

# Panel II: Building Quality and Access Through Collaboration

## **Moderator:**

Benjamin G. Druss, MD, MPH

Rosalynn Carter Endowed Chair in Mental Health, Associate Professor of Health Policy and Management, Rollins School of Public Health, Emory University

## **Panelists:**

Mark McGovern, PhD, Professor, Psychiatry, Community and Family Medicine, Geisel School of Medicine at Dartmouth

Linda Rosenberg, MSW, President & CEO, National Council for Behavioral Health

Ray Fabius, MD, CPE, FACPE, Co-Founder, HealthNEXT



# INTEGRATION OF MENTAL HEALTH SERVICES: PAST, PRESENT, AND FUTURE

**Benjamin G. Druss, MD, MPH**

**30<sup>TH</sup> Annual Rosalynn Carter Mental Health Policy Symposium**

**November 21, 2014**





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# Defining the Problem

1984  
ECA

1990  
NCS



# Developing Interventions

1990s:

Single Site,  
Single Condition

2000s:

Multisite,  
Multicondition



# Implementing Policies

2008-10  
Parity, ACA

2010  
Implementation



# A Post-Integration World



# COLLABORATION IN ADDICTION AND MENTAL HEALTH TREATMENT SERVICES

*How would we know?*

**30<sup>TH</sup> Annual Rosalynn Carter Mental Health Policy Symposium**

**November 21, 2014**





Subject: co occurring disorder

Message

**From:** Susan [REDACTED] [mailto:[REDACTED]@gmail.com]

**Sent:** Tuesday, March 05, 2013 4:02 PM

**To:** Mark P. McGovern

**Subject:** co occurring disorder

Dr. McGovern,

I have a family member who suffers from extreme anxiety/depression and recently diagnosed with bi polar. He has been self medicating with alcohol/drugs. He has tried numerous treatment facilities that said they deal with dual diagnosis, yet once we get there we find that is not true. One place felt by offering a meditation class in the evening they were dealing with dual diagnosis.

Can you please recommend a residential treatment facility (in the midwest preferably) that can deal with mental health and SA? If there are none in the midwest, we will take any recommendation, for we are desperate. I tried asking questions ahead of time, but found they are not honest with their answers and never know the result until too late. My family member does not like the 12 step programs, but feels he gets more out of those that provide cognitive behavioral therapy instead.

I would really appreciate your help

Thanks

Sue



# CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS

- Common in the general population
- Even more prevalent in clinical settings
- Associated with negative treatment outcomes
- Associated with negative life outcomes



# SYSTEMIC BIFURCATION

- Historically separate administrative structures at federal, state and local levels
- Separate provider organizations
- Different licensing and credentialing requirements:
  - For facilities and providers
- Separate funding streams and patterns
- Overall scarcity of resources
- Sensitivity and competition



# COMORBIDITY: TREATMENT APPROACHES

- Separated
- Sequential
- Concurrent
- Integrated



# INTEGRATED TREATMENT APPROACH

- **Policy, system and expert recommended**

SAMHSA Report to Congress

IOM Quality Chasm Report

President's New Freedom Commission on Mental Health

World Health Organization

American Society of Addiction Medicine



# INTEGRATED TREATMENT APPROACH

- **Patient preference**

Systematic review of 27 studies found patients and families prefer integrated services

Schulte et al (2011)



# PERSPECTIVES ON ACCESS TO INTEGRATED CARE

- **Providers: Self-report**
- **Consumers: Personal experience**
- **Organization level evaluations:**  
Objective, independent



# PROVIDERS

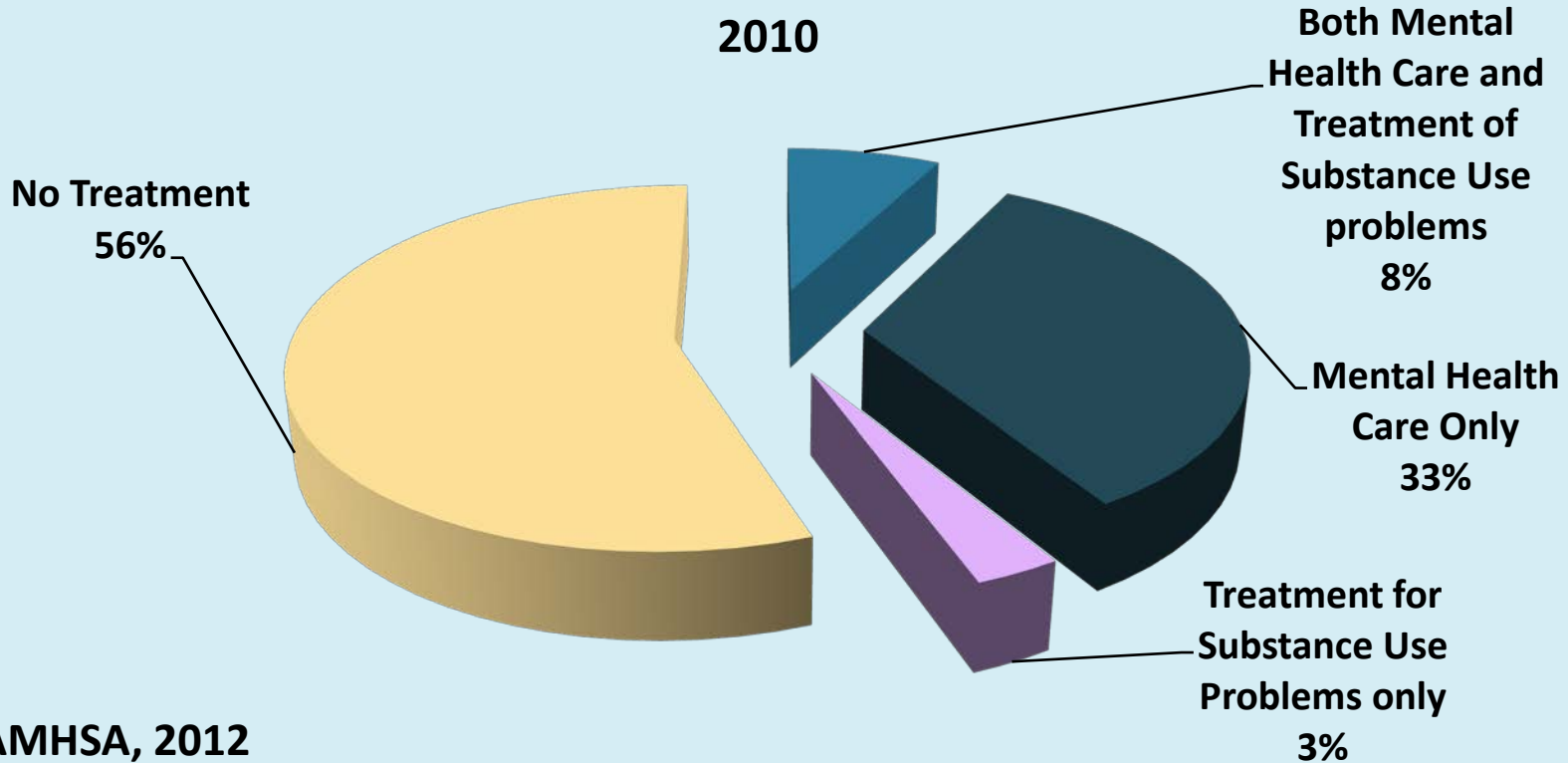
- SAMHSA CSAT: Substance Abuse Treatment Agency Directory: 84%
- Provider surveys: 75%
- Provider marketing materials: ~100%
- *Caveat emptor*





