



**INTEGRATED HEALTH CARE IN MAINE:
VISION, PRINCIPLES AND VALUES, AND GOALS AND OBJECTIVES**

**Integration Initiative
Steering Committee & Advisory Group**

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Contact:

David Steven Rappoport, MS, MA
Senior Program Officer
Maine Health Access Foundation
(207) 620-8266, ext. 102
drappoport@mehaf.org
www.mehaf.org

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Vision

We envision optimal health for all Maine people.

We recognize that biological, psychological and social conditions are inseparable in their impact on the health of each individual.

We envision individuals, families, communities, and providers as equal participants in respectful caregiving relationships that address the needs of the whole person.

We envision an integrated system with an enhanced focus on prevention that identifies emerging problems at the earliest possible time, and produces healing relationships that are patient-centered, safe, timely, effective, efficient, equitable and accessible to everyone in Maine.

We envision seamless collaboration between all providers, payers, patients, families, and communities; and

We envision a sustainable financial and regulatory environment that rewards high quality, supports innovation, and encourages compassion.

Introduction

There is growing evidence that the health needs of the whole person are best served in a care system that integrates treatment of the mind and body; is respectful of differences in patient needs and values; and incorporates patients and their caregivers in the decision-making process. There is also increasing awareness that there are clear economic incentives for more integrated, cost-effective approaches to care, even if it requires transformation of the current structure of caregiving. Current systems, which tend to separate behavioral health and physical health providers and processes, are likely to offer a less productive, fragmented approach to the overall healing course and are challenged by overall cost trends which are not sustainable in the future. Therefore, revisions are necessary in the way in which we undertake treatment and prevention activity, and in the way in which diagnosis, decision-making, documentation, organization and financing of care are implemented to support the vision of comprehensive, integrated care.

The following document is intended to present a bold prescription for transforming the structure, process and outcomes of health care in Maine by unifying the various strands of the current system into an integrated, holistic system of care which places the patient at the center of that system. The vision, goals and objectives articulated here are the result of over six months of work, discussion and review of best practices. It is the product of over 60 individuals representing a diverse spectrum of backgrounds and disciplines including primary care, mental health and substance use providers, government and private sector health and human service agencies, professional associations, business and industry, and consumers. State government officials participated in the work and have expressed recommendations and are committed to the integration of care to improve cost, quality, and access. However, they do not necessarily endorse all the recommendations in the report, given limited resources and competing priorities that may influence the ability to implement them.

Much of the work of creating this document was accomplished through four workgroups that examined: 1) the patient, family, community experience; 2) microsystems or the care process and teams that deliver the services that patients experience; 3) the organizational context which facilitate the microsystems of care; and 4) the environmental context including reimbursement, regulation and workforce factors that facilitate organizational functions. Our work was significantly informed by the Institute of Medicine Crossing the Quality Chasm Series including the 2005 Report, *Improving the Quality of Health Care for Mental and Substance-use Conditions*. Importantly, this work also incorporates information gathered from 157 consumer focus groups held all across Maine in the Fall of 2006.

This document is organized in such a manner as to present both a vision and a set of recommended goals and strategies which respond to the persuasive research and information which make clear that *integration needs to happen*. Changes in current regulations, public and private incentives, capacity for measuring and rewarding quality, approaches to professional and public education, means of communicating and collaborating across traditionally separate disciplines, and the extent to which patients and providers participate in shared decision-making must all occur before *integration can happen*. Most importantly, there must be widespread commitment and strong, focused leadership before *integration will happen*.

