HEALTH MANAGEMENT ASSOCIATES

An Overview of Barriers and Solutions to Effective Behavioral Health Care

Lori Raney, MD
Principal, Health Management Associates

HealthManagement.com

Disclosure

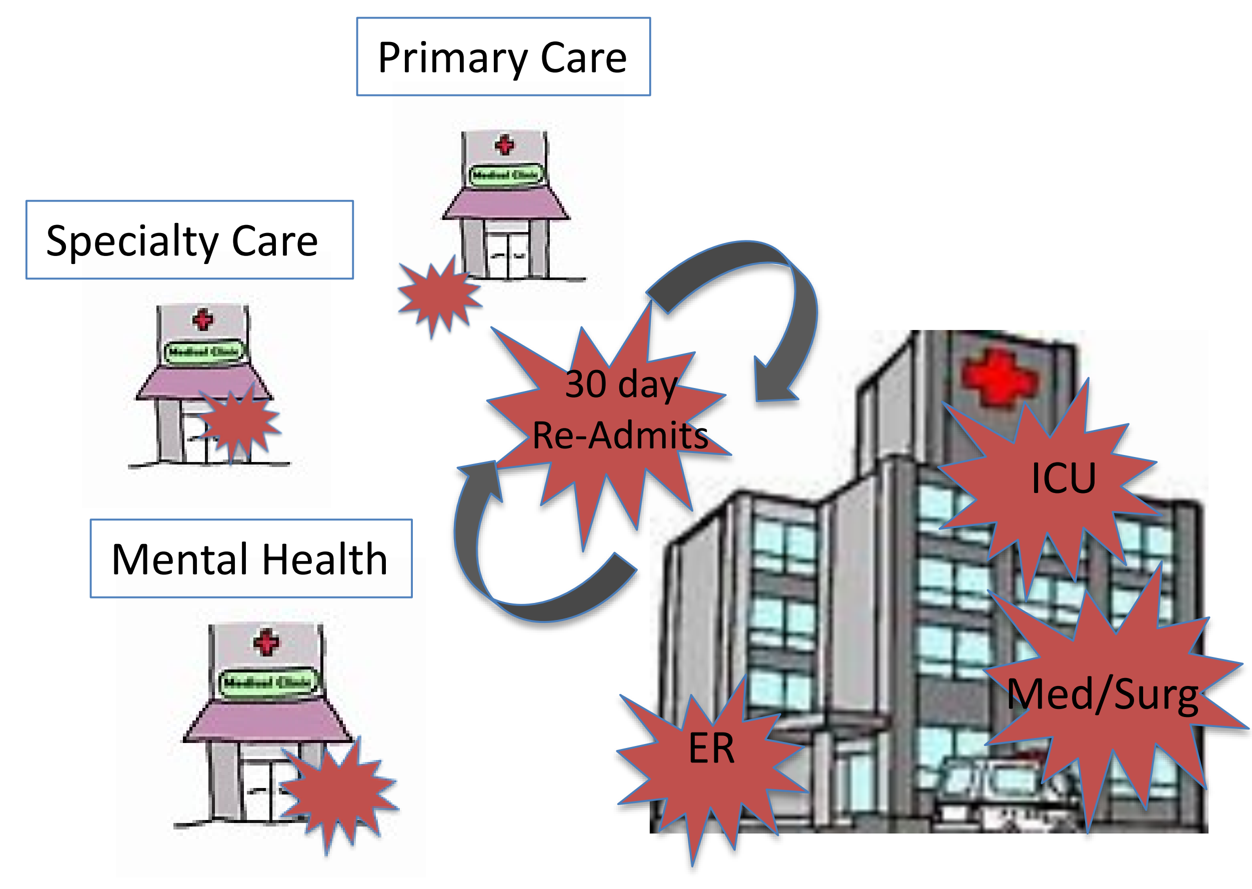
Dr. Raney receives royalties from American Psychiatric Publishing Inc for books published on integrated care

Objectives

- Understand the key barriers to behavioral health services in Colorado
- Describe new and emerging best practices in behavioral health to increase access and improve outcomes in outpatient and inpatient settings
- Identify changes in funding structures that may enhance access to effective behavioral health care
- Articulate the role of hospitals in improving behavioral health outcomes

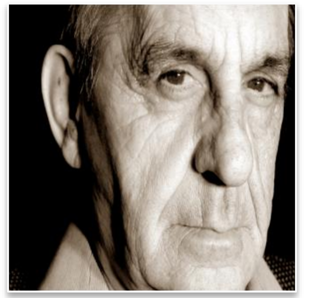
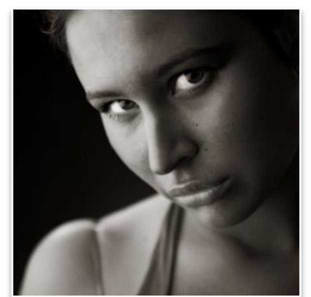
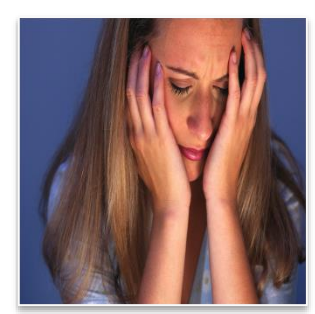
What are the Behavioral Health "Pain Points" in Your Hospital System?

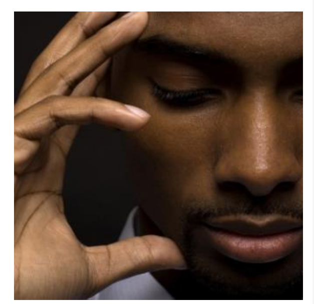
- ED Boarding
- Frequent Utilizers
- Increase LOS
- Sitters
- Cost and quality
- Staff morale



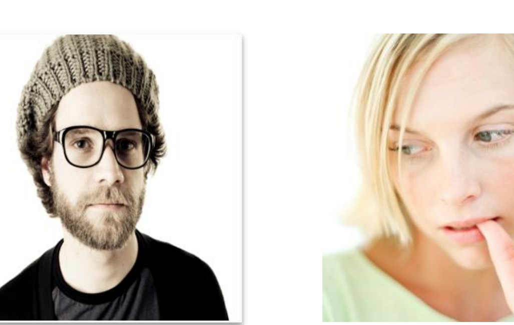
How many of these people with behavioral health concerns will see a behavioral health provider?

