Integrated Health Programs Summer Institute
Thursday, July 22, 2010
10:15-11:45AM
Sedona, Arizona

Panelists:
- Rodgers M. Wilson, MD, C.H.C.Q.M.
  ADHS/DBHS Acting Chief Medical Officer
- Edward Gentile, DO/M.B.A.
  Chief Medical Officer, Community Partnership of Southern Arizona
- Vanessa Seaney MSW, LCSW, CPHQ
  Chief, Clinical Systems Management, Community Partnership of Southern Arizona
- Teresa Bertsch, MD
  Chief Medical Officer, Northern Arizona Regional Behavioral Health Authority
- Robert I. Sack, MD
  Chief Medical Officer, Magellan of Arizona

Integrated Health Programs at ADHS/DBHS

By
Rodgers M. Wilson, MD, CHCQM
Acting CMO, DHS/DBHS
Learning Objectives
1) To understand the reasons for integration and different integration models
2) To learn from DBHS and each T/RBHA about current initiatives in the behavioral health system to improve the overall health of people with mental illness.
3) To gain an understanding of health issues affecting people with mental illness and the importance to address health from a holistic approach.
4) To have a dialogue (Q&A) with ADHS/DBHS and RBHAs about current integrated health programs/initiatives.

What is Integrated Behavioral Health (IBH)?
• “Integrated primary care is a service that combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to their primary medical care/behavioral health providers”
• “It allows patients to feel that, for almost any problem, they have come to the right place.” (California IBHP, 2009)

Why Integrate?
• Reduces stigma associated with accessing BH services
• Primary care providers may be the first contact for individuals needing BH services
• Healthcare appointments have psychosocial components
• Addressing the psychosocial aspects reduces cost and improves outcomes
Why integrate?

- Important opportunity to promote health access in individuals who normally may not seek services
- Promotes early intervention and subsequent prevention of disabling illnesses
- Improved process of care via primary care and BH collaboration

( California IBHP,2009)

Why Integrate?

- Individuals with Serious Mental Illnesses die on the average 25 years earlier than the general population which is higher in Arizona (30 years earlier)
  - 3.4 times more likely to die of CVD
  - 6.6 times more likely to die of influenza/pneumonia
  - 5 times more likely to die of respiratory diseases
  - Average age of death for SMI is 51 in comparison the General population (age 76)

Different Frameworks for Integration

- 1. Co-location
- 2. Primary Care Behavioral Health Model
- 3. Collaborative Care

(Hogg Foundation for Mental Health, 2009)
Co-location Model
• The BH provider is stationed in the office of the primary care provider to promote a “warm hand-off”
• Results vary across the spectrum but it is essential that the co-located providers communicate within the practice
• Care coordination and the use of evidenced based practice is required (Hogg Foundation for Mental Health)

Primary Care Behavioral Health Model
• The BH provider acts as a consultant to the PCP with the goal of optimizing the PCP’s ability to provide high quality BH services
• Targets BH aspects of medical illnesses (i.e., depression and anxiety)
• This model has not been systematically evaluated, more outcome-oriented studies are needed. (Hogg Foundation for Mental Health)

Collaborative Care Model
• Integration of BH care manager and consulting psychiatrist into the PC setting with a registry to track and monitor outcomes to treatment
• Bi-directionally model: The BH provider communicates to the PCP vice versa
• Research has shown good outcomes for adult, adolescent, and older adult populations (Hogg Foundation for Mental Health)
What is on the Horizon for DBHS?

- Quarterly Health Initiatives
- Traumatic Brain Injury E-learning and Healthplan collaboration
- Psychological Engagement for Medical Provider for High Risk Diagnoses
- Increased collaboration with Federally Qualified Community Health Centers
- Increased Collaboration with Dental providers

DBHS Quarterly Health Initiative

- Goal: to improve the overall health of people who receive behavioral health services by providing education on the health topics based on national/local mortality and morbidity outcomes.
- Launched Oct 1, 2009
- Recent Initiatives: Obesity, Tobacco Cessation, Hepatitis, and Prostate Cancer.
- Pending Initiatives: Breast/Cervical Cancer, Physical Fitness

- Quarterly Health Initiative (continued)
  - Website: [www.azdhs.gov/bhs/qhi/](http://www.azdhs.gov/bhs/qhi/)
  - Kit materials include: handouts for consumer and provider; webinar for provider; some in person presentations at provider sites
DBHS Pilot Programs

- Whole Health Peer Based
- Established with funding from SAMHSA’s Transformation Transfer Initiative grant
- “Pilots” began January 1, 2010 and pilot period goes through September 15, 2010 (programs will continue without TTI funding)
- Maricopa County’s program: “For The Health of It”
- Pima County’s program: “Camp Wellness”

Overall program goals are:

- Increased longevity for the behavioral health services recipient.
- Improved quality of life for the behavioral health services recipient.
- Increased coordination of care between primary care and behavioral health.
- Increased participation in recovery through medical autonomy

End of pilot “TTI Summit” planned for September, 2010 to discuss results, best practices, etc.

