

INTEGRATION OF MENTAL HEALTHCARE AND PHYSICAL HEALTHCARE



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- Why is integrated healthcare such an important issue ?
- What is OCCMHA doing to bring about this integration?

IMPORTANCE

- People with mental illness have a much higher incidence of life-shortening physical illnesses than the general population.
- People with mental illness have a high incidence of metabolic disorders including obesity, diabetes mellitus, hyperlipidemias, hypertension, cardiovascular disease and stroke.
- People with mental illness die 25 years sooner than people without mental illness.

OAKLAND COUNTY CMHA INTEGRATION INITIATIVES

- ◉ Flexible Multi-Site Multi-Approach
- ◉ Electronic Health Record/Central System
- ◉ Data Sharing Project
- ◉ High Utilizer Project
- ◉ Co-Location Behavioral Health in FQHC- Flinn Foundation
- ◉ Co-Location FQHC Look -a- Like in Core Provider Agency
- ◉ Co-Location: FQHC in Core Provider Agency
- ◉ Capacity Building: Pursuit of FQHC/FQBHC

ONE FOCUS: COLLABORATIVE DATA SHARING

Opportunity

Risk Sharing

Priority Setting

Commitment

Follow Through

DATA SHARING PROJECT

- Pilot project initiated by the Department of Community Health to encourage integration of mental healthcare and physical healthcare.
- Great Lakes Medicaid Health Plan has partnered with OCCMHA to share data on common consumers.

DATA SHARING PROJECT

GREAT LAKES HEALTH PLAN & OCCMHA

Significant Findings

- ◉ Shared consumers: 2,281
- ◉ Consumers seen at OCCMHA but not seen at Great Lakes Health Plan: 700
- ◉ Identification of “High Utilizers”

DATA SHARING PROJECT

GREAT LAKES HEALTH PLAN & OCCMHA

The tables below identify those individuals who have been identified as high utilizers in both physical health and mental health services. A total of 250 individuals were identified by GLHP as high utilizers. These individuals were identified based on the number of emergency room visits and inpatient hospitalizations. For OCCMHA, individuals with high mental health needs were identified as having at least one psychiatric hospitalization in the past 12 months or currently in an ACT Level of Service.

Of the 250 Individuals, Total Number of Persons served by OCCMHA Provider Services	43	17.2%
Total Number of Persons identified as high utilizers of mental health services from the 43 common consumers.	9	20.9%

Number of GLHP Office Visits	# of Consumers	# of Consumer PH Hospital Admissions	# GLHP ER Visits Consumer	CMH Psych Hospital Admits	CMH Hospital Total Days
0	3	12	11		
1-2	9	15	60	6	39
3-4	6	17	38	14	134
5+	25	93	154	6	83
Totals	43	131	263	26	256

HIGH UTILIZERS FOR MENTAL HEALTH AND PHYSICAL HEALTH

PH Admits	PH ER	Psychiatric Hospitalization	CRU Residential Admission	ACT
4	0	3	0	
3	0	2	0	
4	0	3	0	
0	35	2	1	
0	15	1	0	
3	0	1	0	
4	0	2	0	
0	8	1	0	Yes
0	6	4	0	

SO WE SHARE DATA

**What are we going
to do about it?**

HIGH UTILIZER PROJECT (PROBLEM STATEMENT)

- ◉ **Problem/Diagnosis Statement:** There is an identified population of consumers, who in spite of utilizing a high number of services are not achieving the positive outcomes they desire. High risk consumers are identified by the following use of services:
- ◉ Consumers engaging in high risk behaviors/ self-destructive behaviors/anti-social behaviors
- ◉ 6 or more visits to a crisis screening unit in the past 6 months.
- ◉ 12 or more visits to emergency rooms in the past 6 months.
- ◉ 3 or more admissions to medical/psychiatric or crisis residential units in the past 3 months.
- ◉ Relapse following treatment in a residential substance abuse unit within 6 months of discharge and/or failure to respond to outpatient substance abuse treatment for the past 6 months,
- ◉ 3 or more criminal charges within 3 months
- ◉ 2 or more failed specialized residential placements in 1 year.

HIGH UTILIZER PROJECT (QUALITY OF LIFE MEASURES)

- ◉ **Mission Statement:** To improve the quality of our consumers' lives through collaboration and consultation. Improvement in quality of life will be measured by:
- ◉ A positive movement in the individual's Stage of Change related to the high risk behaviors/self-destructive behaviors/anti-social behaviors at time of referral.
- ◉ A 10% decrease in visits to crisis screening units in the next 6 months.
- ◉ A 10% decrease in frequency of emergency room visits in the next 6 months..
- ◉ A 10% decrease in frequency of admissions to medical or psychiatric units in the next 6 months.
- ◉ A 5% decrease in readmissions to residential Substance Abuse treatment units in the next 6 months and/or positive movement within the Stages of Change.
- ◉ A 10% decrease in the number of criminal charges in the next 3 months.

