6th Annual Progress Summit – 8:30 am - 11:00 am, Thursday, October 14, 2020

Linda Rosenberg MSW
Executive Director for External Relation
Columbia Department of Psychiatry
Congratulations on your Progress!

“*We have worked since then to address the identified gaps. More importantly, we have worked to improve our cross organizational trust and collaborations … with, in my opinion, some great progress.*”

October 9, 2020 by Enrique Mata

- Providing better coordination of care using peer support specialists and trained navigators with lived experience to help keep people connected to services;
- Enhancing technology like telehealth options and electronic exchange of health records;
- Increasing knowledge and skill of providers in the most up to date treatments available;
- Increasing availability of hotlines and helplines, mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and family education and support programs.

*El Paso County Behavioral Health System Assessment*
“If you had to choose one moment in history in which you could be born...you'd choose right now.”

President Obama
More than ever before, Americans are seeking mental health and addiction help.

Six in ten Americans have sought treatment either for themselves or a loved one.

Americans are highly supportive. 76% say it is just as essential to discuss and treat as physical health.

The stigma of mental health and addictions is fading while awareness is rising.

Accessibility is the biggest hurdle to meeting patients’ needs.

Almost 50% wouldn’t know where to ask for help and 74% say lack of funding and insufficient facilities barriers.

2/3 of primary care providers report poorer access to mental health/SUD care than any other specialty.

Stigma

CVN/National Council Survey
Younger Americans Want Help

87% of Gen Z and Millennials have sought information on mental health and or addictions, compared to 78% of Gen X and 66% of Boomers.

Sources turned to most for mental health information:

- Online searches
- My family
- My friends
- Social media

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Everyone Telling their Story...

"It really gives you the skills you need to identify—and ultimately help—someone in need."

- First Lady Michelle Obama on being trained in Mental Health First Aid

2.5 million
El Paso - 7000
Mental Health and Substance Use Disorders Leading Cause of Disease Burden in U.S.

- Of all hospitalizations, 25% of patients have comorbid mental and/or substance use disorder
- 1 in 8 ED visits

Among those with a mental illness:
1 IN 4 (23.9% or 11.4M) had a serious mental illness

Among those with a substance use disorder:
3 IN 8 (38.3% or 7.4M) struggled with illicit drugs
3 IN 4 (74.5% or 14.4M) struggled with alcohol use
1 IN 8 (12.9% or 2.5M) struggled with illicit drugs and alcohol

7.8% (19.3 MILLION)
People aged 18 or older had a substance use disorder (SUD)

3.7% (9.2 MILLION)
People 18+ had BOTH an SUD and a mental illness

19.1% (47.6 MILLION)
People aged 18 or older had a mental illness

Work to do ... Substance Use and Mental Illness in America
• 48,344 Americans died by suicide
• On average, 132 suicides per day.
• Rate of suicide highest in middle-aged white men.
• Men died by suicide 3.56x more often than women.
• White males accounted for 69.67% of suicide deaths
• Firearms accounted for 50.57% of all suicide deaths.
• Younger groups have lower suicide rates than middle-aged and older adults
• Black students reported the highest rate of attempt (9.8%) with white students at 6.1 percent.

“Deaths of Despair”

Epidemic of suicides and afflictions of substance use, alcoholic liver disease, and overdoses of heroin and prescription opioids …

Anne Case and Angus Deaton

Suicide, addiction, and depression have a very close and interconnected relationship. More than 90% of people who fall victim to suicide suffer from depression, have a substance abuse disorder, or both.
Social Determinants...

being poor is bad for your health

- Social and Economic Environment
  - Education (10%)
  - Employment (10%)
  - Income (10%)
  - Family and Social Support (5%)
  - Community Safety (5%)

- Physical Environment
  - Housing and Transit (5%)
  - Air and Water Quality (5%)

- Health Behaviors
  - Tobacco Use (10%)
  - Diet and Exercise (10%)
  - Alcohol and Drug Use (5%)
  - Sexual Activity (5%)

