Enhanced Primary Care for Patients with Severe Mental Illness

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HRSA Health Resources & Services Administration

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

SAMHSA Substance Abuse and Mental Health Services Administration

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Objectives

- Show a new model of primary care for a very vulnerable population
- Show you that it works
- Get your ideas on sustainability

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Current System - Good Foundation but Needs Additional Components

High Functioning Patient Centered Medical Home

Collaborative Care (IMPACT) Model

Insufficient for Patients with SMI

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An Enhanced Medical Home Model for Patients with SMI

Patient Centered and Continuous

Accessible

Comprehensive

Team Based and Coordinated

High Value

+

Additional Time and Care
(Smaller panel size 750 vs 2000)

Specialized Training for Team
(care for physical and behavioral health

Structured and Planned Communication
(between primary care & behavioral health)

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Pittsburgh Mercy Family Health Center Background

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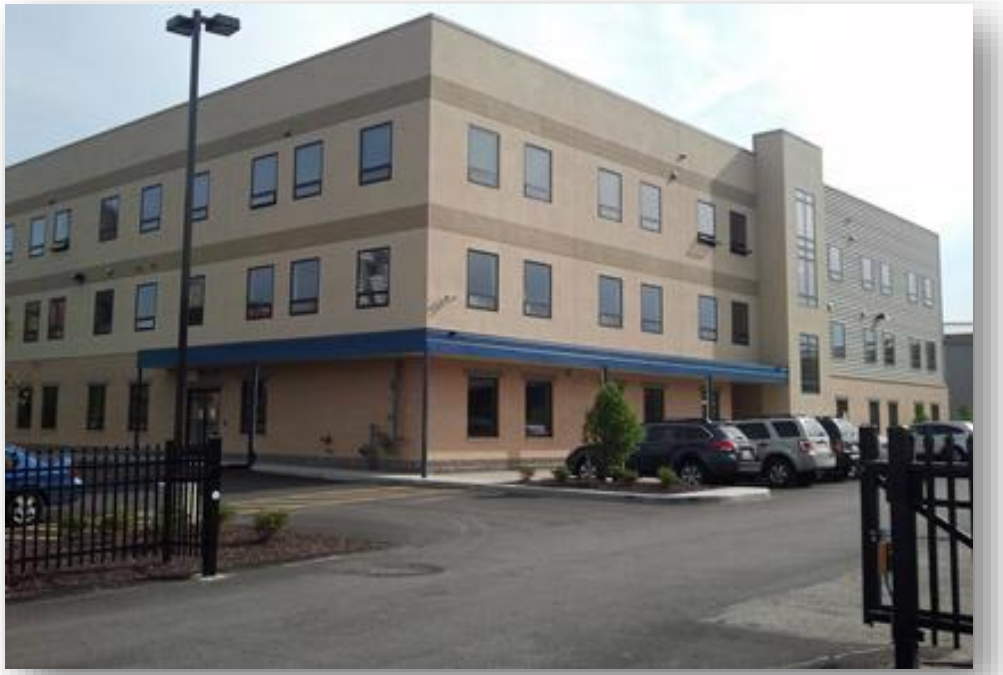
Pittsburgh Mercy Family Health Center
Integrated Primary Care

PMHS Patient Population

- In 2010, 33,000 individuals were receiving BH or ID care at PMHS - 50% were not receiving *any* routine primary care
- Chronic co-occurring SMI and medically complex with high risk social determinants



Replicating the ACT Model in Primary Care

- Highly engaging team meets the patient where they are in their lives
- Multidisciplinary and cross-community
- Rapid review of highest risk patients for enhance case management

