



SAMHSA-HRSA Center for Integrated Health Solutions

From Treatment to Prevention

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NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



www.integration.samhsa.gov

About the Center

In partnership with Health & Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA).

Goal:

To promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

Purpose:

- To serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development
- To provide technical assistance to PBHCI grantees and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders

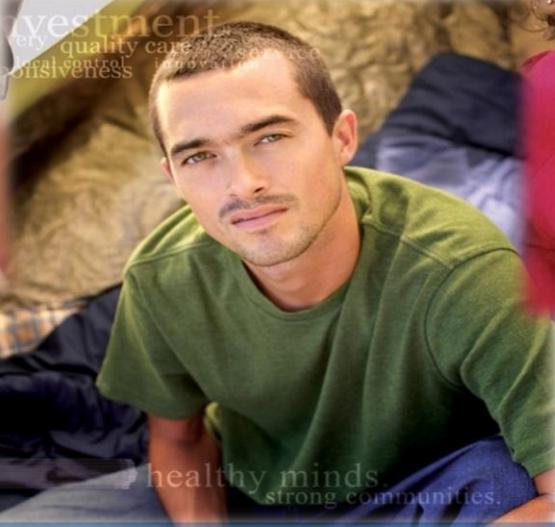




National Council for Community Behavioral Healthcare

Represents 2,500 community organizations that provide safety-net mental health & substance abuse treatment services to 8M adults, children & families

National voice for legislation, regulations, and practices that protect & expand access to adequately funded, effective mental health & addictions services



Today...

Federal Healthcare Reform – *particularly delivery system redesign and payment reform*

Current focus on integrated care – *mental health, substance use and primary care*

Growing focus on prevention - *Preparing behavioral health for a future in health and public health*



Tipping Point

Behavioral health is
essential to health

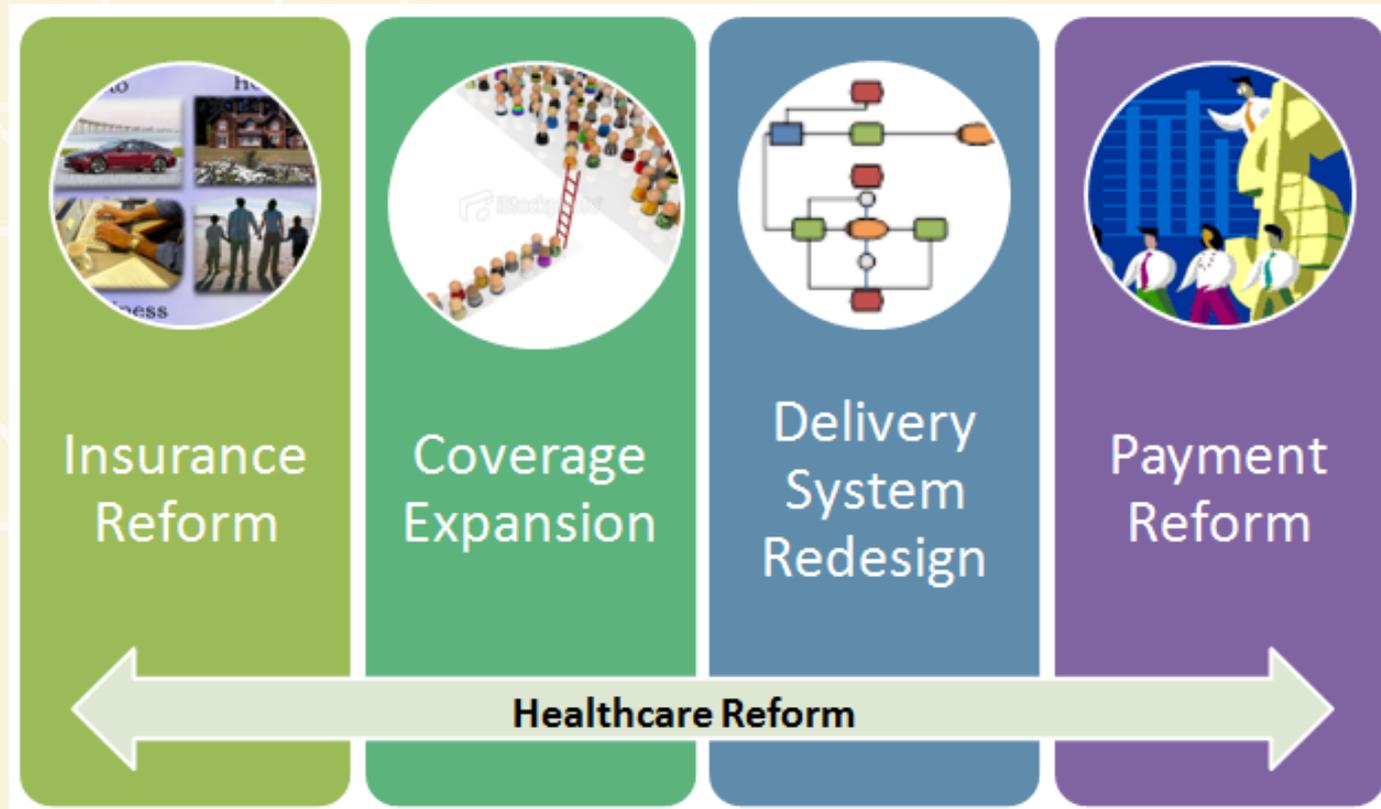
Prevention/early
intervention is possible

