CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

ROBERT GRAHAM CENTER
Policy Studies in Family Medicine and Primary Care

The Collaborative Family Healthcare Association and the Robert Graham Center Present:

"From Fragmentation to Integration: A Triple Aim Imperative"

PRIMARY CARE FORUM #74

October 16, 2014

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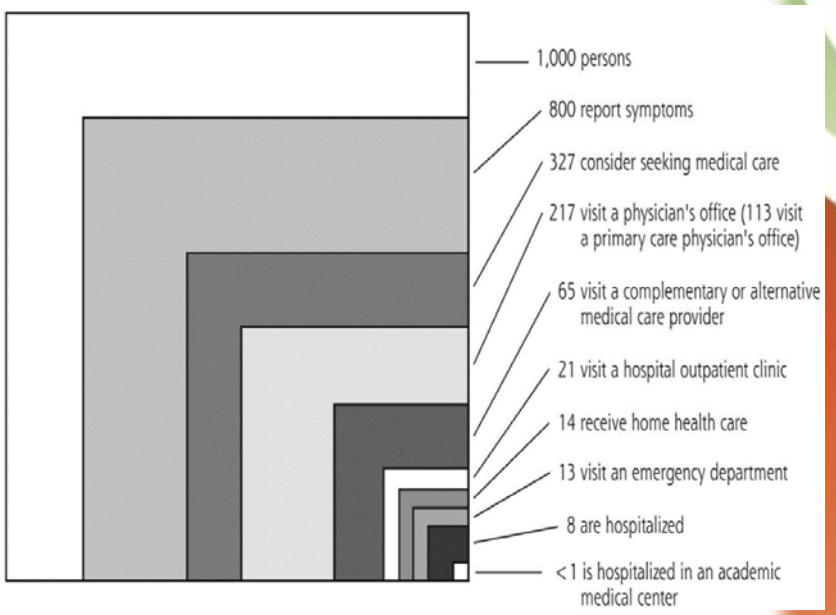
Director of The Eugene S. Farley, Jr. Health Policy Center, University of Colorado Denver School of Medicine

Introduction & Background

Statement

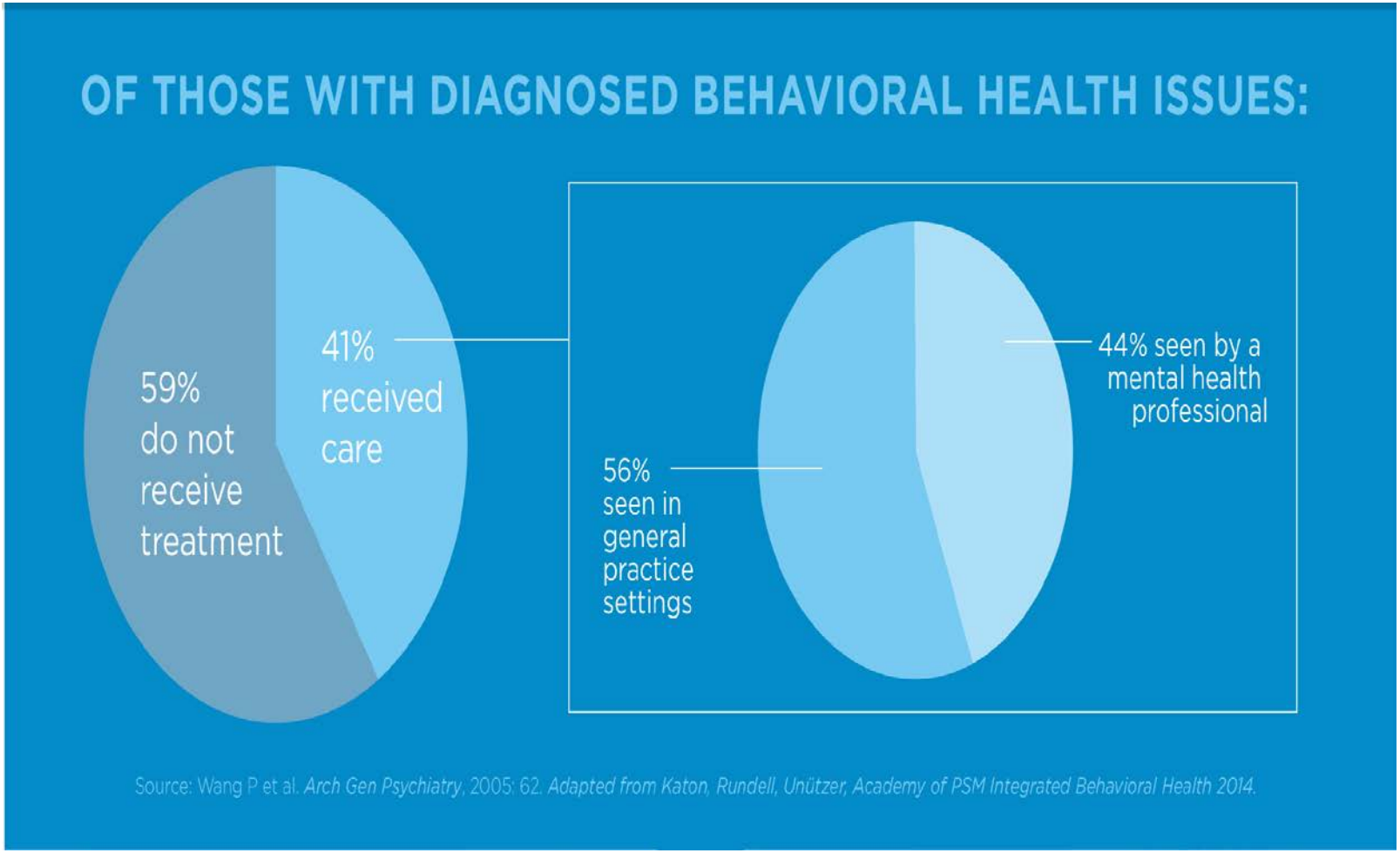
Mental health and primary care are inseparable; any attempts to separate the two leads to inferior care

