

Integrated Behavioral Health Services

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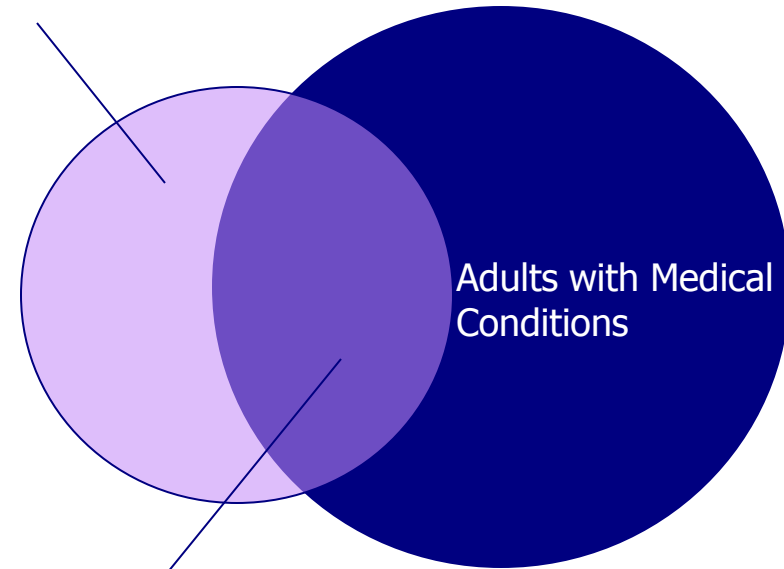
Background

- 5% of U.S. Population = 49% of Health Care Spending
- 50% of U.S. Population = 3% of Health Care Spending
- Fee for Service Rewards High Volume of Patient Visits
- Capitation Manages Costs/Visits
- How to Reduce Costs and Improve Care and Outcomes

Background

- 17% of American adults have comorbid mental health and medical conditions
- Only 27% of community hospitals have an organized, inpatient psychiatric unit.

Adults with Mental Health Conditions



29% of Adults with Medical Conditions also have Mental Health Conditions.
68% of Adults with Mental Health Conditions also have Medical Conditions.

Background

- Undetected and Poorly Treated Behavioral Health Needs
 - Inappropriate ER Utilization
 - Increased Length of Stay
 - Increased Readmission
- Noncompliance with Clinical Regimes
- High Degree of Co-Morbidities with Key Physical Illnesses
- High Presumption of Psychotropic Prescriptions by PCP

Background

- 44 Million Adults with Mental Health Issues
- \$147 Billion in Annual Spending (2009)*
 - Addictions
 - Children and Family Services
 - Intellectual and Developmentally Disabled
 - Others

* *The OPEN MINDS Management Newsletter*, February 2014

Background

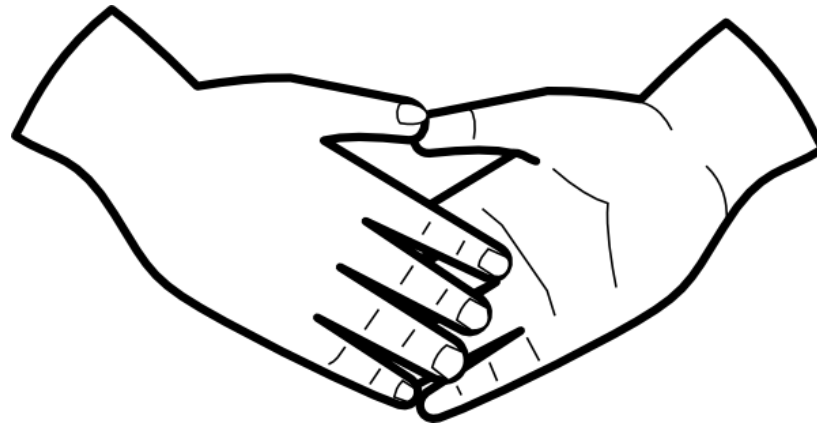
Readmissions

- Nearly 20% of all Medicare beneficiaries discharged from a hospital are readmitted within 30 days.
- In 2009, CMS estimated that the Medicare patients rehospitalized within 30 days of discharge cost Medicare approximately \$12 billion.

