



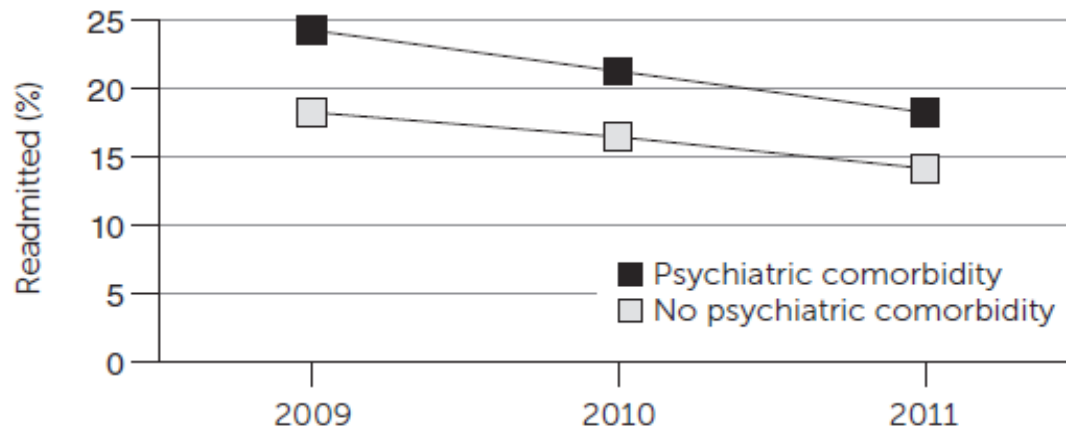
Behavioral Health in the DSRIP Equation and Designing an Integrated System of Care in Your Community



November 2014

Psychiatric Comorbidities and Hospital Readmissions

Three-year trends in 30-day all-cause hospital readmissions of patients with or without a psychiatric comorbidity^a

