

Primary Health Care: the nexus with prevention



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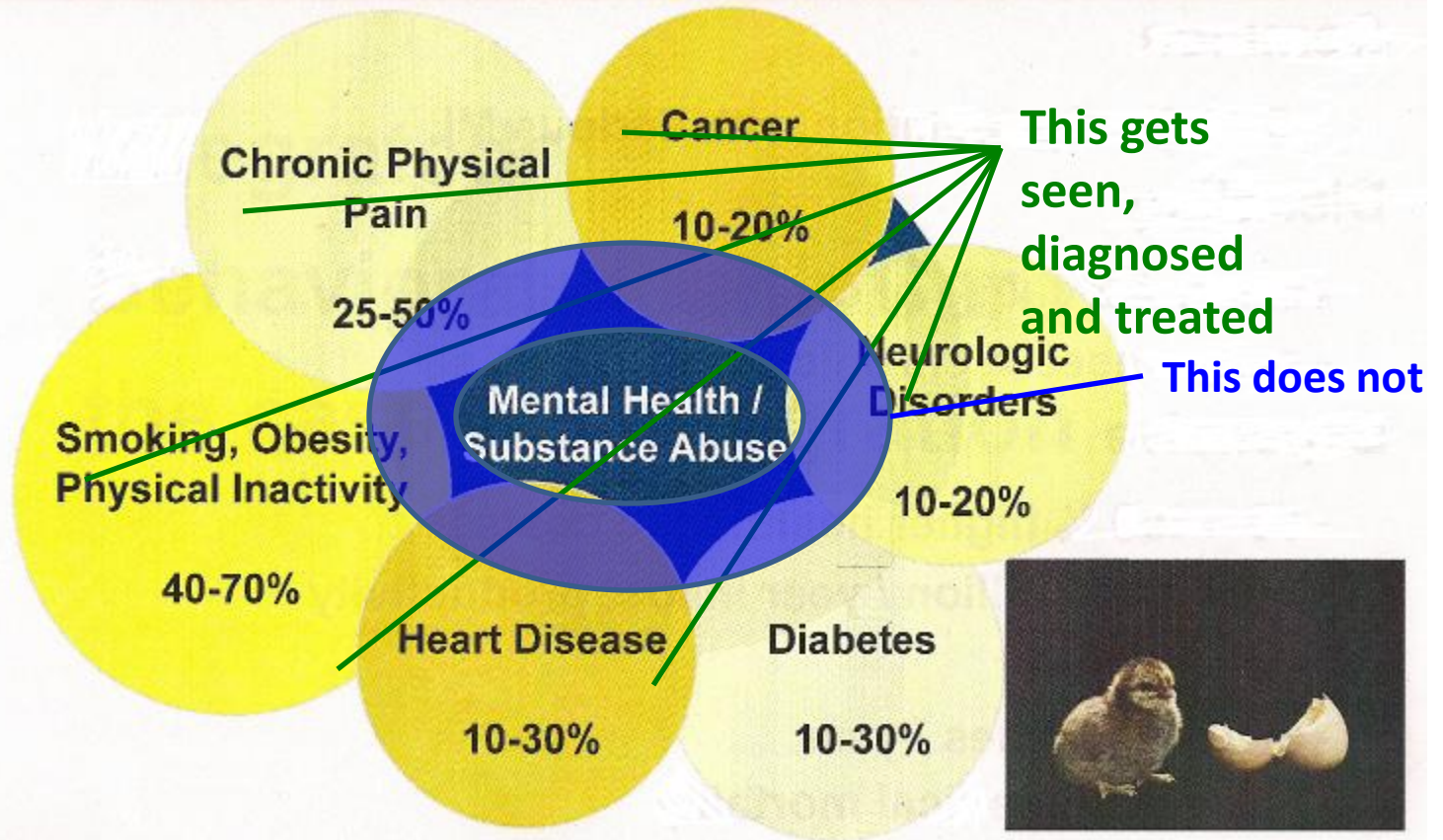
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Washington State Department of Social & Health Services

Mental Disorders are Rarely the Only Health Problem



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Don't you guys talk to each other?



