
Behavioral Health Integration in Oregon

Pam Martin, Ph.D., ABPP
Director
Addictions and Mental Health

2015 NASADAD Annual Meeting



Previous delivery system

Payment models

Paying for quantity (Fee for Service)

Incentives

- Conduct procedures
- Fill beds

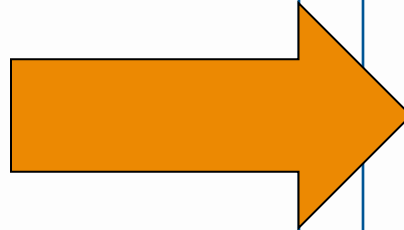
Metrics

Net revenue

Organizational structure

Siloes

- Behavioral
- Physical
- Dental



Coordinated care model

Payment models

Paying for quality and integrated services

Incentives

- Reduce obstacles to behavior change
- Address social determinants of health

Metrics

- Outcomes based – stable employment, housing, and social networks
- Aggregate improvement in health status and quality of life
- Reduced health care costs

Organizational structure

Regional partnerships

What this means for behavioral health

- Many people who were on the OHP waiting list had mental health and substance abuse problems – a large driver of costs in criminal justice, foster care
 - More than half the kids in foster care have parents with substance abuse problems
- Court-mandated alcohol and drug treatment is covered when medically necessary
- People leaving prison and jail get mental health and addiction treatment without delay

Measures specific to behavioral health

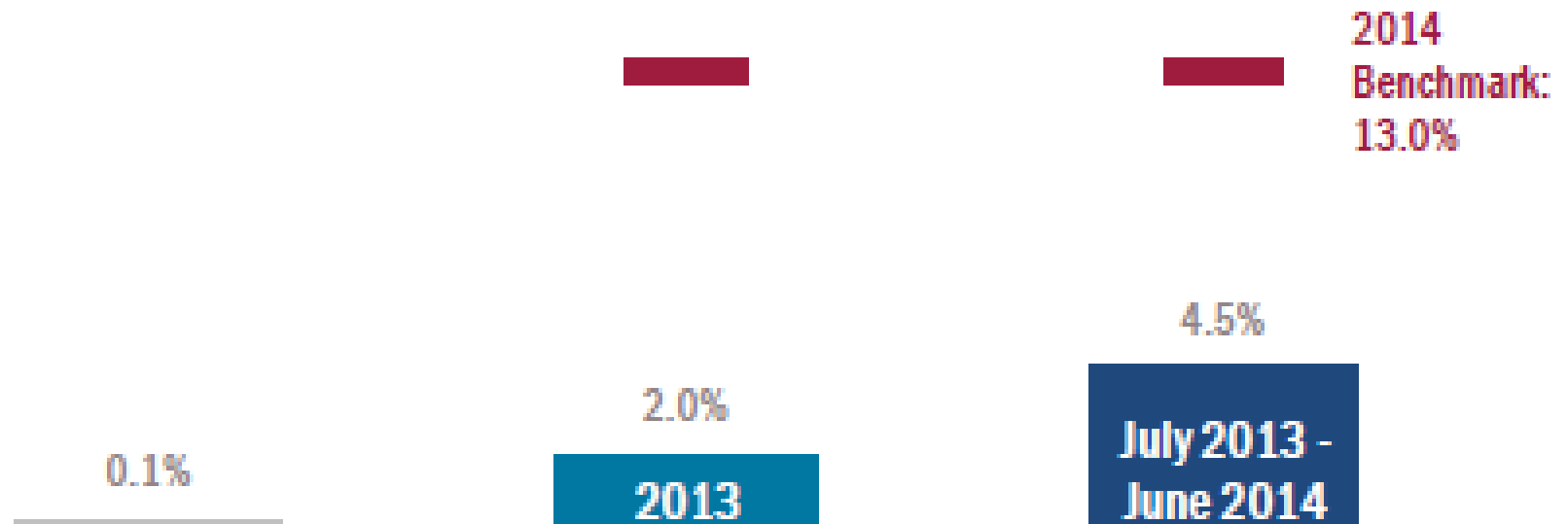
- Screening, brief intervention and referral to treatment (SBIRT) for substance use disorders (SUD)
- Follow-up after hospitalization for mental illness (seven day)
- Follow-up care for children prescribed ADHD medications
- Screening for clinical depression
- Mental health and physical health assessments for children in foster care
- Developmental screening in the first three years of age (early diagnosis of some behavioral issues)

Progress on SBIRT

Statewide, appropriate screening and intervention for alcohol or substance abuse has increased steadily each year.

