DESIGNING THE ACT MEDICAL HOME

Model Concepts & Implementation

Tad Gary, Chief Clinical Officer, Mercy Marciopa
Christy Dye, CEO & Darwyn Chern MD, CMO
Partners In Recovery
Rodd Aking, MD, Trinity Adult Medicine
Learning Objectives

- Purchasing priorities in value-based, integrated care
- ACT as a platform for chronic disease management
  - Data and biometrics
  - Health IT
  - Whole-person, needs-driven care
- Operational considerations
  - Training, performance expectations
  - Value-based purchasing
- Challenges & opportunities
Mercy Maricopa was awarded contract to manage the integrated Regional Behavioral Health Authority (RBHA) program in Maricopa County, Arizona.

One of the largest public behavioral health system in the United States.

Contract began April 2014.

Redesigning and enhancing the behavioral health system to support integrated care delivery.
BRIEF OVERVIEW OF ACT
(ASSERTIVE COMMUNITY TREATMENT)

- Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practice (EBP)
  - Long history
  - Demonstrated Outcomes
  - Based on specific principles and core services
The primary goal of ACT is recovery through community treatment and rehabilitation

- A Team Approach
- A Shared Caseload
- A Small Caseload
- A Fixed Point of Responsibility
- A flexible Service Delivery
- 24/7 Crisis Availability
- Time-Unlimited Services
- In Vivo Services
**CORE ACT SERVICES**

- Crisis Assessment and Intervention
- Comprehensive Assessment
- Illness Management and Recovery Skills
- Individual Supportive Therapy
- Substance-Abuse Treatment
- Employment-Support Services
- Side-by Side Assistance with activities of daily living
- Intervention with Support Networks (family, friends, landlords, neighbors, etc.)
- Support Services, such as medical care, housing, benefits, transportation
- Case Management
- Medication prescription, Administration, and Monitoring
- Members with SMI with chronic, preventable, physical conditions die on average, twenty-five (25) years earlier than the general population.

- Mercy Maricopa’s challenge for a new approach that will improve health care outcomes in a cost-effective manner. To meet this challenge, Mercy Maricopa must be creative and innovative in its oversight and management of the integrated service delivery system.

- Efforts to fully integrate care.

- Focus on outcomes and value-based purchasing.
Continue to expand ACT teams

Increase fidelity to SAMHSA ACT Evidence-Based Practice

Increase physical health integration for all ACT teams

Further implement Value-Based Purchasing
ACT Medical Home

Assertive Community Treatment & Primary Care

Model, Concepts & Implementation
Trinity & PIR launched the first integrated behavioral health-primary care service within an SMI clinic in Maricopa County in 2011.

In 2013, PIR & Trinity opened the first dually-licensed health home for SMI adults under new ADHS licensing rules.

February 2015, PIR & Trinity launched Arizona’s first Medical ACT Team.
ALLIED PARTNERSHIPS

- Peer Health Coaching program added in 2012
- Full-service pharmacy partner added in 2013
  - Fills both primary care and psych medications
- Medical assistant training program added in 2014
  - RNs - focus on core nursing functions (medication administration, triage, coordination of care)
- New Health Record and HIE partnership established in 2014
  - Virtual care coordination
Why Medical Act?

- High rates of premature mortality among SMI
  - Manageable health conditions (smoking, weight, nutrition, fitness)

- Learning model unique to populations with cognitive impairments
  - Small doses over long periods of time
  - Relationship based health advocacy

- Focus on high cost/high utilizers
  - Who are the 20% most at risk?
# PIR ED UTILIZATION

## (6 MOS ENDING 9/30/2014)

<table>
<thead>
<tr>
<th># of ED Visits</th>
<th>% of Total Visits</th>
<th># of Patients</th>
<th>% IP Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>10+</td>
<td>25.8%</td>
<td>27</td>
<td>11%</td>
</tr>
<tr>
<td>5-9</td>
<td>18.9%</td>
<td>58</td>
<td>20%</td>
</tr>
<tr>
<td>3-4</td>
<td>20%</td>
<td>110</td>
<td>16.8%</td>
</tr>
<tr>
<td>2</td>
<td>16.4%</td>
<td>154</td>
<td>16.9</td>
</tr>
<tr>
<td>1</td>
<td>18.9%</td>
<td>356</td>
<td>14%</td>
</tr>
</tbody>
</table>

Data Source: Mercy Maricopa Integrated Care

Total number of ED days in period: 1,732

Top Hospitals Utilized (44 total):
- Banner T-Bird Medical Center 224
- Banner Desert 121
- Banner Boswell 108
- JC Lincoln Deer Valley 107
High contact ACT Team offers perfect platform for chronic disease management by embedding PCP within the team

Targets SMI adults with most intractable MH symptoms and multiple chronic health conditions

Single care team with full responsibility for all aspects of care

24-7-365 response
Not to re-direct all attention to health, but to help people make more informed decisions about their healthcare

Systematic management of the simple co-morbid conditions where progress can be made

Whole person focus with single plan of care

Equip team with enhanced tools (in-house PCP, increased knowledge, strong data) to lower barriers to healthcare access
STRUCTURE

