From Disease Management to Wellness and Recovery:

Creating Behavioral Healthcare Homes

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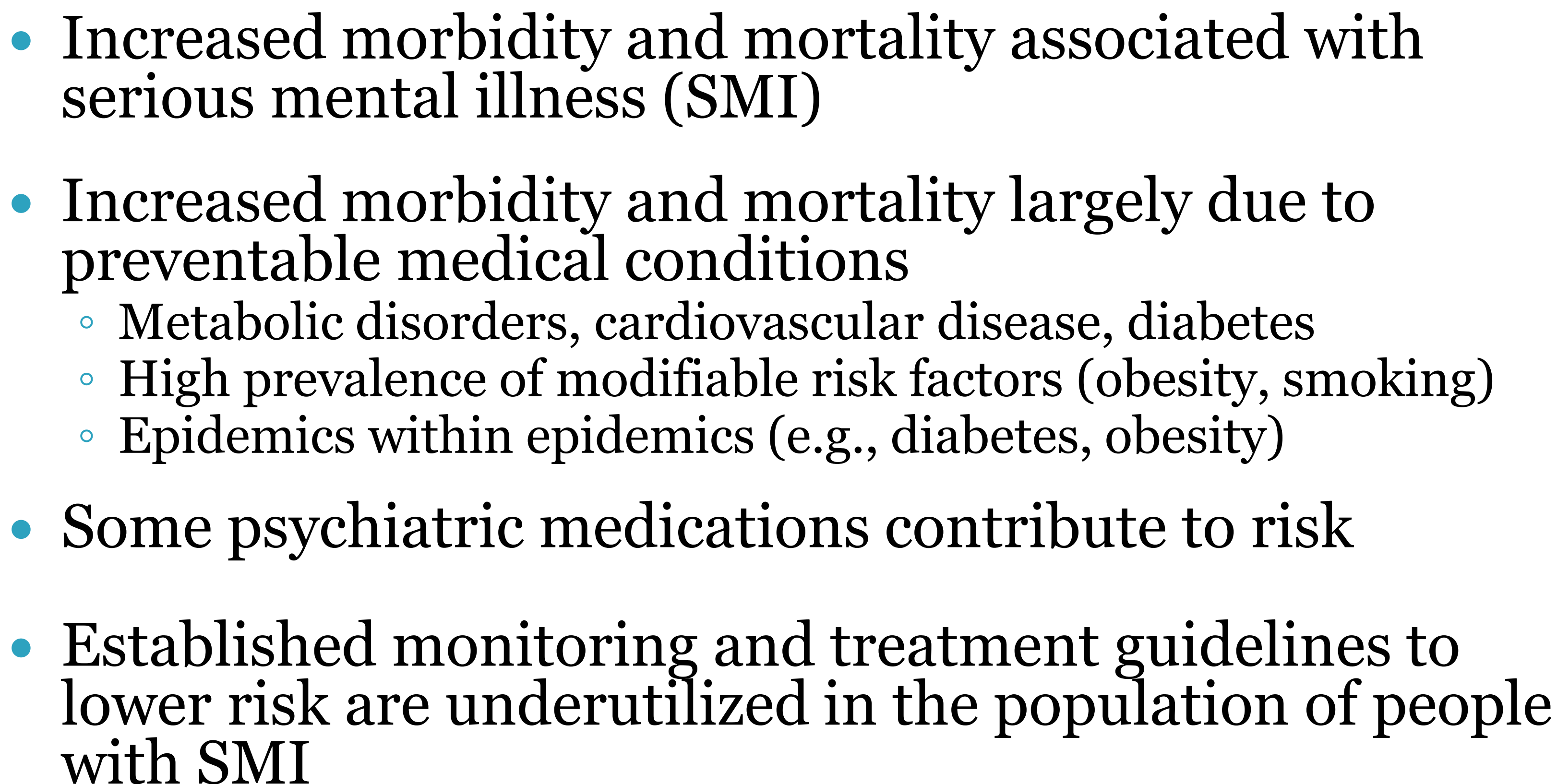
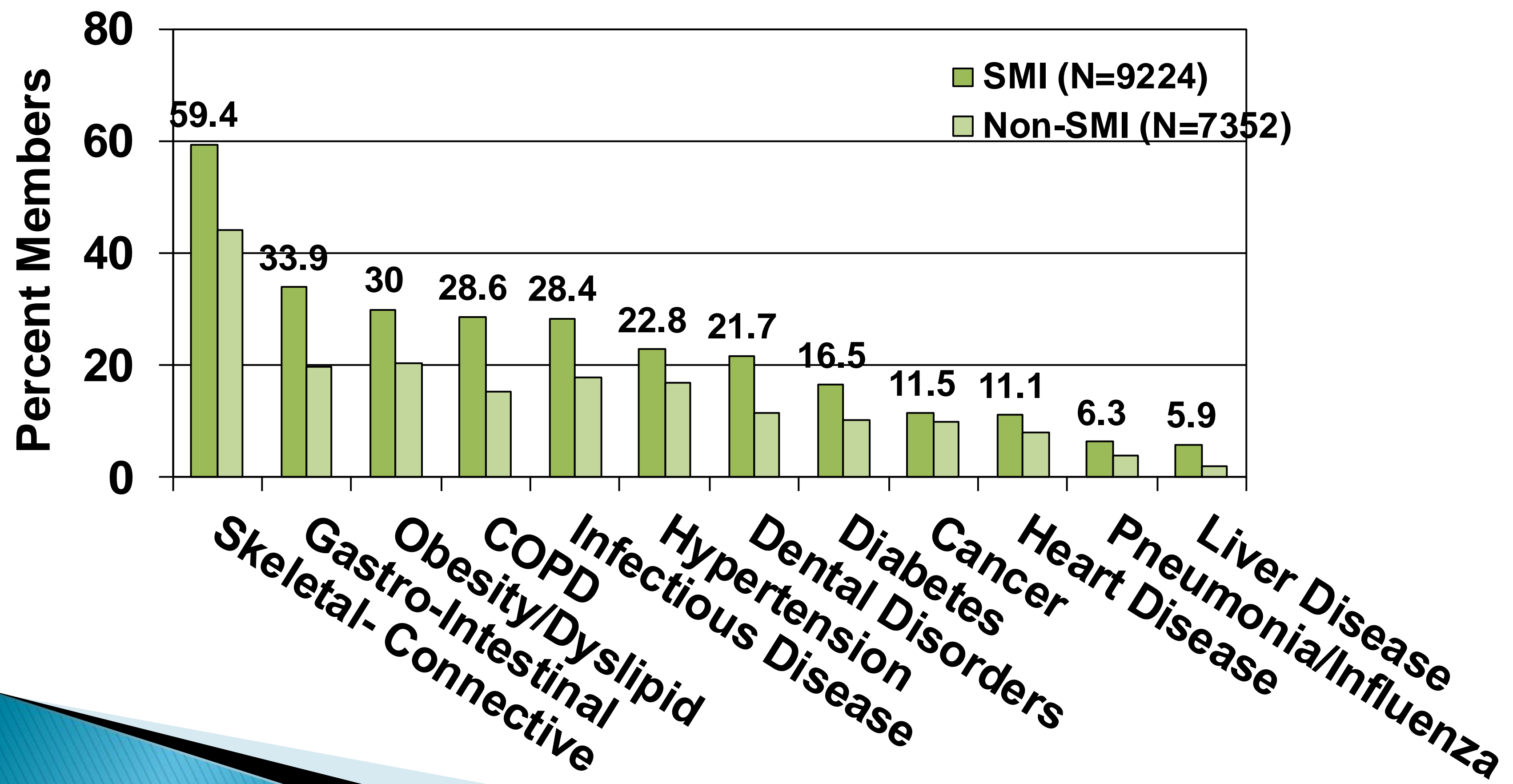
Overview: THE PROBLEM



