

# Integrating Primary Care and Behavioral Health

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# My Experience with Integrated Care

- Assessed population health issues
  - Co-Morbid Conditions
  - Follow-up to Referral Rates
- Co-located BH within Clinic as Colleague
  - Warm handoffs
  - Adoption of processes to recognize BH issues
- Difficulty transitioning to PC Model
- Learning HER and HIPAA requirements
- Reimbursement to sustain model

# Problems with Current System

- Primary Care Physicians
  - Unsatisfying work
  - Poorly paid
  - Unable to spend time with patients
  - Dealing with co-morbid conditions and behavioral health components
  - HIPAA preventing exchange of information
- Patients
  - Access
  - Relationships
  - Fragmentation
- Purchasers/Payers
  - Costs (esp. chronically-ill, wrong place for service)
  - Quality
  - Experience

# Problems with Current System

- The dramatic rise in health care costs and failures of current fragmented system – no improvement in population health status
  - Payers not paying for certain outcomes
  - Many stakeholders embracing innovative ideas on new models of care and payment
- Health research continues to clarify the importance of social and environmental determinants of health and the impact of primary prevention
- An unprecedented wealth of health data is providing new opportunities to understand and address community-level health concerns

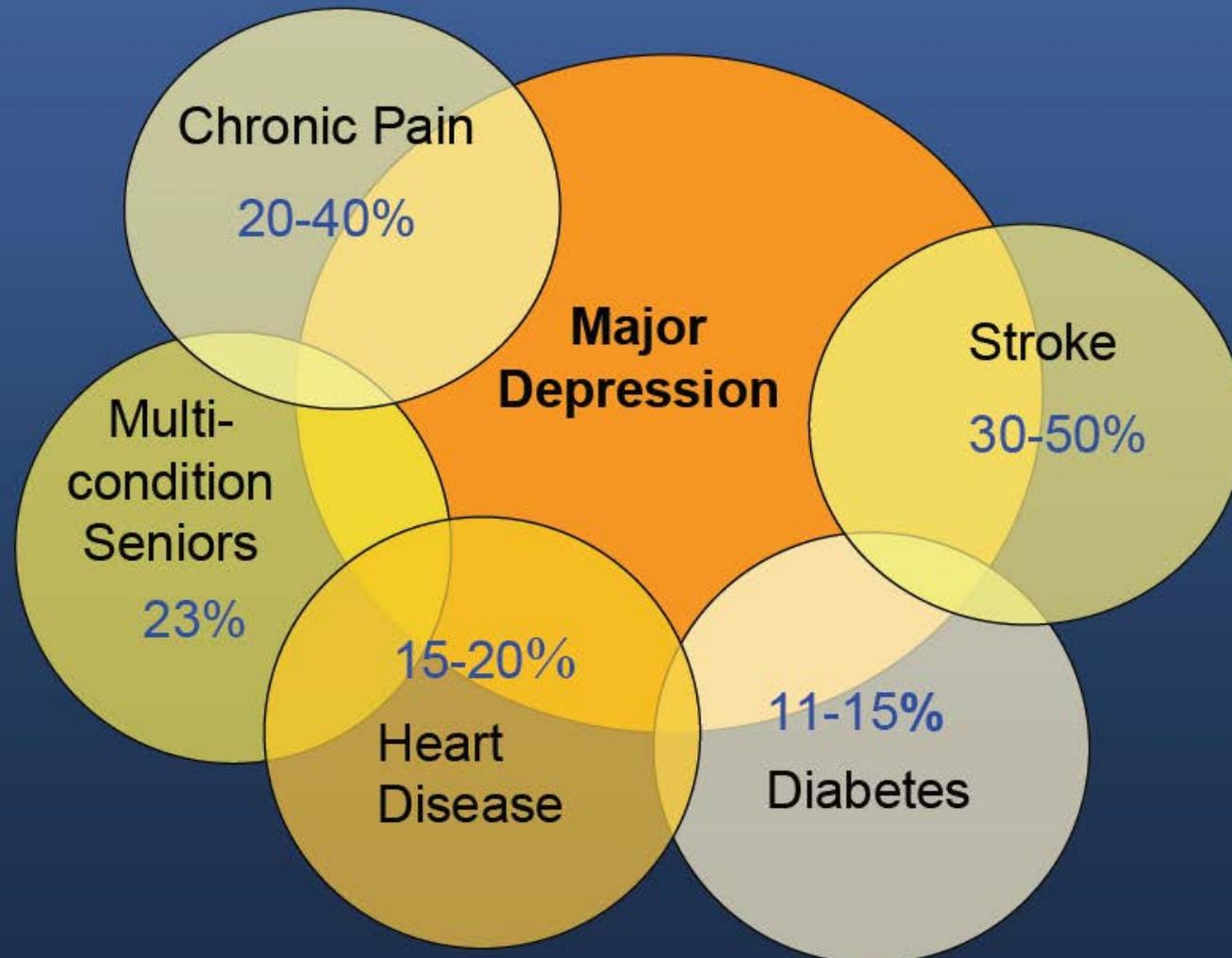
# Resource Limitations

- Since 2006, employer costs for health care have risen **40%**
  - while employee costs (out-of-paycheck and out-of-pocket) have risen **82%**.
- Funding has been stagnant or decreased and now more focused on effectiveness/outcomes

# Problems with Current System

- Mental health diagnosis often go unrecognized in primary care
- Primary care providers often under treat mental health diagnosis
  - Also end up managing medications prescribed by other providers
- Screening alone does not improve outcomes for primary care
  - increases recognition, may broaden community capacity and capability but not considered integrated care

