

Primary & Behavioral Health Integration Models: Options For New Opportunities

The 2017 OPEN MINDS Management Best Practices
Institute

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Agenda

- I. Introduction – Provider Opportunities In The Integrated Care Marketplace
- II. Integrated Care In The Real World:
Larry Smith, CEO at Grand Lake Mental Health Center
- III. Our Road To Integration:
Peggy Chase, President & CEO at Terros
- IV. Questions & Discussion



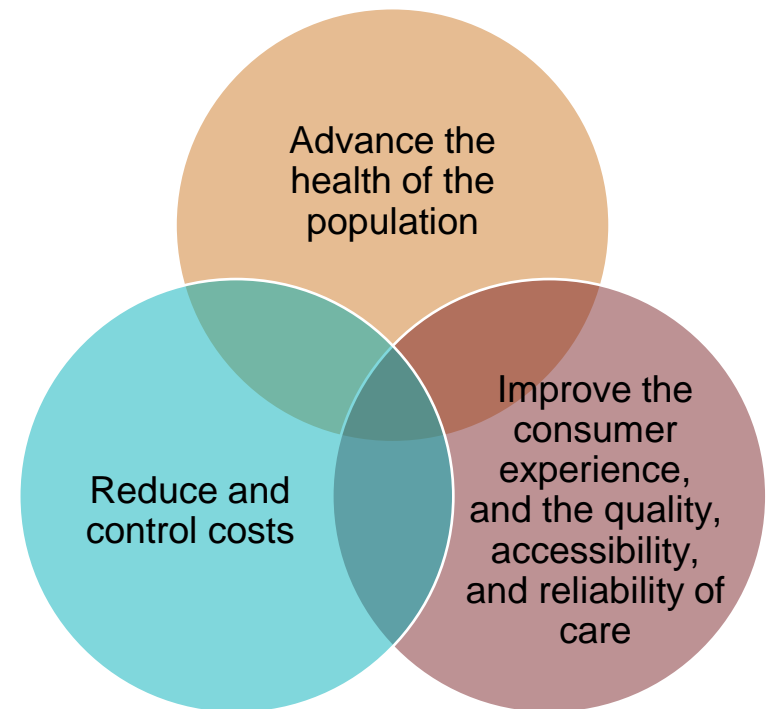
Provider Opportunities In The Integrated Care Marketplace

Emerging Models Of Integrated Primary Care &
Behavioral Health Services

What Is Integrated Care?

- Integrated care is the systematic coordination of general and behavioral health care.
- Integrating mental health, substance abuse, and primary care services to produce the best outcomes and the most effective approach to caring for people with multiple health care needs.

Goals of Integrated Care



Chronic Medical Conditions Are Common For Patients With Mental Illness

- Patients with mental illness are more likely to have chronic health conditions such as:
 - high blood pressure
 - Asthma
 - Diabetes
 - heart disease
- These are the patients that are more likely to have frequent high utilization of costly services such as hospitalization and emergency room visits.
- People with physical health conditions such as asthma and diabetes report higher rates of substance use disorders serious psychological distress

Complex Populations: High Utilizers



Substance Use

Hospitalization



Co-morbidity



Homelessness



Incarceration



Mortality

The Cost of “High Utilizers”

- A large proportion of health care resources in the United States are consumed by a relatively small number of individuals – “high utilizers”
- High utilizers commonly have mental health and/or co-occurring substance use disorders which can exacerbate acute and chronic medical conditions, which lead to intensive levels of psychiatric treatment and prevent engagement with stable community supports and living conditions.

Approximately one-fourth of U.S. health care expenses are incurred by 1% of the U.S. population, and half of expenses are incurred by 5% of the population.

John Doe - “Frequent Flyer”

- According to Dr. R. Jan Gurley, M.D. at the San Francisco Department of Public Health, the most costly user of publicly financed emergency health services in San Francisco – is a “frequent flyer” in the ED
- 49, Caucasian, schizophrenic, and addicted. He has been listed in at least two concurrent city systems as homeless
- Is a frequent caller of paramedic services (more than four times a month)
- A frequent user of detox and sobering center services, and a high utilizer of mental health services (including psychiatric emergency).
- Has one chronic medical condition and based on three years of mortality data for very similar people, his chances of dying this year alone range from one in 10 to one in 20.

Many Different Types Of Integrated Care Models

- Outpatient behavioral health – community mental health center
 - Co-located primary care professionals/services
- Outpatient primary care – FQHC or medical group office
 - Co-located behavioral health professionals/services
- Acute care hospital emergency department
 - Co –located behavioral health professionals in the ED
 - Co-located behavioral health discharge planners on the medical floor
- Outpatient high risk clinic – medical group office
 - Primary care and behavioral health services for “high utilizers”

Who Is Paying For Integrated Care Services?

- Health Plans / Managed care organizations (MCO)
 - Kaiser Permanente
- Managed Services Organizations (MSO)
 - SynerMed
- Acute care hospital Systems
 - Southern California Hospitals – Los Angeles
- FQHCs

Mental Health Provider Opportunities: Health Plans/MCOs

Kaiser Permanente – Southern California Region

Payer challenge:

- High rates of psychiatric hospital readmissions – SMI adults
- Poor linkage to outpatient primary care and behavioral health appointments post discharge
- Resulting in low HEDIS scores

Integrated solution:

- In-hospital coordinated discharge planning by integrated community mental health provider
- Warm handoff discharge and transition from hospital to community
- High touch, post discharge, 30, 60, 90-day in-home care coordination (care manager extenders)
- Care planning and linkage to essential community supports: PCP, mental health TX, substance use TX, housing, transportation, pharmacy, child care, caregiver support, etc.

Mental Health Provider Opportunities: Managed Services Organization (MSO)

SynerMed

Payer challenge:

- 1 million capitated lives in CA
- Complex managed care Medi-cal population
- High rates of hospital readmissions (psych and acute care), ED visits, and “no shows” to outpatient PCP appointments

Integrated solution:

- High risk outpatient clinic
- Integrated and co-located behavioral health services provided by local community mental health provider at the outpatient clinic
- Created a network of community-based supportive services: housing, residential placement (board and care, skilled nursing), transportation, etc.
- Coordinate care management (primary care / behavioral health)

Mental Health Provider Opportunities: Acute Care Hospitals

Southern California Hospitals – Los Angeles

Payer challenge:

- Uncompensated extended inpatient lengths of stay on the medical floor (3 weeks, 30-90 days)
- Hard to place due to co-occurring severe mental health conditions including substance use disorders and chronic medical conditions

Integrated solution:

- Safe Discharge Program
- Integrated community mental health case managers with acute care hospital discharge planners
- Coordinated discharge planning and warm handoff at discharge and transition from hospital to community
- Leverage county mental health system services and resources
- Achieved safe, appropriate and timely patient discharges to community



Grand Lake Mental Health, Inc.

Larry Smith, Chief Operating Officer, Grand Lake Mental Health, Inc.



Integrated Care in the *Real World*

Grand Lake Mental Health Center, Inc., dba, Grand Lake Medical Health Center has implemented an innovative program combining pharmacy, lab, and EMR data to track and enhance consumer outcomes

Presentation Presented by
Larry Smith COO, CPRSS

Why Do We Need Integrated Care?

