

# **THE INTEGRATED HEALTH HOME**

## **Coordination of Care Strategies**

**2015 Fall Regional Training**  
**National Health Care for the Homeless Council**

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*October 16, 2015*

# Learning Objectives

- ✓ Identify at least two features of an integrated health home.
- ✓ Cite three key elements of integrated treatment planning.
- ✓ Identify three features necessary for coordinating care.

# INTEGRATED HEALTH HOME

- **Integrated Care:**
  - The systematic coordination of general and behavioral healthcare. (SAMHSA-HRSA Center for Integrated Health Solutions)
- **Health Home:**
  - Providers will integrated and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person. (Centers for Medicare and Medicaid)
  - Section 2703 of the Affordable Care Act

# INTEGRATED HEALTHCARE

## Reconnection of the Head and the Body

**MENTAL HEALTH**



**+**



**PHYSICAL HEALTH**



**Integrated Healthcare is  
just rediscovering the Neck**

# Integrated Care: A New Initiative?

“The Body must be treated as a whole and not just a series of parts.”



--Hippocrates 430 BC

# 84 YEARS AGO

- 1928-1931 Study: Malzberg found that patients in NY State's Psychiatric Hospitals die 15 years earlier than other NY state residents<sup>1</sup>
- Most of this excess mortality was due to “natural” rather than “unnatural” causes:
  - Heart Disease – 33%
  - Pneumonia – 10.1%
  - Tuberculosis – 9.5%
  - Peripheral Artery Disease – 8.9%

1. Malzberg B. *Journal of the American Statistical Assoc* Mar 1932; 27 (177A):160-174



***Morbidity and Mortality  
in People With  
Serious Mental Illness***

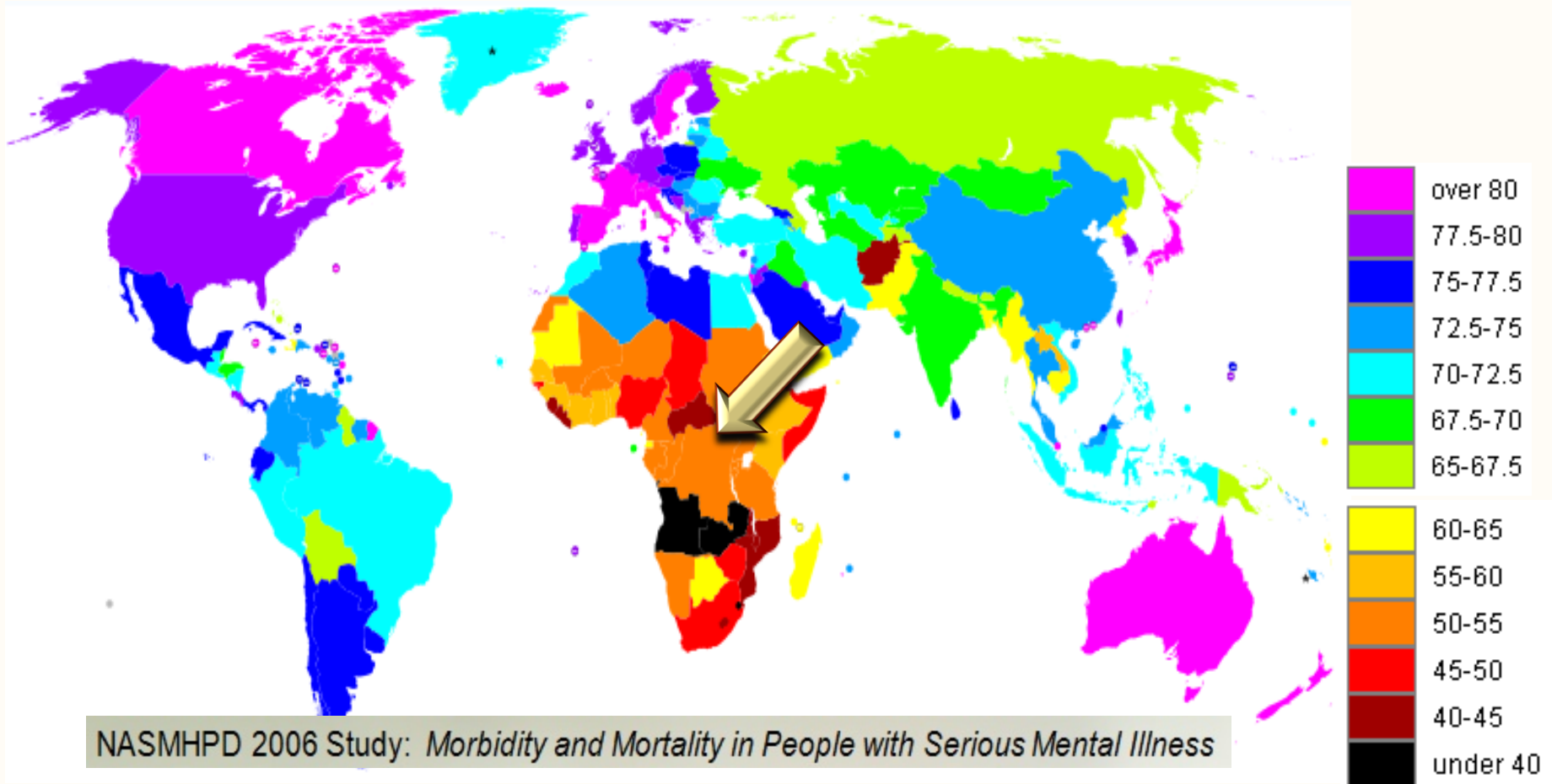
National Association of State Mental Health Program Directors  
(NASMHPD) 2006 Report

