BHA presentation

May 14, 2014

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Presentation

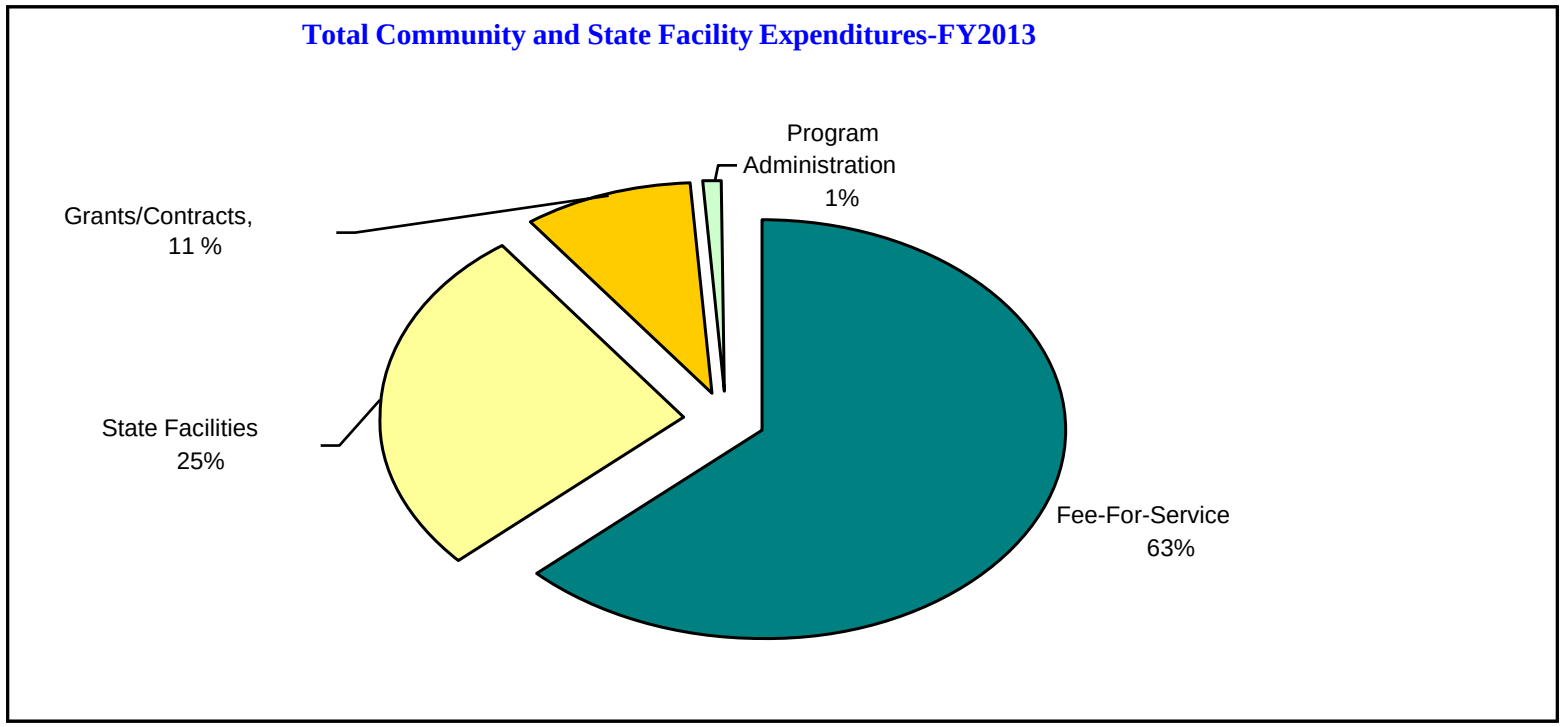
- Current BHS in Maryland
- Outcomes Measurement System (OMS)
- Affordable Care Act (ACA)
- Maryland moving ahead with ACA
- Changes in Maryland as a result of Health Care Reform
- Role of BH leaders moving forward

The Maryland Behavioral Health System

- Stakeholders
- The MHA, ADAA and local Authority
- Administrative Service Organization for Medicaid and Uninsured fee for service.
- The MA dollars for SA services are under the MCOs
- Contracts for uninsured services or non-Medicaid services that do not fit well in FFS.

