Integrate or Not?

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Office of Mental Health and Substance Abuse Services
Conflicts of Interest

None
Learning Objectives:

• Knowledge of the frequent co-occurring behavioral and physical health conditions
• Understanding of the impact of behavioral and physical health concerns on re-hospitalization
• Understand the benefits of integrating care
Overview:

• Review Healthcare Expenditures
• Review of re-hospitalization studies
• Define Collaborative Care
• Review of studies on integrated care
• Quick review of State Health Improvement Plan and relationship to Integrated Care
I think you'll find I'm one of the most empathetic doctors around.
Top 10 Conditions in Healthcare Expenditures:

1. Heart Disease
2. Cancer
3. Mental Disorders
4. Trauma-related Disorders
5. Osteoarthritis
6. Asthma
7. Hypertension
8. Diabetes
9. Back Problems
10. Hyperlipidemia

Source: AHRQ Medical Expenditure Panel Survey
2008 U.S. Civilian Noninstitutionalized Adult Population, Age 18 and Older
OMAP / OMHSAS – Behavioral Health/Physical Health Readmission Study

Preliminary Discussion

Prevalence of Prior Behavioral Health Diagnosis – Physical Health

- 39.2% of all physical health index stays had a primary behavioral health diagnosis within 1 year of the index stay.
- Index stays with a prior BH diagnosis had a readmission rate 4.9 percentage points higher than index stays that did not.

<table>
<thead>
<tr>
<th>Index Stay Type</th>
<th>Primary Behavioral Health Dx 1 Year Prior To Index Stay</th>
<th>Index Stays</th>
<th>Percent</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>No</td>
<td>39,093</td>
<td>60.80%</td>
<td>8.20%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>25,208</td>
<td>39.20%</td>
<td>13.07%</td>
</tr>
</tbody>
</table>
Prevalence of Prior Behavioral Health Diagnosis – Behavioral Health

- 92.35% of all behavioral health index stays had a primary behavioral health diagnosis within 1 year of the index stay.
- Index stays with a prior BH diagnosis had a readmission rate 7.2 percentage points higher than index stays that did not.

<table>
<thead>
<tr>
<th>Index Stay Type</th>
<th>Primary Behavioral Health Dx 1 Year Prior To Index Stay</th>
<th>Index Stays</th>
<th>Percent</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>No</td>
<td>1,320</td>
<td>7.65%</td>
<td>5.76%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>15,933</td>
<td>92.35%</td>
<td>12.95%</td>
</tr>
</tbody>
</table>
One focus of this study is to determine if index stays for patients with behavioral health (BH) encounters in the year prior to the stay had different readmission rates than index stays for patients without BH encounters. This analysis will be done for all physical health index stays, and individually for nine selected chronic conditions.

The chronic conditions are:

- Developmental Disabilities
- Diabetes
- HIV/AIDS
- COPD
- Cardiovascular Disease
- Asthma
- Liver Disease
- Hepatitis
- GI Bleed
OMAP / OMHSAS – Behavioral Health/Physical Health Readmission Study

Preliminary Discussion

Selected Chronic Conditions – Readmission Rate

The table below shows the index stay readmission rates for each of the selected conditions.

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Index Stays*</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>3,363</td>
<td>6.2%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>3,931</td>
<td>16.1%</td>
</tr>
<tr>
<td>COPD</td>
<td>1,805</td>
<td>19.2%</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>28</td>
<td>10.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1,630</td>
<td>14.5%</td>
</tr>
<tr>
<td>GI Bleed</td>
<td>1,113</td>
<td>17.8%</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>127</td>
<td>30.7%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>146</td>
<td>19.2%</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>241</td>
<td>26.1%</td>
</tr>
</tbody>
</table>

* Index stays were categorized by the primary diagnosis on the admission claim.
Multiple Physical Health Conditions

Readmission rates for physical health index stays with primary diagnosis of 2 or 3 chronic conditions* in the year prior to a physical health admission.