# CONSUMERS

2010



SAMHSA, 2012



# ORGANIZATIONAL MEASURES OF INTEGRATED SERVICE CAPABILITY

- Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index 4.0
- Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index 4.0
- Dual Diagnosis Capability in Health Care Settings (DDCHCS) Index
- DDCHCS revision (3.0): Behavioral Health Integration in Medical Care (BHIMC) Index



# METHODOLOGY

- Site visit by independent “evaluators”
- Qualitative-Quantitative approach
- Key informant interviews, ethnography, document review
- Triangulation of “data” on 35 benchmarks of integrated policy, practice and workforce elements
- Rated on 5-point scale
- Psychometric properties of reliability and validity



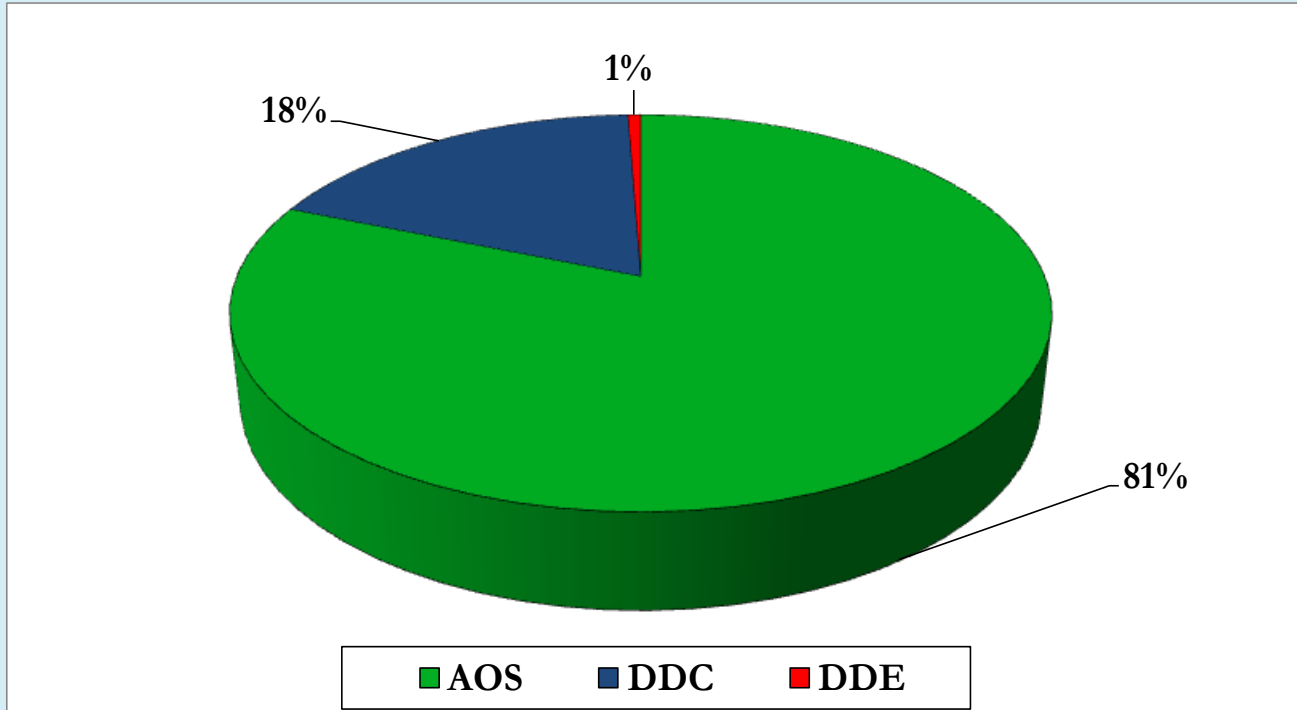
# DDCAT/DDCMHT INDEX RATINGS

- 1 - Addiction Only Services(AOS) or  
Mental Health Only Services (MHOS)**
- 2 -**
- 3 - Dual Diagnosis Capable (DDC)**
- 4 -**
- 5 - Dual Diagnosis Enhanced (DDE)**

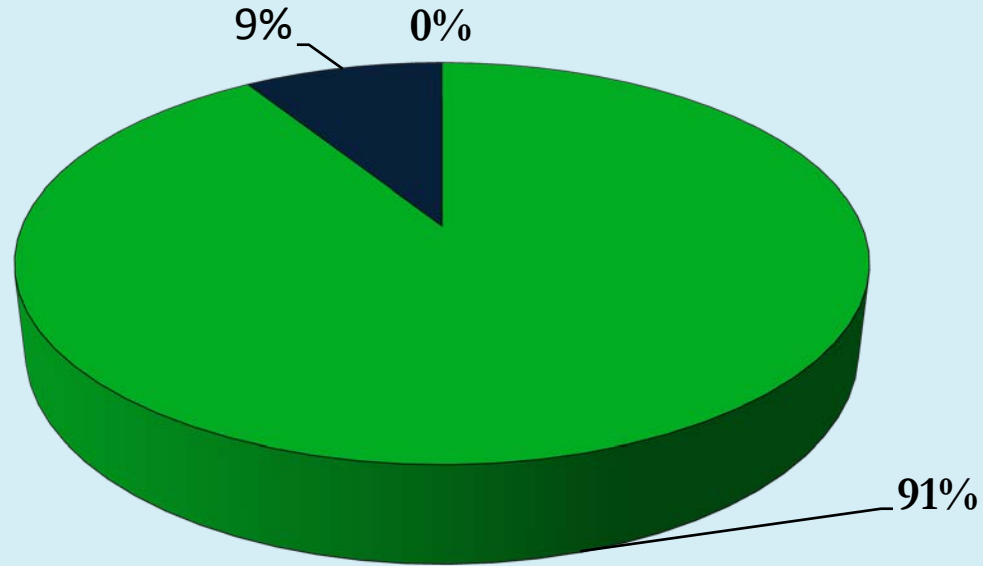




# ADDICTION AGENCIES INTEGRATED SERVICES CAPACITY: U.S. DATA

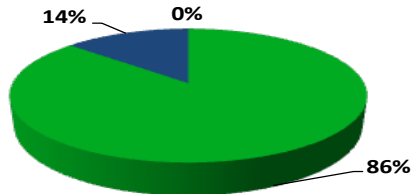


# MENTAL HEALTH AGENCIES INTEGRATED SERVICES CAPACITY: U.S. DATA



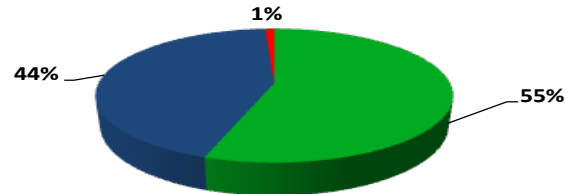
# IMPLEMENTATION OUTCOMES: CHANGE IN INTEGRATED SERVICES CAPACITY

DDCAT Baseline (n=103)



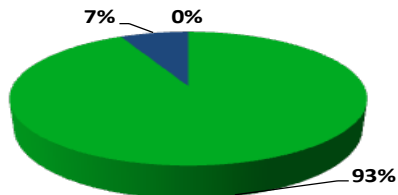
■ AOS ■ DDC ■ DDE

DDCAT Follow-up (n=103)



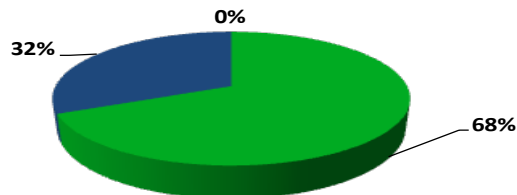
■ AOS ■ DDC ■ DDE

DDCMHT Baseline (n=54)



