

# Integration: Opportunities for Increasing Wellness

Greater Bay Area Regional Training for Mental/Behavioral Health  
Boards and Commissions  
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# What drives the move towards “Integration”?

## ***Current Need:***

For improvements in managing and meeting need.... increasing the wellness of those who receive care, as well as to include those in need.

## Current County Concerns: Capacity and Access in Los Angeles County

### **Access and System Capacity Issue:**

- Limited ability to serve new clients
- Challenges in fully engaging clients
- Matching services with client needs
- Integrating clients into their communities

## Current County Concerns: Integration of Mental Health and Physical Health Care in Small County Emergency Risk Pool (SCERP) Counties

### **Health Status and Health Care Issue:**

- People with serious mental illness served by the public mental health systems die 25 years earlier than normal, on average.
- Severe mental illness is associated with a 31.2% increase in the odds of being hospitalized in a given year.

# What else drives the move towards “Integration”?

## *Future Structures:*

Healthcare Reform, Parity,  
and Mental Health in California

# Future Structures: Healthcare Reform, Parity, and Mental Health in California

## Healthcare Reform and Parity Changes Everything....

- The Affordable Care Act (ACA) triggers dramatic changes in how health and MH/SU services are ***organized***
- These changes create a tipping point in how the ***healthcare needs of persons with serious mental illness*** and the ***MH/SU healthcare needs of all Americans*** are addressed
- Which will change the way MH/SU services are ***funded and fit into the new healthcare system***
- ***But state economic crises force reductions in services while the future requires expanded access to better integrated services to improve quality and flatter the cost curve.***

# Healthcare Reform

On March 23, 2010, President Obama signed the Affordable Care Act. The law puts in place comprehensive health insurance reforms that will roll out over four years and beyond, **with most changes taking place by 2014.**

## 1115b Waiver Update

- California has received approval for a new 5-year waiver as a bridge to federal reform
- The new waiver began in November and will be implemented over the course of 2011 and throughout the demonstration period
- If savings are achieved and milestones met, may bring \$10B new federal funds to support expanded coverage, access to care, improvements in health care delivery

# **What are counties doing?**

**Utilizing Continuous Quality Improvement  
Methods and Tools for Primary Care Integration  
(PCI) PIP Goal Achievement**

# Overview

- Continuous Quality Improvement Methods
  - The Model for Improvement
  - Description of BTS Learning Collaboratives
- Current County Concerns
  - System Capacity
  - Quality of Care
- County Mental Health Systems using New Strategies for Quality of Care Improvement Goals: **Primary Care Integration PIP**
  - Collaborative Aim and Goals
  - Change Package
  - Measures
  - Learning

# Differentiating the *Model for Improvement* and the *Breakthrough Series Learning Collaborative* Model

- Associates in Process Improvement (API) developed the **Model for Improvement** through improvement project experience in many industries throughout the 1980s and 1990s.
- Under Don Berwick's leadership, current Director of Centers for Medicare and Medicaid Services and founder of Institute for Healthcare Improvement (IHI), IHI developed the **Breakthrough Series Learning Collaborative (LC)** model - brings together organizations that share a commitment to making major rapid changes to produce significant breakthrough results that are sustainable over time.
- **Breakthrough Series LC Model teaches the Model for Improvement** and quality improvement methods and tools to support organizational change, innovation, and improvement.

# Continuous **Quality** Improvement Methods to Address County Concerns

## **Model for Improvement (MFI)**

- **Key Principle: All Improvement requires change, but all change is not improvement**
- **3 Elements for Successful Improvement Efforts**
  1. Will
  2. Ideas
  3. Execution (Skill and Measurement)
- **3 Key Questions:**
  1. What are we trying to accomplish?
  2. How will we know that a change is an improvement?
  3. What change can we make that will result in improvement?

# Key Elements/Factors in County Mental Health System Learning and Goal Achievement

- **Will:**

- Leadership and staff belief in recovery, wellness, use of best practices and willingness to change in order to improve organizational willingness to change and alignment of goals.

