Integration in the Public Health Care Systems

Objectives and Strategies

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Grand Valley Health Forum
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Kent County Commissioner
Definition of Health

“A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING, AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY”

THE WORLD HEALTH ORGANIZATION
The Current Segregated Public Health Care Systems Providing Physical and Behavioral Health Services

Federal CMS

State MDHHS

10 Regions PIHP’s

Behavioral Health System

CMH Partners

Mental Health Providers

10 Regions With multiple MHP’s

Physical Health System

Physical Health Providers

Medicaid & Healthy Michigan - 2.3 million enrollees/ $17.0 billion (Note Flint expansion)
The Current Silos in Health Care Systems Addressing Social Determinants of Health

- Legal Support Services
- Education Services
- Housing Services
- Essential Needs
- Behavioral Health System
- Physical Health System

Populations Being Served
Integration as a Strategy to Improve Public Health Care Systems

- Achieve better outcomes for clients
- Improve client satisfaction
- Optimize system-wide cost efficiency

“The Triple Aim”
The Current Financial Challenge

Federal Spending Challenge
$350 billion on Medicaid; $539 billion on Medicare reaching one third of the overall federal budget

State Funding Challenges
Enrollment
Changing Medicaid Match
Healthy Michigan Match
Loss of Use Tax
Loss of HICA Tax
$17.0 billion for 2.3 million enrollees
Increasing to 34.85%
Increasing to 5% up to 10%
$130 million
$320 million

Increased Costs of Service
Inflation
Increase in direct care wage
Change in overtime rules
On the Immediate Horizon

The State budget obligation toward the Medicaid system may need to find an additional $1.0 billion in funding over the coming years just to maintain the current levels of service.
Consolidate and Privatize all Medicaid Funding Administration With MHP’s

CHM’s As Providers only Behavioral Health

Traditional Physical Health Providers

Population Being Served

- Little evidence of savings
- Little evidence of improved outcomes
- Opportunities for innovation reduced
- Potential lost efficiencies

Potential loss of public system
Lakeshore Regional Entity - PIHP

Inside the Region

- Consolidation of administration
- Consistent regional benefits
- Region wide risk management
- *Encouraging and facilitating partners to develop point of service integration projects*

Outside the Region

- Collaborate with other PIHP’s and MHP’s to address the joint MHP/PIHP performance metrics required by MDHHS
- Sharing data with Regional MHP’s to identify high utilizers of services in preparation to developing strategies to manage their services
- Identifying clients who have not connected with their PCP within last year to allow Case Managers to assess
Network 180 - CMH

Center for Integrative Medicine (2011 -)

- Network180/Spectrum Health Medical Group Collaboration
- Physical and behavioral health practitioners in one location
- Focused on frequent user of emergency rooms with multiple health conditions
- Proven improvement in outcomes and satisfaction
- Proven reductions in costs – 65% reduction in ED visits
- $2.7 million savings in health costs

- Challenge is to find a structure to preserve the savings and reallocate those to the program and all providers
Behavioral Health Homes Initiative (2013 -)

- Previous Health Home projects by Cherry Health and Pine Rest
- 13 to 15 person multi-disciplined team
- Coordinates clients’ health needs, improves care access and helps to assure a needed continuity of care
- Over the three years of the program there has been documented improvement in outcomes
- Proven savings in both behavioral and physical health costs
- Over 400 clients served
Care Management Team

- Collaboration between N180 and Priority Health
- Targets clients with significant mental health issues
- Multi disciplined team from N180 and Priority Health assess core health care needs connecting the client to appropriate physical, behavioral or substance use treatment
- More than 140 served to date
- Verified improvement in outcomes
- Reduction in ER visits and admissions saving system costs
**Point of Service Integration**

- Identify core needs of clients
- Refer these to the right service system
- Multi-disciplined services
- Fairly distribute savings
- Proven improved outcomes
- Proven cost savings
- Opportunities for innovation in integration with all service systems
- Preserves the public basis of the system

Population Being Served
Closing Thoughts

- Integration strategies can significantly advance the “Triple Aim” of improved outcomes, improved satisfaction and achieving cost efficiencies.
- Integration strategies are documented to improve outcomes and reduce costs at the point of service level not the funding administration level.
- We need a public policy that encourages innovation in integration at the point of service level.
- We need to preserve the public system in behavioral health as the place where integration among the full spectrum of health needs is most likely to be successful.
- The House Budget language presents the greatest potential for making meaningful and viable changes to how we integrate care to improve outcomes and reduce costs.