No Treatment



Primary Care Provider



Mental Health Provider (psychiatric provider or therapist)

Wang P, et al., Twelve-Month Use of Mental Health Services in the United States, Arch Gen Psychiatry, 62, June 2005

Behavioral Health and Mortality

Mortality Risk:

2.2 times the general population

10 years of potential life lost

8 million deaths annually

Walker, E.R., McGee, R.E., Druss, B.G. *JAMA Psychiatry.* Epub, doi:10.1001/jamapsychiatry.2014.2502

Annual Per Person Cost of Care

Common Chronic Medical Illnesses with Comorbid Mental Condition

"Value Opportunities"

Patient Groups	Annual Cost of Care	Illness Prevalence	% with Comorbid Mental Condition*	Annual Cost with Mental Condition	% Increase with Mental Condition
All Insured	$2,920		10%-15%		
Arthritis	$5,220	6.6%	36%	$10,710	94%
Asthma	$3,730	5.9%	35%	$10,030	169%
Cancer	$11,650	4.3%	37%	$18,870	62%
Diabetes	$5,480	8.9%	30%	$12,280	124%
CHF	$9,770	1.3%	40%	$17,200	76%
Migraine	$4,340	8.2%	43%	$10,810	149%
COPD	$3,840	8.2%	38%	$10,980	186%

Cartesian Solutions, Inc.™--consolidated health plan claims data

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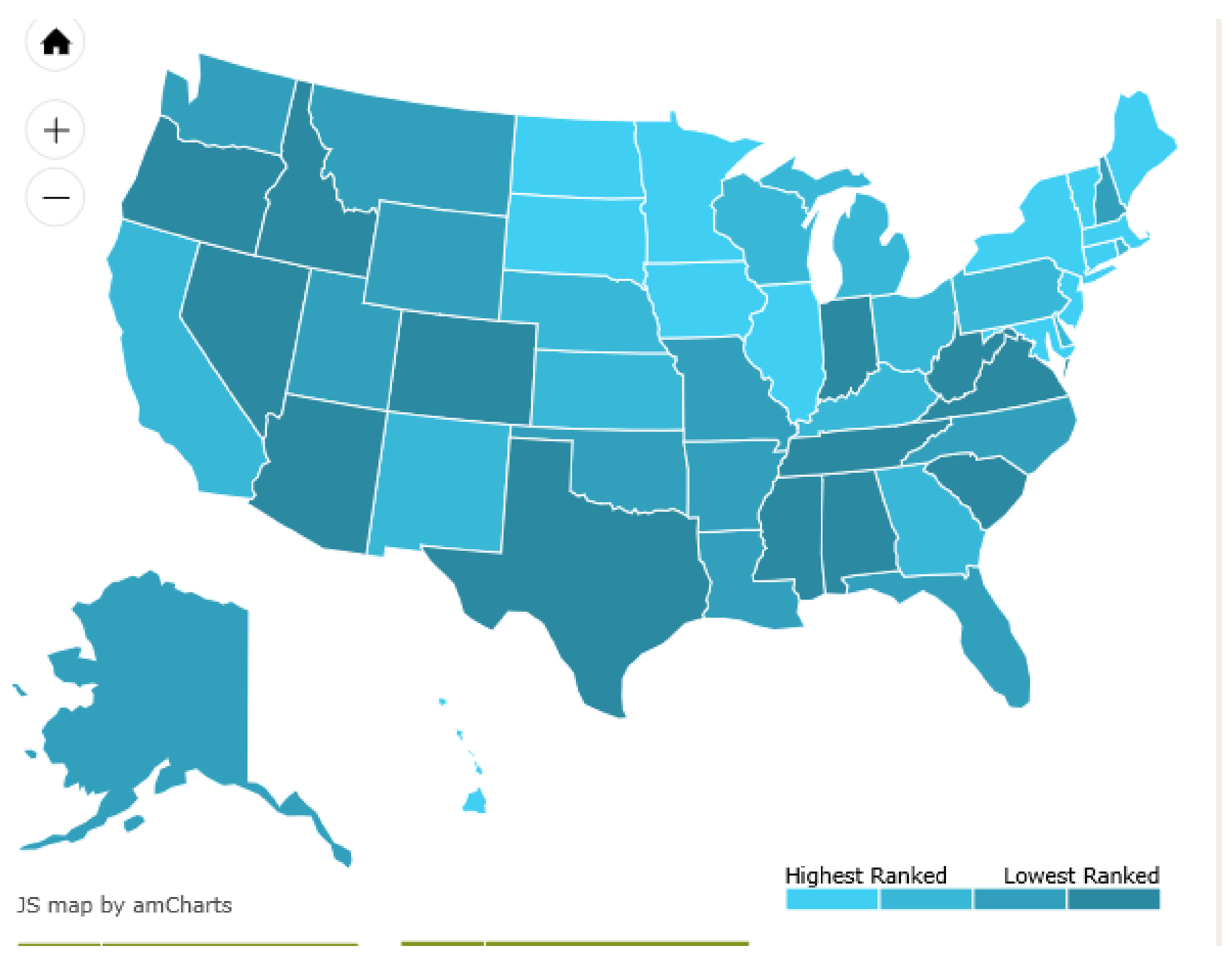
Value Opportunity

Milliman Report 2018http://www.milliman.com/insight/2018/Potential-economic-impact-of-integrated-medical-behavioral-healthcare-Updated-projections-for-2017/

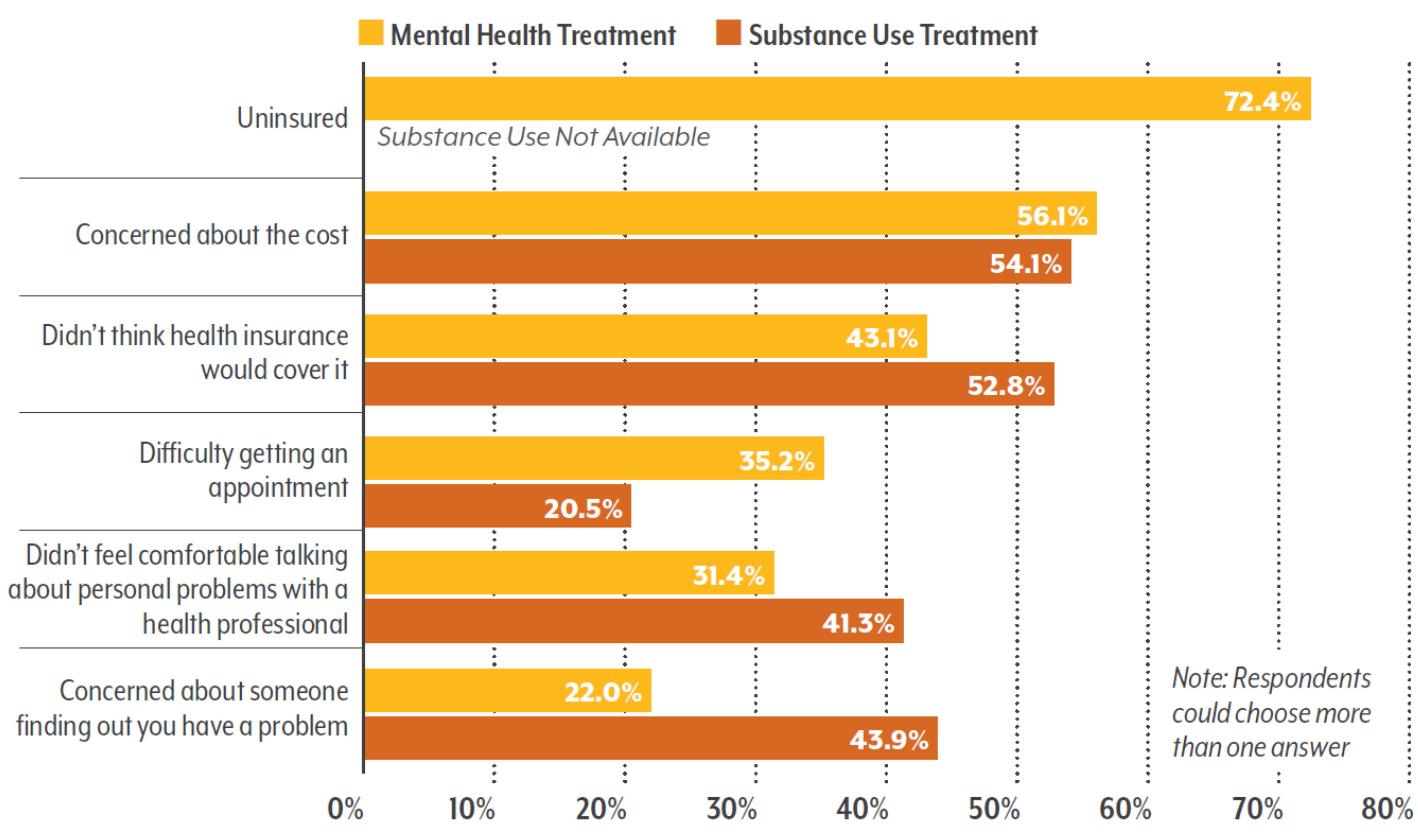
Ranking the States:
CO is #43, (high BH, low access), #9 Suicide