# Comorbidity



# Morbidity and Mortality in People with Serious Mental Illness

- Persons with serious mental illness (SMI) are dying **25 years earlier than the general population**
- While suicide and injury account for about 30-40% of excess mortality, 60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases (National Association of State Mental Health Program Directors, 2006)

# Expectations

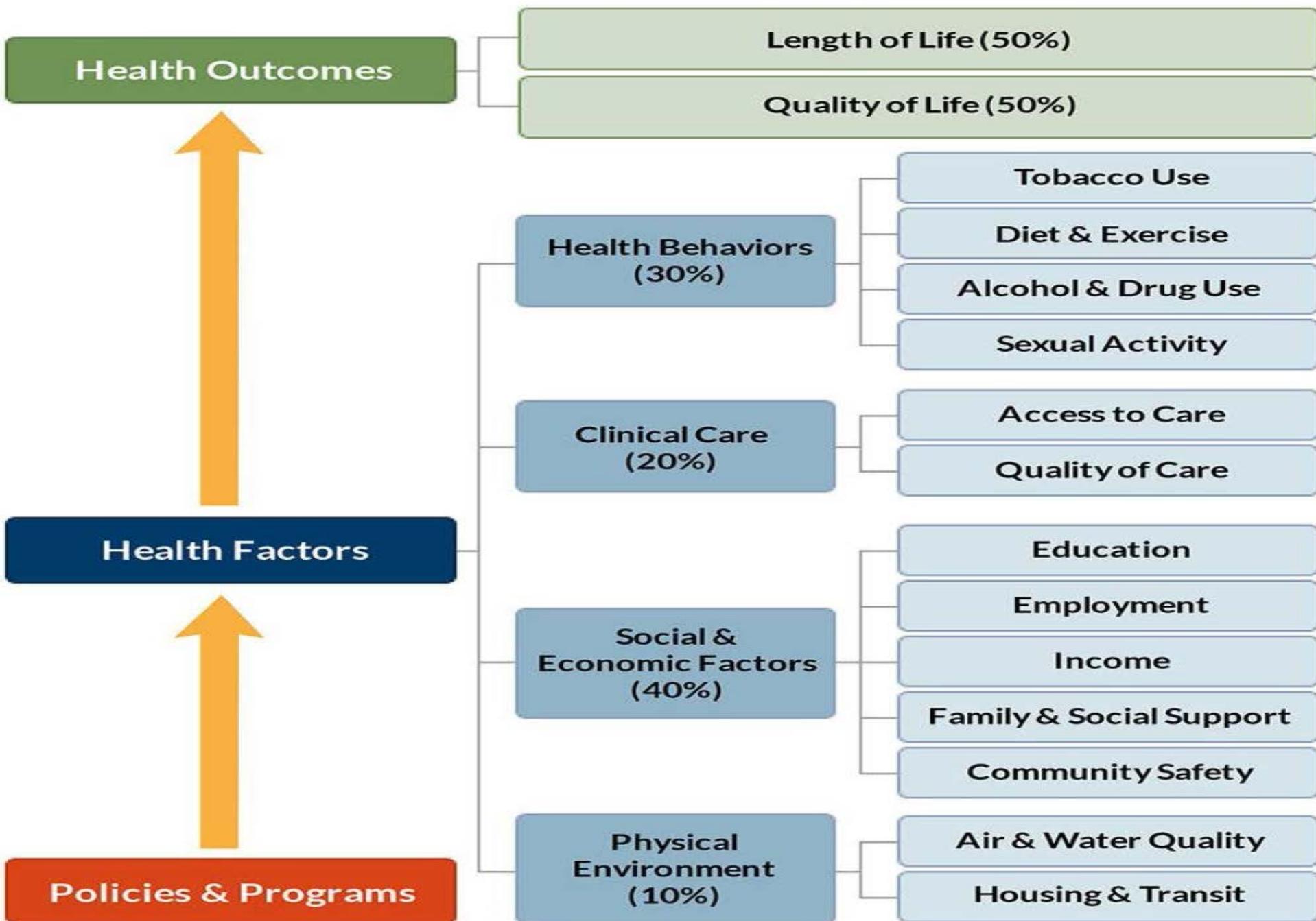
- Population Health Management
- Team-based care
- Improved communication
- Improved data flow & access
- Right patient at the right time and right place
- Patient-centered aligned incentives – outcomes, quality, cost
- Accountability – outcomes, quality, cost

# Why Integrate Behavioral Health In Primary Care?

- Focus is NOT on mental health but bio-psychosocial factors relating physical health
- Address improving patients health and well being
- Focus on reduction of disease related problems
- Focus on treatment adherence and better medication management across providers

# Déjà Vu Again

- **Historical Perspective**
  - **Folsom Report 1967**
    - Community Health Centers
  - **Community Oriented Primary Care**
    - 1950 South Africa to Current Models (Explanatory Model)
  - **Medicine and Public Health - the power of collaboration**
    - AMA and APHA effort 1997
  - **Primary Care and Public Health: Exploring Integration to Improve Population Health**
    - IOM March 2012 Report