# Critical Health Disparities

- Individuals with Serious Mental Illness are dying approximately 25 years earlier than the general population
  - **Average age of death is 53 years old**
- *Substance Use Disorders and the Person-Centered Healthcare Home* a 2010 report by B. Mauer finds that those with co-occurring MH/SUD were at greatest risk
  - **Average age of death is 45 years old**



# The drastically reduced lifespan for people with SMI and SMI/SUD is comparable with Sub-Saharan Africa



NASMHPD 2006 Study: *Morbidity and Mortality in People with Serious Mental Illness*

# Increased Mortality and Morbidity are Largely Due to Preventable Conditions

60% of premature deaths are due to preventable medical conditions such as:

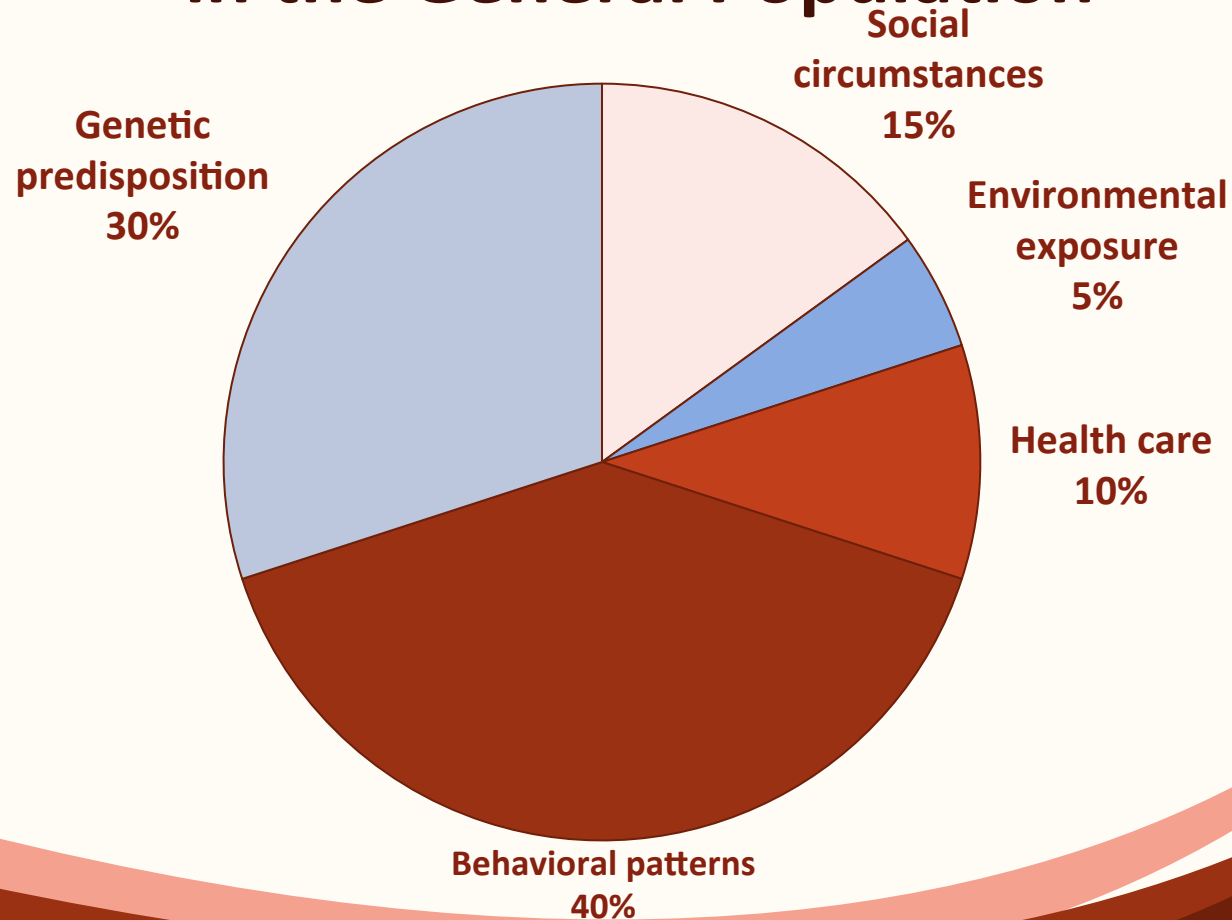
- Cardiovascular Disease
- Diabetes
- Respiratory Disease
- Infectious Disease

