Healthier WASHINGTON

Health Innovation Leadership Network

Quarterly Meeting | July 29, 2016

Summary

The second quarterly meeting for 2016 focused on understanding our multisector leadership role in accelerating the shared goal to provide integrated physical and behavioral health care to the whole person. This theme was explored in multiple discussions from the purchasing and payment level, care delivery level, and on the community linkages level.

Opening remarks

Dorothy Teeter, Health Innovation Leadership Network Co-chair

- In January, HILN members requested integrated physical and behavioral health as a topic for a future meeting. We hope that this meeting will show how all of the sectors we have in our state need to interact to ensure we do a good job of integrating care service, referrals between our health systems, our communities and our government entities.
- Another request was that we should have a consumer voice present at our meetings, to talk about the real-life, on-the-ground experience. Kay Roberson from Clark County will share her story with us today.
- Dorothy shared that she recently took a trip to Vancouver to speak with local county commissioners and legislators to gauge what was happening in the area, as well as determine what should be next on the agenda. She learned that "everyone is all in" to make integrated physical and behavioral health a success.

Spotlight On: Physical-Behavioral Health | Consumer Perspective

Bob Crittenden, Office of the Governor

- Governor Inslee wants people's health to be improving, by making sure the systems that are in place that can make important changes—this requires us to change how we are doing things.
- What we are missing right now is a process of measurement. We must make sure we are accountable and able to measure our progress.
- We are encouraging more regions to become mid-adopters.
- We have a lot of studies going:
  - A recent bill was passed that will look at the whole health care system, including mental health and how the hospitals play a role.
  - Diverting mentally ill people from entering the jail system.
  - Work force issues, specifically around hospitals and staffing.

Teresita Batayola & Joe Roszak, Physical & Behavioral Health Integration Accelerator Committee Co-champions

- Joe Roszak: We did a statewide survey of different agencies, varying in size, to try and gauge what people were doing to achieve integrated care and what we found was that many of us have been working on integrated care for over five-year—it's not a new concept.
    - We are pushing integrated care, because without it, people will die.
- Teresita Batayola: There are a lot of efforts around the state, and it's all very uneven and depends on the commitment of the systems providing the service to actually make a change.

Kay Roberson, Clark County Crisis Services

- Kay grew up in a dysfunctional household, filled with physical and sexual abuse and neglect, in poverty and on welfare. She married, had four children, two with a disability and one of which passed away in childhood.
- The stress in her life caused and contributed to severe physical illness. She shares that she was never taught to go to a primary care provider, so she made trips to the emergency department to receive her treatment.
- Growing up, and into adulthood, Kay received counseling for over 12 years but had a hard time trusting her therapists because they would change every 6-12 months. When she entered a faith-based community, they set her up with a consistent source of counseling services, which she said developed into a very positive peer-to-peer relationship.
- Other than medical care, Kay says the most affecting factor for her health was homelessness. She said "you can't self-care when you don't have a place to put your head."
- Kay refers to herself as a system navigator—someone who has "been there, done that" and can speak from experience when she helps Clark County Crisis Services clients.
- In her line of work, she sees a huge number of the Medicaid population not utilizing their mental health insurance because they don't know how to navigate the system.

Spotlight On: Physical-Behavioral Health | Purchasing and Payment

Vanessa Gaston, Clark County Community Services

- Lessons learned: The counties are extremely important in the early adopter integrated health process. You have to constantly educate your elected officials about the changes that are happening. You always have to be flexible and patient. You have to find a role for county commissioners because they are an important component. We also cannot forget about substance use disorders—it impacts a lot of systems because there are a large population of people will co-occurring disorders. You have to spend time and investments on mental health and substance use disorder providers.

Peter Adler, Molina Healthcare of Washington

- Integration needs to happen at the level of the integrated behavioral and medical health systems, at the level of integrated care delivery, and at the level of integrated care coordination.
- The financing and care delivery systems are currently not integrated.

