Integration of Care for the Patient in Crisis:

Community Engagement, Re-Engagement & Effective Outpatient Treatment

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The Problem

• SMI patients have HIGH rates of Tx Discontinuation
  ▫ 30-45% don’t attend initial appointments
  ▫ < 50% receive continuous care for 12 months

Result?

• Symptom relapse, inpatient re-admission, homelessness, substance use, incarceration, unemployment

Origins

- Community Mental Health Centers Act (1963)
  - CMHC in every community
  - Decrease in Inpatient beds across U.S.
    - 400,000 in 1970 → now less than 50,000

- Managed Behavioral Health Care (1980s, 90s)
  - Budget cuts/Low reimbursement for MH services
  - Limited medication coverage

Result?
Reliance on ER “Safety Net”

IT'S GOOD TO SEE THE SAFETY NET STILL FUNCTIONING.
Policy Overview

• Mental Health Parity and Addiction Equity Act (1996, 2008)
  ▫ Equal financial requirements & treatment coverage for MH and Medical/Surgical benefits
  ▫ “Carve out” MH benefits

• Affordable Care Act (ACA, 2010)
  ▫ Expanded mental health and substance use disorder benefits & federal parity protections
  ▫ Additional 62 million Americans insured
Policy Overview

- ACA, Section 2703
  - Medicaid Health Home State Plan Option
      “Health Homes providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person.”
  - Chronic conditions (including MH and Substance Abuse)
  - State-designed, Federally funded

Alakeson V, Pande N, and Ludwig M: A plan to reduce emergency room ‘boarding’ of psychiatric patients. *Health Affairs* 29, no. 9 (2010): 1637-42
Economics 101

• (Mental) Healthcare DELIVERY Problem
  ▫ Supply Chain issue
    • Starting in ER → long wait for an inpatient bed
  ▫ Complex System
    • Variability in state, hospital, and insurance regulations
    • ER vs CMHCs: different Funding, Governance, Licensing

• SUPPLY & DEMAND
  ▫ Shrinking psychiatric resources
  ▫ Expanding patient population

American College of Emergency Physicians: Care of the Psychiatric Patient in the Emergency Department, A review of the literature. October 2014
Community Engagement

Shared Responsibility of SMI Patients

Patient Engagement

Team-based Treatment

Community Partnerships
Shared Responsibility

• Collaboration between ERs and CMHCs
  ▫ **Joint ownership of SMI patient needs**
    • CMH Liaison to ER
    • CMH staff on-call or in ER for treatment/disposition needs
    • ER communication with CMH (linked EHR?)
    • Timely follow up after discharge from ER/Inpatient unit

• Barriers
  ▫ Separate funding/licensing/governance
  ▫ No precedent

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Team-Based Treatment

- Psychiatry
- Social Work
- Nursing
- Case Manager
- Peer Support
- Patient advocates (family, community, NAMI)
- Primary Care

CMH ↔ Emergency Room
Community Partnerships

- Law Enforcement
  - Crisis Intervention Team (CIT)
  - Co-responder model

- Mental Health Advocacy Groups
- Corporations/Non-profit groups
- Regional and state government
- Academic medical centers
- Private hospitals

Alakeson V, Pande N, and Ludwig M: A plan to reduce emergency room ‘boarding’ of psychiatric patients. *Health Affairs* 29, no. 9 (2010): 1637-42
Comprehensive Community Mental Health Services

Center for Health Care Services
(San Antonio, TX)

Community Partners, Inc. (Tuscon, AZ)
One size does NOT fit all

- Nearly 50% of patients with SMI did not receive MH treatment in prior year

- How to engage? Or re-engage?
  
  RECOVERY:
  “a process of change through which individuals
  • improve their health and wellness,
  • live self-directed lives, and
  • strive to reach their full potential.”

4 DIMENSIONS

HEALTH

HOME

PURPOSE

COMMUNITY
Recovery-Oriented Treatment

- Strong therapeutic alliance
- Person-centered
  - Housing, Finances, Employment
- Shared decision making
- Patient empowerment & Autonomy
Engagement Strategies

- **Assertive Community Treatment (ACT)**
  - Homeless SMI population
  - Multidisciplinary team

- **Integrated Care**
  - Evidence-based best practice
  - MH services embedded in Primary Care

- **Telepsychiatry**
  - Improved access
  - Low cost
  - Concerns: Privacy, Patient safety, reimbursement?

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Disruptive Innovations

• Technology
  ▫ Mobile phone check-ins
  ▫ Online outreach (the new ACT?)
  ▫ Consolidating EHRs

• Peer-based services
  ▫ Medicaid reimburses
  ▫ WRAP (Wellness Action Recovery Plan)

• Culturally competent Care
  ▫ DSM-5 Cultural Formulation Interview (CFI)

In Conclusion

• Triple Aim for Mental Health Treatment
  ▫ Cost-effective care
  ▫ Improved quality of care
  ▫ Caring for the whole person