# Causes of Excess Mortality

- **Lifestyle Issues:**
  - Smoking
  - Poor diet
  - Reduced physical activity<sup>1</sup>
- **Social and Environmental Issues:**
  - Excess rates of poverty and social disadvantage<sup>2</sup>
- **Poor quality of medical care<sup>3</sup>**
- **Effects of psychotropic medications<sup>4</sup>**

1. de Leon J, Diaz FJ. Schizophr Res 2005;76: 135–157, Compton M et al Harv Rev Psychiatry 2006 Jul-Aug;14(4):212-22
2. Wilton et al Soc Sci Med 2004 58: 25-39
3. Mitchell A. Br J Psychiatry. 2009 Jun;194(6):491-9
4. Newcomer J. Journal of Clinical Psychiatry. 2007;68 Suppl 4:8-13. Review

# Causes of Premature Death in the General Population<sup>1</sup>



<sup>1</sup> Schroeder S. New England Journal of Medicine 2007 Sep. 20; 357 (12): 1221-8

# Statistics

- **Diabetes**

- According to Coleman and Katon (2013) there is a 15% - 30% prevalence of depression in patients with diabetes
- Patients with diabetes are **twice as likely** to experience depression, resulting in greater difficulty in managing self-care.
- According to the Center for Disease Control and Prevention, people with diabetes are twice as likely to have depression, which can complicate diabetes management, than people without diabetes<sup>1</sup>
- In addition, depression is associated with a 60% increased risk of developing type 2 diabetes<sup>1</sup>

- **Heart Disease**

- Patients with coronary heart disease and depression are at greater risk for poor adherence to treatment recommendations.
- The risk of heart attack is **more than doubled** in patients who are depressed.
- Patients with cardiac disease and depression comorbidity have **an increased risk of death** than patients who are not depressed.
- After a heart attack, patients have a **lower risk of re-hospitalization and mortality** when comorbid symptoms of depression are treated.

