Integration of Behavioral Health and Primary Care

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Today’s system treats medical and behavioral health as if they occur in two different domains, rather than same person.

Mental illness often goes undetected and undertreated by healthcare providers.

Integrated care has the potential for decreasing significantly healthcare spending.
Integrated Care

AHRQ definition 2011

• The care that results from a practice team of primary care and behavioral care clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health, substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.
Dr. “PCP” refers pt to
Dr. “PSY” located in a separate building
Dr. “PSY” sends report of eval & updates

Dr. “PCP” refers to
Dr. “PSY” who is located in same building but has separate charts.
Dr. “PSY” sends report & updates.

Dr. PCP & Dr. PSY (part of the primary care team) share space in same clinic, consult with each other on cases, develop a common treatment plan, have a common chart, share support staff as part of one treatment team & common work flow, patient perceives one treatment plan.
Integrated Care Model

- Behavioral Health IS part of basic general health (biopsychosocial model)
- The majority of patients do not follow-up with primary care referrals to mental health clinics
- Primary care is the de facto mental health system in the U.S.
  - Up to 70% of primary care medical appointments are for problems stemming from psychosocial issues
  - More than 50% of psychotropic medications are prescribed by PCPs (compared to 12% by Psychiatrists)
Impact on health delivery system of mental illness

- 25% of all U.S. adults have a mental illness and the majority have a comorbid physical health condition
- Nearly 50% of U.S. adults will develop at least one mental illness during their lifetime
- Associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer;
- Associated with lower use of medical care, reduced adherence to treatment therapies for chronic diseases, and higher risks of adverse health outcomes;
- Treatment of mental illnesses associated with chronic diseases can reduce the effects of both and support better outcomes
Primary Care & Behavioral Health

- More behavioral health is seen in primary care than in any other setting,
- Health center clients have greater behavioral health needs than typical primary care patients.
- After health center expansion, more than 27,000 full time behavioral health providers will be needed to serve 40 million medical patients,
- Grantees will need to increase behavioral health staff more than four-fold.

BMC Health Services Research, 2013
Managing a Population’s Health

• People with mental illness die on average 25 years earlier
• Half of all Americans develop a mental behavioral illness during their lifetime
• Mental disorders account for 23% of yrs lived with disability
• >30,000 deaths annually by suicide
• Behavioral illness and SUD annually cost US employers estimated $80-$100 billion in indirect costs
• Adverse Childhood Events lead to adult health problems
Decreasing the total cost of care

• Long-term savings attractive for **Triple Aim:**
  – improved health outcomes
  – improved value
  – improved patient experience

• People with untreated Mental illness use inpatient and outpatient services 3x more than those treated

• Individuals with co-morbid disorders at higher risk for re-admissions

• Short-term disability claims for behavioral illness are growing by 10% annually
Economic Impact of Integrated Medical – Behavioral Healthcare

Milliman Report, APA, Apr 2014

• Reviewed records of > 20 million individuals
• Commercial insurance, Medicare and Medicaid data
• Analysis of health care utilization and costs from 2009-2010
Milliman Report  Key Findings

1. Only 14% of people with insurance are receiving treatment for mental health or SUD, but account for 30% of total healthcare spending.

2. General medical costs for treating people with chronic medical problems + mental conditions $\Rightarrow$ 2-3X higher than treating people with physical health conditions only.

3. Effective integration of medical and behavioral care could save $26-$48 billion annually in general healthcare costs.

4. Most of the projected reduced spending is associated with facility and emergency room expenditures in hospital facilities.
Role of Community Health Centers in Integrated Model

• Mental health and substance abuse are among the most commonly reported reasons for visits to Federally Qualified Health Centers
• Only 6.5% of encounters are with on-site behavioral health specialists.
• Rural CHCs are significantly less likely to have on-site behavioral specialists than urban CHCs due to this lack of mental health specialists in rural areas
When moving to Integrated care consider...

• Prevention & health promotion starting in *Pediatrics*
  – National Research Council & IOM, 2009

• Unified treatment plans

• Protocol based care delivery

• Common electronic health record
Prevention & Health Promotion – Mental Health Starts in Childhood

- Well-child screenings
- Promotora /Outreach Worker
- Health Information Brokers
- Parent Guidance
- Health Information Technology
  - www.HealthyMeFlorida.com
  - www.Fsustress
Integrated Barrier - Who will be the providers of integrated care?

- >85% of Mental Health Professional Shortage Areas are in rural areas
- > 50% of counties in US do not have a psychologist, psychiatrist or social worker
- Challenges in recruiting & retaining professionals
Barriers to Integrated Care: Workforce

• Nation faces shortage of 91,500 physicians in the next decade as a consequence of
  ➢ Aging patient population with multiple chronic conditions
  ➢ Attrition in the physicians workforce as current practitioners retire
  ➢ Expanding diversity of the population
  ➢ **Role** of the physician is changing
Medical & Professional Schools Responding to Workforce Needs

- Increased enrollment
  - 2005 → 125 Medical Schools in US
  - 2016 → 141 + 30% increased enrollment
- Curricular innovations for team care & primary care emphasis
  - Importance of Biopsychosocial Model & Behavioral Health
- Physician Assistants
- ARNP’s
- Health Psychology – as a specialty within clinical psychology
Barriers to Integrated Care: Fiscal

- Insurance coverage for people still mirrors the old benefit structure where behavioral health benefits were carved out from medical benefits
- Do not recognize team care
- Payment denials:
  - for procedure codes that are considered only for physical or only for mental health
  - same day visits
Partnering to Provide Integrated Care

Community Health Center

- Enhanced recruitment & retention of providers
- Enhanced reputation broadens patient reach
- Access to resources (research, IT, CME’s, staff training, etc)
- Joint grant opportunities for program expansion

Medical School

- Access to primary care population for student training
- Research opportunities
- Opportunity to shape the clinical environment without the administrative burden of running the clinic
- Physicians trained in CHC’s 3X more likely to work in underserved areas
Primary Care & Behavioral Health = Integrated Care

- In fully integrated care, patients become accustomed to behavioral health care as a “routine part” of primary care.
- Integrated care reduces stigma for patients, increase patient engagement, and reduces attrition after care is initiated.
- Rural areas and underserved urban areas benefit since shortages of behavioral health providers create long wait times for patients needing appointments.
Educating and developing exemplary physicians who practice patient-centered health care
For more information...

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