

Better Together with Integrated Care

The Difference for people with Serious Mental Illness (SMI)

February, 2018

For decades, people with Serious Mental Illness received little attention even as we improved access to care for many others. In 2006, the National Association of State Mental Health Directors showed people with SMI had 25 years lower life expectancy.

As awareness grew, Heartland Health Centers seized an opportunity in 2010 to improve the health of people with SMI by partnering with a behavioral health organization to provide integrated care.

We have found providing behavioral health and primary care together delivers more, effective, treatment. The health of people with SMI can be more complex with more diagnoses, but integrated care is helping them live longer and improve their quality of life.

Heartland Health Centers provides primary care side by side right in the facilities of partners Trilogy Behavioral Healthcare, Thresholds, and Community Counseling Centers Chicago. From checkups to psychiatry to shared medical records we intensively collaborate together.

Our federal demonstration program with Trilogy and work with Thresholds show weight loss, smoking cessation, improved blood pressure and other indicators, while patient satisfaction increased.

Despite these results, care integration for people with SMI remains relatively rare in Illinois and beyond. Recognizing our national, state and local health delivery systems are evolving, we offer the following insights and recommendations on integrated care.

1) Extra time and sensitivity is required to get results for patients with SMI

“Patients with SMI come with a more complex list of challenges so they benefit from a more holistic approach,” says Laurie Carrier, MD, Heartland Health Center’s chief medical officer. Even a few extra minutes, she says, build rapport. For a new patient, Carrier says, she may delay invasive screenings and procedures to build trust if she judges that might cause the patient to abandon treatment.

Carrier and other providers also see patients more often - 9 to 11 visits a year on average compared to 2 to 3 visits a year on average for all patients.

The results: over a four-year period at Trilogy, 47 percent and 44 percent of patients improved weight and diabetes management, 58 percent improved cholesterol, 18 percent improved blood pressure and 36 percent improved smoking cessation. Similarly, over a 10-month period at Thresholds blood pressure control improved from 38 percent to 71 percent.

Medication side effects, inequities in health care access, and lifestyle are among the factors that increase the odds that people with SMI will have one or more chronic medical conditions, such as obesity, hypertension, diabetes, heart disease, asthma and kidney disease.

Statistics show people with SMI are 3.4 times more likely to die from heart disease, 3.4 times more likely from diabetes, 3.8 times more likely from an accident, 5 times more likely from respiratory ailments, and 6.6 times more likely from pneumonia and influenza.

2) Primary & behavioral health care partners must team up to improve patient outcomes

Teamwork by primary care and mental health providers, and pharmacists leads to “gold standard” care for people with SMI, says Alice Geis, DNP, APN, director of Integrated Health at Trilogy Behavioral Healthcare, assistant professor at Rush University College of Nursing, and a psychiatric nurse practitioner. This includes connecting patients to care and sharing insights about patients’ needs and how they respond to treatment across different organizations and among staff with different training and experiences.

On-site pharmacists at Trilogy deliver medications then and there, which helps prevent harmful combinations and avoid overly complex regimens. ‘Assertive Community Treatment’ staff do outreach to insure patients get to their appointments and share insights about each patient with providers. Plus, shared access to medical records from both mental and primary health centers keep everyone up to date on each case.

3) Shared values and coordination at the top drive integrated care partnerships

“It takes intense focus for two cultures working together to try to bend the mortality ratio for people with serious mental illness,” says Sheila O’Neill, LCSW, vice president for Care Integration, Thresholds. “Together we can help people stay alive longer and have better lives.”

Openness to shared decision-making and compatible organizational cultures are essential to integrated care. Both O’Neill and leaders at Trilogy said partnerships between primary and mental health centers can be hard to initiate and sustain.