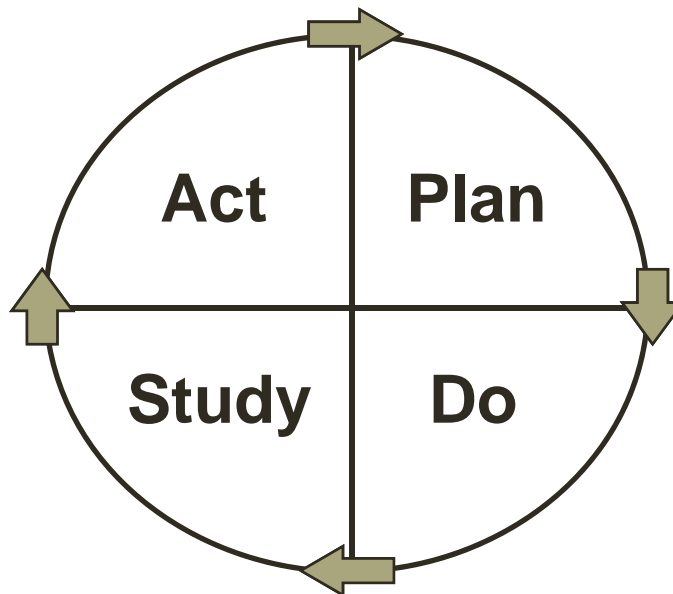
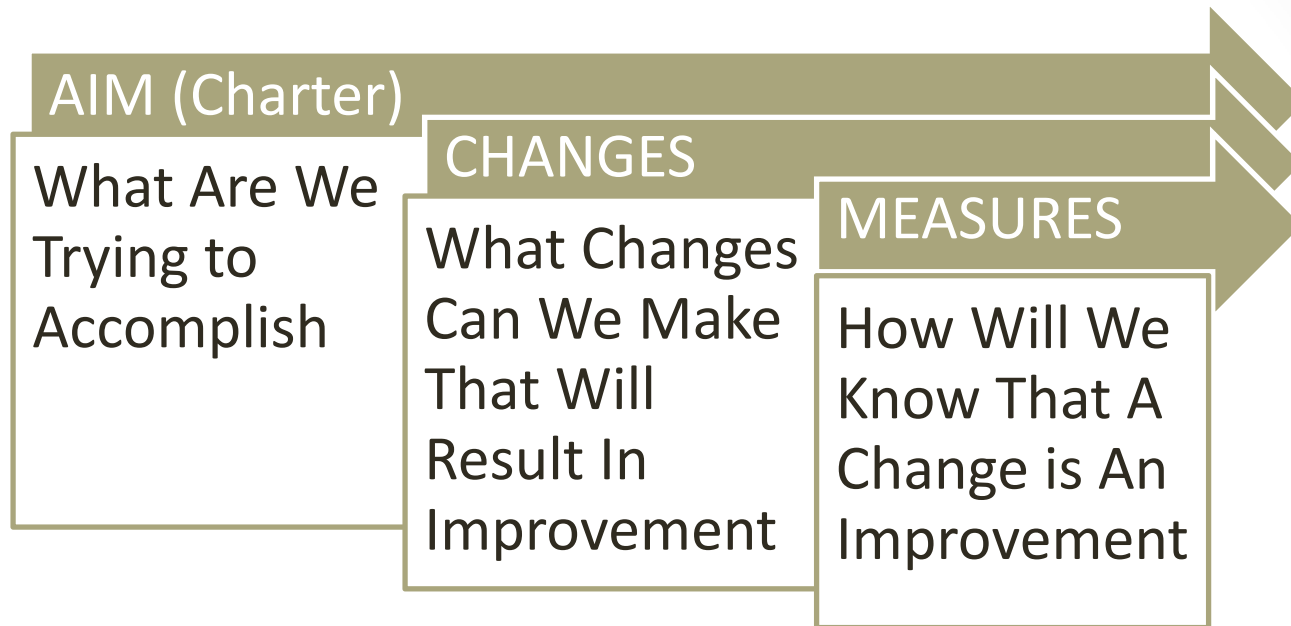
- **Skill:**

- Team ability to learn and implement continuous quality improvement tools.
  - Learn about change ideas to improve system capacity and integrate care.
  - Learn how to use PDSA cycles to test changes on a small scale.
  - Learn how to use results of PDSA cycles to assess if and when to implement.

