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Mental Health Commission Testimony
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*CPS Workers
Mental health
Training*

Best Practice Integrated Care

Network180 the CMH for Kent County has worked with our primary care providers over the past several years to coordinate care to improve health outcomes and reduce costs for the people we serve. In Kent County we have three integrated care projects. One with Cherry Street FQHCs, one with Spectrum called the Center for Integrated Medicine and one with Metro Health Center.

Data has now been produced locally to support national research that shows clearly- integrated care improves patient health outcomes and reduces costs. Two weeks ago Cherry Street Health Services presented their first year results of Duram clinic at the 2013 NACHC Community Health Institute and EXPO in Chicago. The integrated team approach produced a statistically significant improvement in blood pressure, anxiety, body mass index, depression, substance use, patient activation to manage their illness, and health status.

This study also closely tracked inpatient psychiatric unit utilization. There was a 41% reduction in psychiatric inpatient admissions and a 47% reduction in inpatient days as compared to the prior year for the team's 140 patients who had a serious psychiatric condition. The estimated savings for this project related to inpatient psychiatric services totaled \$167,920.

Our partnership with Spectrum Health Medical Group, the Center for Integrative Medicine has achieved similar results. This multispecialty clinic utilizes an integrated care approach that targets patients that are at high risk medically and are high utilizes of the ER. All too often people with mental illness don't fit into traditional services or can't access them due to symptoms related to their illness. One foundational value of this clinic is no patient can ever be "fired".

In one study produced by Dr. Corey Waller 30 patients were seen over a six month period. The overall costs of these 30 patients before being involved in the CIM were 1.1 million. After being admitted to the CIM project the total costs were reduced to \$129,000. We know integrated care works as this one project saved close to 1 million in expensive ER care.

Unfortunately a number of state reimbursement policies are stalling the spread of sustainable integration initiatives statewide and quite frankly are in the way.

One significant step forward would be to turn on the billing codes that allow for collocated staff to provide integrated care. This action is supported by both the MACMHBs and the Michigan Primary Care association. I have attached additional information to my testimony that I will leave with you tonight.

Best Practice Children: Kent School Services Network

Children are the future. In Grand Rapids the Kent School Services Network (KSSN) has received State and National attention as one way to realign community health and human services to support student achievement. In fact KSSN staff has been working with the Governor's staff and staff from MDCH related to Pathways to Potential, essentially the KSSN model. KSSN is based on blended/branded funding including CMH GF dollars. In Kent County the KSSN has grown to 23 schools in 7 school districts. The data collected clearly shows this model works. We must now develop and work toward state funding policies that support the implementation and expansion of KSSN statewide.

Best Practice: Kent County Prevention Coalition- Above the Influence- Kent County

The Kent County Prevention coalition received the Gold Standard Commendation from the White House Office of National Drug Control policy. Deputy Director Ben Tucker highlighted the excellent of the Kent County Prevention Coalition as the golden standard for underage substance abuse prevention. The key here is not the really cool project the KCPC has done. The key is that our system, the mental health system knows how to do prevention according to the institute of Medicine Framework. We have a statewide network of trained Prevention

Specialists. They are trained in models that utilized very specific strategies in different domains to achieve real measurable results.

As we move toward total health and prevention of obesity, diabetes etc. Let's not re-invent the wheel as we move into wellness.

Recommendations

In summary: A competent specialty health care system that is able to achieve better care, better health and lower costs should be able to effectively:

- 1. Offer a robust and effective prevention and wellness service system (adequate GF funding).**
- 2. Outreach to the identified population to be served followed by comprehensive screening (SBIRT billing codes).**
- 3. Preserve and build upon the safety net infrastructure to serve those with unhealthy life patterns and emerging illness with prevention and early intervention services (SBIRT billing codes).**
- 4. Provide for communicable disease screening/prevention, as well as health harm-reduction efforts.**
- 5. Maintain a full array of acute care services achieving parity at every level of need. For substance abuse this should be those specified by American Association of Addiction Medicine care guidelines.**
- 6. Offer post-acute treatment supports through "continuing care" levels of intervention (recovery management)**
- 7. Promote/facilitate the development of community-based partnerships able to reinvest savings to foster recovery and wellness supports and services (housing, employment, and education supports), as well as fostering a vibrant and healthy networked recovery community.**

Network180 has been fortunate to have the local autonomy and available general fund dollars along with a variety of community partners both public and private with funding for each of these best practices. While Medicaid funding is critical blending it with other community partners is difficult at best and typically prohibited. Creative innovation is typically dependent on the use of general fund or federal block grants. It's critical that as the Healthy Michigan Medicaid reform and expansion is rolled out that the precious general fund dollars are retained.