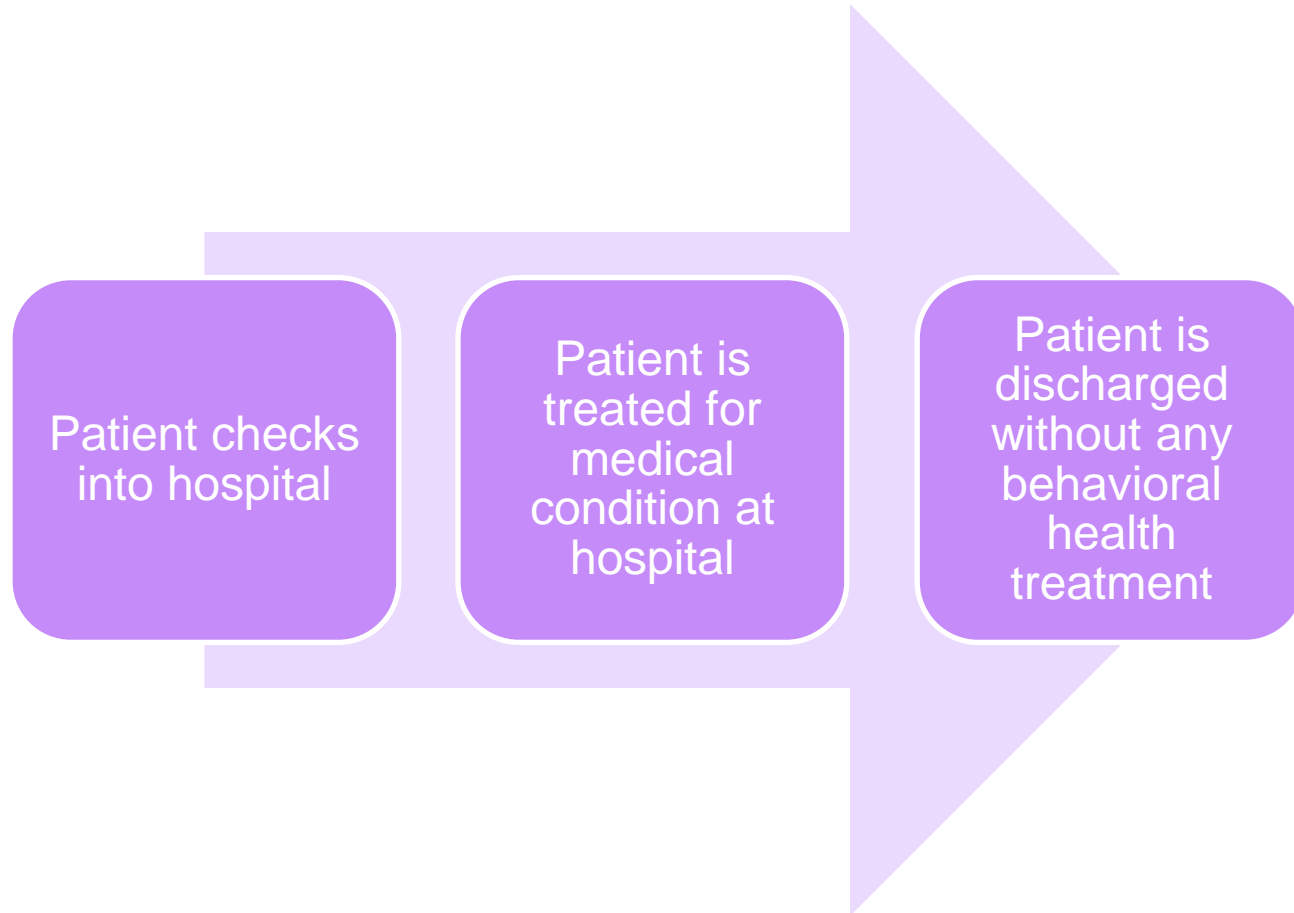
Background

- Elderly population will increase from 12% to 20% by 2050
- Doubling of numbers and costs in functional impairments for > 65 population.
- Doubling of need for long-term services and support

Collaboration Between Hospitals and Behavioral Health Providers



Traditional Model



Traditional Model

Why is this model suboptimal?

- Lack of post-discharge support services
- Fragmentation of services
- Patient not being adequately treated for entire condition
- Higher costs because higher likelihood of readmission



Continuum of Care

Continuum of Care may include the following services:

- Wellness programs
- Engagement Services
- Outpatient and inpatient services
- Rehabilitative and habilitative services
- Residential care and supported housing
- Acute intensive services

Barriers to Effective Care Transitions

- Investment in training of staff
- Availability of time
 - Hospitals overburdened already
- Reluctance of Hospitals to deal with mental health issues outside of emergency room
- Funding



Barriers to Effective Care Transitions

- Lack of communication among providers
 - Different formatting of electronic health records
 - Confidentiality issues with mental health records
- Deficiency of community resources
- Lack of support and buy-in from important decision-makers



Expectations for Physical-Behavioral Care Coordination

- Improved Outcomes
 - Physical Health
 - Mental health
- Reduced Readmissions
- Reduced Impact from segmented delivery system
- Effective pharmacotherapy
- Telemedicine
- Bundled payments

