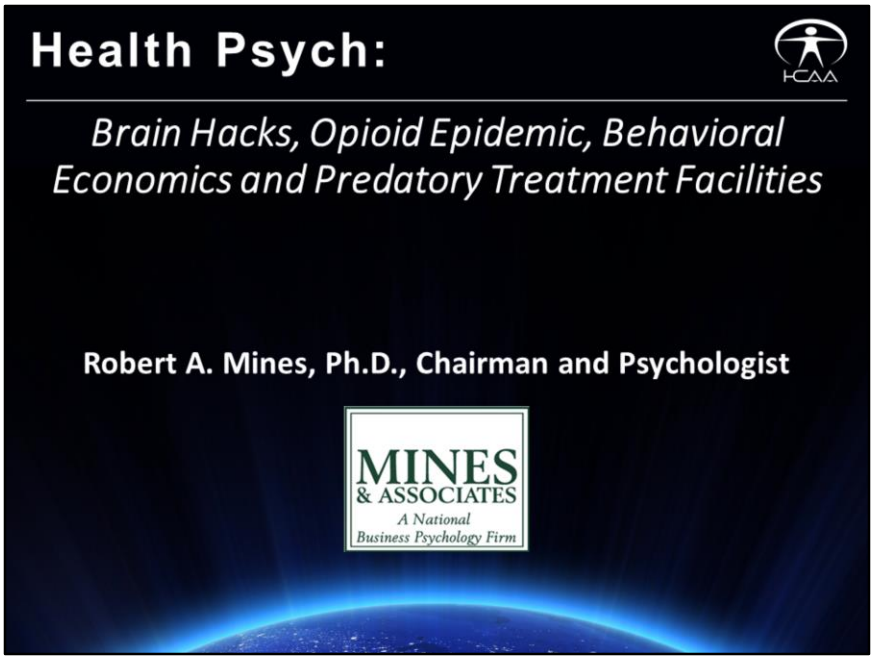

WHEN THE DUST SETTLES
IS YOUR NEW WORLD BRAVE ENOUGH?
HCAA
February 8th -10th
Bellagio, Las Vegas



The opioid epidemic has spread throughout the country. It has led to a significant rise in heroin addiction on the streets as prescription drugs are becoming harder to get. With the ACA allowing children up to the age of 26 to still be on their parents' insurance, a revolving door in drug treatment and relapse is occurring with no patient consequences.

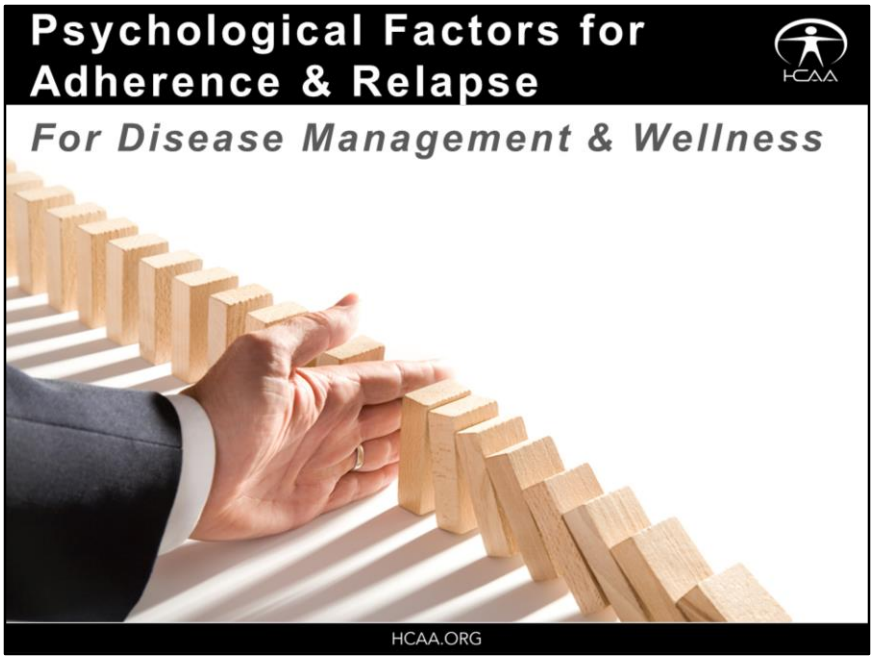
In other areas of healthcare, patients with a certain eye disease will go blind if they don't take their medication. Yet 60% of them do not! What is the psychology behind this? Costs of most chronic illnesses are 50% higher if there is an undiagnosed depression. Who would not be depressed to start with? Yet, we are not treating the depression adequately.