Treatment is Effective and
People Recover

Primary Care Level of
Behavioral Health



The Affordable Care Act: Four Key Strategies



Atul Gawande: Testing, Testing



THE NEW YORKER

TESTING, TESTING

The health-care bill has no master plan for curbing costs. Is that a bad thing?

by Atul Gawande

Insurance Reform and Coverage Expansion are “technical fixes”
Service Delivery Redesign and Payment Reform is now the focus
“bending the cost curve”

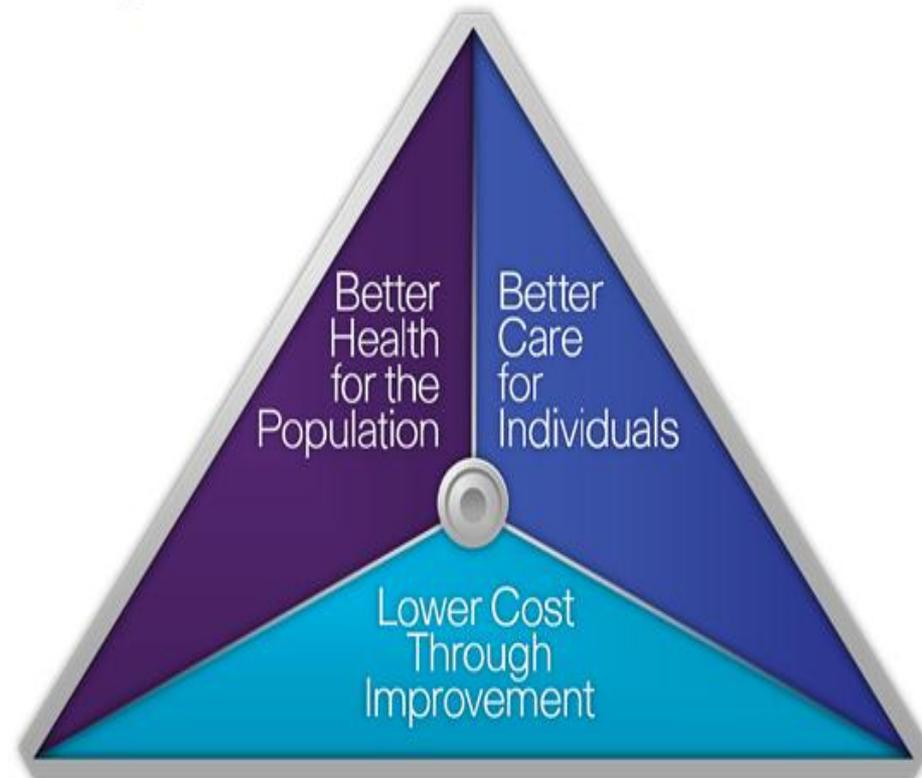


Can you survive and even thrive?

Short answer: Yes

A bit longer answer: You have to be able to demonstrate that you can help the payor or purchaser achieve the triple aim.

With an emphasis on the lower cost aim.



The Future is Focused on Value

- Developing and implementing a suite of value-based incentive programs that reward care providers for **improvements in quality and efficiency**
- Supporting delivery systems as they become more integrated and **accountable for cost, quality and experience outcomes**
- Coordination of medical and behavioral health services **increases the value for payors and consumers**

Payment Reform
Strategy



Delivery System
Strategy



Battle for Control is Underway

Large legacy hospital healthcare systems in major acquisition mode to gain larger market share and build ACOs.

