



Bringing market intelligence, management advice, and strategic insights to the health and human service organizations serving consumers with chronic conditions and complex needs

Whole Person Care - Challenges & Opportunities For Behavioral Health Provider Organizations In Integrated Systems Of Care

The Qualifacts Annual User Group Meeting

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The Basics

Whole person health care is an approach...

Looking at the whole person—not just separate organs or body systems—and considering multiple factors that promote either health or disease.

- Social/environmental factors
- Health behaviors (or lack of)
- Mental/behavioral health
- Physical health

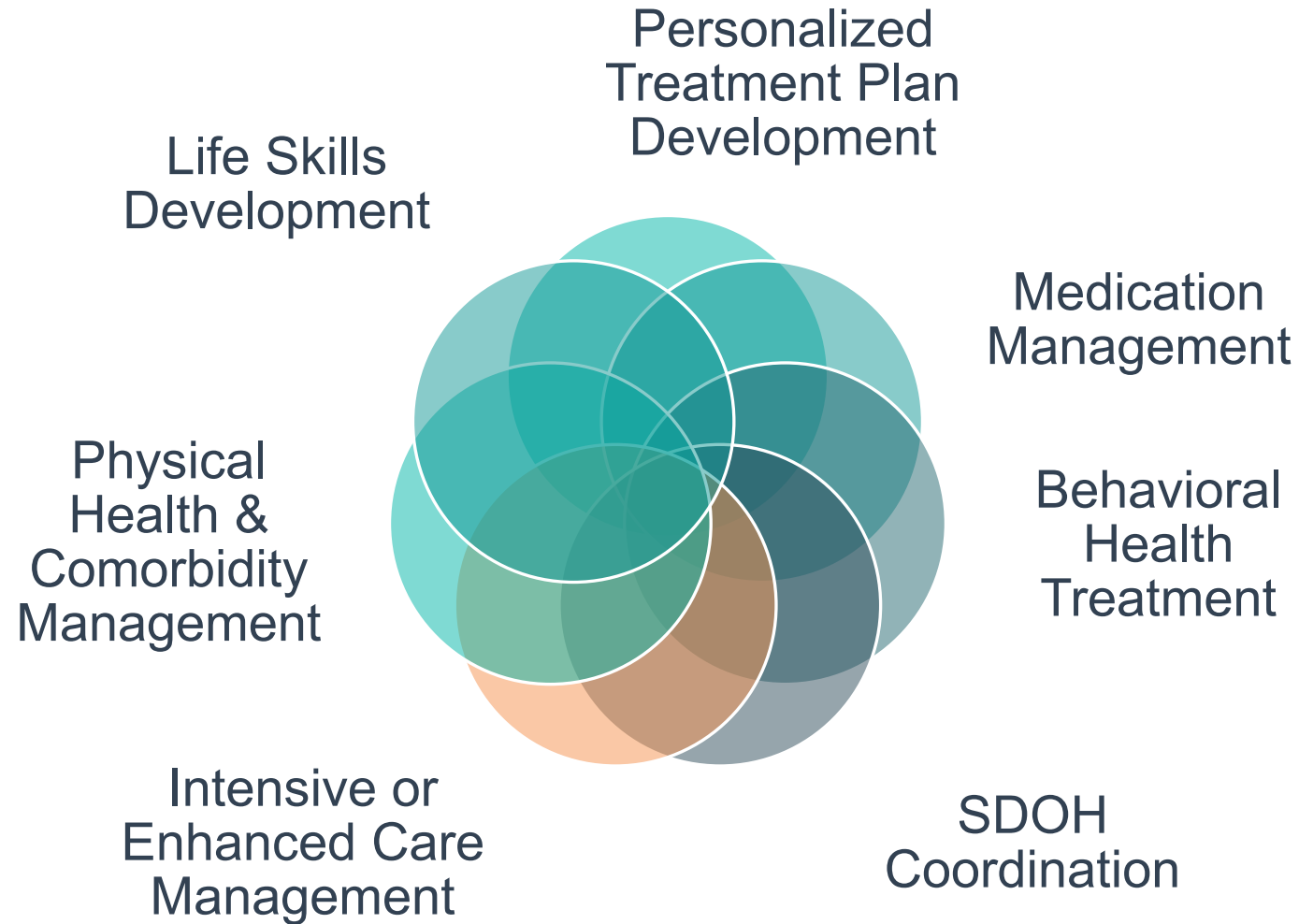
Integrated care is a delivery model...

