



# Health Care Reform and the Field of Social Work

Opportunities and Challenges Moving Forward  
for Consideration  
CaSWEC Presentation  
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# OUTLINE:

- √ Brief Overview of the IBHP Initiative
- √ Health Care Reform Through the Behavioral Health Integration “Lens”
- √ The Opportunities and Challenges for the Social Work/Mental Health Field Moving Forward



# IN SUPPORT OF THE FIELD: IBHP BACKGROUND AND GOALS

*Launched in 2006 by the Tides Center and The California Endowment to accelerate the integration of behavioral health services at primary care community clinics throughout California*

## Goals:

- \* Improve behavioral health treatment access
- \* Reduce stigma of seeking mental health services
- \* Improve patient outcomes
- \* Strengthen collaboration between mental health and primary care providers



# BUILDING AND SUPPORTING CONNECTIONS ACROSS THE FIELD

- \* Grants
- \* Build and Support a Learning Community
- \* Policy and Advocacy Work
- \* Training and Technical Assistance
- \* Partnerships and Collaborations



# LESSONS LEARNED:

## Clinical:

- √ Higher Quality
- √ Improved Access
- √ Increased provider and client satisfaction

## Operational:

- √ Requires Customization
- √ Not One-Size-Fits-All

## Financial:

- √ Lower Health Care Costs



# HEALTH CARE REFORM

## Three Components of Health Care Reform:

- ✓ Universal Coverage
- ✓ Delivery System Redesign
- ✓ Payment Reform



## Based on the goals of the IHI Triple Aim:

- √ Improve the health of the population
- √ Enhance the patient experience of care (including quality, access, and reliability)
  - √ Reduce, or at least control, the per capita cost of total healthcare



# Service Delivery Redesign Key Strategy: Patient-Centered Medical Home (PCMH)

Several names:

- ▶ PCMH
- ▶ Person- Center Healthcare Home
- ▶ Patient Centered Primary Care Home
- ▶ Medical Homes
- ▶ Health Home

All trying to convey the message that the primary care clinic of the future isn't going to look like most primary care clinics today

# JOINT PRINCIPLES OF THE PCMH (FEBRUARY 2007)

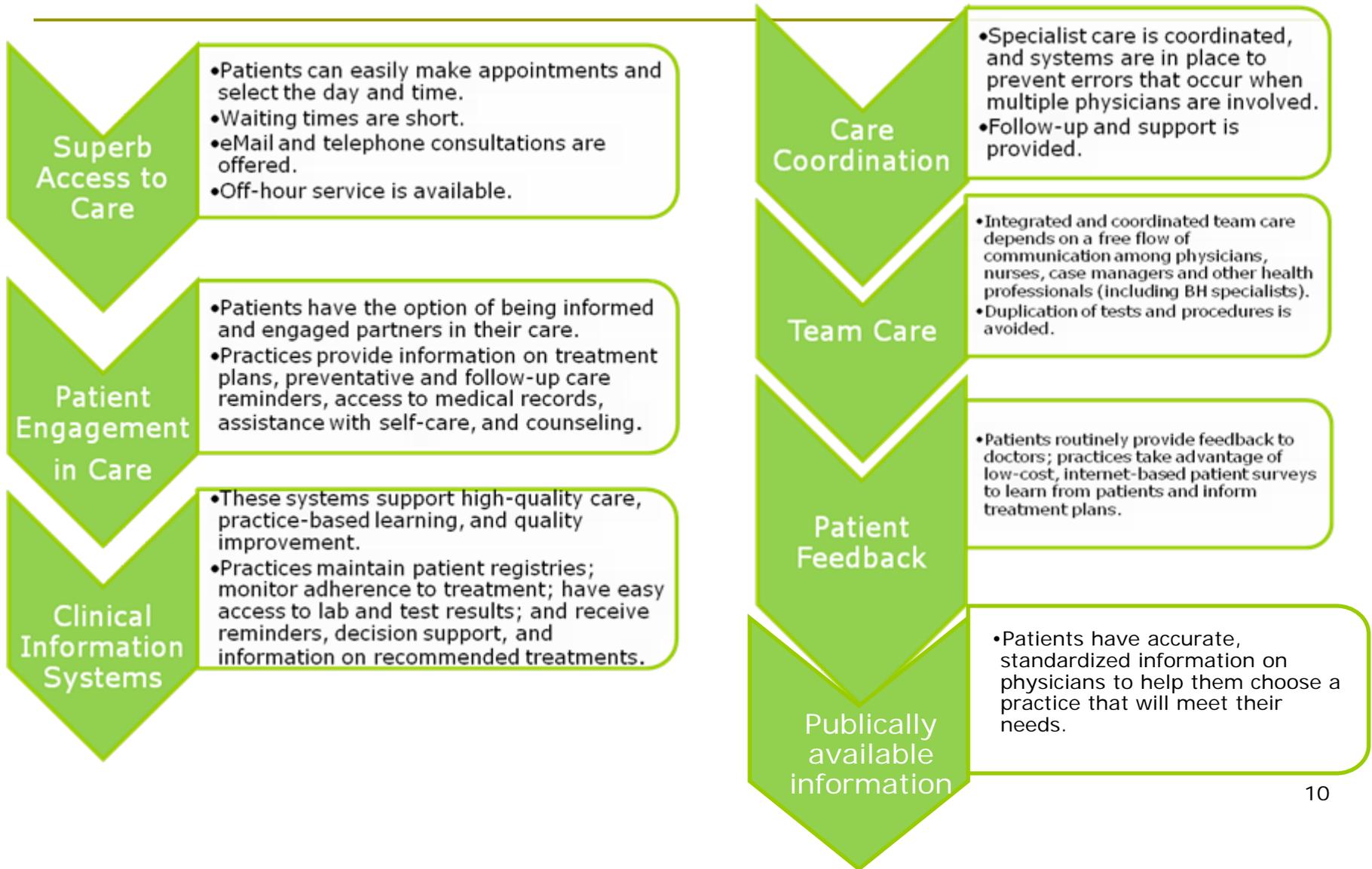
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The following principles were written and agreed upon by the four Primary Care Physician Organizations – the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association.