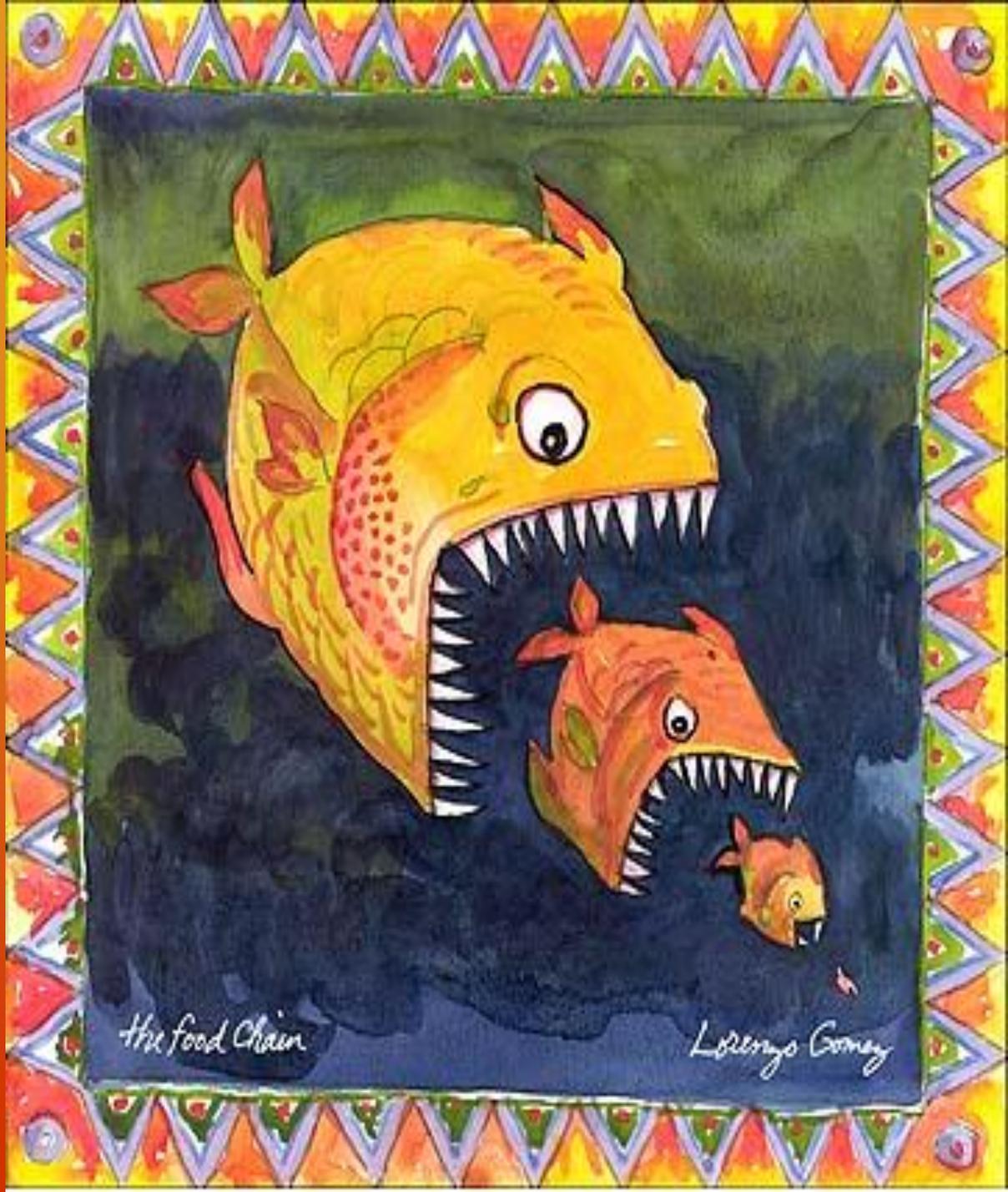
Health Plans attempting to reinvent themselves and move horizontally and vertically through ecosystem.

