

Behavioral Health/Primary Care Integration in Washtenaw County, Michigan

Presented by:

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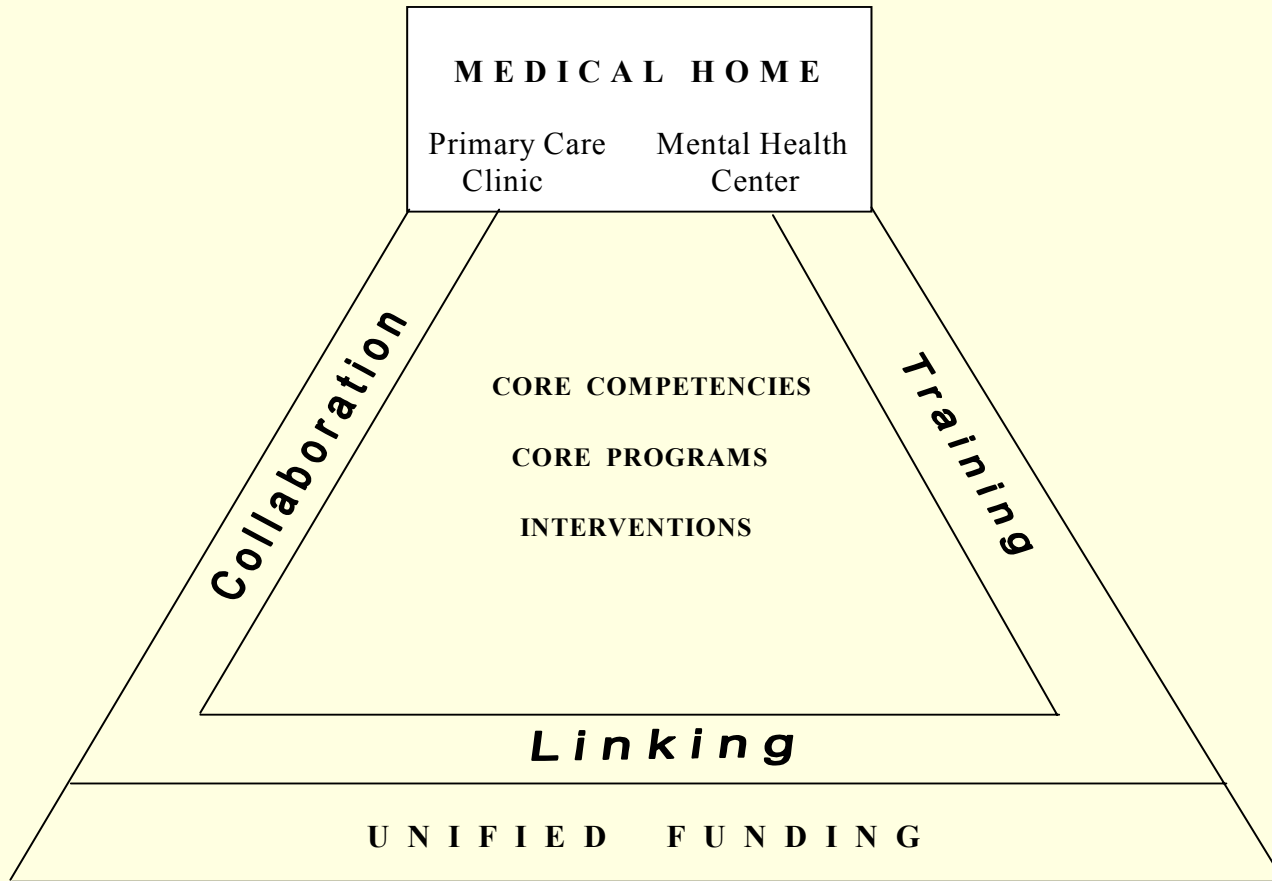
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History of the Washtenaw Community Health Organization (WCHO)

- Initial Discussions – 1997
 - Threat of competitive, managed care bid in the State
 - Desire to be proactively creating something
 - Contacted a private hospital system and the University of Michigan
- WCHO created by change in law – May 2000
 - Eliminated the CMH Board as we knew it
 - Created a new, joint Policy Board with broader responsibilities
 - Appointed an Executive Director
 - CMH Program, Substance Abuse Coordinating Agency, Primary Care Policy Oversight

Vision



Mission

- Our mission remains “to provide an integrated mental health, substance abuse and physical health care delivery system for Medicaid and indigent consumers... that is responsive to the needs and values of the citizens of Washtenaw County
- Primary focus on persons with a severe and persistent mental illness, substance abuse disorders and/or developmental disabilities; expanding to include all Medicaid and indigent

Values

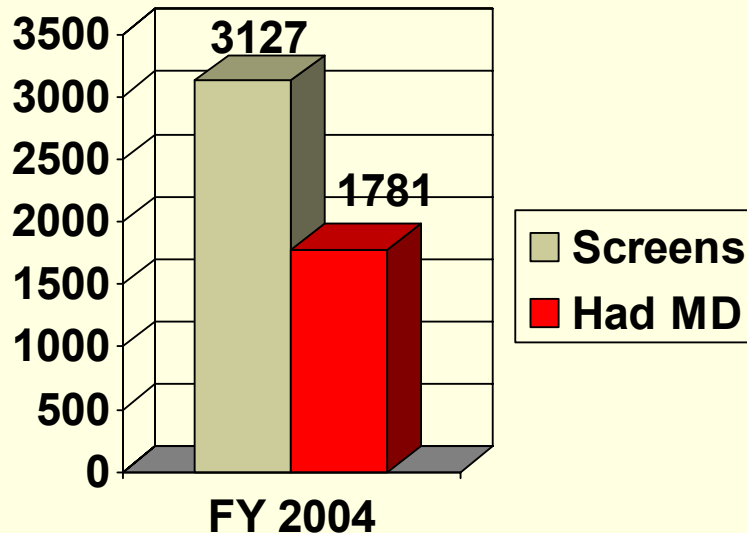
- Consumer and Family Involvement
- Comprehensive, Quality Services
- Community Based Services
- Public Accountability
- Integrated Care
- Research and Medical Education
- Adaptability

Integrated Health Services Access

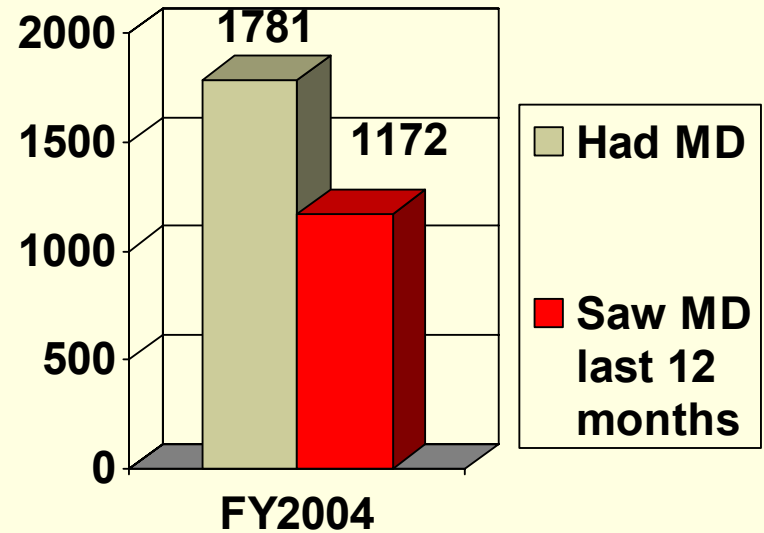
- Integrated Health Services Access for Mental Health, Substance Abuse, Public Health and Physical Health Care services for Medicaid and Indigent consumers
- Single phone contact can result in assessment for all services and referral/appointment to next service (Handout #1)
- Staffed with four (4) Bachelor level H.S.A. Intake Specialists, (3) MSW's and one (1) Nurse
- 20,000 calls a year