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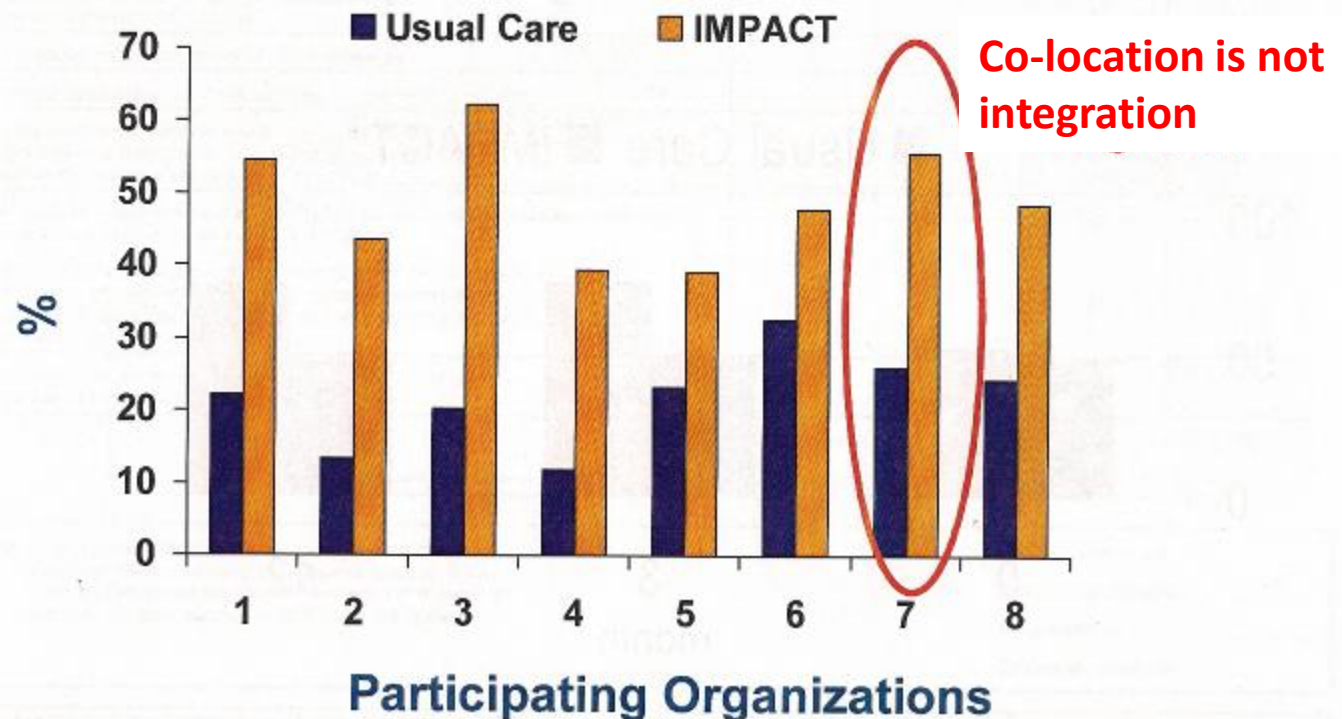
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IMPACT Doubles the Effectiveness of Depression Care

