Panel II: Building Quality and Access Through Collaboration

Moderator:
Benjamin G. Druss, MD, MPH
Rosalynn Carter Endowed Chair in Mental Health, Associate Professor of Health Policy and Management, Rollins School of Public Health, Emory University

Panelists:
Mark McGovern, PhD, Professor, Psychiatry, Community and Family Medicine, Geisel School of Medicine at Dartmouth

Linda Rosenberg, MSW, President & CEO, National Council for Behavioral Health

Ray Fabius, MD, CPE, FACPE, Co-Founder, HealthNEXT
INTEGRATION OF MENTAL HEALTH SERVICES: PAST, PRESENT, AND FUTURE

Benjamin G. Druss, MD, MPH

30TH Annual Rosalynn Carter Mental Health Policy Symposium

November 21, 2014
Defining the Problem

1984 ECA - 1990 NCS
Developing Interventions

1990s: Single Site, Single Condition

2000s: Multisite, Multicondition
Implementing Policies

2008-10
Parity, ACA

2010
Implementation
A Post-Integration World

Community

Health Care System

Person
COLLABORATION IN ADDICTION AND MENTAL HEALTH TREATMENT SERVICES

How would we know?

30TH Annual Rosalynn Carter Mental Health Policy Symposium

November 21, 2014
From: Susan [mailto:********@gmail.com]  
Sent: Tuesday, March 05, 2013 4:02 PM  
To: Mark P. McGovern  
Subject: co occurring disorder

Dr. McGovern,

I have a family member who suffers from extreme anxiety/depression and recently diagnosed with bi polar. He has been self medicating with alcohol/drugs. He has tried numerous treatment facilities that said they deal with dual diagnosis, yet once we get there we find that is not true. One place felt by offering a meditation class in the evening they were dealing with dual diagnosis.

Can you please recommend a residential treatment facility (in the midwest preferably) that can deal with mental health and SA? If there are none in the midwest, we will take any recommendation, for we are desperate. I tried asking questions ahead of time, but found they are not honest with their answers and never know the result until too late. My family member does not like the 12 step programs, but feels he gets more out of those that provide cognitive behavioral therapy instead.

I would really appreciate your help  
Thanks  
Sue
CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS

• Common in the general population
• Even more prevalent in clinical settings
• Associated with negative treatment outcomes
• Associated with negative life outcomes
SYSTEMIC BIFURCATION

• Historically separate administrative structures at federal, state and local levels
• Separate provider organizations
• Different licensing and credentialing requirements:
  • For facilities and providers
• Separate funding streams and patterns
• Overall scarcity of resources
• Sensitivity and competition
COMORBIDITY: TREATMENT APPROACHES

• Separated
• Sequential
• Concurrent
• Integrated
INTEGRATED TREATMENT APPROACH

• Policy, system and expert recommended

  SAMHSA Report to Congress
  IOM Quality Chasm Report
  President’s New Freedom Commission on Mental Health
  World Health Organization
  American Society of Addiction Medicine
INTEGRATED TREATMENT APPROACH

• Patient preference

Systematic review of 27 studies found patients and families prefer integrated services

Schulte et al (2011)
PERSPECTIVES ON ACCESS TO INTEGRATED CARE

• Providers: Self-report
• Consumers: Personal experience
• Organization level evaluations: Objective, independent
PROVIDERS

• SAMHSA CSAT: Substance Abuse Treatment Agency Directory: 84%
• Provider surveys: 75%
• Provider marketing materials: ~100%
• Caveat emptor
CONSUMERS

2010

- No Treatment: 56%
- Mental Health Care Only: 33%
- Both Mental Health Care and Treatment of Substance Use problems: 8%
- Treatment for Substance Use Problems only: 3%

SAMHSA, 2012
ORGANIZATIONAL MEASURES OF INTEGRATED SERVICE CAPABILITY

- Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index 4.0
- Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index 4.0
- Dual Diagnosis Capability in Health Care Settings (DDCHCS) Index
- DDCHCS revision (3.0): Behavioral Health Integration in Medical Care (BHIMC) Index
METHODOLOGY

