

Leveraging Partnerships to Create a Sustainable Integrated Health Program

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Financial Sustainability Work Group Organizations

- Trilogy Behavioral Health
- Thresholds
- Turning Point
- Heartland Health Centers



Trilogy Behavioral Healthcare

- 10 locations across the city
- Serves 2,500 clients annually
- Has transitioned 400 “Class” members into the community
- 75% of Trilogy clients are part of intensive outreach
- More than 1/3rd of the clients receive care at the Trilogy-Heartland Integrated Health Home

Integration vs. Fragmentation

- Many people, including those with mental illness, can benefit from treatment in integrated systems
- Much of the current health care system is fragmented, and not integrated



Workforce Issues in Integrated Care

- Integrated care requires good interprofessional communication & collaboration skills
- Most health professionals are educated in silos



Partner Organizations at Trilogy-Heartland Integrated Health



TRILOGY
BEHAVIORAL HEALTHCARE

HEARTLAND
HEALTH CENTERS
HEALTHCARE FROM THE HEART



Benefits of Partnerships

- Clients benefit from well-coordinated evidence-based care in integrated systems
- Community behavioral health organizations (CBHOs) need primary care to serve people with medical and substance use problems as well as psychiatric illness
- Federally-qualified health centers (FQHCs) need outreach and social services to serve this population
- Both need professionals prepared to work inter-professionally
- Academic programs need clinical placement for students which support entry into the workforce

Building Viable Partnerships

- Shared vision and values are vital
- Shared treatment frameworks as well as leadership styles are valuable
- Academic practice partnerships may offer financial as well as clinical and research benefits

Factors Contributing to Gaps in Care

- Acuity of psychiatric, medical, and substance use disorders often requires skilled home health care, that is only minimally available for people with Medicaid
- Nursing and occupational therapy are integral to this model, and these services are not reimbursed in a way which allows for sustainability
- Coordination with acute inpatient services lags
- Difference in psychiatric assessment between integrated health clinic and emergency departments

Heartland Health Centers

- We are a federally qualified health center (FQHC)
- 15 locations on the north side, serving 25,000 patients primary, behavioral and oral health care
- Includes 3 “integrated/co-located” health centers. Active partners with Trilogy, Thresholds and C-4. Plans are underway for a partner site with Turning Point
- Partnership with Trilogy started in 2010 with SAMSHA grant
- Currently 40 % of Trilogy participants receive their primary care and psychiatry at the Integrated site
- Outcomes have been promising

Getting the Partnership Started

- ❖ Improved patient/client outcomes must be the motivation and shared goal
- ❖ Both organizations must be on “solid footing” financially
- ❖ Must be embraced at all levels of each organization

Partnership Financial Considerations

- External support, grants and/or rent concessions are needed for first 6 to 12 months of operations
- Understanding of points of “ownership” and “shared responsibility” must be clear
- EMR access and interface costs are important to address up front
- Student and resident training needs to be understood and discussed (space, EMR, time)
- The various governmental rules of each organization and any grant funding requirements need to be understood

Financial “Issues”

- FQHCs are currently paid on an encounter rate. Medicaid is higher rate than Medicare
- MCO Plan “benefits” may look different from a behavioral health provider’s view
- Psychiatry is expensive- employed vs sub-contract; nurse practitioners and physician assistants have some cost-advantages
- Financing the health center build-out and equipment without a grant or similar source is problematic
- FQHC and possibly in-house pharmacy pay rent to behavioral health organization
- Federal 340 b pharmacy program has a major impact on cash-flow. Over time 340b program may help support non-billable services.

Opportunities and Rewards

- Empowering individuals to participate in their health status
- Demonstrating improved health and health outcomes (significant data-base of 2,000+)

Proposed Next Phase-Sustainability

- Longitudinal look at start-up costs (on both sides) and financial sustainability of 3 models of partnership (Trilogy, Thresholds, Turning Point)
- Demonstrating improved health and health outcomes across spectrum (community, primary care and hospital)
- Evaluating true costs of managing Williams and Colbert “Class members” in primary care