Integrated Behavioral Health

Fiscal and Systems Implications for Integration

Integration Process: Formation

- 3 Inputs Define the Process

1. Delivery System Reform Incentive Pool Plan (DSRIP)
   - Guides the Primary Care-Mental Health Integration Efforts
   - Identifies key Milestones and Expected Outcomes
   - Began FY '11, ending FY '15
   - Total Value: $35M
2. IMPACT- University of Washington Technical Assistance
   - IMPACT recommended process based on 300+ implementations
   - Interdisciplinary discussion and decision making at 2 levels
     - Local clinic
     - Systems leadership (SCVHC and SCC MHD)
3. MHD - DADS Integration

DSRIP Milestones

Integrate Physical and Behavioral Health

The Integrate physical and behavioral health care is one focus area of Category 2 Improvement Area. Table 1 lists the goals for Years 2–5. These goal[illegible] created by MHD in 2009, when SCVMC applied for the funds.

TABLE 1: INTEGRATE PHYSIC[illegible]ND BEHAVIORAL HEALTH

Goals

Year 2 (FY 11–12)	Year [illegible]Y 12–13) (Additional goals)	Year 4 (FY 13–14) (Additional goals)	Year 5 (FY 14–15) (Additional goals)
Implement IMPACT training in 4 primary care settings	Expand pop. served in integrated behavioral health to 2 additional medical homes	50% of diabetic patients will be screened with PHQ-9	75% of diabetic patients will be screened with PHQ-9
500 primary care patients will be provided behavioral health services.	Utilization of PHQ-9 depression screening in two clinics	Expand pop. served in integrated behavioral health to 1000	25% of patients with a PHQ-9 ≥ 10 will have reduced score by 5 or more points within 6-12 months
Design, test, and finalize protocol for patient referral			

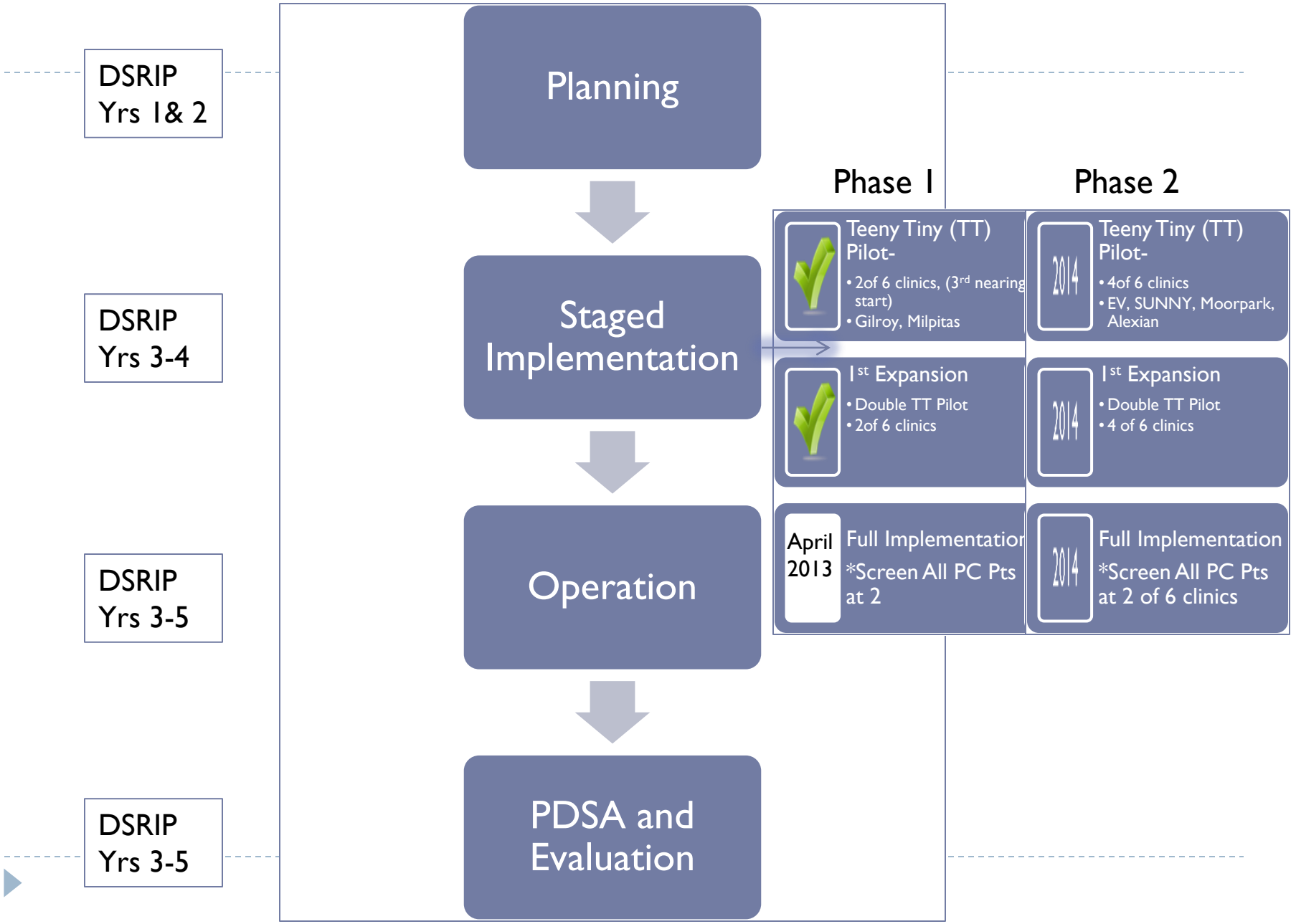
Table 2 lays out the allocated funding for our effort.