GF is the catalyst for achieving reform and critical to those we serve.

Thank you for the opportunity to present my opinions tonight and I hope you enjoy your time in this wonderful community.

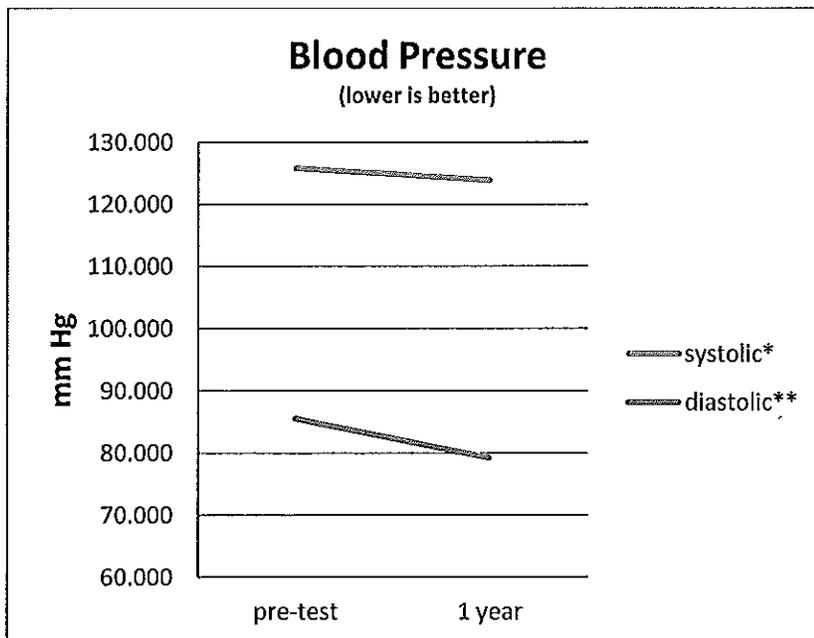
Health Outcomes

The following graphs show the health outcomes of consenting Durham Clinic patients who have provided one-year follow-up measures through June 2013. Below each graph is a description of the measure used and of the results of the statistical test of the significance of the difference in scores.

For most measures, the patients have been divided into two groups, those who were symptomatic or below the median score at the time of the pre-test, versus those who were not symptomatic or were above the median. This division separates those who had a health problem from those who were well. If the program were successful, those with a health problem would get better, and those who did not would stay well.

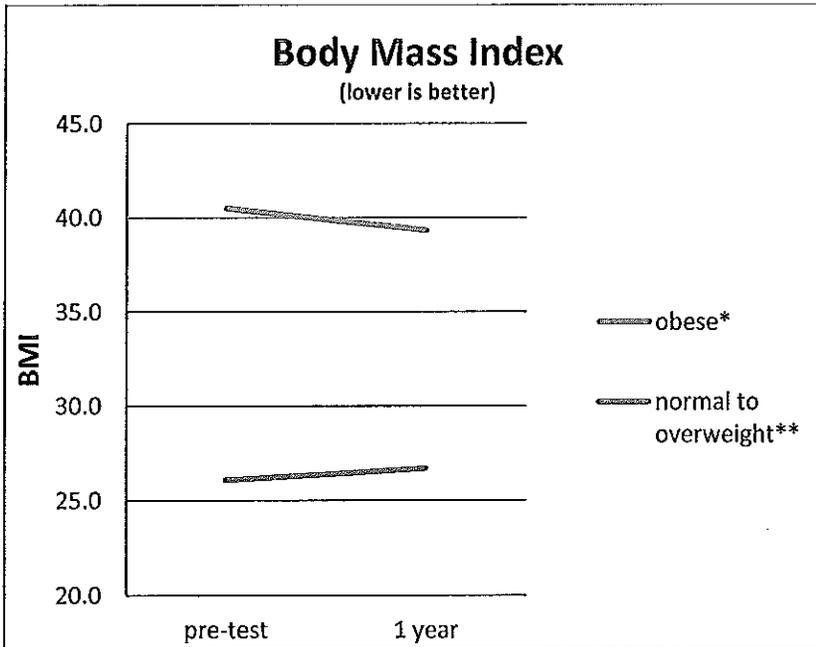
That is what we found. People who had symptoms of high blood pressure, obesity, depression, anxiety, and substance use showed statistically significant improvement. Those who did not have these problems stayed well. People who reported health status on the EQ5D that was below the median score for the group, reported improved health. Those above the median did not have a significant change, which means that their higher perceived health stayed that way. People who had low motivation improved while those who started with higher motivation remained motivated.