# Impact of Chronic Disease



1. Diabetes
2. Coronary Artery Disease
3. Hypertension
4. Back Pain
5. Obesity
6. Cancer
7. Asthma
8. Arthritis

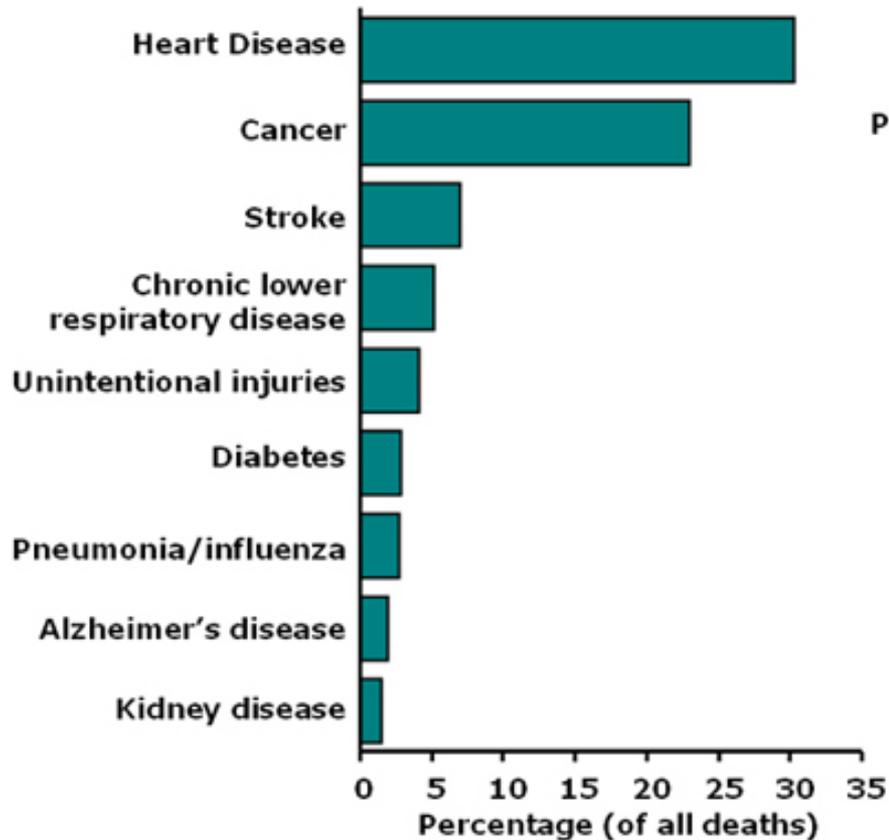
drive **15** chronic conditions

9. Allergies
10. Sinusitis
11. Depression
12. Congestive Heart Failure
13. Lung Disease (COPD)
14. Kidney Disease
15. High Cholesterol

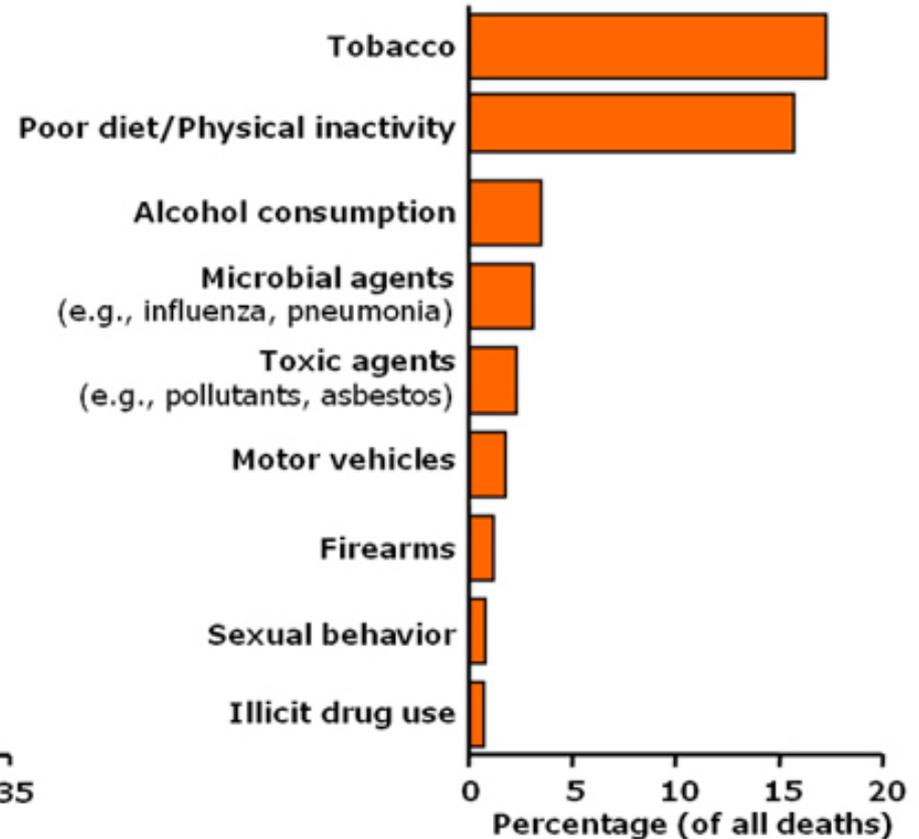
accounting  
for **80%**  
of total costs  
for all chronic  
illnesses  
worldwide

# Clinical Prevention and Public Health: Actual Causes of Death

**Leading Causes of Death\***  
**United States, 2000**



**Actual Causes of Death†**  
**United States, 2000**



\* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.

† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

# What are Determinants of Health?

- Income and social status
- Social support networks
- Education
- Employment/working conditions
- Social and physical environments
- Culture
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender

# Chronic Disease in Kansas

Risk Factor	Current Prevalence	Estimated Number of Adults	Trend over Last Nine Years	Comparison with National Pattern
Hypertension	28.7%	600,000	Increasing (by 24%)	Similar
High Cholesterol among those who were tested	38.6%	640,000	Increasing (by 32%)	Similar
Smoking	17.8%	376,000	Declined in last 4 years and now stable	Similar
Diabetes	*8.4%	*179,000	Increasing (by 42%)	Similar
Overweight or Obesity	64.6%	1.4 million	OW – stable; OB - increasing (by 33%)	Similar
Less than 5 times F/V Consumption	81.4%	1.7 million	Stable	Similar
No physical Activity	23.2%	490,000	Declining (by 13%)	Similar

Source: 2001-2009 Kansas BRFSS. Bureau of Health Promotion, KDHE. \*2010 KS BRFSS.

# Lifestyle Behaviors

- A large proportion of deaths each year in Kansas results from modifiable lifestyle behaviors
- Tobacco use, poor diet and physical inactivity contribute to the largest number of deaths in Kansas.

## Recommendations

- Address lifestyle behaviors in a coordinated and systematic fashion
- Implement interventions across multiple sectors
- Implement proven and promising issue-specific interventions

# The Solution?

- Integration
  - Learn from previous attempts and ongoing models
- Utilize Population Health Management
  - Define the “Population”
  - Identify Stakeholders
  - Determine “Status” and Gap Analysis
  - Determine Strategies and Tactics to Address
  - Bring the right players to the table - community

# Why Integrated Models - for the provider?

- Improve the quality of care
- Lower the cost of care to the healthcare system
- Reduce unnecessary and duplicated care
- Focus on populations of patients
- Improve provider compensation
- Improve work/life balance
- Allowing physicians to do “doctor things” and other providers to contribute to the collaborative effort
- Other Funding Opportunities

# Why Integrated Models - for the hospital?

- Reduced length of stay
- Lower cost per case
- Decreased adverse events
- Reduced operating costs
- Higher employee retention rates
- Decreased malpractice claims
- Increased market share

# Why Integrated Models – for the patient?

- Established relationship with primary care provider
  - More comfortable discussing mental/behavioral health issues
- Less stigma walking into primary care setting than mental health setting
- More likely to keep appointments where multiple issues are being addressed

# Why Integrated Models – for the Community Mental Health System?

- Behavioral Health is Essential to Health
- To better address the needs of individuals with mental health and substance use conditions
- Effective use of resources
- Less stigma walking into primary care setting than mental health setting

# Barriers to Integrated Care

- **Clinical Barriers**
  - Traditional separation of mental health issues from general medical issues
  - Lack of awareness of mental health screening tools in the primary care setting
  - Physicians' limited training in psychiatric disorders and their treatment
- **Financial Barriers**
  - Medicaid's low payment rates
  - Billing restrictions

# Barriers to Integrated Care

- Policy Barriers
  - Physical health and Mental health funding streams
  - Difficulty of sharing information due to HIPAA regulations (progress notes)
- Organizational Barriers
  - Shortage of mental health professionals
  - Limited communication between medical and mental health providers
  - Lack of agreement between medical and mental health providers

# HIPAA Regulations in Summary

- The HIPAA regulations permit broad sharing of treatment information without consent.
  - However, the HIPAA regulations only permit sharing of psychotherapy notes with authorization.
  - Moreover, the substance abuse confidentiality law does not permit sharing of records relating to substance abuse treatment or rehabilitation organizations conducted, regulated, or funded by the federal government, without consent, except within a program or with an entity with administrative control over a program.
  - Whenever a state law is more protective of privacy than either the federal HIPAA regulations or the federal substance abuse confidentiality statute and regulations, the state law governs. KANSAS ISSUE

# Principles for Successful Integration

A shared goal of **population health improvement**;

- **Community engagement**

- defining and addressing population health needs;

- **Aligned leadership that**

- bridges disciplines, programs, and jurisdictions to reduce fragmentation and foster continuity,

- clarifies roles and ensures accountability,

- develops and supports appropriate incentives, and

- has the capacity to manage change;

- **Sustainability**, key to which is the establishment of a shared infrastructure and building for enduring value and impact;

- The sharing and collaborative use of **data and analysis**.

# Principles for Successful Integration

- Use of multidisciplinary care teams;
  - coordination across care settings;
  - enhanced access to primary care;
  - continuous care, both in and outside of office visits; patient self-management education;
  - a focus on health behavior and lifestyle changes;
  - use of health information technology
    - data access and reporting for communication among providers and between providers and patients
- Select Right Focus

# Recommended Readings

- **Evolving Models of Behavioral Health Integration in Primary Care.** Milbank Memorial Fund. C Collins, D Levis Hewson, R Munger, and T Wade
  - <http://www.milbank.org/uploads/documents/10430EvolvingCare/EvolvingCare.pdf>
- **Integrating Behavioral Health into Primary Care.** SAMHSA-HRSA Center for Integrated Health Solutions
  - <http://www.integration.samhsa.gov/>
    - Primary Care Provider Curriculum – Learn how to be successful in integrated behavioral health settings
- **Community Oriented Primary Care.** The Robert Graham Center. Curriculum and Resources
  - <http://www.graham-center.org/online/graham/home/tools-resources/copc.html>

# Recommended Readings

- **Primary Care and Public Health: Exploring Integration to Improve Population Health;** IOM Report March 2012
  - <http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx>
- **Communities of Solution: The Folsom Report Revisited;** Griswold, KS; *Ann Fam Med* May/June 2012 *vol. 10 no. 3* 250-260
  - <http://www.annfammed.org/content/10/3/250.full>
- **A Healthier America 2013: Strategies to Move from Sick Care to Health Care in Four Years;** Trust For America's Health Report, January 2013
  - <http://healthyamericans.org/report/104/>

