CAN WE IMPROVE HEALTH BY COLLABORATING ACROSS SYSTEMS?

the results of two pilots between primary care and mental health

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Why Integrated Care?

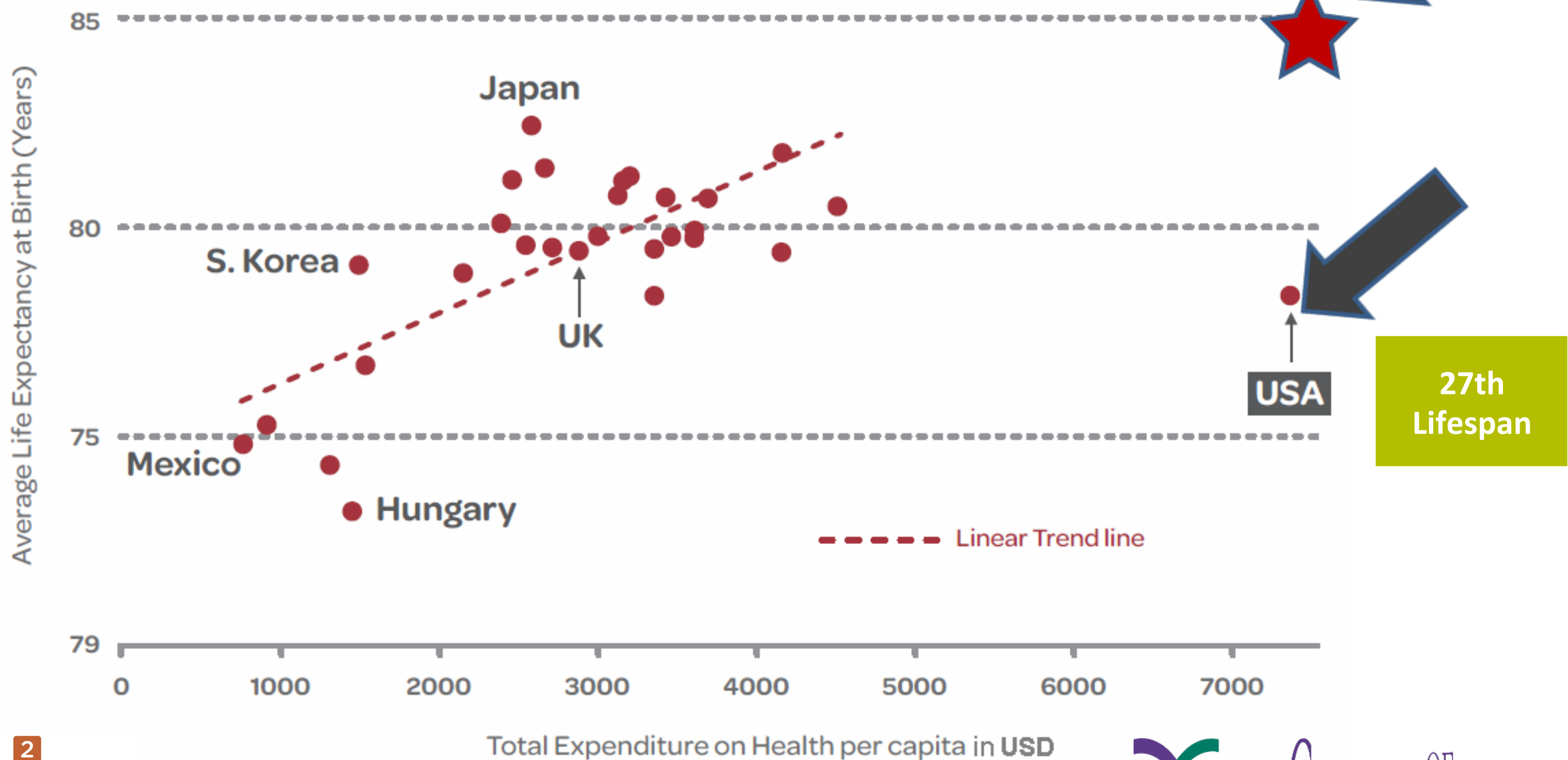
The triple aim of health care reform

Improved patient and provider experience

Better health care outcomes for patients and populations of patients

Lower health care costs

Why? Reducing Healthcare Spending



19, 2014.