Data source: Administrative (billing) claims

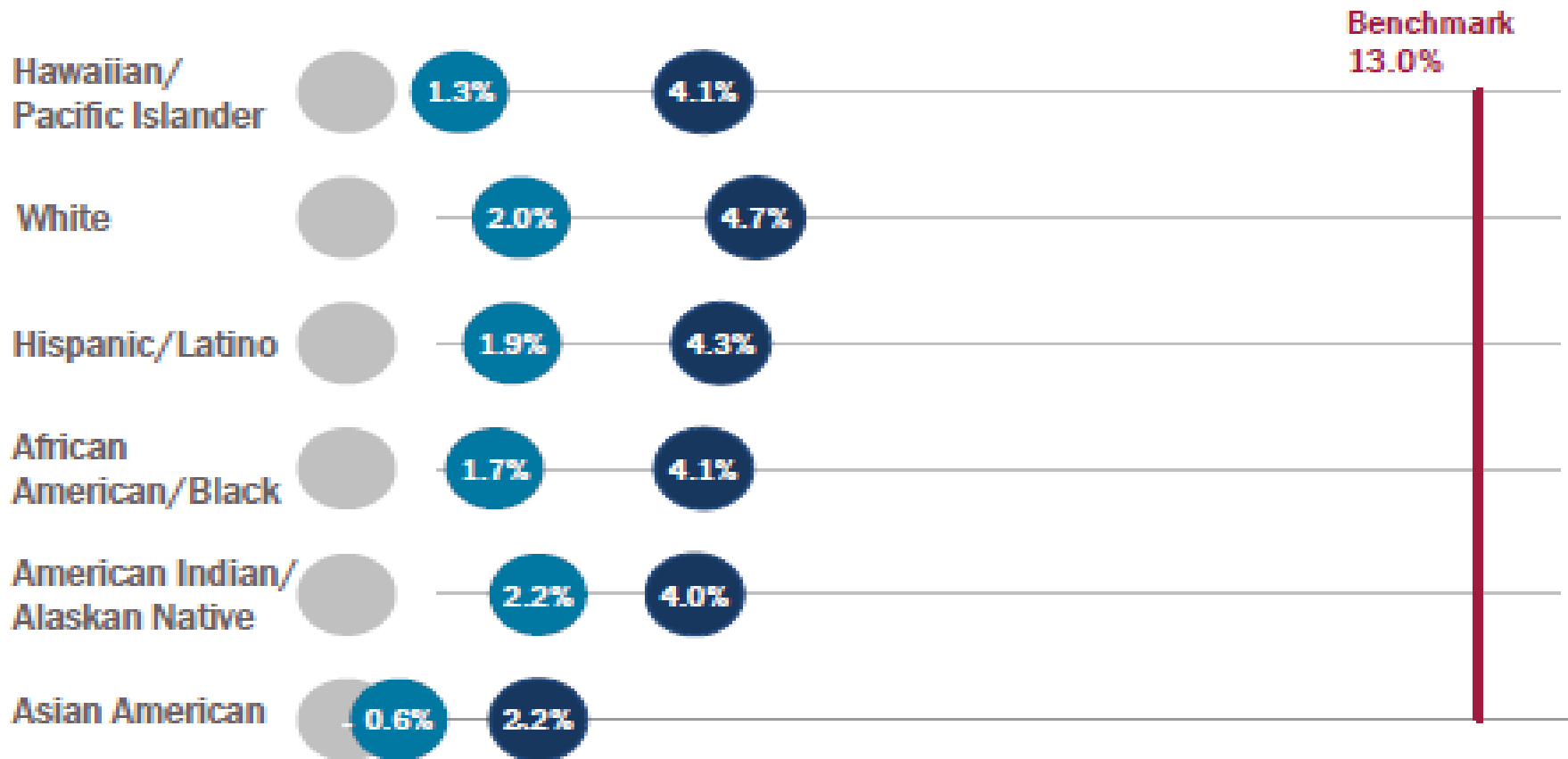
2014 benchmark source: Metrics and Scoring Committee consensus



SBIRT rates improved for all racial/ethnic groups between 2013 & June 2014.

