

Addiction Therapy-2014

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**Psychiatric SMI Medical Home Model: Integration
of Medical Care within Community Mental Health:
Affordable Care Act cost savings in Real Dollars**

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The Problem: **Objective:**
Medical Illness and
Premature Mortality in the
Public Mental Health Sector

Know: What works in SMI
Population

Know: Do I want to be involved

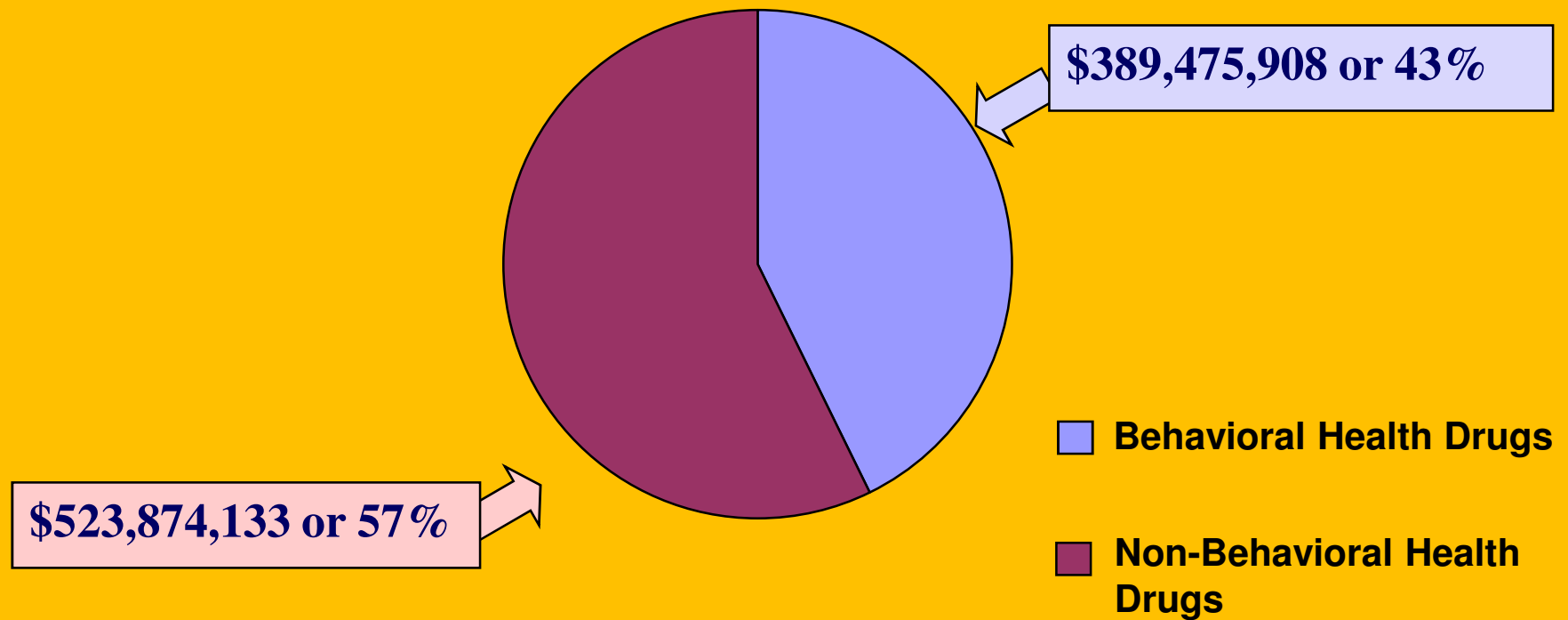
An Historical Perspective

- 1928-1931: Malzberg found that patients in NY State's Psychiatric Hospitals die 15 years earlier than other NY state residents¹
- Most of this excess mortality was due to "natural" rather than "unnatural" causes: heart disease (33%); pneumonia (10.1%), tuberculosis (9.5%), and peripheral artery disease (8.9%)