Only state with heavy alcohol cocaine, opioids and marijuana

http://www.mentalhealthamerica.net/issues/ranking-states

Barriers: Cost, Stigma, Access



Colorado Health Access Survey: Behavioral Health Report 2018

Parity

- 2008 – a decade with the Mental Health Parity and Addiction Act to require equal coverage for behavioral health and physical care
- Still issues with equal coverage/payment for mental health and physical care and lack of enforcement
- This year the legislature created a Mental Health Ombudsman to help Coloradoans access behavioral health services but to also **enforce parity law**

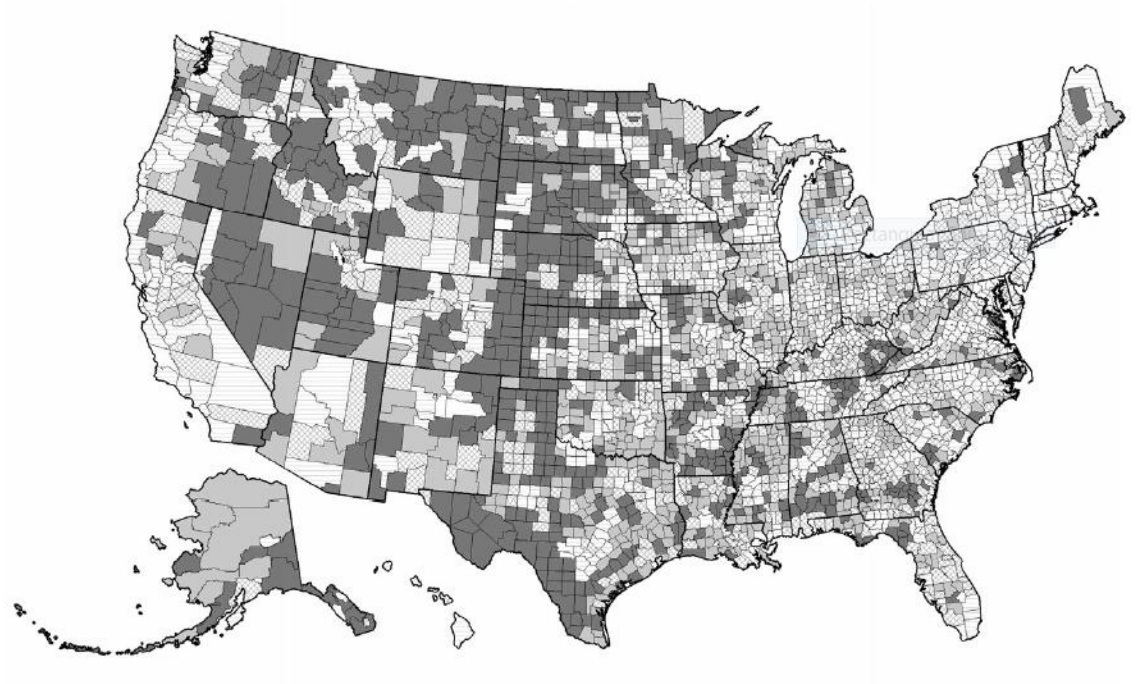
Mentalhealthcolorado.org/survey

Stigma – Better but Still an Issue

- Some groups were more likely to report stigma than others. Nearly half of men (46.6 percent) who did not get mental health services said that they were concerned about someone finding out they have a problem. Just a third of women (32.2 percent) reported the same.
- Stigma was a particular barrier for people struggling with substance use: 43.9 percent of people who said they didn't get needed substance use treatment said they worried about someone finding out they had a problem compared with just 22.0 percent of those who said it was a barrier for mental health.

Behavioral Health Workforce

Unmet need for mental health professionals among counties with an overall shortage[a]



[a] Shading (from light to dark, indicating first to fourth quartiles, respectively) is intended to convey an overall pattern of unmet need for prescribers and nonprescribers combined. [For finer detail, this map is available as an online supplement to this article at ps.psychiatryonline.org.]

Thomas KC et al., 2009

Access

ı Colorado, it is harder to get an appointment for
ıental health and substance use than for primary
:are, according to the CHAS.

- 20.5 percent of those who couldn't get needed services for drug or alcohol use said it was because they had a hard time getting an appointment.
- 35.2 percent who couldn't get needed mental health services said it was because they had a hard time getting an appointment.
- Meanwhile, just 11.1 percent of Coloradans didn't see a general doctor because of difficulty getting an appointment.

86 % of all adult psychiatrists live in Denver/ Colorado Springs

87% of all child psychiatrists live in Denver/ Colorado Springs

Colorado Health Report Card 2016

Changes in Practice in CO

Past

- RCCOs
- BHOs – "Capitated"
- Hospitals

Present

- RAEs/Partial Cap for BH
- Hospital Quality Incentive Program – 9 measures of performance
- Accountable Health Communities Model
- Colorado Telehealth Alliance

Behavioral Health Impacts at Least 6 of the HQIP Standards

Active Participation in RAE (RCCO/BHO) activities

Culture of Safety

Discharge Planning/Transitions of Care

Tobacco and Substance Use Screening and Follow-up

Emergency Department Process

30 Day All Cause Readmissions

Strategies for Integrating Behavioral Health to Provide Value

Integrated Primary Care and Behavioral Health

- New *6 visits* without BHO approval needed
- *Collaborative Care* Model CPT codes
- Addressing medical issues in the SMI population in the behavioral health setting

ED Utilization: Working with new partners

- Care coordination for high risk patients – *Whole Health*: community health workers to reduce ED utilization
- Community Paramedic Programs – *CARES* program with 911 calls and ED admissions
- Crisis Intervention Team *(CIT)* with Law Enforcement
- Hospital Sponsored School-based Health Centers (*SBHC*)

