Milbank Memorial Fund

Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness

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Introduction

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- An endowed operating foundation that works to improve the health of populations by connecting leaders and decision makers with the best available evidence and experience

- Engages in non-partisan analysis of significant issues in health policy

Introduction

The Reforming States Group (RSG)

- A group of bipartisan state health policy leaders from both the executive and legislative branches supported by the Fund
- State leaders were looking for guidance as they develop and implement policies and programs that support the integration of primary care into behavioral health settings

Overview

- Background
  - Conceptual frameworks
- Methods
- Findings
  - Integration models
  - Model effectiveness
  - Implementation efforts, issues, resources
- Summary

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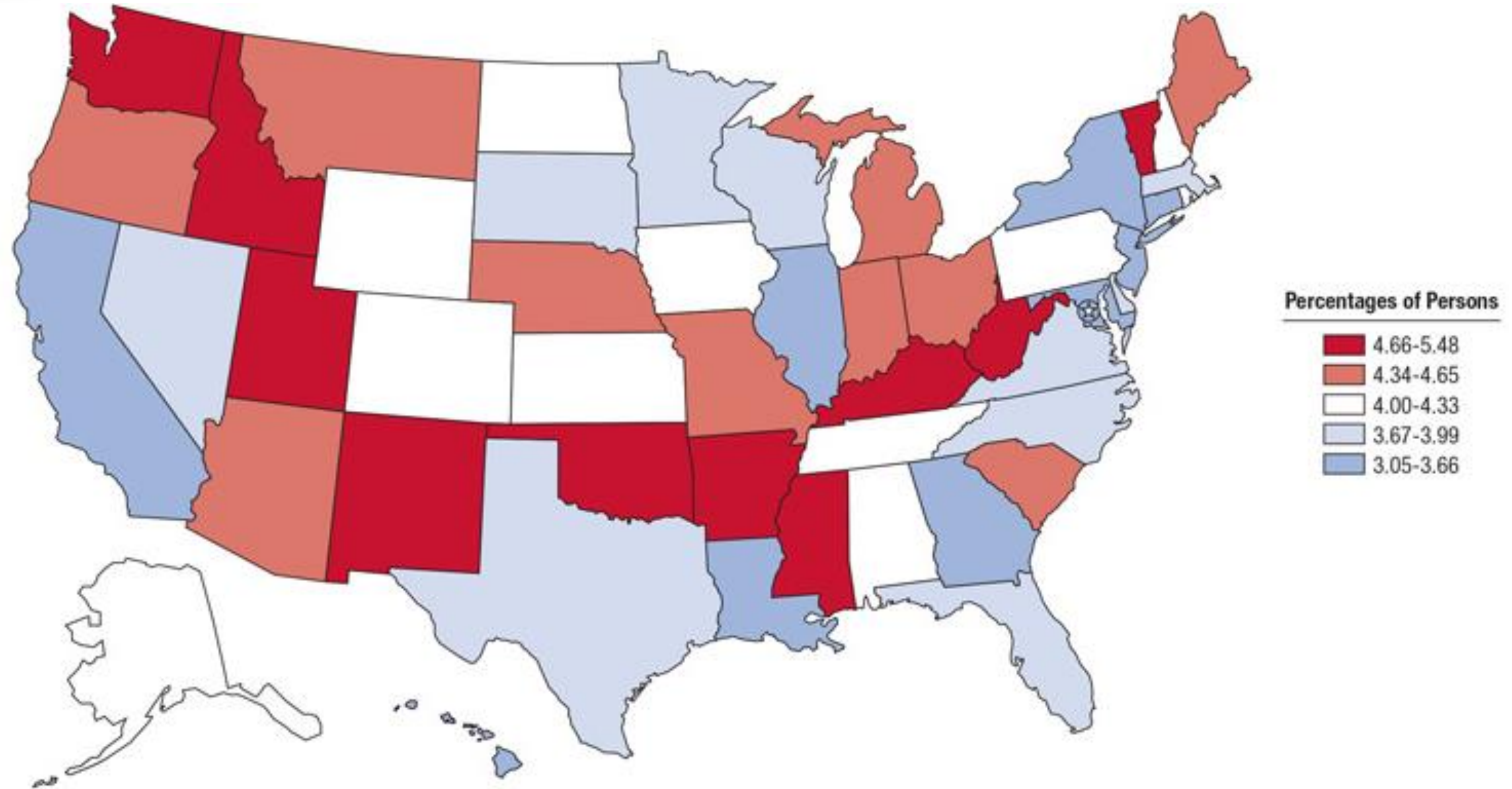
Background

