Lahey Health
Behavioral Services

Behavioral Health Integration: Challenges, Strategies and Successes

Hilary Jacobs, LICSW, LADC I

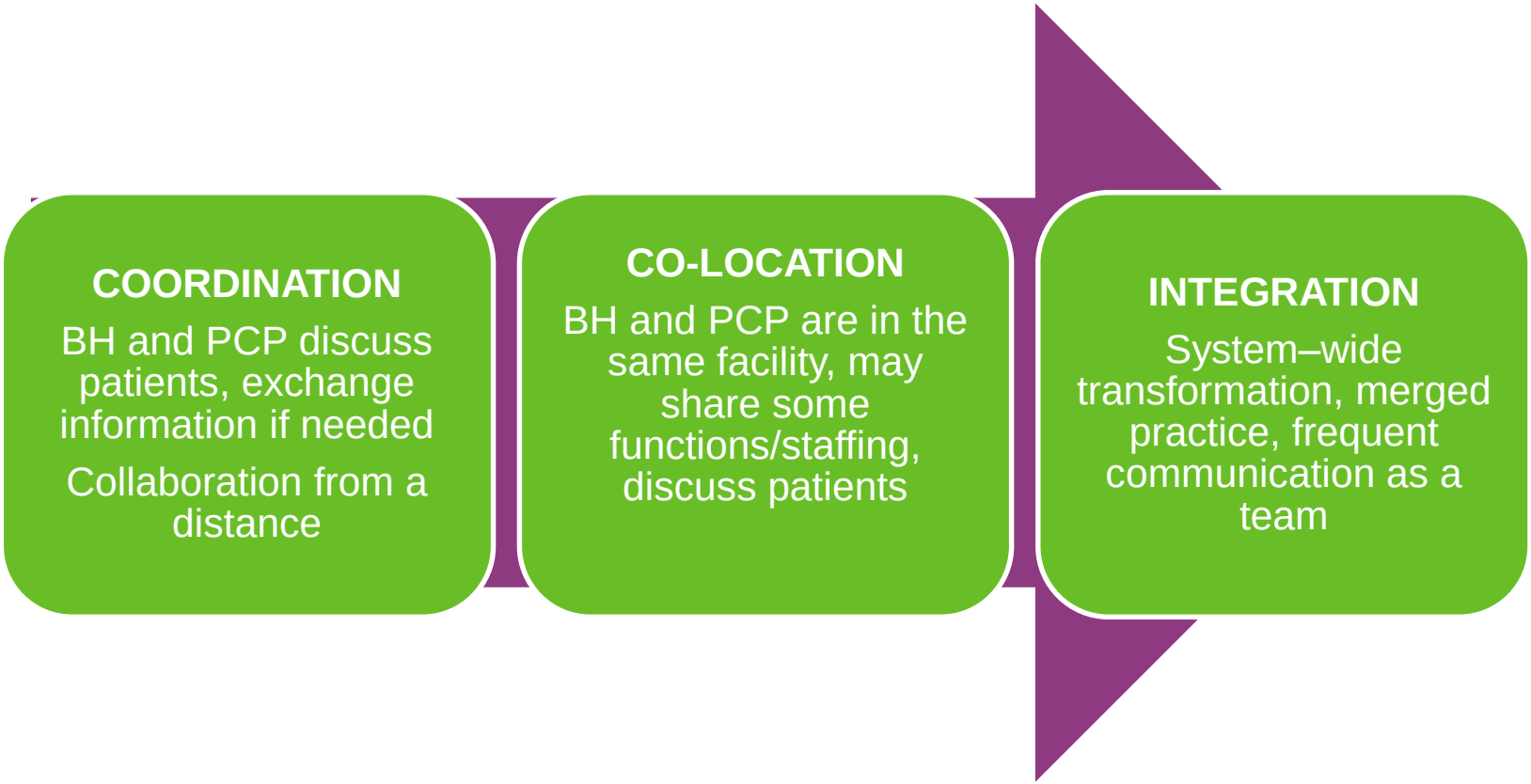
Vice President, Addiction Treatment Services