A method of structuring the delivery of services to support and improve the delivery of whole person care.

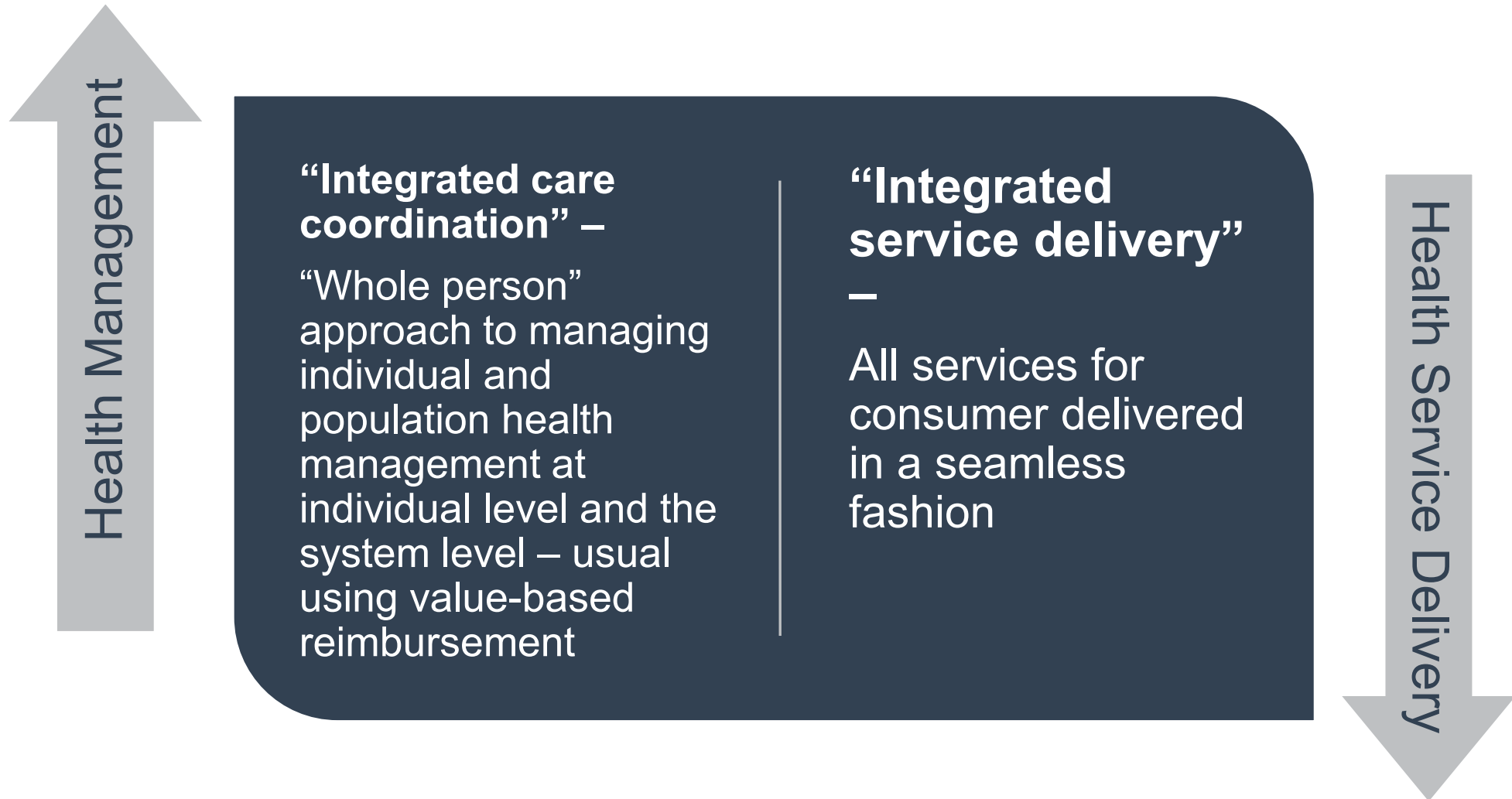
- Higher degree of collaboration between disciplines
- New technologies, staff roles and payment models to support that collaboration



