



Rethinking Healthcare Integration:

Implementing Virtual Integration of Behavioral and
Physical Healthcare to Improve Outcomes

By Dennis Morrison, Ph.D., *Chief Clinical Officer*
and
Ian Chuang, M.D., *Chief Medical Officer*

As politicians and legislators discuss and debate the future of healthcare, the facts are that costs are escalating at an alarming rate. Consumers today are faced with less money to spend on their own healthcare needs, and it is becoming more difficult to access care in some areas as demand for care exceeds availability. Poor coordination of care, especially between primary care providers and behavioral health specialists, causes poor outcomes and increases waste.

Behavioral health consumers often do not get their general health needs met and, in the case of those experiencing a serious mental illness like schizophrenia, this lack of access causes increased medical problems and premature death. Conversely, an inordinate amount of behavioral healthcare is delivered not by specialists in that field, but by primary care providers, which can lead to inaccurate diagnoses and inappropriate treatment.

Providing coordinated healthcare that integrates both behavioral and physical healthcare provides an efficient way of ensuring people have access to necessary care without compromising one area for the other. However, it is unlikely that physical integration of care will be sufficient given the relatively small number of providers who can relocate to their counterparts' facilities.

Virtual integration through Electronic Health Records (EHRs), Personal Health Records (PHRs) and Health Information Exchanges (HIEs) is sustainable and reflects the future trends of healthcare generally. The use of these tools ensures that care providers have access to a patient's full medical history, including current medications and health conditions that should be considered as part of diagnosis or treatment, but does not require the attending clinicians to be co-located or for that matter, to have even met each other.

Rethinking Healthcare Integration

In today's environment of accountable care, health homes and patient-centered medical homes, integrated care brings an opportunity to remove the artificial barrier between body and mind. Integrated care combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to primary medical care. This shared accountability leads to improved personal, community and population health outcomes that occur when a holistic approach to care is taken.

In the past, care for a person with both physical and mental health concerns was provided separately. It was rare that healthcare providers in those two areas shared information. Patients or their loved ones carried the responsibility of making various practitioners aware of tests, treatments or prescriptions directed by another provider. This was true whether consumers sought out their primary care providers or their behavioral healthcare providers. Communication did not always occur regularly or efficiently.

Many individuals understandably seek out their primary care providers first when they don't feel well, regardless of the cause. Unfortunately, serious physical health concerns often present with co-occurring mental health issues or with mental health problems that are mistaken for physical ones. Some studies indicate that as many as 70 percent of primary care visits stem from psychosocial issues. In addition, a visit for a physical health complaint might actually be triggered by an underlying mental health or substance abuse concern. Primary care physicians often lack the time or additional training needed to fully address the wide range of behavioral health issues that may underlie or contribute to their patients' presenting concerns.

Coordinated care service delivery models – those that integrate both physical and behavioral health – are promising approaches to integration and collaboration. Improving the screening and treatment of behavioral health and addiction issues in primary care settings and improving the medical care of individuals with serious mental health and addiction problems in behavioral health settings are two growing areas for healthcare.

Offering coordinated healthcare that integrates both behavioral and primary health care provides an efficient way of ensuring people have access to necessary care that doesn't compromise one area for the other. Unfortunately, there are simply not enough clinicians available for this to be the only solution to this problem.

The Affordable Care Act (ACA) has incented providers and health care organizations to adopt EHRs that are interoperable. Many communities are developing Health Homes and Accountable Care Organizations (ACOs) to facilitate this interoperability. Clinically, integrated care that is supported electronically through EHRs and HIEs ensures that care providers have access to a patient's full medical history, including current medications and health conditions that should be considered as part of diagnosis or treatment. The right EHR can provide a consolidated, convenient and comprehensive record of mental and primary care services. Additionally, providing behavioral healthcare services in an integrated setting can minimize stigma associated with seeking care for these concerns while supporting improved overall health outcomes.

Integrated care can include financial, structural and clinical integration. Of these, the most important and most beneficial to patient care is clinical integration. Integrating care to provide total wellness – coordinating care for both mental and physical concerns – can have a dramatic impact on outcomes and overall health status.

