Integration Care Models

A JOINT COLLABORATION WITH AETNA BETTER HEALTH, SUNFLOWER HEALTH PLAN, UNITEDHEALTH CARE

27% of Americans will suffer from a substance use disorder during their lifetime.

80% of patients with behavioral health concerns present in the Emergency Department or primary care clinics

Approximately **67%** of patients with behavioral health disorders do not receive the care they need

68% of adults with mental disorders have comorbid chronic health disorders, and **29%** of adults with chronic health disorders have mental health disorders

Persons living with a serious mental illness die **25 years** earlier, on average, than the general population

Medicaid covers only **14%** of the general adult population but manages care for **21%** of all adults with behavioral health conditions, **26%** of all adults with serious mental illness and **17%** of all adults with SUD.

Source: The Value of Integrated Behavioral Health, Center of Excellence for Integrated Health Solutions, 2017.

Benefits of Integrated Care

Literature reveals integrated care has the following impacts:

- Higher treatment compliance [1]
- Greater patient satisfaction in care and longer lives [2]
- Significantly decreased healthcare costs [3]

Integrated care can:

- Present opportunities to treat the whole person
- Resolve data and system barriers for the member's care team
- Empower providers and the care team to respond more broadly and adequately to issues
- Change attitudes about behavioral conditions and reduce stigma
- Increase the likelihood that an individual suffering from a mental health or substance use condition will receive timely and appropriate intervention and treatment

References
[1] Yu, Kolko, & Torres, 2017
[2] Hudon, Chouinard, Diadiou, Lambert & Bouliane, 2015; Mesidor et al, 2011; Yu et al, 2017
[3] Yu et al, 2017 (Note: the study references a reduction of community mental health services specifically for a pediatric population)

Meet Hannah

From Hardship to Helping Others

Hannah is a married mother of five children, and she has struggled with asthma, Crohn's Disease, anxiety, depression, bipolar disorder, post-traumatic stress disorder, and substance use disorder. Her spouse has also struggled with substance use disorder. As a result of their struggles with drug addiction, Hannah and her husband lost custody of their five children. She was new to the area, did not have established relationships with providers and was unfamiliar with available community resources.

Hannah's Integrated Care Experience

- Hannah's health plan case manager treated her with respect and kindness, and she gained Hannah's trust. The case manager helped Hannah establish care with an integrated practice in her community.
- Hannah's new primary care practice assessed her health and recognized the urgent need for physical, behavioral and social supports.
- The provider assessment generated referrals to the practice's integrated behavioral health staff. Through a shared electronic medical record, both her physical and behavioral health providers were are able to contribute to a shared care plan, monitor her physical and behavioral health conditions, and collaborate on the best course of treatment and support.
- Hannah's case manager also referred Hannah to resources within the community, such as transportation resources and local food banks.

Hannah's Outcomes

- Hannah, her case manager and integrated care team continue to work together. She continues to see her primary care provider, counselor and specialists and adhere to her medication plans.
- Hannah has completed outpatient substance use disorder treatment with no relapses. In fact, Hannah performed so well in her treatment, she is now employed at the recovery center, mentoring other individuals struggling with drug addiction.
- Hannah and her husband are both sober and living together in an apartment. Hannah and her husband are also in the process of regaining custody of their children. Two of the children are expected to return to the home soon.
- Hannah shares her story with other individuals struggling with drug addiction and serves as a mentor to them. Hannah is excited and hopeful for her future and the future of her family.

System Barriers

- Silos among provider types limit coordination of care
- Different parts of healthcare structures fall under separate organizational and political management
- Suicide prevention is currently siloed and there is a lack of training across system

Communication & Collaboration

- Multiple disconnected systems hinder data integration
- Restrictions exist that limit sharing patient information, specifically for patients receiving treatment for substance use
- Insufficient infrastructure and resources available to implement integration activities

Infrastructure & Investments

- State and federal policies can hinder reimbursement for care
- Payment models don't always encourage coordinated efforts

