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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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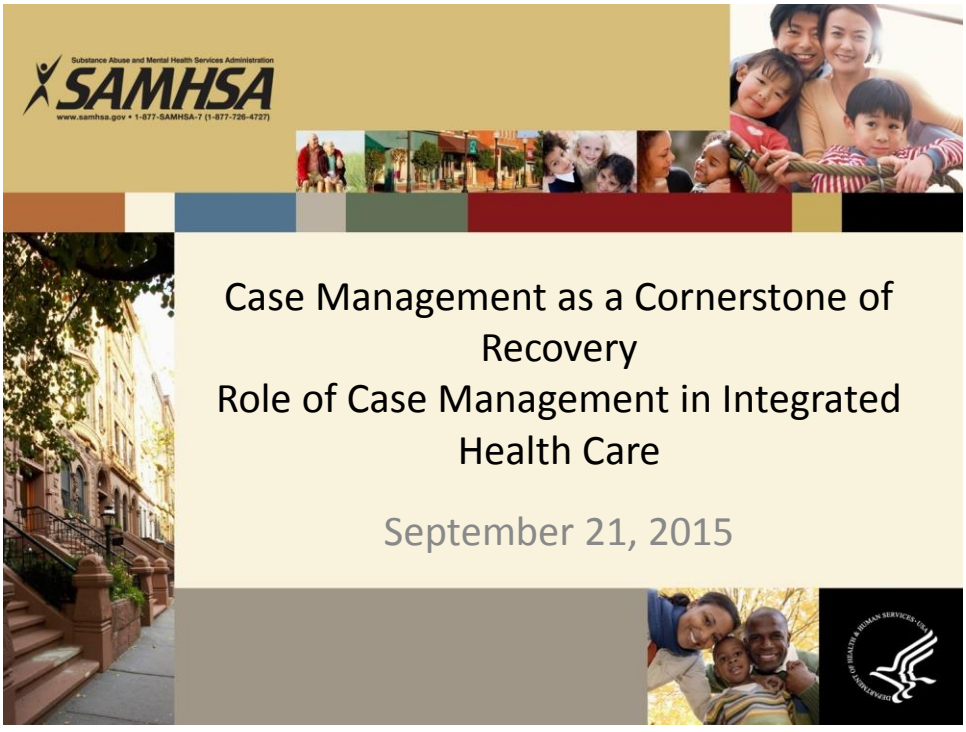
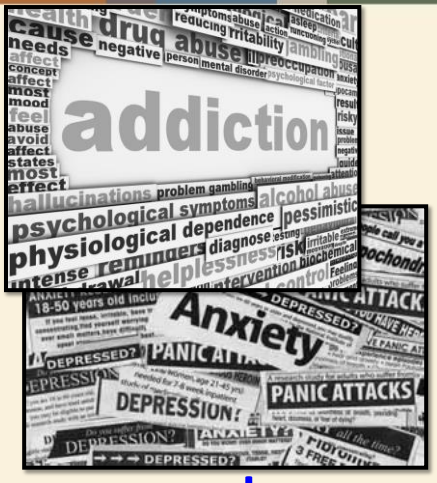
ADVANCING THE BEHAVIORAL HEALTH OF THE NATION

Mary L Fleming
Substance Abuse and Mental Health Services Administration

National Association of Medicaid Directors
2014 Annual Conference
Arlington, VA • November 5, 2014



SAMHSA'S VISION



America is a nation that understands and acts on the knowledge that

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover

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What I hope to cover…

- Why we need to talk about this issue
- How SAMHSA is thinking about it… how do you think we should think about it based on your experience….
- What it means for you and your clients…

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Let's set the context!

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Why is this Discussion Important? Some Data

- High economic burden of behavioral health
- Center for Medicaid and Medicare Services (CMS) recognizes high cost, chronic conditions
- Medicaid population – complexities of disease treatment and costs

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You probably know, but….