HIGH UTILIZER PROJECT (TEAM MEMBERS)

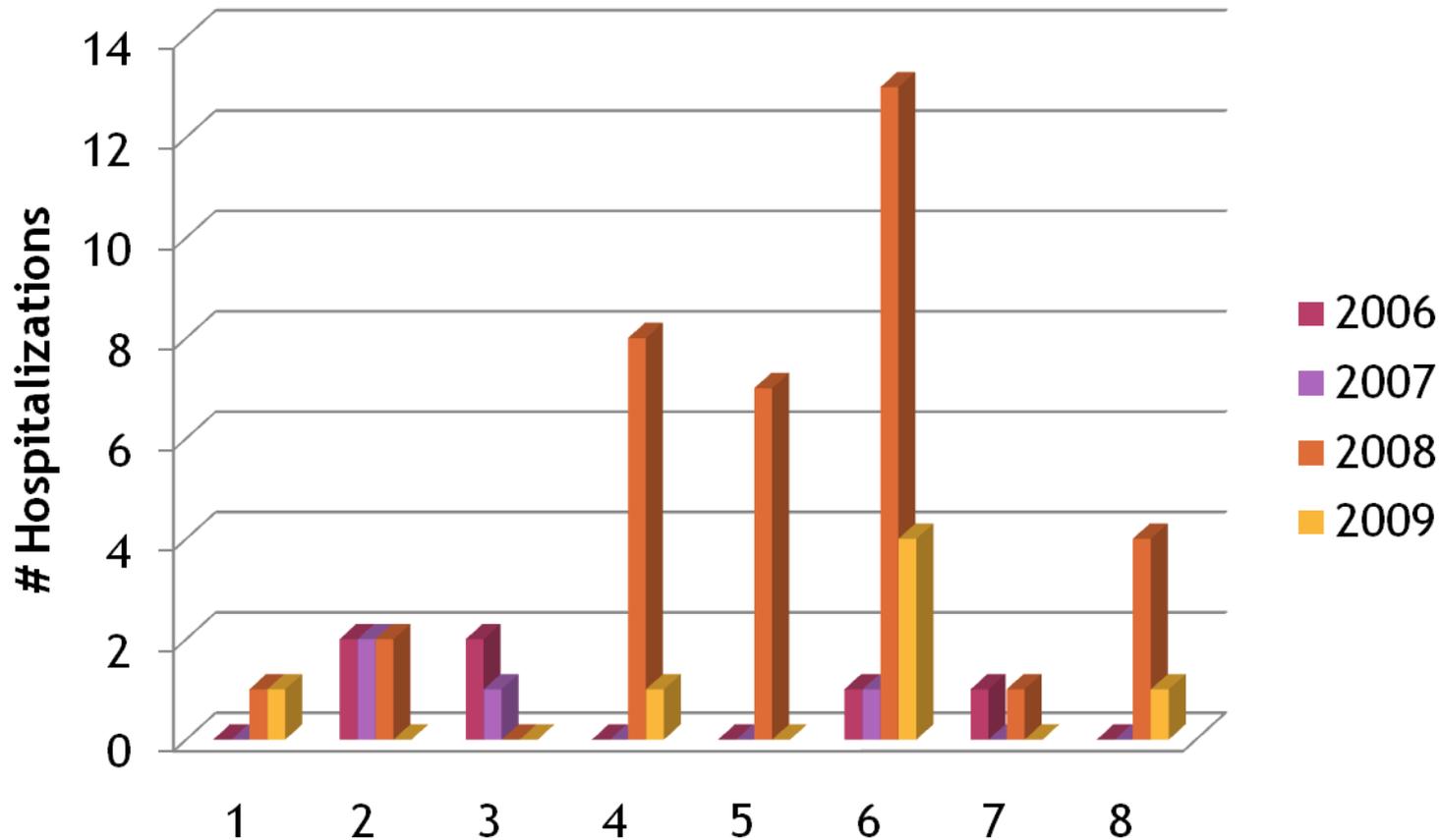
○ Customers-Internal and External:

- Internal Customers-The members of the committee, clinical and administrative staff at our workplaces, courts, hospitals, and all agencies that we interact with concerning high utilizers.
- External Customer-The community at large, consumers and their families/friends.
- **Team Members and Their Duties:** Getting the right persons involved was crucial to the success of the project. The participating CPA/MHP members used feedback from peers, sharing of best practices guidelines, and building on their own improvement efforts to provide recommendations and offer support to staff, consumers and family members in attendance.

