The Case for Reverse Integration: Cascadia's Plan for Integrating Primary Care into Behavioral Health Centers

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PRESENTATION OVERVIEW

1. Dr. Jeffrey Eisen: Overview of Cascadia Behavioral Healthcare, its history, and the integration proposition

2. Dr. Brian Don: An overview of Cascadia's population-level demographics, and a data-driven case for reverse integration

3. Renee Boak: The evolution of integration at Cascadia Behavioral Healthcare

Part 1 – Cascadia's History and the Integration Proposition – Dr. Jeffrey Eisen

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CASCADIA (BEHAVIORAL) HEALTHCARE

18,000 People Served Each Year

Cascadia brings health and housing services to those who need them most. With 75 sites in Oregon's Multnomah, Washington, Clackamas, and Lane Counties, we help create a sense of community.

We've learned that families are an important part of people's lives and offer services unique to children, families, adults, and older adults:

- Community and clinic based services mental health & addiction services
- Forensic mental health
- Homeless services
- Housing
- Medical services- psychiatric and nursing
- Peer wellness
- Residential
- Urgent and emergency services

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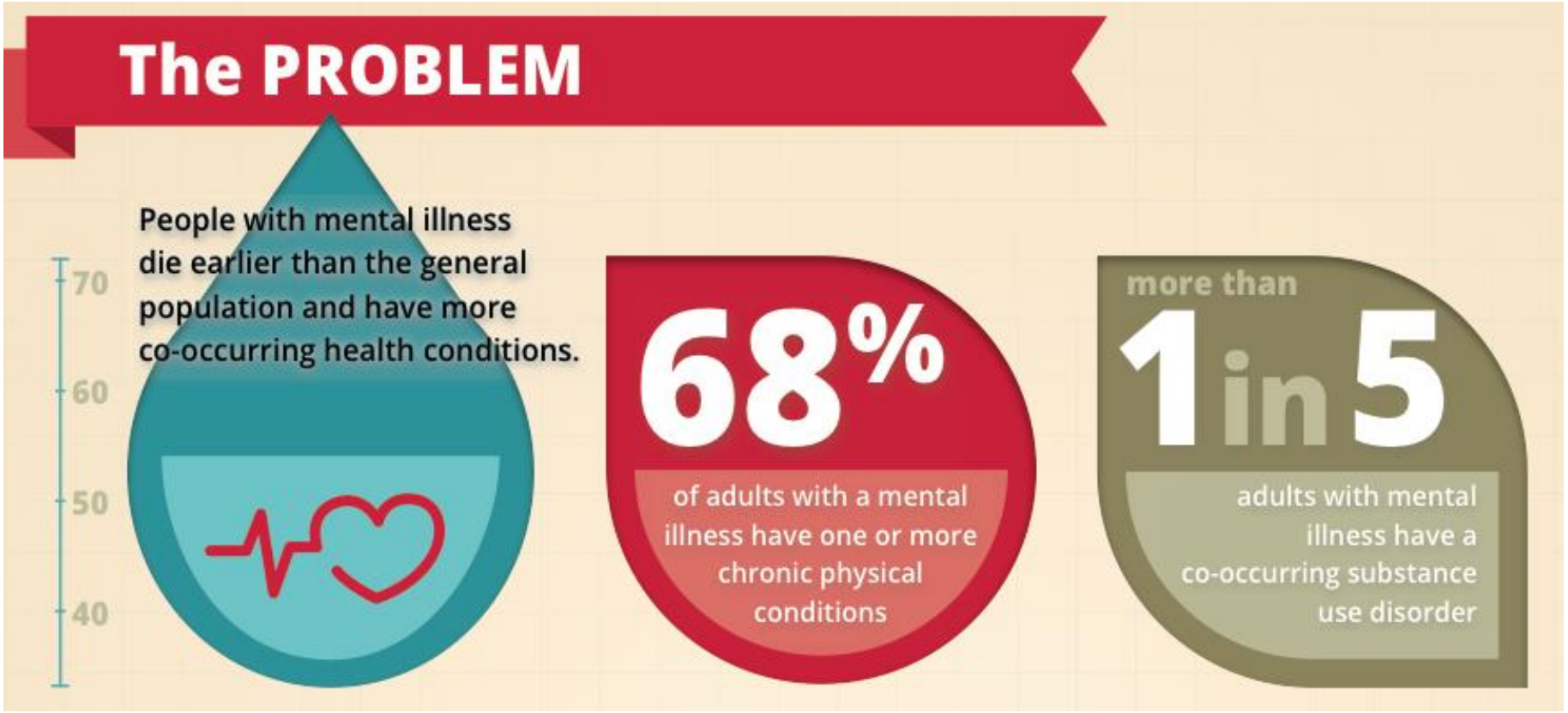

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360° View → The Power of Whole-Person Care

In any given year, there are approximately 34 million American adults with co-morbid mental and medical conditions. Coordinating care can improve clinical outcomes, increase care quality while reducing cost, and boost consumer satisfaction.

[1]Source: New York State Office of Mental Health. [2]Source: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). [3]Source: Robert Wood Johnson Foundation. [4]Source: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). [5]Source: American Psychological Association. [6]Source: Robert Wood Johnson Foundation. [7]Source: Robert Wood Johnson Foundation

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AN INTEGRATION PROPOSITION: OPPORTUNITIES AND CHALLENGES

- Historical interest
- Certified Community Behavioral Healthcare Clinic (CCBHC)
  - Outlined in expansion of Excellence of Mental Health Act (2014)
  - Designed to provide a comprehensive range of mental health and substance us disorder services, including primary care screening and referral
  - Oregon as a demonstration state
    - Oregon requirement to provide 20 hours of primary care per week, per health center location

AN INTEGRATION PROPOSITION: OPPORTUNITIES AND CHALLENGES

- Reverse integration model
  - Limited expertise
  - Literature sparse- structure and outcomes
    - Raney, et. Al. *Integrated Care: Working at the Interface of Primary Care and Behavioral Health.* American Psychiatric Publishing, 2015.
  - A cultural shift for the organization