■ MHOS ■ DDC ■ DDE

DDCMHT Follow-up (n=54)



■ MHOS ■ DDC ■ DDE





# IMPLEMENTATION INDEX (II)

- Survey developed with support from the Robert Wood Johnson Foundation Substance Abuse Policy Research Program
- Data source: Agency director or change team leader
- Types and numbers of activities between baseline and follow-up DDCAT or DDCMHT evaluation
- Retrospective (not prospective) data collection
- No psychometric properties



## II: AYE AYE (*Daubentonia madagascariensis*)



# PREDICTORS OF INTEGRATED SERVICE IMPROVEMENT

- Defined implementation strategies
- Contextual factors (including leadership)
- Evaluation and measurement
- No evidence for training
- No evidence for money



# DISCUSSION POINTS

- 30 years of “progress not perfection”
- Measurement is essential, but avoided
- Implementation science holds promise
- Health care reform may be transformational
- Behavioral health integration in medical settings will either learn from or repeat the historical error (I am worried).



# Mark McGovern

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Department of Community & Family Medicine  
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“The thing ~~women~~  
~~have to learn~~ is  
nobody gives you  
power, you take  
it.”

*Roseanne Barr*



**Celebrating the Past and Shaping the Future**

**The Carter Center | November 21, 2014**



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# Parity and the ACA...



- *Best of times as mental health and addictions have equal status but complex times as healthcare change is profound and fast*



# Best of times...

## *thirst for mental health information*

5,200 certified instructors around the nation

5 step-action plan, called ALGEE

21 states with legislation to support Mental Health First Aid

250,000 people trained around the nation

USA  
MENTAL HEALTH FIRST AID®

NREPP  
Included in SAMHSA's National Registry of Evidence-based Programs and Practices

USA  
MENTAL HEALTH FIRST AID

The infographic is a grid of blue and yellow squares. The top-left square shows a woman's face. The middle-right square shows a man's face. The bottom-right square shows a koala wearing a white t-shirt with the Mental Health First Aid logo. The right side of the infographic features the Mental Health First Aid logo, the NREPP logo, and a photo of the koala mascot.





**Best of times...**

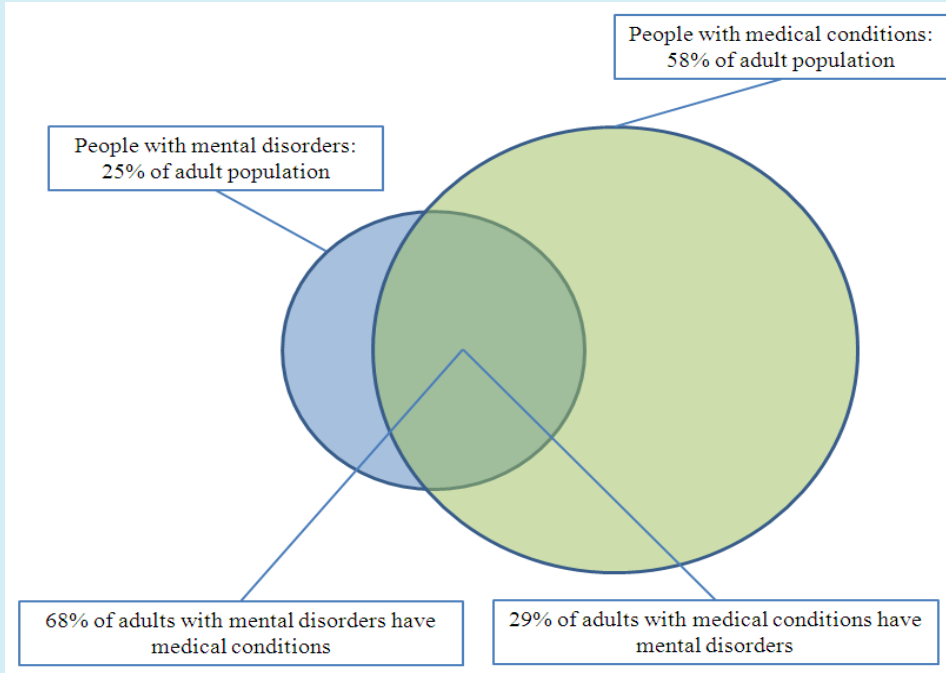
***Increasing awareness and support for***

**Addiction as chronic medical  
disorder that responds to  
treatment**

**National Council and  
SAAS merger**



# Best of times... *cost of co-morbidities*



- $\frac{1}{4}$  of all hospital stays comorbid mental or substance use disorder
- Untreated behavioral health conditions co-morbid with medical conditions generate higher overall costs





# Best of times... *integration and whole health*

Center for Disease Control

NATIONAL BEHAVIORAL  
HEALTH NETWORK  
FOR TOBACCO CESSATION AND HEALTH EQUITY



*NY and Ohio TA Centers*

**SAMHSA-HRSA**  
***Center for Integrated Health Solutions***



- Learning communities
- Curriculums
- Consulting



# But complex environment for all sectors...



- **Service and payment design**
- **Monopoly economy**
- **Technology revolution**

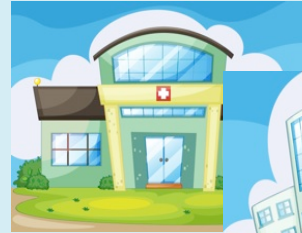


# Service Redesign...

- *Reduce institutional care*
- *Deliver health services within **integrated delivery system***
- **Population health**- identify & manage “high need/cost” individuals

## Models...

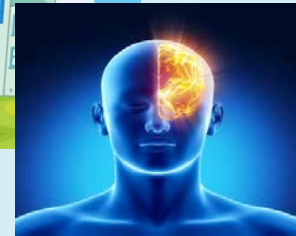
- Healthcare Homes
- Accountable Care Organizations
- Collaborative Care



