Behavioral Healthcare Integration

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Health Disparities for Individuals with Serious Mental Illness

• Nationally, persons with Serious Mental Illness (SMI) served by public mental health systems die, on average, at least 25 years earlier than the general population.

• In Arizona, that number is even higher, about 30 years earlier.

• While suicide and injury account for about 30-40% of excess mortality, about 60% of premature deaths in persons with schizophrenia are due to “natural causes”, including:
  • Cardiovascular disease
  • Diabetes
  • Respiratory diseases
  • Infectious diseases
Health Disparities for Individuals with Serious Mental Illness

- At least 75% of individuals with SMI have a chronic medical illness, which often goes undiagnosed or is misdiagnosed.
- Compared with the general population, individuals with SMI:
  - Engage in fewer health promoting behaviors;
  - Are less physically active than the general population;
  - Are 50% more likely to be overweight and have diets high in fat and low in fiber;
  - Are much more likely to smoke tobacco
  - Tend to receive poorer quality medical care;
  - Are more likely to take medications that can induce insulin resistance, raise cholesterol levels, or elevate prolactin levels.
Why Healthcare Integration?

- Improve lifespan and healthcare outcomes.
- Overcome disparities through integrated care.
- Strengthen the focus on screening, prevention, early intervention, care management, patient education and wellness.
- Control costs:
  - Current healthcare system is unsustainable;
  - Small percentage of members account for the greatest costs typically from ER visits, crisis and inpatient hospitalization.
- Reduce fragmented system; make one entity responsible and accountable for all health care.
Integration activities at ADHS

• Behavioral Health Licensing Rules
  – The current Behavioral Health Licensing Rules inhibit co-located services and shared medical records.
  – The Division of Licensing Services is working to streamline the licensing process to allow for integrated health programs
Integration activities at ADHS

• Quarterly Health Initiatives
  – ADHS/DBHS partners with a physical health content expert to introduce particular health topics of concern to individuals receiving behavioral health services.
  – A "kit" for each topic is developed and includes a member handout, a behavioral health provider handout, and a webinar.
  – Topics to date: obesity, tobacco, hepatitis, prostate cancer, breast/cervical cancer, physical fitness, cardiovascular health, dental health, diabetes, arthritis/chronic pain
Integration activities at ADHS

• Emergency Department Support
  – In the summer of 2010, ADHS/DBHS launched an initiative to partner with Arizona hospital EDs to educate their staff on various behavioral health topics.
  – The goal is to provide proper interventions and referrals to treatment, recovery and other support services to those who present to EDs for help with behavioral health disorders.
  – Uses an online, interactive training specifically for ED doctors and nurses to teach them how to conduct substance abuse screening and suicide assessments.
Integration activities at ADHS

• Whole-Health Peer-Based Programs
  – ADHS/DBHS spearheaded two initiatives that offer whole health services to behavioral health recipients in Maricopa and Pima counties.
  – Both consist of education and peer-based support
  – Goal is to teach members about nutrition, exercise, healthy habits, etc.
  – Participants were monitored during the pilot phase for progress and changes in several health metrics, including weight, blood pressure, glucose levels, and others.
  – Both programs have continued to grow and become sustainable through other funding sources.
Integration activities at ADHS

• **Tobacco Cessation Partnership**
  – Since 2010, ADHS/DBHS has partnered with the ADHS Bureau of Chronic Disease and Tobacco to bring tobacco cessation education and treatment access to behavioral health settings.
  – Referrals from the behavioral health provider community to the ASHLine are higher than any other referral source!
Integration activities at ADHS

- **Maricopa County RFP**
  - System will deliver both physical and behavioral health services by a team of healthcare professionals who are accountable as a whole to demonstrate better healthcare outcomes.
  - For persons who have Medicare benefits (dual eligible members), the RBHA will offer services covered through Medicare through either:
    - A CMS-approved demonstration project—Dual eligible members will be automatically enrolled with the ongoing choice to opt-out.
    - A RBHA/Medicare Special Needs Plan.
Why integrate healthcare services in Arizona?
Maricopa County RFP...
Integration at the Administrative Level

Medicaid Funds
- From AHCCCS

Federal Grant Funds
- From HHS

State General Funds
- From OSPB, Legislature

Other Funds (e.g. County, City funds)
- From Maricopa County, City of Phoenix, Dept of Housing

Medicare Funds
- From CMS since RBHA will be Medicare Special Needs Plan

ADHS/DBHS
One contract = one accountable entity for TXIX SMI members; Responsible for whole health outcomes and for the whole person’s healthcare needs

Maricopa County RBHA

Behavioral health network
- Serves TXIX and non-TXIX adults with SMI, adults without SMI, and children/adolescents; Also provides crisis services to anyone in need

Physical health network
- Serves TXIX adults with SMI only
Maricopa County RFP...Integration at the Direct Service Level

Multidisciplinary team

• Use of evidenced based practices
  • Routine screening, prevention, whole health and wellness focus
  • Care management, chronic disease management and recovery programs
  • Shared medical records

Behavioral Health

Primary Care

Housing Support

Specialty Care

Employment Support

Peer Support

Community & Social Support

Health and Wellness for all Arizonans
Where to learn more?

• ADHS Integrated Health Website: