Taking Integration to Scale with Health Plans

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MHA of California
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Vision of the Future

- Everyone gets
  - The right care
    - At the right place
      - At the right time
    - From the right people
California Transitions

- CMS Letter on EPSDT = Screen + Outcomes
- Duals Demonstration/Care Coordination
- MediCal Managed Care Expansion
- SBIRT +
- Health Home Option?
- Exchange Plans with Risk Adjusted Rates
3-27 CMS Letter on EPSDT

- Screening Must Include Mental Health
- Amend state contracts with plans
- Need to solve gap if screen positive
  - Provide by primary care if within scope
  - Refer to county mental health if meets criteria
  - Gap if Need referral but don’t meet state plan requirements for referral as addressing significant functional impairments
EPSDT Outcomes

- Workgroup established - first phase this fall
- Quality/Outcomes of Services
- Second phase will include list of screens required of all in Primary Care
- MOU between physical health plan and MH
- Track referrals coordination and service penetration
- Prevention and Wellness?
- Schools? Three tiered RTI
## Population Stratification (Disability Status + Duals)

<table>
<thead>
<tr>
<th>Disabled - Quadrant 1 (Low PH - Low BH)</th>
<th>Prevalence</th>
<th>Disabled - Quadrant 2 (Low PH - High BH)</th>
<th>Prevalence</th>
<th>Disabled - Quadrant 3 (High PH - Low BH)</th>
<th>Prevalence</th>
<th>Disabled - Quadrant 4 (High PH - High BH)</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS, super low</td>
<td>34.3%</td>
<td>CNS, super low</td>
<td>46.2%</td>
<td>Metabolic, super low</td>
<td>41.5%</td>
<td>Psychiatric, high</td>
<td>47.5%</td>
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<tr>
<td>Pregnancy, complete</td>
<td>34.1%</td>
<td>Skin, super low</td>
<td>42.9%</td>
<td>Skeletal, low</td>
<td>35.8%</td>
<td>Metabolic, super low</td>
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<tr>
<td>Genital, super low</td>
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<td>Pulmonary, super low</td>
<td>35.3%</td>
<td>Skin, super low</td>
<td>34.8%</td>
<td>Skin, super low</td>
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<tr>
<td>Skin, super low</td>
<td>31.0%</td>
<td>Excluded E code</td>
<td>34.2%</td>
<td>Pulmonary, low</td>
<td>32.8%</td>
<td>Pulmonary, low</td>
<td>39.3%</td>
</tr>
<tr>
<td>Gastro, not well defined</td>
<td>31.0%</td>
<td>Genital, super low</td>
<td>32.6%</td>
<td>CNS, low</td>
<td>32.4%</td>
<td>CNS, low</td>
<td>39.3%</td>
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<tr>
<td>Pulmonary, super low</td>
<td>30.2%</td>
<td>Gastro, low</td>
<td>31.5%</td>
<td>CNS, super low</td>
<td>28.4%</td>
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<tr>
<td>Renal, super low</td>
<td>26.5%</td>
<td>Psychiatric, medium low</td>
<td>28.3%</td>
<td>Subs...not well</td>
<td>25.1%</td>
<td>Psychiatric, medium</td>
<td>32.8%</td>
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<tr>
<td>Substance abuse, not well</td>
<td>25.0%</td>
<td>Excluded E code</td>
<td>27.7%</td>
<td>Cardiovascular, extra low</td>
<td>24.7%</td>
<td>Genital, super low</td>
<td>31.1%</td>
</tr>
<tr>
<td>Excluded E code</td>
<td>23.7%</td>
<td>Infectious, super low</td>
<td>27.7%</td>
<td>Eye, very low</td>
<td>24.7%</td>
<td>Gastro, low</td>
<td>29.5%</td>
</tr>
<tr>
<td>Infectious, super low</td>
<td>21.8%</td>
<td>Genital, extra low</td>
<td>27.2%</td>
<td>Skeletal, low</td>
<td>24.4%</td>
<td>Cancer, benign</td>
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<tr>
<td>Genital, extra low</td>
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<td>Gastro, low</td>
<td>27.2%</td>
<td>Renal, low</td>
<td>24.4%</td>
<td>Eye, super low</td>
<td>26.2%</td>
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<td>Skeletal, low</td>
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<td>26.1%</td>
<td>Genital, super low</td>
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<tr>
<td>Metabolic, super low</td>
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<td>Eye, super low</td>
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<td>Renal, super low</td>
<td>21.4%</td>
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<tr>
<td>Pulmonary, low</td>
<td>19.8%</td>
<td>Pulmonary, low</td>
<td>24.5%</td>
<td>Diabetes, type 2 low</td>
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<td>Skeletal, low</td>
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<tr>
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<td>Cardiovascular, low</td>
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<td>Skeletal, very low</td>
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<td>Pulmonary, medium</td>
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<td>Gastro, not well defined</td>
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<tr>
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<td>Skeletal, super low</td>
<td>23.4%</td>
<td>Hematological, super low</td>
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<td>Eye, very low</td>
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<tr>
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<td>Cardiovascular, extra low</td>
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<tr>
<td>Metabolic, not well defined</td>
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<td>Ear, super low</td>
<td>18.5%</td>
<td>Infectious, super low</td>
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<td>Renal, super low</td>
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<tr>
<td>Hematological, super low</td>
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<td>CNS, not well defined</td>
<td>16.8%</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Duals Eligibility Demonstration

