The Real-World Impact of Integrated Medical-Behavioral Healthcare

Presented In Partnership With:

Today's Presenters

Dr. Joe Parks
Medical Director

Dr. Julia Hoffman, Psy.D.
VP of Behavioral Health Strategy

Dr. Manuel Castro
Medical Director of Behavioral Health Integration

Today's Presentation

Click the question icon to ask questions for today's presenters

View in full screen mode and hit the escape button on your keyboard to return to normal view

There are no continuing education credits or certificates for this event

Objectives

- An overview of the current state of integrated medical-behavioral healthcare including industry trends and dynamics
- How an integrated approach helps more effectively address physical health once the pervasive impact of behavioral health conditions are addressed
- A case study from Atrium Health on how they've incorporated digital behavioral health tools within their diabetes care management program and primary care practices
- Digital, whole-person innovations for individuals struggling with chronic physical and/or behavioral conditions

Dr. Joe Parks

Medical Director

- Distinguished Research Professor of Science at the University of Missouri – St. Louis
- Clinical Assistant Professor of Psychiatry at the University of Missouri, Department of Psychiatry in Columbia
- Practices outpatient psychiatry at the Family Health Center, a federally funded community health center
- Nearly 20 years of experience in public health, including former positions as:
  - Director of Missouri HealthNet Division of the Missouri Department of Social Services
  - Medical Director of the Missouri Department of Mental Health, as well as the Director for the Division of Comprehensive Psychiatric Services
  - President of the Medical Director's Council of the National Association of State Mental Health Program Directors
  - Director of the Missouri Institute of Mental Health at the University of Missouri – St. Louis

Integrated Healthcare

World Health Organization definition:

"The organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money."

Integrated Funding Vs. Integrated Care

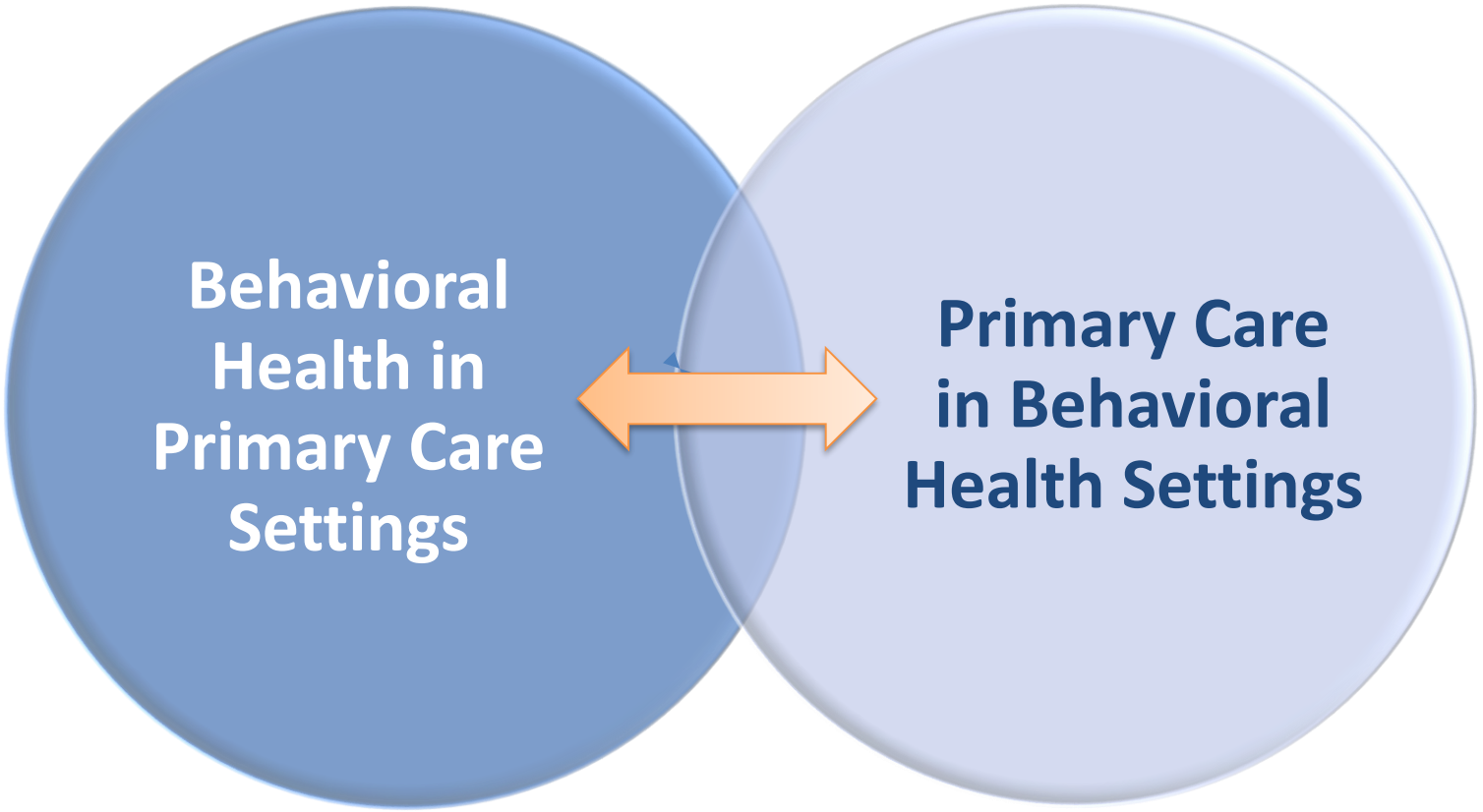
Integration is a range of specific clinical work behaviors

- Single point of accountability for overall care coordination and management
- Single treatment plan
- Treatment team that is both medically and behavioral health competent

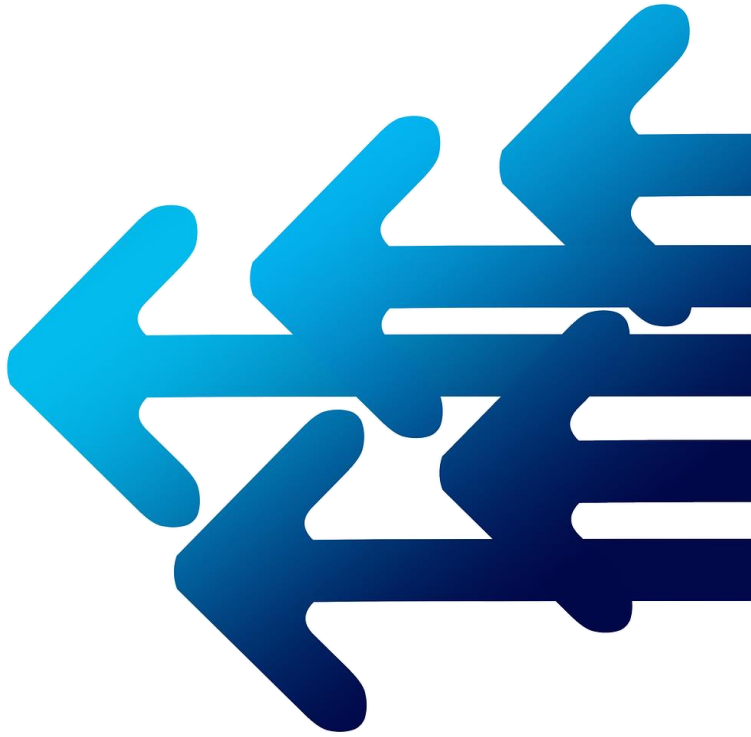
Integrated funding can be helpful, but is neither necessary nor sufficient

- Separate funding can be effectively blended
- Integrated funding all too frequently ends up funding separate care

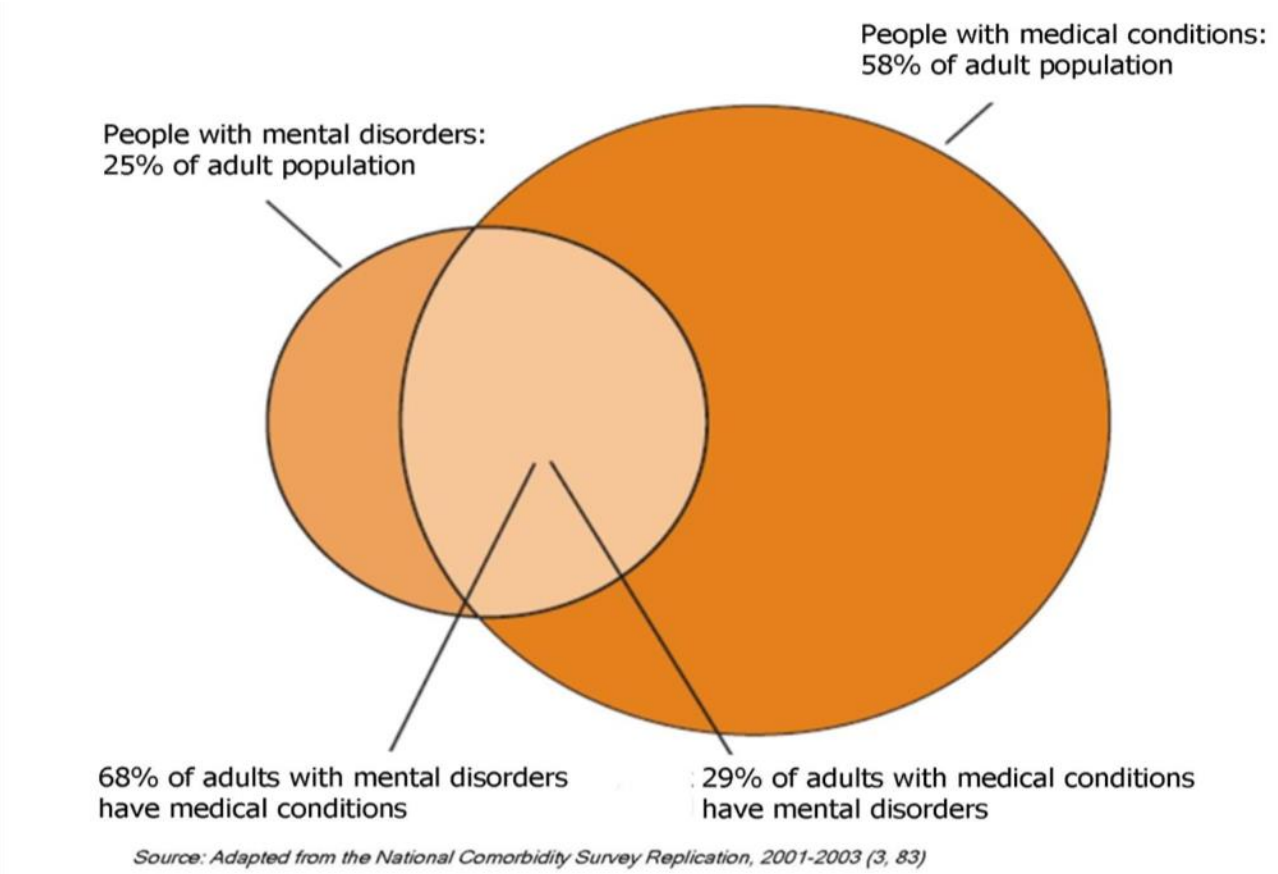
Bidirectional Integration



Why Integrate Physical and Behavioral Healthcare?



Co-Morbidity of Mental Disorders and Other Chronic Conditions

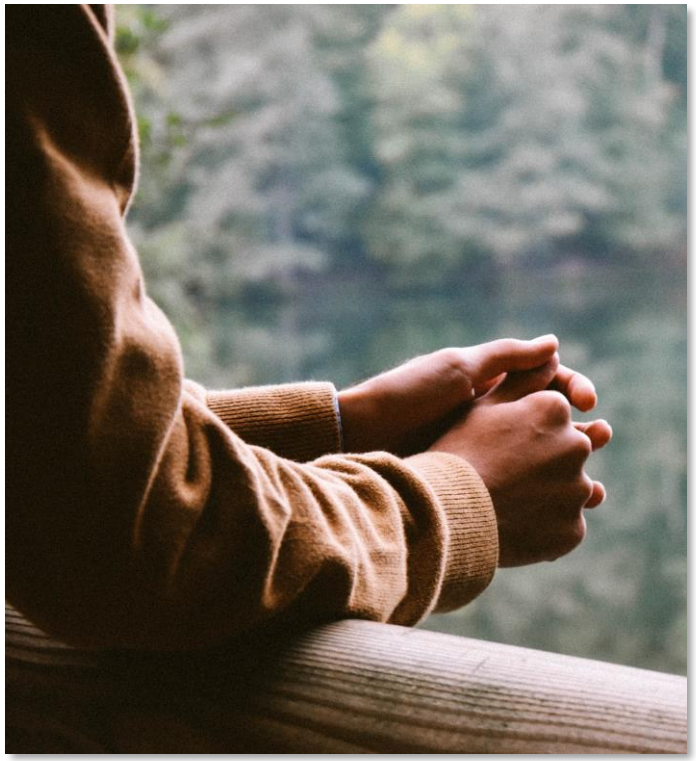


Source: Adapted from the National Comorbidity Survey Replication, 2001-2003 (3, 83)

Why Do People Seek Behavioral Health Care in Primary Care Settings?