Health Services Access – PCP Data

**# Callers Screened at
Access with M.D.**



**# With Doctor with MD
Visit in Last Year**



Integrated Services and the Four Quadrant Model

■ **Quadrant I: Low BH/Low PH**

- PCP (with standard screening tools and BH practice guidelines)
- PCP- Based BH

■ **Current Washtenaw Initiatives**

- Psychiatric Back Up – Five Hours a week at Primary Care Clinic
- Care Web

■ **Future Initiatives**

- Preventive Disease Management Protocol Training
- Screening Tools for BH\

Integrated Services and the Four Quadrant Model

■ Quadrant II – High BH/Low PH

- BH Case Manager w/responsibility for coordination w/PCP
- PCP with tools
- Specialty BH
- Residential BH
- Crisis/ER
- Behavioral Health IP
- Other Community Supports

■ Current Washtenaw Initiatives

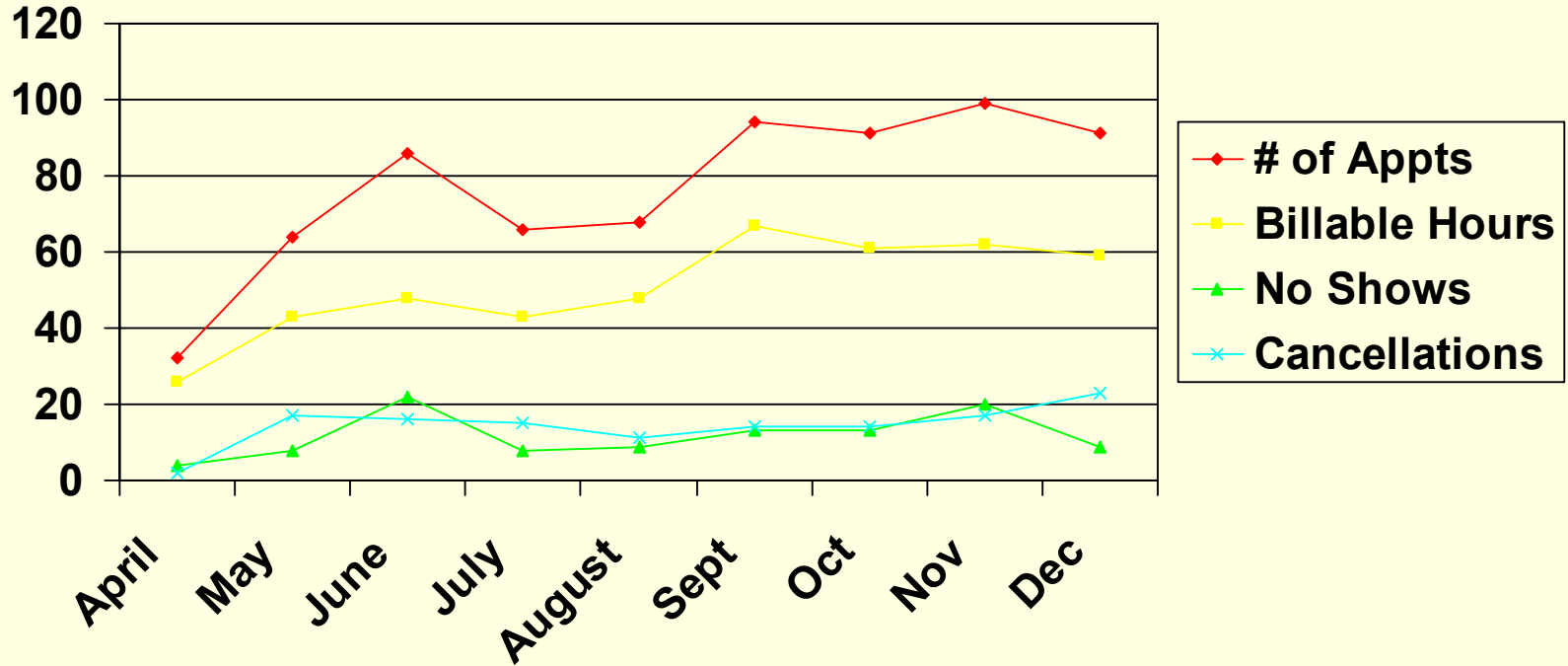
- Mental Health Professional at primary care clinic w/psychiatric back-up
- Nurse Practitioner Clinics at CMH site
- Ancillary support services
- Care Web

■ Future Initiatives

- Expansion of service to other outpatient clinics (1 q/six months)
- Expand Nurse Practitioner clinics

