

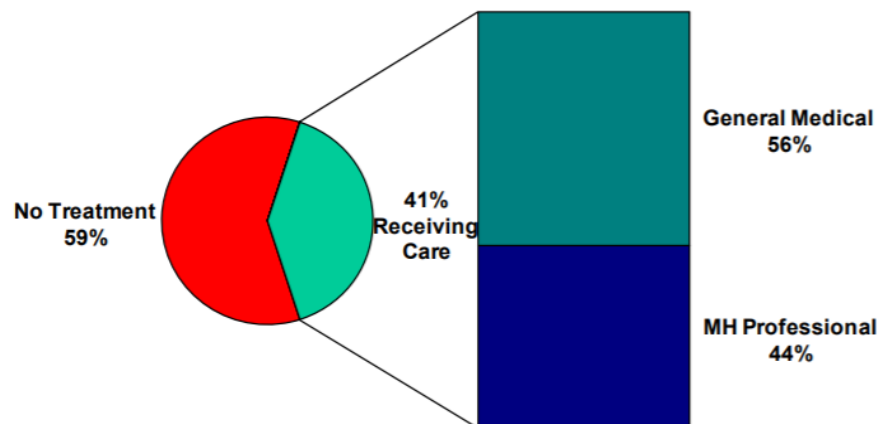
# Behavioral Health Impacts to Primary Care Settings

By Christopher Henkenius, CEO H4 Technology

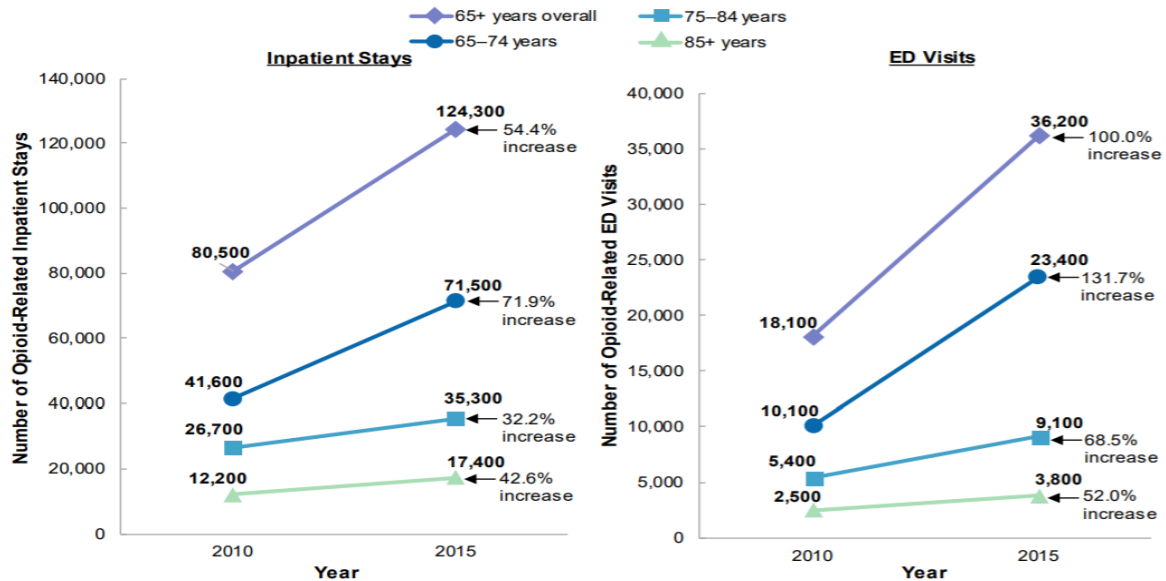
OCTOBER 24<sup>TH</sup>, 2018



## 18% of MH Patients see MH Professionals



**Figure 1. Number of opioid-related inpatient stays and ED visits among patients aged 65 years and older, by age group, 2010 versus 2015**



**Table 1. Resource use for opioid-related versus nonopioid-related inpatient stays and ED visits among patients aged 65 years and older, 2015**

