# Achieving Population Well-Being through Mental Health Integration & Team Based Care

## Impact on Quality, Healthcare Use, Cost & Patient Experience

NASEM Forum on Mental Health and Substance Use Disorders
October 16, 2019

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Intermountain Healthcare
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# Disclosures

I have no financial or non financial conflicts of interest to disclose

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**We are on a Measured Journey –**

"Helping people live the healthiest lives possible®"

Using Data to Improve Care Delivery and Patient Outcomes

# Built on Intermountain's Rich History of Innovation, Improvement, and Excellence

- Health plans
- Vertical integration strategy
- Continuous Quality Improvement

- Supply Chain Organization
- Revenue Cycle Organization
- Patient Flow
- Efficiency improvements
- New care process models

Intermountain Foundation

**1975**

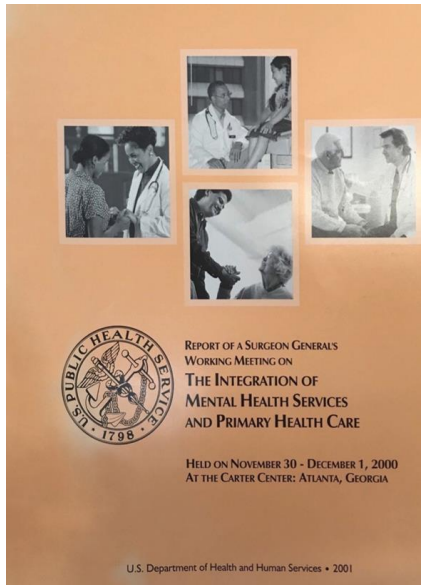
- System-wide standards (quality, management)
- First clinical & financial information systems

**1980s**

**1990s**

- Medical Group
- Clinical Programs
- Clinical Board goals

**2000s**




**2010s**

**to Present**

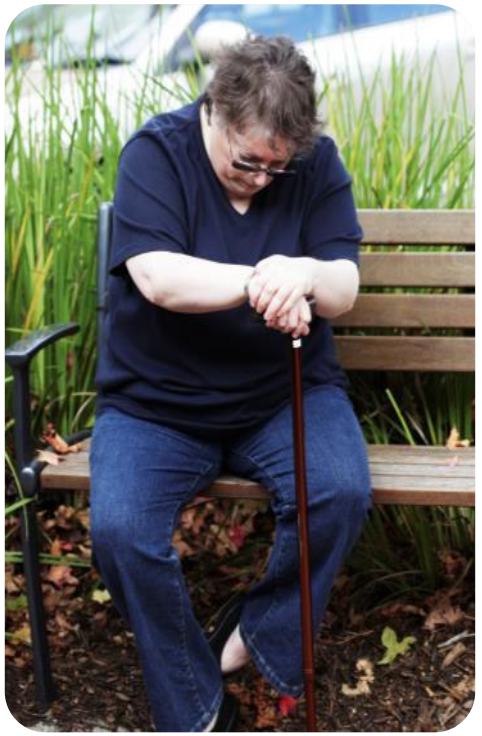
- Population Health
- iCentra
- New Mission Statement
- National brand
- Zero Harm
- New business development
- Reorganization
- Partnering for Success

# American Healthcare: Amazing Successes and Tragic Failures

Rescue Care

VS

Prevention and Effective Management of Chronic Conditions



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# Normalizing Mental Health is a Growing Global Priority

## Global Health Priority

**43M**
Americans suffer a form of mental illness

**300M**
People worldwide live with depression

**68%** of adults
with mental disorders have other medical conditions

## Significant cost

**$200 billion**
annually, exceeding all medical conditions

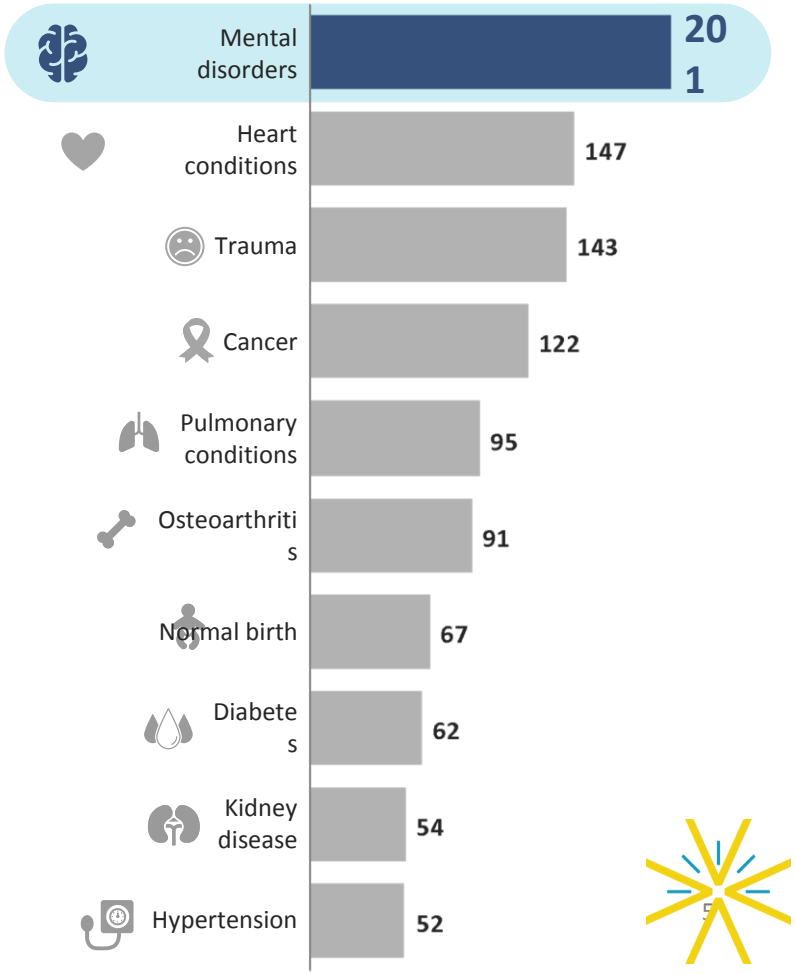
## Rising death toll

**20M**
Americans suffer from substance mental illness of substance abuse

**~64,000**
drug overdose deaths annually in 2016

**1**
suicide death every **40 seconds**
(2014)

## The costliest medical conditions ($B, 2013)



***“Mental health is a state of successful performance of mental and physical functioning, resulting in productive activities, fulfilling relationships with others, and the ability to adapt to change and cope with adversity”***

