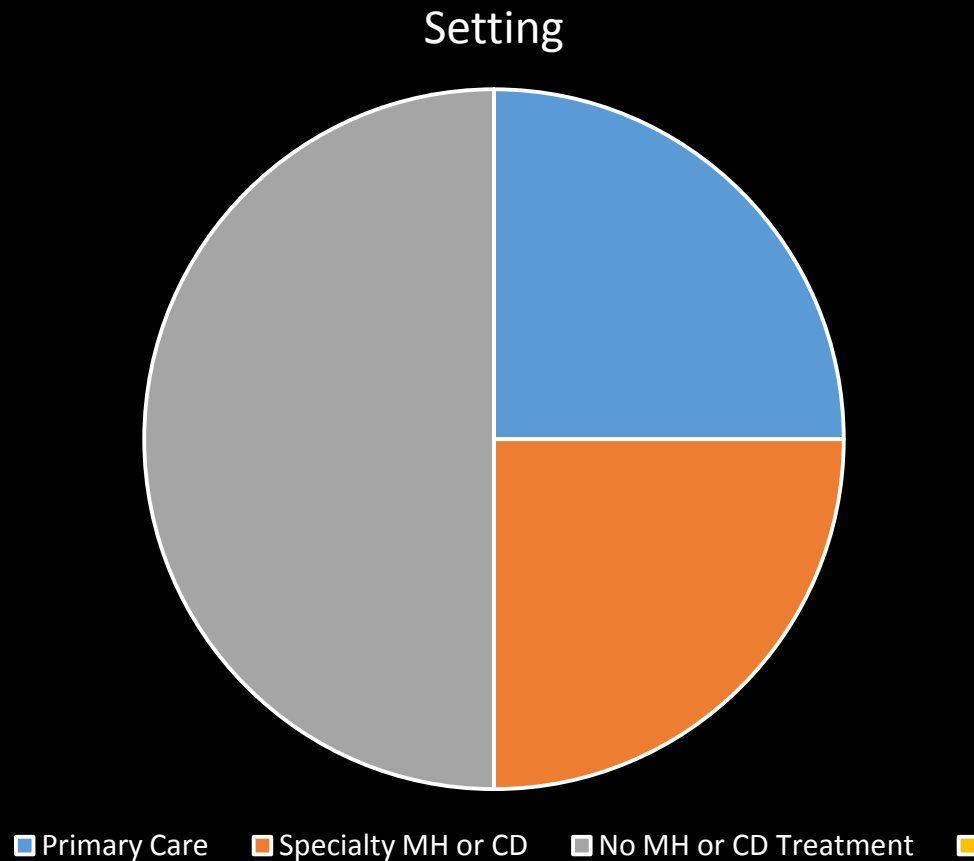


Technology enabled Treatment

February 28th, HFMA

Provision of Behavioral Health Care in the US: Setting of Services



Managed Care Drivers of Primary Care Behavioral Health Integration

- Financial incentives favor efficiency, rather than waste (e.g. at risk contracting)
- Emphasis on population based care and health care team model
- Conversion to primary care gate-keeper model
- Consumer-centered “one stop” shopping’
- Emphasis on functional, cost and health outcomes (e.g. disability, productivity)
 - Mountainview Consulting Group, Inc.

Why Integration ?

- 50% of all MH delivered by PCP
- 70% of community health patients have MH or CD disorders
- 92% of the elderly get their MH care through PCP
- Top 10% of health care utilizers consume 33% of outpatient and 50% of inpatient services
- 50% of these high utilizers have MH or CD disorders
- Distressed patients use 2X the health care yearly.

Primary Medical
Providers continue to
prescribe the majority of
psycho-active
medications in the US.

Why Integrate Behavioral Health ?

