

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Health Information Technology's Role in the Integration of Delivery Systems for Primary Care and Substance Abuse

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“At its very core, our work today is about improving lives and ensuring peace of mind. It’s about getting the right care to the right person at the right time -- each and every time.”

October 4, 2010

QUOTE



“In order to think outside of the box, you must be willing to see outside of the box.”

LEARNING OBJECTIVES



- Integration – What will it take to integrate delivery systems?
- Implications – What are implications of redesigning the Behavioral Health System?
- Barriers – What are some of barriers and the potential impact on successful integration?
- Models – What are some of the best models or practices in Behavioral Healthcare Industry?
- Realities & Challenges – What are the realities and challenges that should be considered? How to address the separation of services and fragmented communications?

Behavioral Health in Primary Care Settings



- Illicit drug users are significantly more likely to be treated in emergency facilities or urgent care centers compared with nonusers.
- In 2009, in the U.S., over 2.1 million visits to emergency departments were associated with drug misuse or abuse.
- Approximately 15.9% of adults who received substance abuse treatment received it at a private doctor's office, another 11.4% at an emergency room, and 24.3% at an outpatient mental health center.

Sources: Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, 2009: National Estimates of Drug-Related Emergency Department Visits*. HHS Publication No. (SMA) 11-4659, DAWN Series D-35. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011, and NSDUH 2012

The Benefits of Integrated Health Care



- Creates a seamless engagement by patients and caregivers of the full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for achieving optimal health throughout the life span.
- Shifts the focus of the health care system toward efficient, evidence-based practice, prevention, wellness, and patient-centered care, creating a more personalized, predictive, and participatory health care experience.

INTEGRATED DELIVERY SYSTEMS



- Patient-Centered Care
- Full Continuum of Services
- User-Friendly / One-Stop Shop Environment
- Mental Health / Substance Abuse Services in a single facility
- Elimination of Redundancies & Costly Intermediaries
- Wellness Promotion
- Improved Health Outcomes

REQUIREMENTS TO INTEGRATE DELIVERY SYSTEMS

- Executive leadership engagement
- Integrated risk management plan that clearly identifies success indicators (know the strengths /weaknesses)
- Effective strategies for ...
 - Identifying and aligning key economic initiatives and incentives
 - Expanding choice and Improving consumer access
 - Cradle to grave patient care management versus episodic illness treatment (managing along the continuum of care)
 - Recruiting the right staff (physicians & other highly skilled professionals)
 - Analyzing & maintaining financial integrity
 - Evaluating information exchange capabilities
 - Training

IMPLICATIONS OF REDESIGNING THE BEHAVIORAL HEALTHCARE SYSTEM

- Four Concepts Common to All Models of Integrated Care:
- Medical Home (Health Home or Primary Care; a Centerpiece in National Healthcare Reform)
 - Health Care Team
 - Stepped Care
 - Four-quadrant Clinical Integration

Source:

Rittenhouse, D., and S. Shortell. 2009. The Patient-Centered Medical Home: Will It Stand the Test of Health Reform? JAMA 301(19):2038–40. doi:10.1001/jama.2009.691. Available at <http://dx.doi.org/doi:10.1001/jama.2009.691>.

MEDICAL or HEALTH HOME

- ➔ The patient-centered health home— promotes standards that apply to disease and case management activities that are beneficial to both physical and mental health.
- ➔ These criteria include, but are not limited, to the following:
 - Patient tracking and registry functions
 - Use of non-physician staff for case management
 - The adoption of evidence-based guidelines
 - Patient self-management support and tests (screenings)
 - Referral tracking

SOURCE: <http://www.aafp.org/online/en/home/policy/policies/p/patientcenteredmedhome.html>

MEDICAL or HEALTH HOME (CONT'D)



- Most health homes are compensated by a "per-member-per-month" (PMPM) fee, and this fee could be enhanced if integrated physical–behavioral health care is incorporated.

The Role of Health Homes

- ➔ Health Homes are a strategy for helping individuals with chronic conditions manage those conditions better.
- ➔ Eligible individuals select a provider or team of health care professionals to their “health home.”
- ➔ Health homes then become accountable for the individual’s care, including:
 - Manage/coordinate all services the person receives from multiple providers or programs
 - Promote good health
 - Help with transitions from one kind of setting to another.
 - Provide support to the individual and family members
 - Offer referrals to community and social support services.

