CMSP Behavioral Health Pilot Project – Brief Findings Summary

The Governing Board initiated the Behavioral Health Pilot Project to test the effectiveness of providing mental health and substance abuse counseling services integrated with primary care in improving health, utilization, and cost outcomes. The pilot reimbursed pilot sites for providing an additional set of mental health and substance abuse services, defined as short-term (10 mental health visits and/or 20 substance abuse visits per calendar year) behavioral health services.

Pilot sites reported serving a total of 2,339 participants from 2008 through October 2010. Of this group 1,313 members were in the evaluation study cohort. These members had paid claims for counseling sessions, the majority of which were for individual mental health counseling. Assessment results indicated that 81% of pilot participants (n = 2,178) had moderate to serious mental health conditions (GAF score 41-60), the level of functioning of the target population for the pilot program. Another 6.2% had scores below this level, indicating more serious impairment.

KEY FINDINGS

Goal 1: Stabilize participants' health.

Pilot grantees administered the Duke Health Profile (the Duke), a 17-item self assessment instrument used to generate scores on 11 dimensions of "Health Related Quality of Life." The Duke scores for pilot participants showed significantly higher levels of anxiety and depression compared to standard scores from a reference group of typical adult primary care patients used to develop the instrument. For participants with 2 or more visits, average Duke scores showed statistically significant improvement on 10 of 11 measures (all but "perceived health"). For the smaller sample with 5 or more visits, statistically significant improvement was seen on 7 of 11 measures.

Goal 2: Provide coordinated primary care, behavioral health, and psychiatric services.

Pilot grantees were tasked with improving the coordination of primary care and behavioral health services and asked to report on the extent of coordination throughout the pilot. Although some evidence of progress was seen in increasing co-location, same-day services, and coordination and communication, challenges persisted in all these areas. Claims data showed that 9.3% of total behavioral health services provided under the pilot were provided on the same day as other clinic services. The 14 pilot sites varied a great deal in their level of integration and coordination at the start of the pilot and extent of change over the project period.

Goal 3: Increase appropriate use of primary and specialty care services.

Analysis of claims data supported the perception of pilot grantees that improvement in the appropriate delivery of services occurred:

- Number of psychiatric office visits more than quadrupled for pilot participants.
- Interventions implemented by the pilot grantees appeared to cause a dramatic *redistribution* of total costs for participants, indicating a shift from inpatient hospitalization

towards increased use of primary care and outpatient behavioral health services (e.g., clinic, outpatient, and pharmacy).

- Pharmacy PMPM costs increased greatly for both groups, but the number of prescriptions for psychiatric drugs for pilot participants increased by 69% compared to 36.6% for the control group, and the number of prescriptions for medical drugs for pilot participants increased by 22.2% compared to 13.5% for the control group. This suggests that the pilot was effective in improving psychiatric medication adherence for participants.
- While total dollars spent on each pilot participant and each control group member were roughly the same on average, the *appropriateness* of the spending appears much more positive for the pilot group.

Goal 4: Reduce late-stage hospitalizations due to untreated medical conditions.

Results showed that both medical and psychiatric hospital admission rates and days decreased more for pilot participants than for control group members, including:

- Pilot participants experienced a 56.6% reduction in the number of inpatient psychiatric days per thousand, while the control group experienced an increase of 71.4% in inpatient psychiatric days per thousand.
- Number of people with medical admissions decreased about the same degree for both groups, but the number of people with psychiatric admissions decreased by 57.9% for people in the pilot group, compared to the control group, which decreased by only 22.4%.
- Inpatient per member per month (PMPM) costs decreased by 37.1% for the pilot group, while increasing 6.6% for the control group; thus, the pilot also appeared to lower inpatient costs.

Goal 5: Reduce unnecessary and/or inappropriate emergency room use.

Results showed that, on a PMPM basis, emergency room visits decreased for the pilot group from the period before the pilot to the pilot period (12.3% decrease), while emergency room visits increased for the control group during comparable time periods (7.8% increase).

Goal 6: Achieve financial savings through improved cost-effectiveness.

Overall, PMPM costs increased by 20.3% for pilot participants from the period before pilot enrollment to the period after enrollment ($453.59 to $541.51), compared to a 17.5% increase for the control group during the same time period ($523.01 to $614.47). These findings indicate the rate of growth in costs was roughly the same for both groups during the study period while total medical costs were lower for pilot participants.

Overall, the results indicate that the modest interventions implemented by the pilot grantees appeared to cause a dramatic *redistribution* of total costs for participants, with costs shifting from inpatient hospitalization towards primary care and outpatient behavioral health services (e.g., clinic, outpatient, and pharmacy). Thus, while the total dollars spent on each pilot participant and each control group member were comparable on average, the *appropriateness and effectiveness* of the spending appears much more positive for the pilot group. More time would be needed for the long-term benefits of earlier detection and treatment of behavioral health problems and improved care integration of care to be realized.