Principles:

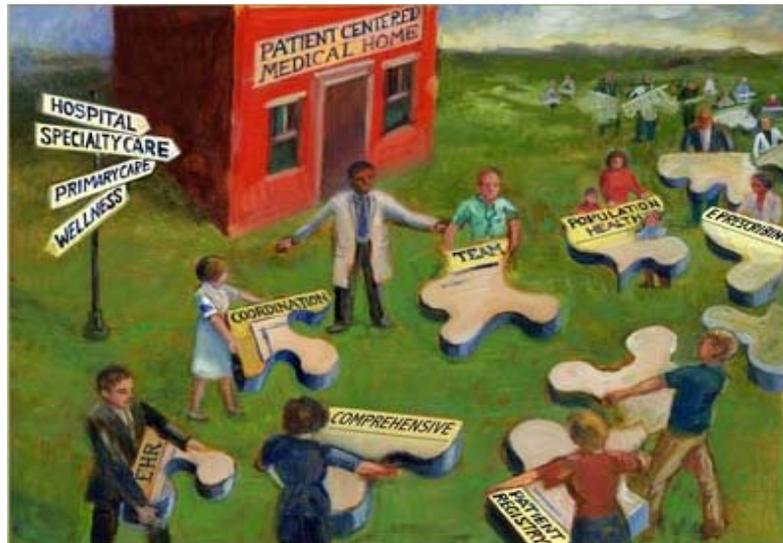
- Ongoing relationship with personal physician
- Physician directed medical practice
- Whole person orientation
- Coordinated care across the health system
- Quality and safety
- Enhanced access to care
- Payment recognizes the value added

# Defining the Medical Home



# WHY TRANSFORMING TO PCMH MATTERS:

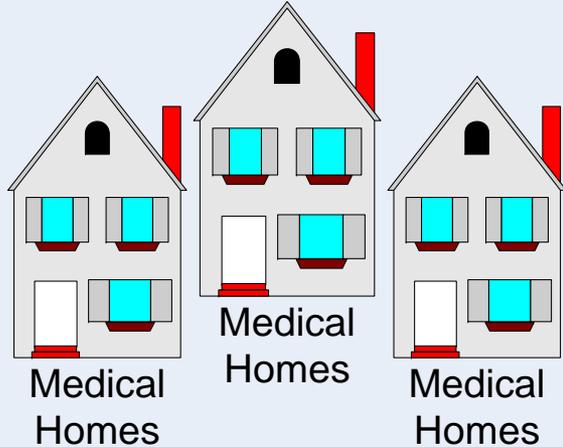
- 45% of Americans have one or more chronic condition
- Over half of these people receive their care from 3 or more physicians
- Treating these conditions account for 75% of direct medical care in the U.S.



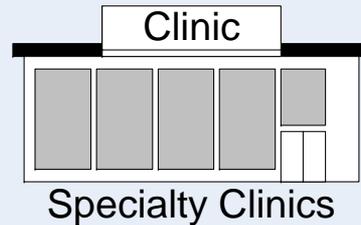
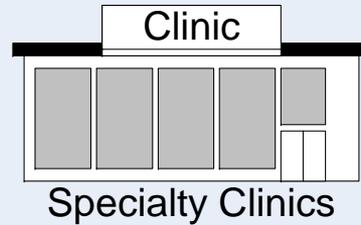


# Healthcare Reform will Result in Service Delivery Design and Payment Reform

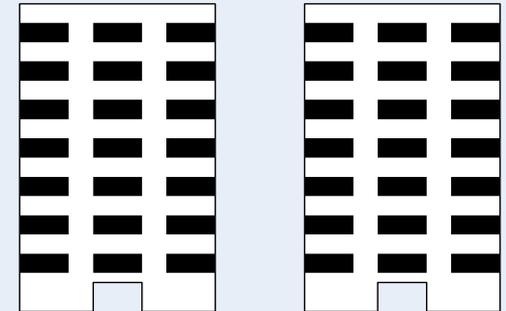
Payment Model to cover Prevention, Primary Care and Chronic Disease Management; Bonus Structure for managing Total Health Expenditures