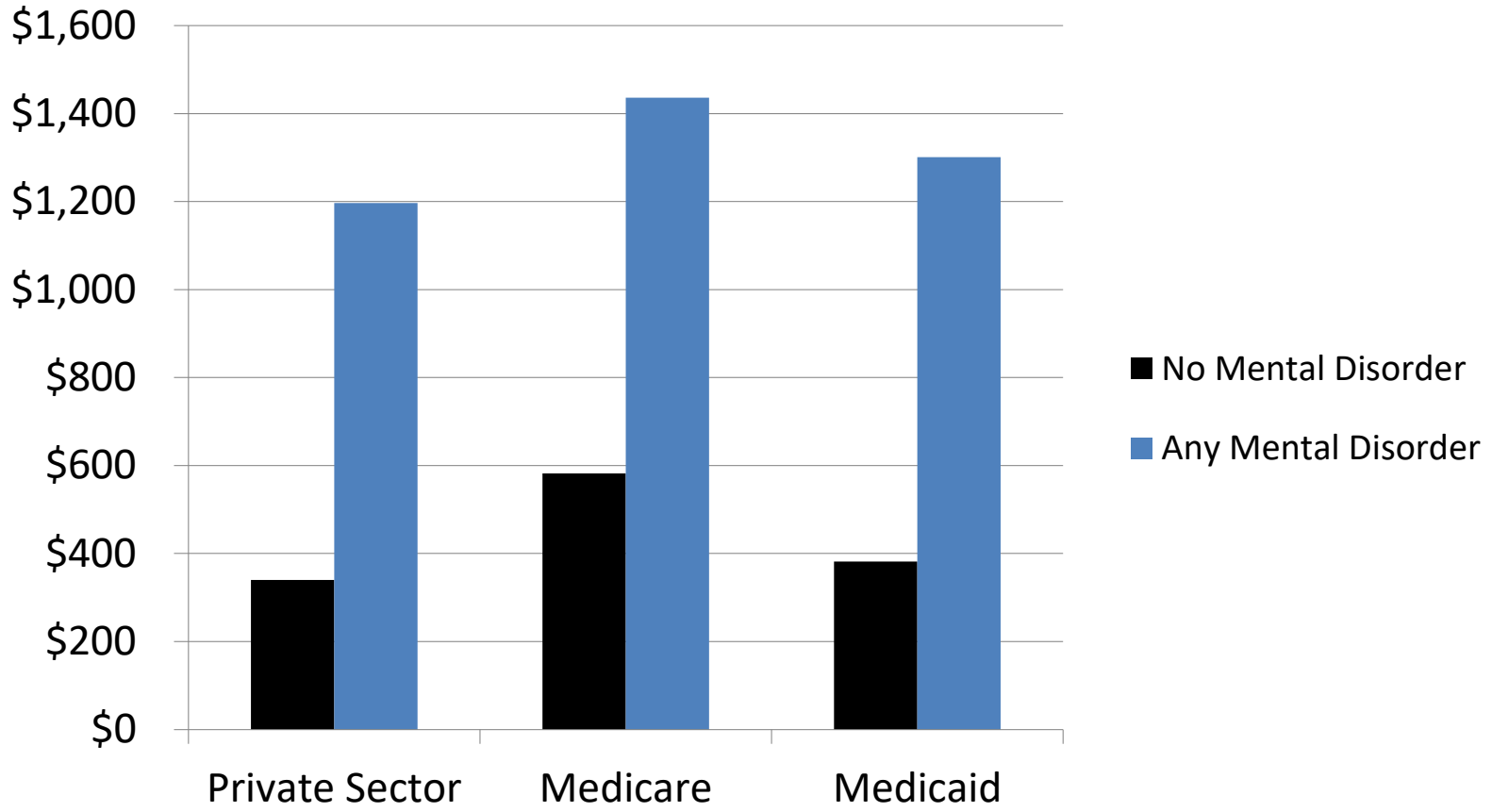
- Mild to moderate behavioral health problems are common in primary care settings
  - Anxiety, depression, and substance use in adults
  - Anxiety, ADHD, and behavioral health problems in children
  - Prevention and early intervention opportunity
- Uninsured or underinsured
- Limited access to public health mental health services
- Cultural beliefs and attitudes
- Low availability of mental health services, especially in rural areas

Why Primary Care Services in Mental Health?

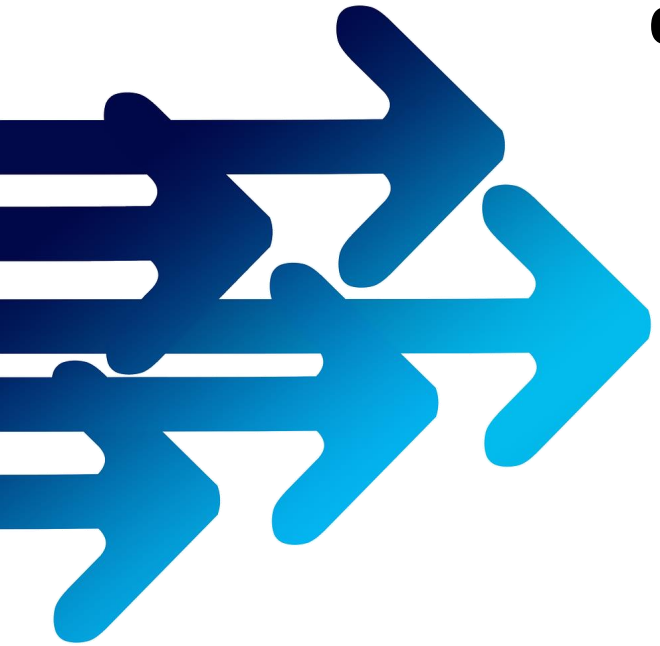


- High rates of physical illness with mental illness
- Premature mortality
- People with mental illness receive a lower quality of care in primary care settings
- High cost of physical illness with mental illness
- Access problems

Per Member Per Month (PMPM) Costs



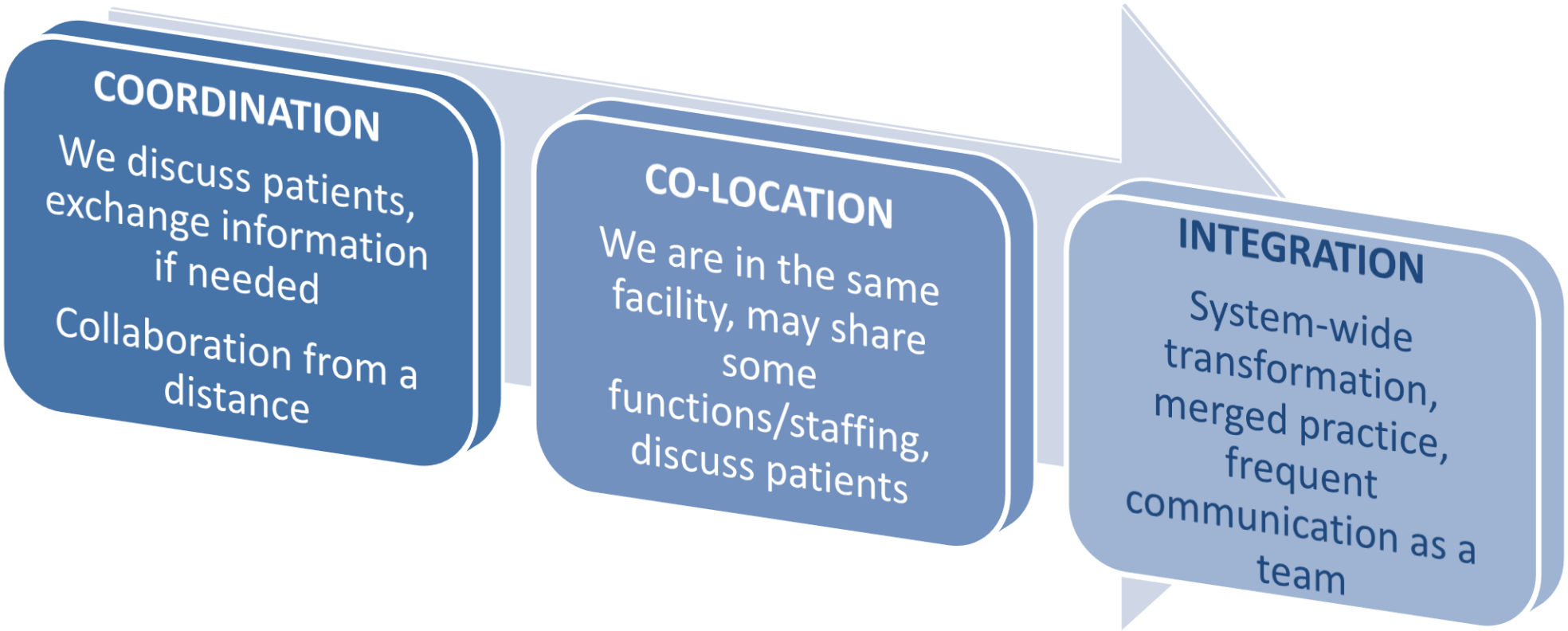
Key Opportunity



Integrating care offers an important opportunity to reduce disparities and improve outcomes:

- Eliminate the early mortality gap
- Reach people who cannot or will not access specialty behavioral health care
- Intervene before issues develop or worsen
- Improve adherence to treatment recommendations

Standard Framework of Integration



How is Integrated Care Being Done in the Field?

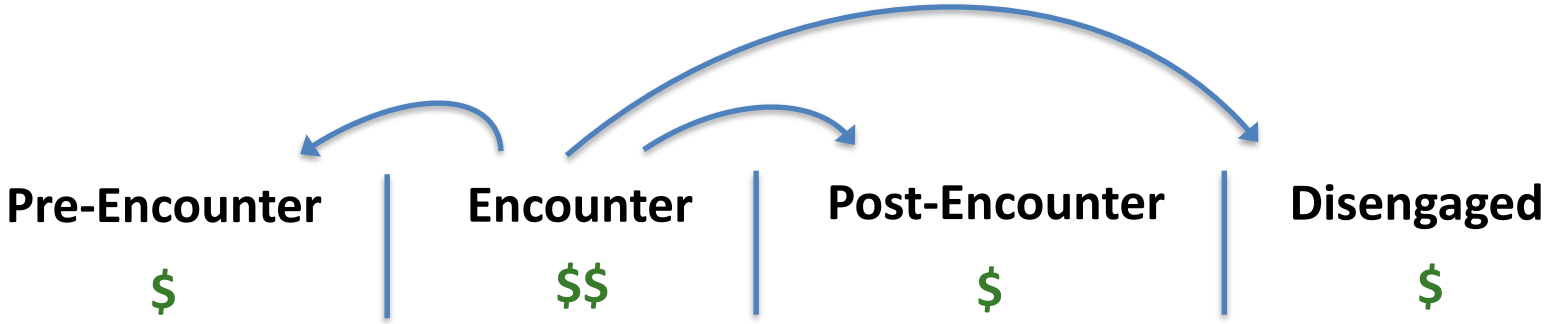
- Data-driven care
- Population management
- Integration of behavioral health and general health care
- Telehealth
- Digital healthcare
- Bundled payments