- The behavioral health and chemical dependence provider communities are much more fragile than the physical health provider community, in terms of financing and being able to make payroll.
- Early successes and achievements in Southwest Washington: initial claims paid successfully and timely, integrated care coordination from day 1, increased access to primary care for behavioral health providers, providers are convening for integration talks, successful transitions of long-term residents out of Western State Hospital, and continuity of care—replications of behavioral health and crisis services.
- Success story: Janice in Southwest Washington lives with a severe mental health condition, asthma, chronic pain and is legally blind. She has had over 140 ER visits and multiple hospital medical admissions. With introduction of integrated care coordination, a Molina care coordinator pulled together a team of mental health, hospital and medical staff to create one care plan. They re-engaged with medical home, engaged with pain management program and behavioral health provider team. The results have been that Janie is now getting routine care, managing chronic conditions.

John "Bunk" Moren, Community Services Northwest

- Getting people connected to a primary care provider after they've left certain systems, like prison, had always been a challenge. We identified this problem, and within a week of April 1, the issue has been resolved.

Spotlight On: Physical-Behavioral Health | Care Delivery

Joe Roszak, Kitsap Mental Health Services

- In the integrated system, co-occurring disorders could include mental, physical, or substance use.
- A major barrier for providers in the integration system include financial and reimbursement strategies and workforce.

Jurgen Unutzer, University of Washington

- We can accomplish an enormous amount if we work together, and that's why integration is important.
- Only five out of 10 Medicaid patients get treated for their diagnosable disorders or illnesses.
- Placing a behavioral health professional in a primary care clinic, and doing quick behavioral interventions for patients that need immediate care, is a way of catching things upstream, and possibly preventing an ER visit or hospitalization.
- There needs to be more training in the integrated approach.

John Wiesman, Department of Health

- Healthier Washington has made a commitment to help providers and systems with practice transformation, and that is where the practice transformation support hub plays a role. We want to increase provider satisfaction and help providers to be successful in this kind of transition.

Spotlight On: Physical-Behavioral Health | Community Linkages

Teresita Batayola, International Community Health Services

- In their community health centers, two-thirds of their patients are homeless, most of which are youth. However, when the county does their one night homeless population count, they're not included, because most of the youth are sleeping from one friend's house to another, and on various couches. They need a variety of services, including education, jobs, and food.
- We need to add a foundational layer in the integration system that talks about community linkages. How can we pay for the community partners and organizations that help make population health happen at the community level?

Elya Moore, Olympic Community of Health

- Local knowledge about needs is critical to make wise resource allocation decisions and there is a strong desire among the ACHs for local autonomy to make sure that the money is going to match with local priorities.
- What value can ACHs bring? Creating a functional and safe forum for exploring issues and developing actionable strategies, technical assistance, and advocacy.
- The ACHs all agree that whole-person care is necessary to the triple aim and it is an identified regional priority.
- We must advocate for what's needed at the local level, convening key partners to come up with a local plan forward, advising on the fully integrated contracts that are coming out of the MCOs, and acting as a regional data hub by tracking process towards whole-person care benchmarks in collaboration with AIM. The ACHs can provide a venue in which providers can collaborate on specific tactics on whole-person care.

Graydon Andrus, Downtown Emergency Service Center

- We will achieve so much more if we can get people into stable housing.
- The critical linkages we've tried to make have been between behavioral health and substance use treatment, as well as by making formal linkages to primary care the old fashioned way by forging relationships with health care providers that knew our population and cared about them.
- By law, if you are a health care establishment or agency, you are required to ensure that someone with a disability that requires them to be in a wheelchair has access to your facility. The same should be for someone that has a mental illness, and who is disengaged and confused from that illness, to have access to your facility and the healthcare they're entitled to. The only way this can happen is through an assertive outreach effort. This is an important concept that the system has not grabbed onto yet. Unfortunately, the funding for this type of effort is not covered by Medicaid.

Next Steps

Dorothy Teeter, Health Innovation Leadership Network Co-chair

- Integration is not just for our Medicaid population, because it will by nature transform our systems for everyone else as well.
- Upcoming Healthier Washington events:
    - September 9: Edge of Amazing summit
    - October 24: Healthier Washington symposium