- IOM, 1996

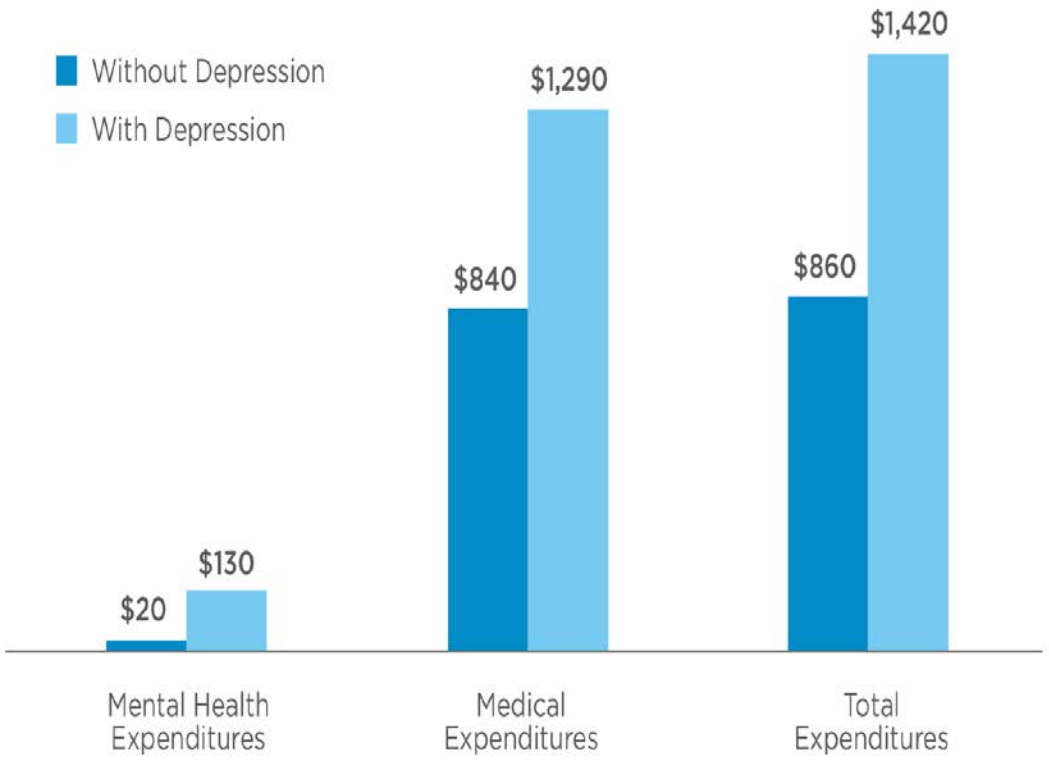


deGruy, F. (1996). Mental health care in the primary care setting. In M. S. Donaldson, K. D. Yordy, K. N. Lohr & N. A. Vanselow (Eds.), *Primary Care: America's Health in a New Era*. Washington, D.C.: Institute of Medicine.

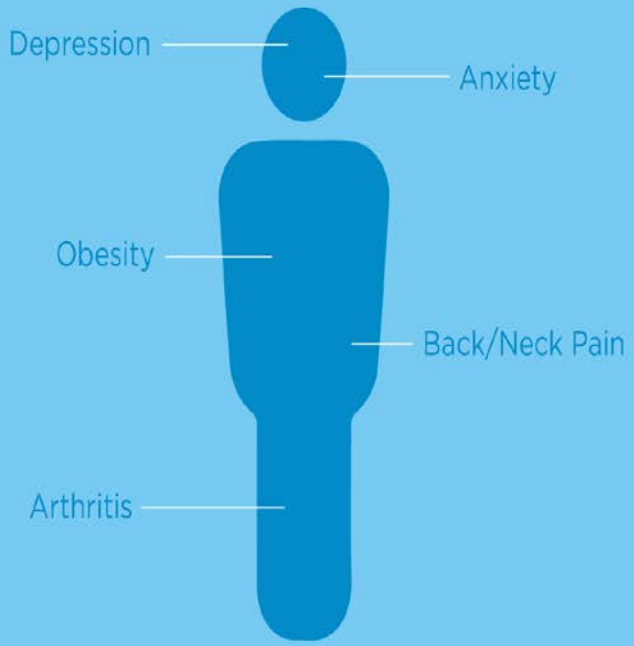
Green, L. A., Fryer, G. E., Jr., Yawn, B. P., Lanier, D., & Dovey, S. M. (2001). The ecology of medical care revisited. *N Engl J Med, 344*(26), 2021-2025.


OF THOSE WITH DIAGNOSED BEHAVIORAL HEALTH ISSUES:
59% do not receive treatment
41% received care
56% seen in general practice settings
44% seen by a mental health professional
Source: Wang P et al. Arch Gen Psychiatry, 2005: 62. Adapted from Katon, Rundell, Unützer, Academy of PSM Integrated Behavioral Health 2014.

The cost of care increases in the presence of comorbid behavioral health and physical health conditions. For example, the chart below depicts the monthly cost of care for chronic health conditions with and without comorbid depression.