- Site visit by independent “evaluators”
- Qualitative-Quantitative approach
- Key informant interviews, ethnography, document review
- Triangulation of “data” on 35 benchmarks of integrated policy, practice and workforce elements
- Rated on 5-point scale
- Psychometric properties of reliability and validity
1 - Addiction Only Services (AOS) or Mental Health Only Services (MHOS)
2 -
3 - Dual Diagnosis Capable (DDC)
4 -
5 - Dual Diagnosis Enhanced (DDE)
ADDICTION AGENCIES
INTEGRATED SERVICES CAPACITY: U.S. DATA

- 81% (AOS)
- 18% (DDC)
- 1% (DDE)
MENTAL HEALTH AGENCIES
INTEGRATED SERVICES CAPACITY: U.S. DATA

91%

MHOS

9%

DDC

0%

DDE
IMPLEMENTATION OUTCOMES:
CHANGE IN INTEGRATED SERVICES CAPACITY

DDCAT Baseline (n=103)

- AOS: 86%
- DDC: 14%
- DDE: 0%

DDCAT Follow-up (n=103)

- AOS: 44%
- DDC: 55%
- DDE: 1%

DDCMHT Baseline (n=54)

- MHOS: 93%
- DDC: 7%
- DDE: 0%

DDCMHT Follow-up (n=54)

- MHOS: 68%
- DDC: 32%
- DDE: 0%
IMPLEMENTATION INDEX (II)

• Survey developed with support from the Robert Wood Johnson Foundation Substance Abuse Policy Research Program

• Data source: Agency director or change team leader

• Types and numbers of activities between baseline and follow-up DDCAT or DDCMHT evaluation

• Retrospective (not prospective) data collection

• No psychometric properties
II: AYE AYE (*Daubentonia madagascariensis*)
PREDICTORS OF INTEGRATED SERVICE IMPROVEMENT

• Defined implementation strategies
• Contextual factors (including leadership)
• Evaluation and measurement
• No evidence for training
• No evidence for money
DISCUSSION POINTS

• 30 years of “progress not perfection”
• Measurement is essential, but avoided
• Implementation science holds promise
• Health care reform may be transformational
• Behavioral health integration in medical settings will either learn from or repeat the historical error (I am worried).
Mark McGovern
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“The thing women have to learn is nobody gives you power, you take it.”

Roseanne Barr

Celebrating the Past and Shaping the Future

The Carter Center | November 21, 2014
Parity and the ACA...

• Best of times as mental health and addictions have equal status but complex times as healthcare change is profound and fast
Best of times...

**thirst for mental health information**

| 5,200 certified instructors around the nation | 5 step-action plan, called ALGEE |
| 21 states with legislation to support Mental Health First Aid | 250,000 people trained around the nation |
Best of times...

*Increasing awareness and support for*

Addiction as chronic medical disorder that responds to treatment

National Council and SAAS merger
Best of times...

**cost of co-morbidities**

- ¼ of all hospital stays comorbid mental or substance use disorder
- Untreated behavioral health conditions co-morbid with medical conditions generate higher overall costs

People with medical conditions: 58% of adult population

People with mental disorders: 25% of adult population

68% of adults with mental disorders have medical conditions

29% of adults with medical conditions have mental disorders
Best of times…
integration and whole health

Center for Disease Control

NATIONAL BEHAVIORAL HEALTH NETWORK
FOR TOBACCO CESSATION AND HEALTH EQUITY

SAMHSA-HRSA
Center for Integrated Health Solutions

- Learning communities
- Curriculums
- Consulting

NY and Ohio TA Centers
But complex environment for all sectors...

- Service and payment design
- Monopoly economy
- Technology revolution
Service Redesign...

- *Reduce institutional care*
- *Deliver health services within integrated delivery system*
- *Population health - identify & manage “high need/cost” individuals*

Models...

- Healthcare Homes
- Accountable Care Organizations
- Collaborative Care
Payment Redesign...

*case rates, bundled rates, capitations*

Cost Accountability...RISK

Monopoly Economy
Technology...big data

Measuring Outcomes & Costs for Every Patient

- Transparent organization
- Shift to accountable healthcare means *measurable results* from interventions.
- Patient *specific data* to examine progress or lack of progress
- *Registries and monitoring* to *benchmark variance* in clinical practice standards
Technology... new perspective on workforce

- Bosch Health Buddy
- myStrength
- Big White Wall
- GingerIO

Remote monitoring... cut costs by 197 billion over next 25 years

Healthcare in the palm of our hands...