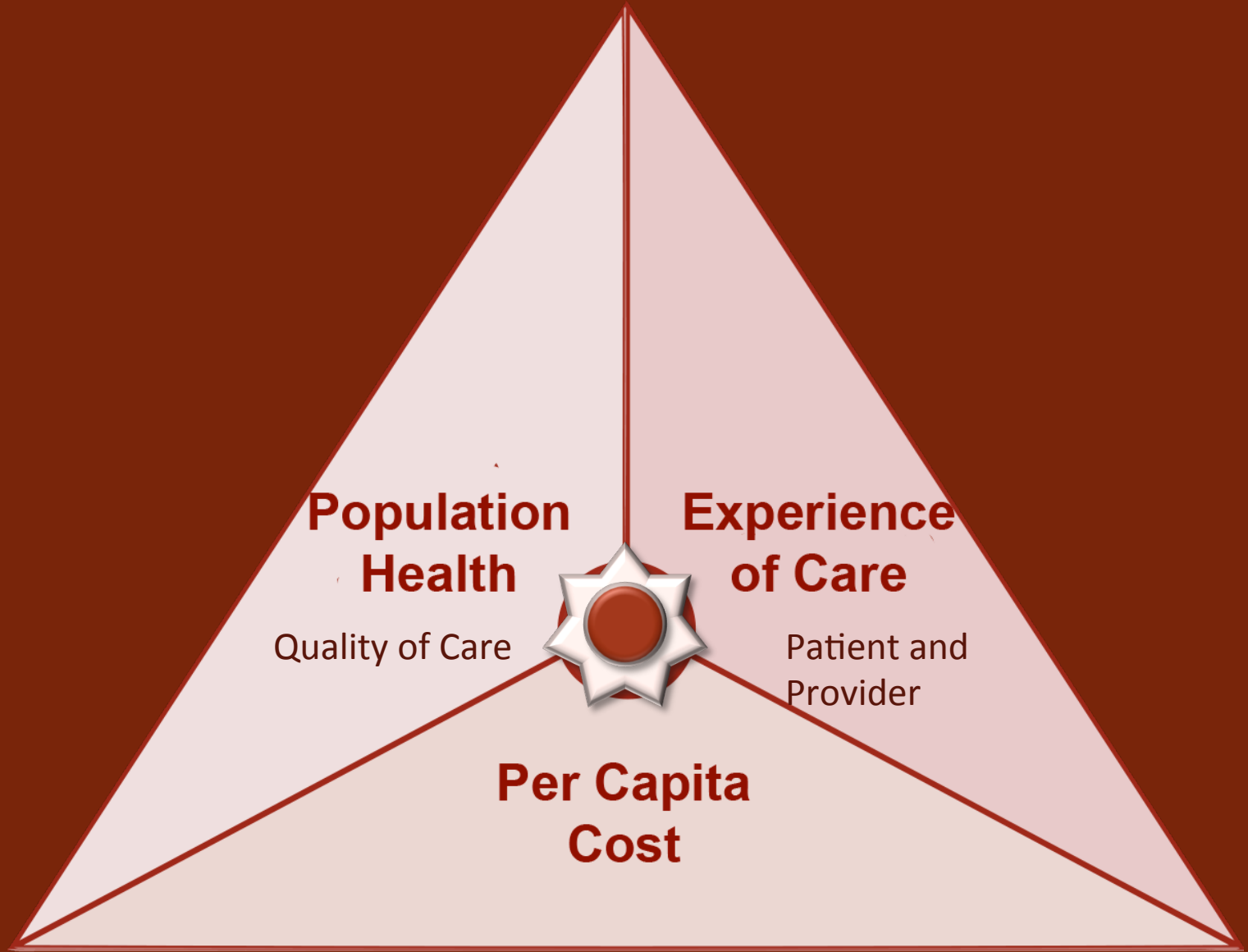
- **Cancer**

- Bankhead (2014) reports evidence that untreated comorbid depression in cancer exacerbates many adverse effects of cancer such as pain, fatigue, anxiety, and impacts overall functioning.
- The prevalence of mental health disorders in cancer patients is up to **50%**, mostly depression and anxiety.
- Reports show that treating symptoms of depression **may impact survival time** in cancer patients

- **COPD**

- Patients with comorbid chronic obstructive pulmonary disease and mental health conditions have poorer outcomes than the general population, likely due to the fact that **people with mental illness are twice as likely to smoke cigarettes..**

1. Centers for Disease Control and Prevention, *2011 National Diabetes Fact Sheet*



# IHI Triple Aim

# Experience of Care

- NCQA Patient-Centered Medical Home concepts
- Team-Based Care
- Coordinated Care
- Continuity of Care
- Self-Management Supports
- Shared Decision Making
- Focus groups

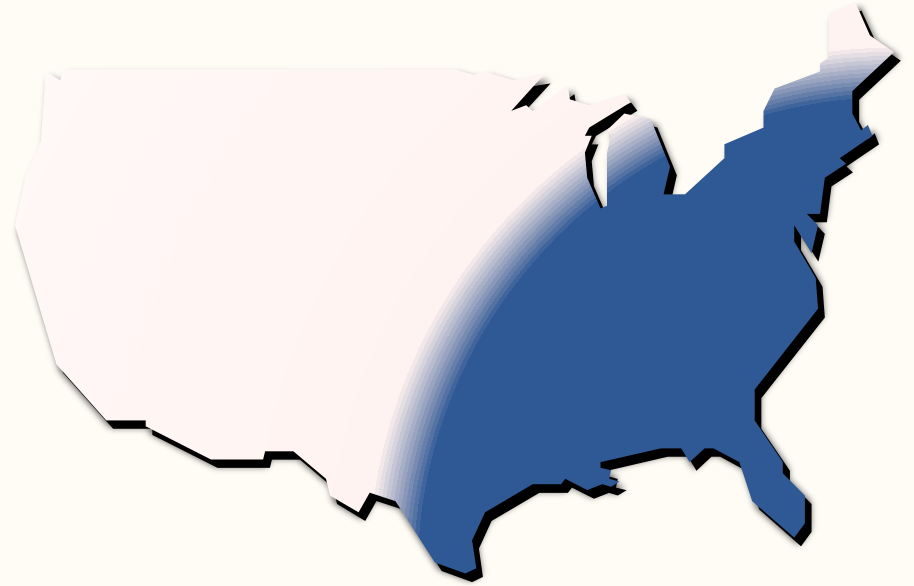
# Population Health

- Quality Improvement
  - PDSAs – Small tests of change
- Data Analytics
  - Core Conditions
  - ER Reduction (and cost of care)
- Patient Registries
- Risk Stratification
- Workflows



# Cost of Care

- **45%** of Americans have one or more chronic conditions
- Over half of these people receive their care from **3 or more** physicians
- Treating these conditions accounts for **75%** of direct medical care in the U.S.
- In large part due to the fact that money doesn't start flowing in the U.S. healthcare system until **after** you become sick





# Behavioral Health and Primary Care Are Inseparable

- 84% of the time, the 14 most common physical complaints have no identifiable organic etiology<sup>1</sup>
- 80% with a behavioral health disorder will visit primary care at least 1 time in a calendar year<sup>2</sup>
- 50% of all behavioral health disorders are treated in primary care<sup>3</sup>
- 48% of the appointments for all psychotropic agents are with a non-psychiatric primary care provider<sup>4</sup>
- As many as 45% of people who die by suicide had been seen by their primary care providers within a month of death.
- The prevalence of generalized anxiety disorder in primary care is approximately 8% and post-traumatic stress disorder is an alarming 12%.
- As many as 60% of treatment received for depression is provided in primary care clinics. only about 25% of patients with these disorders receive effective care.
- As many as 79% of antidepressants are prescribed by primary care providers<sup>5</sup>