Functions of Whole Person Care/Integrated Health Models



“Integration” Is An Imprecise Label For Two Different Market Phenomena



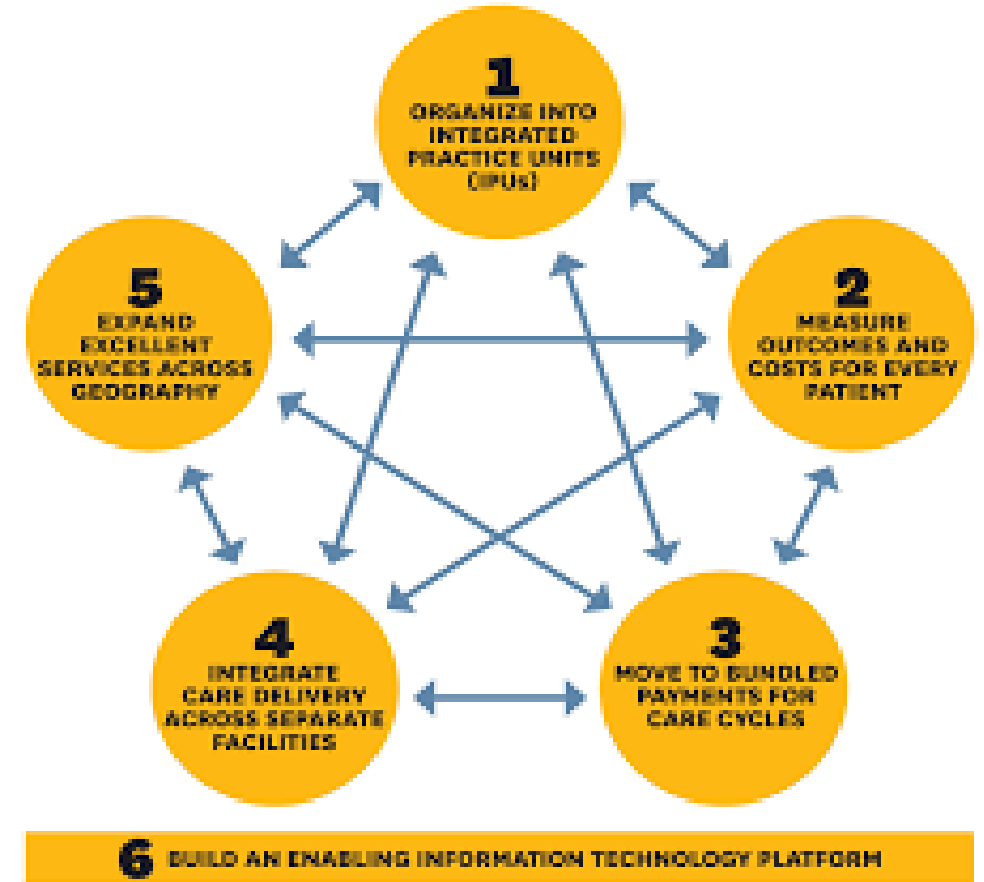
“Integrated Care Coordination” Is About Role & Control In The Health Care System Value Chain

- A “whole person” approach to health management at the individual level and the population level
- Changing due to health financing policy and reimbursement changes



“Integrated Care Delivery” Is About The System Of Consumer Care Delivery

- “Integrated care delivery” in the market = all services for consumer delivered in consolidated fashion
- Can be a single ‘place’ – either physical or virtual
- ✓ These changes are being driven by consumer preference and by technological expectations of consumers



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Why The Adoption Of Integrated Care Models?