50 % or greater improvement in depression at 12 months



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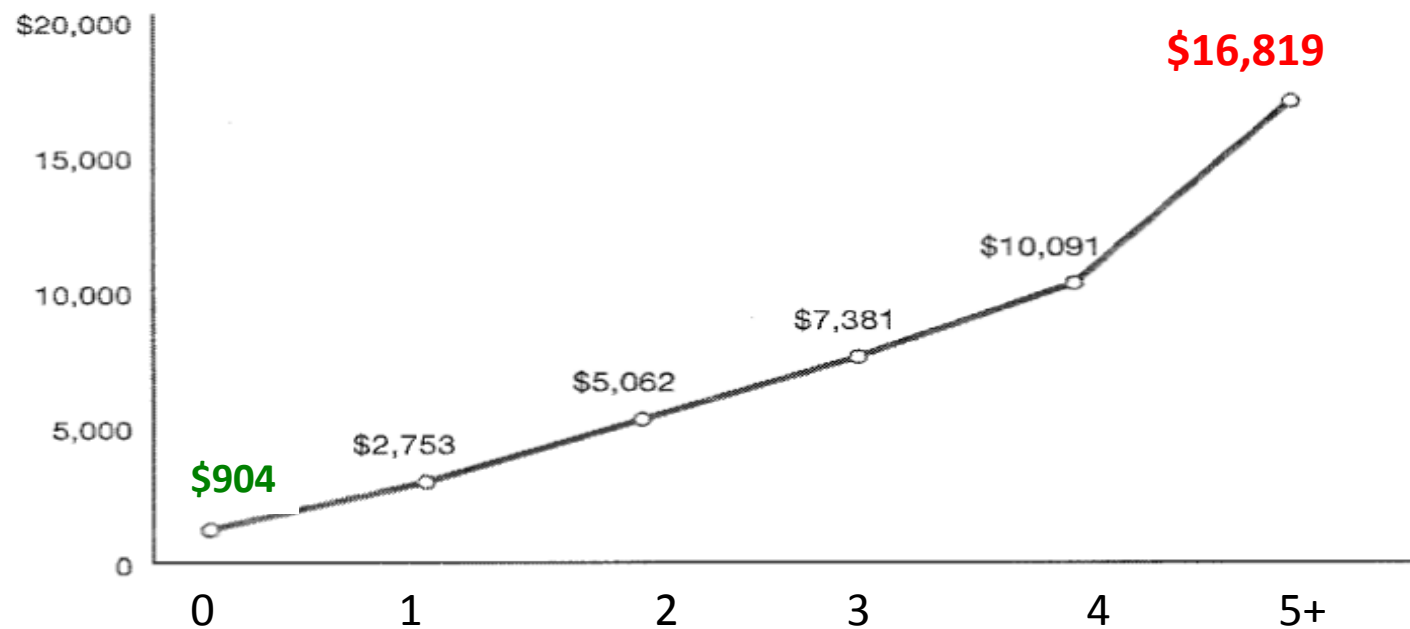
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Why is this issue important to policy-makers?

- A high percentage of health care expenditures are associated with a small proportion of the population.
- Health care spending for people with five or more chronic conditions is 17 times higher than for people with no chronic conditions (Figure 1).
- Care management is a delivery innovation that may be able to reduce costs while improving quality for people with multiple chronic conditions.

Figure 1: Average per capita spending by number of chronic conditions

Average per capita spending



Source: Anderson, 2007 (Reference 1)

Number of chronic conditions



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Integrated Care: A Definition

It has been defined in many ways, but in essence integrated healthcare is the systematic coordination of physical and behavioral health care. **The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served...The question is not whether to integrate, but how.** Neither primary care nor behavioral health providers are trained to address both issues.

- Hogg Foundation for Mental Health



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“Prevention” Task Force Recommendations

Screening and counseling to reduce alcohol misuse

Screening for depression - adults

Screening for depression - adolescents

Counseling for tobacco use



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“Prevention” is part of the Affordable Care Act

Prevention Provisions

- **Essential Health Benefits Requirement (Sec 1302)**- includes preventive and wellness services and chronic disease management, mental health and substance use disorder services.
- **Covering Preventive Health Services (Sec. 2713)**- Group health plan and a health insurance issuer offering group or individual health insurance coverage shall not impose any cost sharing requirements for certain services.
- US Public Health Sciences Track
- **Covering Preventive Services in Medicare (Sec. 4105)**- Waives coinsurance requirements certain prevention services
- **Medicaid Preventive Services (Sec. 4106)**- Expands Medicaid State option to provide certain prevention services.
- **Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid (Sec. 4107)**- Requires States to provide Medicaid coverage for counseling and pharmacotherapy for tobacco cessation. Prohibits cost-sharing.
- **National Prevention, Health Promotion & Public Health Council (Sec. 4001)**- Creates a Council within HHS to provide coordination and leadership at the Federal Level.