Integrated Services Delivery

- Three levels of Integration
 - Coordinated care
 - Co-located care
 - Integrated care
- Six Degrees of Collaboration

See, SAMHSA – HRSA Center for Integrated Health Solutions, March 2013, *A Review and Proposed Standard Framework for Levels of Integrated healthcare.*

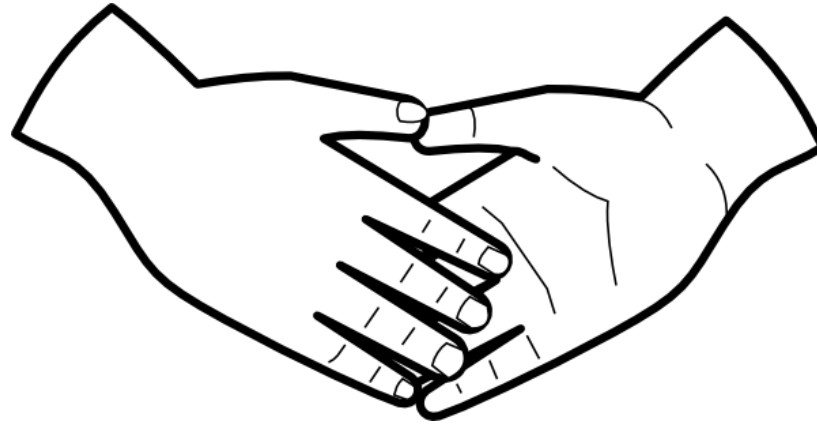
Behavioral Health Continuum

- Joint Commission Behavioral Health Home Accreditation
 - Integrating behavioral and physical healthcare
 - Coordination and integration model
 - 84 new requirements
 - Focus on primary care, person-centered, comprehensive and coordinated care

Health Homes – A Proxy for the Future?

- Population-based integrated care model
- Linkages from acute care to primary care to community mental health to social support
- Six care services across physical and behavioral health and social services at consumer level
- Use of IT for care coordination and remote services

Collaboration Between Hospitals and Long Term Care Facilities



Long Term Care Issues

- Avoiding rehospitalizations
- Avoiding poorly executed care transitions
- Preparing for transition out of hospital
- Preparing for reception into next setting
- Preparing for transition into hospital

See, Institute for Healthcare Improvement, *How To Guide: Improving Transitions from the Hospital to Community Settings to Reduce Avoidable Rehospitalizations*; 2012. www.IHI.org.

Barriers to Effective Transitions

- Delivery system level
- Clinician level
- Patient level
- Funding
- Legal (myth and reality)

See, American Medical Directives Association, *Transitions of Care in the Long Term Care Continuum Clinical Practice Guidelines*; 2012.

Long Term Care Continuum

- Multiple levels of sites of care
- Communication and consistency of information and practices
- Medication changes
 - Hospital admission
 - Hospital discharge
- NF patients to hospital ED without essential information

“Standard” Legal Issues

- Type of integrated relationship and transaction
- Control of employees
- Policies and protocols
- Insurance coverage (general and professional)
- Training and discipline of personnel

Long-Term Care Continuum

- Nursing Home/Skilled Nursing Facility
- Assisted Living Community
- Senior Housing
- Adult Day Care
- Hospice
- Home Care/Home Health Care
- Long-Term Acute-Care Hospital
- Each governed by different regulations

Long Term Care Continuum

- Role of health information technology
- Categorizing patients' risks for follow-up care
- Communication and expectations
- Role of evidence-based practices
- Medical records

Affordable Care Act

- Supports Accountable Care Organizations and Patient-Centered Medical Homes
 - ACOs are groups of health care providers that enter into collaborative agreements to share responsibility to improve quality and control costs
- New incentives to facilitate patient transfers
- Use of bundled payment rates across acute and post-acute providers

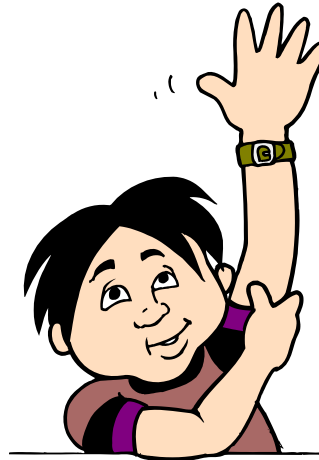
Health Care Legal Issues

- Anti-Kickback, Stark, and FMV (Safe Harbor for FQHCs)
- Credentialing
- Licensing
- Health Records
- Compliance (regulatory and billing)
- Audits
- Tax Exemption

Conclusion

- Communication
- Coordination
- Comprehensive
- Commitment
- Care
- Compensation

Questions



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