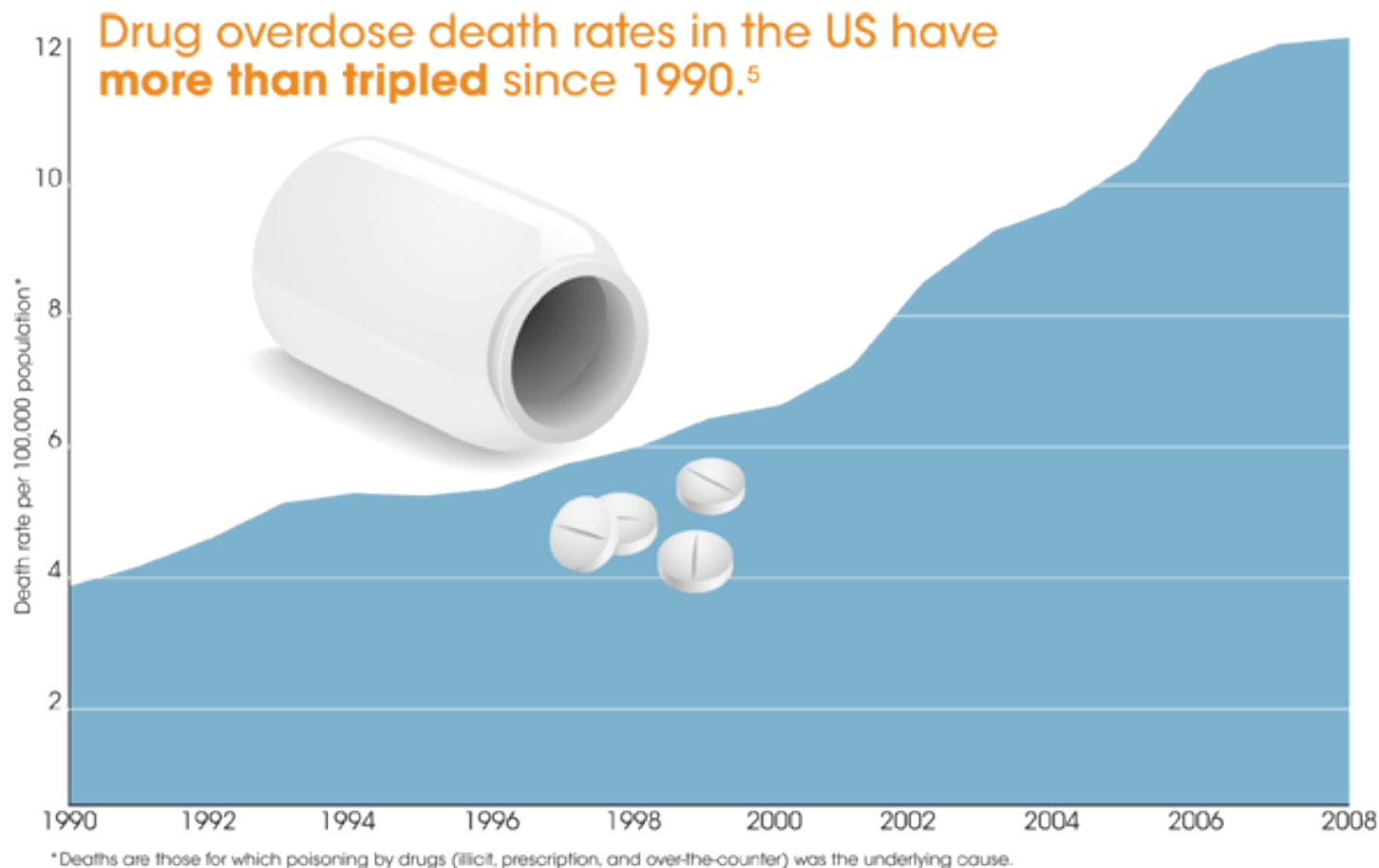


^a All patients had an index hospitalization for heart failure, acute myocardial infarction, or pneumonia.

Psychiatric comorbidity increased risk of readmission by 5%

Depression, anxiety, dementia, bipolar & substance use


Addressing the Opioid & Heroin Epidemic



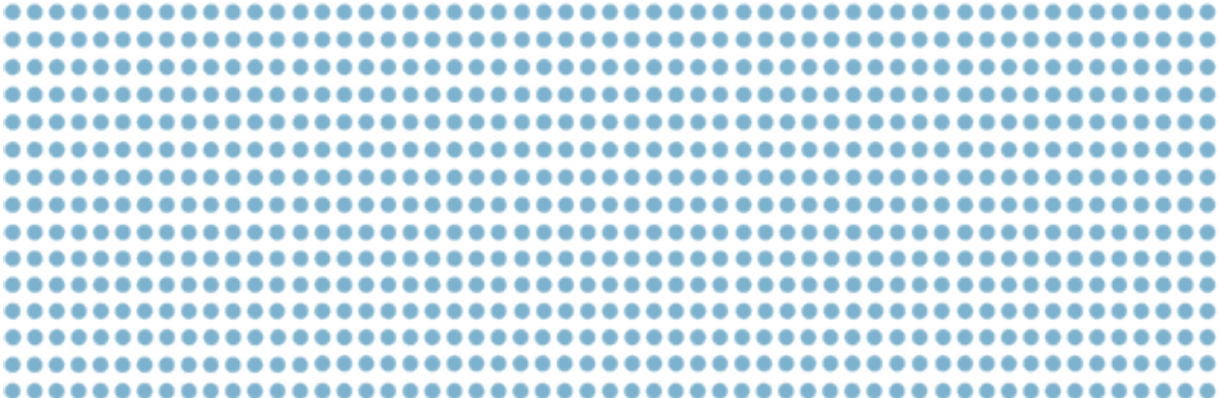
For every 1 death there are...