Linkages to High Performing Specialists that can support the management of Total Health Expenditures and minimize Defect Rates

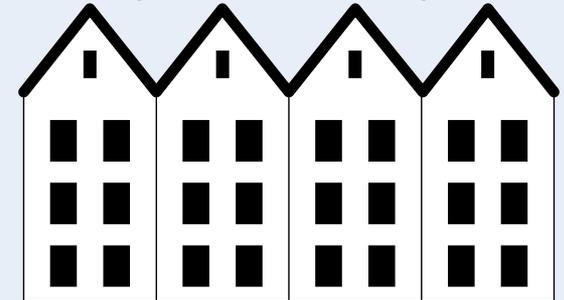


Bundled Case Rates that pay a Percentage of PACs and Non-Payment for Never Events



Specialty Hospitals

Specialty Hospitals



Hospitals within Hospitals

Person-Centered  
Healthcare



Improving Quality

Total Healthcare Expenditures



## OTHER IMPORTANT FEATURES OF ACA:

- √ Mental Health and Substance Use Services must be provided at *parity* with general healthcare services (no discrimination)...will likely increase and hopefully improve access to available services
- √ Increased funding to SAMHSA and other federal agencies working in Mental Health and Substance Use
- √ Creates a time of “Disruptive Innovation”...a time for opportunities (and threats)



## POTENTIAL OPPORTUNITIES FOR SOCIAL WORK

- √ ***Health Home Model requires a team approach and the need for Behavioral Health in the model is clear:***
  - Care coordination is a key component of integrated care...social work is a good fit
  - Certification/accreditation processes to become PCMH will require Behavioral Health Services
  
- √ ***Behavioral Health Clinician in Primary Care practices:***
  - Properly trained clinician (usually psychiatrist, health psychologist or MSW) provides supervision for care manager who has some behavioral health training
  - Consider developing special training programs for mental health professionals to become primary care behavioral health professionals. (e.g., Certificate Program in Primary Care Behavioral Health, Univ. of Mass. Medical School)



## POTENTIAL OPPORTUNITIES FOR SOCIAL WORK

- √ ***Transformation of the delivery system to a medical home model will require a major investment in the health care work force:***
  - ACA expands funding to primary care and allied health professions through a number of targeted programs...”mine” them for new opportunities, partners and innovative collaborations
  
- √ ***ACA will substantially increase funding to the Federally Qualified Community Health Centers (FQHC’s) and FQHC’s are transforming into PCMH’s:***
  - FQHC’s rely on MSW’s and LCSW’s to deliver their Behavioral Health services, especially for financial reimbursement
  
- √ ***ACA is funding “Bi-direction Integration” expansion through HRSA/SAMHSA:***
  - Expansion of primary care in behavioral health settings



# POTENTIAL OPPORTUNITIES FOR SOCIAL WORK

## √ ***Implementation of parity in mental health and substance use:***

-- Mental Health and Substance Use Services must be provided at *parity* with general healthcare services (no discrimination)

-- Will likely increase and hopefully improve access to available services

## √ ***Health Equity Provision in the ACA:***

-- Includes grants for workforce, prevention and wellness initiatives, research opportunities focused on health disparities, increasing diversity and cultural/linguistic competencies

-- “Mandatory” vs. “Discretionary” Funding will be key

## √ ***CMS Health Home Pilot and other innovative opportunities***



# POTENTIAL CHALLENGES TO SOCIAL WORK

- √ ***Targeted Social Work opportunities within the ACA?***
  - Need to become experts on tracking and understanding the possibilities
  - Need to develop new relationships and partnerships with medical training programs, FQHC's, other allied health professions
  
- √ ***Primary Care culture is not consistent with the traditional mental health culture and training received for most mental health workers does not reflect the skills needed in a PCMH model:***
  - PCMH care managers need access to skills in family interviewing and systems thinking in addition to skills in CBT, relaxation therapies and Motivational Interviewing
  
- √ ***Payment reform will result in increase reliance on outcomes and evidence based practices going forward....implications for private practice and community based work force in the future***



# THE NEW MENTAL HEALTH/SOCIAL WORK DILEMA...

## OBVIOUS QUESTIONS, CHALLENGING ANSWERS

- ▶ Is the academic Mental Health manpower pipeline generating the workforce for tomorrow's healthcare system?
- ▶ Since most mental health problems are treated only in primary care, why do most mental health practitioners practice elsewhere?
- ▶ Since so much of primary care is behavioral in nature, why is treatment primarily bio-chemical in response?
- ▶ Since primary care/behavioral health integration enjoys such acclaim, why is there so little of it in existence?



THANK YOU

Please visit [www.ibhp.org](http://www.ibhp.org) for more information

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