Sharing Resources to Create Integrated Care Models in Community Health Settings

Linda Vail, Health Officer, Ingham County Health Department
Robert Sheehan, CEO, Community Mental Health Authority Clinton-Eaton-Ingham Counties

Ingham County Health Department

Community Mental Health Clinton • Eaton • Ingham

Ingham Community Health Centers

Introduction

- Ingham County Health Department: A public entity FQHC
- Human Services Campus: ICHD, CHC Clinics, MDHHS, CEI-CMH, TCOA, MSU Extension,
- The vision: Primary, Secondary and Tertiary Prevention

Levels of Prevention

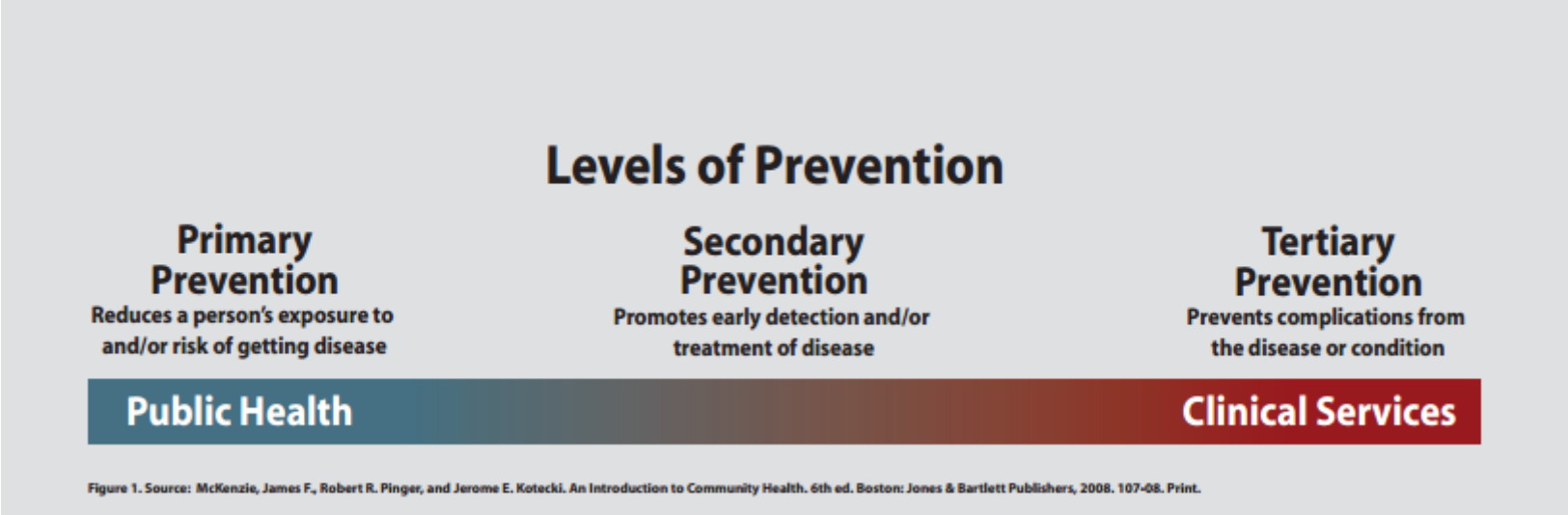
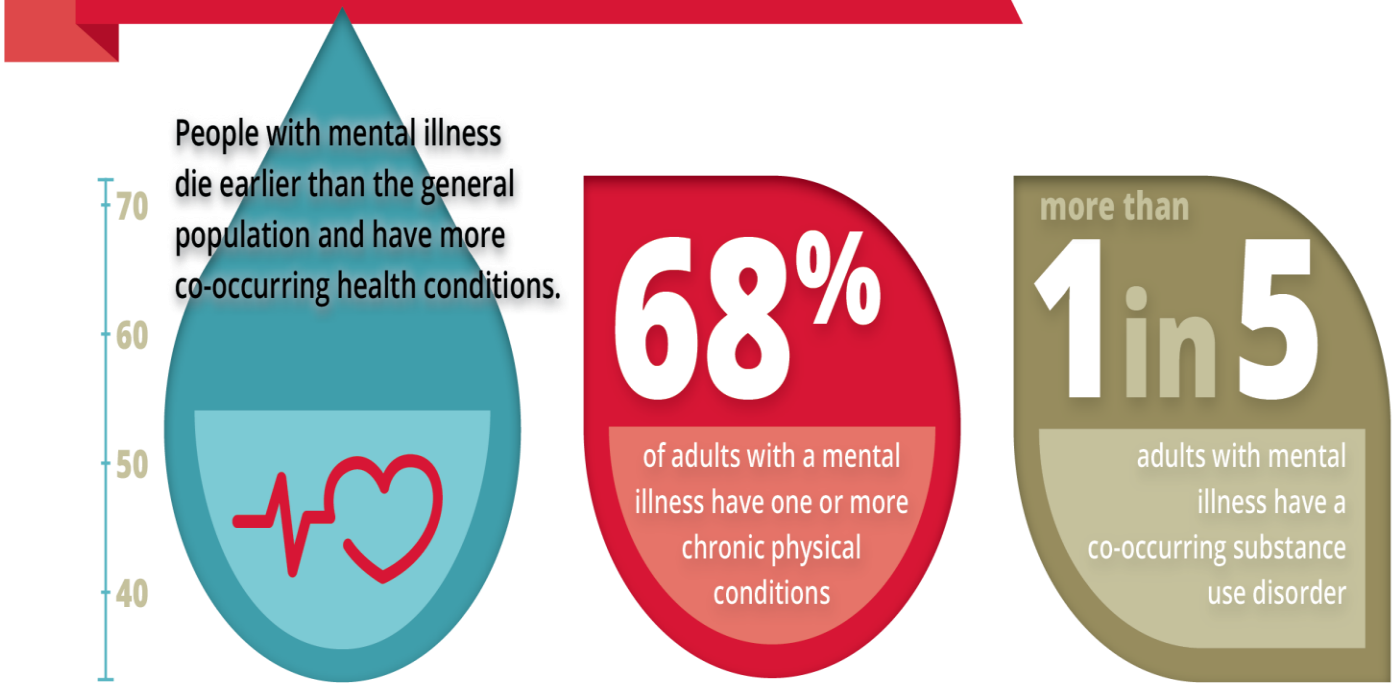


