NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Behavioral Health in the Changing Healthcare Environment

November 9, 2016

Ann Marie Sullivan, M.D., Commissioner
New York State Office of Mental Health

STRATEGY: THE TRIPLE AIM

- **BETTER HEATLH OF THE POPULATION**:
  - Prevention and Maximizing Wellness
- **BETTER CARE FOR EACH PATIENT**:
  - Quality Care focused on patient choice, engagement, and satisfaction; clinical best practices; integrated care between medical and psychiatric services(mind and body); coordinated care; access to care when and where the individual needs it.
- **LOWER COST**:
  - Performance based payment; Value Based payment; More efficient and effective care that provides comprehensive ambulatory care (PCMH) and Behavioral Care and utilizes high cost inpatient care only when needed; risk based models such as the Accountable Care Organization (ACO); parity for mental health care

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Implementation
Triple Aim: Population Health

Collaborative Care:

- Collaborative/Integrated Care with Adult Primary Care Providers that screen for Depression and Substance Use and provide rapid access to treatment; School Based and Pediatrics collaborative care for children and adolescents; Primary prevention in Pediatrics Practices; Project Teach
- Collaborative/ Integrated care in Behavioral Health with management and monitoring of chronic disease
- Integration Substance Use and Mental Health treatment in Behavioral Health settings
- Wellness Care for Individuals with Serious Mental Illness: Health and Recovery Plan (HARPs):
- Crisis respite services; employment and education supports; family supports; peer supports; physical health wellness; rehab; self directed care; skills training; financial management.

Triple Aim: Better Care for Each Patient

1. Patient Centered Care focused on patient choice, self directed care; engagement, and satisfaction;

2. Clinical best practices; integrated care between medical and psychiatric services; coordinated care that focuses on community based treatment; decreased inpatient use and decreased inpatient readmissions; eg. First Episode Psychosis Teams; Clozapine use Initiative, Impact Model for depression care etc.

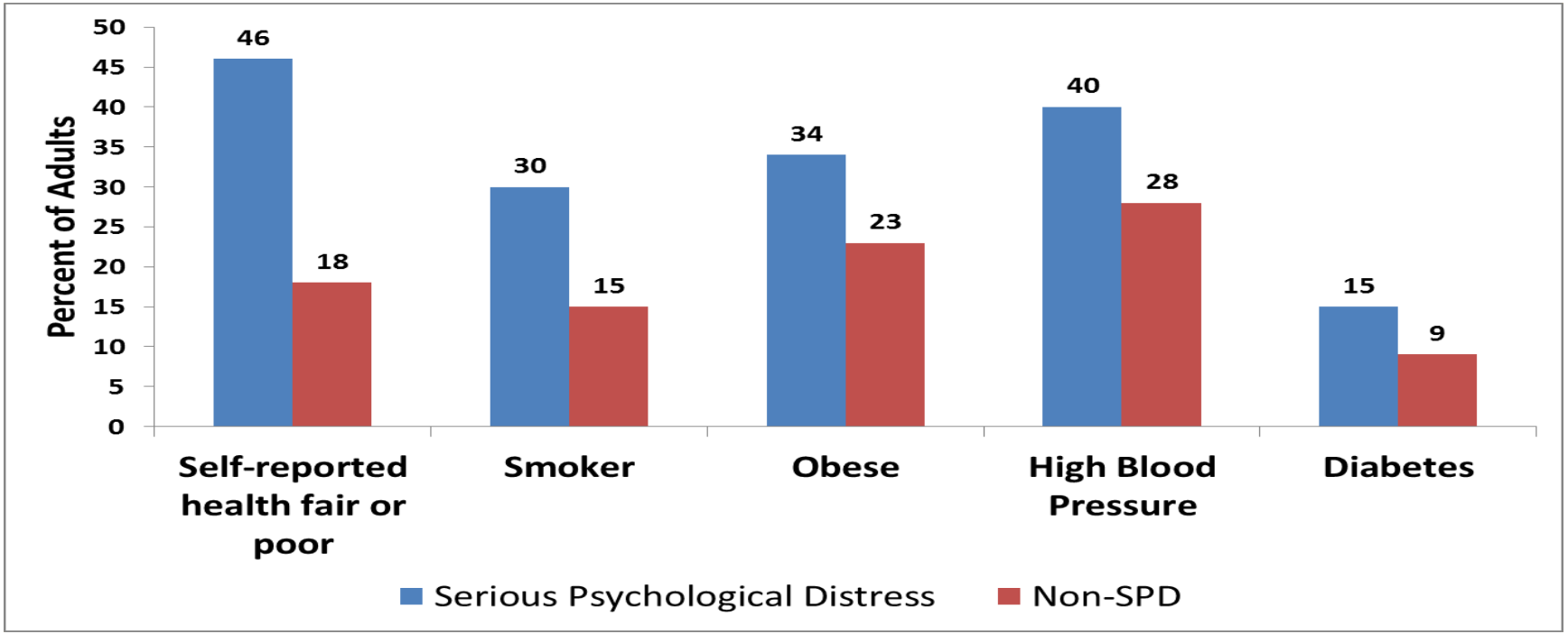
3. Easy access to services when and where they are needed in the community