Part 2 – A Data-Driven Case for Reverse Integration – Dr. Brian Don

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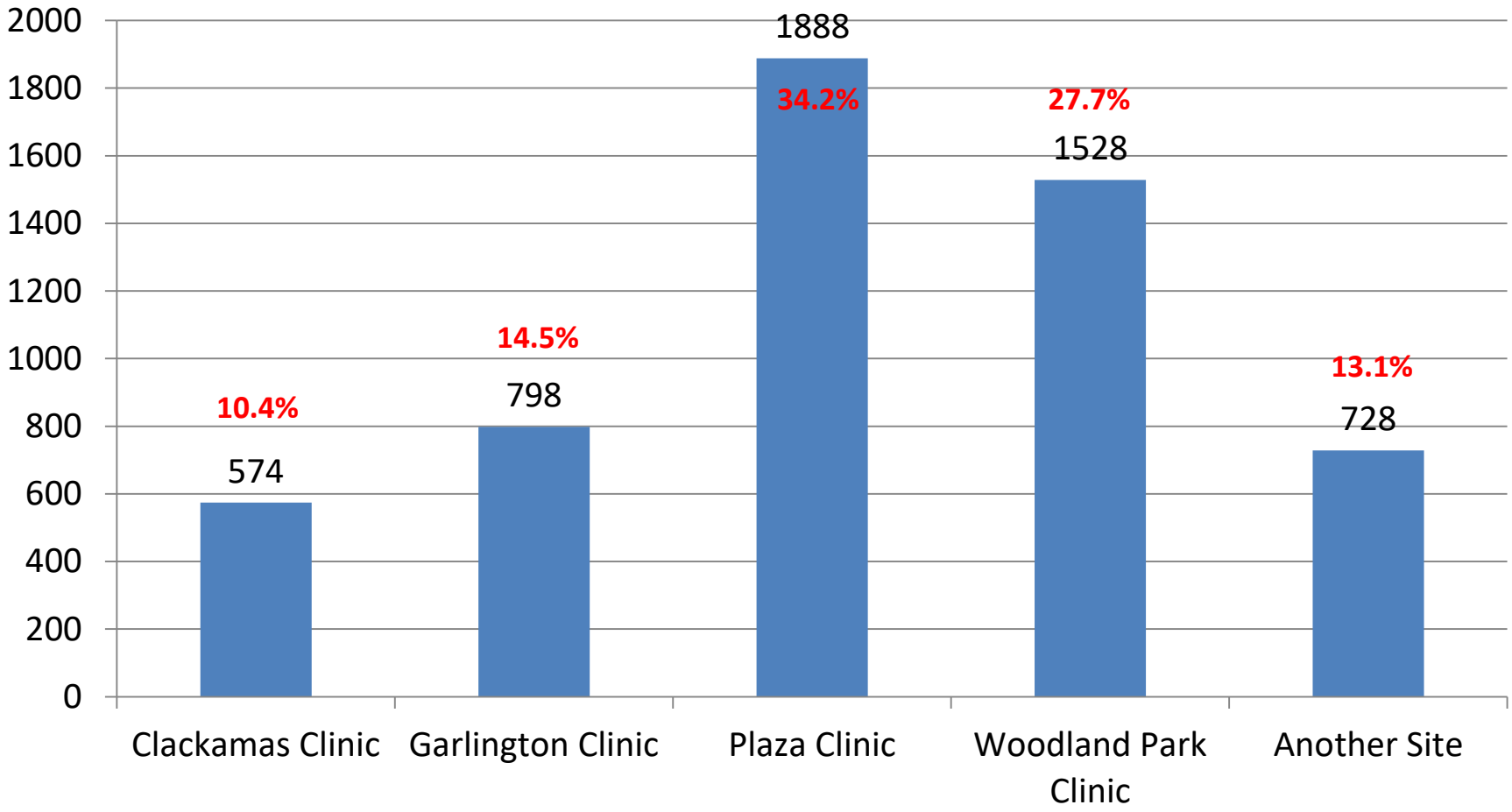
UNDERSTANDING OUR CLIENT POPULATION

- Examined demographics for all active clients during the Fall of 2017
  - Includes 5516 unique individuals
  - Cascadia collects data on the following, among others:
    - Race/ethnicity, gender identity, age, living situation

PRIMARY LOCATION- ACTIVE CLIENTS- FALL 2017



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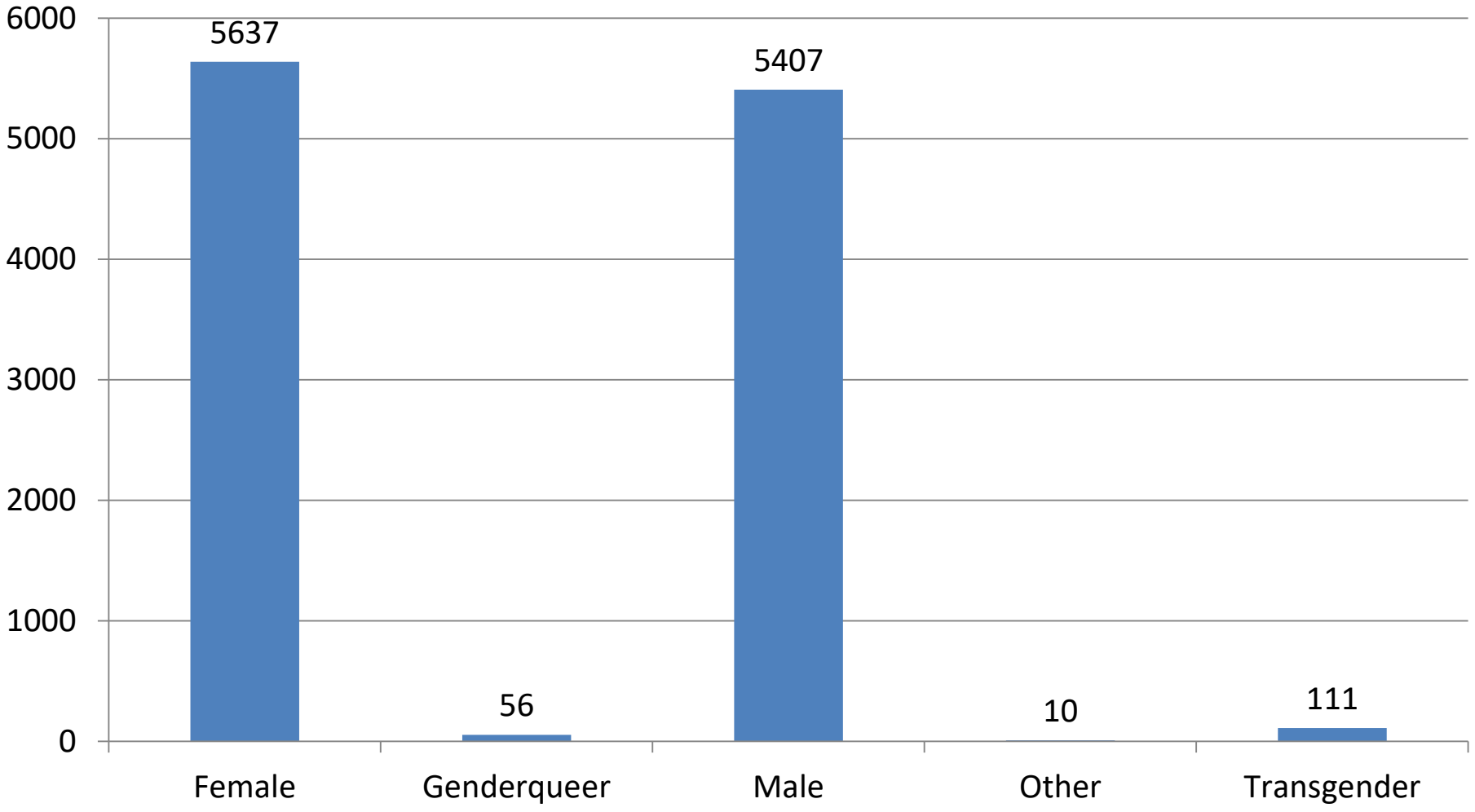
GENDER IDENTITY- ACTIVE CLIENTS- FALL 2017



