

Integration of Medical and Behavioral Health

To Manage Chronic
Conditions



Most likely, you will have to learn to turn your enemies into your friends

CLINICAL INTEGRATION (CI)

“An active and ongoing program to evaluate and modify practice patterns by the network’s physician participants and create a high degree of interdependence and cooperation among the physicians to control costs and ensure quality.”



Source: Statement of Antitrust Enforcement Policy in Health Care, FTC & DOJ, August 1996

Integration Models

Internal (Informal Model)

Hospital Departments & Employed Physicians

Replaces silos with coordinated care within the system

Identify critical handoff points in service delivery system

Examine the clinical resources deployed at each service point

Remove steps to build in efficiencies and redeploy resources

Identify resource gaps

Improve outcomes for identified illnesses

May approach payers for shared savings arrangements

Positions organization for business development

Positions organization to partner w/ACO

Internal & External (Clinical Integration Model)

Formal & specific legal definition

Includes employed & independent physicians

Capital and labor intensive

Separate governing body

Physician and/or administration managed

Improve care across service lines

May serve as the base for expanding to an ACO

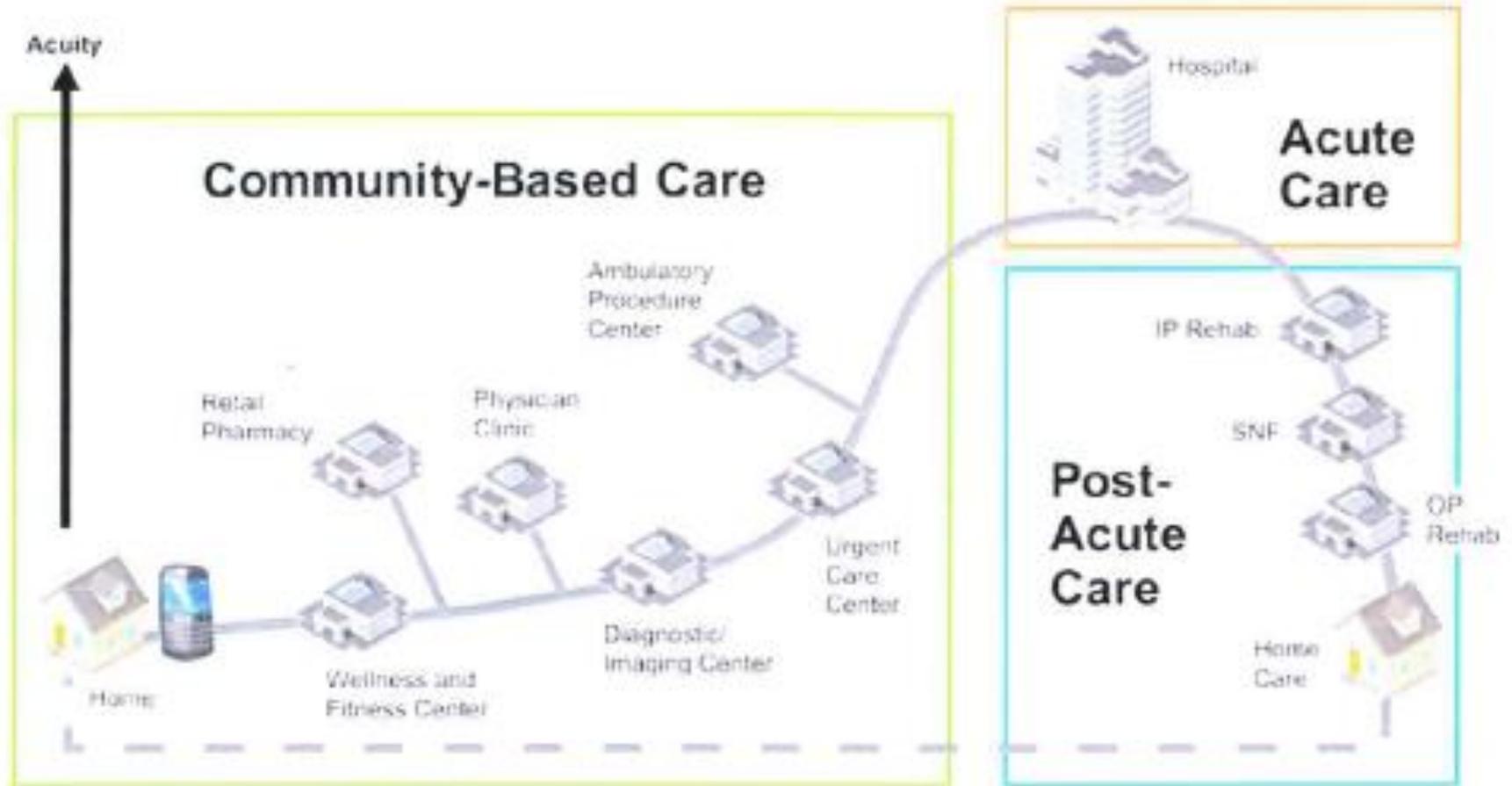
Under Safe Harbor negotiates with payers

