Evidence-Based Behavioral Health Integration

National Institute of Mental Health
Michael Schoenbaum, PhD
Henry T. Harbin, MD

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• Mental illness and substance use (behavioral health problems) are major drivers of disability & costs.

• Effective treatments exist, but currently no more than 1 in 4 of people in need receive indicated care.

• Not enough specialty providers to address this gap.

• Effective integration of behavioral health care with primary care can achieve:
  - Better access to care
  - Better health outcomes
  - Lower costs

Key Points
Common

> 1 in 4 Americans struggle with a mental health or substance use problem at some point in their lives

Disabling

- Nearly 25% of all disability worldwide
- Premature mortality, via suicide & medical comorbidity
- No family goes untouched
- Use problems at some point in their lives
- Social costs: Homelessness, criminal justice system
- Productivity: Unemployment, “presenteeism”, “absenteeism”
- Health care costs

Costly

Burdens of Behavioral Disorders
Percent change in the fraction of total US deaths due to selected medical and behavioral causes: 2004-2014


Death Rate Changes From 2004 to 2014

- Stroke: Down 19%
- Heart Disease: Down 16%
- Diabetes: Down 7%
- Cancer: Down 5%
- Suicide: Up 17%
Death rates changes from 2004 to 2014:

- Opioids: up >200%
- Suicide: up 17%
- Stroke: down 19%
- Heart Disease: down 16%
- Diabetes: down 7%
- Cancer: down 5%
- Death rates decreases for cancer, heart disease, and diabetes, while increases were seen in stroke and opioid-related deaths.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>PMPM With BH Increase in Total</th>
<th>PMPM With BH Diagnosis</th>
<th>PMPM Without BH Diagnosis</th>
<th>Behavioral Health Diagnosis % With Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Insurers</td>
<td>$1,085</td>
<td>$397</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>$1,301</td>
<td>$381</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>$1,429</td>
<td>$583</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>$1,941</td>
<td>$340</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>

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Depression increases risk of 30-day readmission by nearly 40%
<table>
<thead>
<tr>
<th>Condition</th>
<th>None</th>
<th>+MH</th>
<th>+SU</th>
<th>+MH+SU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Across these top 9 chronic conditions, depression and anxiety go undiagnosed 85% of the time.

<table>
<thead>
<tr>
<th>Chronic Medical Condition</th>
<th>% Missed</th>
<th>% Treated For Depression or Anxiety</th>
<th>PMPM With Behavioral Condition</th>
<th>PMPM Without Behavioral Condition</th>
<th>Medical Costs per Disease State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>77.9%</td>
<td>7.1%</td>
<td>$871.88</td>
<td>$564.76</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>88.8%</td>
<td>6.8%</td>
<td>$861.99</td>
<td>$470.05</td>
<td></td>
</tr>
<tr>
<td>Chronic Pain, Cancer (Malignant)</td>
<td>85.7%</td>
<td>7.0%</td>
<td>$1,108.45</td>
<td>$470.05</td>
<td></td>
</tr>
<tr>
<td>Coronary Artery</td>
<td>90.4%</td>
<td>6.1%</td>
<td>$1,210.56</td>
<td>$470.05</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>88.1%</td>
<td>4.8%</td>
<td>$958.34</td>
<td>$305.00</td>
<td></td>
</tr>
<tr>
<td>Heart Failure</td>
<td>83.2%</td>
<td>3.0%</td>
<td>$828.18</td>
<td>$110</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>84.1%</td>
<td>4.3%</td>
<td>$1,140.18</td>
<td>$101</td>
<td></td>
</tr>
<tr>
<td>Ischemic Stroke</td>
<td>82.0%</td>
<td>5.5%</td>
<td>$1,024.85</td>
<td>$558.04</td>
<td></td>
</tr>
<tr>
<td>Malignant Arthritis</td>
<td>82.0%</td>
<td>5.5%</td>
<td>$1,254.68</td>
<td>$1,050</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>55.2%</td>
<td>7.7%</td>
<td>$1,461.57</td>
<td>$712.85</td>
<td></td>
</tr>
</tbody>
</table>

Source: United Healthcare Cost Burdens from unrecognized/undiagnosed Mental Health Cases.
Half or more of people with mental disorders get NO CARE*

Of those who receive any care, half receive sub-therapeutic or even contraindicated care.*

Of those who receive a prescription for a psychotropic medication in primary care each year, only 25% improve; only 25 million people receive a prescription for a psychotropic medication in primary care each year; only 25% improve.

~30 million people receive a prescription for a psychotropic medication in primary care each year; only 25% improve; only 25 million people receive a prescription for a psychotropic medication in primary care each year; only 25% improve.

**Wang PS et al., Arch Gen Psychiatry, 2005**

Usual Care is Poor
Develop better treatments

Improve delivery of existing treatments, via integration & measurement-based care

Train & retain more mental health professionals (>50% of US counties don’t have a single practicing mental health professional)

How Do We Close the Gap?
• Screen routinely, & assess positive screens
• If positive assessment, start appropriate treatment
  - Indicated medication at appropriate dosage
  - Indicated psychotherapy
  - Indicated medication at appropriate dosage
• Assess clinical progress at defined intervals
• If patient isn’t improving, adjust treatment

Expect ≥X% of patients to achieve target outcome in defined timeframe

Proactive, Measurement-Based Care
For too long through the cracks, or stay on ineffective treatment. Patients fall through without measurement: patients fall through without effective oversight or evidence-based treatments. Co-located behavioral health specialists, without effective oversight or evidence-based treatments: 50% fall through the cracks. Referral to specialty care without close coordination: screening without adequate treatment. "Integration" approaches that aren't enough.

Not All Programs Are Effective
EXISTING TREATMENTS

• Medications
• Psychotherapy

DELIVERED VIA:

Collaborative Care – An evidence-based model for treating behavioral health conditions in primary care
Payment of core components
- Care management (especially via telephone)
- Psychiatric consultation
- Payment for Collaborative Care via CPT 99492, 99493 (previously HCPCS G0502/3/4)
- Also payment for "general BHI" via CPT 99484 (G0507)
- Pay for Performance

Incentivizing Collaborative Care

- Also part of HEEDS
- CMS requires for depression in Medicare ACOs, as of 2015
- Benchmark for % of cases who remit within 12 months
- Universal screening via standardized instrument
- At minimum:

Measurement / Treatment to target

Psychiatric consultation
Care management (especially via telephone)
Payment of core components
Care Team
- Treating (billing) practitioner
- Care manager – designated individual with behavioral health training
- Psychiatric consultant – medical professional trained in psychiatry & qualified to prescribe full range of medications; can be located remotely
- Care Team

Eligible Conditions
- Any mental, behavioral health, or psychiatric condition being treated by the billing practitioner, including substance use disorders, that, in the clinical judgment of the billing practitioner, warrants BHI services

Service Components
- (Elements of measurement-based care described earlier)
Michael Schoenbaum, PhD
michael.schoenbaum@nih.gov

Henry Harbín, MD
htharbín@aol.com

Questions?