Rates of Serious Mental Illness (SMI) Across the US, 2011 - 2012

SMI Among Persons Aged 18 or Older, by State



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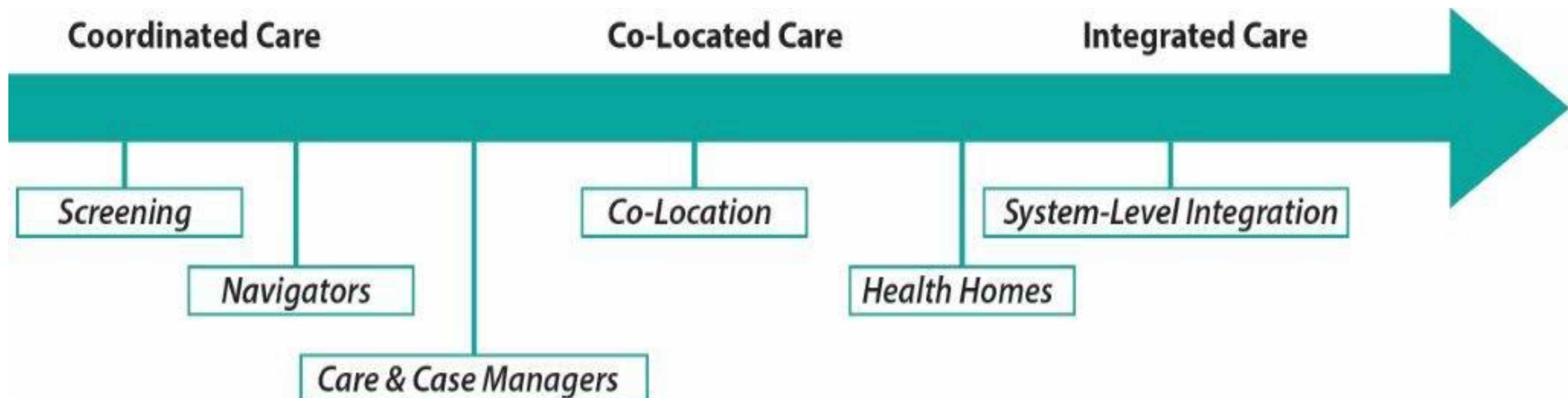
Impact of Comorbid Medical Conditions

- $63 billion annually for schizophrenia

- People with SMI and/or substance use disorders (SUD)
  - Higher rates of acute and chronic medical conditions
  - Under-diagnosed and under-treated
  - More emergency and inpatient healthcare use