…From Encounters… to Ongoing Management

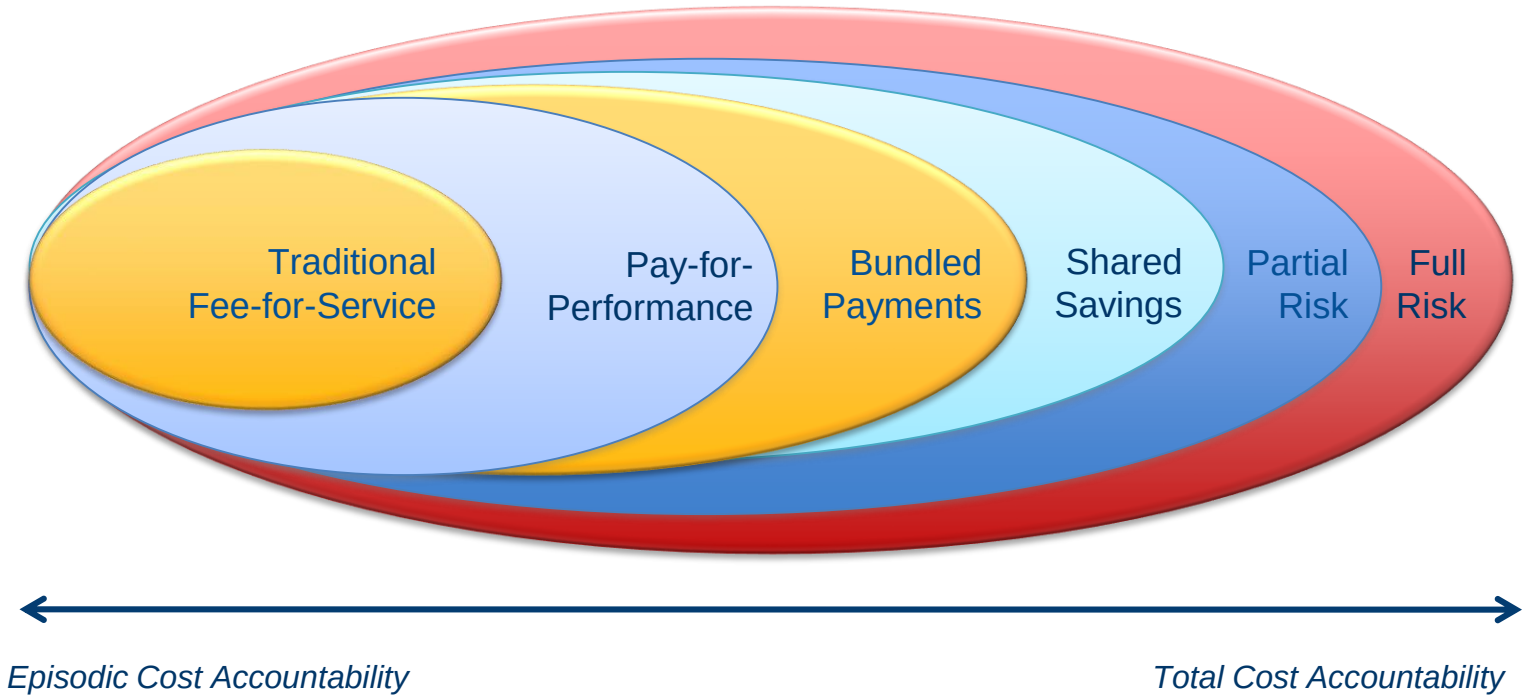
Fee-For Service

Pre-Encounter	Encounter	Post-Encounter	Disengaged
X	$$$$$	X	X

Population Management



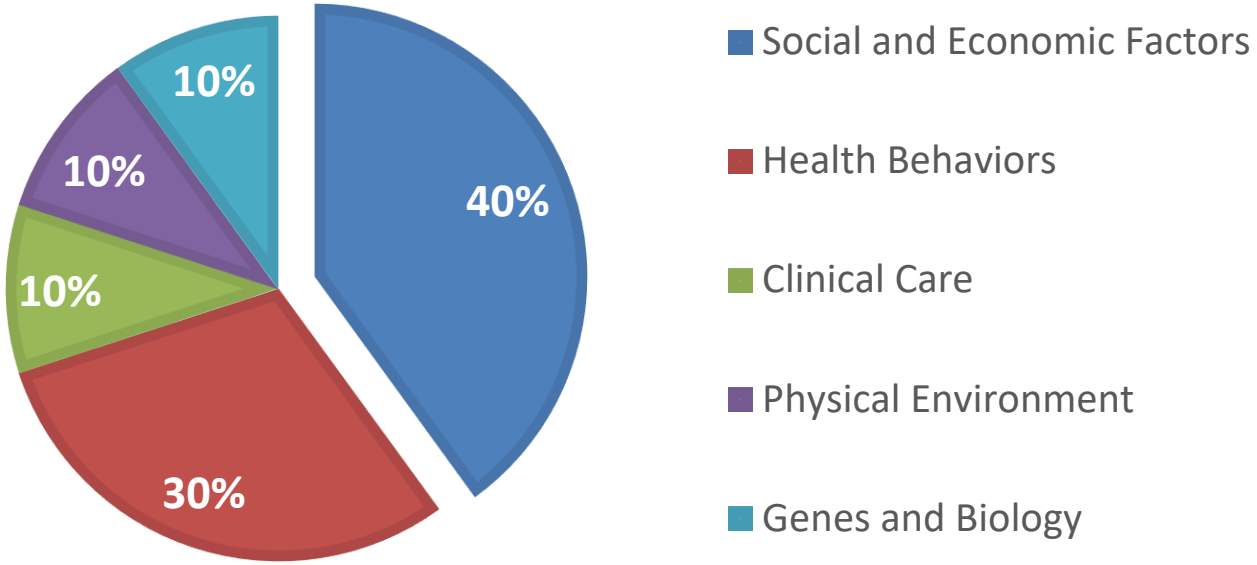
Types of Bundled Payment



Vision for the Future

Consider What Creates Health

Determinants of Health

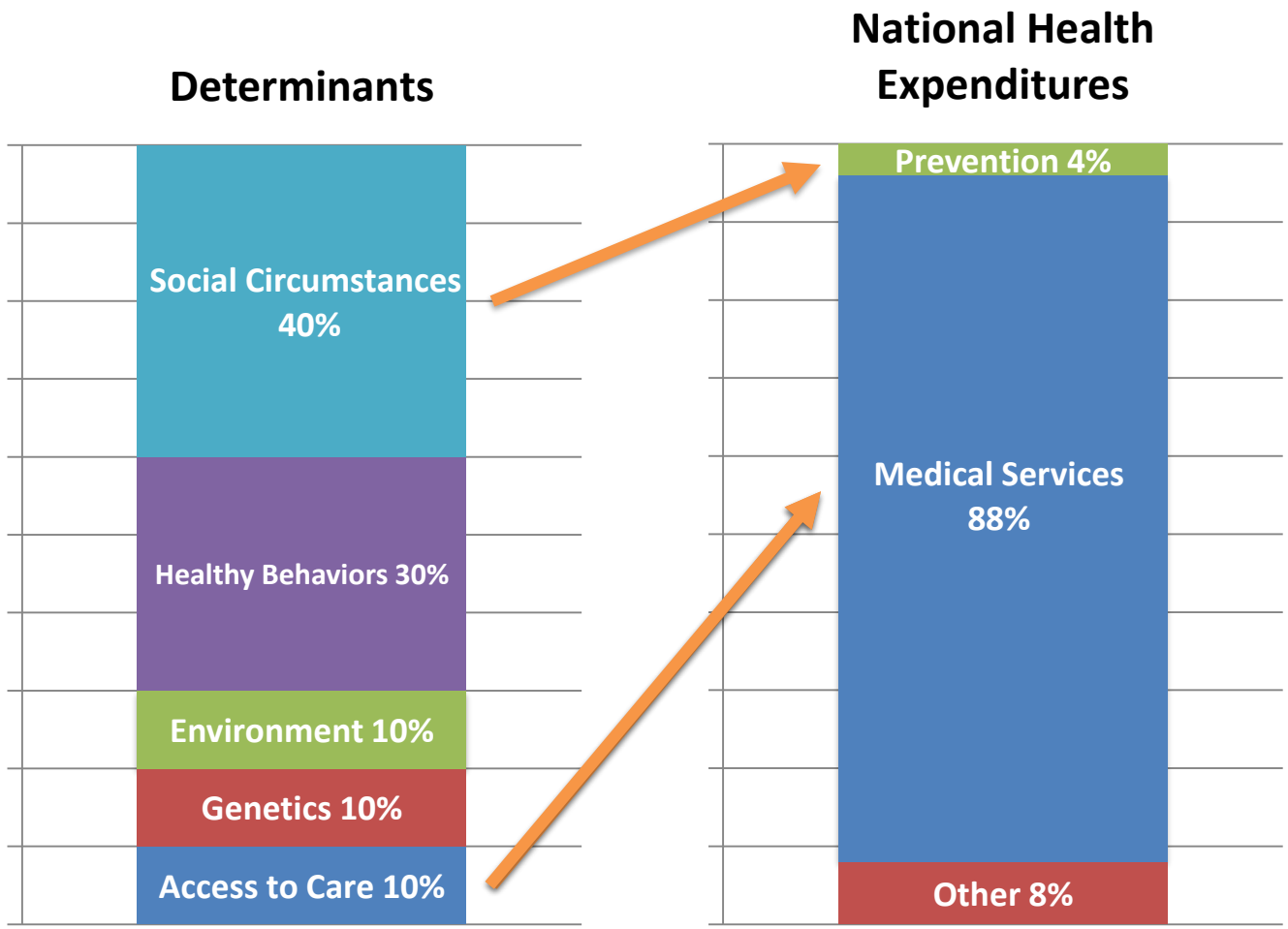


Necessary Conditions for Health (WHO)

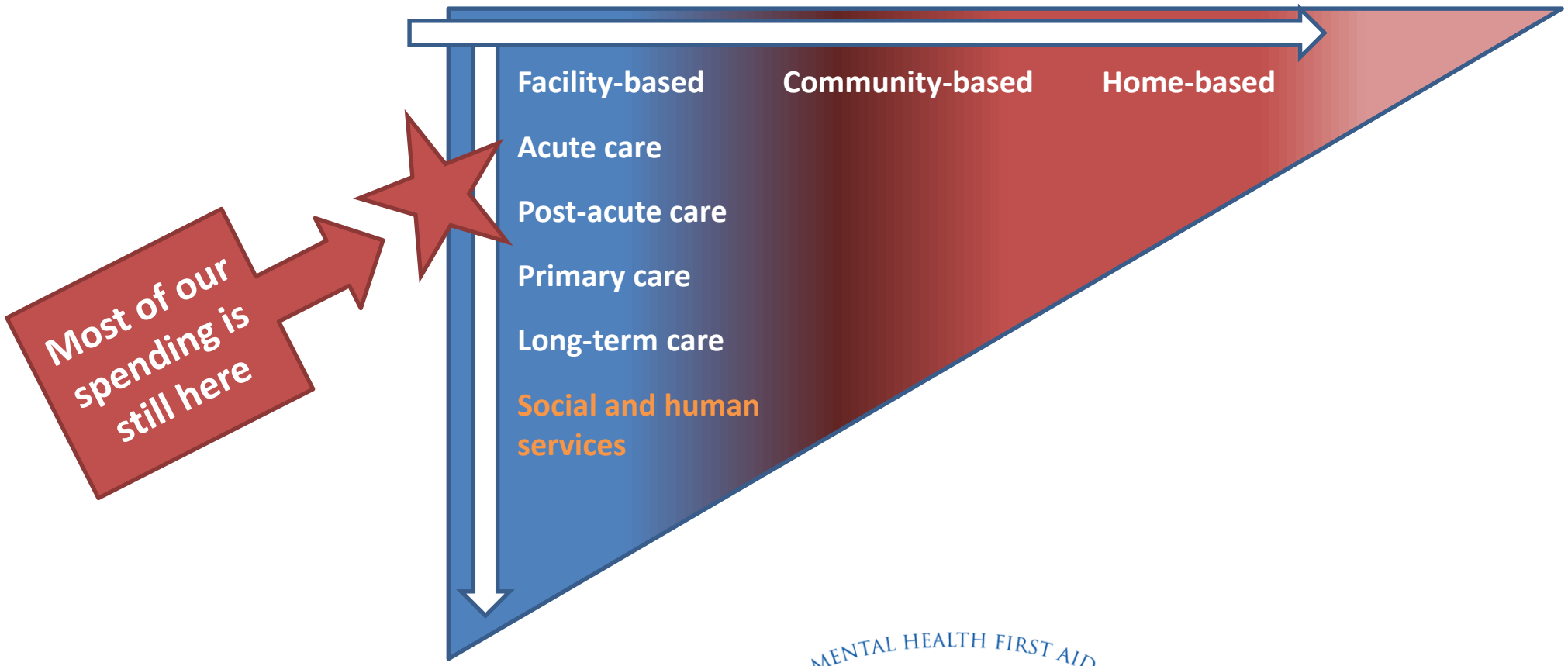
- Peace
- Shelter
- Education
- Food
- Income
- Stable ecosystem
- Sustainable resources
- **Mobility**
- Social justice and equality

Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.
World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

Spending Mismatch: Health Care and Other Key Determinants of Health



Payers and Health Plans Looking to "Care Coordination" and "Integration to Reduce Costs by Shifting the Service Model



Use of Technology on the Rise for Integration

Driven by:

- Technology explosion
- Rurality / diversity of populations
- Supporting people who have difficulty with face-to-face interactions
- Workforce shortages
- Millennial generation influences
- Healthcare reimbursement reform

Strong Evidence:

- Telepsychiatry
- Online cognitive behavioral therapy (CBT) for depression management

Emerging Evidence / Promising Innovations:

- Chat bots
- Online treatment for substance use disorders (SUDs)
- Virtual assistants / tech enablement (Google, Apple)
- Care coordination platforms

Dr. Julia Hoffman, Psy.D.