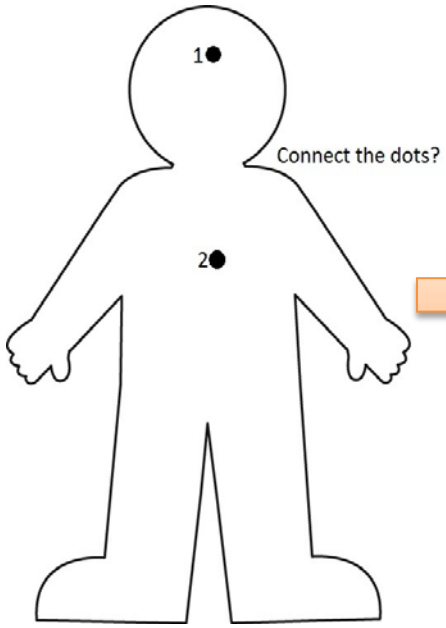
TOP 5 CONDITIONS DRIVING OVERALL HEALTH COST



When treated in harmony with mental health, chronic physical health improves significantly, along with patient satisfaction.

Source: Loeppke et al., J Occup Environ Med. 2009;51:411-428. Katon et al, NEJM, 2010:363:2611-2620.

The problem



Clinical delivery

Payment /financing

Community expectation

Training/education

Fragmentation

Definition

The care that results from a practice team of primary care and behavioral health 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, ineffective patterns of health care utilization.

Value of Integration:

Physical/Behavioral Integration is good health policy and good for health.

Peek, C. J., National Integration Academy Council. (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), *AHRQ Publication No.13-IP001-EF*.

The solution

Kwan, B., & Nease, D., Jr. (2013). The State of the Evidence for Integrated Behavioral Health in Primary Care. In M. R. Talen & A. Burke Valeras (Eds.), *Integrated Behavioral Health in Primary Care* (pp. 65-98): Springer New York.

Partners

Collaborative Family Healthcare Association

Parinda Khatri, PhD
Chief Clinical Officer at
Cherokee Health Systems

Delivery of Integrated Primary Care

An Afternoon in Primary Care

Patient	Presenting Concern
❑ 12 yo male	*abdominal pain (new)*
❑ 40 yo male	*depression, diabetes, hypertension (f/u)*
❑ 50 yo female	*fibromyalgia, insomnia (new)*
❑ 44 yo female	*chronic pain, suicide attempt (f/u)*
❑ 50 yo male	*recent heart attack, substance abuse (f/u)*
❑ 59 yo female	*hypertension, diabetes, coronary artery disease, depression (new)*
❑ 54 yo male	*panic attacks, morbid obesity (f/u)*
❑ 46 yo female	*grief from death of child (new)*

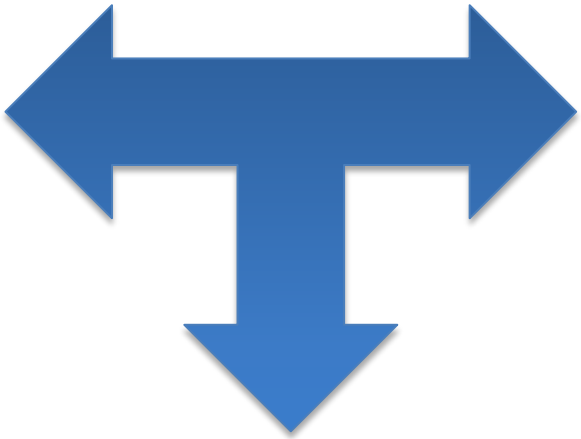
A Tale of Two Approaches

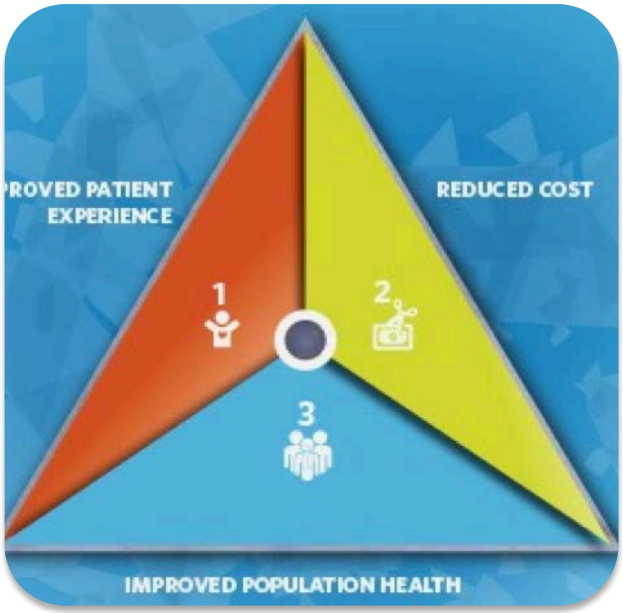
Component of Care	Traditional	Integrated
Access	Referral	Point of Primary Care
Scope of Service	Mental Health Diagnoses	Overall Health Function
Scheduling	Separate	Shared
Collaboration of Care	Individual Provider	Team Based
Health Record	Separate	Shared
Administrative Operations	Separate	Shared
Payment	Separate	Global
Communication	Minimal	Frequent & Timely
Focus of Care	Provider-Centric	Patient-Centric
Approach to Care	Case by Case	Population-Based
Efficiency of Delivery Structure	Fragmented &Inconsistent	Coordinated and Aligned

MEETING TRIPLE AIM: INTEGRATION

INTEGRATED PRIMARY CARE TEAM

- Access, Communication, Collaboration at Point of Care
- Shared Space, Workflow, Documentation, Support Staff
- Collaborative treatment planning
- Anchored in Patient Engagement