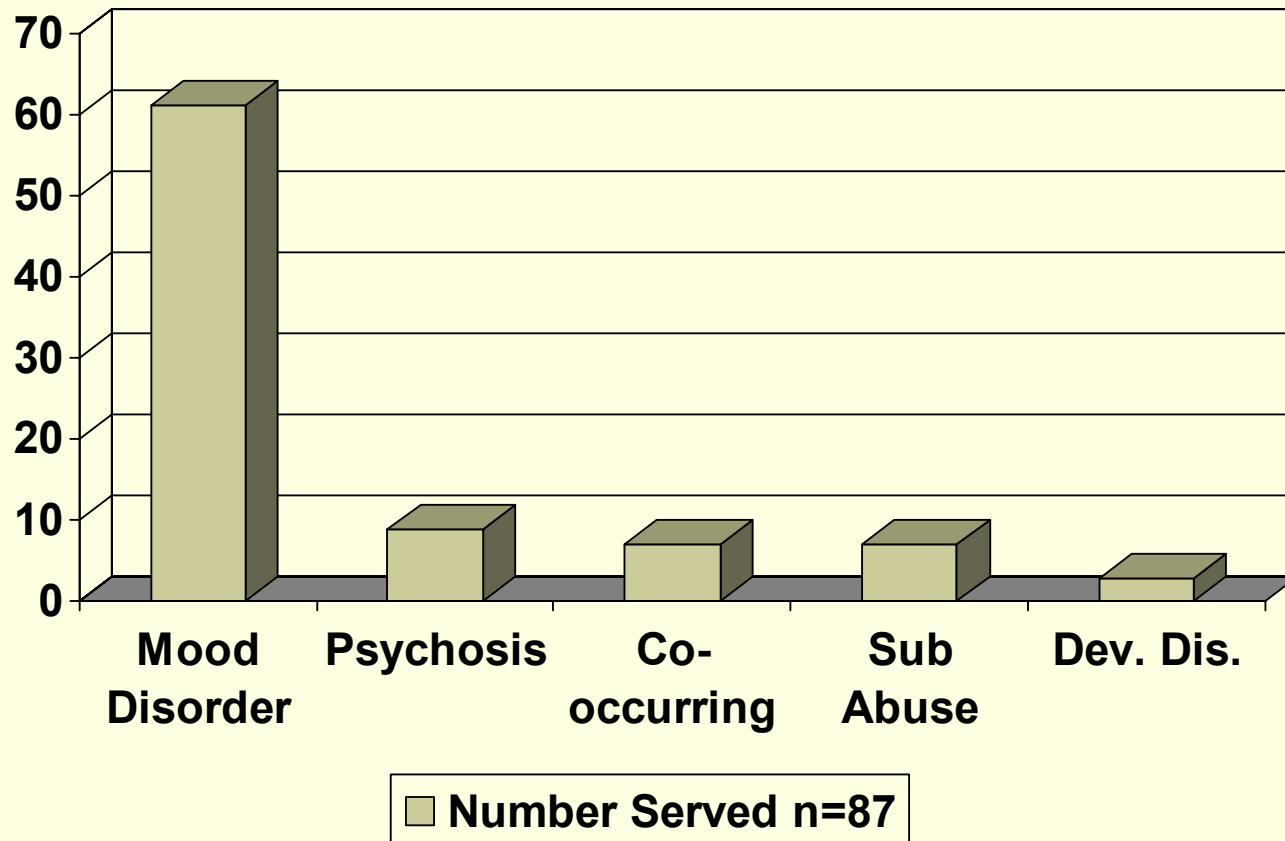
Primary Care Clinic Statistics

Scheduled Appointments - 2004



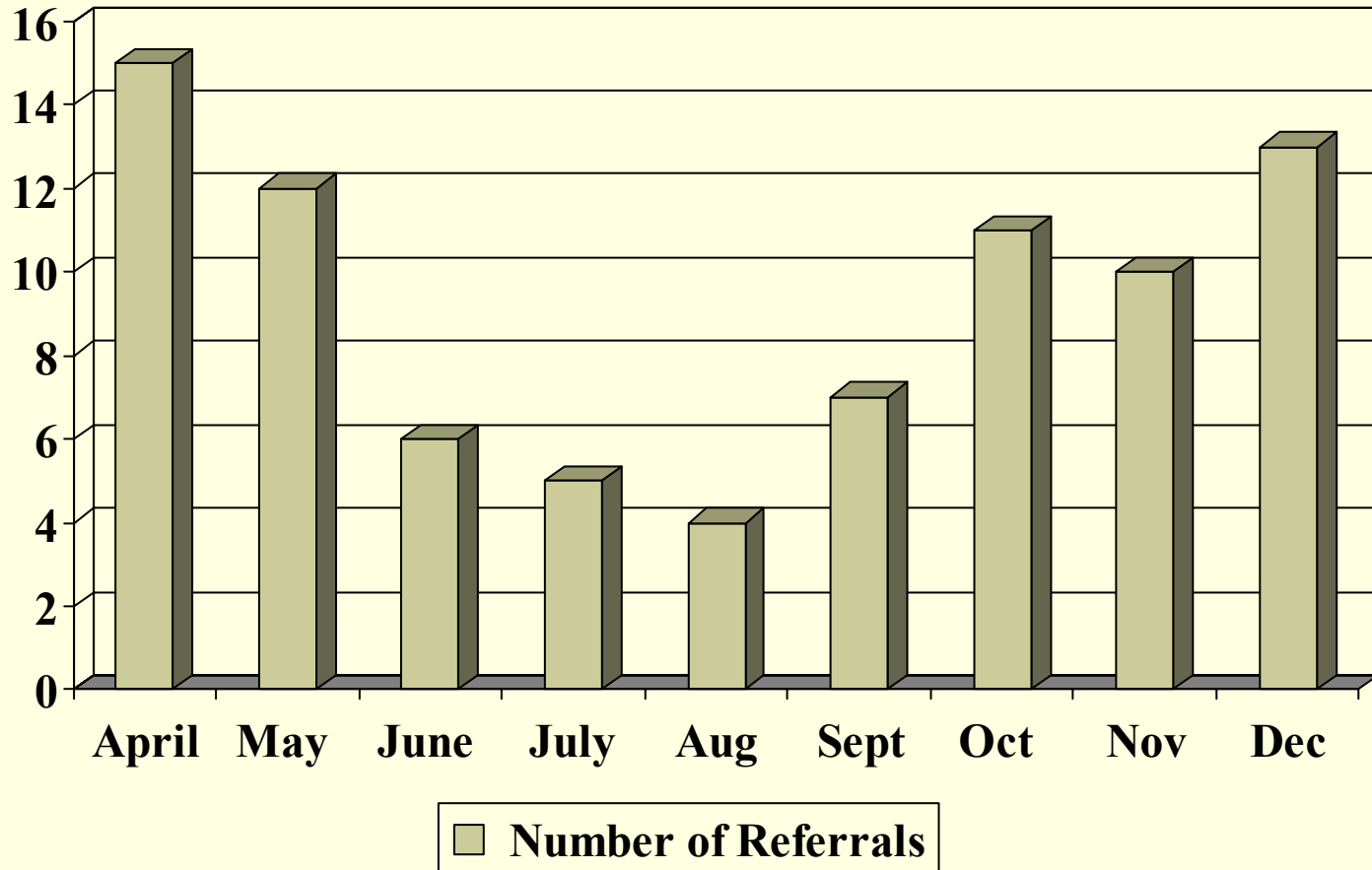
Primary Care Clinic Data

(4/1/04 – 12/31/04)



Primary Care Clinic Data

Referrals Per Month



Integrated Services and the Four Quadrant Model

■ Quadrant III – Low BH/High PH

- PCP with screening tools
- Care/Disease Management
- Specialty Med/Surg
- PCP based- BH
- ER

■ Current Washtenaw Initiatives

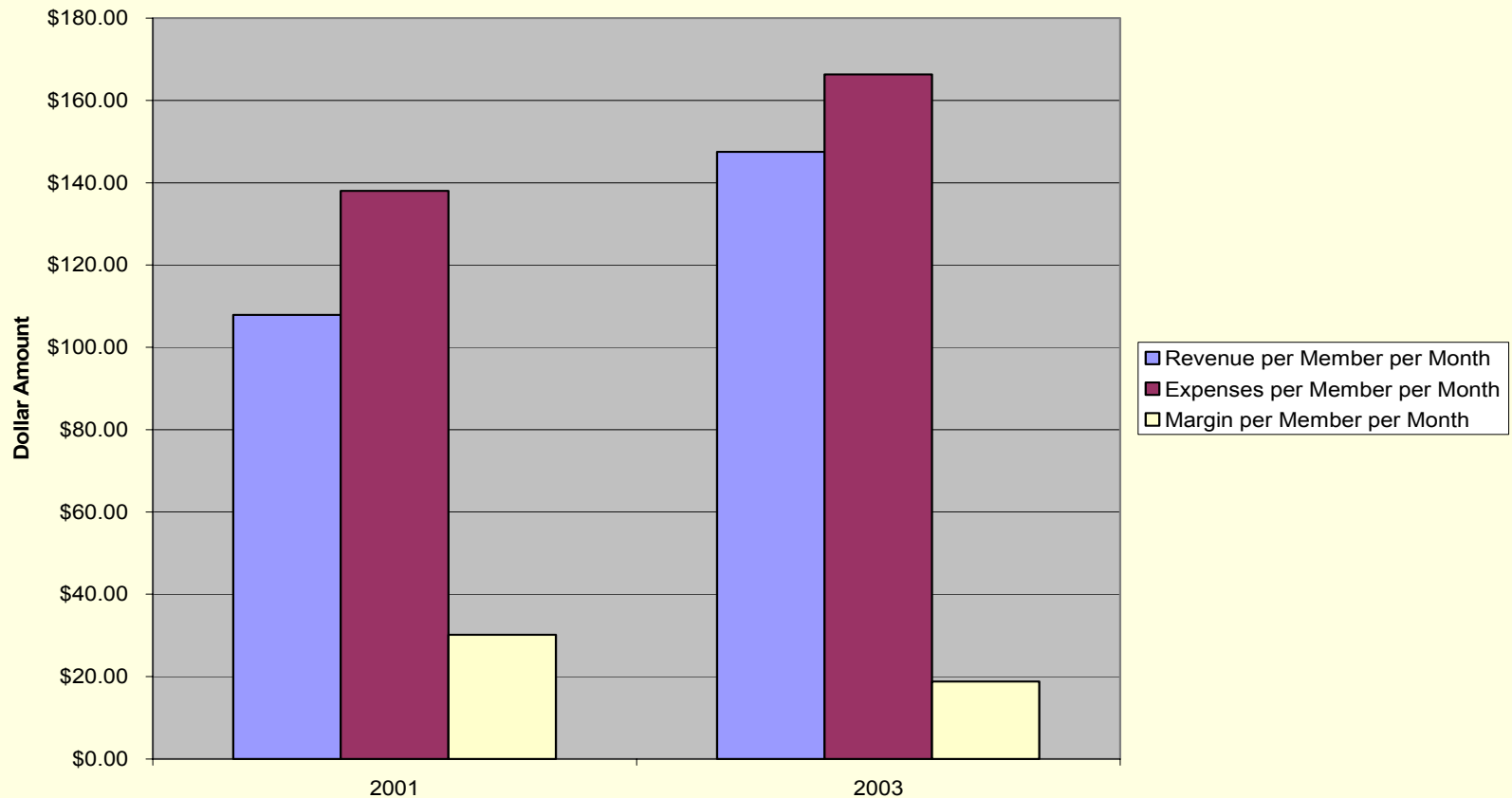
- Psychiatric Back-up at clinics
- Care Web
- Medical Management Center with Care Navigators for UMHS