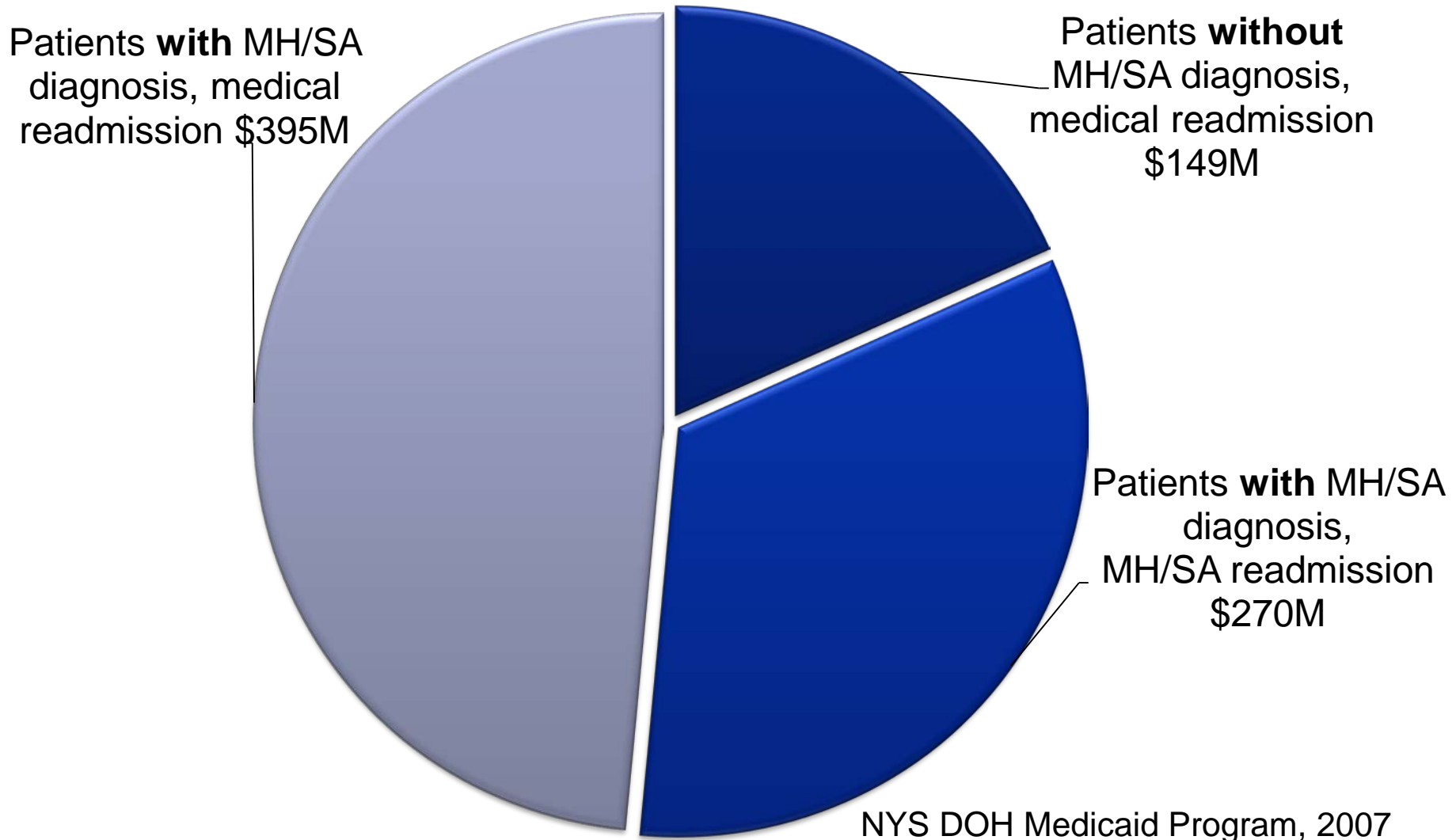
 10 treatment admissions for abuse⁹

 32 emergency dept visits for misuse or abuse⁶

 130 people who abuse or are dependent⁷

 825 nonmedical users⁷

The Case for Integration: Potentially Preventable Readmissions, NYS Costs (2007)



