

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective

People Recover



Primary Health Care and Specialized Ambulatory Services *Update on Activities in the United States*

Elizabeth I Lopez, Ph.D.

Deputy Director

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

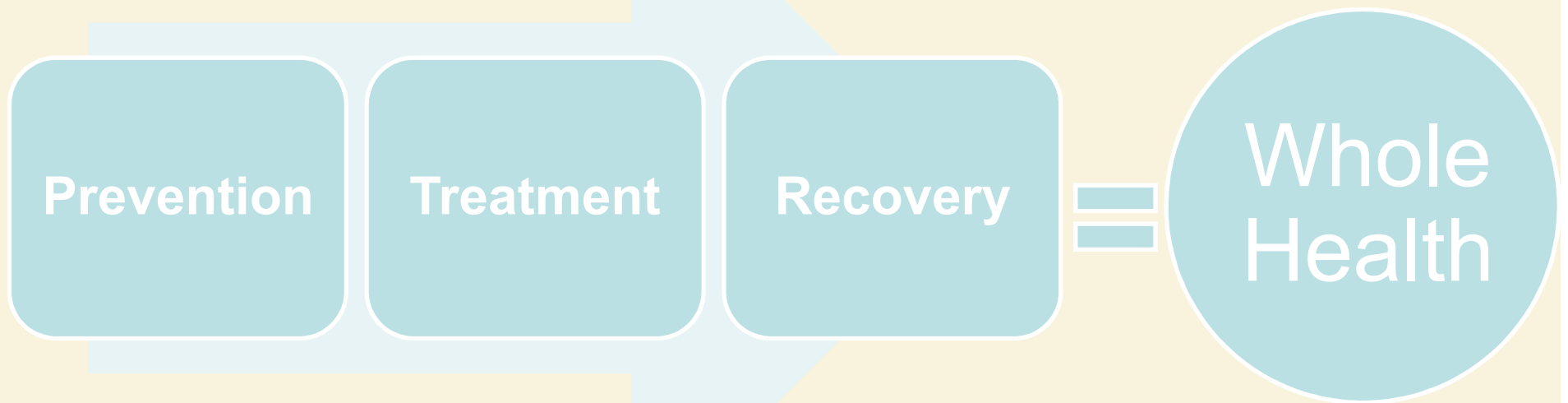
U.S. Department of Health & Human Services

**PAHO Regional Conference on Mental
Health**

Santiago, Chile • October 14, 2015



Whole Health = Behavioral + Physical Health



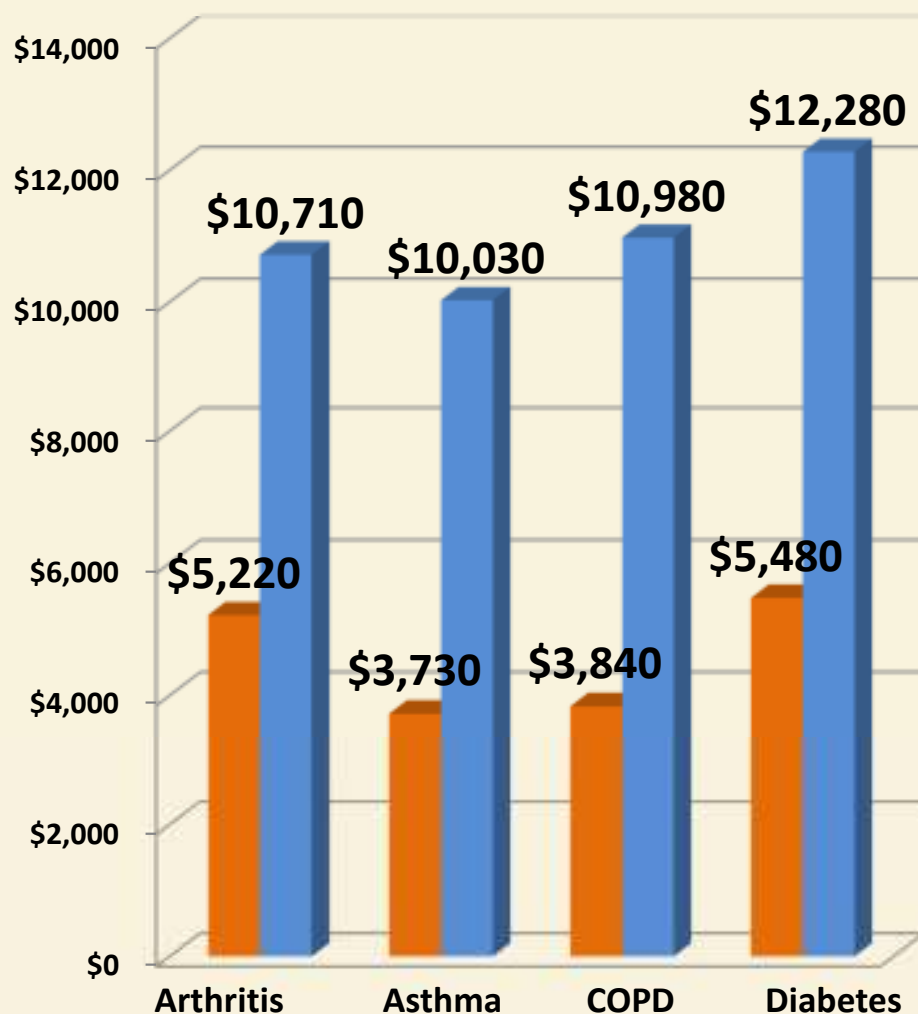
→ BH & PH are interdependent & whole health depends on comprehensive, collaborative, and integrative care across the entire health care spectrum.

Almost *one third of all* stays in U.S. community hospitals involved depression, bipolar disorder, schizophrenia, and other mental health and substance use disorders.

(Agency for Healthcare Research and Quality, 2015)



Estimated Economic Tolls of BH/PH Co-Morbidities



Chronic Disease	% Cost Increase w/Mental Illness
Arthritis	105%
Asthma	169%
COPD	186%
Diabetes	124%

■ Annual Cost of Care [\$/Patient]

■ Annual Cost of Care w/Mental Illness [\$/Patient]



**Mental health recovery
must include physical health
and wellness...**

...why?





One in four uninsured adult Americans has a mental health condition, substance use condition, or both (National Alliance on Mental Illness and National Council for Community Behavioral Healthcare, 2008)

Higher Rate of Unnatural Death

Suicide

Accidents
or injuries
from
violence

Traumatic
events

Poorer
healthcare

Walker E, McGee RE, and Druss BG. "Mortality in Mental Disorders and Global Disease Burden Implications: A Systematic Review and Meta-Analysis." JAMA Psychiatry 72, no. 4 (April 1, 2015): 334–41. doi:10.1001/jamapsychiatry.2014.2502.



