UPMC LIFE CHANGING MEDICINE

Improving the Health of a Population with Serious Mental Illness: Study Findings & Program Cost Evaluation

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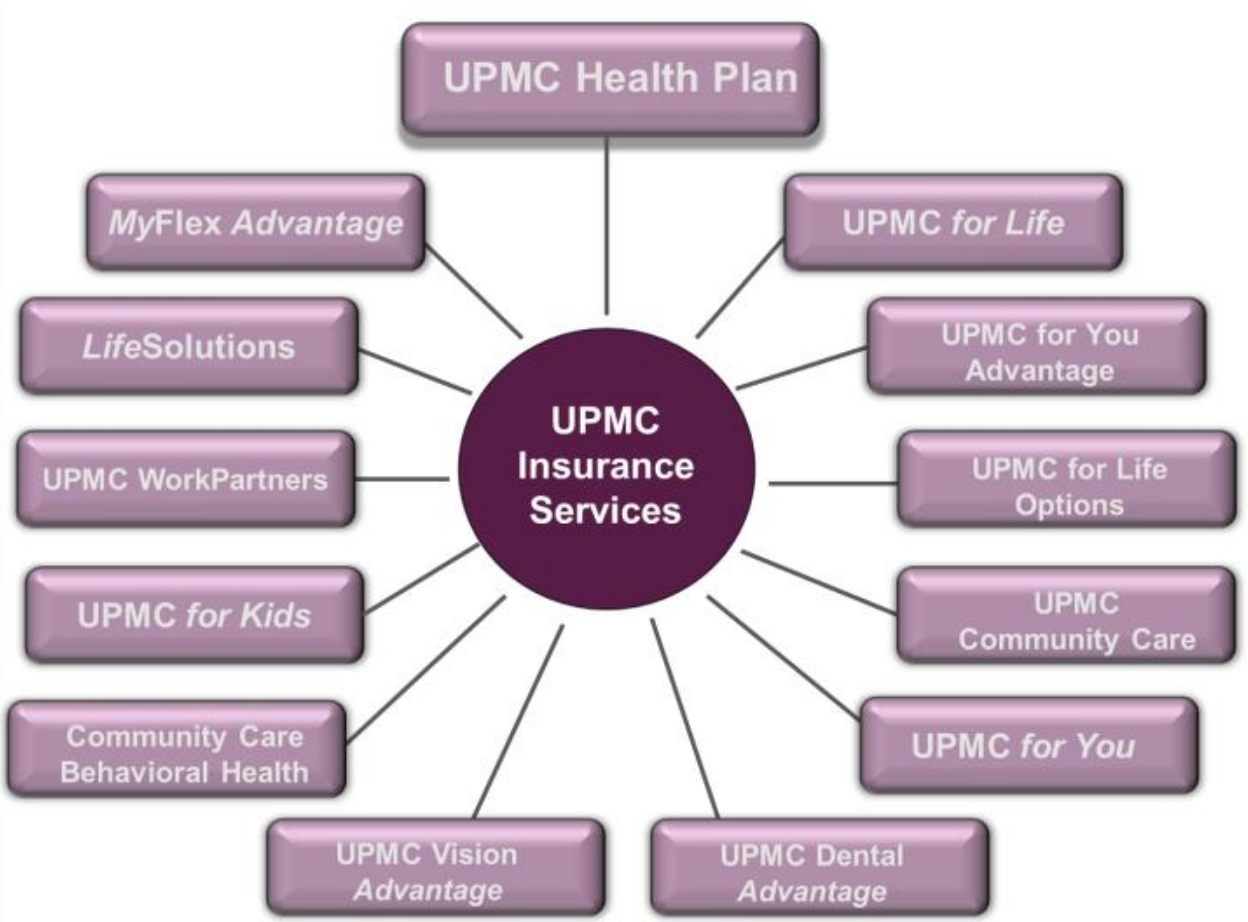
June 8, 2017

UPMC Insurance Services Division

- 3.0 million members
- 2nd largest provider-owned insurer
- $7.0B annual revenues
- Integrated population health & productivity products
- 10% average annual growth YOY
- 10,000+ employer group
- #1 ranked commercial HMO in WPA (2016 U.S. News & World Report)
- Fastest growing Medicaid & CHIP plans in PA
- One of 3 companies awarded PA MLTSS contract
- Highest provider satisfaction
- J.D. Power certified call center
- National Business Group on Health Platinum Winner (x5)
- ICMI Global Call Center Award Best Customer Experience Program

UPMC Insurance Services Division



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About Community Care

- Incorporated in 1996 primarily to support Pennsylvania
- Part of the UPMC Insurance Services Division
- 501(c)(3) nonprofit behavioral health managed care organization
- Licensed as risk-bearing PPO
- Currently managing behavioral health HealthChoices in 39 counties in Pennsylvania
- Experience with full-risk, shared-risk, and Administrative Services Only (ASO) contracts
- Variety of contracts in New York State since 2009; currently providing care management for SMI members for CDPHP