Integrated Health Programs at Community Partnership of Southern Arizona (CPSA)

By Edward Gentile, D.O., MBA and Vanessa Seaney, LCSW, CPHQ
Integrated Health Programs

- El Rio Health Center
- Marana Health Center
- Health and Wellness Center
- Whole Health Program

El Rio Health Center

- El Rio Special Immunology Associates (SIA) provides behavioral health treatment services to adults with HIV/AIDS in an integrated “Medical Home” model.
- El Rio SIA is part of El Rio Health Center a Federally Qualified Health Center (FQHC).
- Historically, El Rio SIA has served CPSA members with HIV/AIDS assigned to one of the Comprehensive Service Providers.
- Coordination challenges have existed; especially with psychiatric services delivered at a different site from other medical services.
- Long history of trying co-location of case management, transfer of case information—without success

- Federal grant for NTXIX individuals.
- Existing full array of counselors, case managers, physicians.
- An interest in caring for persons with SMI and general psychiatric disorders.
- El Rio SIA will provide the full array of outpatient services to this targeted population as assigned members of El Rio.
- El Rio members will receive the full benefit plan for Title XIX members, including inpatient services available through CPSA Direct Contracts.
- The effective date of implementation is April 1, 2010.
Marana Health Center (MHC)

- Federally Qualified Health Care Center. Historically subcontracted with CPSA.
- Comprehensive Service Provider (CSP) for delivery of Behavioral Health services.
- Transitioned MHC to a direct contract with CPSA to allow MHC to become a stand-alone CSP for adult and child Title XIX members in rural Pima County.
- The effective date of the direct contract with CPSA is July 1, 2010.

Serve 700 Title XIX adult members and 100 Title XIX children.

- Currently MHC has an Integration Program whereby a Behavioral Health consultant working within the MHC medical department utilizes the Kirk Strosahl model of integrative care.
- Decreases the amount of time spent addressing behavioral health issues during the medical appointment.
- Long-term vision is to develop a medical home in all 14 MHC centers throughout Pima County.

Health and Wellness Center

CPSA's Commitment to Wellness

- CEO Vision
  - Develop self-sustainable programming to increase the years of life of persons with SMI.
- Health and Wellness Council
  - CPSA, Comprehensive Service Providers, University of Arizona, Gold's Gym, YMCA, System Members
- Focus Groups
Building the Health and Wellness Center

- Focus group results
- National initiatives to improve the health of persons with SMI
  - 10 x 10 Wellness Campaign
    A pledge to "promote wellness for people with mental illnesses and reduce mortality by 10 years over the next 10 years."
  - Dori Hutchinson, Boston University Center for Psychiatric Rehabilitation
    Creator of a privately funded 16 week health and wellness day treatment program for persons with SMI.

Program Goals

- Immediate
  - Improve the health of persons with SMI.
  - Provide intensive and engaging health related education, skills training and peer support.
  - Foster independence and integration into the community.
- Long term
  - Increase the life span of persons with SMI.

Why is the Health and Wellness Center unique?

- Complete wellness package
  - Education, socialization, community integration to improve health and aid in recovery
  - Concise package
    - 8 weeks
- Participant follow up at 3 and 6 months
- AHCCCS reimbursable
Future Directions

- Transformation Transfer Initiative Grant
  - Award from SAMHSA and CMS
  - December 2009 through August 2010
  - HWC use of grant dollars:
    - Hiring Health Mentors
    - Development of a website and promotional video
    - Evaluation
  - Culminating event will be a summit at the HWC in early September

Whole Health Program

Funded by Substance Abuse Mental Health Services Administration/Center for Mental Health Services (SAMHSA/CMHS) Grant SM-09-011

- Collaborative effort by CODAC and El Rio Community Health Center (El Rio) to establish an integrated system of care
- Improve the physical health status of 1,300 adults with serious mental illness at CODAC’s East Site
- Deliver fully integrated mental health, primary medical and wellness services.

- CODAC - one of thirteen grantees awarded funding of $500,000 annually for four years.
- Develop and implement integrated services.
- Improve the physical health status of people with serious mental illness.
- To incorporate a prevention and wellness approach into integrated service provision.
- Integrated primary health and behavioral health services.
- Improved physical health status of persons with serious mental illnesses.
Future Strategies

- Emphasis on continued development of integrative models with a focus on rural communities.
- Seeking out opportunities for cross collaboration amongst system partners with national technical assistance.

Integrated Health Programs at Northern Arizona Regional Behavioral Health Authority (NARBHA)

By Teresa Bertsch, MD

- Switch to Dr. Bertsch’s Powerpoint presentation
- Return to this presentation afterwards
Integrated Health Programs at Magellan Health Services

By
Robert I. Sack, MD

• Switch to Dr. Sack's Powerpoint presentation
• Return to this presentation afterwards

Q & A
Post Test Questions

- What did “integrated health” mean to you before the presentation?
- Did this definition change after the presentation? If so, how would you describe it?
- Are there any integrated health initiatives being conducted in your organization? If so, please describe.

References

- Any quotes, tips or other materials referenced during the presentation

Recent Reports: Integrated Care

- World Health Organization
  - Integrating Mental into Primary Care: A Global Perspective (Fall 2008)
- Agency for Healthcare Research +Quality
  - Integration of Mental/Substance Abuse and Primary Care (Fall 2008)