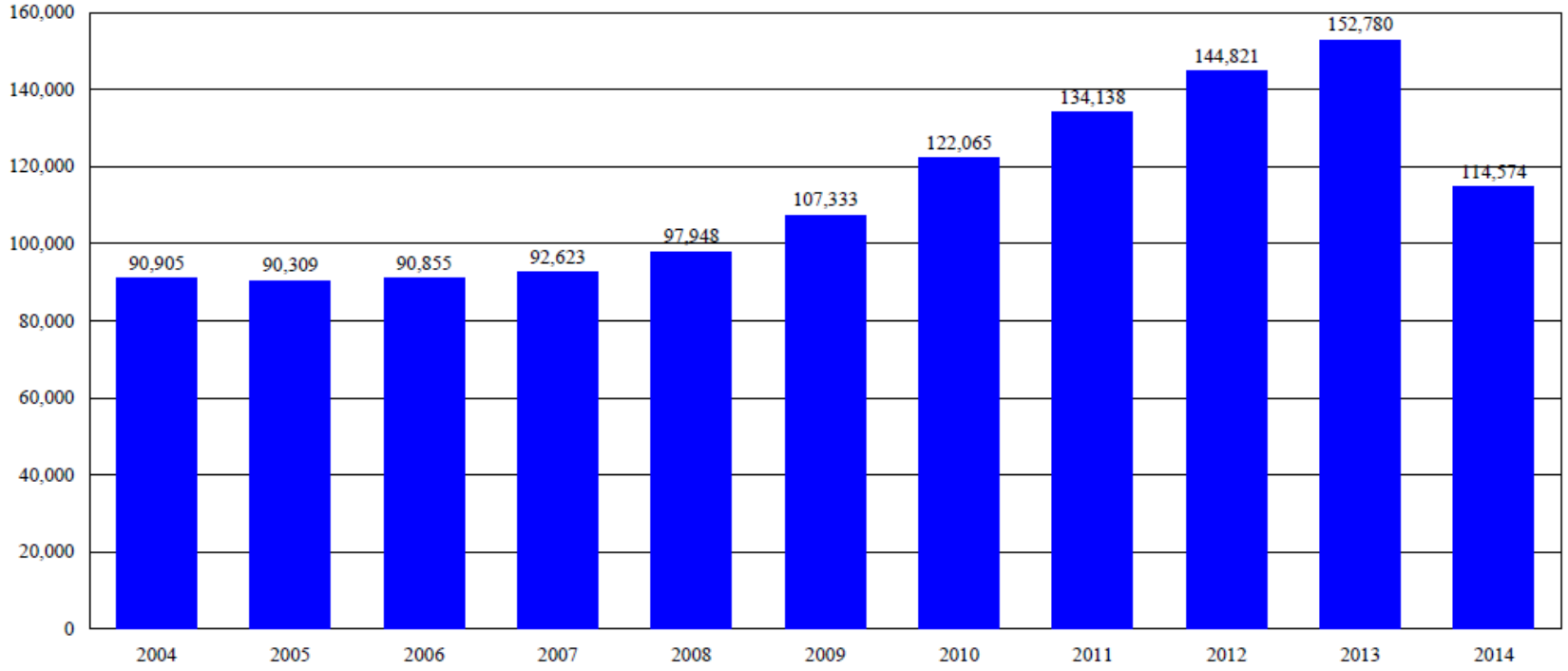
MHA Community and State Expenditures

- In FY 2013, 74 percent of total expenditures were for community-based services (including those in the fee-for-service system and in grants and contracts).
- MHA's Actual Budget was $1,068,645,666 --- $792.2 million ($675.7 million from Medicaid) for community services, $267.8 million for state operated institutions, and $8.5 million for program administration.
- Non-Medicaid expenditures include those for Medicaid-ineligible recipients, non-Medicaid reimbursable services provided to Medicaid recipients, and for services for individuals within state-only Medicaid eligibility categories.