Non-hospital affiliated providers self-organizing the create IPAs and ACOs

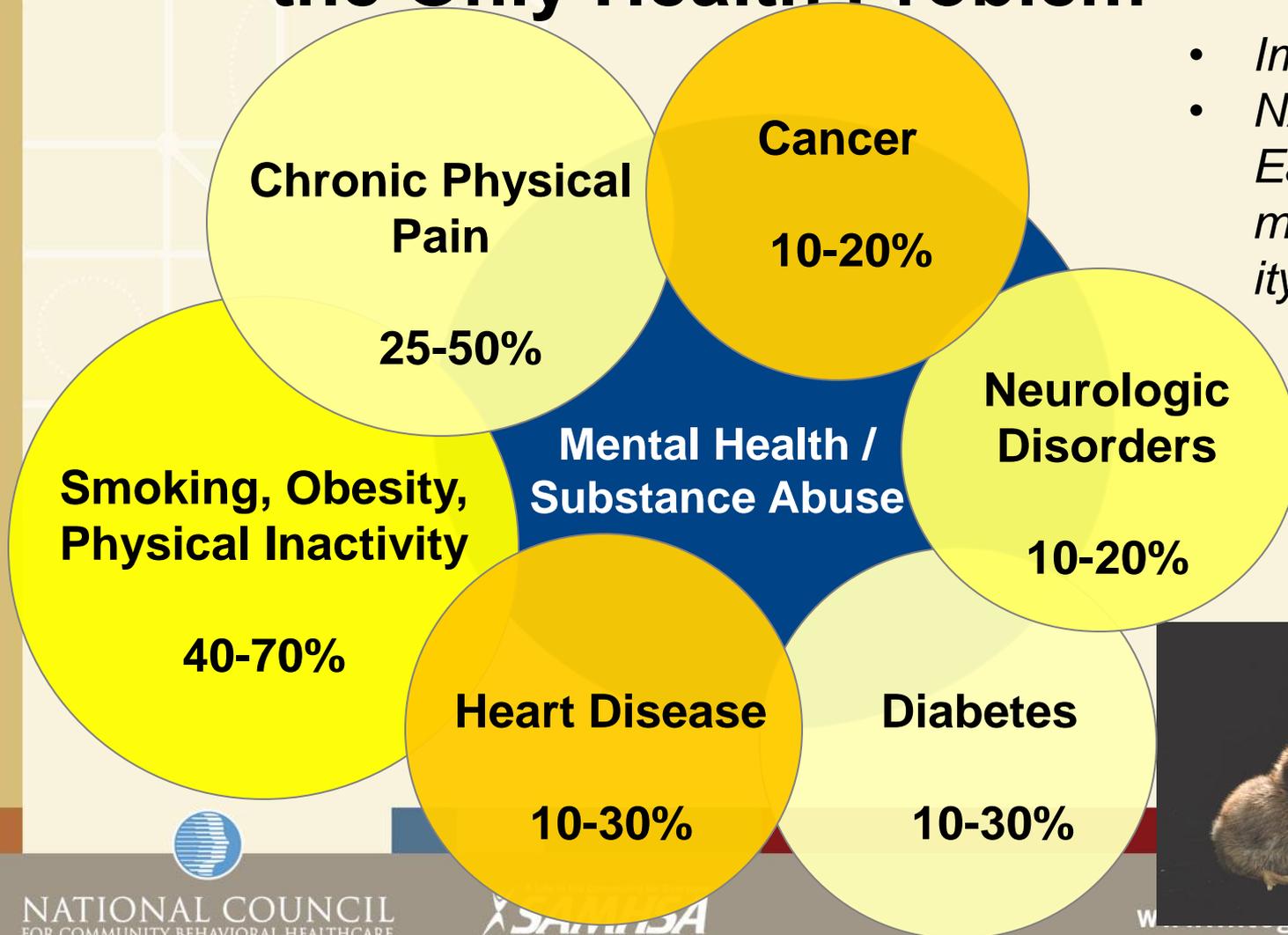
New innovative players with innovative solutions are popping up.



○ ***A serenity prayer moment:
God grant me
the serenity to
accept the
things I cannot
change; courage
to change the
things I can; and
wisdom to know
the difference.***



Mental Disorders Rarely the Only Health Problem

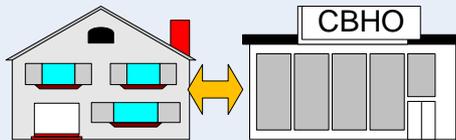


- *Impact Project*
- *NASMHPD*
Early mortality/Morbidity



Bi-Directional Integration...

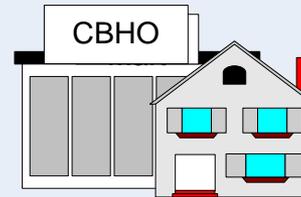
Clinical Design for Adults with Low to Moderate and Youth with Low to High BH Risk and Complexity



Primary Care Clinic with Behavioral Health Clinicians embedded, providing assessment, PCP consultation, care management and direct service

Partnership/Linkage with Specialty CBHO for persons who need their care stepped up to address increased risk and complexity with ability to step back to Primary Care

Clinical Design for Adults with Moderate to High BH Risk and Complexity



Community Behavioral Healthcare Organization with an **embedded Primary Care Medical Clinic** with ability to address the full range of primary healthcare needs of persons with moderate to high behavioral health risk and complexity

