Integration of Behavioral Health and Primary Care for the SMI Population

Arizona Overview

- Program operated through comprehensive 1115 waiver that mandates managed care – exceptions are American Indian and FES
- Arizona Health Care Cost Containment System (AHCCCS) is single state agency
- Since inception AHCCCS statutorily contracts with Dept. of Health Services (DHS) as MCO for behavioral health – carve out - exception 50,000 members at risk of institutionalization (fully integrated product) - ALTCS
- DHS contracts with 4 Regional Behavioral Health Authorities (RBHA) to administer services
- RBHA – Beh Health + housing + case mgmt (peer support)
- AZ has 15 counties – Maricopa (Phoenix) and Pima (Tucson) represent 80% of population in state (60% & 20%)

– Note: FES is Federal Emergency Services. These are people who do not meet the citizenship requirement (U.S. citizen or legal permanent resident for at least 5 years). If you can't meet citizenship but otherwise would have been eligible for Medicaid (based on your income and you can show AZ residency) then we will cover ONLY for emergency services. We do include labor and delivery as an emergency service.

Integration Planning Efforts

- Members with Serious Mental Illness die over 30 years earlier than peers often from preventable chronic issues
- Made decision to pursue administratively – Integrate RBHA structure -10-1-13 Acute Contracts–Pre 1-1-14 Expansion
- RFI – Summer 2011 – Meetings - targeted at plans
  - Choice of Plan? If choice how to manage crisis system
  - Opportunities to leverage health homes
  - How would they structure the MCO to meet needs – improve coordination
  - Relevant Experience - Requirement to be Medicare plan
  - Describe how to leverage HIT

Integration Planning Efforts

- Robust community engagement with members, families, providers, plan
- Gave plans time to engage community - Learn
- Collaboration - DHS/AHCCCS went through long process of building relationship
  - Bi-weekly Executive Steering Committees – 2.5 hrs
  - Overcome lack of knowledge of each others business
  - Overcome trust and other working issues
  - Spent several months drafting RFP –
- Transparency - Decisions posted to web in real time

Integrated RBHA Requirements

Integration – The Contractor shall

- Promote clinical and administrative integration
- Submit Annual Integrated Health Care Report
  - Priorities – Initiatives – Innovations – Trends – Challenges – Lessons learned
  - Short and Long term strategies, goals, measures for promoting integration
  - Describe programs to educate providers, members and families about integrated health care programs
  - Approved by Governing Body
- Employ Health Care Integration Development Officer – experience with physical and behavioral health services – Medicaid and Medicare
- Meet with broad spectrum of behavioral and physical health providers on a regular basis

Integrated RBHA Requirements

Medicare

- All AHCCCS MCOs required to be Dual-Special Needs Plans (D-SNP)
- Have had good results – lower IP – Readmission
- With 50% of members with SMI - vital
- When duals demo came out we wanted new RBHA to participate in Demo or be D-SNP
- Arizona not pursuing Demo – plan needs to be DSNP

Integrated RBHA Finance

- AHCCCS uses own actuaries to establish rates
- BH and PH components form single SMI Rate
- Retaining capability to show BH piece important to community - $315 m
- Rate for GMH/SA for adults - $180 m
- Rate for Children's Behavioral Health - $275 m
- Profit loss limits +- 3%
- Funding - $770 m in TXIX BH - $100 m PH (Medicaid)- $100 m state only for housing – employment support, etc…
- No Payment Modernization Shared Savings requirement

Integrated RBHA Finance - PMPM

Children's BH (all eligible)	$32.70
CPS Children's BH	$667.00
Adults GMH/SA (all eligible)	$46.81
Members w/ SMI – all services	$2,630.00
Members w/ SMI – duals – all services	$1,644.01

Integrated RBHA Administration

The RBHA may not delegate or subcontract

- Grievance and Appeals
- Quality Management – Medical Management
- Provider Relations – Network – Provider Contracting and oversight
- Member Services
- Corporate Compliance
- Suggested an integrated claims payment system

Integrated RBHA

Care Management –

- Identify top tier (20%) of high risk members
  - Manage transitions
  - Establish and adjust member care plans
  - Provide members with tools to self manage
  - Proactive model that relies on data analytics
  - Incorporate risk assessment and predictive modeling
  - Review cases on minimum of quarterly basis