A Multi-Stakeholder Collaboration

- Collaboration built on:
  - UPMC/Community Care commitment to overall health & recovery-based programs
  - Successful early collaboration with Community Care & BH providers in North Central region of PA to address wellness
  - Belief that BH providers are uniquely positioned to assist adults with SMI in addressing whole health and wellness

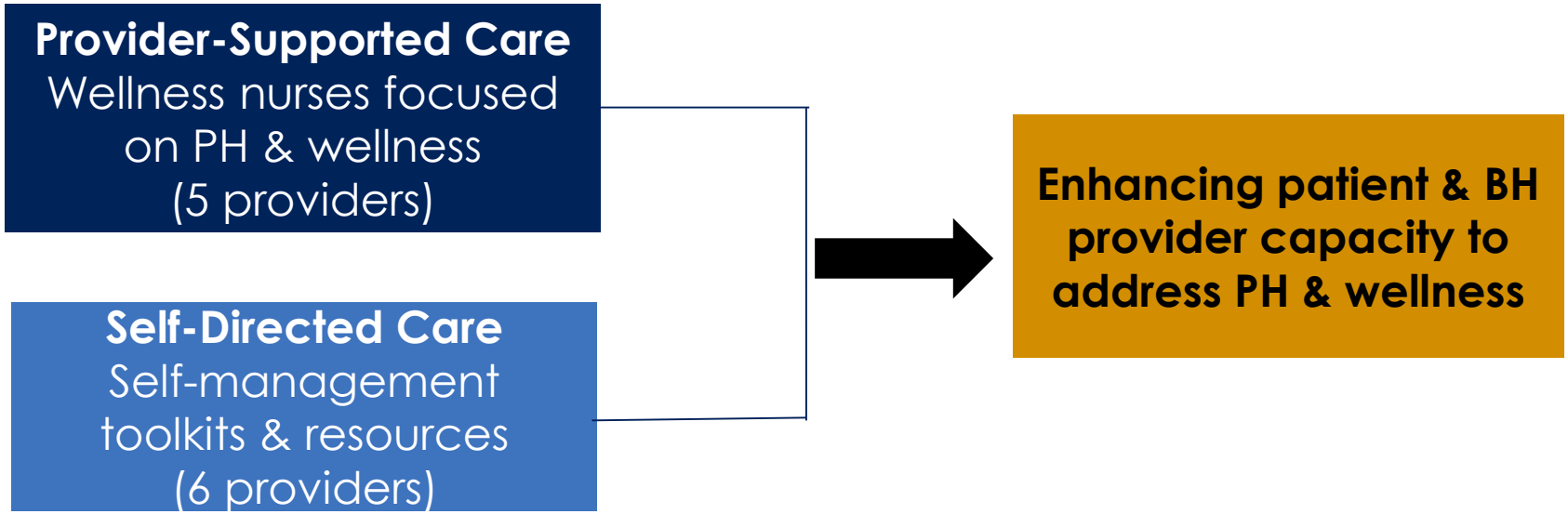
- Main partners include:
  - Community Care
  - UPMC Center for High-Value Health Care
  - University of Pittsburgh
  - Stakeholder Advisory Board
  - BHARP, NC and Chester Counties and Providers
- Principal investigators:
  - James Schuster, MD, MBA, Community Care
  - Charles (Chip) Reynolds III, MD, University of Pittsburgh
  - Tracy Carney, CPRP, CSP, Community Care
- Supported by the Patient-Centered Outcomes Research Institute (PCORI)

Key Interventions to Help Individuals with Serious Mental Illness

- Train case managers and peer specialists as wellness coaches/health navigators
- Support of a nurse focused on PH in MH settings
- Create a high-risk disease registry with key indicators of PH and BH needs
- Develop self-management toolkits to support common challenges such as obesity, smoking, exercise, and medication adherence

Study & Interventions

- Comparative effectiveness study of two behavioral health home model approaches to **improve the health status of individuals with serious mental illness, increase patient activation in care**, and **improve engagement with primary/specialty physical health care**. Both approaches train BH staff as wellness coaches and utilize high risk registries.