Inpatient /ICU

- Proactive Consultation – Inpatient (BITs)
- Delirium Prevention - Inpatient
- Hot Spotter Teams – Inpatient, ED- high BH diagnosis
- Complexity Intervention Units - Inpatient

Business Case for BH and Medical/Surgical Service Integration
(*Improves Outcomes and Lowers Cost)*

- Depression and diabetes: 2 months fewer days of depression/year; projected $2.9 million/year lower total health costs/100,000 diabetic members[1]
- Panic disorder in PC: 2 months fewer days of anxiety/year; projected $1.7 million/year lower total health costs/100,000 primary care patients[2]
- Substance use disorders with medical compromise: 14% increase in abstinence; $2,050 lower annual health care cost/patient in integrated program[3]
- Delirium prevention programs: 30% lower incidence of delirium; projected $16.5 million/year reduction in IP costs/30,000 admissions[4]
- Unexplained physical complaints: no increase in missed general medical illness or adverse events; 9% to 53% decrease in costs associated with increased healthcare service utilization[5]
- Health Complexity: halved depression prevalence; statistical improvement of quality of life, perceived physical and mental health; 7% reduction in new admissions at 12 months[6]
- Proactive Psychiatric Consultation: doubled psychiatric involvement with .92 shorter ALOS and 4:1 to 14:1 return on investment[7]

Data from 1. Katon et al, Diab Care 29:265-270, 2006; 2. Katon et al, Psychological Med 36:353-363, 2006; 3. Parthasarathy et al, Med Care 41:257-367, 2003; 4. Inouye et al, Arch Int Med 163:958-964, 2003; 5. summary of 8 experimental/control outcome studies; 6. Stiefel et al, Psychoth Psychosom 77:247, 2008; 7. Desan et al, Psychosom 52:513, 2011

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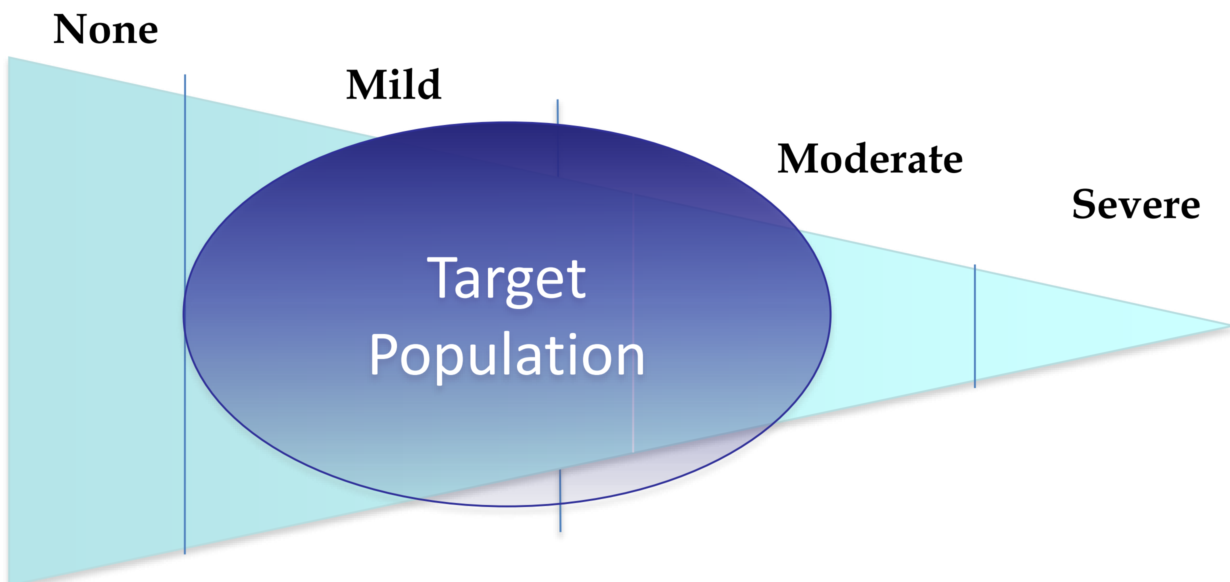
Different Approaches for CMHCs

Thinking Beyond Our Traditional Partners

- Assist hospitals with "resource intensive" patients – BH has the skills – experts in health behavior change
- Psychiatric consultation service – sitters, ED patients, pro-active consultation
- Regional Telepsychiatry – prevent involuntary admissions, help in shortage/rural areas
- Consultation Tele-hub
- Assertive Community Treatment (ACT) Teams with Medical
- First Episode Psychosis
- Centers of Excellence for Pediatric Behavioral Health
- Health Home for the SMI
- Corrections – diversion and re-entry
- SUD – MAT
- Homeless populations
- Peer Workforce

Role for Primary Care: Go Upstream: "Sweet" Spot



- Issues with depression and substance abuse can be pre-empted, rather than progressing to diagnosis
- Goal is to detect early and apply early interventions to prevent from getting more severe