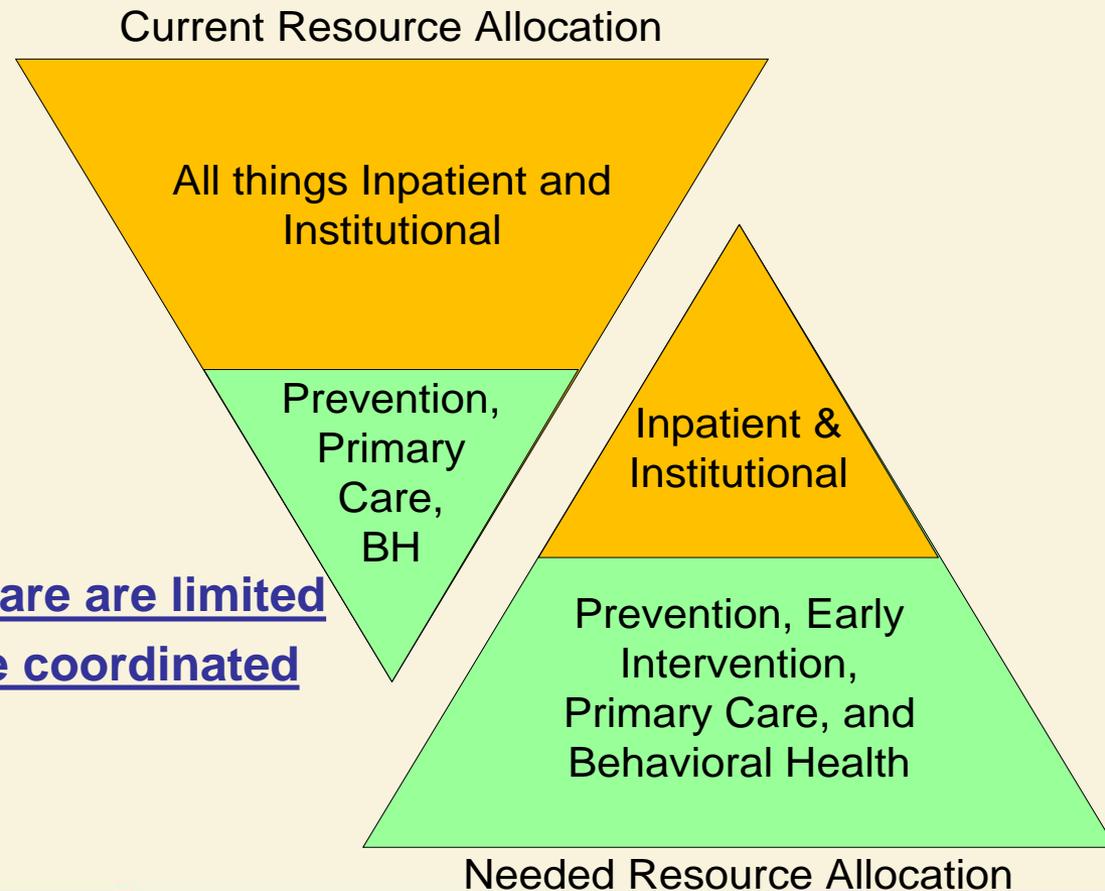
...Treatment and Prevention



Healthcare Reform's Task: Inverting the Triangle

It's all about Inverting the Resource Allocation Triangle so that:

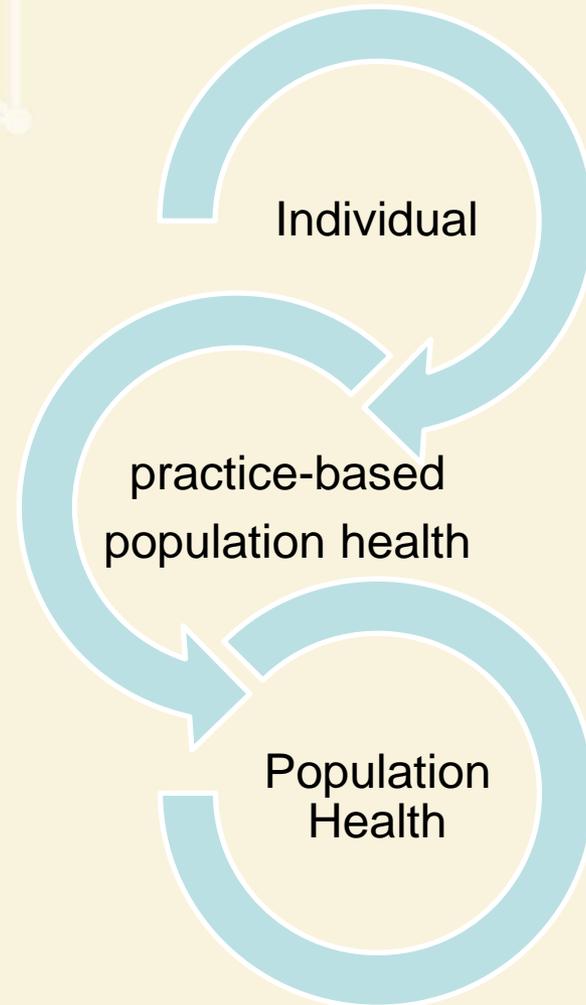
- Inpatient and institutional care are limited
- Chronic conditions are care coordinated
- And spending is slowed



Responsibility of an individual's acute care and health outcomes

Responsibility for the health of a patient population

Responsibility for the entire spectrum of health, from those who are well to those with the most complex conditions. Focus on maximizing preventative care for the total populations of a community,



National Prevention Strategy

The Strategy's seven priority areas are:

