BEHAVIORAL HEALTH INTEGRATION: A VIEW OF THE CURRENT LANDSCAPE

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Mother Nature has no mercy. As a consequence, the presence of one disease usually provides no immunity against others.

The Problem

Walker and Druss (in press) 2010-2012 NSDUH
Per Member Per Month Costs

Private Sector
- No MH/SUD: $0
- Any MH/SUD: $200

Medicare
- No MH/SUD: $400
- Any MH/SUD: $1,000

Medicaid
- No MH/SUD: $400
- Any MH/SUD: $1,000

Milliman Report American Psychiatric Association 2014
Mental Illness and Mortality

Mortality Risk: 2.2 times the general population

10 years of potential life lost

Integrating Behavioral Health into Population Health
Collaborative Care

- **Primary Care Physician**
  - Identifies goals, needs, and preferences for treatment
  - Participates in regular screening

- **Patient & Family**

- **Care Manager/Behavioral Health Provider**
  - Monitors all patients in practice
  - Provides education
  - Tracks treatment response
  - May offer brief psychotherapy
  - Assures patient engagement

- **Psychiatrist**
  - Provides team leadership
  - Reviews caseload regularly
  - Educates and consults
  - Sees patients who are not making improvements
Policies Supporting Integration

- Medicaid parity regulations released 3/2016
- Medicaid demonstration projects
  - Medicaid 2703 Health Homes
  - Medicaid Incentives for the Prevention of Chronic Diseases
- New codes to reimburse collaborative care
From Integration to Recovery

- **Patient Centeredness:** “The experience…of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care.” D. Berwick 2009

- **Recovery:** “A deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life.” W. Anthony 1993