Tens of thousands of dollars are spent on medications each month for some patients and they don't take them, why? What are the psychological factors involved? Predatory facilities in drug/alcohol treatment are charging up to $4,000.00 per UA when they should cost less than $40.00.

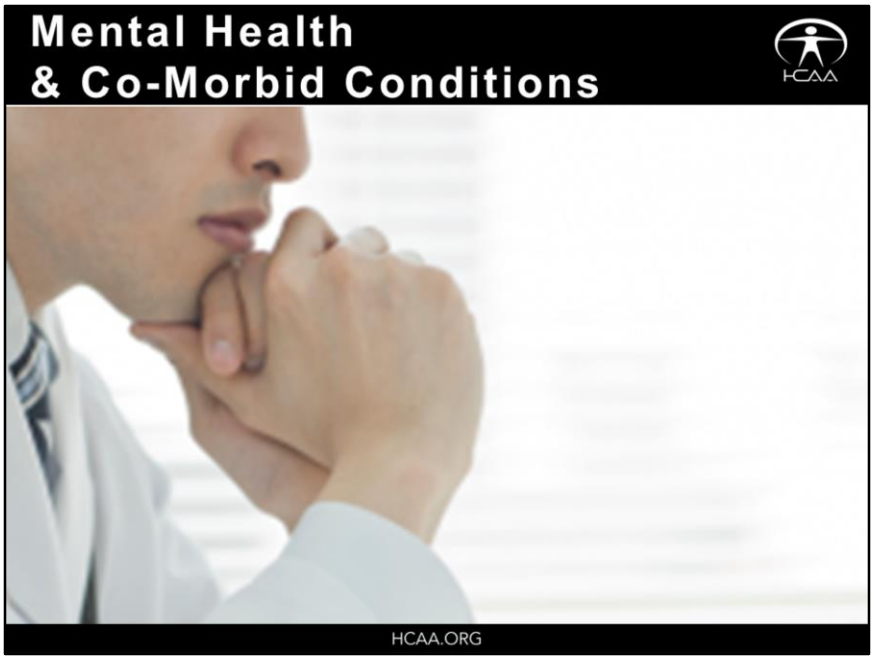
What are the behavioral economics and case management tactics that can effectively turn this tide of exploitation of out of network benefits? On-site medical clinics integrating with behavioral health services are cutting edge. What works/what are the challenges?

This session presents a number of integrated behavioral healthcare strategies for managing health and costs.

