The Behavioral Health Care System: Current Challenges and Future Directions

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A Health Care Market View of Medical Behavioral Integration

• A few words about where I work and how my career developed
• How did we land in this situation where behavioral health and general health are bifurcated…..a brief history
• The inner workings of the US health care system
  – Stakeholders
  – New entrant…Consumer
• Triple AIM
• MBI Goals, Institute for Healthcare Improvement
• Goals and Accountability
• Back to ROI and other challenges
• Q&A
United Health Group, UHC+Optum

- UHG is a Fortune 20 health care company
- Global Scope
- UHC is a health insurance company
- Optum is a health care services company
- Optum Specialty Networks
  - Optum Behavioral Health Services
    - Behavioral health services for 60 million individuals
    - EAP
  - Complex Medical Conditions
    - Transplant, Kidney, Bariatric, Infertility
  - Physical Health
    - PT, OT, Chiropractic, Alternative Medicine
Brief history, How did we get here?

- Historical separation of behavioral health from the rest of medicine
- Our health care system
  - Employer sponsored
  - Mental health costs in the late 70’s early 80’s were growing past 10% of all medical costs
  - DRGs did not cover mental health
  - Tremendous variation in treatment
  - Waste and abuse in the system
- Employers mandated change and wanted a solution
MBHOs form to address a need

• Biodyne the first MBHO is formed by Nick Cummings, Ph.D. former President of APA.

• Several regional MBHOs form as well as national organizations

• Value Options, UBH, APS, Greensprings, Magellan

• The companies were successful in reducing variation and costs significantly

• These companies became known as carve-outs and they shaped the nature of the behavioral health delivery system
Carve Outs Impact

• Behavioral health benefits are managed separately from the rest of a health plans benefits
  – Data becomes fragmented
  – Care management is separate from broader health
  – Costs are managed
• Improved focus
• Significantly improved cost and quality outcomes
• Completed the bifurcation of behavioral from the rest of the health care system
Present Difficulties In Moving MBI Forward

• Frequent confusion about how the US health care system works.

• Brief and very incomplete version of how the health care system works.
Organizational View Of The Health Care System

Sponsors
- Current Expectations
- Relative “Instability”
- Create policy and determine funding

Health Care Orgs
- Uncertainty
- Uncomfortable
- Organize the system and distribute funding

Delivery System
- Deliver desired outcomes both Clinical and Financial
- New Expectations
Sponsors

• Employers….Commercial Health Plans
• CMS….Medicare
• CMS/States….Medicaid
• Department of Defense….Military, Tricare, VA
Health Care Organizations

- HMO
- PPO
- ACO
- MA Plans
- Public Exchanges
- Private Exchanges
Delivery System

• Individual Practitioners
• Specialty Clinics
• Vertically Integrated Delivery Systems
• CMHCs
• FQHCs
• Hospitals Medical
• Hospitals Psychiatric
• Long Term Care
• SNIFs
• In Home Care
Consumer

• Employers are engaging private exchanges
• States and the Federal Government have sponsored public exchanges
• Consumers will choose their benefits
• Consumers will be responsible for more of their costs
• Movement from having a credit card with no limit and limited responsibility for payment to a card that has a limit and requires significant payment
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Delivery System
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Consumer
- Desire for very low cost very high quality care, simplicity
Triple Aim......IHI

Goals:

Improving the patient experience of care (including quality and satisfaction);

Improving the health of populations;

Reducing the per capita cost of health care
Return On Investment (ROI)

• A performance measure used to evaluate the efficiency of an investment or to compare the efficiency of a number of different investments. To calculate ROI, the benefit (return) of an investment is divided by the cost of the investment; the result is expressed as a percentage or a ratio.

ROI = \frac{\text{Gain From Investment} - \text{Cost of Investment}}{\text{Cost of Investment}}

• Simple version….for every dollar I spend how much will I save

• Why is ROI important
  – Understanding ROI improves the planning process for clinical programs
  – Critical to funding of programs
  – Reduce the whiplash of building and taking down of programs
Medical Behavioral Integration Current Status

• Sponsors……supportive and wanting innovation, numerous payment and funding obstacles
  – Right thing to do
  – MBI is a needed to improve healthcare disparities and facilitate the triple aim
• Health Plan Organizations
  – Right thing to do
  – Will it save money? *What is the ROI?*
  – Will sponsors pay for it?
• Delivery System
  – Right thing to do however will it reduce focus on behavioral health
  – How will I get paid? What is the goal? Is it sustainable
• Consumers
  – Simplicity
The IHI Goals for MBI

• Coordinate care,
• Co-locate care,
• Build primary care capacity in-house

Additional Goals
• Improve engagement
• Improve adherence to medical protocols
# How do we move forward? Triple AIM + MBI

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How Do We Move Forward, IHI MBI Goals

**Goal**
- Coordinate care,
- Co-locate care,
- Build primary care capacity in-house

**Accountability**
- Health Care Orgs, Delivery Sys
- Delivery System
- Delivery System

**Additional Goals**
- Improve engagement
- Improve adherence

- Partnership between Health Care Organizations and Delivery System
Challenges to address

• There will have to be strong collaboration between Health Plan Organizations and Delivery System stakeholders for MBI to be successful
• Data analysis, integration and sharing will drive MBI
• Identification and stratification will be a critical issue
• MBI as a population strategy does not produce a significant ROI
• MBI is a segment strategy not a population strategy
  – Individuals with high acuity conditions, chronic conditions,
  – underserved members
• Organizational change management will be a required skill