Consumers Served by the Maryland Public Mental Health System

QUARTERLY

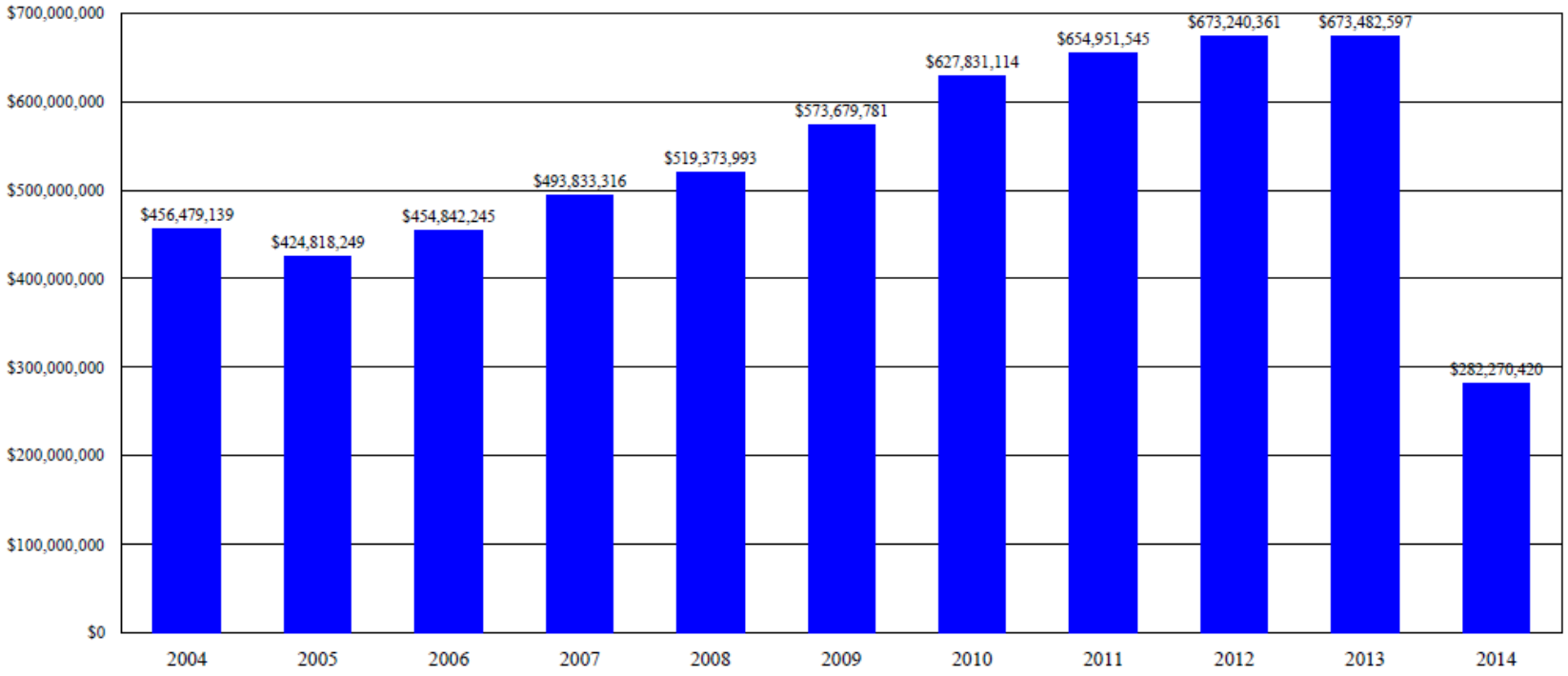


-0.66% decrease from 2004 to 2005
0.60% increase from 2005 to 2006
1.95% increase from 2006 to 2007
5.75% increase from 2007 to 2008
9.58% increase from 2008 to 2009
13.73% increase from 2009 to 2010
9.89% increase from 2010 to 2011
7.96% increase from 2011 to 2012
5.50% increase from 2012 to 2013

Note: Based on claims data through 12/31/2013.
Includes Baltimore Capitation.
Payment of Medicaid claims for Medicare/Medicaid eligible individuals were assumed by the Maryland Medical Assistance Program beginning 07/01/2003.These expenditures/consumers are not included beginning FY 2004.
Claims can be submitted up to 12 months from the service date and therefore data regarding FY 2013 & FY 2014 are incomplete now.

Claims Expenditure for the Maryland Public Mental Health System

QUARTERLY



-6.94% decrease from 2004 to 2005
7.07% increase from 2005 to 2006
8.57% increase from 2006 to 2007
5.17% increase from 2007 to 2008
10.46% increase from 2008 to 2009
9.44% increase from 2009 to 2010
4.32% increase from 2010 to 2011
2.79% increase from 2011 to 2012
0.04% increase from 2012 to 2013

Note: Based on claims data through 12/31/2013.
Includes Baltimore Capitation.
Payment of Medicaid claims for Medicare/Medicaid eligible individuals were assumed by the Maryland Medical Assistance Program beginning 07/01/2003. These expenditures/consumers are not included beginning FY 2004.
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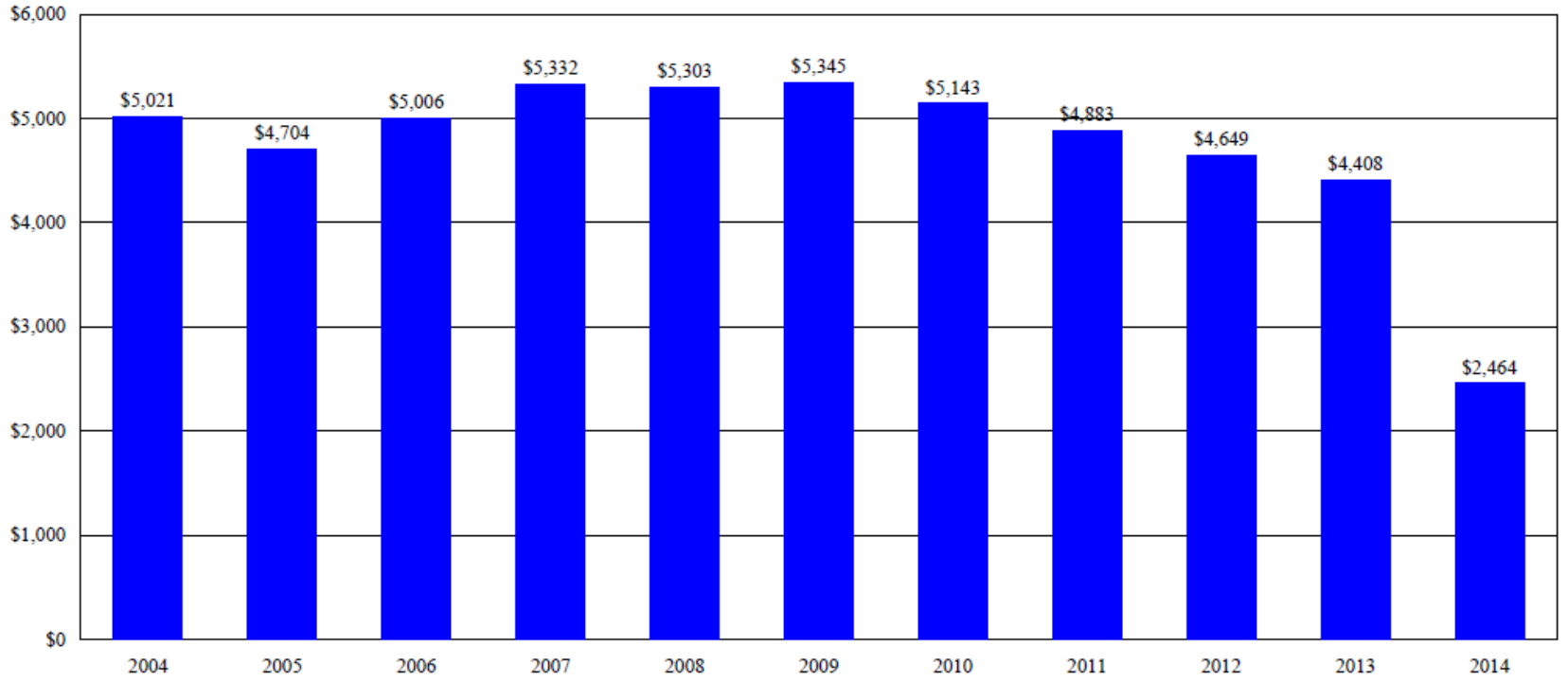
Average Annual Cost Per Consumer