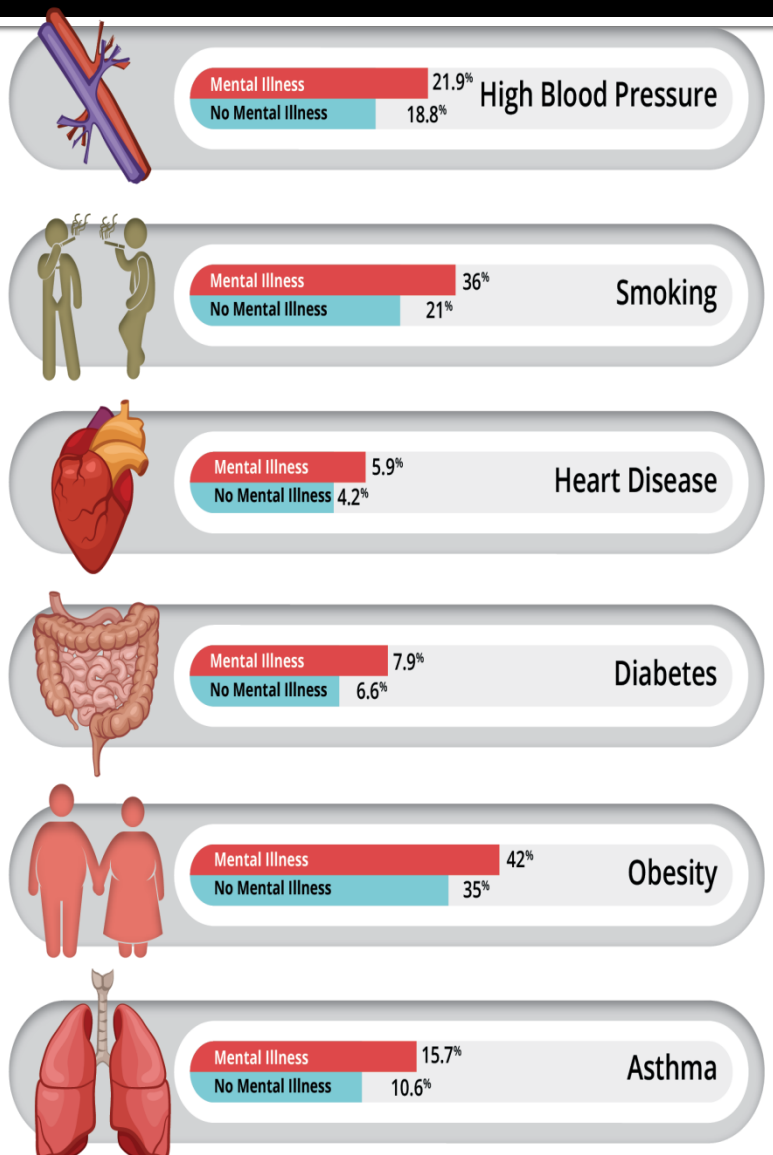
Figure 1. Source: McKenzie, James F., Robert R. Pinger, and Jerome E. Kotecki. An Introduction to Community Health. 6th ed. Boston: Jones & Bartlett Publishers, 2008. 107-08. Print.

