Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

# Primary and Behavioral Healthcare Integration: Status of Efforts to Date

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Over the last several years, the integration of primary and behavioral care has been a topic stirring much interest. This interest is driven by a number of factors, including: the recognition of the need to prevent the premature death of persons with serious mental illness; the desire to achieve medical cost offsets, where physical health care utilization and the related costs are reduced by increased access to behavioral health care; and the requirements, contained in federal and state regulation, that Medicaid prepaid health plans must implement integration efforts. This issue is receiving additional attention with the recent passage of federal mental health care insurance parity laws and the Patient Protection and Affordable Care Act of 2010, what is commonly called national health care reform.

Spurred by these factors, **this CMH launched, over the past several years, an aggressive set of efforts – addressing this issue from a number of fronts**. Given this work, and recent discussions of the importance of integration efforts, it seems wise to take stock of the progress made, to date, in this sphere of our work. This document provides such a status check.

## A. CMH's ten-dimension approach

Seeing the issue of integration of primary and behavioral care as requiring action on a number of fronts, this CMH initiated a number of parallel efforts. These efforts centered around the following ten dimensions of health care integration:

1. Co-location
    - A. CMH behavioral care provider at a primary care site
    - B. Primary care providers at a CMH behavioral care site
2. Joint educational efforts of behavioral and primary care providers
3. Assistance for CMH consumers, by CMH,in connecting with primary care providers
4. Healthy lifestyles education, by consumers, with consumers
5. Health checks, by CMH staff or contractors, within the behavioral health care visit
6. Coordination of care between emergency departments within local hospitals and the CMH system
7. Addressing the needs of high utilizers of health care resources
8. Use of an in-house pharmacy to foster the coordinated management of physical health and mental health medications
9. Active involvement in state and local electronic medical record technology initiatives.
10. Community health care coalitions

**B. Progress, to date, in each of these ten dimensions**

**1. Co-location**

**A. CMH behavioral care provider at a primary care site**

**i. CMH staff or contractors at the site**: Mental Health Therapists, from CMH's Adult Mental Health Services (AMHS) Program are located at 3 Federally Qualified Health Center (FQHC) clinics, operated by the Ingham County Health Department. In the first eleven months of the project, 600 consumers received over 2300 behavioral health care visits at those three sites.

Additionally, CMH is a partner in a grant application submitted to the Kresge Foundation, by the Barry-Eaton Health Department, for a co-location effort within primary care clinics funded by the Barry-Eaton Health Plan. While this grant has not been funded, to date, CMH and the Barry-Eaton Health Department are hopeful that, when funded, this will provide an additional integration effort in this community.

**ii. CMH support or supervision of students placed at the site**: In a partnership with Care Free Medical, ***Inc***. (a free clinic operated by a Lansing-based non-profit organization), CMH's AMHS staff provide in-service training on a variety of behavioral health care subjects, over the course of the academic year, to the social work graduate students providing mental health care at the clinic. The AMHS Program Director is a permanent member of the Care Free Medical Behavioral Health Planning Committee.

**B. Primary care providers at a CMH behavioral care site**: CMH has initiated very preliminary discussions with the Ingham County Health Department about such a co-location option. The current lack of space within CMH offices is the major constraining factor. As space use improves, these discussions will be re-initiated in earnest.

**2. Joint educational efforts of behavioral and primary care providers**: CMH initiated the Coordination of Care Dinner/Seminars Series in 2007 in an effort to increase coordination of care between mental health and primary care/physical health care providers. Prior to this initiative, several other efforts with the same goal had been implemented without measurable success. Research to find a better approach, led to the identification of a study, by a Canadian research team, which found (to no one's surprise) that providers who meet face-to face with other providers are more apt to initiate a contact to discuss concerns about mutual patients. Based on these findings, the coordination of care dinner/seminar series was initiated, as the method to foster face-to-face contact and provide a joint learning experience. CMH staff believed that three components would most likely bring primary and behavioral care providers together:

- An educational topic of provider interest
- A good meal
- Continuing Education Credits

To date, CMH has held 9 dinner/seminars. The attendance has ranged in number with the largest turnout being over one-hundred attendees; the average attendance is between 50 and 60 providers. The programs have been well received and have proved to be a venue that promotes discussions between mental health and primary care providers during the evenings and subsequent to the seminars. The program is presented live in Lansing and is simulcast to Manistee, Benzie, Newaygo and Gratiot Counties. As indicated by the list of seminar topics that have been presented through this seminar series, below, the speakers present on topics related to mental health and how they can be addressed in the primary care practice.