- Medical and functional impairments of MH and CD conditions on a par with major medical illnesses
- Psychosocial distress corresponds to morbidity and mortality risk
- MH outcomes in primary care patients only slightly better than spontaneous recovery
- Only 1 in 4 referred to specialty MH or CD care make it to the first appointment (*consistent with our experience at Aspire*)

Integration

- More than 70 randomized controlled trials have shown collaborative care for common mental disorders such as depression to be more effective and cost-effective than usual care, across diverse practice settings and patient populations

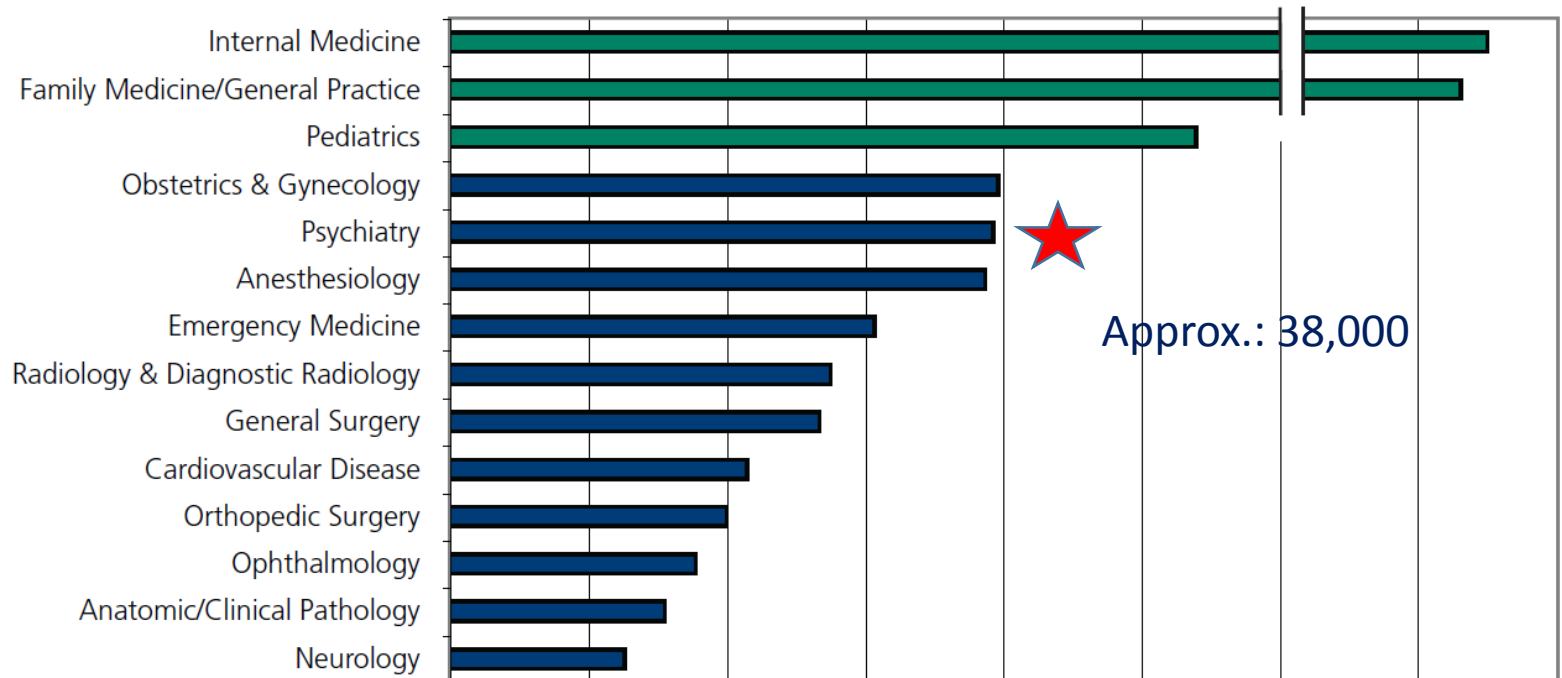
Modal Number of visits to
specialty behavioral health:

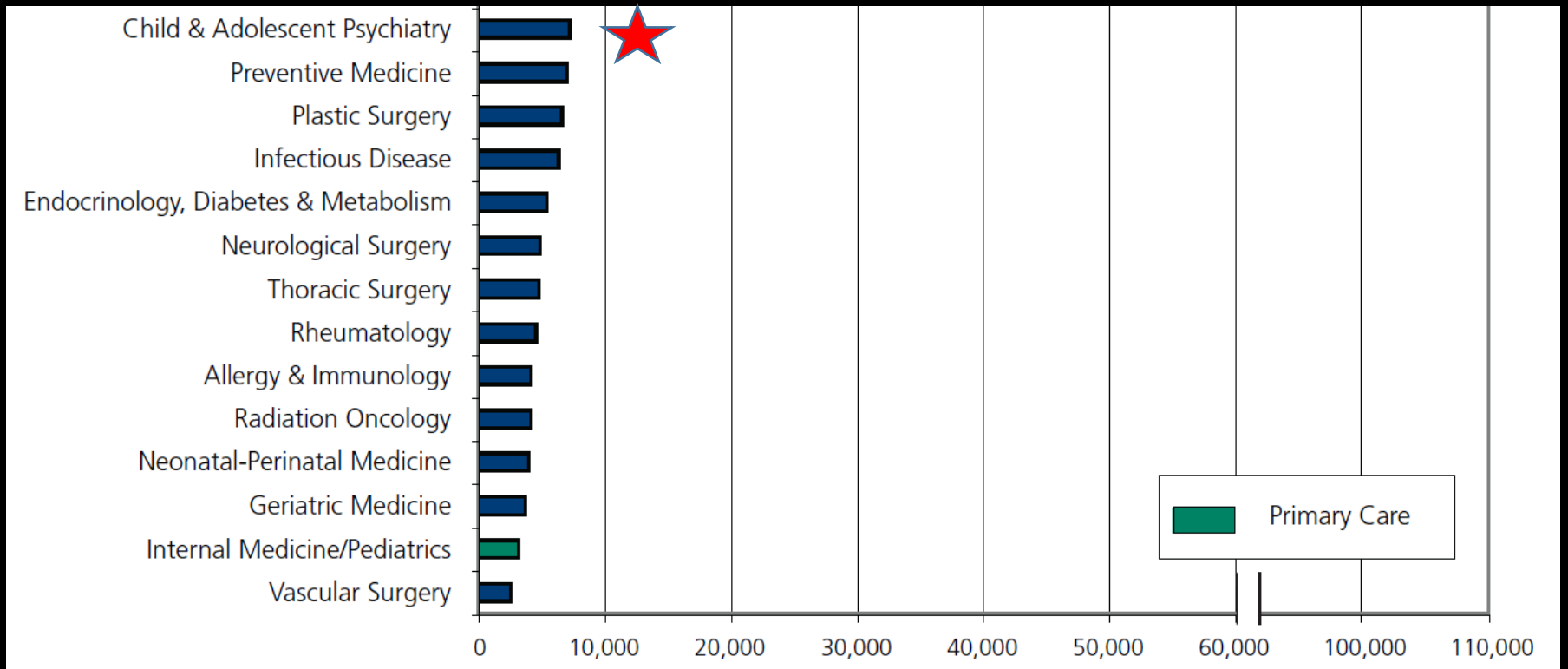
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Dissenting Opinions

