CEO Healthcare ROUNDTABLE

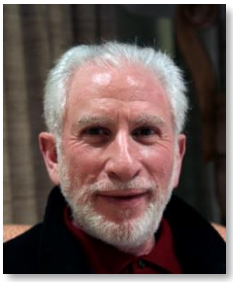
Fall 2019 Meeting

Behavioral Health & Addiction

October 2019 Meeting Summary

Moving from "Stigma" to "Disease": Integrating Behavioral Health into our Care Delivery Models

We are pleased to share the following summary of our CEO Healthcare October 2019 Roundtable in Miami. Based on participant feedback at the February 2019 Roundtable we selected the timely theme ***Moving From "Stigma" to "Disease"; Integrating Behavioral Health into Our Care Delivery Models.*** We were fortunate to hear from a variety of national experts who challenged our thinking while sharing some innovative approaches to addressing the issues. And we again enjoyed one of the key benefits from participation in the CEO Healthcare Roundtable meetings, the numerous opportunities to share and learn directly from the speakers and from one another both during Roundtable discussions as well as during informal networking conversations.



The October roundtable began with our traditional Wednesday afternoon "keynote" discussion with a national healthcare expert. We were very fortunate to have **Dr. Lloyd Sederer**, Chief Medical Officer for the New York State Office of Mental Health, the nation's largest mental health agency, frame the issues for our Roundtable discussions. Dr. Sederer opened his presentation by observing that when it comes to mental health and primary care, we have created, and continue to foster, a culture of "Don't Ask / Don't Tell". He clarified by stating that doctors "Don't Ask" because they don't feel they have adequate training or time, and patients "Don't Tell" because they either don't recognize that they have a problem or are ashamed to talk about it with their physician. Dr. Sederer then shared his belief that successful integration of behavioral health into a primary care model can be achieved but it requires several things including:

- **Leadership**
- **Ability to measure results**
- **Technical support**
- **Financial support**
- **Continuous monitoring and, most importantly,**
- **Patience**

In speaking about the connection between mental health and addiction, Dr. Sederer shared that addiction is not about "the drug" but stated that *"addiction is a chronic, relapsing brain disease fostered and amplified by psychological and social forces".*

Dr. Sederer concluded his remarks by discussing "Chronic inflammation" which he describes as the most fundamental physiological disturbance in the human body and then shared that the most significant cause of chronic inflammation is "Stress". After sharing several examples of how stress creates chronic inflammation, Dr. Sederer closed his presentation by stating that "Chronic Inflammation is the enemy!"

At the end of Dr. Sederer's presentation, it was shared that each attendee will be receiving a copy of Dr. Sederer's highly acclaimed book: ***"Improving Mental Health: Four Secrets in Plain Sight"***

On Thursday morning, we were fortunate to hear from Aetna's Chief Psychiatric Officer, **Dr. Hyong Un** who observed that we don't really have a mental health system in the United States because people who need mental health services don't really believe in the product being delivered. He noted that unlike the rest of healthcare delivery system models, the way we deliver mental health services really hasn't changed in the past few decades. Dr. Un noted that health insurers know that individuals with mental health issues, who also have other chronic diseases, cost on average, 30% more to cover.

Dr. Un stated that the problem is exacerbated by the serious shortage of psychiatrists noting that there is a national shortage of approximately 2,900 psychiatrists and that we currently have only 6,000 child psychiatrists in the entire country treating the growing number of child and adolescent mental health problems. As a result, Dr. Un shared that insurers are moving from managing care to providing care because the system is broken. To address this issue and, as a result of the Aetna / CVS merger, CVS is totally re-structuring its retail pharmacies to become health stores and is moving towards removing anything not related to health from the stores (with the exception of beauty products).

In addition to Aetna's work on identifying the "best in class" telemedicine capabilities for mental health, Aetna is studying various remote monitoring devices used for other diseases (e.g. diabetes, blood pressure, heart rate, etc.) and developing an app for smart watches that can alert patient and providers to mental health or addiction issues based on behaviors such as:

- **Voice modulation changes**
- **Decrease in activity levels**
- **Functional slowdowns in activities like texting**

Finally, Dr. Un talked about development of measurements and metrics to demonstrate improvement in mental health care. Dr. Un posed a very challenging question to the attendees by asking ***"If metrics exist for all other diseases, why have we not been able to develop metrics for the brain and brain disease?"***

Following Dr. Un, attendees heard from **Dr. Benjamin Miller,** Chief Strategy Officer for Well Being Trust and one of the nation's leading experts on comprehensive primary care and mental health, behavioral health, and substance use integration. Dr. Miller has also conducted numerous studies and authored many national health policy statements for governmental agencies and private organizations.