Principles and Values

- 1. The system of integrated care must be effective and measurable.**
 - Such a system must apply and consistently measure evidence-based or evidence-informed, outcomes-effective practices to maintain both physical and behavioral health.
- 2. The system of integrated care must be sustainable.**
 - Necessary changes in regulations and payment structures to facilitate integration should not increase costs in the short term and should seek to decrease costs in the long term.
 - Financing mechanisms for an integrated system of care should seek to spread financial risk equitably across the population of Maine.
- 3. Care must be based on relationships that promote healing.**
 - Whether the care relationships are continuous or episodic, there is a reasonable expectation that information and processes will be integrated across the spectrum of care to address cognitive, social, emotional, and physical health.
 - Systems of care must have an enhanced focus on prevention and seek to identify emerging problems at the earliest possible time.
 - Patients must have timely access to the right care when they need it. There must be no “wrong door,” and appropriate care must be no more than one referral away.
 - All disciplines involved in serving a single person should understand and seek to advance the relationship between behavioral and physical health. They must share a comprehensive vision of health and commitment to reduction of stigma.
- 4. Patients & providers participate in a shared-decision making process characterized by mutual respect.**

- The patients or families, as the source of control, have access to the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them. The health system accommodates diversity in patient preferences and assists them in achieving optimal outcomes.

5. Collaboration is routine among caregiving professionals.

- Financial and administrative systems will actively support collaboration and communication among clinicians to ensure an appropriate exchange of information and coordination of care.
- Caregiving professionals across all disciplines will actively engage in effective collaboration.

6. Systems of care promote consistent health outcomes across populations.

- Systems of care respect individual and cultural differences, and work actively to reduce barriers to access and quality that may result from them.
- For individuals who are disenfranchised by virtue of health, disability, socioeconomic status, or other characteristics, there is a commitment to working toward optimum community participation.

Goals and Objectives

Goals and objectives for implementing the vision for comprehensive, integrated care follow. The general time frame for objectives is expressed as short term (1-2 years), intermediate term (3-5 years), and long term (6-10 years). Some objectives are expressed as a combination of these terms indicating an initial period of development and activity that would then be sustained over a long time period.

Goal 1: Engage and sustain high level leadership for realizing the vision for integrated health care in Maine.

- ◆ Short Term Objective: Form a leadership group of decision-makers from government, private insurers, business, health care, education and consumer representatives to oversee and sustain implementation of policies and plans to promote integration of health care services.
- ◆ Short/Intermediate Term Objective: Demonstrate the connection between the vision for integrated health care in Maine and statewide health care cost, quality and access goals
- ◆ Short/Intermediate Term Objective: Seek broad endorsement of the vision for integrated health care in the form of policy statements or signatory agreement by governmental, business, health care, education, advocacy and consumer organizations.
- ◆ Short/Intermediate Term Objective: Seek to identify and coordinate with other related integration efforts that are occurring across Maine.

Goal 2: Increase community capacity to promote wellness, prevention, early intervention, self-advocacy and recovery.

- ◆ Short/Intermediate Term Objective: Develop and implement targeted education and outreach activities to increase public understanding of a holistic perspective on health, to reduce stigma and promote wellness.
 - Intermediate Term Objective: Develop and implement targeted education and outreach activities to increase the general public's health literacy, including an awareness of early signs of illness, quality and evidence-based care, being an informed partner in health care decisions, and the role of self-care in maintaining wellness and preventing and treating disease, among other topics.
 - Intermediate Term Objective: Develop and implement health literacy training programs for patients and families.
 - ◆ Long Term Objective: Integrate health literacy segments, including behavioral health, within school health curricula.

- ◆ Short/Intermediate Term Objective: Improve knowledge, awareness and early screening capability on the part of professionals and non-professionals in key institutions (health care, schools, criminal justice and the judicial system, and faith-based organizations, among others) of early signs of illness, the array of potential services, and processes for timely referral through identifiable points of system entry.
 - Intermediate Term Objective: Identify and reduce structural or procedural barriers to patients accessing care on their own authority.
 - ◆ Long Term Objective: Develop capacity within schools to identify children and adolescents at-risk or in need of care to reduce the time between emergence of symptoms and access to treatment.

Goal 3: Develop consistent capacity to efficiently link people on a timely basis to needed services from multiple, identifiable points of system entry.

- ◆ Short Term Objective: Conduct an inventory to identify potential points of entry across the state with the capacity for conducting integrated medical, psychosocial, and substance use screening, assessment, and brief intervention at the point of entry, and for maintaining comprehensive knowledge of available services and effective referral relationships.

- ◆ Short/Intermediate Term Objective: Expand the capacity of the safety net to provide initial triage and case management functions for high risk, underserved populations within a defined catchment area.

