Behavioral Health Care of the Future?

NIMH
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Linda Rosenberg MSW
www.lindar@thenationalcouncil.org
This morning…

• Context – the environment
• Changes for healthcare including specialty mental health and addiction
• Implications for practice and policy
Forces at Play

- Appetite for Change
- Monopoly Economy
- Technology Revolution
- Demand for Immediate Impact
Social Revolution?

Not since the 60’s…liberal Warren and Burger courts, Civil Rights Act, Voting Rights Act, Roe v Wade … addressing inequality

• African American President, Latina on the Supreme Court, woman as our next President
• Obamacare
• Marriage equality, homosexuality in the military, transgender rights
• Self representation via smart phones/social media
• Police reform aided by video cameras
• Reconsideration of the Confederate flag
• Criminal justice reform
• Addictions as a chronic medical conditions
• Youth culture taking on bullying, talking about mental illness
Behavioral Health is Out of the Closet

“It really gives you the skills you need to identify—and ultimately help—someone in need.”

- First Lady Michelle Obama on being trained in Mental Health First Aid
DESTINATION DIGNITY
MARCH FOR DIGNITY AND CHANGE IN MENTAL HEALTH
August 24, 2015 | Washington, DC
#MHDignityMarch

UNITE to
Face Addiction
10.04.15
Parity and the ACA Working…

- **9.3 million more** have insurance
- Uninsured rate **down to 11.9%**
- Health spending historically low growth rate — **3.7%**
- **27 states + DC expanded** Medicaid
ACA - Service and Payment Redesign

Contain cost and improve quality by

• Reducing hospital care and unnecessary treatments
• Integrating and connecting care
• And focusing on “high user” populations
Appetite for Experimentation = Opportunity

- Accountable Care Organizations (ACOs) and Value Based Payment
- Dual Eligible Projects
- Medical/Health Homes
- State Medicaid Waivers
Some Progress but…Treatment Problems

- Ten leading causes of death
  - only one, suicide going up
- Brain – the last frontier
- 6/10 get NO MH CARE
- More treated in primary care
  - 30 million get prescription for psychiatric medication

“Of course you feel great. These things are loaded with antidepressants.”
Addiction Approaches

Little change in 50 years

The Irrationality of Alcoholics Anonymous
Limited Access

• **2/3** of primary care reports poor access to mental health care for their patients.

• Even with insurance, average wait is **25 days** to see a mental health specialist.

“We couldn’t get a psychiatrist, but perhaps you’d like to talk about your skin. Dr. Perry here is a dermatologist.”
Implications

Untreated mental health conditions in primary care and untreated medical conditions in specialty care

- Clogged emergency rooms
- High hospital readmission rates
- High health care costs
- Disability
- Death
Practice Change

everyone wants better.
no one wants change.

Change for both…
Primary Care
and
Specialty Behavioral Healthcare
Collaborative Care
for behavioral health conditions in primary care

Primary Care Practice
• Primary Care Provider
• Patient
+ • Behavioral Health Care Manager
• Psychiatric Consultant

Outcome Measures
Treatment Protocols
Population Registry
Psychiatric Consultation

Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

PHQ-9

[Active Patients]
Specialty Behavioral Health

Accept and Adapt

State Hospital

Specialized Community Services

Integrated Care
Specialty Care…

- **Specialty organization**— delivering **whole-health care to population** with complex psychiatric and addiction conditions (collaborating, co-locating or opening ambulatory health)

- **Inside medical homes/hospital systems/ACOs**: addressing prevention & early intervention, behaviors & disorders
7 Requirements
Talk a different language with unfamiliar colleagues

What can I help you with?

Harvard Business Review: Cross-cultural Communication
Understand All Care Will Be Managed

- Carved In not Out
- Payments Bundled/Capitated
- Shared Risk
Prepare for Competition

Follow the Money

- Hospitals as Health Systems/insurance companies
- Insurance Co. as providers
- Mt Sinai and “ACT” to prevent re-admissions
- HRSA - $100 million in 2016 to FQHCs to expand SUD services including MAT
- Caron and private equity-backed Sunspire Health reached deal

Geography is not Destiny

Colleagues do Compete
Deliver World Class Customer Service

Brand?

Streamlining Access…

• Patients and families
• Health care
• Public Safety
• Policy makers
• Media
Implement Measurement Based Care

*If you don’t measure it, you can’t improve it*
Adopt Technology

Coordinate Care
Transparency & Benchmarking
Replace & Extend Staff
Leadership

Fearless but not reckless in the Face of Change
Solutions in support of success …

“Centers of Excellence”

- Become a FQHC
- Same Day Access
- Adolescent SUD
- Tobacco Cessation
- Measurement Based Care
- Trauma
- First Episode
- Leadership Programs

- 25-30 initiatives
- 1,500 organizations
- Interconnected with policy
- Outcomes-oriented— it’s about the end user

Communities Of Practice
Policy in support of practice

The Beltway

Offense and Defense

- Congress
- CMS/Medicaid Directors
- SMHSA
- SAMHSA/HRSA PCBHI grant program
- Medical/Health Homes
  (16 states operating 20, 3 SUD)
Tragedies …

Sandy Hook

Grand Rapids

Aurora

Tucson

Red Lake

Fort Hood

Virgini a Tech

Columbine
• **30 Million** to SAMHSA for Grants to Communities
• **MHFA ACT**
Quality…

Parity in the safety net?

- Slim to no margins – for facility improvements, HIT
- No capital for new service lines
- Implementing EBPS
- 24/7 availability
- Skilled staff
• Creates **criteria** for “Certified Community Behavioral Health Clinics” (CCBHC)
• 8 states 2-year 1.1 billion demo
• 24/7 - Evidence based practices
• Standardized reporting
• Prospective Payment System
• Bonus for outcomes
Mental Health Legislation

*Helping Families in Mental Health Crisis Act (H.R. 2646)*

- Extends Excellence in Mental Health Act
- Behavioral Health IT Act
- CIT; MH awareness in schools – including MHFA
- Codifies 5% early intervention in Block Grant
- Same day billing for physical/mental health
- HIPAA
- IMD
- SAMHSA
- AOT

*The Mental Health Reform Act of 2015 (Senate)*
Comprehensive Addiction and Recovery Act

Drug overdose death rates in the US have more than tripled since 1990.\(^5\)

*Deaths are those for which poisoning by drugs (illicit, prescription, and over-the-counter) was the underlying cause.
Addiction is a Chronic Condition
Building Capacity

July 27th CMS letter: Section 1115 waivers for Medicaid coverage of a full continuum of addiction treatment settings, including settings that would otherwise be prohibited under the Institutions for Mental Disease (IMD) exclusion.
First Episode Psychosis

• New, disease-based category of Medicaid eligibility under 42 USC1396a (section 1902(a) of SS Act
• Creating Medicaid wrap-around benefit for those who have private insurance coverage
• Extending Medicaid benefit to whatever age the individual continues to need treatment (i.e. for the duration of the disease)
• Creating a grant program to educate providers/practitioners about the new Medicaid option and the prodromal/early signs of schizophrenia
Hill Day 2015

National Council

NAMI, Mental Health America, Depression and Bipolar Support Alliance, International Bipolar Foundation, Hazelden Betty Ford Institute for Recovery Advocacy, NAADAC, Legal Action Center, Association for Behavioral Health and Wellness, and Psychiatric Rehabilitation Association,

Washington, D.C. October 5-6, 2015