Integrated Care:
A psychiatrist’s perspective

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Overview

• Why bother with integration?
• What is it?
• What does it look like?
• Does it work? Why?
• What does the future hold?
Medical Illness & Mental Illness

• People with serious mental illness are more likely to
  – Have medical problems
  – Get them at a younger age
  – Die sooner once they have them

Colton 2006, DRC 2006
Serious Mental Illness and Early Death

Average age of death of a Department of Mental Health Client? 52

DMH 2013
Serious Mental Illness and Early Death

Most (60%) of these early deaths are from?

Medical Illness

The #1 cause of death?

Heart Disease

How healthy is Massachusetts?

How healthy is Massachusetts?

- **Obesity**: 23.6% (2nd)
- **Smoking**: 13.6% (5th)
- **Diabetes**: 9.3% (14th)
- **Hypertension**: 29.6% (12th)
- **High cholesterol**: 34.5% (10th)

Source: Americashealthrankings.org (2017)
How healthy is MMHC?

- Obesity: 47%
- Dyslipidemia: 59%
- Smoking: 47%
- Hypertension: 46%
- Diabetes: 20%
What Causes the Poor Health of People with Mental Illness?

- Poor health outcomes
- Environment
  - Poor quality of care
- Lifestyle
- Medications

Mental Illness
What Causes the Poor Health of People with Mental Illness?

Mental Illness

Environment
- Poor quality of care

Lifestyle

Medications

Poor Health Outcomes
Integrated Care

MENTAL HEALTH

PRIMARY CARE

M. Keshavan AJP 2012
Integrated Intake Assessment
(Psychiatric assessment & general health screen)

Mental Health Services

WaRM Center (Wellness and Primary Care Services)

Clomipramine / Injection / Well-being & Medication Clinics

Primary care services

Tobacco Treatment

Exercise / Nutrition

Health screening (including dental and vision)

Preventive care, including vaccines

Self-management
Milestones in WaRM Center development

2011 Onsite Primary Care (BWH)

2014-16 MA AGO Behavioral Health Grant

2015-19 SAMHSA PBHCI Grant
Primary Care Services

- Clozapine / Injection / Well-being & Medication Clinics
- Primary care services
- Preventive care, including vaccines
- Chronic illness self-management

Integrated Intake Assessment
(Psychiatric assessment & general health screen)

Mental Health Services

WaRM Center (Wellness & Recovery Medicine at MMHC)
Wellness Services

- Integrated Intake Assessment
  (Psychiatric assessment & general health screen)

- Mental Health Services

- WaRM Center (Wellness and Primary Care Services)

- Clozapine / Injection / Well-being & Medication Clinics

- Primary care services

  (including teeth and eyes)

  Preventive care, including vaccines

  Chronic illness self-management
WaRM Center Wellness Services

Fitness, nutrition, tobacco cessation, self-management

- Smoke Free Program
- InSHAPE
- Nutrition group
- Whole Health Action Management
- Get Fit Together
- Wellness Check-in
- Yoga
WaRM Center Smoke Free Program

* Outreach
  * Engagement
  * Assessment

- Personalized Plan
- Services
- Follow-Up

1, 3, 6, 9, 12 months
- Smoking status
- Breath carbon monoxide
- Service use
- Barriers encountered
- Provider updates
Smoke Free Program Services

Education

Peer coaching

1:1 Cessation Counseling

Care Coordination

Groups

- Learning about Healthy Living
- Stop Smoking Group

Cessation medications

Quitline referrals

Let’s Talk about Smoking Website

Text messaging

Smartphone Apps

Online programs
Tobacco treatment for people with serious mental illness (SMI)
An opportunity to close the mortality gap
Integrated Intake Assessment
(Psychiatric assessment & general health screen)

Mental Health Services

WaRM Center (Wellness and Primary Care Services)

Self-Management

- Clozapine / Injection / Well-being & Medication Clinics
- Primary care services
- Help with quitting smoking
- Exercise / Nutrition
- Health screening
Whole Health Action Management

- Informed by people with lived experience & based on principles from existing evidence-based disease self-management programs
- Goal: teach skills to better self-manage physical and mental health conditions
- Individual and group settings
Exercise/Nutrition

Integrated Intake Assessment
(Psychiatric assessment & general health screen)