Cognitive deficits

Vocation

Racing thoughts

Irritability

Agitation

Physical withdrawal

Flight of ideas

Appetite changes

Continued substance use despite risks

Poverty

Inability to concentrate

Executive functioning disturbance

Manic cycles

Transportation

Fatigue

Worry

Decreased interest in pleasurable activities

Housing Instability

Changes in sleep

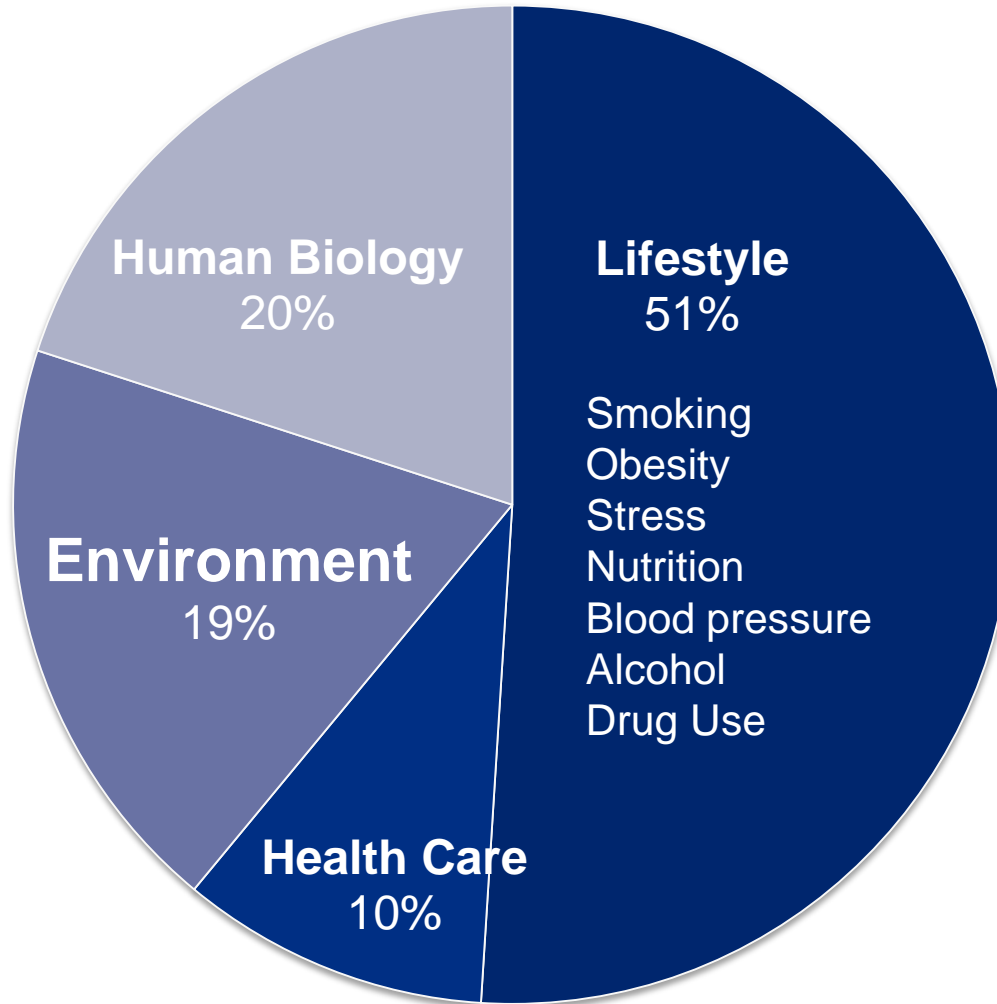
Memory impairment

Why partner with behavioral health?