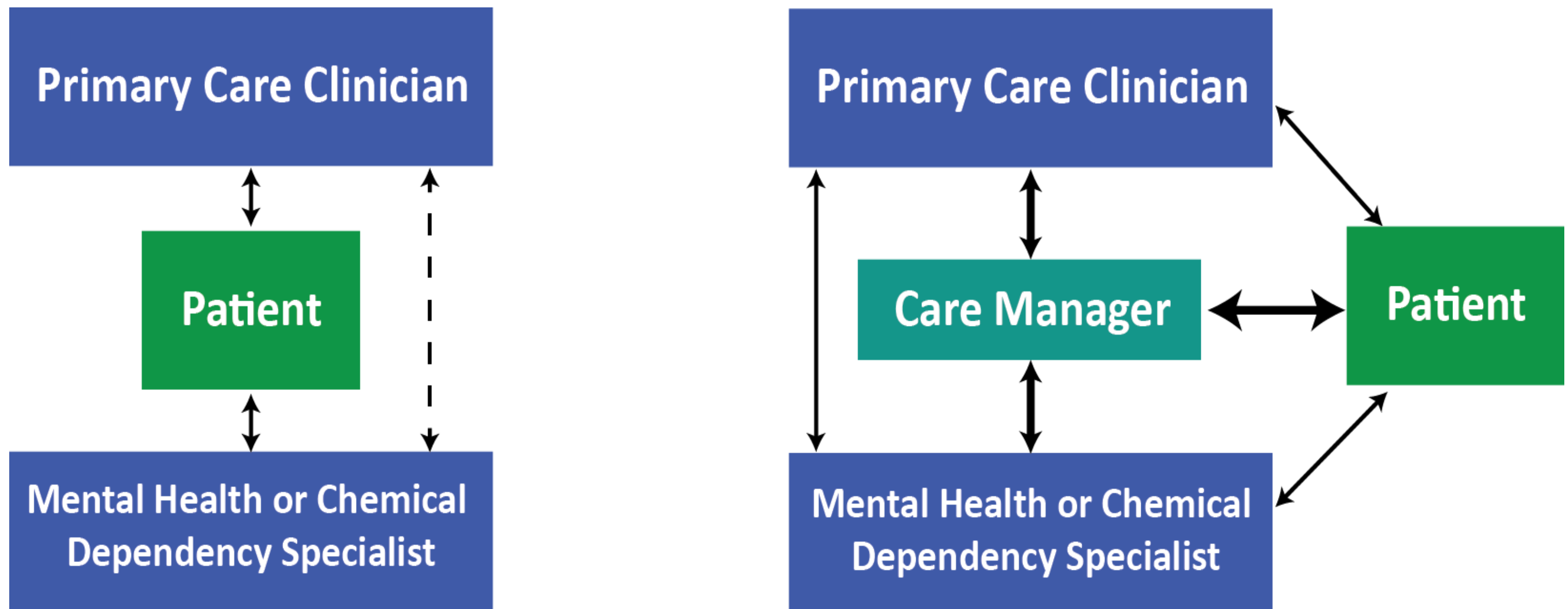
Conceptual Frameworks

Continuum of Behavioral Health Integration: Practice Structure and Level of Collaboration



* Adapted from Nardone (2014)

Unstructured vs. Coordinated Care Using Care or Case Management*



* Adapted from Oxman (2002) and Rubenstein (2009)

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Collaborative Care Management Interventions

Components of Wagner's Chronic Care Model	Specific Features of Care Management Interventions
Delivery system redesign	• **Care or case management** • **Enhancement of primary medical care (on-site or off-site)** -Supervision and support for care managers -Direct patient care when needed -Education and consultation • Screening
Patient self-management support (often delivered by care managers)	• Educational programs (e.g., Life Goals Program) & materials • Motivational interviewing, goal setting • Systematic follow-up of symptoms & treatment adherence • Links to community resources (e.g., travel, housing)
Clinician decision support	• Treatment algorithms and guidelines • Expert advice from specialists
Clinical information systems	• Patient registry • Refill monitoring through pharmacy databases

Methods

Key Questions

1. What models have been used to integrate primary medical care into mental health (MH) and chemical dependency (CD) treatment settings?