Reverse Integration

- Community Mental Health Center embedding primary care within its programs

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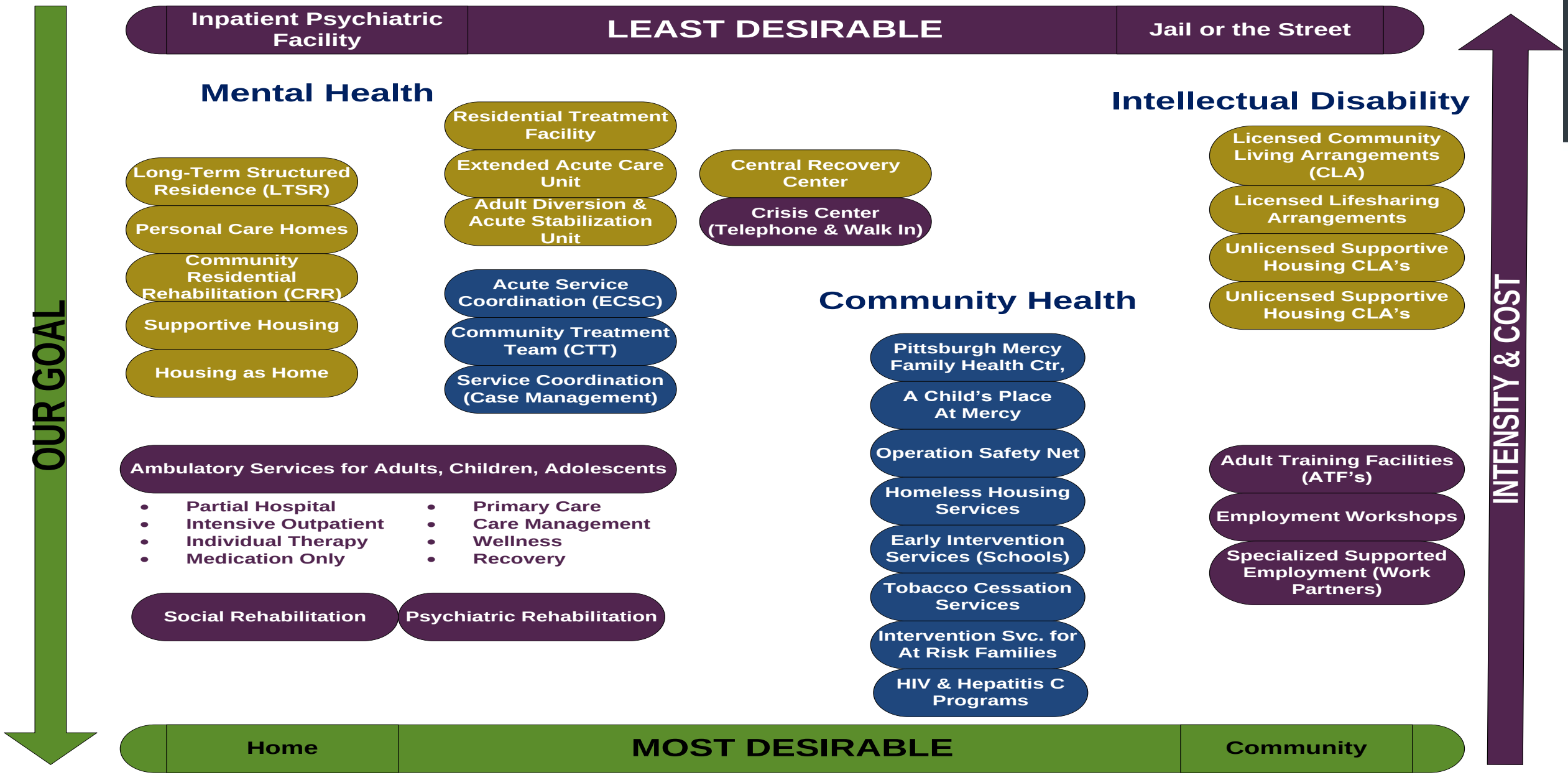
Inpatient Psychiatric Facility
LEAST DESIRABLE
Jail or the Street
OUR GOAL
INTENSITY & COST
Mental Health
Residential Treatment Facility
Extended Acute Care Unit
Adult Diversion & Acute Stabilization Unit
Central Recovery Center
Crisis Center (Telephone & Walk In)
Long-Term Structured Residence (LTSR)
Personal Care Homes
Community Residential Rehabilitation (CRR)
Supportive Housing
Housing as Home
Acute Service Coordination (ECSC)
Community Treatment Team (CTT)
Service Coordination (Case Management)
Intellectual Disability
Licensed Community Living Arrangements (CLA)
Licensed Lifesharing Arrangements
Unlicensed Supportive Housing CLA's
Unlicensed Supportive Housing CLA's
Community Health
Pittsburgh Mercy Family Health Ctr,
A Child's Place At Mercy
Operation Safety Net
Homeless Housing Services
Early Intervention Services (Schools)
Tobacco Cessation Services
Intervention Svc. for At Risk Families
HIV & Hepatitis C Programs
Ambulatory Services for Adults, Children, Adolescents
Partial Hospital
Intensive Outpatient
Individual Therapy
Medication Only
Primary Care
Care Management
Wellness
Recovery
Social Rehabilitation
Psychiatric Rehabilitation
Adult Training Facilities (ATF's)
Employment Workshops
Specialized Supported Employment (Work Partners)
Home
MOST DESIRABLE
Community
KEY:
Indicates Community-Based Delivery of Care Systems
Indicates Residential Delivery of Care Systems
Indicates Office or Site Based Delivery of Care Systems