- Increased morbidity and mortality associated with serious mental illness (SMI)
- Increased morbidity and mortality largely due to preventable medical conditions
  - Metabolic disorders, cardiovascular disease, diabetes
  - High prevalence of modifiable risk factors (obesity, smoking)
  - Epidemics within epidemics (e.g., diabetes, obesity)
- Some psychiatric medications contribute to risk
- Established monitoring and treatment guidelines to lower risk are underutilized in the population of people with SMI

Maine Study Results: Comparison of Health Disorders Between People with SMI & Non-SMI Groups

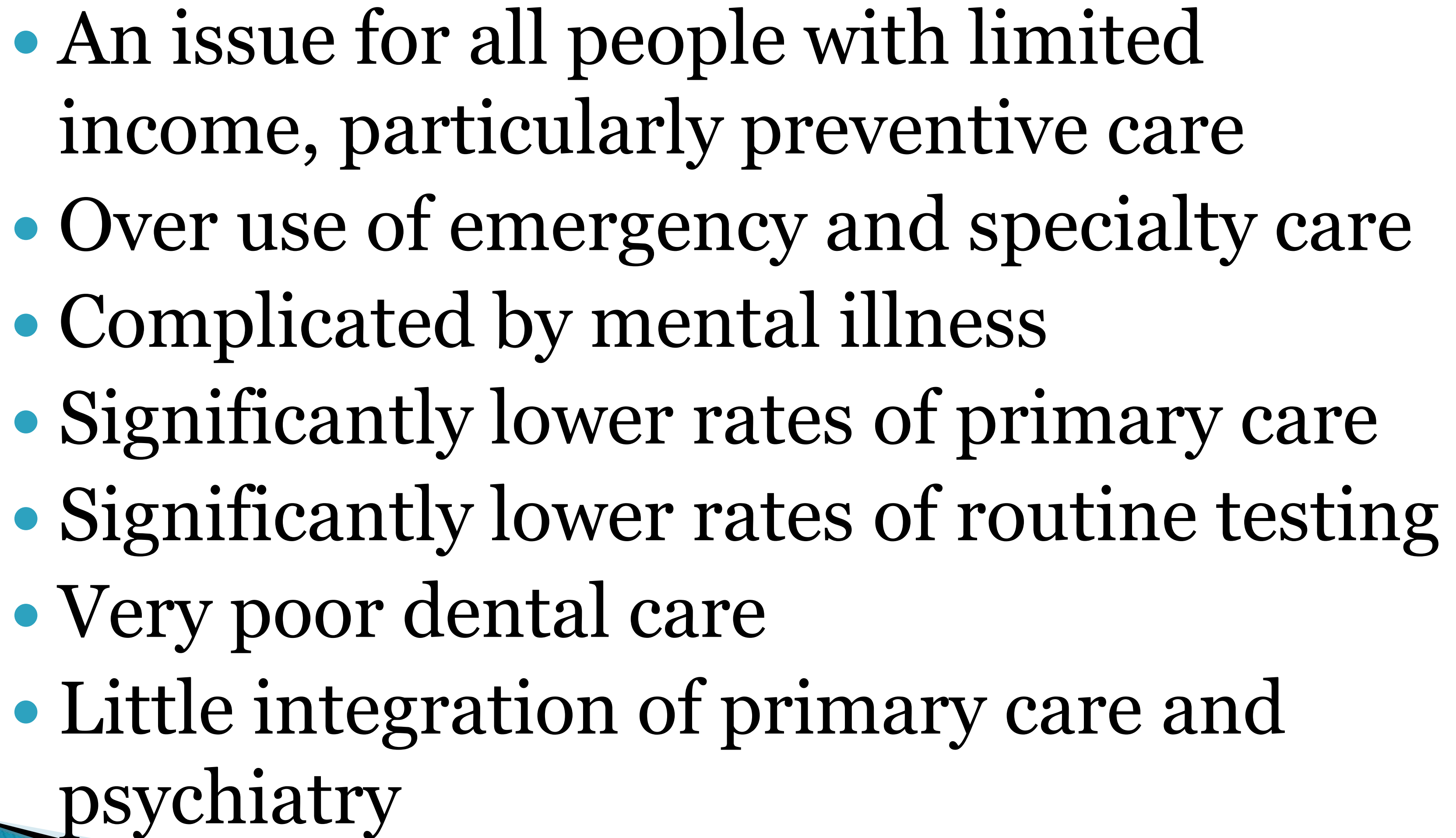


Reasons for Increased Mortality in Major Mental Disorders

- ↑ Modifiable health risk factors
  - ↑ Lipid abnormalities (TC, LDL-C, TG, HDL)
  - ↑ Diabetes
  - ↑ Hypertension
  - ↑ Metabolic syndrome
  - ↑ Physical inactivity
  - ↑ Smoking
- ↓ Access to and/or utilization of medical care
- ↓ Adherence with therapies
- ↓ Economic capabilities

Newcomer J Hennekens CH. JAMA 2007; 298(15):1794-1796

Access To Health Care



- An issue for all people with limited income, particularly preventive care
- Over use of emergency and specialty care
- Complicated by mental illness
- Significantly lower rates of primary care
- Significantly lower rates of routine testing
- Very poor dental care
- Little integration of primary care and psychiatry

