Background

- 5% of U.S. Population = 49% of Health Care Spending
- 50% of U.S. Population = 3% of Health Care Spending
- Fee for Service Rewards High Volume of Patient Visits
- Capitation Manages Costs/Visits
- How to Reduce Costs and Improve Care and Outcomes

Background

- 17% of American adults have comorbid mental health and medical conditions
- Only 27% of community hospitals have an organized, inpatient psychiatric unit.
Background

- Undetected and Poorly Treated Behavioral Health Needs
  - Inappropriate ER Utilization
  - Increased Length of Stay
  - Increased Readmission
- Noncompliance with Clinical Regimes
- High Degree of Co-Morbidities with Key Physical Illnesses
- High Presumption of Psychotropic Prescriptions by PCP

Background

Readmissions

- Nearly 20% of all Medicare beneficiaries discharged from a hospital are readmitted within 30 days.
- In 2009, CMS estimated that the Medicare patients rehospitalized within 30 days of discharge cost Medicare approximately $12 billion.

Background

- Elderly population will increase from 12% to 20% by 2050
- Doubling of numbers and costs in functional impairments for > 65 population.
- Doubling of need for long-term services and support
Collaboration Between Hospitals and Behavioral Health Providers

Traditional Model

- Patient checks into hospital
- Patient is treated for medical condition at hospital
- Patient is discharged without any behavioral health treatment

Why is this model suboptimal?
- Lack of post-discharge support services
- Fragmentation of services
- Patient not being adequately treated for entire condition
- Higher costs because higher likelihood of readmission
Community Mental Health Center ("CMHC")

- CMHC is a mental health facility which the Indiana Division of Mental Health ("Division") has certified as fulfilling the statutory and regulatory requirements to be a CMHC.
- Each CMHC is responsible for providing or arranging for a "continuum of care" in its primary service area.

Continuum of Care

The Continuum of Care may include the following services:

- Wellness programs
- Engagement Services
- Outpatient and inpatient services
- Rehabilitative and habilitative services
- Residential care and supported housing
- Acute intensive services

Case Management

Community Mental Health Centers provide case management services that are:

- Goal oriented activities that assist consumers by locating, coordinating, and monitoring necessary care and services that are appropriate and accessible to the individual and family
- Based on the abilities, needs, resources, and desires of each consumer, as documented in the individualized plan
Barriers to Effective Care Transitions

- Investment in training of staff
- Availability of time
  - Hospitals overburdened already
- Reluctance of Hospitals to deal with mental health issues outside of emergency room
- Funding

Barriers to Effective Care Transitions

- Lack of communication among providers
  - Different formatting of electronic health records
  - Confidentiality issues with mental health records
- Deficiency of community resources
- Lack of support and buy-in from important decision-makers

Expectations for Physical-Behavioral Care Coordination

- Improved Outcomes
  - Physical Health
  - Mental health
- Reduced Readmissions
- Reduced Impact from segmented delivery system
- Effective pharmacotherapy
- Telemedicine
- Bundled payments
**Integrated Services Delivery**

- Three levels of Integration
  - Coordinated care
  - Co-located care
  - Integrated care

- Six Degrees of Collaboration


**Behavioral Health Continuum**

- Joint Commission Behavioral Health Home Accreditation
  - Integrating behavioral and physical healthcare
  - Coordination and integration model
  - 84 new requirements
  - Focus on primary care, person-centered, comprehensive and coordinated care

**Health Homes – A Proxy for the Future?**

- Population-based integrated care model
- Linkages from acute care to primary care to community mental health to social support
- Six care services across physical and behavioral health and social services at consumer level
- Use of IT for care coordination and remote services
Collaboration Between Hospitals and Long Term Care Facilities

Long Term Care Issues

- Avoiding rehospitalizations
- Avoiding poorly executed care transitions
- Preparing for transition out of hospital
- Preparing for reception into next setting
- Preparing for transition into hospital


Barriers to Effective Transitions

- Delivery system level
- Clinician level
- Patient level
- Funding
- Legal (myth and reality)

See, American Medical Directives Association, Transitions of Care in the Long Term Care Continuum Clinical Practice Guidelines; 2012.
Long Term Care Continuum

- Multiple levels of sites of care
- Communication and consistency of information and practices
- Medication changes
  - Hospital admission
  - Hospital discharge
- NF patients to hospital ED without essential information

Long-Term Care Continuum

- Nursing Home/Skilled Nursing Facility
- Assisted Living Community
- Senior Housing
- Adult Day Care
- Hospice
- Home Care/Home Health Care
- Long-Term Acute-Care Hospital
- Each governed by different regulations

Long Term Care Continuum

- Role of health information technology
- Categorizing patients’ risks for follow-up care
- Communication and expectations
- Role of evidence-based practices
- Medical records
Reimbursement Initiatives

Medicaid State Plan Authority

- The Indiana Medicaid State Plan provides for additional Medicaid payment adjustments.
- This amendment allows for payment of supplemental payments to nursing facilities owned or operated by non-state governmental entity.
- Payments designed to support focus on economy, efficiency and quality of care.

Affordable Care Act

- Supports Accountable Care Organizations and Patient-Centered Medical Homes
  - ACOs are groups of health care providers that enter into collaborative agreements to share responsibility to improve quality and control costs
- New incentives to facilitate patient transfers
- Use of bundled payment rates across acute and post-acute providers

“Standard” Legal Issues

- Type of integrated relationship and transaction
- Control of employees
- Policies and protocols
- Insurance coverage (general and professional)
- Training and discipline of personnel
Disclosure of Mental Health Records Without Patient’s Consent

To individuals who meet the following conditions:

- Are employed by:
  - The provider at the same facility or agency;
  - A managed care provider; or
  - A health care provider or mental health care provider, if the mental health records are needed to provide health care or mental health services to the patient.

Other disclosures permitted by statute

Court-Ordered Release

Absent patient consent or exception, must obtain court order under IC 16-39-3 et seq.

Procedure

- File petition requesting release
- 15 days notice of the request and scheduling of hearing must be given to provider, patient or guardian/legal representative/parent
- Patient has right to attorney at hearing
- Hearing conducted to preserve confidentiality
Conclusion

- Communication
- Coordination
- Comprehensive
- Commitment
- Care
- Compensation

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