1. Kroenke & Mangelsdorf, Am J Med. 1989;86:262-266.

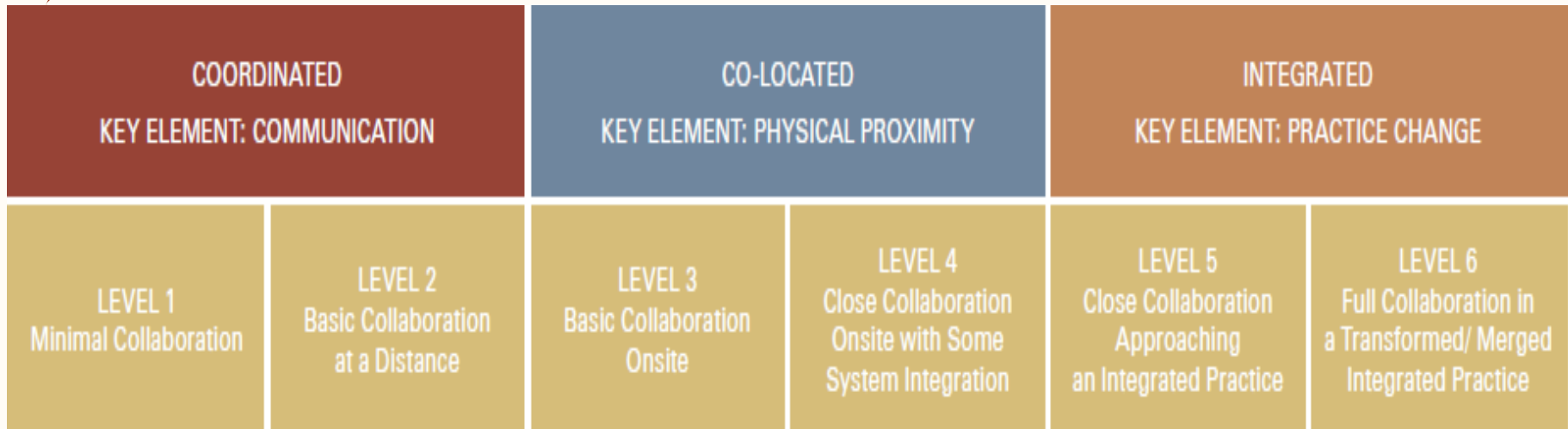
2. Narrow et al., Arch Gen Psychiatry. 1993;50:5-107.

3. Kessler et al., NEJM. 2006;353:2515-23.

4. Pincus et al., JAMA. 1998;279:526-531.

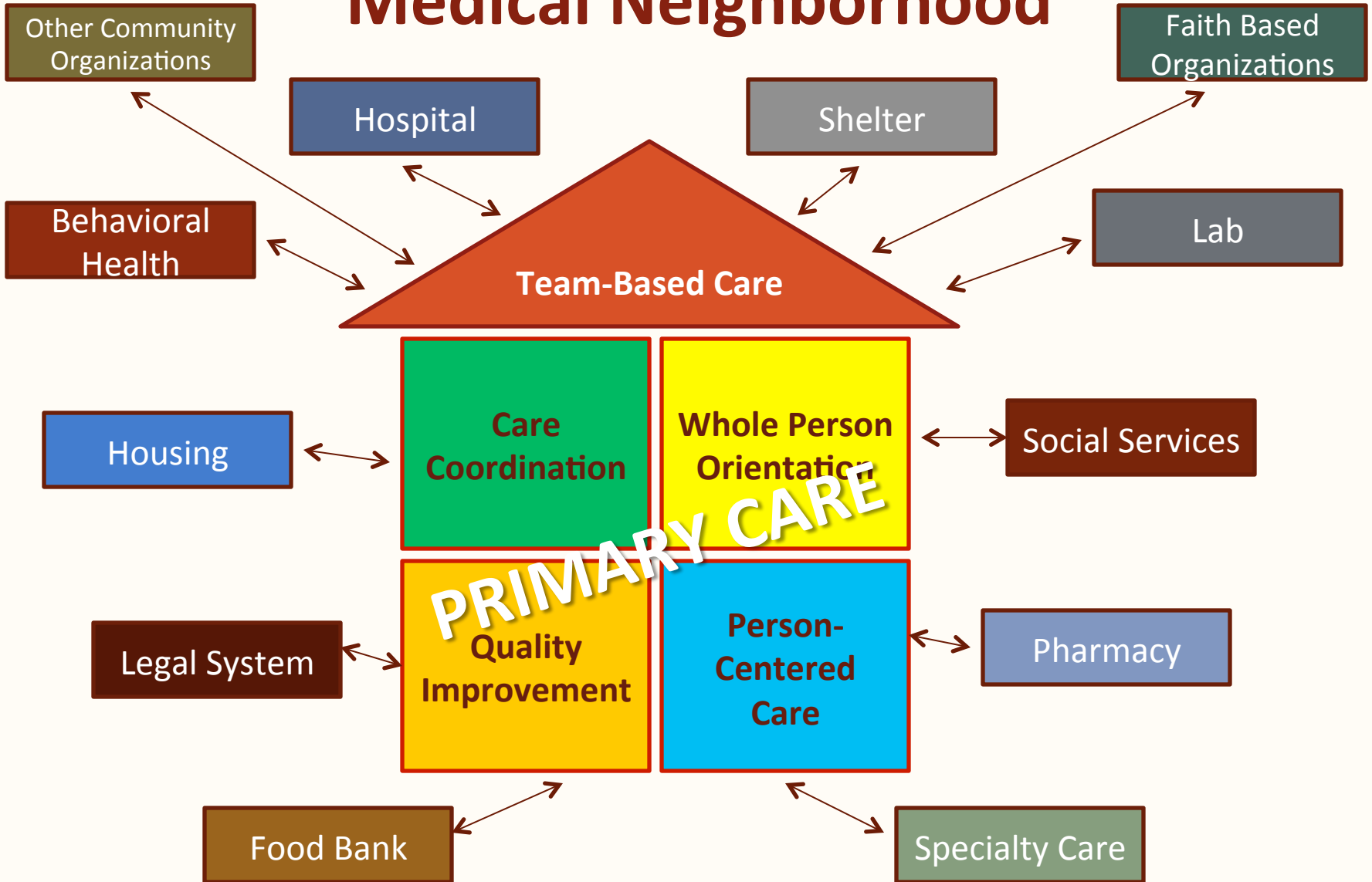
5. Barkil-Oteo, Yale J Biol Med. Jun 2013; 86(2): 139-146.

