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Taking On the Challenge of Integrating Physical and Mental Health Care

BY DAVID KRHOVSKY, MD

This Issue of Michigan Medicine highlights one of the major challenges facing health care today and establishes a clear direction on what physicians and administrators can do to move toward a solution.

The challenge? Providing quality health care to patients dealing with behavioral and mental health in coordination with their physical treatment.

When addressing this issue, it’s important to be aware of how social determinants can affect the overall physical health of our patients, and how those determinants consequentialy affect their mental and behavioral health. For example, how do food deserts, violent neighborhoods and lack of transportation affect our patients’ mental and physical health? And what are we, as physicians, doing to address all those challenges?

When working with any mental health case that then leads to behavioral health problems, it’s important to understand the challenges in both patient care and staff safety. Patients with behavioral issues currently represent a challenge for hospitals and practices across the state. The number of these patients seems to be growing, and many physicians just don’t have the resources available to deal with them effectively.

It is imperative to be considerate of the needs and safety of not only the patients, but the staff caring for them. Attending to those needs must be a cooperative effort involving physicians, nurses, patient families and, at times, security. It’s important to keep in mind that these patients need the care of specially-trained professionals who are experts and can best coordinate that care.

While providing additional and quality health care in general isn’t the only answer, physicians must do their part to make that care available and convenient for the patients we are already treating for physical issues. The failure to treat mental health, which can lead to destructive behavioral issues, has a powerful impact on our society as a whole as well as our individual patients.

It is essential to keep this issue top of mind because of the unique challenges we face with behavioral patients. We are well aware of recent, well-publicized instances of violence where mental health has been a concern. There is widespread recognition that we, a society, are not yet dealing with these issues effectively.

Currently, our system of treating a patient’s mental and physical health as separate issues, feels disorganized and disjointed. It serves as a barrier to providing the high quality care we strive for and our goal in achieving the Quadruple Aim.

We can’t enhance the patient’s experience, improve population health, reduce costs and improve the work life of our health care providers if we aren’t treating the whole patient from the top down.

The bottom line is we can do more.

Throughout the state physicians are spearheading initiatives to address this issue. From policies initiated by the Michigan Department of Health and Human Services, to grants provided by a variety of health operators, physicians are taking action.

An action that we continue to support is Patient-Centered Medical Homes, for their role in the care of patients with mental and behavioral issues. As the name implies, this delivery model places the patient squarely in the middle of a program of coordinated and comprehensive care, providing necessary care where and when patients need it and in a way they can understand – all through their primary care physician.

PCMH enhances quality and safety, but most importantly, it provides greater access to a wide variety of services, including behavioral health professionals. These professionals can provide the kind of care that is so essential in successfully treating patients. If we can do all this while coordinating access through the patient’s own primary care provider, then we have taken a significant step forward.

To connect with those experts and move to a cooperative solution, physicians and administrators must look to their communities for support.

How can we bring in those providing mental and behavioral health care outside of our practices and fuse their efforts with what we’re already doing, but in a cohesive and organized way?

Our fellow physicians, health care policies and legislators are working toward this end – a cooperative and efficient process to care for our patients from the top down.

I ask physicians to take stock of the resources around you, both in the practice and out in the community. How can we leverage existing resources to provide the kind of health care that treats the whole patient – body, mind and soul?

Let’s continue to provide the most complete and high quality care we can possibly deliver. MM

Doctor Krhovsky, a Grand Rapids anesthesiologist, is president of the Michigan State Medical Society
LOOK BEYOND THE PRACTICE:
Combining Mental and Physical Health Care

In the world of health care, physicians are always striving to achieve the Institute for Healthcare Improvement’s Triple Aim — enhance patient experience, improve population health and reduce costs.
But a large barrier to achieving those aims is the longstanding separation between the mental and physical health systems.

Studies show only 20 percent of adult patients with mental health disorders are seen by mental health specialists, which means a huge portion of the population isn’t getting the mental health care they need.
By default, many mental health problems are managed in the primary care setting, emergency rooms, jails and prisons.

INTEGRATING PHYSICAL AND MENTAL HEALTH has long been a challenge for practices around the world, let alone across Michigan. But with both physicians and administrators coming together to share ideas, utilize community resources and introduce innovative policies, they’re facing the challenge head on.

Why combine?
“We’ve started the conversation to integrate physical and mental health care, but we’re still not there,” says Scott Monteith, MD, and president-elect of the Michigan Psychiatric Society.
At MPS, Doctor Monteith envisions a future in which psychiatric physicians have the resources and professional support to provide Michigan patients with full access to outstanding psychiatric care. And that means working hand-in-hand with primary care physicians.

“We know, based on many sources including the study conducted by Jürgen Unutzer at the University of Washington, that most behavioral health is actually delivered by primary care physicians,” says Doctor Monteith. “We need to figure out how to deliver behavioral health resources in the primary care setting.”

In fact, the study goes on to state that older adults prefer treatment of mental disorders in primary care, and when they are referred to mental health specialists, no more than

...physicians and administrators coming together to share ideas, utilize community resources and introduce innovative policies...
half complete the referral to visit the specialist and seek treatment.

While the study focuses on those enrolled in Medicaid, this issue of divided and unorganized care for both physical and mental health is one that spans the state. Many practices have added efforts like screening for common mental disorders and developing treatment guidelines, but these additions have yet to improve patient outcomes.

According to the study, "As few as 20 percent of patients started on antidepressant medications in usual primary care, show substantial clinical improvements."

With statistics like these, it's clear that integration is needed to treat patients and achieve better outcomes. Collaborative care - treating both the mental and physical health problems - is an evidence-based approach that requires more than what a primary care physician can offer alone.