Requires critical mass

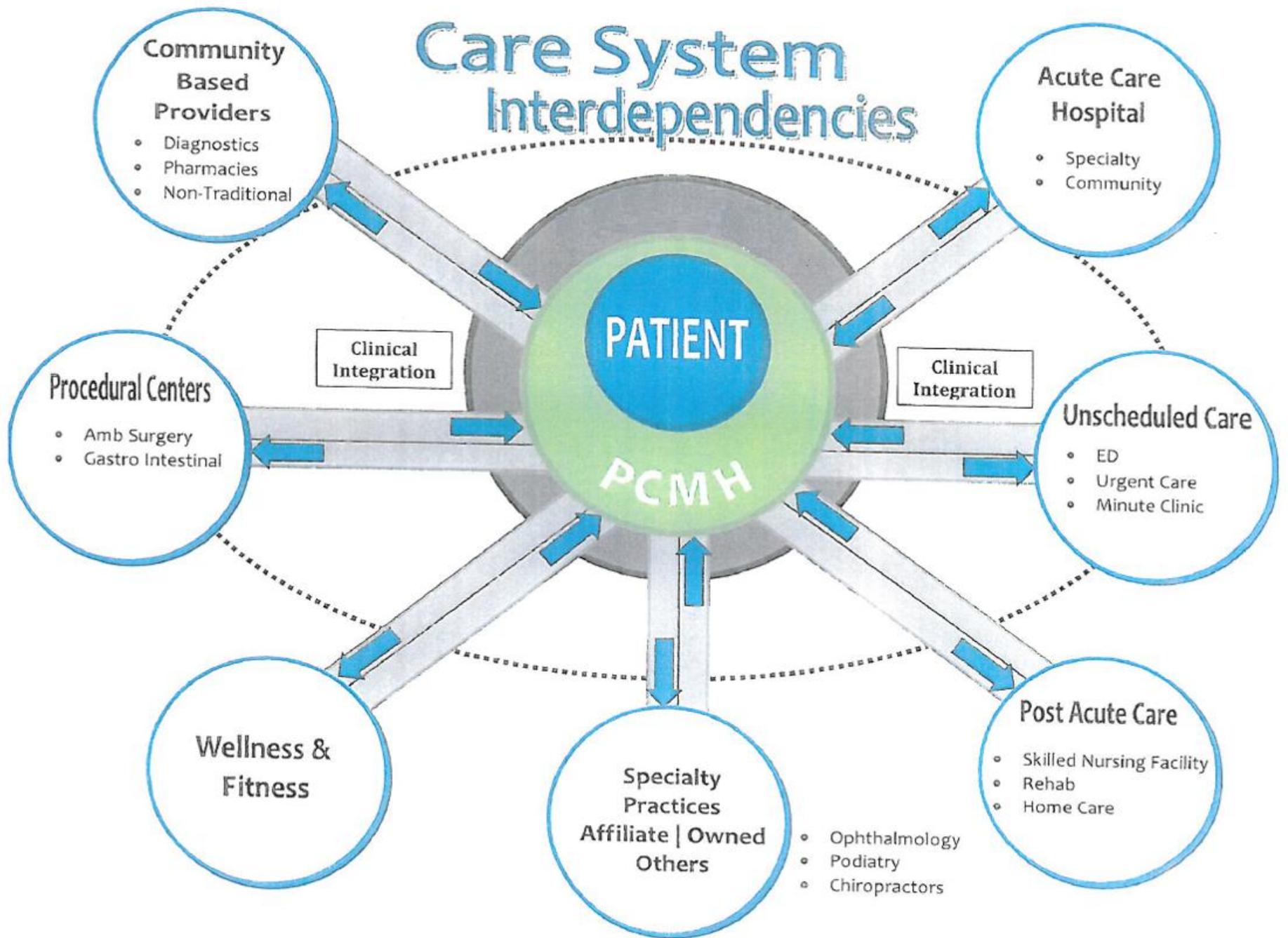
Performance based incentive pool

Roll out time frame of two years

Traditional Care Pathway



Care System Interdependencies

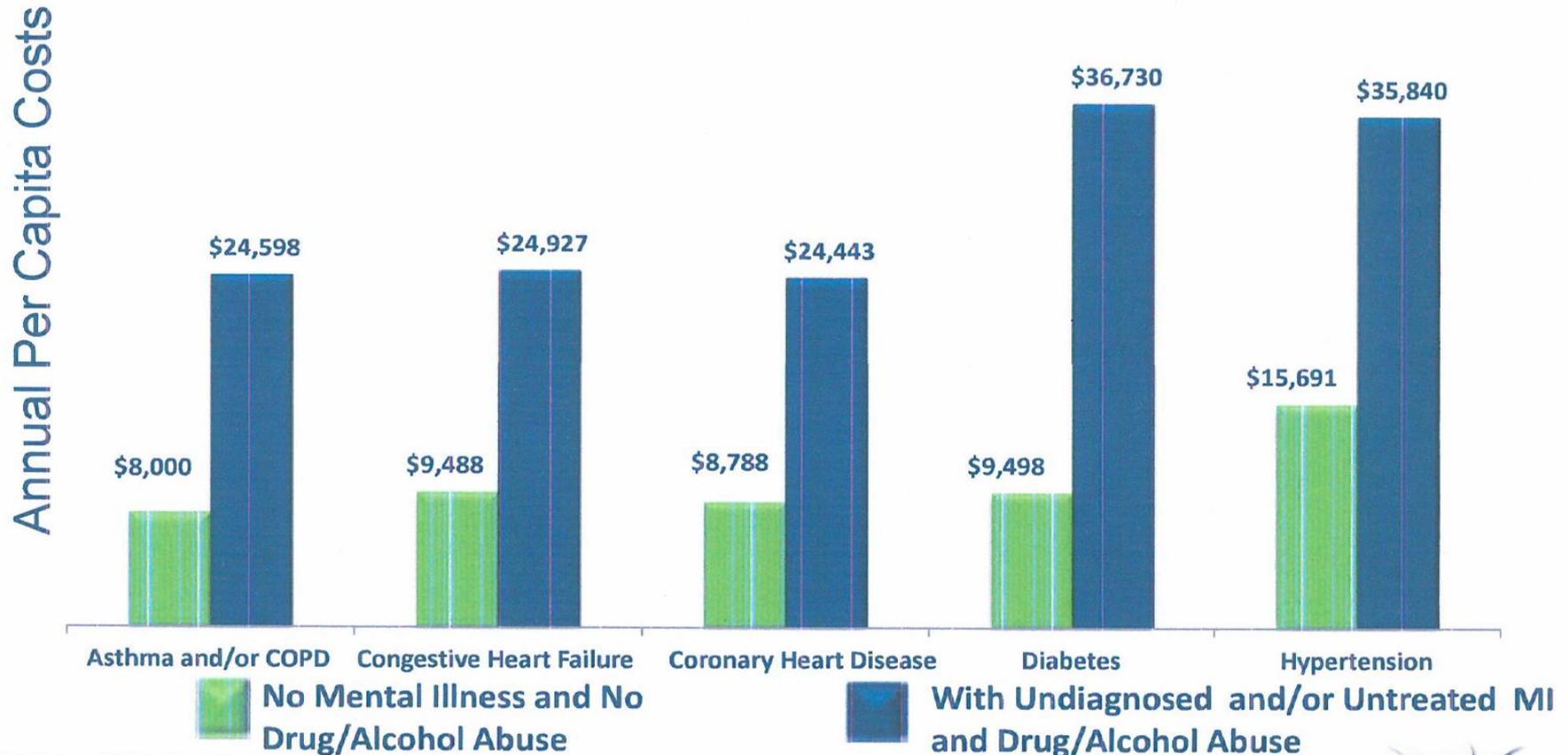


Mental Health Affects Clinical Conditions and Outcomes

- 29% of adults with Medical conditions also have Mental Health conditions
 - 68% of adults with a Mental Health condition also have Medical conditions
- 

Impact on Chronic Healthcare Costs

Behavioral Health Co-Morbidities Have Significant Impact on Healthcare Costs



Monetize the Clinical Integration Model

- As patients become compliant with their plan of care office visit volume increases
- Increase in patient retention volume (patient satisfaction improves due to attention received from care coordination and noticeable improvement in health)
- Increased lab testing volume
- Increase in overall tests that are actually completed
- Reduces the total cost of care involved in treating physical health problems when patients receive on-site Behavioral Health Care and become compliant with their prescribed primary care plan

- Direct billing for Behavioral Health services; or rent office space to behavioral health providers
- Pharmacist provides MTM (Medication Therapy Management) billable service
- On-site Diabetic Education billable service
- All Primary Care office sites bill for Chronic Care Management (\$43.00 non-face to face 20 minutes)
- On-site nutrition education billable service (Registered Dietician)
- Negotiate PMPM reimbursement contracts with payers due to improved quality outcomes

- Negotiate participation in shared savings with payers due to the results of the Clinical Integration Model reducing their cost of care

- Approach self insured employers to incentivize employees to use your providers due to demonstrated improvement in quality outcomes and lower cost

(Note: the State of Ohio incentivizes all retirees to use a PCMH for primary care)

- Marketing campaign is launched to promote success of Clinical Integration and grows revenue by increasing patient volume in existing and new locations

Why Integrate Behavioral Health?