In the case of patient's report of health status, there was a statistically significant movement toward the mean for both those initially above and below the median.



* n = 64, t-test probability, two-tailed, matched pairs = 0.343, not significant

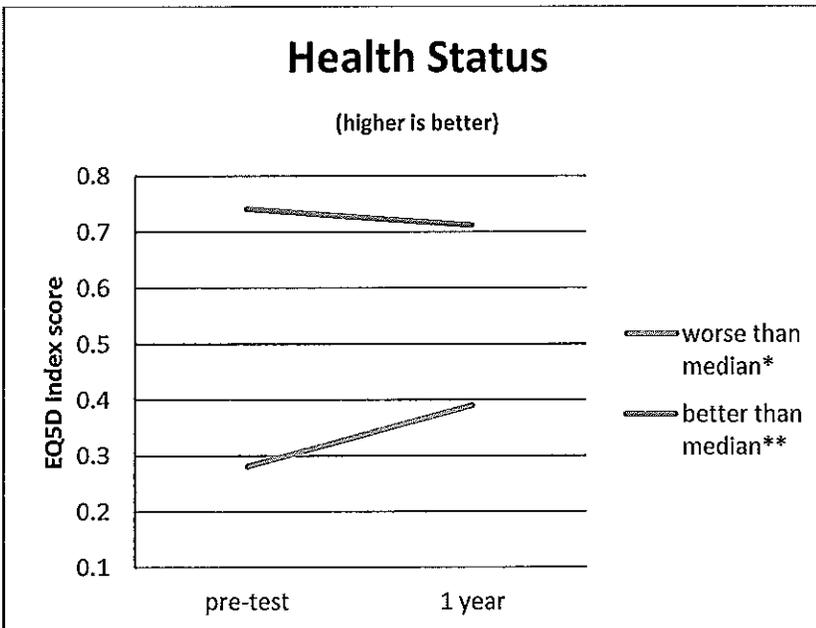
** n= 64, t-test probability < 0.001



Body Mass Index (BMI) A BMI of 30 or above is considered to be obese

* n = 41, t-test probability, two tailed, matched pairs = 0.027

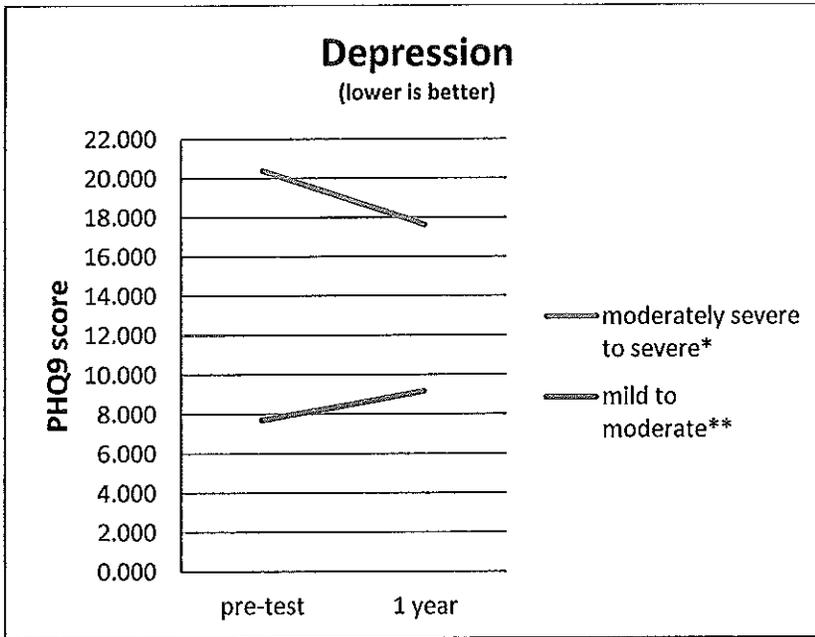
** n = 22, t-test probability = 0.188, not significant