Why The Adoption Of Integrated Care Models?

For Payers?

- Easier administration
- No pre-existing condition limitations
- No annual/lifetime limits*
- Reduced total health care costs

*Medicare lifetime limits will still be in place.

For Consumers?

- Improved experience
- Less service duplication, lower cost
- Better outcomes

The Evidence: Whole Person & Integrated Care Models

- A review of published studies found evidence of improved patient experience, clinical outcomes, and reduction in cost in practices that use integrated models.
 - Demonstrable savings for fully integrated care models
 - Actuarial demonstration of savings in total spending from providing additional care to people with serious mental illnesses and chronic physical health needs
- Conclusion: A key to realizing financial benefits is to move provider organization reimbursement to alternative payment models, including accepting risk.

The Evidence: Integrated Care Models Serving The Unhoused Population

Study of over 1200 Medi-Cal recipients who were insecurely housed found:

- A drop in ED visits of 22.2%
- A drop in hospital admissions from 2,587 to 1,906
- A 31% drop in spending without a reduction of quality
- The model:
 - Emergency housing/recuperative care: discharge housing for homeless individuals when they no longer require hospitalization
 - Supported housing: a temporary residence of up to 24 months with wrap-around services
 - Primary and behavioral health care

The Evidence: Integrated Care Models In The Veterans Administration

- The findings:
 - 24% reduction in total care costs
 - Increase in consumer satisfaction
 - Increase in adherence to treatment plans
- The model:
 - Partnership and navigation with peers
 - Consumer well-being promotion with self-service tools
 - Integrated primary care/behavioral health delivery



The Evidence: California Medi-Cal (Medicaid) Whole Person Care Pilot

- The findings:
 - Enrollees had a reduction in primary care and mental health services
 - Enrollees had an increase in substance use treatment
 - Overall reduction in ED visits
 - Overall reduction in hospitalizations
- The model:
 - California Section 1115 Medicaid Waiver called Whole Person Care (WPC)
 - High-risk, high-utilizing enrollees who had a complex profile, with multiple service need
 - ECM (enhanced care management and community support) services coordinating Medicaid benefits

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Other Key Market Drivers Shaping Integration Strategies

The Retail Phenomenon

- **CVS** expanding Oak Street Clinics to 25 states from 21 by the end of this year—adding 50 to 60 new clinics next year. Currently 9,614 CVS pharmacies, 1,800 MinuteClinic, and 169 Oak Street Clinics locations, with 25% of CVS revenue is from delivering health care services
 - Most of Oak Street Clinic revenue is from capitated arrangements, with 40% of their membership are Medicaid/Medicare dual eligibles. They provide services for schizophrenia, bipolar disorder, and substance abuse.
 - CVS recently opened mental health clinics in their Los Angeles locations
- **Kroger Health** is the second-largest operator of retail health care locations through its “Little Clinic” business, more 220 retail clinics in 35 states.
 - Major investment in “Food As Medicine” program and creating “medically prescribed” meals
 - Albertson’s grocery stores will be offering buprenorphine injections in their pharmacies in partnership with Bicycle Health
- **Amazon** acquired One Medical—and now has over 200 locations and 815,000 members in its primary care programs—opening new locations in Connecticut, Wisconsin, and California with the
 - Now offering telehealth services in all 50 states and D.C – a \$199 annual membership fee
- **Walmart** will have 75 health clinics by end of 2024 – health care is 11% of Walmart revenue
 - Offering first capitated direct service