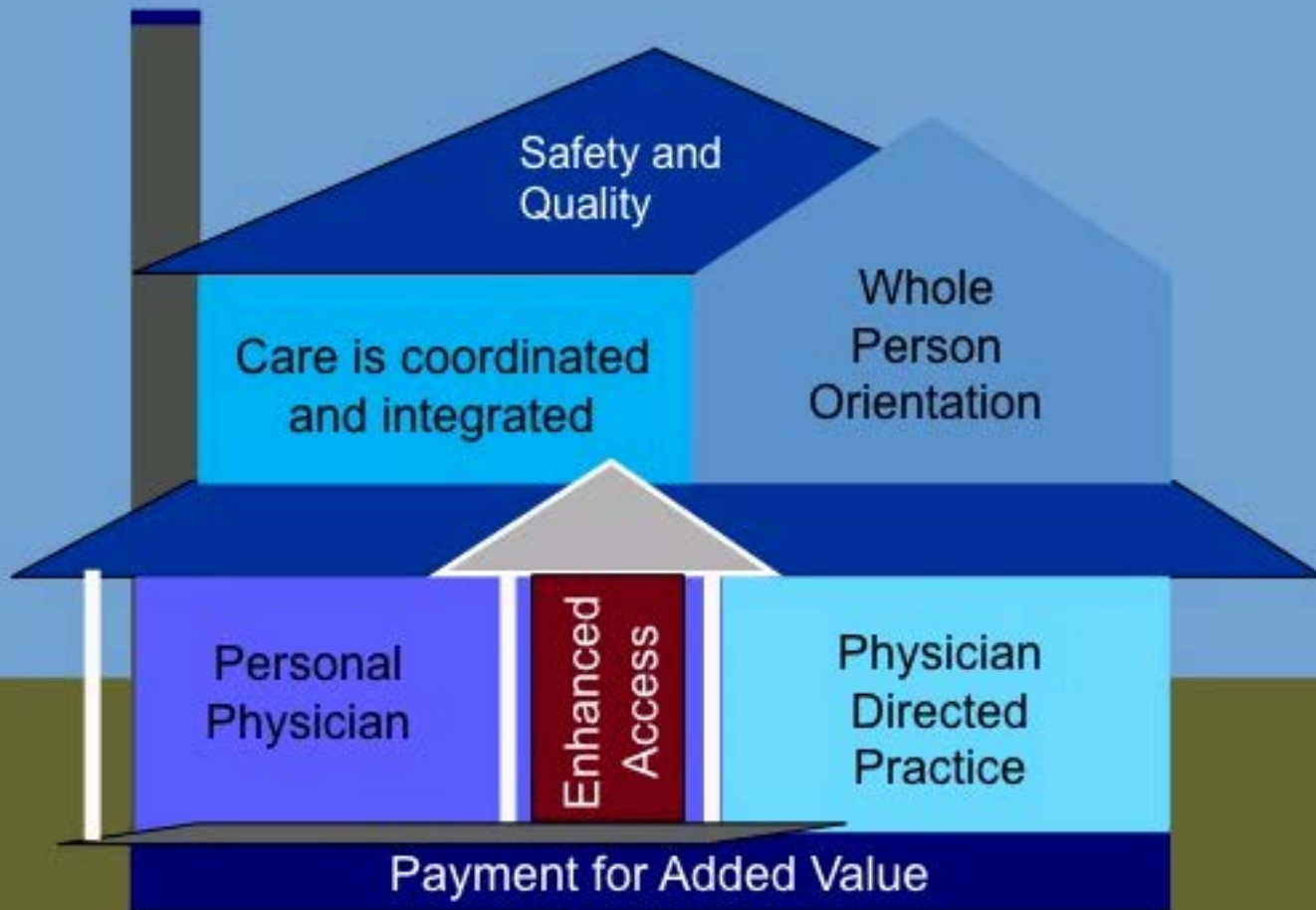
- **Providing** specialized treatment and rehabilitation
- **Facilitating** the practical aspects of managing health needs - accompanying to appointments, transportation, case management, medication management, etc.
- **Helping** individuals so they can attain stable housing, employment and education
- **Supporting** health behavior change and self-management



