

Links 4 Health: Health Integration Project

Understanding efforts that are under way to improve the Central Oregon health care system for people with mental illnesses and addictions.

Oregon Health Authority
April 13, 2010

The case for action

- People w. serious mental illness die 25 yrs earlier
- 87% of those lost years are due to medical illnesses
- The causes of disparity: medications, tobacco, little preventative care, poverty, social isolation, health & behavioral health as separate systems
- Preventative care works and is cost effective but we prioritize more costly tertiary care incl OSH.
- Federal reform will (likely) include > Medicaid.
- Indigent: 70% of uninsured with m.i. lack care

Who is responsible?

- State of Oregon & the Oregon Health Authority
- Counties as the Local MH / PH Authorities
- Our Regional Hospital System
- Fully Capitated Health Plans as well as the MH and AOD Organizations (Medicaid insurers)
- Advocates and consumers
- Safety Net Clinics (VIM, FQHC's, etc.)
- Other providers (mh, addictions, primary care)

For things to improve here, it falls to:



Deschutes
CDO



Client
groups



Links 4 Health: Health Integration Project 2010-15

1. Current system not sustainable; poor outcomes; fragmentation; higher costs for people with chronic conditions, mixed access.
2. Central Oregon reform and opportunity; an alignment of interests; Health Matters.
3. Early concepts:
 - a. Emergency Room diversion,
 - b. Person Centered Health Home
 - c. Behavioral Health in Primary Care
 - d. Primary Care in Behavioral Health setting
 - e. Integrated Electronic Health Record
4. 10-12 Outcomes
5. Shared financing, decision making, oversight

2009 OR Legislature budget note

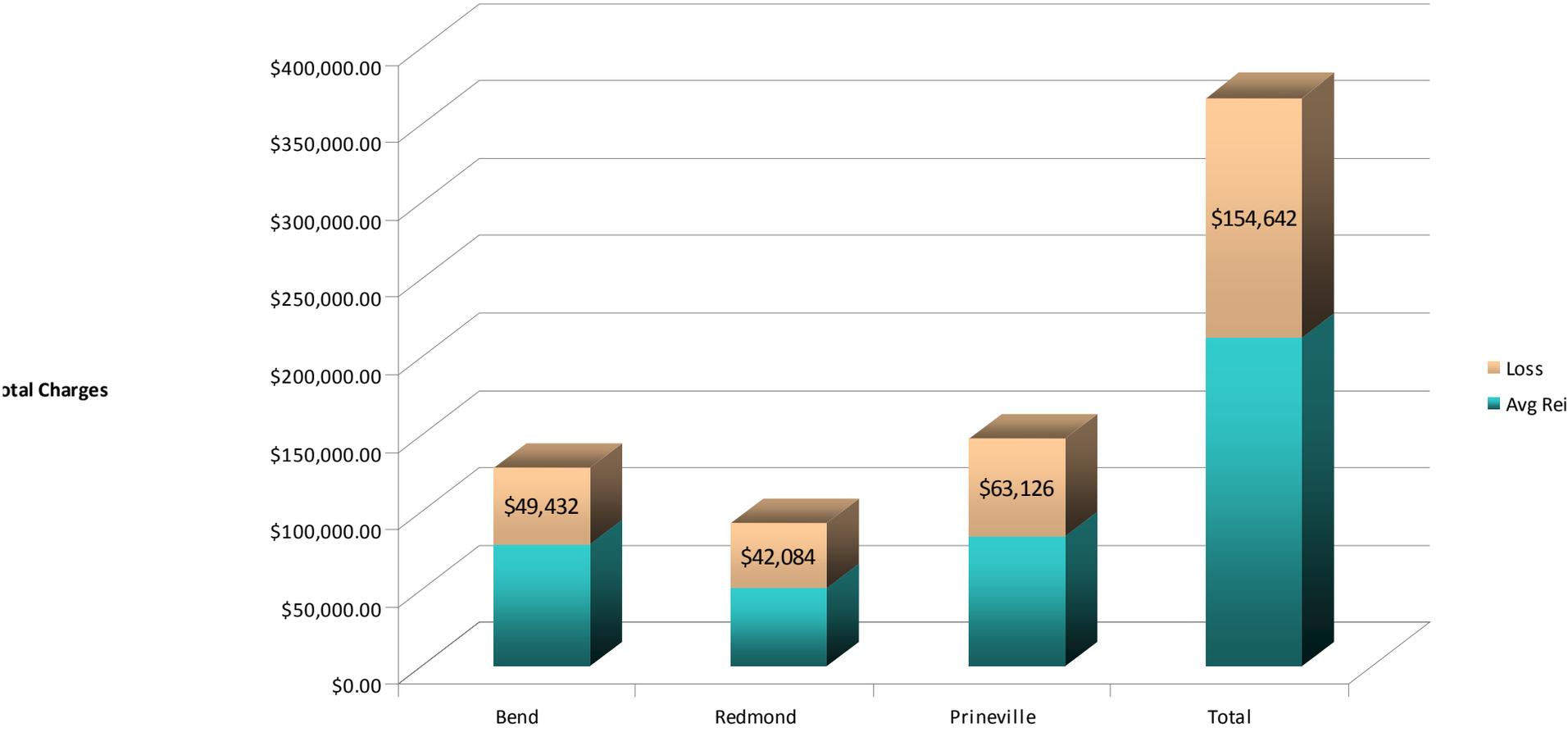
“DHS is directed to implement 2-3 demonstration projects with willing local mh authorities, mh organizations, fully capitated health plans, federally qualified health clinics and mh, addiction and health care providers in the communities, to develop an integrated management and service delivery system including physical health and addictions and mental health treatment and recovery services by June 30, 2011. DHS shall report on progress on implementing these ... projects ... prior to the 2011 session”

High/High Utilization

- Top 15 Emergency Department visitors in Tri-County (one hospital system)
- Total: **463 Visits = 30.8 visits/person**
- 8 Medicaid, 5 Medicare, 1 TriCare, 1 Commercial
- Pain/MH/Abuse & Addictions
- Net Loss in one year: **Over \$150,000**

Total ER Charges 10/08 - 9/09

Top 5 Frequent ER Visitors



Top 50 Visitors

- Insurance
 - 6 Self Pay (3 VIM/3 now Medicaid)
 - 4 Private Insurance
 - 9 Medicare (2 Medicare/Medicaid)
 - 31 Medicaid (COIHS/ABHA)
- Diagnosis
 - 6 Chemical Addiction/abuse + MH
 - 16 Pain “only”
 - 27 Pain + MH + Chemical Addiction/Abuse

1150 visits (23/person)

Total Cost: \$385,000

State Offer (Oct 10 '09 letter) DHS AMH and DMAP

Offer to CO to be State
demonstration site

Components they want:

1. Single point of accountability
2. Financial integration
3. Service integration
4. Outcome measures

Other elements:

- State invest \$150,000
- Help with Federal regulations and risk
- Blended funding
- Pilot through 2015
- Long term care
- Evaluation
- Indigent & Medicaid

Governance Structure Links 4 Health: Health Integration Project