QUARTERLY



-6.3% decrease from 2004 to 2005
6.4% increase from 2005 to 2006
6.5% increase from 2006 to 2007
-0.5% decrease from 2007 to 2008
0.8% increase from 2008 to 2009
-3.8% decrease from 2009 to 2010
-5.1% decrease from 2010 to 2011
-4.8% decrease from 2011 to 2012
-5.2% decrease from 2012 to 2013

Note: Based on claims data through 12/31/2013.
Includes Baltimore Capitation.
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Outcomes Measurement System (OMS) Project Background

- Quantifies outcomes for individuals ages 6-64 in PMHS outpatient treatment services
- Collaboratively developed by MHA, U of Md. Systems Evaluation Center, ValueOptions®
- Clinicians conduct OMS interviews at intake and approximately every six months
- Includes various life domains

OMS Datamart

- Two types of aggregated data analysis are presented
  - -Results of individuals' most recent interview
  - -Comparison of the individuals' initial and most recent interviews
- Statewide and jurisdiction level data available
- Multiple calendar and fiscal years available
- Access the Datamart at:

http://maryland.valueoptions.com/services/OMS_Welcome.html

- Following slides are FY2013 Datamart screen shots

VALUEOPTIONS® MARYLAND

Adult OMS Data

Change Over Time Analysis - Fiscal Year 2013

Statewide

Maryland Mental Hygiene Administration
Outcomes Measurement System

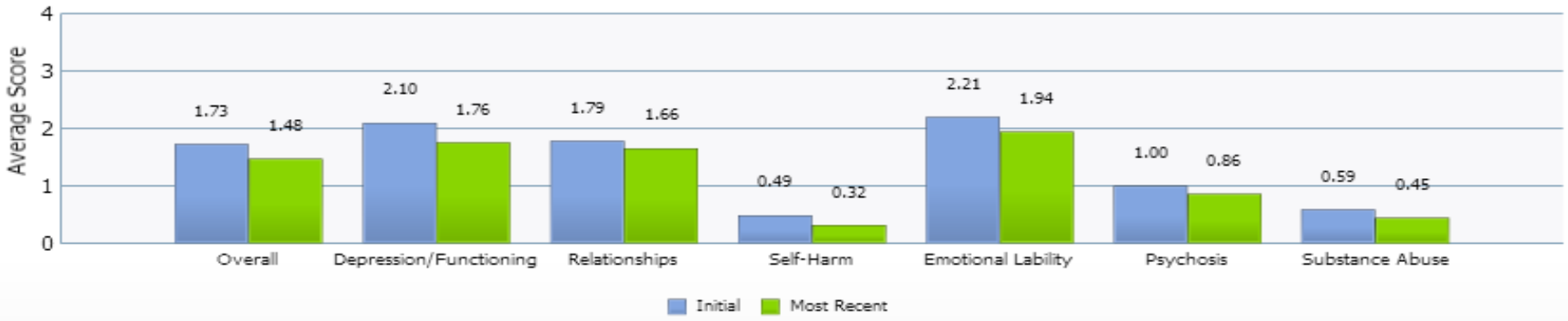
Statewide | Ages - All | Genders - All | Races - All | <- Back To Welcome

Living Situation | Psychiatric Symptoms | Functioning | Substance Use | Legal | Employment | General Health | Counts

Psychiatric Symptoms

(Lower scores indicate less frequent or less severe symptoms)

N = 20,856



Psychiatric Symptom Questions (Q10 - 33)	
During the PAST MONTH, how much difficulty did you have...	10. Managing your day-to-day life?
	11. Coping with problems in your life?
	12. Concentrating?
During the PAST MONTH, how much of the time did you...	13. Get along with people in your family?
	14. Get along with people outside your family?
	15. Get along well in social situations?
	16. Feel close to another person?

- An overall and six subscale scores are calculated from these questions (scale is 0-4).
- Questions 10-33 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.

