Behavioral Health in the DSRIP Equation and Designing an Integrated System of Care in Your Community

November 2014
Psychiatric Comorbidities and Hospital Readmissions

Psychiatric comorbidity increased risk of readmission by 5%

Depression, anxiety, dementia, bipolar & substance use
Addressing the Opioid & Heroin Epidemic

Drug overdose death rates in the US have more than tripled since 1990.\(^5\)

*Deaths are those for which poisoning by drugs (illicit, prescription, and over-the-counter) was the underlying cause.*
For every 1 death there are...

- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users

NYS DOH Medicaid Program, 2007

- Patients **with** MH/SA diagnosis, medical readmission: $395M
- Patients **without** MH/SA diagnosis, medical readmission: $149M
- Patients **with** MH/SA diagnosis, MH/SA readmission: $270M
Why partner with behavioral health?

- **Providing** specialized treatment and rehabilitation
- **Facilitating** the practical aspects of managing health needs - accompanying to appointments, transportation, case management, medication management, etc.
- **Helping** individuals so they can attain stable housing, employment and education
- **Supporting** health behavior change and self-management
Determinants of Health

- **Lifestyle** (51%)
  - Smoking
  - Obesity
  - Stress
  - Nutrition
  - Blood pressure
  - Alcohol
  - Drug Use

- **Environment** (19%)
  - Human Biology (20%)
  - Health Care (10%)

World Health Organization
A Population Health Approach

Key strategies:

• Prevention
• Care management
• Partnerships between primary care, behavioral health, and other specialty providers in the health care system
• Data collection & continuous quality improvement
• Clinical accountability
Integration works both ways!!!
Four Quadrant Model

The Four Quadrant Clinical Integration Model

Quadrant I
BH ↓ PH ↓
- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager
- Psychiatric consultation

Quadrant II
BH ↑ PH ↓
- Behavioral health clinician/case manager w/ responsibility for coordination w/ PCP
- PCP (with standard screening tools and guidelines)
- Outstationed medical nurse practitioner/physician at behavioral health site
- Specialty behavioral health
- Residential behavioral health
- Crisis/ED
- Behavioral health inpatient
- Other community supports

Quadrant III
BH ↓ PH ↑
- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager (or in specific specialties)
- Specialty medical/surgical
- Psychiatric consultation
- ED
- Medical/surgical inpatient
- Nursing home/home based care
- Other community supports

Quadrant IV
BH ↑ PH ↑
- PCP (with standard screening tools and guidelines)
- Outstationed medical nurse practitioner/physician at behavioral health site
- Nurse care manager at behavioral health site
- Behavioral health clinician/case manager
- External care manager
- Specialty medical/surgical
- Specialty behavioral health
- Residential behavioral health
- Crisis/ED
- Behavioral health and medical/surgical inpatient
- Other community supports

Persons with serious mental illnesses could be served in all settings. Plan for and deliver services based upon the needs of the individual, personal choice and the specifics of the community and collaboration.
Quadrant I – Low BH, Low PH

Diagnostic Examples
V-codes
Mild depression or anxiety
Sleep disorder
Problem drinking
Tobacco use
Transient pain or injury
Routine well checks and physicals

Services
Annual screening for BH issues including SUD, early intervention provided on site
Age Specific Prevention Activities: developmental screens, depression screen for 12 and up. Healthy living prevention
Psychiatric Consultation

Workforce
PCP (with standard screening tools and BH practice guidelines)
SBIRT
Behavioral health consultant (PCP-based)
Psychiatric consultant
Care coordinator

Financing Examples
Primary Care Visits
SBIRT Codes for Substance Abuse
Quadrant II – High BH, Low PH

Diagnostic Examples
Severe depression
Severe anxiety (including PTSD)
Schizophrenia
Bipolar disorder
SU disorder (abuse/dependence, including tobacco)
Social and emotional difficulties in children with no co-occurring PH issues

Workforce
BH Case Manager w/responsibility for coordination w/PCP
PCP with tools
Specialty BH
Residential BH
Crisis/ER
Behavioral Health IP
Peers

Services
Behavioral Health into Primary Care
- IMPACT Model for Depression
- CALM Model for Anxiety
- Tobacco-buprenorphine-SBIRT treatment
- Behavioral Health Consultation Model
- Case Manager in PC
- Psychiatric Consultation
- Psychiatric Treatment (MD/NP)

Primary Care into Behavioral Health
- NASMHPD Measures
- Wellness Programs
- Peer health coaching
- Primary Care Provider in BH: MD, NP, PA, RN

