



# Don Wright, MD, MPH

## Deputy Assistant Secretary for Disease Prevention and Health Promotion





# ***Who's Leading the Leading Health Indicators?***

## **Leading Health Indicators are:**

- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
- Linked to specific Healthy People objectives
- Intended to motivate action to improve the health of the entire population





# ***Who's Leading the Leading Health Indicators?***

## Featured Speakers:

- **Karen B. DeSalvo, MD, MPH, MSc**

*Acting Assistant Secretary for Health, U.S. Department of Health and Human Services*

- **Megan Miller, MSW**

*Director, Health Transformation, Association of State Territorial and Health Officials*

- **Christina Fluet, MPH**

*Director, Planning and Policy Development, Division of Child and Adolescent Services, Massachusetts Department of Mental Health*

## Panelists:

*Clare Wrobel, Centers for Medicare and Medicaid Services*

*Heather Strother, Massachusetts Department of Mental Health*

# Karen B. DeSalvo, MD, MPH, MSc Acting Assistant Secretary for Health





# Mental Health

- Mental health is essential to an individual's well-being, interpersonal relationships, and ability to live a full and productive life.
- People with untreated mental health disorders are at high risk for:
  - Alcohol or drug abuse
  - School failure
  - Violence or self-destructive behavior
  - Suicide
- Mental disorders and medical comorbidity



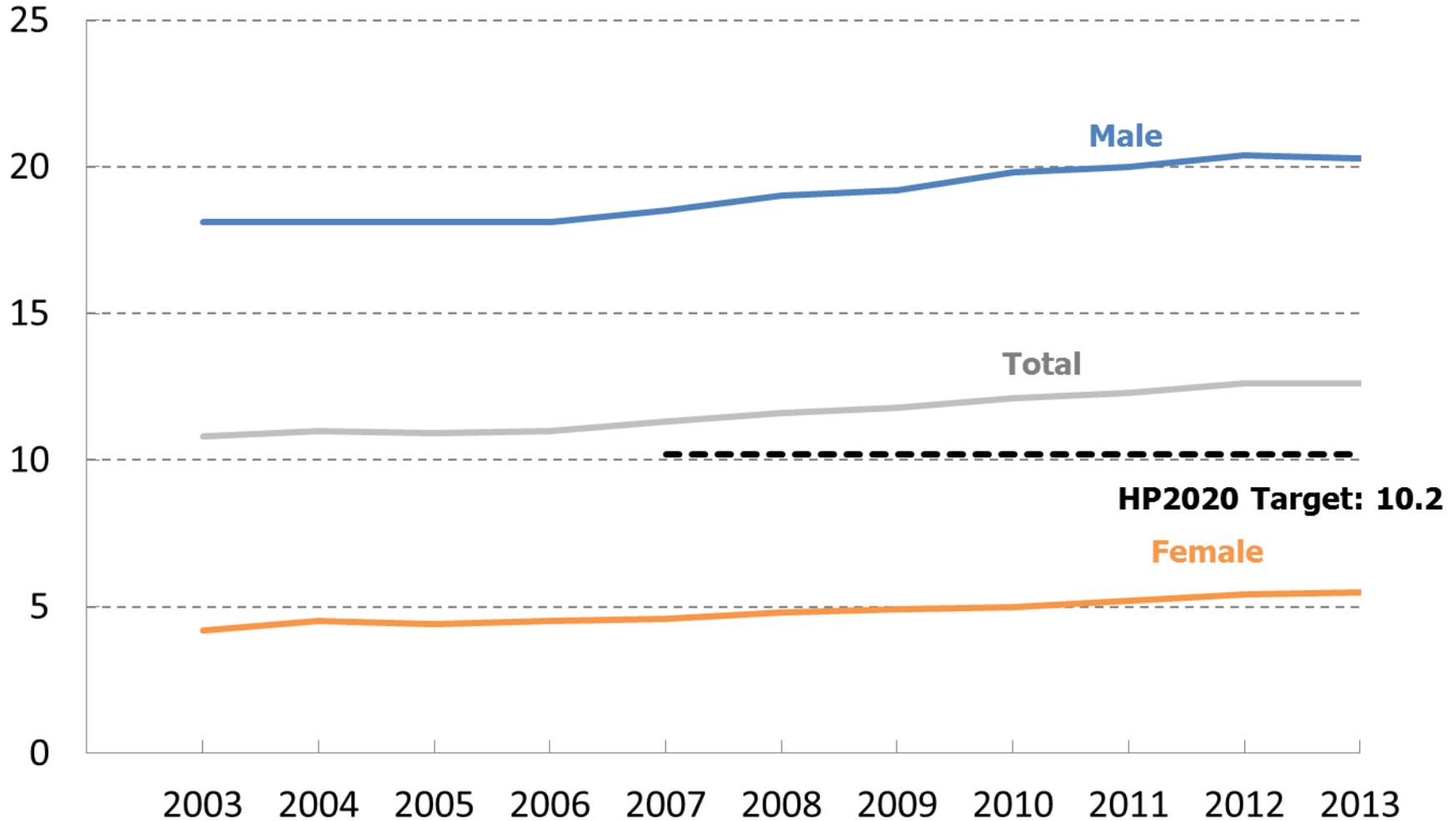
# Mental Health Leading Health Indicators