# Recommended Readings

- **POPULATION MANAGEMENT IN COMMUNITY MENTAL HEALTH CENTER–BASED HEALTH HOMES**

SAMSHA-HRSA Center for Integrated Health Solutions.  
September 2014

[http://www.integration.samhsa.gov/integrated-care-models/14\\_Population\\_Management\\_v3.pdf](http://www.integration.samhsa.gov/integrated-care-models/14_Population_Management_v3.pdf)

# Recommended Readings

- **Making a Powerful Connection: The Health of the Public and the National Information Infrastructure**
  - Report of the U.S. Public Health Service Public Health Data Policy Coordinating Committee (July 6, 1995); Lasker R, Humphreys B, and Braithwaite W.
- **Medicine and Public Health, the power of collaboration**
  - Lasker, R and the Committee on Medicine and Public Health; New York Academy of Medicine, 1997.



# Health Homes in KanCare



# FEDERAL PARAMETERS

**Must be eligible for Medicaid, and have at least:**

- Two chronic conditions;
- One chronic condition and is at risk for another chronic condition; or
- One serious and persistent mental illness

# CHRONIC CONDITIONS

- Mental health conditions
- Substance use disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight
- Expanded list

# SIX CORE SERVICES

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and social support services, if relevant

# ROLE OF HIT

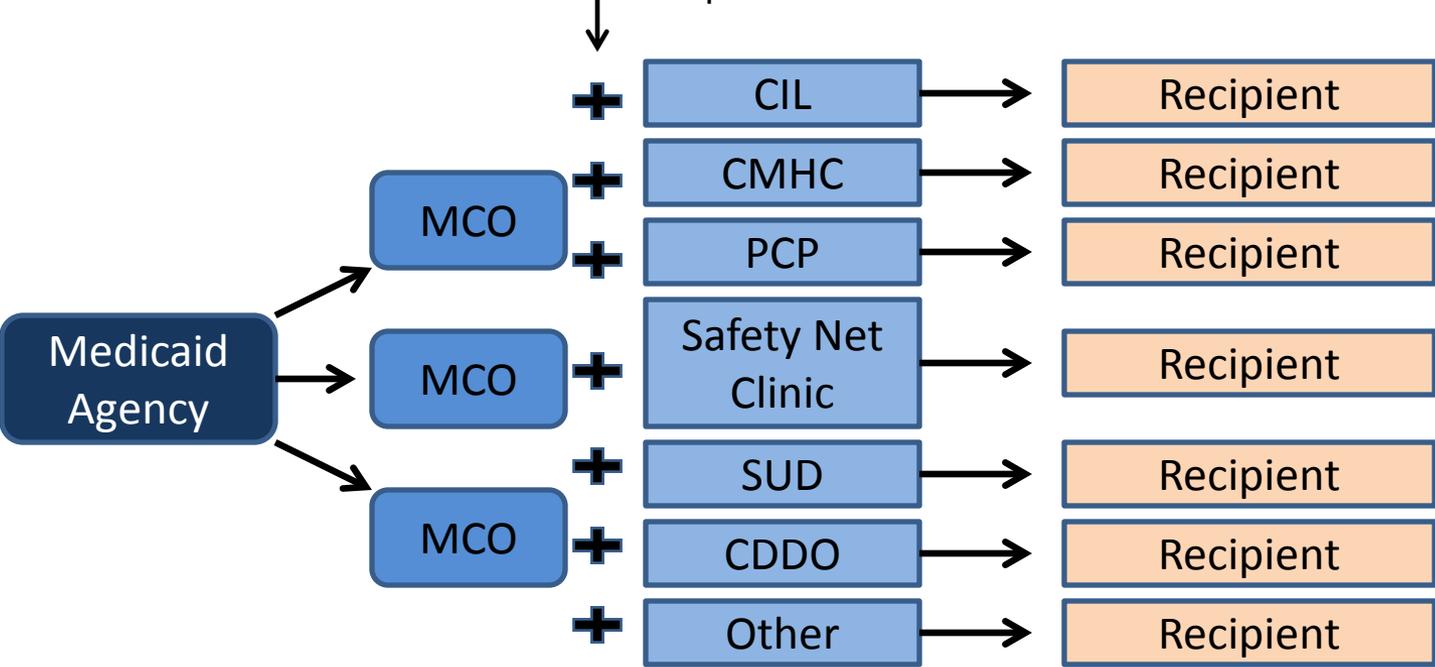
- To link services
- Quality reporting
- Provider supports/requirements
- Facilitate communication and feedback