■ Future Washtenaw Initiatives

- Expand Medical Management to all physicians and clinics in the County

Impact of Medical Management

Graph 2: Comparison of Revenue to Costs for Physical Health per Member per Month



Integrated Services and the Four Quadrant Model

■ Quadrant IV- High BH/High PH

- PCP with screening tools
- BH Case Manager with Coordination with Care Management and Disease Management
- Specialty BH/PH

■ Current Washtenaw Initiatives

- Hospital/Specialty Clinic based services
- NP Clinic at CMH help coordinate medical care
- Disease Management Programs
- Case Managers/Care Navigators linked more closely
- Care Web

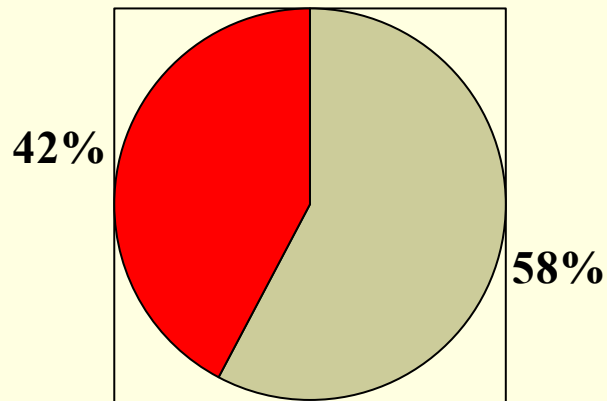
Nurse Practitioner at CMH

(12/12/03 – 10/1/04)

- 57 Individuals Consumers
- 90 Visits out of potential of 210 clinic slots
- 10 No Shows
- 44 Single Visits
- 46 Repeat Visits: 8 = 2 visits; 1 each for 3,5,6,7,and 9 visits
- Smoking Cessation Classes
 - 13 classes
 - 1-5 consumers/class; ave 2.8/class
 - 1 of 5 still abstaining after six months