TABLE 2: CATEGORY II: INNOVATION AND REDESIGN

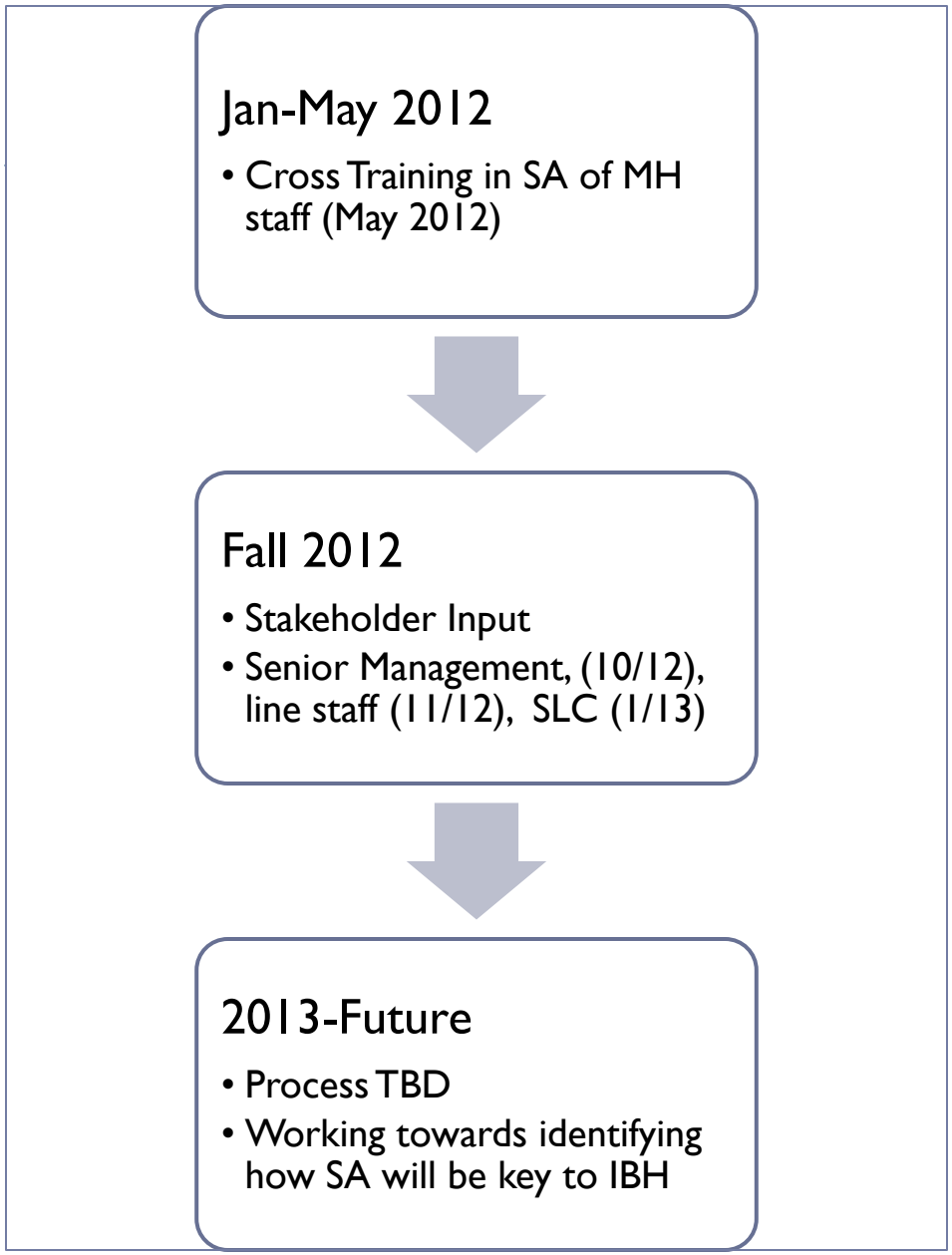
Funding Allocation by Category and Year

Focus Area	Year 2 (FY 11–12)	Year 3 (FY 12–13) (Additional goals)	Year 4 (FY 13–14) (Additional goals)	Year 5 (FY 14–15) (Additional goals)
Expand Chronic Care MGM Model	$14,500,000	$12,000,000	$6000,000	$2,500,000
Integrate Physical & Behavioral Health Care	$14,500,000	$12,000,000	$6,000,000	$2,500,000
Improve Patient Experience	$5,000,000	$5,000,000	$4,000,000	$2,500,000
Redesign for Cost Containment	$3,511,000	$1,596,000	$644,000	$568,000