Linking with Health Homes



- Health Reform encourages states to add health homes in their Medicaid programs with a 90% Federal match for the first 2 years.
- Community-based programs need to link with health homes to ensure that they are included in the services coordinated through Health Homes.

HEALTH CARE TEAM



- ➔ The doctor-patient relationship is replaced with a team-patient relationship
- ➔ Members of the health care team share responsibility for a patient's care
- ➔ The message to the patient is that the team is responsible
- ➔ The team may include physician, mid-level (nurse practitioner or physician's assistant), nurse, care coordinator, behavioral health consultant, and other health professionals.

SOURCE:

Strosahl, K. 2005. *Training Behavioral Health and Primary Care Providers for Integrated Care: A Core Competencies Approach*. In *Behavioral Integrative Care: Treatments That Work in the Primary Care Setting*, edited by W. O'Donohue, M. Byrd, N. Cummings, and D. Henderson, pp. 15–52. New York: Brunner-Routledge. Available at <http://www.amazon.com/Behavioral-Integrative-Care-Treatments-Primary/dp/0415949467>.

STEPPED CARE



- Health care providers should offer care that:
 - causes the least disruption in the person's life;
 - the least extensive needed for positive results;
 - the least intensive needed for positive results;
 - the least expensive needed for positive results; and
 - the least expensive in terms of staff training required to provide effective service. (Note: This does not include acutely ill patients)

- If the patient's functioning does not improve through the usual course of care, the intensity of service is customized according to the patient's response.

STEP CARE (CONT'D)

- In behavioral care, the **first step** involves basic educational efforts, such as sharing information and referral to self-help groups.
- The **second level** "steps up" the care to involve clinicians who provide psycho-educational interventions and make follow-up phone calls.
- The **third level** involves more highly trained behavioral health care professionals who use specific practice algorithms.
- If a patient does not respond to these progressions of care (or if specialized treatment is needed), the patient is then referred to the specialty mental health system.

SOURCE:

Strosahl, K. 2005. *Training Behavioral Health and Primary Care Providers for Integrated Care: A Core Competencies Approach. In Behavioral Integrative Care: Treatments That Work in the Primary Care Setting*, edited by W. O'Donohue, M. Byrd, N. Cummings, and D. Henderson, pp. 15–52. New York: Brunner-Routledge. Available at <http://www.amazon.com/Behavioral-Integrative-Care-Treatments-Primary/dp/0415949467>.

FOUR-QUADRANT CLINICAL INTEGRATION

(cont'd)

TABLE 1: FOUR QUADRANTS OF CLINICAL INTEGRATION BASED ON PATIENT NEEDS

LOW ← BEHAVIORAL HEALTH RISK/COMPLEXITY → HIGH	QUADRANT II	QUADRANT IV
	Patients with high behavioral health and low physical health needs Served in primary care and specialty mental health settings (Example: patients with bipolar disorder and chronic pain) Note: when mental health needs are stable, often mental health care can be transitioned back to primary care.	Patients with high behavioral health and high physical health needs Served in primary care and specialty mental health settings (Example: patients with schizophrenia and metabolic syndrome or hepatitis C)
	QUADRANT I	QUADRANT III
	Patients with low behavioral health and low physical health needs Served in primary care setting (Example: patients with moderate alcohol abuse and fibromyalgia)	Patients with low behavioral health and high physical health needs Served in primary care setting (Example: patients with moderate depression and uncontrolled diabetes)
	LOW ← ————— PHYSICAL HEALTH RISK/COMPLEXITY ————— → HIGH	

Source: Adapted from Mauer 2006.

FOUR-QUADRANT CLINICAL INTEGRATION



→ The concept here is to identify populations to be served in primary care versus specialty behavioral health.

Source:

Mauer, B. 2006. Behavioral Health/Primary Care Integration: The Four Quadrant Model and Evidence-Based Practices. Rockville, MD: National Council for Community Behavioral Healthcare. Available at <http://www.thenationalcouncil.org/galleries/business-practice%20files/4%20Quadrant.pdf>.

QUADRANT IV POPULATIONS



Generally patients or consumers that have:

- Lower medication adherence
- Higher incidence of co-occurring chronic medical conditions
- High incidence of co-occurring alcohol and drug abuse problems
- Lack of a stable medical home
- More complex medical plans

Source:

Mauer, B. 2006. Behavioral Health/Primary Care Integration: The Four Quadrant Model and Evidence-Based Practices. Rockville, MD: National Council for Community Behavioral Healthcare. Available at <http://www.thenationalcouncil.org/galleries/business-practice%20files/4%20Quadrant.pdf>.