Learning and accepting the facts:

1. A Large number of clients were **not**:
 - Picking up new prescriptions when prescribed OR refilling prescriptions as prescribed
1. A Large number of clients were **not**:
 - Regularly seeing a Primary Care Provider OR receiving annual wellness exams
2. A Surprising number of our clients **were**:
 - Obese or morbidly obese AND showing signs of diabetes or pre-diabetes

Pharmacy

Pharmacy's Leaky Bucket

- In 2011, IMS Health released updated statistics on what it dubbed “The Leaky Bucket.”
 - The study demonstrated a compliance rate that was alarming for the national population.
- Given our client population, our goal was to match or beat the national average...



Problem Identified

Our clients were not picking up prescriptions as prescribed

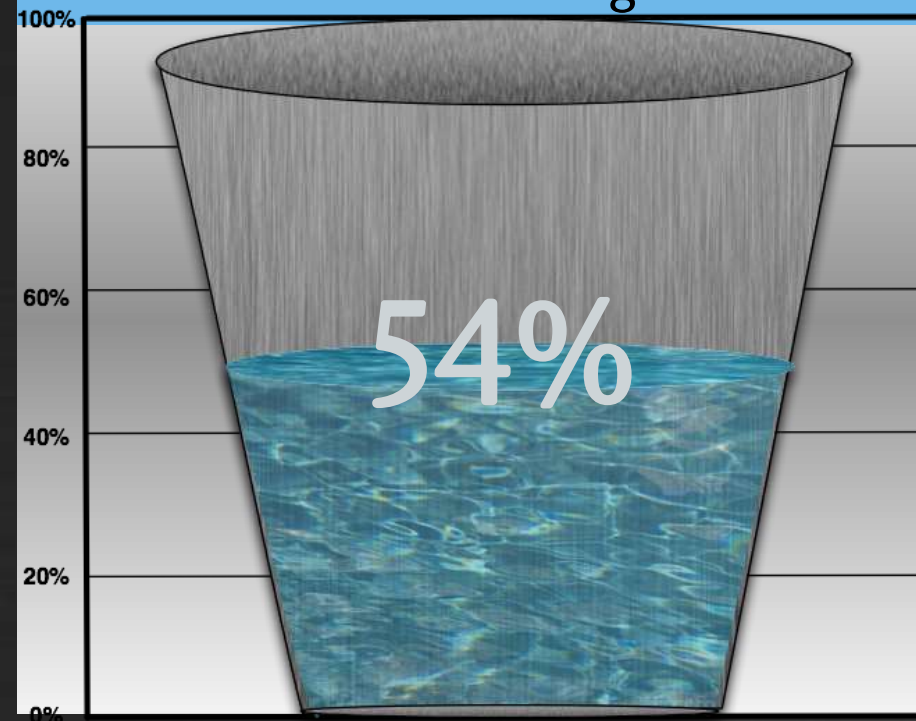
Our

Solution

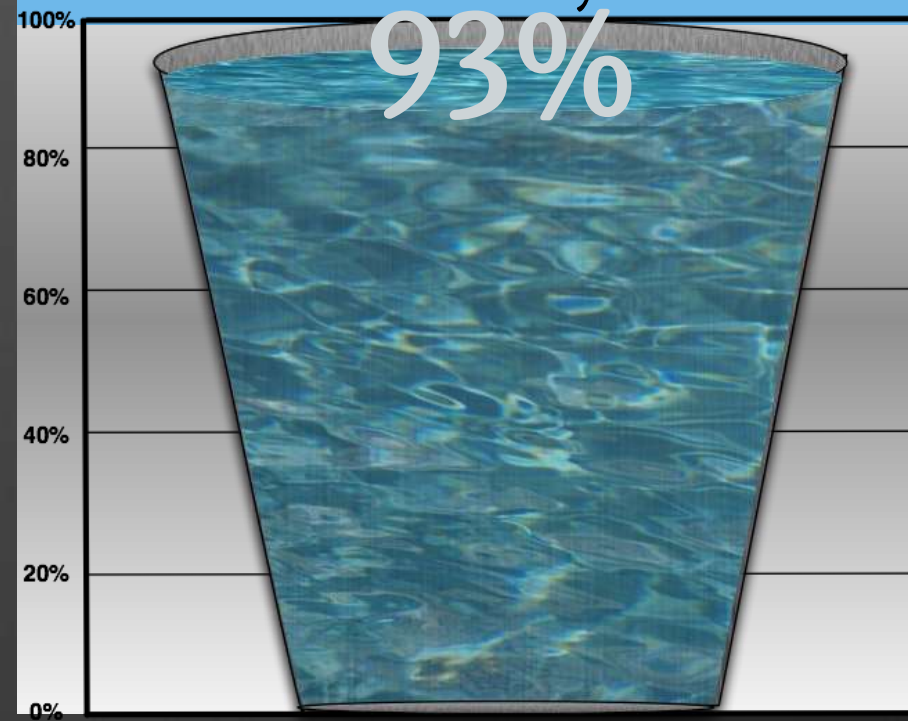
- We partnered with a pharmacy and began sharing data between EMR and Pharmacy
- Generated special reports to make sure that all prescribed meds were filled
- Worked with docs to identify non-compliant patients
- Adjusted prescribing habits based on feedback from pharmacy and clients