VP of Behavioral Health Strategy

Livongo®

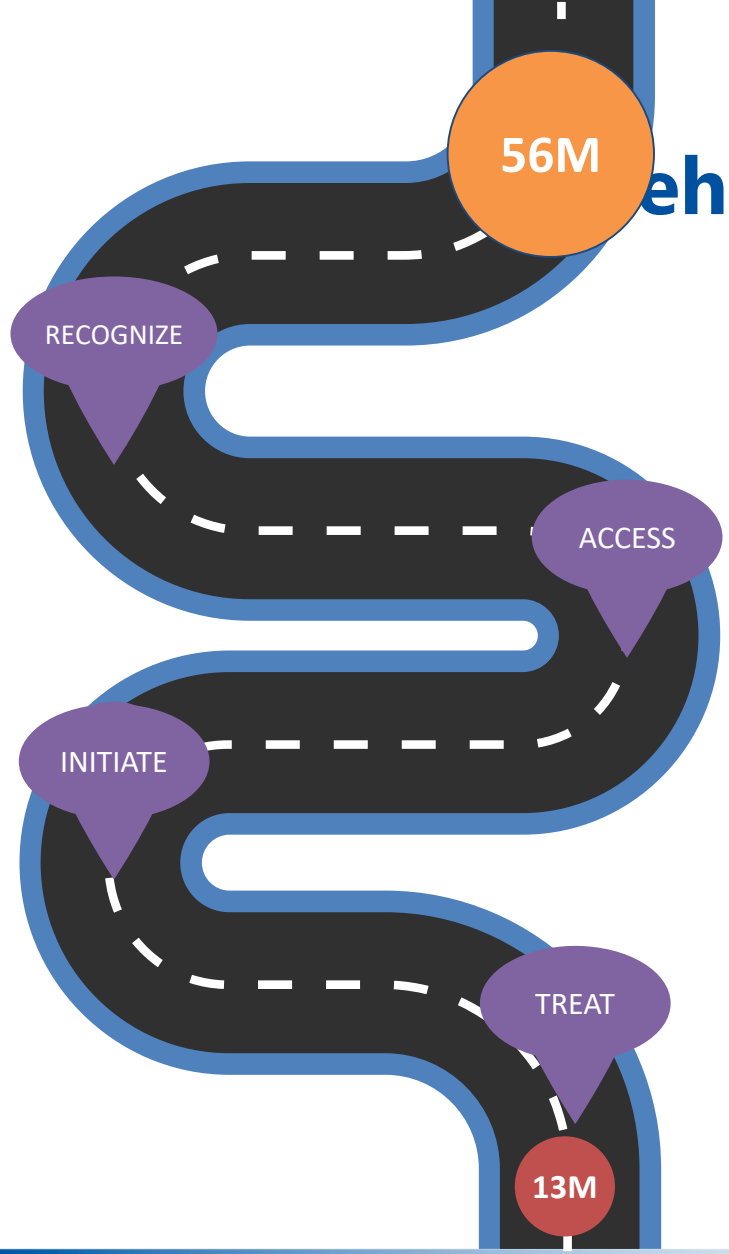
- Leads Behavioral Health strategy at Livongo, a company empowering people with chronic conditions to live better and healthier lives
- Former National Director of Mobile Health for Mental Health and Suicide Prevention at the U.S. Department of Veterans Affairs, the largest integrated healthcare system in the country
- Has led the creation, evaluation, and broad international dissemination of more than 40 technology-based behavioral health tools
- Served as a consultant and advisor to many behavioral health companies
- Licensed clinical psychologist
- Completed a Psy.D. in Clinical Psychology at the PGSP-Stanford Psy.D. Consortium and a fellowship at Yale University School of Medicine

Behavioral Health Needs in the US: Significant, Episodic, Underrecognized

45%

of US adults with 1 disorder have 2 or more disorders

ehavioral Health Needs in the US: 60% Untreated



- Stigma
- Recognition
- Episodic
- Shortages
- Cost
- Inconvenience
- Quality
- Low Utilization
- Complexity

Digital BH Presents an Opportunity to Fill Key Gaps in Care Today

Digital programs can be as effective as face-to-face therapy.

>200 published RCTs

>20 meta-analyses

Stigma
Anonymous, private use

Recognition
Driven by data science

Episodic
Flexible, prevention-intervention

Cost
Economical

Inconvenience
24/7/365 access from any location

Shortages
Adjunct / optimizes provider involvement

Quality
Aligned with gold standards & rigorously tested

Low Utilization
Easy entrance point

Complexity
Highly personalized experience

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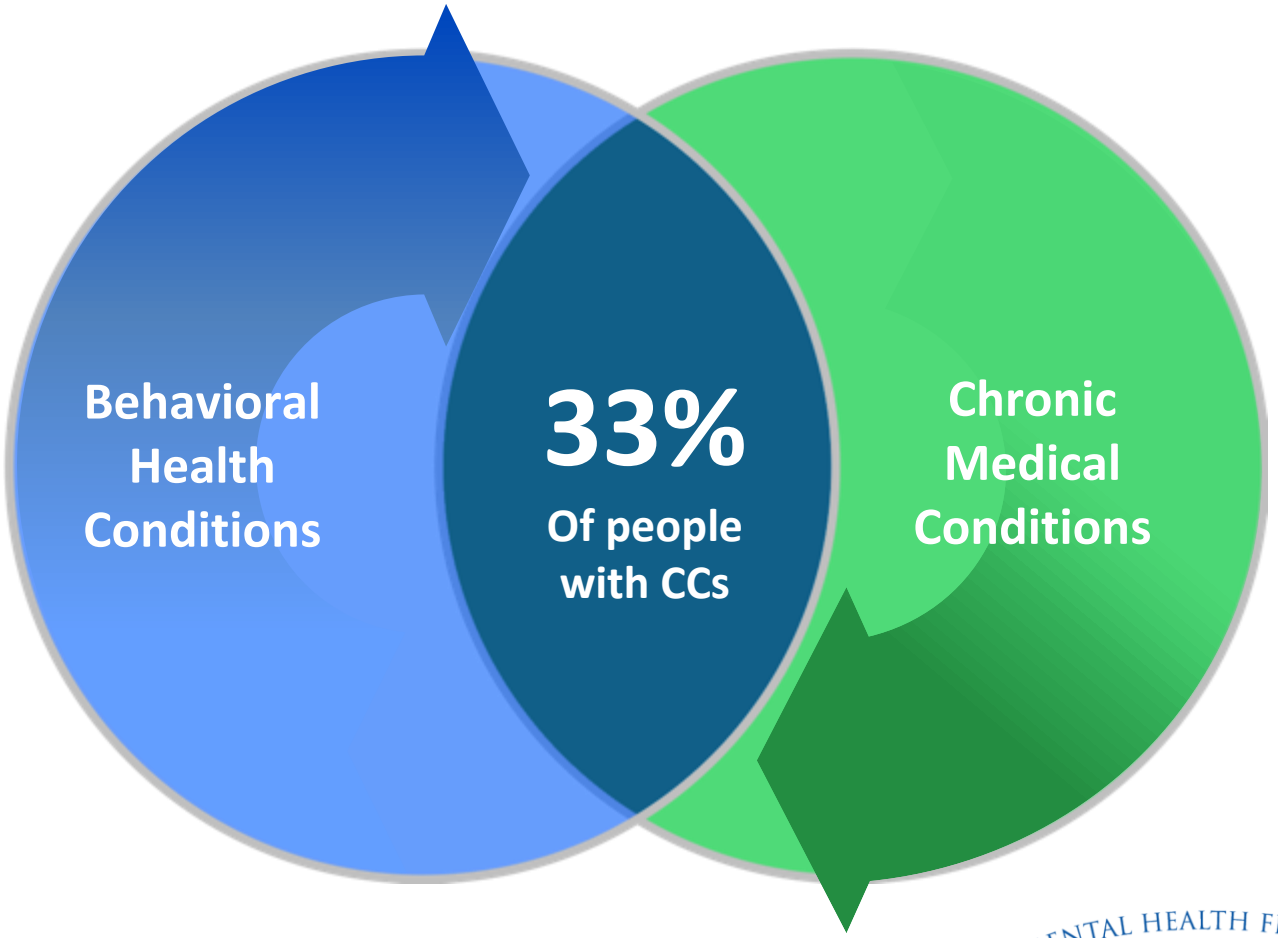
Chronic Medical Conditions and Behavioral Health



147M+

American adults have one or more chronic conditions

90%

Annual US healthcare spend covers individuals with these conditions

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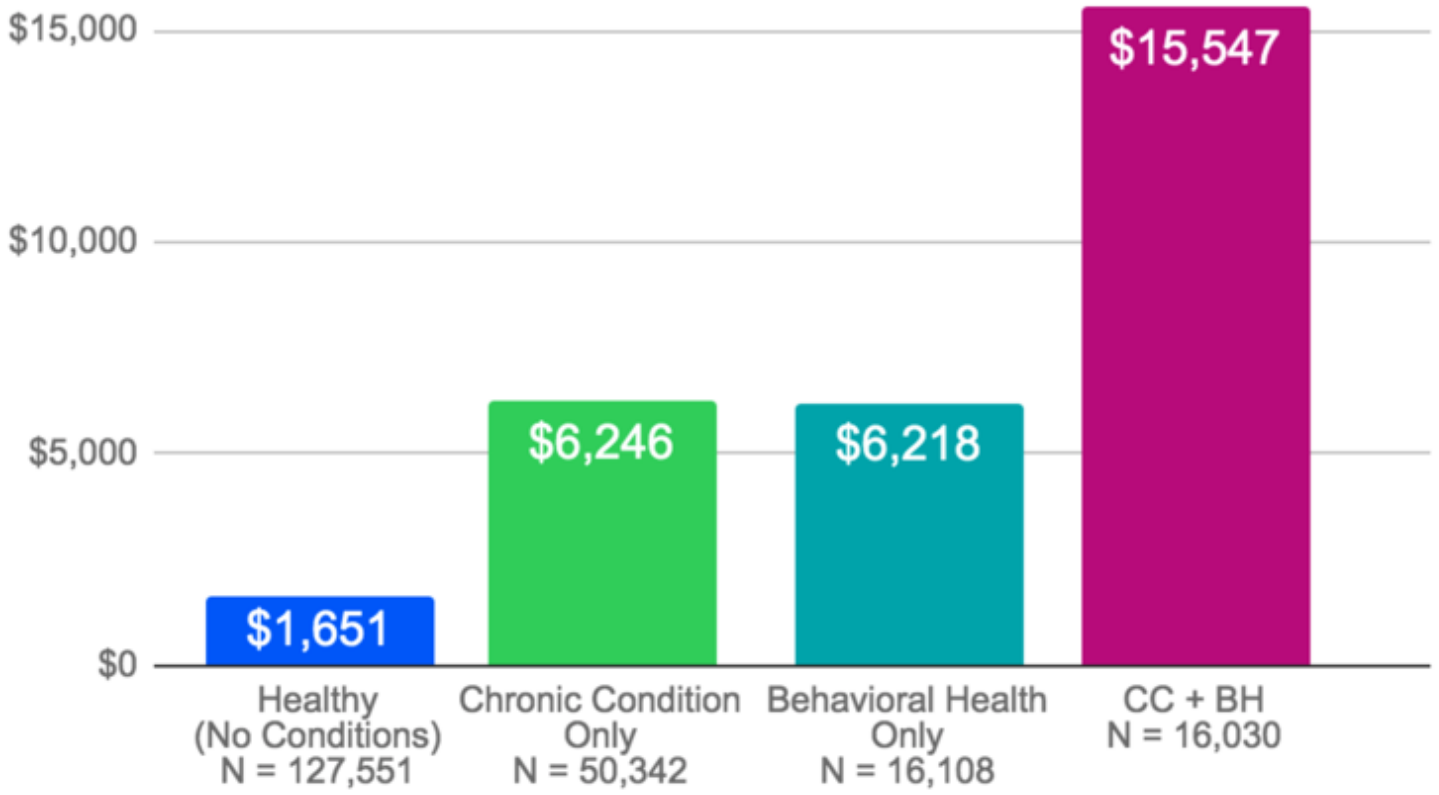
1+1=3