The CATIE Study of Adults with Schizophrenia

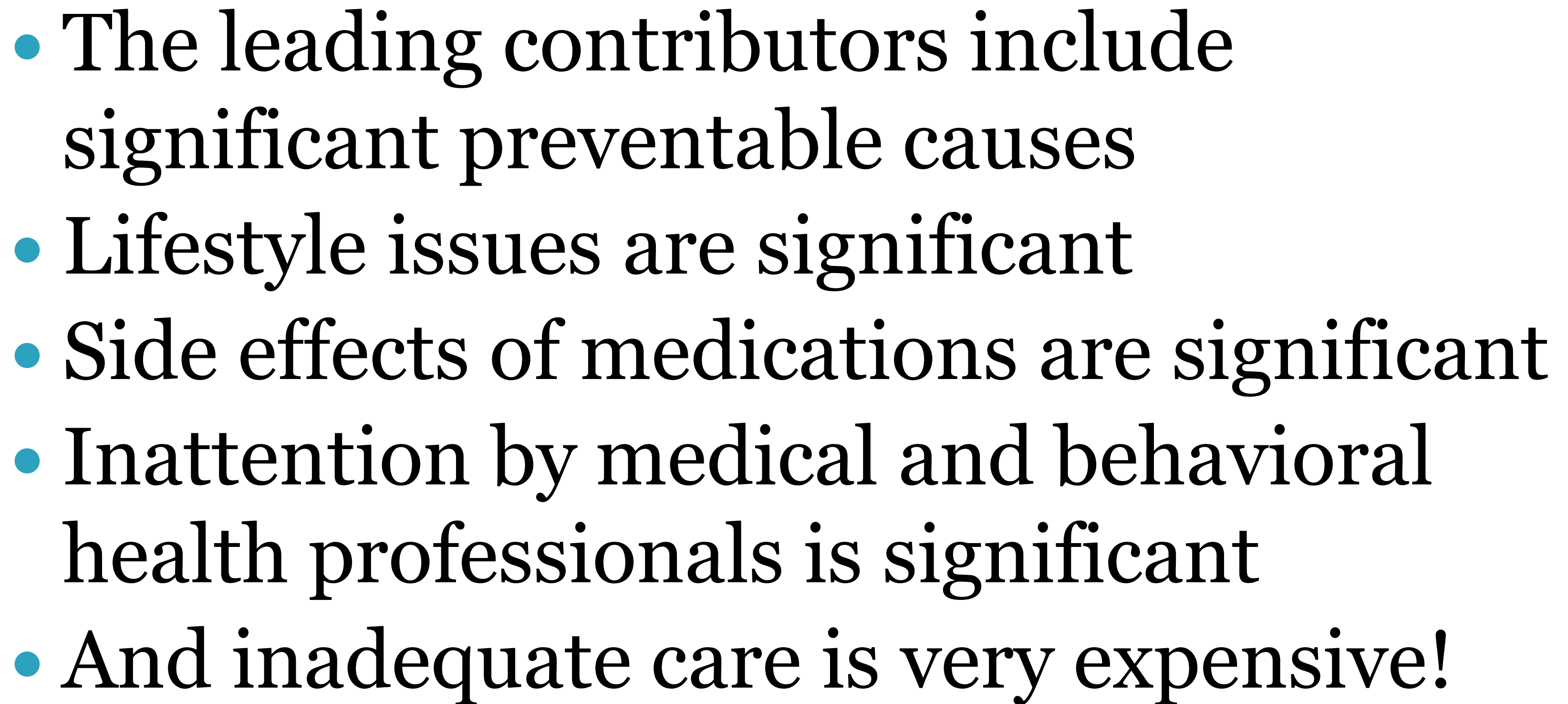
At baseline investigators found that:

- 88.0% of subjects who had dyslipidemia
- 62.4 % of subjects who had hypertension
- 30.2% of subjects who had diabetes

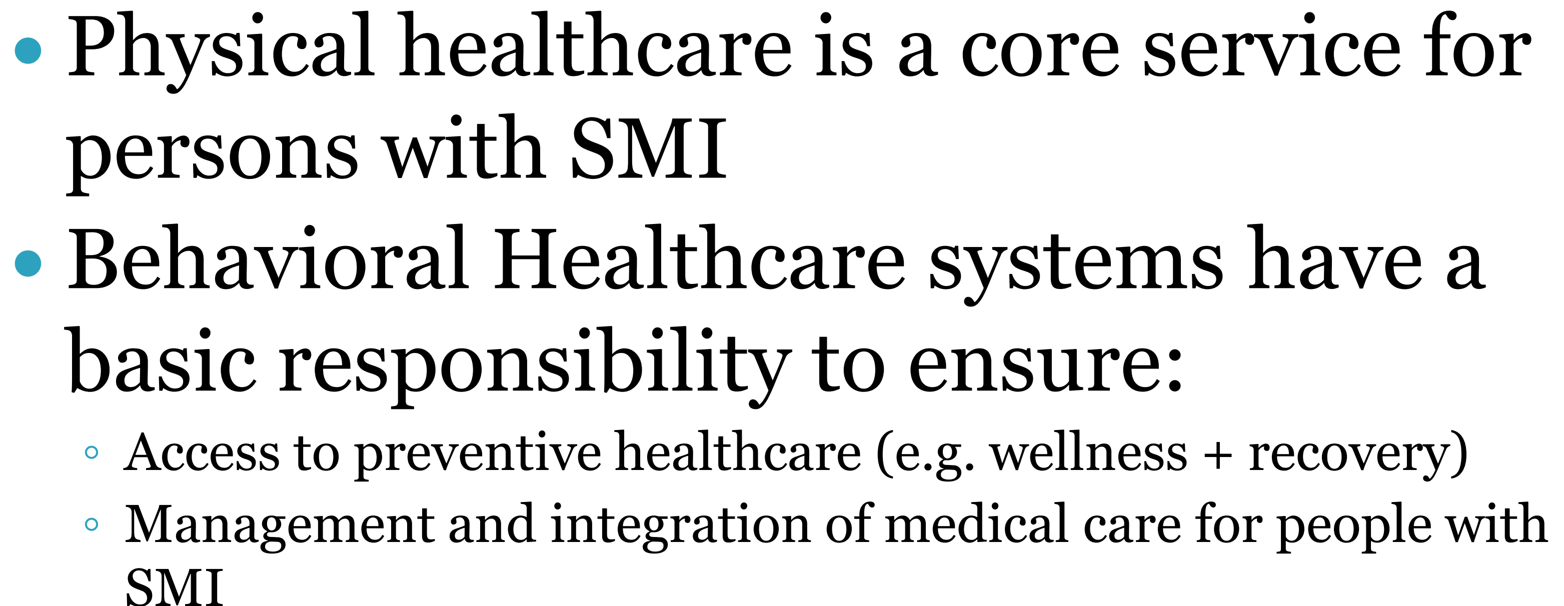
WERE NOT RECEIVING TREATMENT

Nasrallah HA, et al. *Schizophr Res* 2006;86:15-22.