# Models



A Standard Framework for Levels of Integrated Healthcare – SAMHSA-  
HRSA Center for Integrated Health Solutions

# Medical Neighborhood



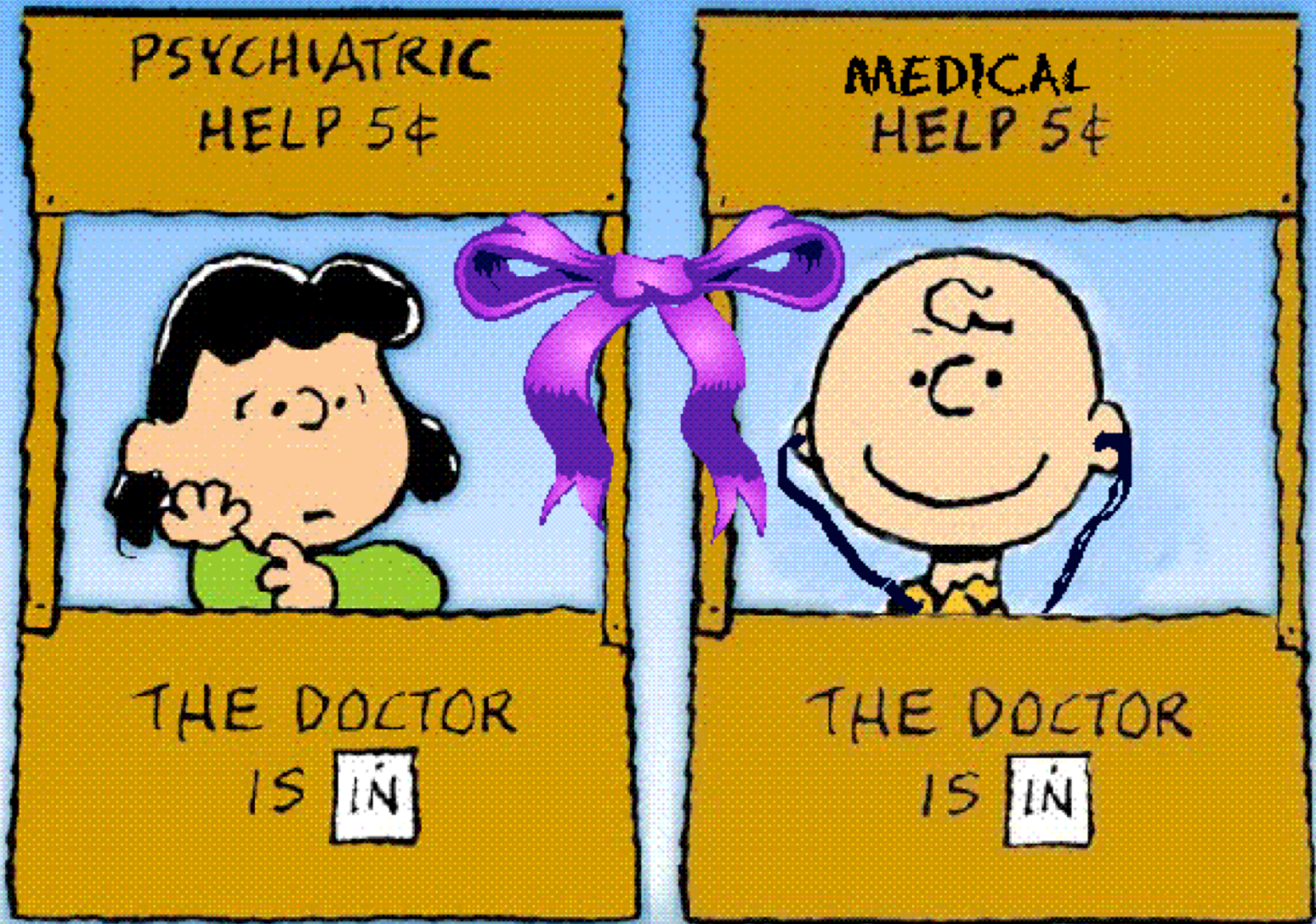
# Unmet Behavioral Health Needs

- 67% with a behavioral health disorder do not get behavioral health treatment<sup>1</sup>
- 30 – 50% of referrals from primary care to an outpatient behavioral health clinic don't make first appt<sup>2,3</sup>
- Two-thirds of primary care physicians (N=6,660) reported not being able to access outpatient behavioral health for their patients
  - Shortages of mental health care providers
  - Health plan barriers
  - Lack of coverage or inadequate coverage were all cited by PCPs as important barriers to mental health care access<sup>4</sup>

1. Kessler et al., NEJM. 2005;352:515-23.
2. Fisher & Ransom, Arch Intern Med. 1997;6:324-333.
3. Hoge et al., JAMA. 2006;95:1023-1032.
4. Cunningham, Health Affairs. 2009; 3:w490-w501.