Triple Aim: Lower Cost

- **Performance based payment based on measured outcomes**; More efficient and effective care focused on less admissions and readmissions and more comprehensive ambulatory care (PCMH; Behavioral Health Homes); risk based models such as the Accountable Care Organization (ACO)
- **Managed Medicaid** focused on reduction of unnecessary inpatient use and reinvestment of dollars in community based care; Integrated physical and behavioral health care.
- **Value Based Purchasing**: 80 % of Medicaid in 5 years and expand to all payers; HARP (Health and Recovery Plan Pilot) and Primary Care Behavioral Health Bundle Pilot

Transformation: Collaborative/ Integrated Care: Mind and Body

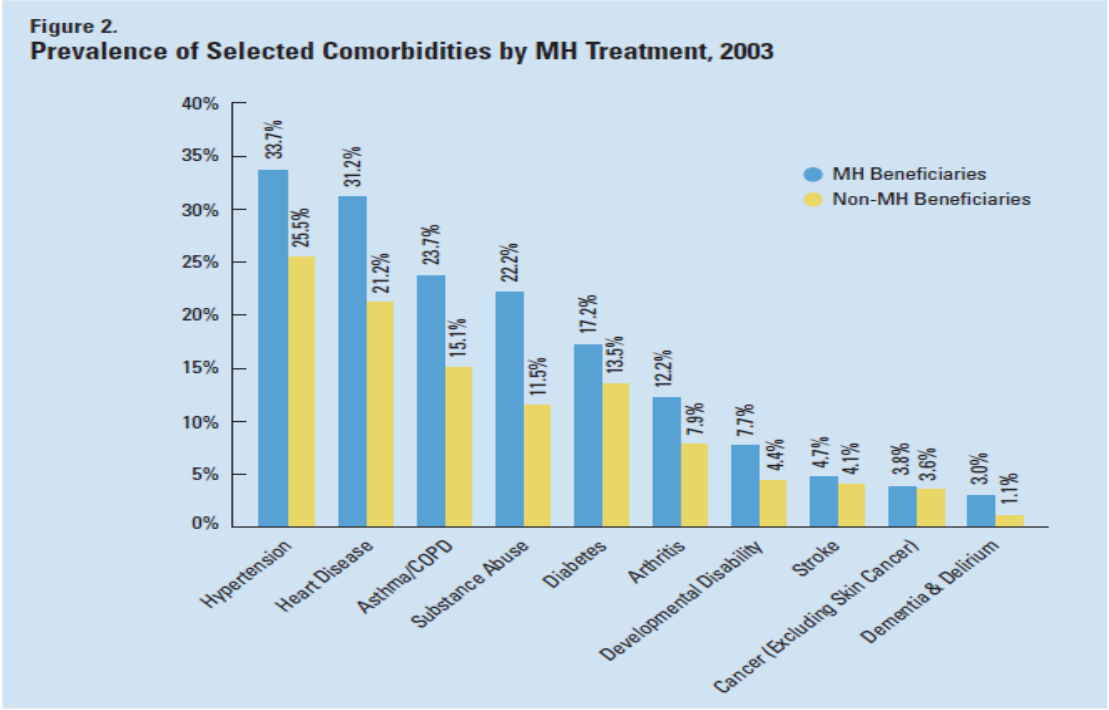
Background Disproportionate burden of health conditions and risks among those with poor mental health



