

Summary of MPS Integrated Care Initiative

Integration Definition—“Behavioral health care becomes a clinical and administrative part of basic general medical care.”

Rationale for Integration

- Poor performance of current BH carved-out system
 - 70% of individuals with BH disorders go completely *untreated*
 - Virtually *no access* to specialist BH care in medical setting
 - Huge BH to medical benefits *cost shift*—doubling of total annual cost for BH patients (80% is medical service use); higher total cost than without carve-outs
 - 4-fold decrease in employee productivity with \$2,000 higher annual health care cost
- Integrated general medical and BH care works, for example
 - *Delirium*—a third fewer occurrences; 50% shorter LOS
 - Substance abuse—improves abstinence; lowers annual health cost
 - *Depression*—improves percent getting effective treatment; lowers total health cost; returns productivity
 - *Anxiety*—improved clinical outcome lowers medical service use and cost
 - *Somatization*—prevents unnecessary medical service use with immediate significant cost savings
 - *Medical Psychiatry Inpatient Units (MPUs)*—save \$5,000 and 4 bed days/comorbid patient admission; 2% to 4% of general hospital admissions are appropriate for MPU

MPS Integrated Care Network

- 13 outpatient clinics in 7 health systems throughout Minnesota and 1 inpatient unit sharing accountability for clinical and economic outcomes in complex comorbid patients
- General core features—shared information and record system; shared general medical and behavioral health clinic and unit staff responsibilities with active communication processes; cost saving training for general medical physicians, physician assistants, and clinical nurse specialists in patients with unexplained somatic complaints
- Core outpatient features—located in medical setting, active collaboration between medical and BH providers, evidence-based intervention, outcome orientation (when possible—proactive case finding, coordination with care management services, outcome measurement)
- Core inpatient features—located in general hospital; focus on comorbid complex patients; full service medical and BH treatment from day one of hospitalization; medically and psychiatrically trained nursing staff with co-attending model; outcome measurement

MPS Network Goals

- To reverse negative clinical, functional, and economic outcomes for complex patients through integrated general medical and behavioral health services
- To partner with employers and health plans to create a cross-disciplinary accountable, clinically and economically self-sustaining environment for this to happen

Needed Health Plan Support

- Inclusion of BH specialists as medical network providers; unified medical and BH documentation and coding procedures implemented by general medical billing staff
- Payment, which encourages practice in the medical setting, from medical benefits to psychiatrists for clinical services provided; mechanism to pay for nurses, psychologists, and other behavioral health team members in the medical setting
- Same day medical and BH clinician reimbursement
- Professional to professional billing mechanism
- Payment for BH encounter, regardless of diagnosis
- Reimbursement for psychiatric video/teleconsultation