

# **Behavioral and Medical Integrated Management Chicken or the Egg Which Comes First?**

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**Presented By:**

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# Objectives

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## Participants will be able to:

- State the opportunities of effective integrated medical and behavioral health management
- List population behavioral and medical patient/member demographics and cost implications
- Describe effective integrated care management models
- Describe available techniques and tools to support successful management

# Chronic Condition Definition

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**CDC (Centers for Disease Control and Prevention):** Chronic disease are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.



**NCI (National Cancer Institute):**  
A disease or condition that usually lasts for 3 months or longer and may get worse over time.



**National Health Council:**  
Disease lasting three months or longer



# Medical Chronic Conditions Evolution

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## According to Robert Wood Foundation

- In 2000 125 million Americans with at least one chronic condition, by 2030 171 million<sup>1</sup>
- In 2006 Most prevalent chronic conditions were:<sup>2</sup>
  - Hypertension 30%
  - Cholesterol disorders 20%
  - Respiratory disease 19%
  - Diabetes 12%
- Chronic disease is the leading cause of death and disability in the United States (CDC, 2018)

# Current Medical Chronic Condition Prevalence

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## Most commonly accepted chronic conditions:

- **Alzheimer's Disease**
- **Arthritis**
- **Asthma**
- **Cancer – by 2020 leading cause of death**
- **Chronic Obstructive Pulmonary Disease**
- **Coronary Heart Disease**
- **Diabetes**
- **Hepatitis**
- **Hypertension**
- **Kidney Disease**
- **Stroke**

# Top 10 Most Expensive Chronic Diseases for Healthcare Payers

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- **Alzheimer's Disease**
- **Arthritis**
- **Asthma**
- **Cancer**
- **Cardiovascular Diseases Diabetes**
- **Diabetes**
- **Stroke**
- **Socialized Behavior Conditions**
  - **Smoking related health issues**
  - **Alcohol related health issues**
  - **Obesity**

# Medical Chronic Conditions Causes

**One in two adults** in the US has a chronic disease and **one in four adults** has two or more.



HEART DISEASE   CANCER   CHRONIC LUNG DISEASE   STROKE   ALZHEIMER'S DISEASE   DIABETES   CHRONIC KIDNEY DISEASE



## Most chronic diseases are caused by a short list of risk behaviors:

- Tobacco use and exposure to secondhand smoke
- Poor nutrition
- Lack of physical activity
- Excessive alcohol use

# Tobacco Use and Secondhand Smoke

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**Tobacco use is the leading preventable cause of death in the United States<sup>3</sup>**

- **16 million Americans are living with a disease caused by smoking (Cancer, Heart Disease, Stroke, Lung Disease, Diabetes, Lung Disease, COPD)**
- **Secondhand smoke exposure**
  - **Approximately 41,000 adult deaths annually**
  - **Approximately 400 infant deaths annually**
- **60% US population live under laws that protect non-smokers**



# Poor Nutrition

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## Key Indicators:

- **Fruits and Vegetables – availability and consumption**
- **Breastfeeding – Recommendation up to 6 months, 4 out of 5 (83.2%) started to breastfeed, over half (57.6%) were breastfeeding at 6 months (CDC 2018)**
- **Drinking water – availability and consumption**
- **Sugar Intake – eating and drinking**
- **Micronutrient Deficiencies – such as iron, iodine, vitamin A, folate, and zin**

# Lack of Physical Activity

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## CDC Physical Activity Guidelines

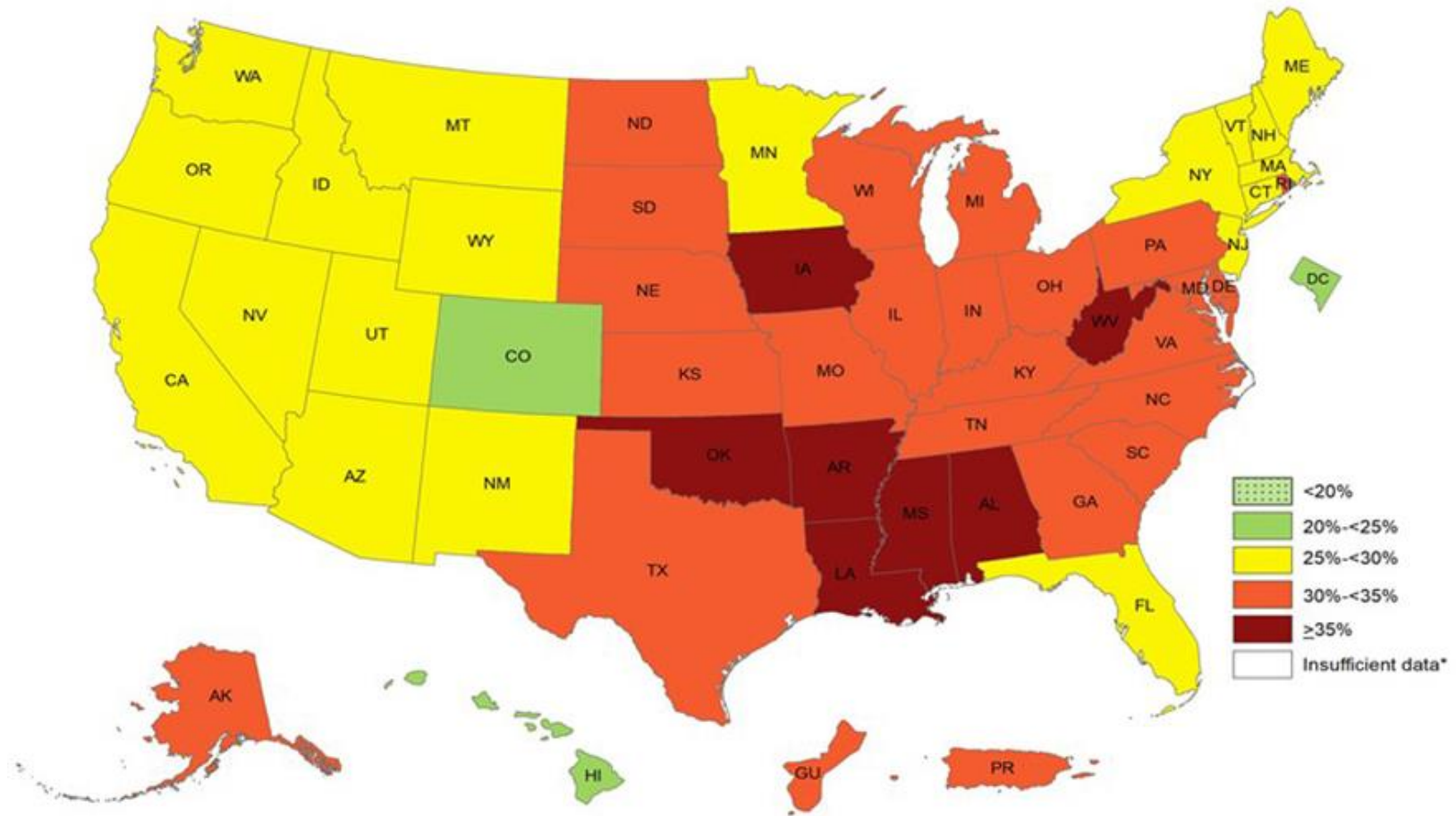
- 1 in 5 (21%) adults meet
- Less than 3 in 10 high school students get at least 60 minutes of physical activity every day