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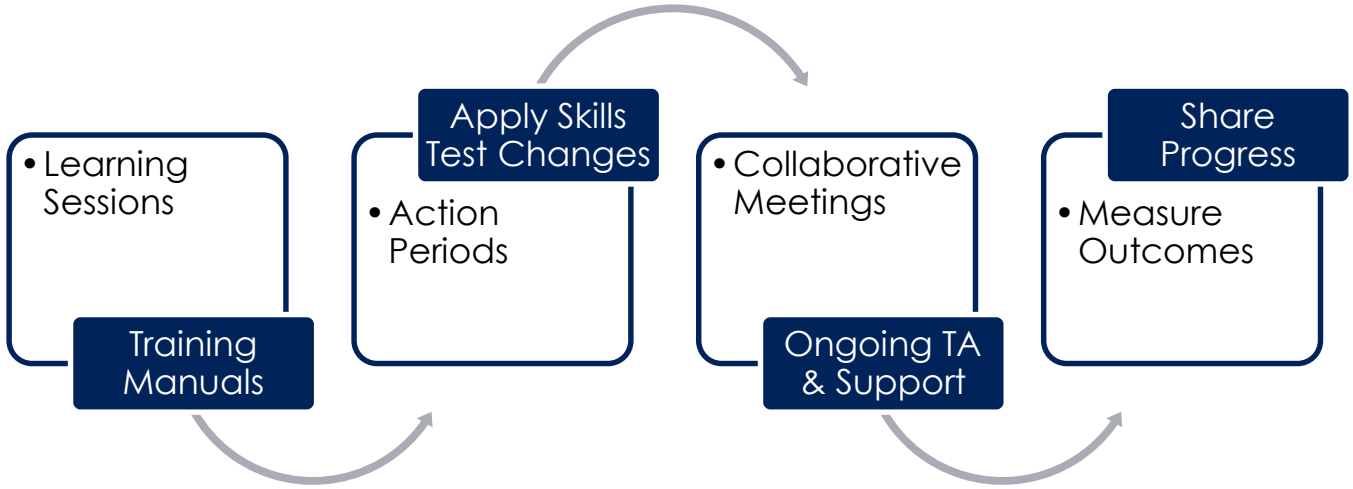
Learning Collaborative

- Structured approach for change
- Adopt best practices in multiple settings
- Uses adult learning principles & techniques
- Time-limited learning process
- Shared learning and collaboration

A learning collaborative supports implementation



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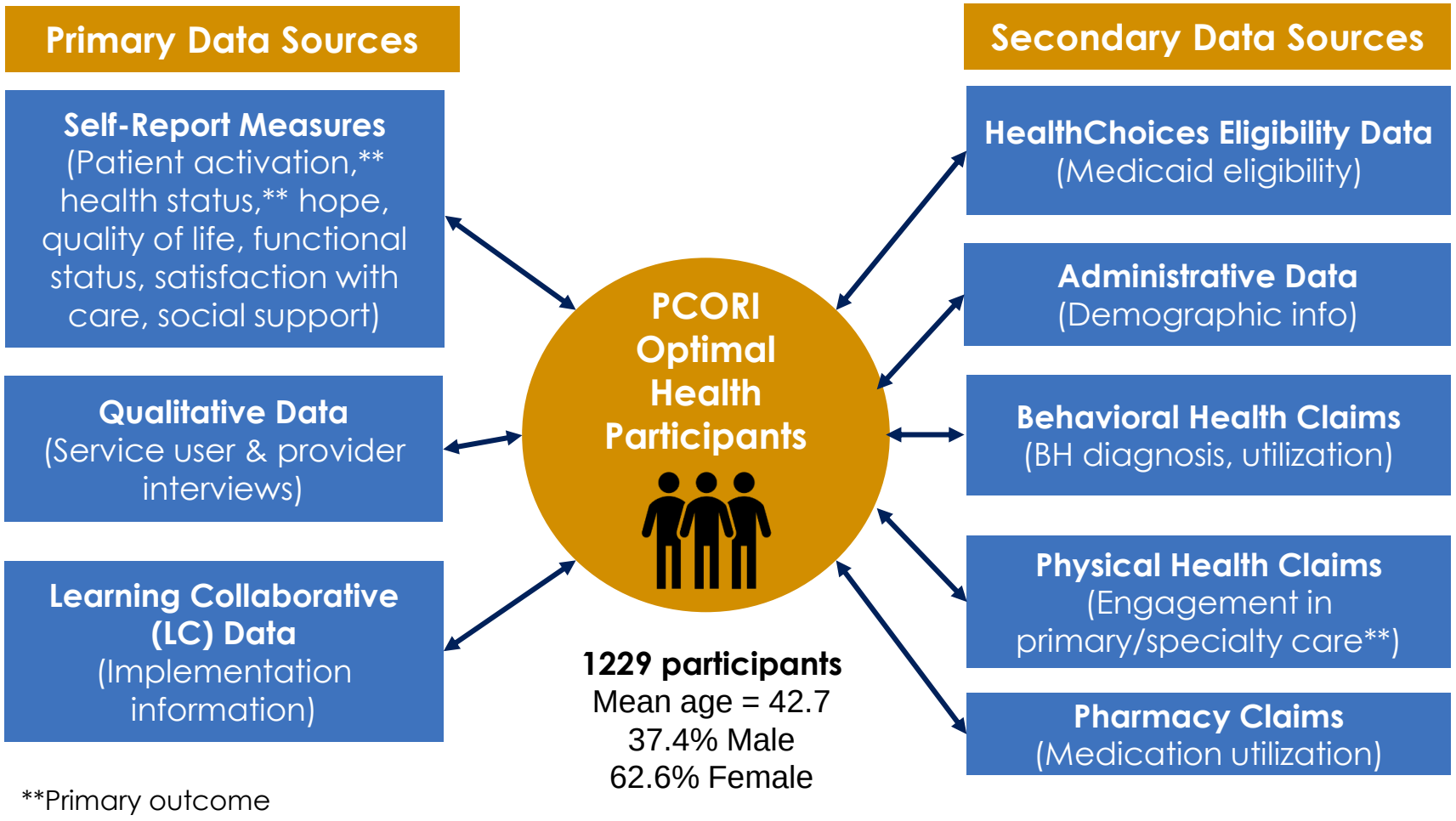
Study Data & Data Sources