Wakebrook Primary Care Background

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Clients at Wakebrook Primary Care

- Panel Size Calculations: 30-45 minute visits every 2 months
  - 750 patients (currently 560 patients)

- Insurance
  - Medicaid 28%, Dual 16%, Medicare 26%, Uninsured 22%

- Chronic Illnesses
  - Schizophrenia and/or Bipolar Illness: 71%
  - HTN: 45%
  - DM: 21%
  - COPD: 12%

  - Cigarettes: 65%
  - BMI>30: 45%

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Staffing to Address Social Determinants of Health and Provide High Quality Primary Care

For 750 Patients

- 1 Family physician
- 1 Nurse
- 1 Office manager/front desk staff
- 2 Social workers
  - Case management
  - Health education
- 2 Peer support specialists

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Table 1: Quality Metrics Wakebrook Primary Care Office

Prevention (Baseline 2015)	Spring 2016	Fall 2016	Winter 2016	Spring 2017	Fall 2017	
%	%	%	%	%	%	PCIC Goal*
Breast Cancer Screen >50yo	30	45	54	56	53	80
Cervical Cancer Screen q3 yrs	25	38	40	54	58	82
Colorectal Cancer Screen >50 yo	30	36	48	41	48	72
Depression Screen	66	84	90	86	90	61
ASA Use in DM	83	83	84	94	96	92
Statin Use in DM	79	76	81	86	86	79
A1c < 8 in DM	61	59	81	86	86	68
Fall Screen	90	90	90	96	90	71
Pneum Shot 65+	55	66	89	89	90	90
Pneum Shot High Risk	45	52	60	66	71	65

*PCIC (Primary Care Improvement Collaborative) Goals are the institutional goals for the University of North Carolina Health Care System based on national benchmarks of excellence

Red: not meeting PCIC goals
Orange: almost meeting PCIC goals
Green: meeting PCIC goals

Table 2: Patient Satisfaction Outcomes Wakebrook Primary Care Office

Patient Experience (1 strongly disagree - 5 strongly agree)		Winter 2016 mean score n=58	Spring 2017 mean score n=55	Fall 2017 mean score n=83
Staff here feel I can grow change and recover		4.3	4.3	4.4
Staff helped me obtain information I needed to take charge of my illness		4.3	4.2	4.2
I felt comfortable asking questions about my treatment and medications		4.5	4.2	4.3
I like the services I receive here		4.6	4.3	4.4
I would recommend this agency to a friend or family member		4.4	4.3	4.3
Composite Patient Experience Score		4.4	4.3	4.3

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Sustainability for Panel Size of 750 Patients

Annual Budget	Fee for Service
$750,000	**$350,000**

$50 per member per month

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Questions?