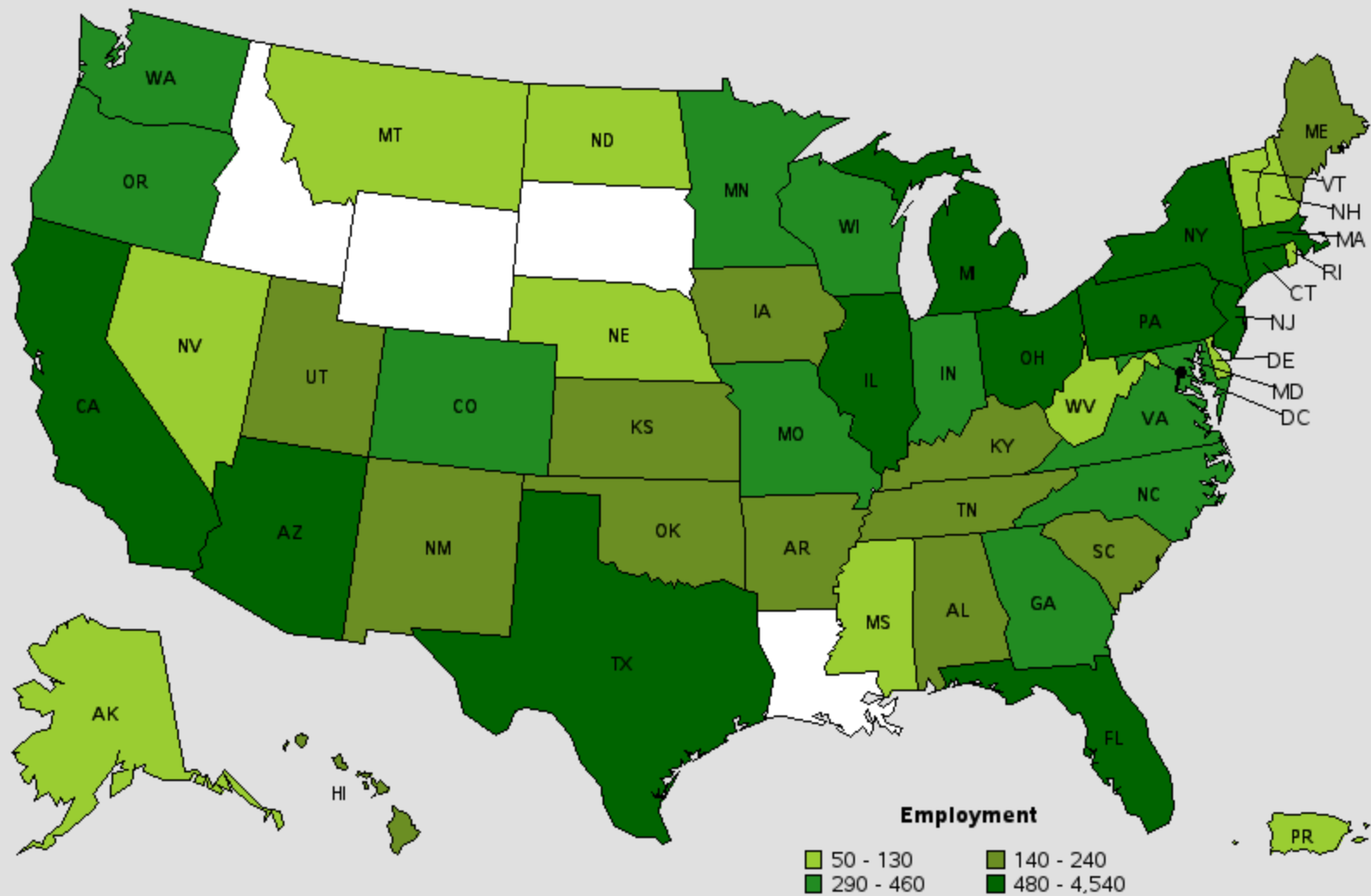
- Columns | June 01, 2001
-
- Economic Grand Rounds:
The Myth of Medical Cost
Offset
-
- Roland Sturm, Ph.D.
- Psychiatric Services 2001;
doi:
10.1176/appi.ps.52.6.738

Figure 3. Specialties with the Largest Number of Active Physicians, 2007





Employment of psychiatrists, by state, May 2012



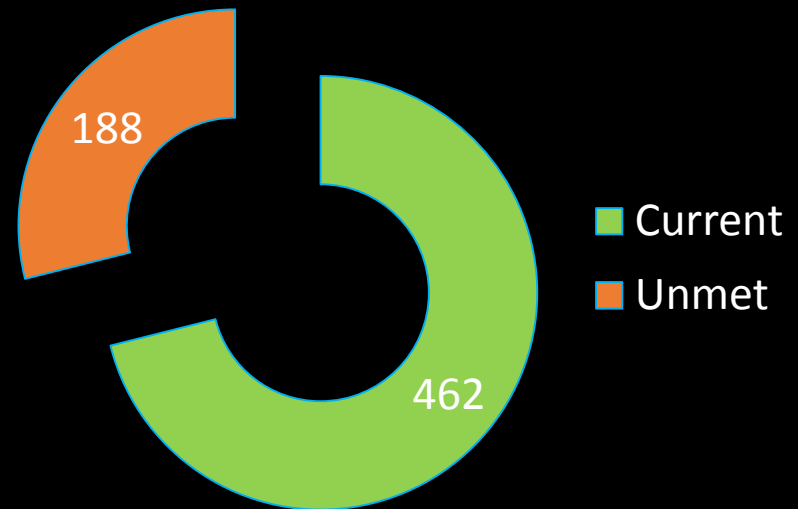
Blank areas indicate data not available.