| Variable                             | Opioid-related stays/visits | Nonopioid-related stays/visits | % difference |
|--------------------------------------|-----------------------------|--------------------------------|--------------|
| <b>Number of inpatient stays</b>     | <b>124,300</b>              | <b>12,537,100</b>              |              |
| Utilization characteristics          |                             |                                |              |
| Average cost per stay, \$            | 14,900                      | 13,200                         | 12.9         |
| Average length of stays, days        | 6.0                         | 5.2                            | 14.4         |
| Discharge disposition, %             |                             |                                |              |
| Routine discharge                    | 36.1                        | 43.8                           | -17.7        |
| Another short-term hospital          | 1.9                         | 2.4                            | -22.5        |
| Another institution (SNF, ICF, etc.) | 36.9                        | 29.6                           | 24.4         |
| Home health care                     | 21.0                        | 19.8                           | 6.3          |
| Against medical advice               | 1.4                         | 0.5                            | 165.6        |
| In-hospital death                    | 2.7                         | 3.7                            | -28.8        |
| <b>Number of ED visits</b>           | <b>36,200</b>               | <b>17,617,300</b>              |              |
| Utilization characteristics          |                             |                                |              |
| Average charge per visit, \$         | 6,600                       | 4,900                          | 34.7         |
| Discharge disposition, %             |                             |                                |              |
| Routine discharge                    | 81.6                        | 83.4                           | -2.2         |
| Another short-term hospital          | 2.5                         | 4.1                            | -40.1        |
| Another institution (SNF, ICF, etc.) | 6.2                         | 3.7                            | 66.7         |
| Home health care                     | 3.2                         | 0.9                            | 280.1        |
| Against medical advice               | 1.6                         | 1.1                            | 38.5         |
| Died in ED                           | 0.3                         | 0.6                            | -56.4        |

<https://www.hcup-us.ahrq.gov/reports/statabriefs/sb244-Opioid-Inpatient-Stays-ED-Visits-Older-Adults.pdf>

## Behavioral Health Epidemic

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1 in 8 Emergency Room Visits has a  
Primary Diagnosis Related to  
Mental Health or Substance Abuse  
Disorder

75% of Adults with Depression See  
Primary Care Providers



## Behavioral Health Epidemic

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1.2M ER Visits Related to Drug Overdose





*66% of Primary Care Providers Report Poor Access to Mental Health Care for Their Patients.*

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## Workforce Impacts

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- ❖ 88 of 93 Counties in Nebraska qualify as Designated MH Professional Shortage Areas
- ❖ 50% of Behavioral Health Workforce is Over Age 50
- ❖ Baby Boomers are Expected to Further Stretch Capacity

## Behavioral Health Epidemic

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Adolescents with autism spectrum disorder (ASD) use emergency-department services four times as often as their peers without autism



## Emergency Room Impacts

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- ❖ MH Patients Waited an Average of 2 Hours Longer
  - ❖ More than Twice as Many Waited an Average of 6 hrs
- ❖ Psychiatric patients who were transferred waited an average of nearly three hours longer
- ❖ Psychiatric patients who were discharged from the ER waited an average of just over an hour longer



## Emergency Room Impacts

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“Boarding psychiatric patients in an emergency department is both poor medicine and expensive.” The average cost per patient is more than \$2,000 (in addition to general medical care)

Scott Zeller, M.D., chief of psychiatric emergency services at Alameda Health Systems in Oakland, Calif



## Value-Based Care Impacts

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The rate of 30-day all-cause readmission was 32% higher among individuals with a psychiatric condition (21.7%) than among individuals without a psychiatric condition (16.5%,  $p < 0.001$ ), according to the February 1 Psychiatric Services report.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201300518>



## BH Impact

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- ❖ Demand is Growing (Baby Boomers, Autism, Opioid)
- ❖ Workforce Supply is Shrinking
- ❖ Patients Go Without Care
- ❖ EDs are Stressed
- ❖ Hospital Financials Impacted