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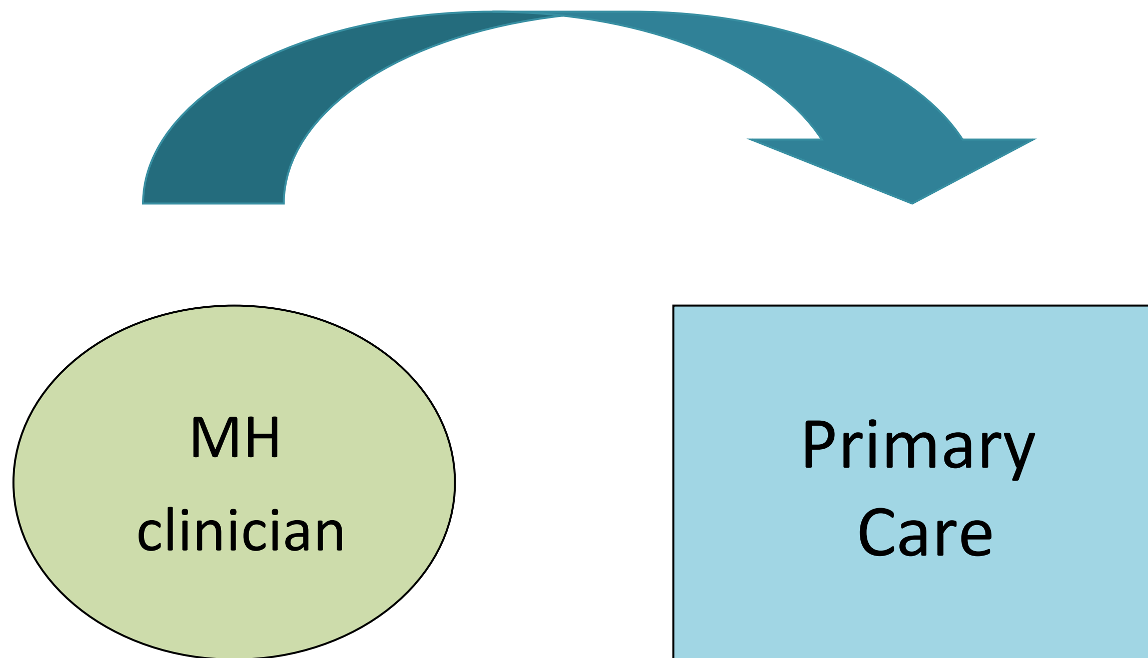
When we started *Integration* was



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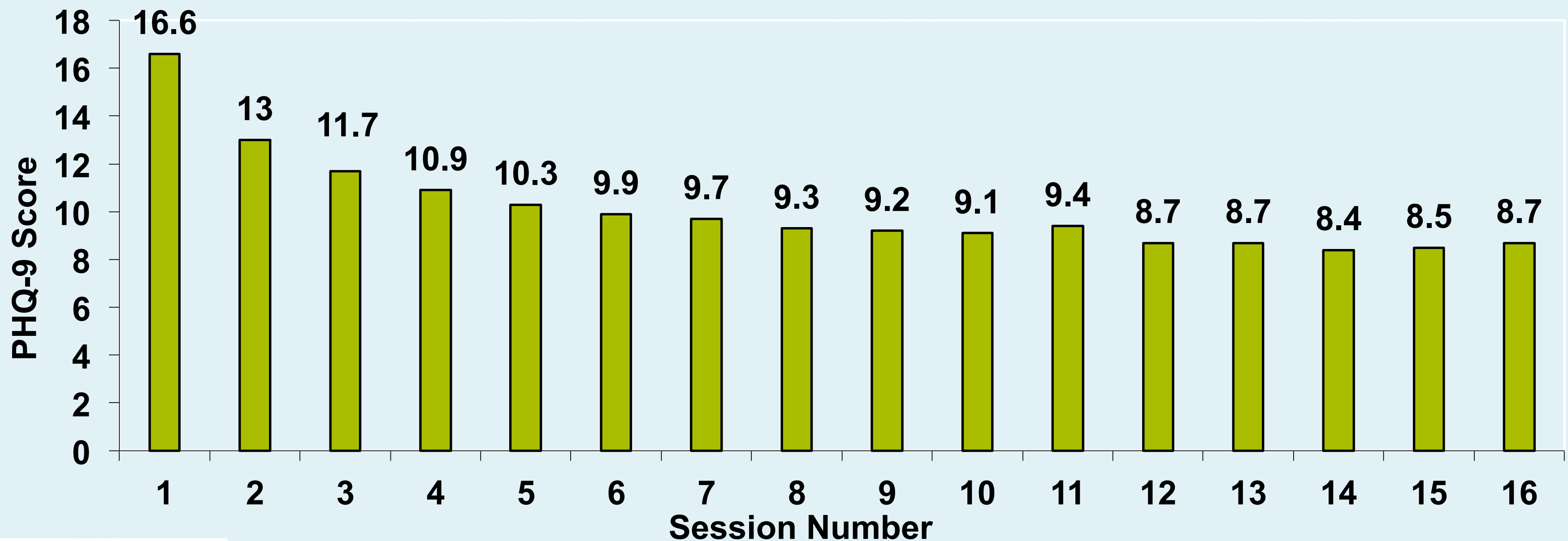
COUNCIL OF COMMUNITY CLINICS