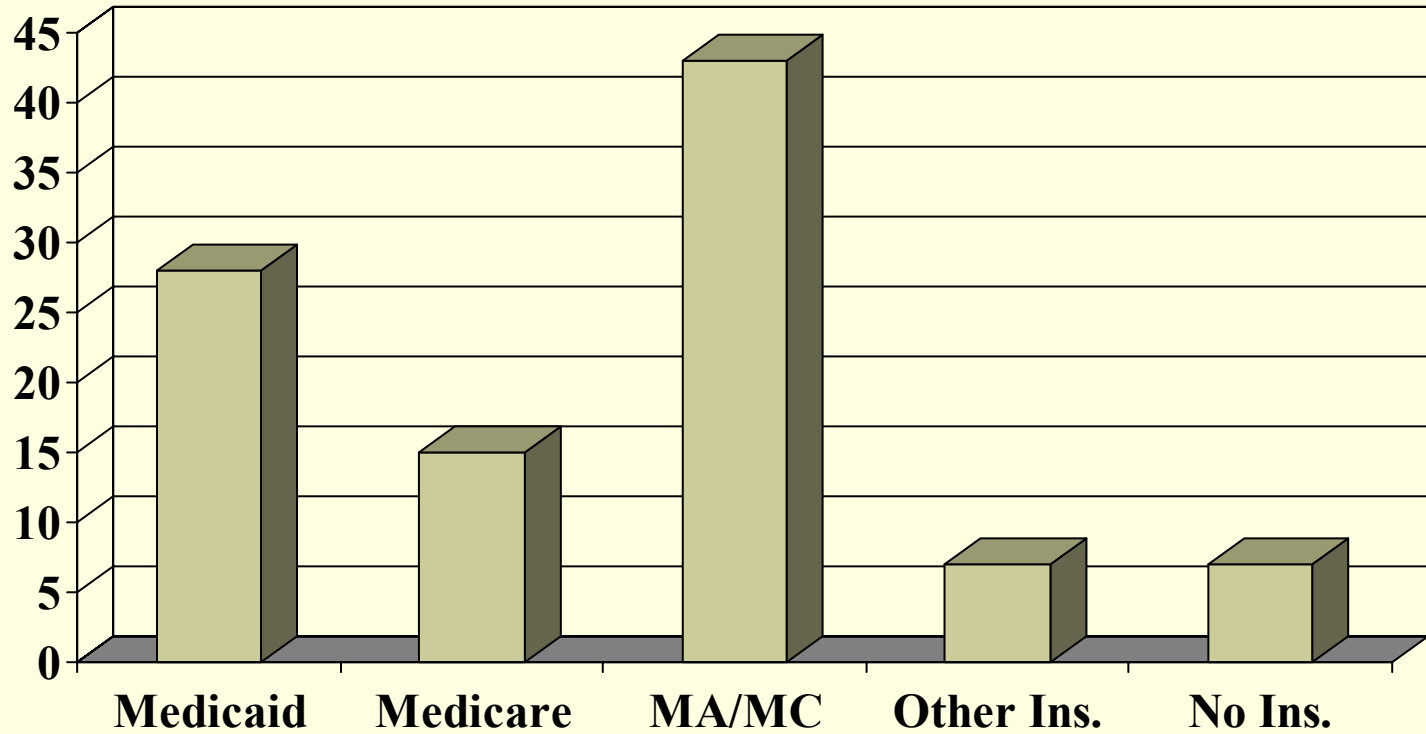
Nurse Practitioner Data

Participant Gender



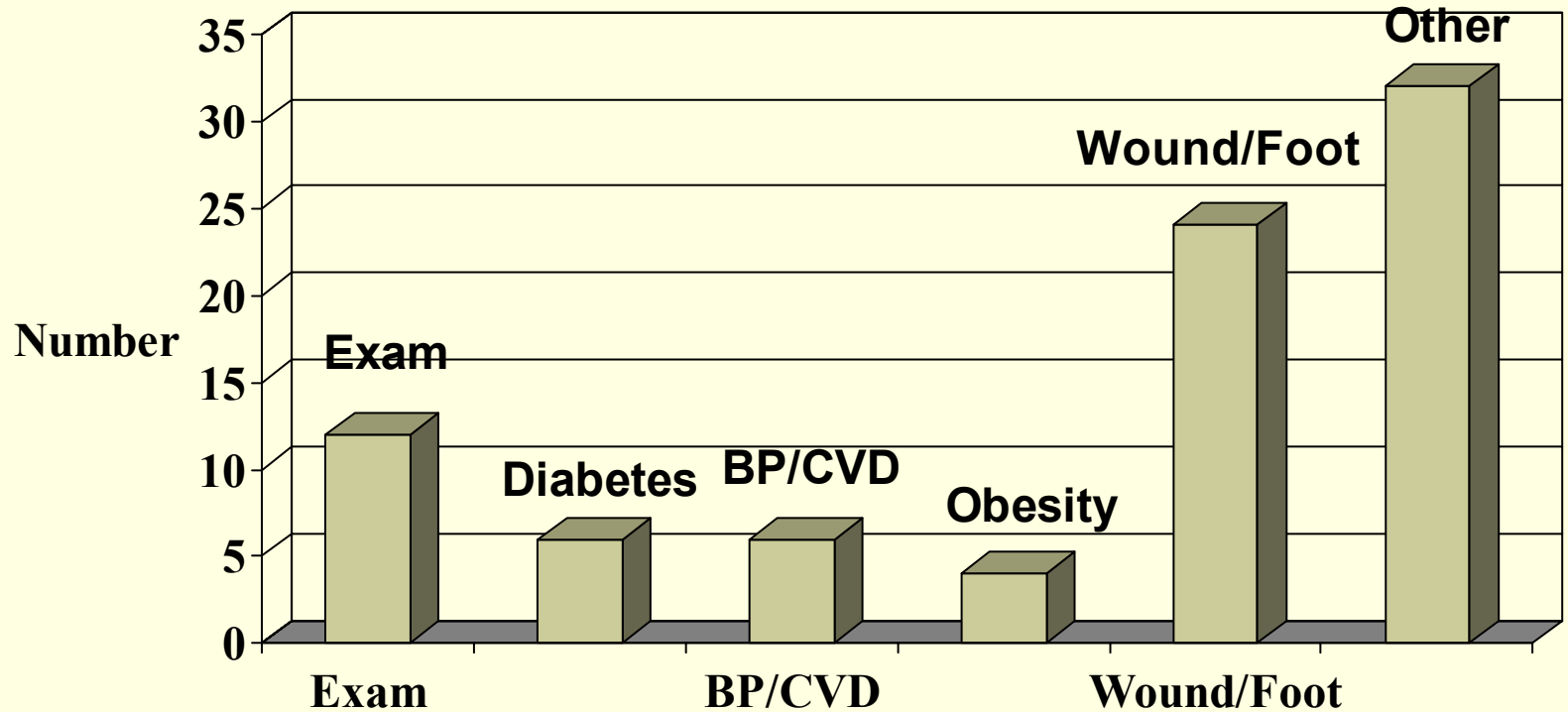
Nurse Practitioner Clinic

Insurance Status



Nurse Practitioner Clinic

Reasons for Visits

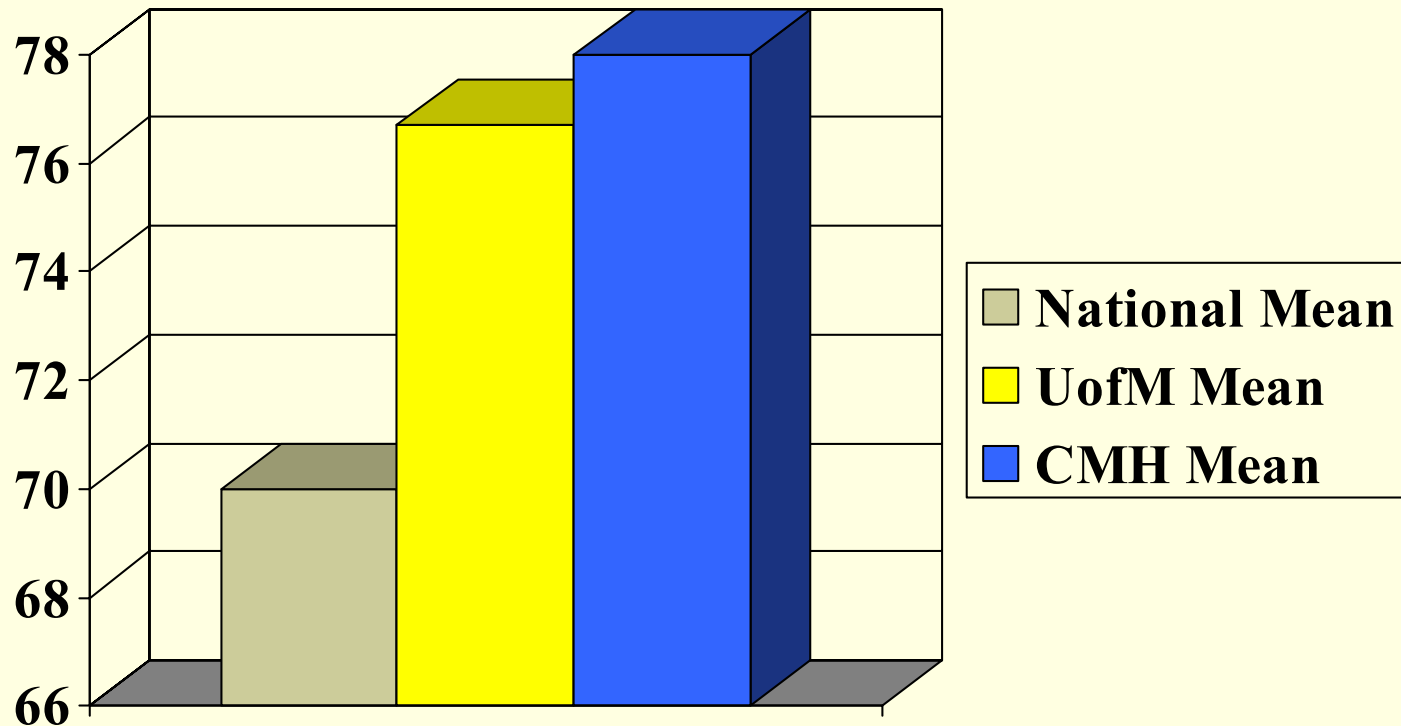


Other Integrated Initiatives

- Third year Medical Student Rotation
- Partnership with the Washtenaw Health Plan
- Health Risk Appraisal (Handout #2)
- Health Care for the Homeless Clinic
 - Grant application
 - Electronic Record from Encompass
 - Billing capacity to Medicaid
 - Integration at existing clinic
- Best Practice Initiatives
 - Minkoff/Drake – Co-occurring disorders
 - McFarlane Family Psycho-education
 - Assertive Community Treatment