- Suicides
- Adolescents who experience major depressive episode



# Suicide by Sex, 2003–2013

Rate per 100,000  
(age-adjusted)

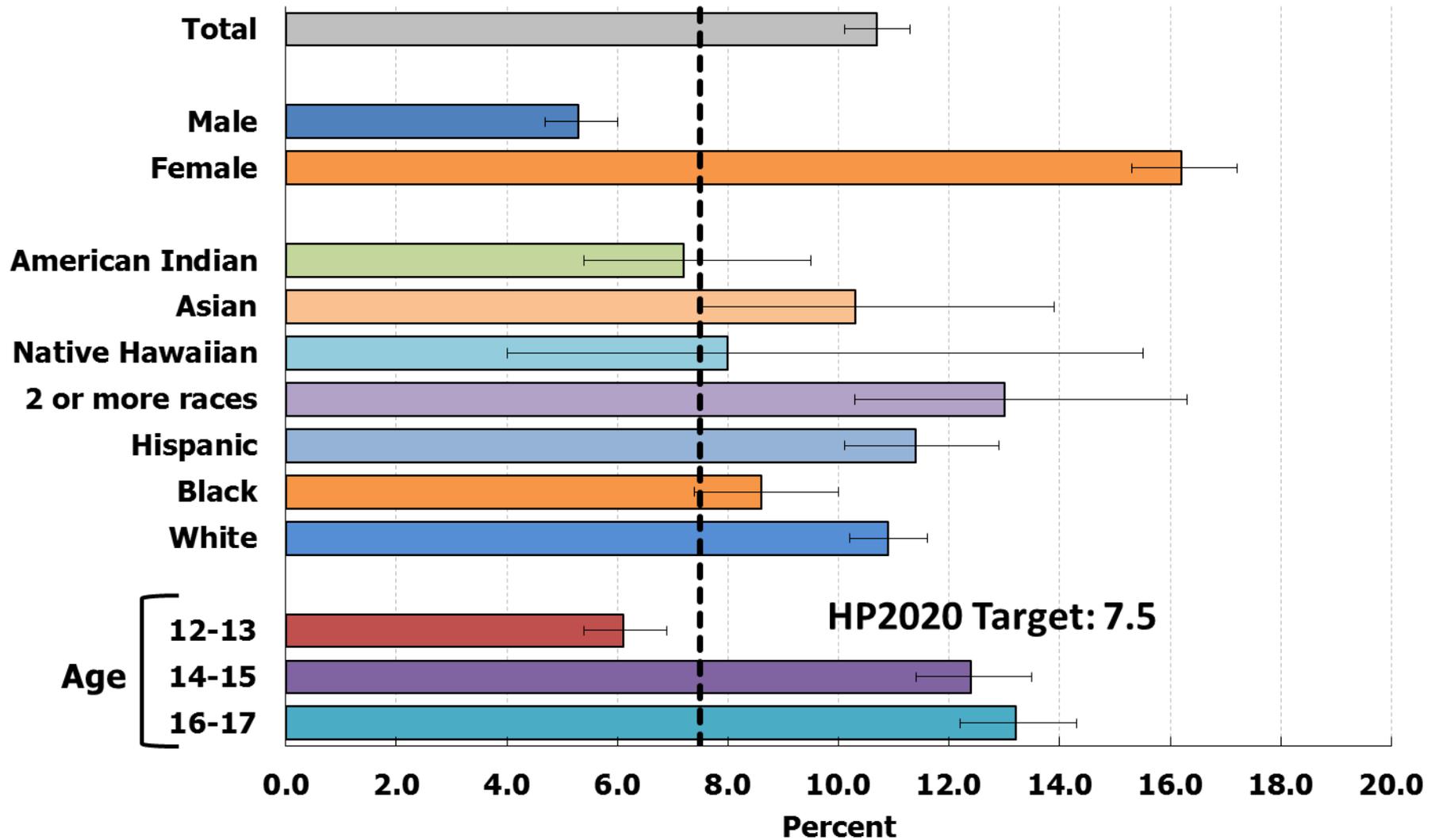


NOTE: Data are for ICD-10 codes \*U03, X60-X84, Y87.0 reported as underlying cause of death. Data are age adjusted to the 2000 standard population.