Healthcare Integration in the Era of Accountable Care

Healthcare expenditures are skyrocketing, and healthcare providers are under intense pressure to increase quality of care, enhance consumer safety and improve consumer outcomes, all while lowering healthcare costs. While healthcare reform is debated and legislated, the concept of "accountable care" is at the forefront of the healthcare community. Accountable care forces providers to find new ways to improve outcomes and provide cost-effective care to consumers. At the same time, providers are challenged with reducing costs and tightening budgets. As organizations seek ways to achieve these goals, they are changing the face of healthcare across the country.

The ACA calls for the future of healthcare delivery to be more coordinated, collaborative and integrated. Under healthcare reform legislation, more than 30 million Americans, including 16 million new Medicaid enrollees, will be covered. The Congressional Budget Office projects six to ten million newly enrolled people will present mental illness and/or substance use concerns. Newly-covered individuals with mental health or addiction issues will account for approximately 32 percent of the entire increase in Medicaid expenditures. These changes will tax an already overburdened system, making the development of more clinically-effective and cost-effective systems of care even more necessary.

The ACA provides incentives for healthcare providers to adopt the practice of integration of primary care and behavioral health. Such integration can lead to overall improved health and reduced costs, as described in Netsmart's "Health Homes in the Era of Accountable Care" white paper, which is available for download.

Healthcare integration occurs when healthcare professionals have access to information about and treat all health conditions, including physical health and behavioral health, at the same time. This shared accountability leads to improved personal, community and population health outcomes.

What is Virtual Healthcare Integration?

The integration of physical and behavioral care is happening successfully in some cases due largely to proactive mental health agencies that want to address this services gap and have integrated physical health services into their environments. This physical approach to integration requires some of the most underfunded organizations in the country to hire or contract with primary care providers to practice in their mental health organization; to relocate behavioral health providers into primary care settings; or both. This is a heavy load financially and culturally for everyone.

Physical integration has been shown to be successful and can take place in several ways. In some locations, mental health or addiction treatment services may simply be provided in the same building as primary healthcare services, or behavioral healthcare professionals may practice in a primary care office. In another model, a team of professionals – both primary care and behavioral healthcare – may work together with the same patients, or a primary care nurse or physician with mental health or addiction medicine training may provide all basic services for each patient. Integration of physical care and behavioral health care allows health professionals to coordinate diagnoses and treatments so that they can complement each other. When done well, integrated care should result in fewer medical tests and eliminate repetition of simple procedures.

An important result of integrated care is the ability for all healthcare information to be accessible from one place. This makes it significantly easier for healthcare providers to monitor all health conditions a person may have and to coordinate treatments so they do not interfere with each other. These are all referred to as co-location models and many are proving to be successful.

A more innovative approach that will likely become the preferred way of delivering care will be virtual integration, where all the providers and the patients collaborate electronically through EHRs, PHRs and HIEs. In this model, the providers do not have to physically be in the same location, and the communication between patient and provider does not even have to occur in real time. The electronic infrastructure leverages many of the ways people conduct business and communicate already – through the Internet.

Communications will not be limited to providers communicating with other providers. Many patients will embrace this technology as an adjunct to traditional, face-to-face services. This is especially true for younger patients who have grown up expecting to be able to communicate with anyone electronically. Beyond social networking, they rely on online services, such as banking, accounting, education and others, to transact the business of their lives. This generation is made up of computer “natives.” Computers and the Internet have always been a part of their lives. They will not just be open to electronic communication as a means to manage with their healthcare, they will demand it – and providers will be forced to adapt.

Why is Healthcare Integration Important?

Individuals who first seek out their primary care providers and get substandard behavioral healthcare as a result are only part of the issue. People living with serious mental illnesses are dying 25 years earlier than the rest of the population, in large part due to unmanaged physical health conditions, such as diabetes, infections or pulmonary/cardiovascular diseases. With ongoing integrated care, these conditions can be monitored and treated, leading to saved lives. Additionally, information sharing within an integrated healthcare team ensures that patients’ physical and mental health needs receive attention and coordinated intervention.