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SAMHSA-HRSA Center for Integrated Health Solutions

WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of **integration of primary and behavioral health care** for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health, the unifying voice of America's healthcare organizations that deliver mental health and addictions treatment and services.

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CIHS News and Resources

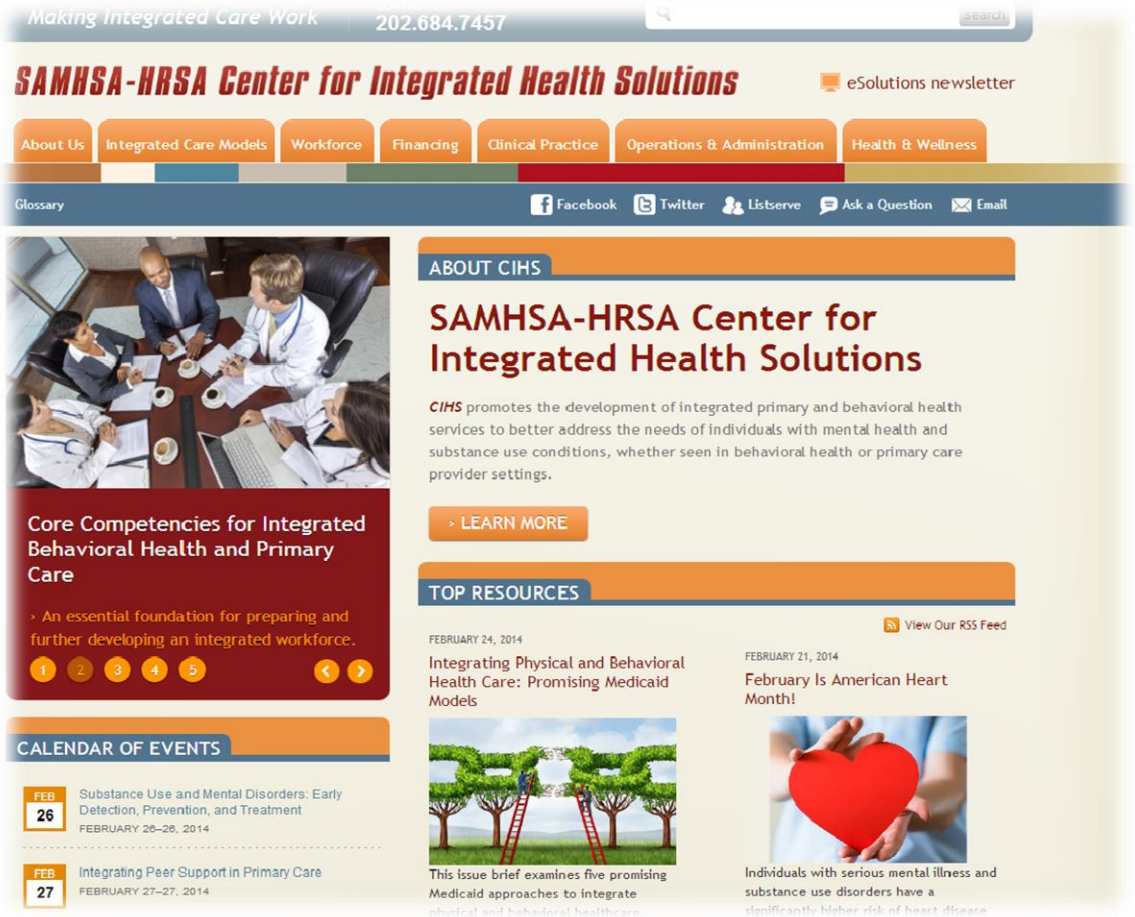
Visit

www.integration.samhsa.gov

or e-mail

integration@thenationalcouncil.org

Free consultation on any integration-related topic!



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Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

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