Higher Rate of Death from Preventable or Treatable Illnesses

Smoking

Obesity

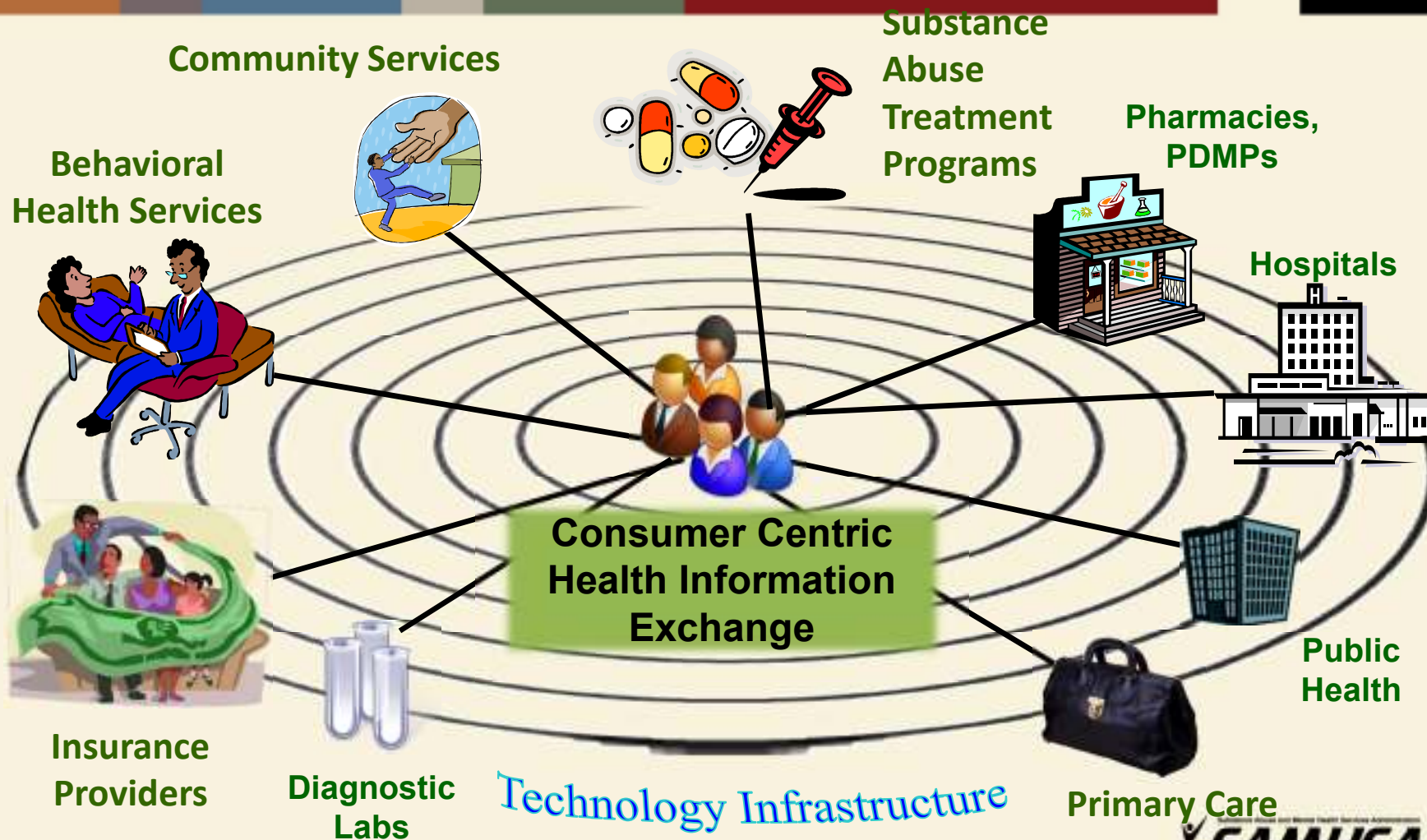
Cardio-
vascular
conditions

Metabolic
disorders
(diabetes)

Walker E, McGee RE, and Druss BG. "Mortality in Mental Disorders and Global Disease Burden Implications: A Systematic Review and Meta-Analysis." JAMA Psychiatry 72, no. 4 (April 1, 2015): 334–41. doi:10.1001/jamapsychiatry.2014.2502.



Integrated Care & HIT: Seamless, Comprehensive, Consumer-Centric Health Care

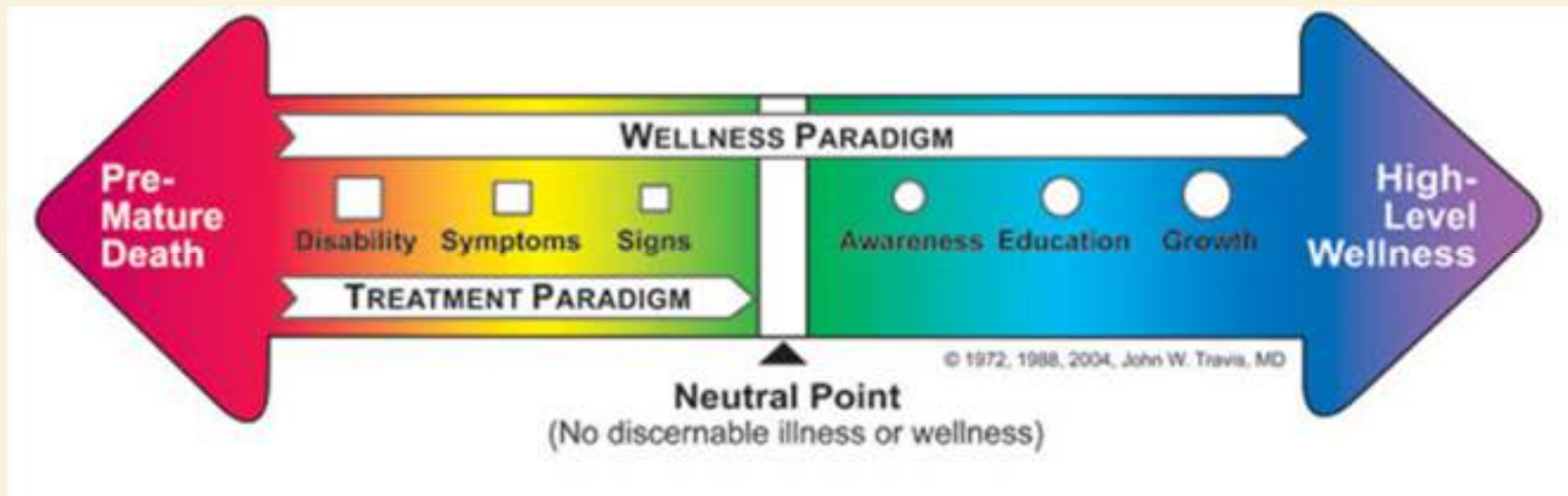


Integrated Care: Recovery Focused



**SAMHSA's
10
Components
of Recovery
in Behavioral
Health**

Integrated Care: Wellness Focused



A focus on Wellness facilitates overall health

Dimensions of Wellness



The Importance of Wellness

- Physical wellness cannot be limited to physical health. By itself, improving physical wellness is not likely to improve emotional wellness.
- While certainly a contributing factor, physical ailments are not the only reason that many people with mental health conditions have shorter lives than the general population.
- We must treat the whole person, we must address all the dimensions of wellness.

