

## PROMOTING INTEGRATION IN PRIMARY AND BEHAVIORAL HEALTH CARE

November 14th, 2019

# Agenda

- Louisiana Health Overview and the Need for Integration
- LaPIPBHC: Our Providers/Enrollment Trends
- Assessing Strengths and Barriers
- Prevention
- Next Steps
- Presentation from LPHI
- Provider Perspective
- Open Discussion

# Louisiana Health Overview

## Physical Health

- 6<sup>th</sup> highest obesity rate<sup>1</sup>
- 4<sup>th</sup> highest diabetes rate<sup>1</sup>
- 6<sup>th</sup> highest hypertension rate<sup>1</sup>
- 5<sup>th</sup> highest heart disease death rate<sup>2</sup>
- 3<sup>rd</sup> highest stroke death rate<sup>2</sup>
- 2<sup>nd</sup> highest kidney disease death rate<sup>2</sup>

## Behavioral Health

- 11<sup>th</sup> highest rate of adults with mental illnesses<sup>3</sup>
- 45<sup>th</sup> best access to mental health care<sup>3</sup>
- 23<sup>rd</sup> highest rate of drug abuse<sup>4</sup>

1- <https://www.stateofobesity.org/states/la/>

2- <https://www.cdc.gov>

3- <http://www.mentalhealthamerica.net>

4- <https://www.medicaleconomics.com> (citing private study)

# Need for Integration

- People with serious mental illness (SMI) are more likely to be unemployed, arrested, and/or face inadequate housing compared to those without mental illness. This population also faces shorter life spans and a lower overall quality of life.<sup>1</sup>
- In 2016, Louisiana provided services to 52,321 adults diagnosed with a MI and a co-occurring physical health condition or COD which include Asthma, Diabetes, Cancer, and Heart Disease.<sup>2</sup>
- Recognizing the need for more robust integration initiatives, Louisiana applied for and was awarded funding for the PIPBHC grant, beginning in October 2018.

1- <https://www.samhsa.gov/find-help/disorders>

2- Medicaid claims data

# What is Care Coordination?



“*The deliberate coordination of patient care activities between two or more participants involved in a patient’s care to facilitate the appropriate delivery of health care services*”

Source: Closing The Quality Gap: A Critical Analysis of Quality Improvement Strategies, Volume 7- Care Coordination

# Principles of Care Coordination

- Person Centered
- All staff encompassing
- Outcome driven measurements
- Proactive, Planned, and Comprehensive
- Relationship and Connectivity focused