Mental Health Services

WaRM Center (Wellness and Primary Care Services)

Clozapine/Injection/Well-being & Medication Clinics

Primary care services

Preventive care, including vaccines

Chronic illness self-management

(including teeth and eyes)
InSHAPE

- Health mentors: certified fitness trainers who accompany participants on activities chosen by the participant
- Facilitated access to fitness activities
- Nutrition counseling and education
WaRM Center Outcomes
Health Indicators Improved

- BP
- BMI
- Waist
- CO
- A1C
- HDL
- LDL
Better engagement = Better outcomes

Wellness participants vs non-participants

Blood Pressure

Percent at Risk

Non-Participant

Participant

Baseline

12-month
Better engagement = Better outcomes

Wellness participants vs non-participants

Tobacco use (CO level)

Percent at Risk

Baseline 12-month

Participant
Non-Participant
Success! (It can take a while)

Averge daily use of cigarettes: group mean

# of cigarettes/day

Months
Better care = Better outcomes

Carbon Monoxide Levels in Primary Care

ppm

Baseline  6 months  12 months  18 months*

Heavy smoker
Light smoker
Non-smoker
Better care = Better outcomes

Blood Pressure

Systolic

Diastolic

Baseline  6 months  12 months  18 months*

WaRM PCP

Non-WaRM

mmHg
Better care = Better outcomes
Medical Hospitalizations

Hospitalizations per person per year

17%↓

Rate

WaRM PCP	Non-WaRM
What does integration require?

It's all about systems…

But more so…

People!
Integration
Complex Integration

“Getting Better Together”
What does integration require?

• Relationships, relationships, relationships
• Coordination
• Team meetings
• Flexibility / accommodation
• Sustainability
Relationships

• MMHC clients not receiving WaRM primary care:
  • 60% had seen a Primary Care doctor within the last 6 months

• MMCH clients receiving WaRM primary care:
  • 88% had seen a Primary Care doctor within the last 6 months
The future of integration?

• ACOs, BHCPs, ACCS
  – There are reasons for optimism!

• But...to coordinate care, you need care to coordinate
  – State-wide initiatives to improve infrastructure and workforce capacity with DSRIP funding
ACO Behavioral Health Community Partners (BHCP)

- Outreach and Active Engagement
- Comprehensive Assessment and Person-Centered Treatment Planning
  - #18 of 21: Food security, nutrition, wellness, and exercise
- Care Coordination and Care Management
- Care Transitions
- Medication Reconciliation
- Health and Wellness Coaching
- Connection to Community and Social Services
• Health and Wellness Coaching activities may include, but are not limited to:
  – Providing health education, coaching and symptom management
  – Education on how to reduce high risk behaviors and health risk factors, such as smoking, inadequate nutrition, and infrequent exercise
  – Assistance in linking to health promotion activities such as smoking cessation and weight loss
  – Assistance in setting health and wellness goals
Adult Community Clinical Services

- Deliver interventions to improve overall health and well-being including, but not limited to, healthy eating, physical activity and relaxation techniques

- Have strategies for addressing modifiable risk factors for early morbidity and mortality, including smoking, nutrition and physical activity, such as standardized screening and assessment tools, MI, SoC, WHAM, and/or other evidence-based interventions
## Accountability?
Relevant proposed quality/performance measures

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<tr>
<th>ACOs</th>
<th>BHCPs</th>
<th>ACCS</th>
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<td>• Tobacco Use: Screening and Intervention</td>
<td>• Admissions for diabetes</td>
<td>• Annual primary care visit</td>
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<td>• Annual primary care visit</td>
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<td>• Diabetes</td>
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<td>• Utilization of BHCPs</td>
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<td>• Care Plan Collaboration</td>
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<td>• Preventable ED Visits</td>
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Integration Missteps

• An “intensive care management program” working for weeks with a patient before connecting with primary team

• Inpatient units not coordinating with outpatient treaters

• PCP refusal form
The future of integration?

- Will these services make a difference?
- Are we ensuring the right kind of services?
- Who will provide wellness services appropriate for our population?
- Are we training the current/next generation?
- Will we commit to sustaining beneficial services?
Why does this matter?

Average age of death of a Department of Mental Health Client?

52