- Clinical Care
  - Access to Care (10%)
  - Quality of Care (10%)
Children and youth of color with psychiatric and behavioral problems get suspension, expulsion or incarceration, not mental health care

Same rates of mental health insurance, get half the treatment

Black and Latinx individuals more likely to be hospitalized or institutionalized compared to whites, who more often get community-based treatment

Looking at secure units in NYS psychiatric centers it's disproportionally young men of color

“More trauma in this population that's not dealt with [and a] greater level of hopelessness … we have never seen before” Sean Joe, Washington University, St. Louis
Pivotal moment in our history - collision of multiple historical events that lay bare the profound systemic racism and social adversity that reduces quality of life and life expectancy…

- COVID-19 Pandemic
- Murders of Black Americans
- Mass incarceration of people of color
- Increasing economic inequality

A country on fire…
Available, effective services for all is our true north
This morning … “Four Questions”

- Where Will We Get Care?
- How Will We Pay For Care?
- Who Will Care for Us?
- What Kind of Care Should We Get?
Where Will We Get Care?
Struggle to get care ...

- **Escalating deductibles/copays** make treatment for mental illnesses (OCD, anxiety, depression - conditions highly responsive to medication/cognitive interventions) out of reach.
- Equally destructive are **stagnant insurance reimbursement rates** that make behavioral health cash only businesses.
- Public sector (serving mostly Patients with serious mental illnesses and Medicaid) are **maze of programs** each under different auspice with different admissions processes.
Integrated Care …

Vision has been single care management entity per consumer: Accountable care organizations – Medicare, Medicaid, commercial

Collaborative care – primary care with consulting psychiatrist and care manager

Specialty care coordination – health homes, ‘whole person’ integrated care programs
5% Of Americans Consume Half Of All Health Care Resources

- More than 80% of Medicaid superutilizers have a comorbid mental illness
- In 44% of Medicaid superutilizers, mental illness is in the form of an SMI

Integrated care … for consumers with complex needs

By addressing the medical and social needs of the most expensive patients, you could keep them out of the hospital.
Atul Gawande introduced Jeffrey Brenner as visionary for keeping "worst-of-the-worst patients" out of hospital … New Yorker piece, "The Hot Spotters" - early evidence promising, anecdotes inspiring

RCT: give frequently hospitalized/ER patients nurses, social workers etc. to stop cycle of readmissions v. care as usual. No effect: Pts receiving extra support as likely to return within 180 days as those not. Lower readmissions by nearly 40 percent, but same kind of patients receiving regular care nearly identical decline in hospital stays.

"Without data you’re just another person with an opinion." – W. Edwards Deming
Collaborative Care (Evidence Based)

- Primary Care Provider
- Patient
- Behavioral Health Care Manager
- Psychiatric Consultant

2017 Medicare codes introduced – now over 40 commercial carriers plus an increasing number of Medicaid agencies code
Inside collaborative care, medical homes/hospital systems/ACOs:

Specialty organization—whole-health to population with complex psychiatric and addiction conditions:

- income, language, race/ethnicity, health disparities
- complex, difficult healthcare needs

Specialty Behavioral Health and Integrated Care

School  Workplace  Inpatient  Clinics  Crisis *
How Will We Pay For Care?
Political Promise … we will increase access to care, improve quality of care and cut costs

Access, cost, and quality - inherent trade-offs. At any time, can improve 1 or perhaps 2, but at expense of third …

“If we conduct debates honestly, we acknowledge this and allow public to decide what they want—and what they are willing to sacrifice to get it.

JAMA, The “Iron Triangle” of Health Care: Access, Cost, Aaron Carroll MD
Driven by ACA/CMS - replace fee-for-service. Upside gain sharing, downside risk. Cut costs, improve care by moving from quantity to quality.

Value-based reimbursement

- General hospitals: variable
- Psychiatric/addiction inpatient: glacial
- Community: slow (plans blame lack of provider organization readiness; providers blame difficulty moving proposals with plans)
- Consulting: strong (definition/implementation variation promotes business)
Specialty BH Organizations Participating In VBR, By Model Type, %, 2019

Shift to measurement based care!