# THREE APPROACHES TO INTEGRATED CARE

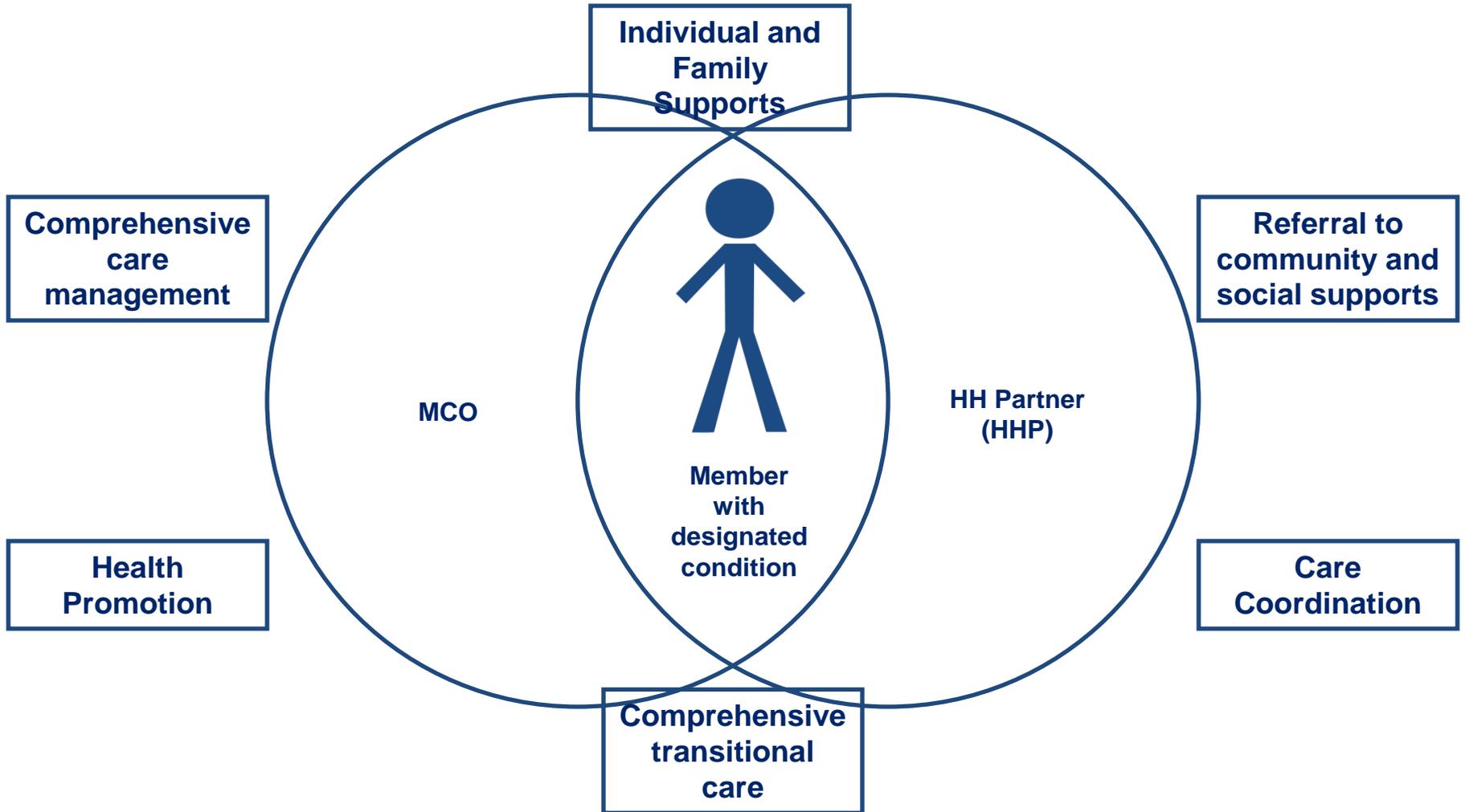
- **Facilitated referral** - develop formal and informal relationships
- **Co-locate** - behavioral health clinician in a physical health setting or vice versa
- **In-house** - provision of primary care and behavioral health care together

# KANCARE HEALTH HOME MODEL

MCO staff + health home partner = a Health Home



# SERVICE STRUCTURE



# IMPROVING HEALTH

- Critical information is shared
- Patient has tools needed to help manage his/her chronic condition
- Necessary screenings and tests occur timely
- Unnecessary emergency room visits and hospital stays are avoided
- Community and social supports are in place

# HEALTH HOMES GOALS

- Reduce utilization associated with avoidable (preventable) inpatient stays
- Improve management of chronic conditions
- Improve care coordination
- Improve transitions of care between primary care providers and inpatient facilities

# TARGET POPULATIONS

- First target population is people with serious mental illness (SMI)
- Second target population will include people with asthma or diabetes who are also at risk for another chronic condition
- Can't exclude dual eligibles or limit to a particular age group
- All HH members must be in KanCare and must select a HHP within the MCO network