Source: NYC DOHMH Community Health Survey, 2009, http://nyc.gov/health/epiquery

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

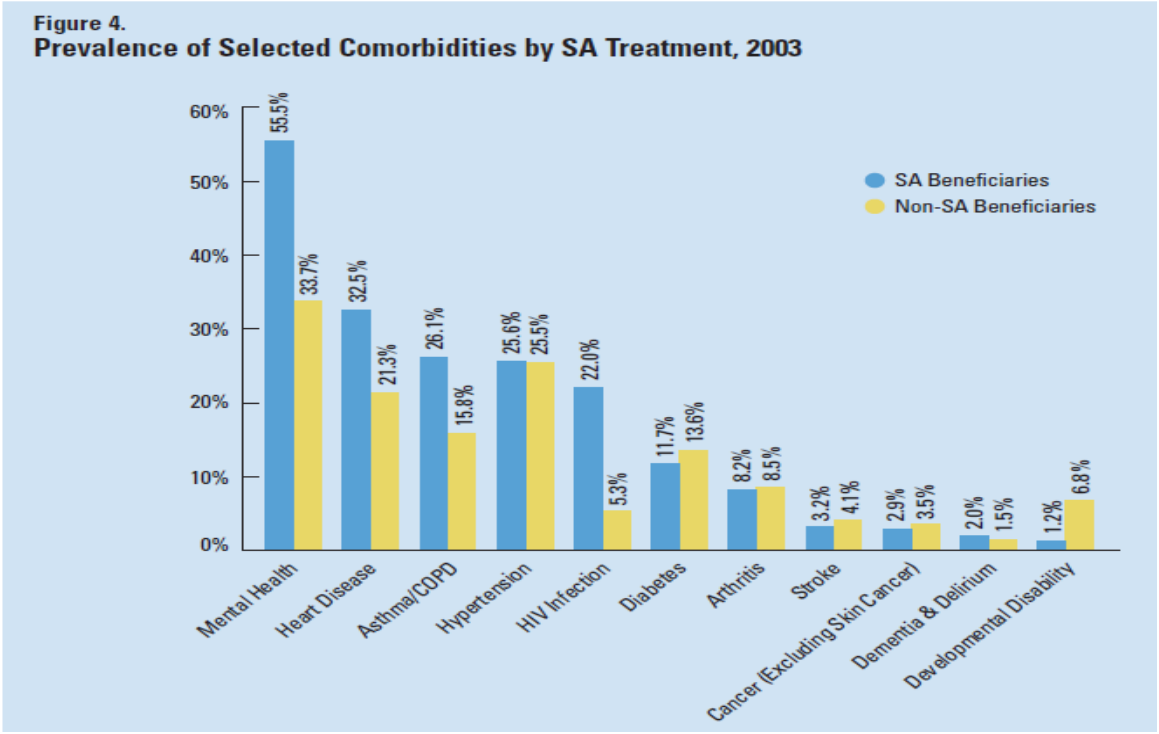
Co-occurring disorders among Medicaid beneficiaries with mental illnesses



Source: United Hospital Fund, New York Beneficiaries with Mental Health and Substance Use Conditions, 2011

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Co-occurring disorders among Medicaid beneficiaries with substance use disorders



Source: United Hospital Fund, New York Beneficiaries with Mental Health and Substance Use Conditions, 2011