- Pain Management
  - Narcotics such as oxycodone to heroin
- ACA

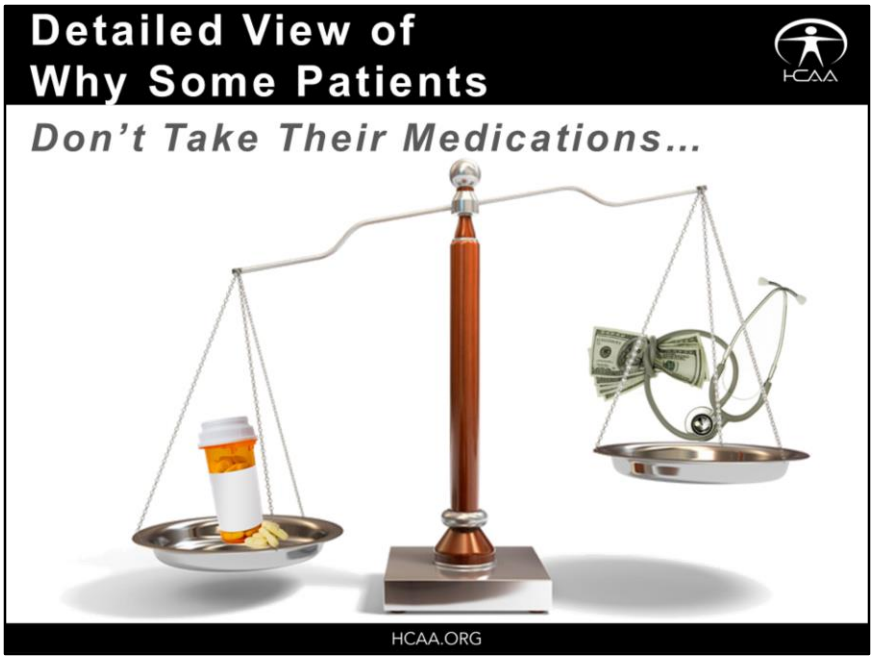


- What are the psychological factors related to adherence (sticking with a program)?
  - Anticipating factors that enhance the maintenance stage of a habit change process. Behavioral skill training, cognitive interventions, and lifestyle change procedures.
- What are the psychological factors related to non-adherence or relapse?
  - Motivation to change
  - Perceived Control (Self-Efficacy)
  - High Risk Situations
  - Negative Emotional States
  - Interpersonal Conflict
  - Social Pressure
  - Positive Outcome Expectations related to the immediate moment (Cookies taste great!) vs Long term Consequences.



- Depression and Anxiety associated with:
  - *Cardiac Events*
  - *Accidents*
  - *Disability*
  - *Other Medical Concerns*

- Depression: Untreated have Twice the Annual Health Costs of Non-Depressed Patients. (Pratt, Brody 2008, CDC report)
- MH Conditions add 62-186% to the Cost of the Major Chronic Medical Conditions
  (Kathol, 2010 SIAA presentation)

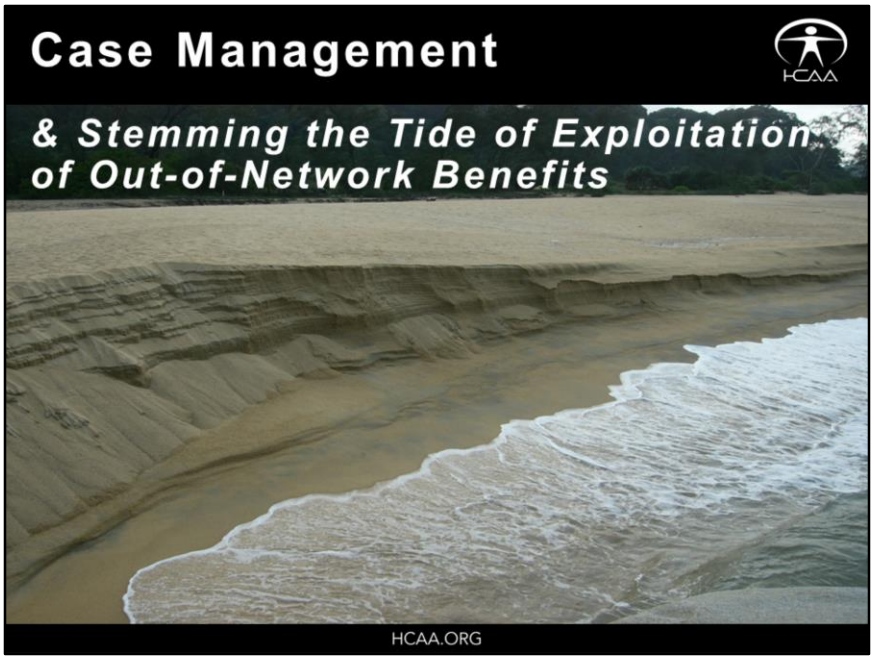


- Cost
- Adverse Side Effects
- Ineffective
- No short term relief vs long term payoff
- Feel better (high blood pressure meds, antibiotics)
- Beliefs about illness (Diabetes, Asthma)
- Memory
- Burn out (Insulin and Diabetes)

- Why have they popped up more so than in the past?
  - Mental Health Parity Act
  - Accountable Care Act
- Epidemiology Factors
  - Pain meds to heroin process
- Marketing (Internet)
- Behavioral Economics
  - Benefits and Consequences not Understood by Patients
- Plan Design Flaws

- Think Fast/ Thinking Slow
- Patients are overwhelmed by choice, go with the easiest choice
- The Individual Costs are not known to the patient
- Facilities are incentivized to not be in network

