



Navigating the New World of Integrated Care

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Integrated Care: What is it?

- ▶ “...in essence integrated health care is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served.”

▶ Hogg Foundation for Mental Health, Connecting Body & Mind: A Resource Guide to Integrated Health Care in Texas and the U.S., www.hogg.utexas.edu

Healthcare & Individuals with Intellectual & Developmental Disabilities

- ▶ Traditionally
 - ▶ Parsed out to numerous providers and/or agencies along contrasting funding lines
 - ▶ Health, mental health, and behavioral providers are
 - ▶ Housed separately
 - ▶ Regulated by different governmental entities
 - ▶ Funded by different governmental entities
 - ▶ Regulations and funding are often based on diagnoses not actual need for or a particular service and intervention

Case Example: Don

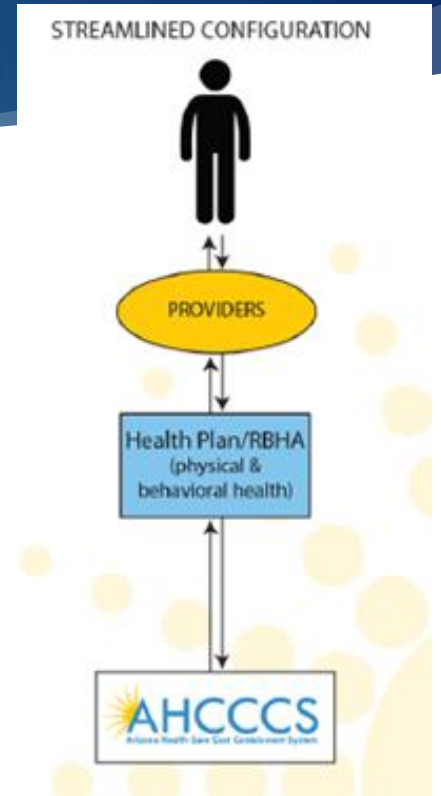
- ▶ Don a 12 year old male living in a group home
 - ▶ Diagnosed with
 - ▶ autism spectrum disorder (ASD)
 - ▶ attention deficit hyperactivity disorder (ADHD)
 - ▶ obsessive compulsive disorder (OCD)
 - ▶ Behavioral concerns:
 - ▶ Physical aggression
 - ▶ Self-injurious behavior
 - ▶ Hoarding & stealing food
 - ▶ Hyperactivity
- Systems of Service
 - Group home
 - Public school
 - provides in-school treatment supports inline with special education services
 - Habilitation & Respite services
 - HCBS Medicaid Waiver program for children with ASD
 - Pediatrician (PCP)
 - treating ADHD with medication
 - Mental health system provider
 - Treating the OCD with therapy
 - Receive Medicaid payment for treatment of mental health
 - Cannot receive Medicaid payment if treating issues related to ASD or IDD
 - Behavior Analytic services
 - Treating physical aggression and self-injurious behaviors
 - Private insurance

Fragmented Systems of Care & Funding

- ▶ Don highlights the issues
 - ▶ Multiple providers and locations
 - ▶ Multiple systems to navigate
 - ▶ Systems designed around diagnoses instead of need
 - ▶ No common electronic health record (EHR)
 - ▶ to communicate approaches to treatment and outcomes
 - ▶ to exchange information or collaborate
 - ▶ Differing approaches and objectives
 - ▶ Mental Health System = Rehabilitation
 - ▶ Restore them to some baseline
 - ▶ Assist them in regaining lost skills
 - ▶ This implies an end point at which the person has regained what was lost
 - ▶ Developmental Disability System = Habilitation
 - ▶ Maintain skills
 - ▶ Teach new or more functional skills

AHCCCS Complete Care

- ▶ “New” Integrated Contractors (IC) will provide Physical and Behavioral Services for most Medicaid enrollees
- ▶ Combines the historic AHCCCS programs of:
 - Acute
 - General Mental Health/Substance Abuse adults
 - non-CMDP (foster system) children
 - CRS
- ▶ IC Contractors with a RBHA contract will continue to manage
 - SMI – fully integrated
 - Behavioral health for CMDP (foster system) children
 - Crisis system
 - Grants
- ▶ ALTCS (the long-term care system) is unaffected by any of these changes



AHCCCS Complete Care

- ▶ They will implement the IC contract on October 1, 2018 for Acute, GMHSA, non-CMDP children, and CRS. There will be “no phasing-in” of different populations.
- ▶ The term of the contract will be seven years.