<table>
<thead>
<tr>
<th>Physical Health Admission Events – 2 or 3 Chronic Conditions</th>
<th>Index Stays</th>
<th>Readmissions</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Index Stays**</td>
<td>15,665</td>
<td>2,588</td>
<td>16.5%</td>
</tr>
<tr>
<td>Without Behavioral Health Diagnosis Prior to Admission</td>
<td>7,559</td>
<td>1,126</td>
<td>14.9%</td>
</tr>
<tr>
<td>With Behavioral Health Diagnosis Prior to Admission</td>
<td>8,106</td>
<td>1,462</td>
<td>18.0%</td>
</tr>
<tr>
<td>Mental Health Diagnosis Only</td>
<td>5,590</td>
<td>907</td>
<td>16.2%</td>
</tr>
<tr>
<td>Substance Abuse Diagnosis Only</td>
<td>792</td>
<td>158</td>
<td>19.9%</td>
</tr>
<tr>
<td>Both MH and SA Diagnosis</td>
<td>1,724</td>
<td>397</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

There is a significant difference in readmission rates between events where patients had a history of behavioral health diagnoses and those that did not. (p<0.001)

* See slide 12 for a list of conditions

** Event based analysis, not member based. Over the measurement period, a single individual may have events with a BH diagnosis and without a BH diagnosis. In this scenario a member will be represented in both categories.
Multiple Physical Health Conditions

Readmission rates for physical health index stays with a primary diagnosis of 4 or more chronic conditions* in the year prior to a physical health admission.

<table>
<thead>
<tr>
<th>Physical Health Admission Events – 4 or more PH Conditions</th>
<th>Index Stays</th>
<th>Readmissions</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Index Stays**</td>
<td>2,316</td>
<td>600</td>
<td>25.9%</td>
</tr>
<tr>
<td>Without Behavioral Health Diagnosis Prior to Admission</td>
<td>910</td>
<td>209</td>
<td>23.0%</td>
</tr>
<tr>
<td>With Behavioral Health Diagnosis Prior to Admission</td>
<td>1,406</td>
<td>391</td>
<td>27.8%</td>
</tr>
<tr>
<td>Mental Health Diagnosis Only</td>
<td>865</td>
<td>223</td>
<td>25.8%</td>
</tr>
<tr>
<td>Substance Abuse Diagnosis Only</td>
<td>160</td>
<td>40</td>
<td>25.0%</td>
</tr>
<tr>
<td>Both MH and SA Diagnosis</td>
<td>381</td>
<td>128</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

There is a significant difference in readmission rates between events where patients had a history of behavioral health diagnoses and those that did not. (p=0.009)

* See slide 12 for a list of conditions

** Event based analysis, not member based. Over the measurement period, a single individual may have events with a BH diagnosis and without a BH diagnosis. In this scenario a member will be represented in both categories.
The purpose of this study was to determine what factors correlate to increased Behavioral Health (BH) readmission rates.

- Member Demographics: Age/Sex/Race
- Admission Type and Primary Diagnosis
- Diagnosis and Encounter History Prior to the Admission
- Follow-up Visits

The population for this study is all members in BH HealthChoices

Three readmission rates were calculated: 30, 60, and 90 days after discharge
The purpose of this study was to determine what factors correlate to increased Behavioral Health (BH) readmission rates.

The population for this study is Behavioral Health HealthChoices (BHHC) members who had an acute inpatient admission between December 2, 2010, and December 1, 2011, and also met the following criteria:

- Enrolled in BHHC for 1 year prior to the admission
- Enrolled in BHHC 90 days after the discharge
- Did not have a inpatient BH admission 90 days prior to the admission
- Discharges that meet this criteria are referred to as “index stays”
The outcome variable is an acute BH readmission.

A readmission is defined as an acute inpatient stay within 30, 60, or 90 days of discharge for any reason (i.e. an index stay for substance abuse with a subsequent admission for mental health will count as a readmission).

A member can have multiple episodes during the study period.
Data Sources and Limitations

The claims data source is PROMISE accepted data from BH-MCOs.
  • For one BH-MCO, rate setting files were used in place of PROMISE data.

The enrollment data source is the BH enrollment slice file.

Physical Health claims are not included.

Any HealthChoices claims that are not submitted to and accepted by PROMISE are not included.
The population of this study is 25,792 index stays

- 23,435 Unique members

<table>
<thead>
<tr>
<th>Number of Index Stays</th>
<th>Members</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>21,192</td>
<td>90.4%</td>
</tr>
<tr>
<td>2</td>
<td>2,131</td>
<td>9.1%</td>
</tr>
<tr>
<td>3+</td>
<td>110</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Overall Results:

<table>
<thead>
<tr>
<th>Index Stays</th>
<th>Readmissions (0-30 Days)</th>
<th>Readmissions (0-60 Days)</th>
<th>Readmissions (0-90 Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
</tr>
<tr>
<td>25,792</td>
<td>2,194</td>
<td>8.5%</td>
<td>3,268</td>
</tr>
</tbody>
</table>
Index stays were put into three categories based on the diagnosis codes during the index stay.

