenter’s professional experience.
Challenges

• We need to be part of putting the mind and body back together

• Healthcare reform is going to drive more focus on integration

The information is based on the presenter’s professional experience.
Three Aims of Health Care Transformation In Behavioral Health

From the provider perspective

1. Improve the patient’s experience
2. Increase the effectiveness of services & measurable outcomes
3. Increase the efficiency

1. Improve The Patient Experience

Collect client perception data at end of each session

Collect client satisfaction information at least annually

Analyze data, recommend improvements, report improvements since last satisfaction report

The information is based on the presenter’s professional experience.
2. Increase The Effectiveness Of Services & Measurable Outcomes

- Use tablets to collect data
- Include outcomes into the EHR
- Take advantage of registries and outside experts
- Embed behavioral health specialists in primary care
- Embed nurses into case management team
- New workflows prompt staff to advocate for wellness interventions

EHR = Electronic Health Record

The information is based on the presenter’s professional experience.
3. Increase The Efficiency

Study & change workflow as needed to increase efficiency, patient experience

Collaborate with ER/hospital liaison, coordinate care

Refocus staff with key performance indicators

- Incentives to reduce high cost services (e.g. inpatient care)
- ER and inpatient diversion programs

Take advantage of technology

- Dashboard display real time data from various sources
- Use Wi-Fi enabled tablets to collect data, e-signature capability
- Eliminate paper forms

ER = Emergency Room

The information is based on the presenter’s professional experience.
QUESTIONS
CLOSING