BARRIERS TO INTEGRATED CARE



- Expensive Resources (i.e. psychiatric support)
- Rural Practice with Limited Capabilities
- Ineffective Patient Education Hand-outs
- Large Indigent Populations with Compliance Problems and Poor Attendance & Follow-up
- Limited Staff Available to do Screenings

Barriers to Integrated Care (cont'd)

→ Delivery System Design

- Physical separation of services, fragmented communication, language differences between systems

→ Financing

- Siloed payment & reporting systems, competition for scarce resources

→ Legal/Regulatory

- HIPAA and confidentiality rules, conflicting mandates at federal, state & local levels, categorical program requirements

Barriers to Integrated Care (cont'd)

→ Workforce

- Feared loss of identity and priority
- Lack of cross-training
- Shortage of providers, need for cultural competence/linguistic capacity

→ Health Information Technology

- Lack of common IT systems, electronic health records (EHRs) often unable to support multi-system information

Health Insurance Reform Will Help Reduce Barriers

- ➔ New health insurance reform legislation emphasizes the importance of integrating behavioral health and primary health care.
 - Significant enhancements to primary care
 - Workforce enhancements
 - Increased funding to SAMHSA, HRSA and IHS
 - Bi-directional
 - » MH/SUD in primary care through FQHCs
 - » Primary care in MH/SUD settings through CMHCs and other agencies
 - » Services and technical assistance
 - Health Homes and Accountable Care Organizations

Applying Technology to Recovery



Health IT can be an asset to integrated care – rather than a barrier. Health IT is more than electronic health records:

- Providers and recovery communities need to learn to use technology to deliver prevention and treatment services and
- to understand the impact of social networking and technology in general on the nation's health.
- Technology needs to be integrated into the behavioral health workforce.

Using Apps to Prevent and Treat

Recovery communities and providers need to grow the prevention and treatment messages via technology.

- ➔ Apps – already have health apps to monitor alcohol blood levels, stop smoking apps, and apps to help those in recovery.
- ➔ Why not prevention and education apps that:
 - Show where drug dealers have been arrested?
 - Identify stores/bars that violate underage drinking laws or stores that sell cigarettes to minors?
 - Quickly identify the potential adverse health effects of drugs?

Technology & Recovery

- SAMHSA is testing Addiction Comprehensive Health Enhancement support System (A-Chess) – a smartphone-based recovery tool that features:
- Online peer support group & clinical counselors,
 - A GPS feature that sends an alert when the user is near an area of previous drug or alcohol activity,
 - Real-time video counseling, and
 - A “panic button” that allows the user to place an immediate call for help with cravings or triggers.

IMPACT OF HEALTH INFORMATION TECHNOLOGY ON SUCCESSFUL INTEGRATION

- The use of health information technology (HIT) has great potential for designing and facilitating integration efforts.
- HIT can serve to support medical homes and providers in managing their target populations and providing meaningful information that supports the best possible health care for patients and their families.
- HIT can also provide client-level information that is relevant across providers and delivery settings and can identify gaps in care as well as evidence-based best practice guidelines.
- In others words, “HIT can be the glue that holds quality healthcare together.”

MODELS OF INTEGRATION & PRACTICES IN BEHAVIORAL HEALTH



- Improved Collaboration
- Medically Provided Behavioral Health Care
- Co-location
- Reverse Co-location
- Disease Management
- Unified Primary Care and Behavioral Health
- Primary Care Behavioral Health
- Collaborative System of Care.