Dr. Miller opened his presentation by stating that we don't really address the issues related to mental health treatment, we just work around them. And although mental health treatment has been receiving

more attention, we have potentially exacerbated the problems with access to treatment as it now often takes 4-6 weeks for someone experiencing serious mental health issues to get an appointment with a psychiatrist due to the shortage of psychiatrists. Dr. Miller then shared an interesting Buzzfeed video entitled "What if physical health problems were treated like mental health?" *(link below)*

https://www.buzzfeed.com/kennymoffitt/if-physical-health-problems-were-treated-like-mental-health

Dr. Miller noted that although there has been improvement with the rates of referral to the mental health system, since the system is backlogged and inadequately designed to address needs, it is not achieving desired results. It is Dr. Miller's belief that the way to address our delivery system's mental health needs is better integration of mental health into Primary Care as demonstrated by the following statistics:

- **2/3 of Primary Care physicians state they cannot find mental health providers for their patients**
- **20% of primary care visits are solely about mental health issues**
- **46% of adults will experience a mental health or substance abuse issue in their lifetime**
- **35% of children who have mental health issues are treated by their pediatrician**
- **67% of individuals with mental health issues don't get treatment**
- **Only 4.2% of individuals are screened for depression even though Medicare has been reimbursing depression screening for more than 10 years**
- **70% of individuals who show-up at a primary care office also have some type of psycho/ social issues (e.g. can't afford medications, lack of proper diet and food availability, stress, etc.)**

With these statistics as background, Dr. Miller shared his vision for integrating mental health into primary care and noted that the definition of integration must start with the concept of a "practice team".
Dr. Miller concluded his presentation with a discussion on workforce issues stating that we will never have enough mental health providers to meet the demand. However, he believes some of the issues with workforce shortages can be addressed by training and re-training existing workers at all levels to have the skills needed to identify and treat mental health issues. As an example, he shared the current Colorado State Innovation Model which received a CMMI Grant to develop ways to integrate mental health into 340 primary care practices.

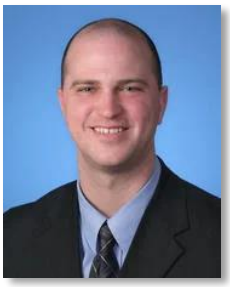
Finally Dr. Miller encouraged attendees to visit the site www.makehealthwhole.org for an example of one of the current innovations in integrating mental health with primary care.

Member Case Studies and Discussion

To kick-off our Member Case studies and discussion, **Charlie Waters**, PharmD, Senior Regional Vice President, Specialized Hospital Division, Comprehensive Pharmacy Services (CPS), engaged the attendees in a discussion about current trends and strategies with freestanding behavioral health hospitals based on CPS's experience with providing support and management of over 120 behavioral health hospitals across the country. Dr. Waters shared that CPS is seeing a significant increase in the creation of freestanding behavioral health hospitals all over the country. In addition, he noted that CPS is also seeing a significant number of hospitals expanding existing facilities to accommodate the growing demand. Dr. Waters also shared some insights on the

current challenges with shortages and recalls, as well as factors affecting costs, of drugs, especially drugs used to treat mental health and addiction.

Two Roundtable members presented case studies on innovative approaches being taken at their respective organization.



Tim Holmes, President, MultiCare Behavioral Health, shared the model developed at MultiCare for addressing mental health treatment needs in their communities. Tim began his presentation by stating that the State of Washington lacks a strong, organized behavioral health system which has created an opportunity for MultiCare to step into the void. He also noted that the success of MultiCare's behavioral health program starts with the leadership of MultiCare's CEO who understands and values behavioral health services.