2. Do these models of enhanced coordination and collaborative care improve outcomes?

3. What are the key implementation issues and strategies?

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Methods

- Searched evidence sources from 2004 – 2014 for systematic reviews (SRs)
- MEDLINE (OVID) search, reference lists, citations
- Focused on randomized controlled trials (RCTs)
  - SRs included studies not pertinent to this report
  - KQ1 required details of the interventions
- Included early RCTs of care management for bipolar disorder (BPD)
- Graded the overall quality of evidence
- Google search for evaluation studies

Findings

Search Results

- 5 SRs (2004 – present)
- 11 RCTs included in the SRs
  - 3 Bipolar Disorder (BPD)
  - 3 Serious mental illness (SMI)
  - 5 Chemical dependency (CD)
- 1 additional RCT identified in MEDLINE
- No studies of children or adolescents
  - Excluded RCT by Kolko published in 2014 because it was done in pediatric practices

Key Question 1: Integration Models

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KQ1: Structure and Level of Collaboration

Category	Studies
Co-located Integrated	• Willenbring 1999 (CD) • Weisner 2001 (CD) • Druss 2001 (SMI) • Rubin 2005 (SMI, inpatient)
Co-located Enhanced	• Samet 2002 (CD)*
Co-located Not enhanced or unclear	• Umbrecht-Schneiter 1994 (CD) • Saxon 2006 (CD)
Off-site Enhanced	• Simon 2002 (BPD)* • Bauer 2006 (BPD)* • Kilbourne 2008 & 2013 (BPD)* • Druss 2010 (SMI)*

*Provided self-management support

Summary: KQ1 – BHI Models

- 3 models used to integrate care:
  - Fully integrated - joint treatment planning & care
  - Co-located care (without additional enhancement)
  - Enhanced coordination using care managers
- Additional staff, training, and oversight are needed to implement models
- Most studies occurred in integrated care systems with shared records

Key Question 2: Effectiveness of Integration Models by Condition

Serious Mental Illness

Study (sample size, quality)	Intervention	Outcomes
Druss 2001 (n = 120, Fair)	On-site, integration and care management	↔ Mental symptoms/QoL ↑ Physical QoL ↑ *Preventive services* ↓ ED use ↑ Cost
Rubin 2005 (n = 139, Poor)	On-site integration, inpatient	↑ *Preventive services* ↔ Utilization/cost
Druss 2010 (n = 407, Good)	Off-site, care management	↑Mental symptoms/QoL ↔ Physical health ↑ *Preventive services*

