

United Front — Primary Medical, Dental and Mental Health Cohort March 13, 2009

What are the best ideas for service integration?

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MayKao Hang

There has been an interesting change in the mental health system. Previously the County was the overseer of all mental health related services (through County grant dollars). Now, health plans are receiving that money directly, which is in turn causing a fracturing of the mental health system (case management and the safety net). E.g.: County pays for a child's lodging and board, while health plans pay for the case management services. Early intervention items will continue to not be funded. Early intervention programs are not billable because they are not mandated services. Culturally specific mental health is less billable than traditional mental health programs.

Michael Scandrett

Safety and fear are the two key motivators in behavior change. When people are afraid, they will also feel encouraged to create a better system. Health and Human Services (HHS) Department is a 1/3 of the MN State Budget. Current proposed budget cut is 10% to HHS-MN. We are swimming upstream. We need to do better with less! We need to take a smaller pot of money and do both better & more with that. A shift needs to be made to reduce the needs.

Current trends in health care:

1. Systemic change is essential
2. Prioritization across the whole community
3. Integration (there are both positive and negative aspects of managed care)
4. Accountability for the results of what you do (reducing client/community need)
5. Client empowerment-serving people vs. servicing people (i.e. health care homes model)

Advice to those in the non-profit sector regarding this topic:

- Know that you will be measured on your results
- You can't do this alone
- Clients will decide what they need
- Transformation will occur

Deb Holmgren

- For every 1% in the national unemployment rate it relates to 1.1 million individuals being uninsured
- By 2010 in MN, 9.3% of individuals will be uninsured
- In 2008 Portico screened 13,000 individuals for health care, which then lead to 4,000 individuals receiving application assistance and 2,000 individuals being successfully enrolled in health care programs
- There is currently a 2 to 6 month lag in the processing time for a completed application to be submitted to the county and the time the client is notified of their enrollment
- 2/3 of the uninsured children in MN are eligible for benefits

Jonthan Watson

- Minnesota Association of Community Health Care Centers (MNACHC) client base is 70% non-white
- 90% MNACHC's clients are 200% of Federal Poverty Level and below
- MNACHC saw an 11% increase in the number of individuals served last year
- Community Health Centers (CHC) currently serve 1 out of every 6 uninsured individuals

- Individuals from 71 out of the 76 zip codes in Hennepin County are seeking services from CHCs
- CHCs are a very cost effective way of treating individuals vs. emergency room visit care
- Private funding (from foundations) to CHCs will be significantly reduced
- Cuts to MNCare with directly effect usage of CHCs due to their offering of sliding fee services
- Two major factors related to CHCs: increasing number of uninsured and decreasing revenue available

Innovations:

1. Identify and expand preventive, cost saving measures for health reform that have been shown to be effective. For example, incorporate and sustain less credentialed, effective members into health teams, including Community Health Workers and Social Adjustment Workers
2. Invest and expand in prevention, including through the development of networks amongst providers to improve care coordination and outcomes
3. Form public-private partnerships in ways that support access to care
4. Address social and environmental determinants of health

From Group Discussion:

- Incorporate the use of volunteers; construct volunteer programs in ways that provide for consistency and support the ability of health providers to follow patients
- Increase integration of mental health with housing and other social service programs by co-locating services and integrating systems
- Increase mental health and oral health consultation at point of accessing primary care
 - Harvest and coordinate access to appointments to organize access to psychiatric care
- Lower costs across whole system by treating medical, mental
- Invest in prevention:
 - Cover mental health prescriptions to avoid hospitalization
 - Cover care coordination, especially for patients with chronic conditions. For example, diabetes care management
- Demonstrate results; show how prevention works
 - Reduce hospitalizations
 - Specialty rates, disabilities
 - Return on Investment (ROI) models
- Increase focus on social and environmental determinants of health
 - For more information and resources see Unnatural Causes: <http://www.unnaturalcauses.org>
- Expand effective prevention/early intervention projects, such as the Primary Project in Ramsey County
- Expand use of community health workers (CHW), integrate this role into health teams with support from all providers, and cross-train CHW's on preventive health
 - Critical Links: Community Health Workers (also available in Somali, Spanish, and Hmong) [http://www.bcbsmnfoundation.org/pages-mediacycenter-tier4-New Critical Links Community Health Workers DVD shortened?oid=8361](http://www.bcbsmnfoundation.org/pages-mediacycenter-tier4-New%20Critical%20Links%20Community%20Health%20Workers%20DVD%20shortened?oid=8361)
- Develop networks amongst providers; come together in ways similar to managed care:
 - Integrate care
 - Accountable for health outcomes
 - Use technology to support communication across systems of care
- Forge partnerships between higher education and safety net system in order to:
 - Expand availability of care
 - Increase the number of providers skilled and committed to working in community based safety-net settings
- Explore what prevention work can be accomplished without highly credentialed providers, for example: social adjustment workers for mental health
- Sustain less credentialed providers through Minnesota Children's Therapeutic Services and Supports, endowments, etc.
- Promote health literacy and early literacy
- Reward healthy behaviors
- Expand and integrate the role of pediatricians into dental care, pre/post natal care, etc.

From Panel Experts in Closing:

- Engage private, business community
 - Build on the business case for health reform

- Develop alliances and partnerships
 - Improve care coordination for patients and their families
- Consider and support human rights of children as individuals when developing systems and policies
- Identify and expand specific cost saving measures for health reform that are effective