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Population Health: Unipolar Depression

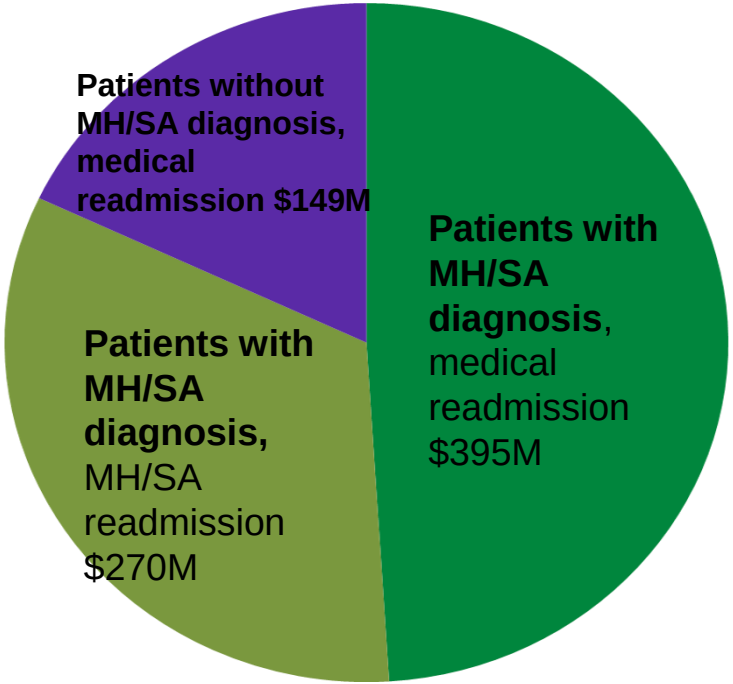
Depression in US

- Lifetime prevalence of significant depression in NCS (2001-2) 16%; 12 month prevalence 6.6%
- 42%-50% of significant depression in US is still untreated
- Still only 22% of patients treated receive evidence based care
- Lack of treatment increases inpatient days; results in poor compliance for chronic illnesses and poor outcomes
- High cost of depression functional disability in all societies; in US direct (care) costs and indirect (workplace costs) $ 210 Billion dollars in 2010.

Primary Care in US

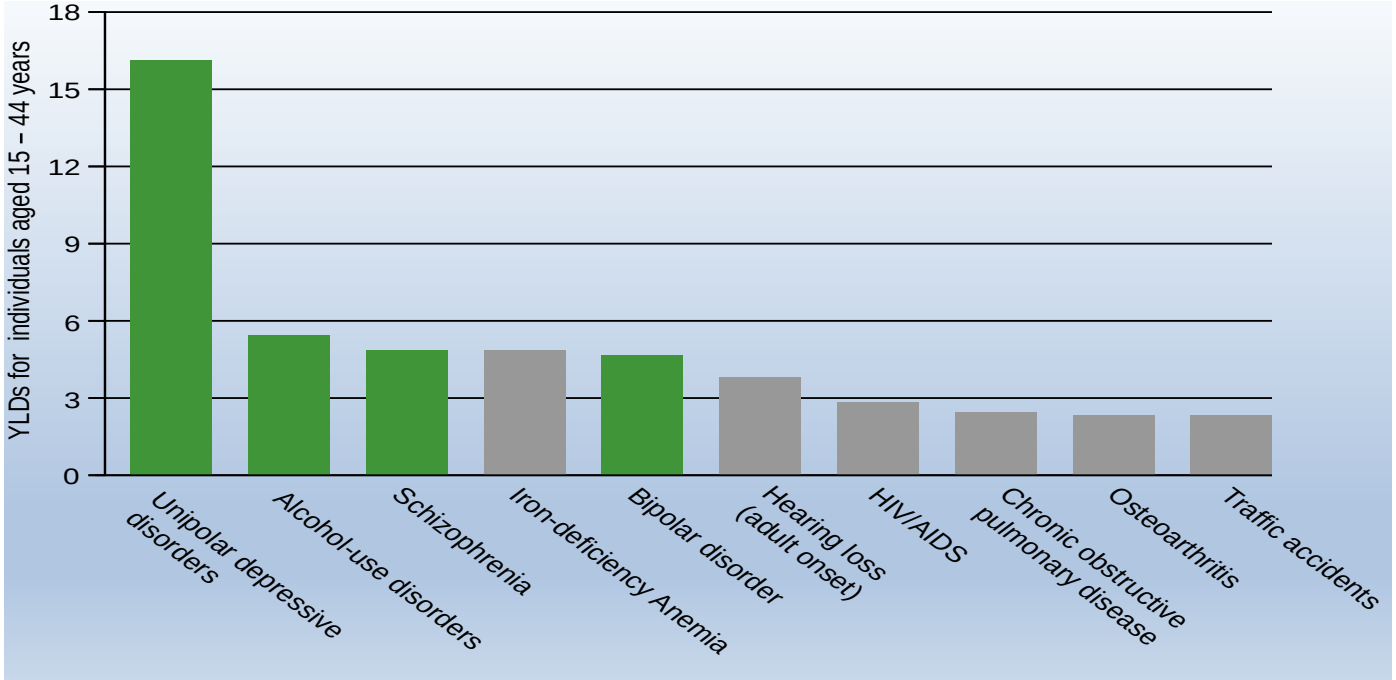
- 6 to 9 % of primary care patients have a significant treatable depression
- Co-morbid depression increases morbidity and mortality in heart disease, diabetes, stroke
- Treatment: Impact Model Works

