THE VALUE-BASED, EVIDENCE-BASED, INTEGRATED CARE MANIFESTO!!!

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Value-based, Evidence-based Integrated Care

- Individual’s Need to Improve Brain/Neurological Health
  - VBS → Brain → Prevent Hospital/Jail/Homeless/etc.
  - EBS/IC → Brain → Reduce Harm → Improve Health

- How to Re-position Providers for VBS/EBS/IC
  - Refocus Staff on EBS → Safety → Integrated Health Care
  - Transform BH into VBS/EBS/IC via Implementation Science

- Advocacy to Brand BH as “Solution” to Health Crisis
  - High-Cost Users → BH Problems, Who’s Best to Help?
  - VBS/EBS/IC → Leading Edge of Reform
**THE GOOD NEWS …**

**AND THE UNCERTAIN …**

*First the Good News!!! BH Reduces Health Costs*
- Medical cost offset + Kaiser Permanente studies re IC + Others
- Rutgers studies re high-cost utilizers + Housing First
- BH providers experienced at reducing ER/Inpatient costs
  - Reduced state psychiatric hospital admissions 90%
    → 24,000 in 1955 to 2,400 in 2013 = $4 billion/yr. net-saving

*Then the Uncertain…Do BH Providers want this role?*
- Should integrated care be a specialty program/provider?
- Or should it be the *Standard of Care* in all BH programs?
- What’s the Provider position on integrated care?
MORE GOOD NEWS …
AND THE BAD NEWS …

More Good News!!!  Competition is not strong – yet!
- Medicaid ACOs in few counties; do not have dedicated funding – yet!
- Hospital systems not risk-based/organized to reduce health costs – yet!
- BH Providers already reduce ER/Inpatient Care – That’s the BH Brand!!!

Now the Bad News … State Fiscal Crisis!!!
- Looming pension crisis could cripple BH in 4-5 years → NJ pension runs out of money in 2022 → $7-8 billion
- DMHAS owes CMS $592 million for compliance errors → From only 5 audits, how much after 10 audits?
- BH Providers need to self-protect/stand-out as uncut-able!
  → BH/Integrated Care reduces health $$$/saves tax $$$
WHAT’S THE STRATEGY FOR BH BECOMING UN-CUTTABLE?

ADVOCACY FOR INTEGRATED CARE PROGRAMS

- Certified Community Behavioral Health Centers
- Behavioral Health Home
- Ambulatory Care Clinics

→ Integrated Care Center Proposal?

OR

FOR INTEGRATING ALL PROGRAMS

- PACT, RIST, ICMS, EISS
- Supportive Housing/Group Homes
- Partial Care/Outpatient/etc.
INTEGRATED CARE ADVOCACY AND IMPLEMENTATION

Staffing & Training for Integrated Care
- FFS Rates for APN/RN/LPN Nurses
- Prescriber Training in Integrated Care
  - Medication Synergies
  - Urgent Care for Chronic Diseases
  - E&M CPT Code Level 3 + Psychotherapy 20 min
- Integrated Care Assessment, Service Plan, Services
  - Integrated Dual Disorder Treatment → Tracking Risk for VBS
  - Motivational Interviewing for Healthy Behavioral Change
    - Skill Checklists: Help-seeking, Harm-reduction, Illness Management, Health and Wellness Skill Development
THE MANIFESTO AGENDA

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X Advocacy to Re-position BH as Solution to Health Crisis

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INDIVIDUAL’S NEED TO IMPROVE BRAIN AND NEUROLOGICAL HEALTH

**Brain Disease → Increased Stress Response**
Proven by fMRI studies in response to presence of Mental Illness, Trauma and/or Substance Use
- Increased Activity in Amygdala
- Reduced Activity in Pre-frontal Cortex
- Reduced Cognitive Functioning