| Date | Topic | Presenter |
|---|---|---|
| 3/18/08 | Assessing the Risks of Treatment Strategies for Persons with Mental Illness | Dr. George Grunberger, MD, Endocrinology<br>Dr. James Adamo, MD, Psychiatry |
| 5/27/08 | Morbidity and Mortality Study for Persons with Serious Mental Illness | Dr. Joseph Parks, MD,<br>Director Missouri State Department of Mental Health |
| 9/16/08 | Michigan Pharmacy Quality Improvement Project: Lessons Learned | Dr. Debbie Eggleston, MD, Medical Services Administration, MDCH<br>Dr. Jonathan Henry, MD, Medical Director CMHA-CEI |
| 2/24/09 | Pain Management: A Difficult Dilemma | Dr. John Baker, MD, CMHA-CEI and the MidSouth Substance Abuse Commission |
| 5/19/09 | ADHD in Children and Adults | Dr. Andrew Homa, MD,<br>Chief, Children's Services, CMHA-CEI |
| 9/8/09 | Measurement of Health Status for persons with Serious Mental Illness | Dr. Joseph Parks, MD,<br>Director Missouri State Department of Mental Health |
| 12/1/09 | Approaching Suspected Bipolar Disorder<br>in the Primary Care Setting | Dr. Jonathan Henry, MD<br>Medical Director, CMHA-CEI |
| 3/23/10 | Using and Managing Anti-psychotics in the Primary Care Setting | Dr. Karen Blackman, MD and Dr. Amy Odom, DO<br>MSU College of Human Medicine |
| 6/1/10 | Managing Treatment Resistant Depression in the Primary Care Setting | Dr. Jonathan Henry, MD,<br>MSU Dept. of Psychiatry |

**3. Assistance for CMH consumers, in connecting with primary care providers:**
The mental health care provided to all CMH consumers who receive case management or supports coordination services as part of that package of services, is coordinated with the primary care providers treating these consumers. While this coordination varies widely – depending upon the complexity and frequency of the primary and behavioral

care being received by the consumer- it includes, at a minimum, a release of information allowing the behavioral care staff to communicate with the primary care staff. Additionally, for those consumers receiving medication clinic services, a letter is sent to the primary care provider providing him or her with the psychiatric diagnosis and a list of psychiatric medications that have prescribed by the CMH physician.

**4. Healthy lifestyles education, by consumers, with consumers:** Customer Service Specialists/Peer Support Specialists regularly provide a modified series of education seminars on wellness and healthy lifestyles. These programs, known as Personal Action Towards Health (PATH) and Solutions to Wellness, have been provided to a number of adult consumers with serious mental illness. Additionally, the nursing staff within CMH's Older Adult Services (OAS) program (serving older adults with serious mental illness) provide portions of the Solutions to Wellness modules for OAS consumers.

**5. Health checks, by CMH staff or contractors, within the behavioral health care visit:** Blood pressure and other health measurements are done in the psychiatric clinics of a number of CMH's case management teams – serving adults with serious mental illness. In the Older Adults Services (OAS) this is done regularly; in the medication clinics associated with other casemanagement teams, such health checks occur less regularly and are dependent on the recommendation of the psychiatrist.

**6. Coordination of care between emergency departments within local hospitals and the CMH system:** CMH is involved in three efforts related to the coordination of care between the Emergency Departments of local hospitals and CMH.

Over the past year, the staff of AMHS's Crisis Services Unit and CMH's Medical Director have begun a dialogue with the Emergency Department (ED) physicians of the two largest health care systems in the region: the Sparrow Health System (SHS) and the Ingham Regional Medical Center (IRMC). The first of these meetings, in the fall of 2009, had good success: a wide range of issues of common concern were identified and cross-membership workgroups were formed to address these issues. Additionally, a Steering Committee, made up of members of each of the three parties (SHS, IRMC, CMH), was formed and has met a number of times since the fall 2009 kick-off of the effort.

The major accomplishments, to date, of this partnership include:

1. An increased understanding, by all parties, of the roles and limitations of both the hospital Emergency Departments and CMH's Crisis Services
2. The increased knowledge, by the hospital Emergency Department staff, about the involuntary mental health civil commitment process – including the application and certification processes
3. The development of a unified Emergency Department Clearance for Psychiatric Evaluations that will be used by the Emergency Departments of both health systems. It should be noted that this unified clearance is a unique

community-based health care tool and is rarely found in communities of this size or complexity.

Additionally, this effort worked to support the work of this CMH, both of these health care systems, the City of Lansing, local law enforcement, fire, EMT, and the homeless provider community in opening a sub-acute detoxification center, in Lansing's central city area. This effort works to integrate the physical and behavioral health care needs for persons who were receiving a great deal of high cost care at an inappropriate setting: the area's hospital Emergency Departments. This center will provide lower cost and more appropriate subacute detoxification services to those who have been inappropriately transported to and treated in these Emergency Departments.

The third initiative involves a recent dialogue, sponsored the Human Services Subcommittee of the Ingham County 10 Year Plan to End Homelessness, involving the staff of both the Ingham Regional Medical Center and Sparrow Health Systems, CMH, and other community providers. The aim of this dialogue was to improve the coordination of care for persons, who are homeless, who are being discharged from either the hospital Emergency Departments or the hospital medical/surgical units. CMH is actively involved in this dialogue (a CMH staff person chairs this subcommittee) in that number of these discharged patients are also CMH consumers. The first Community Case Coordination meeting for a frequent patient of the Sparrow Health Systems Emergency Department will be held in August 2010 with representatives of CMH's Adult Mental Health Services (AMHS) and Substance Abuse Services (SAS) programs in attendance.