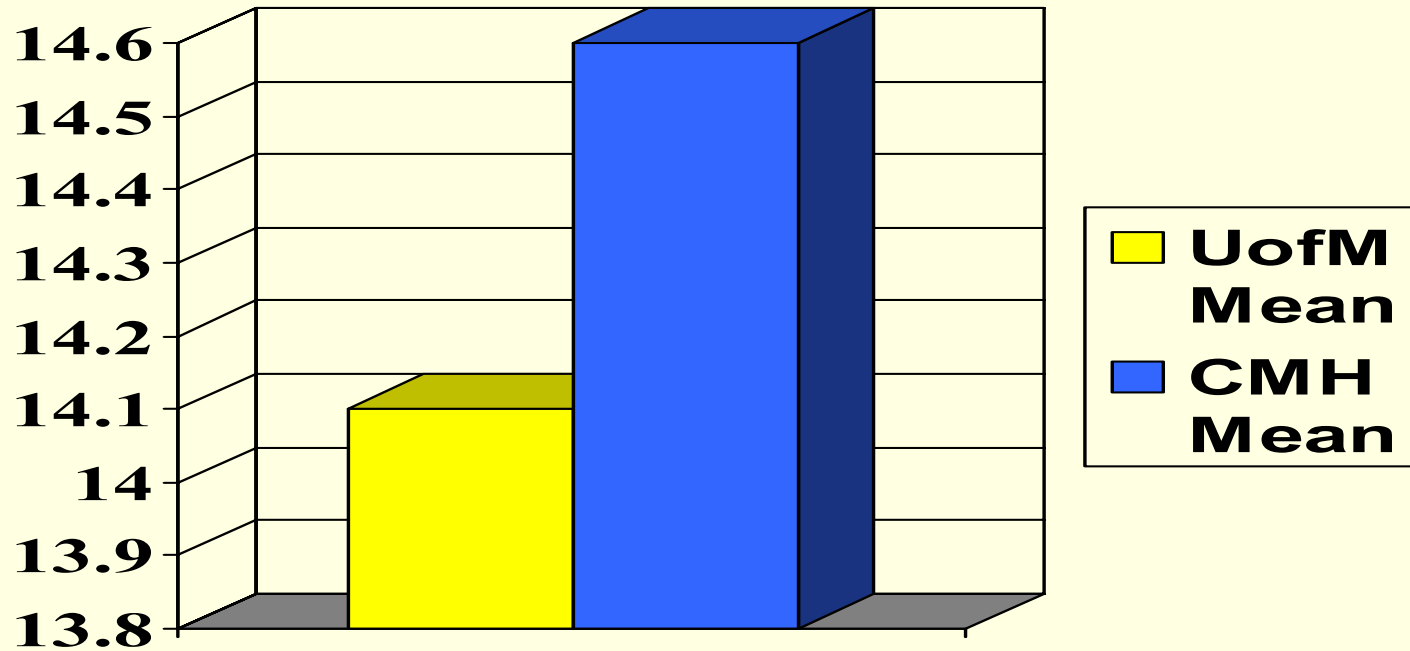
Third Year Med Student Rotation

Standardized "Shelf" Exam



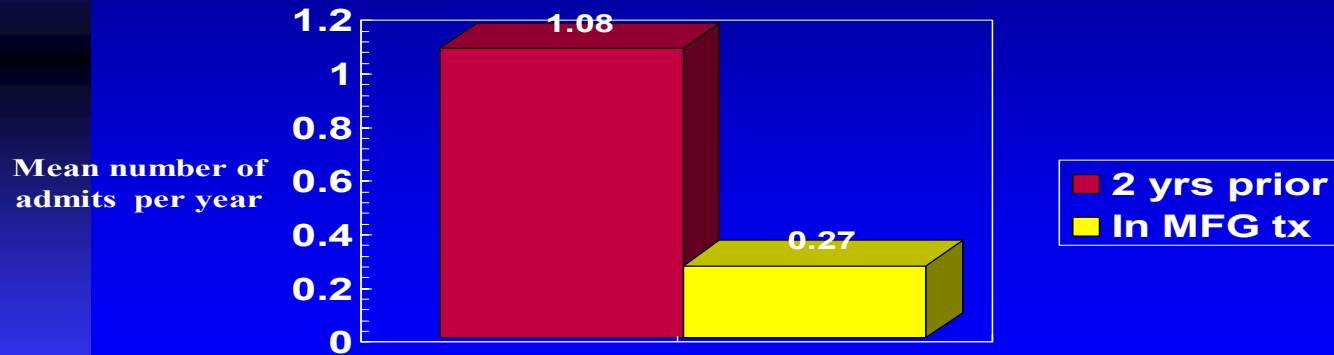
Third Year Med Student Rotation

Video Exam

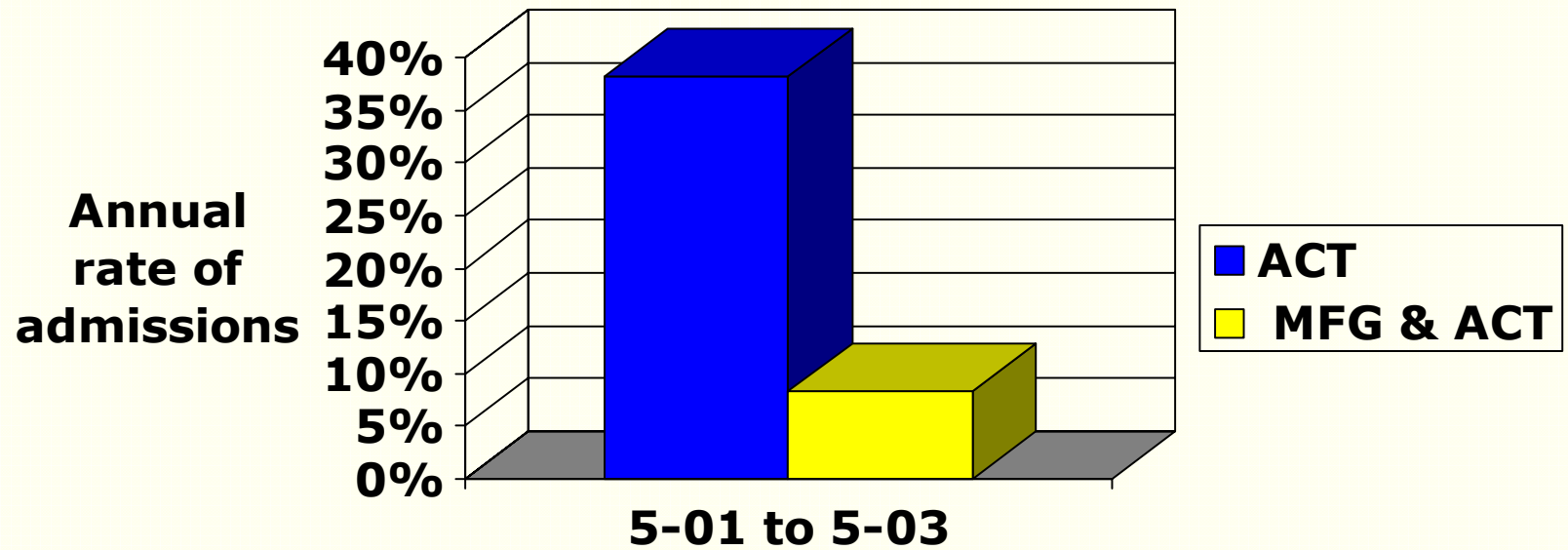


EBP Implementation Data

Hospitalizations before vs. during treatment—McFarlane study

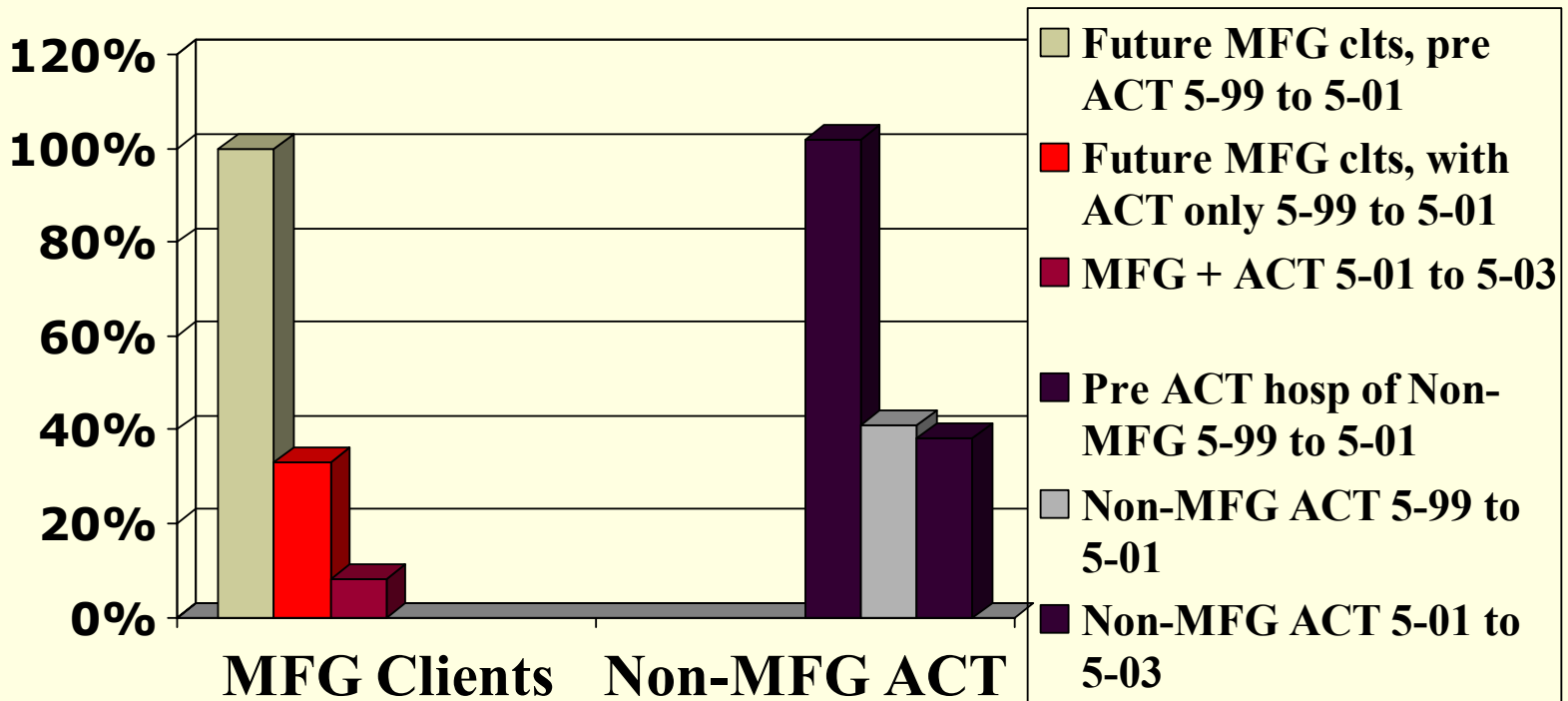


EBP Implementation Data



EBP Implementation Data

Annualized Hospitalization Rates



Organizational Structures - Governance

- Created legislatively in the Mental Health Code
- Used “Urban Cooperation Act” to create new public entity ([Handout #3](#))
- 12 Member Community Board
 - Half appointed by Washtenaw County Board of Commissioners
 - Half Appointed by the University of Michigan Regents
 - At least one third of the member are primary and secondary consumers
 - Board members cannot be staff of the parent organizations

Organizational Structures – Governance – Unique Features

- Board operates with a nine-member super-majority for all decisions