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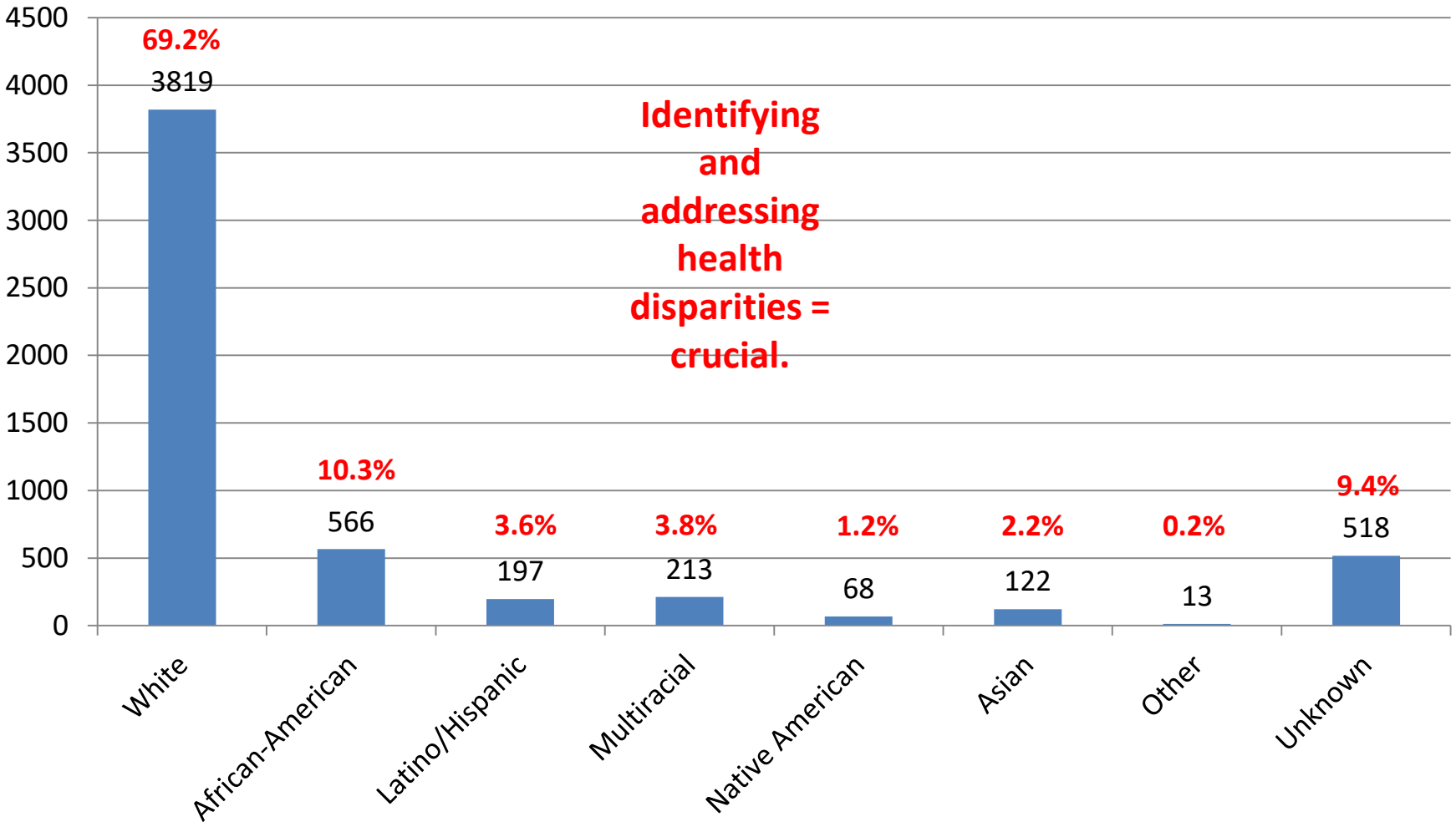
RACE/ETHNIC IDENTITY- ACTIVE CLIENTS- FALL 2017



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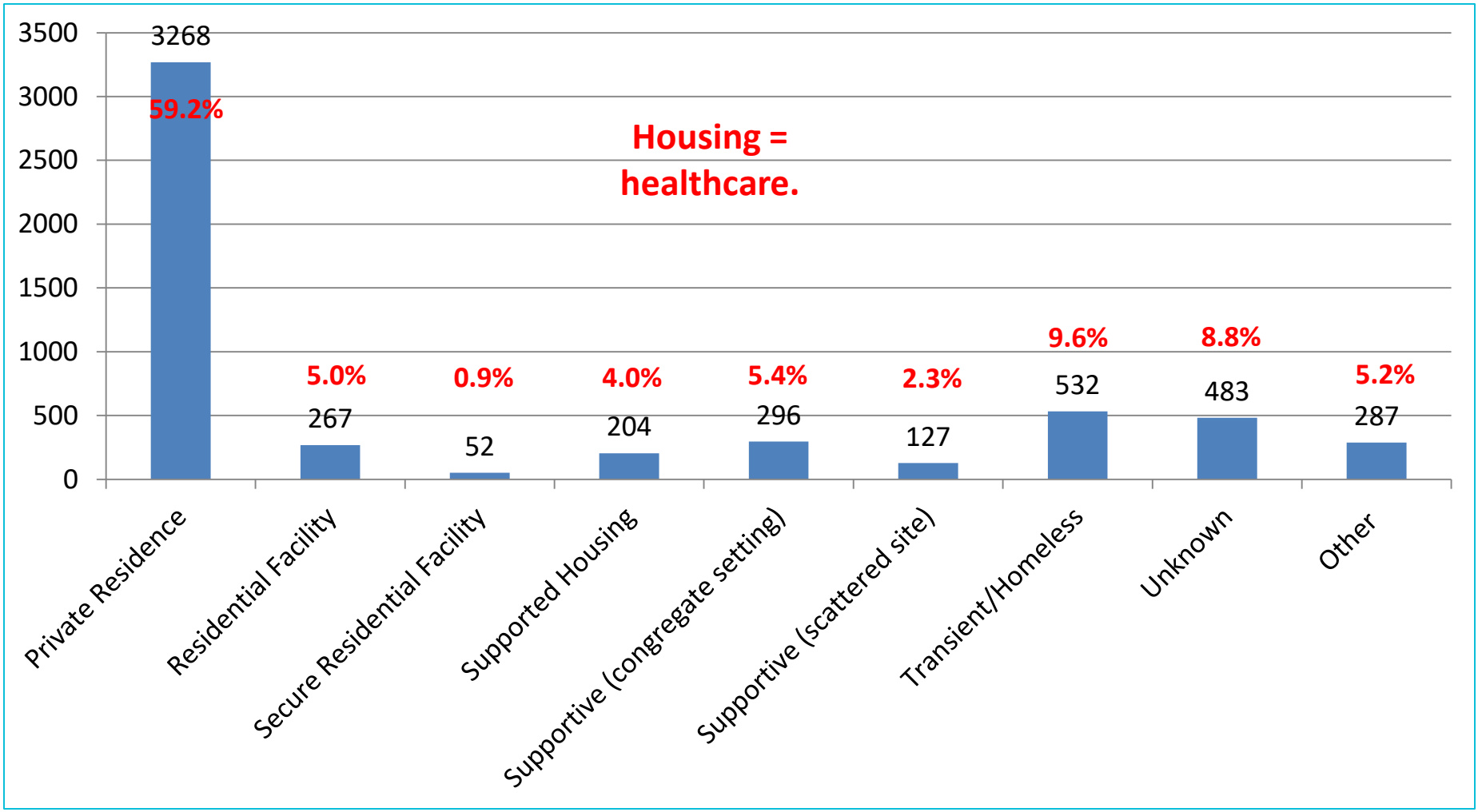
LIVING SITUATION- ACTIVE CLIENTS- FALL 2017



