

## Connecting the Head to the Body - Integrating Behavioral Health services into the health system



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Behavioral Health

Life expectancy 25 years less than general population

Higher rates of dangerous behaviors & modifiable risk factors

High rates of chronic disease and other medical conditions

- Cardiovascular, pulmonary, diabetes, and infectious diseases

Barriers to accessing primary care

- Medicaid, poor engagement/follow-up, mental health stigma, lack of coordinated care. Use of the Emergency Department

Siloed systems of care and funding streams

- High cost and poor quality

# IHI Triple Aim & The MultiCare Difference

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.



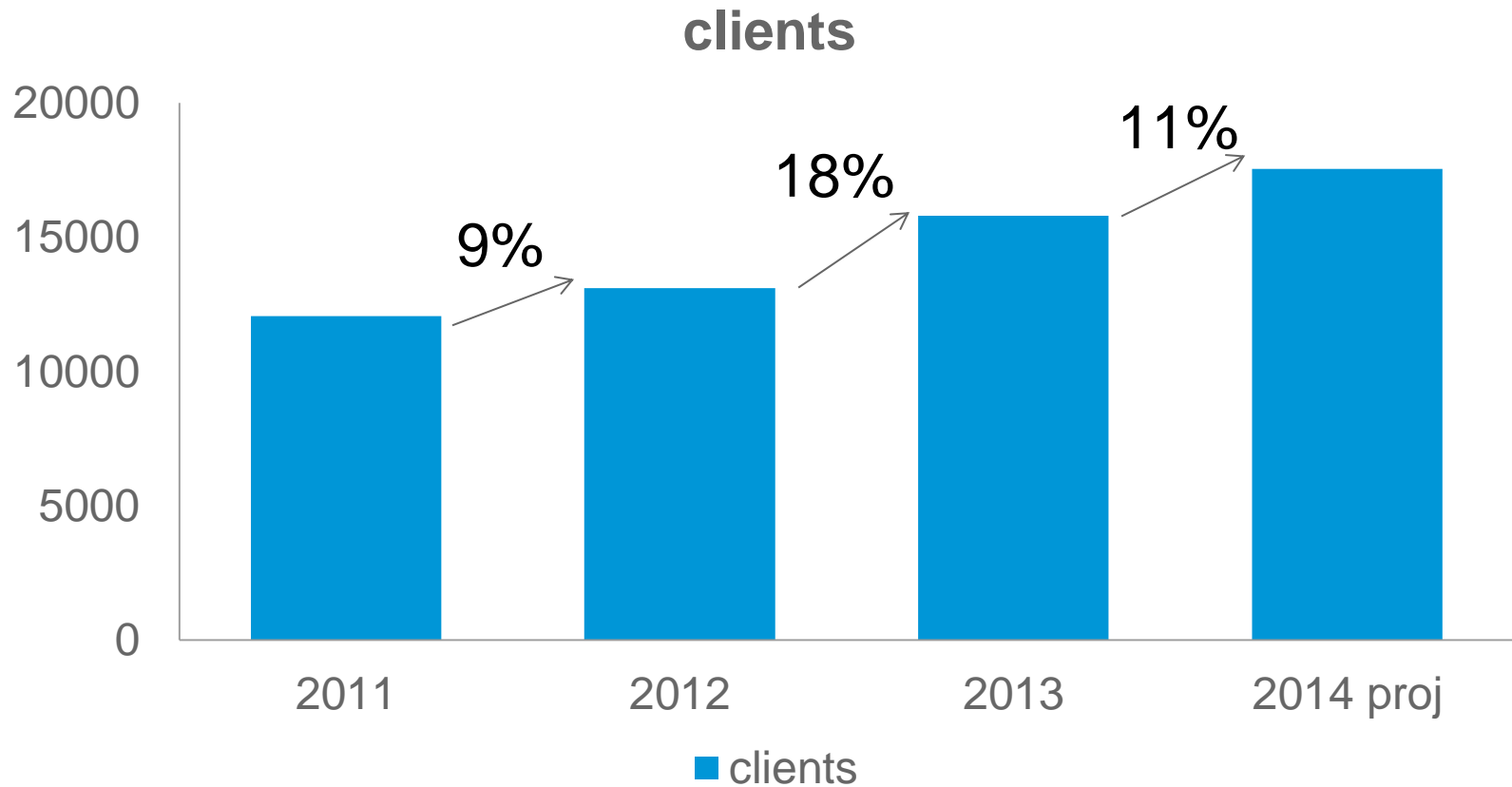
## **MHS – Behavioral Health Services**

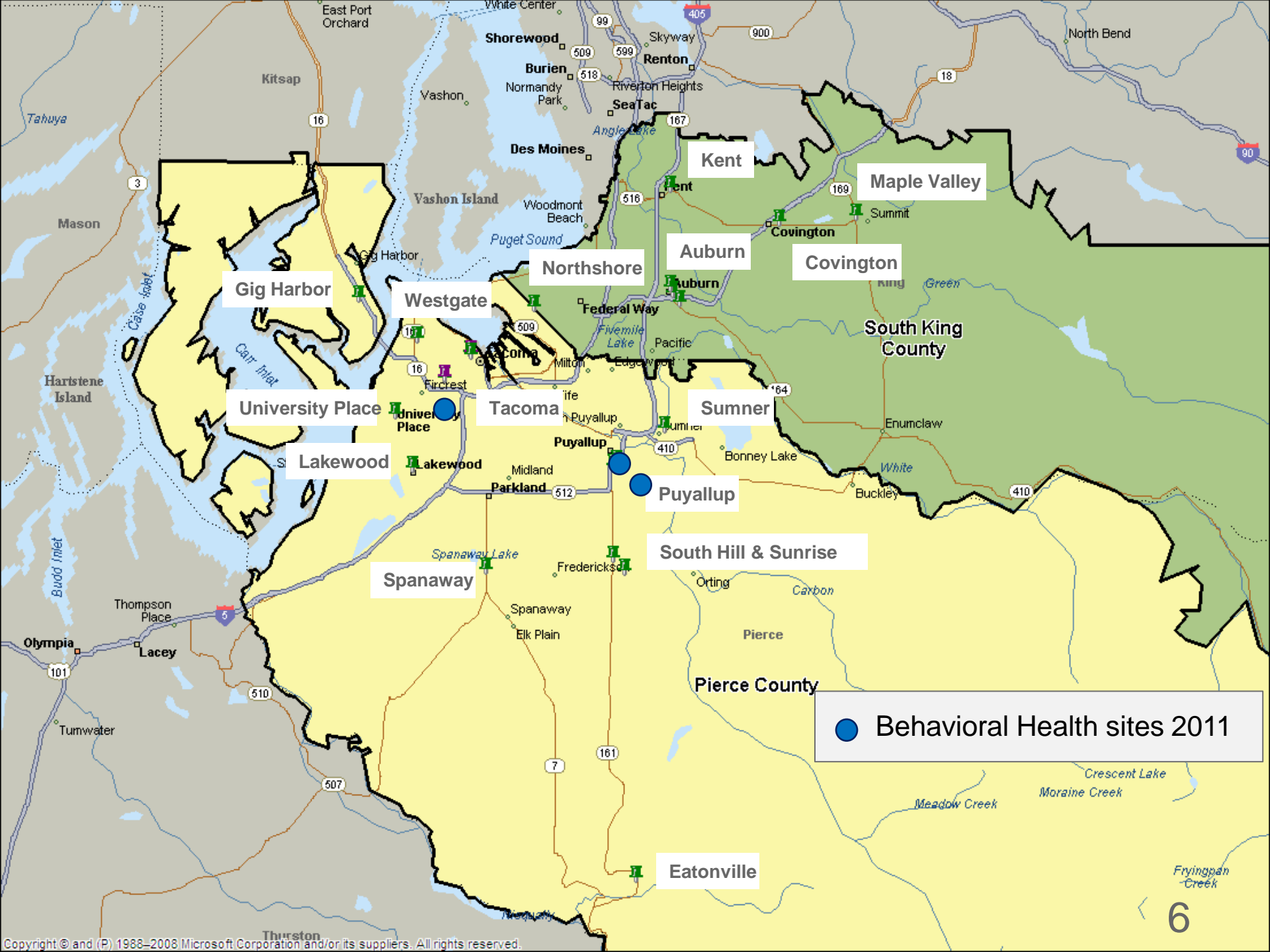
### Community Mental Health Agency in Pierce County