Hospital



Mental Health and  
Addiction



Integration

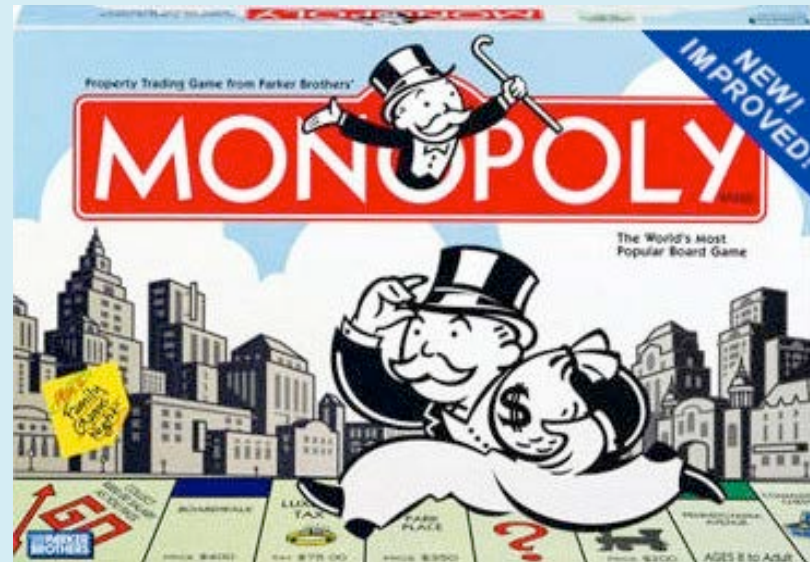


# Payment Redesign...

*case rates, bundled rates, capitations*

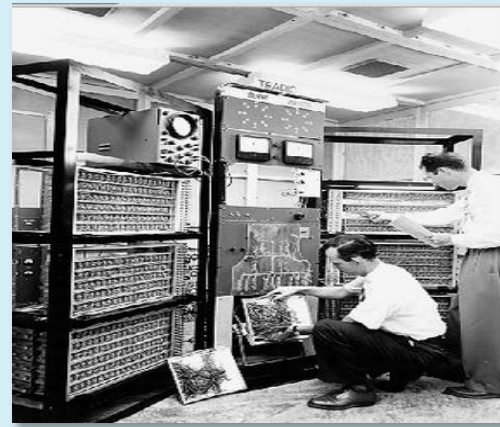
Cost Accountability...RISK

## Monopoly Economy



# Technology...*big data*

## Measuring Outcomes & Costs for Every Patient



- *Transparent* organization
- Shift to accountable healthcare means measurable results from interventions.
- Patient specific data to examine progress or lack of progress
- Registries and monitoring to benchmark variance in clinical practice standards







# Moving from silo to equality...

“ Because of the Executive Leadership Program, I have gone from an overwhelmed leader to one that leads with confidence. ”

CEO of a community addiction treatment provider

30 training initiatives

“ Mastering Back Office Management was life changing – not only provided skills but developed a previously nonexistent support group. ”

CFO of a community behavioral health organization

1,600 organizations reached

“ One peer previously almost never spoke and her affect was flat for over a year due to unstable living environment. She is now reconnected to her family who are supporting her efforts to get back on her feet. She won the 'Best Humor' award at the annual Peer Support Banquet. ”

Care manager at an integrated behavioral health-primary care agency

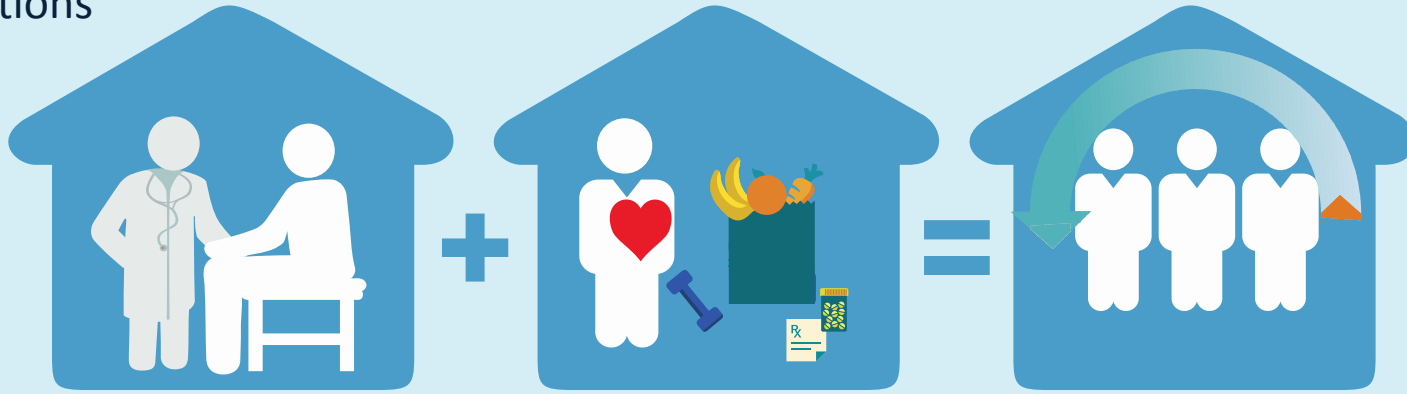
2 mental health and addiction community partnerships supporting Screening, Brief Intervention, and Referral to Treatment (SBIRT) for youth at risk of addiction

- Contracting with “managed” care
- Collaboration with new players
- Access
- Standardization
- Costs
- Assume risk
- Competition across states
- Build it or Buy it
- Mergers and Acquisitions



# Two Roles of Behavioral Health Providers in new healthcare delivery system...

- **Behavioral health inside medical homes and ACOs**—deeply embedded in care team, prevention and early intervention, addressing behaviors as well as disorders
- **Behavioral health specialty centers of excellence**—partnering with physical healthcare to provide high-value, whole-health care to people with complex conditions



# Excellence in Mental Health Act...



- Creates **criteria** for “Certified Community Behavioral Health Clinics” (CCBHC)
- 8 states 2-year demo
- Provides 90% FMAP for the demo
- Requires participating states to develop a Prospective Payment System



# Time to be fearless...

- **Bias-to-action – avoid analysis paralysis**
- **Takes risk, but not reckless**
- **Disruptive if it will elicit improvement**
- **Lots of Jobs**





# MOVING FROM TREATING ILLNESS TO BUILDING CULTURES OF HEALTH



**Ray Fabius, MD, Co-Founder, HealthNEXT**

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# BUILDING CULTURES OF HEALTH

- Focusing on illness alone is ineffective and inefficient
  - The burden of illness in American society is rising
- Traditional disease management must give way to population health
  - 10% of population spends 70% of medical costs
  - Other 90% are doing nearly 100% of society's work
- Explain the concepts of population health and a culture of health
  - Care for all across the continuum
  - Envelop all with an environment that promotes health and healthy choices
- Present cutting edge thinking on its merit and potential impact
  - Impact on productivity
  - Impact on the marketplace

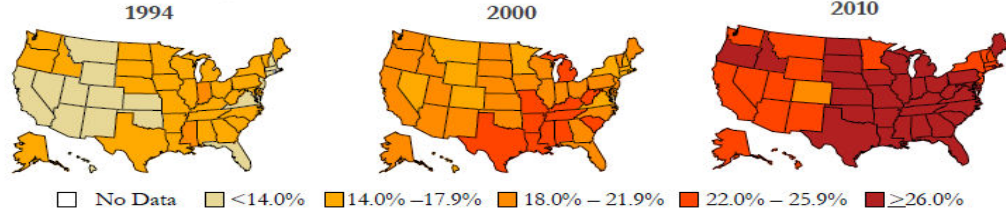


# A FOCUS ON TREATMENT

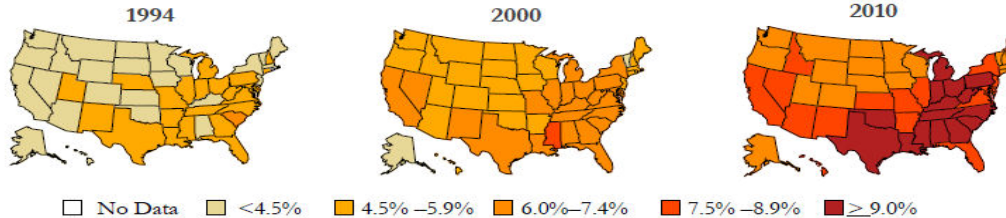
*While the Nation Creates a Tsunami of Illness*

## Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among U.S. Adults Aged 18 years or older