## Inactive Adults:

- Tend to not live as long
- Higher risk for Heart Disease, Stroke, Type 2 Diabetes, Depression and some Cancers

# Obesity

All states had more than **20%** of adults with obesity



# Excessive Alcohol Use Condition Implications

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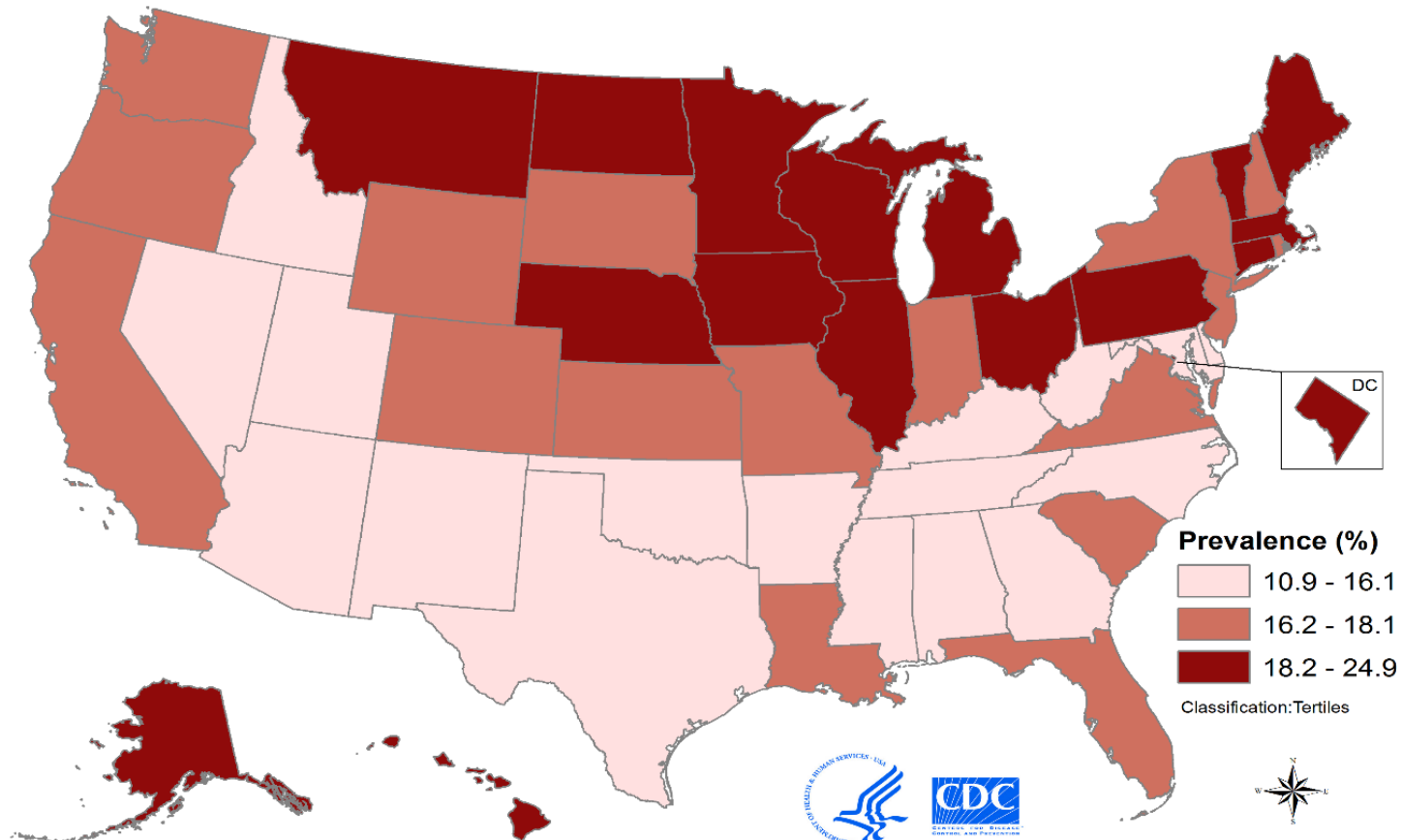
- **Excessive alcohol use can lead to increased risk of chronic health problems such as:**
  - **High blood pressure, stroke, liver disease, digestive problems**
  - **Cancer – breast, mouth, throat, esophagus, liver, colon**
  - **Mental health – depression and anxiety**
  - **Diabetes type 2**
- **1/3 people with chronic conditions drink alcohol on a regular basis and 7% excessive drinking (NIH, 2013)**