- Parent corporations can veto Executive Director choice with 2/3 vote of parent Boards within 15 days
- Public accountability retained with public Board
- Consumer involvement in governance

Organizational Structures – Quality

- JCAHO accreditation as Health Care Network in 2002 and 2005
- Full quality program with over 130 indicators including HEDIS measures for physical health; state required indicators for mental health, developmental disabilities and substance abuse; and local indicators

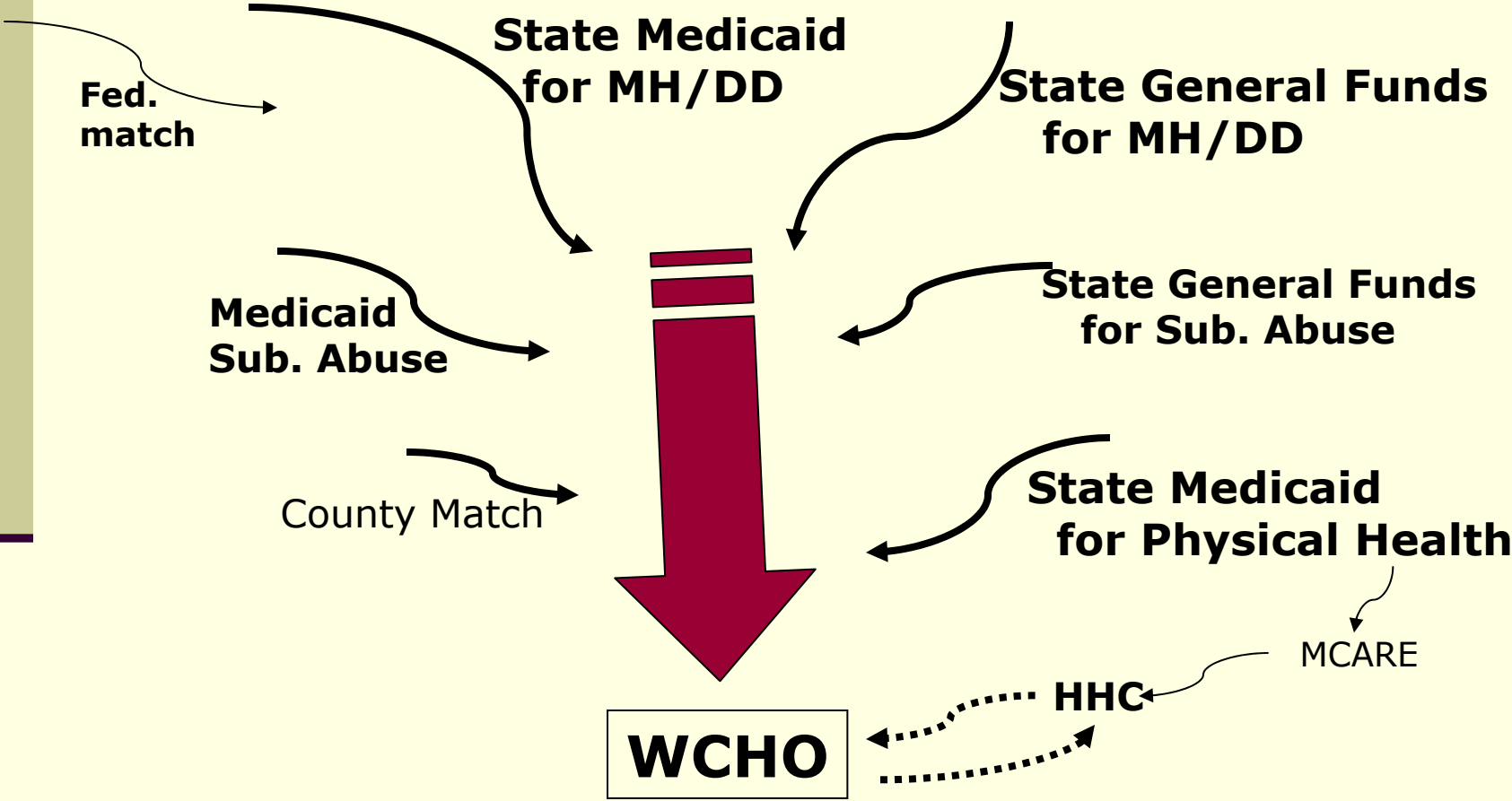
Organizational Structures – Information Technology

- **Care Web** – integrated medical record at University of Michigan Health System with MH information added; available to all PCP's and CMH Psychiatrists and Nurse Practitioners; affirmative participation by consumers
- **Encompass** – New CMH electronic record with full web-based management system for providers to see authorizations and provide claims electronically
- **Data Warehouse** – Integrated data set that includes mental health, substance abuse and primary care utilization data; refreshed nightly (Handout #4)