SOURCE: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Population Estimates, Census.

**Obj. MHMD-1**

# Major Depressive Episode (MDE) among Adolescents, 2013



NOTE: Data are for adolescents aged 12-17 years who reported having a Major Depressive Episode (MDE) in the past 12 months. American Indian includes Alaska Native. Native Hawaiian includes other Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.

SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA.

**Obj. MHMD-4.1**



# Mental Health – Children and Adolescents

- Mental health is a critical issue for children and adolescents.
- In the U.S., approximately 1 in 5 adolescents suffers with severe impairment and/or distress due to a mental health disorder.
- Among high school students nationwide:
  - 17% have seriously considered suicide
  - 3% made a serious attempt to take their own life

# ***Capacity Building Support for State Innovation Models (SIM) Grantees***

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Megan Miller  
Director, Health Transformation  
Association of State and Territorial Health Officials  
March 19, 2015



# Who is ASTHO?

- ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia.
- ASTHO's members are the chief health officials of these jurisdictions.
- ASTHO's members are dedicated to formulating, influencing and implementing sound public health policy, and to assuring excellence in state-based public health practice.

# ASTHO Health Systems Transformation

- CDC Cooperative Agreement
  - Provide technical assistance (TA) and capacity building support to all states doing health transformation work.
- Key elements:
  - Payment & Delivery Reform TA Survey
  - TA Call Series
  - ASTHO State Innovation Models (SIM) Wikispace
  - On-site and peer-to-peer site visits
  - Fact sheets, issue brief, infographic

# Health System Transformation

- Transformation of the current healthcare system is critical in order to address the inefficiencies of the current system and the associated costs.
- CMS State Innovation Models (SIM) Initiative
  - FOCUS: to test innovative payment and service delivery models that have the potential to lower costs while maintaining or improving quality of care for program beneficiaries.
    - Round 1: 25 states, nearly \$300 million (design, pre-testing, testing)
    - Round 2: 32 grantees (28 states, 3 territories, & DC), over \$660 million (design & testing)

# SIM and Behavioral Health

- Several State Health Care Innovation Plans (Round 1 Design) and Round 2 SIM proposals include strategies for improving behavioral health systems as a key component.
- By integrating behavioral health services into the broader healthcare system, states can ensure that mental, addictive, and physical conditions are treated similarly.

# SIM and Behavioral Health

- Provider support
- Use of best practices
- Innovative community based approaches
- Development/utilization of indicators of cost-effective and high-quality treatment
- Targeted population health initiatives for prevention and early intervention of mental health problems
- Integration of substance abuse and mental health within public health and primary care
- Expanding access to behavioral health services
- Increased use of telehealth for behavioral health services

# Minnesota – Round One Testing

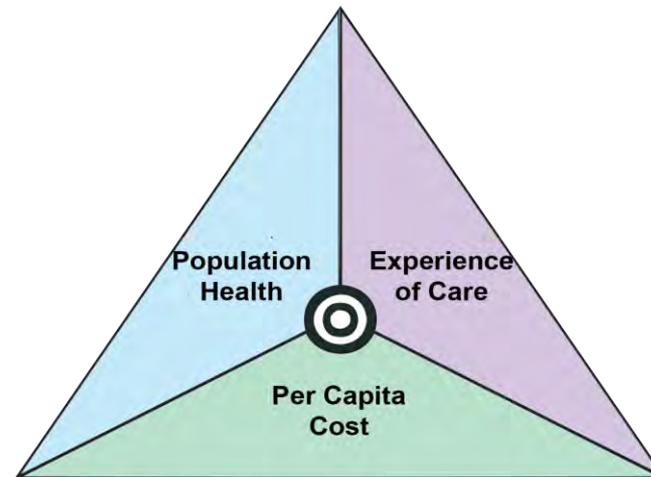
- Accountable Health Model Framework
  - Expands patient-centered, team-based care through service delivery and payment models.
  - Supports providers to fully integrate medical care, behavioral health, long-term care and community prevention services into their Accountable Care Organizations (ACOs).
- 15 Accountable Communities of Health (ACH) were established to test strategies.
  - Community Care Teams within the ACHs have been successfully building models for integrated services between healthcare, public health, community partners, behavioral health, and social services.

# New York – Round Two Testing

- Adopting a tiered Advanced Primary Care (APC) model with a systematic focus on prevention and coordinated behavioral healthcare.
  - Goal: 80% of the population receiving care within an APC setting.
- Behavioral health integration will be supported and promoted through statewide rollout of the Collaborative Care approach in enhanced APC practices.