EXAMPLE OF A REVERSE CO-LOCATION MODEL

TABLE 8: EXAMPLES OF PRACTICE MODEL 5—REVERSE CO-LOCATION

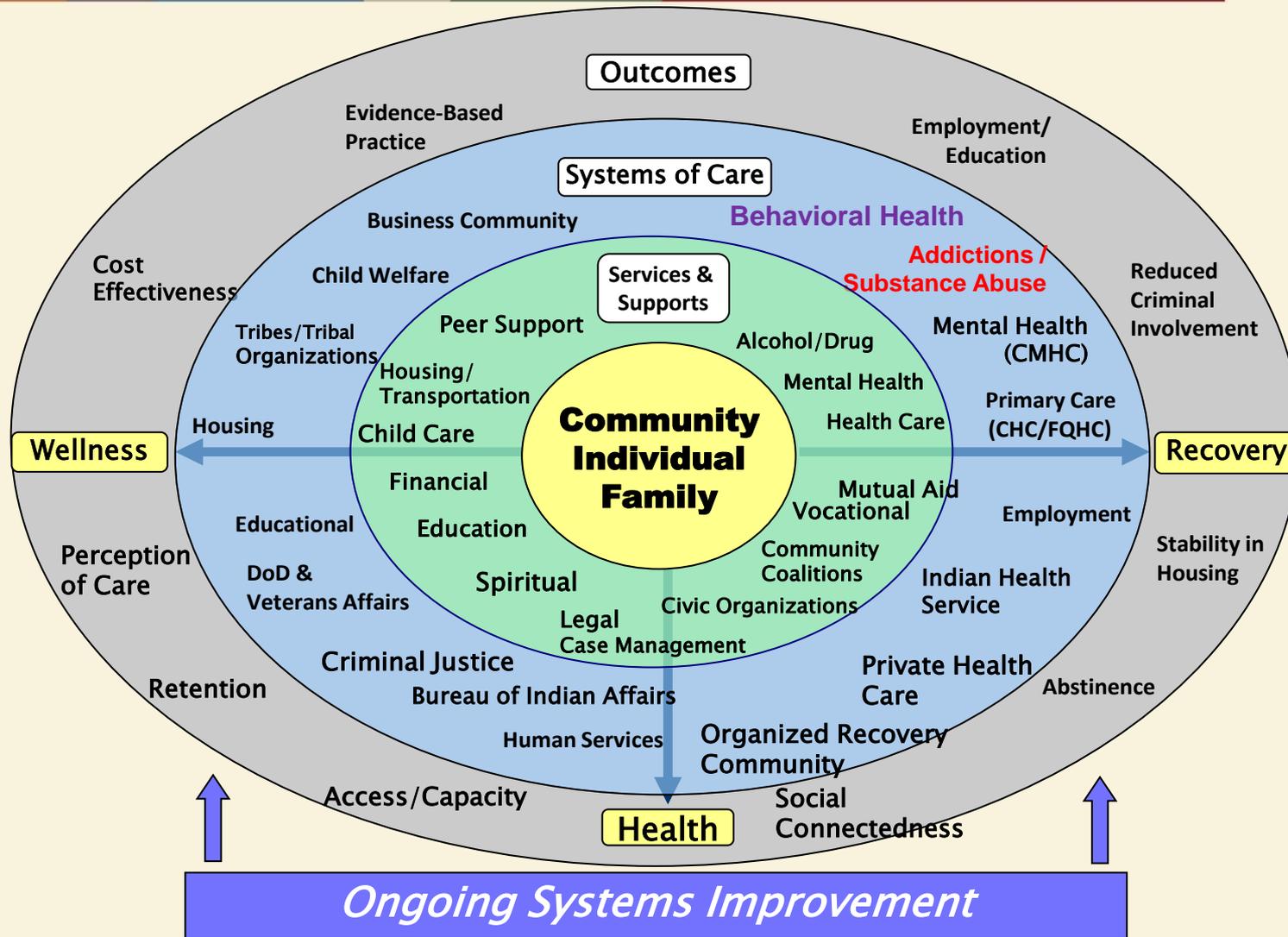
PROGRAM	STATE	DESCRIPTION
Health and Education Services	Massachusetts	Health and Education Services (HES) is a nonprofit, full-service mental health organization in the North Shore area. HES is focused on improving the physical health care of its Latino population. A Spanish-speaking nurse practitioner, who has expertise in both primary care and psychiatry, regularly visits three clinics. The nurse is available on a walk-in basis to see patients with a range of medical issues.
Horizon Health Services	New York	Horizon Health Services is a provider of comprehensive substance dependence and mental health services in Buffalo. Three of Horizon's sites have medical units, where patients are offered an appointment if they do not have a primary care physician. The medical staff includes a family physician, registered nurse, nurse practitioner, LPNs, and HIV counselors.
Community Support Services	Ohio	Akron, Ohio's Community Support Services Center serves adults with severe mental illness in Summit County. The center opened its doors to an integrated primary care clinic and pharmacy in 2008. Clinic staff includes a nurse practitioner and a primary care physician. The center has developed an electronic record for primary care, aiming to establish a totally integrated electronic medical record.