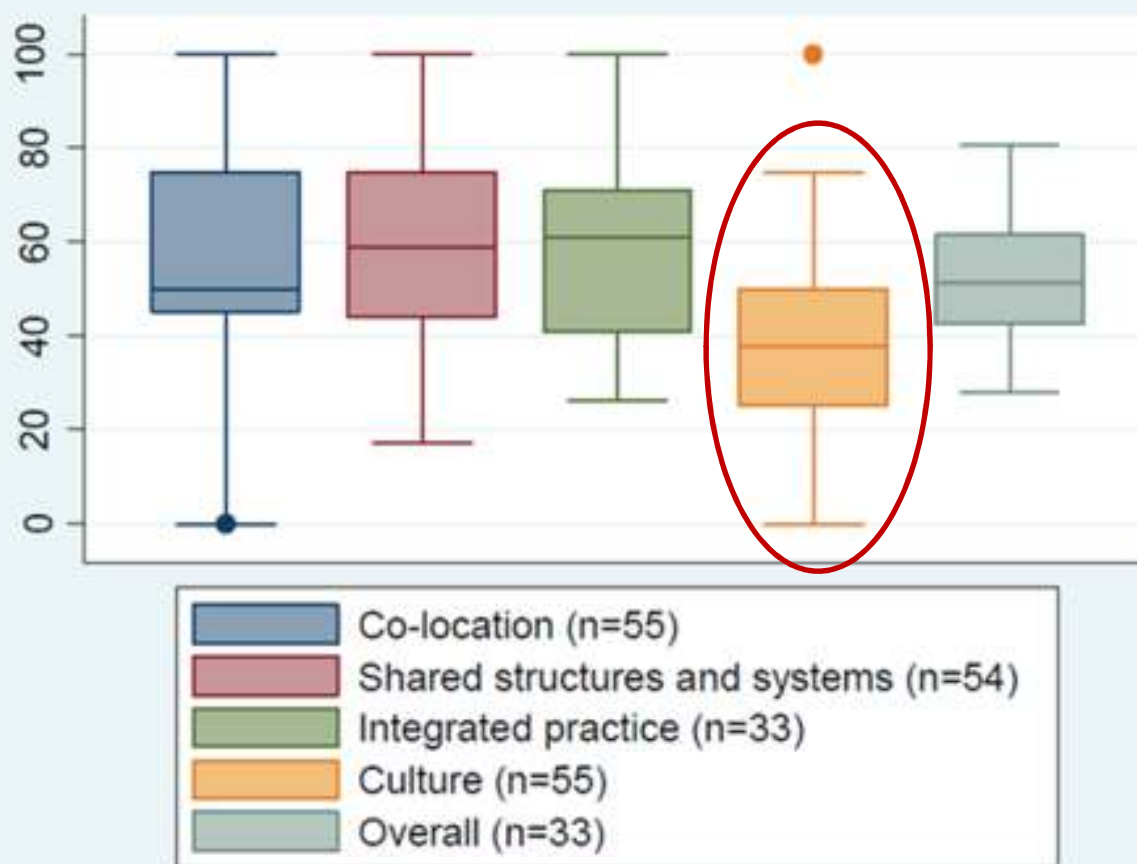
Primary and Behavioral Health Integration: Background

The purpose of the Primary and Behavioral Health Care Integration (PBHCI) program is to improve the physical health status of adults with serious mental illnesses (SMI) by supporting communities to coordinate and integrate primary care services into publicly funded community mental health and other community-based behavioral health settings.

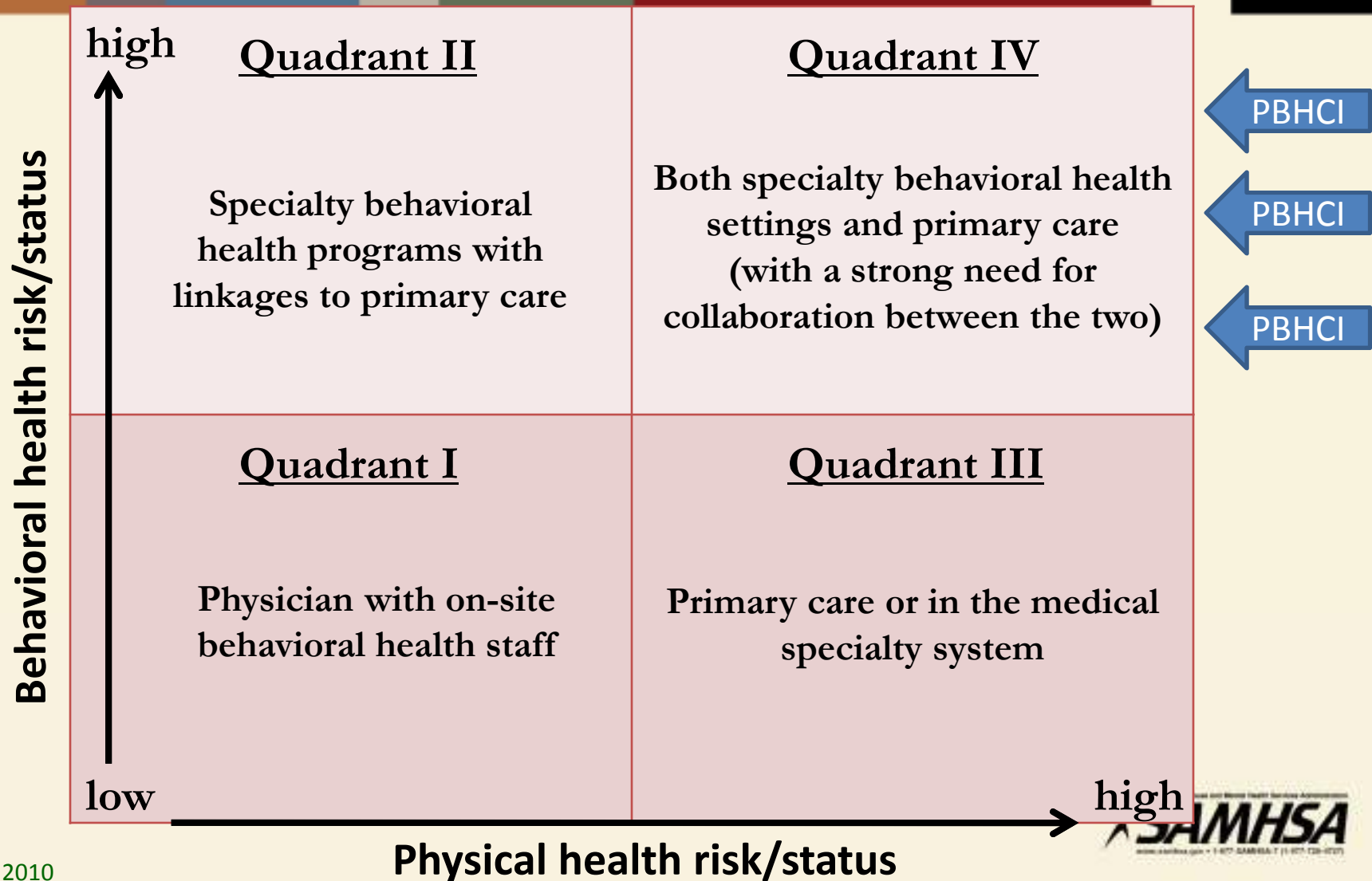
PBHCI grantees collect physical health indicators such as blood pressure, weight, lipids, and tobacco use to measure the risk of hypertension, obesity, high cholesterol, diabetes, and other cardiovascular and respiratory diseases.