The impact of not integrating care is staggering:

- As many as 70% of primary care visits in the United States are related to behavioral health needs.
(Source: *Behavioral Consultation and Primary Care: A Guide to Integrating Services, 2007*)
- Depression accounts for 25% of primary care visits.
(Source: *National Center for Biotechnology Information*)
- 50% of depressed patients receive all their care in primary care settings.
(Source: *National Center for Biotechnology Information*)
- Three out of five people with serious mental illness die due to a preventable health condition. Based on a historical pharmacy-based risk model, the top five percent riskiest members who had at least one behavioral health condition accounted for 78.9% of that subgroup's costs, and the top 25% account for 98.4% of costs. (Source: *Association of University Centers on Disabilities*)

Studies show that integration of behavioral and physical healthcare improves outcomes by reducing symptom severity, improving treatment response times and reducing remissions.

Increase in Mental Illness Conditions

Not only are certain physical disease states, such as diabetes, heart disease and obesity, rapidly approaching epidemic status, mental illness is also a growing concern. According to a 2008 study by the National Institute of Mental Health (NAMI), an estimated 26.2 percent of Americans ages 18 and older, or 57.7 million people, cope with a diagnosable mental disorder each year.

Research has greatly enhanced healthcare providers' ability to more effectively diagnose and treat mental health issues. This research, combined with a growing movement to break down the stigma associated with discussing mental health issues, opens the door to a revolution toward healthcare integration.

Healthcare Integration and Impact on Health and Human Services

As the rates of mental illness and addiction continue to rise, healthcare integration provides well-rounded, coordinated care to patients who may not be able or willing to coordinate their own care when it is furnished by more than one provider. This task is harder than it might appear. When consumers with severe mental illness were asked why they did not use primary care for treatment, they cited factors like trouble getting appointments, crowded waiting rooms that made them nervous, and doctors they felt did not take the time to listen to them.

Additionally, for patients seeking an initial consultation or concern regarding a behavioral health issue, there also still exists a stigma about discussing mental health concerns or treatment. Finally, despite their best intentions, many behavioral health providers have difficulty adapting to the workflow and pace of primary care office practices.

As noted above, new practice models, including Health Homes and ACOs, are emerging that integrate physical care into behavioral health settings or vice versa. These models recognize the need for increased mental health services in primary care areas.

Innovation and Accessibility to Care Drives Integration

Innovative developments in areas such as telehealth are helping reframe thinking about traditional healthcare and opening the door to incorporate virtual care. Telehealth provides people with a quick and convenient “door” to both physical and behavioral services in a model that increases accessibility to services, drastically reduces costs and may be considered the prototypic “virtual” service delivery system.

Several commercial offerings have emerged to provide easy access to telehealth services. Using services like these, consumers connect to caregivers over high-definition videoconference. These services can be placed in a variety of locations, including retail pharmacies, urgent care centers, nursing homes, community centers and rural areas, to provide a private, secure area where consumers can speak directly online to a caregiver in a primary care or behavioral health center. Telehealth services enjoy wide acceptance in healthcare generally and behavioral health specifically. In fact, behavioral health services are uniquely well suited to telehealth since the bulk of the clinical service involves talking.

Innovations such as these are necessary parts of the evolution that healthcare providers across the spectrum face as they participate in the shaping of new care models driven by healthcare reform.

Barriers to Healthcare Integration

For as many benefits as healthcare integration offers, there are still barriers to be overcome. Many providers lack the technology, including EHRs and information exchanges, that supports the sharing of patient health information across various channels. Addressing these technology issues can bring with them financial concerns. Adding mental health or addiction services specialists to a primary care setting can also add additional costs. Finally, any change to an organizational structure, such as that proposed by primary care integration, requires significant resources spent on cultural adaptation, organizational processes and change management in general. Despite these challenges, providers will need to develop the requisite skills to provide services virtually and on demand. The traditional methods of care delivery that require face-to-face interaction will be relegated to special cases and ubiquitous, online services will become the norm.

Netsmart's Commitment to Healthcare Integration

As the leading provider of clinical solutions for health and human services organizations nationwide, Netsmart is committed to helping providers deliver effective, recovery-based care with Netsmart CareFabric™, a tightly woven framework of innovative clinical and business solutions and services that supports integrated, coordinated delivery of health services across the spectrum of care. With CareFabric, various Netsmart solutions and services are layered and integrated to meet the clinical and business needs of providers in today's evolving world of pay-for-performance, care integration, clinical mobility and need for effective revenue cycle management. CareFabric provides a solid platform that strengthens how care is delivered, enabling providers to offer more services to greater numbers of consumers in a clinically effective, cost-efficient manner.