The Need for Integrated Care:
Potentially Preventable Readmissions (PPR's)
NYS Costs $814M (2007)



NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Population Health: Neuropsychiatric diseases are among the top 10 causes of disability worldwide (ages 15-44)



NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

DSRIP and Behavioral Health:
“ There is no health without mental health”

- Integration of behavioral health and physical health should be in all services not just primary care but also: EDs, Inpatient, surgical and specialty clinics; pediatrics; OBGYN, in transitions in care and aftercare plans,etc.

- PPSs(Performing Provider Systems) must have appropriate linkages to community and behavioral health services in their networks. Real partnerships with community behavioral health services is critical.

- Systems will need to improve rates of readmission and decrease avoidable admissions for psychiatric patients admitted to medical units as well as psychiatric and detox units.

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Need for Better Care in Behavioral Health: High Physical Morbidity and Mortality for Individuals with Mental Illness

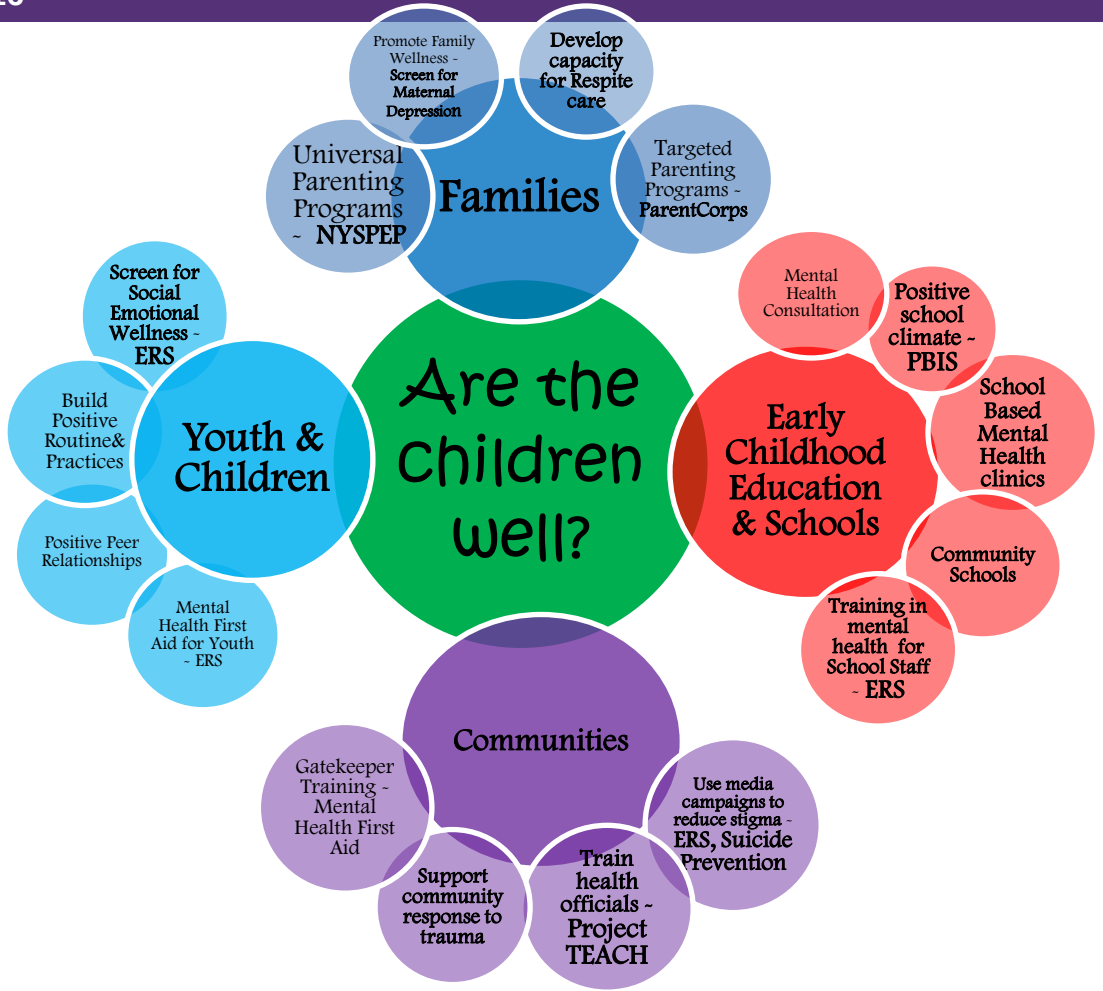
- Patients with mental illness on average die 20 years earlier than the general population. The key reason: poor medical care for chronic physical illnesses.

- VA co-located primary care in VA behavioral health services with significant improvement in physical health indicators: screening and preventive services (mammograms, colonoscopies) and in treatment adherence for diabetes, hypertension, heart disease

- CIDP Project in NY, provided care coordination for mental health and physical health, significant improvement in treatment engagement and decrease in hospitalizations both medical and psychiatric for some of the most difficult to engage patients.