- ◆ Short/Intermediate Term Objective: Establish a “2 touch limit” standard for linkage to appropriate services from the initial point of entry and develop management information systems for tracking progress toward meeting the standard.
 - ◆ Intermediate/Long Term Objective: Develop improved mechanisms for efficient utilization of existing provider capacity across the spectrum of services in order to

facilitate the development of timely integrated behavioral health and health interventions at the patients preferred site of care and rational health system planning.

Goal 4: Improve the quality and uniformity of the initial assessment process to assure a holistic understanding of patient needs and referral to appropriate services.

- ◆ Short Term Objective: Conduct a review of existing processes, tools, regulations and reimbursement policies to maximize the efficiency and effectiveness of initial screening and assessment.
- ◆ Short/Intermediate Term Objective: Consider developing and implementing a tiered, standardized, comprehensive initial assessment that considers the context of symptoms including medical, psychosocial, and substance use interactions, that involves families as appropriate, depending on patient need/complexity (i.e. tailored to individual patient circumstances).
- ◆ Short/Intermediate Term Objective: Develop and recommend a ‘toolbox’ of evidence-based screening tools in order to improve quality and uniformity of screening services and to expand the potential for population-based outcome measurement.
 - ◆ Intermediate Term Objective: Establish funding/reimbursement policies and procedures to support and sustain an efficacious initial assessment function.

Goal 5: Foster integrated, team-based models of care in which physical health, behavioral health and case management professionals work most effectively with patients, families and each other.

- ◆ Short Term Objective: Expand availability of integrated holistic case management to assist individuals and families in negotiating access to an appropriate array of services.
- ◆ Short/Intermediate Term Objective: Demonstrate the use of community-based patient navigators or peer advocates to facilitate integration of behavioral health and physical health.
- ◆ Short/Intermediate Term Objective: Expand the availability of dedicated staff and peer advocates in targeted care settings to provide personal referral, follow-up and support as a strategy to reduce unnecessary high-cost utilization, such as in Emergency Departments.
- ◆ Short/Intermediate Term Objective: Expand use of state-of-the-art information technology applications for shared records and effective decision support systems.
- ◆ Short/Intermediate Term Objective: When feasible and desirable, co-locate behavioral health professionals in primary care facilities or primary care professionals in behavioral care facilities with appropriate supports to optimize interdisciplinary sharing of expertise and to assure high quality care.
- ◆ Short/Intermediate Term Objective: When co-location is not feasible or desirable, implement alternative strategies for integration as evidenced by written contracts and protocols.

Intermediate/Long Term Objective: Increase the capacity of delivery systems to assist patients in receiving integrated, targeted care at the patient's preferred site of service, such as near their communities and family/social support systems, including the provision of home-based services.

- ◆ Intermediate/Long Term Objective: Increase the capacity of delivery systems to provide more patient-centered care through the use of open scheduling, and more flexible and late office hours.
- ◆ Intermediate/Long Term Objective: Identify approaches for measuring patient/family involvement and comfort with the care process.
 - ◆ Long Term Objective: Support inter-disciplinary collaboration among primary and specialty providers characterized by timely and complete information sharing and case conferencing.

Goal 6: Support efforts to improve integration and access with state-of-the-art information technology applications.

- ◆ Short/Intermediate Term Objective: Support statewide efforts to develop electronic personal health records including behavioral health information with appropriate safeguards for confidentiality.
- ◆ Short/Intermediate Term Objective: Develop and implement integrated electronic health records with statewide standards that enable communication within and across organizations.
- ◆ Short/Intermediate Term Objective: Increase the availability of real-time decision support systems at the point of care to aid in diagnosis, triage, Rx management, treatment and patient involvement in decision making.
- ◆ Short/Intermediate Term Objective: Expand the State's existing prescription database for controlled substances to other medications.
- ◆ Intermediate Term Objective: Increase use of video and teleconferencing to improve access to specialty consultation including addressing reimbursement barriers to expanded use of telemedicine.
 - Long Term Objective: All health care providers will have the technology and expertise to communicate electronically at the patient level.
 - Technology and data systems will provide participants in the health care process, including providers, payers and patients, with timely access to information to enable enhanced knowledge-based decision-making.