# Excessive Alcohol Prevalence

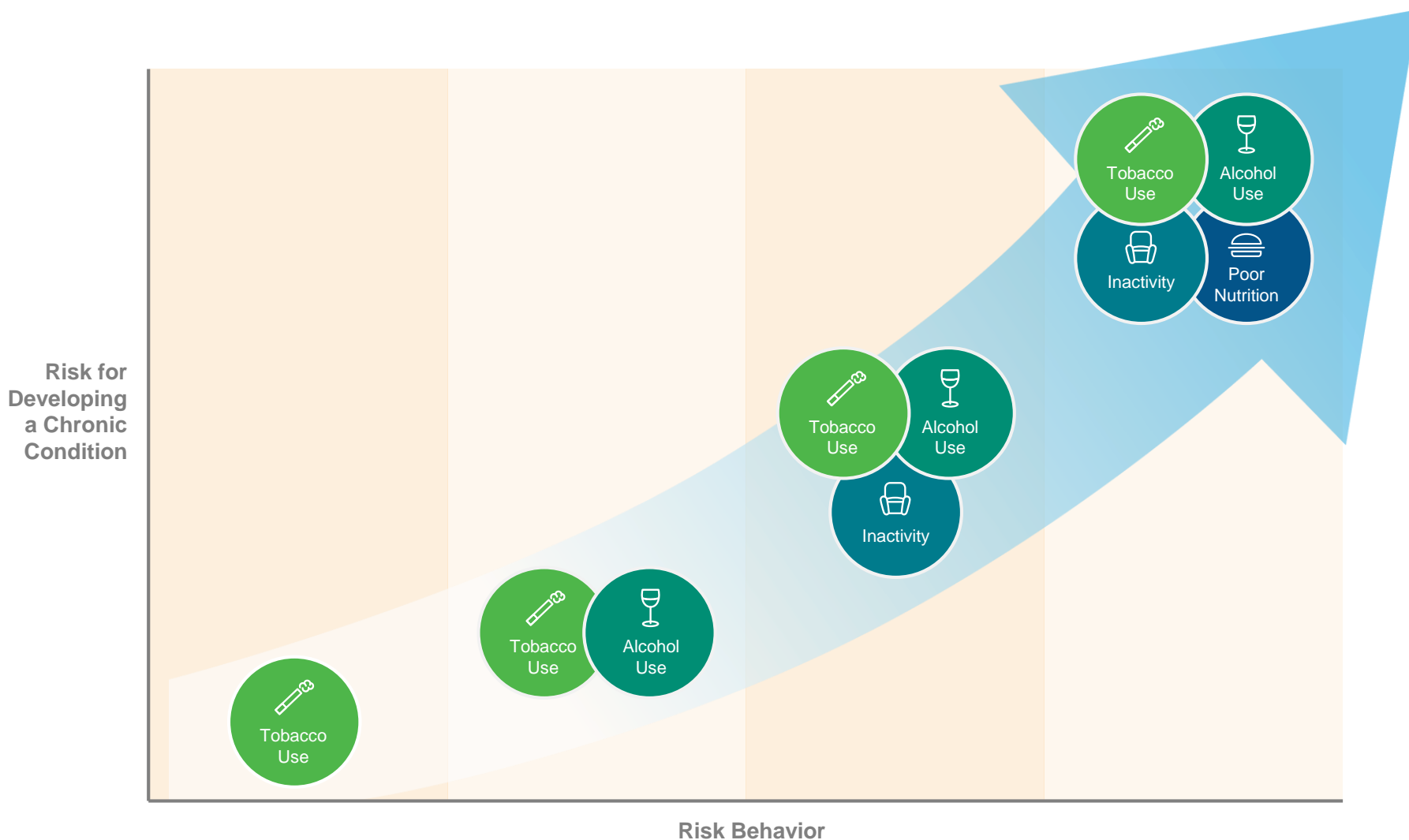
## Excessive alcohol use definition: (CDC 2018)

Men 5 or more drinks on an occasion

Women 4 or more drinks on an occasion



# Multi Risk Behaviors



*\*Any combination of risk behavior can increase risk for developing a chronic condition.*

# Costs of Chronic Conditions

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## Estimates from CMS

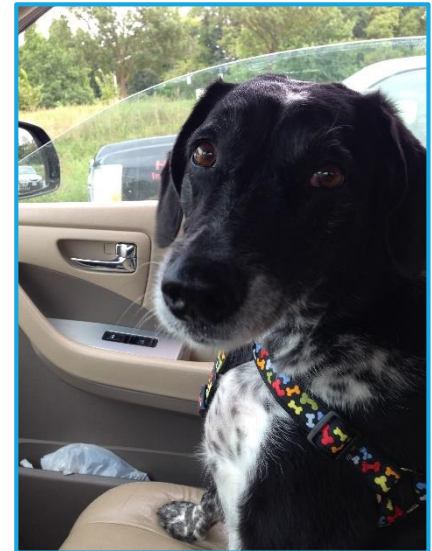
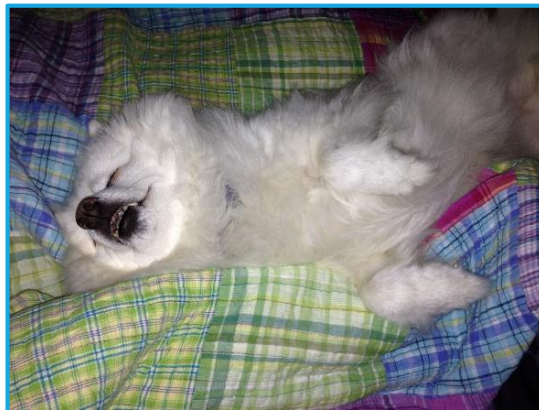
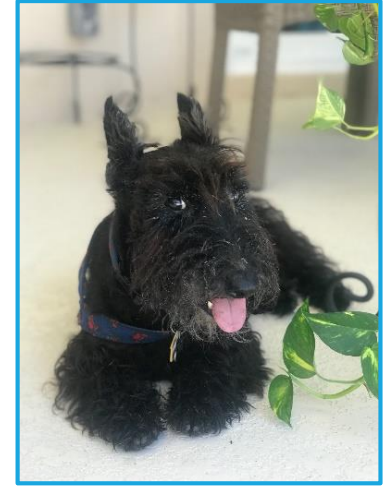
- Healthcare spending reached a total of \$3.2 trillion dollars in 2015
- Spending is expected to continue to grow at an average of 5.5 percent through 2025, with chronic diseases treatment comprising a major portion of that spending.
- Dual-eligible beneficiaries account for 20 percent of Medicare enrollment and 15 percent of Medicaid enrollment, but account for 35 percent of spending within both programs. This equates to approximately \$235 billion in Medicare spending and \$193 billion in Medicaid spending

## Most costly conditions:

- Cancer
- Cardiovascular Diseases - roughly one dollar of every \$6 spent on healthcare in the country
- Diabetes - 20% of all healthcare spending



# Stress and Happiness





# Evolution of Behavioral Health Conditions

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- Prior to 400 BC, behaviors now associated with Behavioral Health diagnosis were believed to be caused by evil supernatural forces or as punishment from god for a moral failure
- Proposed by Hippocrates that insanity had physiological basis and was caused by an imbalance of humors (bodily fluids)
- Later beliefs - causes due to social inequalities
- Treatments have ranged from leeches and lobotomies to psychoanalysis and operant conditioning.
- Often resulted in incarceration by the 1800s
- Reform beginning in the early 1900s

# Current Behavioral Health Condition Classification

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- **DSM-5** a medical classification of mental, neurodevelopmental, personality, substance-related and addictive disorders, over 250 unique diagnosis
- **SAMSA** (Substance Abuse and Mental Health Services Administration) describes Behavioral Health as representing mental and emotional well-being and the actions that affect wellness. This includes substance use disorders in addition to serious psychological distress, suicide and mental disorders.
- **JABFM** (Journal of the American Board of Family Medicine) describes behavioral healthcare as a broad term used to encompass care for patients around mental health and substance use conditions, health behavior change, life stressors and crises, as well as stress-related physical symptoms.