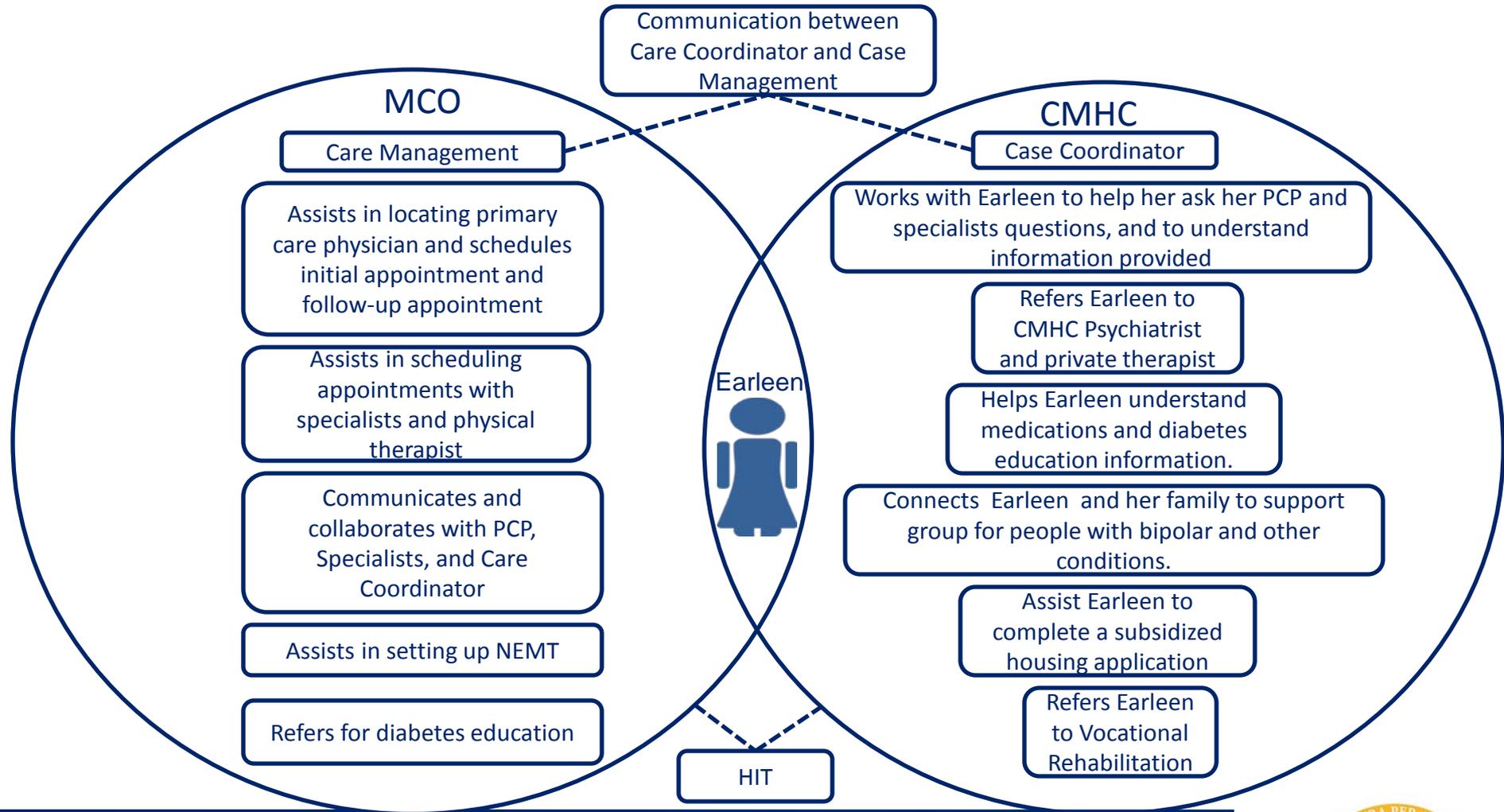
# ENROLLMENT

- Passive enrollment with “opt out” feature
- Enrollee will receive a letter and may choose to opt out
- Must have a choice of health home provider, but may be limited to certain number of times in a year
- Grievance and appeal rights

# MEET EARLEEN



# KANCARE Health Home: Scenario – How will KanCare help Earleen?



# KANCARE Health Home: Scenario – Meet Bobby

Bobby has Asthma

Bobby's  
Asthma is  
not  
controlled

Bobby is 8  
years old

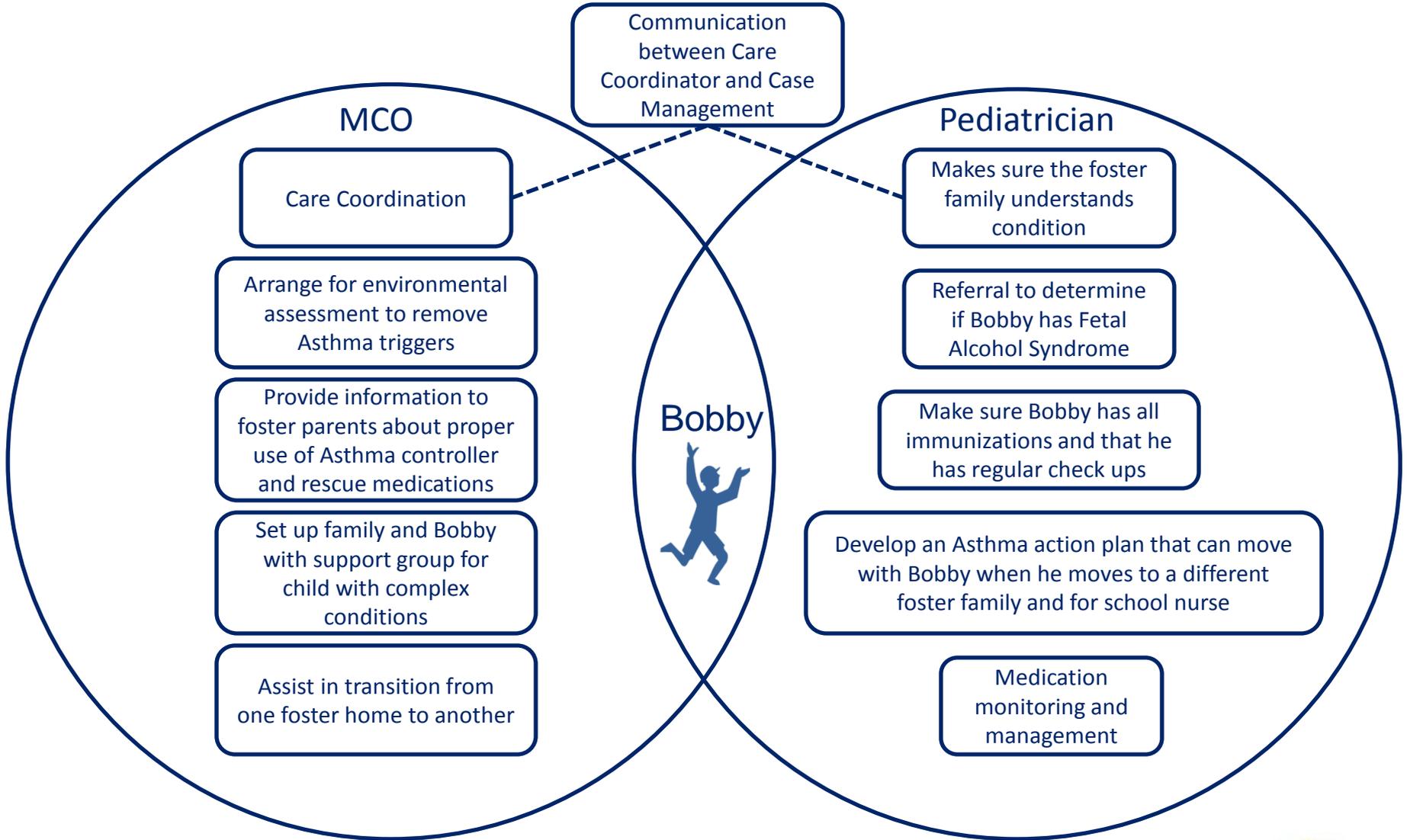
Bobby is in Foster Care  
and has moved to several  
different families in the  
past several years