U.S. Medical Schools and Colleges of Osteopathic Medicine with the Greatest Number of Graduates Having an Active License to Practice Medicine in the United States, 2012	City and State	Number of Actively Licensed Physicians
MD Medical School		
Indiana University School of Medicine	Indianapolis, IN	10,493
University of Minnesota Medical School	Minneapolis, MN	10,434
Ohio State University	Columbus, OH	8,717
SUNY Downstate Medical Center	Brooklyn, NY	8,613
Wayne State University School of Medicine	Detroit, MI	8,488
University of Illinois College of Medicine	Chicago, IL	8,351
Jefferson Medical College of Thomas Jefferson University	Philadelphia, PA	8,318
University of Texas Medical Branch	Galveston, TX	7,920
University of Michigan Medical School	Ann Arbor, MI	7,802
University of Texas Southwestern Medical Center	Dallas, TX	7,568

Psychiatric Availability

- There are currently almost 100 advertised open positions for psychiatrists in Indiana.
- Indiana University Medical Center Psychiatric Residency Output/yr.:
- 6
- Percentage of psychiatrists retiring in the next 10 years:
- 25

Psychiatrist Availability



Percentage of Psychiatrists
anticipated to retire in the
next 10 years?

25%

Number of graduating
psychiatry residents per
year?

6*

*

Two of these will go on to child fellowship

Collaboration Efforts

- Boone County Community Health Clinic
- Fort Branch Community Health Clinic
- Vermillion-Parke Federally Qualified Health Clinic

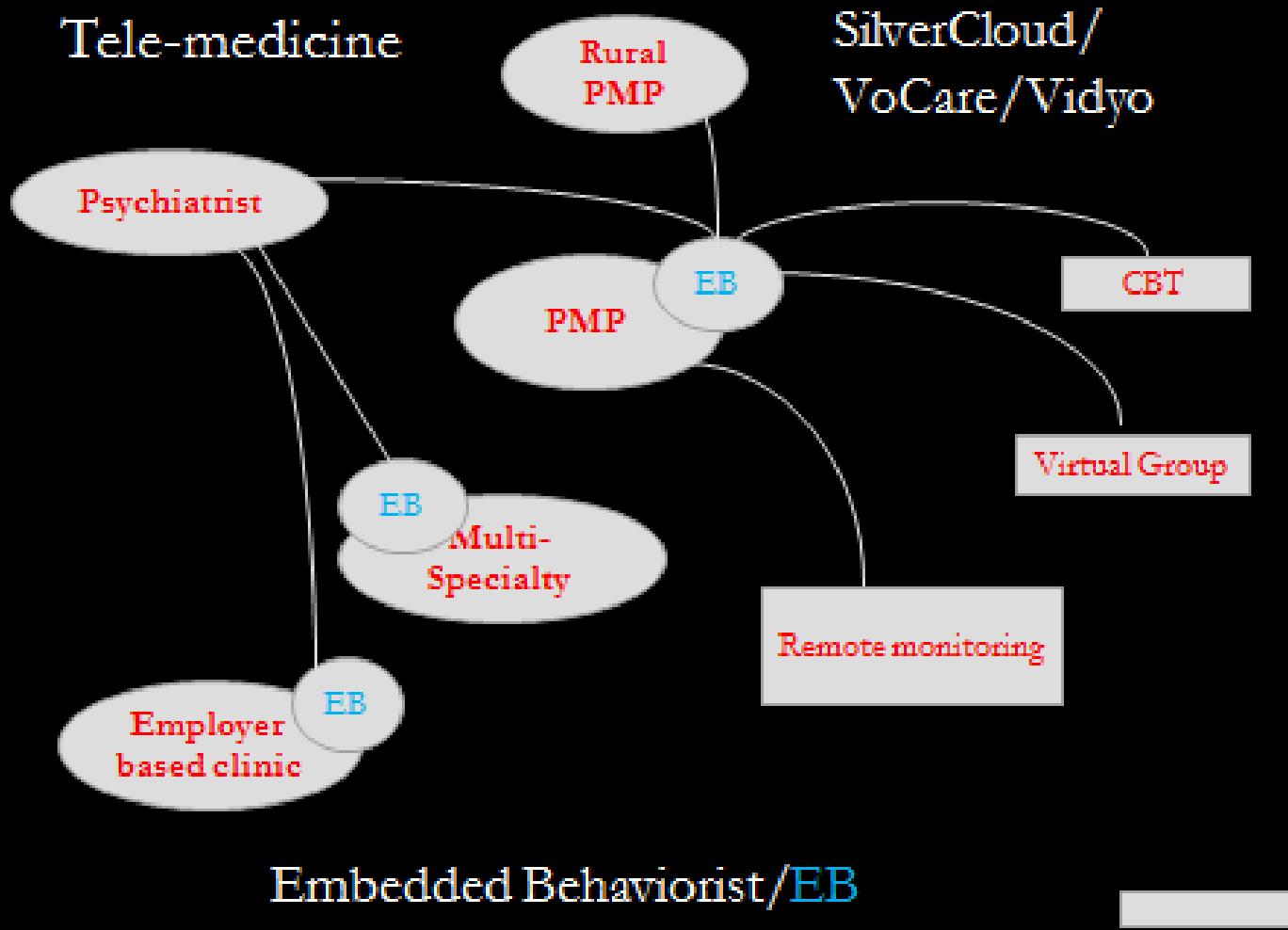
- Potential Collaboration
 - The ACC and its various partners
 - Care Management Pilots with Managed Care Entities
 - Primary Care Networks
 - Correctional Facilities