# Behavioral Health Prevalence

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- **Prevalence broken into two broad categories**
  - **AMI – Any Mental Illness** encompasses all recognized mental illnesses
  - **SMI- Serious Mental Illness** (a subset of AMI) is a serious functional impairment, which substantially interferes with or limits one or more major life activities
- **According to the NIH, In 2016, there were an estimated:**
  - **AMI: 18.3% of all U.S. adults**
  - **SMI: 4.2% of all U.S. adults**
- **Persons aged 12 years and over with any illicit drug use in the past month: 10.6% (2016 SAMSA)**
- **Growth of 17,000 to 72,000 deaths from all drug type overdoses between 1999-2017 (National Institute of Drug Abuse)**
- **Adults who are non-white, uninsured or low-income are more likely to experience serious mental illness than other individuals**

# Disparity & Barriers to Behavioral Health Treatment

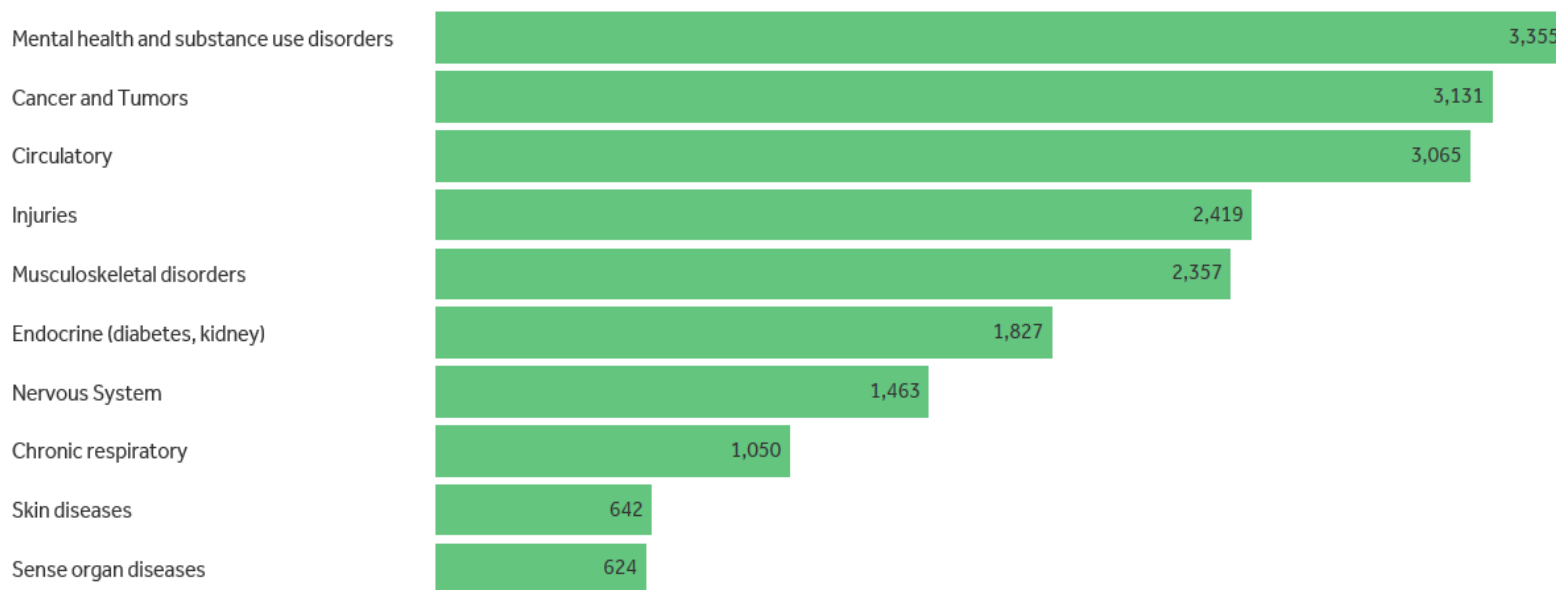
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- According to the NIMH, “members of racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use inpatient hospitalization and emergency rooms, and more likely to receive lower quality care.” Other factors of disparity include poor social or economic status.
- Barriers to the treatment of mental illness for these groups included low medication use, poor provider-patient communication and “persistent stigma,” according to a 2016 study published by the American Psychiatric Association
- Primary Barriers to Behavioral Health treatment include:
  - Affordable care
  - Access to primary and behavioral Health Care
  - Cultural and linguistic competency
  - Stigma
  - Fear about psychotropic drugs
  - Transportation

# Mental Health and Substance Abuse Disorders

**Mental health and substance use disorders are the leading causes of disease burden in the U.S.**

Age standardized disability adjusted life years (DALYs) rate per 100,000 population, both sexes, 2015



Source: [Kaiser Family Foundation analysis of data from Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2015 \(GBD 2015\) Data Downloads](#) | 

Peterson-Kaiser  
**Health System Tracker**

## Costs and Social Impact

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- According to the national Association of State Mental Health Program Directors (NASMHPD) 2006 report: populations with SMI served by public mental health systems die on average at least **25 years earlier** than general population
- Depressive disorders now rank second in terms of global disability burden according to the 2010 Global Burden of Disease study. (NIMH)
- The estimated total societal costs of substance abuse exceed \$510 billion annually, according to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Total cost burden greater among poor and ethnic minorities even though they utilize less direct MH/SUD treatment. Eliminating health disparities would have reduced direct medical care costs by \$229 billion nationwide between 2003 and 2006, according to the Joint Center for Political and Economic Studies.

Which came first??

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# Behavioral Health and Chronic Health Overview

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**According to Healthy People 2020, Leading Health Indicators in Mental Health, mental health and physical health are inextricably linked.**

**Evidence has shown that mental health disorders—most often depression—are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease,<sup>6,7</sup> and cancer.<sup>7,8</sup>**

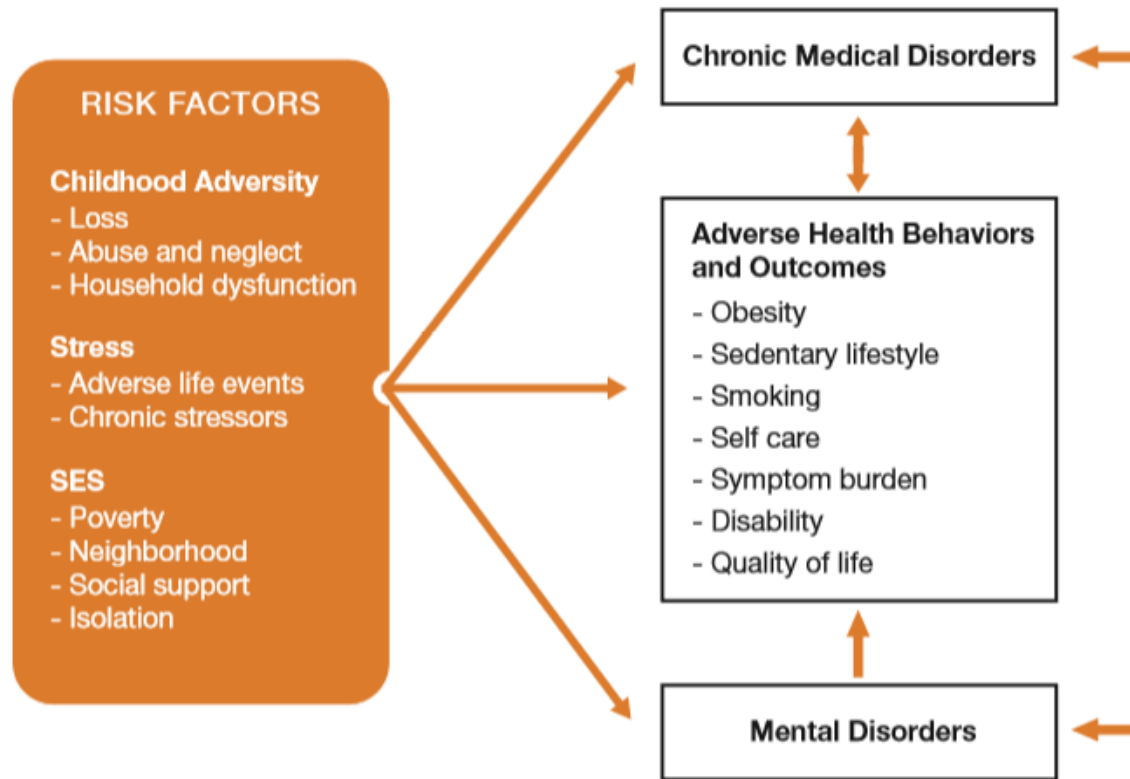
**Mental health disorders that precede chronic disease can intensify the symptoms of mental health disorders—in effect creating a cycle of poor health.<sup>8</sup>**