# Discussion

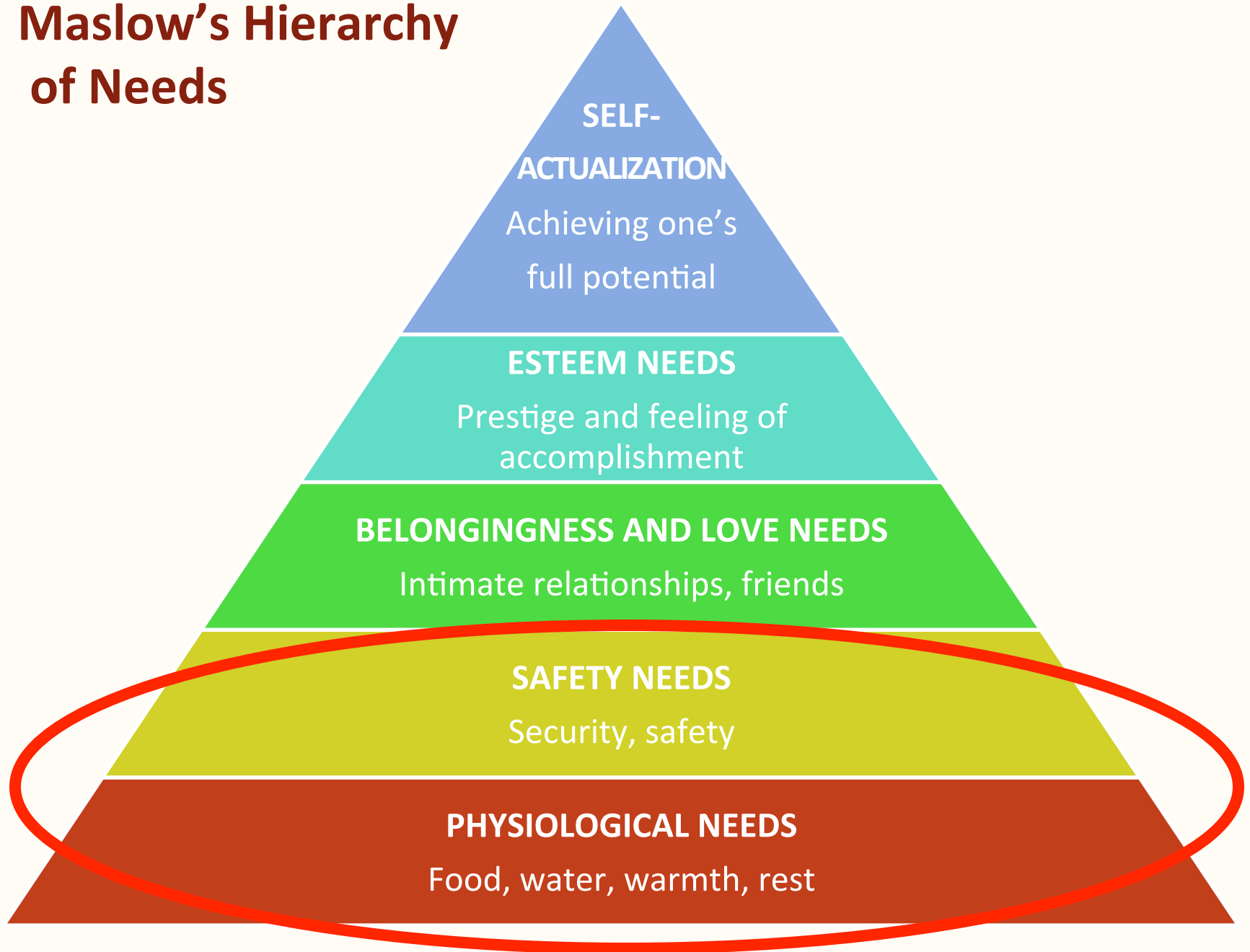
What barriers have you seen in your practice? How was it addressed?



