Behavioral Health and Primary Care Coordination and Integration

Background Information

The Addictions and Mental Health Division (AMH), Division of Medical Assistance Programs (DMAP), and the Public Health Division (PHD) have been working with many partners on a variety of initiatives that relate to behavioral health and primary care. In particular the need for these two areas of care to be more closely linked and integrated has been recognized for some time. Whether you are a client/consumer, clinic, managed care, mental health, emergency room, or primary care practitioner you will have experienced some of the issues and challenges in the current system of care.

We know there are consequences when care is not well integrated and coordinated across behavioral health and physical health systems. For example, "People with serious mental illness (SMI) die, on average 25 years earlier than the general population…60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary, and infectious diseases" according to a recent report – "Morbidity and Mortality in People with Serious Mental Illness" produced by the National Association of State Mental Health Program Directors.

A recent report by AMH found similar results in Oregon, where people with mental illness on average die 24.1 years earlier than the general population. The AMH report also looked at the mortality rate for people who abuse drugs and alcohol and found that they on average die 32.9 years earlier than the general population, with the years of potential lost life being even higher for people with co-occurring mental health and substance use disorders.

We are all interested in improved health outcomes, patient-centered care, and delivery systems that work better for people and their behavioral health and primary care providers. We know that there are a number of recommendations and best practices identified in Institute of Medicine (IOM) reports, National Association of State Medicaid Director (NASMD) reports, and by groups in Oregon. We know that many of you are already working on changes that will improve care.

The IOM and others indicate that integration can range from full clinical, administrative, and financial integration to care coordination models, co-location of providers, and utilization of evidence-based practices relating to screening and sharing of patient information.

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Background Information (cont.)

Below are some helpful resources for information and guidance, which may be found on the following website **http://www.oregon.gov/DHS/ph/hsp/integration.shtml**. They describe the consequences to patients of a system that is not well integrated or coordinated; high level thinking about the structure of the entire health system and the need for change; specific thinking regarding the nature of barriers to linking and integration; conceptual and clinical tools that can help facilitate the change process, and specific examples of what others across the nation are doing.

We also anticipate learning and sharing more information about activities already underway in Oregon. DHS will organize a learning collaborative and will send out invitations in the near future.

"Morbitity and Mortality in People with Serious Mental Illness"

"This report reviews the causes of ...morbidity and mortality in this population and makes recommendations to improve their care. It presents a roadmap for strategic approaches to reduce...illness and premature death...." It also provides specific recommendations for coordinating and integrating mental health and physical health care.

"Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Serios"

This is an Executive summary which applies the Quality Chasm framework for improving health care to mental and substance-use conditions and "describes a multifaceted and comprehensive strategy". It also addresses specifically coordination of care between physical and behavioral health providers and health systems.

"Interpreting Behavioral Health and Primary Care Services: Opportunities and Challenges for State Mental Health Authorities"

This "report focuses separately on the need for overall system coordination, the needs of persons with serious mental illness, and the needs of populations in primary care." The report provides "two conceptual models that assist in thinking about population-based and systemic responses", The Four Quadrant Model and The Care Model.

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Background Information (cont.)

"DHS Recommendations for Linking and Integrating Behaviorial Health and Primary Care"

Recommendations were developed by a workgroup that included representatives of fully capitated health plans, mental health organizations, community health centers, rural health centers and state staff. The work of this group provided the foundation for initiatives to promote behavioral health and primary care integration. The report identifies populations to be served as well as barriers to integration and coordination. It also identifies key principles for various aspects of integration and makes specific recommendations for a process to promote statewide integration of care using different approaches to care.

"Integrating Publicly Funded Physical and Behavioral Health Services: A Description of Selected Initiatives"

This report produced for the Robert Wood Johnson Foundation "illustrates the variety of integration goals and approaches undertaken by providers, payers, and public agencies in the pursuit of improved service integration....highlights commonalities across initiatives, including the existence of a common framework, the use of communication tools and processes, the consistent use of screening tools, collaboration in the use of identified clinical approaches, the identification of funding mechanisms, and the need for sustainability planning."