Early Prevention /Intervention:

Children and Youth



NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

ACE (Adverse Child Experiences Study): The Need for Prevention

- Adverse Experiences: Childhood Abuse: Sexual, Physical, Emotional; Household: Substance Abuse, mental illness, violence, imprisonment
- Prevalence: > 50% had one adverse experience; 25% 2 or more
- Mental Health : If 4 or more experiences 4 to 12 fold increase in alcoholism, depression, suicide attempts, drug abuse
- Physical Health: Strong dose response relationship with ischemic heart disease, cancer, lung disease, fractures and liver disease

ACE Study, Felitti MD et al, AM J Prev Med 1998:14(4)

Primary Prevention: Pediatricians Offices

- Pilot in 19 Pediatric Practices: Healthy Steps (best practice of the American Academy Pediatrics) includes a youth behavioral health specialist with additional trauma risk assessment and screening for maternal depression
- If successful imbed in reimbursement by Medicaid managed care and commercial payers

Project TEACH

Statewide Child Psychiatry Resources for Pediatricians:

- Training
- Consultation
- Linkage and referral
- Web based learning for families

Project TEACH consultations and trainings since 2010:

- Over 2300 Pediatricians and Family Practice Providers enrolled; over 10,300 children evaluated; 1200 face to face consultations; 3,100 linkages and referrals

- Since implemented improvement shows: Increased identification and treatment of behavioral health issues by pediatricians; less emergency room use; more use of antidepressants in adolescents; less use overall of psychotropics in youth

Current expansion will include a Coordination Center in partnership with the Massachusetts General Hospital Psychiatry Academy that will at least double the availability of consultations and training.