<table>
<thead>
<tr>
<th>Index Stays</th>
<th>Readmissions (0-30 Days)</th>
<th>Readmissions (0-60 Days)</th>
<th>Readmissions (0-90 Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Index Stays</td>
<td>Count</td>
<td>Rate</td>
</tr>
<tr>
<td>Mental Health</td>
<td>18,978</td>
<td>1,668</td>
<td>8.8%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>649</td>
<td>52</td>
<td>8.0%</td>
</tr>
<tr>
<td>MH / SA</td>
<td>6,165</td>
<td>474</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

- 74% of all index stays had only mental health diagnoses.
- 26% of index stays had a substance abuse diagnosis.
- Index stays with only mental health diagnoses have the highest readmission rate for all three time frames.
Hospital Readmission Rates in Medicare Advantage Beneficiaries by Condition, 2013

- Overall: 15.5%
- Alcohol/Drug/Substance Abuse: 19.9%
- Anxiety: 26.0%
- Bipolar/Major Depression: 19.7%
- Dementia: 19.7%
- Intellectual Disability: 21.7%
- Schizophrenia: 23.8%


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Figure 46. Pennsylvania admissions aged 12 and older, by primary substance of abuse: 2001-2011
**Table 3.35. Pennsylvania admissions aged 12 and older, by gender, age at admission, and race/ethnicity, according to primary substance: 2011**