INTEGRATED POPULATION BASED CARE

- Integrated Operations
- Global Payment for Integrated Services
- Integrated Health Record
- Clinical Informatics to address population health needs
- Flexible Healthcare delivery to appropriately distribute resources
- Integrated Health Record for quality improvement and assurance
- Clinical informatics at population level

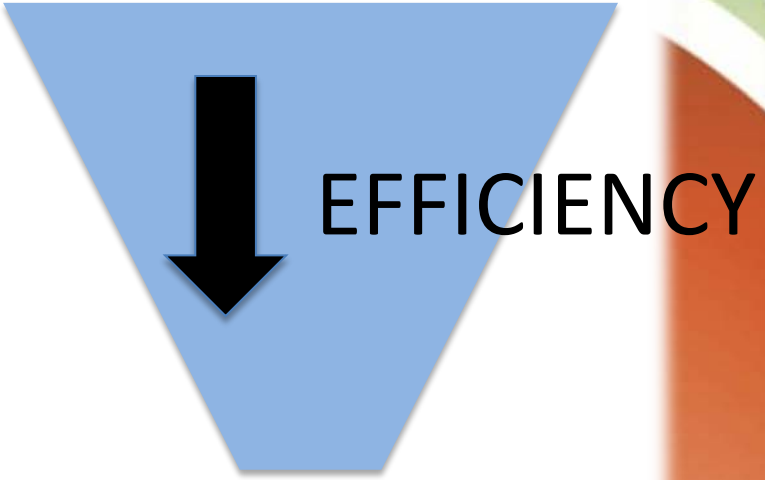
MEETING TRIPLE AIM???

SEPARATE CLINICAL SYSTEMS

- Delayed/Limited Access
- Separate Records
- Minimal Coordination
- Training Silos

SEPARATE OPERATIONS

- Different administrative systems
- Different regulations and requirements
- Different processes and procedures
- Health Information Technology Barriers



SEPARATE FINANCIAL SYSTEMS

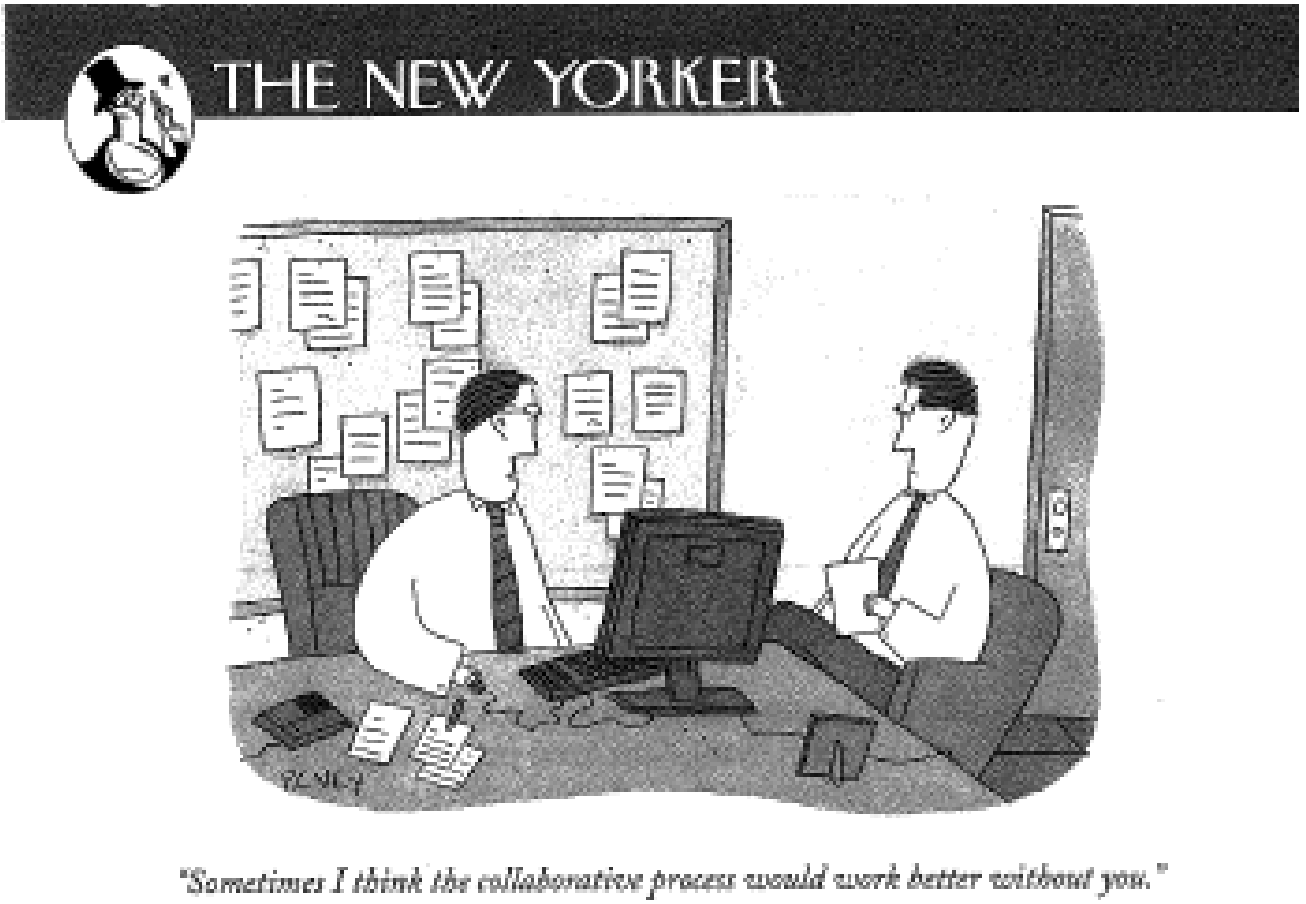
- Carve Outs
- Fee for Service model
- Incentivizes for fragmented care
- Regulatory barriers

Susan McDaniel, PhD, ABPP
Dr. Laurie Sands Distinguished Professor of Psychiatry and Family Medicine, University of Rochester School of Medicine & Dentistry

Training the Workforce

Traditional training yields:

I’m OK and you’re not!