A Shared Purpose

- Serious Mental Illness and Health Disparities
- Access to systems: the warm handoff

The PROBLEM


People with mental illness die earlier than the general population and have more co-occurring health conditions.
70
60
50
40
68%
of adults with a mental illness have one or more chronic physical conditions
more than
1 in 5
adults with mental illness have a co-occurring substance use disorder


Mental Illness
21.9%
No Mental Illness
18.8%
High Blood Pressure
Mental Illness
36%
No Mental Illness
21%
Smoking
Mental Illness
5.9%
No Mental Illness
4.2%
Heart Disease
Mental Illness
7.9%
No Mental Illness
6.6%
Diabetes
Mental Illness
42%
No Mental Illness
35%
Obesity
Mental Illness
15.7%
No Mental Illness
10.6%
Asthma

The SOLUTION

The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

Integration Requirement

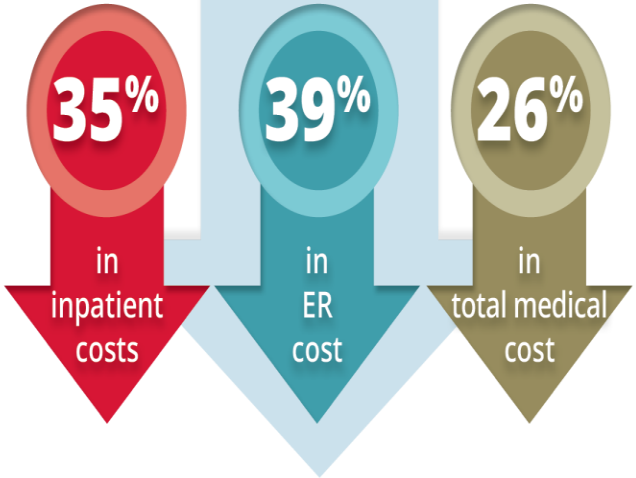
- Increasingly MDHHS Appropriations boilerplate language calls for primary and behavioral health care integration (PBHCI)
- The MDHHS contract with Medicaid Specialty Prepaid Inpatient Health Plans (PIHP) and the Community Mental Health Centers calls for PBHCI
- HRSA requires FQHCs to provide behavioral health services or have contractual referral process in place
- PCMH accreditation and recognition place special emphasis on behavioral health integration

Components of Integrated Care

- Good communication and coordination among behavioral health and primary care providers
- Shared behavioral health treatment plans, problem lists, medication lists, and lab results
- Joint decision making by behavioral health and medical providers on patient treatment
- Co-located services

INTEGRATION WORKS

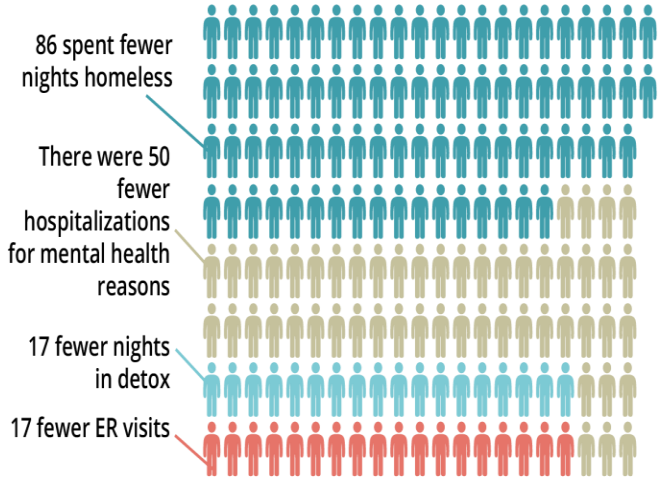
Community-based addiction treatment can lead to...