Goal 7: Increase the capacity of the health care workforce to work in an integrated health care system.

- ◆ Short/Intermediate Term Objective: Provide continuing education for health care professionals on delivering care with a customer service, “no wrong door” approach.
- ◆ Short/Intermediate Term Objective: Provide continuing education for primary care professionals in behavioral health, including approaches to screening, assessment and care planning, in order to treat wider range of problems that could go to specialty care, thereby reducing current bottlenecks in the system.
- ◆ Short/Intermediate Term Objective: Provide continuing education for behavioral health professionals in approaches to wellness education and chronic disease management including approaches to screening, assessment and care planning.
- ◆ Short/Intermediate Term Objective: Provide continuing education for physical health and behavioral health professionals focused on achieving greater familiarity and mutual understanding of the respective care giving terminology and cultures.
 - ◆ Intermediate Term Objective: Establish a Training Institute for mental health and physical health providers to develop knowledge and skills related to integrated care, disseminate tools and best practice models, and serve as a resource center for information and technical assistance.
 - ◆ Intermediate Term Objective: Expand the number of health care professionals working in multi-disciplinary teams and promote the practice of using learning teams around specific patients to increase capacity and expertise to address complex cases.
 - ◆ Intermediate Term Objective: Review and modify as appropriate existing professional licensure, CME standards and staffing standards/regulations to incorporate opportunities and requirements related to integration.
 - ◆ Long Term Objective: Reduce variation in care giving culture, terminology and the degree of specialization across the system by shifting the focus of health professions education toward greater emphasis on integrated models of care, the inter-relationship of physical and behavioral health, and practical approaches to collaboration.

Goal 8: Support a statewide learning environment for demonstrating and promoting evidence-based integrated care models based on measurement of performance, costs and outcomes.

- ◆ Short/Intermediate Term Objective: Support population-based pilot or demonstration projects of integration models in discrete geographic regions with a commitment to measuring effectiveness and broad-based support for scale-up of successful projects.
- ◆ Short/Intermediate Term Objective: Support the evolution of the all-payer database, including the capability to analyze information at the provider level.
- ◆ Intermediate Term Objective: Develop and implement methodology for projecting and analyzing costs and benefits of integration including administrative and clinical savings from

consistent payment for best care practices across payers. Consider methods of gathering non-claims data that can be tied to cost and performance. Focus initial analyses on high intensity and high cost areas.

- ◆ Intermediate Term Objective: Increase transparency by making information describing provider performance, cost and outcomes available on-line.
- ◆ Intermediate Term Objective: Establish evidence-based, uniform standards of care for prevention, diagnosis and treatment of behavioral health problems including screening and care plan standards within the context of an integrated system for physical and behavioral health.

Goal 9: Realign reimbursement and funding policies to support increased integration without increasing overall health care costs in the short term and with decreasing costs in the long term.

- ◆ Short Term Objective: Conduct a comprehensive review of current regulations and payment structures, mechanisms and rules to identify those changes that are necessary and sufficient for moving to a new system of integrated care.
- ◆ Short Term Objective: MaineCare plans and contracts will incorporate specifications that promote integration models and practices.
- ◆ Short/Intermediate Term Objective: Seek to incorporate specifications that promote integration models and practices in behavioral health contracts developed by private third party payers.
- ◆ Short/Intermediate Term Objective: Align and expand payment/incentives for practices which are evidence-based and demonstrated to be outcome-effective.
- ◆ Short/Intermediate Term Objective: Support payment for evidence-based/evidence-informed activities critical to integration that promote prevention, quality, and positive health outcomes -- including assessment, case conferencing, case management and redesign of systems at the point of care.
- ◆ Short/Intermediate Term Objective: Support provision of medication in primary care as appropriate and payment for psychiatric consultation to support such an approach, as well as specialty consultation more broadly to support the integration of behavioral health treatment modalities within primary care, and health care support in mental health centers, including but not limited to medication support
 - ◆ Intermediate Term Objective: Provide payment for care teams or case management using an episode of care methodology rather than fee-for-service for individual contacts, allowing use of all most cost-effective providers.
 - ◆ Intermediate Term Objective: Explore the potential of payment for a full wrap-around model based on episode of care.