ACT Team to be co-located with the primary care practice (fall 2015)
  - PCP practice is “open” and includes 100 Medical ACT members
  - ACT Team is “closed” to persons admitted to the team

Facility design to support both separation and real-time consultation & care coordination
  - Dual licensing for behavioral and physical care services under Contracted Services option
QUALIFYING ACT DIAGNOSIS

- One or more functional impairments (hygiene, ADLs, avoiding risks)
- High service needs (incarceration, hospitalization, dis-engaged)
- One or more chronic medical conditions (COPD, diabetes, cardiovascular, morbid obesity)

Focus: health conditions that would benefit from continuous monitoring and management
TEAM STRUCTURE

- **ACT staffing plus PCP services**
  - Physical exam, patient education, specialists
  - ACT services (crisis, ILS, housing support, medication management/ASAM, etc)

- **Enhanced staffing**
  - Nursing role is both direct care and population health management using health IT and RBHA datasets (high risk reports, ED and inpatient)

- **Advisory Council (summer 2015)**
  - Family members and service participants
  - Ensure voice in developing & deploying the Medical ACT Team
OPERATIONS

- **ACT Team staffings**
  - Daily morning meetings
  - Weekly treatment plan reviews

- **PCP staffings**
  - Morning meetings - 1x per week
  - New referral screening - 1 hour per week
  - Integrated care staffings - 2x per month

- Bringing a health focus to all team activities & meetings
Case management
- Attend PCP & specialty appointments
- Follow-up acute and psych inpatient discharge
- Basic understanding of major health conditions (diabetes, COPD, heart disease)
- Enhanced understanding of lifestyle factors that contribute to disease burden (smoking, weight, sedentary lifestyle)

Nursing - population health/gaps in care

Peer Support - neighborhood mapping
My Neighborhood Resources

PHYSICAL
- Wellness Center
- Gym, Fitness Center
- Park, hiking, walking
- PCP clinic
- Urgent Care clinic
- Pharmacy
- Hospital (med, psych)
- Juice bar
- Grocery store
- Acupuncture
- Chiropractor
- Dental clinic
- Sleep Center
- Smoke Cessation

ENVIRONMENTAL
- Affordable drug-free, crime-free, clean housing that includes beautifully landscaping, stimulating congregated social activities, nearby amenities (bus lines, movie, church restaurant, activities...). Housing unit with good lighting, functional AC/heat/appliances, Affordable comfortable furniture, art works

OCCUPATIONAL
- Employment Center (job coach, training, and placement)
- RSA office
- Peer-run agency
- Day Labor
- Employer
- Bus line

SPIRITUAL
- Church
- Mosque
- Temple
- Faith-base programs
- Volunteer program
- Spiritual Counseling Program
- Peer-run classes
- Prayer group
- Specific spiritual study group
- Gender-age-specific support group
- Parenting support

EMOTIONAL
- Grief support Grp
- Trauma Support Grp
- AA/NA/CA
- Volunteer Center
- Counseling/Therapy
- Family Support Grp
- Senior center
- Social hall (church)
- Peer-run agency
- Poetry reading club
- Art/Music club
- Creative Expression
- Book/Comedy club
- Parenting support

INTELLECTUAL
- College/University
- GED
- Library
- Book club
- Book store
- Special interest education program

FINANCIAL
- Bank, credit union
- Employment center
- DES, SSA
- Affordable stores (Goodwill, Salvation Army...)
- Credit Counseling

SOCIAL
- Social hall/Bingo
- Community center
- Movie Theater
- Coffee shop
- Library
- Book club
- Book store
- Special interest club
- Senior center
- Poetry, Art, Music
- Creative Expression
- Book/Comedy club
- Neighborhood
- Family activities

Helping Me Get Well and Stay Well
Actionable data focus

- Using health metrics to drive team care
- Using satisfaction and voice to drive team culture

<table>
<thead>
<tr>
<th>Member</th>
<th>HRA</th>
<th>Cigs/Day</th>
<th>HbA1c</th>
<th>SBP</th>
<th>LDL</th>
<th>Housing</th>
<th>Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary</td>
<td>60</td>
<td>20</td>
<td>6.3</td>
<td>131</td>
<td>105</td>
<td>55</td>
<td>N</td>
</tr>
<tr>
<td>Lynn (new)</td>
<td>5</td>
<td>0</td>
<td>5.5</td>
<td>140</td>
<td>138</td>
<td>25</td>
<td>N</td>
</tr>
<tr>
<td>Greg</td>
<td>10</td>
<td>10</td>
<td>10.0</td>
<td>100</td>
<td>100</td>
<td>10</td>
<td>Y</td>
</tr>
</tbody>
</table>
GETTING PAID

- **Medical ACT Value Based Contract**
  - Some program $ held harmless from encounter requirements (infrastructure, ramp-up)
  - Incentive fund linked with established outcome metrics
    - Reduced psych/medical hospitalizations
    - Increased employment and housing
    - Self-perceived health status/risk
Shifting roles, changing language
- Case management → Health navigation
- Clinical Team → Care Team
- Mental health focus → Whole Health focus
- Service provider → Complex care system

Outcomes that include disease management & utilization management as well as traditional behavioral health outcomes

System thinking & role in a person’s total health needs