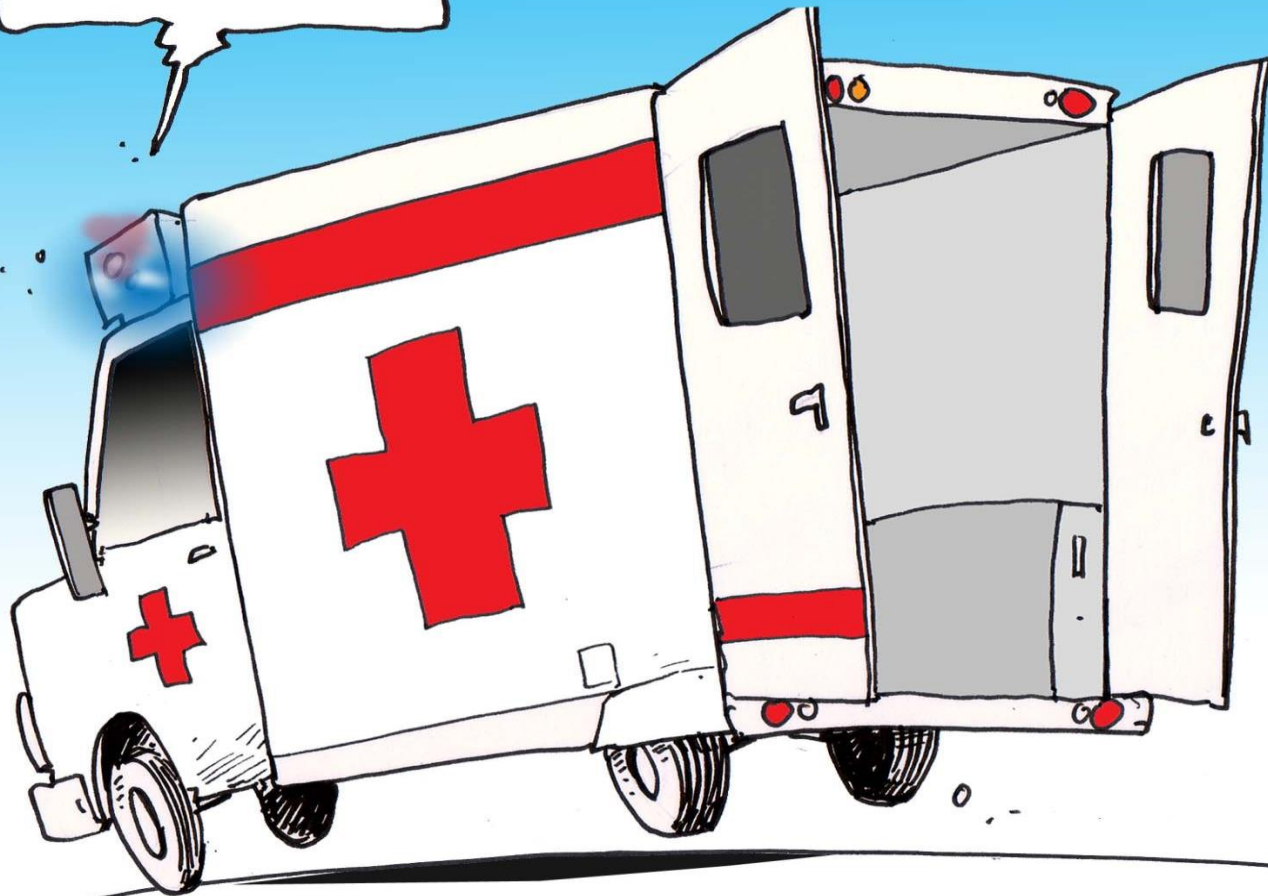
# Defining Care Management

- Care Management refers to activities performed by health care professionals with a goal of achieving person-centered treatment to target outcomes with the consumer while providing cost effective, non-duplicative services.
- Examples of care management services include:
  - Screening & assessment
  - Care planning
  - Consumer engagement
  - Medication management



# ROLE CLARITY

... NO...  
IT'S YOUR  
JOB TO CLOSE  
THE DOORS...



# Team Member Roles

## ➤ Role vs Function

- Vital to identify core functions of care coordination that everyone commits to regardless of function on the team (e.g. screenings).

## ➤ Shared Roles

- Elements of the model that can be shared and are better when shared as a team (e.g. warm handoffs or treatment planning).

## ➤ Practice Standards/ Protocol Responsibilities

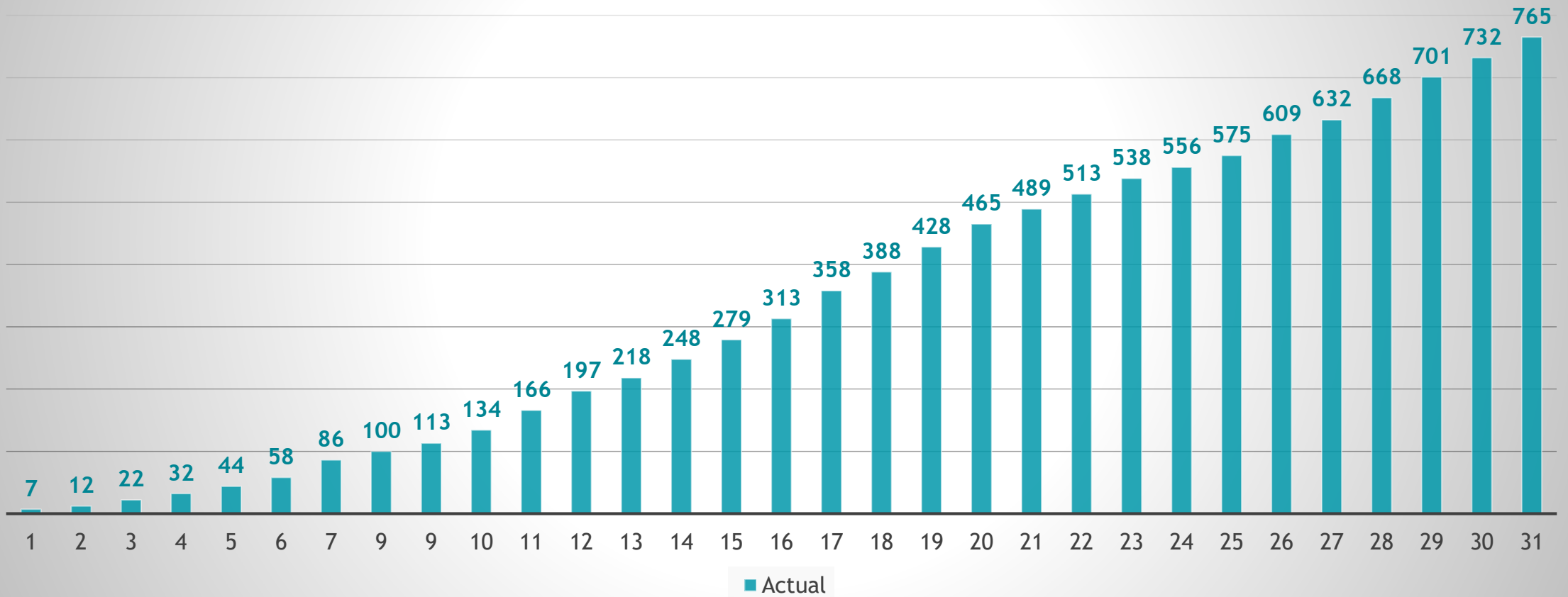
- Develop and maintain a culture of integration.

