The Critical Role of Behavioral Health Integration for Comprehensive Student Health and Wellness in a Time of Health Reform

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AGENDA

• Brief Overview of Healthcare Reform
• The Imperative of BH Integration in Reform
• The Clinical and Quality Case for Integration in College Health
• Linking Behavioral Health Intervention to Primary and Secondary Prevention of Illness
Patient Protection and Affordable Care Act (ACA)
Essential Health Benefits

- Prescription Drugs
- Preventive/Wellness Services & Chronic Disease Management
- Outpatient Services
- Maternity & Newborn Care
- Pediatric services including oral & vision care
- Emergency Services
- Hospitalization
- Physical & Occupational Therapy
- Mental Health & Substance Abuse Services
- Laboratory & Imaging Services
National Health Expenditure Projections

NHE = National Health Expenditures; GDP = Gross Domestic Product

Source: CMS Office of the Actuary
“Triple Aim”

- Developed in 2007 by Institute for Healthcare Improvement

Population Health

Experience of Care  Cost per Capita

- New designs are needed in the health care system that simultaneously accomplish three critical objectives:
  - Improve the health of the population
  - Enhance the patient experience of care
  - Reduce the per capita cost of care
Emergence of Patient-Centered Medical Homes: NCQA Standards

<table>
<thead>
<tr>
<th>Standard 1: Access and Communication</th>
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<tr>
<td>Standard 2: Patient Tracking and Registry Functions</td>
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<td>Standard 3: Care Management</td>
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<td>Standard 5: Electronic Prescribing</td>
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<td>Standard 6: Test Tracking</td>
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<td>Standard 7: Referral Tracking</td>
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<td>Standard 8: Performance Reporting and Improvement</td>
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<td>Standard 9: Advanced Electronic Communications</td>
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Emergence of Accountable Care Organizations (ACO)

- **Virtual** network of healthcare providers sharing accountability for coordinated care
- Will receive additional funds from Medicare and private payers if demonstrates high quality care at reduced costs for a defined group of patients

**Five key elements**

1. Coordinated care
2. Patient centered care
3. Evidence-based and outcomes-based care
4. HIT (Health Information Technology) enabled care
5. Value-based payment for care
ACOs Becoming a Substantial Part of American Healthcare

- As of December, 2013, >500 ACOs have been formed
- Hospital groups, physician groups and commercial payers most common
- Concentrated in metropolitan and suburban counties

>50 MILLION Americans currently receive healthcare through ACOs

<table>
<thead>
<tr>
<th>&gt;50 MILLION</th>
<th>&gt;5 MM in Medicare ACOs</th>
<th>&gt;30 MM non-Medicare patients of Medicare ACOs</th>
<th>&gt;15 MM Patients of non-Medicare ACOs</th>
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</table>

Sources: Market Trends in ACO formation, OPTUM; The ACO Surprise, Oliver Wyman
The Need for Care Coordination: Potentially Preventable Readmissions (PPR’s)

NYS Medicaid 2007

- Patients without MH/SA diagnosis, medical readmission $149M
- Patients with MH/SA diagnosis, medical readmission $395M
- Patients with MH/SA diagnosis, MH/SA readmission $270M
Figure 1

Interaction between length of stay and postdischarge mental health care for patients with moderate health care costs.
## ACO Quality Metrics – Preventive Care

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<th>Preventive Measures</th>
<th>Method of Data Submission</th>
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<td>Influenza Immunization – MU Menu CQM and 2012 EHR-based PQRS</td>
<td>GPRO</td>
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<td>Pneumococcal Vaccination – MU Menu CQM</td>
<td>GPRO</td>
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<td>Adult Weight Screening and Follow-up – MU Core CQM</td>
<td>GPRO</td>
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<tr>
<td>Tobacco Use Assessment and Cessation Intervention - MU Core CQM and 2012 EHR based PQRS</td>
<td>GPRO</td>
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<tr>
<td><strong>Depression Screening and Followup</strong></td>
<td>GPRO</td>
</tr>
<tr>
<td>Colorectal Cancer Screening – MU Menu CQM</td>
<td>GPRO</td>
</tr>
<tr>
<td>Mammography Screening – MU Menu CQM</td>
<td>GPRO</td>
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<tr>
<td>Adults 18+ who had BP Measured in previous 2 years</td>
<td>GPRO</td>
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BH Integration and the Value Imperative