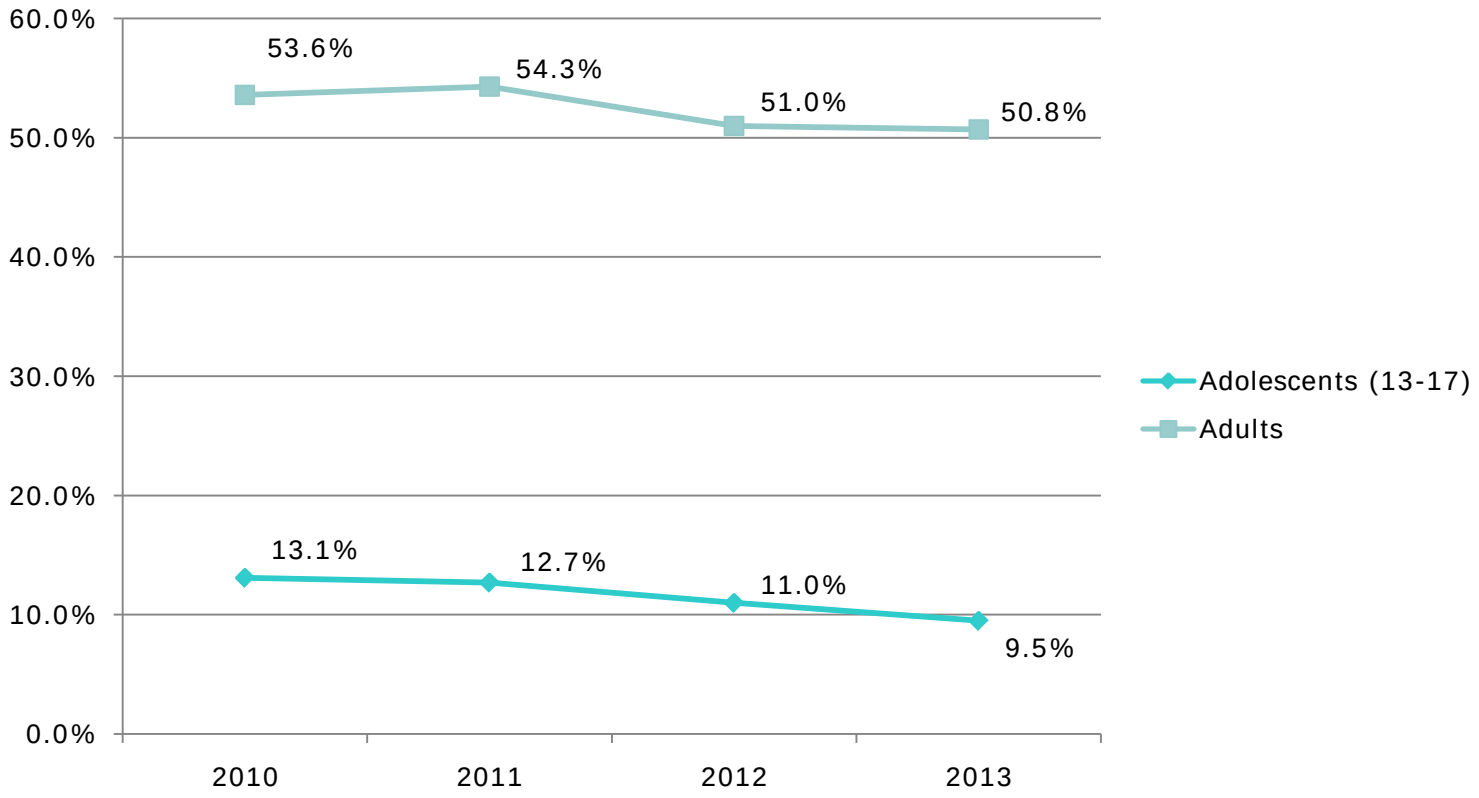
Final Data for FY2013

-BASIS-24® symptom questions result in an overall and six subscale scores (range of 0 to 4) with lower scores indicating lower symptomatology.
-All symptom scales show improvement over time.