Integrated RBHA

Care Coordination –

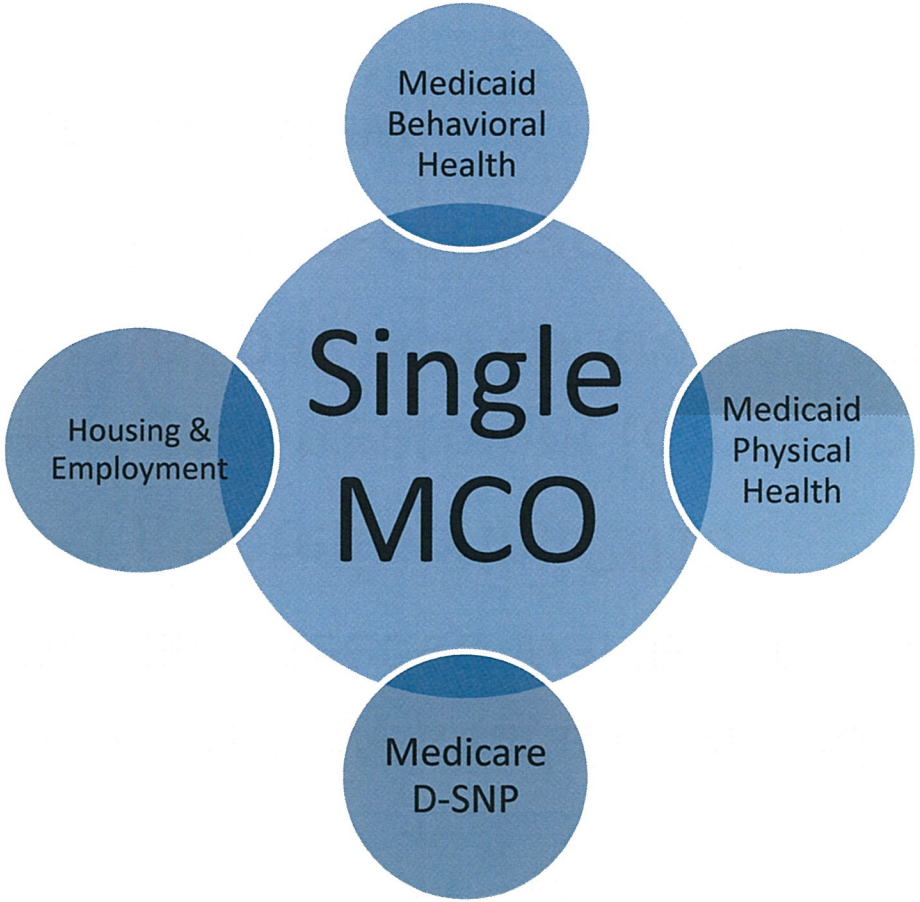
- Coordinating services and providers to assist members in achieving Recovery goals that are in Recovery Plan
- Care Coordinator should have expertise
  - Member self management approaches
  - Member advocacy
  - Navigating complex systems
  - Communicating with wide spectrum of professionals and lay persons including family

Integrated RBHA Requirements

Integration – The Contractor shall incorporate the following into integrated health care service delivery system

- Treatment team with single point of contact
- Member and family voice and choice
- The treatment team includes psychiatrist or equivalent behavioral health medical professional and PCP
  - Effective use of care management programs
  - Coordination of Care
  - Health education and promotion
  - Utilize peer and family delivered support services
  - Use of HIT to link services

Maricopa Integration for Members with Serious Mental Illness – Doesn't lose BH Priorities



Integrated RBHA Waiver

- With decision to have single plan and mandate enrollment state needed waiver of choice
- 1115 waiver granted spring 2013
- If member in mid-treatment (cancer, pregnancy etc..) plan must pay non-contracted provider
- Choice of PCP – non-contracted 90 day transtion
- CMS readiness review