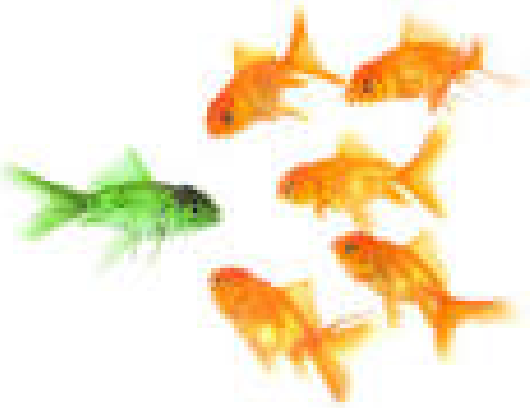


"Sometimes I think the collaborative process would work better without you."

Colocation alone doesn’t yield integration…

I’m OK and you’re not!

- Training now occurs in silos
- Disciplines traditionally define themselves against other disciplines
- Criticism about each other is frequent
- Disciplines function in general ignorance of each other’s knowledge and skill set



What's needed?

- Workforce expansion
- New kinds of training for primary care clinicians, behavioral health professionals, and staff.

Stop graduating people in silos

- Each profession needs to learn its own set of competencies, skills and knowledge base, AND
- Interprofessional education & training for teams
  - Ethics and collaborative care
  - Collaborative treatment plans together
  - Good communication skills

Professional + Interprofessional education and training = A well trained workforce

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.

Workforce distribution problems

- Primary care, behavioral health clinicians and integrated care are scarce in rural areas
  - 40% of urban primary care practices are co-located with BH professionals
  - 23% of rural primary care practices have BH professionals as part of the practice.

Petterson SM, Phillips RL Jr, Bazemore AW, Koinis GT. Unequal distribution of the U.S. primary care workforce. Am Fam Physician. 2013 Jun 1;87(11):Online.

Ideas for Training the New Workforce

- Interprofessional education and training grants (HRSA and SAMHSA)
- Programs to encourage training in behavioral health (National Health Service Corps)
- Incentives for behavioral health clinicians to work in primary care, especially in rural areas (debt relief and low interest loans)

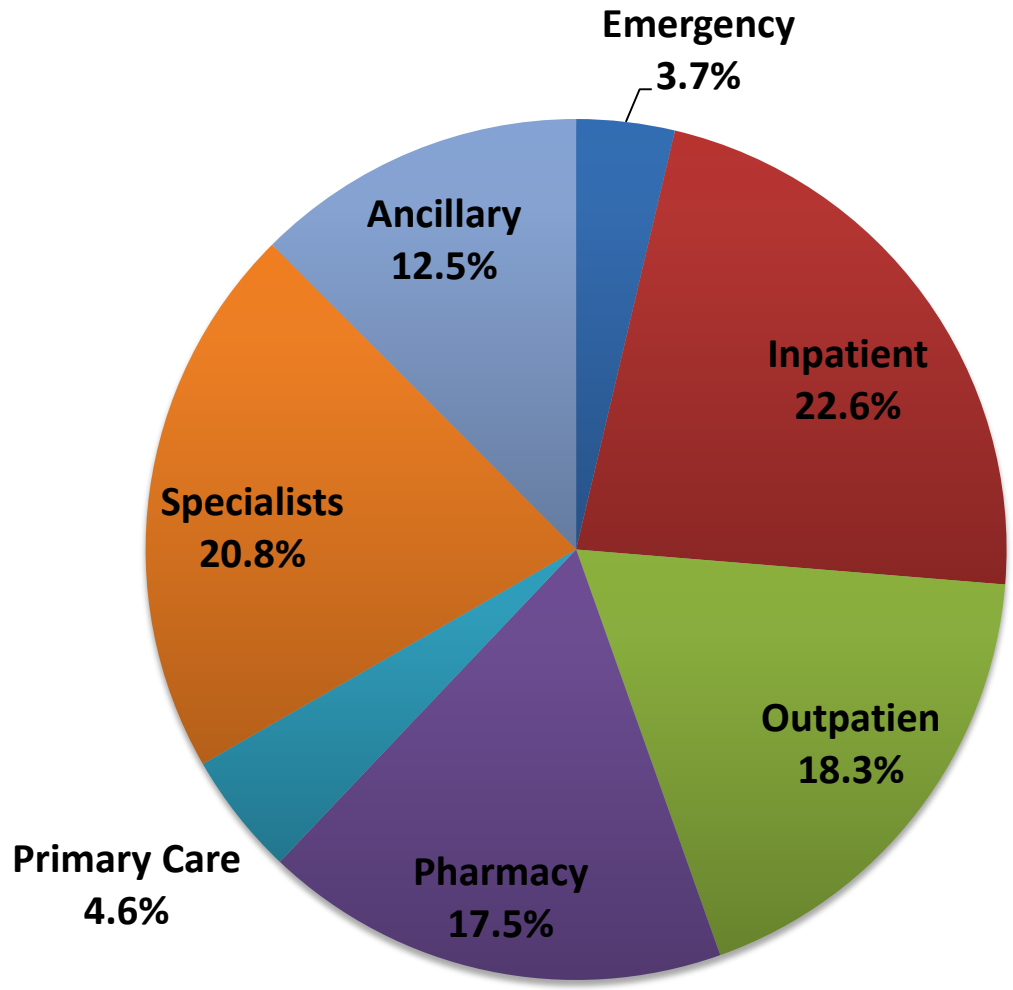
Patrick Gordon, MPA
Associate Vice President
Rocky Mountain Health Plans