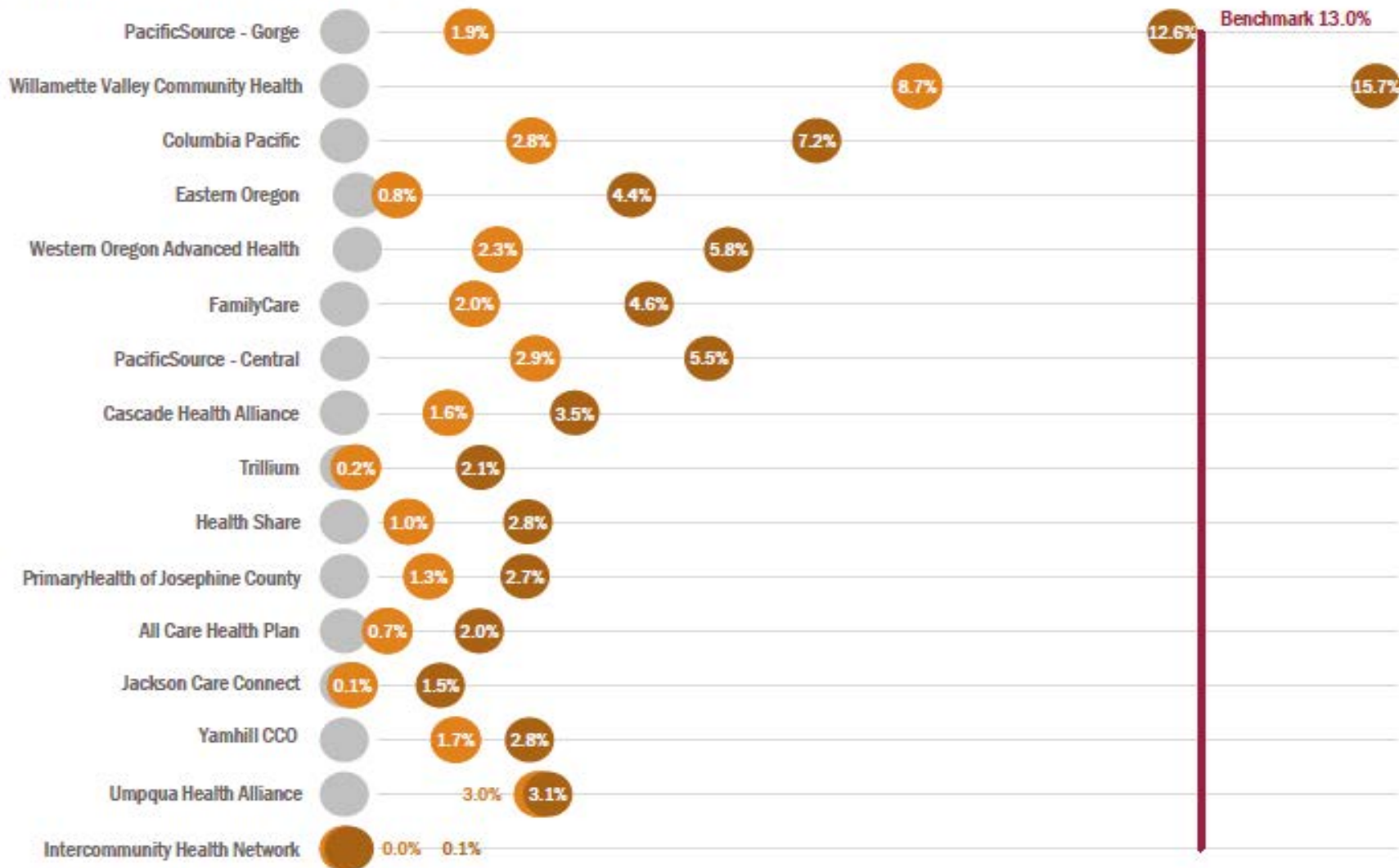
Gray dots represent 2011.

Data missing for 8.5% of respondents. Each race category excludes Hispanic/Latino.



CCOs continued to improve SBIRT between 2013 & June 2014.

Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



Behavioral Health Integration Environmental Scan Report February 2015

- Deborah Cohen, PhD
- Jennifer Hall, MPH
- Ruth Rowland, MA
- Jason Kroening-Roche, MD
- David Cameron



OREGON
HEALTH & SCIENCE
UNIVERSITY

Behavioral Health Home Project

CMS Adult Medicaid Quality Grant Opportunity

Year 1

- 5 FQHCs
- 2 Addiction Treatment Centers (one with clinic on site)
- 3 PCPCHs
- 9 on EHRs

Year 2

- 6 old sites
- 3 new sites

Behavioral Health Services

Chronic Condition	YES, N=10
Outpatient therapy	10
Client education (psycho-educational time spent promoting wellness)	9
Psychiatric services/ medication monitoring	8
Addictions services	5
Assertive Community Treatment (ACT)	4
Intensive Case Management (ICM)	4
Day treatment	2

Chronic Care Services

Chronic Condition	YES, N=10
Diabetes Mellitus (DM)	9
Hypertension	9
Heart Disease	9
Hyperlipidemia	8
Asthma	8
Chronic Obstructive Pulmonary Disease (COPD)	8
Congestive Heart Failure (CHF)	7
Coronary Artery Disease (CAD)	7
Respiratory Disease	7
Chronic Pain	6

Lessons Learned

- Practice Coaching has been the most effective intervention
- Leadership commitment is critical
- Cross-disciplinary teams need time to develop
- Patient engagement is improved
- SPMI population have complex, chronic conditions
- Behavioral health staff turnover is a problem
- Alternative payment methodology is needed
- Confidentiality rules are a barrier to communication, data collection and analysis

BUT...

- Health status of clients improves

Recommendations Going Forward

- Behavioral Health Information Sharing
- Behavioral Health Home Standards
- Reimbursement
- Integration Analytics
- Practice Coaching
- Telehealth strategies
- Trauma informed care
- Peer wellness specialists

Pam Martin, Ph.D., ABPP
Director
Addictions and Mental Health

pamela.a.martin@state.or.us

503-945-5879

Thank you!