**David Satcher, M.D.**
Surgeon General of the United States
Mental Health: Report of Surgeon General, M385/ Library of Congress, 1999

Team based, mental health integration is focused on prevention and access via normalizing mental and behavioral health as routine medical care through unified connected team interactions

# Our journey is focused on enhancing the conditions for good health

"The circumstances in which people live and work are related to their risk of illness and length of life" – Marmot (2004) The Status Syndrome

# Management of Complex Chronic Disease in Primary Care

| Team Based Care / Mental Health Integration Infrastructure | | |
|---|---|---|
| **Diabetes, Asthma, Heart Disease, Depression, Hypertension, ADHD, Obesity, Chronic Pain, including Substance Use Disorders, etc.** | | |
| **2/3 – cared for routinely in primary care** | **1/6** | **1/6** |
| **Patient & Family, PCP, and Care Manager (CM) as needed** | **PCP, CM + mental health as needed** | **PCP with MHI Specialist Consult** |

*Primary Care Physician (PCP) includes:
General Internist, Family Practitioner, Pediatrician

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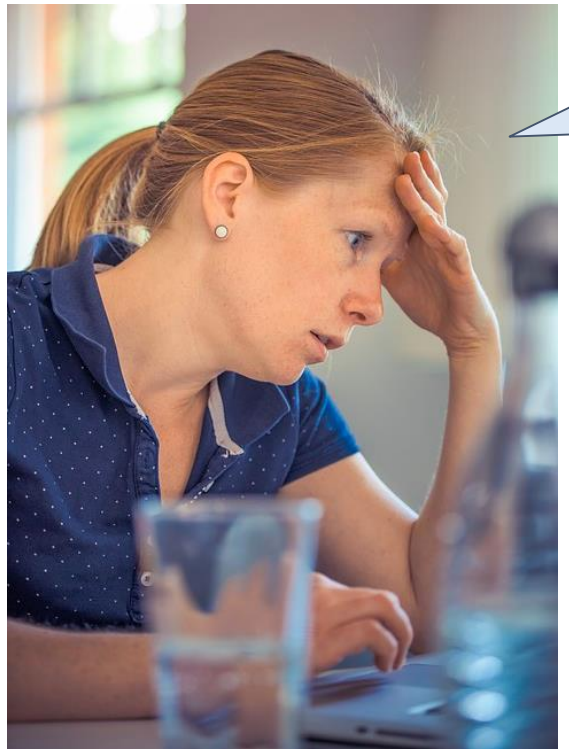
***"If I don't do it, who else will? I am all they have. I have been forced to treat depression alone."*** PCP Non-MHI/TBC Clinic



**"Don't ask…"**

**"The cringe list keeps my stomach in knots."**

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*“I was left to figure it out on my own, we never talked about it, he just refilled my meds”* ***( p < .01)  Non-MHI/TBC Clinic***

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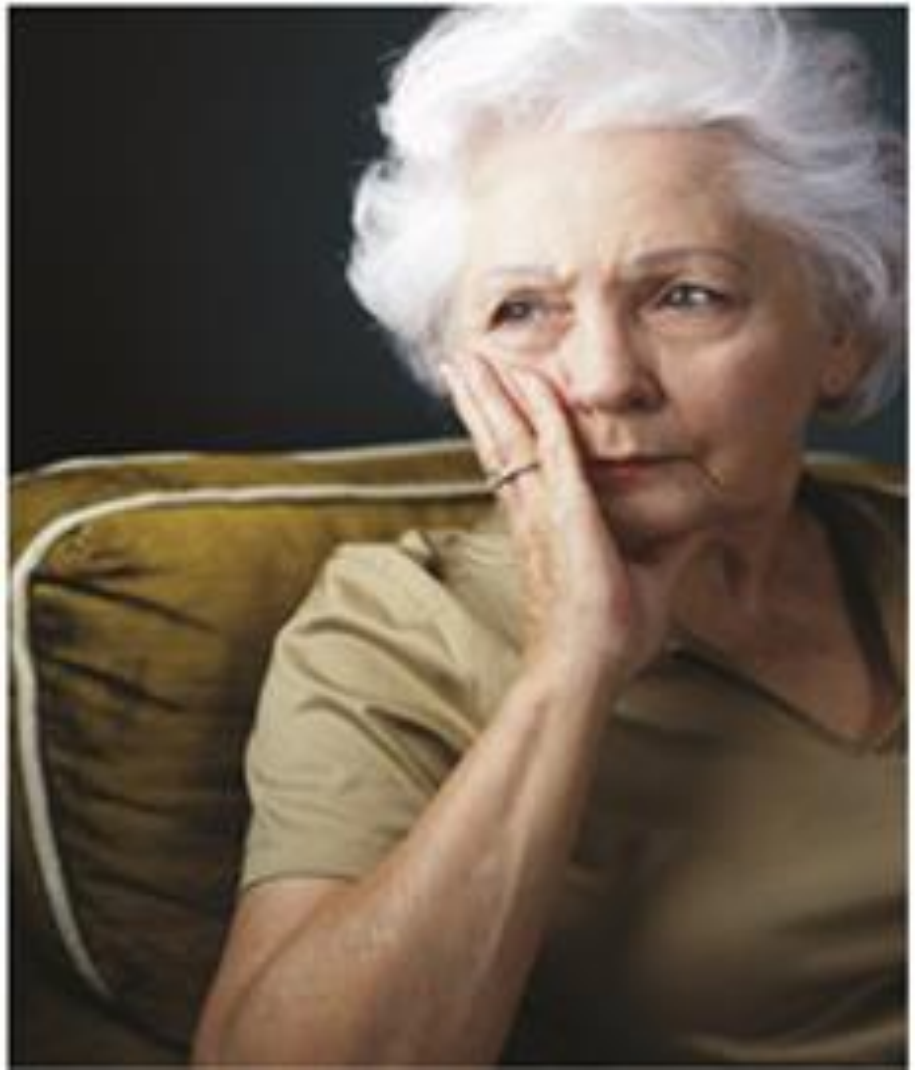
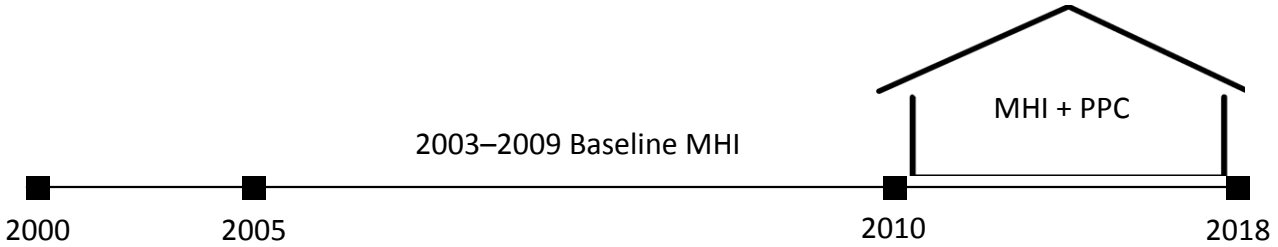
# Team-Based Care / Mental Health Integration: More Than Just a Program