**How do we make this happen?**

“The key to making this collaboration of physician-led, team-based care possible, is leadership in the clinical infrastructure,” Doctor Montieth says. "But clinicians can’t do it alone. We need the support and partnership of policy makers and an administrative infrastructure."

**Psychiatrists and primary care physicians work together**

Enter Michele Reid, MD and chief medical officer at Community Network Services, Inc., a human services agency in Farmington Hills, Waterford, Pontiac, Southfield and Dearborn that provides comprehensive behavioral health services, including psychiatry, medication management, psychotherapy, nursing services and case management.

CNS assists consumers with managing their mental illness and gaining maximum independence toward self-worth and recovery. But it’s CNS’ collaboration with primary care physicians that impacts change in patients’ lives.

While working in the same building as the Oakland Integrated Healthcare Network, Doctor Reid experienced the frustration of the blurred line separating physical and mental health. Among other issues, the two organizations have two separate electronic health records that do not communicate. When a patient is treated by a primary care physician and has lab work completed, CNS can’t electronically access their lab results or lists of medications and diagnoses for behavioral health services. Both organizations were hindered by a cumbersome paper-based process that did not always run smoothly.

To address this issue, CNS pursued the Primary and Behavioral Healthcare Integration grant, provided by the Substance Abuse and Mental Health Services Administration. CNS and the Oakland Integrated Healthcare Network received support to provide communities access to coordinate and integrate primary care services into publicly funded, community-based behavioral health settings.

With this grant, CNS was able to create real results. The Integrated Care Team improved access to primary care services while also improving prevention, early identification and intervention to reduce the incidence of serious physical illnesses.

They were able to increase availability of integrated, holistic care for physical and behavioral disorders and improve overall health status of patients. The grant provides healthy cooking classes, exercise with a personal trainer and smoking cessation, to name a few.

"CNS also worked with the Oakland Integrated Health Network to secure funding from the Oakland County Community Mental Health Authority, which allows us to place psychiatrists directly in the primary care clinics," Doctor Reid says. "There they can train and teach residents about mental and behavioral health care management."

CNS and OIHN took this collaboration further by identifying the best way the mental health and physical health providers can work together. They implemented a daily huddle where they meet to discuss the patients scheduled that day and the care management plans for each.

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“We took it back old school and actually talked to each other,” says Doctor Reid.
With all the resources in one room, they can address the thorny issues like access to health food, improved access to transportation, safety in neighborhoods and other social determinants that can lead to further mental and physical issues in their patients. At the same time, they are also getting the latest updates on their patient’s physical health through the primary care physician.

The State of Michigan steps in
The idea of coordination of care isn’t new, and the Michigan Department of Health and Human Services (MDHHS) has been exploring ways to address this issue through various policies, particularly with Medicare and Medicaid.

Debra Pinals, MD, and medical director of Behavioral Health and Forensic Programs at the MDHHS says, “In Michigan, the goal is to coordinate service delivery and leverage coverage opportunities with more focused coordination of services.”

One way the state is moving in that direction is through the development of a program that addresses those dual enrolled in Medicare and Medicaid. With no central point for care coordination and a lack of an integrated individualized care plan, it was up to the practitioner and staff to coordinate with other service areas for these patients.

MDHHS seized the opportunity to develop and implement an integrated care demonstration project to improve services for beneficiaries, making a person-centered model with a strong focus on care coordination, while at the same time making the system more efficient.

“Our goal,” says Dick Miles, director of the Bureau of Medicaid Policy and Health System Innovation Medical Services Administration at MDHHS, “is to provide seamless access to all services and support with an efficient administrative process, eliminating barriers to home and community-based services, focusing on enrollee satisfaction and realignment of financial incentives.”

One initiative MDHHS is working on is MI Health Link, a health care option for Michigan adults, ages 21 and older, who are enrolled in both Medicaid and Medicare and live in the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne or any county in the Upper Peninsula. The program offers a broad range of medical and behavioral health services, pharmacy, home and community-based services, all in a coordinated effort designed to meet individual needs.

“The key point here is coordination and the implementation of a person-centered approach to service delivery,” Doctor Pinals says.

A well-established integration concept that serves as an example is the Patient-Centered Medical Home, which we know takes the burden off the patient and provides an opportunity for care to be coordinated across specialties, helping to manage the patient as a whole person.

“We are increasingly aware of how one condition impacts another,” Doctor Pinals said. “For example, a patient’s asthma or diabetes may impact mood or anxiety symptoms and vice versa. Patients experience complexities of the system and need an easier approach to care.”

Through PCMH, physical and behavioral needs can be addressed together.

“Mental health is interwoven with physical health very tightly,” says Eden Wells, MD, chief medical executive of MDHHS. “One should not be addressed independent of another.”

Moving forward and making change
Programs and initiatives like MI Health Link and Patient-Centered Medical Homes are geared toward one goal: Providing patients easier access to resources in simultaneous treatment of both mental and physical health.

“Mental health is interwoven with physical health very tightly,” says Eden Wells, MD, chief medical executive of MDHHS. “One should not be addressed independent of another. That’s why it is essential to utilize these new resources while also identifying services in your own community that can be integrated in to what is already offered.”

Primary care physicians must explore resources in their own community, identifying local mental and behavioral specialists that may be a good fit for collaborative care. Physicians must also take the time to gain an understanding of their patients’ wishes in their total care.

Without full support, patients with behavioral or mental challenges may face health care needs they’re unable to overcome. It’s through utilizing community and professional partnerships that primary care physicians and mental health specialists can work to make the integration of health care a success.

While there is still a long way to go in providing patients with a truly integrated care model addressing both their physical and mental needs, physicians and administrators are working toward a common goal. Treating the whole patient, from the mental to the physical needs, will help physicians down the path of achieving the Quadruple Aim.