**Primary outcome

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Findings Executive Summary

- Learning Collaborative/Implementation Findings:
  - **Performance on all process/outcome goals improved over time**
  - Provider-supported arm reported higher degree of achievement on all process goals after one year of implementation

- Qualitative Interview Findings:
  - Little difference in findings between intervention arms
  - **Overall positive experiences participating in (service users) or implementing (providers) interventions**

Findings: Executive Summary

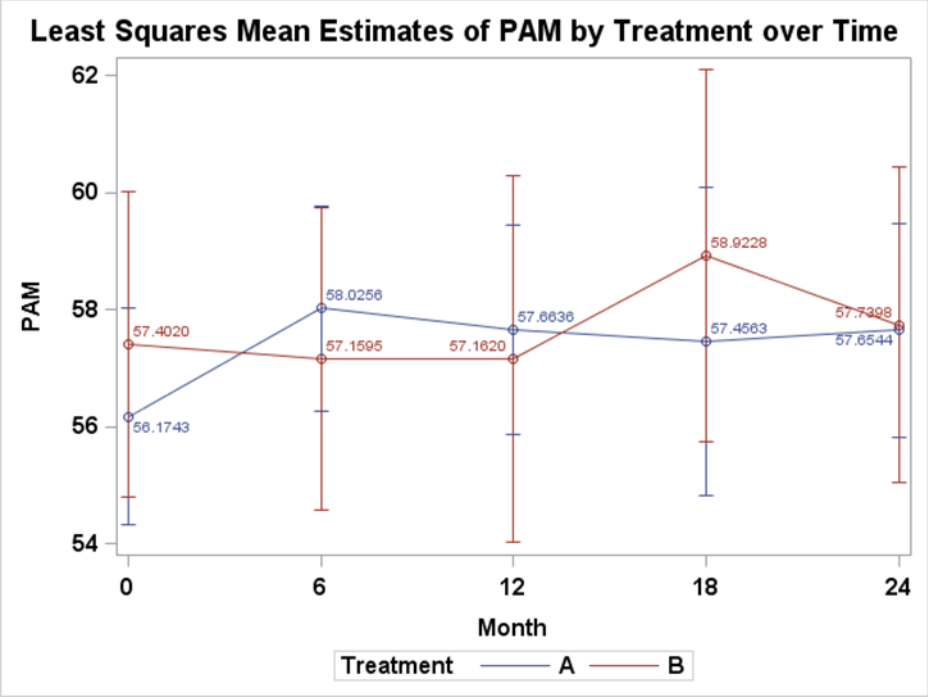
- Quantitative Findings:
  - Intervention type (Provider-Supported vs. Self-Directed) has a differential impact on some patient-centered outcomes (treatment X time interaction effect)
  - **Both interventions positively impact several of our outcomes over time (change over time)**

- Financial Findings:
  - **Indicative of long-term cost reductions in Provider-Supported (Wellness Nurse) sites, with some evidence of long-term decreases in Self-Directed (Self-management Navigator) sites.**
  - **Suggestive of increased short-term PH use at both sites, but more ambulatory and lower inpatient.**

Qualitative Interview Data

- Service users:
  - Shift in definition of health and wellness, away from vague/impersonal towards more personalized
  - Increased awareness of interconnectedness of mental and physical health
  - No major distinctions between arms; overall favorable intervention experiences
  - Most important factor leading to intervention participation was relationship with wellness coach
- Provider perception of impact on service users:
  - Robustly positive impact on health and wellness
- Agency response:
  - High degree of agency support for wellness coaching
  - Establishment of culture of wellness
  - Worry about service user “relapse” when discharged from CMHC
- Provider response:
  - Providers simplified wellness coaching to increase engagement
  - Nurses often mentioned as most beneficial component of the model
  - Providers often established their own wellness goal(s)