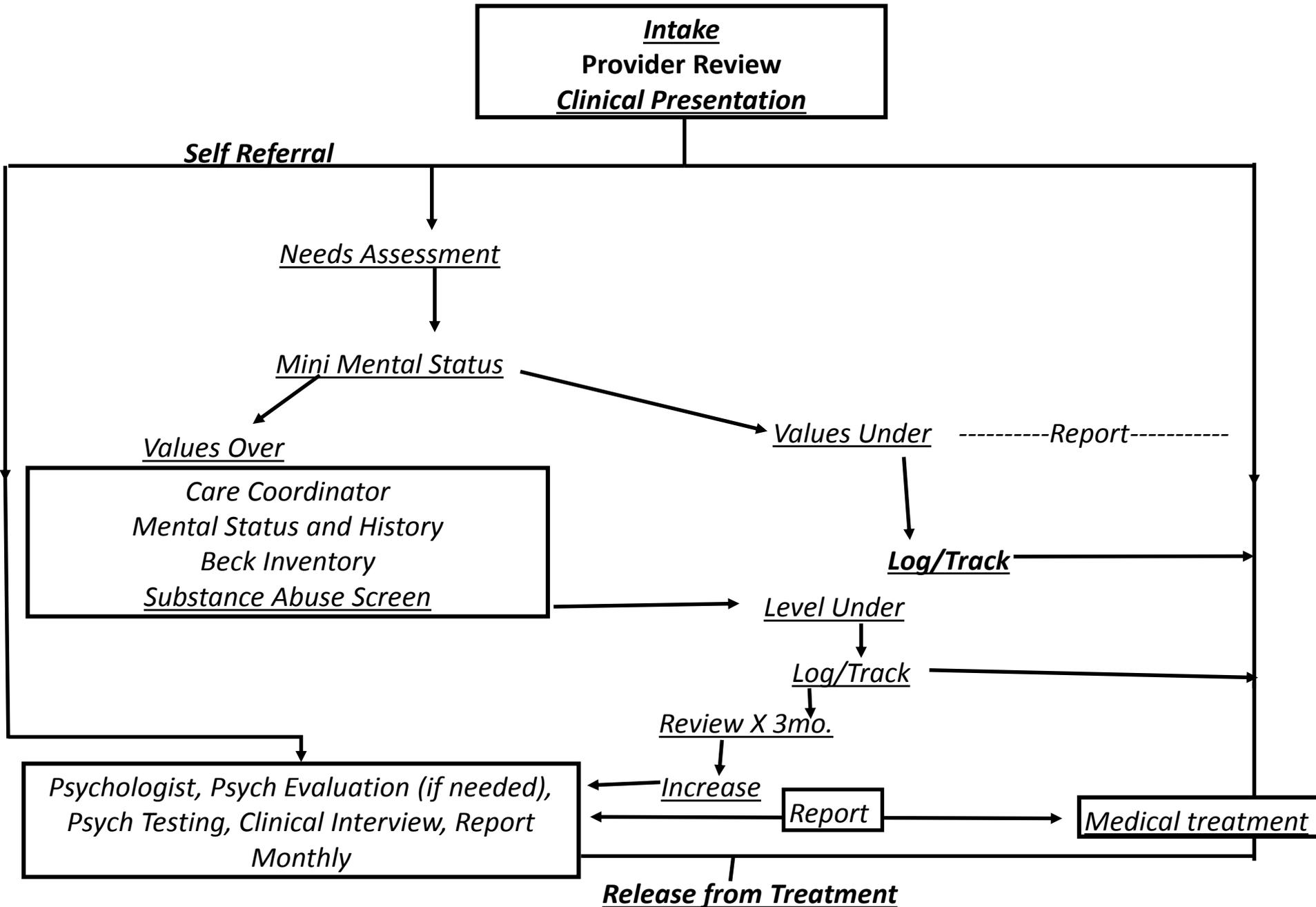
Patients were not keeping referrals to Behavioral Health Providers

- Stigma associated with mental illness
 - Patient not comfortable accessing services at other locations
 - No coordinated approach with medical care
 - Previously no timely access of behavioral health services for immediate needs
- 

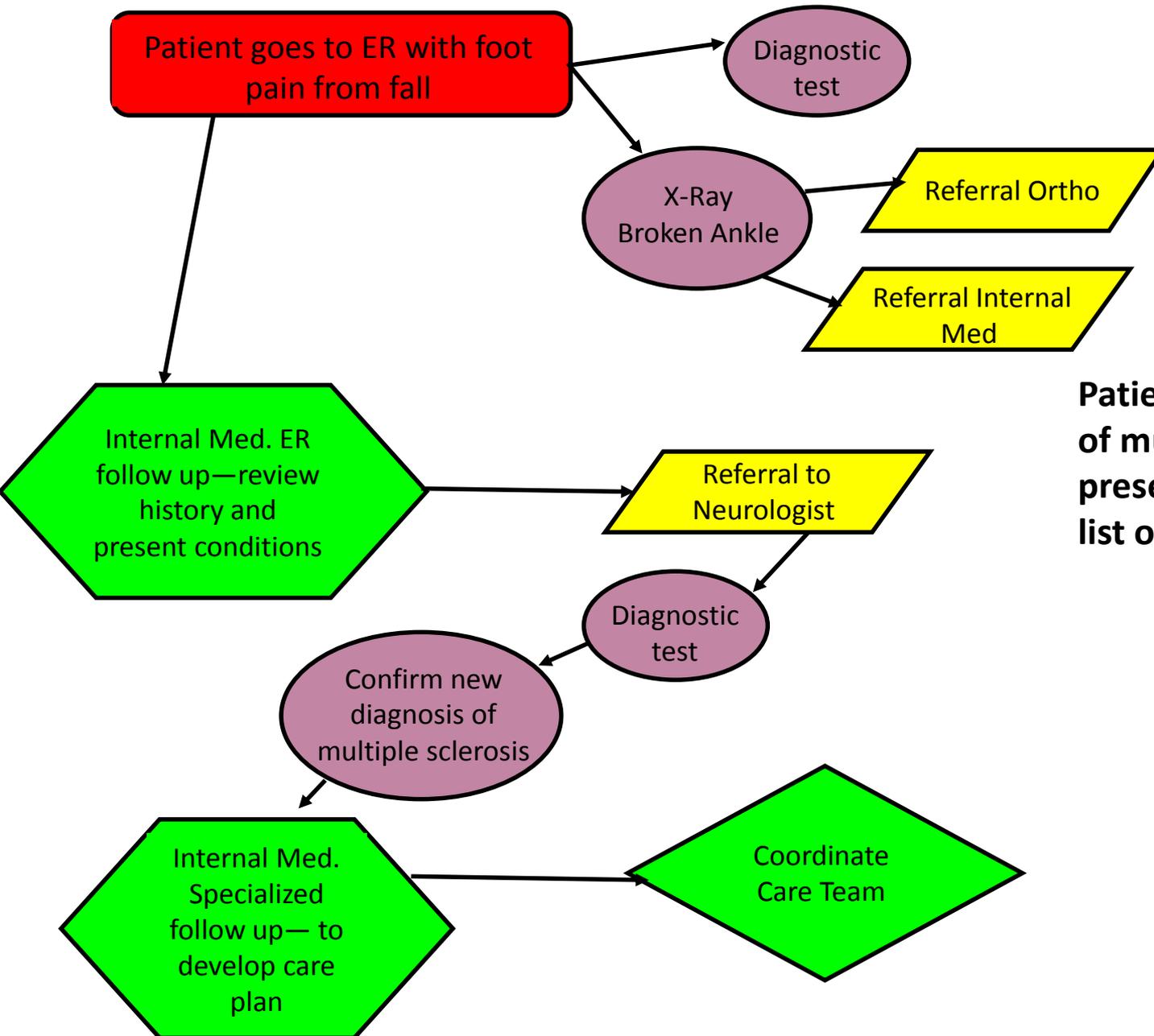
Process to Integrate Behavioral Health in Our PCMH

- a. Provider and staff education for recognition of symptoms and potential care plans
 - b. Mini assessments
 - c. Provider on site
 - d. Create communication paths for Behavioral Health and Medical providers
- 