# Lessons Learned

- While behavioral health has often been excluded from traditional primary care practice, through the SIM initiative and other state-level payment and delivery reform initiatives, states are working to better coordinate services to transform the healthcare delivery system in order to achieve the Triple Aim.



IHI Triple Aim

# Questions?

## **ASTHO Resources:**

<http://www.astho.org/Programs/Health-Systems-Transformation>

<http://astho-sim.wikispaces.com>

## **Contact Information:**

Megan Miller

Director, Health Transformation

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Massachusetts Child Psychiatry Access Project



Connecting Primary Care with Child Psychiatry

# Massachusetts Child Psychiatry Access Project

A program of the MA Department of Mental Health

***Who's Leading the Leading Health Indicators?  
Webinar: Mental Health  
Healthy People 2020***

***Christina Fluet, MPH  
Heather Strother, MPH***

***March 19, 2015***

# Children's Behavioral Health in Massachusetts

- 5.5% of MA youth attempted suicide in 2013<sup>1</sup>
- 8.6% of MA adolescents had one major depressive episode in 2012 or 2013<sup>2</sup>
- In 2002, a survey of Massachusetts parents found<sup>3</sup>:
  - 33 percent of children waited more than a year for an appointment with behavioral health provider
  - 50 percent were never asked about child's behavioral health by pediatrician
- Rosie D. lawsuit
  - Class action lawsuit filed on behalf of MassHealth children with serious emotional disturbances; key issue was lack of access to community based mental health services

<sup>1</sup>CDC Youth Risk Behavior Survey 2013; <sup>2</sup>SAMHSA, National Survey on Drug Use and Health, 2012 and 2013; <sup>3</sup>Parent/Professional Advocacy League survey, 2002

# Access to Children's Behavioral Health Services: The Issues

- Increasing prevalence of behavioral health problems in children<sup>1</sup>
- Severe shortage of child psychiatrists: 21 per 100,000 children in MA; 3.1 per 100,000 in AK<sup>2</sup>
- Limited training of pediatric PCPs in diagnosing and treating pediatric behavioral health conditions
- Belief that mental health professionals, especially child psychiatrists, are only providers suitable to treat children with behavioral health conditions

<sup>1</sup>Kelleher et al, 2000;<sup>2</sup>Thomas, CR & Holzer, CE, 2006

# MCPAP Overview

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- MCPAP is a statewide system of child psychiatry consultation teams designed to help pediatricians and family physicians meet the needs of children with behavioral health challenges.
- Funded by the MA Department of Mental Health
- Administered by Massachusetts Behavioral Health Partnership
- Providers can use MCPAP for all patients regardless of their insurance status
- Established as statewide program in 2004 after a pilot in Central Massachusetts

# MCPAP Goals

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- Increase pediatric PCP's knowledge, skills, and confidence to manage children in primary care with mild to moderate behavioral health needs (e.g., ADHD, depression, anxiety)
- Mitigate the shortage of child psychiatrists by promoting the rational utilization of psychiatrists for the most complex and high-risk children (e.g., children whose conditions require treatment with complex or multiple psychiatric medications)
- Advance the integration of children's behavioral health and pediatric primary care

# MCPAP Infrastructure & Staffing

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Six Regional Hubs located at academic medical centers:

- Western MA: Baystate Medical Center
- Central MA: UMass Memorial Medical Center
- Northeast: North Shore Medical Center
- Southeast: McLean Hospital Southeast
- Boston Metro Region I: Massachusetts General Hospital
- Boston Metro Region II: Tufts Medical Center/Boston Children's Hospital

Team Staff at each Regional Hub:

- 1 FTE child psychiatry
- 1 FTE licensed therapist (LICSW, LMHC)
- 1 FTE care coordinator
- Program Administrator

MCPAP Central Staff:

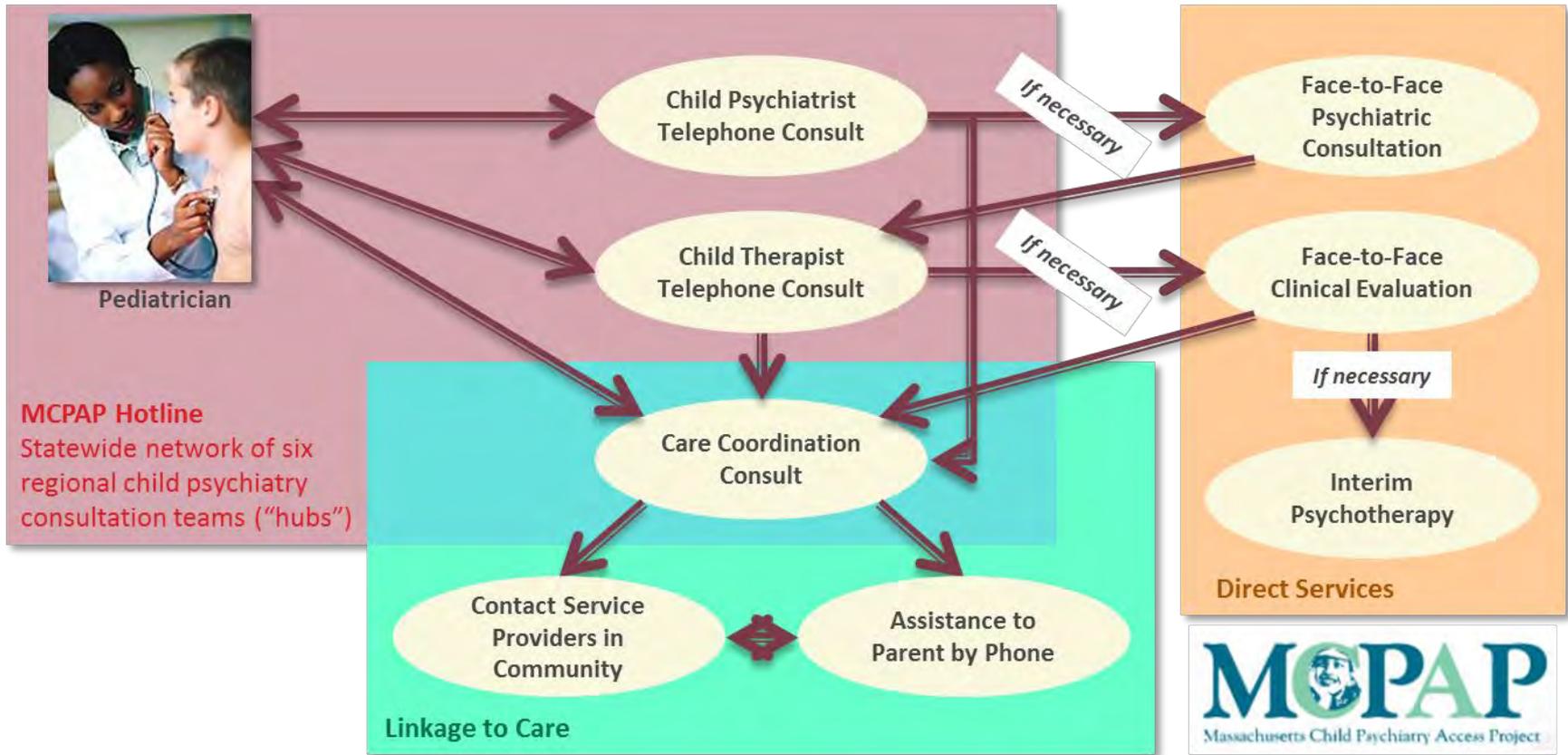
- Founding Director
- Medical Director
- Director
- Health Policy Analyst
- Program Coordinator

# MCPAP Services

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- Telephone consultation with child psychiatrist/APRN or licensed therapist within 30 minutes of request
- Face-to-face psychiatric consultation when indicated
- Care coordination to assist with accessing community-based behavioral health resources including but not limited to psychiatry
- Bridge treatment when necessary
- Training & education for primary care staff in screening, medications, diagnoses, and community resources (e.g., newsletter, website - [www.mcpap.com](http://www.mcpap.com))

# MCPAP Model



## MCPAP Goals<sup>1</sup>:

- Increases pediatric PCP's knowledge, skills, and confidence to address children's behavioral health needs
- Mitigates the shortage of child psychiatrists
- Advances behavioral health integration

<sup>1</sup>W. Holt, The Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care, The Commonwealth Fund, March 2010.