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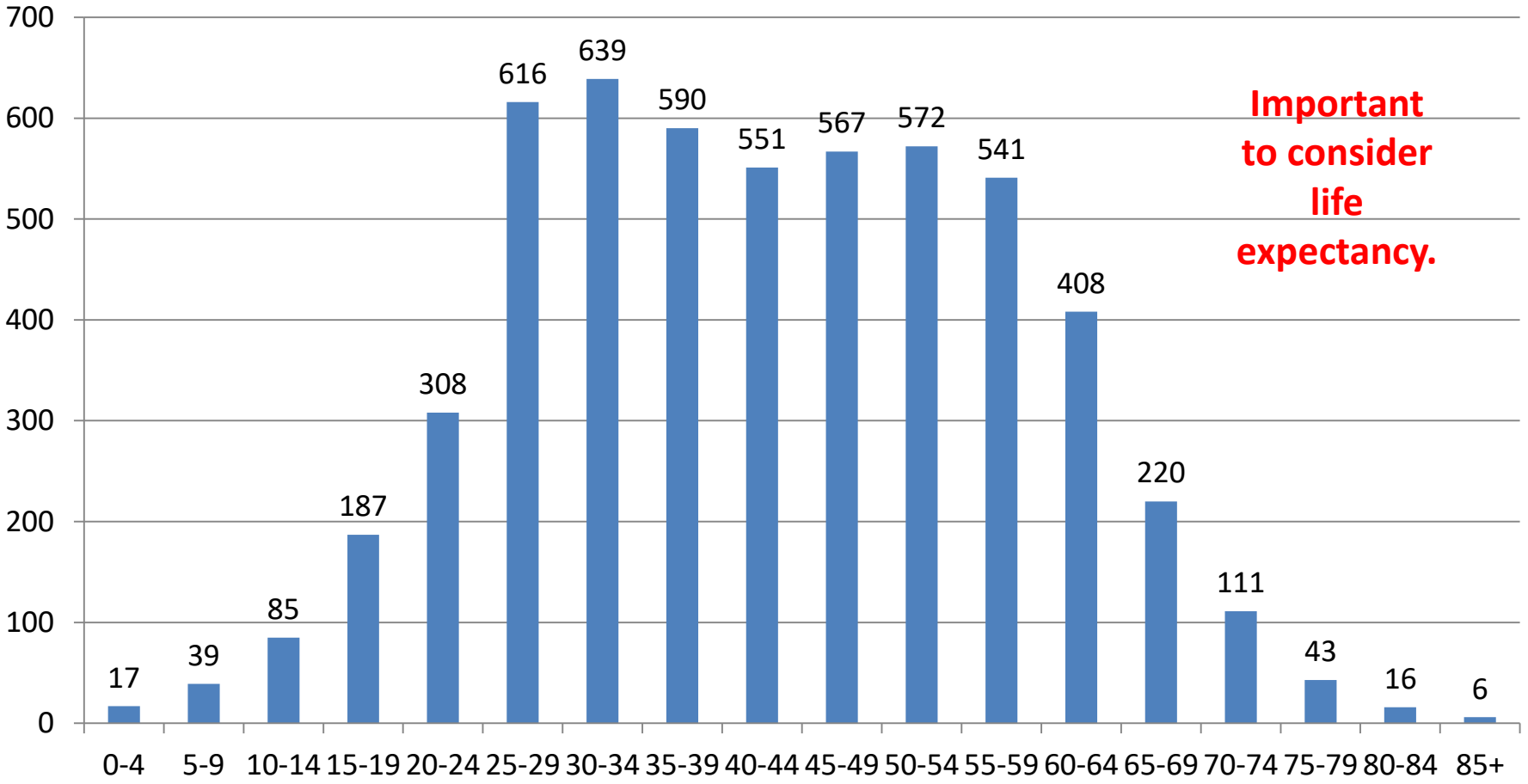
AGE- ALL INDIVIDUALS SERVED- 2016-2017



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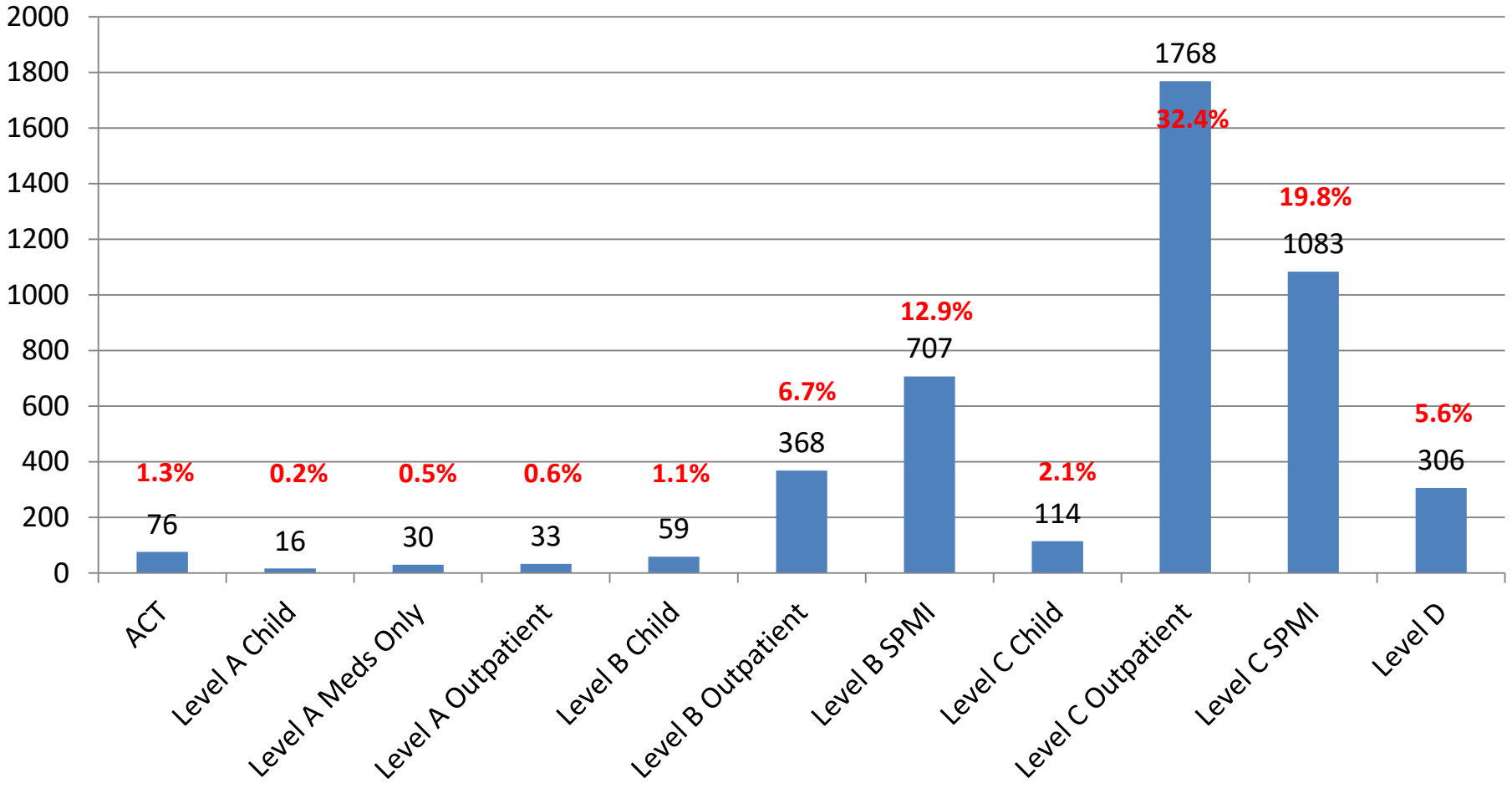
LEVEL OF CARE- ALL INDIVIDUALS SERVED- FALL 2017