Incentives & Performance

Provider Barriers

- Differences exist in provider/practice culture, training and professional roles and identities
- Lack of collaboration between facilities and providers in the community
- Inertia or resistance to change exists within organizations and in the external environment

Communication & Collaboration

- Inadequate adoption of standardized screening (i.e. SBIRT for substance use)
- Physical separation of mental health, physical health and allied health providers
- Electronic Medical Records are often fragmented or do not interface

Infrastructure & Investments

- Funding and reimbursement models don't always incentivize integrated service delivery
- Difficulty measuring performance through incentives (value-based contracting)

Incentives & Performance

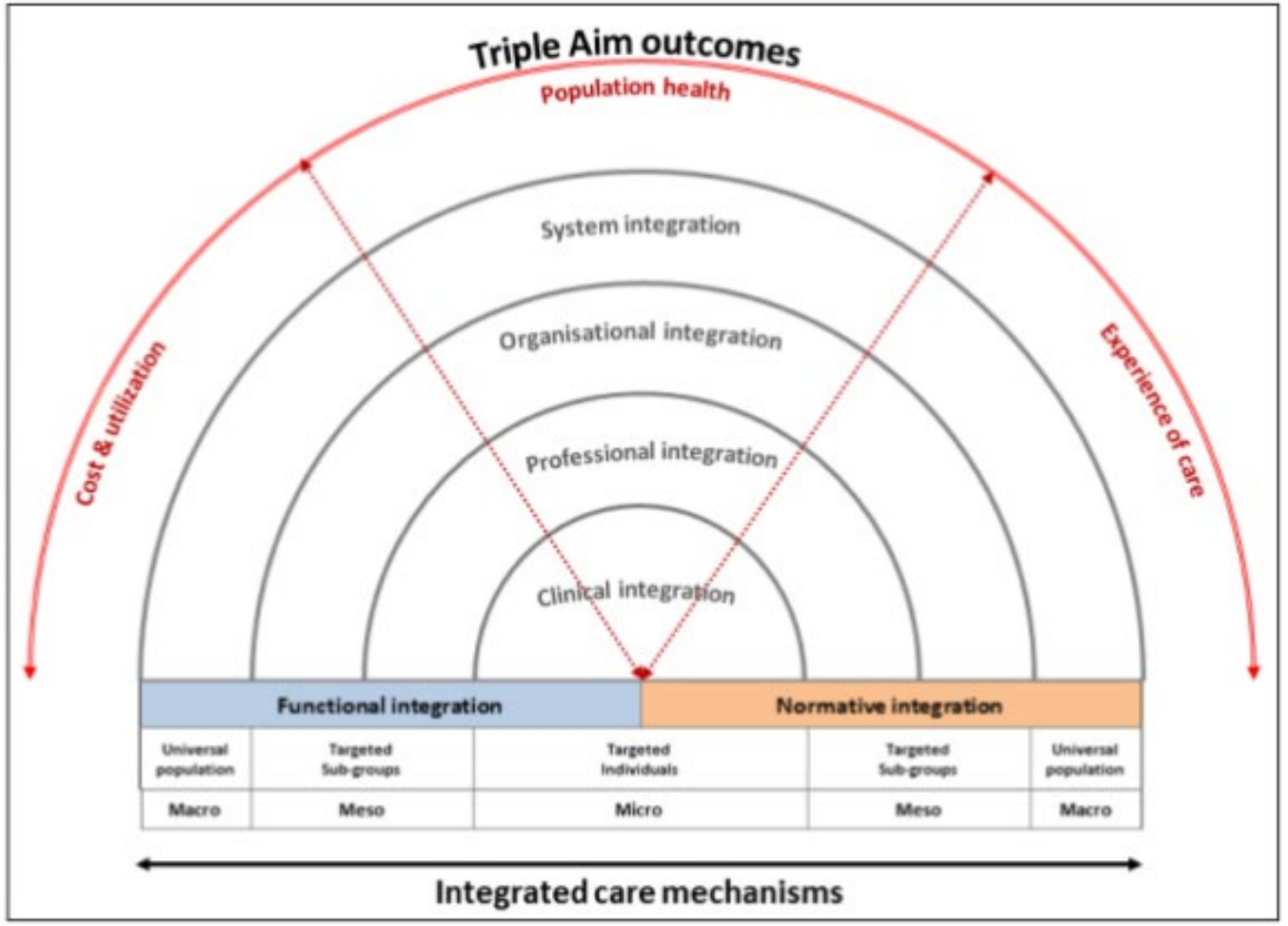
Recommendations and Roadmap

Recommendation	Committee Recommendations	Impact	Timeframe
Prevention and early intervention through well care visits that address whole health (inclusive of BH/SUD screening)	1.2 Access to Psychiatry Services, 1.3 Provider MAT Training, 2.3 reimbursement Rate Increase and Review, 2.4 Suicide Prevention, 2.5 Problem Gambling, 4.1 Suicide Prevention Line Funding, 4.2 Early Intervention, 4.4 Behavioral Health Prevention, Correctional Employees	Provider	Immediate
Multi-disciplinary team integration	1.4 Workforce Investment, 2.1 Certified Community Behavioral Health Centers 2.4 Suicide Prevention, 3.2 IPS Community Engagement, 6.3 Crossover Youth, 7.3 Information Sharing, 7.5 Cross-Agency Data, 8.1 Law Enforcement Referrals	Provider	Immediate
Person-centered focus	3.2 IPS Community Engagement, 3.4 Community-Based Liaison, 6.2 Parent Peer Support, 7.4 Needs Assessment	Provider	Immediate
Heath plan culture of collaboration with policies and procedures in place to ensure BH and PH staff are in active coordination (i.e., warm handoffs)	7.3 Information Sharing	System	Immediate
BH MD on health plan staff to participate in the Interdisciplinary Team approach	9.3 Integration	System	Immediate
Commitment to outcome monitoring that reflects changes in mental physical, psychosocial well-being of members	5.2 Service Array, 9.4 Evidence Based Practices	System	Immediate
Trauma-informed approach	1.4 Workforce Investment, 3.3 Foster Homes	Provider, System	Immediate
One integrated member care plan	2.1 Certified Community Behavioral Health Centers, 3.4 Community-Based Liaison	Provider, System	Immediate