Use of Data Warehouse Report

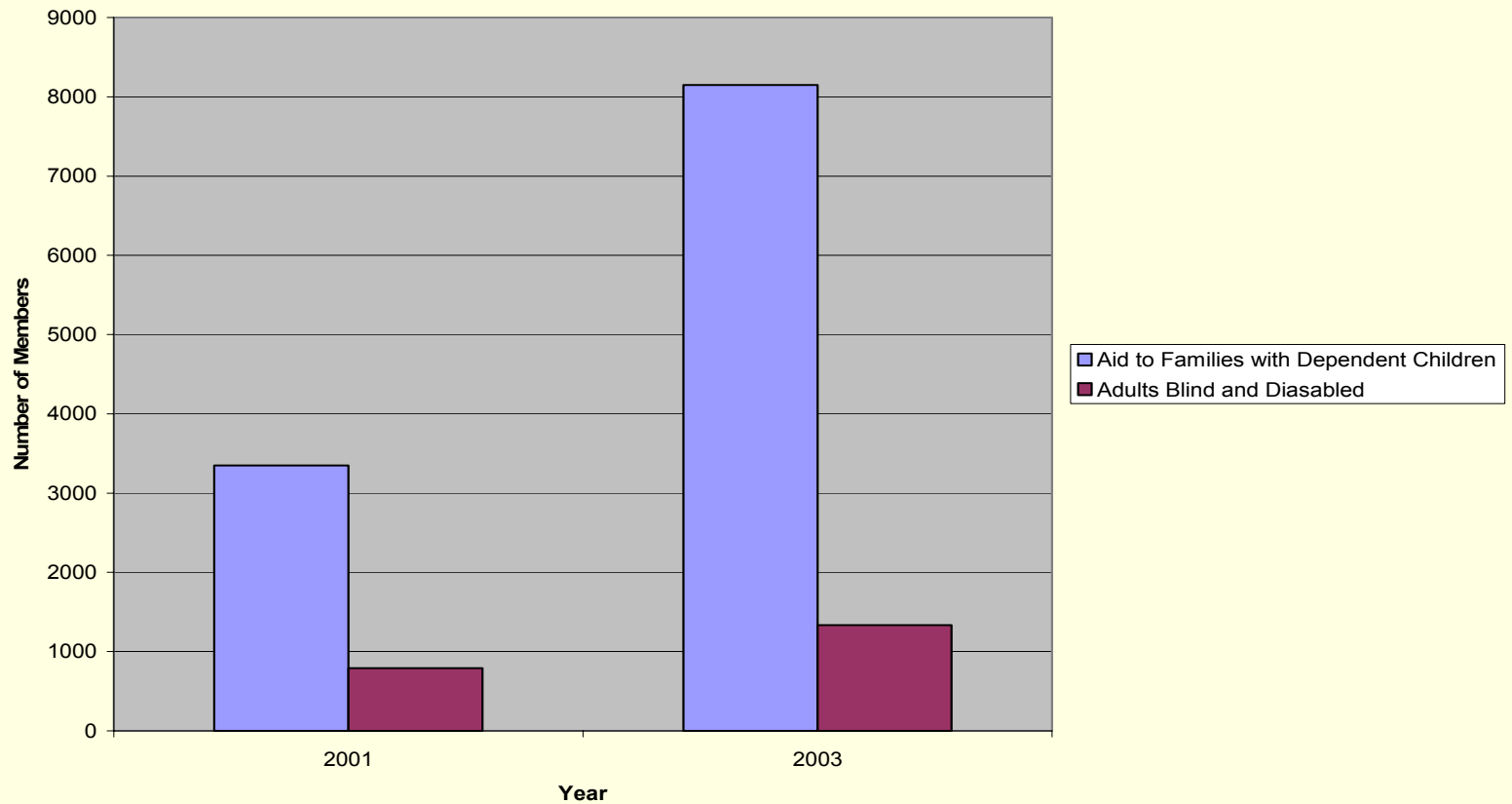
- Trends
 - Mild to Moderate DD Consumers have highest Medical costs
 - High cost cases are not receiving integrated care
- Interventions
 - Move DD Nurses to consumers living in community rather than group home
 - Data team between CMH, Medical Management, WHP staff
 - Data Flow Process ([Hyperlink #5](#))

Financial Arrangements



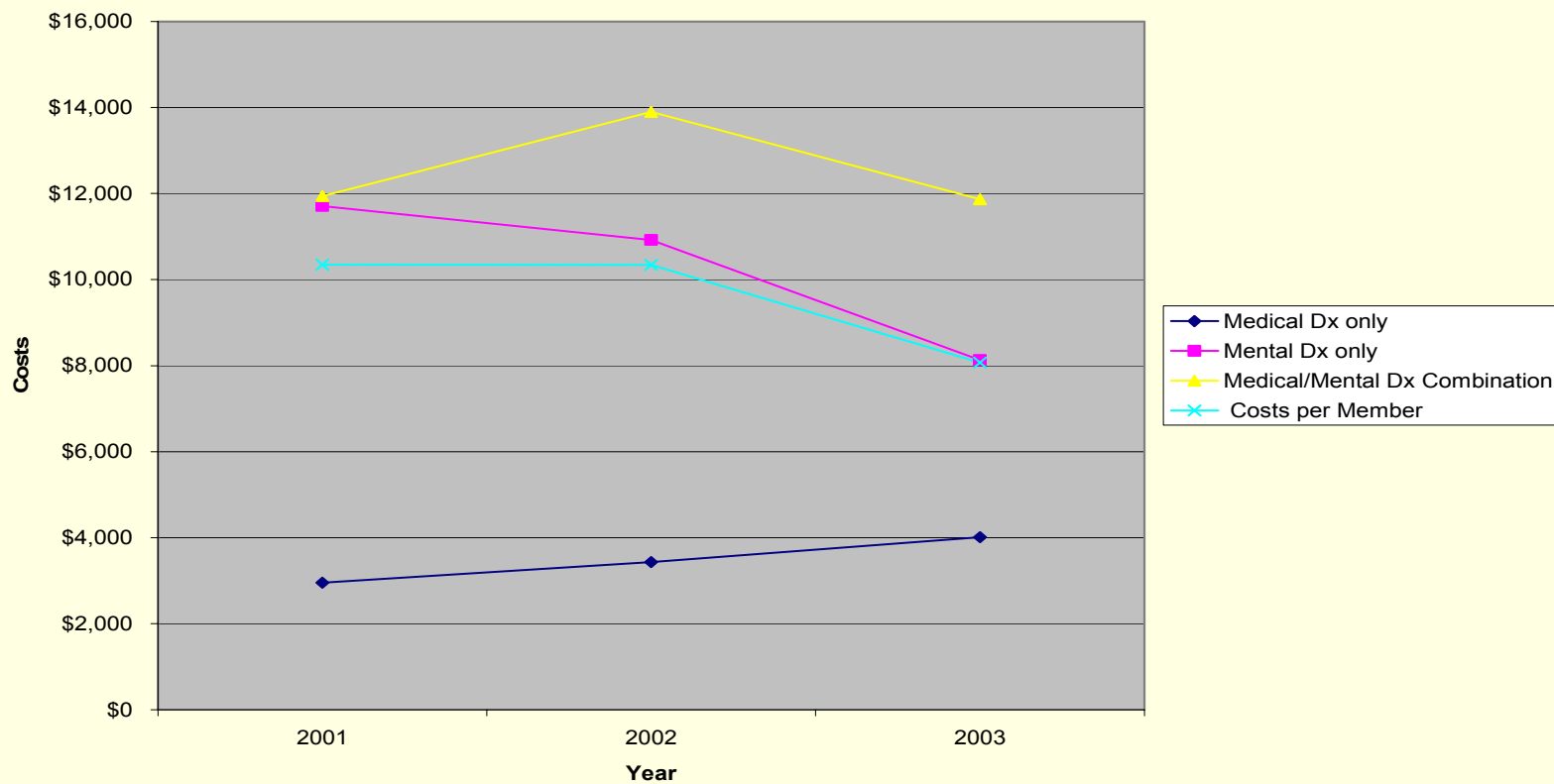
Impact of Integrated Care Model

Graph 1: Members per Month who Received Physical Health Care



Impact on Costs

Graph 4: Costs of Services to the Medicaid Population based on Medical or Mental Health Diagnosis



Administrative Arrangements

- WCHO operates on a 5.5% administrative rate including Health Services Access and 24/7 Psychiatric Emergency Services (~53 staff)
- Financing for Integrated Initiatives
 - Data Warehouse – State of Michigan/WCHO
 - Nurse Practitioner Clinics – BCBS/M – Local funds
 - PCP Clinics – WCHO based on number of existing consumers currently at the clinic; clinic to bill for services (Psychiatrist, BH as able to reimburse)
 - Grants
- Integrated Initiatives Coordinator
- WCHO has dollars and policy making responsibilities
- Research – Outcomes and Evaluation Committee

Issues We Have Faced/ If we had it to do over

- Learn to politely not accept “No” for an answer
- Reluctance from all levels and all sides
- Acknowledge the time and energy this type of work takes
- Keys to success
 - Support from the highest levels in each parent corporation; at the University we report to the Executive Vice President for Medical Affairs
 - Relationship(s) between implementing parties
 - Commitment to the vision

Integrated Health Care