Initial Impact of PMP in Our Clinic

- Of the first 62 clients seen.....
- 17 with first diagnosis of major medical issue
- Diabetes, Hypertention, COPD
- Last week client diagnosed with cardiac symptoms related to viral pneumonia, required emergency surgery to prevent death via cardiac tamponade

Tele-psychiatry

- Hub and Spoke connectivity for face to face examination of the client
- Vidyo is our technology platform
- Most clients find it acceptable and efficacious
- Billing is very spotty with variable reimbursement and technical issues in successfully submitting claims



What Have We Learned?

- Technology is well tolerated most of the time
- Can be very cost effective
- Poor implementation leads to failure
 - Culture
 - Technology
 - Partners
- The need is there, and the shortages of MH professionals is going to get worse
- Barriers are primarily regulatory not clinical

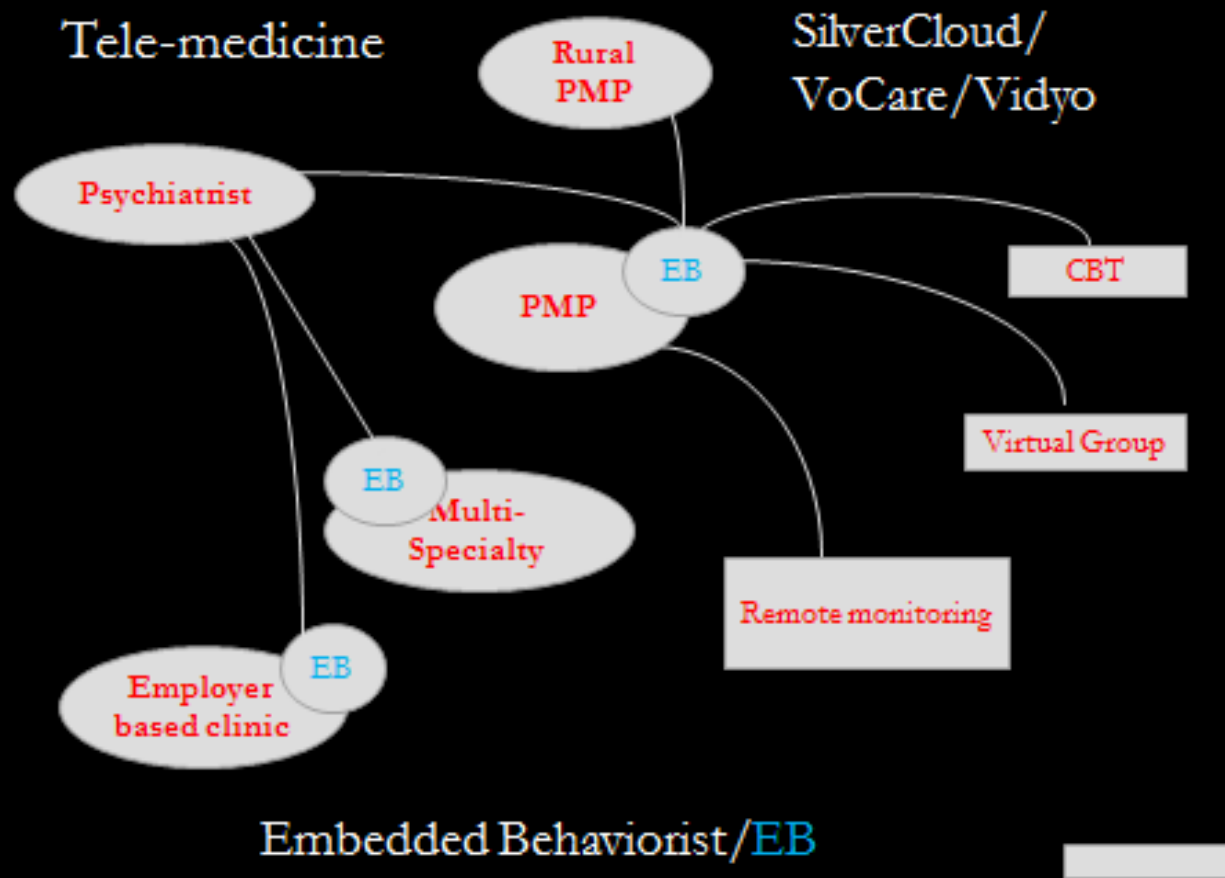