Provider training on interprofessional practice (IPP)	1.4 Workforce Investment, 5.3 Frontline Capacity	Provider	Immediate and Ongoing
Integrated data system that promotes information sharing across systems and providers to ensure the availability of timely, relevant, actionable information to the member's care team	3.4 Community- based Liaison	Provider, System	Immediate and Strategic (phased)

Recommendations and Roadmap

Recommendation	Committee Recommendations	Impact	Timeframe
Co-located care	5.2 Service Array, 5.3 Frontline Capacity, 6.5 Family Treatment Centers	System	Strategic
Community based care management	1.5 Family Engagement Practices, 6.2 Parent Peer Support	Provider, System	Strategic
Expansion of network capabilities to provide integrated care to support member's current and future needs-system	1.2 Access to Psychiatry Services, 4.3 Centralized Authority7.5 Cross-Agency Data	System	Strategic

Achieving the Triple Aim



Source: https://integratedtreatmentblog.wordpress.com/integrated-treatment-models/conceptual-models/the-rainbow-model-of-integrated-care/

Appendix

CARE INTEGRATION EXAMPLES

Integration Highlight:
Community Health Center of Southeast Kansas (CHC/SEK)

- Leadership team at CHC/SEK established a strong collaboration with a local community mental health center (CMHC) to expand behavioral health care resources
- Partnered to train staff in motivational interviewing and implemented Mental Health First Aid
- Co-located and share the same electronic record
- Assess their clients on a full spectrum of BH, SUD and physical health needs
- Assessments trigger referrals to the areas identified as priority or need so that the person's care is holistic
- See case study attachment for additional details about CHC/SEK's integration process and lessons learned

Integrated Care & State Policy in Kansas:
Case Study of Community Health Center of Southeast Kansas

NATIONAL ASSOCIATION OF Community Health Centers

August 2016

Introduction

Community Health Center of Southeast Kansas began as an organization committed to meeting the health care needs of children, and found itself responding to numerous opportunities to meet patients' needs. Over the years, its primary strategy has focused on quality, innovation and growth. Their story is one of making a difference regardless of the challenges they face – including state policy upheavals and managed care implementation in Medicaid. Strong, experienced leadership and staff working hand in glove with a dedicated patient-governed Board of Directors lies at the heart of the organization's success.