- **Tobacco free living**
- **Preventing drug abuse and excessive alcohol use**
- **Healthy eating**
- **Active living**
- **Injury and violence-free living**
- **Reproductive and sexual health**
- **Mental and emotional wellbeing**

<http://www.surgeongeneral.gov/initiatives/prevention/index.html>



Prevention and Public Health Fund Provides Sustainable Funding

Grows from \$500M to \$2B annually

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015-19 |
|--------|--------|------|--------|--------|---------|
| \$500M | \$750M | \$1B | \$1.2B | \$1.5B | \$2B |

<http://www.surgeongeneral.gov/initiatives/prevention/index.html>



Examples of Prevention Fund Activities

- **Communities Putting Prevention to Work:** support federal, state and community initiatives to use evidence-based interventions to address tobacco control, obesity prevention, HIV-related health disparities, and better nutrition and physical activities.
- **Primary and Behavioral Health Integration:** Assist communities in coordinating and integrating primary care services into public-funded community mental health and other community-based health settings.
- **Public Health Infrastructure:** Support states, local and tribal public health infrastructure; epidemiology and laboratory capacity grants
- **Research & Tracking: surveillance;** Community Preventive Services Task Force; Clinical Preventive Services Task force
- **Public Health Training:** Expand public health workforce programs to increase number of fellows trained and placed in public health positions; Public Health Training Centers.



Coalitions & Community Health: Integration of Behavioral Health and Primary Care

Substance abuse coalitions bring unique strengths to local efforts to integrate behavioral health and primary care, including:

- Experience using a public health framework to address substance use concerns
- Ability to ensure representation of diverse sectors, as it is essential to ensure that integrated healthcare meet the unique needs of all community members
- Access to a wealth of local data to understand the conditions that contribute to a community's substance abuse and knowledge of how and where to access additional data when needed
- Skill in developing and implementing comprehensive community-wide plans, in collaboration with a variety of community sectors and stakeholders
- A broad membership of volunteers representing the community's diverse sectors with varied backgrounds, expertise, and community connections.



Preventing Chronic Disease – The New Public Health – How are we helping to ...

Build healthily and safe communities

Expand quality preventive services in both clinical and community settings

Empower people to make healthy choices

Eliminate health disparities



Community Coalitions – Action Steps

Promote Collaboration – Organizing and sustaining coalitions are critical to successful efforts across multiple community sectors

Educate about Integration/Prevention – Help payors like ACOs understand integration, EBPs, communities needs, and how to evaluate success

Engage in Outreach & Enrollment Activities – Activate coalitions to promote the use of integration and prevention activities

Support Prevention and Service Development & Delivery - Document the physical and behavioral health and associated risk factors for your community to inform prevention

Support Workforce Development – Help the healthcare workforce adapt to this new integrated environment



Get to Know Your ACO

ACOs can fund health departments to take the lead on conducting community health assessments.

ACOs can fund health departments to develop and/or adapt health promotion and disease prevention programs for their communities.
Help get them up and running

ACOs can fund successful prevention programs, especially when bringing them to **new populations and communities**

ACPs, can fund the testing of new or adapted programs to support community buy-in



Key Questions

- Who should you and your colleagues should be building relationships with?
- What do we bring to the table?
- How do we demonstrate outcomes?



Because prevention can save money that otherwise would be spent treating illness, it is important to measure changes that are expected to occur as a result of the intervention



Produce Measurable Outcomes...

The national shift to accountable healthcare means mental health providers **must show measurable results from interventions.**

Using **hard data** to examine progress or lack of progress

Partnerships between practitioner and consumer

Monitor – benchmark - staff variance in standards of clinical practice



*If we don't measure it...
...we can't manage it
...we can't improve it
...we won't be paid for it!*



SAMHSA PBHCI Grantees

**Health Indicators
Must be Collected, Shared,
and Used to Improve Care
and Activate Consumers!**

Blood Pressure—quarterly

Body Mass Index—quarterly

Waist circumference—quarterly

Breath CO—quarterly

Plasma Glucose (fasting) and/or HgbA1c—annually

Lipid Profile (HDL, LDL, triglycerides)—annually

National Outcome Measures (NOMs)—every 6 months



Screening tools as “Vital Signs”



Behavioral health screening tools are like monitoring blood pressure!