**This cycle decreases a person's ability to participate in the treatment of and recovery from mental health disorders and chronic disease.**



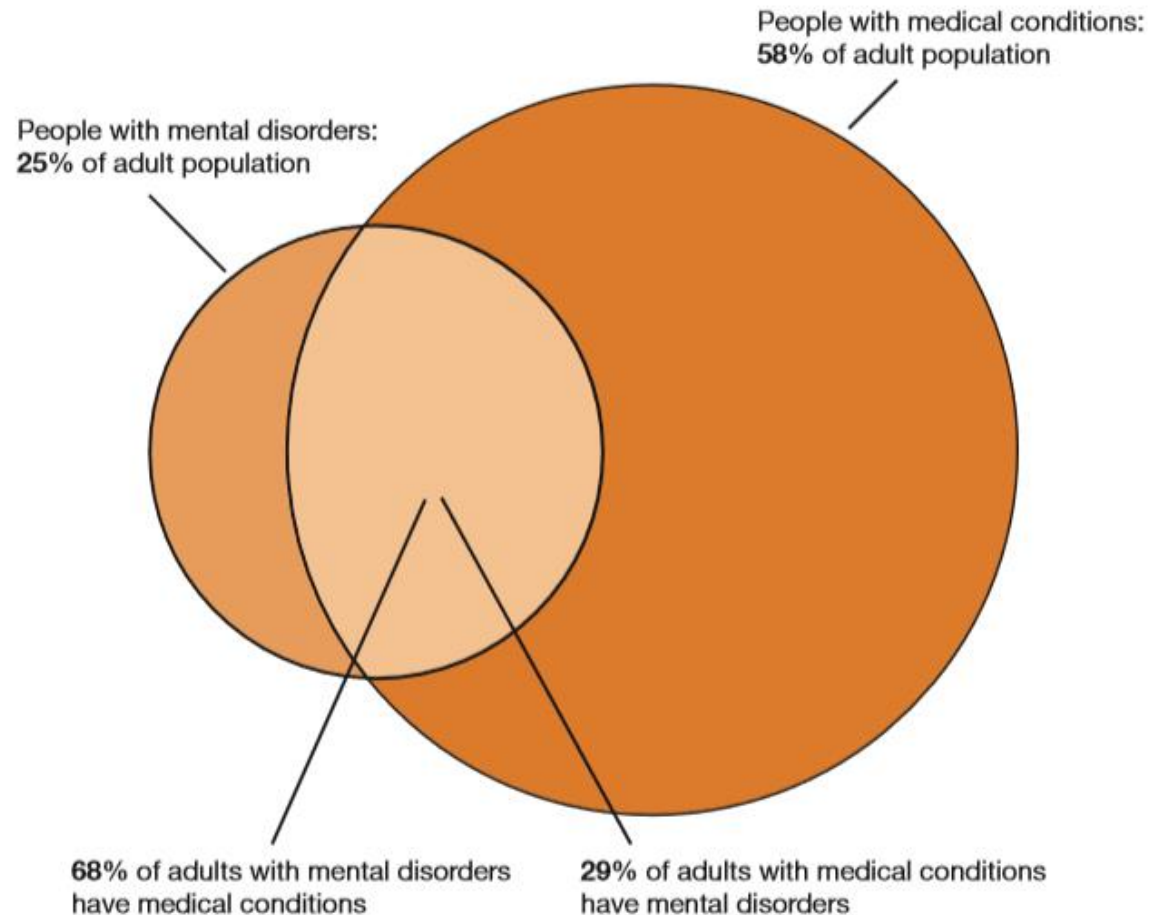
# Behavioral Health and Medical Impact Model

Figure 3: Model of the interaction between mental disorders and medical illness



Source: Modified from Katon (80)