- Persons with any mental illness are more likely to have co-occurring chronic conditions eg high blood pressure, asthma, diabetes, heart disease and stroke
- Persons with physical health conditions such as asthma and diabetes report high rates of substance abuse and serious psychological distress

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And more…

- 50% of Medicaid enrollees have a mental health diagnosis
- Persons with diagnosed mental illness and chronic health conditions have health care costs that are 75% higher
- For persons with diabetes the cost of treatment is 4X higher when a co-occurring conditions is left untreated

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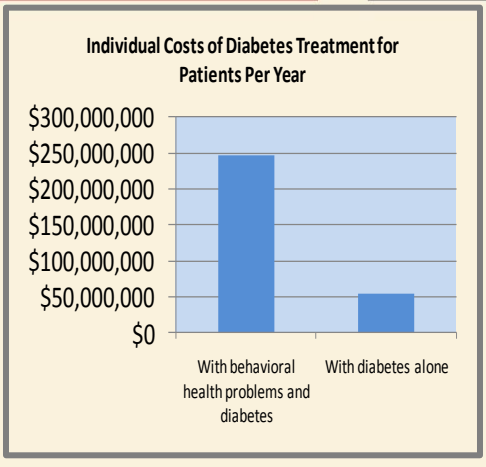
BH IMPACTS PHYSICAL HEALTH

- MH problems increase risk for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness
- Cost of treating common diseases is higher when a patient has **untreated BH** problems, mostly preventable or treatable
- 24 percent of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs
- M/SUDs rank among top 5 diagnoses associated with 30-day readmission, accounting for about one in five of all Medicaid readmissions (12.4 percent for MD and 9.3 percent for SUD)
- Half of Americans will experience M/SUD; half know someone in recovery from SUD



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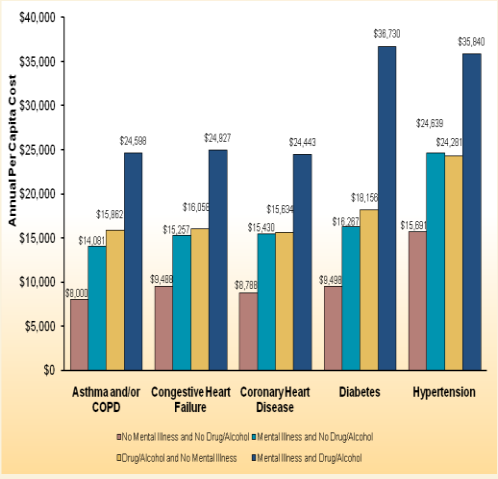
BEHAVIORAL HEALTH CONDITIONS INCREASE COSTS



Boyd, C., Clark, R., Leff, B., Richards, T., Weiss, C., Wolff, J. (2011, August). Clarifying Multimorbidity for Medicaid Programs to Improve Targeting and Delivering Clinical Services. Presented to SAMHSA, Rockville, MD.

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MISSED OPPORTUNITIES – SUICIDE

- Suicide: 40,600 deaths in 2012; **more than homicides, traffic accidents, HIV/AIDS**
  - Almost 1/3 have BAC level above legal limit; growing understanding of connection to other drugs
  - ***9.3 M (3.9 percent) adults had serious thoughts***; over ***2.5 M young people*** in grades 9 – 12 (high school age) have serious thoughts
  - 2.7 M adults (1.1 percent) made a plan; 1.3 M adults (0.6 percent) attempted
- At Primary Care – Question of Suicide Seldom Raised:
  - **77 percent within the year**
  - **45 percent within the month**
  - **18 percent of elderly patients on the same day**
- Discharge from ED: **~ 10 percent of individuals who died by suicide discharged from an ED within previous 60 days**

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How SAMHSA is thinking about this issue…

A public health approach..

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Goal: Healthy Communities

- As defined by the World Health Organization, a healthy community is "one that is safe with affordable housing and accessible transportation systems, work for all who want to work, a health and safe environment with a sustainable ecosystem, and offers access to health care services *[including behavioral health]* which focus on prevention and staying healthy.
- "health is more than the absence of disease," it includes "the full range of quality of life issues."

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What is Behavioral Health in this Context?