Flow Chart Mental Health Referral



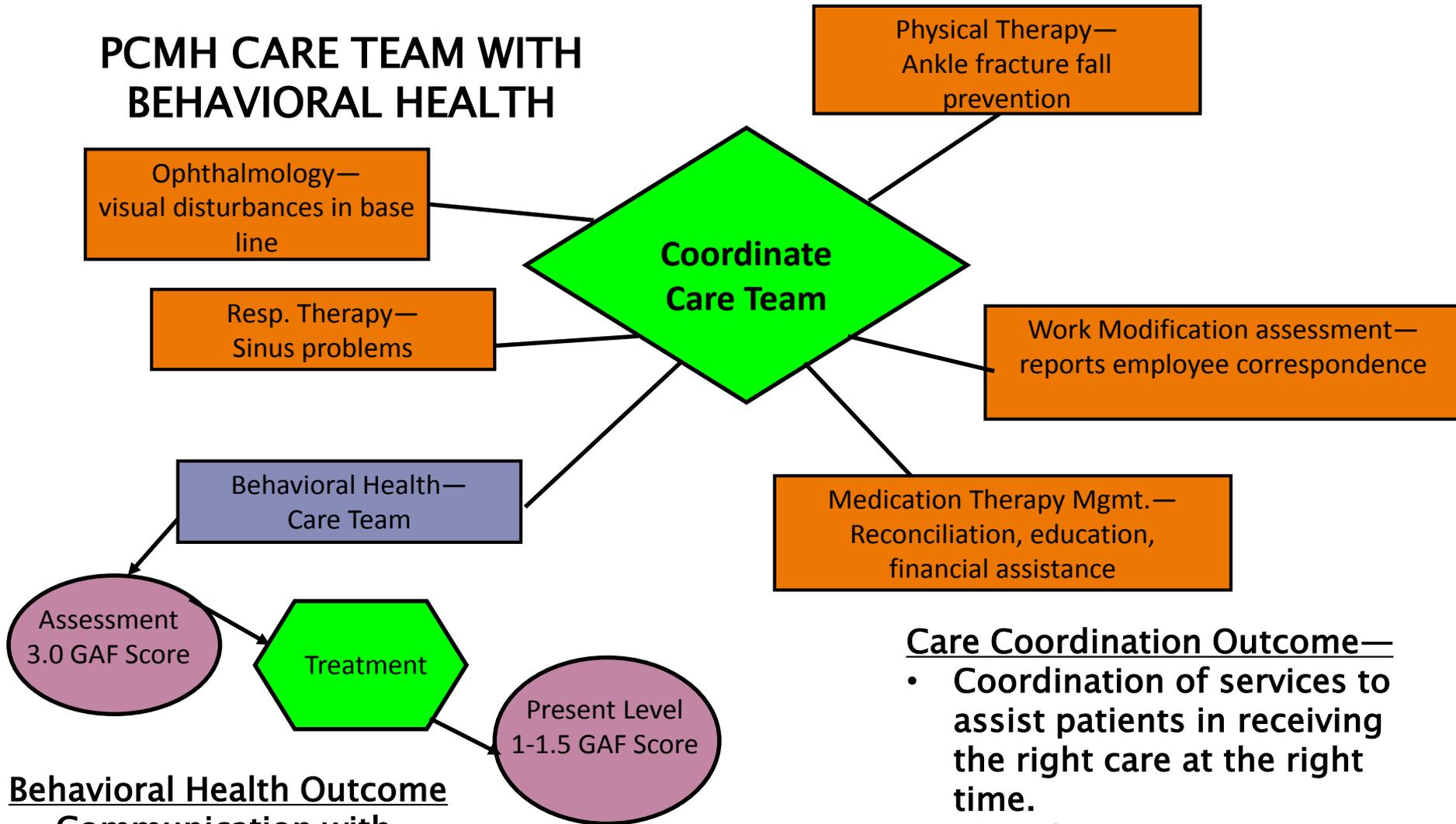
TRADITIONAL PCMH CARE TEAM



Patient with new diagnosis of multiple sclerosis. Patient presenting with a problem list of:

- **Depression**
- **Blackouts**
- **Falls**
- **Fatigue**
- **Headache**
- **Muscle Spasms**
- **Pain**
- **Insomnia**

PCMH CARE TEAM WITH BEHAVIORAL HEALTH



Behavioral Health Outcome

- Communication with team to identify and assist in the resolution of barriers that prevent compliance with the plan of care.

Care Coordination Outcome—

- Coordination of services to assist patients in receiving the right care at the right time.
- Identification and assistance with barriers to receiving care timely
- Assist with communication between care team members