Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Healthcare Integration: It Takes Partnerships

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TODAY’S DISCUSSION

A Changing BH Landscape

Integration in Public Health Context

CHALLENGES

SAMHSA’S ROLE IN LEADING CHANGE
Poor health outcomes are often made worse by the interaction between individuals and their social and physical environments. 

- Determinants include policymaking, social factors, health services, individual behavior, and genetics.

- Studies show both the costs of a fragmented health care system and the benefits of “healthy” or “integrated” communities.
Why is this important?

- The World Economic Forum estimates that, by the year 2030, mental illnesses and substance use disorders will account for $6 trillion in direct and indirect costs and 35 percent of lost economic output due to non-communicable diseases.
- The Centers for Medicare & Medicaid Services (CMS) found that healthcare costs for persons diagnosed with mental illness and common chronic conditions were 75 percent higher than those without a mental health diagnosis.
- The cost of care for Medicaid enrollees with common chronic conditions and co-occurring mental and substance use disorders have costs 2 to 3 times (200-300 percent) higher than average Medicaid enrollees.
Why is this important?

Example: Diabetes & Behavioral Health

• Patients with diabetes are responsible for 95% of their disease management. This can lead to increased levels of anxiety, depressive symptoms, and lowered self-esteem.

• Certain psychiatric illnesses may be independent risk factors for diabetes.

• A U.S. study has shown that health care costs for people with diabetes and co-morbid depression are almost twice as high as among those with diabetes alone.

• A UK study in the same field found that individuals with diabetes and co-morbid depression were seven times more likely to take time off work than those with diabetes on its own.
What is a Healthy Community?

- As defined by the World Health Organization, a healthy city or community is “one that is safe with affordable housing and accessible transportation systems, work for all who want to work, a healthy and safe environment with a sustainable ecosystem, and offers access to health care services which focus on prevention and staying healthy.”

- The premise is that “health is more than the absence of disease,” it includes “the full range of quality of life issues.”
What is Behavioral Health?

• In the context of health integration, “behavioral health” means:
  • The promotion of mental health, resilience, and well-being;
  • The treatment of mental and substance use disorders; and
  • The support of those who experience and/or are in recovery from these conditions, along with their families and communities.
PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION – FEDERAL INITIATIVES

- **OASH**: Co-morbidity working group

- **SAMHSA’S Primary/BH Integration (PBHCI)**: Physical health of adults w/ SMI and technical assistance for bi-directional integration (Center for Integrated Health Solutions, w/ HRSA)

- **Primary Care/Addiction Services Integration (PICASI)**: Proposed for FY 2015

- **HRSA FQHCs**: Integrating BH screening, brief intervention, and treatment into primary care settings

- **Million Hearts**: Wrapping BH into efforts to address ABCS
INTEGRATION - FEDERAL INITIATIVES

- AHRQ Center for Integration Models: Developing models of integrated BH care in primary care settings

- CMMI Innovative Financing Models for Integration: Grants to test models using SAMHSA and AHRQ indicators and TA

- Medicare Accountable Care Organizations (ACOs): Payment for integrated care & outcomes (ASPE tracking impacts for BH)

- CMS Health Homes (Section 2703): Whole person care for persons w/ specific characteristics or conditions (SAMHSA consultation)

- CMS Partnership for Patients: Reducing hospital readmissions; increasing quality
HEALTH REFORM: A CHANGING HEALTH CARE ENVIRONMENT

- Access to *coverage and care* rather than significant parts of America uninsured and untreated – **Parity**

- *Integration* rather than silo’d care – **Parity**

- *Prevention and wellness* rather than illness – a public health approach

- *Recovery* rather than chronicity or disability

- *Quality* rather than quantity – control of cost increases through better care rather than more care

- *Role of states* increasing, especially in health care design, financing, and delivery
INTEGRATION – SEEING BH AS ANY OTHER PUBLIC HEALTH CONDITION