1. Malzberg B. *Journal of the American Statistical Association*. Mar 1932;27(177A):160-174.

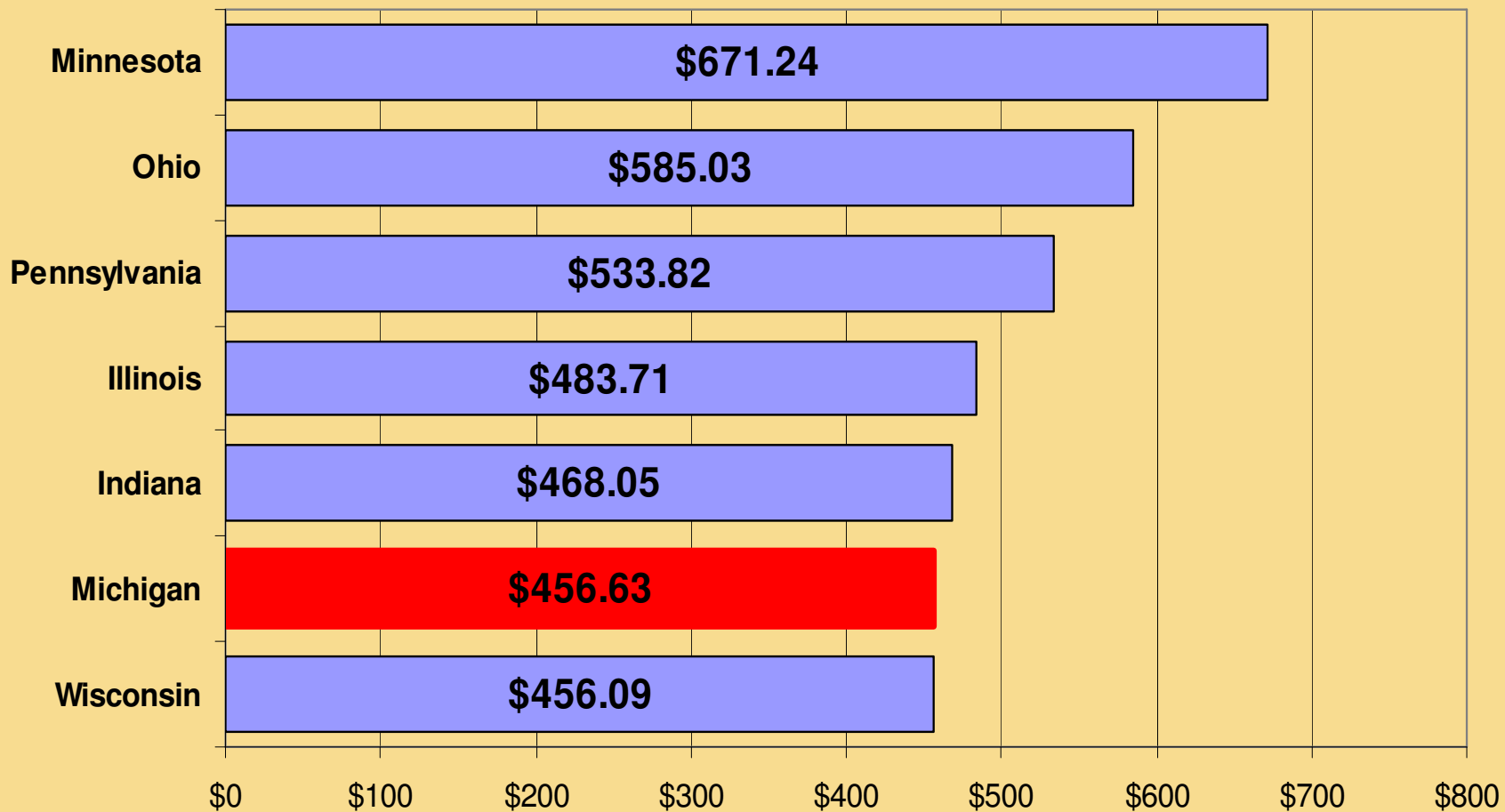
TOTAL PHARMACY SPENDING VS. BH SPENDING

Total Annual Pharmacy Spending (all drugs): \$913,350,041



Numerous **barriers** that are innate to the SMI who have substance abuse issues that also have chronic medical conditions (**CHF, CAD, DM-II, HPTN, etc.**)

Medicaid State Spending Per Beneficiary Per Month*

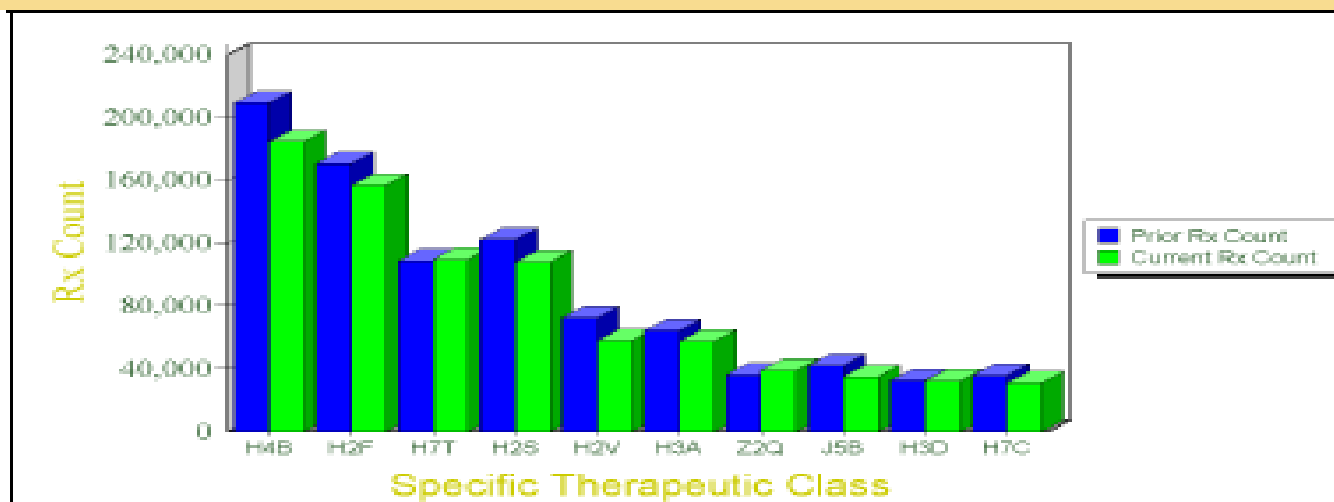


Ping



Boardman (2) reviewed the patient sampling of other researchers and he found that the SMI had an 88% occurrence of one chronic medical illness as well as 51% of two chronic medical illnesses

