

Integrated Behavioral Health Care in Michigan: A Policy Analysis

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Introduction

- Conducting a policy analysis ensures a systematic approach to choosing best policy options:
 - Draws upon interests of community leaders and healthcare professionals
 - Identifies and prioritizes policy options that can improve health outcomes
- Integration of physical and behavioral health care services is of interest to policymakers in Michigan
- Changes to laws regarding integrating care at the financial delivery level have met continued resistance in Michigan's legislature

Purpose

- **The purpose of this project:**
 - Conduct a comprehensive policy analysis of current legislation related to integrated care in Michigan
 - Development of recommendations for implementation of an integrated care delivery model in Michigan

Significance

- 1.3 million Michiganders have a behavioral health diagnosis,
 - 38% are not receiving care^{1,2}
- Increasing attention to the correlation between physical and behavioral health
 - Persons living with behavioral health conditions are more likely to suffer from co-occurring chronic conditions³
- Persons with co-occurring physical and behavioral health conditions have increased healthcare costs without seeing better health outcomes¹
- Almost 1/2 of Medicaid enrollees have unmet needs for behavioral health conditions²
 - Those diagnosed with a serious mental illness or serious emotional disturbance are found to die at rates of 7-24 years sooner than those without, 4.5 times more likely to die before age 75^{4,5}
- Nationally, Medicaid covers about 14% of the adult population
 - Medicaid manages 26% of all adults with serious mental illness and about 21% of all adults with mental health conditions⁶

Background

- Multiple definitions and descriptions of integrated care
 - Focus on coordination and provision of physical and behavioral health services
- States face barriers to the integration of these services
- Michigan's Medicaid population currently operates under a bifurcated system
 - Physical Health- Medicaid Health Plan
 - Behavioral Health- Prepaid Inpatient Health Plan
- MDHHS vision for integrated care:
 - Broadening access to quality care
 - Improving care coordination
 - Increasing behavioral health investment and financial stability

Background (continued)

- SB 597 and 598
 - Introduced the creation of Specialty Integrated Plans (SIPs)
 - "a separate entity that is either a managed care organization (MCO) or a person operating a system of health care delivery and financing as provided under Section 3573 of the Insurance Code"⁶
 - Purpose was to address structural problems at the financial level and improve coordination
 - Aligned with MDHHS vision
 - Bills failed to pass in the Senate
- No current legislation or strategy proposed at this time

Policy Analysis Frameworks

- *Bardach's A Practical Guide for Policy Analysis with the CDC's Policy Analytical Framework*
- **Domain 1: Problem Identification**
 - Step 1: Significance, background, and purpose of project identified
- **Domain 2: Policy Analysis**
 - Step 2A: Identify and Describe Policy options
 - Step 2B: Assess Policy Options
 - Step 2C: Prioritize Policy Options
- **Domain 3: Strategy and Policy Development**
 - Step 3: Develop a Strategy for Furthering Adoption of the Policy Solution
 - Clarifying Operational Issues
 - Sharing Information
 - Conducting Additional Background Work

Domain 1: Problem Identification

- **Michigan's current system is bifurcated for Medicaid beneficiaries requiring specialty behavioral health services**
 - Fragmentation of care
 - Difficult to navigate
 - Lack of single point of accountability
 - Poor care coordination and diminished access to care
 - Poorer outcomes for population
 - Challenges related to:
 - Communication
 - Cost shifting
 - Data sharing
 - Finger pointing
- **No common legislative strategy in Michigan to support an integrated care delivery system state-wide**

Domain 2: Policy Analysis

- ***Step 2A: Identify and Describe Policy Options***
 - *Identify*
 - Reviewing literature
 - Surveying for best practices
 - Conducting an environmental scan
 - *Describe*
 - Describe each policy option that has been identified
 - Follows specific framing questions provided by CDC Framework
 - Focuses on three criteria:
 - Public health impact
 - Feasibility
 - Economic and budgetary impact

Step 2A: Identify

- **Literature Review:**
 - Databases: Policy File, CINHAL, PUBMED, and the Michigan State University Health Policy Resource Center
 - Search terms: integrated care AND (policy or policies or law or laws or legislation) AND (mental health or mental illness or mental disorder or psychiatric illness or behavioral), integrated care AND (health care reform OR health policy)
 - English, years 2017 to 2022, full-text articles, United States
 - 1,059 studies, reports, and gray literature
 - Topics related to the integration of behavioral and physical health services/policy implications
 - 11 synthesized

Step 2A: Identify (continued)

- Only two resources focused on state-wide integrated care strategies
- Medicaid Health Homes or specific populations
- Barriers included funding, stakeholder perspectives, small populations being examined

Surveying for Best Practices/Environmental Scan:

- Gray literature search to survey other states
- Arizona and New York highlighted
 - Arizona: Consolidation of agencies and Pilot of a RBHA (SMI population)
 - New York: Health Recovery Plans for integrated coverage (SMI population)
- Multitude of strategies and approaches, each is unique
 - Dependent on population needs, funding of initiatives, necessary changes to laws, stakeholder perspectives and agreeability