Health Status was measured using the composite Index of the EQ-5D (EuroQol) standardized self-report

*n = 36, t-test probability two tailed, matched pairs < 0.001

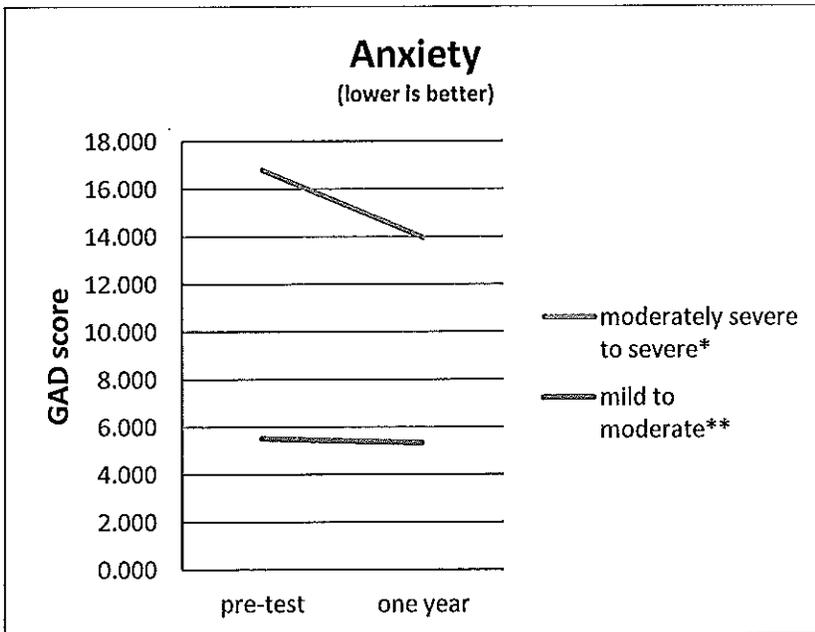
**n = 36, t-test probability = 0.355, not significant



Depression was measured using the PHQ-9 (Patient Health Questionnaire). A score of 15 or higher indicates moderately severe to severe depression.

*n = 45, t-test probability two tailed, matched pairs = 0.003

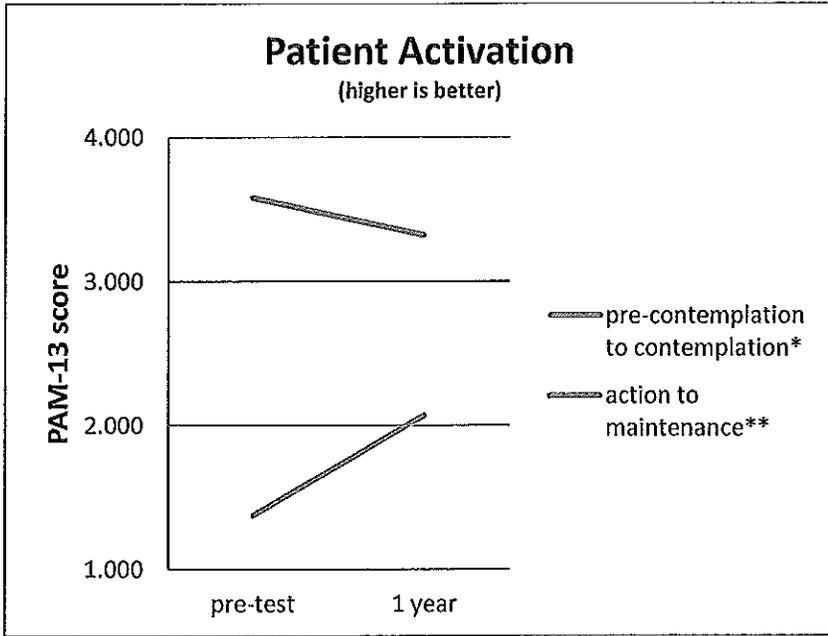
** n = 23, t-test probability = 0.283, not significant



Anxiety was measured using the GAD-7 (General Anxiety Disorder). A score of 11 or higher indicates moderately severe to severe anxiety.