# Co-Morbid Medical and Behavioral Prevalence

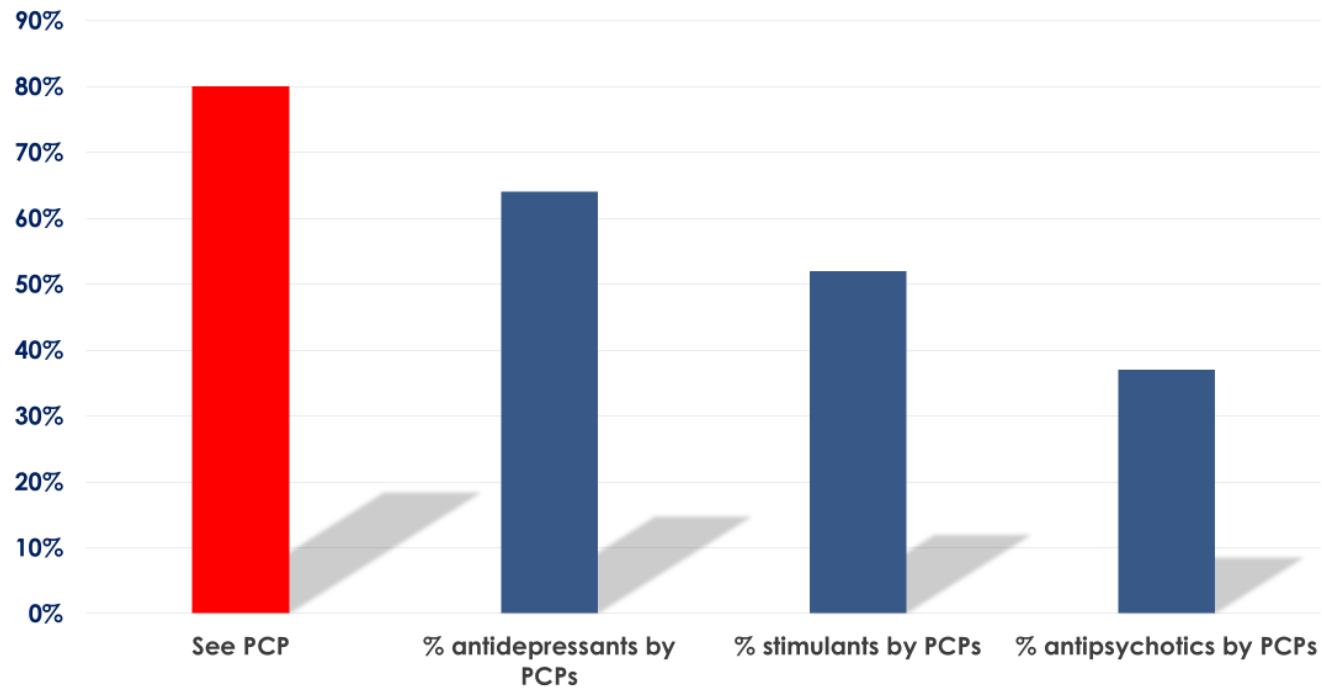


*Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (3, 83)*

# Primary Care and Behavioral Health

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## Why Primary and Behavioral Care Integration is Needed



# Why Manage Together?

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- **Facilitate Quality and Efficiency of Care**
- **Reduce Negative Health Outcomes and Save Lives**
- **Cost Savings**
- **Improve Patient Experience**
- **Improve Provider Experience**
- **Create a more holistic approach in the CM process**

# Relationships at the Organization Level

## Isolation / Mutual Awareness

Isolation: Entities working completely separately

Mutual Awareness: Agencies are informed about each other and each others' activities



## Cooperation

Denotes some sharing of resources, such as space, data, or personnel

## Collaboration

Involves joint planning and execution, with both entities working together to coordinate at multiple points to carry out a combined effort

## Partnership

Implies programmatic integration, with two entities working so closely together that there is no separation from the end user's perspective; there are, in fact, two parties, but their degree of integration is so great that that effect is nearly seamless

## Merger / Single Organization

Merger: One combined entity replacing the formerly separate entities

Single Organization: One organization to start



# Chronic Care Model

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**The Chronic Care Model (CCM) is a multifaceted, evidence-based framework for enhancing care delivery by identifying essential components of the health care system that can be modified to support high-quality, patient-centered chronic disease management.**

**Model identifies six fundamental areas that can be applied to a variety of chronic illnesses, health care settings and target populations**

