Lessons from Three Pilots to Integrate Physical and Behavioral Health Care for Medicaid Beneficiaries in Pennsylvania

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Presentation Overview

- Need for integration

- Serious Mental Illness (SMI) Innovations Project
  - Southeast and Southwest pilots

- Behavioral Health Home Plus (BHHP)
  - North Central rural program

- Lessons learned from three programs

- Discussion and questions
Need for Integration

- Individuals with serious mental illness (SMI) have shorter life expectancy, often due to physical illness
- Individuals with SMI have an increased risk of hypertension, stroke, cardiovascular disease, obesity, diabetes, and hyperlipidemia
- Evidence exists for disparities in access, utilization, and provision of health care

Source: De Hert et al. 2011
Impact of BH Comorbidities in Medicaid-Only Beneficiaries with Disabilities

- Diabetes Only
- Diabetes + Mental Illness (MI)
- Diabetes + Substance Use Disorder (SUD)
- Diabetes + MI + SUD

Annual Per Capita Costs

Source: Boyd et al. 2010
SMI Innovations Project

Southeast and Southwest Pilots

ALLEGHENY
SMI Innovations Project (1)

- Population of focus: adult Medicaid beneficiaries with SMI
- Southeast and Southwest pilots tested two different approaches to integration
  - Laid groundwork for North Central rural program
Each program involved a partnership among a physical health (PH) plan, a behavioral health managed care organization (BHMCO), and the county BH office(s)

Two-year implementation period: July 1, 2009–June 30, 2011
Mixed Methods Evaluation

- Qualitative assessment of planning process and implementation through site visits, interviews, focus groups, and document review

- Quantitative analysis of changes in outcomes using a difference-in-differences approach
Outcomes Measured

- Emergency department visits
- Hospitalizations—separately for physical health, mental health, and alcohol or other drug-related
- Readmissions for all causes
- Days between hospitalizations (community days)
Behavioral Health Home Plus (BHHP)
North Central Rural Counties

- No PH managed care and fewer resources
- Implementation began April 2012 (too early to measure outcomes)
- BH agencies provided wellness coaching training for case managers and peer specialists
- BHMCO adapted web portal for consumers to track health status and wellness goals
- Evaluation focused on qualitative data from staff interviews and consumer focus groups
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<th></th>
<th>Southeast</th>
<th>Southwest</th>
<th>North Central</th>
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<tbody>
<tr>
<td><strong>Model</strong></td>
<td>BH provider-focused, community-based</td>
<td>Plan-based, top-down</td>
<td>BH provider-focused, community-based</td>
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<td><strong>Navigators</strong></td>
<td>RNs, BH clinicians, or case managers</td>
<td>MCO care managers (many RNs)</td>
<td>Social workers and peer specialists with RN consultation</td>
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Key Features of Each Pilot (1)
### Key Features of Each Pilot (2)

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<tr>
<th>Navigator’s role</th>
<th>Southeast</th>
<th>Southwest</th>
<th>North Central</th>
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<tr>
<td></td>
<td>Engage consumers and providers (in person and telephone)</td>
<td>Engage consumers with high emergency department (ED) use or recent hospitalization (telephone)</td>
<td>Engage consumers with interest in PH or wellness (in-person and telephone)</td>
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<tr>
<td>Information exchange</td>
<td>Member health profiles</td>
<td>Joint care plans, treatment meetings</td>
<td>Not applicable</td>
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## Evaluation Findings

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<td>• ED use decreased—estimated 9 to 14 percent lower than the projected trend in the absence of the intervention</td>
<td>• Mental health hospitalizations and all-cause readmission rates (and ED rates for one subgroup) decreased</td>
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<td>• Model based in BH agency takes advantage of natural synergies</td>
<td>• Engaging large number of high-risk consumers (~2,500) and plans’ existing initiatives likely contributed to outcomes</td>
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<td>• Nurses enhanced the care team by bridging PH and BH providers</td>
<td>• Health plan’s large integrated delivery system in county facilitated implementation</td>
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Lessons Learned From Three Programs
Integration Requires a Paradigm Shift

- Addressing physical health in BH agencies requires structural and cultural changes
  - Clear roles and responsibilities so agency staff know how and when to interact with nurses
  - Sufficient training and time for case managers to adjust to new responsibilities
  - Processes for information sharing and documenting physical health issues that fit into existing workflow
Program Design Is Key to Successful Implementation

- **Flexibility**: Agencies know their infrastructure, resources, and consumers served.

- **Directional guidance**: Agencies would benefit from guidance on how to adapt processes and clarify expectations for staff.

- **Data sharing**: Addressing privacy issues requires more time and resources than expected.

- **Infrastructure**: Connection to major health system provides benefits in rural and large urban settings.
Consumer Perspectives Can Improve Program Design (1)

- Consumers with physical health conditions welcomed having a medical advocate (nurse) and an integrated care team

- Consumers value peer specialist support, an area for further development
Modest consumer use of web-based tools for self-monitoring is likely due to:

- Older consumers’ lack of interest in electronic technology
- Barriers related to mental health conditions
- Lack of engaging information
Tracking Outcomes Is an Area for Development

- Behavioral health agencies need better systems for assessing consumer functioning
- Programs need improved tracking mechanisms to better understand how processes of care contribute to outcomes
- Web-based tools as primary tracking tool in rural areas raises challenges for consumers who need substantial assistance and lack both internet access and a computer
Pilots Have Potential to Improve Coordination

- Each model has adaptable features and strengths
- Flexible program design fostered local buy-in and may lead to sustainability
- Formal mechanisms for deliberate collaboration and communication were essential
- Multiple factors affect selection of staff as health navigators (ability to embrace change, clinical knowledge, caseloads, agency funding)
For More Information

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Evaluation report and issue brief for the SMI Innovations Project


Resources (2)

Center for Health Care Strategies website on care integration for Medicaid beneficiaries

Acknowledgments (1)

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- The evaluation of the SMI Innovations Pilot was funded by the Center for Health Care Strategies and the Pennsylvania Department of Public Welfare.
Acknowledgments (2)

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