Introduction Dr. Chad Campbell

Reasons for Integrated Care



- ▶ When behavioral integrated care ¹
 - ▶ Less likely to use health care services
 - ▶ Getting behavioral health – 16 % **less** likely to need medical services
 - ▶ Not getting behavioral health – 12% **more** likely to need medical

Reasons for Integrated Care

- ▶ Lower cost of care for those with chronic conditions such as diabetes ²
 - ▶ Specifically with diabetes - \$900 less after 24 month



Reasons for Integrated Care

- ▶ Depression #1 cause of disability
- ▶ Treating depression = less money³
 - ▶ Treated in primary care saved \$3,300 over 48 month




Reasons for Integrated Care



- ▶ Of the top five conditions driving overall health care costs (work related productivity + medical + pharmacy cost), depression is ranked number one ⁴
 - ▶ Rate of depression higher in those with disability ⁵
 - ▶ 30% vs 4%

SUMMARY of Benefits

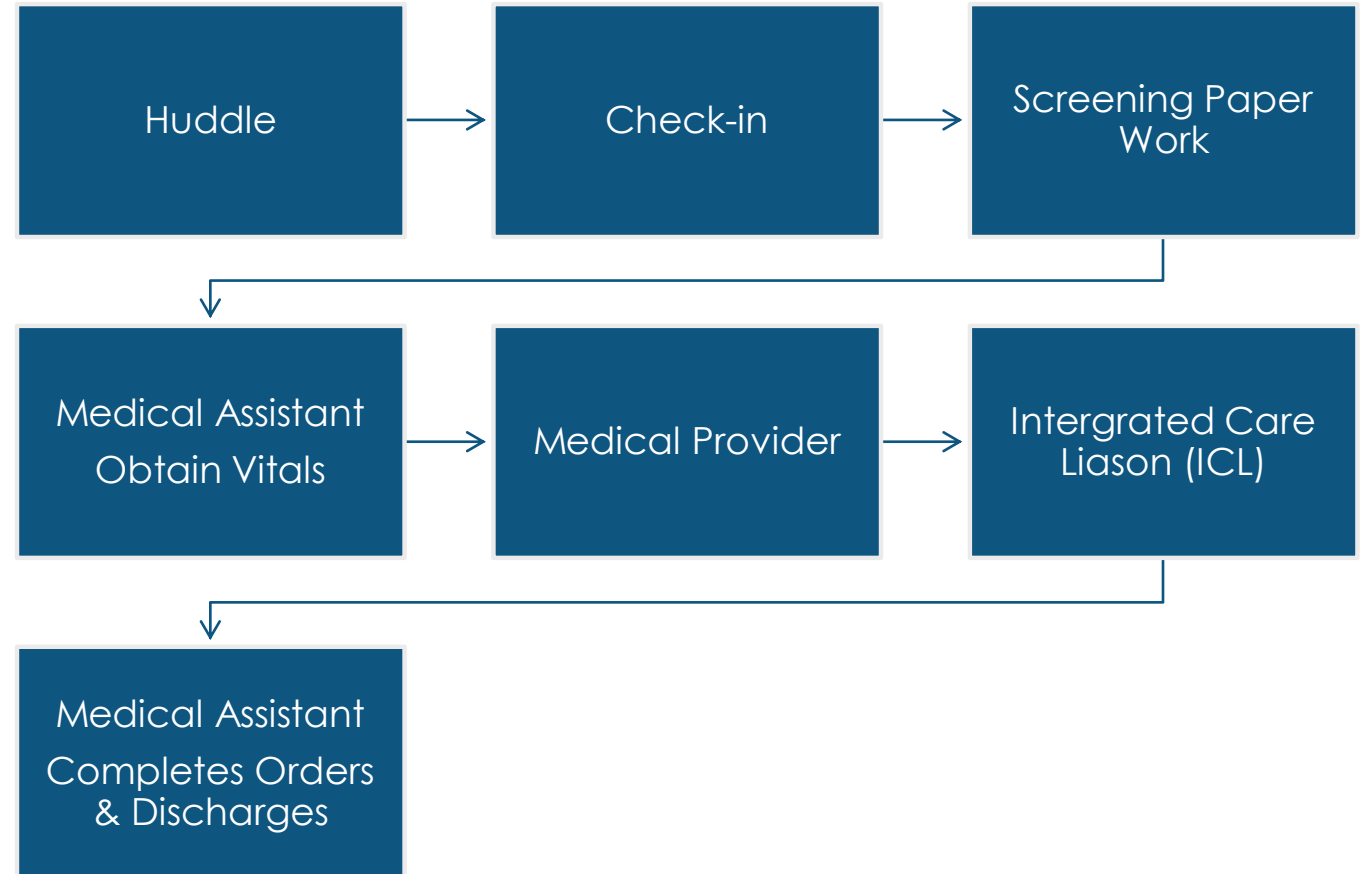


Less
money

Efficient
care

Better
care

Our Integrated Clinic





Integrated Care Liaison

EMILY ROWARD, LMSW

Integrated Care Liaison

Behavioral
Health &
Medical
Huddles

Review
Screenings

Solution
Focused
Interventions
(Including Crisis)