Financing Integrated Care

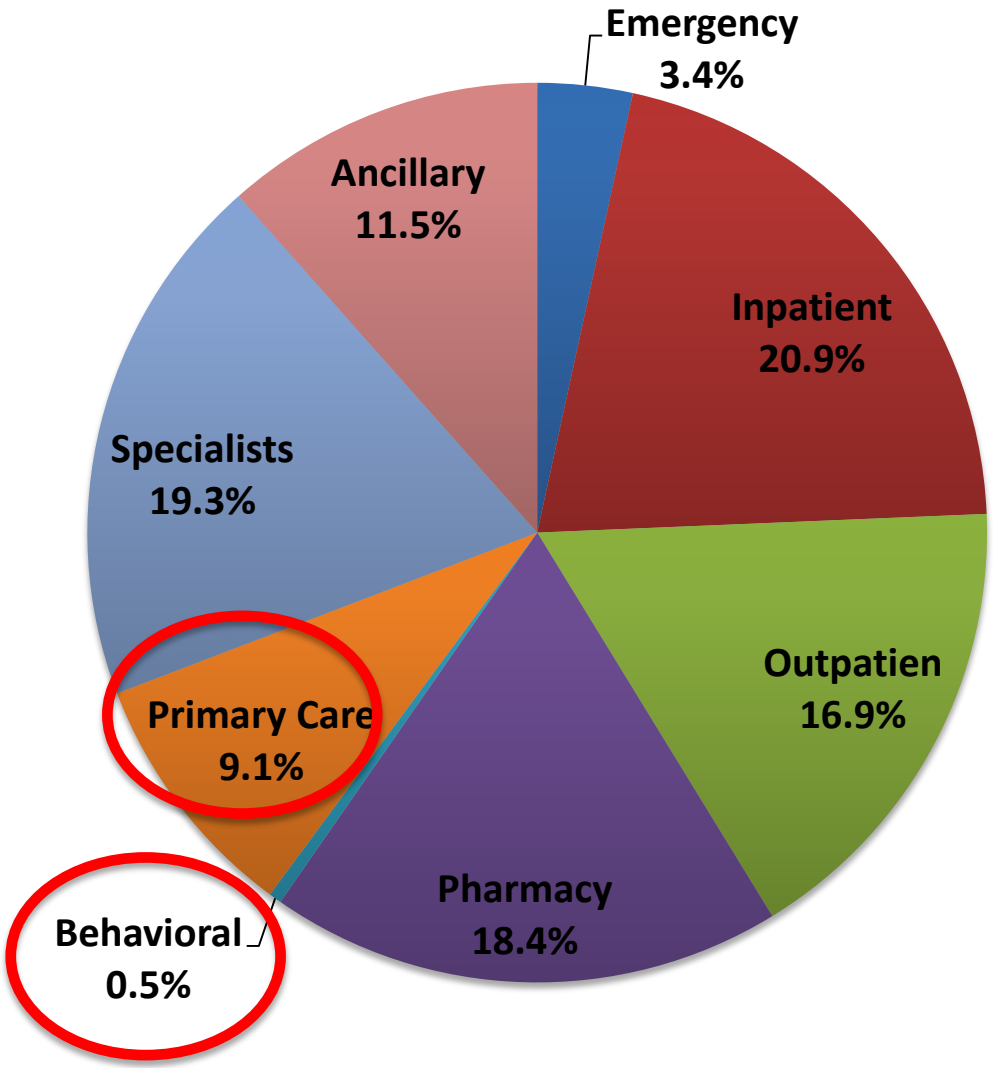
Key Concepts

1. Know the population
2. Create a budget
3. Set targets
4. Invest in value
5. Monitor performance and report feedback
6. Own the results