National Average vs. Actual Original Fill Completion Rate

National Average

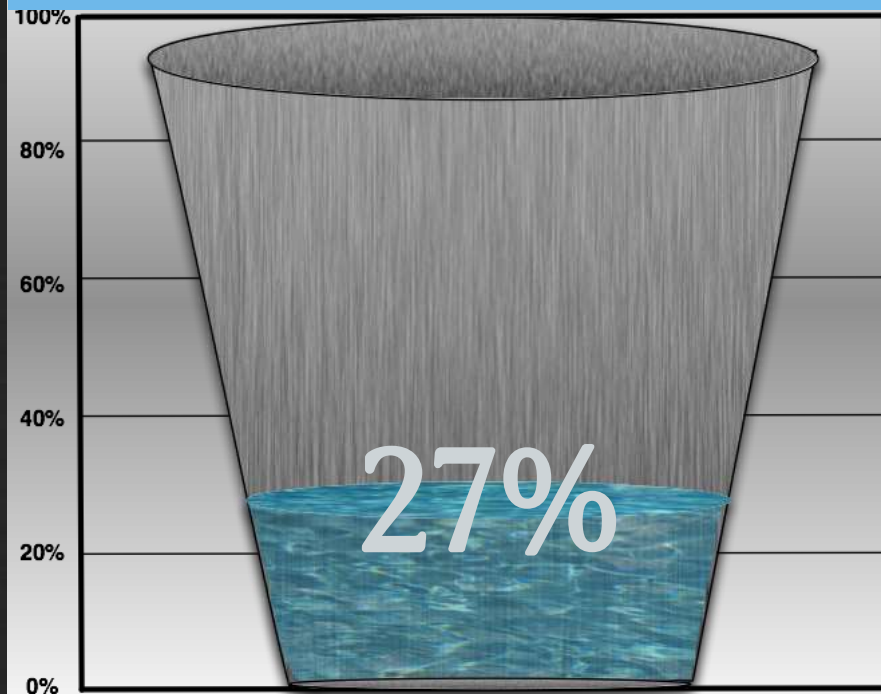


Actual Pharmacy Data

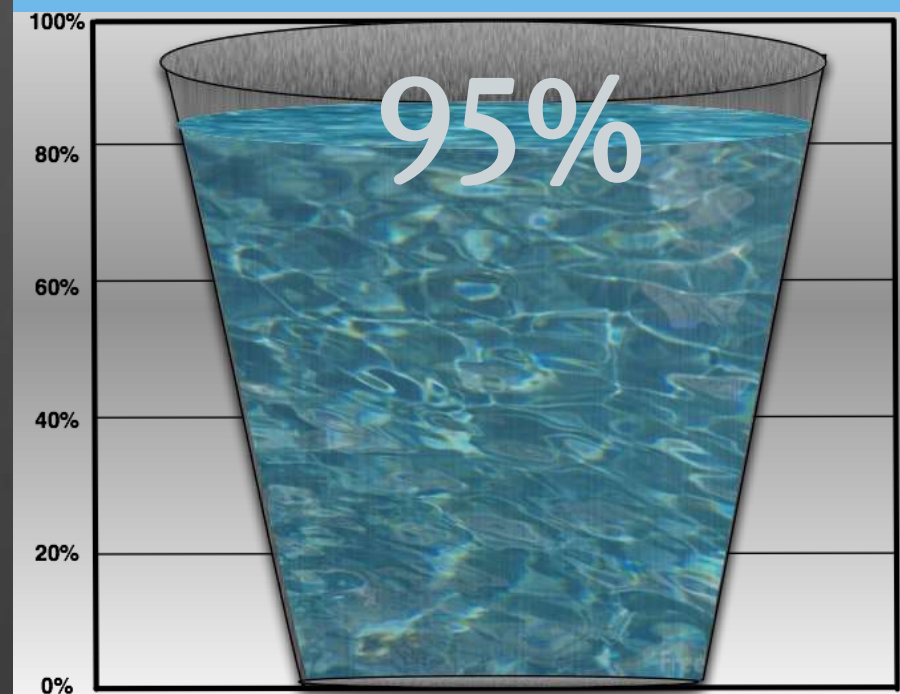


National Average vs. Actual Rx's Refilled as Prescribed

National Average



Actual Pharmacy Data



Medication
Compliance

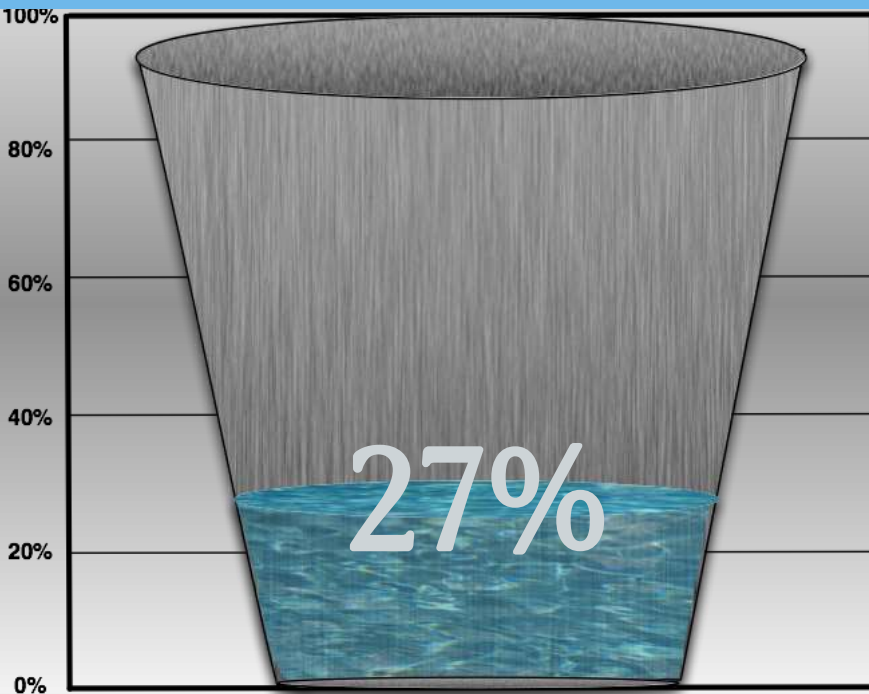
Pharmacy

But Were they Taking It?

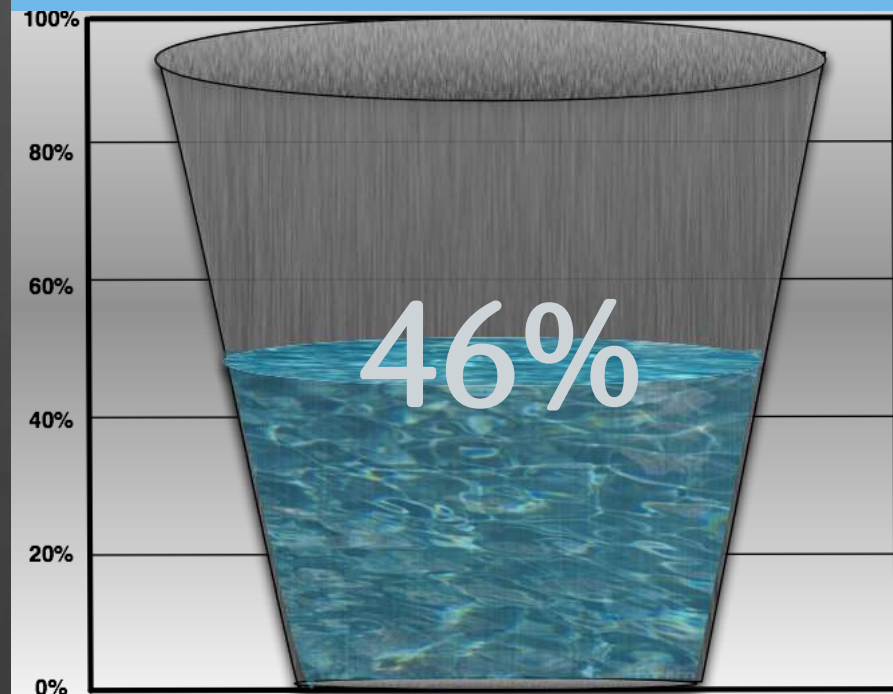
- We had managed to maintain an MPR of over 95%
 - But our patients weren't getting better at the rate they should
- We Partnered with CCHS Labs to implement Medication Compliance Testing
 - The results were Shocking