- Federal approval obtained for 11-1-14 start
- LA (200,000 Cap), Orange, Alameda, Riverside, San Diego, San Mateo, Santa Clara, San Bernardino
- Required MOU with Counties for MH/AD
- Required Provider Care Coordination to address how to integrate care - can require physical health at MH center funded by health plan
- Required MH Screening in Primary Care
- Integration and Shared Accountability - incentive to reduce ER use by SMI/SUD
MediCal Managed Care

- Already required of most enrollees
- Seniors and People with disabilities in 2011
- Expanding to rural counties in 2014
- Medicaid Expansion Population
- Essential Benefits for all
- SBIRT and other prevention
- screening and co-location?
Health Home Option

- Health Homes are part of Duals Plans
- 90% FFP for two years with Medicaid Option
- State concerned about cost effectiveness after two years ends and match is 50%
- Savings likely for SMI – others unknown
- Requires partnerships with plans
- Studying other states
Health Benefits Exchange

- Can’t add mandates beyond federal law
- Required Plans to report on integration
- Risk adjusted Rates
- Could eliminate disincentive to enroll those with mental illnesses
- Could incentivize better mental health care
- Leads to integration incentives?
- Lead to Prevention incentives?
Distribution of non-MH Claims Paid

- Pharmacy: 16%
- Inpatient Hospital: 27%
- Other: 6%
- Physicin: 29%
- Outpatient Hospital: 22%
Health Engagement Team

Behavioral Health Consultants are psychologists integrated in primary care clinics who specialize in brief interventional treatment.

Health Engagement Team includes ED physician, RN Care Manager, Social Worker, BHC and CHW

Individualized community-wide treatment plans are developed by the HET in consultation with the person, the provider and any specialty services.

Contact is made with the primary care provider. If none exists, Pathway established to connect to a Person-Centered Primary Care Home.

Community Health Workers are usually the first contact with the person and meet with them to present the plan.
The various categories of health insurance in 2014
These are Our Issues

- This is about whole health, wellness, prevention and early intervention
- MHAs can and should lead advocacy
- Opportunity to build new relationships and coalitions, and attract new funding
- Don’t expect interest or help from other mental health organizations
Role of State and County* MHAs

- Business Case for Integration/Prevention Early Intervention
- CMS Guidance on EPSDT
- Bi Directional Opportunity for Duals
- SBIRT Required under ACA
- Exchange Risk Adjustment
- Prevention: Health Plans, Workplace, Schools
Putting it all together

We can’t solve our problems with the same level of thinking with which they were created.
They must be reformulated in a broader context.
  – Einstein
Old Jewish Proverb

- When faced with a difficult choice between two paths
- Always choose the third