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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>SMI (N=9224)</th>
<th>Non-SMI (N=7352)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver Disease</td>
<td>6.3</td>
<td>5.9</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>11.1</td>
<td>11.1</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>21.7</td>
<td>20</td>
</tr>
<tr>
<td>Dental Disorders</td>
<td>16.5</td>
<td>16.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>11.5</td>
<td>11.1</td>
</tr>
<tr>
<td>Cancer</td>
<td>28.4</td>
<td>28.4</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>COPD</td>
<td>33.9</td>
<td>33.9</td>
</tr>
<tr>
<td>Obesity/Dyslipid</td>
<td>22.8</td>
<td>22.8</td>
</tr>
<tr>
<td>Gastro-Intestinal</td>
<td>59.4</td>
<td>59.4</td>
</tr>
<tr>
<td>Skeletal-Connective</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Percent Members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above shows the percentage of members in each group with different health disorders. The SMI group (SMI (N=9224)) and the Non-SMI group (Non-SMI (N=7352)) are compared across various disorders.
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
A Few Observations

- The leading contributors include significant preventable causes
- Lifestyle issues are significant
- Side effects of medications are significant
- Inattention by medical and behavioral health professionals is significant
- And inadequate care is very expensive!
Principles

- Physical healthcare is a core service for persons with SMI
- Behavioral Healthcare systems have a basic responsibility to ensure:
  - Access to preventive healthcare (e.g. wellness + recovery)
  - Management and integration of medical care for people with SMI
New Medicaid State Option for Healthcare Homes – Section 2703 Affordable Care Act

- State plan option allowing Medicaid beneficiaries with or at risk of two or more chronic conditions (including mental illness or substance abuse) to designate a “health home”
- Community mental health organizations are included as eligible providers
- Effective Jan. 2011
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 homes take a “whole person” approach and emphasizes:

- Providing **health and wellness** education and opportunities
- Assuring consumers receive the **preventive and primary care** they need
- Assuring consumers with **chronic physical health conditions** receive the medical care they need and assisting them in managing their chronic illnesses and accessing needed community and social supports
- Facilitating **general hospital admissions and discharges** related to general medical conditions in addition to mental health issues
- Using **health technology** to assist in managing health care
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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