

## Behavioral Health-Physical Health Integration Considerations

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### **The Context**

- ❖ Mental illness and substance use disorders are common, affect people of all ages, and result in substantial disability and cost. Approximately 8 million deaths each year are attributable to behavioral health conditions but come from untreated comorbid health conditions, infections or suicide. Untreated mental illness (including substance use disorders) is not only a source of individual deaths and co-morbidity but also a largely preventable drain on health care system funds.
- ❖ New Mexico held a series of Expert Panel meetings in 2010/2011 to review the national and state experience with efforts to integrate mental health (including addiction) and general medical care. The Expert Panel recommendations contributed to the design of the 1115 Waiver with its emphasis on care coordination and its encouragement of a variety of patient-centered clinical practice models.
- ❖ Since then collaborative care management research has increased substantially, the strongest evidence of improved health outcomes coming from reviews of depression and diabetes treatment with a growing research base for other mental health conditions as well as interventions incorporating team-based direct care approaches.
- ❖ Since then also the deluge of prescription opioid use, dependency and death challenges behavioral health and general medical systems alike, driving up costs as well as creating new urgency for effective prevention and early intervention as well as treatment options.
- ❖ Mental disorders are largely chronic illnesses that, while very treatable, are characterized by relapses and recurrences.
- ❖ Mental health and substance use treatment is one of the ‘essential benefits’ in the Centennial Care program. Three-quarters of all serious mental disorders in adults – like major depression, schizophrenia and anxiety disorders – are present by age 25.
- ❖ The policy questions New Mexico and other states face is no longer *whether* to promote integration but *how* to provide the infrastructure and financial incentives needed to implement, ensure fidelity, foster innovation and sustain the model.

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some Systems Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed /Merged Integrated Practice

### ***Successes in Centennial Care***

- ❖ Integrated financing of BH and PH through capitation payments to MCOs
- ❖ Initiation of health homes for Centennial Care members with serious mental illnesses
- ❖ Development of the behavioral health provider networks through additional FQHCs delivering specialty behavioral health services
- ❖ Submission of application for CCBHC demonstration project
- ❖ Movement of care coordination to increasing number of provider/direct service locations
- ❖ Integrated Quality Service Review training and New Mexico's Treat First model
- ❖ Demystification of medical detox through
  - Partnership between UNM, PHP and the Hospital Association to increase substance use screening in emergency departments
  - Medical detox (withdrawal management) trainings in Gallup, Las Cruces and Albuquerque for hospital and other medical staff

### ***Ideas for next steps***

- ❖ Increase the number of health homes to additional counties
- ❖ Submit an additional health home SPA or amendment to add substance use disorders as primary diagnoses
- ❖ Build capacity through additional tele-behavioral health clinical supervision and tele-psychiatry development
- ❖ Increase implementation of value-based purchasing or prospective payment methodologies
- ❖

### ***Additional materials:***

An updated version of the first behavioral health “Evolving Models of Behavioral Health Integration in Primary Care” that was considered by New Mexico’s ‘expert panel’ describes the proliferation of research since 2010 on the integration of BH and PH through collaborative care models.

<http://www.milbank.org/publications/evolving-models-of-behavioral-health-integration-evidence-update-2010-2015/>

An executive summary of the full report can be found at: <http://www.milbank.org/wp-content/uploads/2016/05/Evolving-Models-of-BHI-Exec-Sum.pdf>