Determinants of Health



World Health Organization



A Population Health Approach

Key strategies:

- Prevention
- Care management
- Partnerships between primary care, behavioral health, and other specialty providers in the health care system
- Data collection & continuous quality improvement
- Clinical accountability

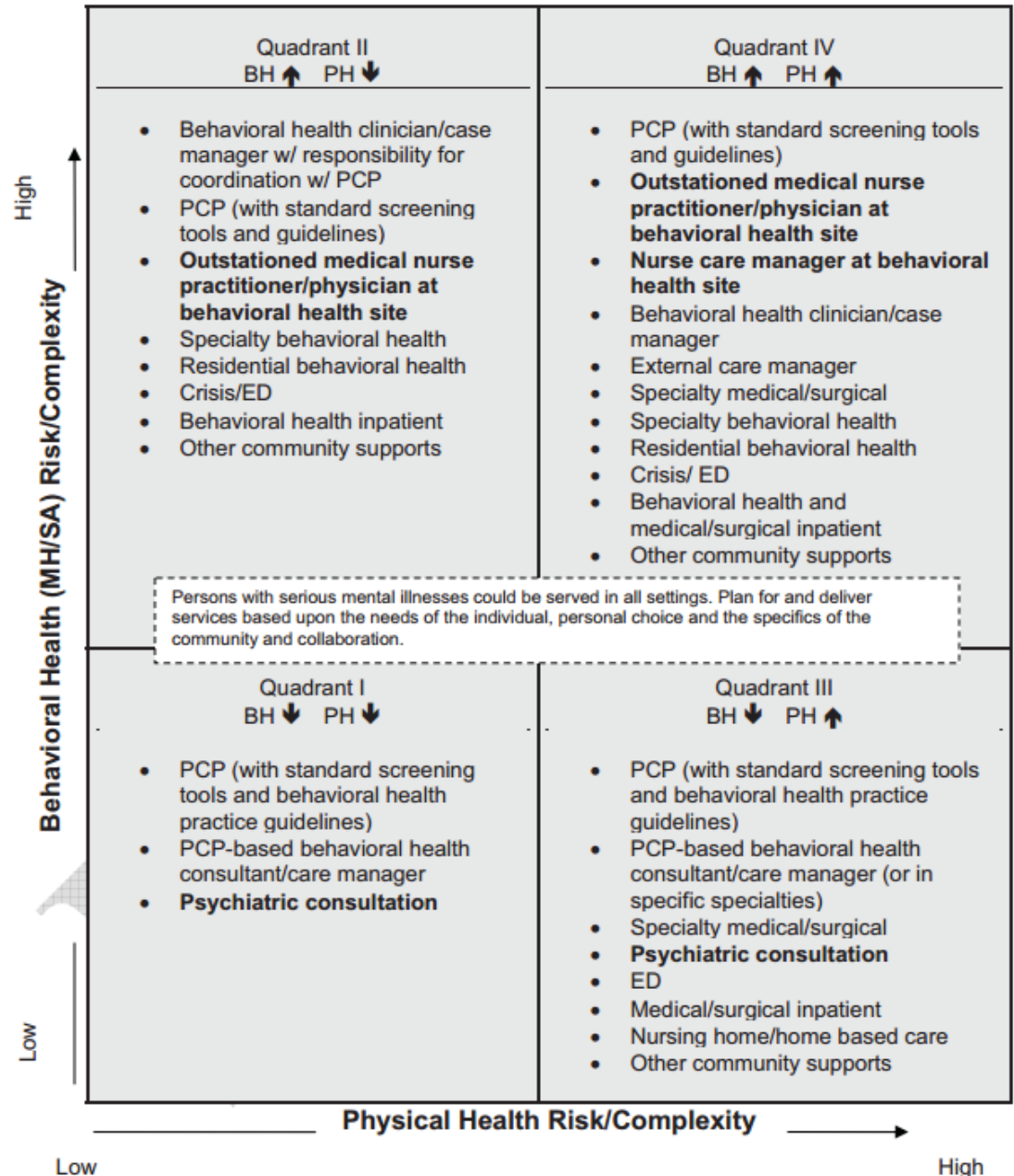


Integration works both ways!!!



Four Quadrant Model

The Four Quadrant Clinical Integration Model



Quadrant I – Low BH, Low PH

Diagnostic Examples

V-codes
Mild depression or anxiety
Sleep disorder
Problem drinking
Tobacco use
Transient pain or injury
Routine well checks and physicals

Workforce

PCP (with standard screening tools and BH practice guidelines)
SBIRT
Behavioral health consultant (PCP-based)
Psychiatric consultant
Care coordinator

Services

Annual screening for BH issues including SUD, early intervention provided on site
Age Specific Prevention Activities: developmental screens, depression screen for 12 and up. Healthy living prevention
Psychiatric Consultation

Financing Examples

Primary Care Visits
SBIRT Codes for Substance Abuse

Quadrant II – High BH, Low PH

Diagnostic Examples

- Severe depression
- Severe anxiety (including PTSD)
- Schizophrenia
- Bipolar disorder
- SU disorder (abuse/dependence, including tobacco)
- Social and emotional difficulties in children with no co-occurring PH issues

Workforce

- BH Case Manager w/responsibility for coordination w/PCP
- PCP with tools
- Specialty BH
- Residential BH
- Crisis/ER
- Behavioral Health IP
- Peers

Other Community Supports

Services

Behavioral Health into Primary Care

- IMPACT Model for Depression
- CALM Model for Anxiety
- Tobacco-buprenorphine-SBIRT treatment
- Behavioral Health Consultation Model
