

Behavioral Health Medical Home: Payment Reform Project

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Background

People diagnosed with a severe and persistent mental illness die an average of 25 years younger than the general population. Factors associated with this early death rate include:

- Smoking
- Alcohol and drug use
- Poor nutrition and obesity
- Lack of exercise
- Unsafe sexual practices
- Homelessness
- Poverty/unemployment
- Victimization/trauma
- Incarceration
- Lack of access to medical and social services¹

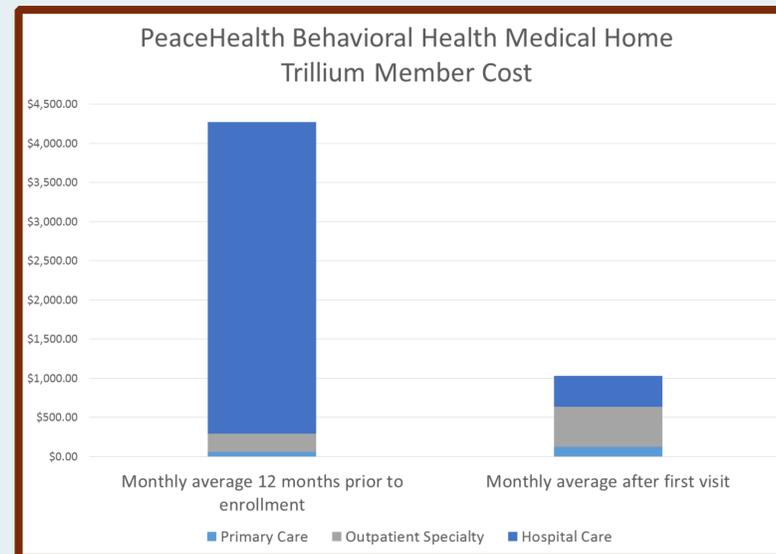
Through implementation of targeted care pathways and a variety of engagement efforts, this clinic is directly addressing these factors.

Project Description

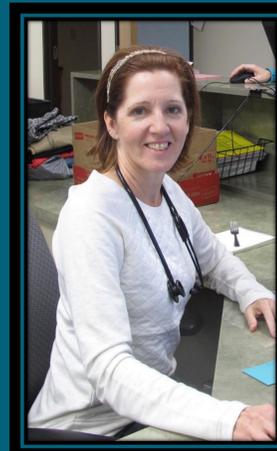
The goal of this program is for patients with significant behavioral health concerns to receive primary and behavioral health services in a setting that is welcoming and conducive to healing for both physical and behavioral health needs. It is clear that in order to sustain such a patient-care model financially, we must change the way we pay for care.



Pilot Year Outcomes



- 165 people enrolled and receiving intensive services.
- Overall reduction in PeaceHealth charges of \$3,241 per Trillium member per month due to reduction in hospital-based care.
- High patient satisfaction—scoring an average of 4.8 out of 5 on the survey question “I feel that I am treated with respect.”

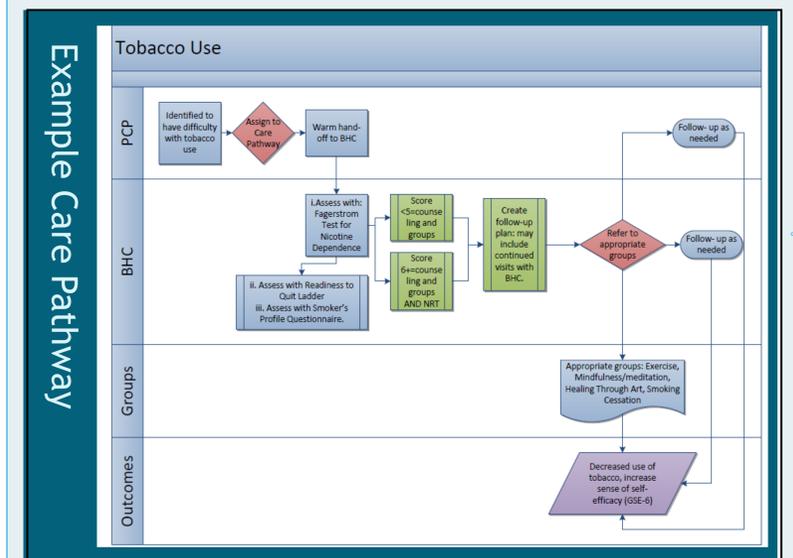


“The clinic really feels like a home to our patients. They know they are always welcome and we will address their needs, even if they don’t have an appointment. People can bring their kids and we take care of the whole family.”

-Kathryn Kernan, FNP—Primary Care Provider

Year Two Proposal

- Change to a capitated monthly case rate that covers all behavioral and physical health services.
- Introduce “care pathways” for all patients.
- Expand behavioral health and preventive care.
- Continue tracking emergency department and hospital usage and charges.
- Measure improvements in individual functioning and quality of life.



References

¹Colton and Manderscheid. *Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states.* Preventing Chronic Disease. 2006 Apr.

Behavioral Health Homes for People with Mental Health and Substance Use Conditions, The Core Clinical Features. SAMHSA-HRSA Center for Integrated Health Solutions. 2012 May.

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