***EHEALTH Challenge
Moving from silo to equality...

• Contracting with “managed” care
• Collaboration with new players
• Access
• Standardization
• Costs
• Assume risk
• Competition across states
• Build it or Buy it
• Mergers and Acquisitions
Two Roles of Behavioral Health Providers in new healthcare delivery system...

- **Behavioral health inside medical homes and ACOs**—deeply embedded in care team, prevention and early intervention, addressing behaviors as well as disorders
- **Behavioral health specialty centers of excellence**—partnering with physical healthcare to provide high-value, whole-health care to people with complex conditions
Excellence in Mental Health Act...

- Creates **criteria** for “Certified Community Behavioral Health Clinics” (CCBHC)
- 8 states 2-year demo
- Provides 90% FMAP for the demo
- Requires participating states to develop a Prospective Payment System
Time to be fearless...

• Bias-to-action – avoid analysis paralysis
• Takes risk, but not reckless
• Disruptive if it will elicit improvement
• Lots of Jobs
MOVING FROM TREATING ILLNESS TO BUILDING CULTURES OF HEALTH

Ray Fabius, MD, Co-Founder, HealthNEXT

30TH Annual Rosalynn Carter Mental Health Policy Symposium

November 21, 2014
BUILDING CULTURES OF HEALTH

• Focusing on illness alone is ineffective and efficient
  • The burden of illness in American society is rising
• Traditional disease management must give way to population health
  • 10% of population spends 70% of medical costs
  • Other 90% are doing nearly 100% of society’s work
• Explain the concepts of population health and a culture of health
  • Care for all across the continuum
  • Envelop all with an environment that promotes health and healthy choices
• Present cutting edge thinking on its merit and potential impact
  • Impact on productivity
  • Impact on the marketplace
A FOCUS ON TREATMENT

While the Nation Creates a Tsunami of Illness
CORRELATION TO DEPRESSION

Unhealthy Lifestyles lead to chronic disease

Perhaps we should focus up stream
POPULATION HEALTH

Manages Across the Continuum

How does Behavioral Health Fit In?

Well
At Risk
Acute Illness
Chronic Illness
Catastrophic Illness

Moving the Population Toward Wellness
**WHO Definition of Health**

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

**Components of Wellness**

- Social
- Physical
- Emotional
- Career
- Intellectual
- Environmental
- Spiritual
**POPULATION HEALTH – REDUCING HEALTH RISKS**

*Eliminate disease due to modifiable behaviors*

The Centers for Disease Control and Prevention (CDC) estimates...

- 80% of heart disease and stroke
- 80% of type 2 diabetes
- 40% of cancer

...could be prevented if only Americans were to do three things:

- **Stop smoking**
- **Start eating healthy**
- **Get in shape**
POPULATION HEALTH – CHRONIC DISEASE

Helping the Chronically Ill Comply with Evidence-Based Guidelines
Treat Behavioral Health Comorbidities – Especially Depression

Identification
Predictive modeling
Severity indexing

Engagement
trusted Clinician
Telephonic
Web
Mobile

Intervention
Education
Referral Management
Care Management

Impact
Quality of Care
Cost of Care
Satisfaction

Number of People With Chronic Conditions (millions)

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THE CARTER CENTER
Waging Peace, Fighting Disease, Building Hope.
Futile Care Costs Tied To In-Hospital Deaths
Provide Compassionate Health at End of Life

Medical and prescription costs in last year of life (proxy) by range

- 0.4%
- 11.4%
- 15.8%
- 54.4%
- 12.6%
- 5.4%

$10 to $9,999
$10,000 to $49,999
$50,000 to $99,999
$100,000 to $499,999
$500,000 to $1,000,000
$1,000,000 to $4,000,000

20,389 patient cohort from 79 Million patient Truven Health Analytics database
Total cost for these patients was over $2 billion
World Death Rate Holding Steady At 100 Percent

Geneva, Switzerland—World Health Organization officials expressed disappointment Sunday over the group’s finding that, despite the enormous efforts of doctors, rescue workers, and other medical professionals worldwide, the global death rate remains at 100 percent.