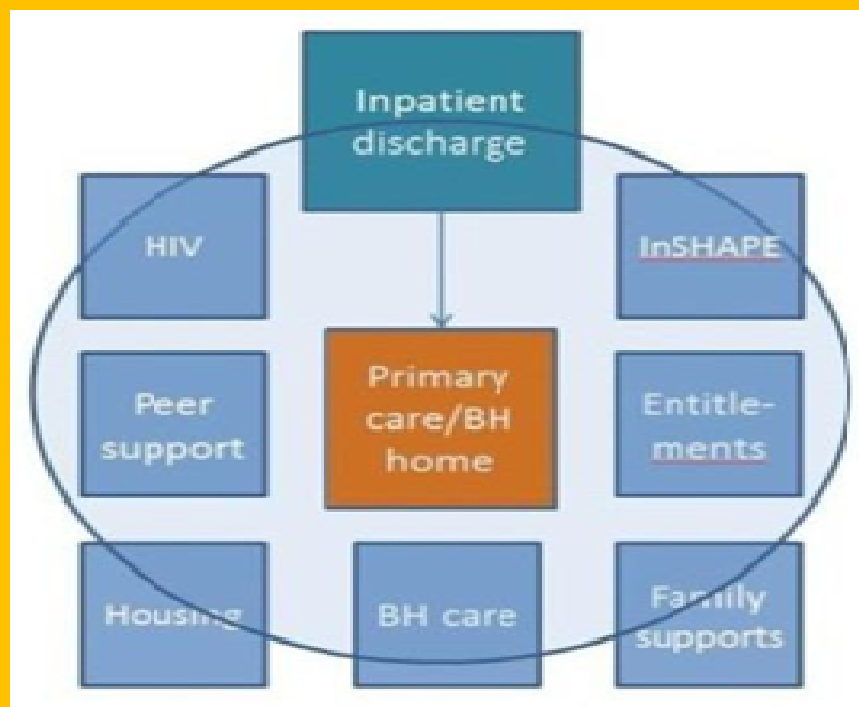
Top 10 Therapeutic Classes Ranked by Claim Volume



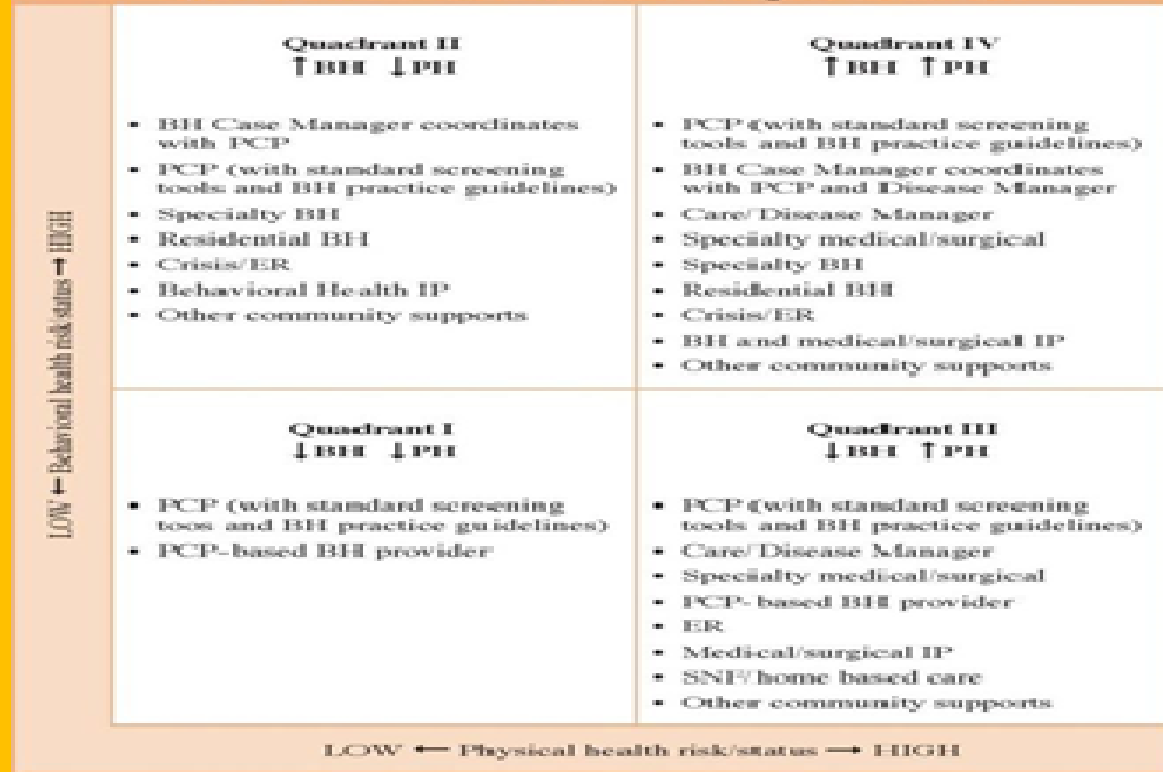
Class	Specific Therapeutic Class Description	Prior Month Rx Count	Current Month Rx Count	% Change in Rx Count	Current Ingredient Cost	Current Payment Amt
H4B	ANTICONVULSANTS	208,906	184,096	-11.88%	\$17,525,062.83	\$15,582,987.68
H2F	ANTI-ANXIETY DRUGS	170,269	156,303	-8.20%	\$544,209.76	\$774,594.26
H7T	ANTIPSY, ATYP, DOP, & SERO, ANTAG	108,704	109,391	0.63%	\$35,309,823.24	\$33,772,266.37
H2S	SEROTONIN SPEC REUPTAKE INHIB(SSRI)	122,072	107,689	-11.78%	\$2,078,484.36	\$2,178,970.96
H2V	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS	72,227	57,511	-20.24%	\$4,591,030.00	\$4,066,149.64
H3A	ANALGESICS, NARCOTICS	64,058	57,344	-10.48%	\$1,826,585.14	\$1,813,819.90
Z2Q	ANTIHISTAMINES - 2ND GENERATION	35,992	38,597	7.24%	\$375,747.01	\$395,662.83
J5B	ADRENERG, AROMAT, NON-CATECHOLAMINE	41,749	34,548	-17.01%	\$3,019,762.97	\$2,651,840.23
H3D	ANALGESICS, SALICYLATES	32,247	32,047	-0.62%	\$20,269.27	\$45,950.97
H7C	SEROT-NOREPINEPH REUP-INHIB (SNRIS)	35,531	30,587	-13.91%	\$3,319,741.49	\$3,245,354.62

Health Home Navigation in a Recovery-Oriented System of Care, was obtained to address these issues. The “health home” was used to mean a combination of comprehensive health care management, care coordination and health promotion, comprehensive transition care (including appropriate follow up from inpatient to next level of care), patient and family supports, referrals to community and social services, and use of health technology to link services as described in the Patient Protection and Affordable Care Act (PPACA), section 2703.