Strengthening Primary Care: Integrated Care

Informed,
Activated Patient

PCP supported by Behavioral Health Care Manager

Measurement-based Treat to Target

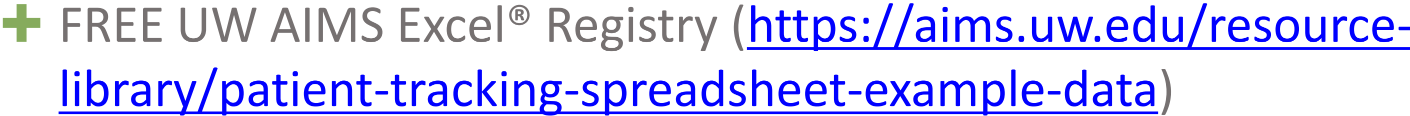
Psychiatric Consultation

Caseload-focused Registry review

Training

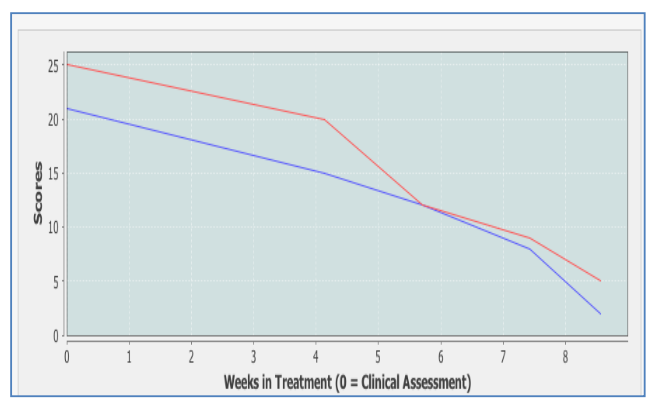
Registry Tracking

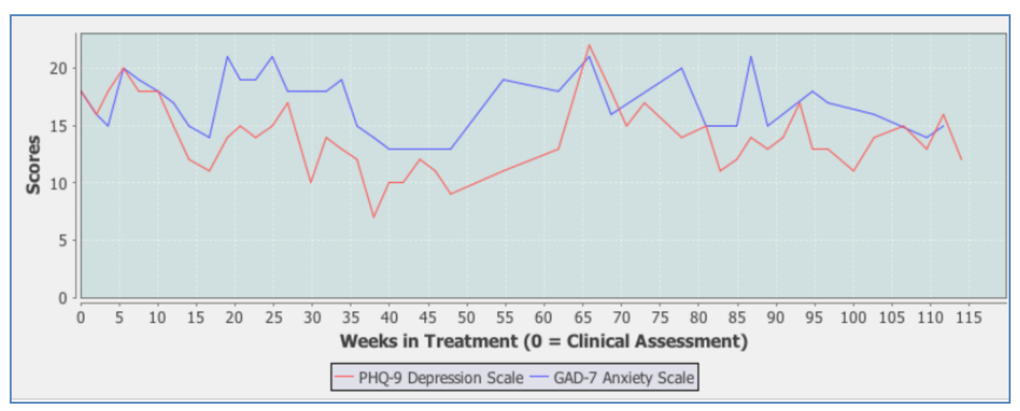
View Record	Treatment Status	Name	Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Consultant Note
			Treatment Status (! Indicates that the most recent contact was over 2 months (60 days) ago)				PHQ-9				GAD-7				Psychiatric Consultation	
View	Active	Susan Test	9/5/2015	2/23/2016	10	26	22	14	-36%	2/23/2016	18	17	-6%	! 1/23/2016	Flag for discussion & safety risk	1/27/2016
View	Active	Albert Smith	8/13/2015	! 12/2/2015	7	29	18	17	-6%	! 12/2/2015	14	10	-29%	! 12/2/2015	Flag for discussion	
View	Active	Joe Smith	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	✔ 6	-40%	2/28/2016	Flag for discussion	2/26/2016
View	Active	Bob Dolittle	1/5/2016	3/1/2016	3	9	21	19	-10%	3/1/2016	12	10	-17%	3/1/2016	Flag as safety risk	2/18/2016
View	Active	Nancy Fake	2/4/2016	2/4/2016	0	4	.	No Score			.	No Score				
View	RP	John Doe	9/15/2015	3/6/2016	10	25	20	✔ 2	✔ -90%	3/6/2016	14	✔ 3	✔ -79%	3/6/2016		2/20/2016



- FREE UW AIMS Excel® Registry (https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data)

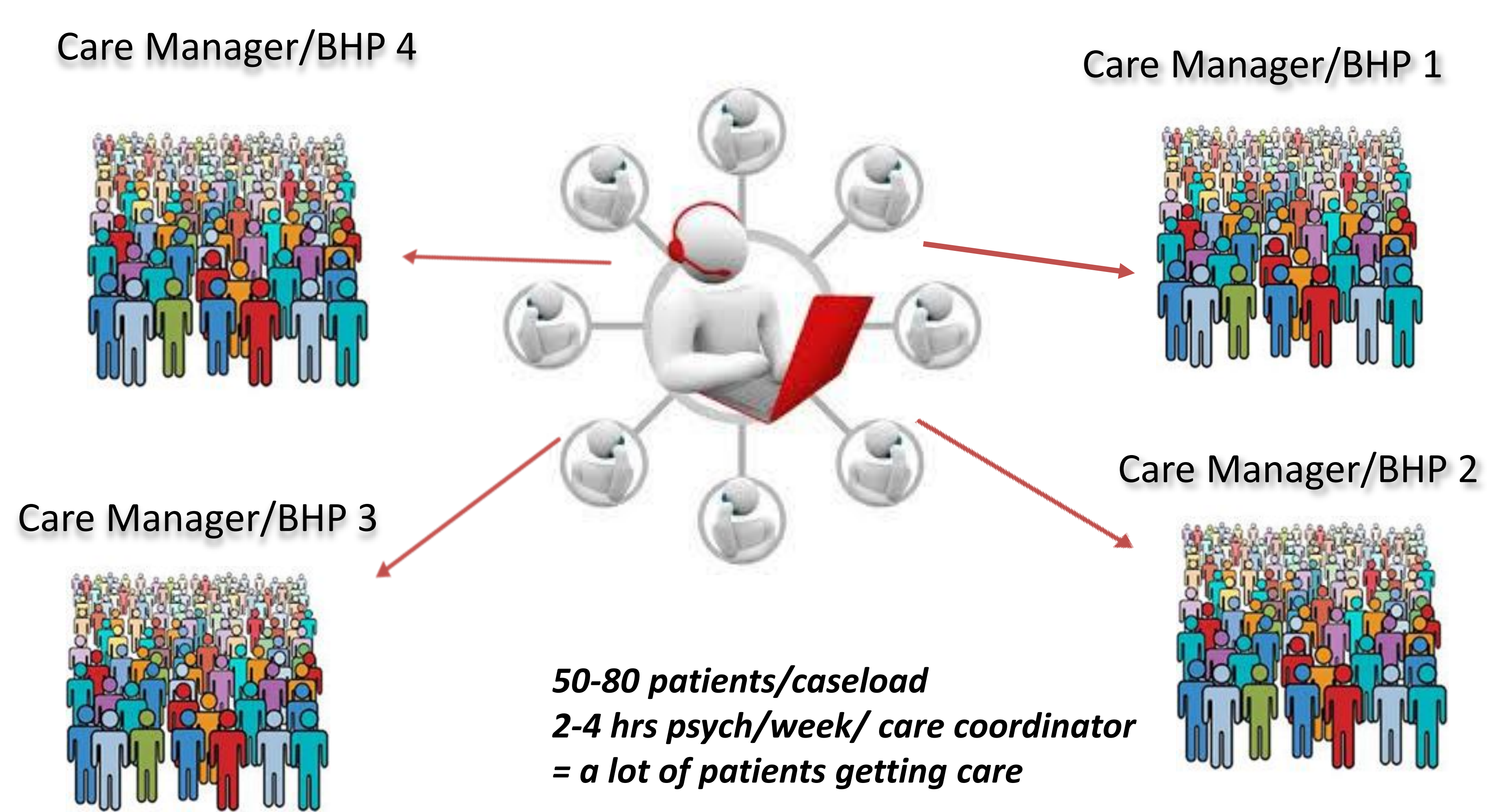
Measurement Based Treatment To Target





Used with permission UW AIMS Center

Psychiatric Providers Supporting Teams



50-80 patients/caseload
2-4 hrs psych/week/ care coordinator
= a lot of patients getting care

CPT Codes for CoCM

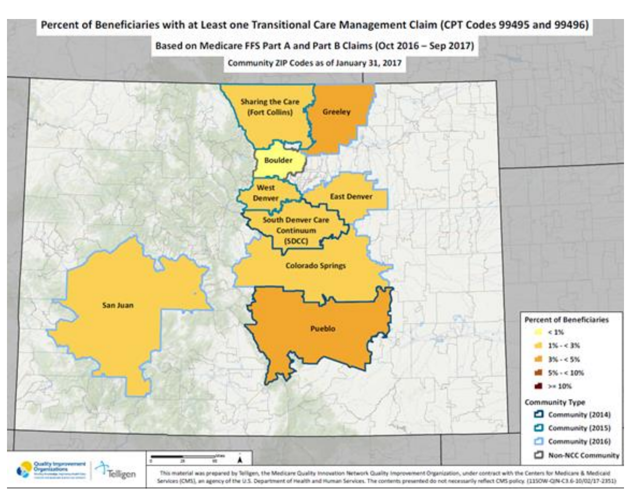
99492 - $161
99493 - $129
99494 - $67
99484 - $49
G0512 -$134 (FQHCs only)