- BH patients (14%) are responsible for 30% of total healthcare spend
- Due to fragmented care, patients with chronic illness with BH disorders have 2-3 times the healthcare spend of those without BH disorders ($293 Billion)
- Collaborative care (integrated care) models could save $46 Billion annually

Milliman Report on BH Integration 2014
Primary Care and Behavioral Health Integration Models (Mechanic D)

- Enhanced screening, treatment and referral
- Co-location of services
- Systematic integration with shared protocols, shared health information, and shared quality metrics and outcomes
College Health: Accountable Care Characteristics?

– Managing a population with a focus on primary and secondary prevention
– Mindful of direct costs to students, parents, and university (co-pays, utilization, costs of insurance plan)
– Mindful of indirect costs to students and families (academic progression, whole person development, job function)
– Mindful of quality outcomes
– Student centered approach (experience of care)
College Health: Outcomes

- Are better vaccinated (but International students are not)
- Have half the mortality due to suicide and a fraction of homicide rate (possibly due to decreased access to firearms on campus)
- Have lower mortality and injuries due to alcohol and other drug use (but have higher binge rates)
- Have lower smoking rates, STD rates, and pregnancy rates
- AND YET...........
Mounting Student Depression Taxing Campus Mental Health Services

Rebecca Voelker

ANN ARBOR, MICH—The scenario is becoming all too common across college campuses today. Students face not only the time-honored ritual of leaving family and longtime friends, but a host of other pressures. New relationships can send students on an emotional roller coaster, while parents in the throes of divorce may add to the anxiety. The pressure to succeed academically perhaps has never been higher, and at the first sign of falling grades, even students who excelled in high school may wonder if they are really college material. And as college costs continue to climb, students approaching graduation with substantial loans to be repaid face the gloomiest job market in the past decade.

Against this backdrop, growing numbers of students are seeking help for depression and other psychiatric disorders. But student health services and campus counseling centers often have not kept pace with the increased demand for treatment.

At many student health centers, “the pattern still tends to be not to ask about years. But for most students, a diagnosis will not be made until many years later. The average age at diagnosis for unipolar depression is 27 years and 21 years for bipolar disorder, according to the Depression and Bipolar Support Alliance, a national mood disorders advocacy group.

Kadison, MD, chief of the Mental Health Service at Harvard’s University Health Services in Boston, Mass, offered what he called some “scary” statistics.

Citing a 2000 survey by the American College Health Association, Kadison said that within the last school year, 61% of college students reported feeling hopeless, 45% said they felt so depressed they could barely function, and 9% felt suicidal. The National Mental Health Association’s College Student and Depression Pilot Initiative lists suicide as the second leading cause of death among college students.

Another survey by researchers at Kansas State University in Manhattan has shown that from 1988-1992 to 1996-2001, the proportion of students who came to its counseling center with depression increased from 21% to 41%. A 1999 survey by researchers at the University of California, Los Angeles, reported that 30% of college freshman felt overwhelmed by the transition to campus life, compared with only 16% in 1985. The US Surgeon General’s report on mental health in 1999 indicated that about 20% of US adults will experience depression at
Data on Depression Treatment in College Populations
Prevalence of MH problems

Data source: HMS, 2007-2013
Gap between perceived need and use of mental health services

Among students with depression based on current PHQ-9 screen \[n = 971\]
Healthy Minds Study, 2007
Antidepressant Prescriber Types

Data source: HMS, 2007-2013
Problem and Opportunity

“Minimally adequate depression care” (Wang et al, 2005 Arch Gen Psych): 8+ psychotherapy visits, or 2+ months of antidepressant use with 4+ discussions with provider