- Identify that there is a problem
- Need further assessment to understand the cause of the “abnormality”
- Ongoing monitoring to measure response to treatment



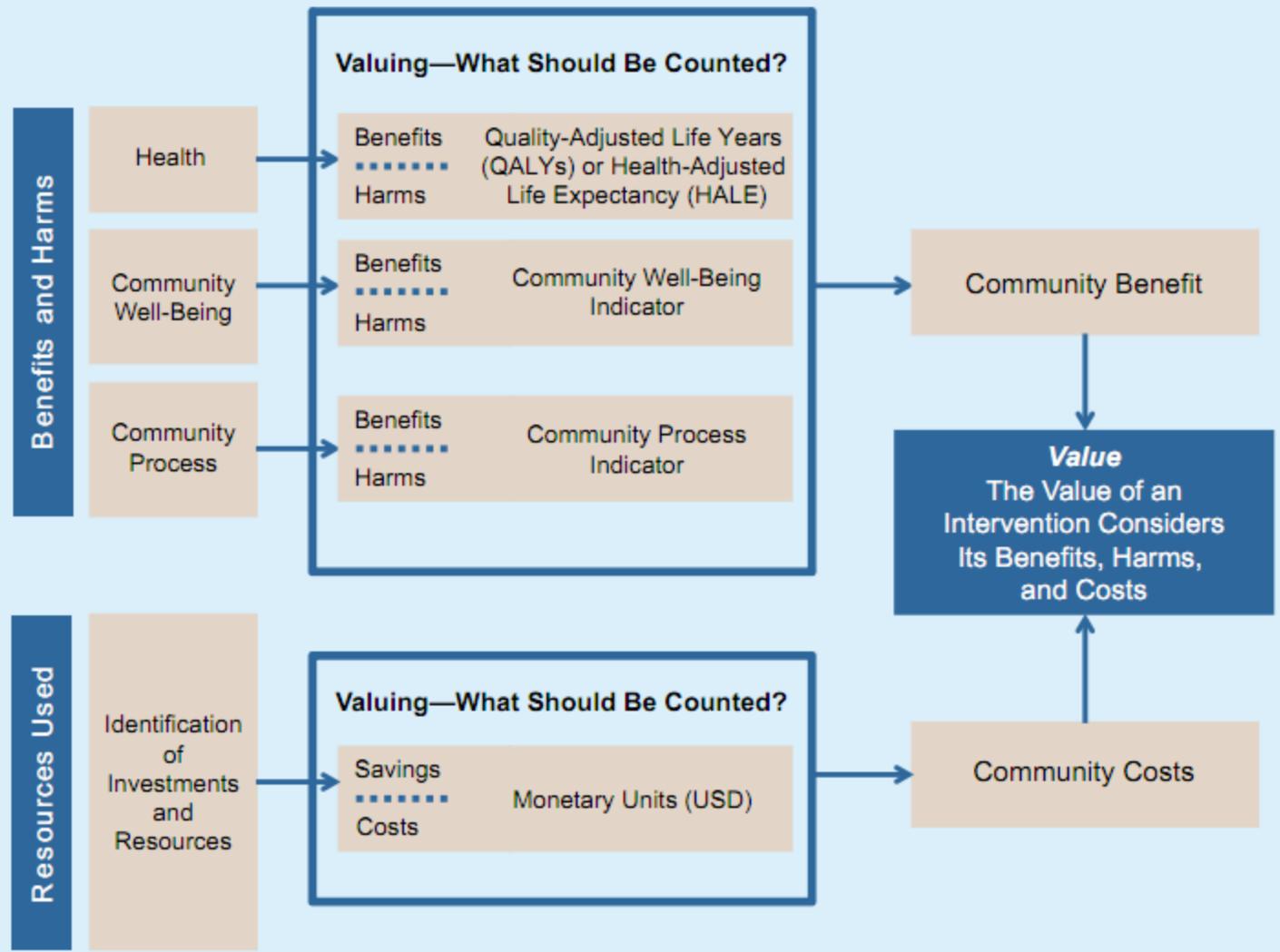
Screening

The ACA established new requirements for USPSTF recommended preventive services under private health plans, Medicare and Medicaid. Behavioral health covered services include

| | |
|---|--|
| Alcohol misuse counseling | Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. |
| Depression screening: adolescents | Screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. |
| Depression screening: adults | Screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. |
| Obesity screening and counseling: adults | Screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions. |
| Tobacco use counseling and interventions: nonpregnant adults | Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. |
| Tobacco use counseling: pregnant women | Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke. |



FIGURE: Framework for Assessing the Value of Community-Based Prevention Interventions



Community Prevention Programs – How do these examples interact with your prevention work?

Bicycling and Walking/Complete Streets

Transit-Oriented Development

Safe Routes to School/School Siting

Farmers' Markets

Food Deserts/Access to Healthy Food

Improving Access to and safety of, sidewalks and parks for walking, biking, and other types of activity

Increasing access to, and availability of affordable fruit and vegetables,

Making information about healthy lifestyles easily available



Remember, it's all about Behavior Change?

Individuals and Organizations change voluntarily when they . . .