Culture of Collaboration, Shared Decision Making, and Team Work is Key for Successful Integration

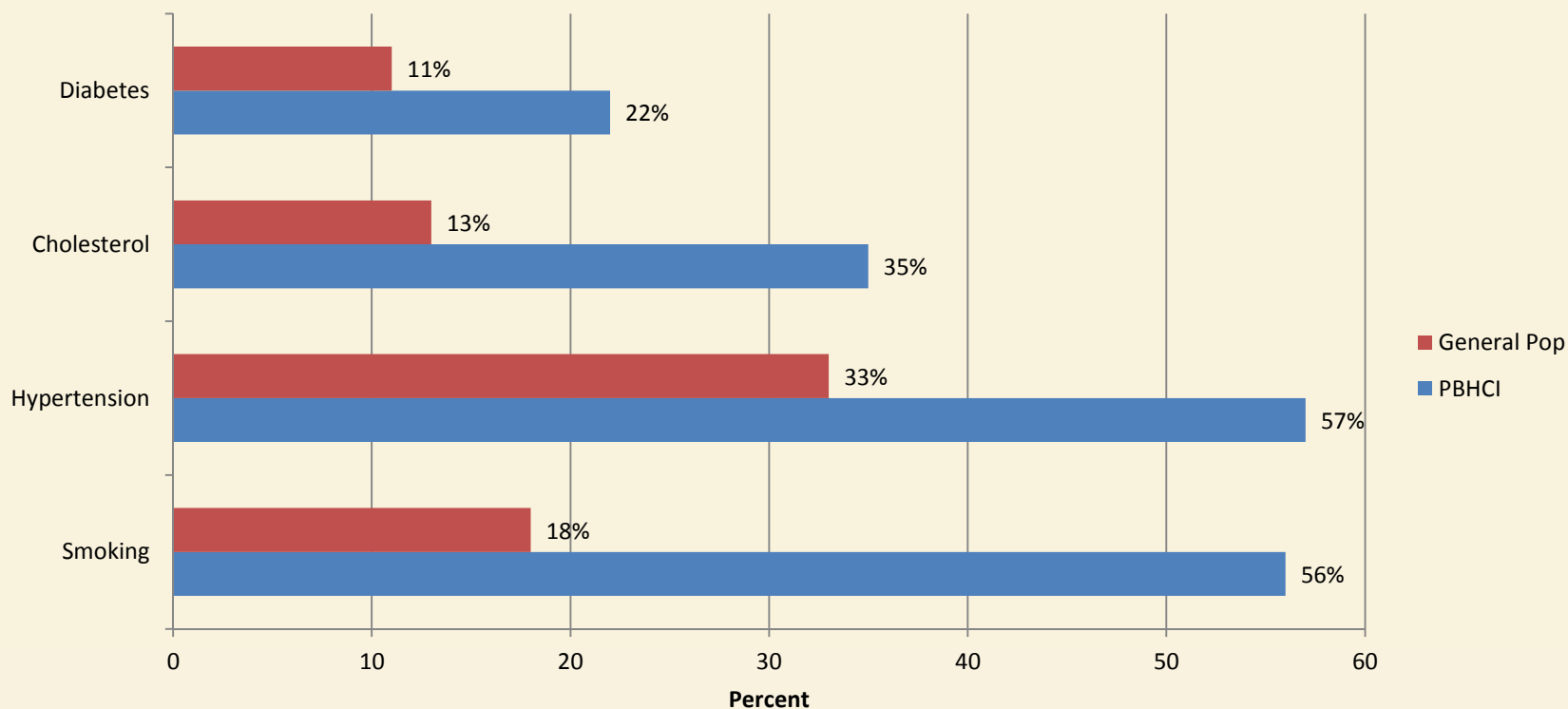
Figure 3.1
Grantee Scores on Four Dimensions of Integration and Overall