IMPACT Technical Assistance



Substance Abuse Integration



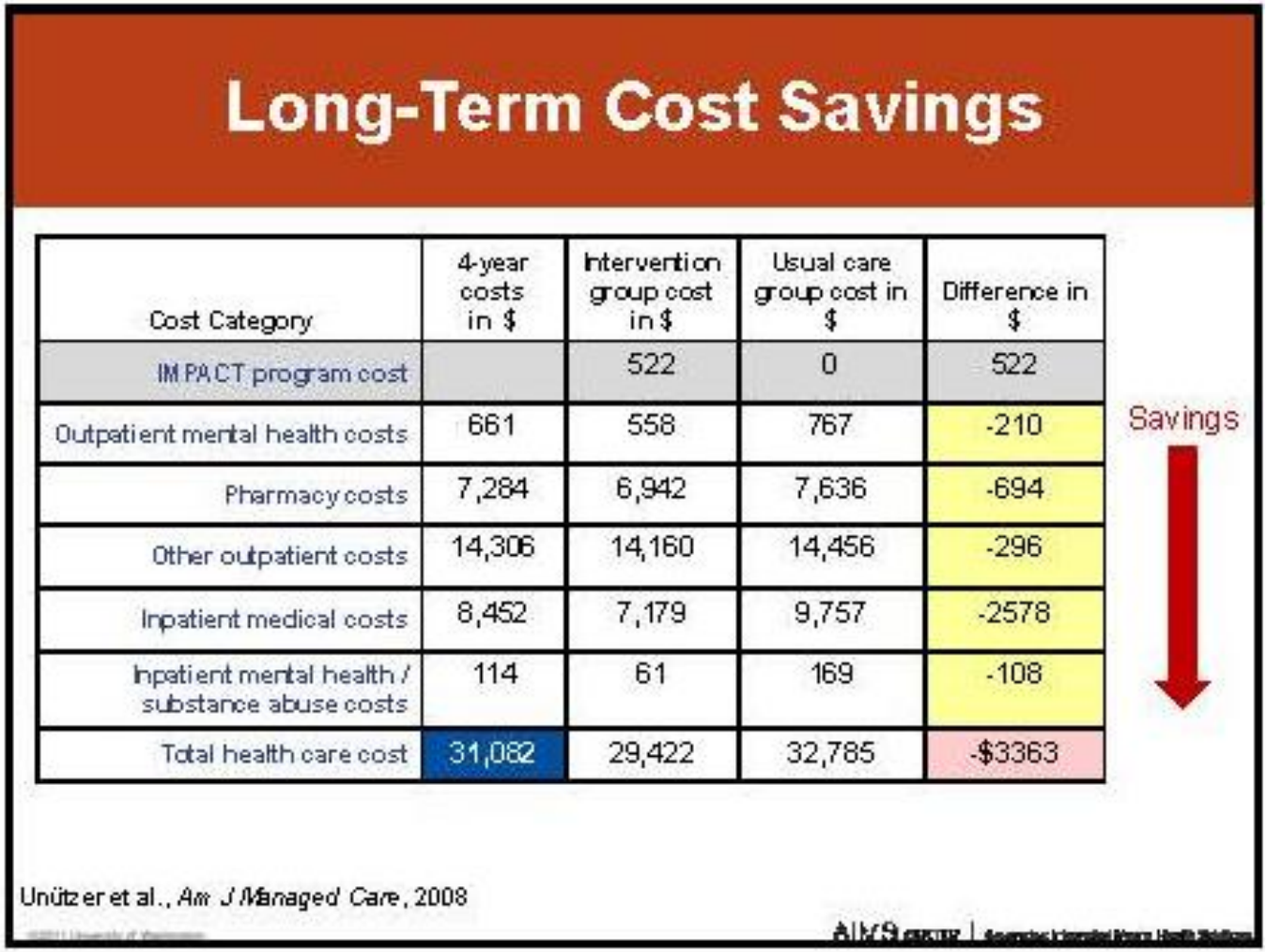
Cost Assessment & Appraisal to Health Plan

Yet to be determined

Determining Factors:

- SCVHC senior leadership staff is in transition and short staffed
- MHD staffing for new division of Behavioral Health/ Cross Systems is currently short dedicated QI Staff and 2.0 FTE key managers to support division director
- EMR implementation will have significant impact on billings during launch
  - Primary Care (7/2013) and BH (9/2013)have different launch dates making for extended period for billing issues for BH services to be addressed

Anticipated Fiscal Savings



Long-Term Cost Savings

Cost Category	4-year costs in $	Intervention group cost in $	Usual care group cost in $	Difference in $
IMPACT program cost		522	0	522
Outpatient mental health costs	661	558	767	-210
Pharmacy costs	7,284	6,942	7,636	-694
Other outpatient costs	14,306	14,160	14,456	-296
Inpatient medical costs	8,452	7,179	9,757	-2578
Inpatient mental health / substance abuse costs	114	61	169	-108
Total health care cost	31,082	29,422	32,785	-$3363

Savings

Unützer et al., *Am J Managed Care*, 2008

AIMS

- Source: University of Washington: AIMS Center, from presentation on 1/24/2012

Evidence

- The average cost of the IMPACT program was approximately $580 per participant. This is modest compared to the high annual health care costs (approximately $8,000) in this sample of depressed older adults. The cost of providing IMPACT care as a benefit to an insured population of older adults is less than $1.00 per member per month (PMPM).
- When healthcare costs were examined over a four year period, IMPACT patients had lower average costs for all their medical care – about $3,300 less – than patients receiving usual care, even when the cost of IMPACT care is included. This suggests that an initial investment in better depression care not only improves health, it can actually reduce total health care costs over 4 years (1).
- Patients with diabetes who received IMPACT care had lower total health care costs than those in usual care, even in a shorter follow-up period (2 years) (2). Lower health care costs in patients who received IMPACT care were also documented by investigators at Kaiser Permanente who tested an adapted version of the program after the original IMPACT trial (3). Read more about Kaiser Permanente's story here.