*n = 45, t-test probability two tailed, matched pairs = 0.001

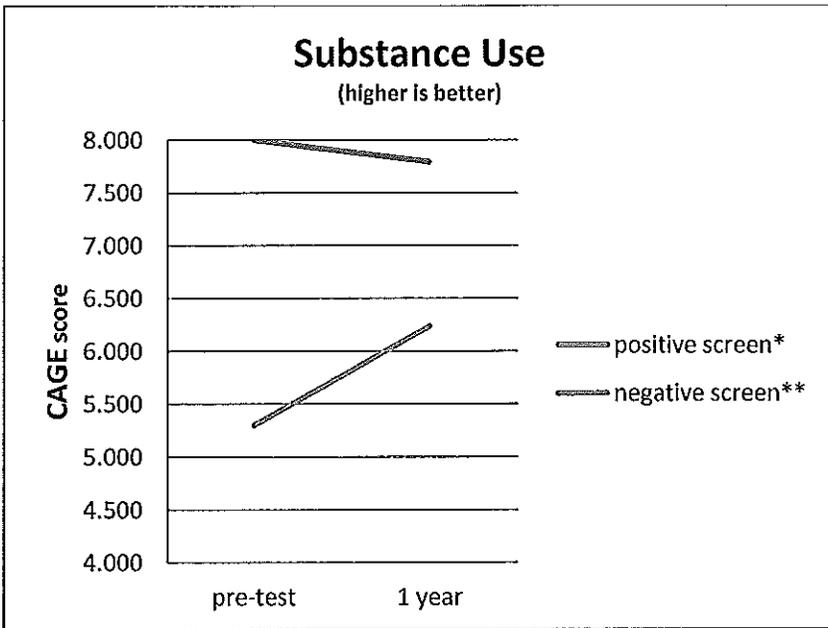
**n = 24, t-test probability = 0.866, not significant



Patient Activation was measured using the PAM-13 (Patient Activation Measure). A score of 1 indicates pre-contemplation, 2 contemplation, 3 action, and 4 maintenance stage of change.

*n = 43, t-test probability two tailed, matched pairs < 0.001

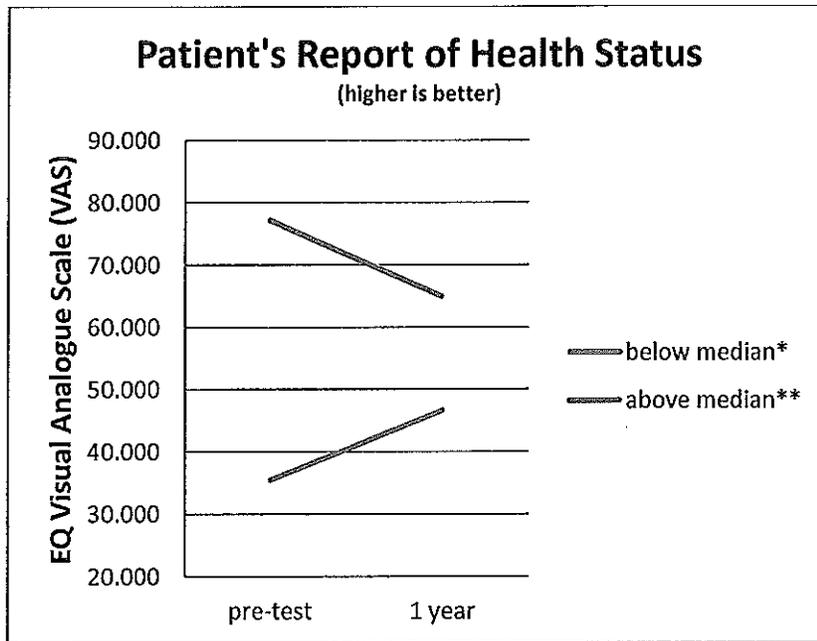
**n = 31, t-test probability = 0.133, not significant



Substance Use was measured using the CAGE (Cut-down, Annoyed, Guilty, Eye-opener). A 'yes' answer to any one of the four questions is considered to be a positive screen.