PBHCI Target Populations



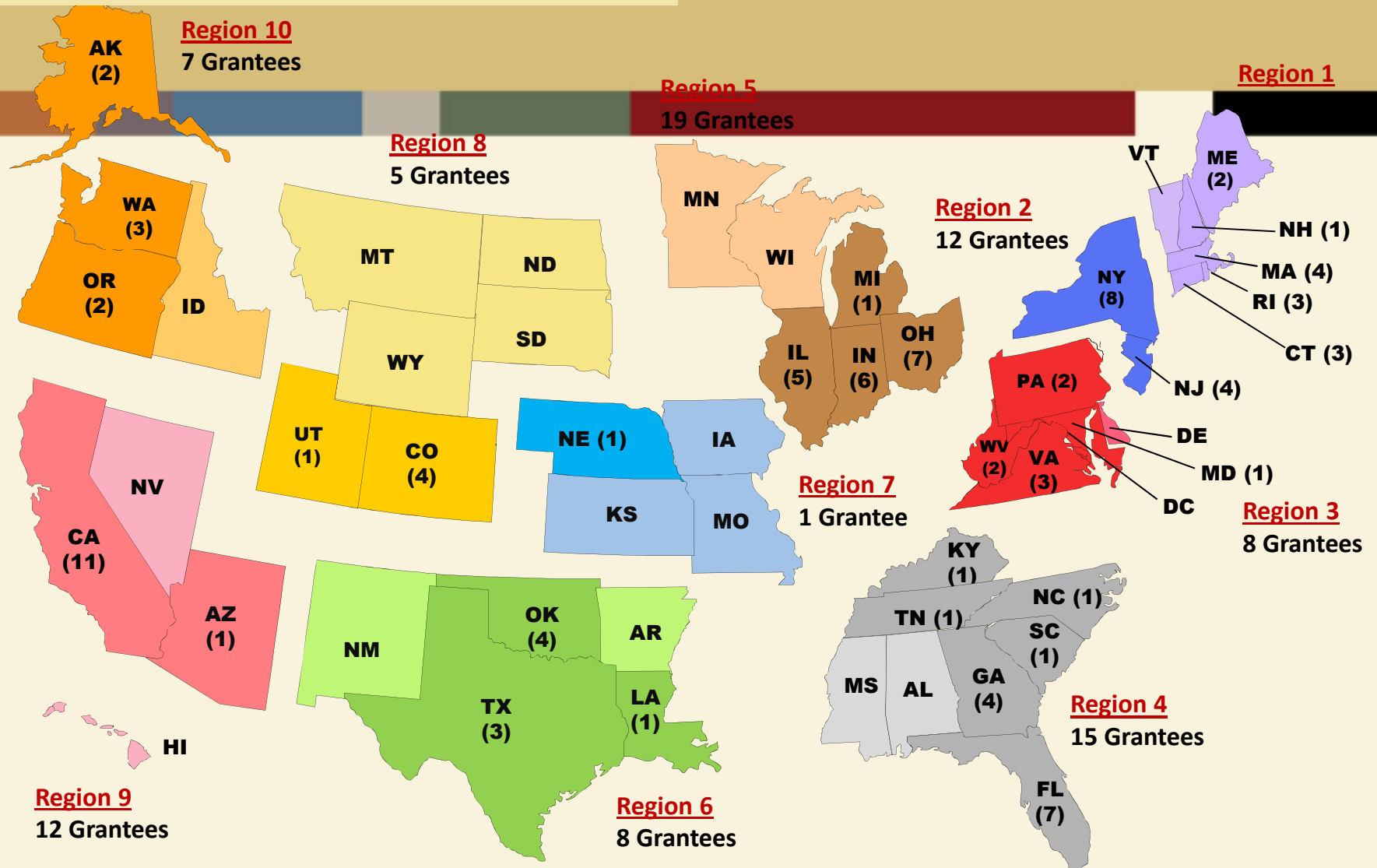
Overall Physical Health Risks



Sources: "The health consequences of smoking – 50 years of progress: a report of the Surgeon General." – Atlanta, GA. : U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

Blackwell DL, Lucas JW, Clarke TC. "Summary health statistics for U.S. adults: National Health Interview Survey, 2012." National Center for Health Statistics. Vital Health Stat 10(260). 2014

PBHCI Sites by USA region



Emerging DATA – Exciting Progress

Out of over 52,000 individual people served in the Primary and Behavioral Health Care (PBHCI) program – demonstrated progress on several domains of mental and primary health care National Outcome Measures (NOMS)

PBHCI NOMs for Behavioral Health: Data Drives Program Improvement

NOMs	Positive at Baseline	Positive at Second Interview	Outcome Improved
Healthy overall	42.3%	52.4%	21.3%
No serious psychological stress	61.2%	73.0%	19.6%
No illegal substance use	81.3%	86.3%	10.9%
School/employment/retired	18.3%	21.4%	10.0%
Stable housing	62.3%	69.9%	15.8%



SAMHSA TRAC Data 2014 (PBHCI aggregate data 2010-2014)

PBHCI NOMs for Physical Health: Data Drives Program Improvement

Physical Health Indicator	Outcome Improved
BP (systolic + diastolic)	18.7%
BMI	42.6%
Plasma Glucose (fasting)	35.4%
HgbA1c	34.1%
HDL	37.5%
LDL	40.2%
Triglycerides	38.3%

SAMHSA TRAC Data 2014 (PBHCI aggregate data 2010-2014)



A Closer Look

Program Example

The Institute for Community Living (ICL) assists individuals and their families affected by mental or developmental disabilities with services and supports to improve their quality of life and participation in community living. ICL serves individuals with serious mental illness (SMI) at over 100 programs throughout New York City.

The PBHCI grant focuses on three of ICL's New York State (NYS)-licensed mental health treatment programs:

- Highland Park Center (HPC), a clinic;
- Personal Recovery-Oriented Services (PROS), a mental health rehabilitation program;
- Rockaway Parkway Center (RPC), a clinic, all located in Brooklyn, New York.

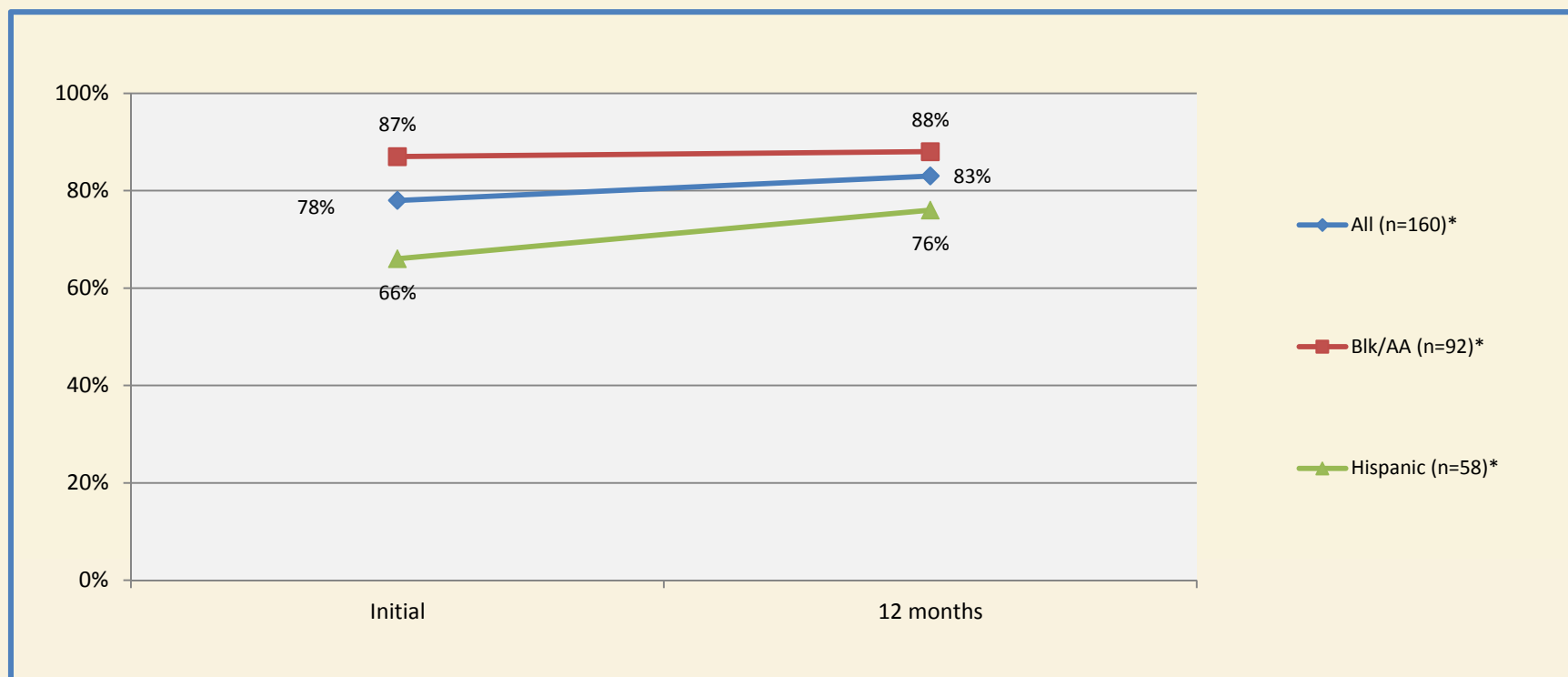
The populations served at these programs are primarily Medicaid recipients disproportionately affected by several characteristics that negatively impact health and treatment, including poverty, ethnic minority status, and high degree of medical comorbidity.