Prevention of psychiatric hospitalization, sub-acute detoxification and sobering facility admissions, and the effective management of chronic disease, with concomitant improvement in health status, are target goals of *Patient Protection and Affordable Care Act (PPACA), Section 2703* and the pilot behavioral health home. The focus is on the integration of physical and mental health care.

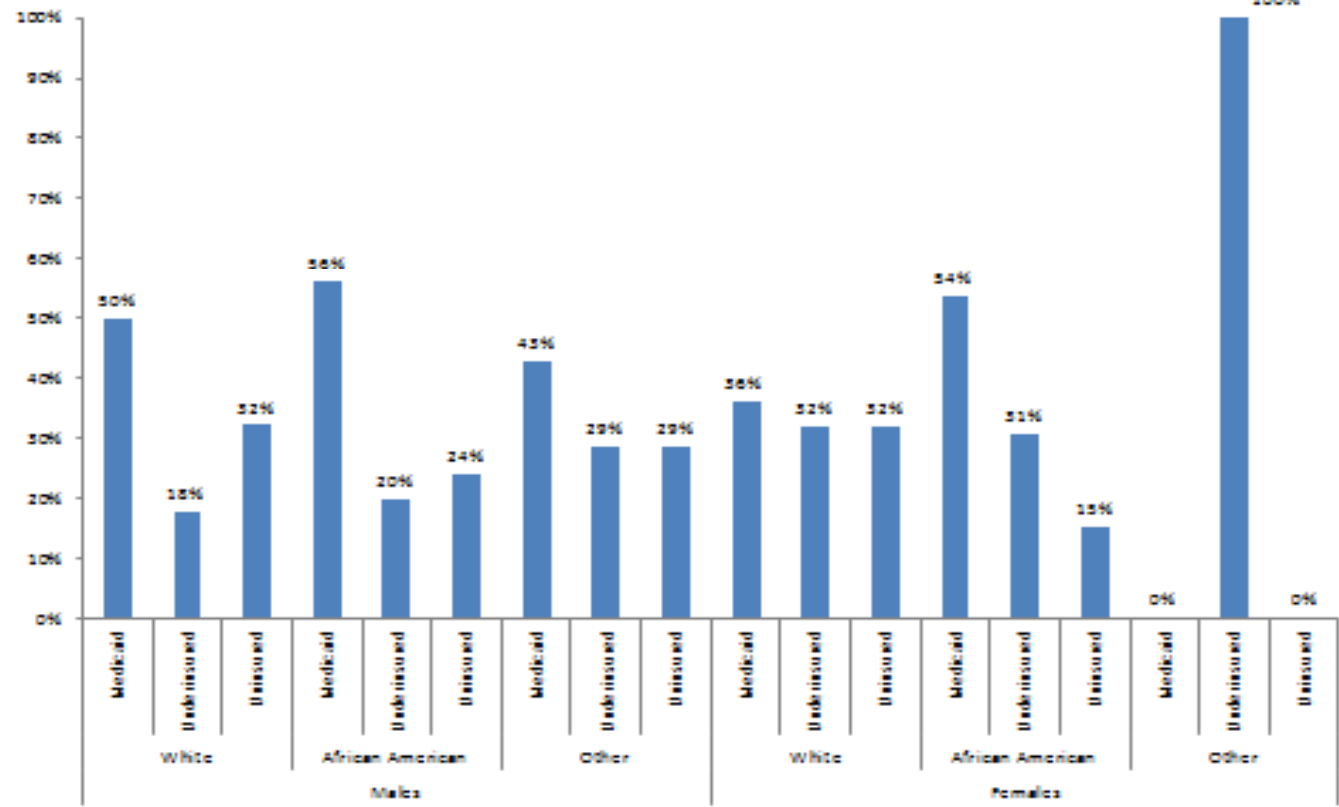


The Four Quadrant Clinical Integration Model

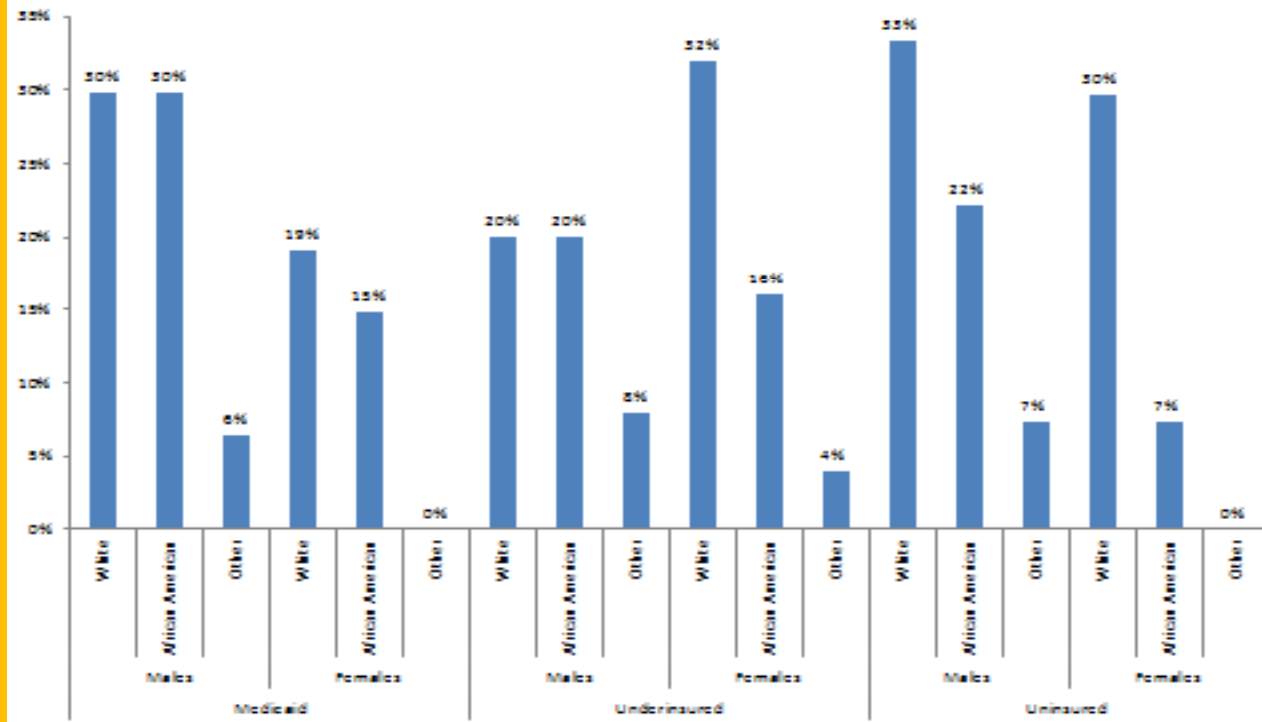


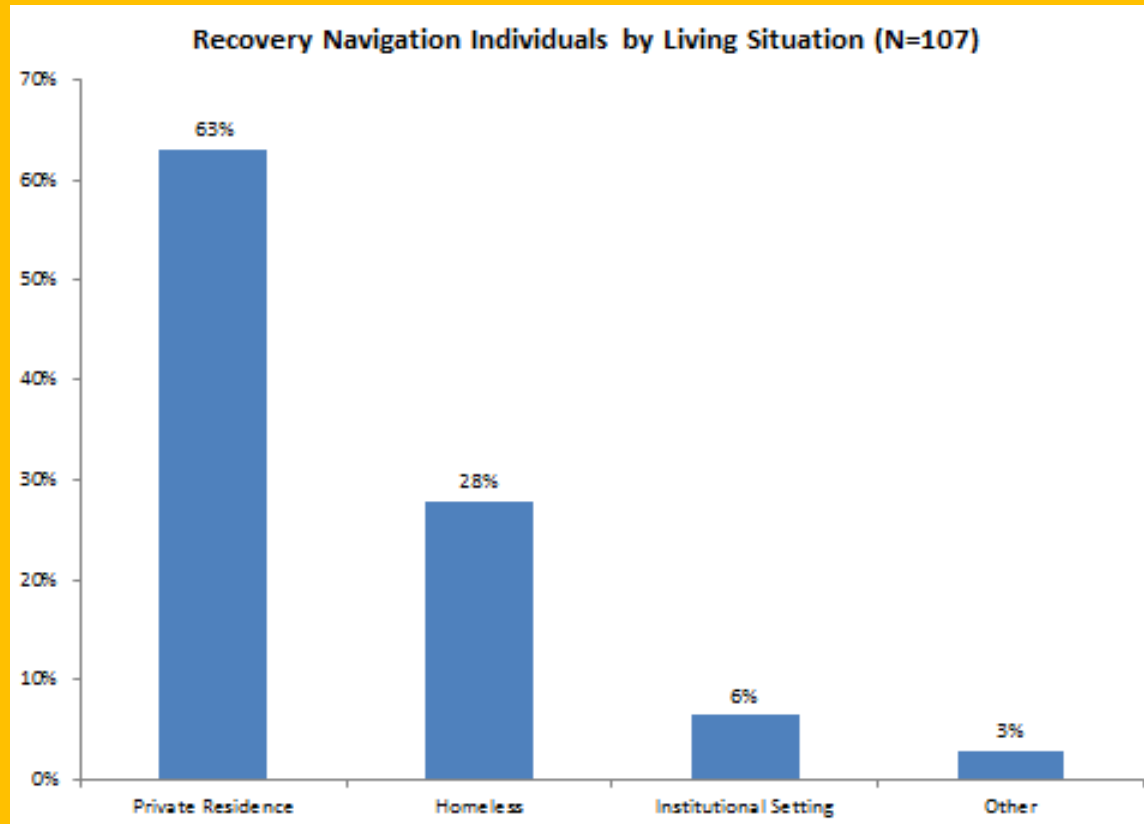
BH = Behavioral health; PH = Physical health; PCP = Primary care provider
ER = Emergency room; IP = Inpatient care; SNF = Skilled nursing facility

Recovery Navigation Team Individuals by Race and Gender and Insurance Type (N=107)