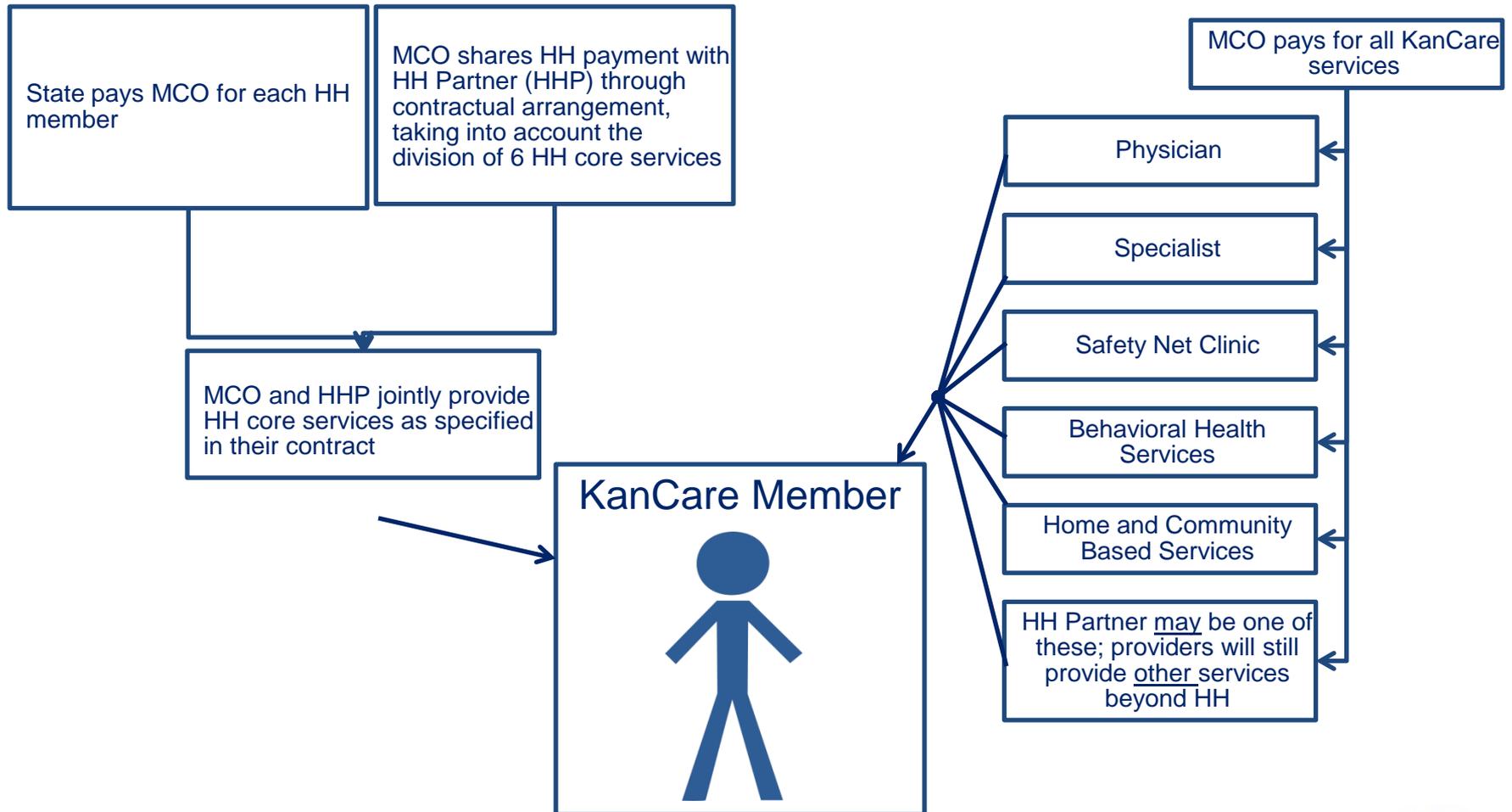
Bobby has gone to the ER  
several times this year  
for Asthma related issues

Bobby  
possibly has  
Fetal Alcohol  
Syndrome

# KANCARE Health Home: Scenario – How will KanCare help Bobby?



# PAYMENT STRUCTURE



# STAYING INFORMED

- Web page:  
[www.kancare.ks.gov/health\\_home](http://www.kancare.ks.gov/health_home)
- Monthly newsletter: *Health Homes Herald*
- E-mail questions/comments:  
[healthhomes@kdheks.gov](mailto:healthhomes@kdheks.gov)