OMS Trends Over Time

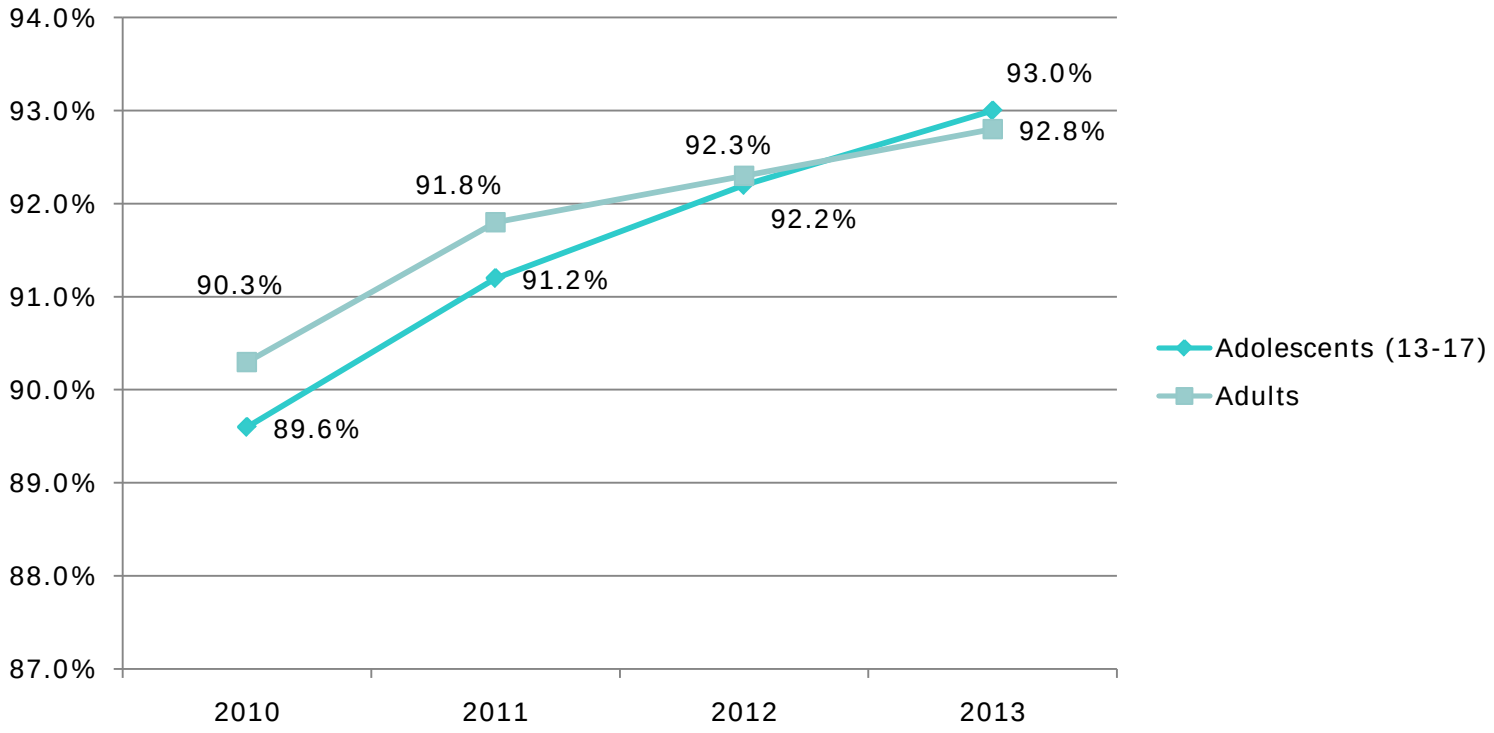
FY 2010-2013

Percent Reporting Smoking Cigarettes



-While smoking among adults in the PMHS remains high, it has steadily declined.
-Adolescent smoking is also declining.

Percent Reporting No Arrests in Past Six Months



-Over 90% of both adults and adolescents report no arrests within the past six months.
-Percentage of adults and adolescents not arrested in the past six months is increasing.

MARYLAND CONSUMERS

Perception of Care Survey

Individuals served in 2012

Consumer Perception of Care Surveys

- Conducted annually
- Telephone survey of adults and children/caregivers
- Stratified random sample is representative of those served in the PMHS
- Results available at the MHA Website

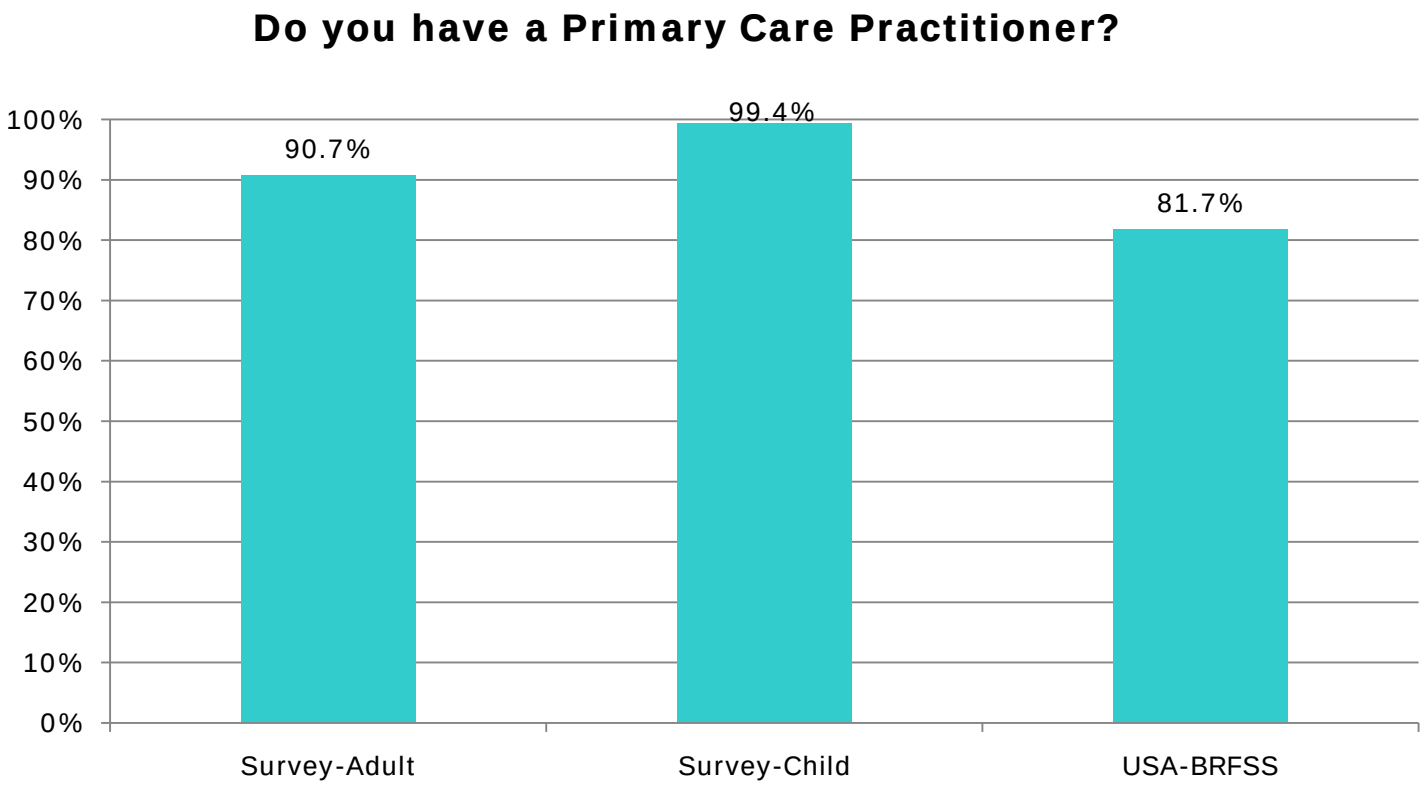
http://dhmh.maryland.gov/mha/SitePages/Home.aspx