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“Prevention” is part of the Affordable Care Act

Prevention Provisions Cont...

- **National Prevention and Health Promotion Strategy (Sec. 4001)**- Tasks the Council creating a national strategy to set goals and objectives to improve health.
- **Prevention and Public Health Fund (Sec. 4002)**- Authorizes \$10 billion in mandatory spending over 10 years to fund prevention and public health programs.
- **Community Health Centers and the National Health Services Corps Fund (Sec. 10503)**- Authorizes enhanced funding for the Community Health Center program, the National Health Service Corps, and construction and renovation of community health centers.
- **Clinical and Community Prevention Services Task Forces (Sec. 4003)**- The Task Force shall provide recommendations on effective community based interventions to be published in a Guide to Community Preventive Services.
- **Community Transformation Grants (Sec. 4201)**- Authorizes CDC to award grants to States and local governmental agencies and community-based organizations to implement, evaluate, and disseminate community preventive health activities.
- **Demonstration Project Concerning Individualized Wellness Plan (Sec. 4206)**- Directs the Secretary to establish a pilot program to test impact of providing at-risk populations using community health centers individualized wellness plans.



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Prevention Provisions Cont...

- **Health Disparities: Data Collection and Analysis (Sec. 4302)**- Requires data to be collected, when practicable on race, ethnicity, gender, geographic location, socio economic status, language and disability status.
- **Employer-Based Wellness Programs (Sec. 4303)**- Directs CDC to provide TA, consultation and tools in evaluating wellness programs.
- **Grants for Small Business Wellness Programs (Sec. 10408)** – Directs the Secretary to award grants to small business to provide comprehensive workplace wellness programs.
- **National Health Care Workforce Commission (Sec. 5101)**- Establishes a commission to service as a national resource for Congress, the President, States, and Localities.
- **Public Health Workforce Recruitment and Retention Programs (Sec. 5204)**- Establishes a public health workforce loan repayment program.



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Adult Behavioral Health Outcomes “Making the Case for Change” - 2012

- Decrease population-level disparities.
- Improve health status and wellness;
- Improve satisfaction with quality of life, including measures of recovery and resilience;
- Increase meaningful activities, including employment and education;
- Increase stable housing in the community;
- Reduce avoidable costs in hospitals, emergency rooms, crisis services, and jails/prisons; and,
- Reduce involvement with criminal justice systems, including jails and prisons.



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How prevention and promotion work with Adult Behavioral Health Outcomes

DBHR's Prioritized Behavioral Health Outcomes	Mental Health Promotion (MHP) and Mental Illness Prevention (MIP) (Goal 1.1)	Substance Abuse Prevention (prioritizing underage drinking) (Goal 1.2)	Suicide Prevention (Goal 1.3)	Px Drug Prevention (Goal 1.4)	Tobacco Prevention (Goal 1.4)
Decrease population-level disparities.	✓	✓	✓	✓	✓
Improve health status and wellness	✓	✓	✓	✓	✓
Improve satisfaction with quality of life, including measures of recovery and resilience.	✓	✓	✓	✓	✓
Increase meaningful activities, including employment and education.	✓	✓	✓	✓	✓
Increase stable housing in the community.	✓ (MIP only)				
Reduce avoidable costs in hospitals, emergency rooms, crisis services, and jails/prisons.	✓	✓			
Reduce involvement with criminal justice systems, including jails and prisons.	✓	✓		✓	



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High priority – Get primary care providers involved

WHY?

- Parents listen to primary healthcare providers – even if they do not always follow the recommendations.
- Affordable Care Act and Healthcare Homes – primary care providers can influence trajectory of problems through appropriately timed interventions.
- Interested in well-being of patients.