Build
Relationships
with Families

Support – lab
draw,
immunizations,
exams

Other Integrated Services

Nutrition

- Interview, Food Inventory, Dietary Record, General Nutrition Guidelines, Nutrition Labels, Self-Management, Behavior Analysis, Goal Verification, Verbal Behavior, & Relational Frames

Infant and Early Childhood Program

- Child-Parent Psychotherapy, Parent-Child Interaction Therapy, Group Therapy, Sand Tray Therapy, Eye Movement Desensitization, & Reprocessing (EMDR)

Youth and Outpatient Programs and Services

- Outpatient Therapy, High Needs Case Management, Psychiatric Services, Intensive Outpatient Program, Prevention, Respite Program, Transition Age Youth Program, Whatever it Takes Program, Sand Tray Therapy, & Eye Movement Desensitization and Reprocessing (EMDR)

Behavior Analytic Services

- Family-Centered Autism Program, Autism Center of Excellence, Language and Learning Center, & Complex Behavior

Prevention

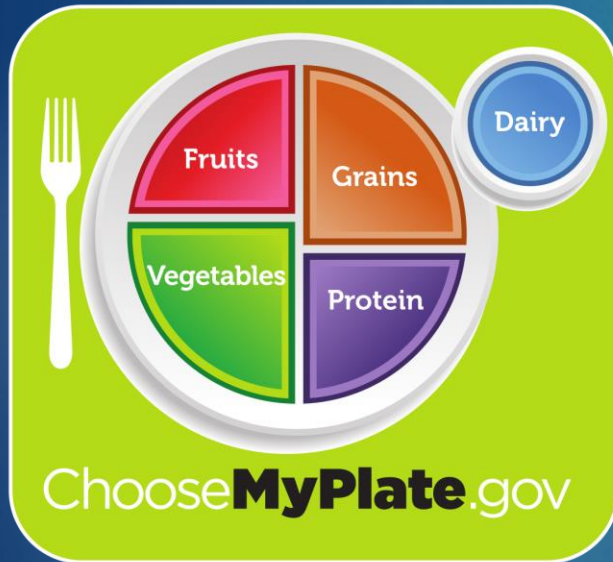
- Teen Pregnancy Prevention Program, Project AWARE, Healthy Relationships Program, & Drug Education and Prevention

School-Based Services

- Virtual site, Dedicated Therapist, & Staff Training

SOURCES

- ▶ 1) Chiles JA, Lambert MJ, Hatch AH. The Impact of Psychological Interventions on Medical Cost Offset: A Meta-analytic Review. *Clinical Psychology: Science and Practice*. 1999;6:204-220.
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- ▶ 3) . Unutzer J, Katon WJ, Fan MY, Schoenbaum MC, Lin EHB, Della Penna RD. Long-term cost effects of collaborative care for late-life depression. *The American Journal of Managed Care*. 2008;14(2):95-100.
- ▶ 4) Merikangas KR, Ames M, Cui L, et al. The Impact of Comorbidity of Mental and Physical Conditions on Role Disability in the US Adult Household Population. *Arch Gen Psychiatry*. October 1, 2007 2007;64(10):1180-1188.
- ▶ 5) McBrien JA. *J Intellect Disabil Res*. 2003 Jan;47(Pt 1):1-13. *Assessment and diagnosis of depression in people with intellectual disability. Plymouth Primary Care Trust/University of Plymouth, LDS, Westbourne Unit, Scott Hospital, Plymouth PL2 2PQ, UK.* judith.mcbrien@pcs-tr.swest.nhs.uk



LAUREN KLINE, MS, PN1
NUTRITION LIAISON

Nutrition: A Behavioral Perspective

- ▶ Applied Behavior Analysis (ABA)
- ▶ “The science in which tactics derived from the principles of behavior are applied to improve socially significant behavior and experimentation is used to identify the variables responsible for the improvement in behavior”

▶ Cooper, Heron, & Heward (2007). *Applied Behavior Analysis: Second Edition*

ABA: Function of Behavior

- ▶ Medical?
 - ▶ Headache?
 - ▶ Seizure?
 - ▶ Eye pain?
- ▶ Behavioral?
 - ▶ Attention?
 - ▶ Escape from task?
 - ▶ Access to tangible?
- ▶ Both?



Importance of Good Nutrition

► Why Nutrition?

- Provide us with energy
- Ward off acute and chronic diseases
- Affect our mood
- Satisfy us until our next meal
- Regulate our systems
- Impact our cognition

• Individuals with Intellectual and Developmental Disabilities

- More likely to develop health conditions such as:
 - High cholesterol
 - Hypertension
 - Cardiovascular disease (CVD)
 - Periodontal disease
 - Decay
 - Dementia
 - Obesity
 - More sedentary lifestyle

Why Poor Nutrition: Individualized Approach

Knowledge Issue?



Medical Concern?



Behavioral Concern?



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