## *Culture of Accountable Relational Reciprocity*

- “My doctor was the first person to treat me as a whole person.” (p <.001)
- “I am connected to a team that talks to each other” (p < .05)
- “Being on the same page I get better results” (p <.01)

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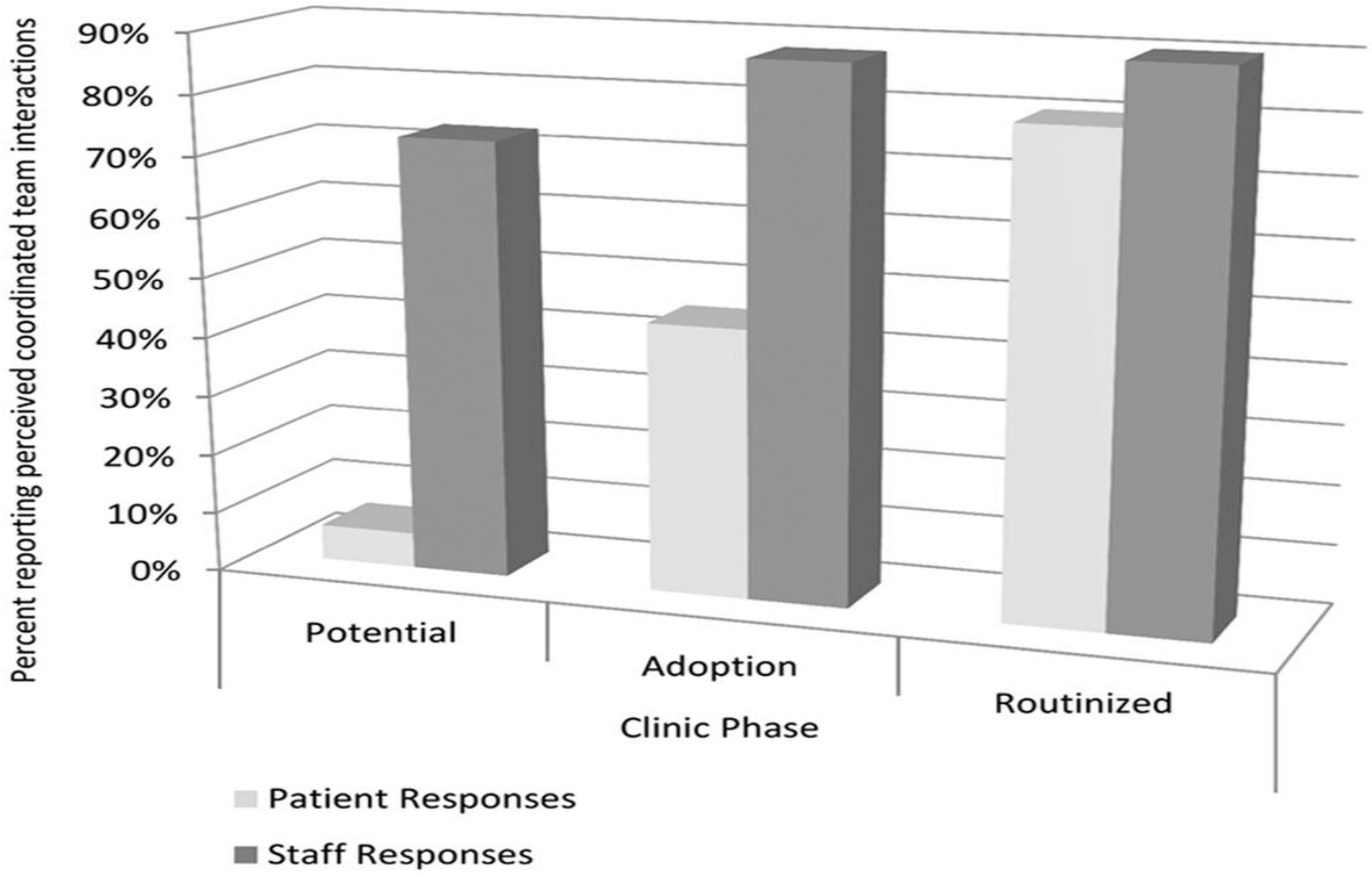
# Difference between patient and care team perception of coordinated care by MHI phase

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Reiss-Brennan, B. Mental Health Integration: Normalizing Team Care
Journal of Primary Care Community Health 2014; 5(1):55-60.

