

**United Hospital Fund Symposium:
Medicaid and National Health
Reform**

**Challenges to Integrating Behavioral
Health and Primary Care
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Aims:

- **Consider some of the particular challenges of providing mental health in primary care due to the chronic nature of mental illness**
- **Briefly describe the UHF-supported HCCI at BLHC and some key findings**
- **Briefly describe the Intensive Wellness Program as a possible response for the care of high cost, high need Medicaid patients: Pros and cons**
- **Frame some of the problems through patient words and case descriptions**

USPTF Guidelines for Screening for Depression in Primary Care, 2002

- “Compared with usual care, screening for depression *can* improve outcomes, particularly *when screening is coupled with system changes that help ensure adequate treatment and follow-up.*”
- Absolute reduction in “persistent depression” at 6 months of 9% (65 vs. 56%) !
 - Pignone et al., *Ann Intern Med* 2002; 136:765-76

The treatment of mental illness in primary care:

It's all in the follow-up

Skewed Utilization of Health Care Services and Costs

- **Top 10% of patients account for 60-70% of health care utilization and costs.** (Zook and Moore, 1980; Monheit and Berk, 2001)
 - Top 1%=20-25%; top 5%=40%
- **Bottom 70% account for only 10%.**
- **Repetitive use more important than care for catastrophic events**
 - **Particularly repetitive hospitalizations.**
 - (Anderson and Steinberg, 1985; Guo et al., 2003)

2005-7 BLHC PARR: UHF HCCI Medicaid Patients (Billings et al., *BMJ* 2006)

	50+	75+	All
# of patients	6,410 (5%)	1,390 (1%)	130,483
Mean age (yrs)	47	46	28
Ages 18-64	81%	82%	60%
% female	43%	42%	59%
Dx's:			
DM	31%	37%	5%
Asthma	36%	49%	12%
HIV/AIDS	29%	36%	3%
<i>Mental Illness</i>	<i>49%</i>	<i>64%</i>	<i>15%</i>
<i>Schiz/Psych NOS</i>	<i>20%</i>	<i>36%</i>	<i>4%</i>
<i>Bipolar</i>	<i>25%</i>	<i>35%</i>	<i>6%</i>
<i>Alc/SA</i>	<i>58%</i>	<i>65%</i>	<i>9%</i>

PARR Patients: Utilization

	50+	75+	All
# Hosp past yr	1.2	2.6	.16
% of All Medicaid Admits past 1 yr	37%	18%	100%
Avg daily census (ages 18-64)	55	20	575

Structured Interviews (N=122, ages 18-64): Results

<i>Unstable Housing</i>	<i>Homeless/Shelter/Staying with friends or family</i>	46%
Financial Support	Social Security/Disability	59%
	Public Assistance (Welfare)	24%
	Work full/part-time	8%
Finances (30 days)	Problem Extremely/Very	42%
<i>Depression/</i>	<i>PHQ 9 >=10</i>	66%
<i>Bipolar Mood Disorder</i>	<i>MDQ >=7</i>	32%
EtOH/Drugs	AUDIT >=11	27%
	Drugs past year	36%
	Drug problems	26%
<i>Core Healthy Days</i>	<i>Good to Excellent</i>	40%
	Fair to Poor	60%
<i>Self-Efficacy to Manage Healthcare Problems</i>	<i>Moderately or Very Confident</i>	82%
	<i>Moderately or Very Important</i>	96%

Qualitative

■ Issues within the health care system:

- **Inconsistency:** *“When I went over there [to the clinic] I always see somebody different, a different doctor all the time. I was seeing a different doctor and so I said wait a minute you know it’s like I don’t know if he’s going to remember what I told him last month or whatever. They don’t really know you.”* (Latina Female, 50, Grand Concourse)
- **Attention:** *“I think to tell you the truth the best care I usually get is from the emergency room. . They asked more questions and they listen a little bit more.”* (African American Male, 54).
- **Belonging:** *“I’m used to coming here [inpatient service] all the time. They already know me. I was here for a month on the same floor and when I came back on Monday everybody was like “Oh Miss XXX”* (Latina Female, 50)

MLK Intensive Wellness Program: Primary Care for High Cost High Need Patients

- **Funded, in part, in 2008 by the New York State Health Foundation**
- **Interdisciplinary team care (health, mental health, social work, substance abuse linkage, community outreach) to provide an “advanced medical home”**
 - **Medical ACT Team**
- **Aiming to enroll 250 patients over 2 years (?)**
 - **Enrollment problems a key finding**
- **Quantitative and Qualitative Evaluations**
 - **Both cost and clinical measures**

Some IWP Patients:

- **26 y/o African man with schizophrenia and poorly controlled diabetes (glucose 500-600 regularly), and unstable housing.**
 - 3 medical, 2 psychiatric admits in previous year
 - One key problem: No refrigerator for his insulin!
 - Stabilized (1 initial admit only), but over 40 (!) outpatient visits

- **49 y/o woman with recent psychiatric hospitalization for depression; 4 previous medical hospitalizations in past year for diarrhea and abdominal pain with poor coordination.**
 - Review revealed incomplete evaluation of the diarrhea and lack of appreciation of degree of alcohol dependence.

- **53 y/o with severe diabetes, coronary artery disease, CHF, and schizoaffective disorder.**
 - Has made only 2 visits to IWP in 6 months, now disappeared.
 - Since intake has had 2 medical admissions, 1 psychiatric; left medical admit AMA.

Summary

- **Systems of care for high need Medicaid patients within the general health sector must focus on specific strategies to improve continuity of care.**
- **These strategies will depend on detailed understanding of patients and very individualized plans of care.**
- **They will be expensive.**
- **But so is doing what we are doing. Or not doing.**