### Obesity (BMI $\geq 30$ kg/m<sup>2</sup>)



### Diabetes



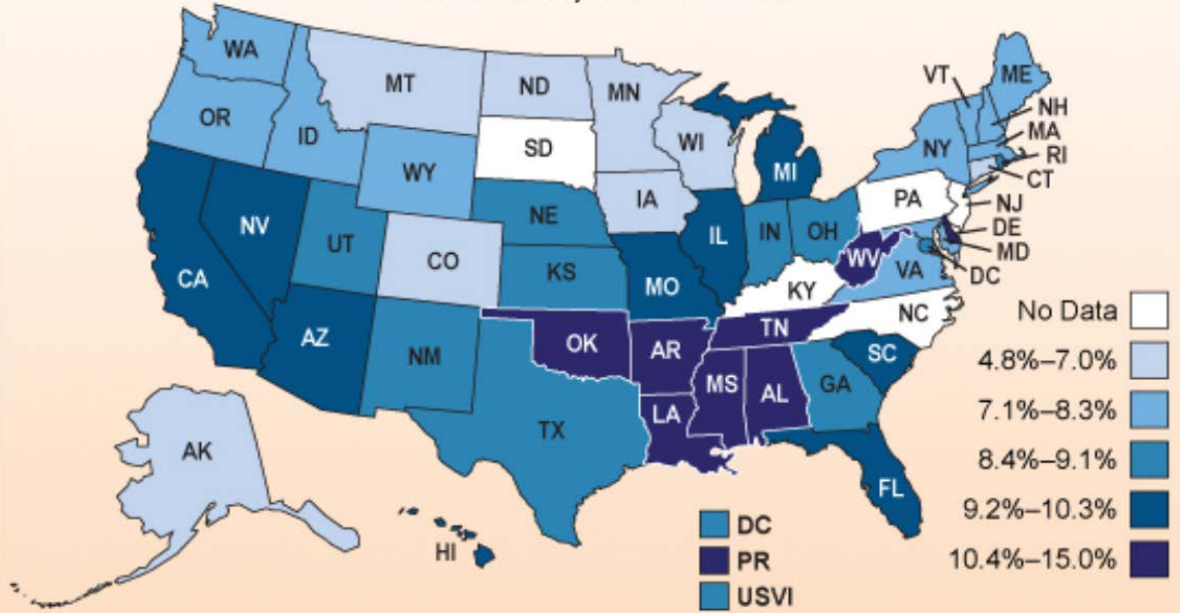
CDC's Division of Diabetes Translation, National Diabetes Surveillance System  
available at <http://www.cdc.gov/diabetes/statistics>



# CORRELATION TO DEPRESSION

*Unhealthy Lifestyles lead to chronic disease*

Age-standardized\* percentage of adults meeting criteria for current depression,<sup>^</sup> by state/territory — Behavioral Risk Factor Surveillance System, United States, 2006 and 2008<sup>§</sup>



Perhaps we should focus up stream





# POPULATION HEALTH

*Manages Across the Continuum*

*How does Behavioral Health Fit In?*



Well



At Risk



Acute Illness

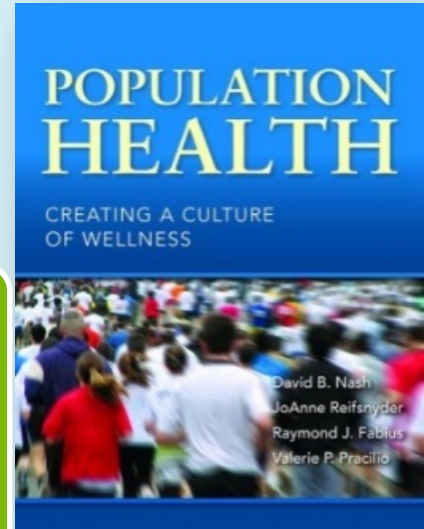


Chronic  
Illness



Catastrophic  
Illness

Moving the Population Toward Wellness



# POPULATION HEALTH – WELLNESS

*Not Just the Absence of Illness*

*Significant Behavioral Health Focus*

## WHO Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

## Components of Wellness

Social

**P**hysical

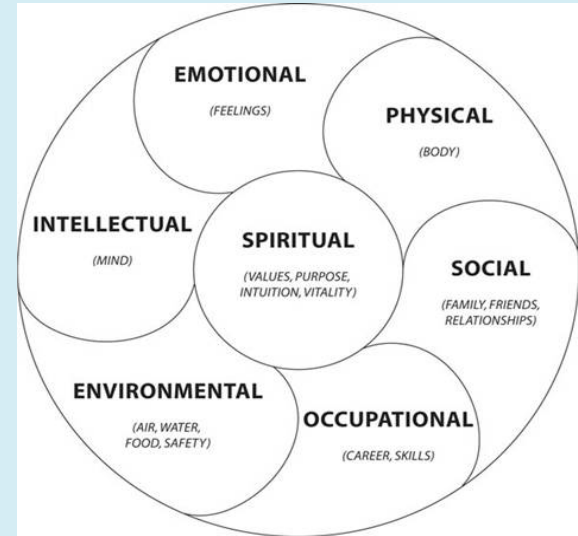
Emotional

**C**areer

**I**ntellectual

**E**nvironmental

Spiritual



# POPULATION HEALTH – REDUCING HEALTH RISKS

## *Eliminate disease due to modifiable behaviors*

The Centers for Disease Control and Prevention (CDC) estimates...

- 80% of heart disease and stroke
- 80% of type 2 diabetes
- 40% of cancer

...could be prevented if only Americans were to do three things:

- ✓ Stop smoking
- ✓ Start eating healthy
- ✓ Get in shape



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# POPULATION HEALTH – CHRONIC DISEASE

*Helping the Chronically Ill Comply with Evidence-Based Guidelines  
Treat Behavioral Health Comorbidities – Especially Depression*