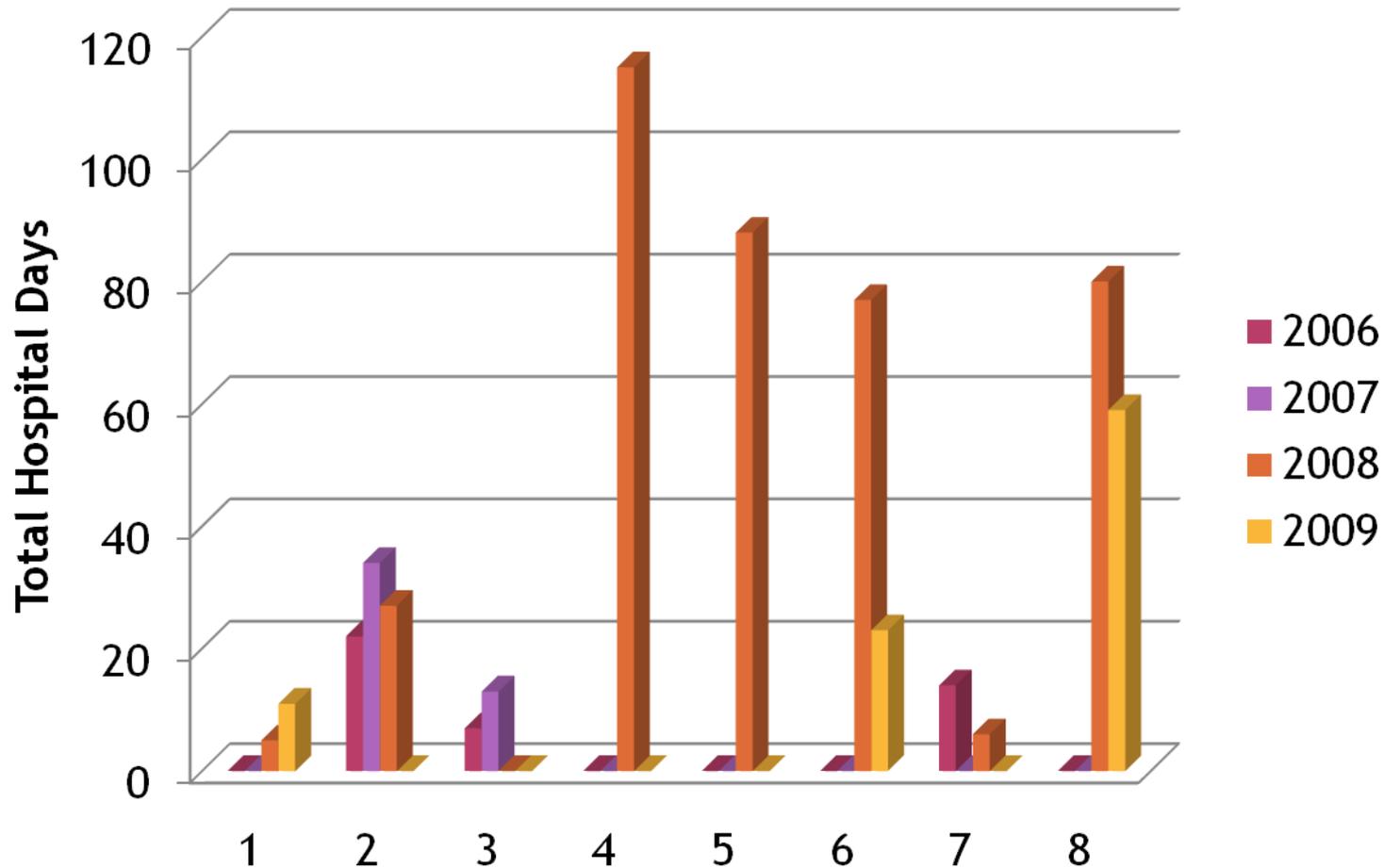
Medical Director/Psychiatrist	Office of Substance Abuse Staff
Clinical Administrators/ Supervisors from Contracted Agencies	MHP Case Manager
Consumer Representative	UM Management Staff
Recipient Rights Staff	QM Management Staff
Crisis Center Representative	Administrative Assistant

TOTAL COMMUNITY HOSPITALIZATIONS PER CONSUMER PER FISCAL YEAR

The following chart represents the total number of community hospitalizations per consumer per fiscal year. The three consumers with the high number of inpatient hospitalizations were introduced to the committee in 2008. The remaining consumers were reviewed on a regular basis for the three year period and continue through FY 2009.



TOTAL COMMUNITY HOSPITAL DAYS PER CONSUMER PER FISCAL YEAR



“People with fragmented lives will never do well in a fragmented healthcare delivery system with fragmented funding serving fragmented conditions in a fragmented provider network across fragmented settings with fragmented medical records. It’s time for a change.”

Steven M. Stein, MD, MHS
Chief Medical Officer
Great Lakes Health Plan
AmeriChoice/UnitedHealth Group

COMMENTS...QUESTIONS??