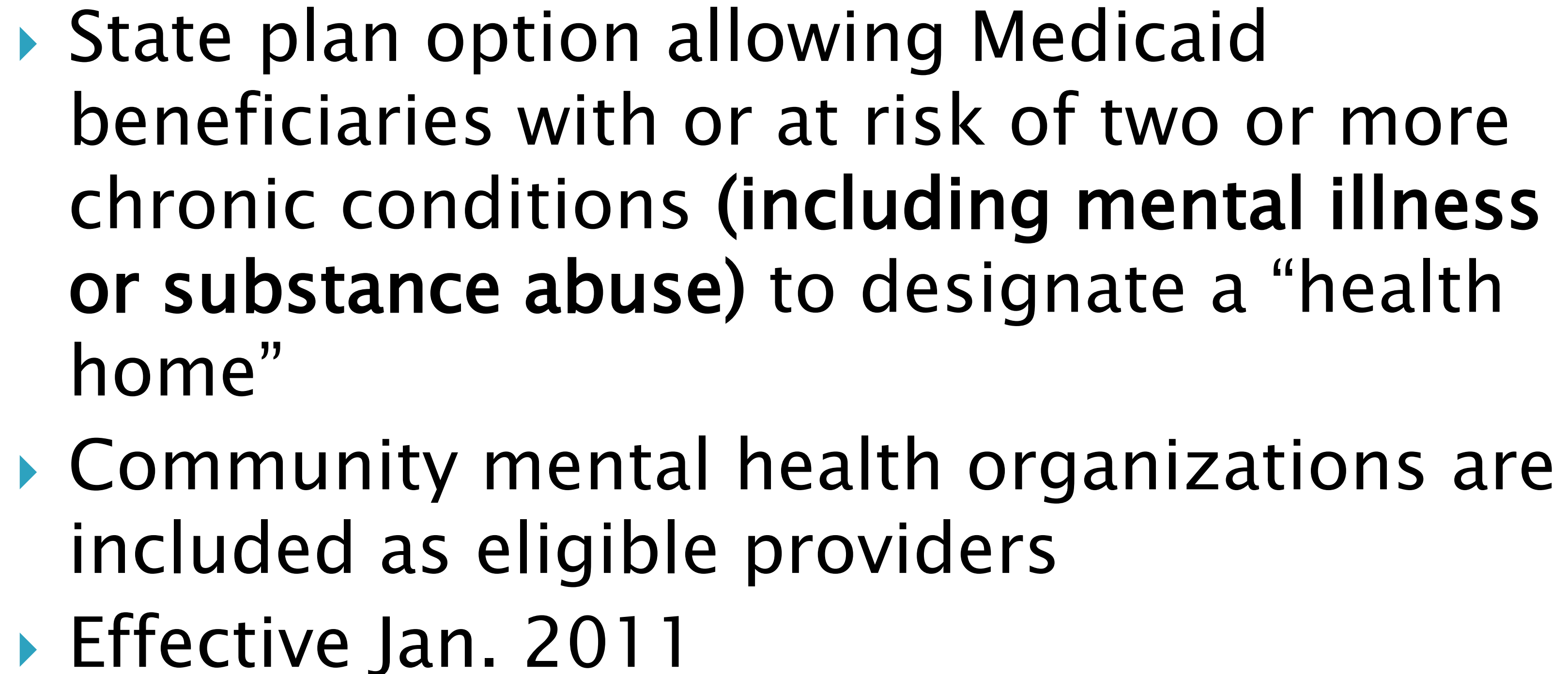
A Few Observations



Principles



New Medicaid State Option for Healthcare Homes – Section 2703 Affordable Care Act



