

Care Integration

Substance Use Disorder Treatment and Primary Care
Tarzana Treatment Centers

**SAMHSA and National Council
California PBHCI Grantee State-Specific
Technical Assistance Meeting**

Outline of Presentation

- Integrated Care at Tarzana Treatment Centers
- Integrated Care for Diabetes, SUD, & MH
- Opportunities for Increasing Care Integration

Integrated Care at Tarzana Treatment Centers

Demographics

- Persons served in Calendar 2013:
 - Primary care = 11,041 persons
 - Substance use disorder specialty care = 4,687
 - HIV/AIDS specialty care = 1,072
 - Mental health specialty care = 1,059

Primary Care

- Five Primary Care Clinics Integrated with Other Services
- 8 Providers (MD, NP, PA)
- All primary care patients assigned to a PCMH Care Team

5

Specialty Care

- Substance Use Disorder Treatment
- Mental Health Disorder Treatment
- HIV / Medical Care and related services
- Housing
- Assessment and Referral Services in Hospital EDs
- In Home Services

6

Substance Use Disorder Treatment

- Inpatient
- Residential – 350 Beds
- Intensive Outpatient
- Outpatient
- Medication Assisted Treatment

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7

Acute Psychiatric Hospital

- 60 bed unit staffed 24 / 7 by psychiatrists and other medical staff
- Referral Sources
 - Step downs from Acute Hospitals - Medicare
 - Contracts with LA County Department of Public Health
 - Kaiser and other Managed Care Organizations
- Average Length of Stay
 - Insurance funded - 3 days
 - Block Grant funded – 7 days

Capitated and Primary Care

- Members of Health Care LA IPA (HCLA IPA) and My Health Los Angeles
- HCLA IPA Composed of Safety Net Clinic Organizations
- HCLA IPA Contracts with Safety Net Health Plans in Los Angeles County
- 350,000 Lives under capitated Managed Care contracts
- Clinic Compensation
 - Per Member Per Month Capitation
 - Quality of care incentives
 - Share of net revenue

9

Integrating Primary Care and SUD Treatment

Procedures

- SBIRT in Primary Care
- Referrals for SBIRT from MH, HIV/AIDS, Housing
- All patients in MH, HIV/AIDS programs medically screened and referred to primary care for physical exams
- Drug Medi-Cal Medical Necessity
- All patients screened for HIV/AIDS and Hep C

Integrating Primary Care and SUD Treatment

Obstacles

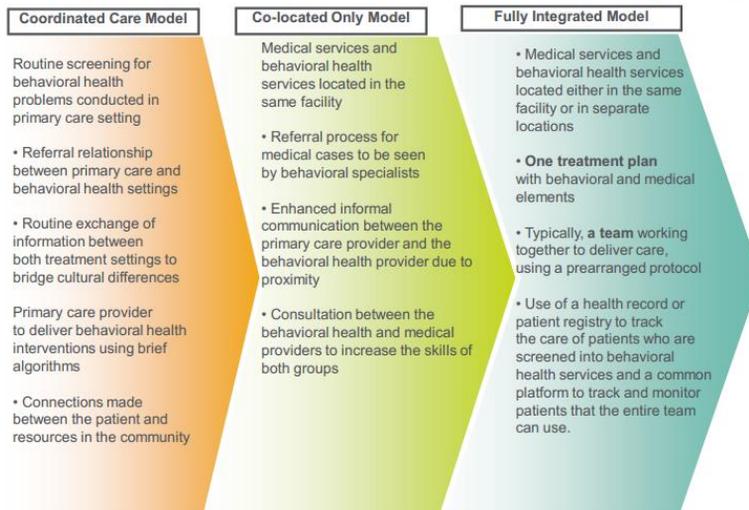
- SBIRT in Primary Care – Capitated?
- Residential SUD Treatment in CA is ‘non-medical’

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11

The Integration Continuum

Source: Adapted from Blount 2003



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12

HIT as Care Integration Driver

- Provide the tools for integrated care
 - Assessments
 - Integrated summary
 - Integrated problem list
 - Integrated treatment plan
 - Integrated view of the record
 - Integrated registries
- Provide the ability to bill for integrated services
 - Procedure Codes
 - Guarantors and claims
- Provide the tools for referrals and HIE

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The screenshot displays a medical information system interface for a patient named CLIENT_TEST (ID: 000102772). The interface is divided into several sections:

- Medical Diagnoses:** A table listing diagnoses with columns for Date of Onset, ICD-9 Dx, ICD9 Value, Staff, Resolved Date, Program, and Last Ser.