# Establishing and Understanding Clinic Team Roles & Responsibilities

mary Care Clinician

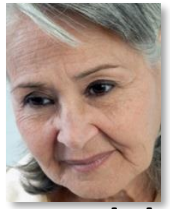
are Manager

Psychiatrist / APRN

Physical Therapists

Peer Mentors

Care Advocate



Our Patients and their Families

Therapist

Care Guide

Clinic Staff:
RN, MA, Reception, Billing

Social Worker

Clinic MHI Team

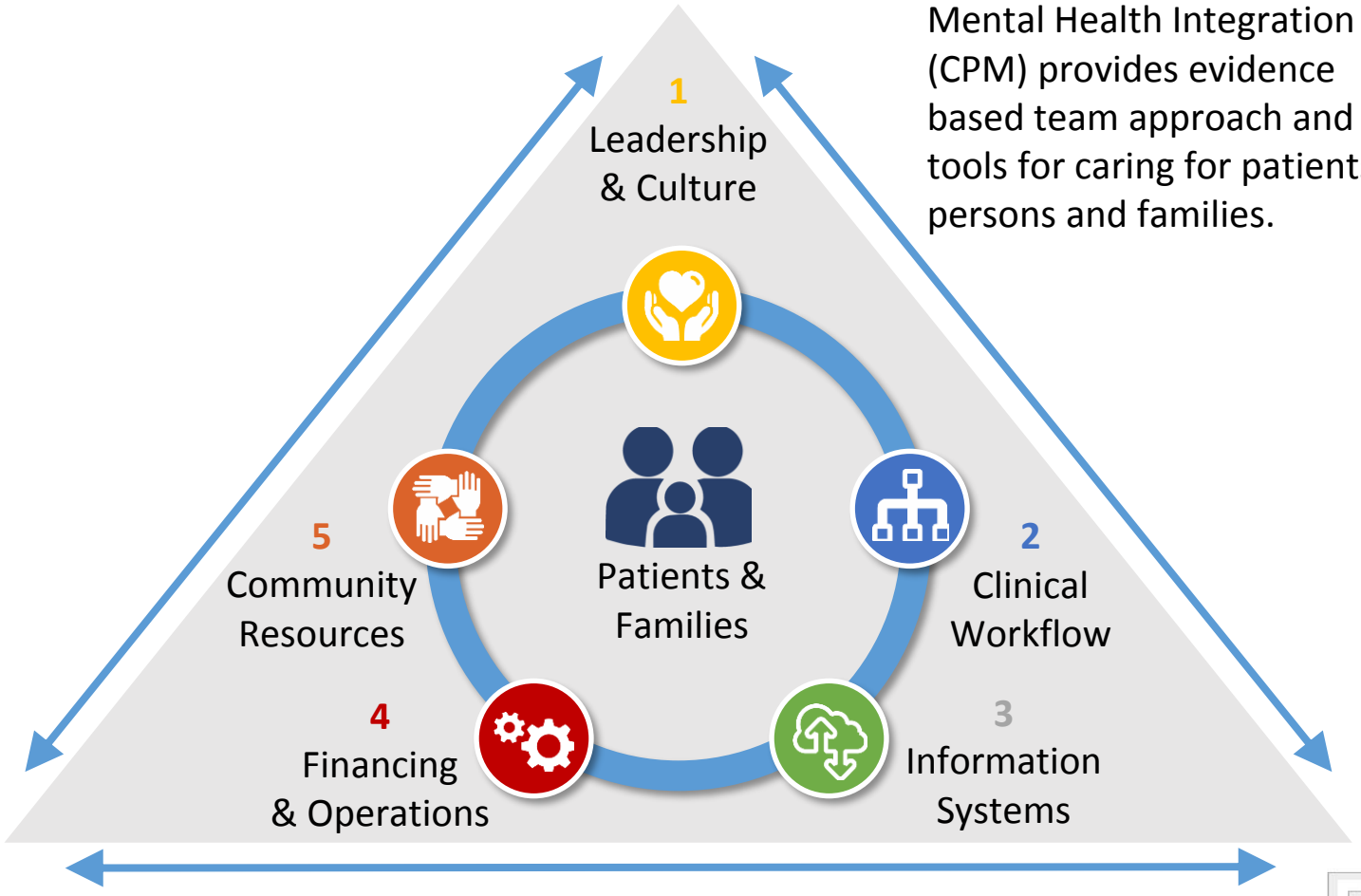
Clinic Manager

Pharmacists

Nutritionists

Community Resources

# What is Mental Health Integration (MHI)?




Mental Health Integration (CPM) provides evidence based team approach and tools for caring for patients/ persons and families.

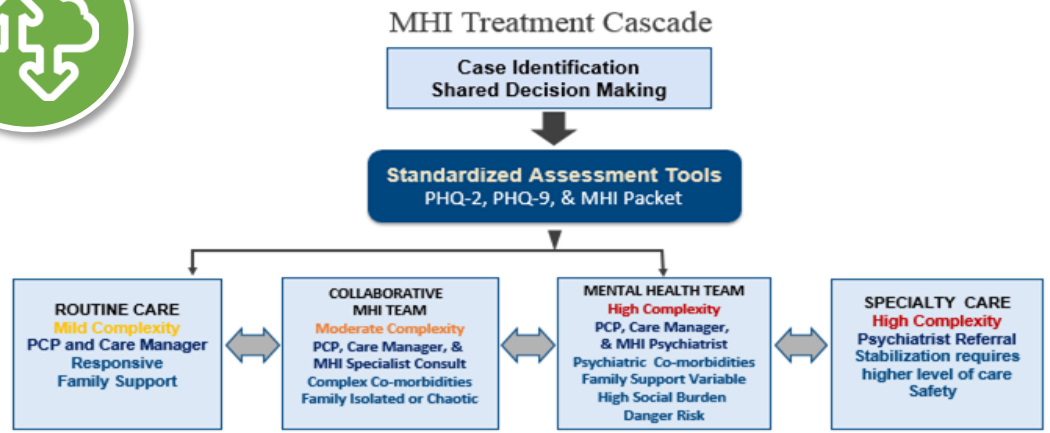
## Essential Integrated Elements

| | |
|---|---|
| 1 | Leadership and culture – champions establishing a core value of accountable and cooperative relationships |
| 2 | Clinical Workflow – engaging patients and families on the team and matching their complexity and need to the right level of support |
| 3 | Information systems – EMR, EDW, registries, dashboard to support team communication and outcome tracking |
| 4 | Financing and operations – projecting, budgeting and sustaining team FTE to measure the ROI |
| 5 | Community resources – who are our community partners to help us engage our population in sustaining wellness |