June 2016

AGENDA

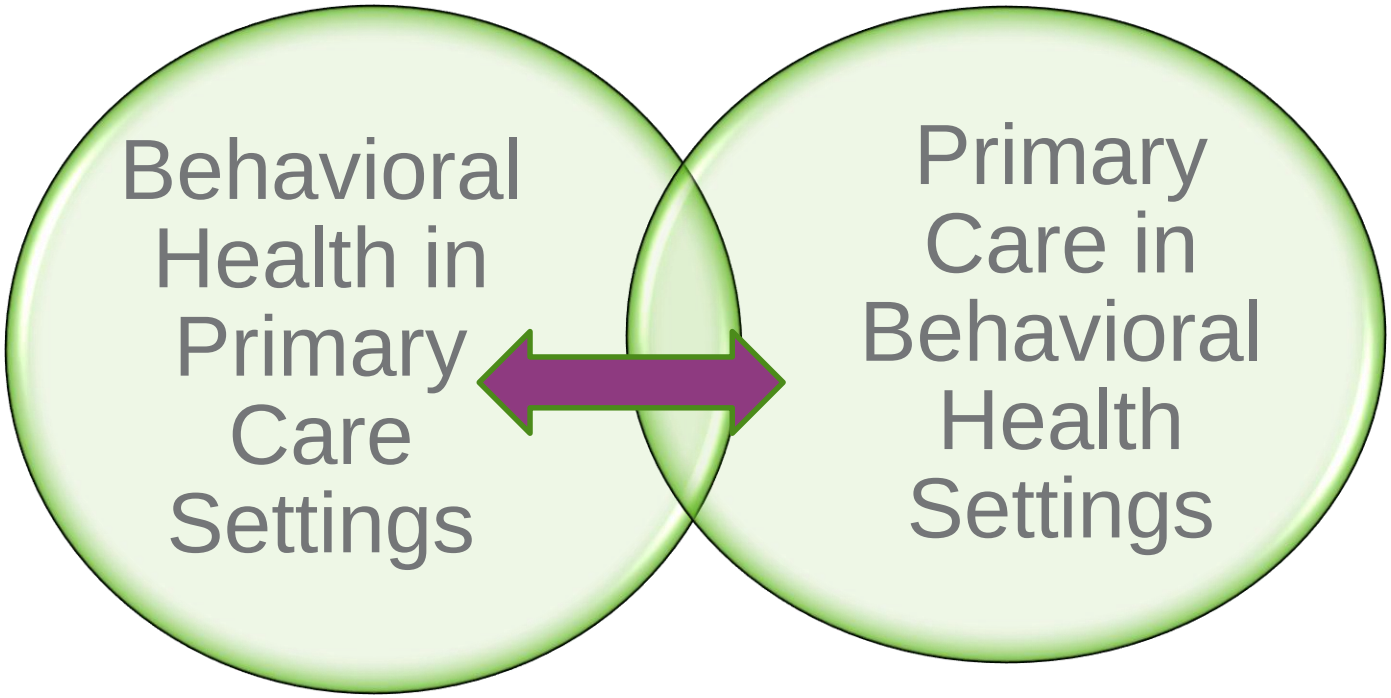
- What is integration?
- Why integrate?
- Challenges
- Strategies
- Examples of successful integration

WHAT DO WE MEAN BY "INTEGRATION" ?



Slide courtesy of SAMHSA–HRSA Center for Integrated Health Solutions (Doherty et al), 2013

BIDIRECTIONAL INTEGRATION



CORE PRINCIPLES

Patient-Centered Care Teams

- Team-based care: effective collaboration between PCPs and behavioral health providers.
- Nurses, social workers, psychologists, psychiatrists, licensed counselors, pharmacists, medical assistants, community health workers, peers all play an important role.

Population-Based Care

- Behavioral health patients tracked in a registry: no one “falls through the cracks.”

Measurement-Based Treatment to Target

- Measurable treatment goals clearly defined and tracked for each patient.
- Treatments are actively changed until the clinical goals are achieved.

Evidence-Based Care

- Treatments are evidence-based.

Slide courtesy of SAMHSA–HRSA Center for Integrated Health Solutions (AIMS 2010), adapted

WHY INTEGRATE CARE?

- 30% of US adults will have a BH disorder over the course of a year
- 20% of US children will have a BH disorder over the course of a year

People with BH disorders have a shorter lifespan compared with the general population.

