Members in ACTION

CASE STUDY

BEHAVIORAL HEALTH HOME

Cambridge Health Alliance | Somerville, MA

Overview

Studies have found that Medicaid patients with serious mental illnesses have a significant mortality gap compared with the Medicaid population without serious mental illness. For example, people with schizophrenia die an average of 27.5 years younger—and this disparity is mostly caused by greater incidence and severity of *medical* conditions, including cardiovascular disease, metabolic disorders, lung disease, various cancers, and other common medical ailments.

To address this discrepancy, Cambridge Health Alliance (CHA), an academic community health system located just outside Boston, decided to launch a "Behavioral Health Home" program in 2015. This service model, piloted in Somerville, Mass., is designed to integrate medical services and care management with mental health care to offer more comprehensive, team-based care in an outpatient mental health clinic. The core idea is that mental health clinics may be a more comfortable and effective medical home for people with serious mental illness (psychotic disorders, bipolar disorder, personality disorders, PTSD, obsessive-compulsive disorder, etc.) than traditional primary care practices. CHA adopted the Behavioral Health Home specifically to improve care for people with schizophrenia-spectrum and bipolar disorders. The program serves CHA patients on a variety of health plans, though more than 90 percent are public payer.

"This population is significantly less likely to have a regular source of primary care," says Sandy Cohen, program manager, Behavioral Health Home. "This program brings primary care and preventive services into our psychiatry clinic, since these patients tend to be here more often than in our primary care offices."

The CHA Behavioral Health Home includes an integrated team of psychiatrists, psychologists, social workers, trainees, and a nurse practitioner to enhance primary care access, plus a full-time care manager to help improve the team's internal and external coordination (with other providers in community). The nurse practitioner serves as a supplement to primary care, working with patients who are struggling to connect with primary care or who have a specific health topic they want to learn about or work on.

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"Our integrated nurse does a lot of coordinating with patients' primary care teams and other outside providers," Cohen says. "Rather than replacing patients' primary care providers, we describe the integrated nurse practitioner as an extension of and bridge back to their primary care medical homes."

In addition, the program offers clinical groups and seminars on nutrition, social inclusion, peer connection, and other issues that promote good health.

Impact

After one year in operation, Behavioral Health Home leaders and their research partners compared acute care utilization between program members and a control group of other CHA patients with matching

psychiatric diagnoses. After controlling for demographic and clinical differences in the two cohorts, they found that Behavioral Health Home members had a significant reduction in total emergency department visits and inpatient psychiatric hospitalizations compared with the control group. In addition, there was an increase in routine lab tests to screen for and monitor diabetes—a primary aim of the Behavioral Health Home's focus on preventive medical care.

First-year outcomes did not show a reduction in medical hospitalization, nor an increase in outpatient medical visits or cholesterol screenings, but as the program passes its two-year mark, Cohen says they're expecting to see more improvement on these indicators.

"We're excited to see what we'll find this time around," he says.

Lessons Learned

"One of the primary take-homes so far is that we're feeling emboldened," Cohen says. "The results give us reason to believe that this type of intervention has potential to reduce total cost of care while improving outcomes. There's a lot of promise here."

Anecdotally, Cohen says that providers have been surprised at how much more willing their patients have been to talk to them about their health needs beyond psychiatric care.

"They're also talking to their providers more about wellness—sleep, mindfulness, nutrition," Cohen says. "They want to learn more about taking charge of their health. These topics can also create a nice opportunity to build rapport and connection with patients. They give providers new avenues for discussing patients' mental health situations as well."

Future Goals

While there are nearly 500 patients currently supported by the Behavioral Health Home program, CHA estimates it cares for at least 1,500 more patients with similar diagnostic criteria who are not in the program. Therefore, one of the next goals of the program is to determine whether there is a more specific subgroup within that population that might especially benefit from this program.

"We're developing a population management strategy and learning how to stratify need and risk," Cohen says. "We need to identify who would stand to benefit the most, in both the short and long terms."

Behavioral Health Home providers are also finding potential in working with patients ages 16 to 30 as one step to reduce the long-term effects of psychosis disorder.

"We've also had a burgeoning early psychosis treatment program," Cohen says. "There's a lot of promise in providing early intervention during patients' first years of psychotic symptoms. We're using new clinical protocols for patients starting to take antipsychotic medication, while also asking ourselves how we can equip these patients with the knowledge and skills they need to take more ownership of their health and have a recovery-oriented life."

The organization is also working to develop a more comprehensive picture of the complete continuum of care for people living with a serious mental illness.

"We're asking ourselves: What range of care integration is needed to make primary care accessible and person-centered for everyone with varying needs and levels of engagement? How do we help patients with serious mental illness transition through the health care system as their needs fluctuate?" Cohen says. "A more explicit model will help everyone understand roles and responsibilities. There's a lot left to learn."

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