- Case Manager in PC
- Psychiatric Consultation
- Psychiatric Treatment (MD/NP)

Primary Care into Behavioral Health

- NASMHPD Measures
- Wellness Programs
- Peer health coaching
- Primary Care Provider in BH: MD, NP, PA, RN

Financing Examples

- Disease Management Pilot in Michigan
- Health Home Capitation
- Two BH visits a month in PC

Quadrant III – Low BH, High PH

Diagnostic Examples

Congestive heart failure
Obesity
Osteoarthritis that interferes with functioning
Hypertension
Tobacco Use
Children with chronic and/or life threatening illnesses

Workforce

PCP with screening tools
Specialty consults in physical medicine
Behavioral health care manager (Care/Disease Management)
Behavioral health consultant (PCP-based)
Health and wellness coaches
Psychiatric consultant

Services

Screening for BH issues including SUD, early intervention provided on site
BH Ancillary to Medical Diagnosis
Group Disease Management
Health and Wellness coaching (Peers, RNs, Health psychologists)
Psychiatric Consultation In PC
BH Registries in PC (Depression, Bipolar, Smoking)
Recovery checkups for those stable in their SUD recovery

Financing Examples

96000 Series of Health Behavior Assessment and Intervention Codes
Two BH Visits a month are billable

Quadrant IV – High BH, High PH

Diagnostic Examples

Schizophrenia and diabetes

Bipolar disorder and alcohol abuse

Major depression and smoking

Children with MH disorders and co-occurring PH conditions (type II diabetes, hypertension, hyperlipidemia)

Workforce

PCP with screening tools

Care Manager

BH Case Manager with Coordination or Care Management and Disease Management

Specialty BH/PH

Psychiatrist

Services

Interventions in Primary Care

Psychiatric Treatment (MD/NP)