**7. Addressing the needs of high utilizers of health care resources**: CMH is involved in two efforts aimed at addressing this issue.

Through their participation in the Coordination of Care Dinner Seminars (described above), Physicians Health Plan (PHP) one of the Medicaid Health Plans in the region (a Medicaid Health Plan provides health care coverage/payment for services to Medicaid participants who are enrolled in the plan) proposed a joint effort, with CMH, to identify mutual patients/consumers who are high utilizers of medical and psychiatric services and to develop, collaboratively, methods to:

- Improve the overall mental and physical health of these patients/consumers
- Reduce the hospitalization rates, for both psychiatric and medical causes, for these patients/consumers
- Better manage care in both physical health and mental health settings, for these patients/consumers.

High utilizers of services were defined as those persons who:

- receive more intensive outpatient services than the average patient/consumer
- have higher, than average, usage of emergency services for both psychiatric and medical reasons,
- Have complex medication regimens

The staff of both Community Mental Health and PHP have identified individuals that they serve (and that may be served by the other party) and who meet most of these criteria. These persons have been enrolled in the High Utilizer program. Once an individual is enrolled in the High Utilizer program, the case manager from PHP and the case manager and/or assigned nurse from CMH meet to discuss the patient/consumer, his or her health care use patterns, and health care needs. These two staff then work closely with each other to ensure that the services provided are compatible and are supported by both providers.

This program is in its infancy, with the early signs of the value of increased collaboration starting to show.

The second initiative, in its early stages, involves the participation of the staff of CMH's Adult Mental Health Services program (AMHS) in the Utilization Management Committee of the Ingham Health Plan (IHP). The IHP provides primary health care and, for some enrollees, inpatient care, for low income persons who do not have access to Medicaid, Medicare, nor commercial insurance. CMH's involvement was sought by the IHP to work to develop behavioral health care approaches to more appropriately meeting the needs of IHP enrollees with patterns of high health care service use. This effort is expected to bear fruit over the next year.

**8. Use of an in-house pharmacy to foster the coordinated management of physical health and mental health medications**: For over a decade, this CMH has provided in-house pharmacy services to its consumers, in partnership with Clinical Pharmacy Services of Mid-Michigan, a private pharmacy firm, on contract with CMH.

The in-house pharmacy dispenses all medications (medical and psychiatric) for consumers who reside in our group homes or for whom we administer medications (ACT, OCMS, etc). They also provide medications to AFCs who may not be under contract with us but have residents who are CEI consumers.

By locating the pharmacy within CMH's Jolly Road offices, where close to a 1,000 consumers are served by medication clinics, we have found (as we had hoped) that the convenience of filling prescriptions at the same location as the prescription is written will encourage consumers who live independently to also use our pharmacy for psychiatric and other medications.

The in-house pharmacy fosters primary and behavioral care integration and improved quality of care by:

a. Providing information to clinicians on request for all medications filled for a consumer by our pharmacy.

b. Notifying clinicians of potential drug interactions so that adjustments can be made.

c. Because of extensive sample stock and use of patient assistance programs including the innovative AZ&Me program, ensuring that consumers without insurance can access needed medication.

d. Alerting prescribers when prescriptions are not filled or medications are requested to be refilled too early (potential drug abuse).

e. Both medical and psychiatric medications are dispensed in a variety of ways to best meet the needs of each consumer/resident of a group home. These include blister packaging and other unit dose systems such as doc-u-dose

**9. Active involvement in state and local electronic medical record technology initiatives.** CMH is involved in two separate initiatives aimed at allowing improving treatment by allowing mental health and physical health professionals to share consumer medical information electronically.

At the State level, this CMH has been working with the Michigan Health Information Network (MiHIN), as it designs the technical infrastructure that will eventually allow such sharing of information. This work started with the Governor's "Conduit to Care" planning document in 2006. More recently this CMH was nominated and selected to represent the needs of the behavioral heatthcare community on the MiHIN Privacy and Security committee.

At the local level this CMH has provided leadership (including membership on the Board of Directors), funding and workgroup participation in the Capital Area Regional Health Information Organization (CARHIO). CARHIO, serving Clinton, Eaton and Ingham Counties, was created with state sponsorship to build an information system to allow local providers to share healthcare records.

**10. Community health care coalitions:** CMH is involved in dozens of community coalitions, addressing a wide range of human services and community needs. A number of those coalitions revolve around health care. Two of those coalitions, of which CMH has a seat on the Board of Directors, are: the Lansing Latino Health Alliance and the Capital Area Health Alliance. Both work to address, in an integrated way, the physical and mental health needs of this community.