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Understanding Psychiatric and Physical Diagnoses in Cascadia's Client Population

The Integration of Mental and Physical Health

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A DATA DRIVEN CASE FOR REVERSE INTEGRATION

- A plethora of research suggests individuals with mental illness have:
  - Higher rates of serious physical health problems
  - Shorter lifespans
  - Greater utilization of costly services
  - Lower engagement in preventative care services

- We strongly believe we can use data and research to improve these problems

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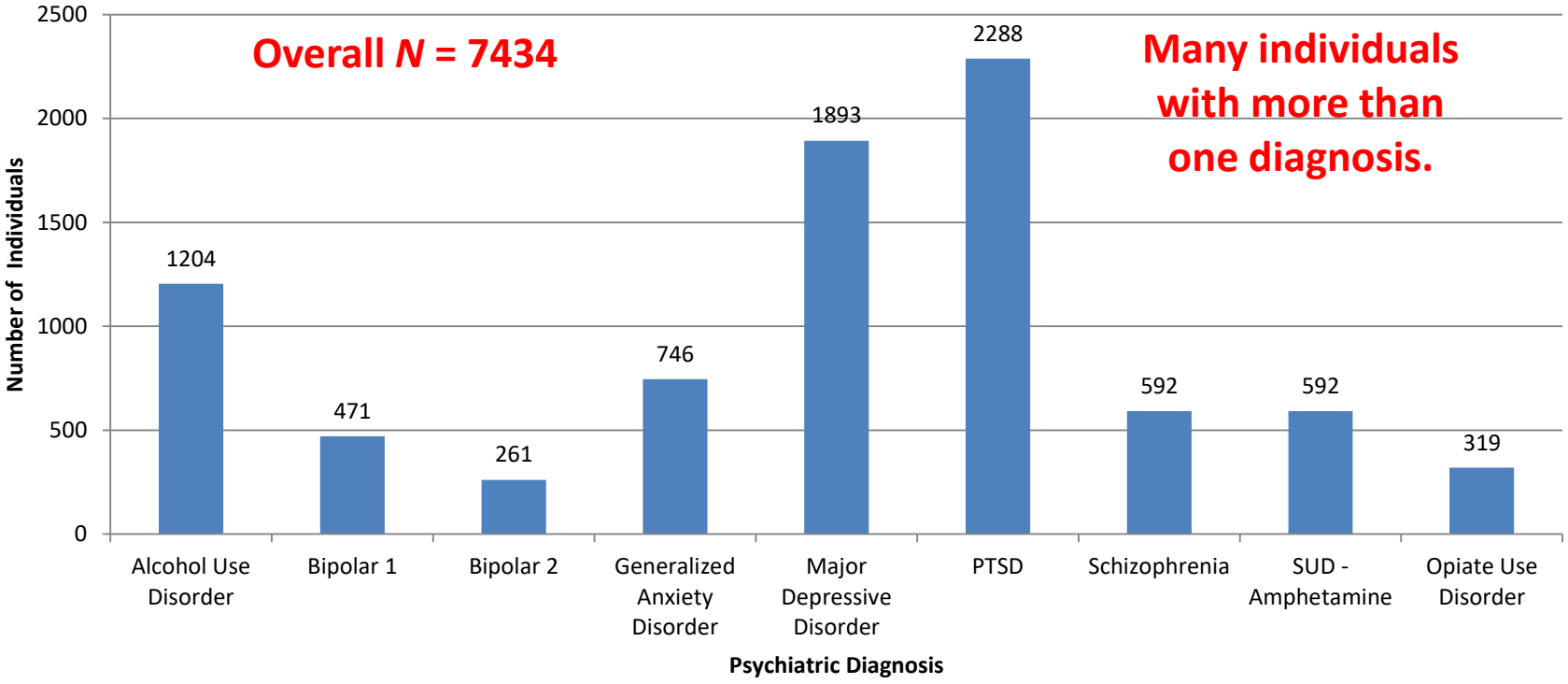
Sources: NIH, SAMHSA, WHO.

MEDICAL AND PSYCHIATRIC CONDITIONS

- An important aspect of Whole Health Care: tracking medical conditions
  - Moreover, mental and physical health conditions tend to be co-morbid, influence each other
  - Important we understand how they contribute to each other and other outcomes

- The data here come from April 1st 2017 until Fall of this year

MEDICAL AND PSYCHIATRIC CONDITIONS



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MEDICAL AND PSYCHIATRIC CONDITIONS

Of the 2288 people with a diagnosis of PTSD…

33.1% with Major Depressive Disorder

13.2% with Alcohol Use Disorder

8.7% with SUD – Amphetamine

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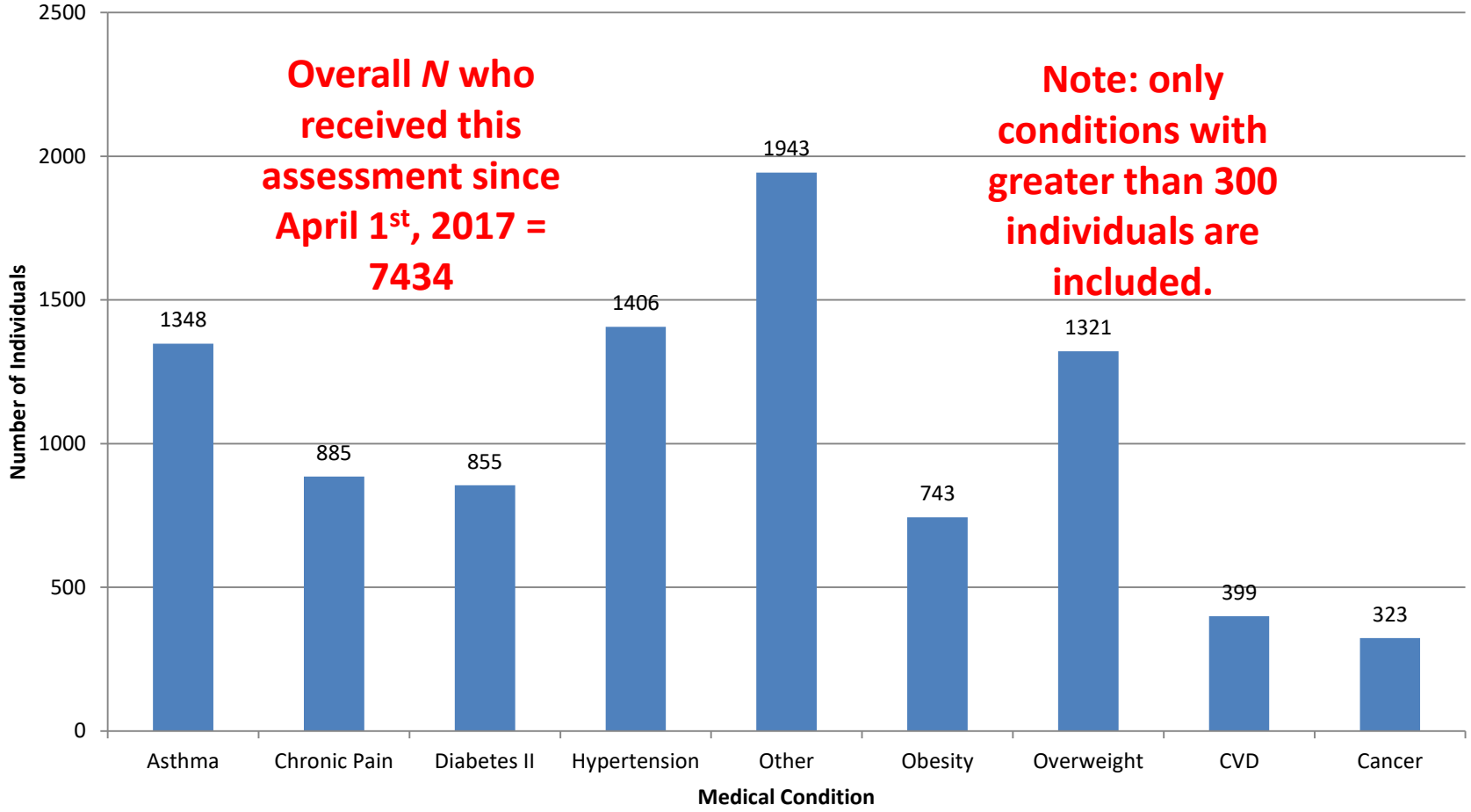
FREQUENCY OF MEDICAL CONDITIONS IN CASCADIA'S CLIENT POPULATION