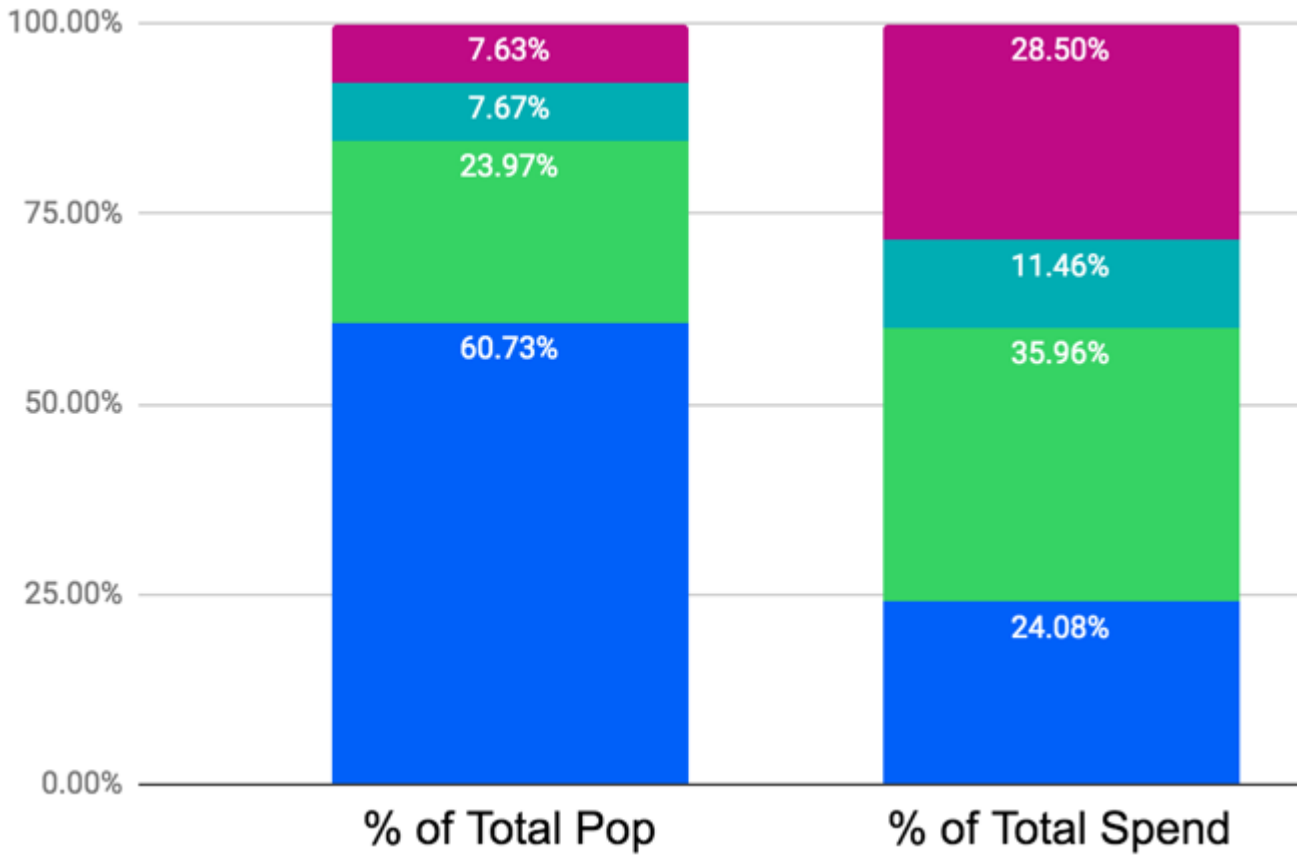
9.4x

Annual average cost of people with co-occurring chronic conditions and BH compared to those with no conditions.

2.5x

Annual average cost of people with co-occurring chronic conditions and BH compared to either alone.

Costs are Disproportionate to Population Size



CC+ BH
Ratio: 3.73

BH Alone
Ratio: 1.49

CC Alone
Ratio: 1.50

Healthy
Ratio: 0.40

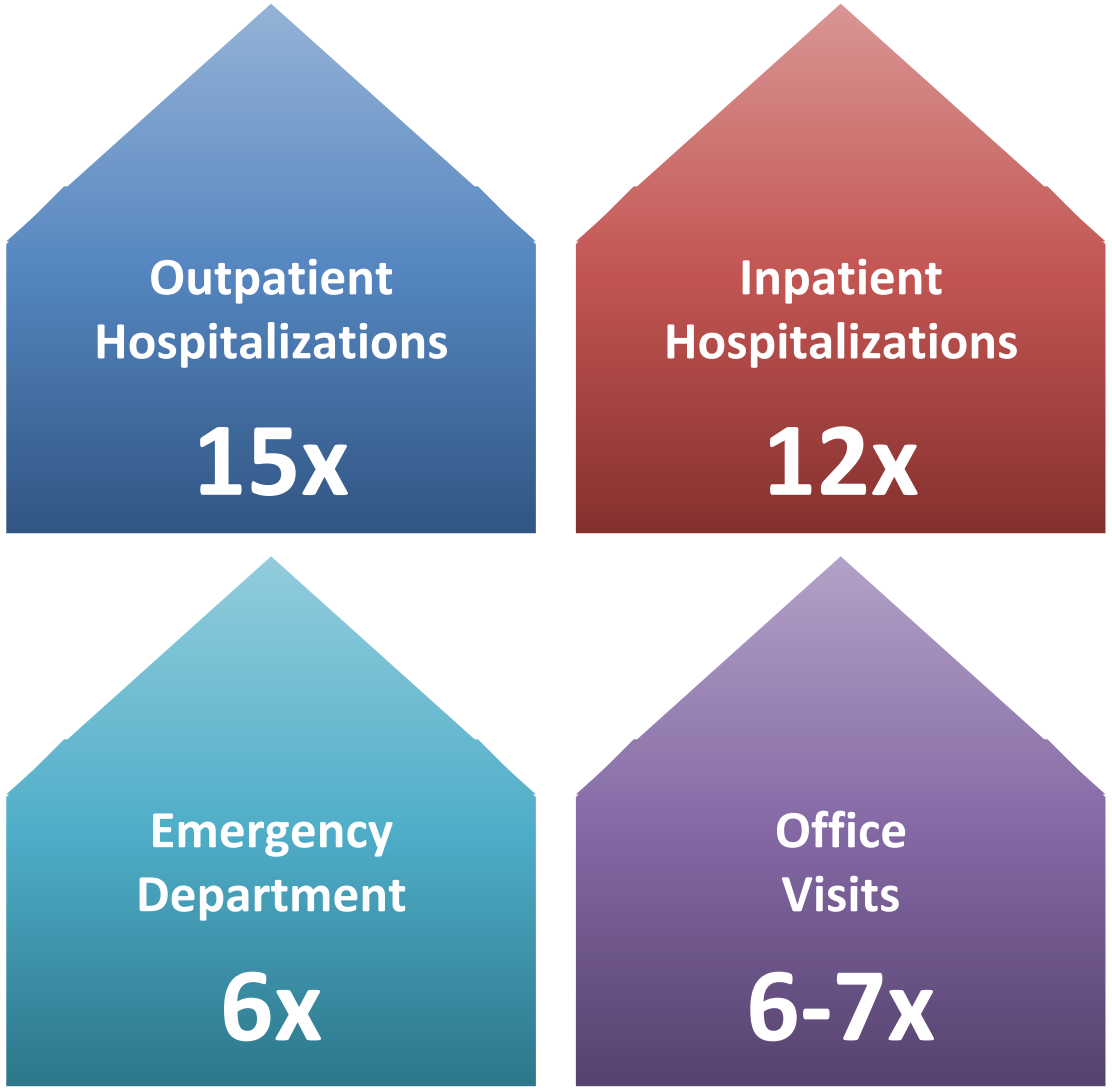
3.73

Ratio of percentage of spend to percentage of population for co-occurring chronic conditions and behavioral health

What's Driving the Costs?

$14,000

Average Annual
Spend Difference



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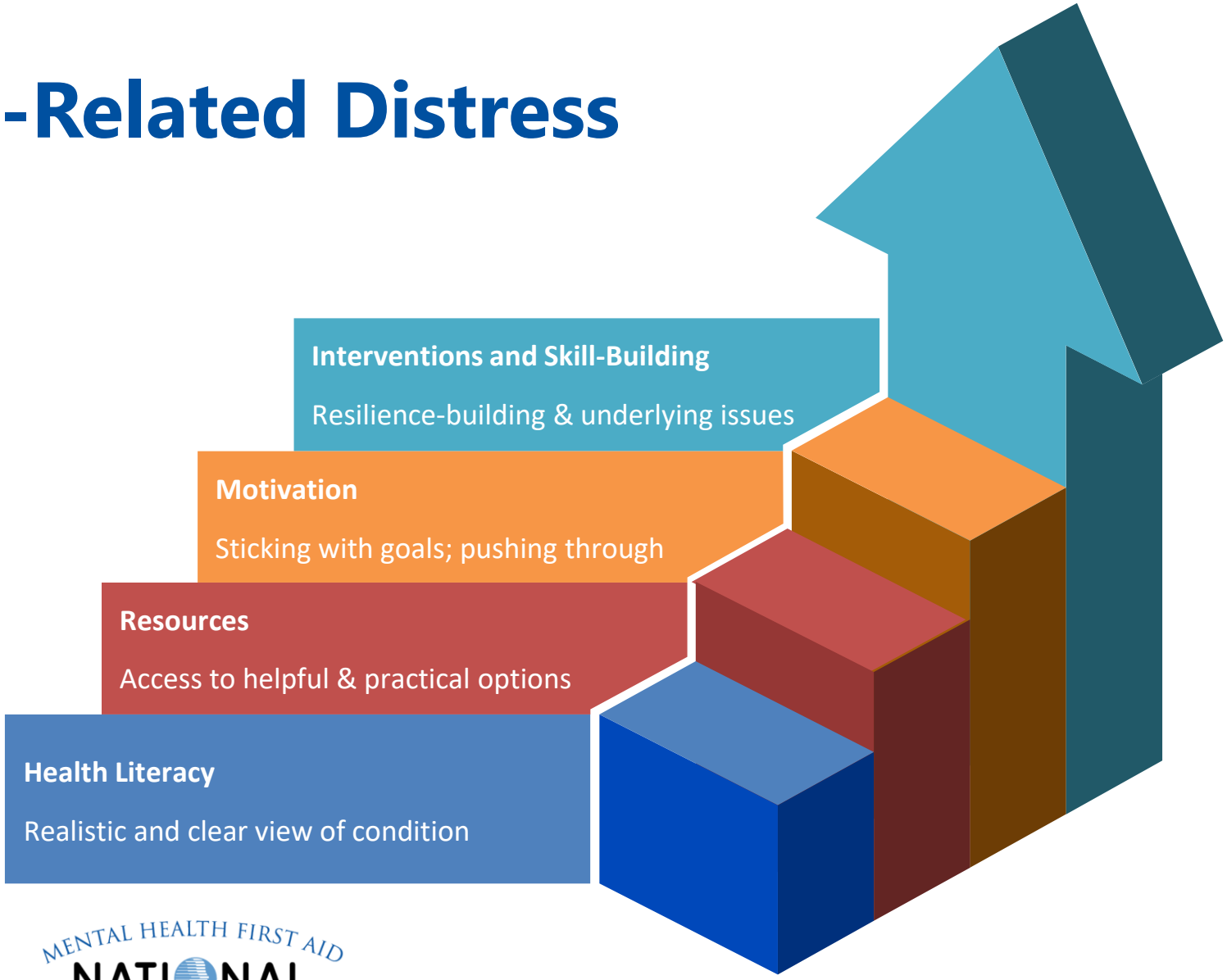
Managing Condition-Related Distress

Functional coping:

Address health literacy, resources, and motivation



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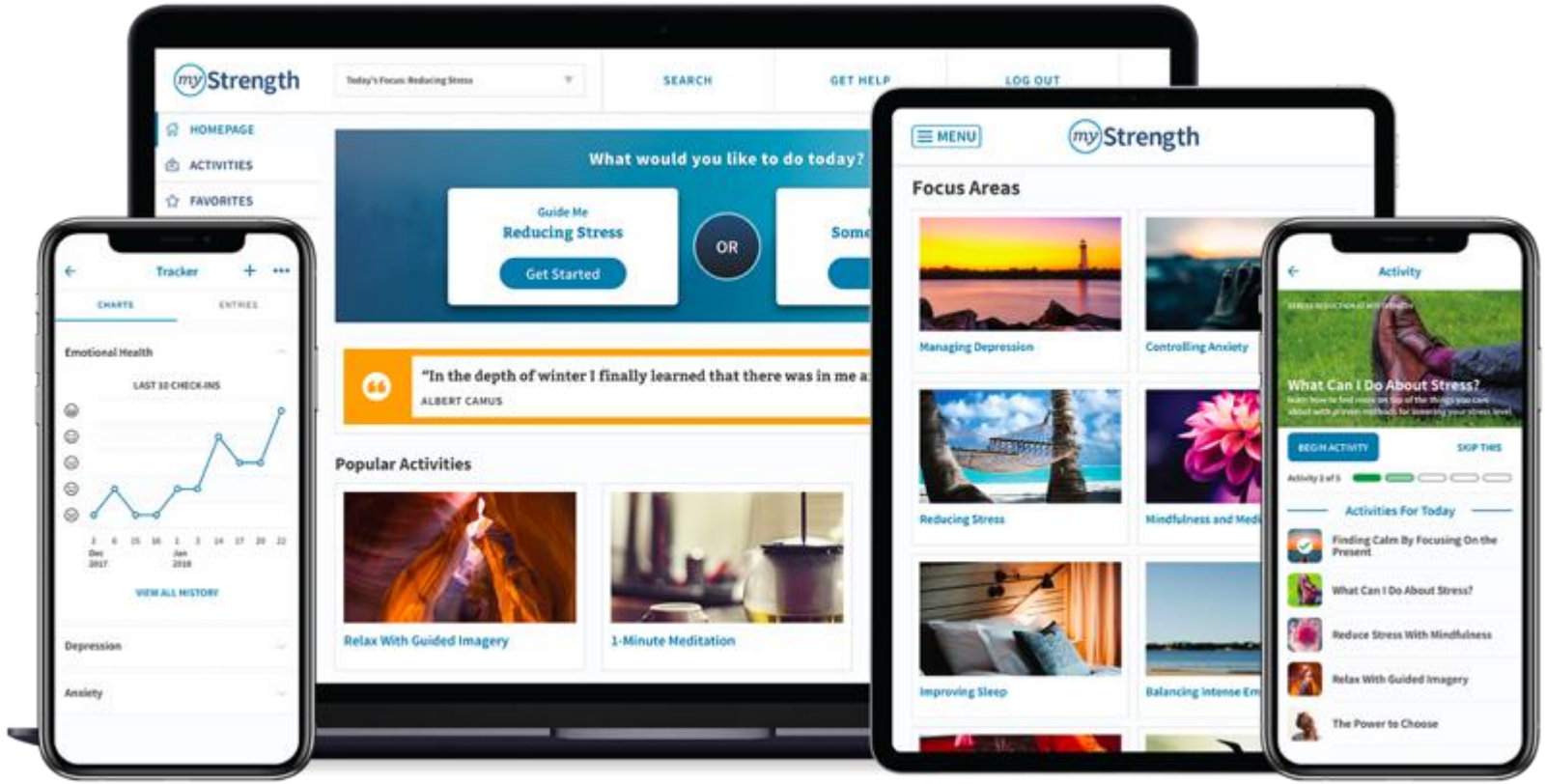
myStrength: The Market Leader in Full-Spectrum Digital Behavioral Health