“Convenient care” on the increase – the services of companies and health care systems that provide consumers with accessible, affordable, quality health services in retail-based location

Retail clinics – fast access, lower prices, digital experience – focus on 80% of the population

Retail clinics have seen a 200% increase in utilization over the past five years – and continued expansion planned in 2024 and 2025

Consumer Metrics In The Current Market

Experience (Net Promoter Score)

- **BetterHelp:** -50 with 0% Promoters, 50% Passives, and 50% Detractors
- **CVS Health:** 10 with 44% Promoters, 22% Passives, 34% Detractors
- **Teladoc:** 22 with 52% Promoters, 18% Passives, and 30% Detractors
- **Cleveland Clinic:** 37 with 62% Promoters, 13% Passives, and 25% Detractors
- **One Medical:** 49 with 67% Promoters, 15% Passives, and 18% Detractors
- **Talkspace:** 67 with 67% Promoters, 33% Passives, and 0% Detractors
- **Walmart Health:** 80
- **Genoa Pharmacy:** 93

Access

- Average wait time at a MinuteClinic is 22 minutes.
- At Teladoc, 10 minutes.
- Average wait time for Walmart virtual care visit is 8 minutes
- Therapist response time on Talkspace is 4 to 6 hours of sending a message
- Average U.S. consumer appointment wait time is 26 days (November 2022)

Cost

- Low-cost services
- Low out-of-pocket spending

The Post-Pandemic Workforce

Competition for labor is raising workforce expense –

- Prescribers – average salary \$221,000
- Licensed therapists – median base salary of master-level social worker \$70,000
- Direct care/support staff – median salary of group home worker \$25,250
- Managerial talent
- Executive talent

Demographics are destiny:

- Aging U.S. population and aging workforce
- Multi-generational workforce the norm
- New workforce characteristics



The Changing American Workforce

U.S. Human Capital Stats

- 21% of adults are illiterate
- 54% cannot read at the 6th grade level
- 36% are obese
- 26% are disabled
- 15% have a mental illness
- 11.3% have Type 2 diabetes
- 9% have an addiction
- 8.7% under age 65 have a disability
- Labor force participation rate 62% in December 2022 - 67.3% in 2000 – 10 million fewer workers

U.S. Workforce Communication Stats

- Average attention span of adults is 47 seconds
- Average adult spends 147 minutes on social media per day
- Check their email 77 times a day
- Children ages 4 to 18 watch an average of 91 minutes of TikTok each day
- 49% of adults have read a book in the past year

U.S. Workforce Economic Stats

- 60% of millennials (ages 29-43) have parents subsidizing their shelter
 - 24% – parents pay their rent
 - 17% – parents pay their mortgage
 - 19% – live with their parents
- Half of baby boomers (ages 59 – 77) have less than \$134,000 in savings

Changing Scale – Big Enough Is Getting Bigger

- Integrated care model adoption drives consolidation
 - Integrated care models require investments in new service line development, technology, and marketing
 - Integrated care models work best with value-based (non-FFS reimbursement)
 - Value-based reimbursement (particularly non-FFS reimbursement) limits the number of provider organizations participating and drive consolidation
- Increase in mergers, acquisition, and consolidation – across all sectors (health plans, health systems, retail, specialty care)
- Increasing number of ‘billion dollar’ provider organizations



The Emerging Health & Human Service Market Landscape

1. “Whole person” integrated care coordination models preferred
2. “Hybrid” models becoming dominant in ambulatory therapy – in clinic, virtual, in home, remote monitoring
 - What can be done by telehealth or by new technologies? What needs to be done “face to face”? In clinic? In home?
 - The rise of hybrid service bundles
 - Home-based/virtual primary care model
3. Facility-based services transitioning to ‘hybrid’ and bundled
 - Home-based/virtual addiction treatment
 - Home-based/virtual long-term care
 - SNF at home
 - Hospital at home
4. Price sensitivity + risk-based reimbursement
5. New competition for many consumer segments