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MEDICAL AND PSYCHIATRIC CONDITIONS

Of the 1406 people who report Hypertension…

30.2% with Type 2 Diabetes

23.5% with Obesity

25.9% with Chronic Pain

25.3 % with Asthma

11.2% with Cancer

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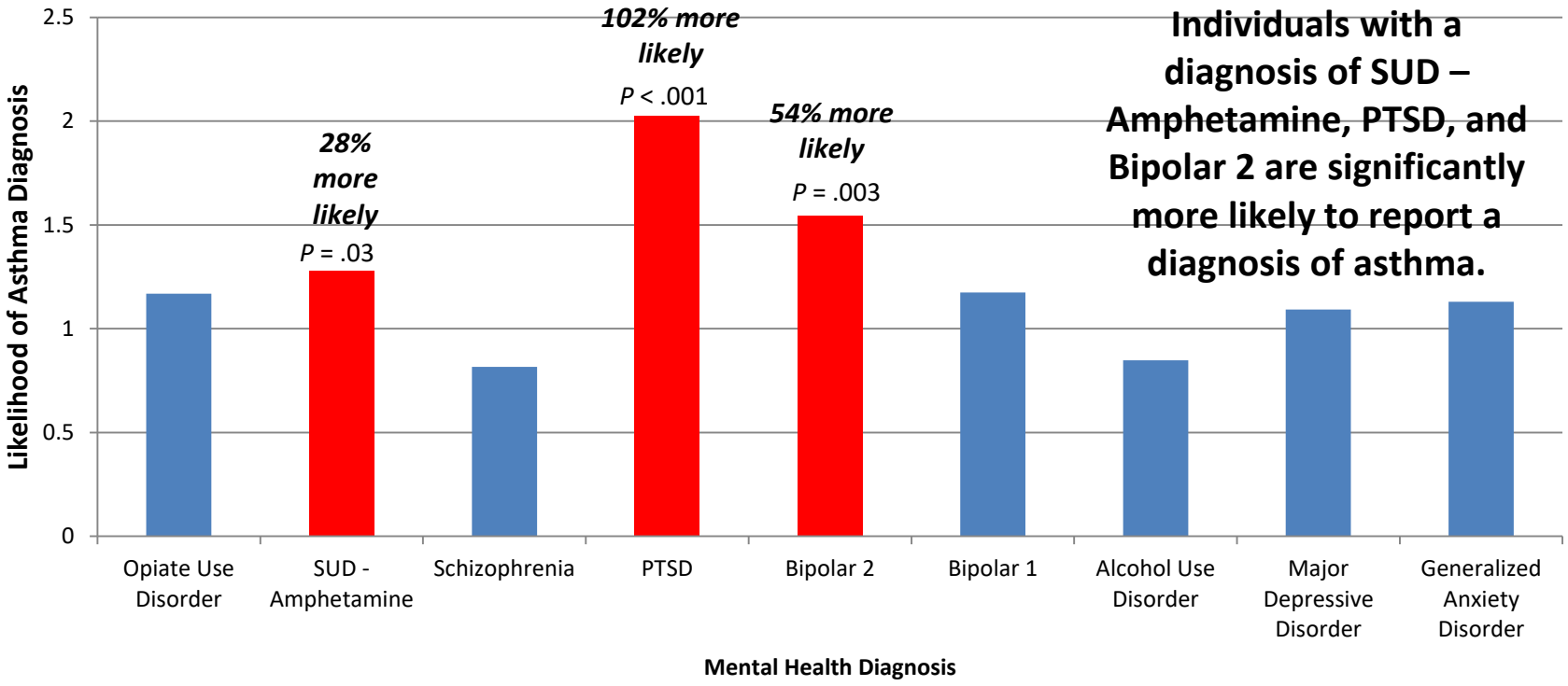
MEDICAL AND PSYCHIATRIC CONDITIONS

- Research demonstrates that physical health problems predict mental health challenges, and vice versa

- ***Research Question***: *In Cascadia's client population, how are mental health diagnoses associated with physical health outcomes?*
  - Tested using binary logistic regression
  - *Note*: Bi-directionality important to consider

How do mental health diagnoses predict a diagnosis of asthma among Cascadia's clients?



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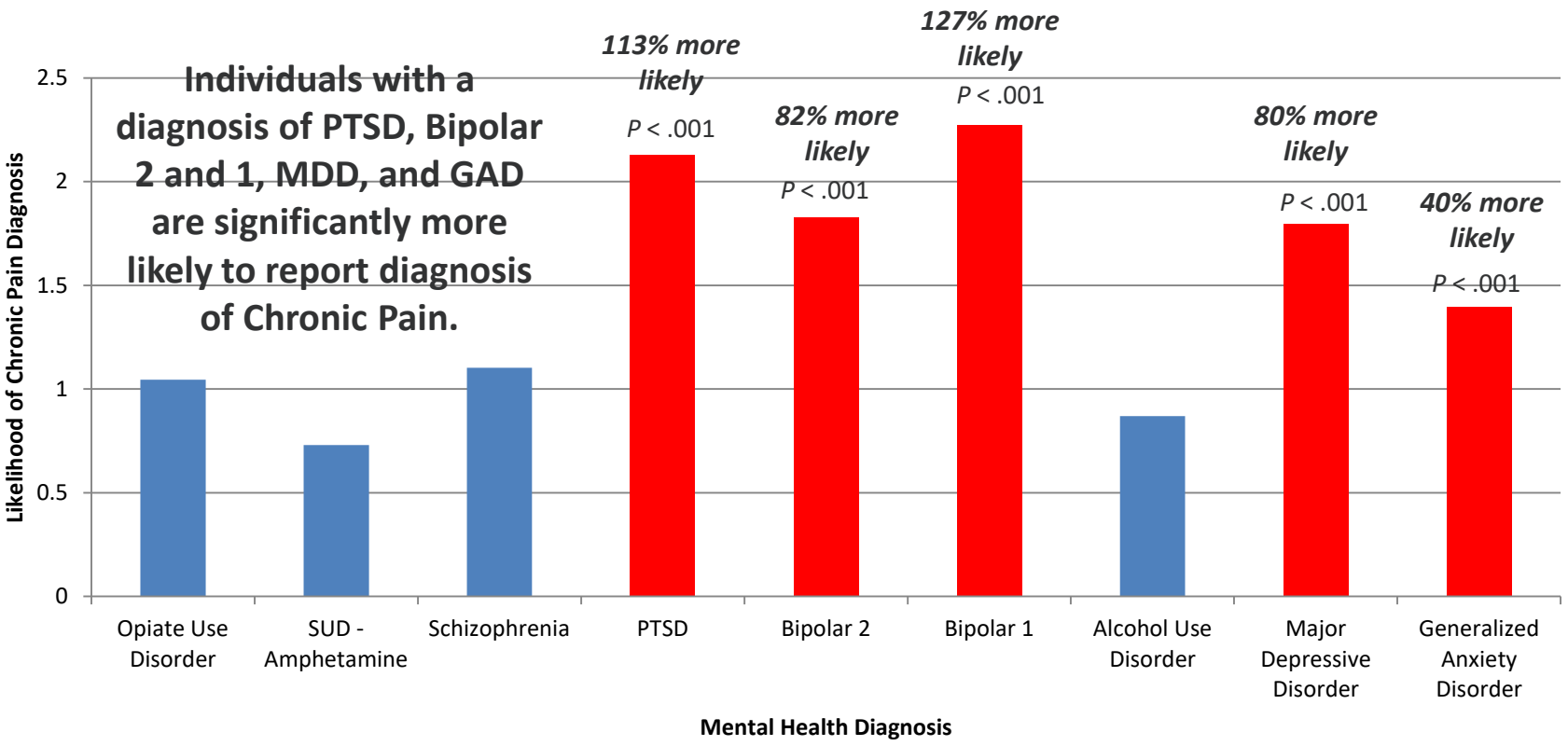
How do mental health diagnoses predict a diagnosis of chronic pain among Cascadia's clients?