Scale

Breadth

Personalization

Results



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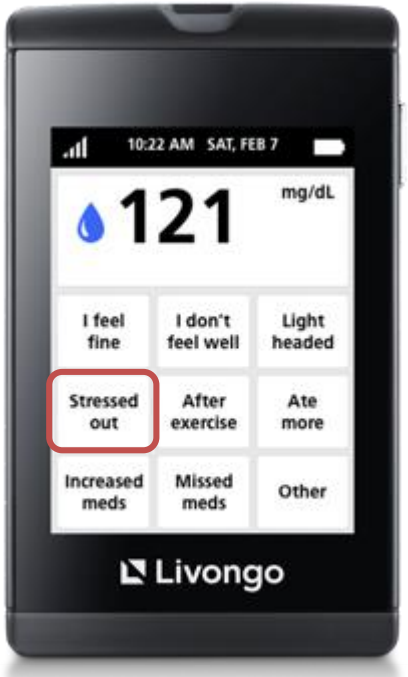
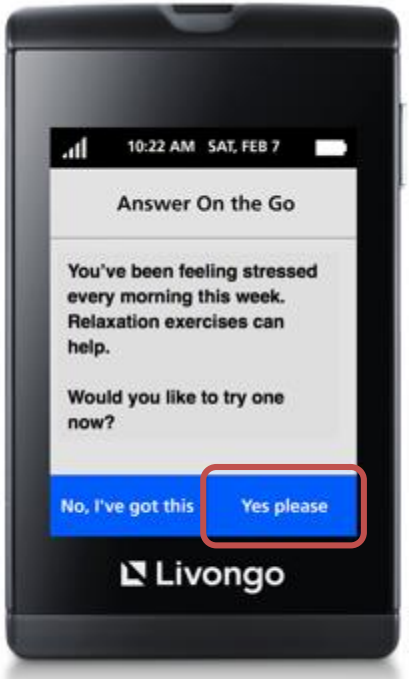
Addressing the Whole Person through Cross-Condition Optimization

Digital



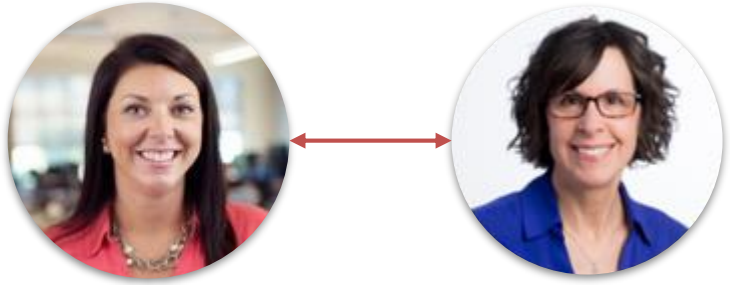
Behavioral Health Signals



Insights & Health Nudges

Rich Library of Effective Tools

Clinical Services Support



A multidisciplinary team of Livongo Expert Coaches support members in cross-condition challenges, proactively respond to symptoms and monitoring data, and improve overall product engagement.

External Providers

Missouri Medicaid All Claims Analysis

Missouri Coalition of Community Mental Health Centers

Missouri Department of Mental Health

Missouri Foundation for Health
a catalyst for change

myStrength

2016: Partnership established

25 Missouri community mental health centers (CMHCs) integrated myStrength's web and mobile tools

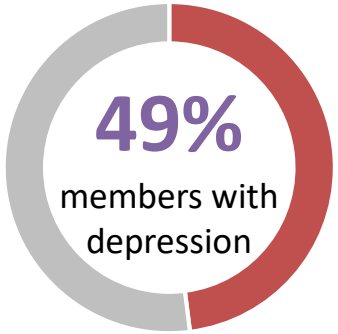
2018: Study concludes; findings published in the *Journal of Medical Economics*

StrategiKinsight
DELIVERING STRATEGIC VALUE

Mental Health First Aid
National Council for Behavioral Health
Healthy Minds. Strong Communities.

Missouri Medicaid Study Results

Clinically Significant Improvement

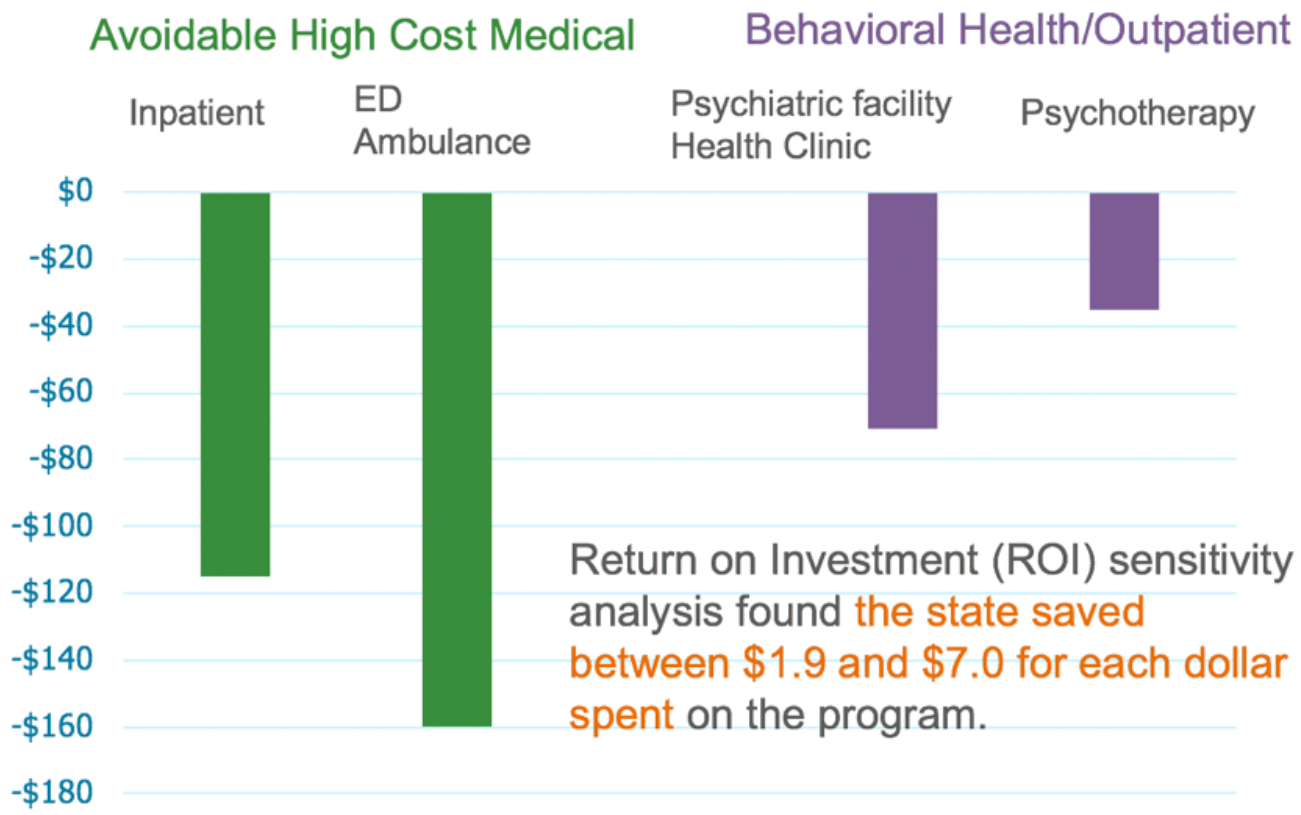


Return on Investment

4.8x myStrength return on investment (ROI) delivered to the state of Missouri in the first year of implementation

$382 greater cost reduction in annual all-cost claims for myStrength users the year following exposure to myStrength relative to the standard of care control group

Difference in Difference Cost Savings



These difference in difference results illustrate the expected savings generated by the introduction of myStrength.

Difference in Difference:
The difference between pre- and post-myStrength launch within each condition, and then the difference between conditions, including consumers who used myStrength and those who did not.

Dr. Manuel A. Castro

Medical Director of Behavioral Health Integration

Atrium Health

- Leads innovative, sustainable and clinically-efficacious Virtual BH Integration model
- Chief of the Department of Psychiatry at Atrium Health
- Staff Psychiatrist responsible for medication management and clinical supervision of behavioral health emergency room, adult inpatient for the severe and persistently mentally ill, and adult outpatient for maintenance treatment
- Board certified in adult psychiatry
- Accepted the 2017 National Council for Behavioral Health Award of Excellence in Whole Person Care
- Fellow for the American Psychiatric Association
- Recipient of the Brian R. Nagy MD teaching award at Atrium Health Medical Center Behavioral Health Charlotte
- Adjunct Associate Professor of Psychiatry with UNC-Chapel Hill

Atrium Health

Virtual Behavioral Health Integration

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Behavioral Health Integration Primary Care

"The key to making team-based medical care work… is helping the patient feel that his or her relationship with the primary-care provider is at its center."

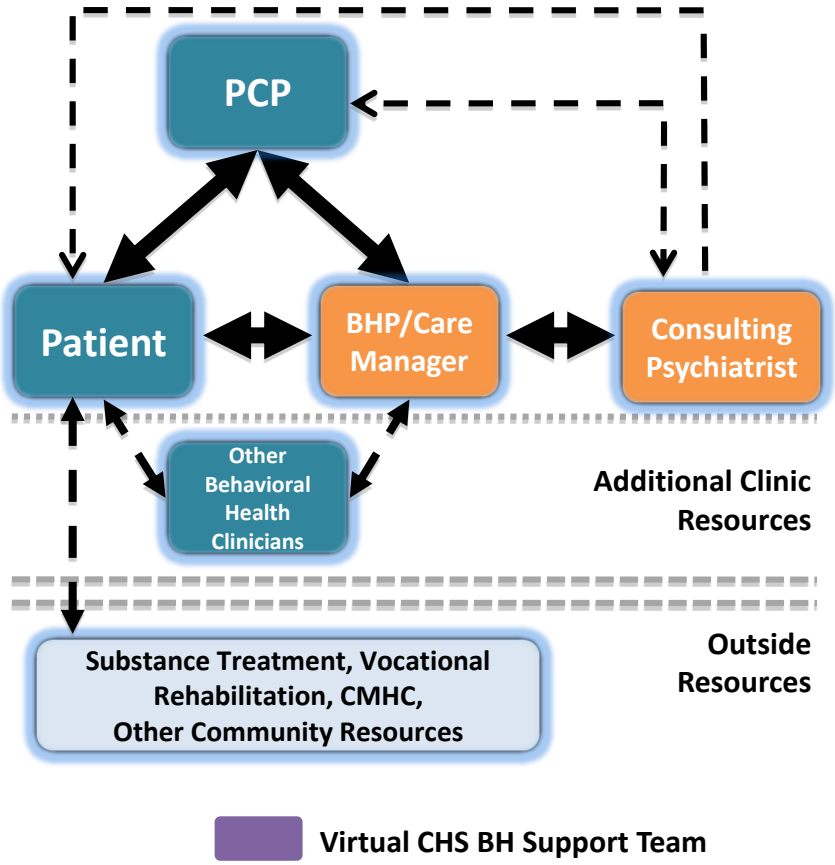
- Stigma is Lower
- Greater than 50% of all psychotropics prescribed by PCPs
- 70% of PCP visits involve a behavioral concern
- 50% of patients referred to psychiatry do not attend appointment
- 2/3 of PCPs report limited access to BH services

Patient Centered

- Improve early detection
- Timely access to services
- Identify patients that require a psychiatric referral
- Drive cost-effective & clinically effective treatment
- Support the primary care provider

Overview

The Collaborative Care Model



The Team

Behavioral Health Professional

- LCSW/LPC, Psych RN

Health Coach

- Bachelor level with 2 years' experience
- Obtain Health Coach Certification within 1 year of hire date