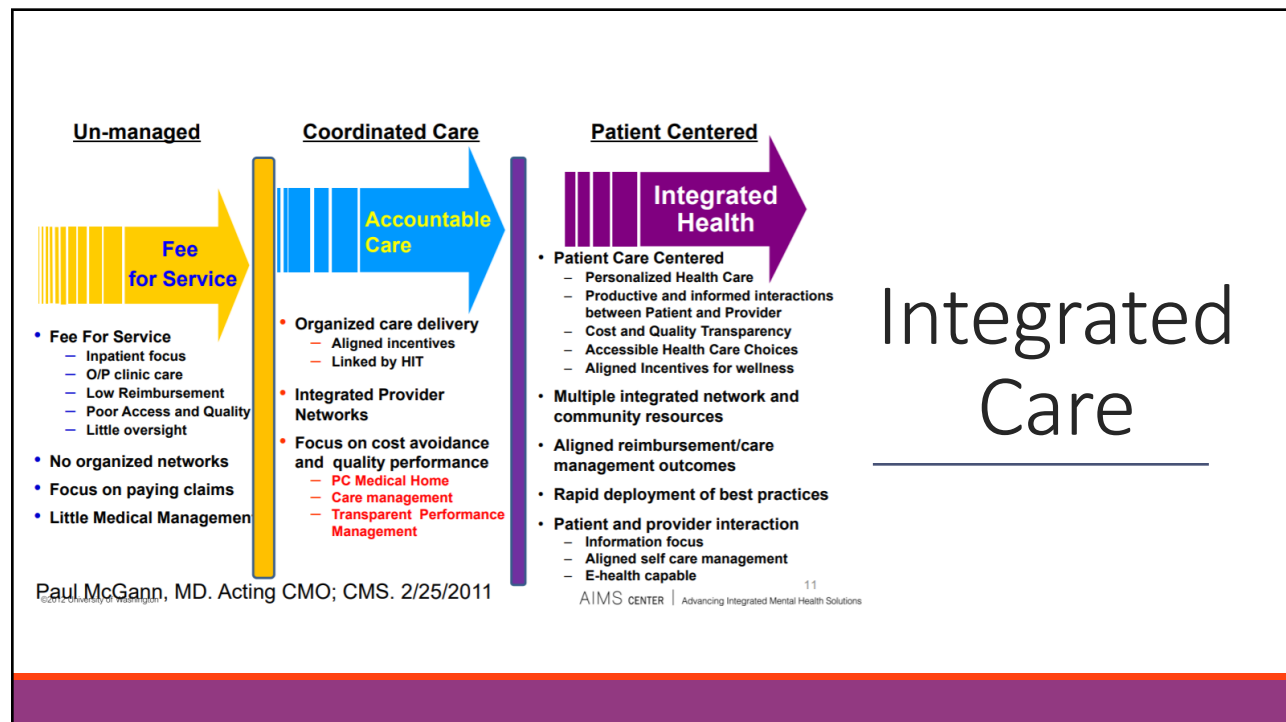


## Solutioning

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- ❖ Plan for Where Healthcare Will Be
- ❖ Strategies
- ❖ Keys to Success





## Integrated Care: Core Concepts

- ❖ Coordinated Care
  - ❖ Communication
- ❖ Co-Located Care
  - ❖ Physical Proximity
- ❖ Integrated Care
  - ❖ Practice Change



## Integrated Care: Core Concepts

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- ❖ Team-Based Collaboration
  - ❖ PCPs and Behavioral Health Providers
  
- ❖ Population Health Registries
  - ❖ Tracking of SDOH
  
- ❖ Outcome Definition & Measurement



## What are the Integrated Care Impacts:

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- ❖ Evidence-Based Care
  
- ❖ Accountable Care
  - ❖ Alternative Payment Models



## What Resources Do You Need

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### ❖ Professional Services

- ❖ Mental Health Professionals in ERs?
  - ❖ Show of Hands?
  - ❖ Tasks & Abilities?
- ❖ Mental Health Professionals in APMs?
  - ❖ Can You Treat Diabetes but not Depression?



## What Resources Do You Need

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### ❖ Tele-Monitoring

- ❖ Vitals?

### ❖ Technology

- ❖ SDoH Tracking & Trending
- ❖ Care Team Collaboration Portal
- ❖ Assessments & Questionnaires



## Business Case for Coordinate Care

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$$S+I+T \leq X+P+R$$

- ❖ S: Screening
  - ❖ PHQ9 or Equivalent Plus Data Entry (Tools Available)
  - ❖ Bachelor-Level Graduates, Clerical Staff, Etc.
- ❖ I: Intervention
  - ❖ Depends on Severity
- ❖ T: Transition Costs
  - ❖ Training, Assessment Tools, BI Tools



## Business Case for Coordinate Care

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$$S+I+T \leq X+P+R$$

- ❖ X: Reimbursement for Screening
  - ❖ Medicare, Medicaid, Private Pay, PCMH
- ❖ P: Productivity Gains
  - ❖ Reduce Presentation of Behavioral Health Conditions in ED Setting
  - ❖ Direct Observation
- ❖ R: Reimbursement for Interventions
  - ❖ Early Stages
  - ❖ Watch APMs



## Financial Impacts:

- ❖ IMPACT Study: 1,801 Participants from 18 Primary Care Clinics in 5 States

| Cost Category                                   | 4-year costs in \$ | Intervention group cost in \$ | Usual care group cost in \$ | Difference in \$ |
|---|--------------------|-------------------------------|-----------------------------|------------------|
| IMPACT program cost                             |                    | 522                           | 0                           | 522              |
| Outpatient mental health costs                  | 661                | 558                           | 767                         | -210             |
| Pharmacy costs                                  | 7,284              | 6,942                         | 7,636                       | -694             |
| Other outpatient costs                          | 14,306             | 14,160                        | 14,456                      | -296             |
| Inpatient medical costs                         | 8,452              | 7,179                         | 9,757                       | -2578            |
| Inpatient mental health / substance abuse costs | 114                | 61                            | 169                         | -108             |
| <b>Total health care cost</b>                   | <b>31,082</b>      | <b>29,422</b>                 | <b>32,785</b>               | <b>-\$3363</b>   |

Savings



Jnützer et al., Am J Managed Care 2008.

## CMS

- ❖ CMS Increasing Reimbursement Rates for Face-to-Face MH Treatments in Primary Care Setting (Jan 2018)
- ❖ CMS Began Directly Reimbursing Clinicians Who Coordinate Care for Patients with BH Conditions.
- ❖ HFMA: Greatest Opp to Elim Waste: Clinical Process Redesign



## Questions/Discussion?

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## Questions – Chris Henkenius

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