Quantitative: Patient Activation



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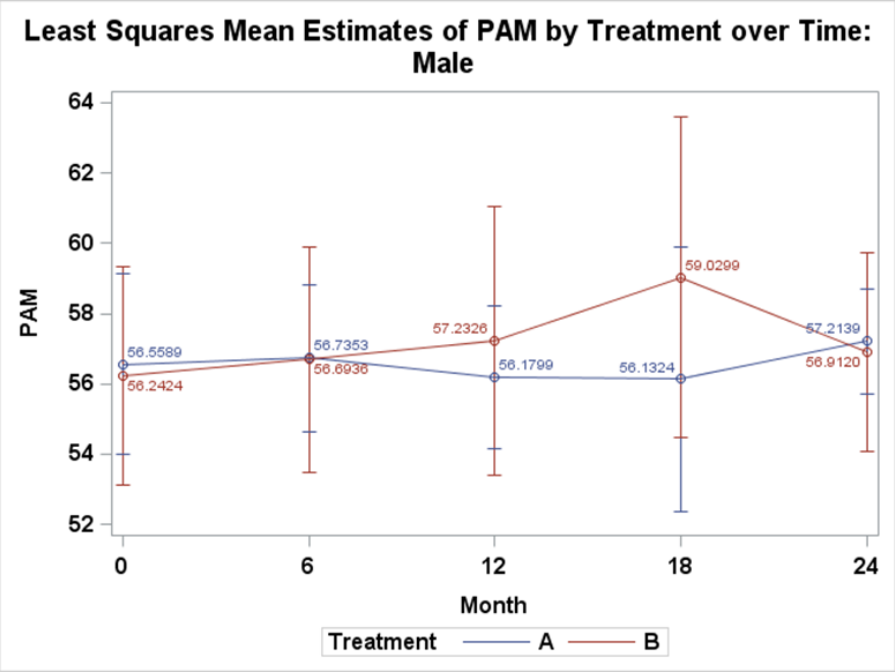
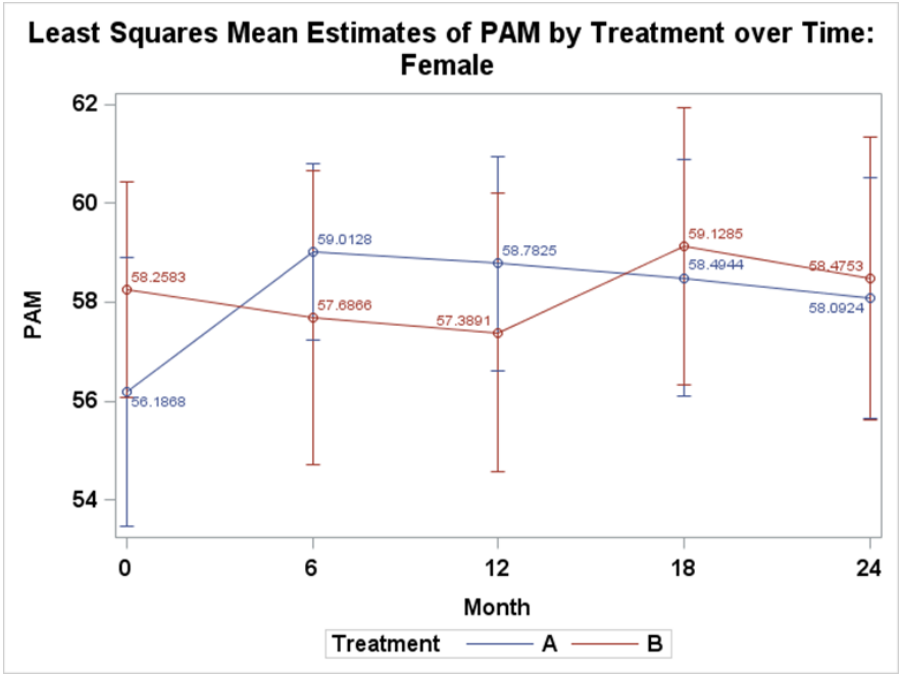
Quantitative: Patient Activation





