MATHEMATICA
Policy Research

InFOCUS

Integrating Care for Adult Medicaid Beneficiaries with Serious Mental Illnesses

METHODS

- Identified eligible Medicaid clients in each study county and comparison group population for each program.

- Analyzed claims and enrollment data for the study and comparison groups to determine whether the programs had an effect on emergency department or hospital visits, readmissions, and the number of days between hospitalizations.

- Compared the difference in rates between the baseline and intervention periods for the study and comparison groups and adjusted for differences between them via regression analysis.

State policymakers are seeking ways to integrate Medicaid's physical and behavioral health care delivery and payment systems in order to improve the quality of care for adult beneficiaries with serious mental illness (SMI). Because physical and behavioral health payment systems in Medicaid are reimbursed separately, beneficiaries with SMI and co-occurring physical health conditions often receive more sporadic and lower-quality care in comparison to other Medicaid beneficiaries. While there is a growing consensus that integration will lead to improved care and lower costs, evidence-based methods for achieving such integration are lacking.

In an effort to build the evidence base for Medicaid systems' integration, the Pennsylvania Department of Welfare (DPW) launched the SMI Innovations Project in 2009, which consisted of two pilot programs in Southeast and Southwest Pennsylvania. Each pilot was a collaboration between physical health managed care organizations, behavioral health managed care organizations, and county behavioral health offices. To determine whether the SMI Innovations Project demonstrated promise in the effort to better integrate physical and behavioral health care, Mathematica Policy Research conducted a mixed-methods evaluation, combining qualitative data collection with an analysis of outcome measures constructed from administrative claims data. Our findings suggest that states can develop strategies to promote integration across separate financing and delivery systems and thereby improve the quality of care for Medicaid beneficiaries with SMI.

KEY FINDINGS

Both models of integration hold promise for improving outcomes:[1]

- In the Southeast pilot, emergency department (ED) visit rates dropped by 4 percent in the study group and increased by 6 percent in the comparison group (Figure 1).

- In the Southwest pilot, rates of mental health hospitalizations dropped by 4 percent in the study group and increased by 10 percent in the comparison group (Figure 2).

- Also in the Southwest pilot, all-cause 30-day readmission rates dropped by 10 percent in the study group and increased by 1 percent in the comparison group (Figure 3).
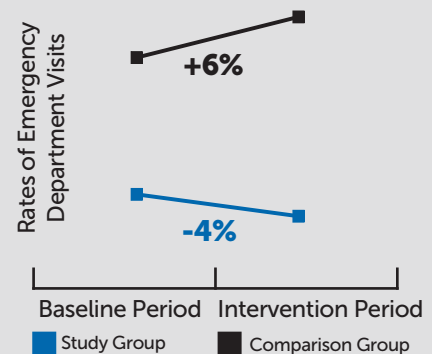
CHANGE IN EMERGENCY DEPARTMENT RATES (SOUTHEAST)

Rates of Emergency Department Visits

+6%

-4%

Baseline Period   Intervention Period

■ Study Group   ■ Comparison Group

Figure 1

CHANGE IN MENTAL HEALTH HOSPITALIZATION RATES (SOUTHWEST)

Hospitalization Rates

-4%

+10%

Baseline Period — Intervention Period

■ Study Group
■ Comparison Group
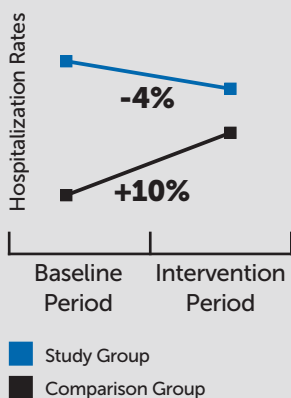
Figure 2

CHANGE IN ALL-CAUSE, 30-DAY READMISSION RATES (SOUTHWEST)
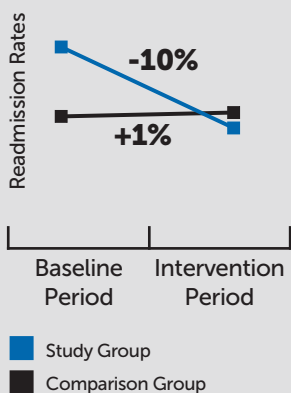
Readmission Rates

-10%

+1%

Baseline Period — Intervention Period

■ Study Group
■ Comparison Group

Figure 3

LESSONS LEARNED

In addition to the quantitative findings above, several important lessons emerged from the evaluation research:

- The behavioral health system might be a natural point of provider and consumer engagement and care coordination for individuals with SMI.

- Programs that were able to take advantage of previous initiatives or existing work to improve coordination and consumer-centered care experienced promising improvements in patient outcomes.

- States' early efforts at integration are likely to face implementation challenges, which might delay measurable impacts on outcomes.

- A balance of state leadership and local ownership fostered buy-in and sustainability.

- Privacy issues surrounding information exchange were critical for the state and partners to address early.

- Targeted education and support to a large number of members at risk of readmission or additional ED visits holds promise for improving health care utilization.

- Effective program design and implementation requires balancing flexibility with standardization.

AREAS FOR FUTURE STUDY

Significant challenges to integration remain, particularly with regard to information sharing, privacy concerns, and engagement of busy health care providers. Further research is needed to provide more definitive information on components of the interventions that affect change in the rate of hospitalizations, readmissions, and ED use. Research that assesses longer-term program outcomes and links processes and outcomes will help advance our understanding of the most promising aspects of integration.

ABOUT THE PILOT PROGRAMS

Southeast Pennsylvania: HealthChoices HealthConnections–HealthChoices Health-Connections (HCHC) is a decentralized, community-based partnership between Magellan Behavioral Health; Keystone First Health Plan;[2] and the county behavioral health offices in Bucks, Montgomery, and Delaware counties. Each county customized its own approach based on its existing infrastructure and resources, a flexible approach that improved support at the county level. Key components of HCHC included consumer engagement and enhanced care coordination through a navigator—a nurse, behavioral health clinician, or case manager employed by a behavioral health agency. Through regular, in-person contact with members, navigators bridged the gap between their own agency, physical health providers, and other behavioral health providers, sharing information on recent hospital and ED use and developing member care plans.

Southwest Pennsylvania: Connected Care– Connected Care partners included University of Pittsburgh Medical Center (UPMC) *for You*, Community Care Behavioral Health (CCBH), and the Allegheny County Department of Human Services. The program had a centralized, top-down structure with full corporate support from health plan executives while incorporating consumer input through a Consumer and Family Advisory Committee. Key components of the pilot included enhancing outreach to high-risk members through UPMC *for You* and CCBH care managers and information sharing between plans and with providers through multidisciplinary case review meetings and notifications of hospitalizations, ED visits, potential care gaps, and medication refill gaps. UPMC *for You* and CCBH care managers conducted comprehensive assessments identifying members' behavioral health, medical, and psychosocial needs; linked members to services; provided education about appropriate ED and service use; and provided followup after hospitalizations.

The full report is available here: http://www.mathematica-mpr.com/publications/PDFs/health/SMI_Innovations_PA_final.pdf

Follow us on: [Facebook] [Twitter] [LinkedIn]

Scan this QR code to visit our website.