What We Found in the Winning Bid

- Will utilize the majority of the existing provider network
- By contract start would have eight (8) SMI clinics that offer integrated care – (*4 are currently used as co-location sites in the existing contract*)
- SMI clinics offering integrated services will be increased to 20 sites over the course of the contract
- Management Team (*CEO, CMO, CFO, COO*) all come from behavioral health
- Mercy Care Experience Serving Populations with Complex Care Needs
  - 2400 SMI in the ALTCS program – (*Fully integrated BH services*)
  - 6200 SMI in the Acute program
  - 9300 in the DDD program
- Held community outreach and development planning with 51 different stakeholders including providers, peer runs and community organizations
- Have shaped a Community Proposal versus a single organization approach

Response to Stakeholder Meetings

Feedback Summary

"The meetings described above have produced a wealth of information about what works in the current system and what could use improvement. We left our sessions with two major realizations:

(1) There are many people and providers working in the RBHA system who care and seek to serve people in need and use resources well; and

(2) Many of the issues they have encountered in trying to fulfill their missions will be greatly helped by integrating the acute, behavioral and Medicare programs, if the integration is done well".

To address the concern that physical health practice will overwhelm and/or dominate BH practice.

"Maintaining access to a robust array of services and providers of behavioral health specialty care, while assuming responsibility for integrating these services within physical health care, is just one of many strategies in maintaining a focus on the behavioral health needs of Maricopa County residents. While this will be a major focus of RBHA integration efforts, assisting adults with SMI in accessing needed preventative and specialty physical health care should not disrupt the active and often successful treatment of the co-occurring behavioral health disorders. While the location and focus of care may be expanding for some individuals, access to needed behavioral health services will remain. For some this can occur within a single setting, for others it will require an expanded treatment team. As treatment teams expand, Care Coordinators and Case Managers will be responsible for making sure Individualized Care Plans are addressing the whole health needs of members".

How the System Operates Pre-Integration

- Member visits provider for immediate issue
- Immediate issue treated
- Limited delivery of other services
- Member leaves
- Member may or may not access care for secondary issues
- The RBHA may not know about any of the service
- May be up to three different payor sources
- Potential for bad outcomes even if the member does everything right
  - Medication interactions; family is left trying to navigate multiple issues; patient accesses higher levels of care for preventable issues; unnecessary funds are expended

How the System Operates Pre-Integration

- Same as most experience except—
  - Four clinics with co-location partnership
  - Co-location is better but still does not meet the needs of the whole person
    - Still limited sharing of information on diagnosis and treatment
    - Members are limited on accessing these providers due to proximity and transportation
    - Still have multiple streams of funding not communicating on outcomes
    - Families may be left coordinating care and communication

How the System Would Operate With Integration

- Member accesses the system for care
- Seen by provider for presenting issue
- Provider considers full treatment history