National Outcome Measures

Psychological Distress

Functioning – No Psychological Distress by cohort

Percentage of participants who reported no psychological distress by cohort over time (all $p < 0.05$)

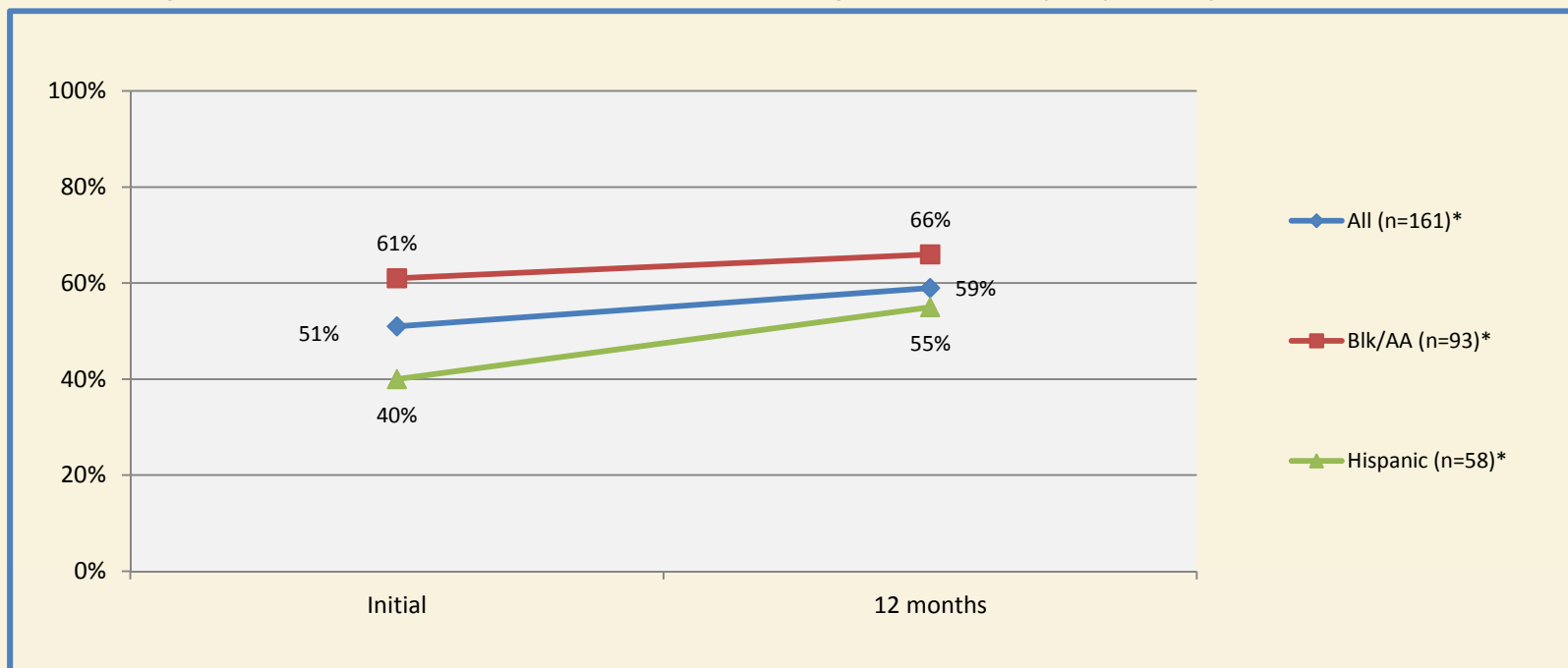


National Outcome Measures

Overall Functioning

Functioning – Everyday Life by cohort

Percentage of participants who reported functioning well in everyday life by cohort over time (* $p < 0.05$)



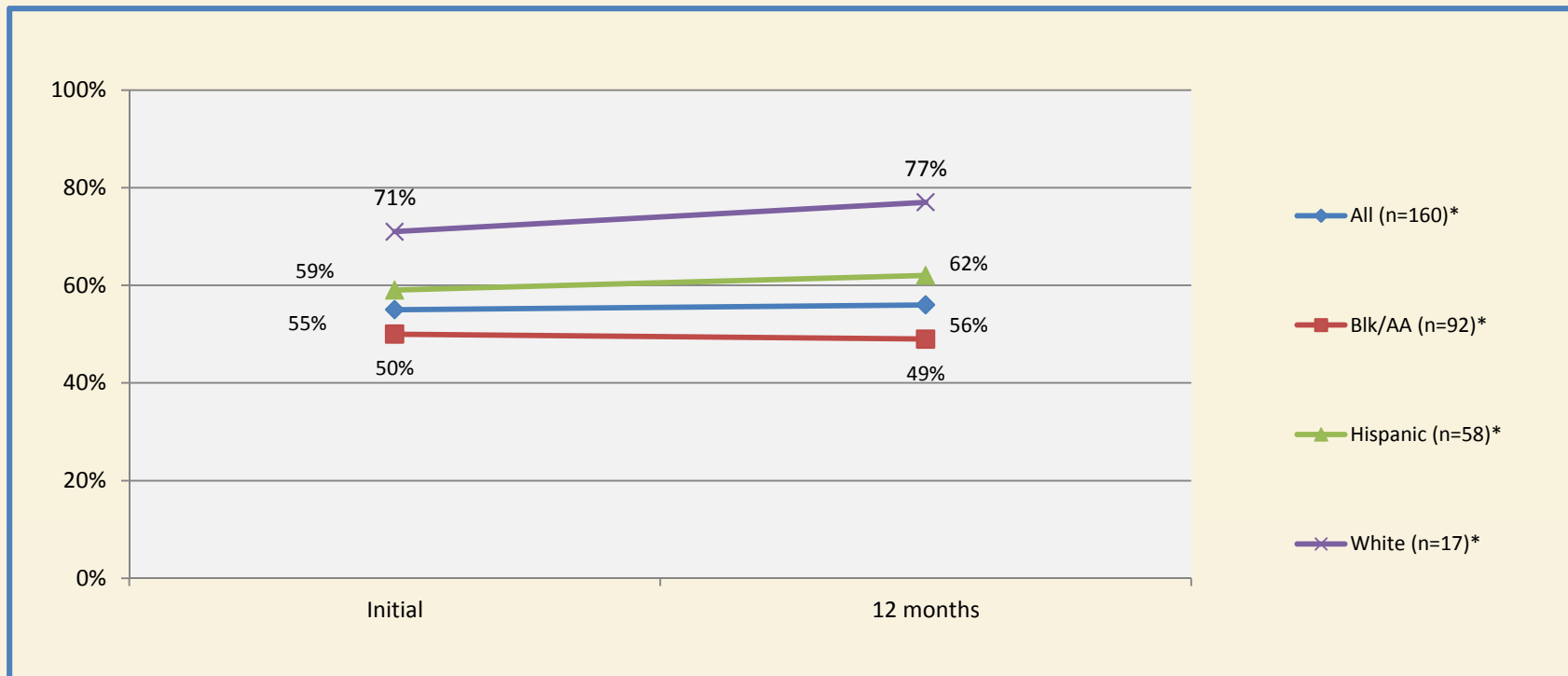
*statistically significant

National Outcome Measures

Tobacco Use

Not using tobacco products by cohort

Percentage of participants who reported not using tobacco products by cohort over time (all $p < 0.05$)