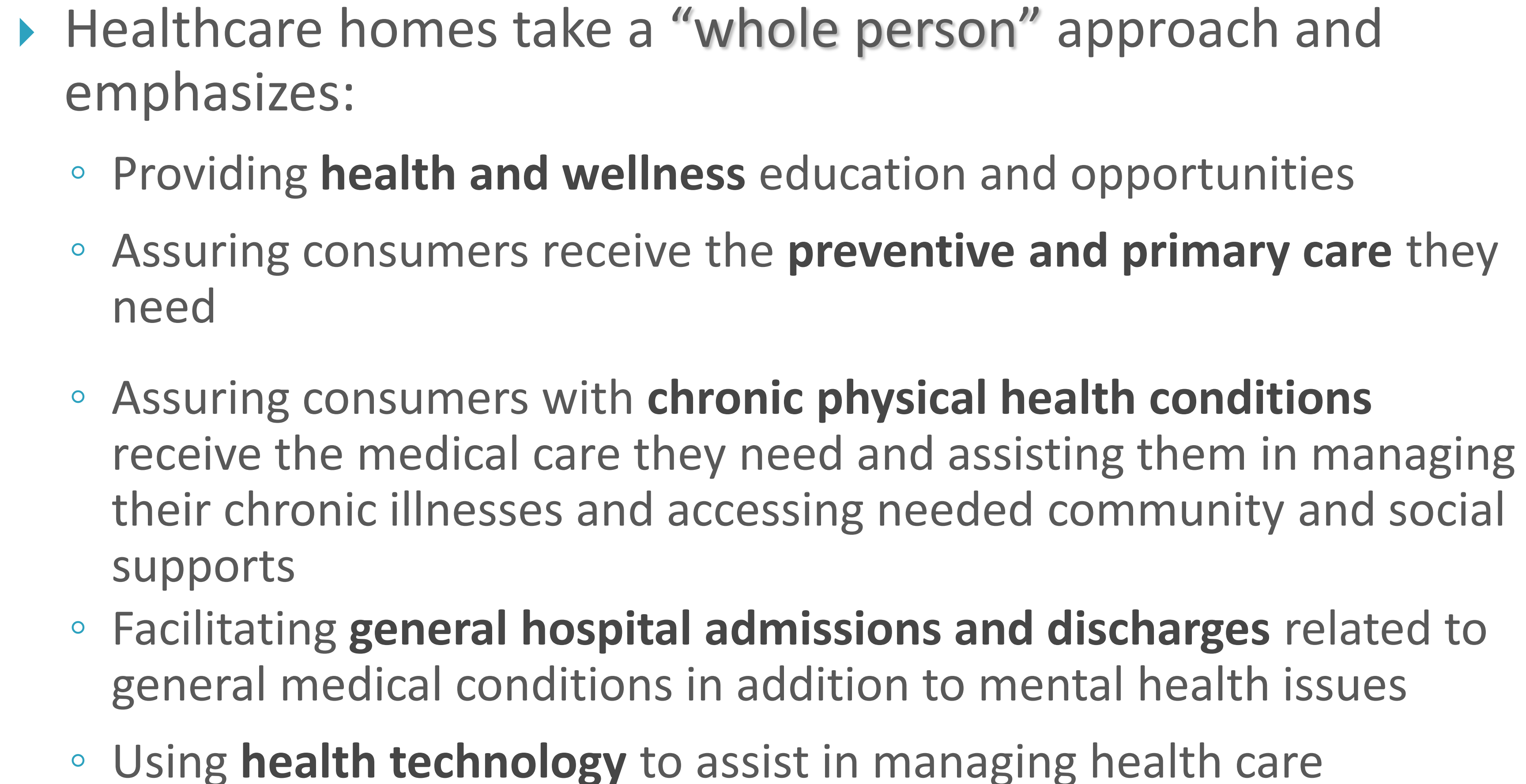
Medicaid Healthcare Homes

- 90% Federal match rate for the following services during
  the first 8 fiscal year quarters when the program is in
  effect:
  - Comprehensive care management
  - Care coordination and health promotion
  - Comprehensive transitional care from inpatient to other settings
  - Patient and family support
  - Referral to community and social support services
  - Use of health IT to link services (as feasible/appropriate)

Missouri's Safety net Healthcare Homes

- Missouri has two types of safety net Healthcare Homes
  - Primary Care Chronic Conditions Healthcare Home
    - Eligible Providers
      - Federally Qualified Health Centers (FQHCs)
      - Rural Health Centers (RHCs)
      - Physician practices
    - Building in Behavioral Health Consultants
  - Community Mental Health Center Healthcare Home
    - CMHCs and CMHC affiliates (Community Support Programs)
    - A.K.A. Behavioral Healthcare Homes (BHH)