- ◆ Intermediate Term Objective: Support parity in coverage across medical and behavioral health care and equity across public and private coverage.
- ◆ Intermediate/Long Term Objective: Eliminate adverse selection issues through agreement to use consistent coverage and payment methodologies.

**Integration Initiative
Steering Committee & Advisory Group**

Annette Adams
Acadia Hospital

Kolawole Bankole, MD, MS
Public Health, Portland HHS

Jim Braddick
Maine DHHS, Adult Mental Health Services

Leslie Brancato
Community Counseling Center

Anne Brown, MD
B-Street Clinic

Sabra Burdick
Maine DHHS

Lisa Burgess
Sweetser

Carol Carothers
NAMI Maine

Katherine Carter
Community Health & Counseling Services

Roy Chatterjee
Affinity

John Coffin, BSW, MS
Common Ties Mental Health Coalition

Ann Conway, PhD
Maine Center for Public Health

Andy Cook, MD
Maine DHHS

Dean Crocker, MSW
Maine Children's Alliance

Wesley Davidson
Aroostook Mental Health Center

Deborah Deatruck, MPH
MaineHealth

Debbie Dettor
ME Assn of Substance Abuse Providers

Peter Driscoll
Amistad, Inc.

Nelson Durgin
Phillips-Strickland House

Thomas Earley, PhD
Mayo Hospital/Sebastcook Family Doctors

Elsie Freeman, MD, MPH
Maine DHHS

Ruth Frydman, MD

Jane Gagnier
AS IS Association

Peg Gagnon, MS
Alzheimer's Association, Maine Chapter

Peter Hayes
Hannaford Brothers

Kim Johnson
State of Maine, Office of Substance Abuse

Joanne Joy
Healthy Maine Partnerships

Mary Jude, FNP-C, PA, MSN, MPH
Penobscot Community Health Center

LaurieKane
DFD Russell Medical Center

Neil Korsen, MD, MS
Maine Medical Center

Peter Kraut
Governor's Office of Health Policy & Finance

John Lease
Maine Coast Memorial Hospital

Kevin Lewis
Maine Primary Care Association

Simonne Maline
Amistad

Peter Mauro, Jr.
Maine DHHS, Elder Services

Christopher McCarthy, MA
Maine Quality Forum/Dirigo Health

Jane McGillicuddy, M-Ed, CAGS-PH
Millinocket Hospital/Katahdin Partnership

Stephen Meister, MD
MaineGeneral/Kennebec Pediatrics

Jean Mellett
Eastern Maine Healthcare Systems

Brian Moody
Eastern Maine-Inst for Med Improvement

Jim Morgan

Nancy Morris
Maine Health Alliance

Janey Morse
Physicians for Social Responsibility-Maine

Lawrence Muttu, MD, MPH

Jean Nichols
Anthem Blue Cross and Blue Shield

Lars Olsen
State of Maine, Dept. of Corrections

Mary O'Rear
Mainely Girls

Jamie Owens
Aroostook Mental Health Center

Katherine Pelletreau
Maine Association of Health Plans

Edward Pontius, MD
Spring Harbor Hospital

David Prescott, PhD
Acadia Hospital

Kitty Purington
Maine Assn. of Mental Health Services

Ted Rooney
Maine Health Management Coalition

Carol Schreck
Public Health, Portland HHS

Peggy Siegle
Kennebec Valley Mental Health Center

Lisa Sockabasin
Maine DHHS, Maine CDC

Kelly Staples
Maine DHHS, Consumer Affairs

Dawn Stiles, LCSW
Spurwink School

Holly Stover
Maine DHHS

Tish Tanski, MSW

Sharon Tomah, MSW
Wabanaki Mental Health Association

Emilie van Eeghen
MaineGeneral

Richard Veilleux
Maine Assembly of SBHCs

David White
MDI Imported Car Service