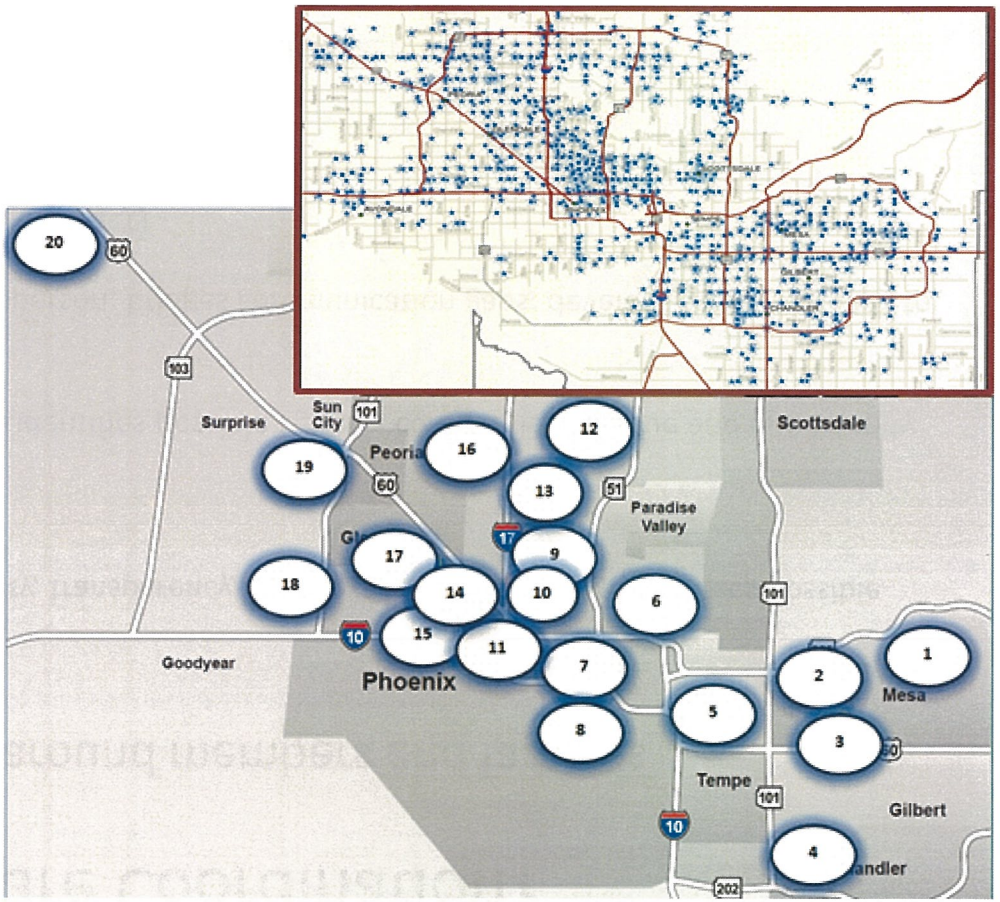
  -Behavioral, Physical, Medication, Case Management
- Member/family discuss whole health issue, receive treatment and develop treatment plan adjustments in one step
- Improve BH outcomes by welcoming person for whatever reason
- Reduce morbidity by treating preventable illnesses and supporting recovery with a whole person approach
- Wherever you go Care Coordination will be there
- RBHA involved in care coordination throughout entire experience

Community Based Integrated Care

- Member Centered
- Family Support
- Data based Coordination of Car
- Accountability
- Whole health service delivery

SMI Clinics

1. **East Valley**
2. Hampton
3. Centro Esperanza
4. San Tan
5. Enclave
6. Arcadia
7. Comunidad
8. South Central
9. Capitol Center
10. Midtown
11. Capitol Center
12. Saguaro
13. Townley
14. Osborn
15. West McDowell
16. Metro Center
17. Osborn
18. Garden Lakes
19. West Valley
20. Hassayampa



So what is Care Coordination?

Community based system wrapped around members and families

Single accountable entity

Care management function ensures accountability, transparency, seamless service delivery, minimizes possible gaps in care

Care manager (administrative level)

Big picture trends; systemic issues; real time

Exp. - Notices member went to ED over 5 times…identifies possible issues… communicates issue and opportunity to treatment team through Care Coordinator

Care coordinator (team focus)

Treatment team management; views the whole person; bridges communication gaps; develops team approach to problem resolution

Case manager (member and family single point contact)

High touch with member and family

Carries out the plan at the service level

Peer navigator (member educator/advocate)