Global Budget – Conventional Network



Global Budget – Integrated Practices

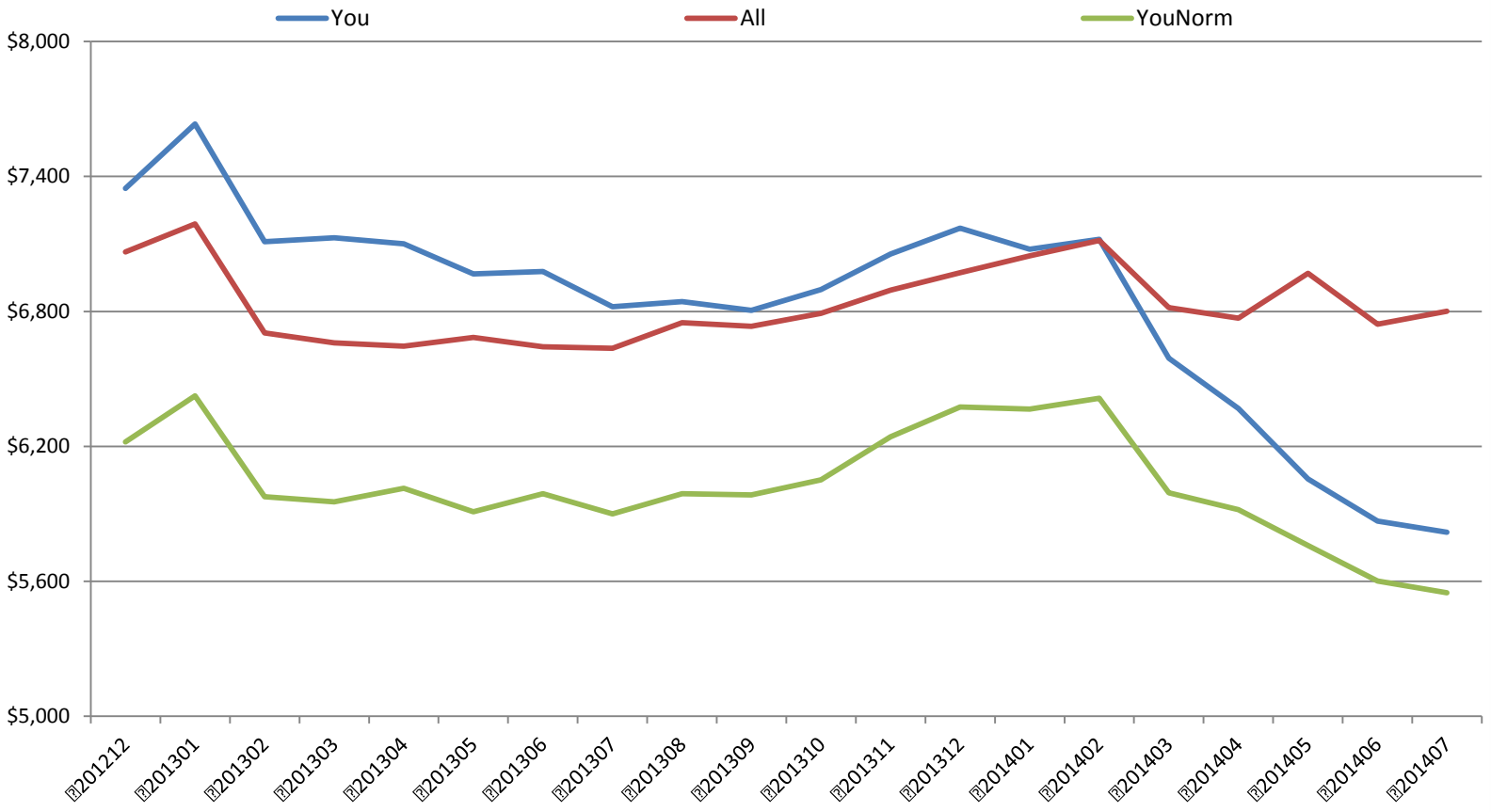


Isn’t the Second Pie Bigger? No.

	Total Cost PMPM
Advanced Practices	$479.30
Behavioral Health	$3.55
Total	$482.85
Network Average	$505.83
Risk Normalized Difference	-4.54%

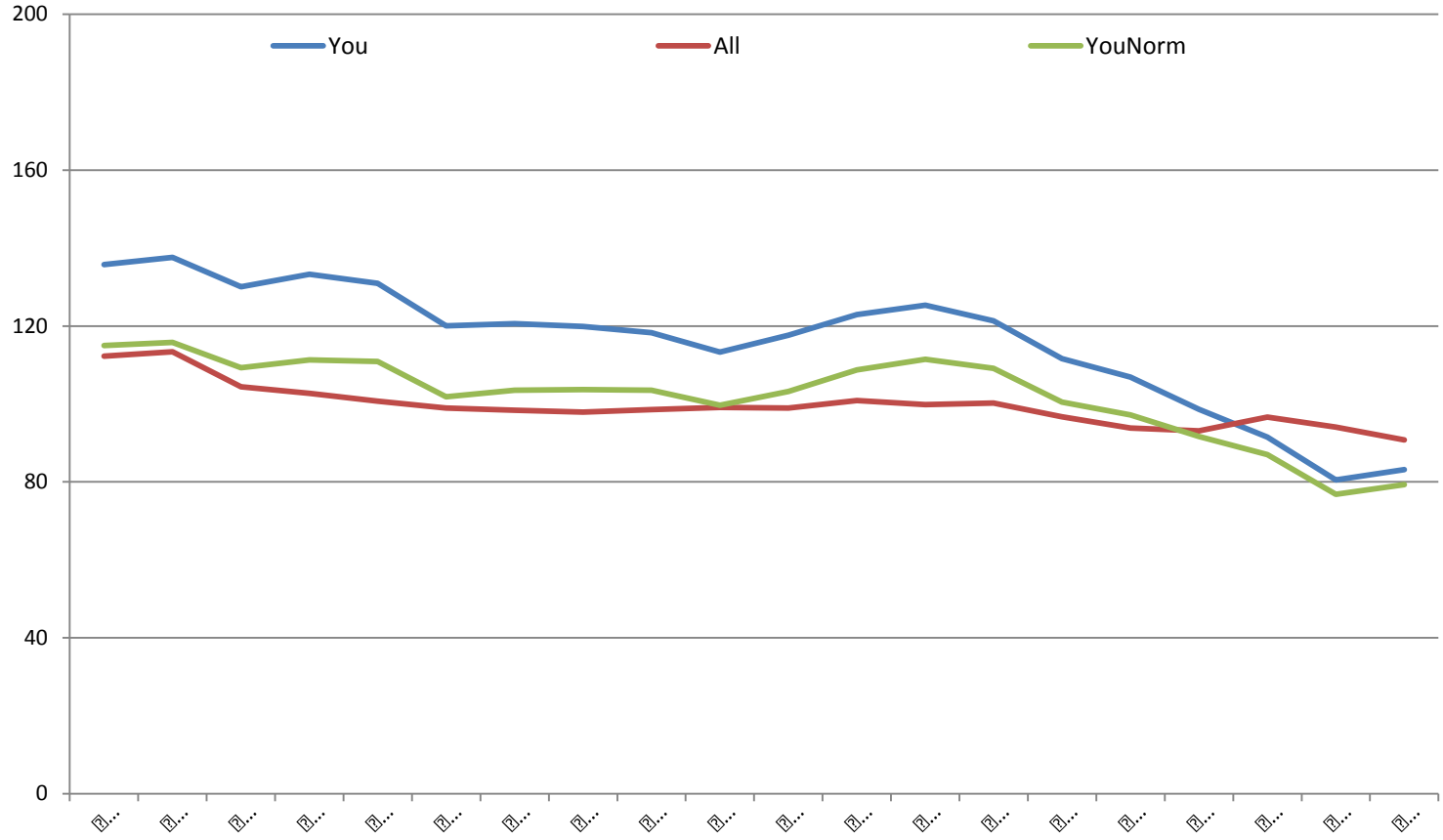
Practice Benchmarking
Total Normalized Cost