*n = 30, t-test probability two tailed, matched pairs < 0.001

**n = 29, t-test probability = 0.161, not significant



Patient's Report of Health Status was measured using the EQ VAS (EuroQol Visual Analogue Scale) which is a scale of 1 to 100 on which the patient marks their health in relation to the best and worst health status they can imagine.

*n = 37, t-test probability two tailed, matched pairs = 0.002

**n = 35, t-test probability < 0.001

SAMHSA-HRSA Center for Integrated Health Solutions

Making Integrated Care Work

Financing Integrated Healthcare in Michigan

As of: September 2010

CPT Code	Diagnostic Codes	Federally Qualified Health Centers (FQHC)							
		Comm. Ins		Medicare		Michigan Medicaid			
		Paid?	Credentials	Paid?	Credentials	Paid?	Code	Credentials	Comments
E & M Codes 99201-99205 New Pt 99211-99215 Est. Pt	May be used only with physical health diagnosis	Yes	MD, PA, ANP	Yes	MD, PA, ANP	Yes		MD,PA,ANP	
		Yes		Yes		Yes			
Health and Behavior (HABI) 96150 Assessment 96151 Reassessment 96152 Individual Int. 96153 Group Int. 96154 Family + Patient 96155 Family w/o Pt	Services are secondary to a physical health diagnosis	Yes	Often PhD Psychologist only. May vary for plan. Consult commercial plan for more information	Yes	Non-physician mental health practitioners	No			<u>Need advocacy within the state to allow these codes for Medicaid</u>
		Yes		Yes		No			
		Yes		Yes		No			
		Yes		Psychologist only at this time; excludes CSW	No				
		Yes			No				
		Yes			No				
Telemedicine 90801- Assess/ Psych.Eval 90804 -09 90862 Med Mgmt 99201 – 99205 New Pt 99211 -99215 Est. Pt. 99241-99245 99251 -99255 F-U Inpt Consul - limited F-U Inpt Consul -- Intermediate F-U Inpt - Complex Initial 30 min Initial 50 min Initial 70 min				Yes	-Physician -Nurse Practitioner -Physician Assistant -Clinical Nurse Specialist -Clinical psychologist* -Clinical social worker* *Cannot bill for psychotherapy services that include medical evaluation and management services under Medicare. May not bill or receive payment for:	Yes	Requires GT Modifier	Physicians ANP Nurse Midwife PA Psychologist Social Worker	Sites must be 50 miles apart
				Yes		Yes			
				Yes		Yes			
				Yes		Yes			
				No ¹		Yes			
				No		Yes			
				Yes		Yes			
				Yes		G0406			
				Yes		G0407			
				Yes		G0408			
				Yes		G0425			
				Yes		G0426			
				Yes		G0427			

¹ Medicare Manual Update, Publication 100-04 notes that CPT 99241-99245 has been discontinued effective 1/1/10. These codes are to be replaced by CPT 99201-99215. Likewise, CPT 99251-99255 has been replaced by G0425-G0427.

	Facility Fee				Yes	90805, 90807, and 90809.	Yes	Q3014		
Substance Abuse Codes	90804 – 90815				Yes	Physicians and non-physicians such as clinical social worker, & clinical psychologists licensed by the state	Yes			
	90847,90853, 90857				Yes		Yes			
	AOD Assess		No		Yes		Yes	H0001		
	BH Screening		No		Yes		Yes	H0002		
	BH Counseling		No		Yes		Yes	H0004		
	AOD Group		No		Yes		Yes	H0005		
	IOP Services		No				Yes	H0015		
Mental Health	90801 -90815	Used with BH Diagnosis Codes			Yes	Physicians and non-physicians, such as clinical social workers & clinical psychologists licensed by the state	Yes			Prior Auth Required
	90847, 90853, 90857,90772, 90862,90865, 90887, 96101				Yes		Yes			
	BH Coun&Ther				Yes		Yes	H0004		
	MH Assess				Yes		Yes	H0031	Non physician	
	Crisis Stab.				No		Yes	HH2011		
	Case Management		No		No		No			
Are two services in one day reimburseable?							Yes			