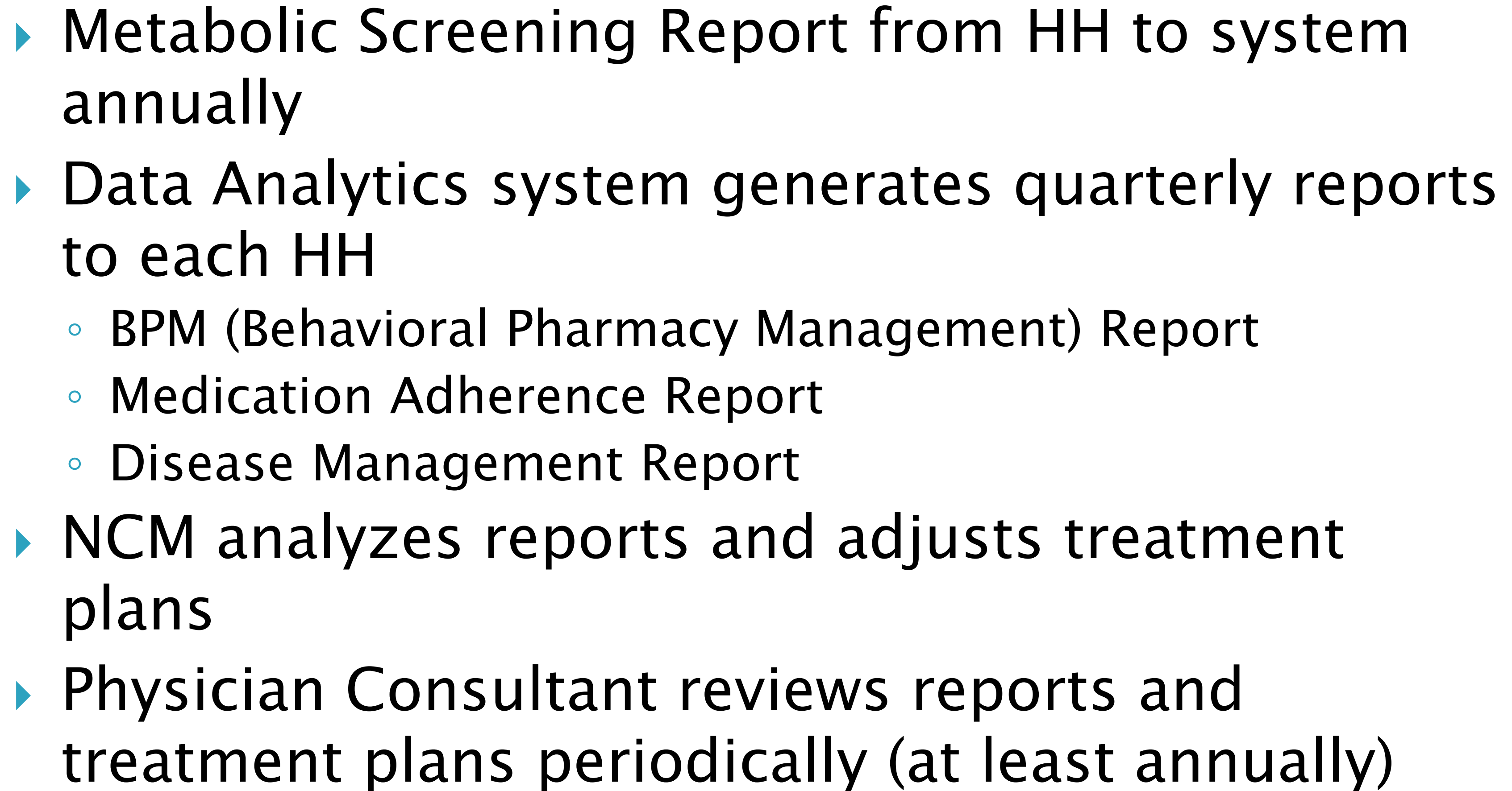
Healthcare Home Functions



(Behavioral Healthcare Home) CMHC Healthcare Home Team

- Existing CMHC rehab teams augmented by adding:
  - A Healthcare Home Director responsible for implementing the health home and championing practice transformation based on health home principles
  - Consultation by a physician who provides medical leadership:
    - Participates in treatment planning
    - Consults with team psychiatrist
    - Consults regarding specific consumer health issues
    - Assists coordination with external medical providers
  - Additional Nurse Care Managers
  - Enhanced health coach training for CMHC case managers

HIT Reports for HH Management



- Metabolic Screening Report from HH to system annually
- Data Analytics system generates quarterly reports to each HH
  - BPM (Behavioral Pharmacy Management) Report
  - Medication Adherence Report
  - Disease Management Report
- NCM analyzes reports and adjusts treatment plans
- Physician Consultant reviews reports and treatment plans periodically (at least annually)

Changing Roles in Behavioral Health: The Health Coach (Community Wellness and Recovery Coach)

- ***Current titles: Community Support Specialists, Care Coordinators, School Based Mental Health Specialists, Clinical Case Managers and Peer Specialists***
  - Supports consumers in meeting their treatment (wellness and recovery) plan goals identified in the primary care, mental health and dental health service settings.
  - Interacts with Nurse Care Manager as needed.
  - New role: Health Coach – Health Navigator: Community Health and Wellness Coach

Added Roles of the Health Coach

- To support the strength-based, person-centered wellness plan;
- To promote the creation of new health behaviors and the learning of related skills;
- To promote self-managed whole health and resiliency for secondary and tertiary prevention