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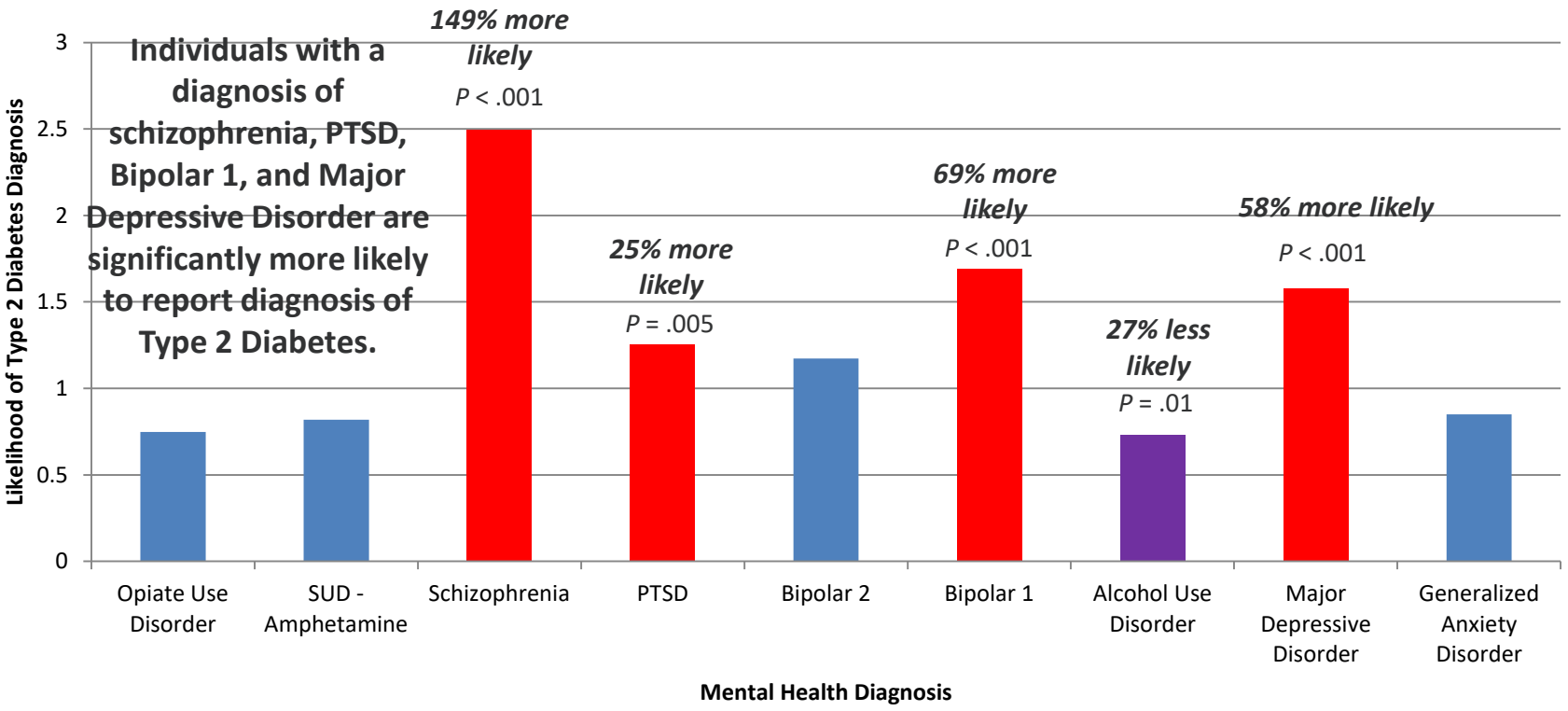
How do mental health diagnoses predict a diagnosis of Type 2 Diabetes among Cascadia's clients?



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OTHER FINDINGS

- Also examined hypertension, obesity, overweight, CVD, and cancer diagnoses as outcomes
  - **Hypertension:** PTSD (42% more), Bipolar 1 (52%), Major Depressive Disorder (53% more likely)
  - **Obesity**: SUD Amp (42% less), Schizophrenia (121% more), PTSD (56% more), Bipolar 2 (59% more), Bipolar 1 (149% more), AUD (39% less), Major Depressive Disorder (64% more),
  - **Overweight**: Nearly identical, except for alcohol use (not significant), GAD (24% more)
  - **CVD**: Schizophrenia (81% more), PTSD (29% more), Bipolar 1 (96% more), Major depression (101% more)
  - **Cancer**: Depression (50% more), Alcohol (34% less)

MEDICAL AND PSYCHIATRIC CONDITIONS

An individual is diagnosed with PTSD…

…increased risk for Hypertension, Obesity, Overweight, Type 2 Diabetes, Asthma, Chronic Pain

MEDICAL AND PSYCHIATRIC CONDITIONS

An individual is diagnosed with Major Depressive Disorder…

…increased risk for Cancer, CVD, Chronic Pain, Type 2 Diabetes

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WHAT CAN WE INFER FROM THESE TRENDS