Date of Onset	ICD-9 Dx	ICD9 Value	Staff	Resolved Date	Program	Last Ser
2014-03-24	242.52.9	UNSPECIFIED DISORDER OF PARATHYROID GLAND (UNSPECIFIED DISORDER OF PARATHYROID GLAND)	BILLMARTA		Admit	2011
2013-12-26	304.90	COMMON TRANCUS (UNSPECIFIED COMMON TRANCUS)	BILLMARTA	2013-12-02	Admit	2011
2013-11-21	974.1	POSSIBLE PUPINE DEFENSIVE RETENTION OF URINE	MONITORING_APP	2013-11-28	Admit	2011
2013-11-21	788.2	RETENTION OF URINE	MONITORING_APP	2013-11-28	Admit	2011
- Diagnosis:** A table showing diagnosis details with columns for Date of Diagnosis, Type of Diagnosis, and various Axis codes.

Date of Diagnosis	Type of Diagnosis	Diagnosis - Axis I - 1	Diagnosis - Axis I - 2	Diagnosis - Axis II - 1	Principal Diagnosis
04/23/2012	Admission	302.6		301	302.6
04/23/2012	Admission	304.31	305	799.9	304.31
04/03/2012	Update	304			304
- Lab Results:** A section for viewing lab results, currently showing "No information found" for CLIENT_TEST.
- Order Connect History:** A table listing pharmacy orders with columns for date, test name, pharmacy, prescriber, drug name, end date, and duration.

date	test	pharmacy	prescriber	drugname	end_date	duration
2011-02-16	Test	Wieners	Patricia	ibuprofen	2011-09-18	
2011-09-13	Test	Cohen	Phyllis	ibuprofen	2011-10-13	
2011-10-13	Test	Cohen	Phyllis	ibuprofen	2011-10-13	
2011-10-13	Test	Cohen	Phyllis	ibuprofen	2011-10-13	
2011-10-13	Test	Cohen	Phyllis	ibuprofen	2011-10-13	
2011-11-01	Test	William	William	atenolol	2011-11-01	
2011-11-15	Test	Cohen	Phyllis	Tylenol	2011-11-15	
2011-11-15	Test	Cohen	Phyllis	Tylenol	2011-11-15	
2011-11-15	Test	Cohen	Phyllis	diclofenac	2011-11-15	
- Vital Signs:** A table showing vital signs with columns for Vital Type, Most Recent, and Previous.

Vital Type	Most Recent	Previous
Pulse	60 bpm	37 AM
Blood Pressure	120/85 mmHg	-
Temp (F)	98.6 Fahrenheit	-
Respiration	7 bpm	-
O2 Saturation %	99 %	-
Height (ft)	6'0"	345.6 lbs
Weight (lbs)	160 lbs	-
BMI	21.7	-
Blood Glucose	65 mg/dL	-
Pain	0 - No Pain Scale	-
- Client Portal PIN:** A section providing a PIN for client portal access: SKT-XUBVHQD.
- Progress Notes:** A section showing progress notes, including a note from DEBORAH GRAHAM dated 03/03/2014.

Joint Commission Behavioral Health Home Certification

Joint Commission BHH Certification:

- Optional certification available to any organization accredited under the Joint Commission Behavioral Health Care program.
- Requirements emphasize the need for the behavioral health home to coordinate and integrate care.
- Through strong focus on coordination and integration of care, treatment, or services expected to be effective in decreasing the high rates of morbidity and mortality of individuals with serious mental illness and other behavioral health conditions.

