Inseparable - Mental Health in the Medical Home

Benjamin F. Miller, PsyD
University of Colorado School of Medicine
Department of Family Medicine
University of Colorado Depression Center
“The health care delivery system is incapable of meeting the present, let alone the future needs of the American public.” (IOM, 2002)
Assumption #1: Fragmentation Has Proliferated

Physical Health

Mental Health

Care Delivery

Payment

Training and Education

Public Perception

Primary Care
Assumption #2: Mental Health Needs Are Not Being Met

Primary care has become the “de facto” mental health system (Regier et al, 1993)

Assumption #3: The Medical Home Is the Future

Joint Principles of PCMH

Personal Physician
Physician Directed Practice
Whole Person Orientation
Care is Coordinated
and/or Integrated
Quality and Safety
Enhanced Access to Care
Payment to Support PCMH
Assumption #4: Comprehensive Mental Healthcare Goes Beyond Depression

<table>
<thead>
<tr>
<th>Psychosocial Determinants of Health</th>
<th>Medical Presentations Which Need Behavioral Treatment</th>
<th>Mental Health Presentations</th>
<th>Comorbid Medical and Psychological Presentations</th>
<th>Severe Mental Health/Substance Abuse Presentations</th>
</tr>
</thead>
</table>

Number of Physical Symptoms and Likelihood of Mental Diagnosis

**Assumption #5: Avoiding Treating Both Mental and Physical is Costly**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Annual Cost – those without MH condition</th>
<th>Annual Cost – those with MH condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Condition</td>
<td>$4,697</td>
<td>$6,919</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>$3,481</td>
<td>$5,492</td>
</tr>
<tr>
<td>Asthma</td>
<td>$2,908</td>
<td>$4,028</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$4,172</td>
<td>$5,559</td>
</tr>
</tbody>
</table>

Original source data is the U.S. Dept of HHS the 2002 and 2003 MEPS. AHRQ as cited in Petterson et al. “Why there must be room for mental health in the medical home (Graham Center One-Pager)
And yet, there are solutions

Sort of...
Solution #1: Integrate Training and Education
Solution #2: Integrate Systems
Solution #3: Integrate into Standards

APPENDIX 1
PCMH 2011 SCORING

<table>
<thead>
<tr>
<th>Recognition Levels</th>
<th>Required Points</th>
<th>Must-Pass Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>15-59 points</td>
<td>6 of 6 elements are required for each level</td>
</tr>
<tr>
<td>Level 2</td>
<td>60-84 points</td>
<td>Score for each Must-Pass element must be ≥ 50%</td>
</tr>
<tr>
<td>Level 3</td>
<td>85-100 points</td>
<td></td>
</tr>
</tbody>
</table>

100 Points, 27 Elements, 6 Must-Pass Elements

<table>
<thead>
<tr>
<th>Points</th>
<th>Standard/Element</th>
<th>Must Pass - 50% Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>PMCH 1: Enhance Access and Continuity</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Element A: Access During Office Hours</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>Element B: After-Hours Access</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Element C: Electronic Access</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Element D: Continuity</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Element E: Medical Home Residencies</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Element F: Culturally and Linguistically Appropriate Services (CLAS)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Element G: Practice Team</td>
<td></td>
</tr>
</tbody>
</table>

NCQA, PCMH and Hallelujah Too
Solution #4: Integrate Providers

Usual Care
Fragmented (siloed) Not coordinated
- Behavioral health care
  - mental health
  - substance abuse
- Specialist care
- Other care

Primary care
- Prevention
- Acute Care
- Chronic Care

Delivery System Transformation and Practice Redesign

PCMH Team
- PC Physicians
- BH Specialists
- Specialists
- Other licensed health care providers

Coordination
Collaboration
Communication

Care in PCMH
Integrated; Team-based
Solution #5: Integrate Payments

Payment Reform Needed

**Current System: Structured Around Reimbursement**
- Payment and financing “carved out” - independent of medical care and expense
- Disincentivizes collaboration, communication and coordination among clinicians
- Payment is solely for psychiatric disorders and diagnosis
- Ignores behavioral needs of medical patients
- Focuses on individual siloed care delivery not on collaborative treatment
- No relationship to performance

**Proposed System: Patient Centered**
- Carve in to medical expense target (defragment payment system; blended payment systems)
- Payment related to collaborative medical psychological efforts
- Financing for broad spectrum of medical need for behavioral intervention including psychological treatments of medical problems
- Financing related to performance and quality

Kessler & Miller, 2009
A Few Resources

• The Patient Centered Primary Care Collaborative
  www.pcpcc.net

• The Collaborative Care Research Network (CCRN), a sub-network of the AAFP’s National Research Network (NRN), created so that clinicians from across the country can ask questions and investigate how to make collaborative care work more effectively. The objectives of the CCRN are to support, conduct, and disseminate practice-based primary care effectiveness research that examines the clinical, financial, and operational impact of behavioral health on primary care and health outcomes www.aafp.org/nrn/ccrn

• Collaborative Family Healthcare Association: www.CFHA.net

• And….
Bringing together the pieces

THE ACADEMY FOR INTEGRATING MENTAL HEALTH AND PRIMARY CARE
Thank you

BENJAMIN.MILLER@UCDENVER.EDU
@MILLER7