INCORPORATING PHYSICAL HEALTHCARE INTO PROS

NYAPRS PROS Academy 2013

MHA Nassau County

John A. Javis
Introductions

Goals:

1. Describe the integration of primary healthcare into a PROS Setting
2. Share some “success stories”
3. Discuss challenges
4. Begin thinking about Managed Care (HARP / FIDA)
5. Raise the issue of sustainability
MHA Nassau is a $10 million agency encompassing over 30 programs including PROS, Peer, Health Home (Case Management), Residential and others.

MHA converted Clubhouse, Supported Employment and Supported Education programs to PROS in 2010.

PROS clinic was the first foray of the agency into providing clinical treatment services.

In 2012 PROS Awarded an OMH grant to integrate Physical Health Care into a Behavioral Health setting. (More specifics later)
It is well known now that in 2007 the National Association of State Mental Hygiene Directors study indicated people with SPMI have a life expectancy is 25 years less than the average U.S. Citizen who lives until age 78. (i.e. Average age of 53)
Poor access to healthcare

Side effects of psychotropic medications (Obesity, Diabetes)

Substance Abuse

Poor Diet

Smoking / Heart Disease

Obesity

YOU WILL SEE THESE ISSUES ARE “KEYS” FOR OUR MEDICAL GRANT.
Through the MRT and the run-up to health homes we learned the following:

- Small % of Medicaid recipients use up a majority of the $........
- They tended to be persons with Mental Health, Substance Abuse and / or Chronic Health conditions
- High incidents of re-admissions to Psychiatric Hospital within 30 days.
- Most times for medical (not psychiatric) reasons.
19% of “high cost – high need” Medicaid recipients (MH / SA / Chronic Illnesses) had NO visits to Primary Care in a year.

13% had 1 – 2 visits.
IMPLICATIONS

*(1) People used the ER as “Primary Care”

*(2) People waited until they were really, really sick and had catastrophic conditions (that could have been prevented)*
We know that some MH consumers do not have good access to primary care –

- (a) Many MD’s do not accept Medicaid
- (b) Not engaged – poor follow-up w/appts.
- (c) Care not coordinated (i.e. Psychiatrist prescribes medications that cause diabetes, but does not discuss with medical doctor treating diabetes.)
BARRIERS

* Anxiety: “If I see the doctor / specialist, they might find out something is wrong – I would rather not know”.

* Impact of Trauma: Physical exam may involve disrobing, touching

* Consumer may forget what he / she wanted to ask MD or forget what the follow-up instructions were – MD often “rushed”.

* Health Literacy is daunting (jargon)
We do know that our consumers are engaged with us in PROS
MHA going back to clubhouse days had been active in developing a “Senior” Track that focused on:

- Light Exercise
- Learning about the impacts of Aging
- Nutrition (“Healthy” Lunches)
- Health focus (i.e. Use of Scale and Self-Blood Pressure Monitor)

This learning was carried over to PROS
Funding coming from NYS Office of Mental Health to integrate healthcare into a behavioral health setting.

Originally targeted adults age 55+, but age restrictions have been relaxed due to sustainability issues.
FUNDING

* $100,000 Year 1
* $50,000 Year 2
* Year 3: Expecting project to be self-sustaining
A majority of the funding is dedicated to paying a PC (Physicians Corporation) affiliated with a local hospital, who will provide a primary care MD 1 day a week each to MHA PROS.
KEYING ON…….

- Tobacco
- Blood Pressure
- Diabetes
- Obesity
- Depression
- Alcohol
Program Operations

* Doctor with bi-lingual medical assistants comes in Wednesdays from 9am – 2pm
* Primary vs. Augmented care
* MD @ Morning PROS staff meetings (sometimes with PROS Psychiatrist as well!)
For those whom the MD is their Primary Care Physician, they may access the MD at the medical practice if they get “sick” on a non-PROS day.