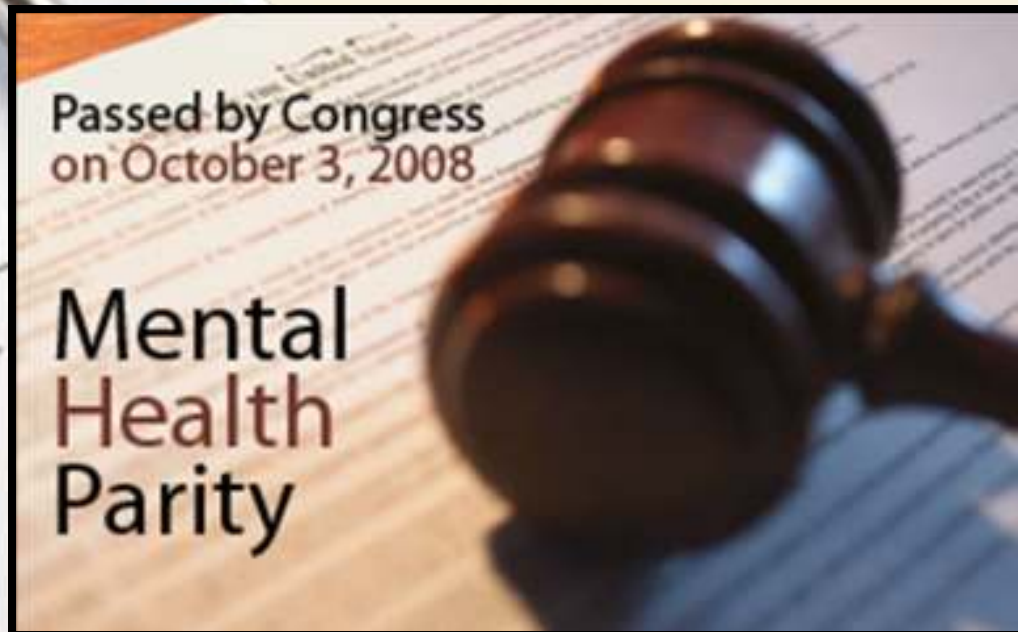
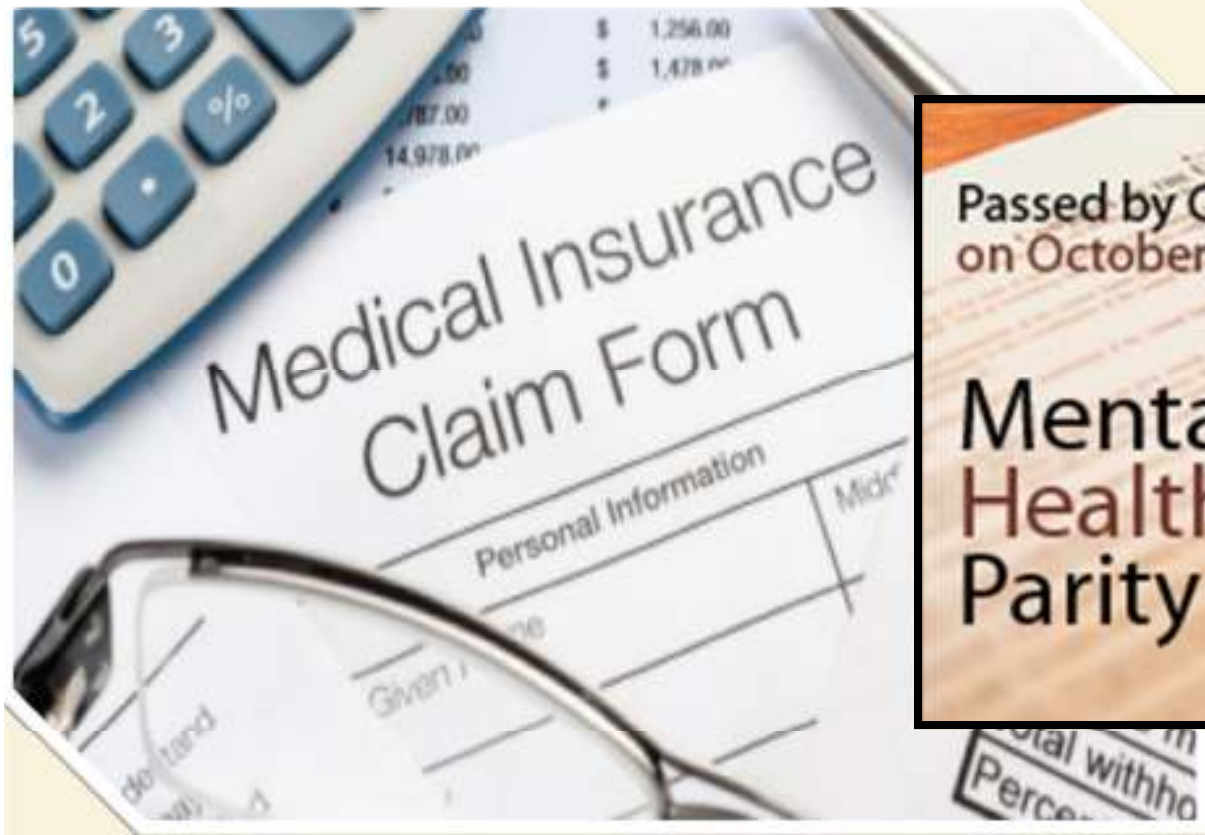


*statistically significant

Evolving Opportunities

- The PBHCI program was at the leading edge of health care integration when it launched in 2009.
- The passage of the Affordable Care Act in 2010, and its ongoing implementation, have provided new and expanding opportunities to support, develop, evaluate, and expand effective, evidence-based, data-driven models of integrative care.

Mental Health Parity and Addiction Equity Act (MHPAEA)