http://impact-uw.org/about/research.html Accessed: 2/5/2013

Enhancement of Care

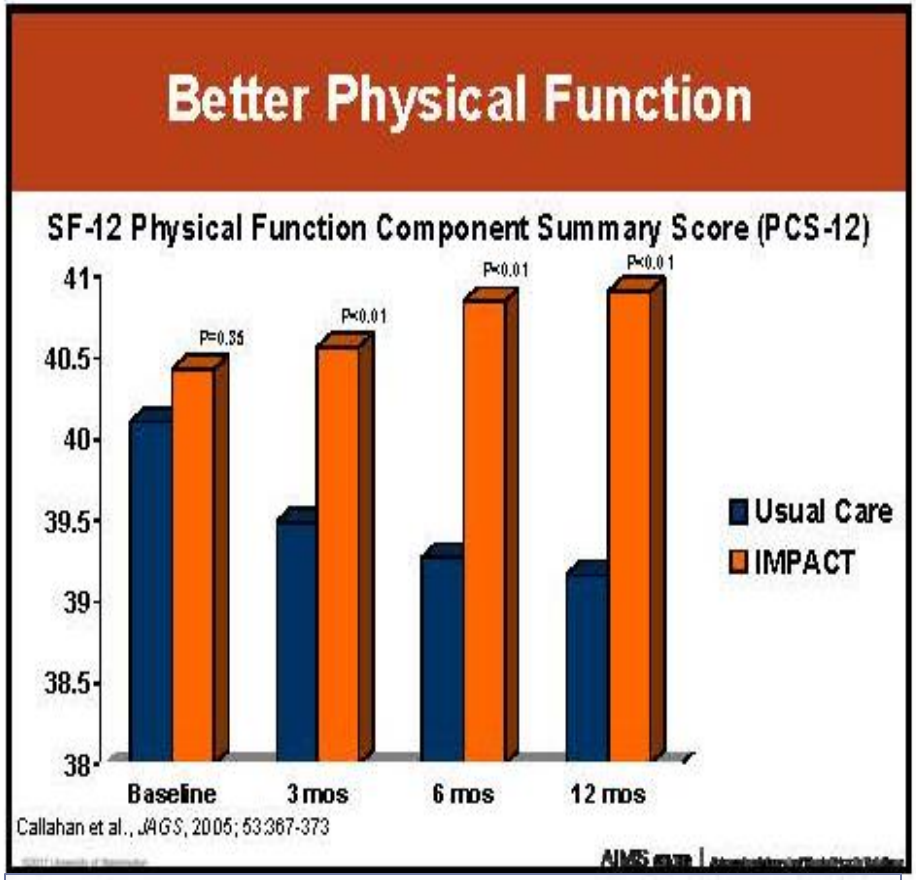
- Anticipated Patient Care Enhancements:
  - **Access**:
    - Increased access to behavioral health services to a population who previously had no access to this care.
  - **Training**
    - LCSWs will be trained with the needed clinical skills to treat pts within 30 min. follow up appts, and utilize time b/w appts for pts to work towards therapeutic aims and goals
    - LCSWs will be able to teach pts. problem solving skills that they can continue to apply throughout their lives in brief, episodic episodes of care
    - Chronic illness management goals can be woven into BH action plans
  - **System redesign**
    - LCSWs, PCPs, and Psychiatrists will engage in regular case discussions on most complex/ highest needs pts
    - Registry will build in the trigger to re-evaluate pt treatment plan after 8 weeks, to routinely address those not progressing as expected.
    - Peer Review and Team meetings reinstated
    - EMR: Shared pt charts and tasking facilitating collaborative treatment planning & communication b/w providers
    - Peer partner integration as possible given current staffing levels