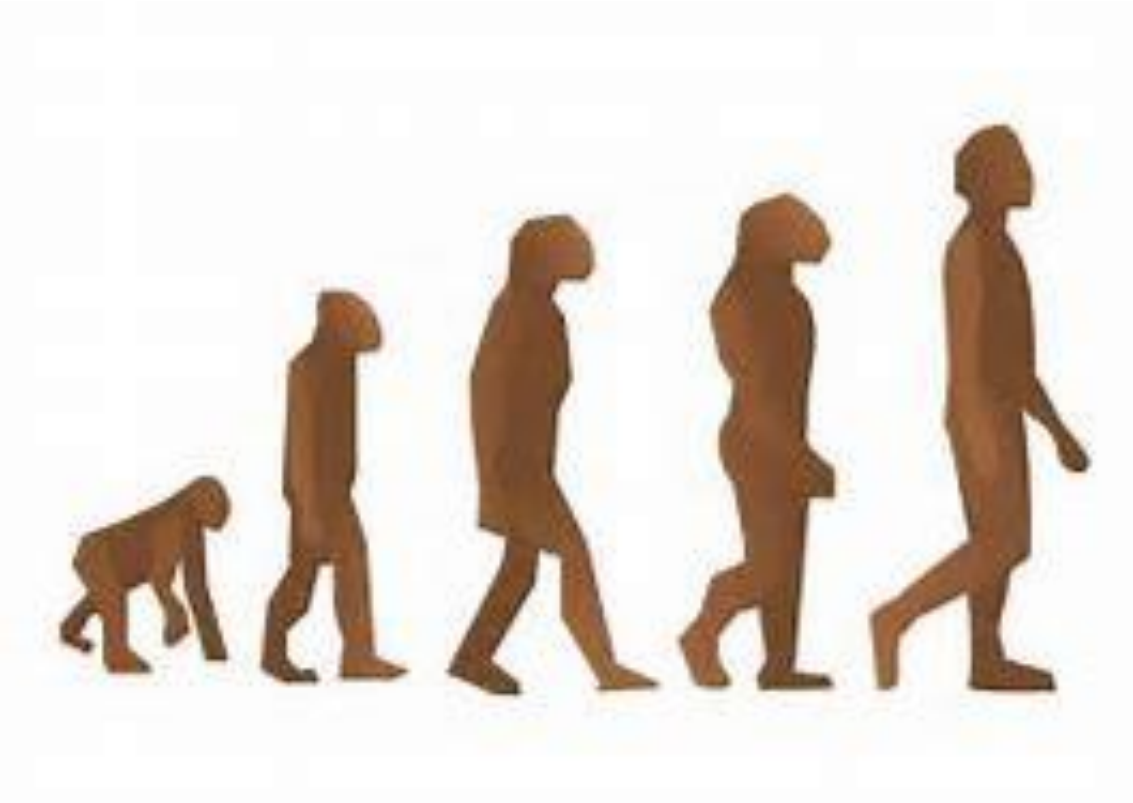
- **There are many possible reasons why physical and mental health problems may be co-morbid**
  - Health problems contribute to depression or anxiety
  - Psychiatric challenges complicate the treatment of health conditions
  - Treatment for a psychiatric problem *creates* physical health challenges (e.g., atypical antipsychotics)
  - Third-variables contribute to both (e.g., unstable housing)

ADDRESSING THE CHALLENGES

- **What can be done?**
  - Addressing *whole healthcare* needs of the individual is critically important

- For example, an individual with chronic pain:
  - Primary care engagement, mental health, social determinants *all play a role*
    - Cascadia is uniquely suited to address these needs

Part 3: The Evolution of Integration at Cascadia BHC – Renee Boak



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BUILDING PRIMARY CARE INTO BEHAVIORAL HEALTH

Cascadia's Building Blocks

- PBHCI Grant
- Peer Wellness
- Data driven decision making
- Chronic Disease Management
- Health and Wellness programming
- Certified Behavioral Healthcare Clinics (CCBHC)
- Executive Team support – Mission and Vision

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MISSION

Cascadia Behavioral Healthcare delivers whole health care – integrated mental health and addiction services, primary care, and housing – to support our communities and provide hope and recovery for those we serve.

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VISION

We envision a future where everyone with a mental illness or addiction will receive integrated healthcare, experience well being and have a full life in the community.

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CERTIFIED BEHAVIORAL HEALTHCARE CLINICS

Federal Requirements

1. Outpatient primary care screening and monitoring
2. Community based health care for Veterans
3. Targeted case management
4. Peer delivered services
5. Psychiatric rehabilitative services
6. Crisis services
7. Screening, assessment, diagnosis, and risk assessment
8. Outpatient mental health and substance use services
9. Treatment planning

Oregon Requirements

1. Continuous access to behavioral health advice by telephone
2. Routinely offer: screening, assessment and diagnosis (including risk assessment), person-centered treatment planning, outpatient MH services, targeted case management services and psychiatric rehabilitation.
3. On site primary care 20+ hours per week
4. Demonstrate that members of the health care team have defined roles in care coordination for consumers
5. coordinate hospice and palliative care and counseling

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THREE MODELS OF INTEGRATION

PLAZA

- 20 hours primary care
- Largest clinic
- Peer Wellness & Certified Recovery Mentors

WOODLAND PARK

- 20 hours primary care
- PBCHI grant site & provider
- PBHCI Primary Care Provider

GARLINGTON

- 20 hours primary care
- Designed to be an integrated care clinic
- Pharmacy
- Lab

INNOVATIVE MODELS OF CARE BRIDGE HEALTH, HOUSING AND WELLNESS IN ONE LOCATION

Garlington Health Center

Integrated healthcare clinic

Garlington Place

Affordable housing apartment building

Community Wellness and Garden

Promoting healthy living and wellbeing

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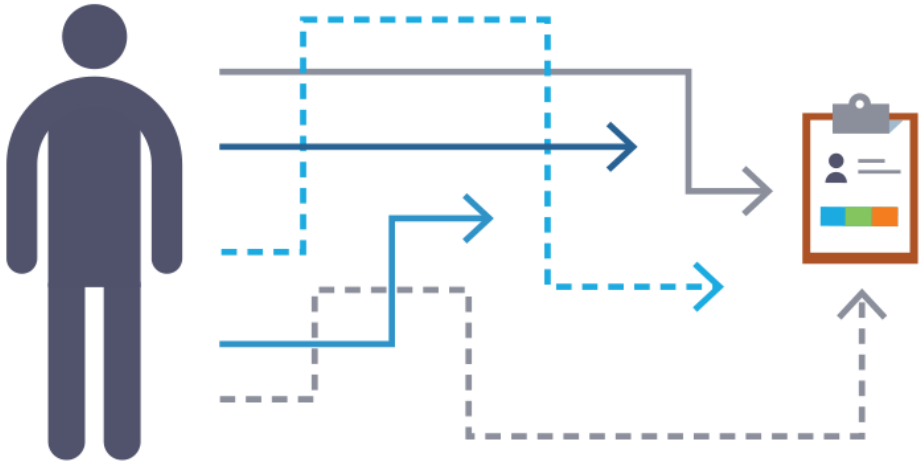
WHAT'S DIFFERENT

- Cascadia Primary Care
- 2 Electronic Health Records
- Identified Care Coordinators
- Care pathways
- Huddles
- Warm hand offs
- Intentional opportunities for coordination and consultation
- Population health/health disparities
- Risk Stratification
- Prevention
- Continuity of care



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DATA AND METRICS FOR CCBHC

- Case load characteristics
- Access to services (initial evaluation)
- BMI screening and follow up for adults
- BMI for adolescents
- Tobacco screening and follow up
- Alcohol screening and follow up
- Suicide risk assessment
- Depression screening
- Depression remission
- Completed suicides
- Medication reconciliation
- Controlled blood pressure

LESSONS LEARNED

- Location, and stairs, matter
- Culture change takes time
  - Celebrate successes
  - Identify champions and early adopters
- Access to care needs to be low barrier
- PDSA cycles to determine efficacy of work flow
- Data matters… and know your audience
- Hire providers who are excited to work in behavioral health setting

QUESTIONS?

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