## Identification

Predictive modeling  
Severity indexing



## Engagement

Trusted Clinician  
Telephonic  
Web  
Mobile



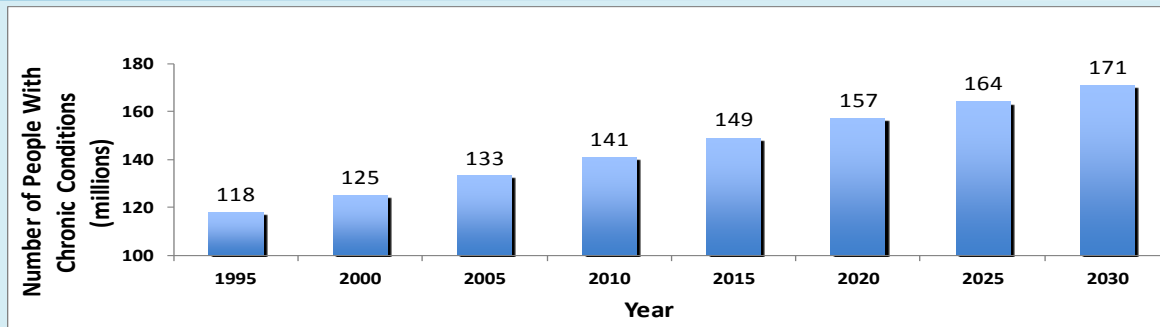
## Intervention

Education  
Referral Management  
Care Management



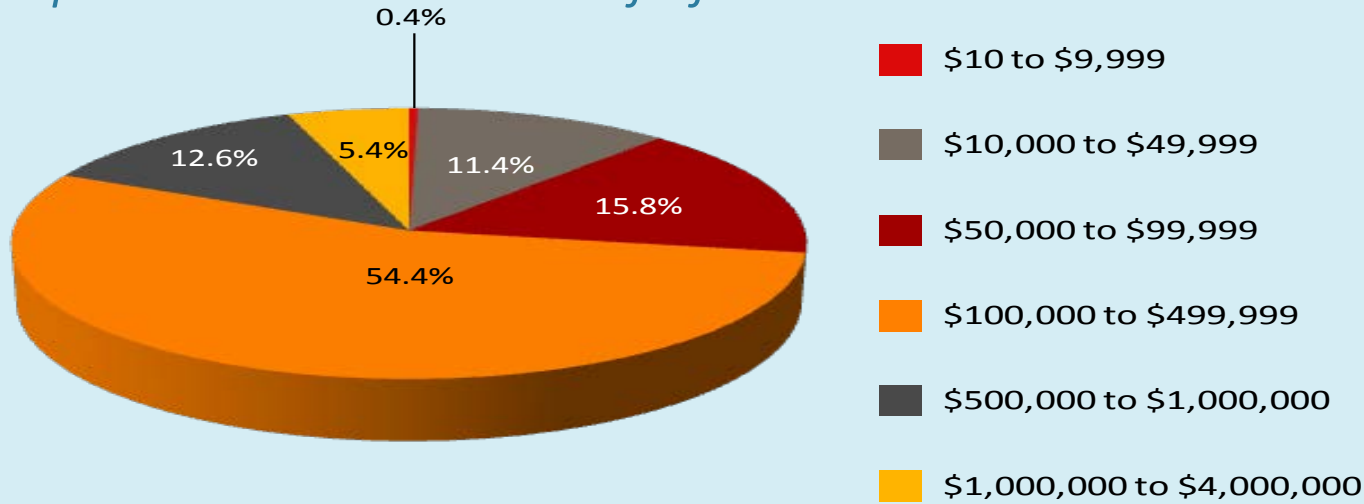
## Impact

Quality of Care  
Cost of Care  
Satisfaction



# POPULATION HEALTH – ADDRESS CATASTROPHIC ILLNESS

*Futile Care Costs Tied To In-Hospital Deaths  
Provide Compassionate Health at End of Life*



Medical and prescription costs in last year of life (proxy) by range

**20,389 patient cohort from 79 Million patient Truven Health Analytics database**  
**Total cost for these patients was over \$2 billion**



# CATASTROPHIC ILLNESS

## *Despite The Progress of Medical Science*

### World Death Rate Holding Steady At 100 Percent

GENEVA, SWITZERLAND—World Health Organization officials expressed disappointment Sunday over the group's finding that, despite the enormous efforts of doctors, rescue workers, and other medical professionals worldwide, the global death rate remains at 100 percent.

Death, a metabolic affliction causing shutdown of all life functions, has long been considered humanity's number-one health concern. Responsible for 100 percent of all recorded

fatalities worldwide, the condition has no cure.

"I was really hoping, what with all those new radiology treatments, rescue helicopters, cardiovascular-exercise machines, and what have you, that we might at least make a dent in it this year," WHO Director General Dr. Ernst Wessel said. "Unfortunately, it would appear that the death rate remains constant, as it has since the dawn of time."

Many suggest that the high mortality

rate represents a massive failure on the part of the planet's healthcare workers.

"The inability of doctors and scientists to address and confront this issue of death is nothing less than a scandal," concerned parent Marcia Grella said. "Do you have any idea what a full-blown case of death looks like? I do, and believe me, it's not pretty. In prolonged cases, total decomposition of the corpse is the re-

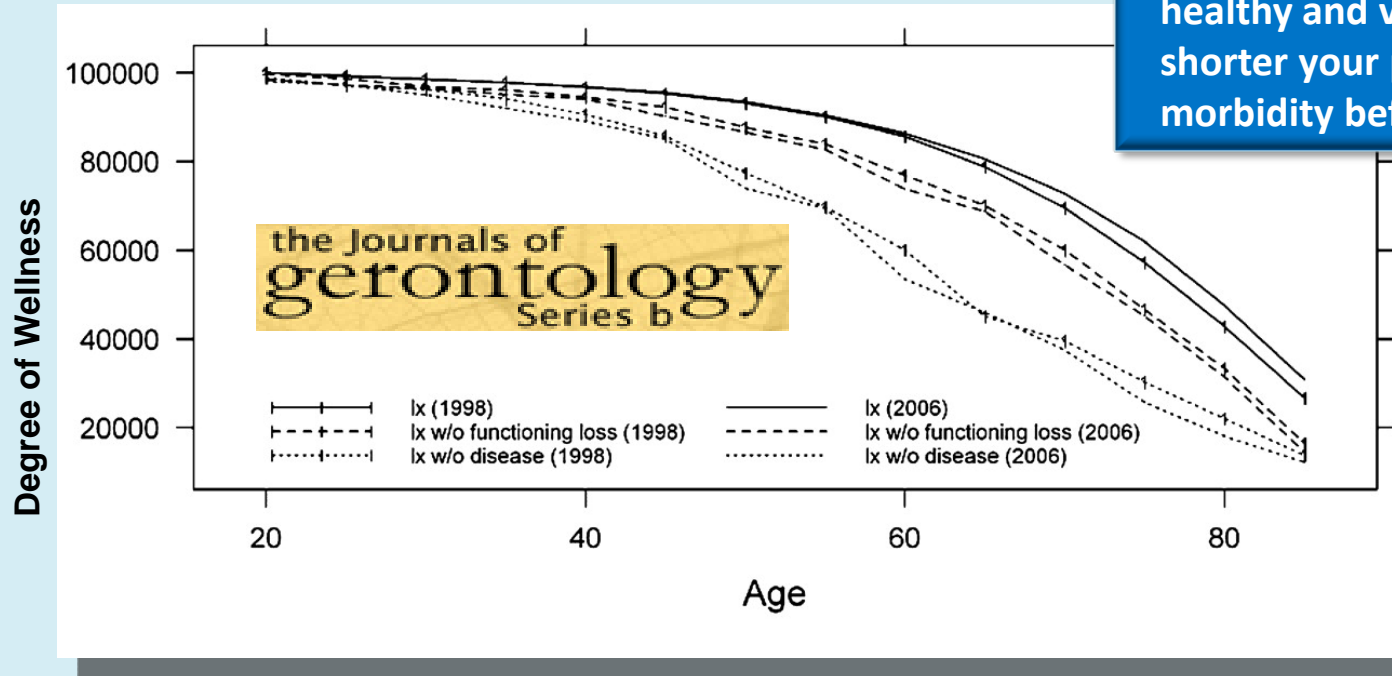
see **DEATH** page 84



# THE ULTIMATE GIFT OF HEALTH:

## *Compression of Morbidity*

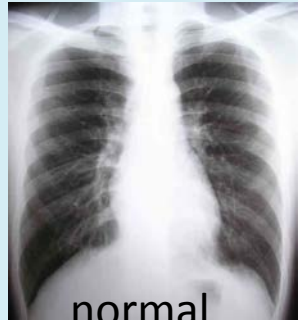
The longer you stay healthy and vital, the shorter your period of morbidity before life ends.