- **Measurement:**

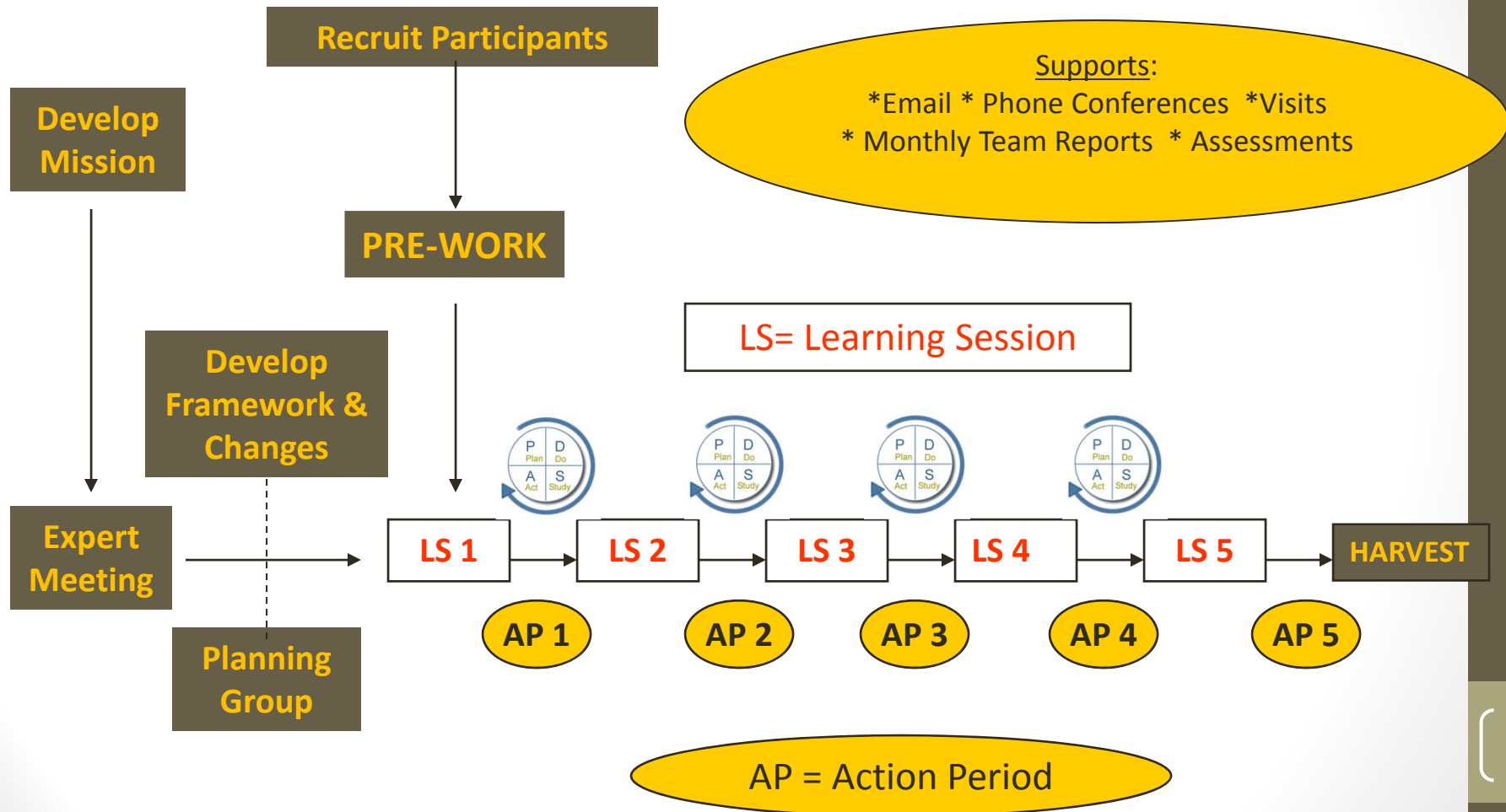
- Ability to collect data and review regularly to assess whether changes are leading to improvement-frequency of looking at data

# The Three Model For Improvement (MFI) Questions Translate into Primary Components of Breakthrough Series (BTS)



Changes, tested on a small scale, with the potential for significant improvement

# Breakthrough Series Model



Goal of LA County and SCERP Counties in  
BTS Learning Collaboratives:  
*Identifying Behavioral Health Care Change Package*

- **Change Concept:**
  - An approach to developing specific ideas for change that result in improvement.
- **Change Idea:**
  - Concrete strategies to implement the concept.
- Change Concept + Change Ideas = **Change Package**

*(The Improvement Guide, Jerry Langley)*
- ***Potential Outcome of LA ICSC and SCERP PCI PIP***
  - Development and Testing of Change Packages that improve Behavioral Health Care

## Current County Concerns: Capacity and Access in Los Angeles County

### **Access and System Capacity Issue:**

- Limited ability to serve new clients
- Challenges in fully engaging clients
- Matching services with client needs
- Integrating clients into their communities

### **Los Angeles County Aim:**

- In a specific target population, increase successful discharges from 17% to 50% by June 2011
- Resulting in increased program and system capacity

# Current County Concerns: Integration of Mental Health and Physical Health Care in SCERP Counties

*Calaveras, Colusa, El Dorado, Humboldt, Lassen, Madera, Modoc, Plumas, & Shasta*

## **Health Status and Health Care Issue:**

- People with serious mental illness served by the public mental health systems die 25 years earlier than normal, on average.
- Severe mental illness is associated with a 31.2% increase in the odds of being hospitalized in a given year.