Life in Kansas

The common perception that Kansas consists exclusively of vast plains of rolling wheat is not entirely accurate. The Great Central Plains of Kansas do sweep across its western expanse, but the plains give way to an area of southeast Kansas with rocky, rolling hills and lush deciduous forests peppered with oak, elm, and hickory trees along with the Eastern Cottonwood, the Kansas' state tree. To a large extent, southeast Kansas resembles its Ozark neighbors to the east rather than the "traditional" Kansas to its west. This terrain, and the minerals beneath it, shapes the history of Kansans.

Southeast Kansas has a long history of mining. A silent testament to this industry from the past is "Big Brutus," a giant 16-story, 11-million pound power shovel that can scoop up to 150 tons of earth in one bite. The machine's current function is to stand guard at the entrance of a coal mining museum in West Mineral. For a half century, southeast Kansas led the world in zinc production. The zinc was used to prevent corrosion on iron; win two World Wars; and make brass, paint, and soap. In 1877, rich veins of lead were discovered and miners and rail cars flocked to the area by the thousands. Hard-working yet poor immigrants from southern Europe settled in the area. They worked in the mines, in the brickyards and smelters, and on the farms. At one point, someone counted 34 different languages among the residents.

Over the years, the mines closed and the industries disappeared, leaving abandoned factories, generational poverty, and chronic illnesses behind in the region's nine square-shaped and tightly arranged counties: Woodson, Allen, Bourbon, Wilson, Neosho, Crawford, Montgomery, Labette, and Cherokee Missouri flanks the eastern border of these counties and Oklahoma is to the south. Crawford County is the most populous of the nine, and is dubbed "The Fried Chicken Capital of Kansas." It also includes the city of Pittsburg, home to the Community Health Center of Southeast Kansas.

Community Health Center of Southeast Kansas

Started in 1997 as an outreach service of Mt. Carmel Regional Medical Center in Pittsburg, the clinic was housed in the 5th grade classroom of a 90-year-old former elementary school. The clinic's vision was to ensure that children

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Integrated Care Models

Model	Characteristics
Patient Centered Team Care	• PCP and BH Providers collaborate, using same goals and treatment plans • Use standardized assessments • Use EMR systems that interface with each other • Create a referral system or integrate BH and PH in same office
Population Based Care	• Provider has a set area or roster of members; ensures no one falls through the cracks and reduces duplication of work • Providers and Payors track and reach out to members who are not improving or engaging to connect with providers
Measurement-Based Treatment to Target	• Each Member has a treatment plan personalized to their needs. • Treatment plans are reviewed and changed on a regular basis to ensure it is meeting the needs of the member • Treatment plans are shared and reviewed by other providers and payors • Goals met are tracked and reported • Improvements on members are tracked and reported
Evidence Based and Accountable Care	• Treatments and services provide are evidence based • Providers are help accountable by being reimbursed for the quality of care and clinical outcomes • Goals will be outlined for the providers to meet with the member. Goals and outcomes met will be reimbursed
Emergency Department and In Patient Providers	• Make BH assessment routine for all patients • Use their EMR to prompt clinicians to assess all patients for BH concerns and ensure they are shared with all involved providers • Share any treatment plans, discharge plans or change in conditions with involved providers • Open BH urgent care centers focusing on crisis stabilization
Centers of Excellence	• Health systems and hospitals that provide highly specialized treatment, procedures, and/or surgeries for complex conditions. Use the most advanced forms of treatment or best practices in their disciplines. • Supply exceptionally high concentrations of expertise and related resources centered on particular medical areas and delivered in a comprehensive, interdisciplinary fashion. • Care delivered is comprehensive, integrated and takes into account treatment of the whole person.