National Average vs. Actual Rx's Taken Properly

National Average

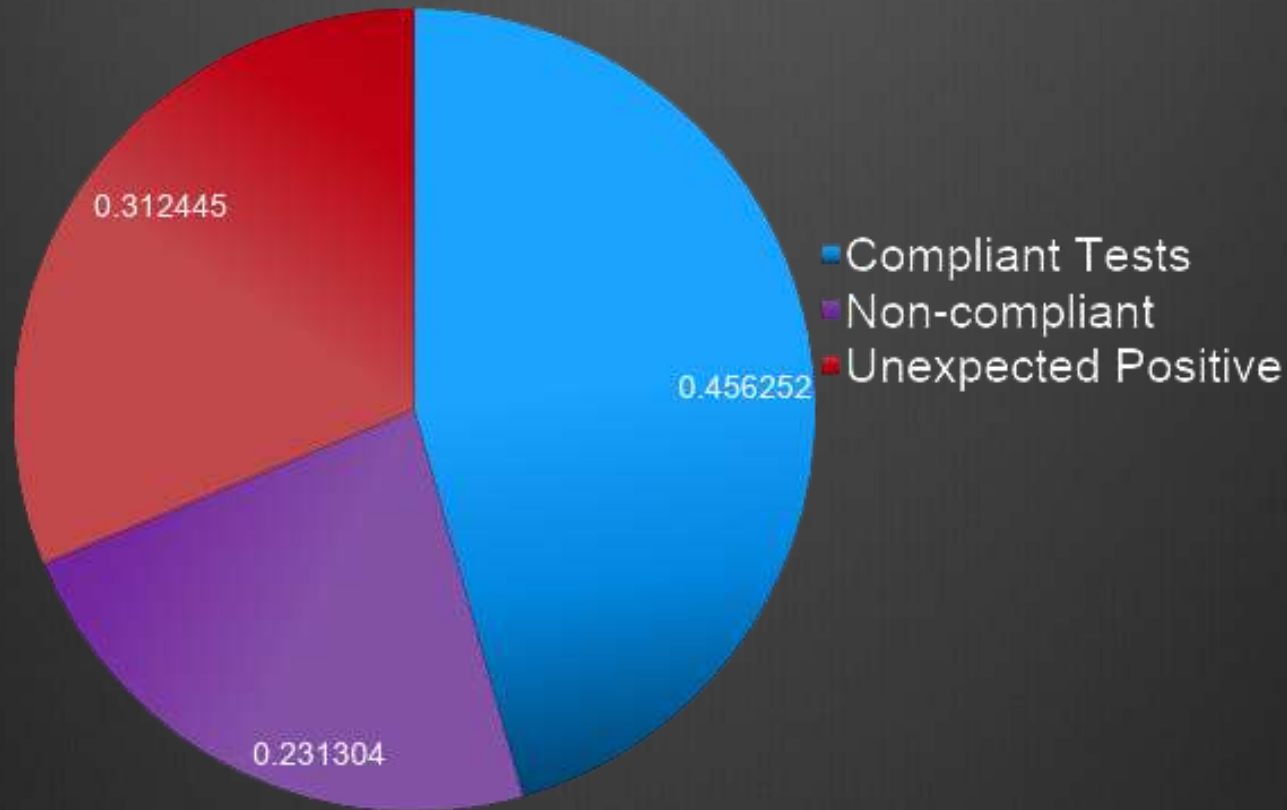


Actual MCT Results



Actual Lab Test Results

(based on a six-month study)



Face the Facts

- According to a 2013 study by the World Health Organization: “There is a 10-25 year life expectancy reduction in patients with severe mental disorders.”

10 to 25 Years!

Thank You Uncle Sam!

- Thanks to a Primary and Behavioral Health Care Integration (PBHCI) grant from SAMHSA, we were given an opportunity to do more for our clients



Cardiometabolic
screening

Medication
Compliance

Pharmacy

Take it Further

- The grant covered 3 of the 7 counties we served
 - It was designed to cover the costs associated with ordering and evaluating cardio metabolic screening tests
- When we started seeing the results, we immediately expanded the program to our other counties
- We found that some of our clients were not receiving proper primary (physical) care to address their cardio metabolic needs



Cardiometabolic
screening

Physical Health

Medication
Compliance

Pharmacy



Take it Further

- Severely Mentally Ill (SMI) clients often face challenges receiving Primary Care
 - Other patients are uncomfortable around SMI clients
 - Physicians therefore do not want them in their waiting rooms
 - SMI clients are often afraid to go to the doctor (or even out in public)
- So we began offering Primary Care services at our clinics



Complete Care

- Utilized Lab data to identify clients in need of additional services
- Utilized Nurse Practitioners to diagnose and prescribe appropriate medications to address cardio metabolic issues
 - Quickly found ourselves also treating acute care scenarios such as sinus infections
 - Adjusted our practice accordingly



Cardiometabolic
screening

Physical Health

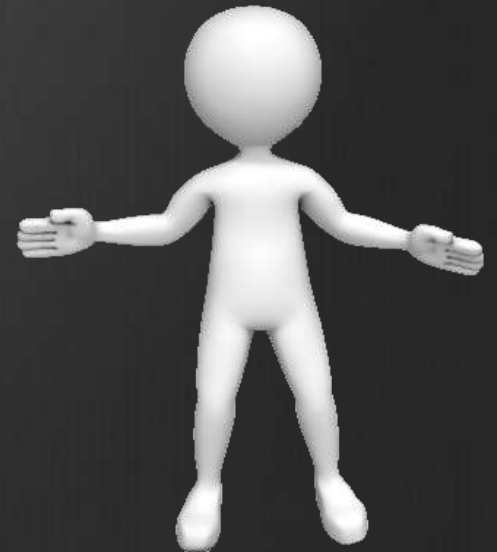
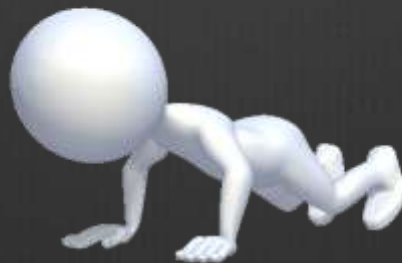
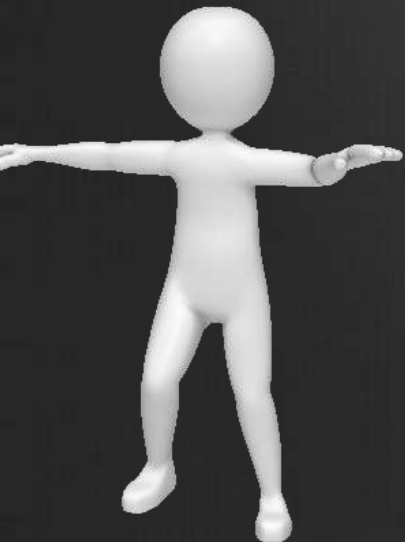
Medication
Compliance

Pharmacy

Wellness /
Nutrition

Let's Get Physical

- Recognized that a large number of clients lacked proper exercise and dietary education
- Implemented a comprehensive wellness program



The Results

- Continued improvement in MPR
- Switched appropriate patients from orals to injectables
- Drastically reduced hospitalizations
- Reduced poly-pharmacy
- Improved cardio metabolic outcomes
- Improved client satisfaction

“I like dreams of the future better than the history of the past.” -- Thomas Jefferson



Our Future

- They say “it takes a village to raise a child”
- At Grand Lake, we say it takes **an entire organization** to add back 10 to 25 years to our clients’ lives
- That is the goal of every member of our organization, from the CEO to the janitor

Our Future

Continued

- We dreamed of a future where every staff member who interacted with a client would be able to help the whole client
- We dreamed of a future where our clients could play a more active role in managing both their mental and physical health goals
- We dreamed of a simple way for clinicians, physicians and clients to all communicate on a common level

The Client Report Card

- After years of development, we are now rolling out a new tool to (once again) change the way we provide care for our clients
- Through a partnership with MyCare, we have managed to combine pharmacy, lab, medical, and psychiatric data into a simple one-page report that is understandable not only to all of our staff members, but also to our clients.
- All future Treatment Plans will incorporate our new “Client Report Card”