LaPIPbHC



# LaPIPBHC enrollment trends through 9/30/2019

## Overall Enrollment Numbers



# Assessing Strengths & Barriers

# Integration Teams

- Integration Project Team-This team includes Office of Behavioral Health (OBH) and Medicaid. This team serves as the core team to take a leadership role in proposing goals, coordinating and facilitating meetings, facilitating the collection of data including surveys, reviewing and amending of state policies, state plans, payment rates, managed care contracts if need.
- Integration Advisory Team-This team will support and advise the Project Team and may include key stakeholders to offer “real life” experiences with integrated care. Members may include primary care and behavioral health providers, managed care organizations, other departments in the LDH including the Office of Adults and Aging services, Office of Citizen with Developmental Disabilities, Office of Public Health, advocates, and other community partners including homeless providers and other community based agencies.

# MCO Same Day Services Survey

- The purpose of this survey is to collect information on system wide strengths and barriers related to primary and behavioral health care integration since December 2015 when specialized behavioral health was carved into the primary care managed care contracts.
- The survey's primary focus is on claims reimbursement by the five MCOs contracted with LDH to manage specialized behavioral health services. The procedure codes in this survey were taken from both the specialized behavioral health fee schedule and other fee schedules for labs and primary care.
- Additionally, the focused on what actions the MCOs may have taken to integrate primary and behavioral health care on the provider level as well as recommendations on what steps LDH, in partnership with the MCOs and other stakeholders, may can take to expand integrated care.
- The survey was distributed to MCO's on 6/26/19. The results of which will inform our first sustainability plan.



# Additional Paths to Prevention

- ▶ Engagement
- ▶ Education
- ▶ Wellness
- ▶ Peer Support

# Next Steps

- Reassessment windows began opening on July 15<sup>th</sup>, 2019
- Monitor continued development of integrated models
- Develop long term sustainability plan
  - Macro and micro policy changes

# Thank You!

LPHI Presentation





ALIGNING ACTION  
FOR HEALTH<sup>SM</sup>

# LAPIPBHC Evaluation

INTEGRATING PRIMARY AND BEHAVIORAL HEALTHCARE  
THROUGH THE LENS OF PREVENTION



# LPHI's Role in PIPBHC

## Evaluation

- Monitor data for quality and goal achievement
- Collect and analyze project-specific data

## Quality Improvement

- Data quality
- Performance improvement



# LPHI Team

**Sarah Chrestman**

Senior Evaluation Manager

**Sabira Ebaady**

Evaluation Coordinator

**Daniele Farrisi**

Senior Program Manager

# Initial Assessments

## Integrated Practice Assessment Tool (IPAT)

- Flow chart questionnaire
- Level of integration from 1 to 6

## Level of Integration Measure (LIM)

- 35 items asked on 5-point Likert scale
- Possible score range 35 - 175

# Initial Assessments

Sites	IPAT	LIM
Site A	Level 4 – co-located	128
Site B	Level 4 – co-located	125
Site C	Level 2 - coordinated	158
Site D	Level 1 – coordinated	131





# Quality Improvement

- ◆ LPHI participates in all biweekly check-in calls to help address needs as they arise
- ◆ LPHI will engage providers in data-driven quality improvement initiatives based on program targets and data
- ◆ Practice coach role
  - ◆ QI initiatives are led by sites – identify the target, plan and implement the intervention, assess the results
  - ◆ LPHI provides guidance and accountability

# Initial Targets for QI





# Evaluation Data Sources



# Evaluation Data Sources

- ◆ SAMHSA's National Outcome Measures (NOMs)
  - ◆ Collected in SPARS
  - ◆ Providers collect data through interviews with patients
    - ◆ Baseline
    - ◆ Reassessment
    - ◆ Clinical discharge

# Evaluation Data Sources

- ◆ Supplemental – LA specific data
  - ◆ Collected in REDCap
  - ◆ Monitor screening, enrollment, and discharge of patients from the PIPBHC program.
  - ◆ Collect patient-level data on items that are not included in the NOMs because they are specific to Louisiana's PIPBHC program
  - ◆ There are three data collection instruments (surveys)
    1. Monthly Performance Report Survey
    2. Patient-Level Baseline Survey
    3. Patient-Level Follow-Up Survey