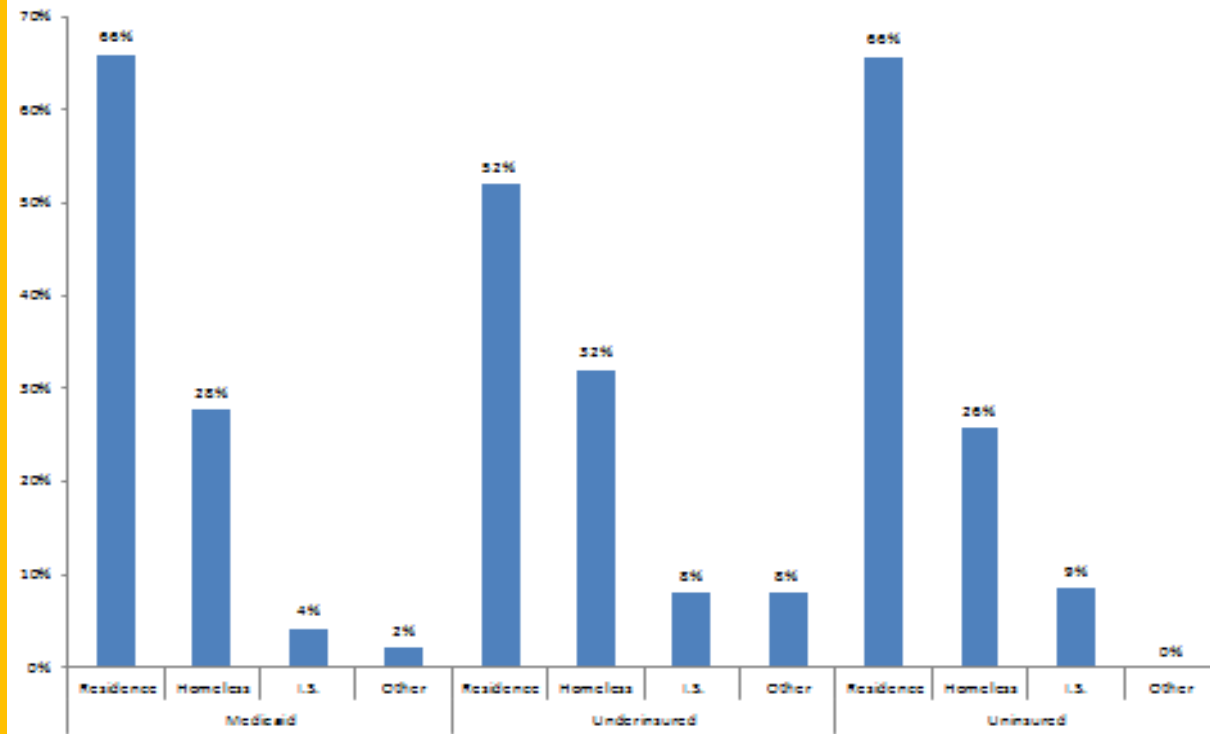


Recovery Navigation Team Individuals by Insurance Type and Race and Gender (N=107)