Why Every Organization- Specialty Or Primary Care – Needs An Integrated Care Strategy

- 15% of primary care visits for mental health concerns
- Primary care professionals write 79% of all antidepressant prescriptions and 45% of antipsychotic medication prescriptions
- There are over 10,000 Primary Care Practices with NCQA-certification as Patient Centered Medical Homes
- There are 456 Medicare ACOs serving over 13 million patients
- Behavioral health benefits moving from 'carve out' models to integrated models
- 19% of health care premiums paid in models with downside financial risk
- Health plans are moving to include behavioral health in primary care capitation models



The Opportunities Are Many...

1. Programs to manage the care of consumers with complex needs – integrated “whole person” care coordination (risk-based, tech-enabled)
2. Primary care services for consumers with complex needs (behaviorally-led primary care)
3. Community-based supports for consumers with long-term needs
4. Targeted social supports programs
5. “In lieu of” services (community supports) offering alternatives to traditional residential and inpatient care
6. Home-based services
7. High-acuity episodes of care

Advantage goes to any organization with “better” performance and cost data....

Key Decision – What Integrated Care Models To Develop?

Integrated Care Service Line Options: The *OPEN MINDS* Framework

Specialty care

- Specialty care – as tech-enabled referral partner
- Specialty care – co-located in primary care setting
- Specialty care – as part of collaborative care model
- Specialty care – as part of a clinically integrated network

Primary care

- Primary care – as tech-enabled referral partner
- Primary care – co-located in behavioral health setting
- Primary care - as part of collaborative care model

Care coordination/care management

- Whole person care (WPC) screening services
- Targeted case management services
- Navigator/CHOW (community health outreach worker) services
- Community care team services

Patient-centered medical home or health home

Primary care and behavioral health services

- Behavioral health and primary care on-site
- Behavioral health on-site and primary care in-home
- Behavioral health on-site and primary care virtual
- Primary care on-site and behavioral in-home
- Primary care on-site and behavioral virtual
- Certified Community Behavioral Health Clinic (CCBHC)
- Federally Qualified Health Center (FQHC) or FQHC “Lookalike”

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Challenges To Implementing An Integrated Care Strategy

Challenges To Implementing Integrated Care Strategies

1. Infrastructure costs
2. Interoperability
3. Care coordination model and platform
4. Consumer engagement model and platform
5. Connecting consumers with social support services
6. Staffing, workforce, and talent acquisition costs
7. Competition for contracts
8. Attribution from health plans

1. Infrastructure Costs: An Integrated Care Strategy Challenge

The key infrastructure investments for integrated care strategies are attributable to the following domains.

1. Information technology and analytics
2. Medical technology including diagnostic devices
3. Equipment
4. Pharmacy Upgrades
5. Safety, security, infection control, and compliance investments
6. Staff support/staffing processes



Every Strategy Needs To Address Technology – The *OPEN MINDS* Tech Platform Framework For Community-Based Specialty Provider Organizations

Integrated Data & Analytics For Decision Making

Service Performance Optimization

Competitive Advantage

Electronic Health Recordkeeping System

- ❑ Mobile
- ❑ User optimized
- ❑ Interoperable – integration of data – medical, specialty, social support
- ❑ Consumer assessment data, measurement-based care, decision support

Hybrid Service Delivery Platform

- ❑ Virtual – telehealth, secure text, self-directed
- ❑ Home-based – electronic visit verification, route optimization, remote monitoring, smart home
- ❑ Integrated – centralized online scheduling for consumers, online scheduling of team

Consumer Experience & Engagement Platform

- ❑ Optimized end-to-end virtual consumer experience – website, social media, information, data portal, scheduling, fee schedules, billing, communication
- ❑ App/smartphone connectivity
- ❑ Consumer decision making support and treatment tools
- ❑ Health and wellbeing management tools