Reduce Risk ➡ Reduce Heart Disease
(for people with mental illnesses)

Maintenance of ideal body weight (BMI = 18.5 – 25)	=	35%-55% decrease in risk of cardiovascular disease
Maintenance of active lifestyle (~30 min walk daily)	=	35%-55% decrease in risk of cardiovascular disease
Quit Smoking	=	50% decrease in risk of cardiovascular disease

One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:



This is **$213,000** of savings per month.

That's **$2,500,000** in savings over the year.

Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.

Partnership Development

- ICHD and CMH are public entities with direct accountability to local elected officials and the community
- Sparrow Health System and MSU Department of Psychiatry partnerships with ICHD and CMH
- Integration at different levels: senior management, direct line management, practitioners
- Shared expertise in community resources, as well as experience in navigating and linking with those resources.

Behavioral Health in FQHC Clinics

BHCs role:

- brief outpatient therapy
- patient consulting/skill building
- patient activation
- group therapy/interventions
- consulting with providers
- assisting providers in better understanding mental health diagnosis and its impact
- facilitating health screenings and developmental surveillance
- addressing the behavioral health needs of patients
- addressing behavioral health aspects that arise in the treatment of their physical health condition.

Shared Resources: BHCs in Community Health Centers

- Supervision, support and training for BHCs (while essential to quality BHC work, it is typically not provided for BHCs who are not connected with the CMH system)
- BHC's have ready access to and understanding of the patient's/consumer's clinical record at CMH, providing essential context and behavioral health history key to BHC work, and effectively partnering with primary care.
- Seamless connections with more intensive CMH services for patients/consumers with behavioral health needs greater than can be effectively managed at the primary care center.

A Warm Hand off and More

- As all patients/consumers seen by a CMH BHC will be CMH consumers, the CMH BHCs can transfer the patient/consumer to a higher level of care within the CMH system, without losing contact with the patient/consumer and not simply refer to the patient/consumer to a higher level of care as would be done by a non-CMH affiliated BHC.

CMH is uniquely qualified

- Long history in engaging and offering supportive services for individuals with complex co-morbid needs and needs outside of traditional healthcare
- Expertise with the full range of mental health needs – from mild to severe
- Leaders in the provision of Evidenced Based Practices, and in data-driven care.
- Longstanding commitment to pairing psychotropic medications in tandem with behavioral health treatment

Developing the Vision

- 2002: Co-location is discussed by ICHD and CMH, with primary and behavioral health care integration (PBHCI) seen as a core healthcare delivery structure.
- Lack of stable and sustainable financing halted movement toward integration/co-location.
- The early discussions, vision, enhanced interactions, and closer ICHD-CMH relationships laid the groundwork for the current partnership.

- 2010 – 2011, Initial co-location: Federal stimulus dollars makes possible the provision, by CMH, of BHCs at three adult health FQHC sites

- ICHD joins discussions with MSU's Departments of Family Practice and Psychiatry and CMH.

- 2013: Mobile primary care clinic, operated by ICHD, two afternoons per week on the grounds of the CMH campus, with the aim of serving CMH consumers.

BIRCH

- 2013: CMH provides newly designed and renovated suite within CMH's main campus. Creates co-location opportunity with full-service pharmacy, 24/7 psychiatric crisis center and psychiatric inpatient screening center, psychiatric clinic, short term crisis residential beds, and teams of case managers and other behavioral health clinicians.
  - 6 exam rooms
  - case conference/huddle/meeting space
  - provider and residents offices
  - clinic management offices
  - lab space

BIRCH


COMMUNITY
MENTAL HEALTH
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812 East Jolly Road

BIRCH


Ingham Community
Health Center

BIRCH

- BIRCH Center opens with FQHC look-alike designation. Staffing includes PA-C/NP, Medical Assistant, Nurse, front office staff, and a CMH Nurse Care manager who serves as the liaison between BIRCH and the CMH treatment team
- New Access Point funds awarded to ICHD in 2015. BIRCH receives full FQHC designation and increases staffing. Physician, second medical assistant, additional office staff, and a full time CMH Behavioral Healthcare Consultant.
- In a partnership between ICHD, CMH, and the MSU Department of Psychiatry, a psychiatrist is added to the staffing complement at BIRCH

Not Always Smooth

- Examples of problems/confusion
- Structure to improve communication:
  - Daily huddles of ICHD and CMH staff in the BIRCH Center
  - Regular meetings of the ICHD management staff who oversee BIRCH and the CMH staff who supervise CMH's BHCs
  - As needed meetings of the leadership of ICHD, CMH, MSU and Sparrow Health

Staying Power/Relationships