Social issues impacting Behavioral Health service utilization rates

Many PPSs have been reaching out to organizations providing Behavioral Health services as part of their CNA and/or stakeholder communication. Discussions have revolved around the types of services provided, staffing needs of these organizations, utilization of the services, etc. An important piece of information that these organizations could be an excellent source for is – "Are there any social barriers present in the community associated with BH issues?" Presence of such barriers could be an underlying reason for regions experiencing low utilization rates of BH services. This information could also potentially prove to be beneficial when the PPS tries to improve consumer/community awareness in its region.

Message by Atul Dewan 0

On november 12, 2014 at 13:15 - 182 views, 11 replies, 7 followers

Patient-Centered

I am happy to connect any PPS with a comprehensive continuum of substance use disorders prevention, treatment, and recovery support services. The New York Association of Alcoholism and Substance Abuse Providers (ASAP) has a strong membership across the continuum of addiction services in EVERY PPS area. WE are happy to support your efforts.

By John Coppola, over 1 year ago 3

PPS should also look closely at housing issues. Housing is often the most important social determinant of health in NYS. PPS should look to partner with housing providers. In the future state with payment reform there will be an opportunity for PPS to utilize Medicaid payments to provide housing to high needs Medicaid members. Contact us if you have questions are want to discuss housing ideas.

By Jason Helgerson, about 1 year ago 3

Jason - Great point. Of the various social determinants of health, housing, as you mentioned, is also one of the strongest predictors of health outcomes:
"The role of social determinants of health, and the business case for addressing them, is immediately clear when it comes to homelessness and housing. The 1.5 million Americans who experience homelessness in any given year face numerous health risks and are disproportionately represented among the highest users of costly hospital-based acute care." (excerpted from the article below)
For the group's benefit, see attached for an article from the New England Journal of Medicine on New York's previous innovations in this area. Looking forward to watching how DSRIP empowers providers across the state to push this initiative further.

Housing_as_Health_Care_-_NEJM.pdf

By Jason Ganns, about 1 year ago 0

The substance use disorders services system has had a fantastic track record helping chronically homeless, unemployed persons suffering from addictions to become healthy and secure in safe housing and meaningfully employment. 47% of these chronically homeless individuals who entered New York New York III housing from a substance use disorders program are currently in PERMANENT housing AND either employed in a meaninful job or in college. This success should be closely examined and replicated. PPS would be wise, in a performance based environment, to partner with substance use disorders programs that have experience with housing, employment, and vocational services and is comfortable with performance targets including helping people get healthier. ASAP would be happy to help connect PPS with substance use disorders services providers with a proven track record of achieving these kind of outcomes.

By John Coppola, about 1 year ago 1

"Are there any social barriers present in the community associated with BH issues?" - absolutely. While the PPS's are understandably focused on available services, staffing, etc there are broader issues that will have a large impact on the success of DSRIP, including motivational issues and stigma. PPS's will need to embrace and support behavioral health interventions like motivational interviewing, genuine person centered planning (not just lip service), early intervention (e.g. first episode psychosis approaches designed to lessen long term disability), SBIRT, etc.

By Robert Long, about 1 year ago 0

Robert, I agree that MI, person-centered planning, and early intervention are critical when tackling behavioral health issues and acheiving positive outcomes. Do you have any ideas on how PPSs can ensure that their network partners are embracing these interventions?

By Alyssa Slezak, about 1 year ago 0

There are materials and experts available on each of the practices I mentioned. I think PPSs can use common sense measures to ensure their network providers embrace these interventions by 1) Making it a clear expectation/priority, 2) Offering training and ongoing consultation (so that the training is put into practice), 3) providing support for the practice (e.g. allowing clinicians to spend sufficient time with patients/consumers who need extra time to engage, without financial penalties) 4) measure whether it's being done, both in terms of process (how many people received X) and in terms of outcomes (consumer perceptions of whether they were listened to and if their wants and needs were prioritized; whether the population is effectively engaged as evidenced by reduced numbers of people lost to treatment, decreased ER visits, inpatient admissions and long term disability).

By Robert Long, about 1 year ago 0

There is a big issue in Albany with mental health service providers not having the cultural competency, or willingness to use interpreters, to provide mental health services for refugees. Imagine, a population with lots of post traumatic stress issues, and virutally no provider will go near them. I'm hoping we can work together to overcome these types of problems in this forum

By Betsy Campisi, about 1 year ago 1

Robert, you bring up an important point, that we need to look at both objective outcomes and also consumer perceptions. As we move forward in DSRIP and toward value based payments, we should begin to achieve better outcomes overall. It is also important to note that many Managed Care Plans administer consumer surveys to their members to gage levels of consumer satisfaction with care received. Going forward, it is will be important to continue these practices to ensure consumers are receiving quality care.

By Alyssa Slezak, about 1 year ago 0

Betsy, cultural compotency is of critical importance in implementing DSRIP. I agree that we should use this platform to continue to bring providers together to work toward solving these challenges. Perhaps there should be a separate group or challenge devoted to issues of cultural competency.

By Alyssa Slezak, about 1 year ago 2

Thanks Alyssa. My concern about managed care plan consumer surveys (and measures like HEDIS) is whether they ask the right questions. Research shows that consumers are not good judges of the quality of care (most lack the expertise to determine quality of clinical procedures), and consumer surveys too often boil down to "were you greeted promptly and did the staff smile at you?". While consumer perceptions of how they are treated are important, treating people respectfully is a pretty low bar. Consumer's are engaged when they feel they derive value from their healthcare, and consumer perceptions of quality of life outcomes (housing, relationships, employment, etc) are often lacking. This gets to the social determinants of health outcomes and we cannot underestimate how much of a culture shift it is for both providers and MCOs. We can encourage the culture shift by encouraging the measurement of consumer perceptions of their quality of life and how these change over time in treatment. One example of such an instrument, that could be adapted to PPSs, is the Quality of Life Self Assessment developed by the NYCCP (http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&amp...)

By Robert Long, about 1 year ago 0

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