Only 20% of depressed students received minimally adequate care AND racial ethnic minority less likely to receive depression care at all

adequacy correlated with seeing a psychiatrist and living on campus

(Healthy Minds 2009-2013)

OPPORTUNITY:

80% of depressed students report visiting a medical professional at least once in the past year

Eisenberg and Chung, Gen Hosp Psychiatry, 2011
Serious Thoughts of Suicide and Health Service Utilization

PROBLEM:

6% of NYU students has seriously considered suicide in the past year

OPPORTUNITY:

80% of NYU students who had suicide ideation had a visit at Medical services; while only 30% of these students was seen in counseling. (NYU Healthy Minds data 2009)
NYU Depression Screening Pre-NCDP

**Participants:** 3,713 graduate and undergraduate students screened in primary care services

**Methods:** 2-tiered screening approach using PHQ2 and PHQ9. PCP trained to treat or refer students based on PHQ score.

**Results:** Six percent had significant depressive symptoms and 2% with at least moderately severe symptoms. Half had no prior treatment. Male rates of severe depressive symptoms were more than double females. Only 36% of untreated depressed participants started treatment within 30 days.

**Conclusions:** Systematic primary care depression screening in college health center is a promising approach to identify untreated students with depression. BUT more study is needed to improve rates of treatment engagement.

Klein, Ciotoli, Chung JACH 2011
NCDP BH Integration Evidence-Based Model

- Maximizes existing health resources for quality care via:
  1. Effective collaboration between medical and CAPS using shared measures (PHQ9 for depression, AUDIT-C for alcohol)
  2. Depression screening in primary care to identify problems earlier or if not responding
  3. Provide treatment choices with proactive follow-up using a registry to assure safety net
  4. Outcomes data to support resource allocation
  5. Community engagement and resources
NCDP 42 Partnering Institutions Since 2006

- Baruch College
- **Boston University**
- Bowling Green State University
- Case Western Reserve University
- Colorado State University
- Columbia University
- Cornell University
- Evergreen State College
- Finger Lakes Community College
- Hunter College/CUNY
- **Lewis-Clark State College**
- Louisiana State University
- **McMaster University**
- Michigan State University
- **Montana State University**
- The New School
- Northeastern University
- New York University
- Penn State – Altoona
- Princeton University
- Rensselaer Polytechnic Institute
- Rio Hondo College
- **Rutgers University**
- Sarah Lawrence College
- School of the Art Institute of Chicago
- St. Lawrence University
- Skidmore College
- **Texas A&M University**
- Texas Christian University
- Tufts University
- University of Arizona
- University of California, Los Angeles
- University of Central Florida
- University of Louisville
- University of Maryland
- University of Missouri - Columbia
- University of Nevada, Las Vegas
- University of Pennsylvania
- University of Vermont
- University of Wisconsin - Madison
- Wagner College
- West Valley College
Behavioral Health Collaborative Care Model

Collaborative care model for treatment of a population with mental illness

Care manager
- Monitors all patients in practice.
- Provides education.
- Tracks treatment response.
- May offer brief psychotherapy.

Describes patient symptoms and response to treatment to psychiatrist.

Symptom updates and response to treatment

Symptom updates and response to treatment

Primary care physician
- Makes initial diagnosis and prescribes medication.
- Modifies treatment based on recommendations from psychiatrist.

Diagnosis and treatment

Psychiatrist
- Provides regular psychiatric supervision.

In the collaborative care model for mental illness, a care manager works with the primary care physician and a psychiatrist to optimize patient outcomes.

JAMA, June 19, 2013—Vol 309, No. 23
Behavioral Health and Measurement: A Quality Imperative

• Why Measurement?
  – Improve individual outcomes by assisting in treatment planning
  – Group level outcomes serve as benchmarks and goals used as critical information to address effectiveness of service model changes
  – Creates a common language across disciplines to promote effective collaboration
CBS-D Learning Collaborative Process Outcomes: 6 Colleges

FIGURE 3. CBS-D aggregate performance on predefined treatment process.