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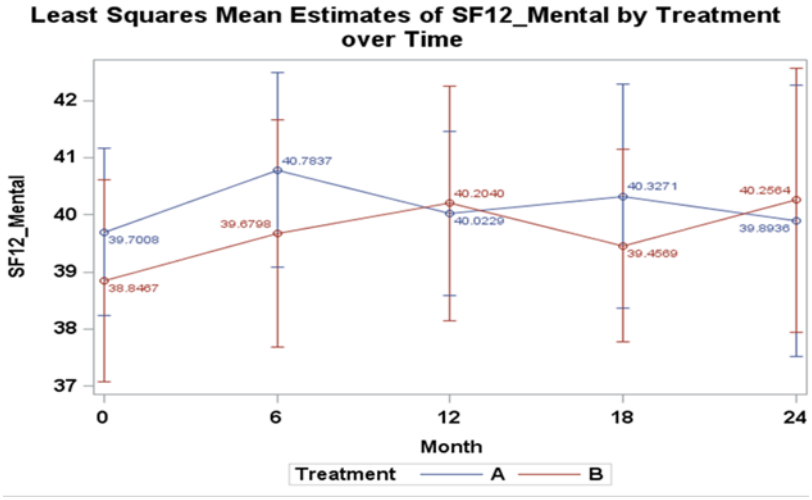
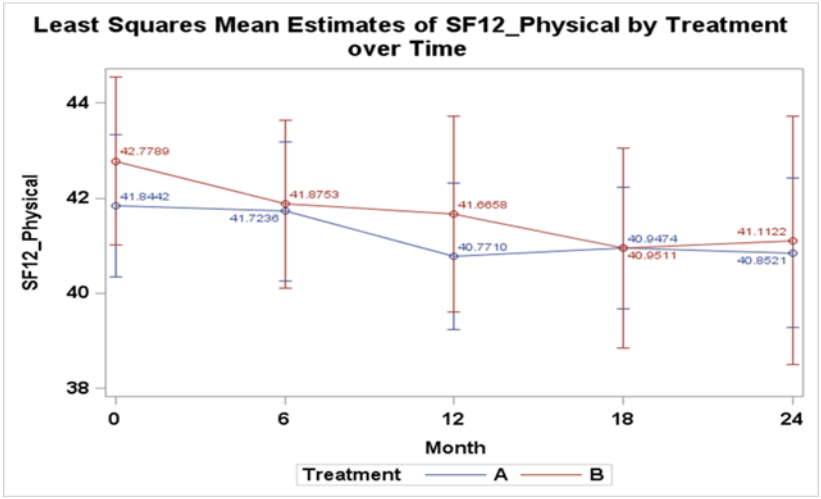
Quantitative Results





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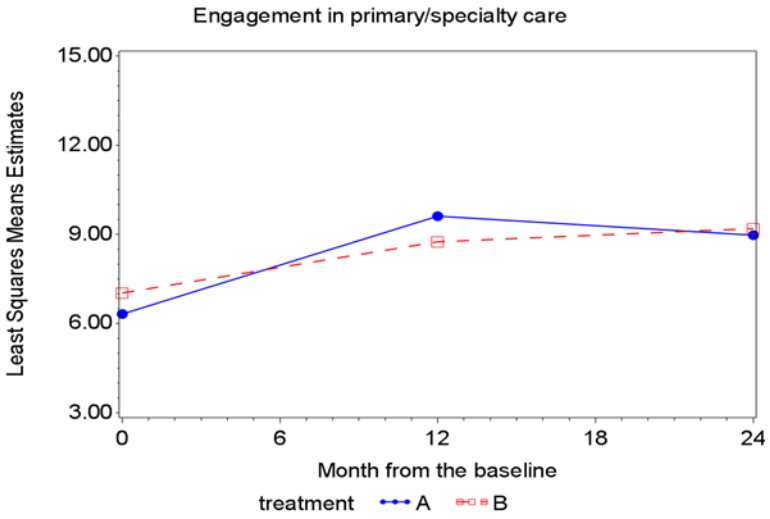
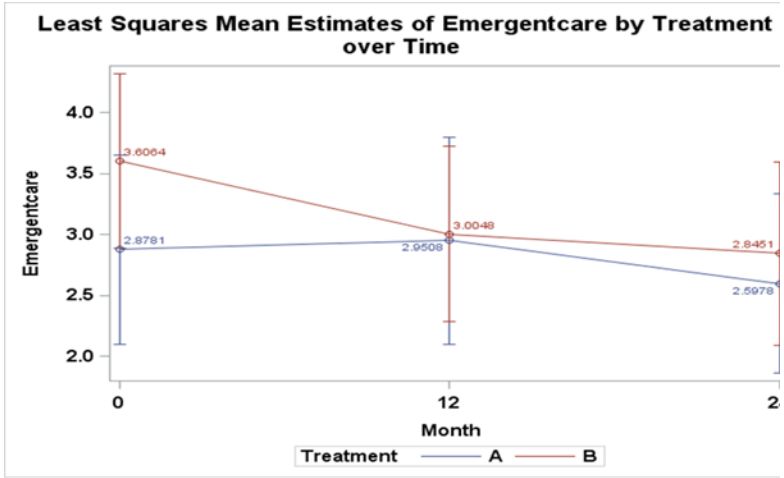
Qualitative Results