# Timeline for Data Entry

## Baseline Survey

- Enter into REDCap within 30 days of completion

## Follow-up Survey

- Enter into REDCap within 30 days of completion

## Monthly Progress Report

- Enter into REDCap by the 5<sup>th</sup> of the following month

# 2019 Enrollment Data

# PIPBHC 2019 Enrollment Demographics

Gender	# (%)
Male	293 (37.2)
Female	484 (61.4)
Transgender	2 (0.3)
Other	9 (1.1)

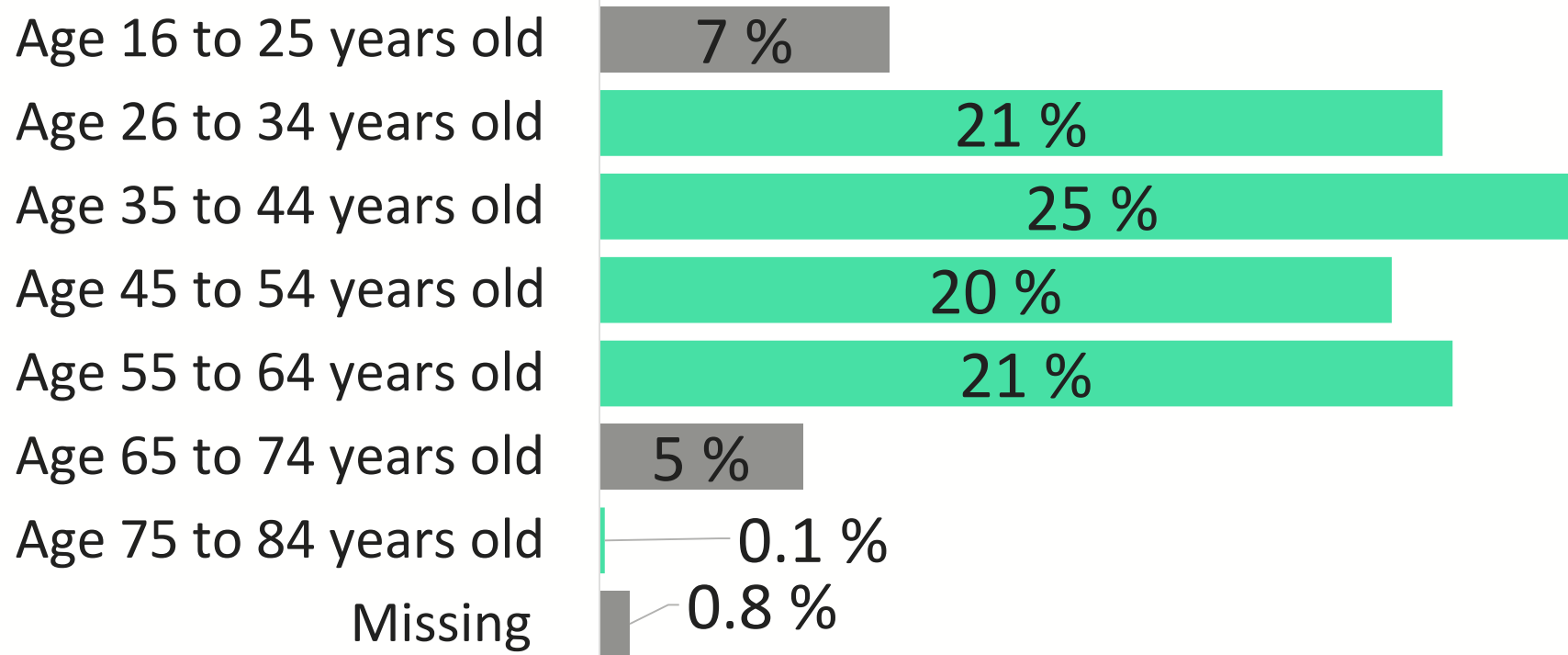
Sexual Orientation	# (%)
Heterosexual	715 (91)
Gay/Lesbian	28 (4)
Bisexual	25 (3)
Other	20 (2)

Race	# (%)
Black	425 (54)
White	323 (41)
Asian	11 (1.4)
Native Hawaiian	9 (1.1)
Alaskan Native	1 (0.1)
American Indian	42 (5.3)



# PIPBHC 2019 Enrollment Demographics

## Age distribution





## Next Steps:

- ◆ Redemonstrations of integration assessments at mid-point and end-point
- ◆ Use data reports to drive quality improvement projects and programmatic decisions
- ◆ Track health outcomes longitudinally



**Thank you!**



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