For example, when it came time to hire new providers to staff the integrated Heartland-Thresholds integrated center, O’Neill proposed jointly interviewing candidates: “Heartland said, ‘Absolutely! When can we start?’” she recalls. To achieve that level of coordination requires regular meetings between leaders from the partnering agencies. Heartland Health Centers CEO, CMO, and other leaders meet monthly with their counterparts at Thresholds and Trilogy.

4) New measures to evaluate and share effectiveness would support integration

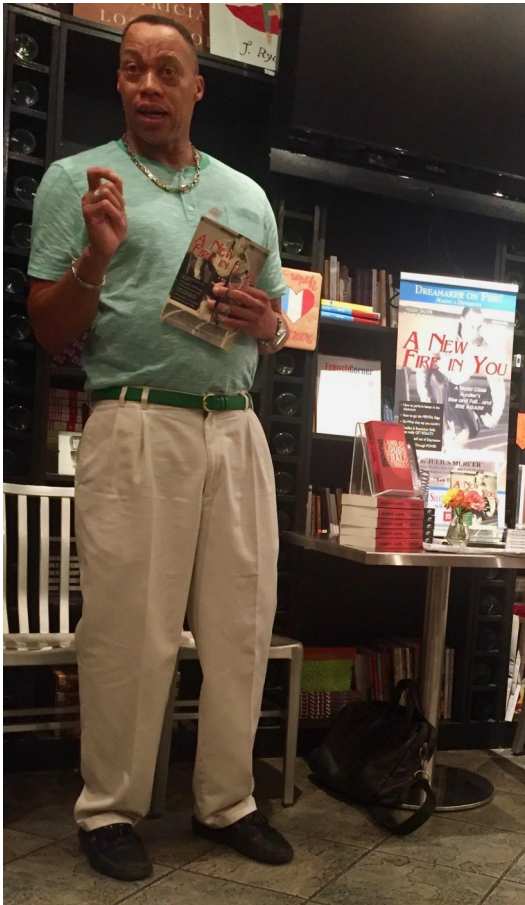
Converting from a set fee for a given service to a system that offers incentives for healthy outcomes represents a sea change in health care. Currently more than 90 percent of America’s health plans use HEDIS, Healthcare Effectiveness Data and Information Set, to measure performance.

On Chicago’s North Side and near suburbs where Heartland Health Centers works, there were 60,031 behavioral health hospitalizations in 2011, almost twice as many as for heart disease (33,689). This is according to the city’s Healthy Chicago 2.0 report.

In Rogers Park, one-quarter of our service area, mental health disorders account for the largest portion of hospitalizations, 52 percent more than the Chicago average.

Studies show immigrants, like many who live in our service area, access care at rates below the general population, leaving them at risk of untreated mental health conditions.

Community-based care for people with SMI is a growing need. Medicaid expansion and the move to managed care have driven expanded primary care coverage for many in Illinois. The Ligas, Williams and Colbert consent decrees are driving a parallel expansion of demand for community mental health services here. In these three cases, federal judges upheld the right of individuals with disabilities to live in the community



Julius Mercer

“I was sick by myself,” says Julius Mercer. “I could soar high with the help of other people.”

Mercer says the support of family and friends helped him become a track and field All-American in the 1980s alongside stars like Carl Lewis. Inflammation in his knees stopped Mercer from reaching the Olympics.

Then, his life unwound due to an untreated bipolar affective disorder that led to substance abuse, then four years in prison. In 2014, Mercer turned to supportive social workers and medical providers through the Trilogy-Heartland integrated medical and behavioral health practice.

Between appearances as an inspirational speaker and self-published author, Mercer visits Trilogy-Heartland weekly to check in. While there he can see his therapist, pick up his prescription at the on-site pharmacy, and see his medical provider.

His high-cholesterol spurred the former athlete to take Zumba classes and put himself on a diet. “I dropped 13 pounds in the past nine months,” he says.

But HEDIS measures may not apply perfectly to treatment outcomes for people with SMI. Outcomes HEDIS currently fails to capture include Assertive Community Treatment outreach teams’ ability to connect people to care and patients’ quality of life measures. Both are key to better care for people with SMI.