- PFP FFS: 45%
- Capitation for specific services: 30%
- Capitation for care coordination: 23%
- Case rate or bundled rate: 21%

"If we don’t measure it, we can’t manage it, and we can’t improve it and we won’t be paid for it!"

Shift to measurement based care!
“Frayed” Community Safety Net

- Limited tolerance for downside risk
- Upside in VBR contracts – doesn’t cover infrastructure expenses
- No capital for new service lines
- No parity in the safety net: FQHCs cost based reimbursement
- Medicaid managed care limits advocacy
Response … Partnerships, Mergers and Acquisitions

Economies of Scale and Negotiating Power

- IPAs struggle due to infrastructure cost & unwillingness to consolidate
- Not for Profit mergers very difficult
- Hospital acquisitions questionable outcomes
- Private equity - using technology solutions - increasingly interested in market but with technology solutions - rare to invest in not for profit
This is a demonstration program, right? We really shouldn’t expand it until we see the formal evaluation results.

The CCBHC Movement

In first 6 months of operation of CCBHCs report an increased number of patients served, representing up to a 25% increase in total patients for most clinics

- Service expansions:
  - MAT; Detoxification; Addiction counseling
  - Case management
  - Peer recovery coaches

- Partnerships with:
  - Hospitals (91%); Inpatient detox (89%); Residential treatment (80%)
  - Crisis units
  - Peer service organizations
  - Recovery housing and support organizations; high schools/collegiate programs

200 CCBHCs operating in 33 states

original eight-state Medicaid demonstration now includes two more states, and since 2018 has been grant funding appropriated to CCBHC readiness – preparing for Medicaid expansion in all states

May 2020 El Paso’s Emergence Health Network - CCBHC and received $2 million grant
Healthcare Slow to Change Regardless of Administration

We say we’re worried that …

- healthcare spending will be 20% of GDP by 2026.
- 5.5% projected annual growth will outpace overall economy, straining budgets
- healthcare spending diverts money from education, infrastructure, and other vital investments.

But in practice we treat healthcare as a business opportunity for …

- Insurance
- Pharma
- Consulting
- Technology Start Ups
- Investors

We have the healthcare system we built, every time we have to make a decision … we make a decision good for business

Joe Parks M.D.
Who Will Care For Us?
Recruitment and Retention Crisis (Demand and Supply)

▪ Prior to pandemic, shortage in every industry - for record 16 straight months, number of jobs higher than number looking for work. 7.4 million openings, 6 million people looking.
▪ Layoffs and firings at record-low levels
▪ Baby Boomers retiring (60 million by 2025) - turnover increasing onboarding costs
▪ Private Sector – millennials - signing bonuses, free healthy foods, remote work, flexible hours, paid sabbaticals …
▪ Behavioral Health Organizations v. Hospitals, VA, FQHCs
▪ Dependence on LPC and LMFT – no Medicare reimbursement
▪ CCBHC are hiring - its about salaries!
Pre – COVID
• Telehealth technology not new, widespread adoption slow
• Staff maintained patients were reluctant
• Regulators slow to address barriers

Threats of no revenue, staff layoffs, patients without services

Post – COVID
• Monitor clinical signs
• Provide medication management
• Engage in case management
• Follow up with patients after hospitalization
• Maintain communication with residents in supported housing
• Provide peer to peer education and support
Technology Solving …

Virtual Behavioral Health Solutions Created With Equity Investments

Access - immediate

Staffing – from the comfort of a millennials home

Quality - transparent, measurement based, big data/AI
Hi Touch – Hi Tech

Leveraging technology

• **Customer service** ... same day engagement ... from anywhere, on demand with choice of products and practitioner
• **Quality Assurance** ... skills and supports
• **Millennials** ... flexible location and hours
• **Eager Investors** ... Regulatory changes

“Columbia Mind Ventures”
What Kind of Care Should We Get?
Policy and Practice

Incentives and/or Punishments Drive Change
• 70,000 overdoses in 2017, insurers spent 1% of total reimbursement on SUD
• Insurers fail to address huge out-of-network utilization disparity between mental health/addiction and medical/surgical - more people pay out of pocket
• United Behavioral Health (largest managed behavioral) guilty of denying mental health and addiction treatment - judge found medical necessity review inconsistent with accepted standards, and influenced by financial incentive to suppress costs.