Client Report Card

100016

06/14/2017

M

Height: 5ft 11.5in

Lab Grade: B-



Cardiometabolic Syndrome Measurements

Lab Description	First Tested	Last Tested	First Result	Last Result	Avg. Result	Trend	Normal Range	Grade	GPA
Body Mass Index	11/03/2016	06/08/2017	33.22	30.69	31.71	Improving	18.5-25	C+	2.25
Cholesterol in HDL	09/12/2016	03/28/2017	33.00	49.00	41.00	Improving	>40	C+	2.25
Cholesterol in LDL	09/12/2016	03/28/2017	94.00	145.00	119.50	Worsening	0-129	A	4.00
Glucose	09/12/2016	06/08/2017	105.00	150.00	127.50	Worsening	65-130	A-	3.75
Hemoglobin A1C	09/12/2016	03/28/2017	6.20	5.90	6.05	Improving	4.8-5.6	A-	3.75
Mean Arterial Pressure	11/03/2016	06/08/2017	108.00	107.30	109.38	Stable	70-110	C+	2.25
Triglyceride	09/12/2016	03/28/2017	352.00	160.00	256.00	Improving	0-149	C	2.00

Smoking Status: Current Daily Smoker

Crisis Grade: D-

Active Diagnoses

Diagnosis	Description
F20.9	Schizophrenia
Z72.0	TOBACCO USE DISORDER, MILD

Crisis History

Date	Type	Location	Total Days
05/22/2017	Inpatient	Wagoner	8

PHQ9 History

PHQ9 Date	Result	Q9
02/15/2017	3.00	0

Adherence Grade: A

Active Medications

Medication	Last Pick Up	Therapy Days	NC Days	Related To
ZOLPIDEM TAB 10MG(P)	05/24/2017	654	24	
FLUOXETINE CAP 20MG (P)	05/24/2017	876	45	
GABAPENTIN ORAL TABLET 600 MG	05/24/2017	30	0	
ZOLPIDEM TAB 10MG(P)	04/25/2017	654	24	

Activities

Last Activity	ActivityType	Status	Count
06/13/2017	Group Wellness	Completed	10
06/13/2017	Other	Completed	49
04/26/2017	Tobacco Cessation	Completed	5

Compliance Grade: A+

MCT Testing

Drug	Result
Ambien	Compliant
Neurontin	Compliant
Prozac	Compliant

Unexpected Meds

03/15/2017

Drug
Cannabis

Stable

CAR Domains

FMA	TMP	SU	MP	FAM	IP	RP	SL	SC	Order
40	48	18	25	40	40	44	10	46	Current
45	48	19	20	40	42	40	8	44	Previous

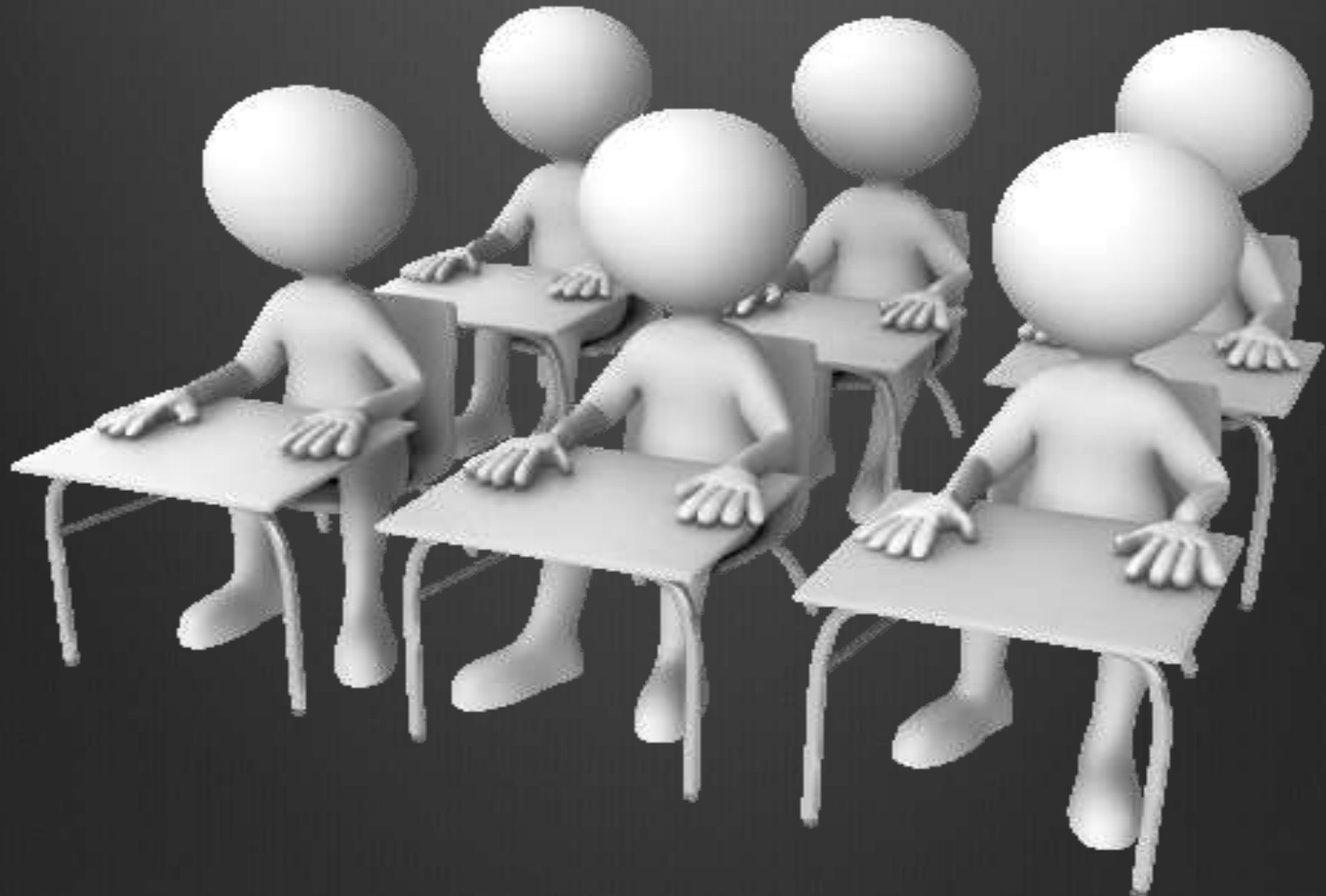
Clinical Recommendations

Diet and exercise recommended to reduce BMI

Client Grade: B+

Client GPA: 3.23

Questions:





Terros Health

Peggy Chase, President & CEO, Terros Health

Our Road to Integration

Peggy Chase, President and Chief Executive Officer

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The Road To Integrated Care





Terros Health

A Leading Integrated Healthcare Company in Arizona

Founded 1969

Terros Health not-for-profit company

**22 sites across Maricopa County, Arizona
and in Southern and Northern Arizona Counties**

**3 integrated primary care sites
2 are FQHC Look-A-Likes**

\$80 Million Budget

**Primary Care, Families, Children and Adolescents, SPMI, DD, Substance
Use Disorder, Mobile Crisis, SA Residential, Sober Living, Aftercare,
Child Safety, Community and HIV Prevention**