Provider

- Adult Psychiatrist
- Child and Adolescent Psychiatrist
- Nurse Practitioner

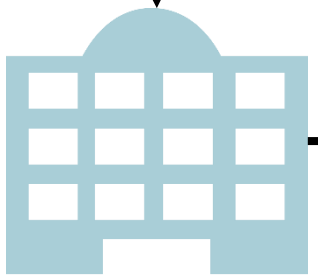
Pharmacy

- Board Certified Psychiatric Pharmacist (BCPP)

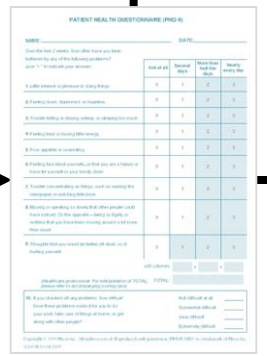
Process

PCP consults BH Provider for curb side chart review

Elevated PHQ-9 Scores Captured in BH Patient Registry



PCP Office

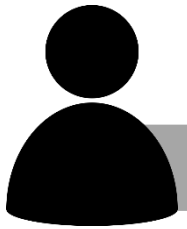


PCP Office Administers PHQ-9

PCP Appointment

PCP initiates in office video visit if needed

Post Appointment Call Back Protocol



Patient

Virtual BH Support Team

Screening is the Driver, Standardization Makes it Scalable and Sustainable

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

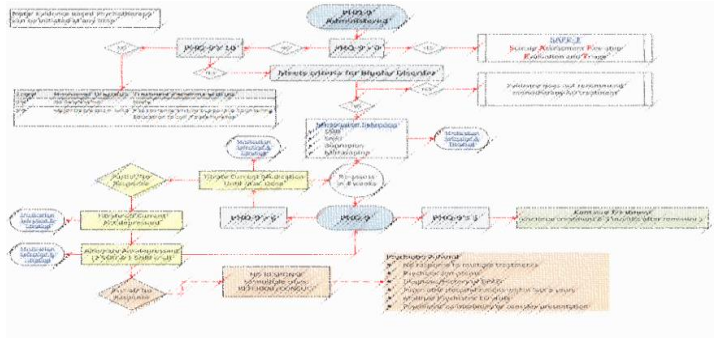
Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "√" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
		add columns	+	+
			TOTAL:	

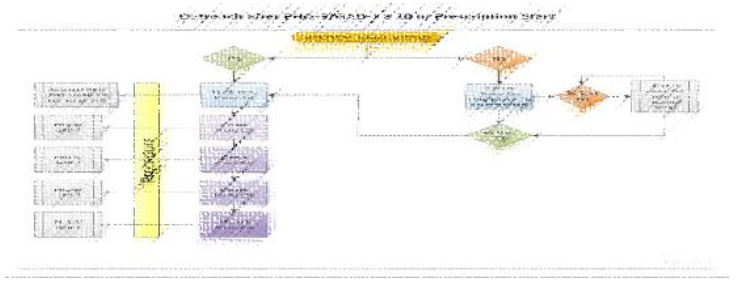
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

Standardized tools in the PCP setting enhance screening, diagnosis, and treatment planning

Evidenced-Based Treatment



Patient Engagement Recovery



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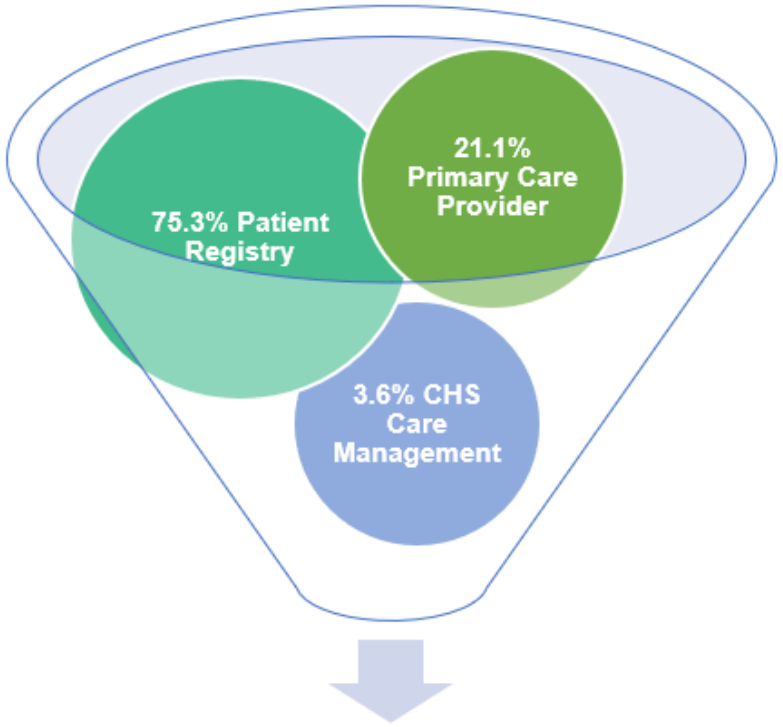
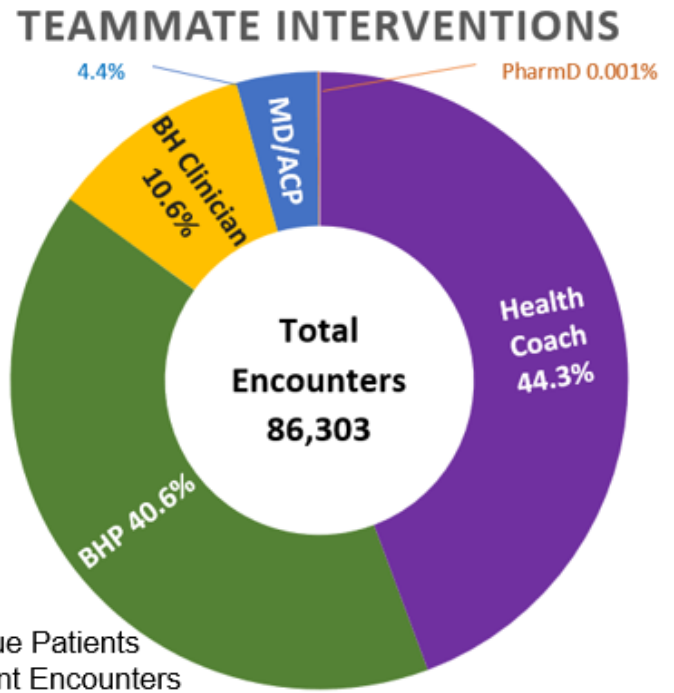
vBHI by the Numbers (2018)

Entry Point



Access to vBHI

vBHI by the Numbers (2018)



15,601 Unique Patients
86,303 Patient Encounters
1,006 Patients Active Patients
25 Primary Care Practices
7 Pediatric Practices
70+ Care Management Clinics

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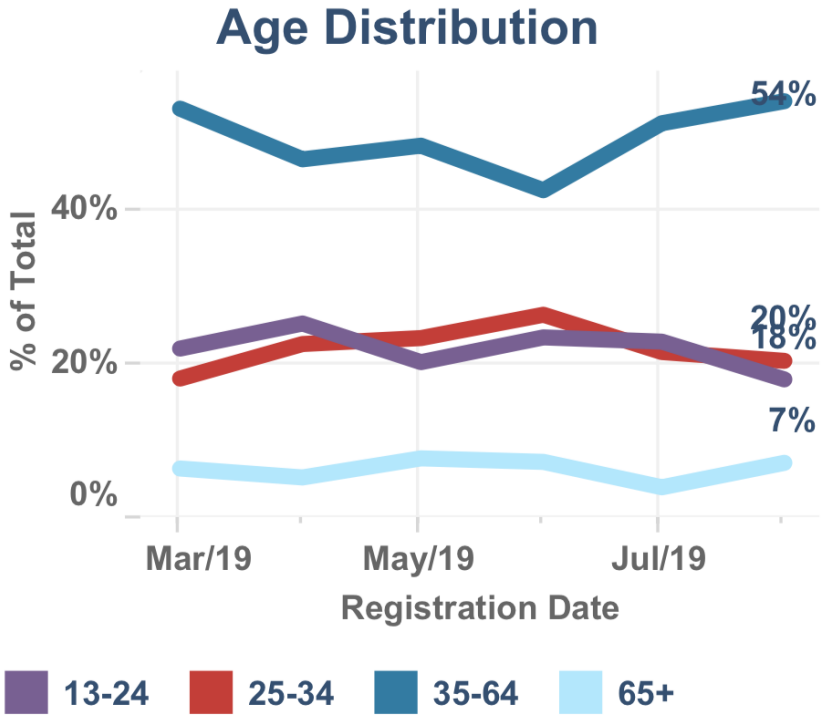
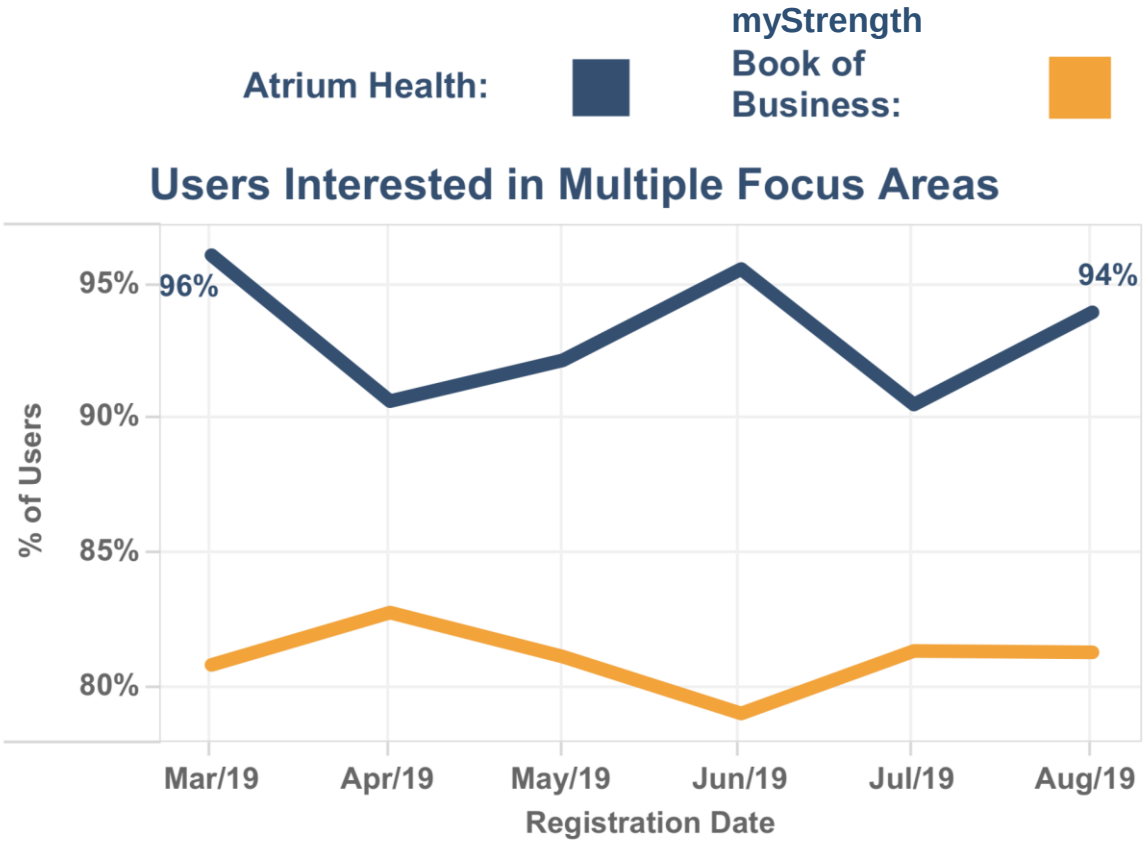
myStrength Utilization by Atrium Population (Aug. 2019)





Outcomes: Disease Severity

Depression	**60.2%** of patients receiving BHI services demonstrated 50% reduction in PHQ-9 score
Anxiety	**65.9%** of patients receiving BHI services demonstrated 50% reduction in GAD-7 score
Remission	**44.1%** of patients receiving BHI services achieved remission
Suicidal Ideations	**88.0%** of patients receiving BHI services endorsed absence of suicidal ideations upon completion of Health Coaching