REALITIES & CHALLENGES

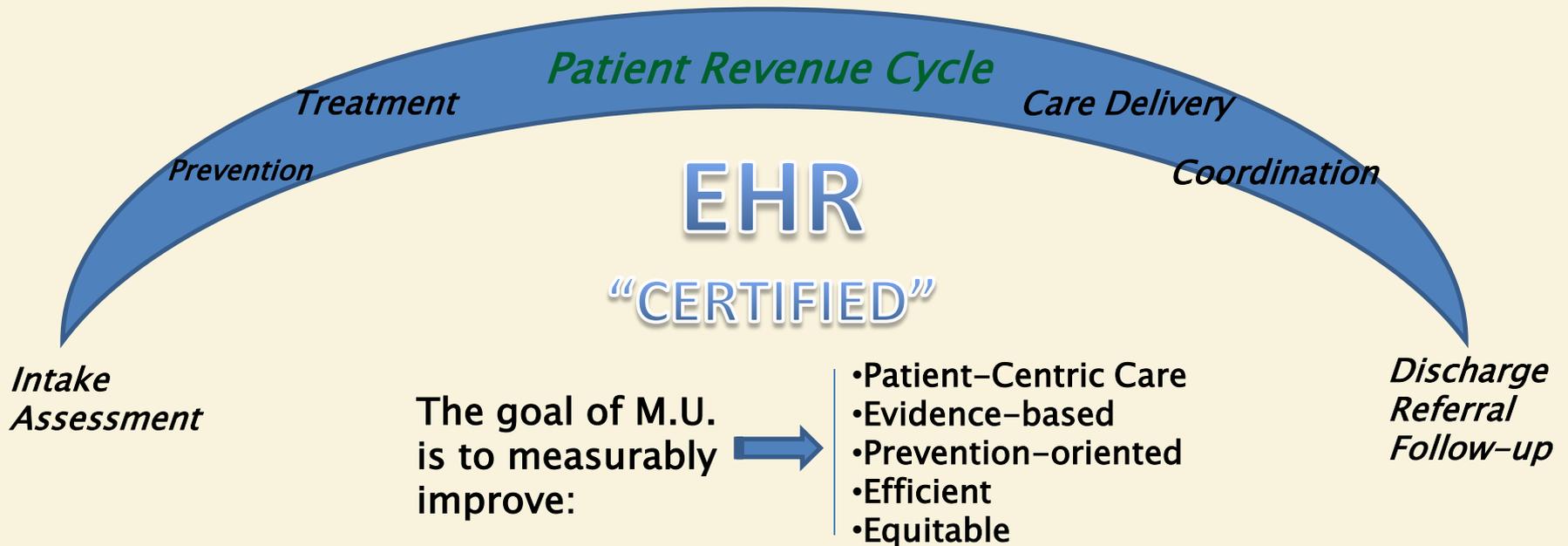


- Complex System of Care
- Model Care Continuum
- Health Information Technology
- Role of Community Health Centers
- Linking with Community Health Centers
- Effective Leadership Engagement
- Eliminating Silos

COMPLEX-SYSTEM OF CARE



“A Model Care Continuum.”



The typical life cycle of the patient within the clinical practice or the Community Behavioral Healthcare Center

Source: <http://www.healthit.gov/providers-professionals/learn-basics-ehrs>

Promises of Health Information Technology (HIT)

Better Prevention, Better Care, Better Health, Lower Costs

Primary Care Services

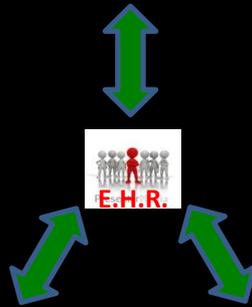
Specialty Care Services

Mental Health Services

Substance Abuse Services



Patient / Consumer



Clinician / Case Worker

Care Team

CBOC / CHC HOSPITAL



CHALLENGES (cont'd)

- Care processes will need to be designed or redesigned, in such areas as credentialing, paneling, funding sources for uninsured, coding/billing, policy requirements, IT systems, education, after-hours coverage, supervision, and liability.
- When mental health services are carved out from medical benefits, the lack of parity results in lower payments, tighter limits, and higher co-payments. However, the Patient Protection and Affordable Care Act (ACA) of 2009 may help with this challenge.
- “The Affordable Care Act is putting patients and their doctors in control of their health care,” said HHS Secretary Kathleen Sebelius.