IMPACT

IMPACT clients complete PHQ-9 at each visit.
Graph represents PHQ-9 scores for 2,029 A & OA's seen between June 2007 and Dec 2013.



"Reverse" Integration

Mental Health Program

NCM

Primary Behavioral Healthcare Integration Project (PBHCI)

- Four year project funded by SAMHSA
- One of initial 13 demonstration projects funded across the US

Nurse Care Managers (NCMs) embedded in MH programs, screening for;

- Diabetes
- Hypertension
- High Cholesterol
- Obesity
- Smoking

PBHCI Screening results

Age: 18-24 years (18); 25-44 years (163); **45-64 years (243);** 65+ (20)

Diabetes	92/357	25.7%
Hypertension	121/436	27.8%
High Cholesterol	177/353	50.1%
Obesity	233/436	53.4%
Smoking	153/433	35.3%

How? Learning Communities

Community Mental Health Providers

SYSTEM OF CARE

Community Health Centers

Substance Misuse Treatment Providers

Learning Communities

Varied and Interesting Reactions

MH

“You had me at hello!”

PC

“Do you really need me there?”

AOD

“Wait, what?”

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Pilot Objective

Test a couple of strategies for improving quality of care, reducing redundancy and lowering cost by coordinating care across systems.

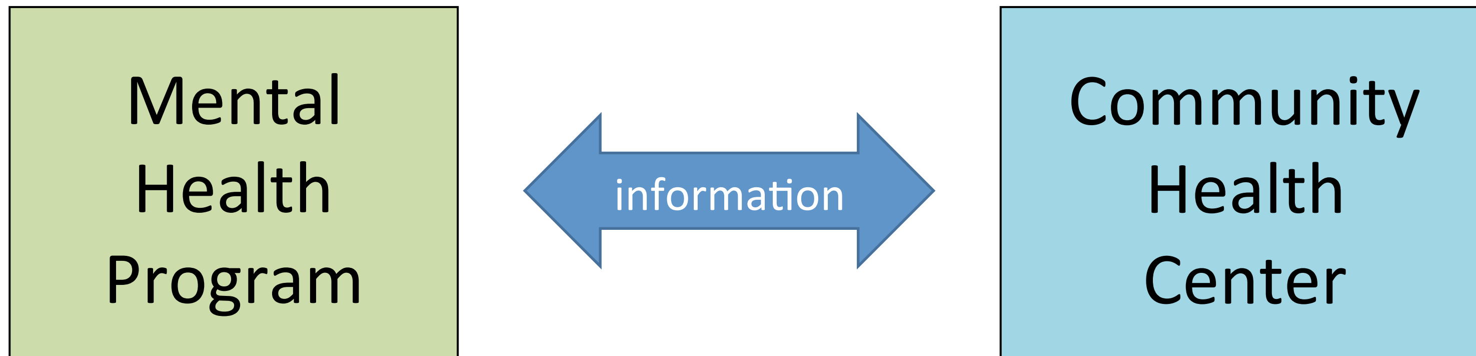
Address 25 year mortality disparity

People with serious mental illness die, on average, 25 years earlier

Only a small portion of such deaths attributable to MH.

Most deaths caused by the same preventable and treatable illnesses that kill the rest of us.