**Self Management Support**

**Deliver System Design**

**Decision Support**

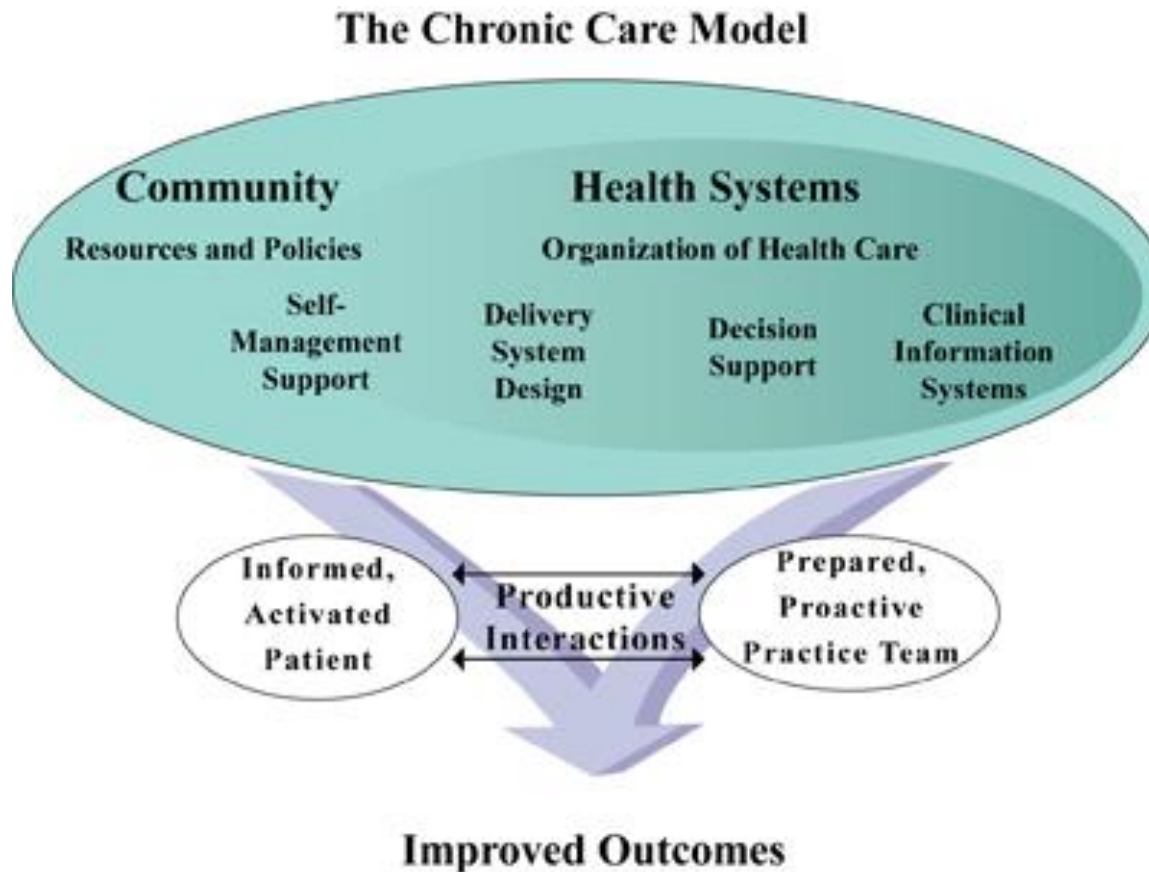
**Clinical Information System**

**Organization of Health Care**

**Community**

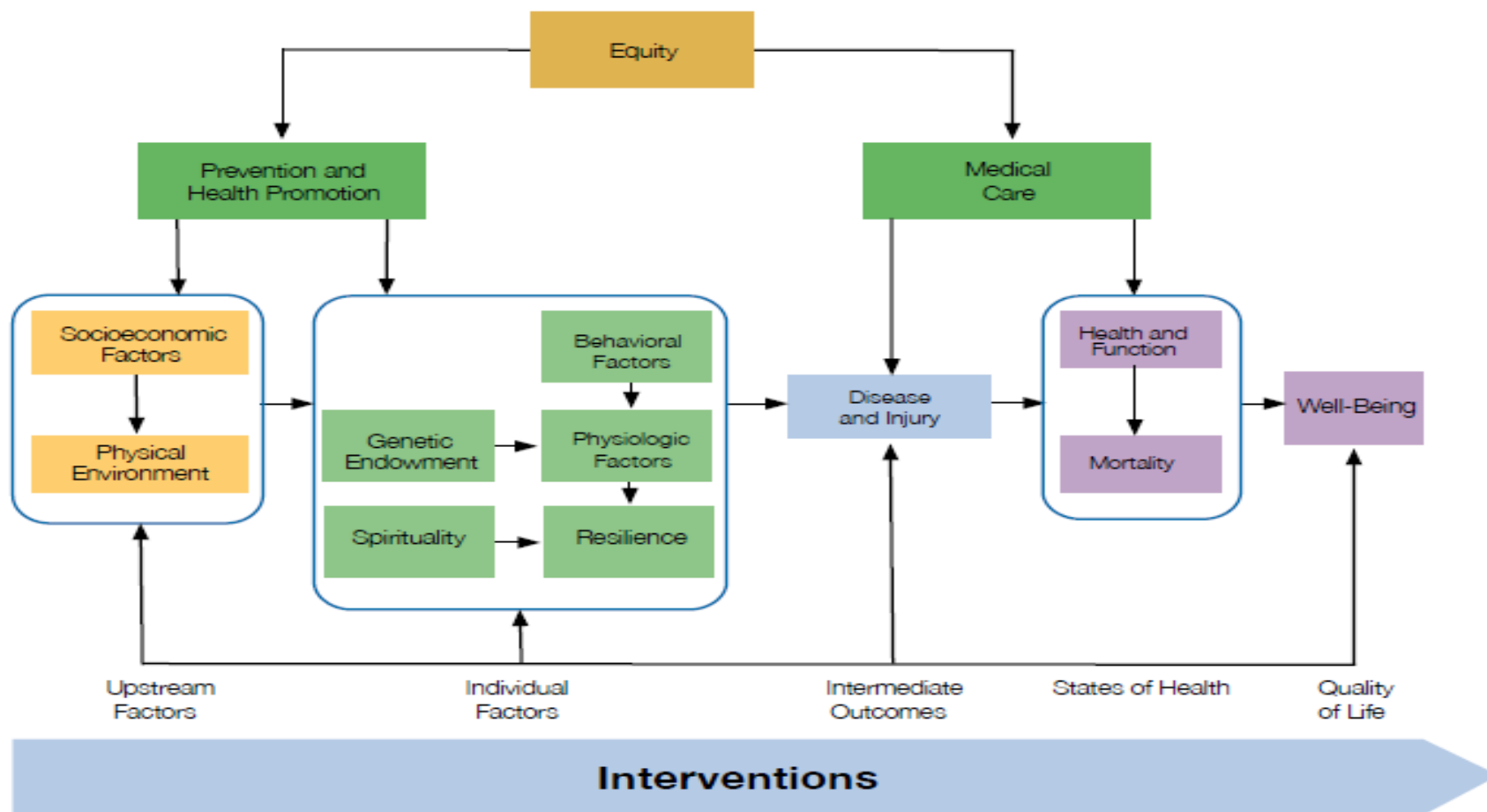
Wagner EH. Chronic disease management: what will it take to improve care for chronic illness? *Effective Clinical Practice*. 1998;1(1):2–4.

