Creating Healthy Communities Across Minnesota:

Investing in Integrated Health Care

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Definition of Integrated Care

"Whole person care that focuses on overall health; creates partnerships across all aspects of health; and is facilitated by a variety of clinical, structural, and financial arrangements and community supports that remove barriers between physical and behavioral healthcare"[9]

Executive Summary

In Minnesota, behavioral health homes have become an efficient resource for individuals on Medical Assistance to receive integrated behavioral and primary health care under the Patient Protection and Affordable Care Act.[1] The rising popularity of behavioral health homes in Minnesota introduced the concept of integrated medical care with a patient's primary care physician as the "home-base".[2] Figure 1 illustrates the integrated approach that supports the patient and their family, provides care that covers an entire continuum of care with a comprehensive care team focused on the whole person, is accessible with short waiting times, and is committed to quality and safety.[3,20] Evidence shows that implementing integrated healthcare delivery systems leads to better patient health outcomes.[3] Individuals living in rural communities face additional barriers to accessing healthcare and experience higher mortality rates.[4,5] With Minnesota's large rural population, the implementation of behavioral health homes in rural communities could help improve overall health outcomes for Minnesotans. The goal of expanding behavioral health homes is to improve health outcomes, individual experiences, quality of life, and reduce health care costs.[1,6] These goals align with those identified by the Governor's Task Force on Mental Health.[7]

Figure 1. Integrated Health Home Model

[20]http://cowlitzfamilyhealth.org/pcmh/

Understanding the Problem

Across the nation, health care is fragmented and individuals have a difficult time gaining access to mental health services. Mental health and substance abuse services are among the health care services which residents of rural areas commonly have trouble accessing.[5] It is reported by behavioral health providers that individuals with a serious and persistent mental illness die 10 to 25 years earlier than the general population, due to: 1) higher rates of smoking and other unhealthy behaviors, 2) side effects of psychiatric medications, 3) struggles associated with poverty, and 4) less access to medical care.[2] It is critical that all Minnesotans have access to quality, affordable mental health care, as statistically mental health is something that impacts much of the population.

The policy recommendations are not endorsed by Minnesota State University, Mankato.

What We Know

⇒ Approximately 18% of American adults, and 13% to 20% of American youth and adolescents, have a mental health diagnosis, and approximately 8 million deaths per year are attributed to mental illness.[10]

⇒ Of the 5.5 million residents of Minnesota in 2017, 31% reported a poor mental health status and 12% report a fair or poor health status.[11]

⇒ Medicaid provides much of the mental health funding in Minnesota, and it is estimated that 44% of all individuals eligible for Medicare and Medicaid have at least one mental health condition.[8]

⇒ Symptoms of mental disorders, such as depression and anxiety, can make it difficult for people to engage in the healthcare system.[10]

⇒ Over fifty-percent of patients who receive treatment for mental health receive it in a primary care setting.[12]

⇒ Those seen in primary care with mental health diagnoses are often underdiagnosed and undertreated.[10]

⇒ "In Minnesota, 149,300 Medicare beneficiaries (18%) rely on Medicaid for assistance with Medicare premiums and services not covered by Medicare, particularly long-term care, and 40% of Medicaid spending in Minnesota is for Medicare beneficiaries."[11]

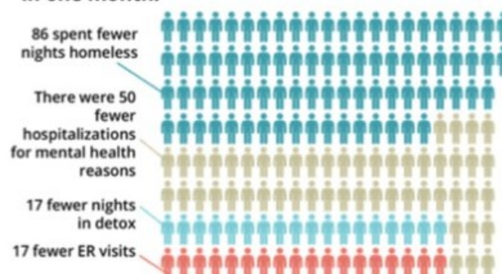
One consumer stated:

"I wish that I could have just one person who would know everything about my health care case and be able to answer my questions. That would help me to take care of myself."

-NAMI MN Focus Group[13]

Figure 2. Outcomes of integrated care have shown a significant reduction in costs and contributes to longer lifespans for people with co-occurring disorders.[18]

One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:



This is $213,000 of savings per month.

That's $2,500,000 in savings over the year.

Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.

http://www.integration.samhsa.gov/

Current Policy

- The Patient Protection and Affordable Care Act of 2010 authorized the Medical Health Home State Plan Option which allowed states to design and implement "health homes" that provide comprehensive integrated health care services to Medicaid enrollees with chronic conditions.[1]
- In 2010, the Minnesota Department of Health and Human Services was mandated to develop and implement a demonstration testing alternative health care delivery systems which led to the creation of Integrated Health Partnerships. The goal was to, "improve affordability, expand coverage, and improve the overall health of Minnesotans."[14]
- There are currently 23 certified behavioral health home providers in the state of Minnesota, dispersed across 14 of Minnesota's 87 total counties. Ten of the 23 certified behavioral health home providers in Minnesota are concentrated near the Minneapolis/St. Paul metro area.[15]

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What is Not Working

Integrated care is desperately needed in our rural communities. There are currently 23 behavioral health homes in Minnesota with very few serving rural populations.[15] A barrier for individuals living in rural communities is having to travel to more than one location to have their physical and mental health needs addressed, which leads to lack of communication among providers.[3] Those people living in rural areas have greater risks for poor health outcomes, especially if only one illness is being treated.[4] Children and adolescents are also not receiving the appropriate level of care they need for their mental health.[16] Another aspect of care that has only grown slowly is having access to culturally competent providers, decreasing levels of provider trust. Currently, those receiving Medicaid are the only ones who can utilize behavioral health home services, despite the potential benefits for the entire population.[17]

[20]http://cowlitzfamilyhealth.org/pcmh/

"Legislation and funding are too focused on individual treatment that it excludes integrated options and strategies that would benefit the population."

-Governor's Task Force on Mental Health[7]

Moving Forward

In order to continue investing in Minnesota communities, it would be most beneficial to increase the number of behavioral health homes across the state, especially in rural areas. Many barriers to receiving services would be eliminated.

Figure 2 on page 2 is an example of how the investment benefits are long term.[18] The emergency services for drug use, mental health emergencies, and homelessness are unavoidable high costs without integrated healthcare.

An alternative to funding a behavioral health home expansion would be to *co-locate* behavioral health and primary health providers.[19] This could enhance the communication between providers, but does not necessarily mean they will be working as a team. Facilities, especially in rural communities, have limited space available to develop two separate service systems. Integrated healthcare, like the current behavioral health home model, would save already limited space and prevent high building expansion costs.

The Affordable Care Act is in a period of uncertainty which could result in large changes. There is a possibility that it will continue funding Medicaid and continue to provide support for behavioral health homes. Alternatively, the ACA may be repealed and replaced with options that will continue providing Medicaid to the expanded population, it may safeguard behavioral health homes from funding cuts, or it may expand behavioral health home options to those who do not qualify for Medicaid.[11]

Stricter eligibility requirements for Medicaid, as well as major funding cuts to the program and behavioral health homes, would be detrimental to those who desperately need the services.[11] The state of Minnesota has an opportunity to affirm the beliefs held by its own DHS, to preserve our own healthcare workforce and invest in the communities in which it serves.[13]

In Minnesota,

"DHS believes that more integrated care, regardless of setting, contributes to improved health and decreases the risk of adverse outcomes, including hospital admissions. DHS is starting with the population with serious mental illness because of the known barriers of health care access, high co-occurrence of chronic health conditions, and early mortality."

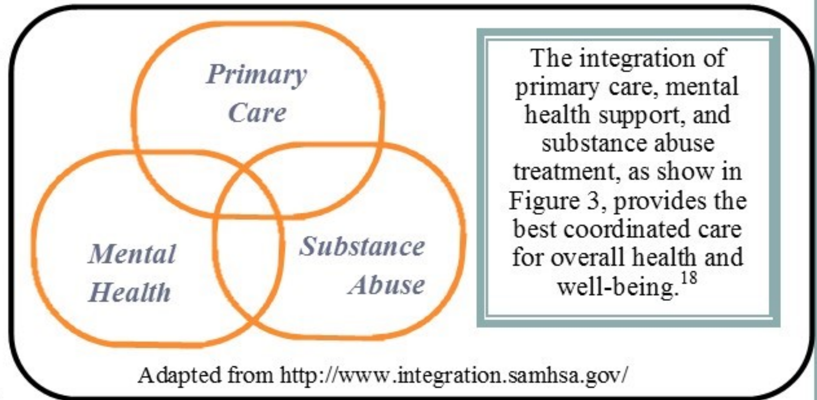
- NAMI MN[13]

The policy recommendations are not endorsed by Minnesota State University, Mankato.

Recommendations

- Increase the number of behavioral health homes in Minnesota.
- Increase access to behavioral health homes in rural communities throughout Minnesota.
- Advocate for continued funding of integrated healthcare through the Patient Protection and Affordable Care Act or alternative federal health care proposals.
- Oppose cuts to Medicaid.
- Continue building a strong provider network and train employees to provide integrated care.
- Follow through with the recommendations of the Governor's Task Force on Mental Health.
- Fight against mental health stigma to make integrated care the norm.

Figure 3. The Solution



Copies of this brief can be accessed by calling the Department of Social Work at 507-389-6504 or by going to: http://sbs.mnsu.edu/socialwork/policybriefs.html

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