The MD is also available by phone “after hours” for emergencies.
Starting Up:

- Buying medical equipment
- Physical Space
- Communication via “intranet” between MD and PROS staff
- Data Collection and reporting to OMH
- Recruiting consumers – Consumers may report they “love their doctor”, but often can’t remember the MDs name, or the last time they saw him / her?????
Starting Up

* Members Meetings with the doctor on the service and specialty care
* Educational opportunities for PROS staff
* Intake: health assessments a “natural” part of screening process
Characteristics

* 59 consumers in medical clinic
* 90% have comorbid conditions
* 64% also enrolled in Health Home / Care Coordination
* 22 are in both PROS (Psychiatric) Clinic and Medical Clinic
63% “Show” rate for specialty care

Cardiology, EKG, Dental, ENT, Endo, Gastro, GYN, Neuro, Nutrition, Podiatry, Urology, Pulmonary, X-Ray
Outcomes (Concrete)

- 172 total medical clinic visits in the past year
- 18 member have lost more than 5lbs (including 3 who have lost more than 20lbs!)
- 10 members improved blood pressure
- 1 member with high blood pressure detected
- 1 member with diabetes detected
- To date there has not been a hospital admission (strictly for medical reasons) from a consumer enrolled in the service.
OUTCOMES (Intangible)

* Consumers / Staff “enjoy” the project
* Consumers and staff more aware of the integration of health / mental health
* Great interaction at Staff meetings
* PROS Psychiatrist and MD collaboration
* A selling point for managed care
Challenges

* Members attending specialty care
* Poor compliance with labs (Blood draws)
* Gym Pilot did not succeed
* Not a “magic bullet” – still had 2 cases where consumers were repeatedly in the psychiatric hospital / emergency room.
Possible New Addition

- PROS will be bringing on staff a retired medical doctor, not an a practicing MD, but as a “wellness coach”.
- Will meet with members to discuss health issues, take more time, offer encouragement
- Drive members to follow-up care, offer to sit in on visits with permission of member.
- Be able to explain follow-up instructions.
- Focus on more challenging situations.
Member #1

* 64 y/o Vietnam veteran
* Past Substance Abuse Hx.
* VA is too far away to access easily
* Lost weight
* Lowered blood pressure
* Decreased depression
* Started walking more
* Began fishing again
Member #2

* Long-time member who had previously been in clubhouse prior to PROS conversion
* A twin – lost her twin a few years ago (twin was in mid-30’s, and also in the MH system) due to untreated medical conditions
* In both PROS Mental Health Clinic and Medical Clinic
* Very concerned about her own mortality
* Focus on losing weight / tried gym
We are preparing for a change to “Managed Care” in 2015 with the arrival of HARPs. (HEALTH and RECOVERY Plans) (**NOTE: Not “Mental” Health Plans!)

Many of the HARPS will be Managed Care Organizations with primarily a “health”care history and focus.

(Remember “parity” is a relatively recent development for mental health services)
Medicaid Data shows that the “average” consumer who will be enrolled in HARPs has a Medicaid “spend” of about $2500 a month.

- $500 on medications
- $1000+ physical healthcare
- Less than $1000 on mental health
- Managed Care / HARPs will be looking to lower those expenditures.
FIDA (Fully Integrated Dual Advantage) is a demonstration project for the “Downstate” NYS Region. Project set to begin summer 2014.

Individuals with both Medicaid + Medicare who need 120+ days of homecare. (Goals is to keep them out of Nursing Homes) – These are typically described as the “frail elderly”.

Some downstate PROS were approached by Managed Care Organizations inquiring if PROS was equipped to serve such a population.
Avoiding “all cause” hospital re-admission
- Annual Flu Vaccine
- Screening / Care for Depression
- Reduce Falls Risk
- Blood Pressure
- Compliance with Oral Diabetes Medications
- Improvement in ADL’s
- Divert from Nursing Home
Are these projects sustainability without state support?

Medical office (30 min visit) payment ranges from approx. $56 - $101

Cost of MD, Liability Insurance, Supplies, Support Staff etc?

Can PROS support shortfalls?
Conclusions

* (1) Realization that health / mental health are linked.
* (2) Moving towards a more integrated system (health, mental health, substance abuse)
* (3) Better experience for consumers / staff
* (4) Save Lives
* (5) Financial Savings