Psychiatric Consultation

Care manager-led collaborative care (e.g., IMPACT, CALM)

Tobacco-buprenorphine-SBIRT

Case Management

Care Coordination

Interventions in Behavioral Health

Registries for Major PC Issues (Diabetes, COPD, Cardiac Care)

NASMPD Disease Measures

Primary Care Provider in BH: MD, NP, PA, RN

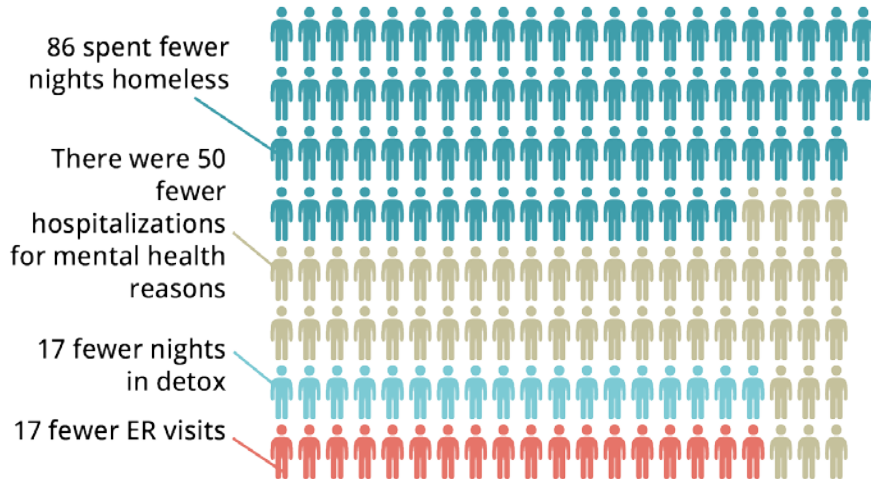
Financing Examples

Behavioral health capitation

Primary Care Visits

Primary Behavioral Health Care Integration

One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:



This is **\$213,000** of savings per month.

That's **\$2,500,000** in savings over the year.

**Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.**

Cross Cutting Strategies

- Stepped Care
- Treat to Target
- Population Management
- One Prescriber, Use of Consulting Providers
- Care Coordination
- Peer support specialists, recovery specialists, community health workers
- Warm handoffs
- Health behavior change strategies

Dominating the Conversation

- Population Health Approaches
- Payment for PC-BH Integration
- Team-Based Care
- Appropriate provider for the appropriate evidence-based services
- Measurable Outcomes
- Care Coordination
- Hiring the Right People

Workforce Strategies to Support New Skill Sets

- PCP-based behavioral health consultants
- Care managers, not just case managers
- Psychiatrist as a consultant
- PCP as a consultant
- Counselors providing brief intervention
- Peer Specialists
- Peer Supervisors
- Recovery Specialists
- Community Health Workers

Key Takeaways

- ✓ **Behavioral health care is health care**
- ✓ **Integration is bidirectional**
- ✓ **There are Medicaid beneficiaries in all 4 quadrants – your integration projects should reflect that reality**
- ✓ **TA is available to you – now and during implementation**

Need Information or Help Problem Solving?

DSRIP Behavioral Health Support Team

KPMG
National Council for Behavioral Health
Department of Health
Office of Mental Health
Office of Alcoholism and Substance Abuse
Services
NYC Department of Health and Mental
Hygiene for NYC PPSs

National Council for Behavioral Health

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New York Integration Resources

Paper: [Integrated Primary Care and Behavioral Health Services for Older Adults: Options for New York State Providers](#)
Fact Sheets: [Financing Integrated Care in New York State](#)

Additional Resources

Center for Integrated Health Solutions,
<http://integration.samhsa.gov>
AIMS Center, University of Washington, <http://aims.uw.edu/>
Strategies to Reduce Costs & Improve Care for High-Utilizing Medicaid Patients, CHCS, 2013

Help

Disclaimers



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