## **9 Small Counties Shared Aim:**

- Improve coordination of care and achieve better health outcomes for clients.
- Mental Health Plans will make changes to the systems of communication, collaboration, and integration between primary care and public mental health.

# Project Overview of the SCERP Primary Care Integration PIP Charter

- **Problem Statement**

Difficulty with coordination with primary care medical providers is a major health problem for those individuals with severe mental illness

- **Collaborative Aim**

Mental Health Plans will make changes to the systems of **communication, collaboration** and integration between primary care and public mental health to **improve coordination of care and achieve better health outcomes for clients.**

# Project Overview: The SCERP Primary Care Integration PIP Charter

## Objectives

1. Increase the number of mental health clients with a primary care physician
2. Improve the process for consultation between mental health professionals and primary care physicians
3. Increase appropriate monitoring by mental health professional of clients physical health care
4. Decrease the number of unplanned emergency care visits

# Project Overview: The SCERP Primary Care Integration PIP Charter

## Goals

1. Achieve a 90% linkage rate of mental health clients to primary care
2. There will be regular and direct consultation between mental health professionals and primary care providers for at least 70% of clients
3. Mental health will track all clients to ensure they have up to date and appropriate vitals and lab results on clients
4. There will be a 10 % decrease in unplanned client visits to urgent care/emergency rooms/hospitals.

# Examples of Change Concepts for SCERP Counties

## **NEAR TERM:**

- Identify target population and their health status and PCP coverage
- Increase the number of clients with a PCP
- Redesign the intake process to include consent form and discussion about physical care and recovery
- *Utilize a clinical information system to manage clients' clinical data to support both individualized care and proactive care*

## **MID TERM**

- Increase sharing of clinical information within bounds of HIPAA
- Establish methods for collaborative sharing, planning and treatment between mental health and primary care.
- Develop a process for appropriate stepped care that involves both mental health and primary care.

## **LATE TERM:**

- Establish group treatment and educational visits in primary care and mental health for clients with serious mental illness and chronic illness.
- Create opportunities to enhance reimbursement of integrated services.

# Change Ideas (Moving from Concepts to Action)

## Identify target population and their health status and PCP coverage

### Change Ideas:

1. Review charts or access data from clinical information systems to identify client's primary care doctor and their most recent health care records
2. Initiate contact with PCP (with client consent)
3. Utilize standardized protocols or tools to identify client health concerns
4. Ask all clients who they see for physical health concerns and when they last saw this provider
5. Interview all clients and based on self report, document their current health concerns
6. Identify primary care providers that are comfortable treating and supporting clients who have serious mental illness

## Examples of Core Measures: SCERP Counties

- Number of open clients in target population
- Percentage of clients with designated PCP
- Percentage of clients who have had a primary care visit within the last 6 months
- Percentage of clients for which a direct consultation between MH and PC has occurred
- Percentage of clients with diabetes who have appropriate vitals and labs documented in mental health records within the past 6 months
- Number of clients who were moved to primary care for coordination of their care (Optional measure)

# What Have We Learned?

## The Benefits of the Feedback Loop

1. Establishes cultures of learning and managing data
2. Creates transparency
3. Informed decision-making

# What Have We Learned?

1. Adaptations to BTS to accommodate mental health
2. Concrete changes are difficult (Initially agencies tend to use PDSAs to gather data and learn)
3. Quality Improvement requires highly detailed and focused work; often requires external support
4. Organizational leadership needs to believe in quality improvement theory and methods as a sound business strategy to improve

# What Have We Learned?

5. We need to be realistic about how long change takes and about resources to support change
6. Developmental pathways to success can vary
7. Often, external facilitated support is needed
8. Leadership -“constancy of purpose”- is critical.  
The need to align the project change with organizational mission and goals

In summary, “Integration” is:

Needed and necessary

*Is possible and has begun*

*Is an opportunity to increase “wellness”*