Enhancement of Care

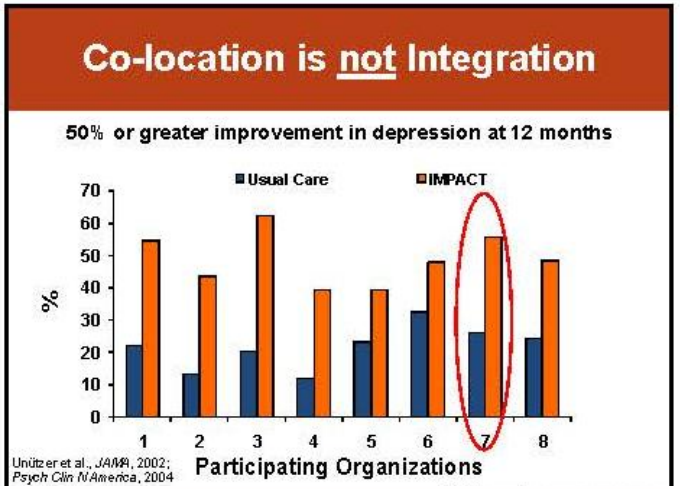
- Anticipated Patient Care Outcomes:
  - IMPACT study results: multiple areas of pt. wellbeing improved after involvement in collaborative care model. 12 months (1 year) post discontinuation of BH services:
    - Chronic illness better managed
    - Depression remained in recovery
    - Physical functioning remained better longer in those who received collaborative care than those who did not

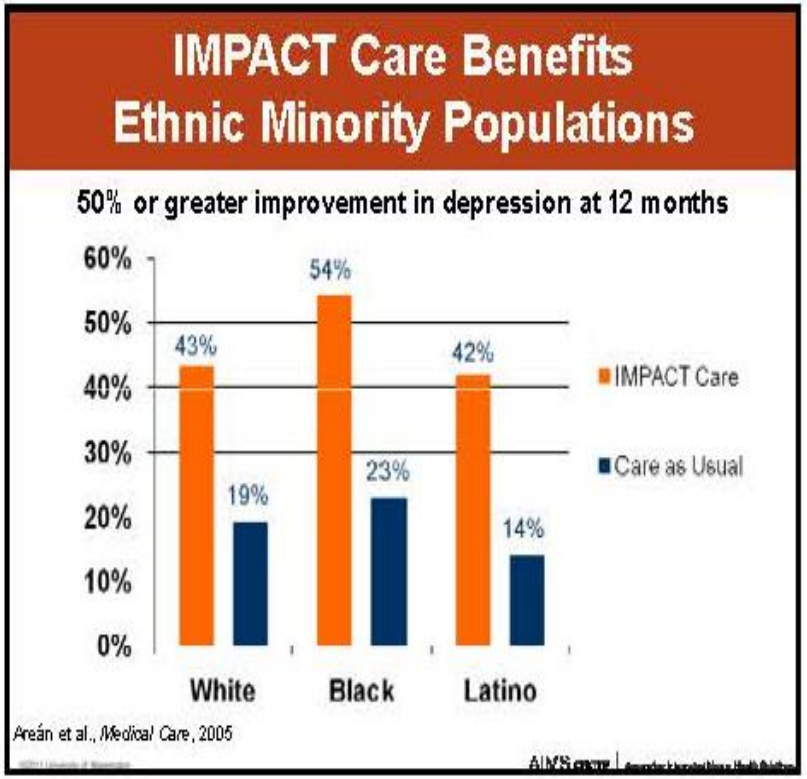
Source: University of Washington: AIMS Center, from presentation on 1/24/2012

IMPACT Outcomes



SF-12 measures General Health, how Health/ emotional problems/ pain limits daily, work & social activities,





- Source: University of Washington: AIMS Center, from presentation on 1/24/2012

Enhancement of Care: Case Management

- Case Management activities of specialty MH is a NON-billable activity for primary care

- We are in the process of restructuring and redefining the roles of Specialty MH within FQHCs.
  - On occasion, Rehab Counselors have helped transition SMI pts into the lower level of care, coordinating the FQ and BAP.
  - Often, it's currently more fragmented, and therefore has been less effective coordination and collaboration of care.