Terros Health Today



50,000+
LIVES TOUCHED



1,000
EMPLOYEES



16,000+
LIVES TOUCHED
THROUGH CRISIS
SERVICES

Compelling Purpose:
Inspiring Change for Life

Core Values:
Integrity
Compassion
Empowerment



Terros Health Model of Integrated Care



Whole Health

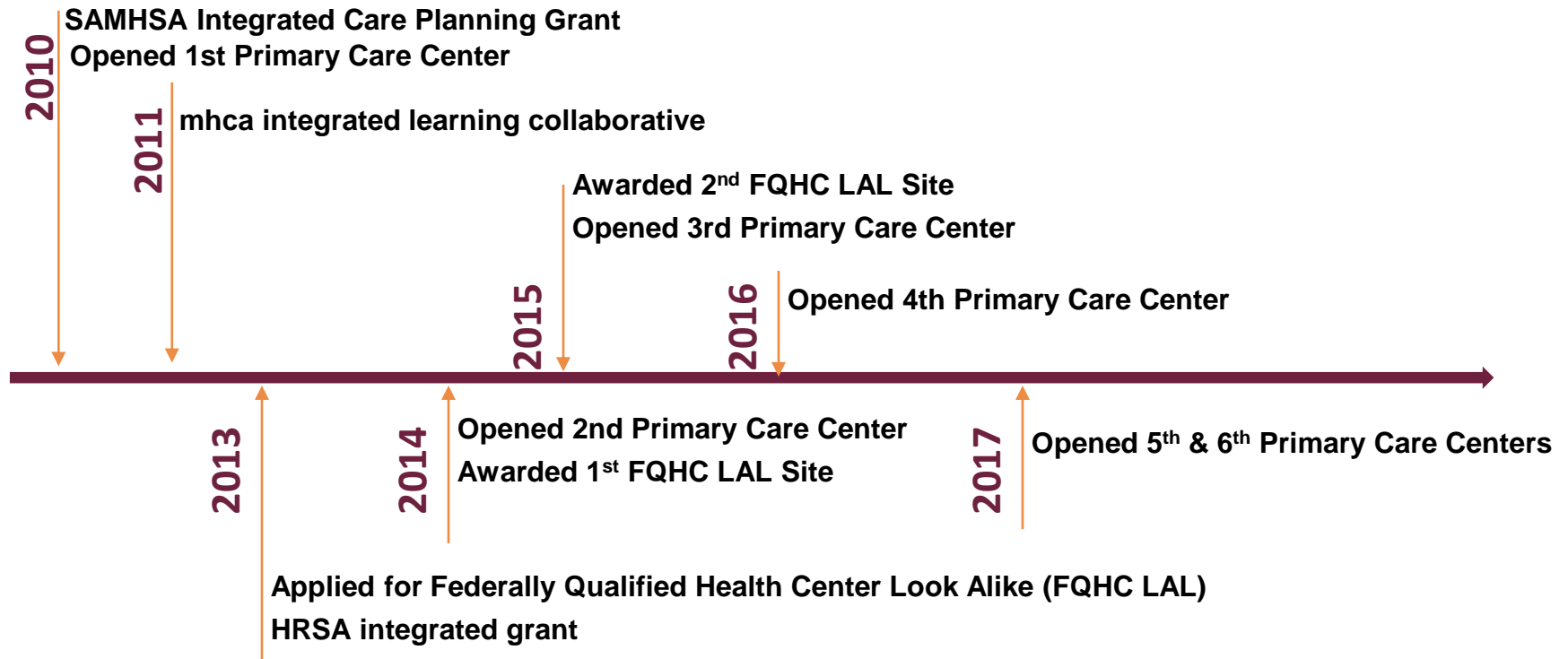


Their health provider for life!

