Technology enabled Treatment

February 28th, HFMA
Provision of Behavioral Health Care in the US: Setting of Services

Mountainview Consulting Group
Managed Care Drivers of Primary Care Behavioral Health Integration

• Financial incentives favor efficiency, rather than waste (e.g. at risk contracting)
• Emphasis on population based care and health care team model
• Conversion to primary care gate-keeper model
• Consumer-centered “one stop” shopping’
• Emphasis on functional, cost and health outcomes (e.g. disability, productivity)

• Mountainview Consulting Group, Inc.
Why Integration?

• 50% of all MH delivered by PCP
• 70% of community health patients have MH or CD disorders
• 92% of the elderly get their MH care through PCP
• Top 10% of health care utilizers consume 33% of outpatient and 50% of inpatient services
• 50% of these high utilizers have MH or CD disorders
• Distressed patients use 2X the health care yearly.
Primary Medical Providers continue to prescribe the majority of psycho-active medications in the US.
Why Integrate Behavioral Health?

• Medical and functional impairments of MH and CD conditions on a par with major medical illnesses
• Psychosocial distress corresponds to morbidity and mortality risk
• MH outcomes in primary care patients only slightly better than spontaneous recovery
• Only 1 in 4 referred to specialty MH or CD care make it to the first appointment (*consistent with our experience at Aspire*)
Integration

• More than 70 randomized controlled trials have shown collaborative care for common mental disorders such as depression to be more effective and cost-effective than usual care, across diverse practice settings and patient populations

Jurgen Unutzers, MD MPH 2013
Modal Number of visits to specialty behavioral health: 1
Dissenting Opinions

- Columns  |  June 01, 2001
- Economic Grand Rounds: The Myth of Medical Cost Offset
- Roland Sturm, Ph.D.
- Psychiatric Services 2001; doi: 10.1176/appi.ps.52.6.738
Figure 3. Specialties with the Largest Number of Active Physicians, 2007

- Internal Medicine
- Family Medicine/General Practice
- Pediatrics
- Obstetrics & Gynecology
- Psychiatry
- Anesthesiology
- Emergency Medicine
- Radiology & Diagnostic Radiology
- General Surgery
- Cardiovascular Disease
- Orthopedic Surgery
- Ophthalmology
- Anatomic/Clinical Pathology
- Neurology

Approx.: 38,000
<table>
<thead>
<tr>
<th>MD Medical School</th>
<th>City and State</th>
<th>Number of Actively Licensed Physicians</th>
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<tr>
<td>Indiana University School of Medicine</td>
<td>Indianapolis, IN</td>
<td>10,493</td>
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<tr>
<td>University of Minnesota Medical School</td>
<td>Minneapolis, MN</td>
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<tr>
<td>Ohio State University</td>
<td>Columbus, OH</td>
<td>8,717</td>
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<tr>
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<td>Wayne State University School of Medicine</td>
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<td>University of Illinois College of Medicine</td>
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<tr>
<td>Jefferson Medical College of Thomas Jefferson University</td>
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Psychiatric Availability

- There are currently almost 100 advertised open positions for psychiatrists in Indiana.

- Indiana University Medical Center Psychiatric Residency Output/yr.:
  - 6

- Percentage of psychiatrists retiring in the next 10 years:
  - 25

![Psychiatrist Availability Chart]

- Current: 462
- Unmet: 188
Percentage of Psychiatrists anticipated to retire in the next 10 years?

25%
Number of graduating psychiatry residents per year?

6*

Two of these will go on to child fellowship
Collaboration Efforts

• Boone County Community Health Clinic
• Fort Branch Community Health Clinic
• Vermillion-Parke Federally Qualified Health Clinic

• Potential Collaboration
  • The ACC and its various partners
  • Care Management Pilots with Managed Care Entities
  • Primary Care Networks
  • Correctional Facilities
Initial Impact of PMP in Our Clinic

• Of the first 62 clients seen.......
• 17 with first diagnosis of major medical issue
• Diabetes, Hypertension, COPD
• Last week client diagnosed with cardiac symptoms related to viral pneumonia, required emergency surgery to prevent death via cardiac tamponade
Tele-psychiatry

- Hub and Spoke connectivity for face to face examination of the client
- Vidyo is our technology platform
- Most clients find it acceptable and efficacious
- Billing is very spotty with variable reimbursement and technical issues in successfully submitting claims
What Have We Learned?

- Technology is well tolerated most of the time
- Can be very cost effective
- Poor implementation leads to failure
  - Culture
  - Technology
  - Partners
- The need is there, and the shortages of MH professionals is going to get worse
- Barriers are primarily regulatory not clinical
Virtual Group Therapy

- Adolescent substance abuse treatment
- Excellent acceptance by both client and parents
- Avoids the problems of being in physical presence
- Comparable efficacy
- No billing opportunity
- Privacy practices have to be strictly enforced
- Technology hurdles
Remote Monitoring

- Video tablet with blu-tooth peripherals
- Alternative to some face to face community visits
- SPMI, Substance abuse, and co-morbid physical illnesses

- Technology fickle and difficult population to train
- High speed internet frequently not present
- Lack of clear feedback loop
Tele-medicine

Psychiatrist

Rural PMP

SilverCloud/VoCare/Vidyo

PMP

Multi-Specialty

Employer based clinic

Embedded Behaviorist/EB

EB

CBT

Virtual Group

Remote monitoring
Computer Assisted CBT

• Treatment on demand/self directed
• Reduces reluctance to see a professional
• Very cost effective
• Special Sauce: “the supporter”

• My extension of the model was a complete and utter failure: wrong culture and incentives
Figure 3. Engagement figures over time vs. baseline data.