• **BH Fundamental** to Individual/Community Health
  - Beyond being part of health **care**
  - Community prevention & wellness
  - Recovery support

• **BH’s Impact** on Healthcare Costs and Outcomes
  - Primary, specialty, emergency, long-term care

• Implications for **Workforce**
  - Preventionists, BH and other healthcare practitioners, community services workers
Moving Beyond Primary Care Focus

- **Health Care Spectrum:**
  - Primary Care
  - Specialty Care
  - Emergency Care
  - Rehabilitative Services

- **Social Supports contributing to health:**
  - Housing
  - Employment
  - Basic needs
Integration, as SAMHSA envisions it, extends beyond health and behavioral health care systems and recognizes that to treat an individual’s health and behavioral health needs, we must address their social needs, such as housing, employment, education, and transportation.
Challenges

• Workforce
• Financing
• Messaging/perceptions of seeking treatment
BH WORKFORCE SHORTAGES
(HRSA 2012)

• 55 percent of US counties (all rural) do not have any practicing BH workers (MH or SA)
• 77 percent had a severe shortage of MH workers
• 96 percent reported unmet need for MH prescribers
• 3,699 MH professionals in Health Professional Shortage Areas (HPSAs) covering 91 M people – only 1 psychiatrist for every 30,000 residents
  • 1,846 psychiatrists and 5,931 other practitioners needed to reduce or eliminate HPSAs
ACA IMPACT ON BH WORKFORCE

- More coverage & access = more & different workers needed
- Bi-directional integration between primary and BH care, w/ increasing emphasis on screening/early intervention
- Increased need to understand and have skills to utilize HIT/EHRs for billing, changing practice models, and quality
- Value of recovery-oriented systems & recovery principles, including individual responsibility, shared decision-making, self-directed care, and patient-oriented delivery systems
- Value of prevention and preventionists
- Increased value & use of peers & paraprofessional practitioners
- Different credentialing/licensure/competencies
LESS THAN HALF OF PEOPLE W/ BH CONDITIONS RECEIVE CARE

PRESIDENT’S PLAN – MENTAL HEALTH AS A PUBLIC HEALTH ISSUE

- 23 Executive Actions to reduce access to guns and increase MH services

- FY 2014 Budget MH Proposals –
  - SAMHSA – $115M of $130M requested
  - CDC, DOJ, ED also received funding

  - Twitter
  - Facebook
  - Community Conversations

“We are going to need to work on making access to mental health care as easy as access to a gun.”

– President Obama
SAMHSA Moving Forward

- SAMHSA intends to develop a white paper that describes a “paradigm shift” in the way we view care, from a “treatment-only” or health system perspective to one that focuses on population health, public health, and community health and wellness.
  - This includes primary care, specialty care, rehabilitation, and crisis services.

- Findings and Opportunities:
  - Partnerships are the foundation of all healthy communities work. Once SAMHSA conceptualizes its approach, SAMHSA’s first steps would involve finding strong partners to join it on the initiatives as they are being designed.
  - SAMHSA could develop a campaign to add strong behavioral health components to existing or future initiatives, such as a “Million Minds” campaign.
SAMHSA’S THEORY OF CHANGE: ADVANCING THE BH OF THE NATION

INNOVATION
- Proof of concept
- Services
- Research
- Practice-based Evidence

TRANSLATION
- Implementation Science
- Demonstration Programs
- Curriculum Development
- Policy Development
- Financing Models and Strategies

DISSEMINATION
- Technical Assistance
- Policy Academies
- Practice Registries
- Social Media
- Publications
- Graduate Education

IMPLEMENTATION
- Capacity Building
- Infrastructure Development
- Policy Change
- Workforce Development
- Systems Improvement

EVALUATION

SURVEILLANCE

WIDESCALE ADOPTION
- Medicaid
- SAMHSA Block Grants
- Medicare
- Private Insurance
- DOD/VA/DOL/DOJ/ED
- ACF/CDC/HRSA/IHS

SURVEILLANCE

EVALUATION