- Has grown to support multiple locations across the County
- Largest Children’s program in Pierce – imbedded in schools
- Intensive Outpatient Case Management, 45 bed Residential program and 24/7 Crisis Services
- Behavioral Health and Primary Care Bi-directional Integration
  - BH specialist imbedded in 10 primary care sites
  - Mobile Integrated Health Clinic
  - Wellness program
- Outpatient and Inpatient/ED psychiatric consultation
- Intensive Outreach and Engagement – WRAP around services
- Care Transitions coordination & support for high needs clients
- Auburn gero-psych program – 38 voluntary inpatient beds

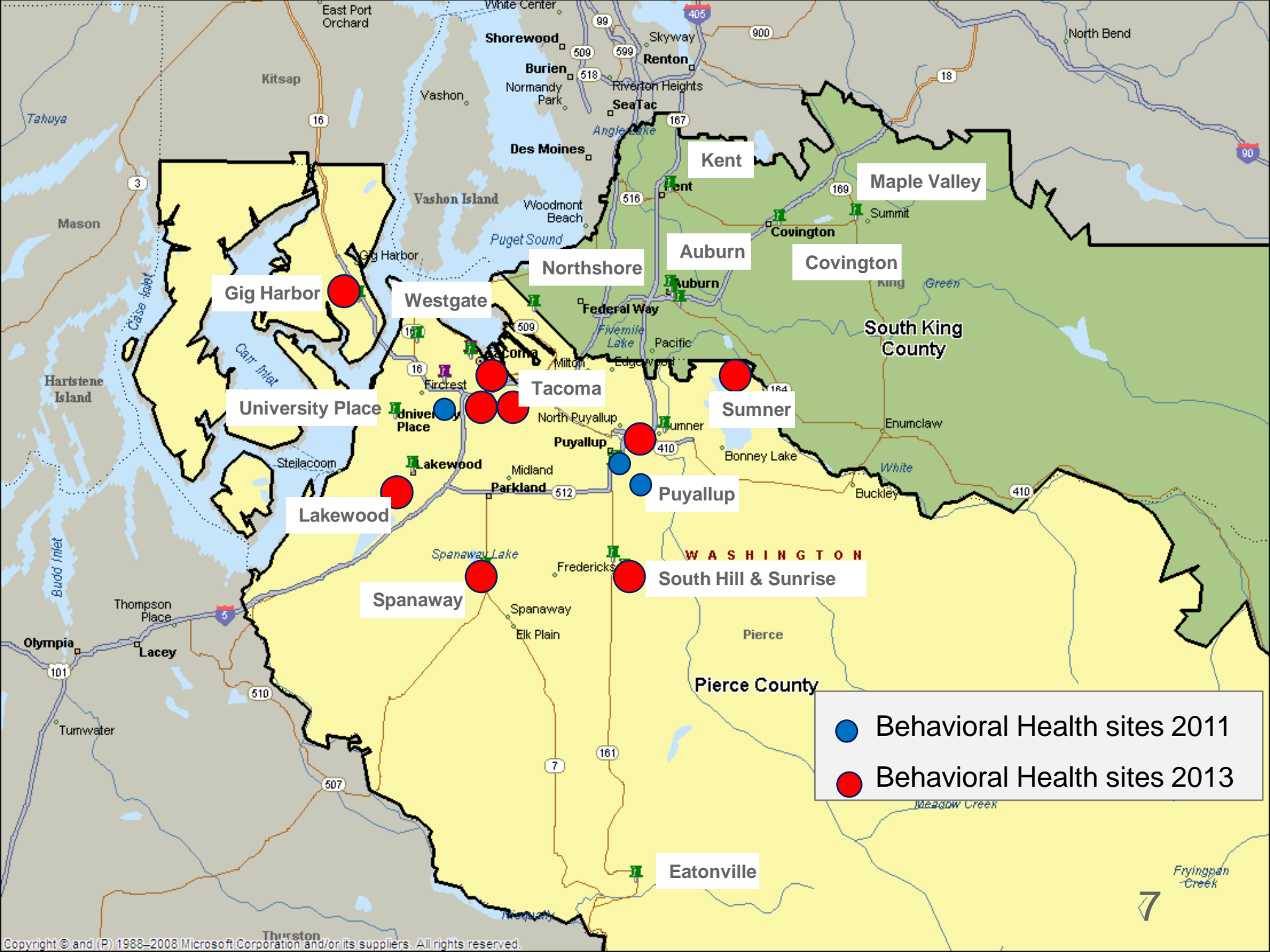
# Improved Access to services

**Open Access model** for new Medicaid clients. We went from an average wait time of over two weeks to same-day access.

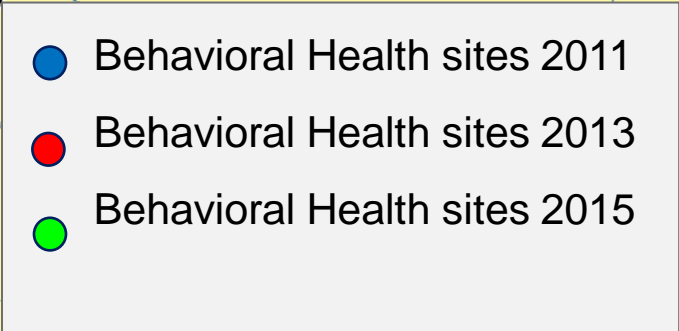
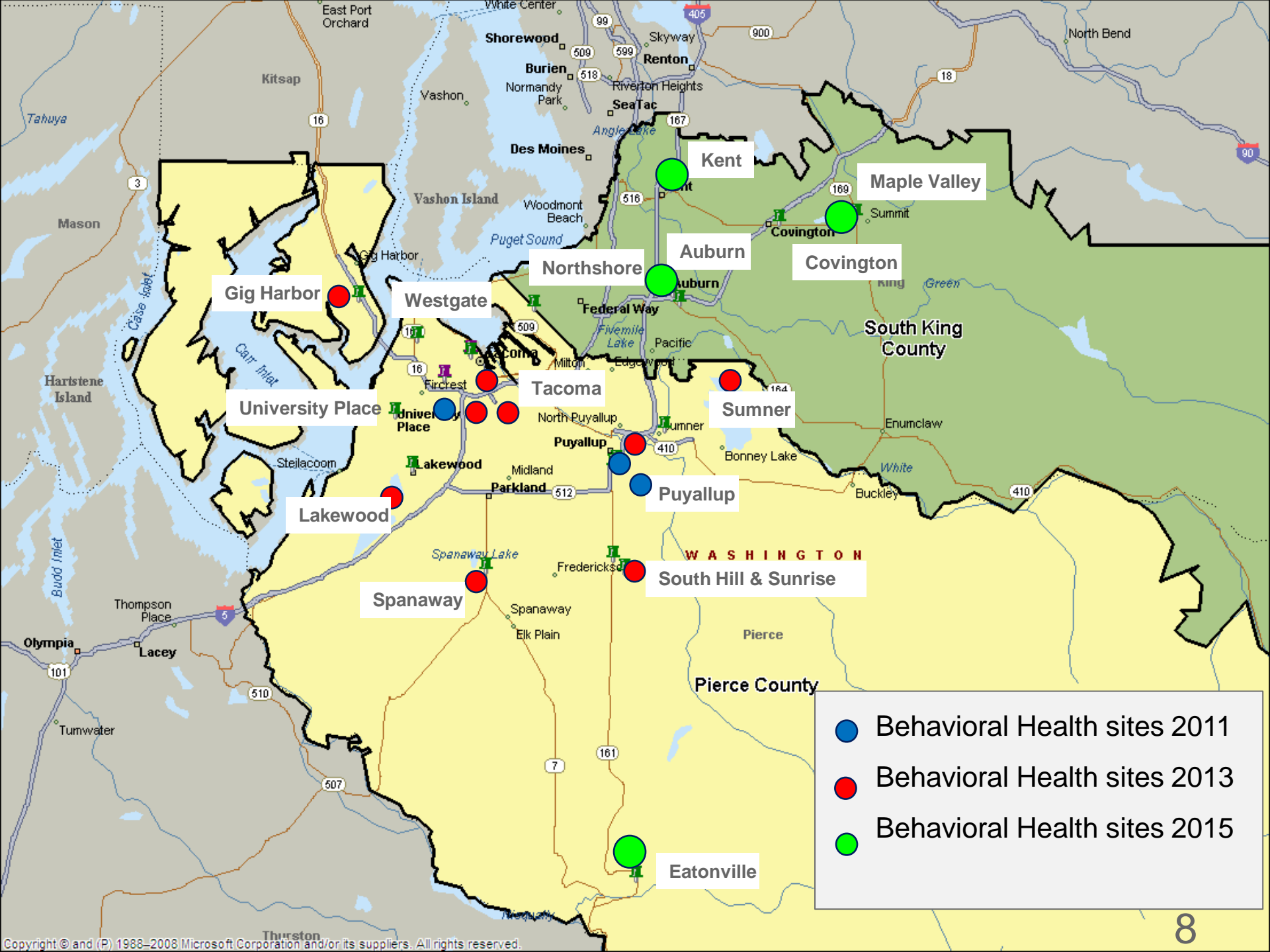