Shared Treatment Planning



North Coastal Mental Health

North County Health Services

Shared Treatment Planning Pilot

What the provider is saying

"As a provider, this process makes me more confident that my patients are receiving coordinated, appropriate treatment and care that will ultimately lead to better health."

Denise Gomez, MD, NCHS

Shared Treatment Planning Pilot

What the providers is saying

Top three benefits:

- *Overall client health improvement*
- *Ability to develop joint treatment goals*
- *A better understanding of how our services interrelate**

Shared Treatment Planning Pilot

What the provider is saying

Top four things they learned about their pt/clt

- *Medication prescribed by other provider*
- *Add'l information re potential substance abuse issues**
- *Needs that might be addressed by other agency*
- *Kind of interagency coordination needed to improve pt/clt over health*

Shared Treatment Planning Pilot

What the provider is saying

A patient came into our mental health facility and said he was diabetic. Our nurse was trying to determine whether the patient was testing his blood sugar and taking insulin or if he was being noncompliant. The North Coastal MH nurse talked to the NCHS nurse and found out the patient wasn't diabetic, but rather the doctor told him he needed to make changes to his diet to improve his health (and avoid possibly becoming diabetic). The nurses were able to explain to the patient what the real issue was.

North Coastal MH Program Director

Transition Visit Pilot

UCSD/Gifford

Family Health Centers of San Diego

La Maestra Community Health Center

San Diego Family Care

Transition Visit Pilot Criteria

- Have a stable medication regimen for at least six months
- Not be receiving Intra-Muscular Psychotropic meds
- Have a good record of keeping med mgmt. appts.
- Be able to function as "meds only" client without the need for intensive services for at least 6 months
- Have a score of at least 5 (and clinically stable) on the Milestones of Recovery Scale (MORS)
- Have a stable living arrangement
- Have Medi-Cal

Transition Pilot

What the clients/patients are saying

"You guys make it pretty easy to switch. It's more convenient to get everything done over there. I'm all set over there, I'm not worried. Dr. Gordon takes good care of me & always checks on my mental & physical health."

Transitioned Client

Transition Pilot

What the clients/patients are saying

"I've been keeping my appointments at La Maestra related to the transition. Its was hard to leave Gifford clinic but I think I have a solid relationship established with La Maestra and I'm in good hands. I feel like this this change is evidence of progress in my recovery"

Transition Pilot

What the clients/patients are saying

"You guys have been really good to me the last 24 years, thank you. You and Katherine have done a great job. I think it was very helpful to get to know Katherine @ Gifford for that visit & then get to see her over @ Mid-City. It's nice to know I can come back to Gifford if things get bad."

Transition Pilot

What the providers are saying

Most successful aspect of Pilot:

- *Gained a referral contact at the other agency*

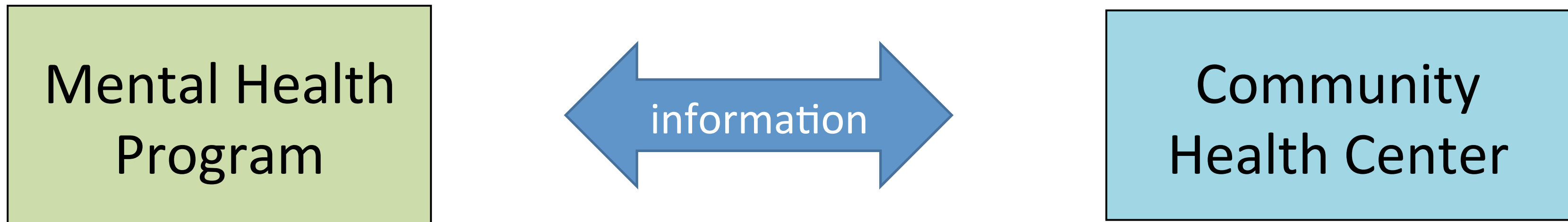
Transition Pilot

What the clients/patients are saying

- *20 of 25 transitioned successfully, only 1 of 25 choose not to transition*
- *16 of 20 who transitioned successfully were interviewed following*
- *All interviewed post-transition gave CHC top rating as far as services received*
- *81% reported working on health goals at the CHC*

Applicability and Sustainability

Shared Treatment Planning



Transition Visits

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Council of Community Clinics

Improving Health Through Community Collaboration

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