CPT Code	Diagnostic Codes	Community Mental Health Centers (CMHC)							
		Comm. Ins		Medicare		Michigan Medicaid			
		Paid?	Credentials	Paid?	Credentials	Paid?	Code	Credentials	Comments
E & M Codes 99201-99205 New Pt 99211-99215 Est. Pt	Used only with physical health diagnosis								
Health and Behavior (HABI) 96150 Assessment 96151 Reassessment 96152 Individual Int. 96153 Group Int. 96154 Family + Patient 96155 Family w/o pt.	Services are secondary to a physical health diagnosis	No	Often PhD Psychologist only. May vary for plan. Consult commercial plan for more information	No	Non-physician mental health practitioners Psychologist only at this time; excludes CSW	No			If turned on within the state, these could be billable for a CMHC partnered with an FQHC; with the FQHC billing for the service
Telemedicine 90801- Assess/ Psych.Eval 90804 -09 90862 Med Mgmt 99201 -- 99205 New Pt 99211 -99215 Est. Pt. 99241-99245 99251 -99255 F-U Inpt Consul - llimited F-U Inpt Consul - Intermediate F-U Inpt - Complex Initial 30 min Initial 50 min Initial 70 min Facility Fee				Yes	-Physician -Nurse Practitioner -Physician Assistant -Clinical Nurse Specialist -Clinical psychologist* -Clinical social worker* *Cannot bill for psychotherapy services that include medical evaluation and management services under Medicare. May not bill or receive payment for: 90805, 90807, and 90809. Note: When a CMHC serves as an originating site, the originating site facility fee does not count toward the number of services used to determine payment for partial hospitalization services.	Yes Yes NO Yes Yes Yes Yes Yes Yes Yes Yes	Requires GT Modifier G0406 G0407 G0408 G0425 G0426 G0427 Q3014	Physicians ANP Nurse Midwife PA Psychologist Social Worker	Sites must be 50 miles apart
Su 90804 -- 90815				Yes	Physicians and non-	Yes			If licensed for SA Treatment and

	90847,90853, 90857				Yes	physicians, such as clinical social workers, & clinical psychologists licensed by the state	Yes			under contract with the Coordinating Agency
	AOD Assess				Yes			H0001		
	BH Screening				Yes			H0002		
	BH Counseling				Yes			H0004		
	AOD Group				Yes			H0005		
	IOP Services				No			H0015		
Mental Health	90801 -90819				Yes	Physicians, CSW's, clinical nurse practitioners, clinical nurse specialists, and psychologists licensed by States				
	90821 -90824				Yes					
	90826 -90829				Yes					
	98045,90847, 90853,90857, 90865,96101				Yes					
Case Mgmt							Yes	T1017		

CMH Center Unique Billing Codes for Specialty Services:



Improving our community by reducing the harmful use of alcohol, tobacco, and other drugs



WHAT IS ABOVE THE INFLUENCE

Above the Influence (ATI) is a national campaign created and implemented by the National Youth Anti-Drug Media Campaign, a program of the Office of National Drug Control Policy.

ATI informs and inspires teens to reject illicit drugs via TV, print, Internet, and local radio advertising – and, most importantly, in partnership with schools, community organizations, and faith communities. *Above the influence* is about:

- Peer to Peer learning and empowerment
- Positive lifestyle choices
- Creating healthy youth decision-making tools
- Community mobilization via youth

ULTIMATE GOAL

Every teen's life is filled with pressure, some of it good, some of it bad. Our goal is to help teens stand up to negative pressures and influences. We want teens to live *Above the Influence*. The more aware they are of the influences around them, the better prepared they will be to stand up to them, including the pressure to use drugs and alcohol.

ATI is not about telling teens how to live their lives, but rather giving them another perspective and the latest facts so they can make smart decisions.

SINGLE MOST IMPORTANT THING

This evidence based "hands on" approach to social marketing focuses on a community of teens, for teens; being an individual, not a follower; standing up to negative influences; and knowing the facts about drugs and alcohol. ATI will (1) allow teens to more clearly see and discover the positive influences and experiences around them; and (2) become independently aware of what influences are worth pursuing and which others lead to a dead end.

This method of skill building opens up opportunities for teens to explore new passions and interests and share them with each other. After all, the one influence we can count on having an impact on teens, one way or another, is each other!