-----Population comparison data-----

Behavioral Risk Factor Surveillance System (BRFSS)

- National telephone survey of health issues
- Results from 2011 surveys

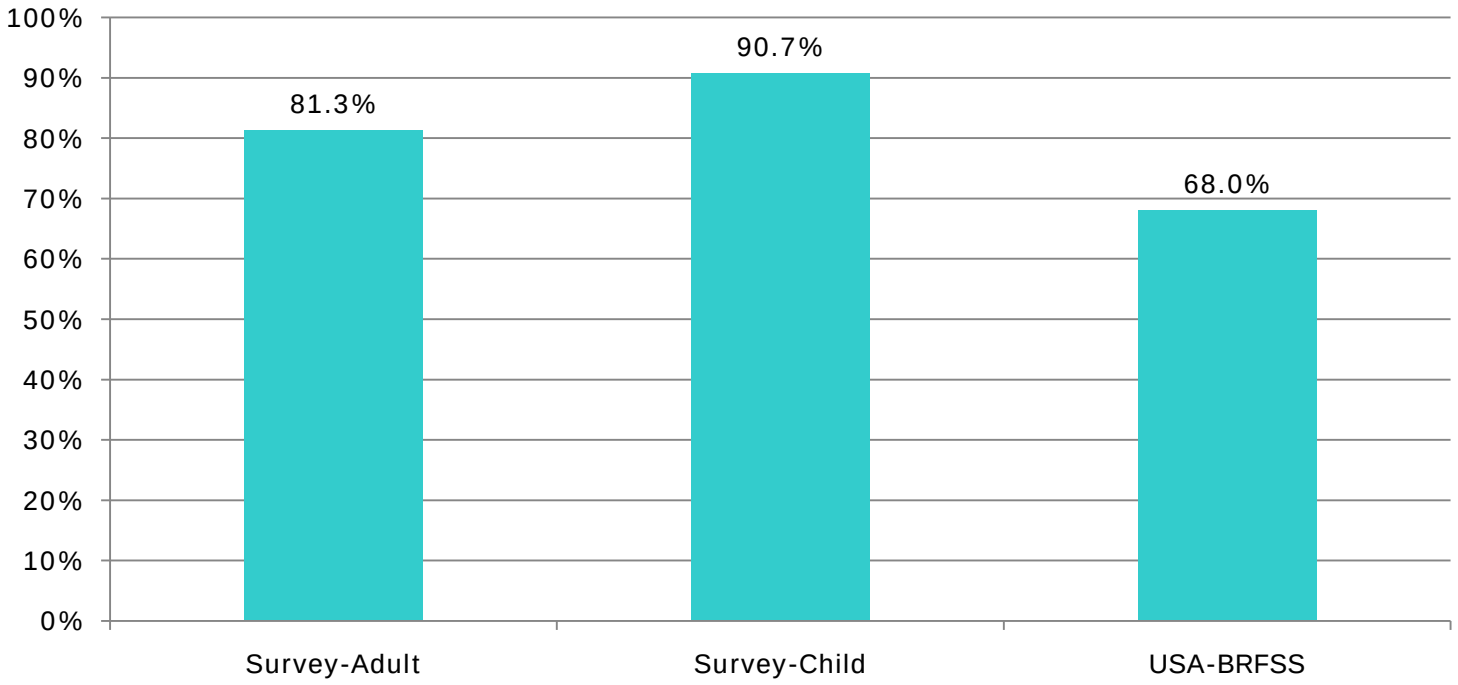
Maryland Consumer Survey vs. United States Behavioral Risk Factor Surveillance System



-Over 90% of adults and 99% of children in the survey report having a primary care practitioner.
-This is significantly higher than the 81.7% of BRFSS respondents.

Maryland Consumer Survey vs. United States Behavioral Risk Factor Surveillance System

In the past year, have you visited a primary care practitioner for a check up or because of illness?



-Over 80% of adults and 90% of children in the survey report having visited a primary care practitioner within the past year.
-This is significantly higher than the 68% of BRFSS respondents.

Good and Modern System

- We have a good system that can be better.
- The challenge is to move with the ACA to a system that includes better integration of care and coordination for mental health, substance use and physical health care without losing the current strengths of the PMHS.