Treatment: A: PS

Treatment: B: SD

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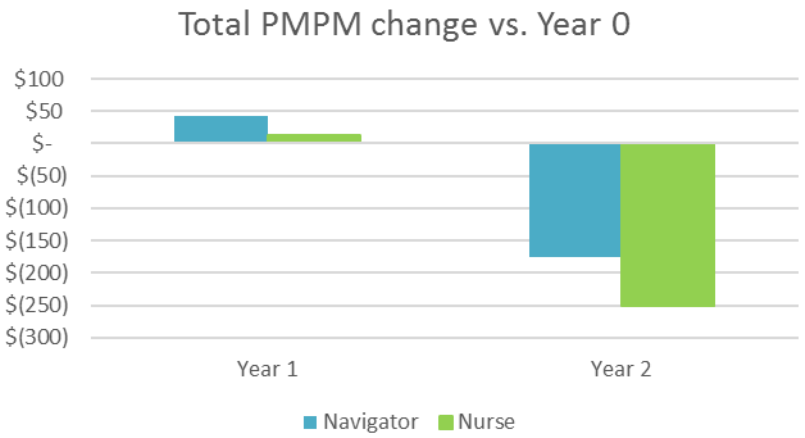
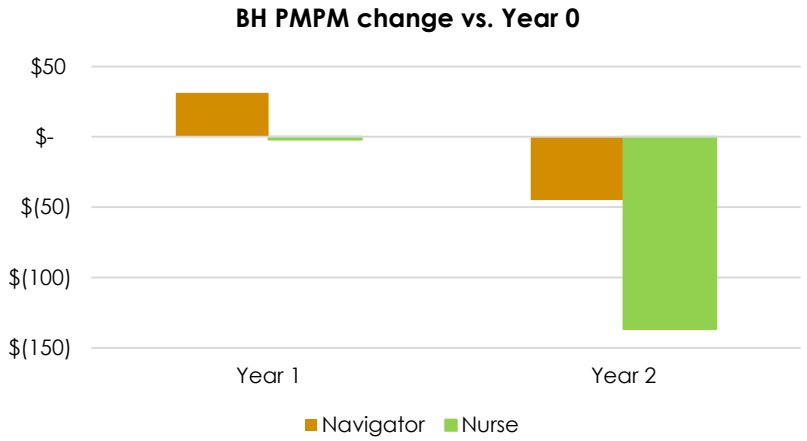
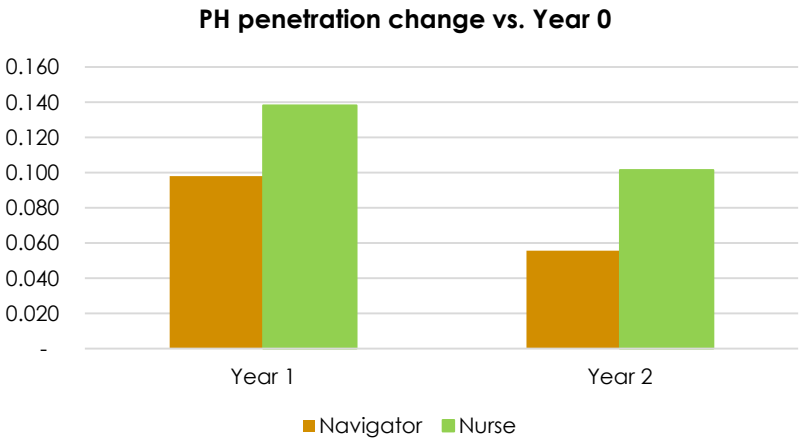
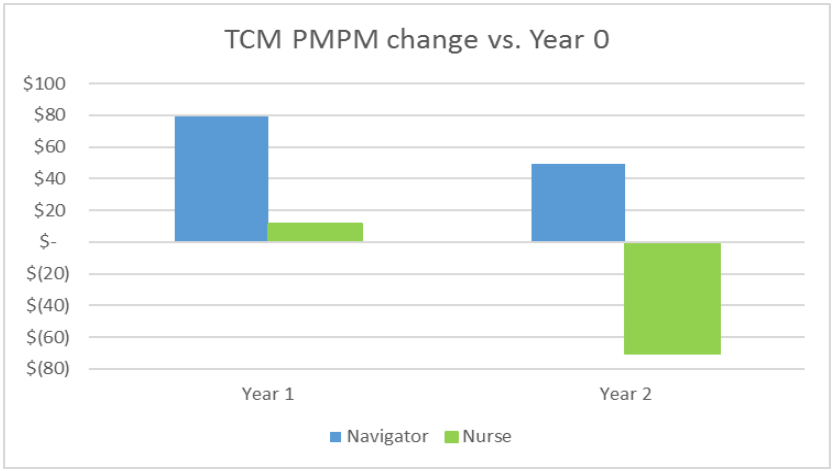
Trial Data Only: Results