# Chronic Care Model



Developed by The MacColl Institute  
© ACP-ASIM Journals and Books

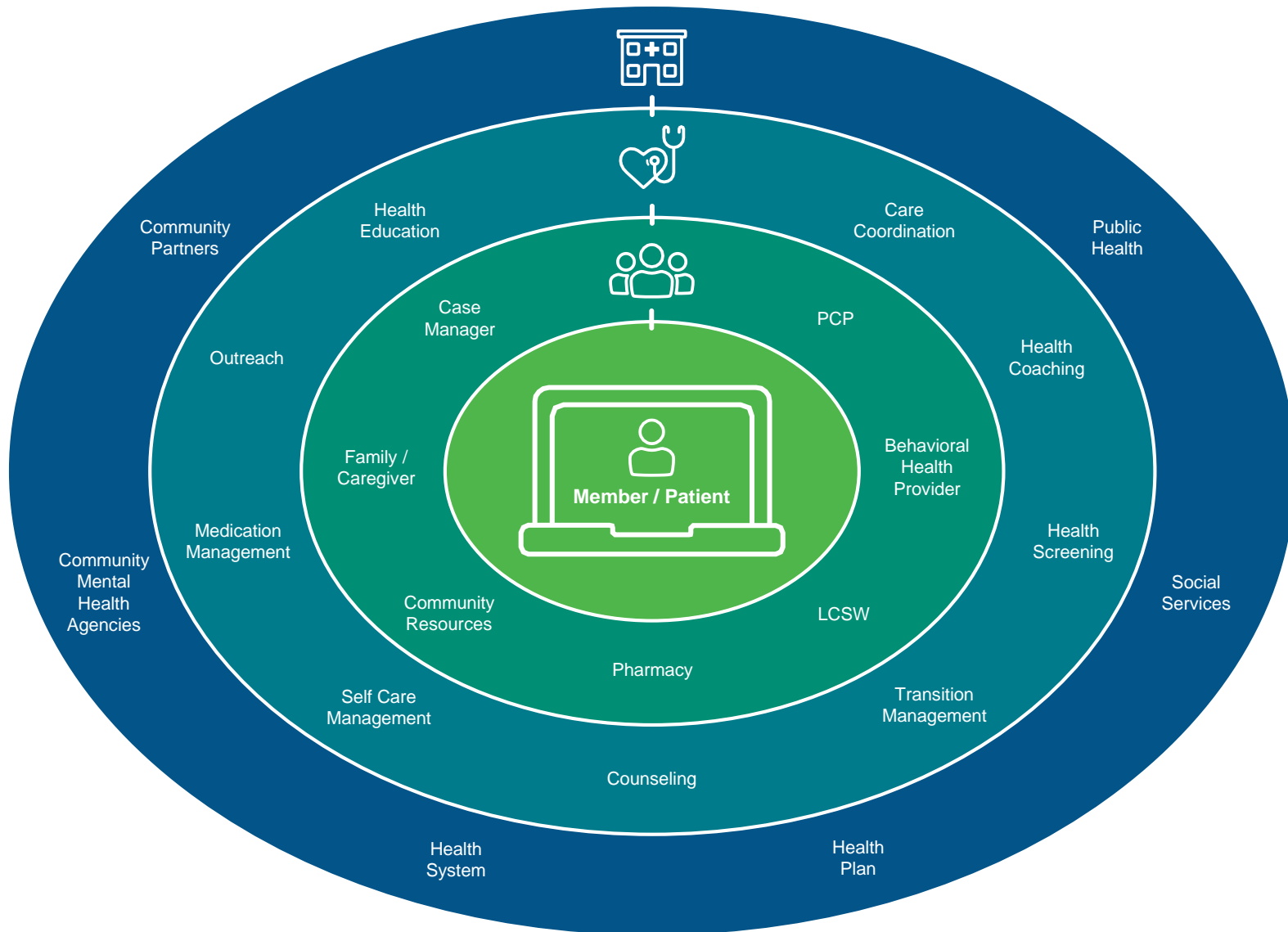
# Population Health Model



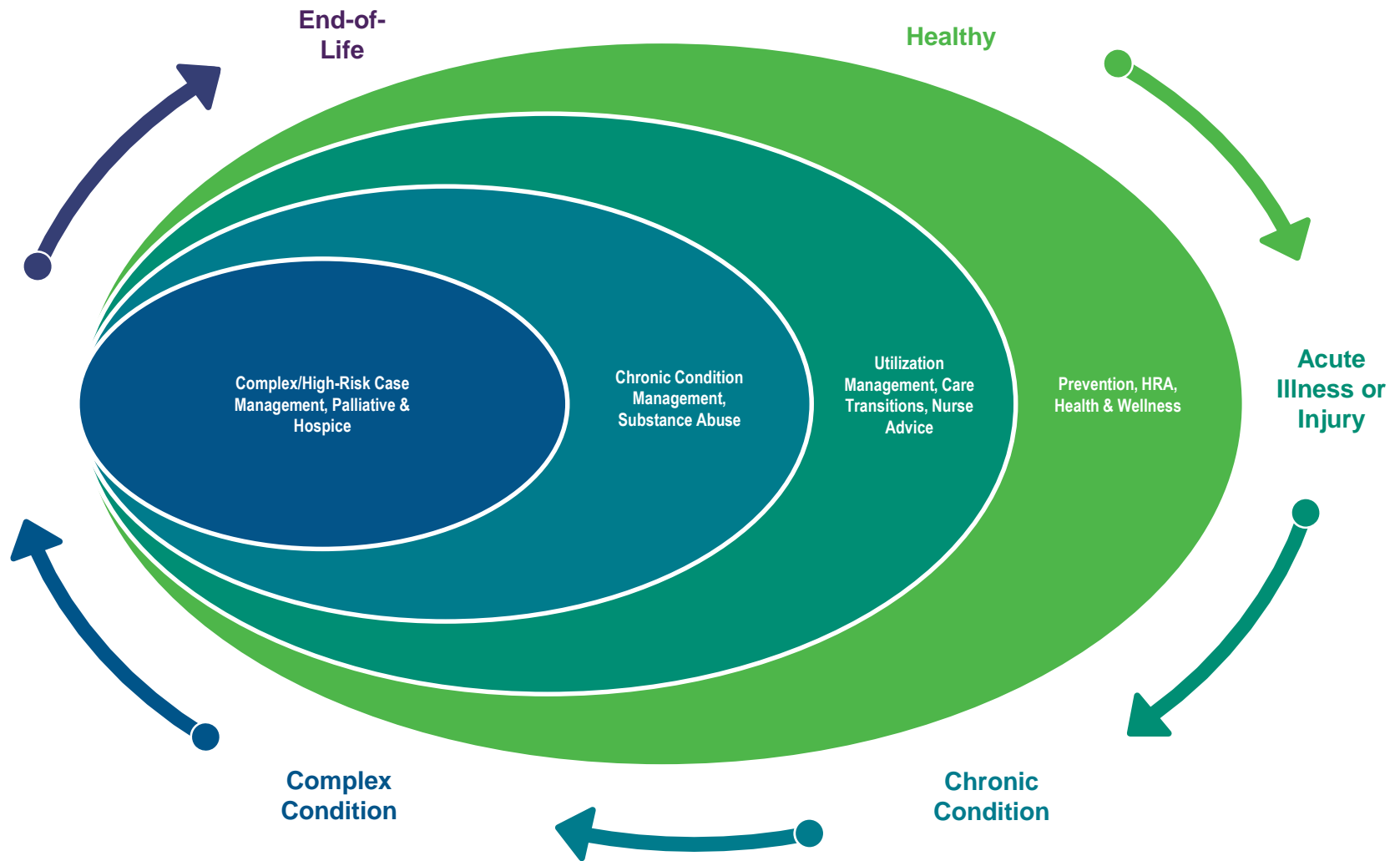
Institute for Health Innovation (IHI) 2012 Population Health Model, adapted  
for ACA <http://www.academyhealth.org/files/AH2013pophealth.pdf>



# Member Centric Model



# Care Coordination Model



# Opportunities

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- **Improve collaboration and awareness at all levels of integration**
- **Cross training of more medical personal to support intervention and management of BH/SUD conditions**
- **Improve access to BH/SUD care by utilization of ongoing treatment for chronic medical care to assess, intervene and initiate/co-manage Behavioral Health conditions**
- **Integration of approaches to strengthen family support**
- **Use of Community resources to integrate care**
- **Support of developing Co-Treatment medical practice models**
- **Develop and use available technology solutions to share information and develop care planning across the care team**

# Co-Morbid Diagnosis Co-Management Challenges

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- Many people with co-morbid conditions have sedentary lifestyles and poor diets
- Self care regiments need to manage chronic health may be hampered by mental conditions
- Medications used to treat medical and behavioral health conditions may worsen the other condition
- Knowledge and skills required to manage co-morbid disorders are often lacking in those
- Less likely to receive preventive services
- Barriers to information sharing
  - Interpretation of/and consent requirements
  - EHR technology

## Models for Success

***“Why wouldn’t a person with a chronic condition do everything in their power to live long and feel well?”***



# Effective Techniques and Tools

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- **Designated care team to include home and community based services**
- **Person-centered care plan tracking all health issues, periodically reviewed and updated**
- **Receipt of preventive services**
- **Medication management and reconciliation**
- **Transitional care management**
- **Timely sharing of health information and accessible health data**
- **Established communication methods with 24/7 access**
- **Advanced Beneficiary Consent**

# Technology Opportunities

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- **Integration**
- **Living care plan**
- **Core care management system**
- **Provider and member portals**
- **Real time secure communication at point of need**
- **Information sharing**
- **Wearables**
- **Teleconference with multiple team members**

## Keys to Success

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- **Care plan monitoring and adjustments**
- **Team approach**
- **Person centered**
- **Effective and timely use of data**
- **Real time communication and action**





# Contact Information

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## Contact:

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## Available Resources

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**Care Coordination and Transitions Management Core Curriculum (CCTM) (Haas, Swan and Haynes, 2014)**

**American Association of Colleges of Nursing (AACN) of Patient Care Technology.**

**Chronic Care Services Campaign      [go.cms.gov/ccm](http://go.cms.gov/ccm)**

**Substance Abuse and Mental Health Disorders Administration  
<https://www.samhsa.gov/>**

**Comprehensive Addiction Recovery Act (CARA) – Description, Implications, Provider Compliance,**

**Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 (implemented 2013)**

**National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards)**

**ECRI Institute Center for Clinical Evidence and Guidelines**

**[https://www.ecri.org/press/Pages/ECRI\\_Guideline\\_Website.aspx](https://www.ecri.org/press/Pages/ECRI_Guideline_Website.aspx)**

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