Helps members and families understand and communicate throughout the process

Member

Engaged with the team to utilize strengths in plan development

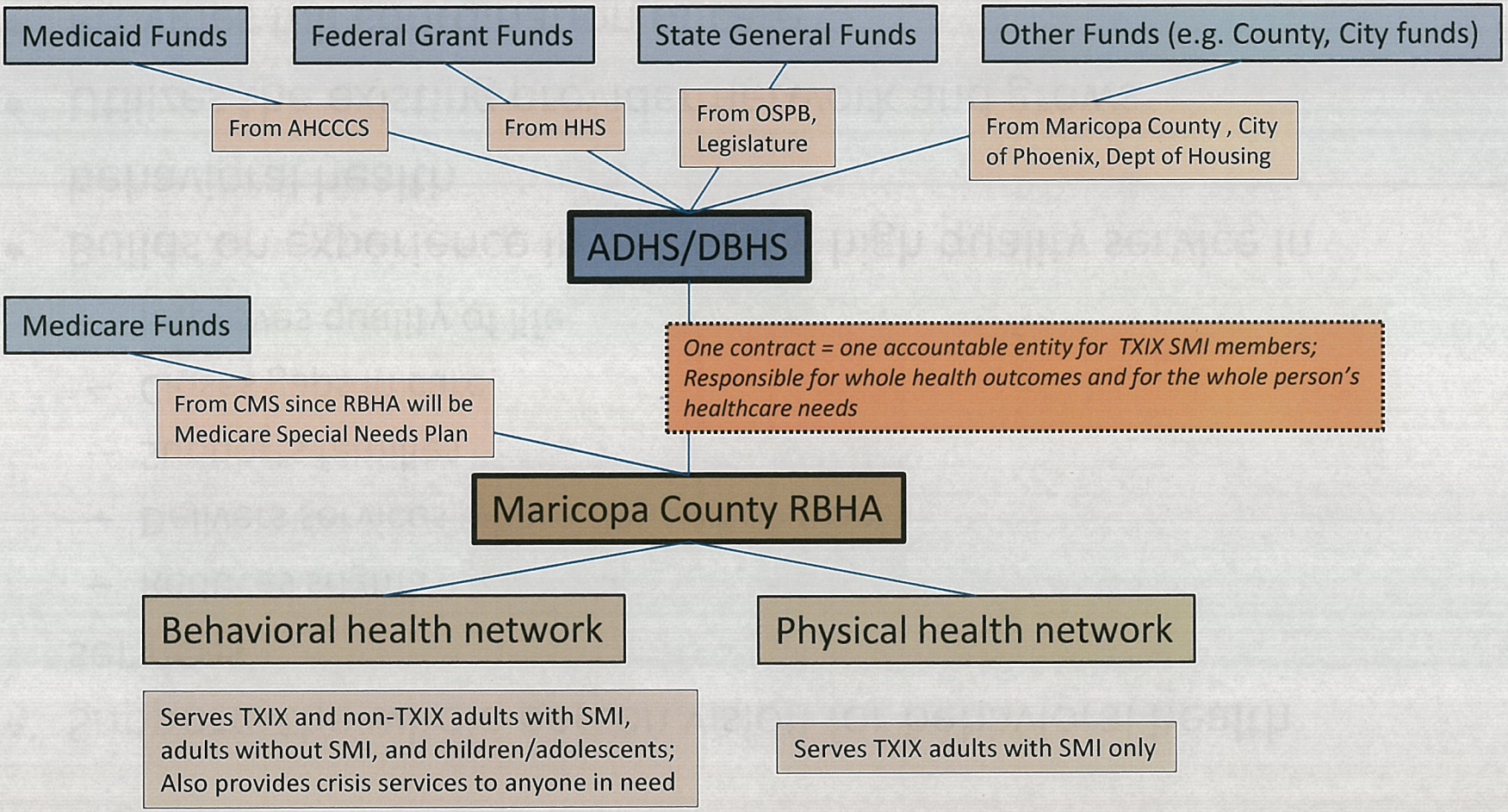
Health Record

Wrapped around the member at all points of contact to facilitate coordinated care

Integration Summary

- Supports the whole person vision for behavioral health services
  - Reduces stigma
  - Delivers services where the person wants
  - Supports families
  - Closes gaps in care
  - Improves quality of life
- Builds on experience in delivering high quality service in behavioral health
- Utilizes the existing provider network and grows
- Provides full coordination of care
- Member and family focused

Recovery through Whole Health: the Administrative Level



Recovery through Whole Health: the service provider level

Behavioral Health

•Use of evidenced based practices
• Routine screening, prevention, whole health, wellness AND RECOVERY focus
• Care management, chronic disease management AND RECOVERY programs
• Shared medical records

Primary Care

Multidisciplinary team

Housing Support

Specialty Care

Employment Support

Peer Support

Community & Social Support

Anticipated Benefits

- Lengthen the lifespan and improve healthcare outcomes
  - Overcome disparities through integrated care
- Strengthen the focus on screening, prevention, early intervention, care management, patient education, wellness, AND RECOVERY FROM MENTAL ILLNESS AND SUBSTANCE ABUSE
- Control costs
  - 60% of Medicaid's highest cost beneficiaries with disabilities have co-occurring physical and behavioral health conditions
  - Current healthcare system is unsustainable