Death, a metabolic affliction causing shutdown of all life functions, has long been considered humanity’s number-one health concern. Responsible for 100 percent of all recorded fatalities worldwide, the condition has no cure.

“I was really hoping, what with all those new radiology treatments, rescue helicopters, cardiovascular-exercise machines, and what have you, that we might at least make a dent in it this year,” WHO Director General Dr. Ernst Wessel said. “Unfortunately, it would appear that the death rate remains constant, as it has since the dawn of time.”

Many suggest that the high mortality rate represents a massive failure on the part of the planet’s healthcare workers.

“The inability of doctors and scientists to address and confront this issue of death is nothing less than a scandal,” concerned parent Marcia Grella said. “Do you have any idea what a full-blown case of death looks like? I do, and believe me, it’s not pretty. In prolonged cases, total decomposition of the corpse is the re-see DEATH page 84
The longer you stay healthy and vital, the shorter your period of morbidity before life ends.
WHAT’S THE POINT

INSIDIOUS PROGRESSION OF DISEASE:
SMOKING & ACUTE ILLNESS LEADS TO CHRONIC & CATASTROPHIC ILLNESS

normal → bronchitis → emphysema → cancer

20-Year Lag Time Between Smoking and Lung Cancer

Cigarette Consumption (men) & Lung Cancer (men)
WHAT’S THE POINT

INSIDIOUS PROGRESSION OF DISEASE:
ANXIOUS & STRESSED, Leads to Chronic and Catastrophic Illness

normal stress → burnout

Suicidal → depressed
WHAT’S THE POINT

INSIDIOUS PROGRESSION OF DISEASE:
Alcohol Consumption in Excess Leads to Chronic and Catastrophic Illness
GOOD NEWS
Population Health is About One Thing
Behavior Change

• Modifying the physical, emotional, habitual and cultural factors that influence health status
• Paired with usual health care
• Relies on an interdisciplinary approach that relies to educate, support, follow-up, and evaluate efficacy

Behavioral Health Specialists Are Uniquely Positioned to Embrace This Opportunity & Provide the Required Expertise
BAD NEWS
Behavioral Health Has Been Focused on Disease
What about Preventative Behavioral Health?

Primordial Prevention
Intrinsic Motivation

Primary Prevention
Lifestyle Change

Secondary Prevention
Early Identification

Tertiary Prevention
Compliance with Care Disease Management

Behavioral Health Specialists May Require Re-Training / Re-Focus to Provide the Required Expertise
EYEING THE PRIZE

What is the Goal? Creating Environments That...

• Seek out ways to prevent illness & disease
• Reward better health and outcomes
• Are Holistic, Stigma Free
• Promote individual well-being
• Produce resiliency
• Enhance Performance & Prosperity
THE PROMISE AHEAD

Building Cultures of Health

- The evaluation of the appropriateness, medical need and efficiency of healthcare services.
- A system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant.
- The health outcomes of a group of individuals, including the distribution of such outcomes within the group.
- Reducing or eliminating health and injury & their risks enhances the performance of a workforce

Utilization Management  Disease Management  Population Health  Health & Productivity  Culture of Health

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Culture of Health – Becoming a Science

A Roadmap for Improving the Health of Your Employees and Your Organization

www.ihpm.org/pdf/EmployerHealthAssetManagementRoadmap.pdf
CULTURES OF HEALTH – WHY EMPLOYERS WOULD DO THIS

The Impact Of Poor Health To Employers

Continuum Of Employee Performance Outcomes

Not doing well while working
- errors
- complaints
- delays
- team breakdown

Not doing work on work time
- unscheduled breaks
- unfocused time
- health exams on work time
- information gathering

Not at work
- unscheduled absence
- disability
- workers’ comp
- replacement workers

Lost to the workforce
- permanent disability
- early retirement due to health issues
- premature death
- spousal illness
Marketplace rewards companies who achieve cultures of health:

• Used the ACOEM Corporate Health Achievement Award (CHAA) culture of health award winners as a stock portfolio
• A portfolio of approximately twenty publicly traded award winners; over nearly two decades
• Published September 2013 in the *JOEM*
• Once again the portfolio outperformed the market significantly; in all four test scenarios
Panel II: Question and Answer

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