Chung, Klein et al. JACH 2012
CBS-D Learning Collaborative: Clinical and Functional Outcomes

FIGURE 4. CBS-D aggregate performance on predefined treatment outcome measures.

Chung, Klein, et al, JACH 2012
PHQ9 Suicidality and Subsequent Suicide Attempts or Death

Figure 1
Cumulative risk of suicide attempt or death among 84,418 responders to PHQ-9 item 9 in 2007–2011

Response to item 9
- Nearly every day
- More than half the days
- Several days
- Not at all

Days since PHQ-9 completion

\[ a \] PHQ-9, Patient Health Questionnaire for depression
## Integration Priority: SBIRT for Alcohol in Primary Care

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<th>SBIRT</th>
<th>Components</th>
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<tr>
<td><strong>Screening</strong></td>
<td>Brief strategy to identify at-risk population</td>
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<tr>
<td><strong>Brief Intervention</strong></td>
<td>One or more discussions with clinician (10-15 min each):</td>
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<tr>
<td></td>
<td>1. Assessment &amp; feedback on drinking</td>
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<td></td>
<td>2. Advice, goal setting, agree on plan</td>
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<tr>
<td></td>
<td>3. Follow-up contact</td>
</tr>
<tr>
<td><strong>Referral to Specialty</strong></td>
<td>Patients with more severe problems require more than a brief intervention</td>
</tr>
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SBI for Alcohol in Primary Care

Effectiveness and Cost-Effectiveness

- Most effective intervention for alcohol problems based on clinical trials research

- Solberg et al. (2008):
  - SBI for alcohol ranked among top 5 of 25 USPSTF-recommended screening practices based on effectiveness and cost-effectiveness
  - Similar in ranking to screening for hypertension or colorectal cancer
Role of Specialty Behavioral Health in Integrated Systems of care

- Assertive engagement and rapid care initiation with students who have moderate to severe symptoms/functional impairment
- Apply evidence based care and flexible patient centered treatment options
- Use measures to assess outcomes and to assist in setting goals of care
- Support health and wellness initiatives as part of care planning
- Share appropriate information with primary care providers to support care plan
Adverse Childhood Experiences Study – Revisiting a Classic Study (Dube JAMA, 2001)

• Background: Childhood trauma related to suicide attempts
• Methods: Retrospective cohort study of 17337 adults in an HMO (Kaiser San Diego) who completed a survey on attempts and historical risk factors. 68% response rate
• Results: Lifetime prevalence of self reported suicide attempt was 3.8% (5.4% F vs 1.9% M). Adverse childhood experiences increased risk from 2 to 5 fold
Risk for Suicide Attempts

- Emotional abuse: 5X
- Physical or Sexual Abuse: 3.5X
- Mentally Ill member: 3.3X
- Battered Mother or Incarcerated Member: 2.5X
- Divorce or Substance Abuse in Home: 2X
- NO SEX DIFFERENCE!!
- ACE Score are Individually Additive: From 1 to 7+ in a person:: adjusted odds from 2X to 30X
Prevention Paradigm for Behavioral Health and Chronic Illness

• Having chronic illnesses increases risk of having behavioral health disorders
• Behavioral Health disorders are independently associated with the development of chronic medical illnesses
• ACE factors are now independently associated with development of obesity, hypertension, diabetes, asthma, and others
Innovative or Standard? Care Delivery Approaches

• Telephonic/Internet/Video Therapy
• Medication and Treatment Plan electronic consultations
• Care Management Messaging through Texts
• Social Media and Peer Support Approaches
• Gaming for Psychological Resilience and Recovery?
• Predictive Tools that Monitors For Early Relapse?
College Health: Critical Role in Primary and Secondary Prevention

• Whole health mission aligned with student development mission
• Integration of medical and behavioral health services has a positive multiplier effect that support short and longer term outcomes
• Exposure to quality care that has both population health and individual health approaches has tremendous societal value and will support life long wellness