Affordable Care Act (ACA) goal is to reduce the uninsured

- Over 47 million nonelderly Americans were uninsured in 2012.
- Decreasing the number of uninsured is a key goal of the Affordable Care Act (ACA), which will provide Medicaid or subsidized coverage to qualifying individuals with incomes up to 400% of poverty beginning in 2014.
- Will also help people maintain coverage and make private insurance affordable and accessible.

The lack of insurance impacts access to health care

- One-quarter (25%) of uninsured adults go without needed care each year due to cost.

- The uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases. (**Kaiser Foundation**)

ACA

- Young adults stay on their parents' health plans to age 26
- No lifetime or annual limits on essential health benefits for children and adults (1/1/2014)
- No pre-existing condition exclusions (for adults beginning 1/1/2014)
- Expanded Medicaid coverage for former foster youth up to age 26
- Preventive care without co-pays or deductibles
- No pre-authorization for ER
- Seniors get help with their prescription drugs

Maryland has embraced Health Care Reform and the ACA

- Governor O'Malley, Lt Governor Brown, Secretary Sharfstein, and Gayle Jordan-Randolph MD have been leaders in Maryland for Health care reform and the ACA.

- The Maryland Legislature has also been supportive and partnered in these efforts.

Maryland Moving Forward with Health Care Reform

Triple Aim

Lower Per Capita Costs
Improved Outcomes
Better Patient Experience…

…at the Same Time

Behavioral Health in Maryland- 2014 and Beyond

Changes Planned To the PBHS

- ADAA and MHA to reorganize into a single Behavioral Health Administration – July 1, 2014
- One Administrative Services Organization (ASO) will manage Behavioral Health Administration benefits for Medicaid Recipients and uninsured – January 1, 2015
- New integrated Behavioral Health regulations
- Accreditation instead of Approval by OHCQ based on regulations

Regulations and Accreditation

- Streamline regulations and maintain quality of care
- Accreditation
  - Consistent with current medical practice
  - Reduces redundancy
  - Simplification of the regulations with some degree of flexibility
  - Integrates evidence based practice
- Regulations to address services not covered by accreditation

Key features of Integrated BH System

- Increase public health and outcomes focus
- Increase prevention and early intervention efforts
- Promote clinical integration
- Increase data collection and outcome measurement
- Coordination for individuals moving between Medicaid and Maryland Health Benefit Exchange
- Preservation of Safety Net
- Reduce Health Disparities

Increase Public Awareness: Mental Health First Aid

Providing training to the public to increase the understanding about mental health issues. to help increase knowledge so persons know when to provide support and when to get professional help.

A Collaborative Partnership: Maryland; National Council for Behavioral Health: Missouri Department of Mental Health

Vision: By 2020, Mental Health First Aid in the USA will be as common as CPR and First Aid training are today.

Early Intervention: Behavioral Health Integration in Pediatric Primary Care B-HIPP

- Collaboration between State of Maryland Mental Hygiene Administration and academic institutions
- Purpose is to support pediatricians in keeping children and youth in their homes and communities
- Provides Child Psychiatry Consultation to Pediatricians
- Consultation involves diagnosis, medication use, community resource information

Improve physical Health: Smoking Cessation

- The Smoking Cessation Leadership Team (SCLT) has developed a combined behavioral health approach to the problem of smoking which is a factor in addressing the needs of those with mental illness and substance abuse.
- Based on a recent survey, Maryland is now developing a series of trainings and instructional materials for smoking cessation that are based on an integrated behavioral health approach to smoking cessation and support.
- Maryland's free telephone quit line for adults interested in quitting smoking and obtaining related resources (e.g. Nicotine Replacement Therapy or NRT) is now being enhanced to respond to the specific issues that confront behavioral health consumers.

Summary slides

- Maryland embraces the ACA and health reform and is moving full speed ahead to accomplish the goals.

What Changes to Integrated Care Since ACA?

- More attention to Public Health model
- Integration of MH & SA
- Integration of BH & MA
- Integration of regulations; moving to accreditation
- More pointing to an ideal integrated system (medical, mental health, addictions) that may not currently exist? Perhaps a future goal?

How has BH been impacted by State Health care reform Initiatives?

- Previously primarily focused on Tertiary care
- Increased emphasis on Public Health (prevention & early intervention)
- Medicaid expansion
- Parity

How have changes in Reimbursement & Cost containment changed service provision?

- During last 7 years 60% growth in PMHS-due to MA expansion
- Increased focus on maximizing Medicaid
- Increased focus on diversion from inpatient with Crisis Services
- Increased focus on high cost populations and High Utilizer populations

What are the leadership challenges going forward?

- Moving to Population Health or Public Health without sacrificing services to the traditional Behavioral Health populations;
- Increased attention to physical health issues: smoking; obesity; diet; exercise
- Workforce issues-Telemedicine, Internet services, self help
- Technology-Electronic Record, Social Media

What should BH leadership be doing going forward?

- Maintain an open & inclusive culture
- Maintain anti stigma and recovery focus
- Maintain the safety net
- Maintain strong relationship with stakeholders
- Maintain control of non Medicaid dollars for needed services for uninsured and non-MA services
- Maintain the collaborative partnership with Medicaid