Percent distribution

<table>
<thead>
<tr>
<th>Gender, age at admission, and race/ethnicity</th>
<th>All admissions aged 12 and older</th>
<th>Alcohol</th>
<th>Opiates</th>
<th>Cocaine</th>
<th>Marijuana/hashish</th>
<th>Methamphetamines/amphetamines</th>
<th>Tranquilizers</th>
<th>Sedatives</th>
<th>Hallucinogens</th>
<th>Other/inhalants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total admitted aged 12 and older</td>
<td>51,858</td>
<td>11,842</td>
<td>7,576</td>
<td>10,687</td>
<td>6,493</td>
<td>3,095</td>
<td>1,735</td>
<td>8,411</td>
<td>235</td>
<td>444</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>68.0</td>
<td>72.4</td>
<td>71.2</td>
<td>64.7</td>
<td>61.0</td>
<td>52.0</td>
<td>68.0</td>
<td>75.6</td>
<td>64.3</td>
<td>52.7</td>
</tr>
<tr>
<td>Female</td>
<td>32.0</td>
<td>27.6</td>
<td>28.8</td>
<td>35.3</td>
<td>39.0</td>
<td>48.0</td>
<td>32.0</td>
<td>24.4</td>
<td>35.7</td>
<td>47.3</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No. of admissions</td>
<td>51,858</td>
<td>11,842</td>
<td>7,576</td>
<td>10,687</td>
<td>6,493</td>
<td>3,095</td>
<td>1,735</td>
<td>8,411</td>
<td>235</td>
<td>444</td>
</tr>
<tr>
<td>Age at admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 to 19 years</td>
<td>10.1</td>
<td>3.6</td>
<td>6.6</td>
<td>3.8</td>
<td>7.0</td>
<td>0.8</td>
<td>3.4</td>
<td>36.5</td>
<td>11.1</td>
<td>12.6</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>18.7</td>
<td>11.0</td>
<td>14.5</td>
<td>25.5</td>
<td>25.9</td>
<td>5.6</td>
<td>12.5</td>
<td>24.7</td>
<td>11.9</td>
<td>20.5</td>
</tr>
<tr>
<td>25 to 29 years</td>
<td>18.9</td>
<td>12.9</td>
<td>16.1</td>
<td>29.0</td>
<td>28.6</td>
<td>9.0</td>
<td>16.7</td>
<td>14.8</td>
<td>19.1</td>
<td>21.2</td>
</tr>
<tr>
<td>30 to 34 years</td>
<td>14.1</td>
<td>12.2</td>
<td>14.1</td>
<td>17.9</td>
<td>15.2</td>
<td>12.8</td>
<td>17.0</td>
<td>9.4</td>
<td>23.0</td>
<td>19.4</td>
</tr>
<tr>
<td>35 to 39 years</td>
<td>9.6</td>
<td>11.0</td>
<td>11.4</td>
<td>8.6</td>
<td>8.1</td>
<td>14.9</td>
<td>16.0</td>
<td>5.7</td>
<td>9.4</td>
<td>6.1</td>
</tr>
<tr>
<td>40 to 44 years</td>
<td>9.4</td>
<td>13.0</td>
<td>12.8</td>
<td>6.4</td>
<td>58</td>
<td>20.1</td>
<td>13.0</td>
<td>3.8</td>
<td>11.0</td>
<td>7.9</td>
</tr>
<tr>
<td>45 to 49 years</td>
<td>8.9</td>
<td>14.8</td>
<td>12.3</td>
<td>4.2</td>
<td>5.0</td>
<td>19.6</td>
<td>11.4</td>
<td>2.6</td>
<td>8.1</td>
<td>5.9</td>
</tr>
<tr>
<td>50 to 54 years</td>
<td>6.2</td>
<td>11.8</td>
<td>8.1</td>
<td>2.8</td>
<td>32</td>
<td>11.6</td>
<td>6.4</td>
<td>1.7</td>
<td>3.0</td>
<td>4.3</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>2.7</td>
<td>5.9</td>
<td>3.0</td>
<td>1.3</td>
<td>1.5</td>
<td>3.8</td>
<td>2.7</td>
<td>0.6</td>
<td>2.1</td>
<td>1.6</td>
</tr>
<tr>
<td>60 years and older</td>
<td>1.4</td>
<td>3.7</td>
<td>1.1</td>
<td>0.5</td>
<td>0.6</td>
<td>1.6</td>
<td>0.9</td>
<td>0.2</td>
<td>0.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No. of admissions</td>
<td>51,858</td>
<td>11,842</td>
<td>7,576</td>
<td>10,687</td>
<td>6,493</td>
<td>3,095</td>
<td>1,735</td>
<td>8,411</td>
<td>235</td>
<td>444</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>79.4</td>
<td>84.3</td>
<td>75.3</td>
<td>86.7</td>
<td>94.6</td>
<td>50.6</td>
<td>56.3</td>
<td>82.6</td>
<td>94.4</td>
<td>89.7</td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>14.6</td>
<td>10.0</td>
<td>10.2</td>
<td>4.4</td>
<td>3.1</td>
<td>43.5</td>
<td>22.4</td>
<td>27.5</td>
<td>1.3</td>
<td>5.3</td>
</tr>
<tr>
<td>Hispanic origin</td>
<td>5.7</td>
<td>4.3</td>
<td>5.2</td>
<td>7.9</td>
<td>1.4</td>
<td>4.8</td>
<td>9.3</td>
<td>8.0</td>
<td>2.1</td>
<td>4.1</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.3</td>
<td>0.4</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.4</td>
<td>0.5</td>
<td>0.4</td>
<td>0.4</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>0.7</td>
<td>0.7</td>
<td>0.5</td>
<td>0.6</td>
<td>0.4</td>
<td>0.6</td>
<td>1.0</td>
<td>1.2</td>
<td>1.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No. of admissions</td>
<td>50,391</td>
<td>11,363</td>
<td>7,429</td>
<td>10,519</td>
<td>6,365</td>
<td>3,052</td>
<td>1,693</td>
<td>8,164</td>
<td>235</td>
<td>444</td>
</tr>
</tbody>
</table>

**Note:** Percentages may not sum to 100 due to rounding.

**Source:** Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.15.12.

**Source:** SAMHSA
Figure 5. Number of Emergency Department (ED) Visits for Drug Misuse or Abuse on an Average Day for Patients Aged 18 to 25, by Selected Types of Drugs: 2011 DAWN

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Drug Abuse Warning Network (DAWN), 2011.
Most Common Behavioral Health Concerns:

- Depression
- Anxiety
- PTSD
- Bipolar Disorder
- Schizophrenia
- Substance Use
- Metabolic Syndrome
Most Common Physical Health Conditions:

- Cardiovascular Disease
- Diabetes
- Hypertension
- Obesity
Consultation → Fully Integrated
Collaborative Care Summit

Collaborative Care Core Principles:

1. Patient-centered
2. Evidence-based
3. Measurement-based
4. Population-based
5. Accountable
High health care costs and substantial losses in productivity. 
\[\approx 25\% \text{ receive effective care}\]

20% adult patients with Mental Illness (MI) are seen by mental health specialists

Individuals with Severe and Persistent Mental Illness (SPMI) are more likely seen by specialty mental health providers.
- Limited access to medical care
- High mortality rate

Evidence-based approach
Collaborative Care – having a behavioral health provider available.