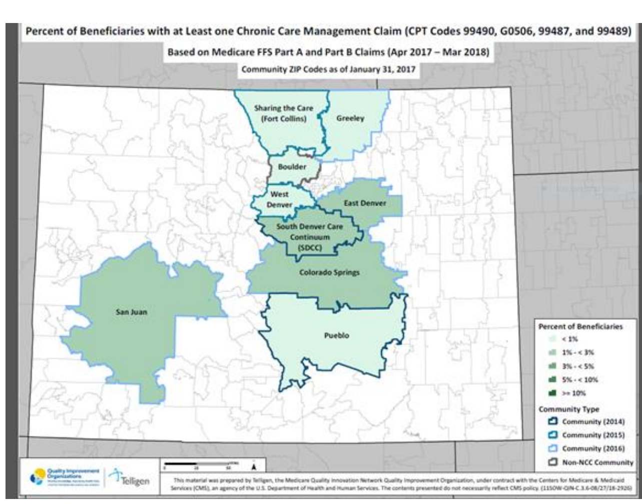
Billed once a month under NPI of PCP

- Outreach and engagement by BHP
- Initial assessment of the patient, including administration of validated rating scales
- Entering patient data in a registry and tracking patient follow-up and progress
- Participation in weekly caseload review with the psychiatric consultant
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Other Resources

- Transitional Care Management (TCM) codes
- Chronic Care Management (CCM) codes
- CPC+ Track 1 and Track 2 care coordination
- SIM and TCPI Technical Assistance
- Patient Centered Medical Homes





Modern Day Health Care First Envisioned in 1962

TECHNOLOGY ENABLED BEHAVIORAL HEALTH IN PRIMARY CARE

Patient Facing Technology			Build PCP Capacity to Treat Mild to Moderate Behavioral Conditions				Virtual Visit
Apps and Web Services	Text Messaging and Apps	Digital Therapeutics	Decision Supports	e- Consult	Project ECHO©	Remote Tele-Hub	Telepsychiatry
Self Management	**Practice Extenders**	**Practice Extenders**	**Embedded In EHR**	**Consultation Platform**	**Telementoring and Education**	**Collaborative Care**	**Direct Evaluation**
self-help, fitness, affirmative prompts, relaxation, steps, personal exploration	remote monitoring, reminders, follow up assessments, reduce phone tag	variety of approaches including online therapies (like CBT) and coaching modules	treatment pathways, clinical formulation, prescribing and treatment algorithms	primary care to specialist, all cases with consultation input, education	didactics and case presentations, “hub” and “spokes”, collaborative learning	curbsides, outreach and treatment, registry review, Child Access Projects	evaluation by specialist, documentation, asynchronous model, teletherapy

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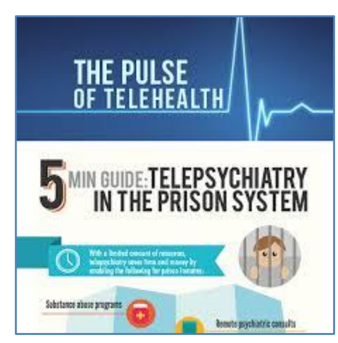
Raney L; Digitally Driven Integrated Care, Current Psychiatry 2018

