Webinar -Series on Improving Care for Behavioral Healthcare Clients seen in Emergency Rooms and Acute Care Settings

July 6, 2011

3:00 PM

IBHI

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About IBHI: IBHI is a charitable organization formed in 2006 dedicated exclusively to improving the quality and outcome of mental and substance use (behavioral) health care.

Our **AIM: Create a national learning organization and movement to invite organizations out of their silos. Bring people together to translate a passion for quality improvement into sustained action that dramatically improves behavioral health care outcomes.**

To learn more about translating a passion for quality Improvement check out our web page **www.ibhi.net** IBHI is a national organization: Home Office – Albany New York

IBHI Innovation Webinar Series Save the Date :

Innovation and Re-Design to more fully integrate Primary Care and Behavioral Health Series continues with a special emphasis on Care of Children and Adolescents, Continues:

- o September 14, 2011

- o October 5, 2011

- o November 2, 2011

All webinars begin at 3:00 PM EDST.

Completed Webinars in 2011 -see www.ibhi.net for PowerPoint Slides and related articles

Integration Lessons & Challenges from Medicaid Redesign-TennCare

William G Wood, MD
CMO Behavioral Health
Amerigroup Community Care Tennessee
July 6, 2011

TennCare

- Tennessee Medicaid Managed Care Program
- Started in 1994
- Currently all Tennessee Medicaid Recipients in Managed Care Program
- 1.2 Million Members
- 2 MCO’s in each of 3 Regions

Amerigroup Community Care of Tennessee

- Current Contract began in 2007
- Amerigroup Community Care has 15 Health Plans in 11 states with 1.9 million members
- Responsible for approximately 200,000 TennCare members in Tennessee
- Located in Middle Tennessee-Nashville
- Approximately 12,000 members meet SPMI/SED definitions

People with a Serious Mental Illness die 25 years earlier

Redesign Goals of a Medicaid Program-TennCare

- Integrate Mental and Physical Health
- Develop Holistic Approach to Healthcare
- Develop PCP focused model through Medical Homes

Integration of Mental and Physical Health-TennCare

- Medicaid program redesign began with requirement for integration of behavioral and physical health management by Health Plans

- Health Plan must have BH internally integrated
- Improve access to health services for people with a mental illness
- Improve access to behavioral health treatment for people with a physical illness

Integration of Mental and Physical Health-Health Plan Role

- Internal Integration by Health Plan
  - Amerigroup physical health/behavioral health integration internally
  - Case Manager cross training and certification
  - Clinical discussions of complex clinical problems with co-morbid physical and behavioral diagnoses and conditions

Integration of Mental and Physical Health-Health Plan Role

- Evaluate Existing Integrated Provider Programs
- Identify Providers with Interest in Expanding or Developing Integrated Programs
- Collaborate with CMHC's to expand medical care provision
- Work with Medical Home Pilot for provision of BH services in PCMH sites

Patient Centered Medical Home

- Behavioral Health Recognized as Important Component
- PCMH BH staff exist in some sites
- Developing PCMH BH capability and understanding
- Strategy of referral from CMHC's to PCMH
- Alignment of CMHC clients with PCP

Models of Integration in Use

- Different Individualized Models
  - Medical Clinic inside the CMHC staffed by ARNP
  - Part time NP from FQHC visiting CMHC
  - CMHC staff going to Pediatric Group Practice Clinic
  - Medical Clinics (FQHC's) had BH Clinicians on staff
  - Private Medical Groups had Licensed BH Clinicians on staff

Opportunities for Improvement

- Adequate Medical Service provision for the SPMI population lacking
- Knowledge of the extent of physical problems in the SPMI population minimal
- Much of medical care provided by ED and Specialists
- Few referrals from BH clinicians to PCP’s

Challenges to Integration

- Stakeholder Resistance
  - Consumer/Advocate Organizations initially resistant
  - Provider Resistance
- Fear of Loss of Funding/Visibility/Autonomy

Challenges to Integration

- Contractual
  - New concepts needed
  - Ensure that Behavioral Health explicitly included and coded
  - Reimbursement
  - Credentialing
    - Ensure that Behavioral Health Clinicians credentialed as such in order to be paid

Challenges to Integration

- Member Patterns of Behavior
- Traditional Pathways to Care Utilized, i.e., ED, Specialists
- Availability of Appropriate Providers
- Differences between Primary Care Providers providing Behavioral Health Care and Traditional Behavioral Healthcare Providers providing Healthcare

Health Plan Role in Clinical Management

- Data Management and Care Coordination of Amerigroup members
- Share data with CMHC and PCP regarding co-occurring Medical and Psychiatric Diagnoses
- Identify PCP for CMHC clients
- Coordinate information exchange between PCP and Mental Health Provider

Current Status

- Medical Services provided onsite in CMHC's
- CMHC's providing services onsite in Medical Settings such as Large Pediatric Practice or FQHC
- Behavioral Health Services provided in PCMH
  - Common medical record
  - Staff share information

Current Status

- CMHC with long-standing NP onsite from FQHC heightened level of relationship
- CMHC developing In Home Care Team as an extension of PACT team
- Increased CMHC focus on Medical co-morbidity

Lessons Learned

- Expectations different between Primary Care Providers and Mental Health Providers
- Need to differentiate between Counseling for Behavioral Change and for Treatment of Mental Illness
- Need to meet expectations and time constraints of Primary Care Practice

Lessons Learned

- Resistance to increased cooperation significant even in face of desired outcomes on both sides
- Lack of awareness of extent of Medical Problems in mentally ill population
- Lack of awareness of complexity of care system required for mentally ill by Primary Care System
- Consumers as patients reluctant to go to primary care site for care
- Primary care site often reluctant to treat severely mentally ill

Results

- Growing awareness of need for integration of care by both physical and behavioral health providers
- Desire to provide physical services at mental health sites increased
- Community Mental Health Centers taking the initiative to develop integrated care program
- Primary Care Sites more willing to increase services for mentally ill
  - Increased staffing
  - Increased referrals for treatment

Results

- Improved healthcare status of individual
- Individual results require coordinated approach and much effort
- Population based results take longer to demonstrate change
- Smaller increments of change in population based study of results

Conclusion

- Integration of Behavioral Health and Physical Health is Improving with increasing awareness of importance
- Awareness of Complexity of Co-Morbid Conditions Increasing
- Data Now Showing Improvement in Health Status
- Regulators and Payors can have a Significant Influence on System Redesign
- Full System Redesign will Take Time

- Questions, Comments and Feedback?

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To contact presenters or learn more about IBHI
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