*\*Partners in Health - Primary Care/County Mental Health Collaboration Toolkit, Integrated Behavioral Health Project (IBHP), October 2009*



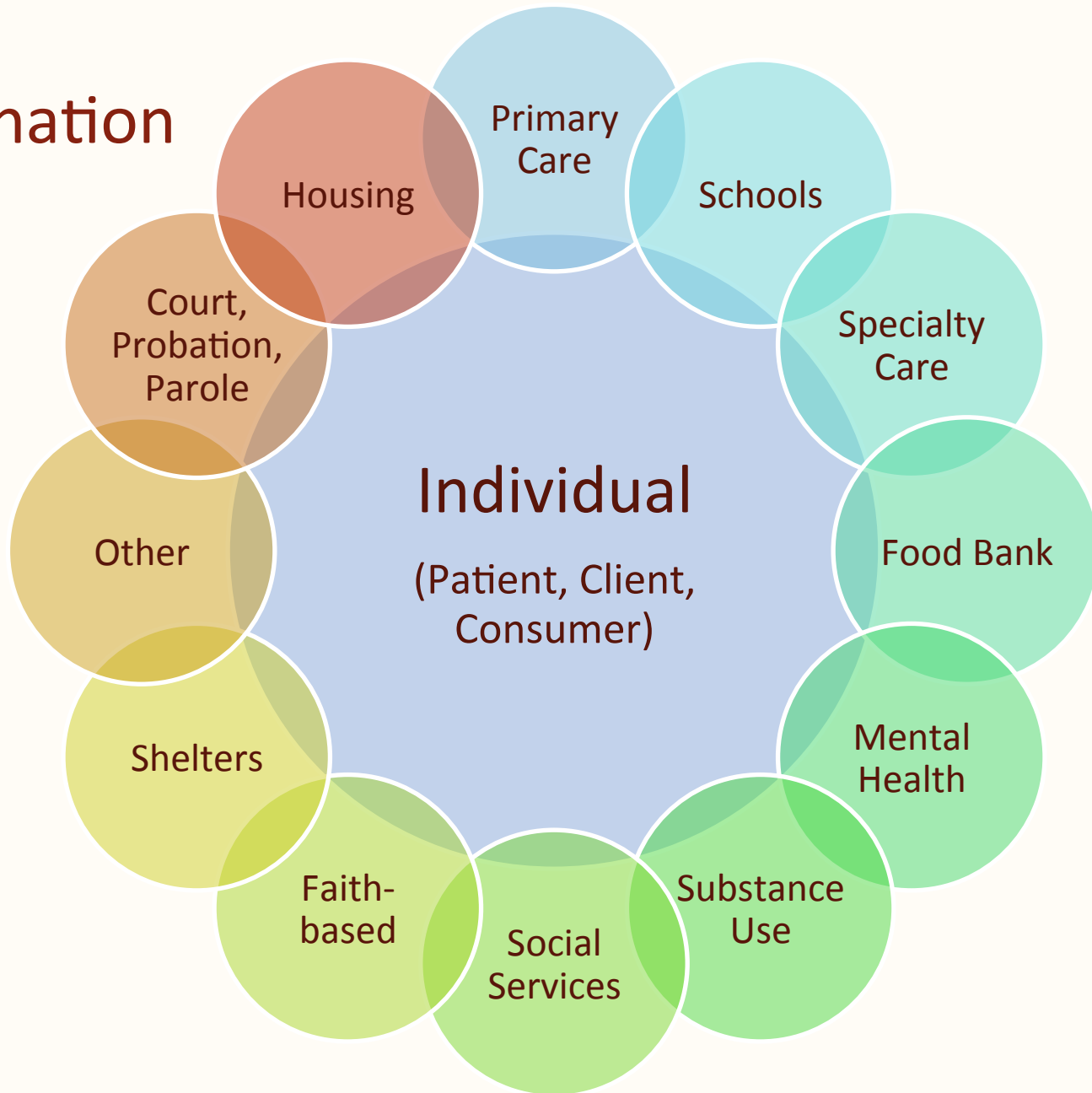
# Maslow's Hierarchy of Needs



# Comprehensive Assessment

- Assess for all domains
- All providers should have access to records
  - Access to EHR is ideal
- Develop a shared treatment/care plan
- Joint treatment team meetings

# Care Coordination



# Contracts and MOUs

- HIPAA and privacy laws
- Memorandum of Understanding
- Partnership Agreement
- Business Associates Agreement
- Affiliation Agreement
- Samples available at [www.integration.samhsa.gov](http://www.integration.samhsa.gov)

# Team-Based Care

- Primary Care Provider
- Nurse and/or Medical Assistant
- Care Coordinators
- Behavioral Health Provider
- Psychiatrist
- Health and Wellness Coordinators
- Peer Support and Family Peer Support

# Developing the Treatment Plan

## GROUP ACTIVITY

- Virginia
- Edward
- Jorge
- Maria
- William
- Yolanda

# Resources

- SAMHSA-HRSA Center for Integrated Health Solutions  
[www.integration.samhsa.gov](http://www.integration.samhsa.gov)
- Health Homes – Medicaid  
[www.medicaid.gov](http://www.medicaid.gov)
- Agency for Health Research and Quality (AHRQ) Integration Academy  
[integrationacademy.ahrq.gov](http://integrationacademy.ahrq.gov)
- Integrated Care Resource Center  
[www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com)
- Patient-Centered Primary Care Collaborative  
[www.pcpcc.org](http://www.pcpcc.org)
- AIMS Center: Advancing Integrated Mental Health Solutions  
[www.aims.uw.edu](http://www.aims.uw.edu)
- Center for Integrated Primary Care – UMASS Medical School  
[www.umassmed.edu/cipc/](http://www.umassmed.edu/cipc/)







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