Locations for Telepsychiatry

Outpatient



Correctional Settings

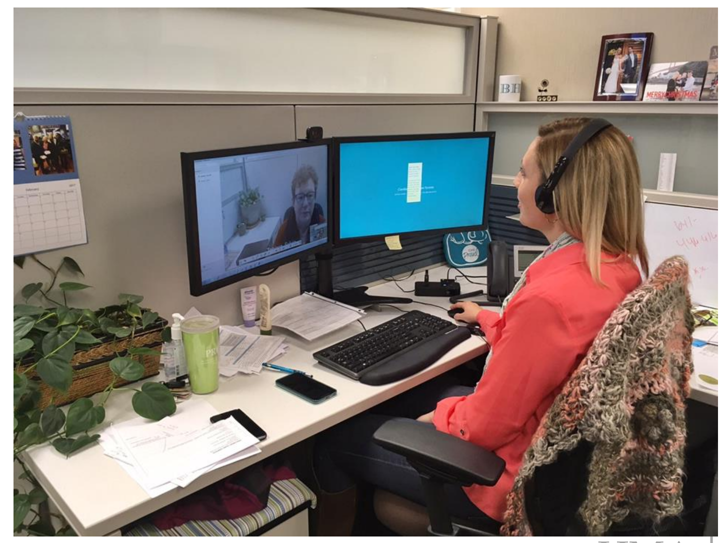
Inpatient

Emergency Rooms

International

Nursing Homes

Telehub



Social Determinants of Health

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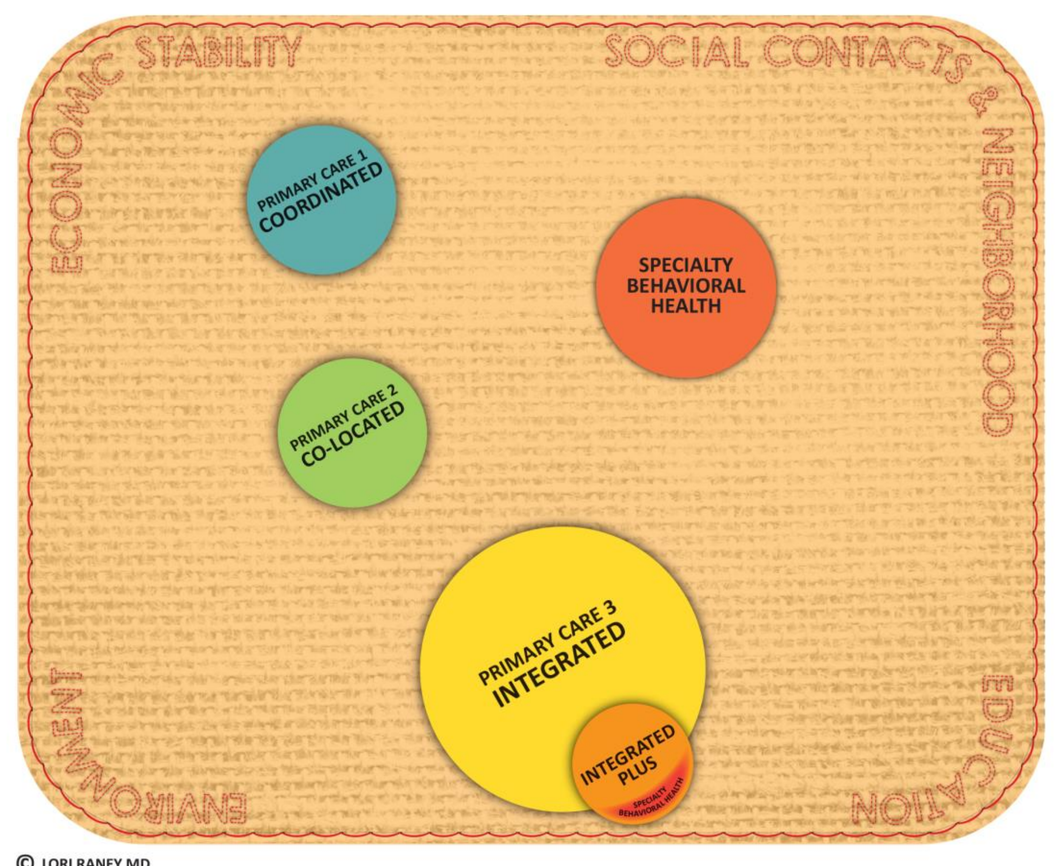
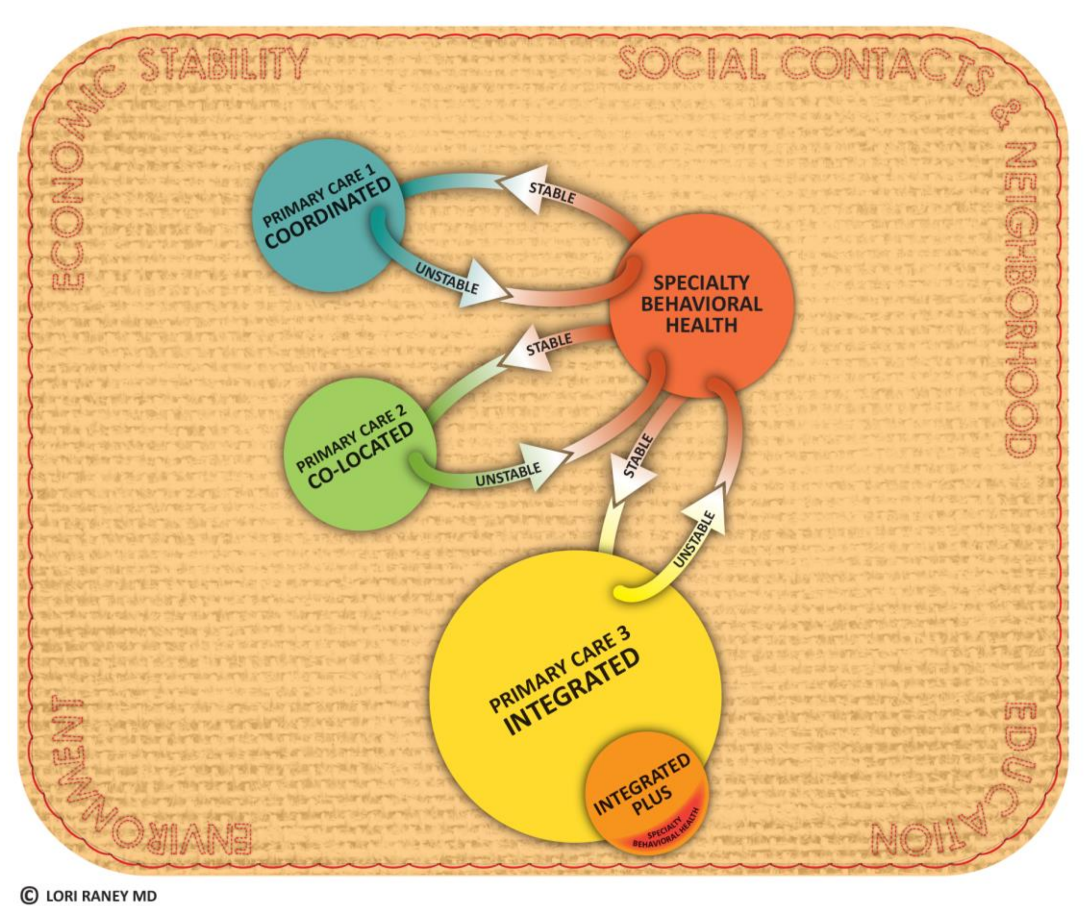
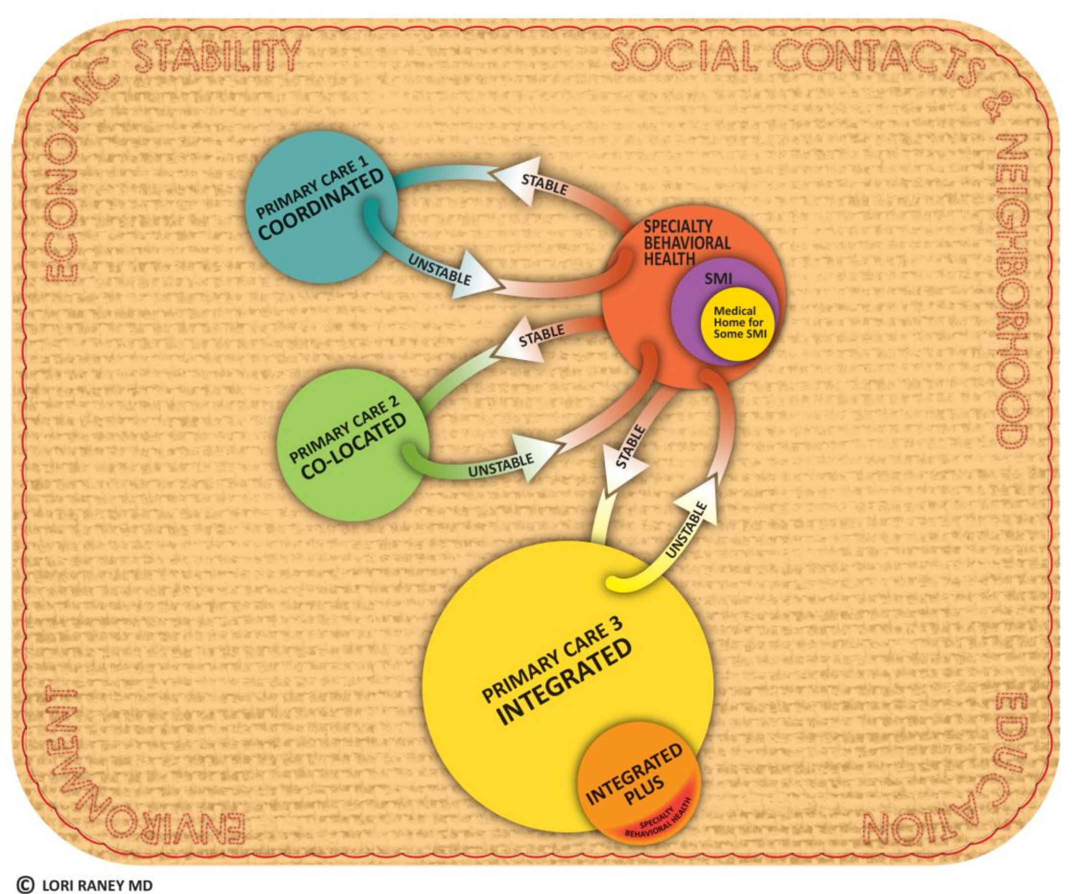
Primary Care and Specialty Behavioral Health