Exemplar Practice – Total PMPM Cost of Care

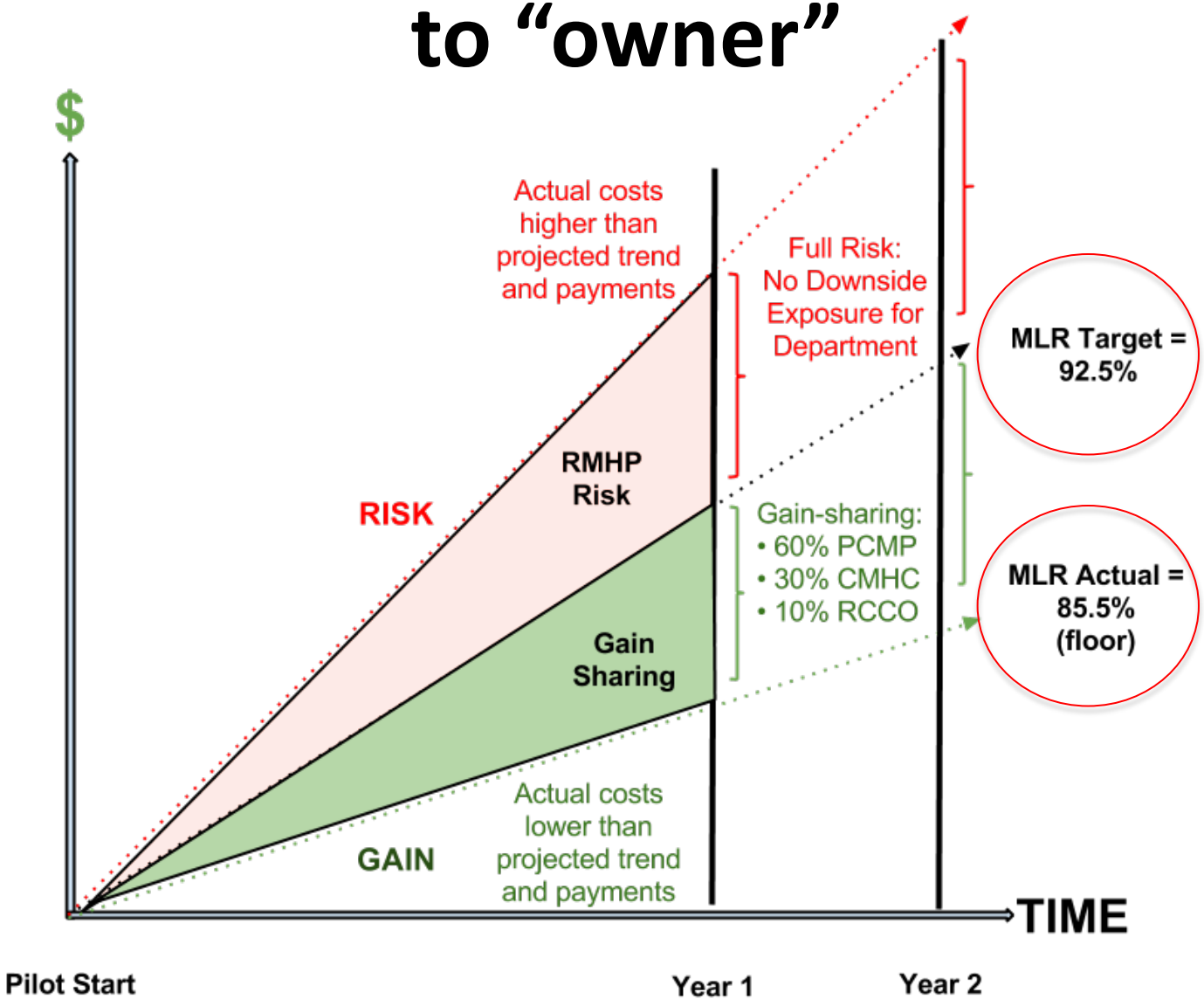


Practice Benchmarking
Normalized IP Utilization

Exemplar Practice – Inpatient Utilization/ 1,000 Members



Moving from "provider" to "owner"



Takeaways

- **Comprehensive primary care is a "high leverage" investment**
- **Integrated BH is just another (important) aspect of comprehensive primary care**
- **Small part of the total health care budget**
- **Exemplars are performing very well. The question is how to scale this model through accelerated transformation.**

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Thank You!

- To access the materials and resources used in this Primary Care Forum, please visit:

  The Collaborative Family Healthcare Association:
  https://cfha.site-ym.com/?2014PolicyForum
  or
  The Robert Graham Center:
  http://www.graham-center.org/online/graham/home/rgc-events.html

- For inquiries and further discussion, please contact *Jessica Pittrizzi* at jpittrizzi@cfha.net or 303-724-7805.