

# THE Value Initiative

## Members in Action: Managing Risk & New Payment Models

### Intermountain Healthcare – Salt Lake City, Utah

#### *Increasing Value by Integrating Behavioral Health Into Patient Visits*

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

#### **Overview**

**Intermountain Healthcare improves patient outcomes and reduces costs by integrating behavioral health into every patient visit and normalizing mental health care as routine medical care.**

During primary care visits, patients' behavioral health needs are assessed and stratified into three categories: mild, moderate and high complexity. Using a team-based mental health integration program, a personalized care plan is then automatically wrapped around patients and families to support recovery.

In addition to the primary care clinicians, the customized care team may include social workers, therapists, psychiatrists, care guides, nurse care managers, physical therapists, nutritionists, pharmacists and peer mentors. A playbook outlines the role of each team member, continually linking the patient and their family, who are at the center of the care team, back to their primary care provider.

Intermountain began routinely integrating behavioral health services into primary care in 2006 after analyzing 20 years of patient data from longitudinal registries. The findings demonstrated patients with diabetes and asthma who were connected to behavioral health care had better health outcomes at lower costs than patients who were not assessed for mental health needs.

#### **Impact**

**Integrating behavioral health into primary care saved Intermountain \$115 per patient per year, which increased to \$1,400 per patient per year for those with multiple comorbidities.**

Total savings to the organization is \$13 million per year. Routinizing behavioral health with all patients started in one primary care clinic and has expanded in 2018 to 51 clinics, with 44 additional clinics moving toward full implementation.

Primary care patients at these integrated clinics have 23% fewer visits to the emergency department, 11% fewer hospitalizations and 76% fewer primary care visits. Patients also report feeling for the first time as though their physicians are treating them as a whole person.



In addition to asthma and diabetes, Intermountain has since expanded behavioral services for patients suffering from a variety of physical and mental health chronic conditions, including heart disease, depression, hypertension, ADHD, obesity, chronic pain and substance use disorders.

## **Lessons Learned**

**Through the process of developing the integrated model, Intermountain learned mental health integration must include five essential elements to achieve effective team-based care: leadership and culture; clinical workflow; information systems; financing and operations; and community resources.**

For example, champions need to spearhead accountability and cooperation; patients and families need to be engaged to assess required levels of support; information systems need to support team communication and outcomes tracking; and community partners need to be identified to support wellness.

“We’re not just talking about a program, we’re talking about a cultural transformation,” said Brenda Reiss-Brennan, mental health integration director at Intermountain Healthcare and chief clinical science officer at Alluceo. “We are building a culture that really supports relational reciprocity between team members, between people working together to help people reach their healthiest lives possible.”

## **Future Goals**

**Intermountain is continuing its journey of full behavioral health integration into all of its primary care clinics, and has funded a new company, Alluceo, which is developing a digital, team-based care platform to share their process with health systems and health plans across the country who want to pursue a similar approach.**

“We are not focusing specifically on mental illness,” said Reiss-Brennan, “we are focusing on mental wellness.”



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