



## Medical-Behavioral Integration: **Louie Was Right**

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# Recommendations and Conclusions

- **Focus**
- **Prioritize, take small steps and celebrate success**
- **Link clinical and financial, in the right order:**
  - “Better care costs less”
- **Change the world and have fun**

# Integrating Medical and Behavioral Health Care

- **Background and Perspective**
- **The Problem in a Nutshell**
- **Solutions Abound**
- **Lessons from Special Populations**
- **Bottom Line: Prioritize and take small steps**

# The Problem

- **Behavior and BH problems complicate medical illnesses**
  - 40% cardiac disease morbidity/ mortality driven by BH
- **We know what works, but we don't implement widely**
  - PCP → EBP → Medical Home → ?
- **Uncoordinated Care**
  - >2 MDs/ disease = trouble
- **Entrenchment**
  - Everyone has turf and the lines are drawn
- **Special Needs Populations suffer the most**
  - SMI, DD/ ID, HIV, End-of-Life

# One Special Population: The Severely Mentally Ill (SMI)

- **They die too young**
  - 61 vs. 76 year life expectancy
  - They don't die from psychiatric complications
- **They get poor care**
  - No care/ erratic care
  - Uncoordinated care (10% of the population see >9 providers/ year)
- **The costs of their care are high**
  - Double those without SMI
  - 40+% of typical Medicaid high cost patients

# Known Solutions

- **Medical Home → Enhanced Medical Home**
  - Patient-centric, not doctor-centric
  - Address myriad factors affecting health
- **Chronic Care Improvement**
  - Not single- state DM
  - Similar to PACT/ ACT
- **Data → Usable Information**
  - Basic information, tools
  - Providing *actionable* information → huge adherence with EBP and improved clinical outcomes

# Enhanced Medical Home

- **Patient-centered, primary care focused**
- **Identification, assessment, stratification**
- **Tailored care interventions**
- **Care Coordination**
- **Data and information sharing**
- **Performance measurement**
- **Financial alignment**

Adapted from Center for Healthcare Strategies/ CA Healthcare Foundation

# Complex Care Coordination

- **Next generation CCIP, DM**
- **Patient-centered, multiple disease vs. single-disease**
- **Community-based, higher touch vs. telephonic**

# Approaches to Data and Information

- **Linkage and sharing**
  - Information exchanges, direct access to systems
  - Ease-of-use: not everyone is IT-equipped
- **Transforming data into meaningful and actionable information**
- **Crisp tools and reports**

# One Perspective: The APS Approach

- **Enhanced Medical Home**
  - Patient-centered, provider-friendly
  - Virtually integrated, comprehensive
- **Complex Care Coordination**
  - Community-based, person-centered
- **Usable Information at the Right Time and Place**
  - Care Connection Platform
- **Outcomes-Informed and -Driven**
  - Clinical: HEDIS, IP/ ER
  - Financial: ROI, P4P



# APS Program Examples

# Missouri

- **Medical Home**
  - Automated/ integrated Plans of Care
  - Medical/ Behavioral Integration
- **Complex Care Coordination**
  - Including special SMI/ Medical Illness Management
- **Results**
  - Improved clinical outcomes at dramatically lower costs

# Georgia

- **Medical Home**
- **DM/ Complex Care Coordination**
- **New Element: Virtual Medical Home, using BH Center as the hub**
  - Care Connection information platform
- **Results**
  - Improved clinical outcomes, dramatic financial outcomes

# California

- **Medical Home**
  - Automated/ integrated Plans of Care
  - Medical/ Behavioral Integration
- **Complex Care Coordination**
- **Special Population Focuses**
  - Seniors with Disabilities, End-of-Life
  - SMI with multiple medical co-morbidities
- **2010 start, no results yet**

# Puerto Rico

- **Standard MBHO core**
- **Behavioral Health Home Pilot**
  - Embedded primary care vs. distance primary care
    - Nascent DM programs
- **Intensive Case Management with medical/ behavioral linkages**

# Pennsylvania

- **Most comprehensive program to date**
- **Primary Care Case Management/ Enhanced Medical Home core**
- **Complex Care Coordination**
  - Community-Based
- **Complex P4P system and approach**
- **Starts May 1**

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Questions