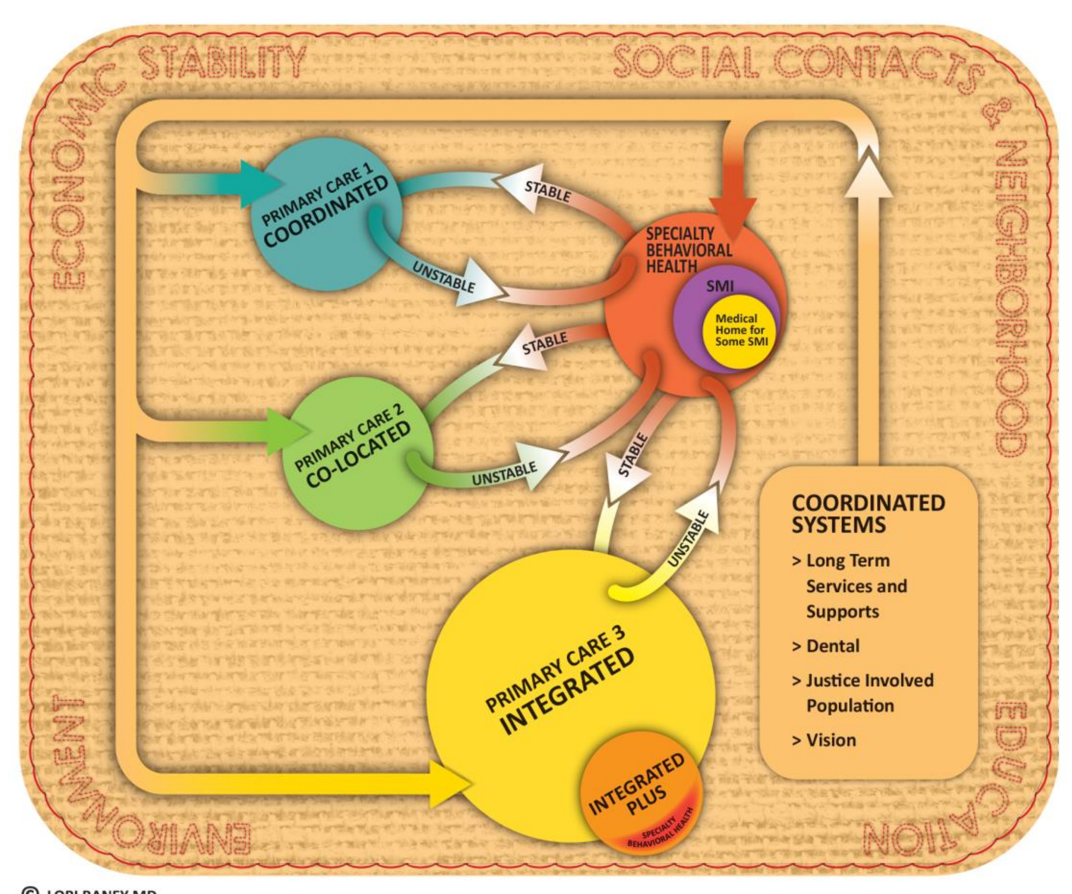
Episodic Specialty Care as Needed



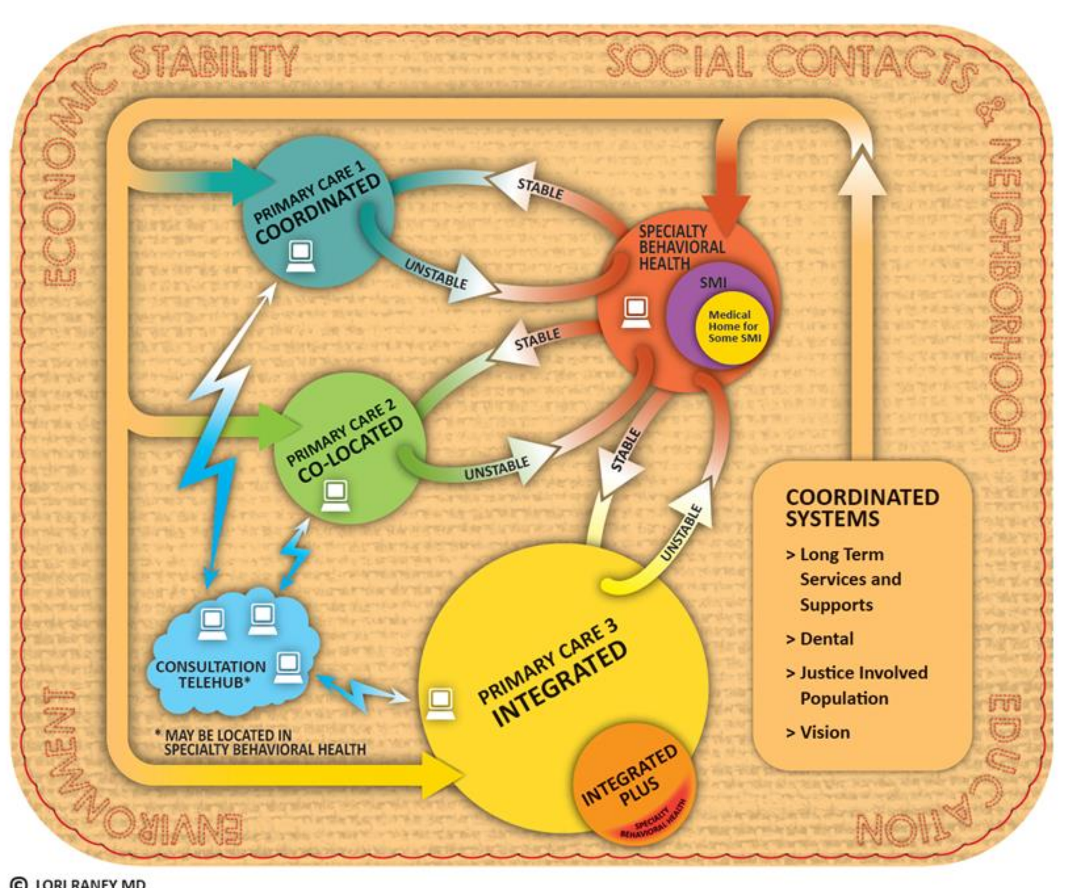
Medical Home for SMI



LTSS, Corrections, Hospitals, etc



Behavioral Health Telehubs



Opportunities Now!

- Be proactive in addressing your behavioral health pain points - environmental scan, best practices
- Partner locally or nationally to find solutions and address gaps- reach out to behavioral health and other partners in the community
- Screen in your facilities – be proactive, identify risks, set up workflows and change practice
- Establish enhanced referral Care Compacts
- Ask for seat at the table with your RAE, behavioral health and community partners – don't wait for an invitation

Lori Raney, MD
lraney@healthmanagement.org