Focus on State Parity Laws and Enforcement - Colorado, New Jersey, Connecticut, and DC all enacted strong state parity laws in 2019 and now CA
Measurement-based care (MBC) is use of measurement instruments to objectify the assessment, treatment, and clinical outcomes, in patients.

- Routine practice throughout medical and surgical fields – from blood pressure cuffs to A1c tests for diabetes.
- Only 18% of psychiatrists and 11% of psychologists routinely administer measurement tools, such as symptom rating scales, to monitor patients’ progress.
- Patients with mental health and substance use disorders treated in routine care get worse outcomes than patients in clinical trials. Main contributor is providers do not typically use symptom rating scales in systematic way to determine quantitatively whether patients are improving.

*Fixing Behavioral Health Care in America: A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services*

Depression

- Depression second-leading cause of years lived with disability worldwide
- 7.5% of US workforce has depression each year; 15% with severe depression commit suicide
- Depression common among people with SUD

Treatments

- Brexanolone - rapidly reduces symptoms and restore function to those with postpartum depression
- Esketamine - for treatment-resistant depression (TRD)
- Neuromodulation technologies - widespread use of vagal nerve stimulation and transcranial magnetic stimulation (TMS)
- Psychedelics - out of favor after 1960s and 70s, return as clinical trials demonstrate potential as treatment
Suicide Prevention

Research (evidence) Based Interventions

• Targeted Screening: Three-question screening tool for ER pts – regardless of reason for visit – and specialty care –
• Safety Planning: Personalized safety planning - limit means
• Follow-up phone calls: At-risk patients receiving screening, safety plan, and series of supportive calls, risk goes down further
• Psychotherapies: CBT and DBT
• Medications: Clozapine reduces suicidal behavior in pts with schizophrenia and schizoaffective disorder. Ketamine in depression and suicidal ideation.

Physician prescribe buprenorphine for pain, same doctor cannot prescribe for SUD without DEA waiver, requiring time and training. Legislation to set aside waiver requirement to allow wider physician use.
Homeless
- 20 to 25% of homeless suffers from form of severe mental illness. (6% Americans severely mentally ill)
- 38% homeless dependent on alcohol, 26% other drugs.
- 2/3rd of homeless report abuse of drugs and/or alcohol major as cause of homelessness.

Criminal Justice
- Five times higher than the general population.
- 80% report lifetime drug use, and 53% meet criteria for SUD
- Substance users in the criminal justice due to
  1. possession of an illicit substance,
  2. sale or illegal distribution of a substance,
  3. illegal activity to support drug use
Coordinated Specialty Care

First Episode Psychosis

Which is worse to injure, a brain or a knee?

- One year of CSC: $15,000
- One knee replacement: $15,000
Growing commitment to programs that send trained staff instead of (or with) police on emergency calls – mental illness shouldn’t be pipeline to the police/jail

911 is now finally in most places, but since it is a very local endeavor, took years with lots of problems, including creation of EMS/EMT teams

Crisis Response Continuum of Care Bill– call centers; mobile crisis teams; crisis stabilization units; behavioral health urgent care centers (Alexandria Ocasio-Cortez/Catherine Cortez Masto)

At same time strengthening assisted outpatient programs and reexamining commitment laws

On July 16, 2020, the FCC established 988 as the new, nationwide, 3-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors - calls to go to the existing National Suicide Prevention Lifeline by July 16, 2022.
“What we need to do is always lean into the future; when the world changes around you and when it changes against you – what used to be a tail wind is now a head wind – you have to lean into that and figure out what to do because *complaining isn’t a strategy.*” – Jeff Bezos

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