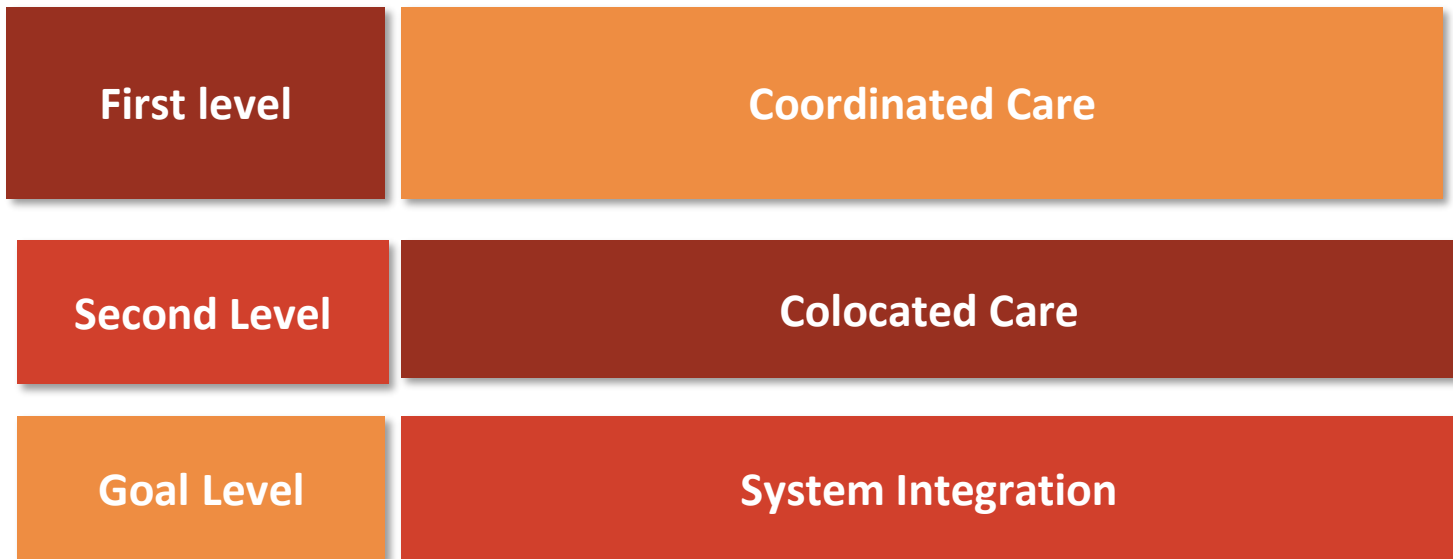
Paving a New Path: Mastering the Twists



Our Path to Transformation and Integration



Continuum of Integration Models

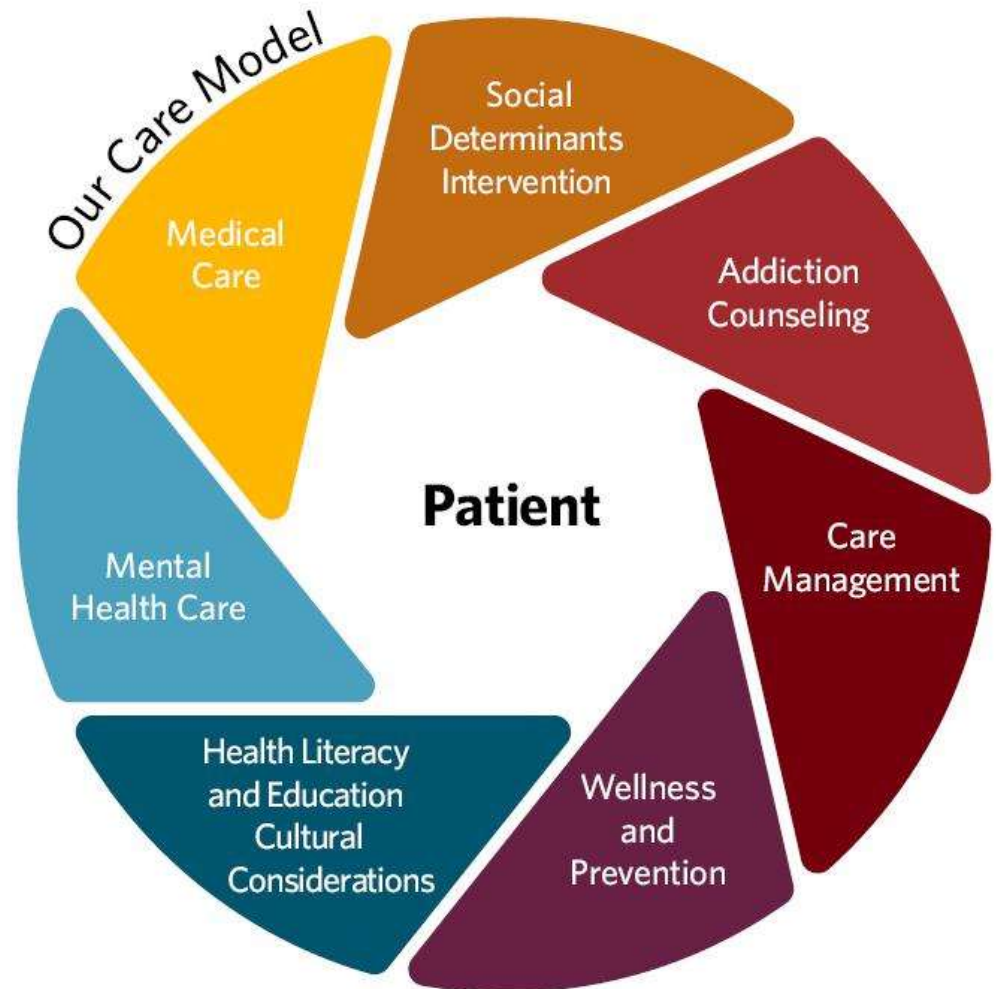


Terros Health – Integrated Care Health Home

Preparing the Road: Initial Considerations for Integration

- ✓ Organizational Structure
- ✓ Culture for Integrated Care
- ✓ Provider readiness
- ✓ Primary care staff expertise
- ✓ Facility infrastructure & Licensing
- ✓ Financial investment –Losses (?)
- ✓ Primary care service ramp-up
- ✓ Medical provider daily patients seen
- ✓ Electronic Medical Record capabilities
- ✓ Financial structure
- ✓ Marketing
- ✓ Contracts-health plans and insurances
- ✓ Payment structures
- ✓ Credentialing and privileging
- ✓ Language literacy
- ✓ Data needs – UDS, HEDIS, etc.

Patient Centered Care Management and Patient Centered Medical Home



The Integrated Patient Care Team



Every Door Works



Facility Redesign – 27th Avenue

Welcoming environment



Look and feel of a hotel

Facility Redesign – Stapley



Electronic Medical Record Change

**Current
behavioral
health EMR**

**Primary care-
based EMR**

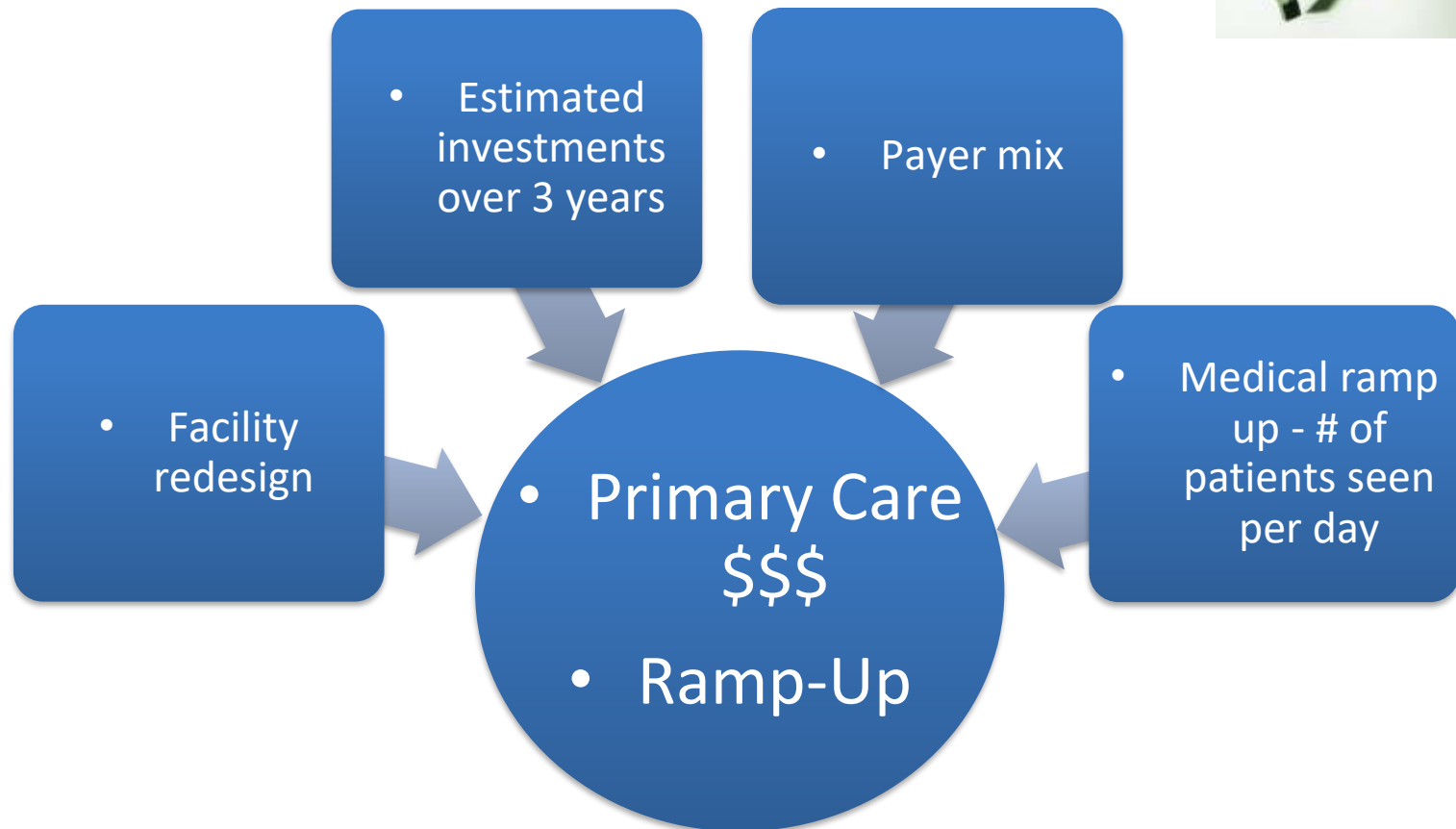
**Single
Integrated
Patient
Assessment**

**Medical
Functions, UDS,
HEDIS reporting**

**Analyzed cost &
effort for
implementation**

**Implementation
complete
February 2018**

Investing in the New Road



The Dirt Road – the Path Less Traveled

Yesterday

Assigned Clinician
Physician and MA Visits
Behavioral Health and Primary Care
Rewarded for volume of visits
Symptom-focused, silo-focused
Referral to BH for BH Needs
ClaimTrak BH EHR
Primary BH Patient Entry
Contracts with Prescriptive/Process Focus
Few payers
Agency credentialing