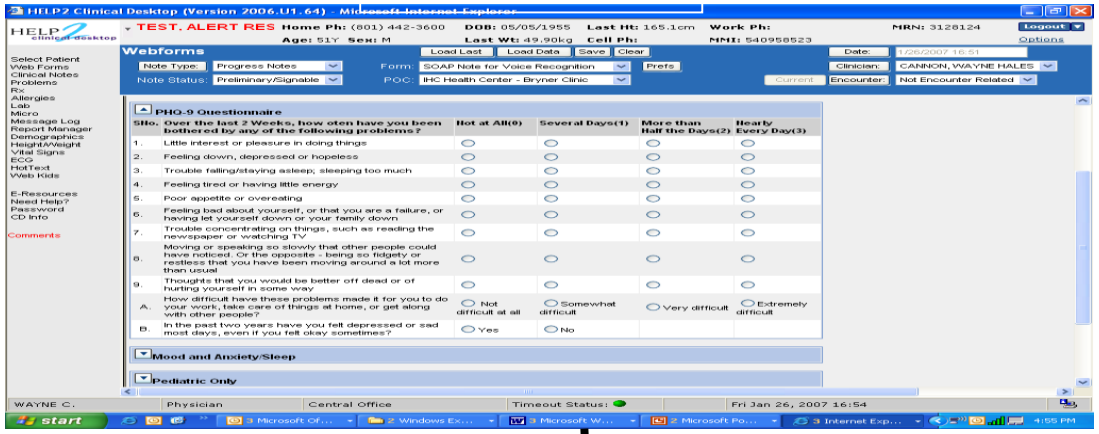
A standardized clinical and operational team relational process that incorporates mental health as a complementary component of wellness & healing.

# Actionable Data Helps Support Decision-Making & Care Improvement

## Clinical Process




## Data Input




## Actionable Data Creation

## Team Feedback: MHI Dashboard

PHQ2 or PHQ9/A Screening in Past 12 Months

| | Patients w/ PHQ2 or PHQ9/A | Patients w/ Annual PCP Visit | Percent of Patients w/ Annual Screening |
|---|---|---|---|
| SYSTEM | | | |
| SYSTEM | 211,320 | 319,052 | 66.23% |
| REGION | | | |
| Cache Valley Group | 15,665 | 28,829 | 54.34% |
| Central Salt Lake Group | 27,256 | 37,716 | 72.27% |
| North Salt Lake/South Davis | 47,985 | 62,763 | 76.45% |
| Rural Group | 8,874 | 13,493 | 65.77% |
| South Salt Lake Group | 29,039 | 52,382 | 55.44% |
| Southern Utah Group | 27,837 | 41,244 | 67.49% |
| Timpanogos Group | 19,257 | 32,281 | 59.65% |
| Weber/North Davis Group | 35,407 | 50,344 | 70.33% |
| CLINIC | | | |
| American Fork Internal Medicine & Dermatology | 1,246 | 1,324 | 94.11% |
| Avenues Specialty Clinic | 3,320 | 4,590 | 72.33% |
| Bear River Clinic | 1,937 | 4,667 | 41.50% |
| Bountiful Clinic | 17,469 | 19,113 | 91.40% |
| Budge Clinic | 1,958 | 3,000 | 65.27% |
| Budge Clinic - Internal Medicine | 3,930 | 8,725 | 45.04% |
| Canyon View Clinic | 583 | 639 | 91.24% |
| Cedar City Clinic | 4,239 | 5,328 | 79.56% |
| Central Orem Clinic | 5,191 | 6,969 | 74.49% |
| Comprehensive Care Clinic - Murray | 124 | 125 | 99.20% |

Categorical Change in PHQ9 by Clinic

| | FULL REMISSION | PARTIAL REMISSION | NO CHANGE | WORSE |
|---|---|---|---|---|
| Bear River Clinic | 12.88% | 33.05% | 9.44% | 44.64% |
| Budge Clinic | 8.00% | 29.60% | 23.20% | 39.20% |
| Budge Clinic - Internal Medicine | 11.11% | 32.59% | 14.81% | 41.48% |
| Logan Clinic | 15.13% | 37.17% | 12.17% | 35.53% |
| North Cache Valley Clinic | 19.29% | 36.04% | 9.64% | 35.03% |
| South Cache Valley Clinic | 15.42% | 35.51% | 16.82% | 32.24% |
| Comprehensive Care Clinic - Murray | 7.58% | 28.79% | 4.55% | 59.09% |
| Cottonwood Family Practice | 19.73% | 39.32% | 6.16% | 34.79% |
| Cottonwood Medical Clinic - Internal Medicine | 19.41% | 35.88% | 7.06% | 37.65% |
| Employee Clinic | | 100.00% | | |
| Hillcrest Pediatrics | | 50.00% | 12.50% | 37.50% |
| Holladay Clinic | 18.37% | 35.71% | 7.65% | 38.27% |
| Holladay Pediatrics | 22.22% | 31.48% | 5.56% | 40.74% |
| Holladay Pediatrics - North | | 69.23% | | 30.77% |
| Kearns Clinic | 12.28% | 57.89% | 1.75% | 28.07% |
| Salt Lake County Health Connections | 12.50% | 50.00% | 12.50% | 25.00% |
| Senior Clinic - Murray | 14.94% | 40.26% | 7.79% | 37.01% |
| Taylorsville Clinic | 16.91% | 39.79% | 8.45% | 34.85% |
| West Valley Clinic | 10.17% | 35.59% | 15.25% | 38.98% |

