



NC Center of Excellence for Integrated Care

A Program of the NC Foundation for Advanced Health Programs, Inc.

From Fragmentation to Integration: NC Center of Excellence for Integrated Care

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Susan D. Yaggy, President NC Foundation for Advanced Health Programs

Regina S. Dickens, Program Director NC Center of Excellence for Integrated Care-NCFAHP



A legacy of separate and parallel systems

Medical Care

Behavioral Health Care

A forced choice between:

- Two kinds of problems
- Two kinds of clinicians
- Two kinds of clinics
- Two kinds of treatments
- Two kinds of insurance

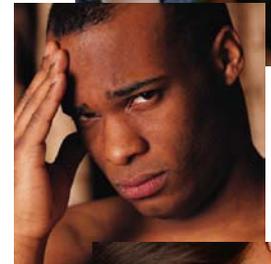
Integrated Care blends Medical Services and Behavioral Health in the Patient Care Setting



Common clinical presentations don't stay neatly in those medical or BH boxes

Today, BH care is part of medical care

- 40% of all PC patients identify psychosocial issues
- 50% of all BH care is provided by PCP's
- 67% of all psychoactive drugs prescribed by PCP's



CJ Peek, PhD



Untreated Depression = Higher Utilization and Health Care Costs

- Depressed patients:
 - Use 3 times more health care services
 - Have 7 times more ED visits
 - Have longer hospital stays
- Average annual cost per adult patient :
\$1,913 w/out BH \$3,545 w/ BH



Why Integrate Care?

- Mental health issues directly affect medical outcomes
 - Patients with serious BH conditions die 25 years earlier - Morbidity And Mortality In People With Serious Mental Illness report (2006)
www.nasmhpd.org
 - Many patients with mental illness do not have medical homes



Results of Randomized Clinical Trials of Integrated Care:

- More effective medication management
- Reduced severity of depression
- Improved health status
- Decreased disability
- Better occupational function
- Improved patient satisfaction
- Cost-effectiveness

Katzelnick, et al, 2000





Cost Effectiveness

- Depression management of PC patients with psychological symptoms resulted in a decrease of \$980 per patient over 2 years (Annals of Family Medicine, 2005)
- 91 studies (1967-97): medical cost off-set averages 20% when BH was provided with medical treatment (Chiles, et al, 1999)
- Savings of \$4.30 for every \$1 spent on treatment in EDs using SBIRT Model (Massachusetts PH, 2009)



ICARE: 20+ State, Provider, & Consumer Organizations Working to Advance Integrated Care in Primary Care Practices (2006 – 2010)

- Clinical Protocols, Algorithms, Diagnostic Tools, Local MH Resources, Research (icarenc.org)
- Extensive training curricula (on-line and in person)
- Trainings: over 7,000 PCPs
- Customized Technical Assistance: 54 practices
- 17 Pilot Demonstration Projects across NC



The NC Center of Excellence in Integrated Care

Deploy ICARE's tools, on-line training, techniques, and relationships to:

- Hospital EDs
 - LMEs
 - Targeted Case Managers
 - Non- CCNC practices
- Establish/Adopt evidence-based clinical protocols and procedures to support integrated practice
 - Provide technical assistance and learning collaboratives across health care settings



Methods:

- Establish a cadre of experts and small core staff
- Convene stakeholder groups to:
 - Identify evidence-based best practices
 - Set quality assurance/ model fidelity measures for targeted practice areas
- Roll out training and technical assistance



Outcomes :

- Increase the number of health and BH setting that utilize integrated care techniques (ie; hospital EDs, BH and primary care practices)
- Increase utilization and evidence based screening tools in both medical and BH settings
- Increase the capacity of Targeted Case Managers to deliver integrated assessment and care plans, involving patients and families



Outcomes :

- Increase screening and brief interventions for risky drinking and tobacco use at EDs, BH and primary care practices
- Patient satisfaction using a statistically valid subset of patients in sites that receive training and technical assistance
- Provider satisfaction with training and technical assistance



Governor Perdue's vision for Integrated Care

- “My background in health care tells me it makes no sense to separate mental from physical care. The best research confirms that many patients have mixed mental and physical health issues.”
- She would like to “establish the national model for an integrated approach to behavioral and primary health services for patients with mental health, developmental disability and substance abuse problems.”