Common mental disorders:

• Depression (Gilbody 2006)
• Anxiety (Simon 2009)
Behavioral Health into Primary Care

32 studies:

- 25 addressed Depressive Care
- 4 Anxiety Care
- 1 Somatizing Disorder
- 1 ADHD
- 1 Depression/Alcohol Related Disorders
Randomized Controlled trials and quasi-experimental design studies

Primary Care Settings
• Depression
• Anxiety
• At-risk alcohol
• ADHD

Specialty Care Settings
• Alcohol Disorders
• Severe Mental Illness
Primary Care into Behavioral Health

Three trials:

• 2 VA
• 1 HMO
• All used Collaborative Care Model
IMPACT (Unutzer 2002)
- Depression

TEAMcare (Bogner 2012, Katon 2010)
- Depression and other chronic illnesses
HealthChoices HealthConnections
Cost Impact Study

The change found in individuals’ use of treatment in 24 hour settings and Emergency Rooms while participating in HCHC is substantially diminished compared with such need prior to HCHC involvement.

- The need for emergency care in a medical facility ER decreased by 11%
- Admissions to medical facilities reduced by 56%
- Admissions to psychiatric hospitals reduced by 43%
- The need for an assisted residential environment declined by 14%

The support and proactive coordination of services and wellness activities found with the HCHC approach has resulted in a reduced need for these high level and often invasive interventions.
Continuous Quality Management: Consumer Satisfaction Surveys

How has your physical and mental health changed since starting this program?

- 62.5% Improved
- 43.8% Stayed the same
- 39.6% Gotten worse
- 12.5% I don’t know
- 8.3% 2.1% 2.1%

Source: Montgomery County Behavioral Health
SHIP Top 11 Issues

1. Preventive Screenings
2. Obesity
3. Drug and alcohol abuse by adults
4. Nutrition
5. Integration of healthcare and behavioral/mental healthcare
6. Communicable diseases
7. Behavioral/mental health for adults
8. Behavioral/mental health for children
9. Primary care
10. Physical inactivity
11. Education
# Stakeholder Meeting Results: Top 5 Issues

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Votes</th>
<th>Regions Identifying as Top 5 Priority</th>
<th>Individuals Willing to Serve on a Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive screenings</td>
<td>91</td>
<td>3 of 6</td>
<td>15</td>
</tr>
<tr>
<td>Behavioral/mental health for adults</td>
<td>86</td>
<td>6 of 6</td>
<td>11</td>
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<tr>
<td>Obesity</td>
<td>86</td>
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<td>Primary care</td>
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<td>Integration of healthcare and behavioral/mental healthcare</td>
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<td>Drug and alcohol abuse by adults</td>
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<tr>
<td>Behavioral/mental health for children</td>
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<td>9</td>
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<tr>
<td>Physical inactivity</td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Communicable diseases</td>
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<td>0 of 6</td>
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</tr>
<tr>
<td>Education</td>
<td>35</td>
<td>0 of 6</td>
<td>n/a</td>
</tr>
</tbody>
</table>
1. Behavioral/mental health for adults and children, drug and alcohol abuse
2. Obesity, physical inactivity, nutrition
3. Preventive screenings
4. Primary care
Cross-Cutting Themes

1. Public health system
2. Health literacy
3. Health equity/determinants of health
4. Integration of healthcare and behavioral/mental healthcare
Task Force Organization

• A single set of task forces for each identified health issue

• Statewide associations and organizations will play a key role in these task forces, and be able to recruit smaller groups or individuals regionally to participate in the implementation of the plan.
Task Force Mission

- Describe the problem and its impact on health in the state’s population.

- Identify goals and short term and long term measures that will be used to show progress on the issue.

- Identify the population most in need of intervention, as appropriate.

- Select several evidence-based best practices strategies that can make an impact for each goal.
Task Force Mission (continued)

• Identify whether the strategies will affect policies, organizations, communities, or individuals.

• Identify performance measures for each strategy.

• Identify potential activities to implement these strategies.

• Identify and engage potential partners, and a lead partner, to implement these strategies.
“I like your qualifications, but how many Likes do you have on Facebook?”
References
1. “Integrated Care: Working at the Interface of Primary Care and Behavioral Health.” Raney, Lori E., 2015
4. “Integration of Mental Health/Substance Abuse and Primary Care.” AHRQ Publication No. 09-E003 October 2008

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Questions?