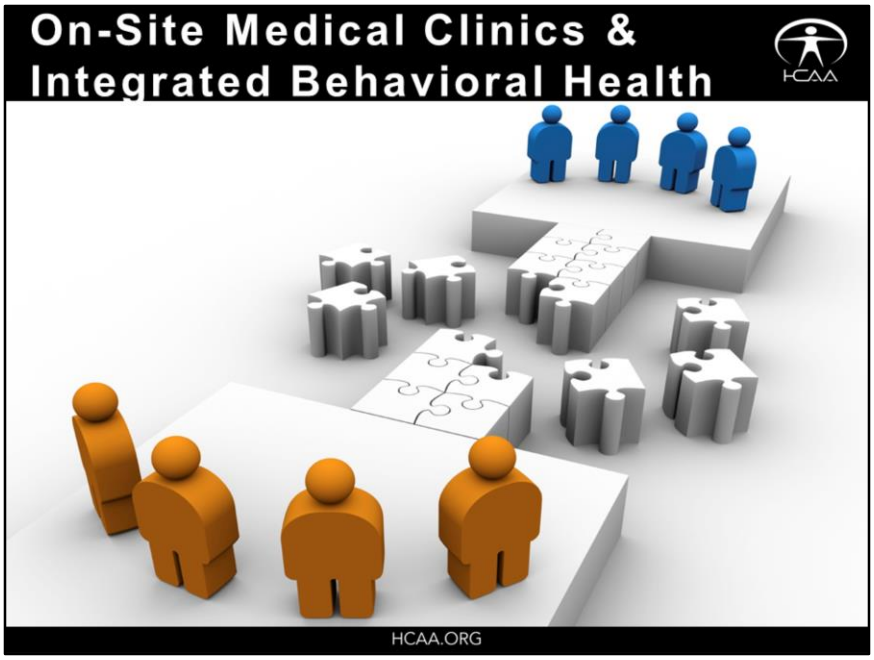
- People would rather not lose than win. People do not make rational economic decisions.
- People who are consistently versus intermittently (think slot machines in Las Vegas) do not maintain the behavior when the reward is withdrawn.
- If people have too many choices, they don't do anything (overwhelmed). Keep your plans simple in language. People chose the default option when overwhelmed.
- People under estimate risk or the cost of risk.(We are all above average drivers).
- Thinking Fast/ Thinking Slow: People don't like to think complexly, its hard work. Instead of % differences on out of network costs, show them dollar amounts.



- Intensive Case Management for Inpatient and Partial Care Patients that allow for following the continuum of care after discharge under the assumption of the same treatment episode.
- Maximum Medical Improvement after X number of Inpatient Stays.
- Disease Management Programs for Substance Abuse, Alcoholism and Key Mental Health Diagnoses.

- Mental Health Parity Act or (in dark corners of the universe) otherwise known as the Therapist Relief Act.
- Consequences: Can no longer manage the continuum of care from Intensive Outpatient through Outpatient, thus continuity of care is compromised from Inpatient, Partial, and Residential.
- Consequence: Costs are going up as therapists treat conservatively.
- Consequence: Out of network facilities have started charging predatory rates for substance use and alcohol treatment ($2,000 to $3,000.00 for a $15-$45 drug panel, daily) while the patient is locked up.

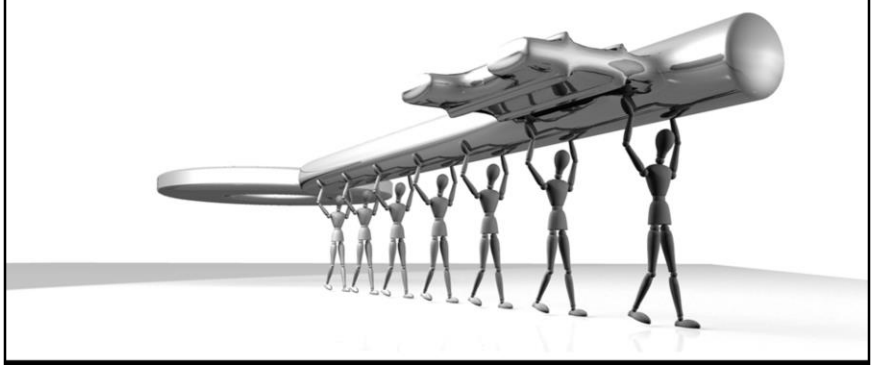
- What would it take to put a Disease Management program in place for substance abuse, alcoholism, and mental health key diagnoses?
- Do you have them in place for medical conditions such as diabetes?