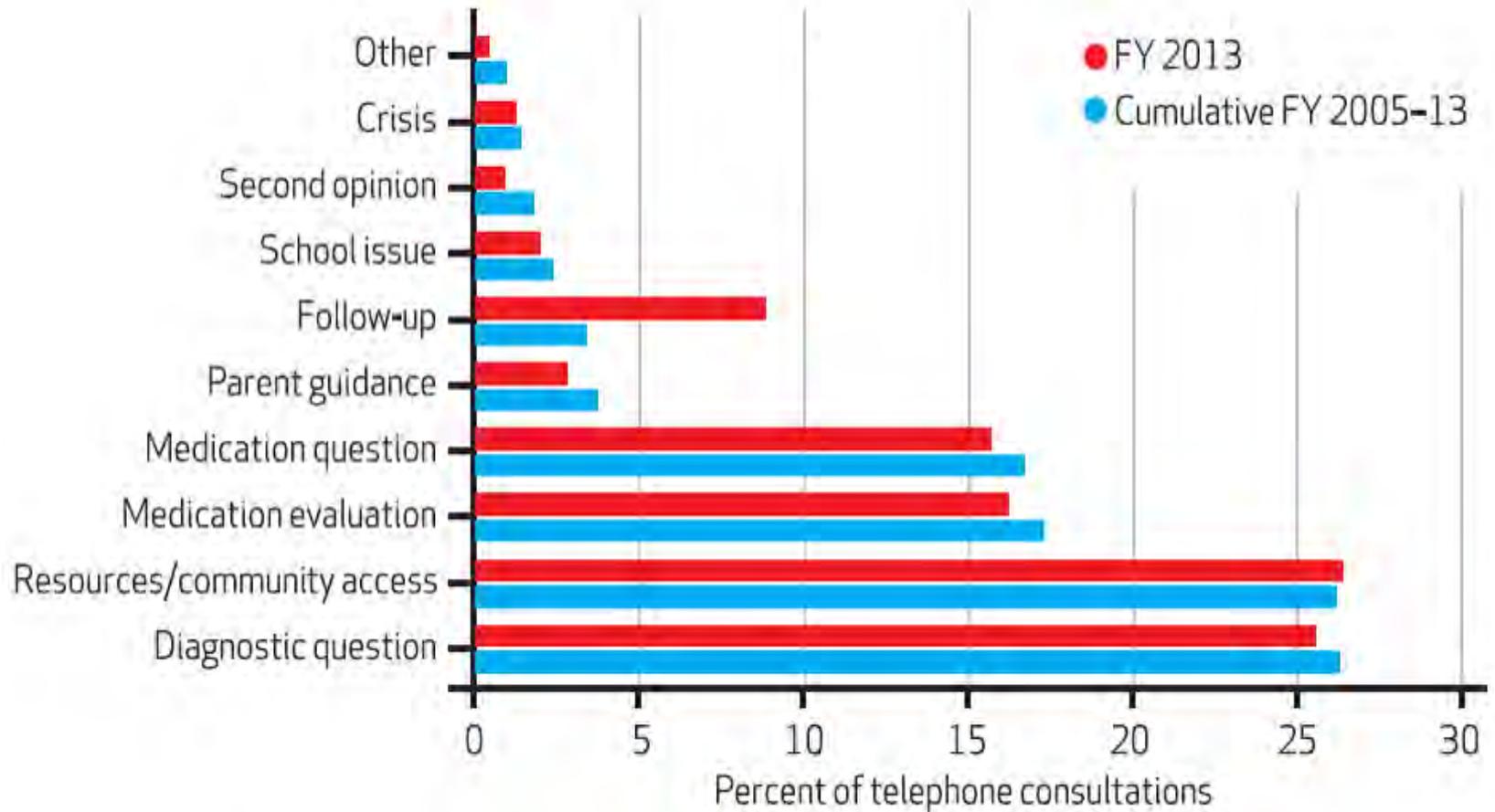
# MCPAP by the Numbers-FY14

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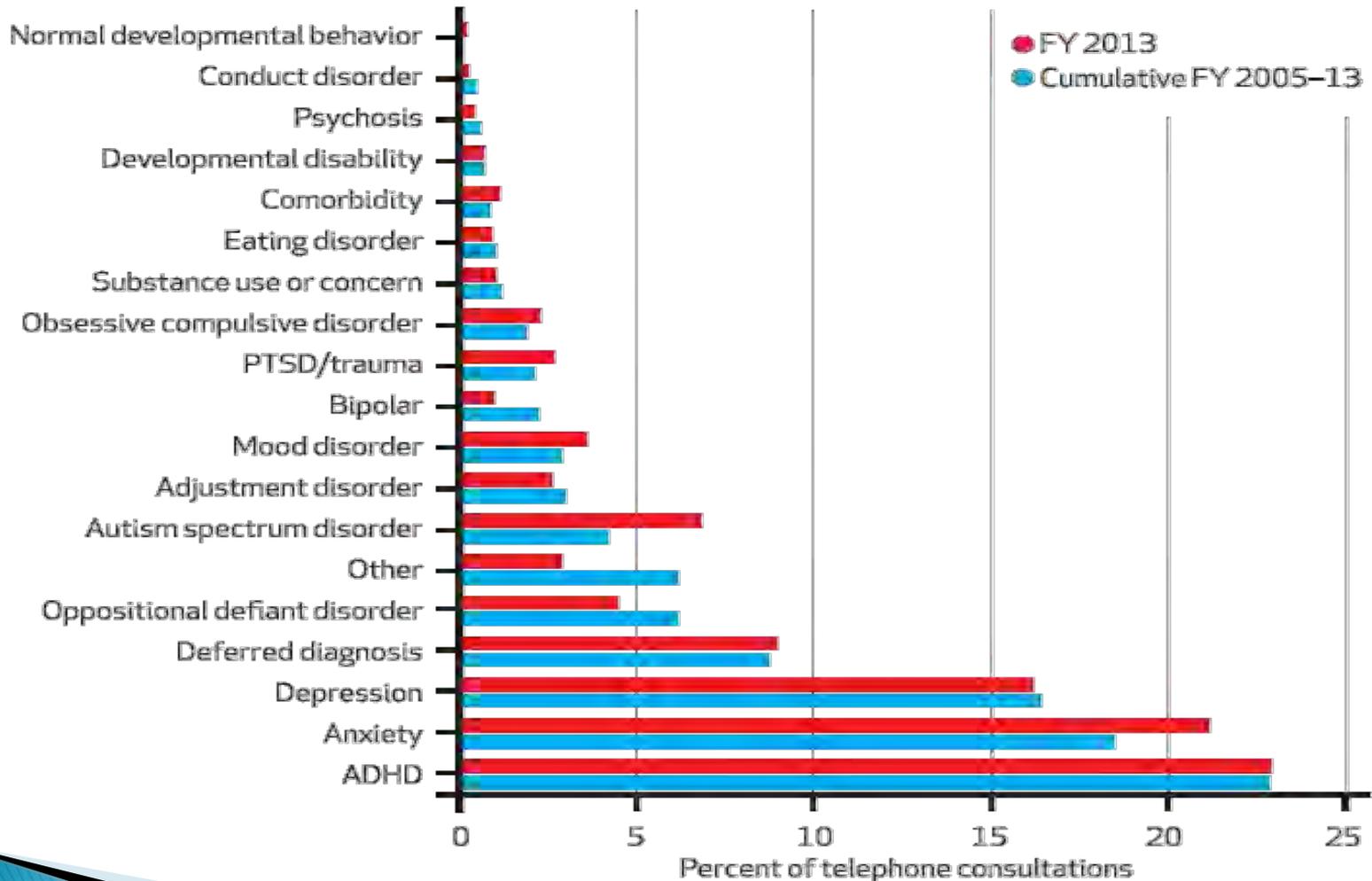
- 3,051 Enrolled Providers
- 461 Enrolled Practices
- 6,408 Unique Patients served
- 22,620 Encounters:
  - 6,678 Calls from PCPs to Hubs
  - 2,686 In-Person Visits with Patients
  - 6,993 Care Coordination Encounters
- 89% of PCP calls responded to within 30 minutes

FY2014 Data (July 1, 2013-June 30, 2014)