Vitual Group Therapy

- Adolescent substance abuse treatment
 - Excellent acceptance by both client and parents
 - Avoids the problems of being in physical presence
 - Comparable efficacy
-
- No billing opportunity
 - Privacy practices have to be strictly enforced
 - Technology hurdles

Remote Monitoring

- Video tablet with blu-tooth peripherals
- Alternative to some face to face community visits
- SPMI, Substance abuse, and co-morbid physical illnesses

- Technology fickle and difficult population to train
- High speed internet frequently not present
- Lack of clear feedback loop



Computer Assisted CBT

- Treatment on demand/self directed
 - Reduces reluctance to see a professional
 - Very cost effective
 - Special Sauce: “the supporter”
-
- My extension of the model was a complete and utter failure: wrong culture and incentives

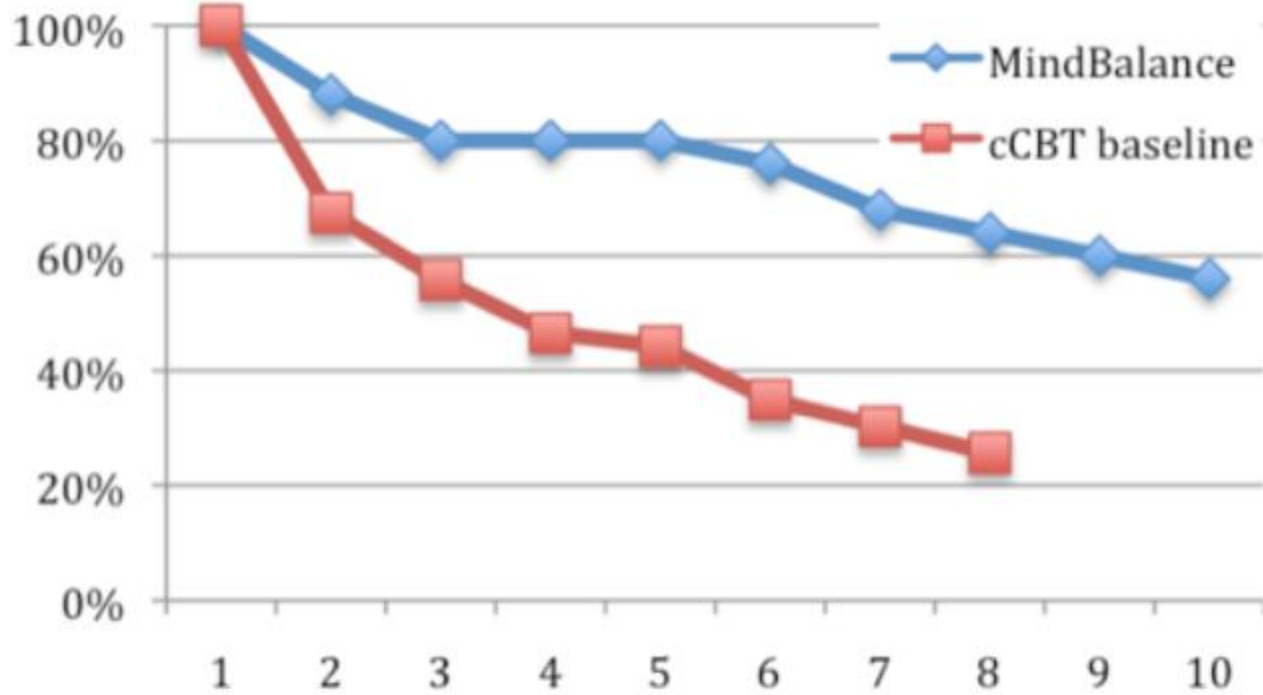


Figure 3. Engagement figures over time vs. baseline data.