Children's Medicaid Managed Care

Six new State Plan Amendment services based on need not primarily service utilization to start 2017:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation Services
- Family and Peer Support Services
- Youth Peer Training And Support
- Other Licensed Practitioners Services

TRANSFORMATION: PATIENT CENTERED SYSTEMS OF CARE

An opportunity to transform mental health services

RE-INVESTMENT IN Community Services

Re-investment funding
and the state hospital system

Housing

Adult Home, re-investment,
MRT and other housing funds

Medicaid Managed Care

Integrated Managed Care
Health and Recovery Plans (HARPs)
DSRIP

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

A Few Numbers….

Community Services

$25 Million pre investment to expand State and voluntary operated community services focused on reducing admissions and readmissions including crisis beds, respite, Home and Community waiver slots, first episode psychosis teams, peer operated services, housing.

Successful at reducing 460 beds at a reinvestment of 110,000 per bed and 53 million invested community services to date. Target 600 beds total at 72 million. Planning for services with Local government, stakeholders and OMH is ongoing.

Housing

Currently 40,000 housing units in NY State

$30 million to support residential units for individuals transitioning out of adult homes, nursing homes

1000 New housing units from state reinvestment

Downstate and some upstate supported housing stipend increased over 3 years by $1,550 annually to cover higher cost rents.(20 million); Additional Housing from MRT Initiative, NYNY 3 1200 beds and NY/NY 4 Housing 5,000 beds.

20,000 new supported housing units 2016-17 NY State Budget over 6 years.

Medicaid Managed Care

Include all adult individuals with serious mental illness in managed care October 2015 and children in 2017.
$20 Million for system readiness to develop infrastructure for managed care/ **HARPs**
$10 Million to enhance clinic reimbursement for integrated behavioral and health care and implementation of the **collaborative care model**

30 million to establish waiver services for HARPs: peer supports; educational and employment supports; crisis respite; family supports and self directed care.
$30 Million in Vital Access Provider (VAP to preserve critical access to behavioral health inpatient and clinic services in some areas.
Medicaid reinvestment for inpatient article 28 closures

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

MEDICAID MANAGED CARE: Health and Recovery Plans (HARPS): Wellness for individuals with Chronic Mental Illness

Mental Illness is the second highest cause of disability world wide

- Ensuring true integration of physical and behavioral health: healthy life styles; stop smoking; preventive screenings; care for co-morbid medical conditions
- Integration of Health Homes: care coordination
- Waiver Services/ Wellness services: employment support, education support; peer services, cognitive skills training, respite and crisis services; family support services
- Self Directed care/ Patient directed care plans

Outcomes are Critical: Value Based Purchasing

- NY State in 5 years 80 % of all Medicaid dollars will be in value based purchasing
- Payments will be based on positive outcomes.
- Risk will be shared with providers for quality outcomes
- Shared savings should include reinvestment in behavioral health services and be shared by community behavioral health providers.
- Partnerships with community based behavioral health providers is critical.

Summary: DSRIP Goals

- PPS: Provider systems focused on a network comprehensive coordinated care that treats both mind and body throughout its full continuum of services
- Provider systems ensure access to behavioral health services in the community and partnerships with community specialized services
- Integration of medical and behavioral health including shared treatment plans, screening and treatment for behavioral health in primary care, and throughout the physical health and wellness for those with serious mental illness.
- Providers work together to ensure appropriate care for patients
- Care is increasingly wellness, prevention and community focused with decreased unnecessary inpatient admissions and readmission; crisis stabilization services to reduce admissions
- Goal: Value Based Purchasing in 80 % of services in 5 years: pay for performance, risk sharing and capitation