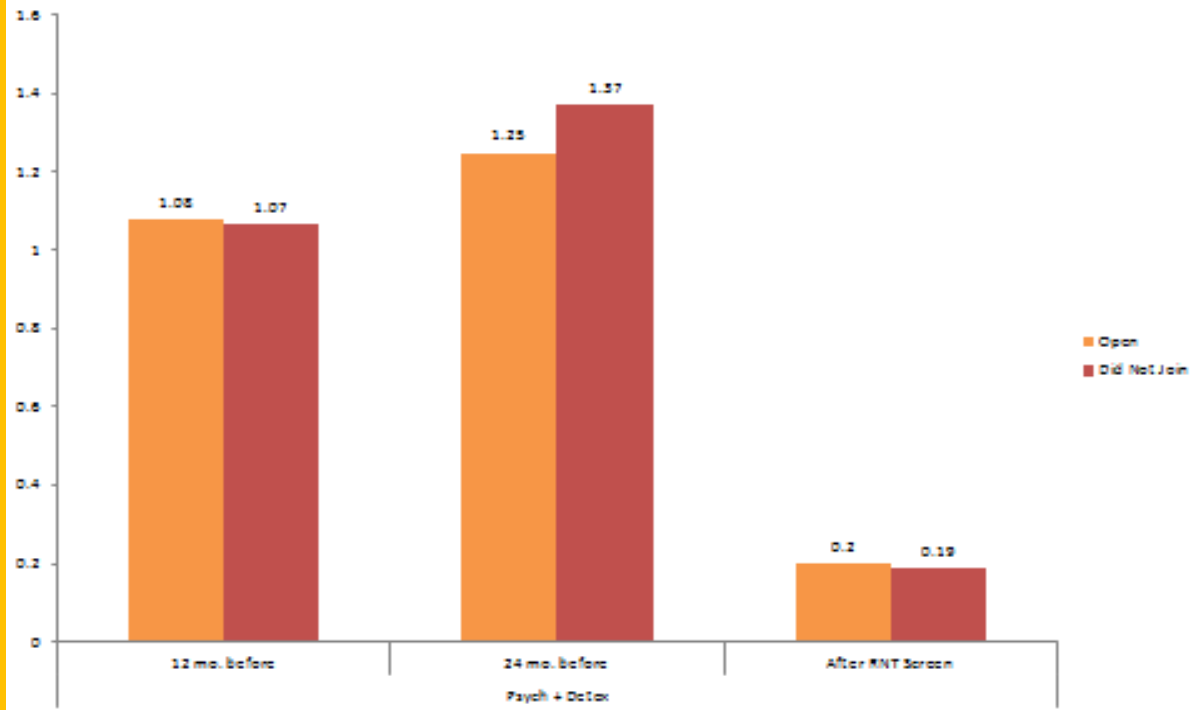




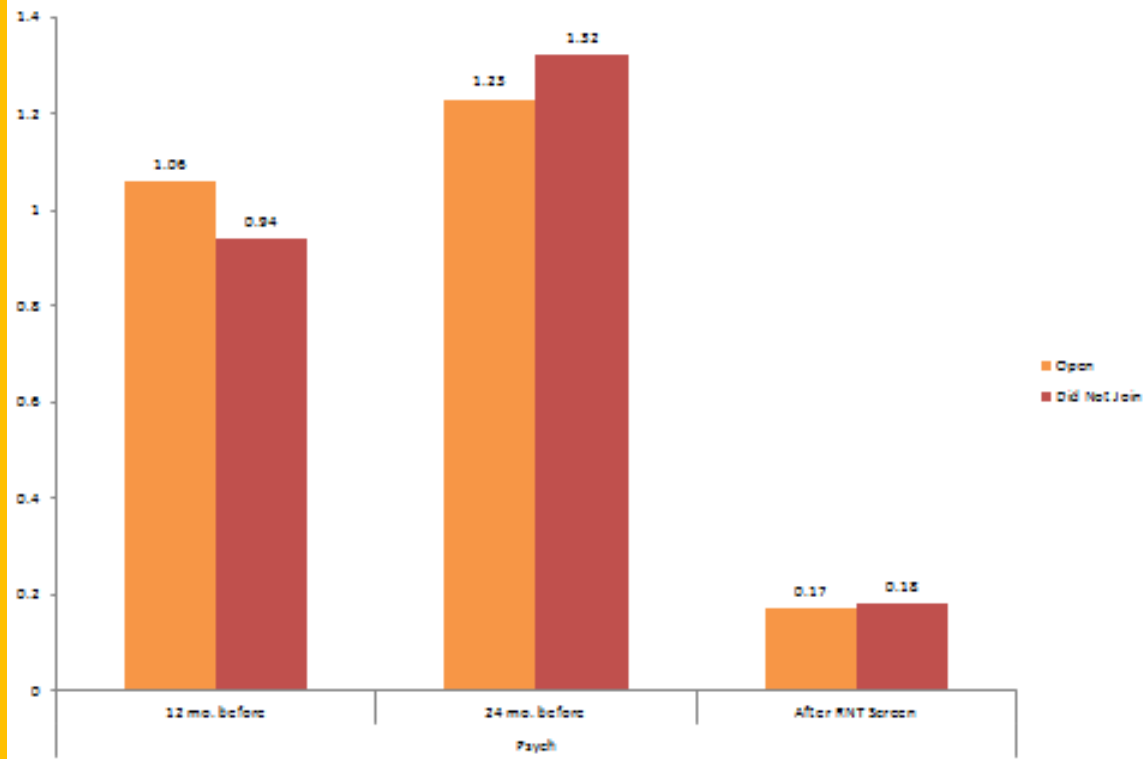
Recovery Navigation Individuals by Living Situation & Insurance Type
(N=107)



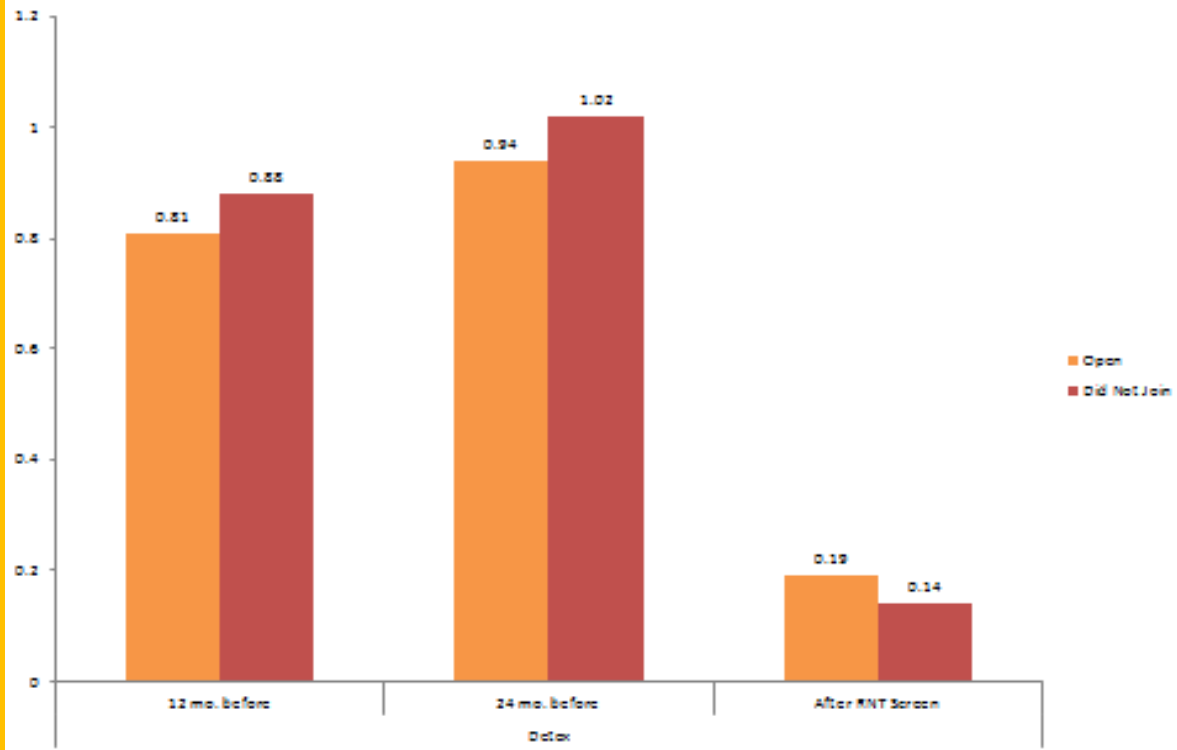
Average Number of Combined Psychiatric Hospital and Sub Acute Detox Admissions 12 Months & 24 Months Prior to and After Recovery Navigation Screening Date (N=257)