Become **interested in or concerned** about the need for change

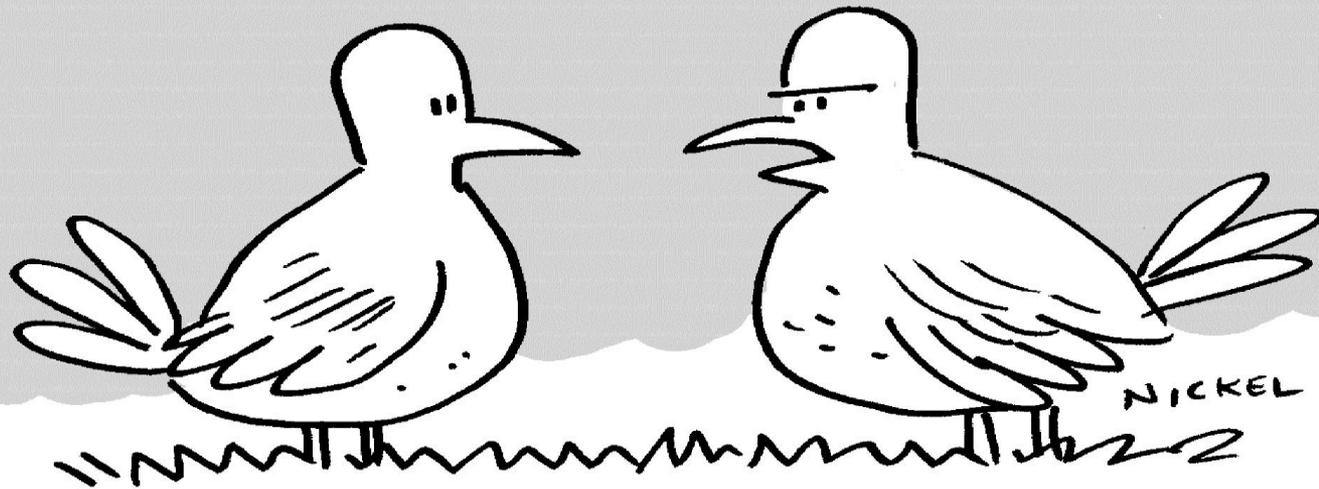
Become **convinced** that the change is in their best interests or will benefit them more than cost them

Organize a **plan of action** that they are **committed** to implementing

Take the actions that are necessary to make the change and sustain the change



Does anyone know you? Telling your Story...



“We were tweeting long before it was cool.”



April 15, 2013

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News

Carroll County ranks 53rd in state, health commissioner isn't surprised

by Carol McIntire
Editor

April 2, 2013

Carroll County ranks in the lower half of health factors, say officials from the Univ. of Maryland Robert Wood Johnson Foundation.

In the annual County Health Ranking, released last week, Carroll County ranked 53rd in the state's 88 counties. That is the lowest ranking for Carroll County. Only Jefferson County ranked lower in the state, Stark, 39th and Columbiana, 50th.

The County Health Rankings measure the health of Carroll County within states. The Rankings are compiled from national and state data sources. These measures use scientifically-informed weights. Eight area factors. Health outcomes include mortality, health behaviors, clinical care, social and economic factors.

One of the goals of the ranking is to alert the public to areas of concern and to provide a roadmap for improvement. The ranking is a tool for national, state and local agencies and partnerships to identify and change and improving the health of its residents.

Carroll County ranked 30th in mortality and 53rd in overall health (which includes people reporting poor or fair health).

Lewis: The impact of transportation on health

Photos

Zoom



By State Rep. Jason Lewis
Stoneham Sun

Posted Apr 14, 2013 @ 03:31 PM

Suggested Stories

Plymouth man charged as repeat offender

Waltham Police Department soldiers on following...

Popular restaurant moving to new Waltham location

From the Web

Tech Industry Ready to Do Its Part for STEM... Roll Call

The Taurus Problems Ford Doesn't Want You To Know... Consumer Car Reviews

Woman strangles boyfriend when he won't stop... The Daily Dot

Stoneham — We need more about access to jobs and economic competition and quality of life.

Transportation is a key factor in transportation systems. Public transit, sidewalks, and public transit have a profound impact on health. It's a seldom pause to consider that research shows that public transit walk many more minutes than those who drive. And from the train to the car, it's during their commute that many spend minutes per day. It's recommended by the CDC and the Department of Control and Prevention.

For people who

What health and behavioral health info can you access about your community (+risk factors) <http://www.countyhealthrankings.org/>?

Can you Calculate Health Risk Across the Population (Physical and Behavioral Health)?

What is the frame of reference or the common interests shared by community stakeholders working the spectrum of prevention?

How can we measure/demonstrate the value for your prevention efforts to policy makers and payors like ACOs and Medicaid?

DISCUSSION





Energy and persistence conquer all things.
~Benjamin Franklin

Thank You!

For More Information Visit
integration.samhsa.gov

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