↑ improved ↓ decreased ↨ conflicting results ↔ no significant difference

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Summary: KQ2 - Evidence

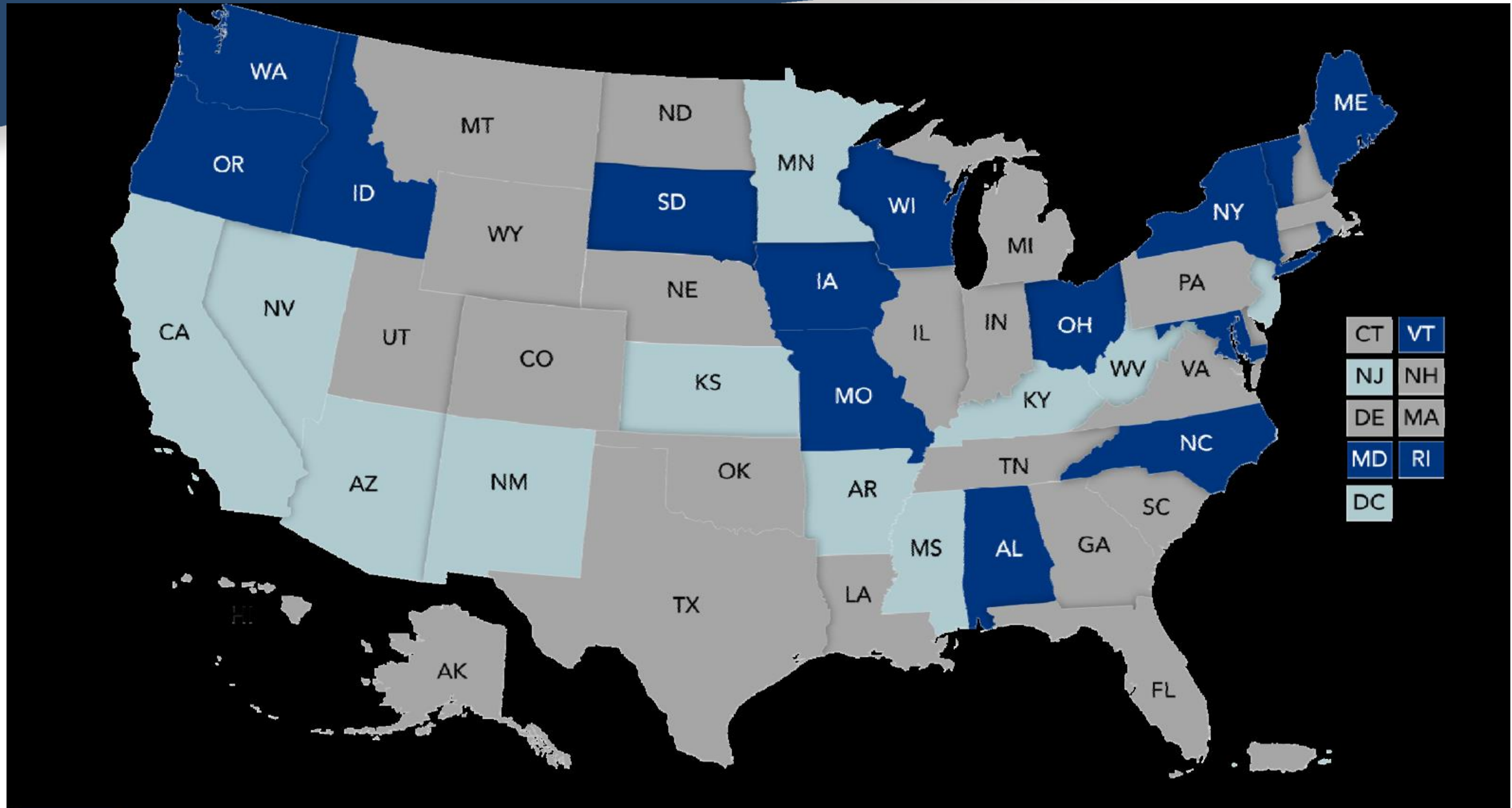
- For BPD and SMI patients, care management* and integrated care *may improve*
  - mental health symptoms (moderate QoE)
  - physical HRQoL (moderate QoE)
- Care management *improves* use of preventive services (high QoE)
- For SUD, co-located PC alone *may not* improve outcomes (moderate QoE)
- Unable to determine the impact on health care utilization and cost (very low QoE)

Limitations

- Variation in interventions, outcomes, and study quality limits conclusions
- Care managers were not explicitly trained to address medical conditions (e.g. HTN)
- 7 of the 12 interventions occurred in integrated health systems (e.g. VA, Kaiser)
- No studies included children with SMI
  - Kolko (2014) studied care management for children with serious emotional disorder in pediatric practices

Implementation Efforts

Medicaid Health Homes - 2014



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Key Policy Considerations

Target Population	• Defining and enrolling target population
Models & Providers	• Fragmented care delivery systems • Fundamental practice change • Provider capacity and availability
Information Sharing	• State and provider HIT infrastructure • Patient privacy laws
Payment	• Lack of reimbursement for integration • Siloed payment, provider licensure

www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/hh-spa-at-a-glance-3-19-14.pdf

Technical Assistance and Tools

- SAMSHSA-HRSA Center for Integrated Health Solutions
- AHRQ Integration Academy
- Center for Health Care Strategies ROI calculator
- Toolkits
  - Advancing Integrated Mental Health Solutions (AIMS) Center, University of Washington
  - National Council for Behavioral Health

Questions?