**Brain Health → Reduced Stress Response**
Proven by fMRI studies in response to Evidence-based Services → CBT and Mindfulness
- Reduced activity in amygdala
- Increased activity in Prefrontal Cortex
- Improved Cognitive Functioning → 1st Step-Health
HOW MENTAL ILLNESS/TRAUMA/ SUBSTANCE USE IMPACT AMYGDALA AND PREFRONTAL CORTEX

Amygdala-triggered Problems

- Increased Stress Hormones:
  - Increased Amygdala via Adrenalin
  - Decreased Hippocampus via Cortisol
    → Increased Inflammation
    → Increased Physical Illness
    → Increased Fight/Flight/Freeze Response
    → Increased Reactivity/Health Risks
- Reduced Access to Prefrontal Cortex
  ✓ Reduced Cognitive Functioning
  ✓ Increased Health Problems
HOW TRAUMA-INFORMED, EVIDENCE-BASED, INTEGRATED CARE IMPACTS PRE-FRONTAL CORTEX

Solutions via Prefrontal Cortex
Grow Neurons in Prefrontal Cortex
→ Increased Gray Matter
→ Increased Neural Connections to Amygdala and Hippocampus
→ Increased Hippocampus Activity
→ Reduced Amygdala Activity
→ Reduced Reactivity/Health Risks

**Improved Cognitive Functioning**

**Increased Capacity to Choose**
→ Reduce Harmful Behavior
→ Increase Healthy Behavior

Resulting in Improved Health!!!
PROVIDER’S NEED TO IMPLEMENT VBS/EBS/IC TO HELP + REDUCE COSTS

WHY IS VBS/EBS/IC SO IMPORTANT?

1) VALUE-BASED AND SAFETY-INFORMED
   - Medicaid/Other Payors → Contract for Improved Health, Reduced ER/Inpatient/ Incarceration/Homelessness

2) EVIDENCE-BASED TO PRODUCE OUTCOMES
   - Change Brain via Motivational Interviewing → Default

3) INTEGRATED CARE
   - Engage via Physical Health + Resolve Health Disparities

4) MEDICAID-COMPLIANT → Spread infrastructure cost
   - CMS Auditors → Require EBS for “Medical Necessity”.

5) TRAUMA-INFORMED
   - Stress Response → Reduce Reactivity → Improve Cognitive Functioning → Harm-reduction → Improved Health

6) CULTURALLY COMPETENT
   - Learn from Individual → Reduce Obstacles → Engagement

Six Priorities as one evidence-based service model
SELF-EFFICACY AND RECOVERY

• **From Evidence-based Services**
  – Focus on Integrated Care
  – Strengthen Prefrontal Cortex
  – Resolve Cultural Obstacles
  – Reduce Reactivity
  – Build Capacity to “Choose”
  – De-escalate Safety Problems
  – Prevent Emergency/Inpatient
  – Reduce Harmful Behavior
  – Learn Illness Management
  – Learn Healthy Behavior

• **To Self-efficacy and Recovery**
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HOW TO ENSURE CONSISTENT VBS/EBS/IC VIA IMPLEMENTATION SCIENCE

... what automation and robotics do for manufacturing, Implementation Science and its Checklists do for healthcare.
Implementation Science for Effective and Consistent Implementation:

Checklist Manifesto – Atul Gawande

Simple Tasks: Hand-washing + Sterile Supplies in ERs/ICUs
✓ Reduced infections to ‘0’ + Saved $175 million in 18 mos

Simple Tasks: Hand-washing in Karachi, Pakistan
✓ 52% Reduction in Diarrhea + 48% in Pneumonia

Complex Tasks: Flying the B-17’s 4 engines in 1935
✓ Test Flight Crash → Checklists to master complexity

Complex Tasks: Engineering “Sway” into Skyscrapers
✓ Checklists of Tasks/Whom to Consult re Unexpected

Implementation Science builds on Checklists for effective and consistent implementation
IMPLEMENTATION SCIENCE: HOW TO REDUCE VARIABILITY AND ENSURE CONSISTENT PERFORMANCE