Severe mental illness live 25 years less on average

Substance use disorders live 22.5 years less on average

Often related to other chronic medical conditions, accidents and suicide

Negative effects of Adverse Childhood Events on later physical and behavioral health are well documented

BH problems are 2-3X higher in people with chronic medical conditions
(diabetes, arthritis, chronic pain, headache, back and neck problems, heart disease)

INTEGRATED CARE CHALLENGES

CULTURAL

- Differences between BH and PCP cultures
- Stigma associated with BH disorders
- Integration not considered part of the mission

FINANCIAL

- Misaligned purchasing strategies: FFS, Global Payment, Profit and Risk Sharing
- High no show rate
- Third party contracting
- Significant upfront infrastructure costs

ORGANIZATIONAL

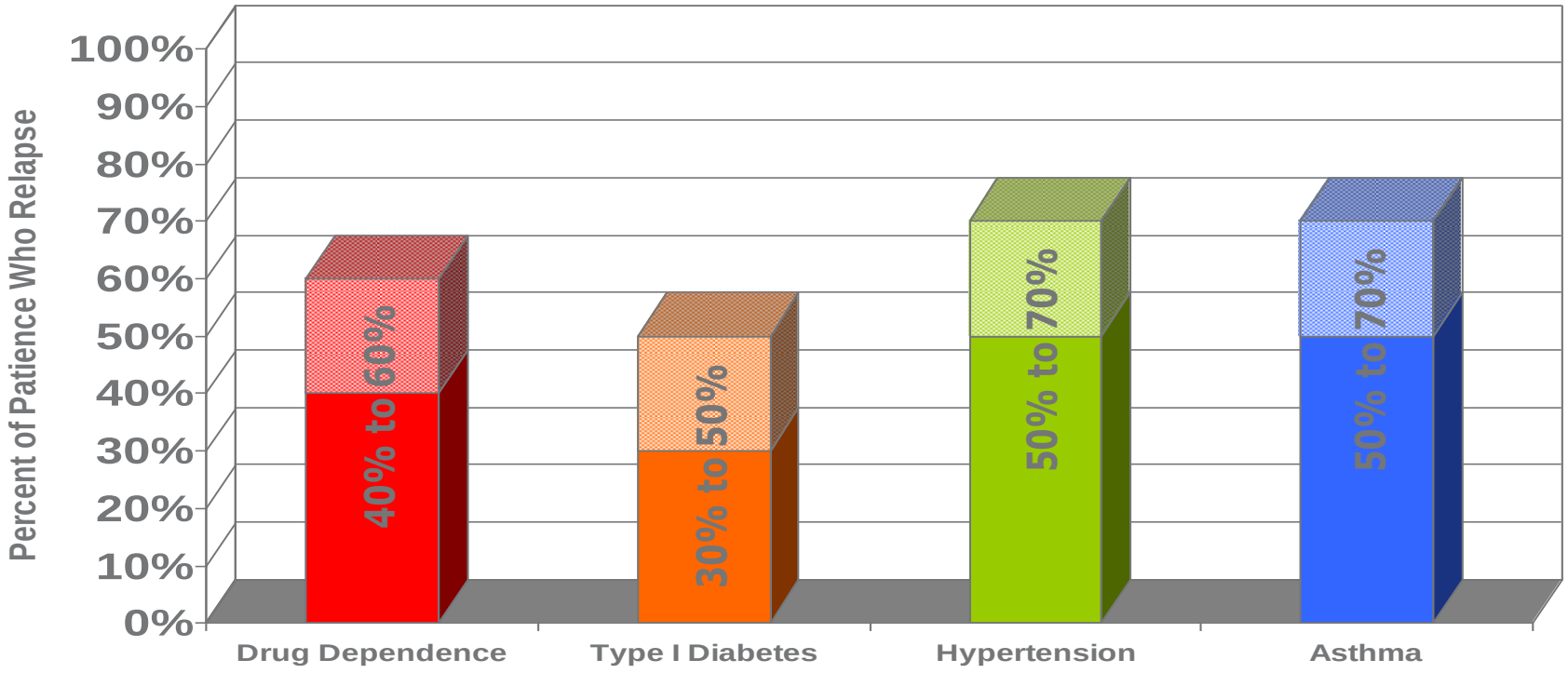
- Workforce development issues related to cross training
- Creation of new credentialing for “non-traditional” providers
- Regulatory structures can be redundant and/or contradictory

LOGISTICAL

- EHR’s can favor either a PC or BH focus, making it difficult to capture comprehensive data elements
- Addressing different and sometimes conflicting state and federal privacy laws