Opportunities for Increasing Care Integration

Illustration of a Gap in Care Integration

- Treating “Medically Harmful Substance Use”
- 20% of primary care population has an SUD problem
- Example of Diabetes and Alcohol Use Disorder

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17

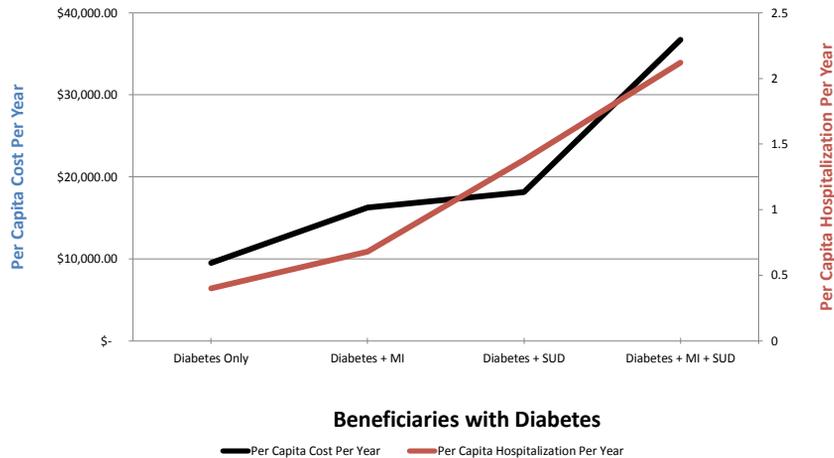
Type 2 Diabetes and Alcohol Use Disorder

Persons with type 2 diabetes and a coexisting alcohol use disorder (AUD) compared to diabetics without AUD:

- Have higher rates of type 2 diabetes-related complications and hospitalizations
- Have lower odds of full adherence with measures of quality for type 2 diabetes

Udi E Ghitza, Li-Tzy Wu, Betty Tai, “Integrating substance abuse care with community diabetes care: implications for research and clinical practice”, *Substance Abuse and Rehabilitation* 2013:4 3–10

Impact of Mental Illness & Substance Use Disorders on Cost and Hospitalization for People with Diabetes



SOURCE: C. Boyd et al. *Faces of Medicaid: Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services*. Center for Health Care Strategies, December 2010.

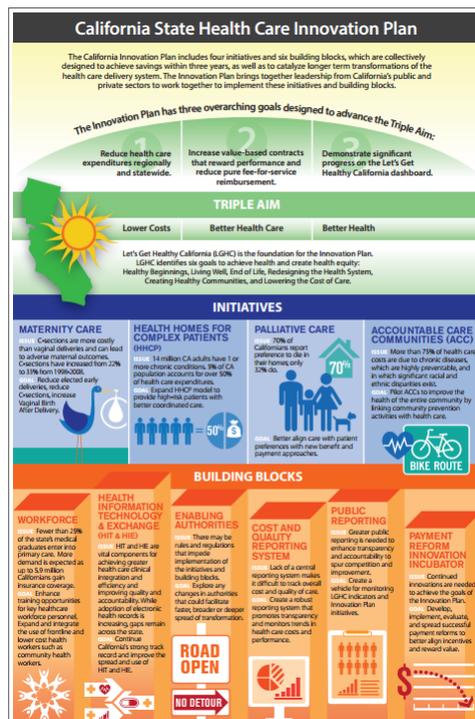
Addressing Medically Harmful Substance Use (MHSU)

- SBIRT in primary care may not be enough to handle MHSU and is capitated or poorly reimbursed
- Will Drug Medi-Cal Medical Necessity Criteria permit reimbursement for MHSU?
- Gap in funding for care?

Section 2703 Medicaid Health Homes

Chronic conditions listed in ACA Section 2703 include:

- Mental health
- Substance abuse
- Asthma
- Diabetes
- Heart disease
- Being overweight
- Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval



Certified Community Behavioral Health Clinics

- Protecting Access to Medicare Act of 2014
- Authorizes \$25M for planning grants to 8 states
- Authorizes guidelines for creation of prospective payment system
- Requires coordination with primary care

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