HealthChoices HealthConnections:
Innovative Care Delivery for Consumers with Mental Illness and Physical Co-morbidities

Bucks County Behavioral Health
Montgomery County Office of Behavioral Health
Delaware County Office of Behavioral Health
Keystone Mercy Health Plan
Magellan Behavioral Health of Pennsylvania

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Project Goals

- Design and implement an innovative model to better integrate physical and behavioral health care for the identified population
- Demonstrate outcomes improvements
- Reduce health care costs
- Document the process for replication
Criteria for Inclusion

- Initial cohort eligible - 3,630 members from SE PA region (Bucks, Montgomery and Delaware County members)
- Goal to enroll at least 1,000 individuals during the first year of the initiative
- Program is voluntary and individuals may opt-out
- To participate fully, individuals must sign consent to release and share information (includes MH, SA and HIV-related information)
- The BHMCO and the PHMCO assign a risk level for each member in the study
Risk Assignment

• BH Risk: High risk = 80% utilization cost
  Low risk = remainder of cohort

• PH Risk: High risk = DxCG Score >240
  Low risk = DxCG Score <240
## Risk Quadrants

<table>
<thead>
<tr>
<th></th>
<th>Low PH</th>
<th>High PH</th>
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<tbody>
<tr>
<td>High BH</td>
<td>N=526, 14.6%</td>
<td>N=472, 13.1%</td>
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<tr>
<td>Low BH</td>
<td>N=1824, 50.6%</td>
<td>N=808, 22.4%</td>
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Intervention Pillars

- Coordination of Hospital Discharge/Follow-Up
- Pharmacy Management
- Co-location of Resources
- Appropriate Emergency Department Use for BH
- Alcohol and SA Treatment/Care Coordination
- Consumer Engagement
- Provider Engagement/Medical Home
- Data Management and Information Exchange
Medical Home

• Identify the strongest “medical home” connection where member receives regular care
  – For this population, medical home will most often be the BH home*

• Focus on building relationships between physical health and behavioral health providers

• Provider-based navigator support
Engagement and Recruitment

• Introduce project and provide information
  – Provider meetings
  – Member letters and fact sheets
  – Navigator outreach for informed consent
  – Consumer engagement

• Brainstorm and gather feedback
  – Provider forums
  – Consumer forums
Medical Home Support

• Three levels of support:
  – Case Coordinator: Care/Case Manager at both BH/PH plans
  – Administrative Navigator: BH provider supervisor
  – Member Navigator: BH provider
Member Profile

Unique marriage of data between two independent health plans BH-MCO and PH-MCO

– Demographics
– PH and BH provider contact information
– PH and BH diagnoses
– PH and BH levels of service and claims information
– Hospitalizations; ER visits
– Pharmacy data
– Gaps in care
Phase I Pilot

*Progress to date*

- 475 members outreached/198 members enrolled
- Phase I initial mailing designed to:
  - Test member profile assembly, member and provider response, consent process
  - Revise internal workflows
  - Define a method for restratification
  - Design interventions targeted to risk
Role of Navigator -- Phase I

• Providers have been asked to:
  – Introduce potential members to the project and answer questions
  – Obtain consent
  – Review Member Profile
  – Initiate and participate in collaborative calls about and with the member
  – Respond to notice of hospitalization, gaps in care
Role of Navigator – Phase II

High-Risk
- Assigned Provider Navigator
- Development of Care Coordination Plan/Integrated Treatment Plan
- Plan-based case rounds and resultant provider communication

All
- Identification of medical home
- Review of Member Profile
- Restratiﬁcation
- Education materials
- BH and PH assessment within one year
- Metabolic screen, smoking cessation, weight management as appropriate
- Real-time hospital notification/discharge planning
- Gaps in care addressed
- Pharmacy interventions for refill gaps
Early Findings

• Achievements
  – Member Profile and data exchange offers a more complete clinical picture of the member to both BH and PH providers
  – Provider relationship building and communication has allowed for better integration of care for Phase I enrollees
  – Provider Navigators and engaged PCPs perceive value in the process and have remained enthusiastic

• Challenges
  – Consent process may limit participation
  – Identifying/supporting provider resources to meet needs of 1,000 enrollees
  – Tracking both clinical and administrative activities to determine cost/cost savings