The Role of Community Health Centers



- In 2010, Federally funded Community Health Centers served 19.5 million patients:
- 93% below 200% poverty
 - 72% below 100% poverty
 - 38% uninsured
 - 1,052,000 homeless individuals
 - 173,000 residents of public housing
 - 852,984 used Mental Health Services
 - 98,760 used Substance Abuse Services

Linking with Community Health Centers



- Again, community organizations and providers need to link with Community Health Centers (CHCs) to ensure that CHCs are aware of the important role they play in the integrated health care system.
- CHCs and community-based programs both provide person-centered, individualized services to communities that are traditionally at risk.

Executive Leadership Engagement



- Effective and involved leaders are essential for securing the right staff, resources and other tools necessary to achieve patient centered care delivery.
- Engaging physicians and training them as “key champions” are crucial to successful Health Information Technology (HIT) adoption.
- Other trained champions - committed to the EHR adoption can help to speed up adoption and encourage proactive performance monitoring and eliminate end-user reluctance.
- Crucial communications within organizations; across stakeholders and the consumer populations – essential for breaking down silos and overall program success.

Eliminating Silos



- Adopting an integrated treatment approach does not guarantee a truly integrated system.
- Silos can exist between the various services, systems, agencies, and organizations that are part of recovery-oriented systems of care.
- Maintaining linkages and communication between all services and systems is essential.
- Effective case management is the key to ensuring that silos do not develop and that the approach continues to be truly “holistic.”

Health Information Technology Goes Beyond EHR

- Beyond the increased emphasis on interoperable EHR systems, the behavioral health field needs to be ready for the sweeping changes that technology brings:
- The ability to identify new substances and exploit existing ones to trigger a euphoric or psychedelic effect (salvia, K2, bath salts)
 - The effect of social networking to get the message out, exchange information, build a community of users.
 - The ability to connect with suppliers throughout the world, who promise anonymous or discreet packaging and accept cash transfers.

The Effect of Social Networks

- Information exchange via social networking spreads the news quickly.
- Advice and information – pro and con – connect the individual to others, creating an accepting community that provides a false sense of safety and control.
- Armed with this interchange, users tell themselves: “I believe I can tell when the marginal cost of taking the new drug exceeds the marginal benefit.”

Using Technology Effectively



Provider Communities need to:

- Recognize the opportunity presented by Smartphones, I-pads, GPS systems, and other emerging technologies.
- Take advantage of Facebook, YouTube, Twitter, Texting – and even e-mail.
- Encourage the development of outreach tools that exploit technology.

Behavioral Health E-Applications

- There are over 100 consumer behavioral health e-applications developed to be used on a variety of different platforms, including via the Web, messaging systems, PDAs, and cell phones
- These applications assist with:
 - self-management through reminders and educational prompts,
 - delivering real-time data on a patient's health condition to both patients and providers,
 - facilitating Web-based support groups, and
 - compiling and storing personal health information in an easily accessible format.
- In addition to convenience, applications also can be important in emergency situations to provide critical health information to medical staff.

Benefits of Shared Data

- Shared **data** can help providers respond holistically to the individual's condition – regardless of whether the individual is in the community or within the criminal justice system.
- Example: Information is gathered regarding a patient's sleep patterns.
- For the primary physician this may reveal a sleeping problem or insomnia.
- For the behavioral health provider the sleep problem may be the result of increased alcohol intake or a symptom of an anxiety disorder.
- Effective communication and shared data gives all providers the complete picture and results in more effective treatment for the individual.

Using Technology to Build Bridges

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- Health information technology, including electronic health records (EHRs) and health information exchanges (HIEs), can help build bridges between the criminal justice system and communities.
 - The result:
 - More efficient and better coordinated care,
 - Significant health care cost savings to local jurisdictions, and
 - Improvements in both public health & public safety.

THE TRUTH ABOUT INTEGRATING EHR INTO CLINICAL PRACTICE



- Timely delivery of health information is critical in effective healthcare delivery.
- EHR is **the glue that bonds** clinical practice with performance management; individual, community and population health.
- EHR is the “**record.**” However, “the record **is not** the patient.”
- Effective implementation of EHR leads to quality care for patient.

What Does It All Mean?



- Health Care Reform legislation recognizes the benefits of integrated care.
- Health IT and technology in general will help support a cohesive and dynamic integrated care system.
- Technology can also be exploited by drug dealers, distributors and users.
- Communities need to understand the impact that modern technologies are having on their members, and
- Use the same technology to help create an integrated care system that includes the ability to create and disseminate messages and tools of prevention and treatment.

THANK YOU