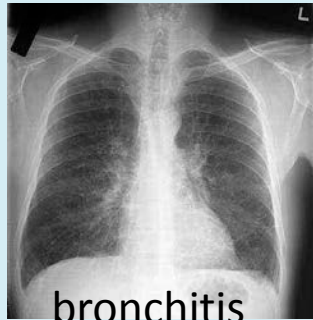
# WHAT'S THE POINT

## INSIDIOUS PROGRESSION OF DISEASE:

*SMOKING & ACUTE ILLNESS LEADS TO CHRONIC & CATASTROPHIC ILLNESS*



normal



bronchitis



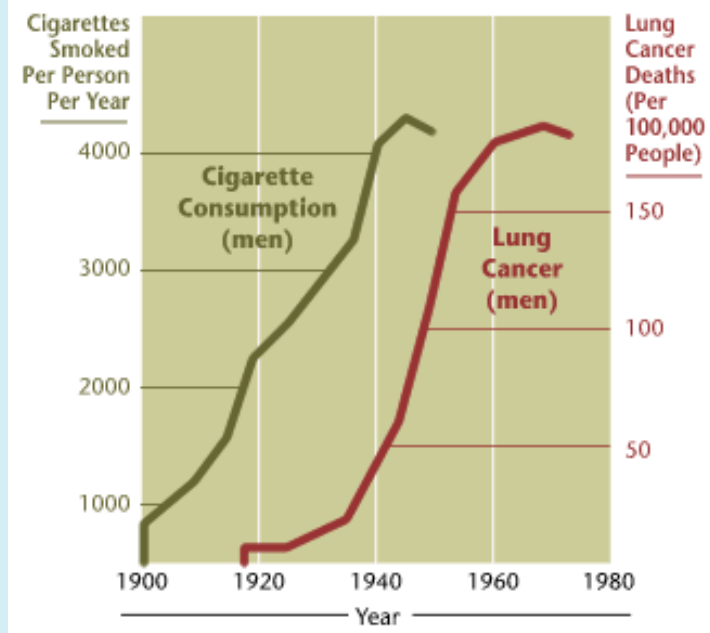
cancer



emphysema



20-Year Lag Time Between Smoking and Lung Cancer





# WHAT'S THE POINT

## INSIDIOUS PROGRESSION OF DISEASE:

*ANXIOUS & STRESSED, Leads to Chronic and Catastrophic Illness*



normal stress



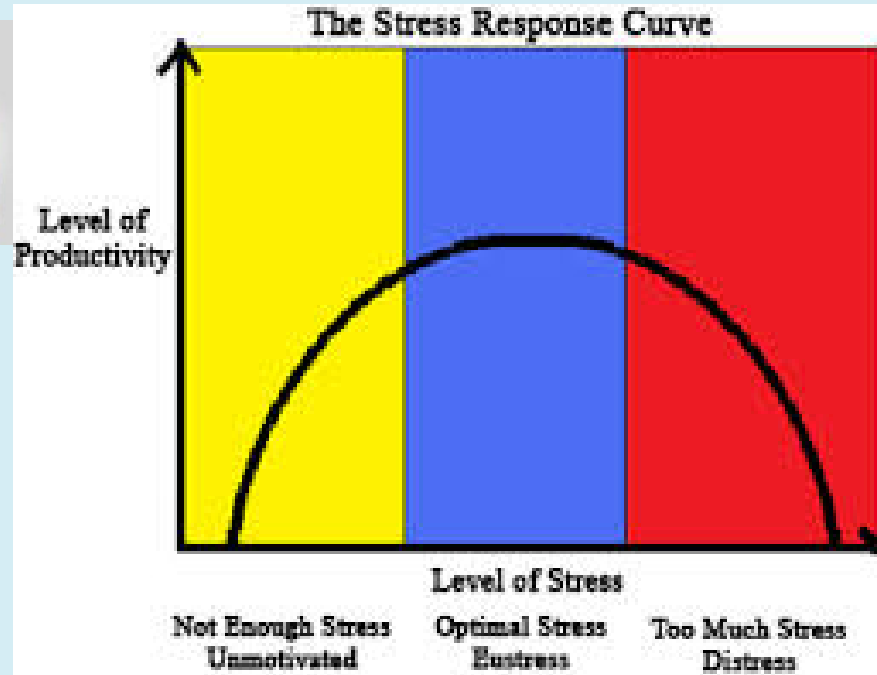
burnout



Suicidal



depressed



# WHAT'S THE POINT

## INSIDIOUS PROGRESSION OF DISEASE:

*Alcohol Consumption in Excess Leads to Chronic and Catastrophic Illness*



Occasion  
Consumption

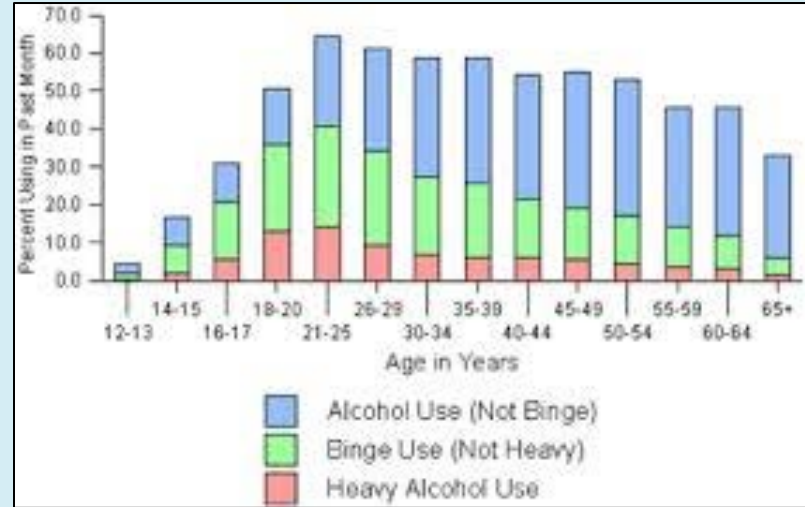
Binge drinking



Cirrhosis



Alcoholism



# GOOD NEWS

## Population Health is About One Thing *Behavior Change*

- Modifying the physical, emotional, habitual and cultural factors that influence health status
- Paired with usual health care
- Relies on an interdisciplinary approach that relies to educate, support, follow-up, and evaluate efficacy



**Behavioral Health Specialists Are Uniquely Positioned to Embrace This Opportunity & Provide the Required Expertise**



# BAD NEWS

## Behavioral Health Has Been Focused on Disease *What about Preventative Behavioral Health?*



Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3



**Primordial Prevention**  
Intrinsic Motivation

**Primary Prevention**  
Lifestyle Change

**Secondary Prevention**  
Early Identification

**Tertiary Prevention**  
Compliance with Care  
Disease Management

**Behavioral Health Specialists May Require  
Re-Training / Re-Focus to Provide the Required Expertise**



# EYEING THE PRIZE

## *What is the Goal? Creating Environments That...*

- Seek out ways to prevent illness & disease
- Reward better health and outcomes
- Are Holistic, Stigma Free
- Promote individual well-being
- Produce resiliency
- Enhance Performance & Prosperity



# APPENDIX



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# THE PROMISE AHEAD

## *Building Cultures of Health*

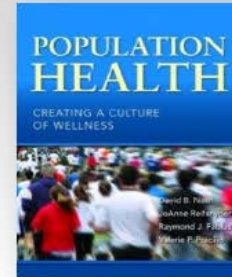
The evaluation of the appropriateness, medical need and efficiency of healthcare services.

A system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant.