Financing Examples
- Disease Management Pilot in Michigan
- Health Home Capitation
- Two BH visits a month in PC
**Quadrant III – Low BH, High PH**

### Diagnostic Examples
- Congestive heart failure
- Obesity
- Osteoarthritis that interferes with functioning
- Hypertension
- Tobacco Use
- Children with chronic and/or life threatening illnesses

### Services
- Screening for BH issues including SUD, early intervention provided on site
- BH Ancillary to Medical Diagnosis
- Group Disease Management
- Health and Wellness coaching (Peers, RNs, Health psychologists)
- Psychiatric Consultation In PC
- BH Registries in PC (Depression, Bipolar, Smoking)
- Recovery checkups for those stable in their SUD recovery

### Workforce
- PCP with screening tools
- Specialty consults in physical medicine
- Behavioral health care manager (Care/Disease Management)
- Behavioral health consultant (PCP-based)
- Health and wellness coaches
- Psychiatric consultant

### Financing Examples
- 96000 Series of Health Behavior Assessment and Intervention Codes
- Two BH Visits a month are billable
Quadrant IV – High BH, High PH

**Diagnostic Examples**
- Schizophrenia and diabetes
- Bipolar disorder and alcohol abuse
- Major depression and smoking
- Children with MH disorders and co-occurring PH conditions (type II diabetes, hypertension, hyperlipidemia)

**Services**
- **Interventions in Primary Care**
  - Psychiatric Treatment (MD/NP)
  - Psychiatric Consultation
  - Care manager-led collaborative care (e.g., IMPACT, CALM)
  - Tobacco-buprenorphine-SBIRT
  - Case Management
  - Care Coordination

- **Interventions in Behavioral Health**
  - Registries for Major PC Issues (Diabetes, COPD, Cardiac Care)
  - NASMPD Disease Measures
  - Primary Care Provider in BH: MD, NP, PA, RN

**Workforce**
- PCP with screening tools
- Care Manager
- BH Case Manager with Coordination or Care Management and Disease Management
- Specialty BH/PH
- Psychiatrist

**Financing Examples**
- Behavioral health capitation
- Primary Care Visits
Primary Behavioral Health Care Integration

One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:

- 86 spent fewer nights homeless
- There were 50 fewer hospitalizations for mental health reasons
- 17 fewer nights in detox
- 17 fewer ER visits

This is **$213,000** of savings per month.

That’s **$2,500,000** in savings over the year.

Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.

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*National Council for Behavioral Health*
Cross Cutting Strategies

- Stepped Care
- Treat to Target
- Population Management
- One Prescriber, Use of Consulting Providers
- Care Coordination
- Peer support specialists, recovery specialists, community health workers
- Warm handoffs
- Health behavior change strategies
Dominating the Conversation

- Population Health Approaches
- Payment for PC-BH Integration
- Team-Based Care
- Appropriate provider for the appropriate evidence-based services
- Measurable Outcomes
- Care Coordination
- Hiring the Right People
Workforce Strategies to Support New Skill Sets

- PCP-based behavioral health consultants
- Care managers, not just case managers
- Psychiatrist as a consultant
- PCP as a consultant
- Counselors providing brief intervention
- Peer Specialists
- Peer Supervisors
- Recovery Specialists
- Community Health Workers
Key Takeaways

✓ Behavioral health care is health care
✓ Integration is bidirectional
✓ There are Medicaid beneficiaries in all 4 quadrants – your integration projects should reflect that reality
✓ TA is available to you – now and during implementation
Need Information or Help Problem Solving?

**DSRIP Behavioral Health Support Team**
- KPMG
- National Council for Behavioral Health
- Department of Health
- Office of Mental Health
- Office of Alcoholism and Substance Abuse Services
- NYC Department of Health and Mental Hygiene for NYC PPSs

**Help**

**National Council for Behavior Health**
- DSRIP@thenationalcouncil.org
- Nina Marshall
  - NinaM@thenationalcouncil.org
- Joan King
  - JoanK@thenationalcouncil.org

**New York Integration Resources**
- Paper: Integrated Primary Care and Behavioral Health Services for Older Adults: Options for New York State Providers
- Fact Sheets: Financing Integrated Care in New York State

**Additional Resources**
- Center for Integrated Health Solutions,
- AIMS Center, University of Washington,
  - http://aims.uw.edu/
- Strategies to Reduce Costs & Improve Care for High-Utilizing Medicaid Patients, CHCS, 2013
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