MultiCare's Behavioral Health Hospital is one of several interdependent business units with the Behavioral Health Hospital having more autonomy than one might typically see in a large integrated health system, including the creation of a sperate "brand" for the program. This has enabled the Behavioral Health Hospital to look beyond just MultiCare and build a "partnership model" which engages not just community agencies but also create a joint venture with CHI Franciscan which is both a competitor and joint venture partner. In order to create the JV, MultiCare solicited support from the community, including a 60+ member community behavioral health coalition. Tim concluded his case study by sharing a few of the innovations being implemented including:

- **Creation of collaborative mental health teams**
- **Use of Telepsychiatry as well as testing of other virtual health options**
- **Development of a mobile integrated health clinic which uses a specially equipped van to bring primary care and mental health services to remote locations**

The second member case study was presented by

Mike Clark from Intermountain Healthcare who shared some results of Intermountain's team based mental health integration model and the structure of Intermountain's three dedicated Behavioral Health Access Centers. Mike framed the issue by sharing that the State of Utah is located in the Mountain West area of the country which has been described as "The Suicide Belt" since it has such a high incidence of suicides. He also stated that Utah's prevalence of mental illness is one of the highest in the nation while Utah also has one of the nation's worst rates of access to mental health services. To address these issues Intermountain has designed a model around team based mental health integration and created the dedicated Behavioral Health Access centers. The team based mental health integration model has resulted in:

- **Reduction of 23% in ED visits**
- **Reduction of 7% in hospital admission**
- **Reduction of 7% in primary care encounters**

The Behavioral Health Access Centers have been in existence for 2 years and are open 24/7. In addition, the centers can provide 24/7 telecrisis access across the entire Intermountain system. The centers are also asking SDOH questions at time of treatment and linking patients to appropriate community resources. Results have been very positive with significantly lower admission rates for patients presenting at the Access Centers (21%) versus admission rates of over

40% when mental health patients come to the traditional ED.

Our Friday morning innovation session focused on ways telepsychiatry and telehealth are being used to improve outcomes and access while filling needs created by the shortage of mental health providers. Our speaker was **Geoffrey Boyce,** CEO of InSight, the nation's largest provider of telepsychiatry services. InSight was founded in 1997 and provides "On Demand" 24/7 telepsychiatry services and crisis intervention as well as "Scheduled" services for outpatient support to hospitals and community centers needing additional mental health resources. InSight's over 200 home-based psychiatrists provide over 200,000 mental health visits/year in 27 states.

Geoffrey opened his presentation with the following information:

- **80% of individuals seeking mental health services go to the ED or a primary care physician.**
- **96% of counties in the United States have an unmet need for psychiatric providers/ prescribers**
- **Current, active psychiatrists are "aging out" at a rapid rate and not being replaced by new medical school graduates**
- **Although CMS has not approved payment for telepsychiatry services, 30 states have mandated payment for telehealth services with almost all payers now recognizing and reimbursing telehealth .**

Geoffrey stated that Telehealth is not intended to be a substitution or complete solution but can be an important complement to existing services by integrating existing resources. He shared 4 typical telehealth Primary Care Integration Models including:

- **Ad hoc Consultation – A more traditional model involving a phone consult between a primary care physician and a psychiatrist**
- **Co-Location Model – Electronic integration of a remote psychiatrist into a primary care physicians office to help physician and clinical team coordinate care**
- **Collaborative Model – Telepsychiatrist becomes a scheduled, active part of the collaborative care team**
- **Enhanced Referral – Primary Care physician or other provider refers the patient to the telepsychiatrist for consultation and treatment resulting in creation of a virtual behavioral health practice in the patient's home.**

One of the challenges with many mental health services, including telehealth, cited by Geoffrey is the fact that, at present, there are no real objective measures to demonstrate short and long term efficacy. As a result, telehealth organizations like InSight are working with mental health organizations to identify and develop monitoring systems to record and report meaningful metrics.

Geoffrey concluded his presentation by sharing a couple of innovations being studied and tested which will take telehealth to the next level:

- **Use of Artificial Intelligence to engage patients both at time of crisis as well as on an on-going basis**
- **Greater use of smartphones to identify patient issues and present solutions**
- **Use of speech analysis technology**
- **Use of Virtual Reality to help patients understand factors leading to their problems (e.g. example of using virtual reality to dissect an event which has created PTSD)**

Copies of most of the presentations are available for your review on the CEO Healthcare Roundtable website. If you have questions about the website or are unable to access the presentations, please contact Alexis Matic at alexisangelelo@earthlink.net

Finally, we look forward to seeing you at the **Spring Roundtable February 26-28, 2020 at the Omni Scottsdale at Montelucia**. **Please be sure to save the dates on your calendars!**

Omni Scottsdale at Montelucia

February 26-28, 2020

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