Step 2A: Describe

- **Public Health Impact:** *Potential for policy to impact risk factors, quality of life, disparities, morbidity, and mortality*
- **Feasibility:** *Likelihood that policy can be successfully adopted and implemented*
- **Economic and Budgetary Impact:** *Comparison of the costs to enact, implement, and enforce the policy with the value of the benefits*

Step 2B: Assessment of Policy Options

Step 2B: Policy Options Assessment

- Four separate policy options compared
 - Adapted from the CDC's Policy Analytical Framework
- Tool used to compare policy options related to identified problem

Policy Option	PUBLIC HEALTH IMPACT	FEASIBILITY	ECONOMIC AND BUDGETARY IMPACT
Enactment of SB 597 & 598	<ul style="list-style-type: none"> ○ Low ○ Medium • High Concerns about the amount or quality of data? (Yes / No)	<ul style="list-style-type: none"> • Low ○ Medium ○ High Concerns about the amount or quality of data? (Yes / No)	<ul style="list-style-type: none"> ○ Less Favorable • Neutral ○ More favorable Concerns about the amount or quality of data? (Yes / No)
“Status Quo” No change in policy	<ul style="list-style-type: none"> ○ Low • Medium ○ High Concerns about the amount or quality of data? (Yes / No)	<ul style="list-style-type: none"> ○ Low ○ Medium • High Concerns about the amount or quality of data? (Yes / No)	<ul style="list-style-type: none"> ○ Less favorable ○ Neutral • More favorable Concerns about the amount or quality of data? (Yes / No)
Consolidation of separate agencies	<ul style="list-style-type: none"> ○ Low • Medium ○ High Concerns about the amount or quality of data? (Yes / No)	<ul style="list-style-type: none"> ○ Low • Medium ○ High Concerns about the amount or quality of data? (Yes / No)	<ul style="list-style-type: none"> • Less favorable ○ Neutral ○ More favorable Concerns about the amount or quality of data? (Yes / No)
Pilot SIP in Single Region of Michigan	<ul style="list-style-type: none"> • Low ○ Medium ○ High Concerns about the amount or quality of data? (Yes / No)	<ul style="list-style-type: none"> ○ Low • Medium ○ High Concerns about the amount or quality of data? (Yes / No)	<ul style="list-style-type: none"> ○ Less favorable ○ Favorable • More favorable Concerns about the amount or quality of data? (Yes / No)

Step 2C: Prioritize Policy Options

- 1. Pilot of a singular regional SIP in Michigan**
- 2. Maintaining "status quo" continues in Michigan**
- 3. SB 597/598**
- 4. Consolidation of agencies**

Domain 3: Strategy and Policy Development

Clarifying Operational Issues: *Identification of how policy will operate and what is needed for implementation*

- Stakeholder Involvement and agreeability
 - Information provided
 - Workgroup
 - Encourage stakeholders involvement in planning
- Investigation of funding/grant support for this pilot program
- Recommend that MDHHS oversees this workgroup,
 - Plan approval
 - Requests for Information (RFI)

Domain 3: Strategy and Policy Development

(cont.)

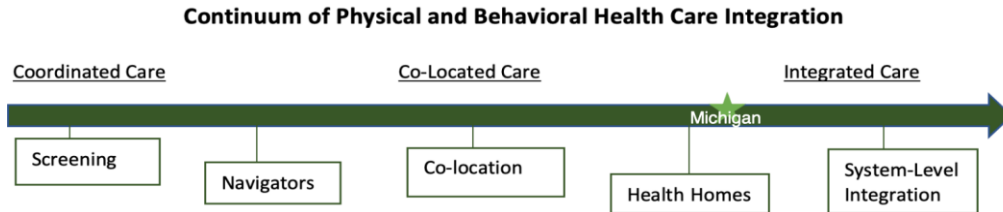
Sharing Information: *Relevant information shared with key stakeholder groups*

- **Background white paper**
 - To be provided by writer to MSU's Institute for Public Policy and Social Research (IPPSR)
 - Will provide information on background, significance, and impact of policy recommendations for policymakers, stakeholders, and general public
- **Presentation of policy recommendations**
 - MSU CON Research Day
 - Midwest Nursing Research Society (MNRS) Conference
 - DNP Student Project Presentation Day
 - Mental Health Association in Michigan (MHAM) Webinar
- **Blog post for IPPSR distribution**

Domain 3: Strategy and Policy Development

(cont) **Conducting Additional Background Work:** *Necessary if policy recommendations are not ready for “prime time”*

- Low feasibility and insufficient stakeholder support
- Incremental policy development and recommendations
- Continued research of positive outcomes and benefits
- Financial integration efforts are in their infancy
 - high quality and quantities of data are lacking
- Monitoring of state and federal policy changes/perspectives



Conclusions

- Integration of physical and behavioral health services effective way to reduce health disparities
- Changes to Michigan's system continues to meet resistance
- Progress is being made
- A more gradual and collaborative approach how services are delivered
- Innovative methods for integrating care in other states is encouraging
- Nurse leaders have the ability to address policy issues and implement policy change

“The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services. Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.”

-Substance Abuse and Mental Health Services Administration (SAMHSA)

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