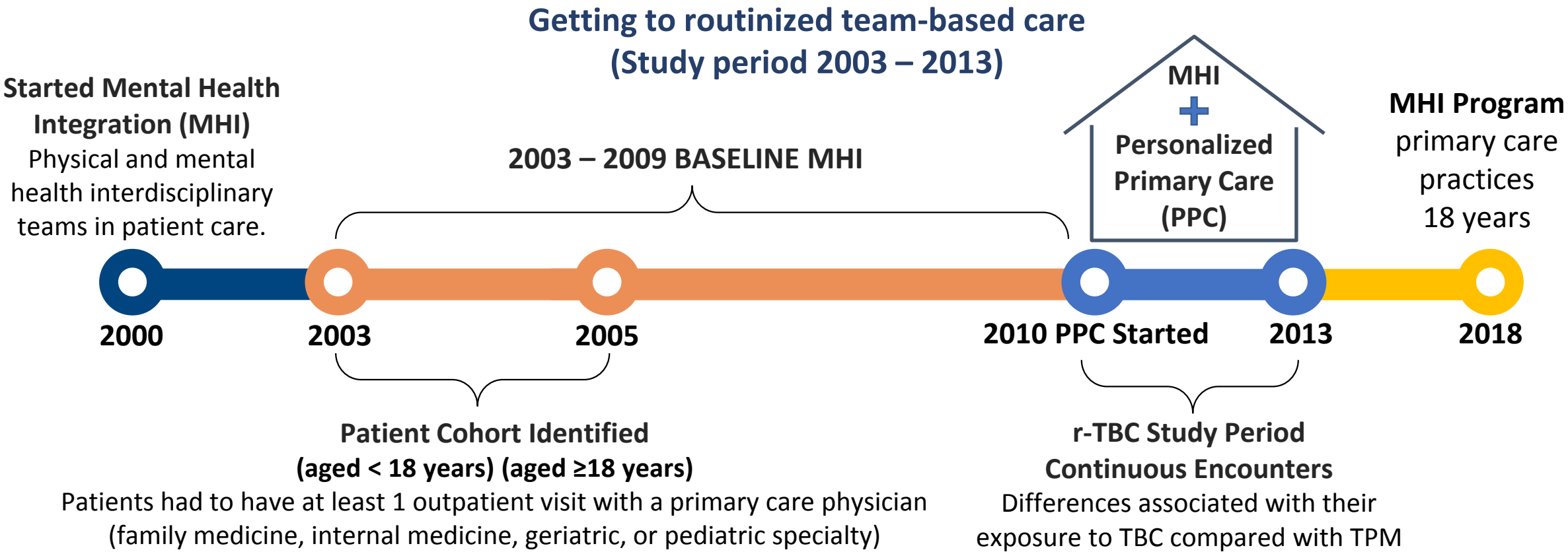
Registry (EDW) – 1999 to present

***Depression Registry***

Depression registry n = 604,160

- Accurately captures “active” depression patients
- Includes various process & outcomes measures
- Aligned with iCentra EHR

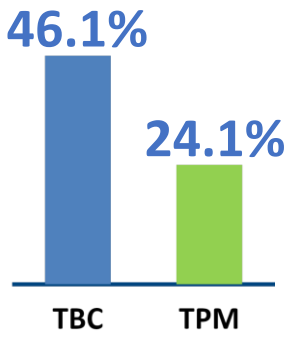
# Intermountain's Integrated Team Based Care Cultural Journey



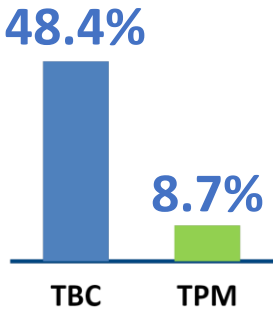

MHI tools are deployed system-wide throughout Intermountain's **22** hospitals, **185** clinics and **59** urgent care/emergency departments using a common **electronic health record and screening tools**. Healthcare providers communicate with each other via notes in the patient record and track results as a united team. Total patients annually **967,445**.

# Published JAMA study showed that integrating mental and physical health through primary care teams results in better clinical outcomes and lower costs

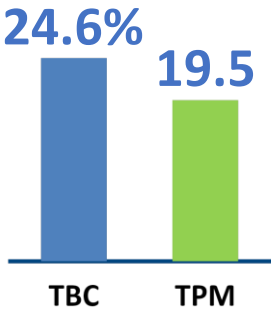
| 10-YEAR STUDY 2003-2013 | |
|---|---|
| **113,452** | Participants |
| **113** | Primary care providers |
| **27** | Team-based care (TBC) medical practices |
| **75** | Traditional practice management (TPM) medical practices |




SCREENED FOR DEPRESSION




DOCUMENTED SELF CARE PLAN




ADHERED TO DIABETES PROTOCOL

EMERGENCY ROOM VISITS

Reduced **23%**

HOSPITAL ADMISSIONS

Reduced **10.6%**

PRIMARY CARE ENCOUNTERS

Reduced **7%**

PAYMENTS TO PROVIDERS

Reduced **3.3%**

($3,401 for TBC vs. $3,516 for TPM)

*Savings of* **$115.00** Per patient per year (PPYR)

*Savings of over* **$13 Million** per year

• Brenda Reiss-Brennan, PhD, APRN, et al. 2016 JAMA

# After JAMA was published and more TBC/MHI resources were applied, rapid adoption and routinization followed


**Alluceo believes layering intuitive technology on top of TBC/MHI can even further accelerate a clinic's timeline between adoption and routinization.**