- What Works?
- What are the Challenges?

Integrated Behavioral Health Strategies

For Managing Health & Cost



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Do the systems have the ability to either share information or allow access?

Integration of PPO Networks

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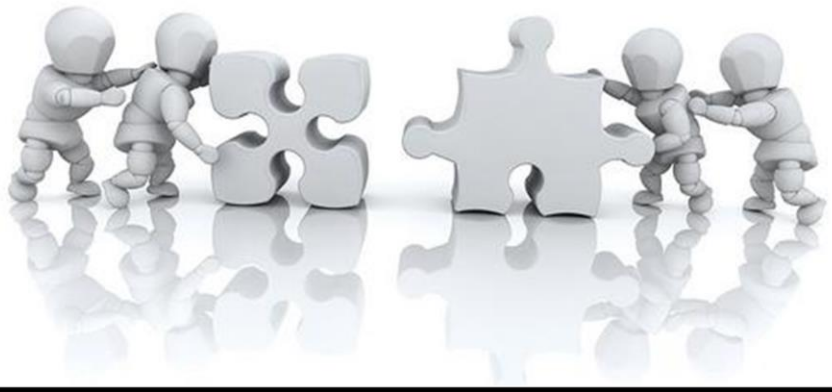
What is the plan to integrate specialty programs like EAP, Disease Management, and Wellness into the Behavioral Health and Medical components?

EAP & Human Resources Integration



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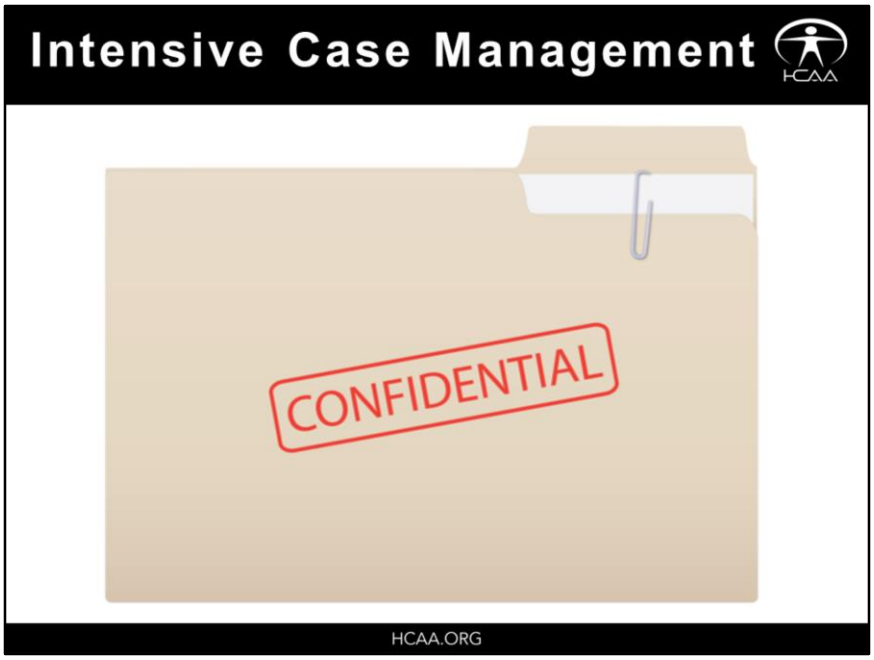
- Assumption: Psychological factors play a significant role in adherence to wellness programs and overall self-care.
- How can you integrate the EAP into your wellness programs to give an additional set of resources for adherence and relapse issues, health coaching, and compliance?



- Mobilizing the employee
- Coordinating resources

- Plan Design
- Contractual Requirements of Integration Among the Entities
- Structural Components
- Communication Components
- Legal Adherence (E.G., Mental Health Parity Act)
- Behavioral Economics
- Data

Considerations

For Integrating Behavioral Health

1. Plans need to incorporate behavioral health with the medical side.
2. Advocacy among all constituencies is required to shift attitudes and behavior.
3. All specialty entities need a regular communication and problem solving plan and this is required.
4. Specialist mental health professionals and facilities must be available to support primary care.