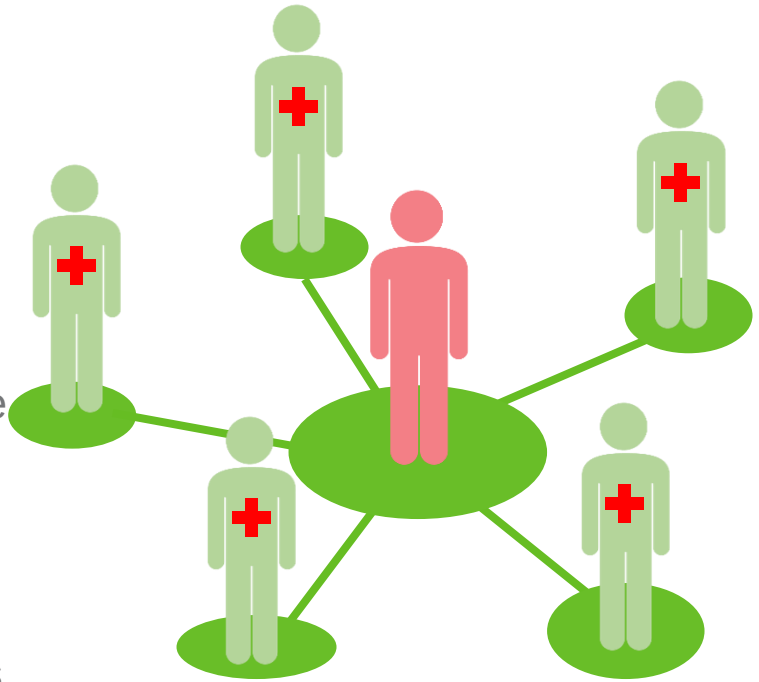
STIGMA
Myths about treatment adherence

Treatment Non-Compliance Rates for Drug Dependence and Other Chronic Illnesses
McLellan, PhD. et al



WHY INTEGRATED CARE WORKS

- Person centered
- People feel they are in the “right place”
- Multiple needs attended to simultaneously
- PA’s and NP’s extend access to care
- Community based health workers contribute to a “Recovery Oriented System of Care”
- Peer workers with lived experience offer a unique perspective
- Freedom from fee for service models allows greater flexibility in care design



HIGH LEVEL INTEGRATION STRATEGIES

Understand your mission → **Articulate your vision** → **Identify Champions**

Put people in care first
Develop the business case
Communicate
Create buy-in at every level
Manage staff expectations
Build an infrastructure
Invest in workforce development

BE
BOLD

EXAMPLE OF SUCCESSFUL INTEGRATION
Behavioral Health into Primary Care

Project

- Integrate Office Based Opioid Treatment into FCHC
  - Increase “waivered” MDs
  - Expand access to MAT

State Role

- Payment structure provided to support infrastructure, not FFS model
- Ongoing Technical Assistance Provided
- Clear measures and reporting established

Challenges

- Stigma associated with opioid addicted population
- Workforce unfamiliar with addiction treatment principles
- Payment connected to data collection, meeting specific benchmarks

Successes

- Number of “waivered” physicians increased over 300%
- Expanded access to MAT, services provided to a “new” population
- Stigma decreased
- Engagement, retention in treatment and prosocial outcomes increased over time

EXAMPLE OF SUCCESSFUL INTEGRATION
RI Opioid Treatment Program Health Homes

Project

- Opioid Treatment Programs become health homes
  - Decrease ED visits, hospital admissions and readmissions
  - Promote wellness via routine health monitoring
  - Increase recovery supports to promote improved self-care

Government Role

- CMS provided ongoing TA to the state, federal matching dollars
- State provided ongoing TA to the providers, payment reform
- Clear measures and reporting established

Challenges

- Statewide implementation included all OTPs
- Infrastructure development to support project
- 42 CFR Part 2

Successes

- Enrollment has exceeded projections
- Per member Medicaid cost decreased $1,500 per participant in 2014

- Resources for more information: Becky Boss, Sue Storti, RI

RESOURCES

http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care

http://www.integration.samhsa.gov/operations-administration/assessment-tools

http://www.integration.samhsa.gov/integrated-care-models/health-home

https://integrationacademy.ahrq.gov/

Save Lives

Treat the Whole Person