# **Integrated Care: A psychiatrist's perspective**

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### Overview

- Why bother with integration?
- What is it?
- What does it look like?
- Does it work? Why?
- What does the future hold?

### Medical Illness & Mental Illness

- People with serious mental illness are more likely to
  - Have medical problems
  - Get them at a younger age
  - Die sooner once they have them

### **Serious Mental Illness and Early Death**

# Average age of death of a Department of Mental Health Client?





### **Serious Mental Illness and Early Death**

Most (60%) of these early deaths are from?

# **Medical Illness**

The #1 cause of death? Heart Disease



Parks 2006 & 2008, Saha 2007, Newcomer 2007, DMH 2013

### How healthy is Massachusetts?



Americashealthrankings.org (2017)

### How healthy is MMHC?



### What Causes the Poor Health of People with Mental Illness?



### What Causes the Poor Health of People with Mental Illness?



### **Integrated Care**

### **MENTAL HEALTH**





### **PRIMARY CARE**







#### The WaRM Center

Wellness & Recovery Medicine @ MMHC





The WaRM Center Wellness & Recovery Medicine @ MMHC

#### **Milestones in WaRM Center development**





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Wellness & Recovery Medicine @ MMHC





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### **WaRM Center Wellness Services**

### Fitness, nutrition, tobacco cessation, self-management



**Smoke Free** 

Program





Nutrition group







Get Fit Together



Wellness Check-in



Whole Health Action Management

### WaRM Center Smoke Free Program



- Barriers encountered
- Provider updates

### **Smoke Free Program Services**







Peer coaching

1:1 Cessation Counseling



**Care Coordination** 

**Quitline referrals** 



- Learning about Healthy Living
- Stop Smoking Group





Cessation medications





- **Text messaging**
- **Smartphone Apps**
- **Online programs**

Let's Talk about **Smoking Website**  Tobacco treatment for people with serious mental illness (SMI) An opportunity to close the mortality gap





Massachusetts Mental Health Center



National Resource Center for Academic Detailing



#### The WaRM Center

Wellness & Recovery Medicine @ MMHC



### **Whole Health Action Management**

- Informed by people with lived experience & based on principles from existing evidence-based disease self-management programs
- Goal: teach skills to better selfmanage physical and mental health conditions
- Individual and group settings



integration.samhsa.gov 2016



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Wellness & Recovery Medicine @ MMHC



### InSHAPE



- Health mentors: certified fitness trainers who accompany participants on activities chosen by the participant
- Facilitated access to fitness activities
- Nutrition counseling and education

### **WaRM Center Outcomes**



### **Health Indicators Improved**



### **Better engagement = Better outcomes**

#### Wellness participants vs non-participants

#### **Blood Pressure**



### **Better engagement = Better outcomes**

#### Wellness participants vs non-participants

Tobacco use (CO level)



### Success! (It can take a while)

Averge daily use of cigarettes: group mean



## **Better care = Better outcomes Carbon Monoxide Levels in Primary Care**



# Blood Pressure



### **Better care = Better outcomes** Medical Hospitalizations

Hospitalizations per person per year



WaRM PCP Non-WaRM

### What does integration require?

# It's all about systems... But more so...

People!



# Integration



### **Complex Integration**



### "Getting Better Together"

# What does integration require?

- Relationships, relationships, relationships
- Coordination
- Team meetings
- Flexibility / accommodation
- Sustainability

# Relationships

- MMHC clients *not* receiving WaRM primary care:
  - 60% had seen a Primary Care doctor within the last 6 months
- MMCH clients receiving WaRM primary care:
  - 88% had seen a Primary Care doctor within the last 6 months

### The future of integration?

- ACOs, BHCPs, ACCS
  - There are reasons for optimism!
- But...to coordinate care, you need care to coordinate
  - State-wide initiatives to improve infrastructure and workforce capacity with DSRIP funding

# ACO Behavioral Health Community Partners (BHCP)

- Outreach and Active Engagement
- Comprehensive Assessment and Person-Centered Treatment Planning
  - #18 of 21: Food security, nutrition, wellness, and exercise
- Care Coordination and Care Management
- Care Transitions
- Medication Reconciliation
- Health and Wellness Coaching
- Connection to Community and Social Services

## ACO Behavioral Health Community Partners (BHCP)

- Health and Wellness Coaching activities may include, but are not limited to:
  - Providing health education, coaching and symptom management
  - Education on how to reduce high risk behaviors and health risk factors, such as smoking, inadequate nutrition, and infrequent exercise
  - Assistance in linking to health promotion activities such as smoking cessation and weight loss
  - Assistance in setting health and wellness goals

### **Adult Community Clinical Services**

- Deliver interventions to improve overall health and well-being including, but not limited to, healthy eating, physical activity and relaxation techniques
- Have strategies for addressing modifiable risk factors for early morbidity and mortality, including smoking, nutrition and physical activity, such as standardized screening and assessment tools, MI, SoC, WHAM, and/or other evidence-based interventions

### **Accountability?**

### **Relevant proposed quality/performance measures**

#### ACOs

- Tobacco Use: Screening and Intervention
- BMI assessment
- Hypertension
- Diabetes
- Utilization of BHCPs
- Care Plan Collaboration
- Preventable ED Visits

#### BHCPs

- Admissions for diabetes
- Annual primary care visit

#### ACCS

• Annual primary care visit

# **Integration Missteps**

- An "intensive care management program" working for weeks with a patient before connecting with primary team
- Inpatient units not coordinating with outpatient treaters
- PCP refusal form

# The future of integration?

- Will these services make a difference?
- Are we ensuring the right kind of services?
- Who will provide wellness services appropriate for our population?
- Are we training the current/next generation?
- Will we commit to sustaining beneficial services?

# Why does this matter?

# Average age of death of a Department of Mental Health Client?