# 10 years of Intermountain TBC/ MHI experience shows $115 PMPY savings[1]

**$115** PMPY savings at $22 program cost

**$260** PMPY savings for commercial payer patients

**$1,400** PMPY savings for patients with other chronic conditions[2]

**$5M** Saved during implementation, which covered 7-8% of patients

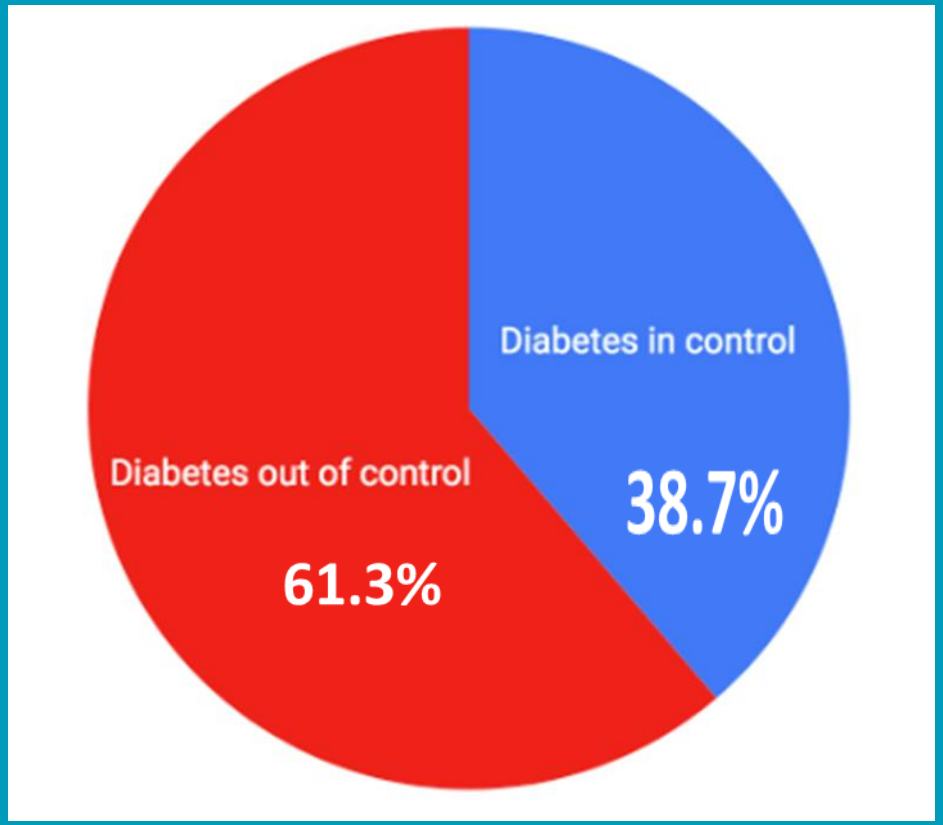
## Representing a meaningful opportunity for other health systems and payers

- **$2B+ in savings** if scaled across a national payer such as United Health[4]
- **$800M+ in savings** if adopted broadly at 10 large hospital systems[5]
- **$200M in savings** if 10 largest US employers adopted the system[6]

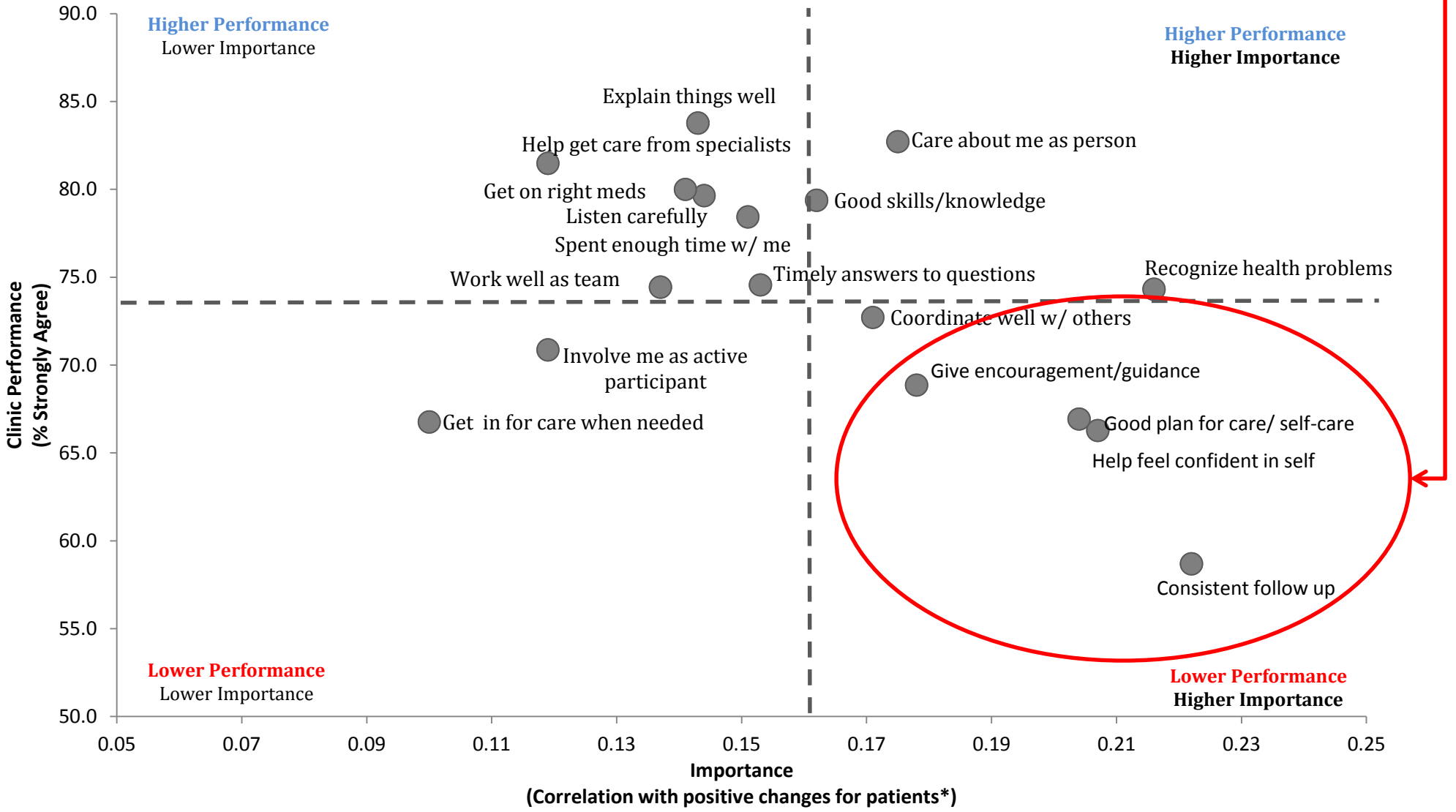
1. Association of Integrated Team-Based Care With Health Care Quality, Utilization, and Costhttps://jamanetwork.com/journals/jama/fullarticle/2545685?resultClick=1
2. Chronic Patients: patients with multiple comorbidity
3. Over a 4 year study period: jamanetwork.com/journals/jama/fullarticle/2545685?resultClick=1
4. Assuming 50% penetration of plan members (excluding Medicare Supp, Medicaid etc.)
5. Assuming 50% penetration at the hospital of similar size as IM
6. Assuming 50% penetration