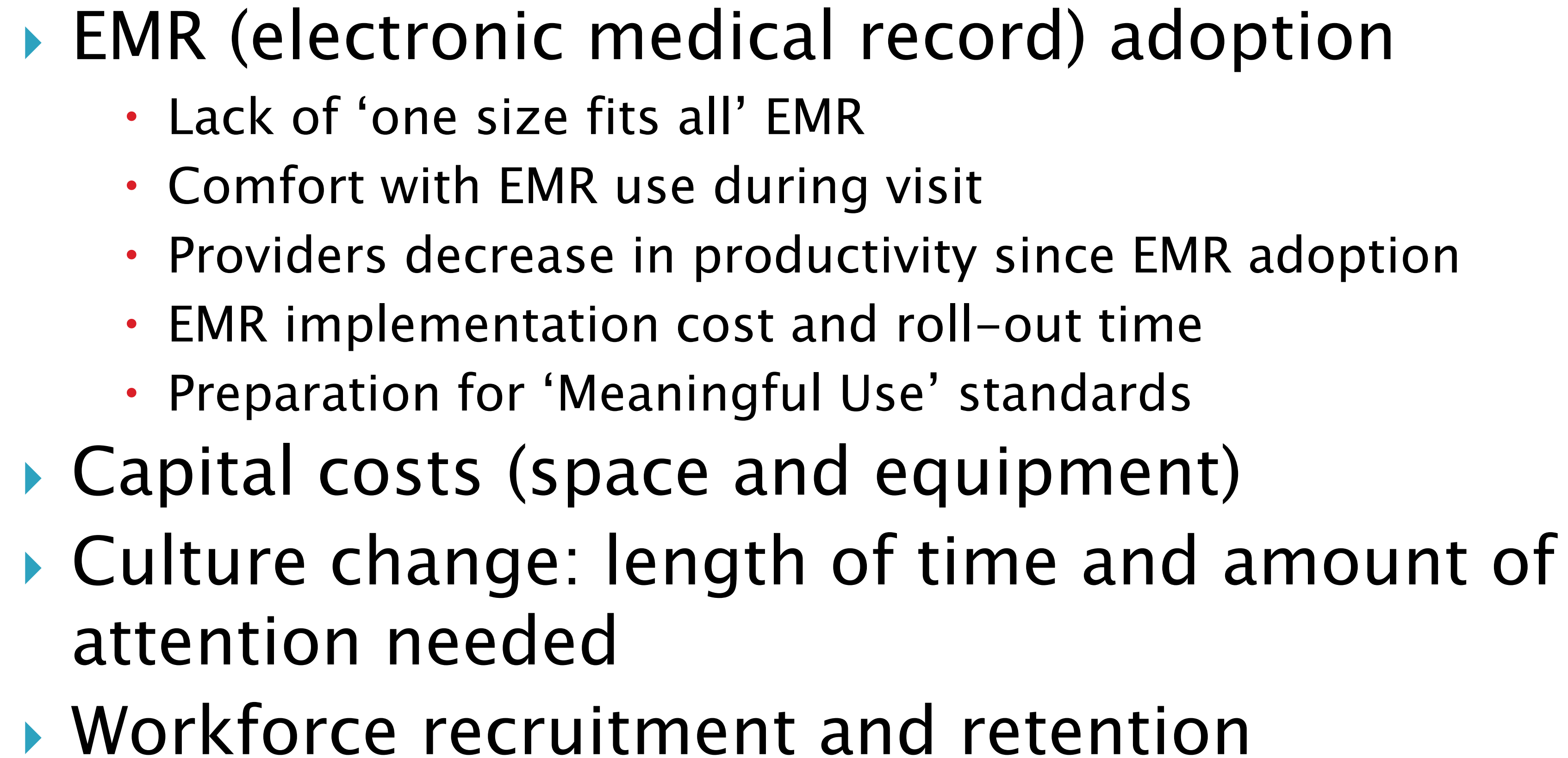
(from Larry Fricks: SAMHSA HRSA Center for Integrated Health Solutions)

First Year MO System Outcomes and Savings to Medicaid of Behavioral Healthcare Homes (CMHC-HH)*

- Approximately 17,000 enrollees
  - Net Savings to Medicaid = ~$17,000,000
  - 12.8% reduction in hospital admissions
  - 8.2% reduction in Emergency room usage
  - Commitment of state to sustain
- Improved Clinical Outcomes
  - Reduction in average Hemoglobin A1c levels
  - Reduction in average Blood pressure levels
  - Reduction in key lipid (cholesterol) levels

* (Preliminary results)

Challenges to Transformation



- EMR (electronic medical record) adoption
  - Lack of ‘one size fits all’ EMR
  - Comfort with EMR use during visit
  - Providers decrease in productivity since EMR adoption
  - EMR implementation cost and roll-out time
  - Preparation for ‘Meaningful Use’ standards
- Capital costs (space and equipment)
- Culture change: length of time and amount of attention needed
- Workforce recruitment and retention

Where we go from here: Guiding Principles

- The outcomes of our services are reduced by distance:
  - Spatial distance
  - Temporal distance
  - Economic Distance
  - Psycho/social or cultural distance
- Wellness and Recovery need to be integrated
- Therefore: Integration of services is only a step toward building an optimal system of care:
  - *A Comprehensive Person-centered System of Care*

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