- In the context of health integration, behavioral health (BH) means:
  - *The promotion of mental health, resilience, and well being;* **Prevention**
  - *The treatment of mental and substance use disorders;* **Treatment and Rehabilitation** *and*
  - *The support of those who experience and/or in recovery from these conditions, along with their families and communities* **Recovery**

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- Therefore - *Integration, as SAMHSA envisions it, extends beyond health and behavioral health needs. We must address individual's social needs such as housing, employment, education, and transportation and other social determinants of health.*

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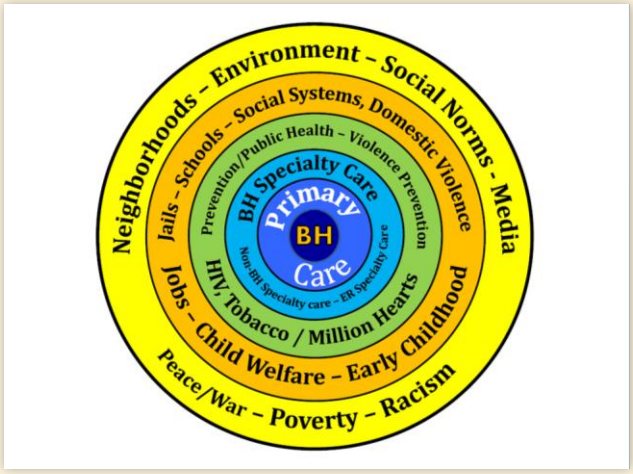
Ecological Model



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Integration Moves Beyond Primary Care

- Health Care Spectrum
  - Primary Care
  - Specialty Care
  - Emergency Care
  - Rehabilitative Services
- Social Supports contributing to Health
  - Housing
  - Employment
  - Basic Needs

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Focus – A Public Health Approach

- Integration rather than silo'd care
- *Prevention and wellness* rather than illness – a public health approach
- Recovery rather than chronicity or disability
- Quality rather than quantity – need better care, not necessarily more care

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So what?

Does this mean anything for you as a case manager or supervisor?

Or… I already knew all that, what's new….

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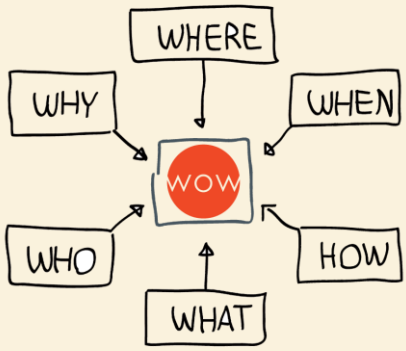
Case Management

Care Coordination



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What is Care Coordination in this Context? Sound Familiar?

•***Deliberately organizing*** patient care activities and ***sharing information*** among all of the participants concerned with a patient's care to achieve safer and more effective care. The ***patient's needs and preferences*** are known ahead of time and communicated at the ***right time to the right people***, and this information is used to ***provide safe, appropriate, and effective care*** to the patient.

•Source: McDonald KM, Sundaram V, Bravata DM, et al. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies, Volume 7—Care Coordination. Rockville, MD: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services; June 2007.

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Cont'd

- Clarifying personal preferences, resources, strengths
- Organizing care activities and sharing information
- Getting the right care from the right people and resources at the right time
- Working with multiple partners and participants who individually provide specialized knowledge, skills and services and who together provide a comprehensive, coherent and continuous response to an individual's unique care needs

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Common Elements of Care Coordination/Case Management

- Accountability
- Individual and family centered support
- Partnerships/relationships across health and human service spectrum
- Communication, information flow

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Activities

- Establish accountability and responsibility
- Communicate and share knowledge
- Assess individual needs and goals
- Creative proactive care plans
- Facilitate care transitions
- Respond to changing needs
- Support individual self-management goals
- Link to community resources
- Align resources with individual and population needs

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Implications

- Primary care practitioners screen for bh conditions
- Behavioral health organizations screen for physical health conditions
- There is training of both sets of professionals
- Create strategies for increasing patients' health literacy and activation across bh and ph
- Deliver integrated team based behavioral health and primary care

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New Skills/Knowledge

- Physical Health Issues
- HIT
- Use of data
- Focus on outcomes, not units
- Increased use of peers and community health workers

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Is this different than what you do now?

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Questions for You

- How well aligned is your organization's expectations of you aligned with these concepts?
  a. Perfectly aligned: we follow this definition in our planning
  b. Somewhat aligned: our definition captures some of these concepts
  c. Not well aligned: there are new activities or functions that are presented here that we haven't included
  d. We don't have a working definition of care management that includes care coordination activities yet ?

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What do you need to work in this environment?

Training?

Technology?

Time?

Higher Pay?

Supervision?

??????

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