# What Is the Real Cost?

JAMA Editorial: Integrated Behavioral and Primary Care, “What Is the Real Cost?” Thomas L. Schwenk, MD JAMA August 23/30. 2016 Vol. 316 No 8.




# Identifying Drivers & Opportunities




**NOTE:** 680 primary care patients that asks about patient experiences with their "doctor and others at the clinic" over the prior 12 months

***** Combined self-perceived change in patient's health, health engagement/self-care, & confidence in health care compared to 12 months prior

# Scaling Population Health & Well Being – Upstream Technology

Time to provide prevention and effective management through holistic care teams

*-in everyday life-*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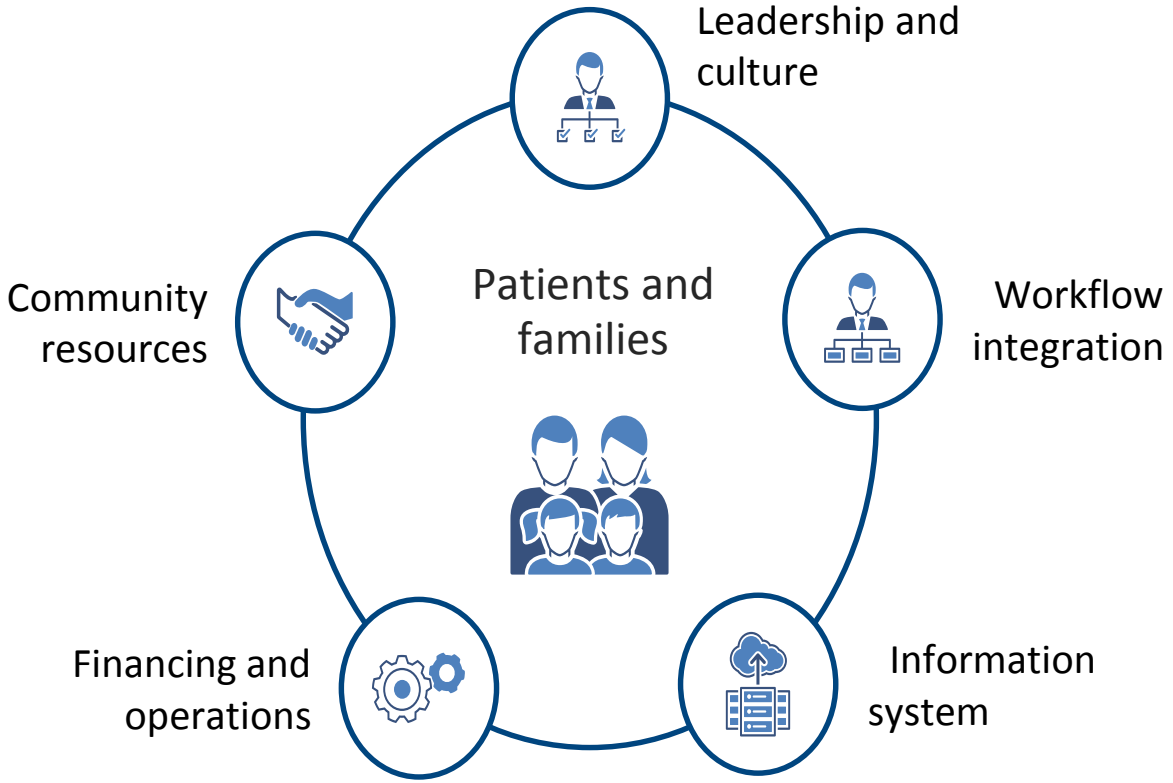
At Alluceo, we are leading the way to wellness by integrating physical and mental health into routine everyday life

# Building on 20 years of integrated team based care science and operational excellence at Intermountain Healthcare - Engagement Lessons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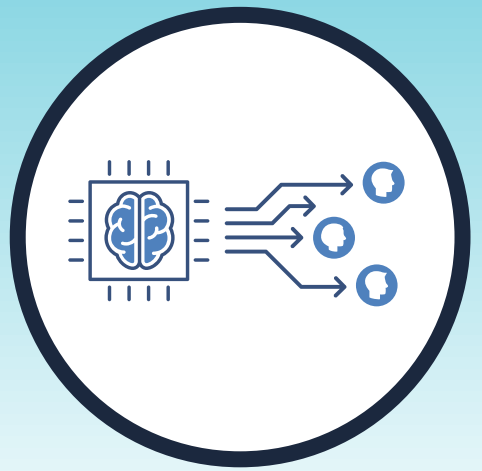
# Alluceo is creating something unique

## Only solution with documented peer reviewed outcomes

10 years of Intermountain data on clinical and cost outcomes

## Unique algorithm assembles a personalized care team for each patient and their family



Practice management to assess and optimize resources

## Best in class integrated digital solution

Holistic and integrated suite of care tools

# Normalizing Mental Health is Everyone's Business

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