One element of CareFabric is the Netsmart Primary Care Module, which unites behavioral health with primary care services in a team-based, integrated model of care that enables providers to effectively treat the "whole person."

Netsmart's Primary Care Module is an integrated solution that incorporates a person's entire medical ecosystem for a holistic approach to care. Providers in behavioral health, addiction services, social services and public health can share authorized clinical data with a person's primary care provider, and vice versa, in a single, integrated care record. Each provider involved in the care process can view the patient's full medical record in their own chosen "point of view," including medical history, medications and other key attributes as they diagnose and develop treatment plans.

The Primary Care Module works with Netsmart's myAvatar™, TIER® and myEvolv™ CareRecord™ solutions, with both primary care and behavioral health information residing in the same, integrated CareRecord, or EHR. The module includes a complete, intuitive workflow delivered with seamless integration between the CareRecord desktop user interface and iPad®-based primary care office visit workflow, including an integrated treatment model for all services. Clinicians can easily document reason for visit, patient/family histories, collect vitals, update allergies, prescribe medications and include all details of the office visit with relevant behavioral health information available as part of office visit workflow. Documentation is completed following evidence-based practice guidelines.

For more information about CareFabric or the Netsmart Primary Care Module, visit <http://www.ntst.com/careview/primarycare.html> or call Netsmart at 1-800-472-5509

About Netsmart

Through innovative and interactive solutions and services, Netsmart leads health and human services in transforming the way care is delivered. Our expertise in helping organizations navigate their way through Meaningful Use and Accountable Care shows our commitment to partnering with organizations of all sizes to ensure they have the technology and know-how they need to deliver the highest level of care to those they serve. Healthcare today is an ever-changing, rapidly-evolving world. Organizations must seek technology partners who understand their current needs and have their pulse on the industry to envision how needs can be met in the future. Our obligation is to guide our clients through this rapidly changing environment by providing them with solutions and services that help improve outcomes and reduce costs. We help each of our clients adapt to these changes so that they can reach their goals and improve the health of the populations they serve.

At Netsmart, we are at the forefront of healthcare innovation and moving forward at the speed of thought. We continue to evolve our services and solutions to meet the needs of our clients today and in the future. We are committed to ensuring that our clients in behavioral health, public health, addiction services and child and family services emerge from healthcare reform as leaders in their fields of specialization

About the Authors

Dennis Morrison, Ph.D., is chief clinical officer for Netsmart. Morrison leads the Netsmart clinical team in transforming clinical care in behavioral health by focusing on evidence-based practice, recovery- and research-based care, coordinated care planning, and the integration of behavioral and primary care.

Dr. Morrison has worked in the behavioral health field since 1969. Academically, he holds Masters' degrees in Psychology and Exercise Physiology from Ball State University. His doctorate is in Counseling Psychology, also from Ball State University. He is co-inventor on a patent for a behavioral healthcare outcomes software product.

Prior to joining Netsmart in 2012, he served as the CEO of the Center for Behavioral Health (CBH) and CEO for Centerstone Research Institute (CRI).

Ian Chuang, M.D., M.S., F.C.F.P., is senior vice president, Healthcare Informatics, and chief medical officer for Netsmart. Dr. Chuang provides strategic leadership and a strong medical perspective as Netsmart develops innovative clinical solutions and leads its clients and the industry toward high quality care in an environment of disruption, convergence and integrated care.

Dr. Chuang received his Doctor of Medicine degree from the University of Toronto and a Master of Science degree in Administrative Medicine from the University of Wisconsin. He currently serves as an Adjunct Assistant Professor at the University of Missouri. He also continues to engage with public/private sector efforts around data standards and quality, currently as a member of the National Quality Forum Health Information Technology Advisory Committee (HITAC).

Before joining Netsmart, Dr. Chuang's experience includes serving as Senior Vice President, Health Risk Management for Lockton Benefit Group, developing care management and clinical decision support systems at CIGNA Corporation, serving as Director and Vice President at Cerner Corporation and clinical leadership positions at TherapyEdge, Inc., Click4Care, McKessonHBOC, Wellport Health Plan and HealthSource-Provident Administrators, Inc.

*CareFabric, myAvatar, myEvolv and CareRecord are trademarks of Netsmart Technologies, Inc.
TIER is a registered trademark*