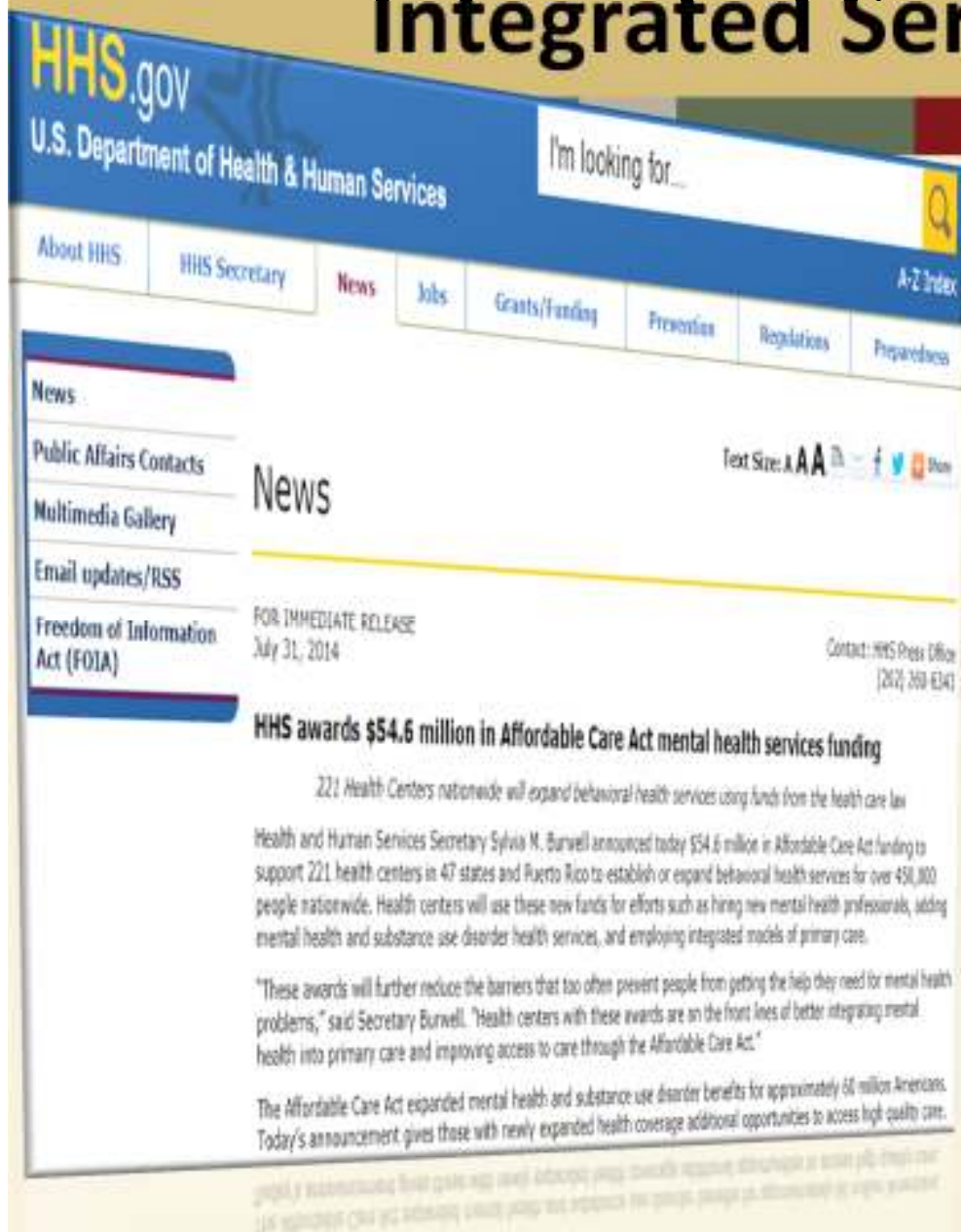


The ACA Opened Doors for Expanded Coverage & Improved Services...



- Expanded Coverage:
 - Medicaid
 - Marketplace Exchanges
- 10 Essential Health Benefits
- MHPAEA (Parity)
- Prevention Services
- EBP Health Care Integration

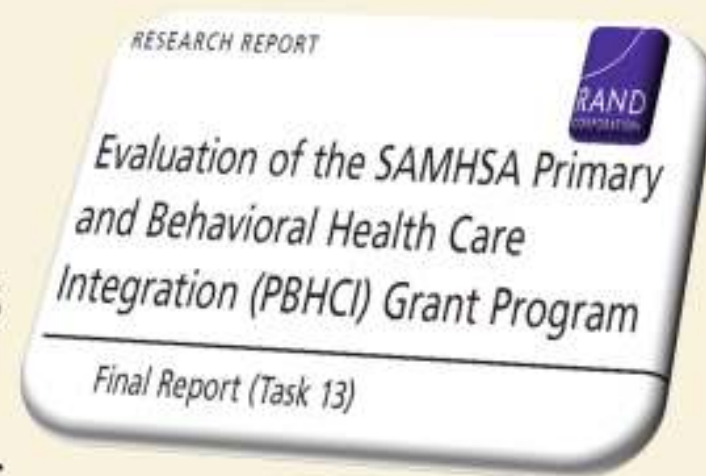
ACA Continues to Open Doors for MI/SUD Integrated Service Delivery



- July 2014: ACA funding to support 221 health centers in 47 states & Puerto Rico to establish or expand BH services for > 450,000 individuals.
- Hiring MH professionals, adding MI/SUD services, and employing integrated models of primary care.

PBHCI Grantees Are Leading Change in 21st Century Health Care Integration

- RAND comparative effectiveness pilot study: 3 PBHCIs and 3 matched control sites/year
 - PBHCI clients showed greater reductions in select risk indicators including indicators for metabolic syndrome, hypertension, diabetes, & hypertension
 - Identified barriers to integrated care to address moving forward



RAND 2014

Program Barriers: Culture

Barrier	PBHCI Reporting Barrier
Shared PC-BH Provider Decision Making	82%
Shared PC-BH Leadership Decision Making	78%

RAND 2014

Barriers: People and Places

Barrier	PBHCI Reporting Barrier
Hiring/staffing	96%
Space	89%
Consumer no show rates	96%
Engaging consumers (wellness, prevention, or PC follow-up)	91%
Recruiting clients	85%
Transportation for clients	93%

RAND 2014

Barriers: HIT & Costs

Barrier	PBHCI Reporting Barrier
Tracking client health info	91%
Sharing client health info	91%
EHR implementation	85%
Meeting data collection requirements	95%
Client insurance limits	91%
Billing/funding	91%

RAND 2014

Sustainability

- PBHCI programs are vital to community health, and sustainability is key to maintaining, enhancing, and expanding your positive role in health and health care improvements.
- Identifying partners for integration and identifying, accessing, and successfully leveraging multidimensional funding streams is critical.
 - Requires innovation; data-driven pilots & demonstrations; & collaboration, collaboration, collaboration.

Sustainability: Health Care Integration

CMS Innovation Center

CMS.gov
Centers for Medicare & Medicaid Services

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Where Innovation is Happening

Growing numbers of innovators across the country are participating in models being tested by the CMS Innovation Center. Find where innovation is happening near you.

Learn More >



Navigation controls: Previous, Play, Stop, Full Screen, Next

<http://innovation.cms.gov/index.html>

Integrated Care Lessons Learned

- Conduct systematic needs assessment(s)
- Improve performance & outcomes through data-driven, continuous quality improvement (CQI)
- Employ EBPs & assess fidelity & effectiveness
- Invest in strategies that facilitate consumer access
- Provide ongoing education & training
- Build partnerships with community, state, & federal organizations

Applying Lessons Learned to Other BH/PH Care Integration Models

- Build consensus about performance expectations
- Develop national quality improvement indicators for integrated care
- Establish core performance measurements and monitoring requirements
- Expand technical assistance
- Improve national, state, and local infrastructure
 - Enhance interoperability
 - Leverage common resources

SAMHSA-HRSA Center for Integrated Health Solutions



- Promotes development of integrated primary and MH/SUD services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

<http://www.integration.samhsa.gov/>

Thank you!

Elizabeth I. Lopez, Ph.D.

Deputy Director

Center for Mental Health Services

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United States Department of Health and Human Services

www.dhhs.gov

www.samhsa.gov

www.integration.samhsa.gov

Elizabeth.lopez@samhsa.hhs.gov