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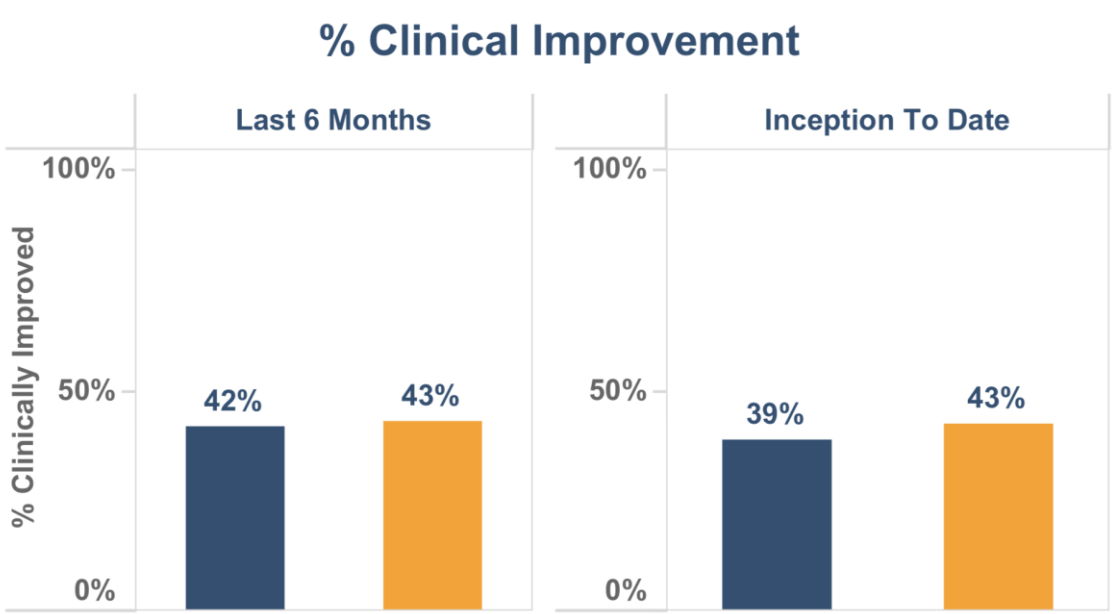
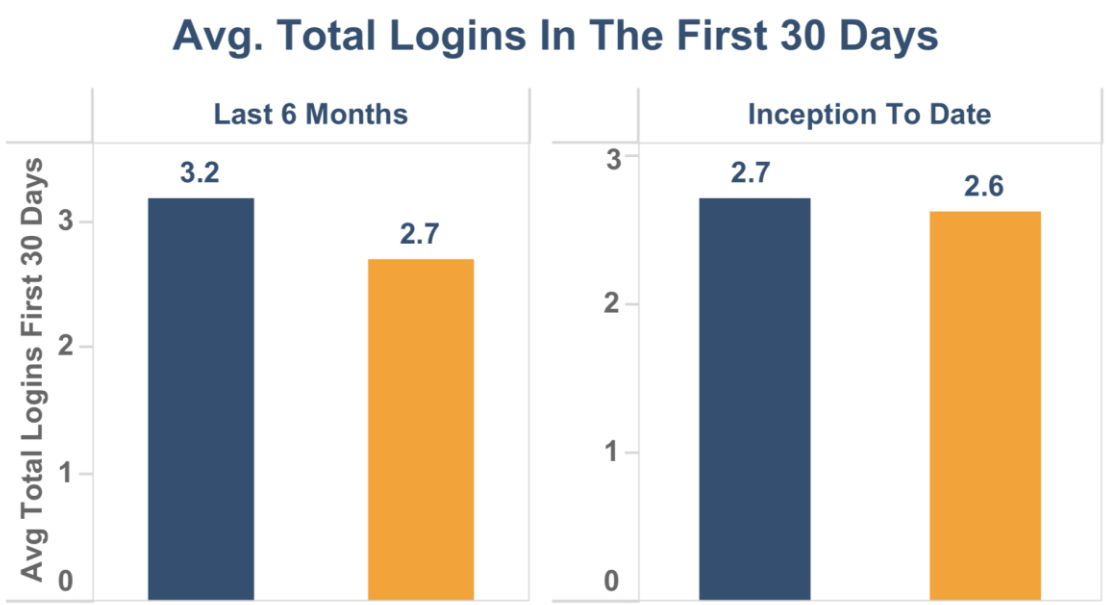
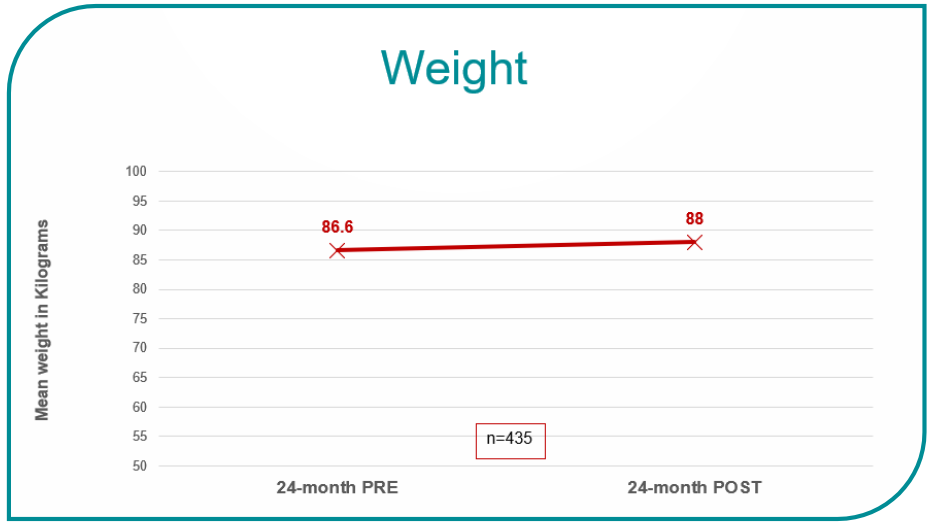
Atrium Health:

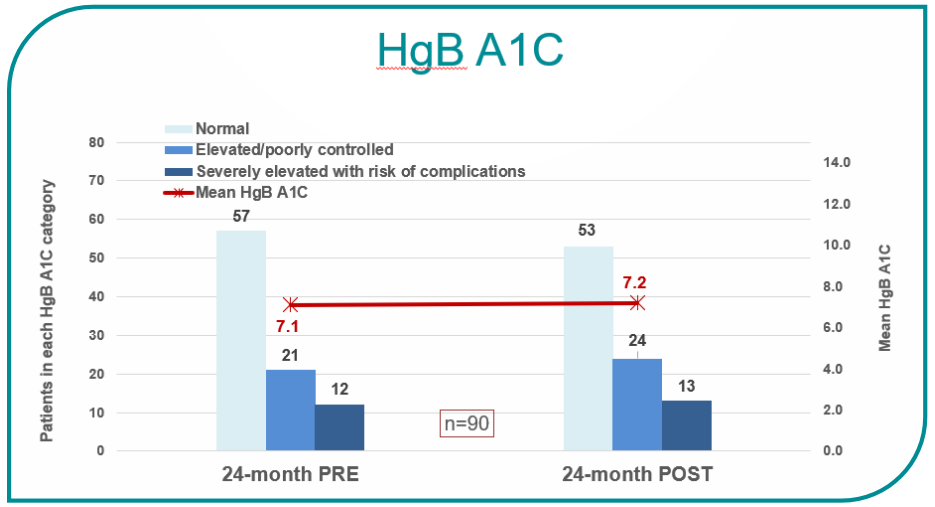
myStrength Book of Business:

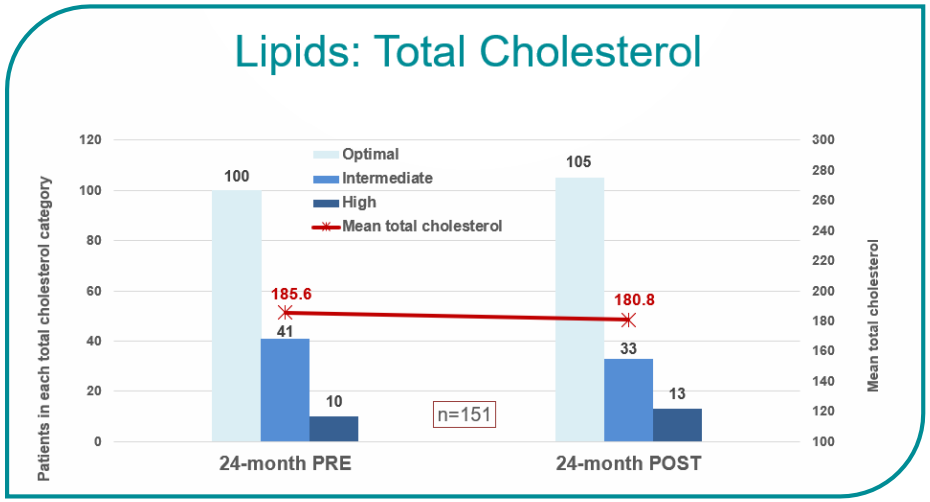




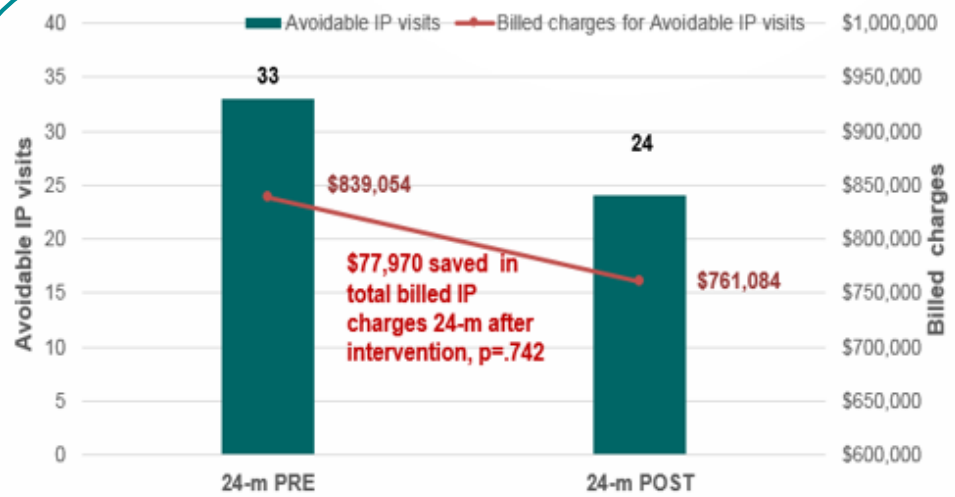
Outcomes: Clinical

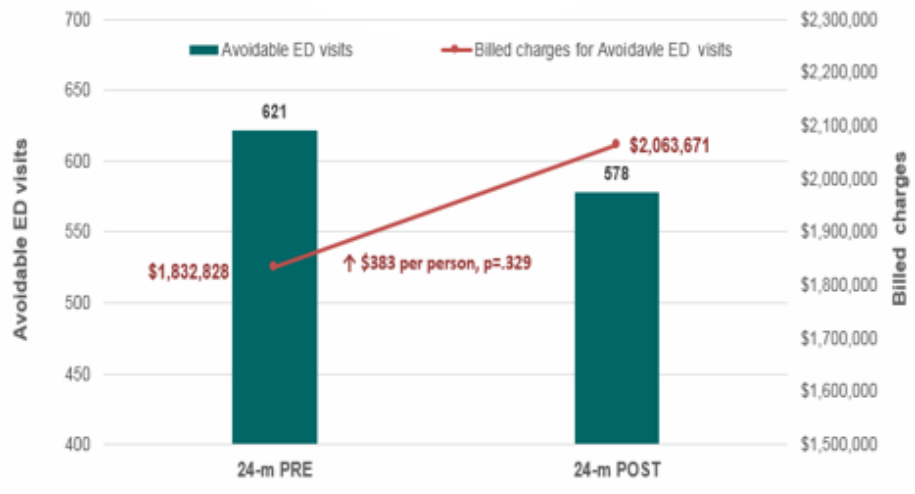






Outcomes: Healthcare Utilization





- There was **27%** reduction in avoidable inpatient visits (from 33 visits pre- to 24 visits post-intervention). Inpatient visits were classified as avoidable using AHRQ Prevention Quality Indicator (PQI) methodology

- There was **7%** reduction in avoidable ED visits (from 621 visits pre- to 578 visits post-intervention, p=.883)
- Visits were classified as avoidable using NYU ED Algorithm (types of avoidable visits included: Non Emergent, Emergent but PCP Treatable and Emergent but preventable)

Lessons Learned

- Leadership support.
- One EMR is very helpful or full access (no read-only access).
- Standardized work in development and refinement (including teammate expectations and tools that must be followed).
- Standardize screenings:
  - Who
  - When
  - Where in the EMR
- Utilize data analytics to drive focus and improve outcomes.
- No a la carte ordering.

What Atrium Consumers are Saying About myStrength

*"It helps me to know that **someone understands what I deal with mentally**. The emails are great pick me ups! I share them"*

*"[Gives] me information to **get over those road bumps in life"***

***"I have learned a lot** from the activities as well as the daily logging of my sleep. I have started to understand how different things effect me."*

*"I was hoping it would **help me focus on the positives** and it did. The activities and inspirational quotes and images helped me do just that."*

*"I've been able to **get a better understanding** of how I should treat my depression and anxiety."*

*"Rather than dwelling on the problem and how it's affected me, I need to ask 'How can I **overcome this** and think more positively?' myStrength has given me the tools to actually do that."*

Questions for our Experts?

Dr. Joe Parks
Medical Director

Dr. Julia Hoffman, Psy.D.
VP of Behavioral Health Strategy

Dr. Manuel A. Castro
Medical Director of Behavioral Health Integration