Also, measures such as per-patient expenditures are hard to come by, which may mask the true costs and benefits of integrated care. More visits and services can increase expense to care for people with SMI. But integrated care can also reduce emergency-room visits and prevent expensive interventions, which lowers overall per-patient costs. If insurers in Illinois provided per-patient data we could better demonstrate and evaluate savings of the integrated-care model.

5) Integrated care funding and reimbursement formulas and methods need improvement and to be better understood.

Reimbursement to primary and mental health centers is disjointed, with each getting reimbursed for similar services at differing rates, via different billing methods and codes. There also is minimally sufficient funding for psychiatry and primary care but funding for licensed clinical social workers, counseling and support services currently are inadequate.

Also, integrated care programs lack support to get up and running. Heartland Health Centers and its partners rely on grants and individual contributions for expenses related to this work. For example, in 2016 Thresholds used private funding to build our primary-care clinic. Ongoing costs also include staff time for coordination time by institutional leadership. Funds from a demonstration grant by SAMHSA underwrote development of the Heartland-Trilogy partnership but ended several years ago. To our knowledge, Heartland-Trilogy is one of only a few successful partnerships from the SAMHSA grantee cohort still operating.

Currently Heartland Health Centers and its partners are working with Health and Medicine Policy Research Group on a financial feasibility study that may clarify these issues and lead to new recommendations.

Behavioral Health at Heartland Health Centers

In 2016, Heartland Health Centers treated 23,000 patients. Behavioral care accounted for 15 percent of nearly 90,000 patient visits to our clinics, including 4 clinics co-located in the offices of Community Counseling Centers of Chicago (2 sites), Trilogy, and Thresholds. Highlights of integrated care at Heartland Health Centers include:

Integration award for clinics and coordinated care for people with Serious Mental Illness

In 2010, Trilogy Behavioral Healthcare and Heartland Health Centers participated in a SAMHSA integrated care demonstration program to help people with Serious Mental Illness. Our partnership received an Integration Award from National Council for Behavioral Health in 2014.

Addressing addiction

In 2016 we joined with other health centers (including Esperanza Health Care, Prime Care, and Cook County Health & Hospitals System) to increase access to Medication-Assisted Treatment services for people addicted to opioids. For the initiative, Heartland hired new staff: a full-time social-worker and integrated care coordinator. We also re-tooled facilities to offer dedicated treatment rooms that better serve patients. Heartland Health Centers is providing medicated assisted treatment and will screen 4,500 adult and adolescent patients and treat or refer those who need it this year.

Team-based behavioral health integration at school and community clinics

In 2014, support from GE Foundation enabled us to participate in an Institute for Healthcare Improvement collaborative on how to “Optimize Primary Care Teams to Meet Patients’ Medical AND Behavioral Needs.” The project helped us refine the job descriptions for our Behavioral Health Consultants and Medical Assistants and design a model for team based care that features warm handoffs. **Resulting outcomes include a decrease in emergency room visits and increase in patients who remained on antidepressant medication for 180 days, as well as increased patient satisfaction.**

At schools we are seeing more students to better understand which youth are truly at risk and make sure all get the types of therapy they need.

New therapies for holistic treatments

Health education and wellness programs at Heartland now include nutrition, cooking, Tai Chi, yoga, mindfulness, and acupuncture. These programs bring patients resources and insure holistic care for patients, helping to aid pain management for people with chronic conditions, reduce stress, and address anxiety.

Founded in 1993 as part of Heartland Alliance and incorporated as an independent institution in 2005, Heartland Health Centers is a federally qualified health center with 15 locations serving Chicago’s North Side and nearby suburbs. We offer affordable and comprehensive primary care, oral health care, and mental health care services. Since 2013 we have been both accredited and designated as a Primary Care Medical Home by the Joint Commission.