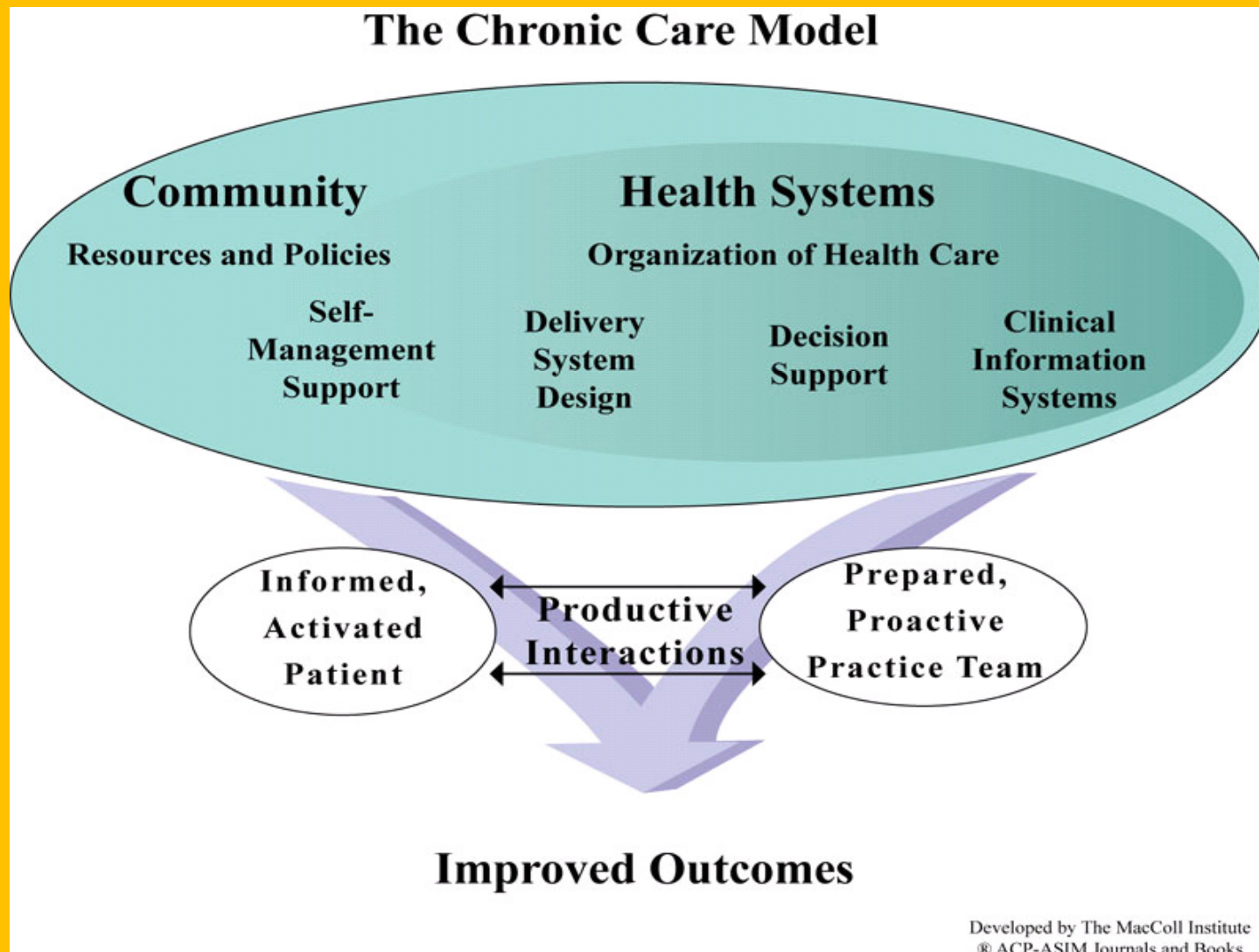
Average Number of Psychiatric Hospital Admissions 12 Months & 24 Months Prior to and After Recovery Navigation Screening Date (N=257)



Average Number of Sub Acute Detox Admissions 12 Months & 24 Months Prior to and After Recovery Navigation Screening Date (N=257)

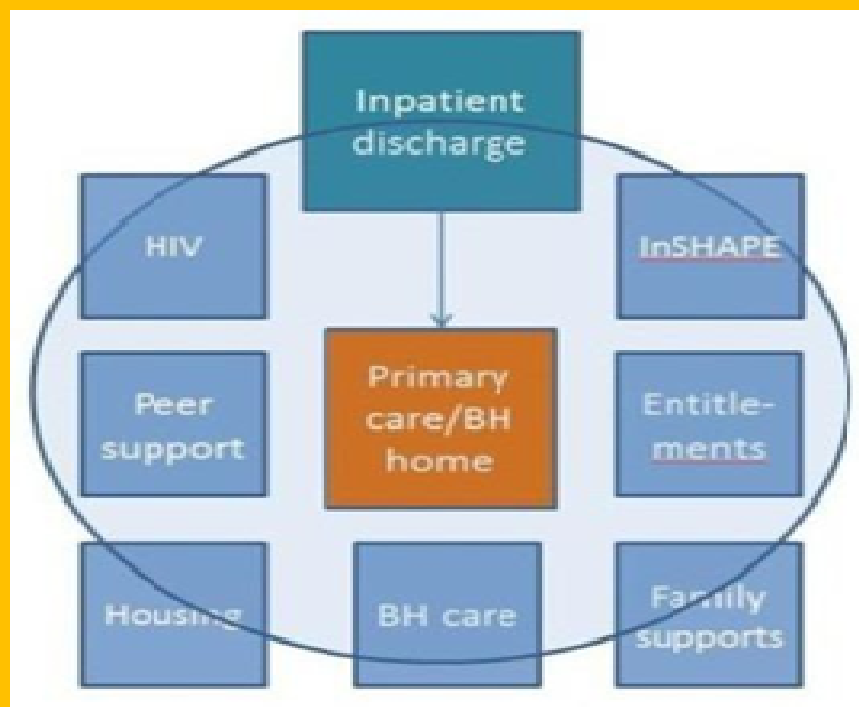


Tertiary Prevention: Effective Treatment of Chronic Illness-**DOES NOT FUNCTION**



THIS DOES NOT WORK:Care Delivery: Building a Medical Home for People with SMI

- Collocated Models: Bring care onsite: **No resources**
- Facilitated Referral: Link to community medical providers: **Does Not work**
- Partnership: Develop a relationship between a CMHC and medical provider-**Difficult to connect Silo's**



- **Summary: Integration In CMH Psychiatric HOME**
- By same day appointment for either medical or psychiatric cut total expenses by 80%
medical/psych
- Decrease inpatient for both medical and psychiatric care by 80%
- Treatment of Substance Use disorders
- Treatment of Prison population with Court System to keep mentally ill out of jail as long as the client engaged with treatment



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