Mental Health in Health Reform: Integrating Care, and Other Opportunities

Alliance for Health Reform Briefing
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Mental Health in History. Fast

- Jacksonian America: A Mental Health System is Born
  - Homelessness. Incarceration. Dorothea Dix and Franklin Pierce
  - By 1955: 550,000 institutionalized, “The Shame of the States”
- 1960’s-1970’s: Overdue Change is Unleashed
  - Fixing Mental Health Care: JFK’s Community Mental Health Centers Act
  - Transforming Health and Social Insurance: Medicare, Medicaid, SSI, SSDI, HMO’s, first State Parity Laws
- Life Came At Us, Fast:
  - ACA, Dominici-Wellstone: People Have Insurance. It Covers Your Brain
  - Mental Health Care: Still Messy, Still Essential, but in the mainstream
Mental Health: So Where Are We?

• NOT where our parents were: a separate mental health system that served as safety net, and treated only problems “from the neck up”…
  • Most everyone has or is getting insurance
  • It all includes mental health coverage
  • Access is not so very good

• What are the challenges now?
  • Integrate care everywhere. Disintegration is killing us. And driving up costs
  • Sustain the mental health safety net. It needs attention.
Why Integration: Physical and Behavioral Needs Overlap

People with medical conditions: 58% of adult population

People with mental disorders: 25% of adult population

68% of adults with mental disorders have medical conditions

29% of adults with medical conditions have mental disorders
Why Integration?
Poor Brain Health Costs You, Your Plan and Society

Adapted from Katon (2003) and borrowed from Felitti and Anda
Integrated Care: Where and How?

• Everywhere:
  • In mental health and addictions care
    • Prevalence of heart disease, premature death
    • Reluctance to go to another clinic
    • Medicaid’s Health Homes
  • In Primary Care
66% of PCPs Report Poor Access to Specialty Mental Health Care for Their Patients

Cunningham PJ, Health Affairs 28(3)490-501

“We couldn’t get a psychiatrist, but perhaps you’d like to talk about your skin. Dr. Perry here is a dermatologist.”
Integrated Care: Where and How?

• Everywhere:
  • In mental health and addictions care
  • In Primary Care
    • Without integration, PCP’s don’t have the time, tools, or (in many cases) expertise…
      • Depression accurately diagnosed <50%, adequately treated <50%
      • 38,000 suicides (the last time we checked…); half saw a PCP in the 30 days before they died
  • The well-tested solution: Collaborative Care
    • BH professional “on the floor”
    • Measurement based care, consulting psychiatrist
    • Better care with better outcomes at lower cost
Better Physical Function

Callahan et al., *JAGS* 2005; 53:367-373

**SF-12 Physical Function Component Summary Score (PCS-12)**

- Baseline: P=0.35
- 3 mos: P<0.01
- 6 mos: P<0.01
- 12 mos: P<0.01

- Usual Care
- IMPACT
# Health Care Cost Savings in Depressed Medical Patients with Integrated Care: 4-year Costs in $US

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Control Group</th>
<th>Integrated Care in PC</th>
<th>Usual Care</th>
<th>Savings</th>
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<tbody>
<tr>
<td>IMPACT program cost</td>
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<td>+522</td>
<td>0</td>
<td>+522</td>
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<tr>
<td>Outpatient mental health costs</td>
<td>661</td>
<td>558</td>
<td>767</td>
<td>-210</td>
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<tr>
<td>Pharmacy costs</td>
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<td>Other outpatient costs</td>
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<td>14,456</td>
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<td>Inpatient medical costs</td>
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<td>7,179</td>
<td>9,757</td>
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<tr>
<td>Inpatient MH/SA costs</td>
<td>114</td>
<td>61</td>
<td>169</td>
<td>-108</td>
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<td>Total health care cost/patient</td>
<td>31,082</td>
<td>29,422</td>
<td>32,785</td>
<td>-$3363</td>
</tr>
</tbody>
</table>

Challenges…and Solutions

• To Integration:
  • It’s *Slow Change*: Patients do better, but it takes work
  • Carved-out behavioral benefits create obstacles to integration
  • You just don’t understand

• To preserve a mental health safety net
  • For mental health leadership: who ya gonna call?

• To make integration real:
  • Patients prefer it
  • It works better, costs no more
  • It’s trending, if slowly
  • *Payment reform that prioritizes integration, not deinstitutionalization*

• To preserve a mental health safety net
  • Excellence in Mental Health Act
  • *We could* learn from history
Resources For Integrating Care

• SAMHSA-HRSA Center for Integrated Health Solutions
  – www.integration.samhsa.gov/

• AHRQ’s Academy for Integrating Behavioral Health and Primary Care
  – www.integrationacademy.ahrq.gov/

• Colorado’s Advancing Care Together Initiative
  • www.advancingcaretogether.org

• University of Washington AIMS Center (Advancing Integrated Mental Health Solutions):
  • http://uwaims.org/
Thank You

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