Complex Tasks: Consistent VBS/EBS/IC for All Staff

✓ Checklists for Staff:
  ✓ VBS/EBS/IC → Risk-based Assessment, Service Plan, Progress Notes
✓ Checklists for Supervisors:
  ✓ Coaching, Documentation Reviews, Complex Problems
✓ Checklists for Managers and QI
  ✓ Monitoring Performance, Unexpected Problems
✓ MIS Reports
  ✓ Progress Reports re Completing Checklists

Implementation Science builds on Checklists for effective and consistent implementation
Does Implementation Science require too many Checklists? It sounds too confusing, and too time consuming. There’s already too much paperwork!

- Most **Checklists** are not forms to be completed, but
  - tutorials that map out things to be considered; or
  - a menu of options, or a to-do list.
- Some **Checklists** require only that we glance at them.
  - and then check off that we considered them; or
  - check those items appropriate for action by staff.
- We use **Checklists** to be thorough, effective and safe.
- After 10 reviews, the **Checklist** is almost memorized.
  Then, the **Checklist** can be completed in 5-10 seconds.
IMPLEMENTATION SCIENCE FOR EFFECTIVE AND CONSISTENT IMPLEMENTATION:

Staff Checklists for Complex Tasks/Managing Unexpected:

Documenting Evidence-based Services in Progress Notes

- Integrated Dual Disorder Treatment
  - Conduct Stage-wise Assessment
  - Implement Payoff Matrix
  - Use Motivational Interviewing with both of the above
- Motivational Interviewing’s OARS (Open-ended Q’s, Affirming, Reflecting, Summarizing) Interventions to
  - Build Engagement
  - Determine Readiness to Change
  - Strengthen Change-talk
- Select Stage-wise Measurable Integrated Health Objectives
  Via Checklists: Engagement, Cultural Competence, Crisis Coordination, Housing Stability, Harm-reduction, Illness Management, Health/Wellness
IMPLEMENTATION SCIENCE FOR EFFECTIVE AND CONSISTENT IMPLEMENTATION:

Supervisor Checklist for Managing Complex/Unexpected:

Coaching Staff re Six Service Priorities
- Facilitating knowledge-transfer/Confirming Competence
- Monitoring those at risk of Emergency/IP/Safety Problems
- Confirming staff person has necessary skill level

Medicaid Compliance Audits & QI Documentation Reviews
- Confirming Medical Necessity via EBS in every contact
- Confirming “Golden Thread” in Documentation
- Identifying & Reporting Potential Medicaid Overbillings
- Scoring Documentation Quality for Each Service Priority

Progress Reports to Managers/QI
- Progress Managing High Risk Situations ➔ via Tracking Log
- Progress Implementing Six Priorities ➔ Excel or MIS Programmed Report
IMPLEMENTATION SCIENCE FOR EFFECTIVE AND CONSISTENT IMPLEMENTATION:

Manager/QI Checklist for Managing Complex/Unexpected:

Monitoring Supervisory Reports re Implementing Six Service Priorities
- Reports re Scoring of Documentation Reviews
- Progress Reports re Implementing Six Service Priorities

Monitoring Safety/Preventing Emergency/Inpatient Care
- Progress Reports re Managing High Risk Situations
- Progress Reports re Preventing Emergency/Inpatient Care
- Providing Support/Problem-solving re High Risk Situations

Credentialing Staff and Supervisors in Six Service Priorities
- Oral & Written Testing
- QI Program Confirms Competence
- Scoring Staff Performance for Each Review → Example
- Managerial/QI review of Scores
IMPLEMENTATION SCIENCE: HOW TO ENSURE VBS/EBS/IC AND CONSISTENT PERFORMANCE

... it takes practice ... and coaching ...
IMPLEMENTATION SCIENCE:
HOW TO ENSURE VBS/EBS/IC AND CONSISTENT PERFORMANCE

... and a checklist!