Today and Tomorrow

Assigned Team based on Care Quadrant
Team-Based Visits
Integration/Whole Health – Health Home
Rewarded for outcome of visits
Health Behaviors and Social Determinants
More management of BH Needs in Primary Care
NextGen Medical EHR
Primary PCP Patient entry
Contracts with performance measures
Many payers
Provider credentialing

Outcomes

Staff training to create multi-disciplinary teams

- Goal: To learn each other's language, care model norms and roles in newly formed teams

Pilot project #1:

Improved colorectal cancer screening rates by 40%

2014 baseline data: 12% compliance

2015 data: 46% compliance

90-day project period: 84% compliance (115 patients)

Satisfaction at the Top!
an Uphill Climb
Culture of operation and care

Marketing

**Medical providers
learning mental health
and substance use disorders**

**Revolve care
around the patient**

Seamless care

Huddles

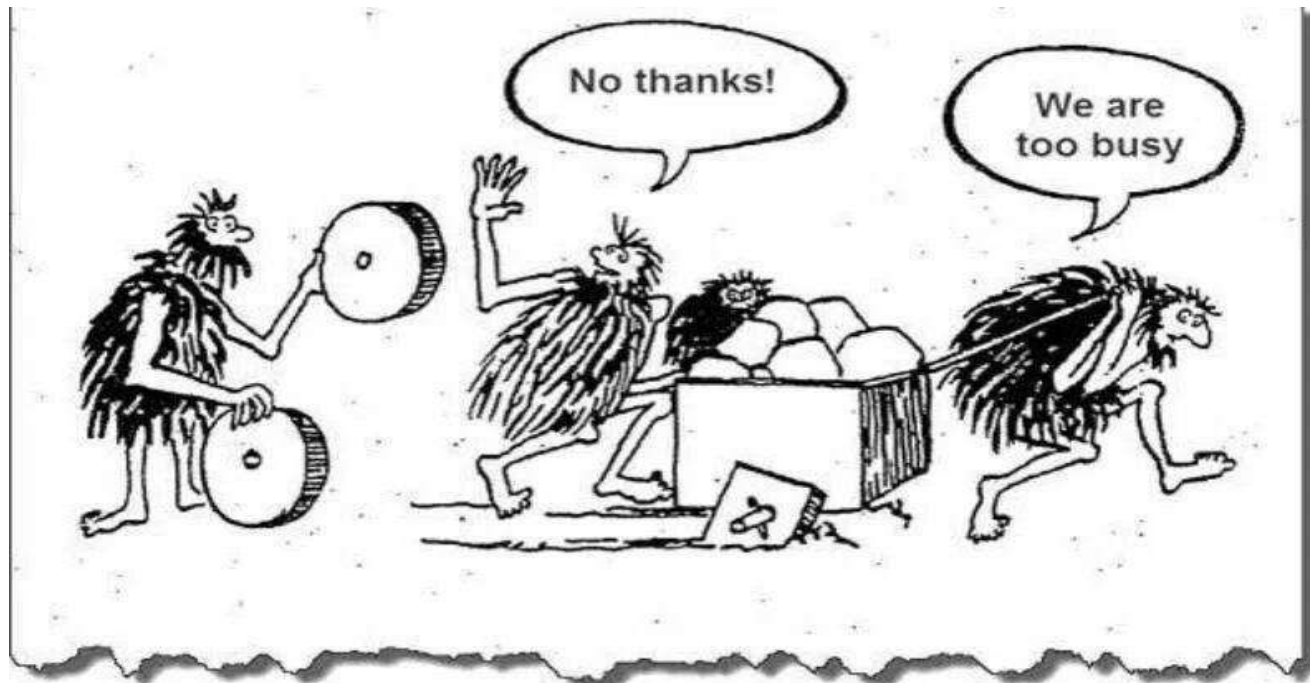
**Data as
information**

**Improved health
conditions**

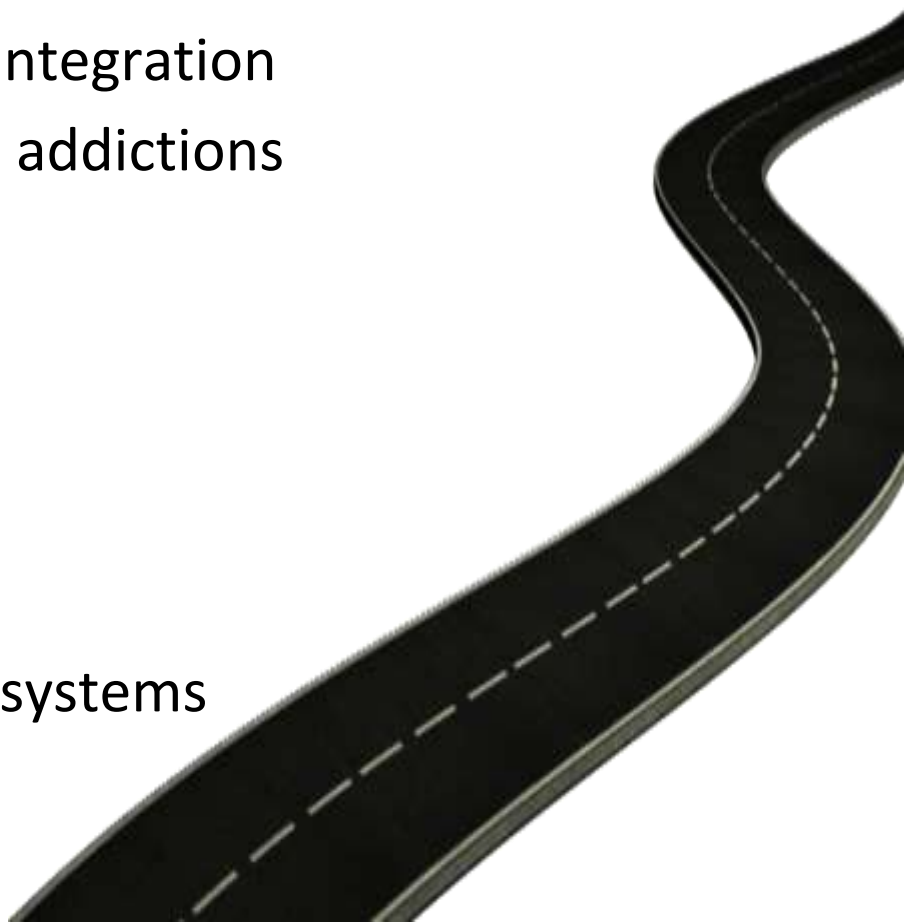
Close payer relations

Health literacy

**Be mindful of not leaving the future behind
in our haste to manage today!**



Smooth the Path: Areas to Consider

- Primary care physicians believe integration
 - Knowledge of mental illness and addictions
 - Strong medical workflows
 - Early marketing
 - Hire benefits specialists early
 - Credentialing needs
 - Insurance relationships
 - Commercial insurance payment systems
 - Investment funds
- 

Questions?

Turning market intelligence into business advantage

OPEN MINDS helps over 180,000 industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day. See how our market intelligence can help your organization at www.openminds.com.

Mental Health Services ▪ Chronic Care Management ▪ Disability Supports & Long-Term Care
Addiction Treatment ▪ Social Services ▪ Intellectual & Developmental Disability Supports
Child & Family Services ▪ Juvenile Justice ▪ Adult Corrections Health Care