The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Reducing or eliminating health and injury & their risks enhances the performance of a workforce

**GAME CHANGER**



**Utilization  
Management**

**Disease  
Management**

**Population  
Health**

**Health &  
Productivity**

**Culture of  
Health**

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# Culture of Health – Becoming a Science

## *A Roadmap for Improving the Health of Your Employees and Your Organization*



[www.ihpm.org/pdf/EmployerHealthAssetManagementRoadmap.pdf](http://www.ihpm.org/pdf/EmployerHealthAssetManagementRoadmap.pdf)

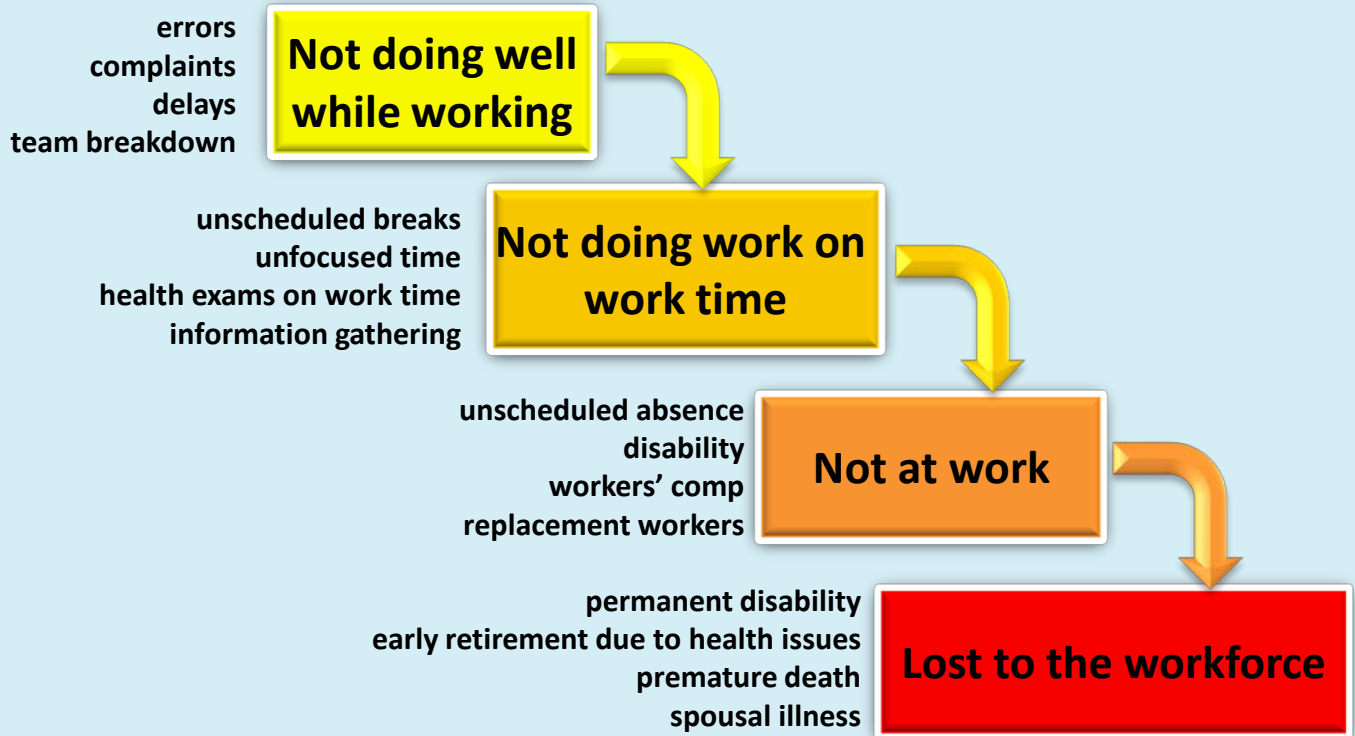




# CULTURES OF HEALTH – WHY EMPLOYERS WOULD DO THIS

*The Impact Of Poor Health To Employers*

*Continuum Of Employee Performance Outcomes*



# ACOEM/HealthNEXT Research

## Culture of Health Companies Outperform

### Marketplace rewards companies who achieve cultures of health:

- Used the ACOEM Corporate Health Achievement Award (CHAA) culture of health award winners as a stock portfolio
  - A portfolio of approximately twenty publicly traded award winners; over nearly two decades
  - Published September 2013 in the *JOEM*
  - Once again the portfolio outperformed the market significantly; in all four test scenarios
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FAST TRACK ARTICLE

### The Link Between Workforce Health and Safety and the Health of the Bottom Line

Tracking Market Performance of Companies That Nurture a "Culture of Health"

Raymond Fabius, MD, R. Dixon Thayer, BA, Doris L. Kenicki, MHS, Charles M. Yarbrough, MD, Kent W. Peterson, MD, Fikry Isaac, MD, Ronald R. Loepke, MD, MPH, Barry S. Eisenberg, MA, and Marianne Dreger, MA

**Objective:** To test the hypothesis that comprehensive efforts to reduce a workforce's health and safety risks can be associated with a company's stock market performance. **Methods:** Stock market performance of Corporate Health Achievement Award winners was tracked under four different scenarios using simulation and past market performance. **Results:** A portfolio of companies recognized an award winning for their approach to the health and safety of their workforce outperformed the market. Evidence seems to support that building cultures of health and safety provides a competitive advantage in the marketplace. This research may have also identified an association between companies that focus on health and safety and companies that manage other aspects of their business equally well. **Conclusions:** Companies that build a culture of health by focusing on the well-being and safety of their workforce yield greater value for their investors.

• Recently, an article by Loepke and colleagues,<sup>4</sup> reported that for every dollar of medical and pharmaceutical costs spent, an employer lost an additional \$2.10 of health-related productivity costs. Health-related presentism (health risks and medical conditions impacting work performance) was shown to have a larger impact on lost productivity than absenteeism, with executives and managers suffering higher losses. Comorbidities demonstrated the largest effects on productivity loss.<sup>4</sup>

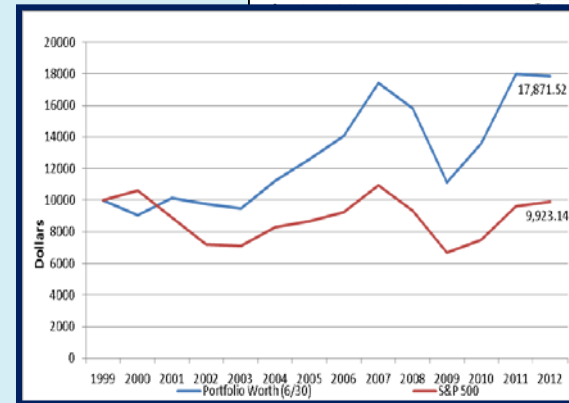
These facts led to a hypothesis: Companies that create an environment for their employees and dependents that reinforces both conscious and unconscious safer and healthier lifestyle choices as well as provides more effective accessing of appropriate health care (ie, surround them with a "culture of health") should be more productive and that productivity should drive business performance and be reflected in the price of their stock.

To test this hypothesis, we tracked the stock of companies with proven health, safety, and wellness under four different scenarios. To find such as to the recipients of the American College of Industrial Physicians and Surgeons (ACOEM's) Corporate Health Achievement Award. Using simulation and past market performance, a \$10,000 investment in publicly traded award-winning companies was tracked from 1997 to 2012 under one scenario in three scenarios.

award-winning companies are recognized for their efforts in creating a healthy workforce, and a healthy workforce has lower health care costs and improved productivity, which in turn leads to higher financial performance. As the result, a financial portfolio of these companies should outperform the market.

**BACKGROUND**

As is well known today as the American College of Industrial Physicians and Surgeons, As the



# Panel II: Question and Answer

## Moderator:

Benjamin G. Druss, MD, MPH

Rosalynn Carter Endowed Chair in Mental Health, Associate Professor of Health Policy and Management, Rollins School of Public Health, Emory University

## Panelists:

Mark McGovern, PhD, Professor, Psychiatry, Community and Family Medicine, Geisel School of Medicine at Dartmouth

Linda Rosenberg, MSW, President & CEO, National Council for Behavioral Health

Ray Fabius, MD, CPE, FACPE, Co-Founder, HealthNEXT

