SAMHSA-HRSA
Center for Integrated Health Solutions

From Treatment to Prevention

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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

- Insurance Reform
- Coverage Expansion
- Delivery System Redesign
- Payment Reform

Healthcare Reform
Atul Gawande: Testing, Testing

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
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

- Chronic Physical Pain: 25-50%
- Cancer: 10-20%
- Smoking, Obesity, Substance Abuse: 40-70%
- Heart Disease: 10-30%
- Diabetes: 10-30%
- Neurologic Disorders: 10-20%

Mental Health / Neurologic Disorders

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

Prevention and Public Health Fund Provides Sustainable Funding

Grows from $500M to $2B annually

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<td>Amount</td>
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<td>$1.2B</td>
<td>$1.5B</td>
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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 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:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
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<tr>
<td>Alcohol misuse counseling</td>
<td>Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.</td>
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<tr>
<td>Depression screening: adolescents</td>
<td>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.</td>
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<tr>
<td>Depression screening: adults</td>
<td>Screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.</td>
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<tr>
<td>Obesity screening and counseling: adults</td>
<td>Screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.</td>
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<tr>
<td>Tobacco use counseling and interventions: nonpregnant adults</td>
<td>Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.</td>
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<tr>
<td>Tobacco use counseling: pregnant women</td>
<td>Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.</td>
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FIGURE: Framework for Assessing the Value of Community-Based Prevention Interventions

Valuing—What Should Be Counted?

Benefits
- Health
- Quality-Adjusted Life Years (QALYs) or Health-Adjusted Life Expectancy (HALE)
- Community Well-Being Indicator
- Community Process Indicator

Harms

Community Benefit

Value
The Value of an Intervention Considers Its Benefits, Harms, and Costs

Valuing—What Should Be Counted?

Resources Used
- Identification of Investments and Resources
- Savings
- Monetary Units (USD)

Costs

Community Costs
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.”
Carroll County ranks 53rd in state, health commissioner isn’t surprised

by Carol McIntire
Editor
April 2, 2013

Lewis: The impact of transportation on health

By State Rep. Jason Lewis
Stoneham Sun
Posted Apr 14, 2013 @ 03:31 PM

Suggested Stories
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Waltham Police Department soldiers on following...
Popular restaurant moving to new Waltham location

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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 talk a lot about access to jobs, economic competitiveness, and quality of life.

Transportation is one of these. Transportation systems, public transit, sidewalks, bike paths — all have a profound impact on people’s daily lives. A recent research shows that people who walk to work, or who use public transit, have a lower risk of obesity and cardiovascular disease compared to those who drive. Can you imagine the impact if everyone during their commute, in the morning and from the train station, during their commute, spent just a few minutes per day exercising? It’s recommended by the American College of Sports Medicine and Prevent the Plague Foundation.

For people who live in areas with limited access to bicycle and pedestrian infrastructure, transportation options are often limited. This impacts everything from access to jobs, schools, and healthcare to personal wellbeing. It’s a critical issue that requires a multi-faceted approach that includes better infrastructure, more affordable transportation options, and public awareness. Lewis is a strong advocate for these issues and continues to work tirelessly to make Stoneham a more livable community for all. His expertise and leadership in this area have made him a valuable asset for our community.
DISCUSSION

What health and behavioral health info can you access about your community (+risk factors) [http://www.countyhealthrankings.org/](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?
Energy and persistence conquer all things.

~ Benjamin Franklin
Thank You!

For More Information Visit integration.samhsa.gov

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