# Reasons for Contact

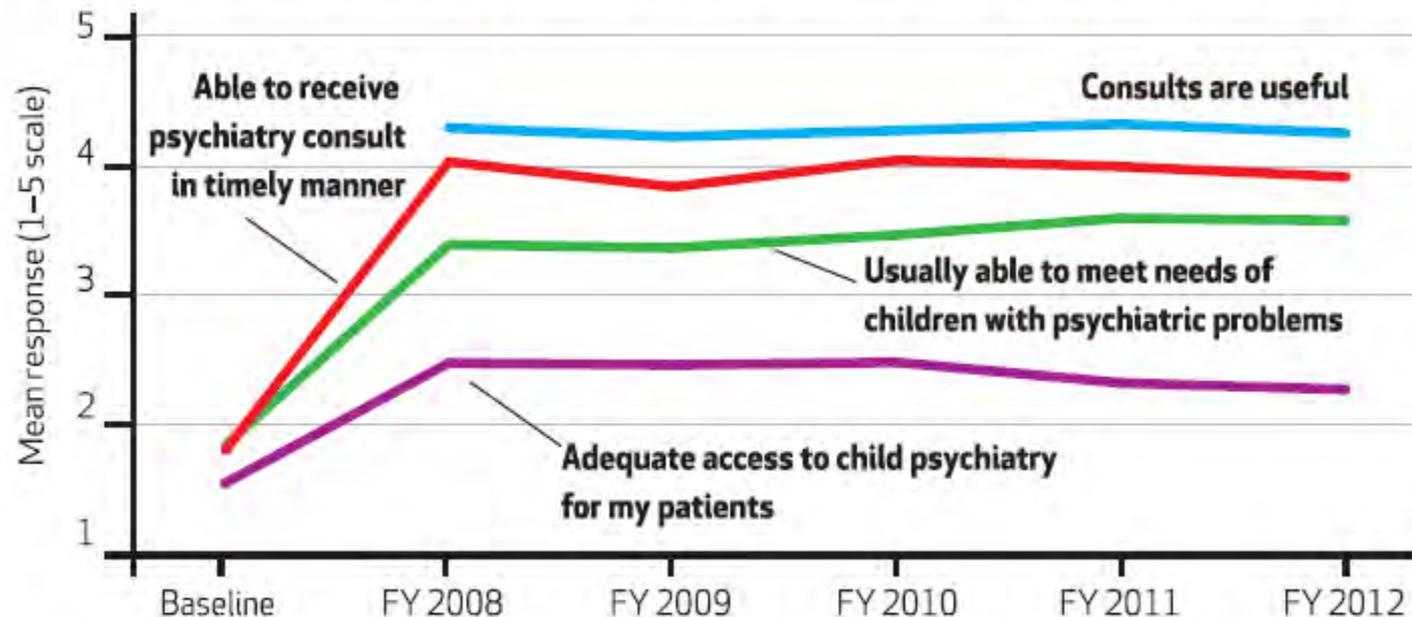


# Disorders Discussed in Consults



# PCP Annual Satisfaction Survey

Mean Responses Of Primary Care Providers On Annual Satisfaction Surveys By The Massachusetts Child Psychiatry Access Project, Baseline And Fiscal Years 2008-12



**SOURCE** Authors' analysis of data from the Massachusetts Child Psychiatry Access Project survey database. **NOTE** "Baseline" is the score on the survey before enrollment.

(Straus JH, Sarvet B. Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project. Health Affairs. 2014)

# Key Takeaways & Lessons Learned

- Relationships between MCPAP regional staff and PCPs are critical for success.
- Siting the regional hubs in academic medical centers provides child psychiatrists who are skilled in teaching and mentoring – supports goal of strengthening PCP’s knowledge and skills to manage children’s BH issues through their relationship with the Hub.
- Over time, PCPs who regularly use MCPAP ask increasingly sophisticated questions.
- Challenging to assess MCPAP’s impact on access since its primary goal is to influence PCP practice competencies and is one of multiple interventions designed to improve access.
- Evolving health care landscape will require adaptation of MCPAP model (e.g., co-location of BH providers in primary care)

# MCPAP: Expanding the Model

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MCPAP is building on its successful model and infrastructure to address the following issues:

- Early childhood mental health: Implementing an evidence based parenting intervention in primary care
- Adolescent substance use: Conducting statewide training of PCPs in adolescent SBIRT
- Postpartum depression: MCPAP for Moms provides psychiatric consultation and support to obstetricians, midwives, and PCPs to address postpartum depression.

# Children's Behavioral Health Access: New Opportunities for MCPAP

- Health care reform has increased emphasis on the integration of behavioral health in pediatric primary care
- Accountable care models are requiring pediatric PCPs to take responsibility for behavioral health care
- With this increasing emphasis on integration, PCPs need more resources such as child psychiatric consultations, training, and referral and care coordination support (e.g., MCPAP website: [www.mcpap.com](http://www.mcpap.com), newsletters, and resources/toolkits)

# National Network of Child Psychiatry Access Projects

- Alaska
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Illinois
- Iowa
- Louisiana
- Maine
- Maryland
- Michigan
- Minnesota
- Missouri
- New Hampshire/Vermont
- New Jersey
- New York
- North Carolina
- Ohio
- Oregon
- Pennsylvania
- Texas
- Virginia
- Washington
- Wisconsin
- Wyoming

# Roundtable Discussion

*Please take a moment to fill out our brief survey.*

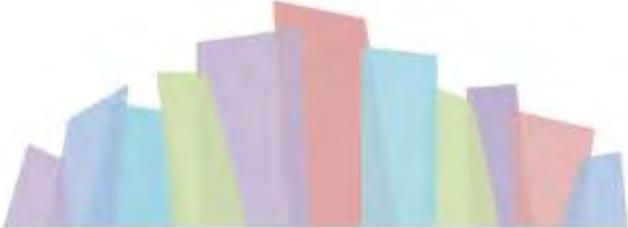




# Continuing Education Credits Available

- 1 credit hour available from APHA in Medicine, Nursing, or Health Education
- Must complete online evaluation
  - Will receive via email within 48 hours
- If not logged in to webinar with your own name, send email to [healthypeople@norc.org](mailto:healthypeople@norc.org) within **24 hours after webinar**





# Healthy Aging Summit

July 27-28, 2015 • Washington, DC

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- **2015 Healthy Aging Summit Registration is Open!**
  - July 27-28, 2015 in Washington, DC
  - State of the Science meeting
  - Social Determinants of Health Framework
  
- To get the most current information visit [www.2015HealthyAgingSummit.org](http://www.2015HealthyAgingSummit.org) and follow us @gohealthypeople #HealthyAging2015



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