● Behavioral Health sites 2011



● Behavioral Health sites 2011  
● Behavioral Health sites 2013





Mental Health symptoms – Primary Care Behavioral Health Integration --- Patient Health Questionnaire (PHQ-9)

Physical health – Mobile Integrated Health Clinic --- Body Mass Index (BMI), Hemoglobin (HA1c), Lipids, Blood Pressure (BP)

Utilization and Cost – Program Assertive Community Treatment (PACT), Top 50 --- ED, jail, Psych hospitalization

Functioning/Quality of Life – PACT, Adults --- Daily Living Activities (DLA-20), Global Assessment of Functioning (GAF)

# Mental Health symptoms (PHQ9) Primary Care BH Integration

PHQ-9 score	Provisional Diagnosis	Treatment recommendations
5-9	Minimal Symptoms	Support, educate to call if worse, return in one month
10-14	Minor depression, dysthymia Major Depression, Mild	Support, watchful waiting Antidepressant or psychotherapy
15-19	Major depression, moderately severe	Antidepressant or psychotherapy
>20	Major Depression, severe	Antidepressant or psychotherapy

	Score upon admission	Last score	improvement	moderate to severe who improved by >10%	Months in treatment
Average score	17.8	10.7	7.66	87%	3.9

# Physical Health – Mobile Integrated Health Clinic (BMI, HA1C, Lipids, BP)

<u>Health indicator</u>	<u>BMI</u>	<u>HA1C</u>	<u>Lipids</u>	<u>BP</u>
Improvement >5%	26.52%	18.49%	47.99%	41.84%
Improvement >10%	12.52%	8.3%	39.56%	27.89%
Improvement >15%	5.71%	4.53%	30.77%	18.20%

# “Top 50” ED high utilizer program