Considerations

For Integrating Behavioral Health

5. Patients must have access to essential psychotherapy and psychotropic medications at all levels of care.
6. Integration is a process, not an event.
7. A mental health service coordinator is crucial.
8. Collaboration with other organizations (TPA, Medical PPO, Medical UR, IT data sources, Pharmacy, EAP, Wellness, Disability Management) is required.
9. The behavioral economics of reimbursement and patient incentives needs to be incorporated into the Plan/Program.

Where your mind goes,
the energy goes.

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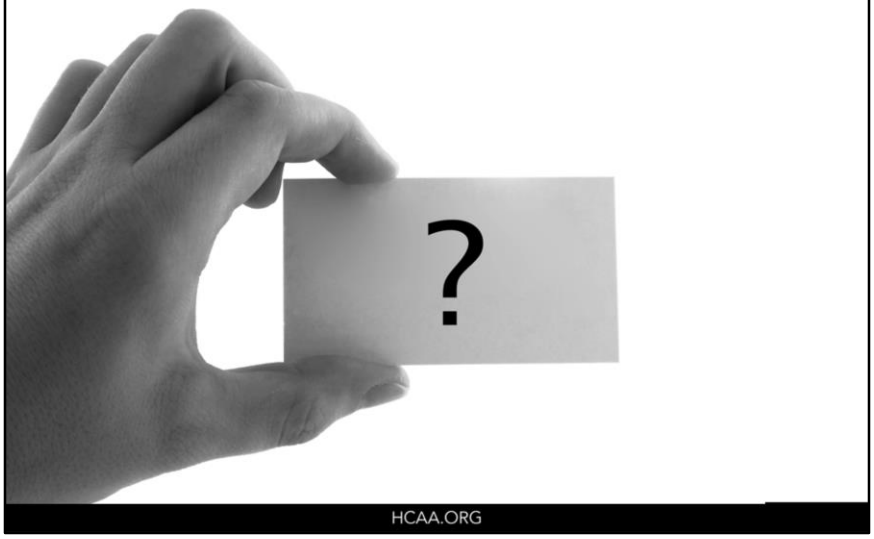
Questions



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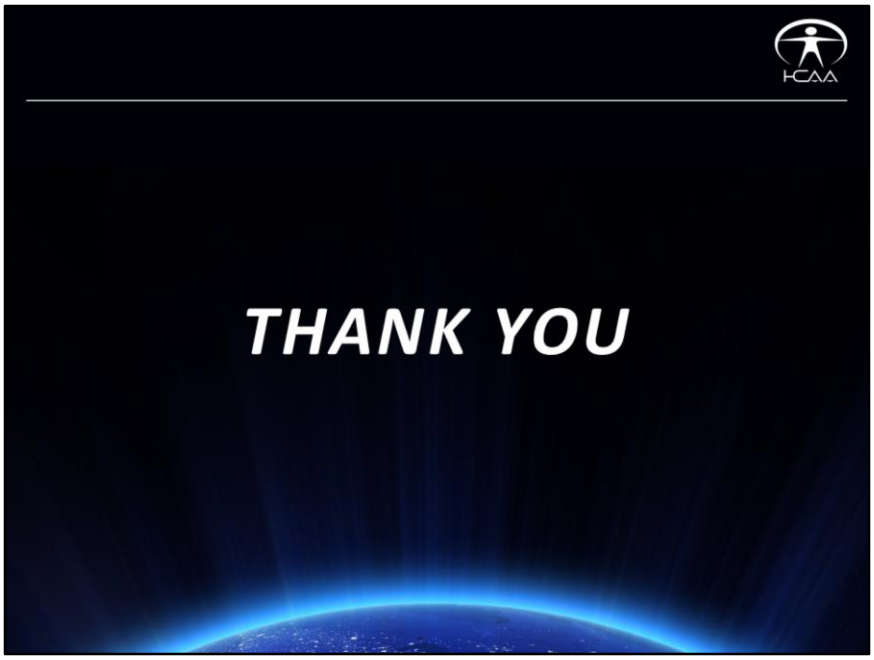
THANK YOU