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Post-Trial Comparison Group: Results

Nurse + Nav vs. **Comparison**

✦ Statistically significant (<0.05)
✧ Suggestive; not quite statistically significant (<0.2)

Total

- Year 2: PMPM 15% lower✦
- Years 1 and 2: PH use (40-50%) higher✦
- Year 2: BH PMPM 20-30% lower✦

IP

- Year 2: Use 30-40% lower✦ and cost 20-25% lower✦
- Year 2: PH Use 30-35% lower✧

Rx

- Years 1 and 2: Use 25-30% lower✦; Year 1: PMPM 15-20% higher✦

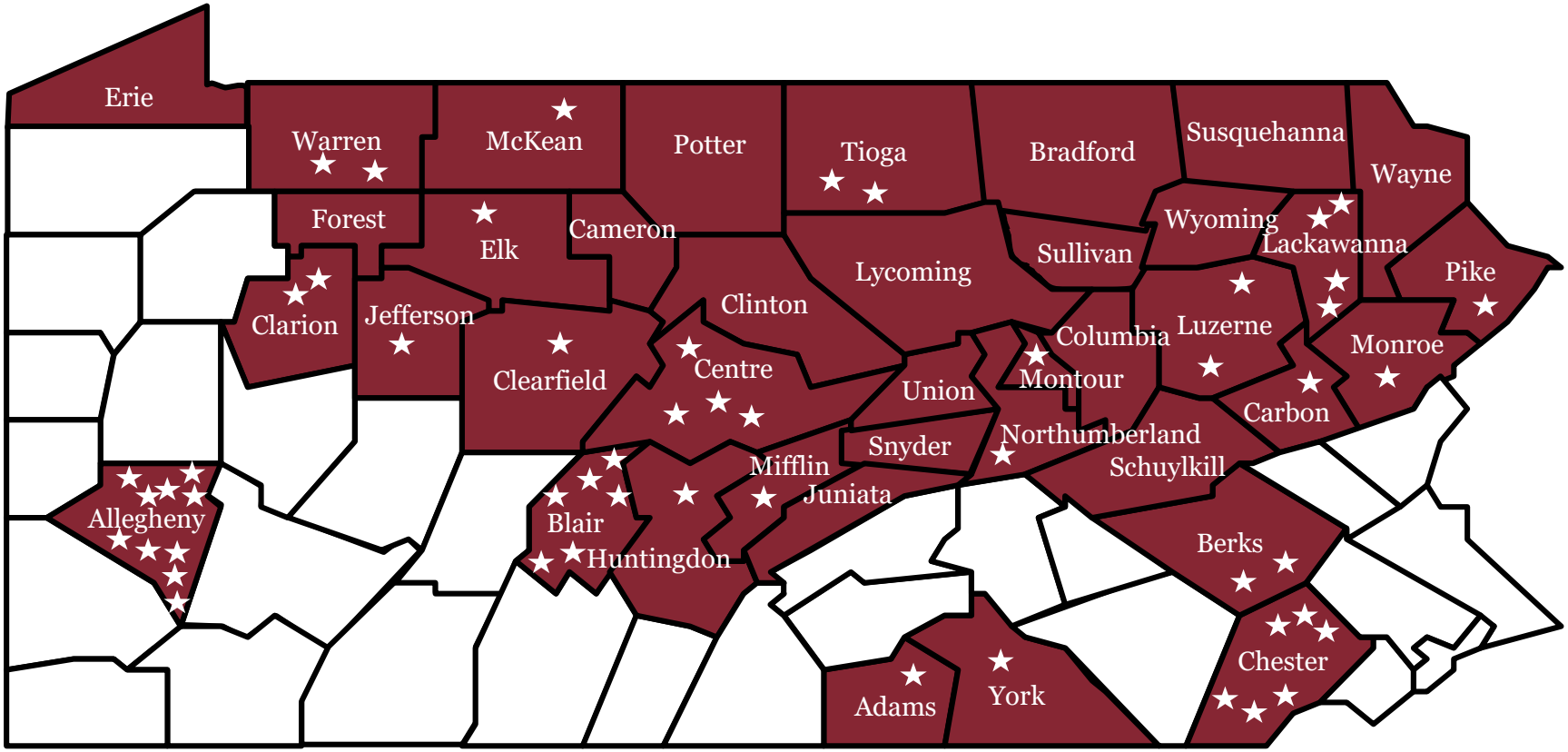
TCM

- Year 2: PMPM 17% lower✦

ER

- Matched cohort not comparable for ER analysis

Behavioral Health Home Expansion



- Additional populations served: adolescents, opioid treatment programs
- Population Health LC for mature providers focused on hypertension & smoking cessation: 19 BHHs participating in first cohort, second cohort beginning this spring

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