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Barriers for primary care providers

- **Time** – for meetings, for training, for delivery of services, for record-keeping, etc.
- **Medical practices are businesses** – there is little room in the course of a day for non-billable services.



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Keys to setting up Medicaid billing

- **State Medicaid medical director** – impact of Triple P in reducing child harm indicators in South Carolina
- **Mental health DSM codes** – identify those that would likely show up in primary care provider office, e.g., sleep disorders
- **Referral protocols** - for patients who need more intensive behavioral health support than primary care providers can offer



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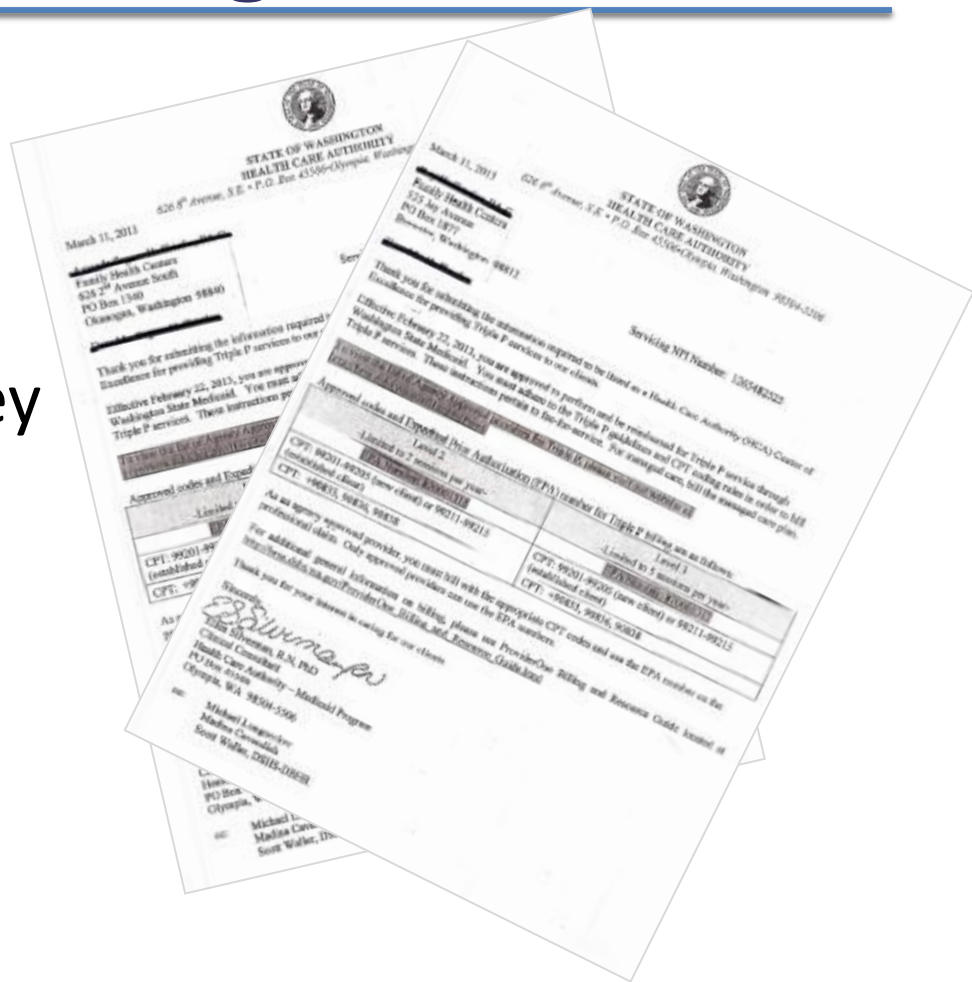
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Keys to setting up Medicaid billing

- **Tie billing to Triple P certification** - after training they get provisional billing authority; certification necessary to retain



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Keys to setting up Medicaid billing

- **Current Procedural Terminology (CPT) billing codes** – identify appropriate codes for variances in time, initial vs. ongoing services
- **System understanding of billing process**



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