Value-Based/Risk-Based Reimbursement Platform

- ❑ Platform for tracking payer contract requirements and reimbursement
- ❑ Value measurement and financial risk management functionality
- ❑ Population health management tools and predictive analytics

Integrated Human Resources Information System & Financial/General Ledger System

- ❑ Financial/General Ledger System
- ❑ Automated end-to-end revenue cycle management
- ❑ Automated recruiting/talent credentialing and talent management
- ❑ Schedule management/shift bidding

2. Interoperability: An Integrated Care Strategy Challenge

- Interoperability: the ability of computer systems and software to exchange and make use of information
- Medical, behavioral, pharmacy, and social needs/social supports data
- Required for whole person care
- Need a data exchange strategy



3. Care Coordination Model & Platform: An Integrated Care Strategy Challenge

- The primary models for care coordination are:
 - Dedicated staff within a practice
 - Purchase of care coordination services from a specific partner
 - Care coordination performed by the health plan instead of the provider
- Care coordination goals:
 - Assuring communication between specialists and treatment team
 - Assisting consumers with coordination their needed care, medication management, plan for continued care, etc.
 - Advocating for the service recipients to obtain needed social determinants of health interventions
 - Assistance with hospital and emergency room diversion



4. Consumer Engagement Model & Platform: An Integrated Care Strategy Challenge

- Increased consumer engagement increases treatment plan adherence and decreases costs
- Tools for consumer engagement include:
 - Patient portals with web-based educational materials
 - Email and text communication programs
 - Smartphone apps designed for engagement
 - Personal outreach with peers and health educators
 - Avatar peers for recovery support and adherence
- Consumer engagement approaches must be multi-pronged to assure that patients are able to access those services, including language and literacy issues.



5. Connecting Consumers with Social Supports: An Integrated Care Strategy Challenge

- Options for connection with social service supports:
 - Consumer-facing portals that include directories of social service agencies and identification of available services
 - Written recommendations “prescriptions” as referrals for social service programs
 - Warm handoffs to social service supports
 - Creation of ‘packages’ of support services that are reimbursable
- Standardized social supports needs assessment if best practice – to identify needs
- The primary challenge is lack of funding and lack of availability of these services
 - Certain Medicaid waivers are now including components of social supports - Food as Medicine and Housing First models



6. Staffing, Workforce, & Talent Acquisition Costs: An Integrated Care Strategy Challenge

- Staff functions for integrated care:
 - Care coordination
 - Primary care consultation/service delivery
 - Psychiatry and/or addiction medicine consultation/service delivery
 - Health coach
 - Peer support
- The roles of these functions and FTE equivalents per beneficiary depends on the model
- Technology is essential to having competitive costs for integrated service delivery – interoperability, care coordination, consumer engagement, documentation, etc.



7. Competition for Contracts: An Integrated Care Strategy Challenge

Many competitors for integrated care contracts:

- FQHCs, CCBHCs, CMHCs, etc.
- Primary care practices
- Retail health provider organizations (CVS/Oak Street building SMI capability into their clinics)
- New for-profit provider organizations in the field (Amae, Firsthand, Ophelia, etc.)
- Internal service delivery initiatives of health plans and ACOs



8. Attribution From Health Plans: An Integrated Care Strategy Challenge

- Health plan are moving to combining responsibility for primary care and behavioral health in integrated care initiatives
- The “attribution issue” in competing for contracts
- In value-based contracting, attribution is the apportioning of any savings to a specific provider group.
- Difficult for health plans to ‘attribute’ savings to multiple provider organizations cannot be



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Navigating the Changing Health & Human Service Landscape

Navigating A Health & Human Service Landscape Moving To Integrated Care

1. Increase organizational resilience to assure sustainability
2. Develop the 'next big thing' – market positioning and service lines for success in future market
3. Create a strategy for success - objective-focused, scenario-based strategic plan
4. Build the team required to make plans a reality

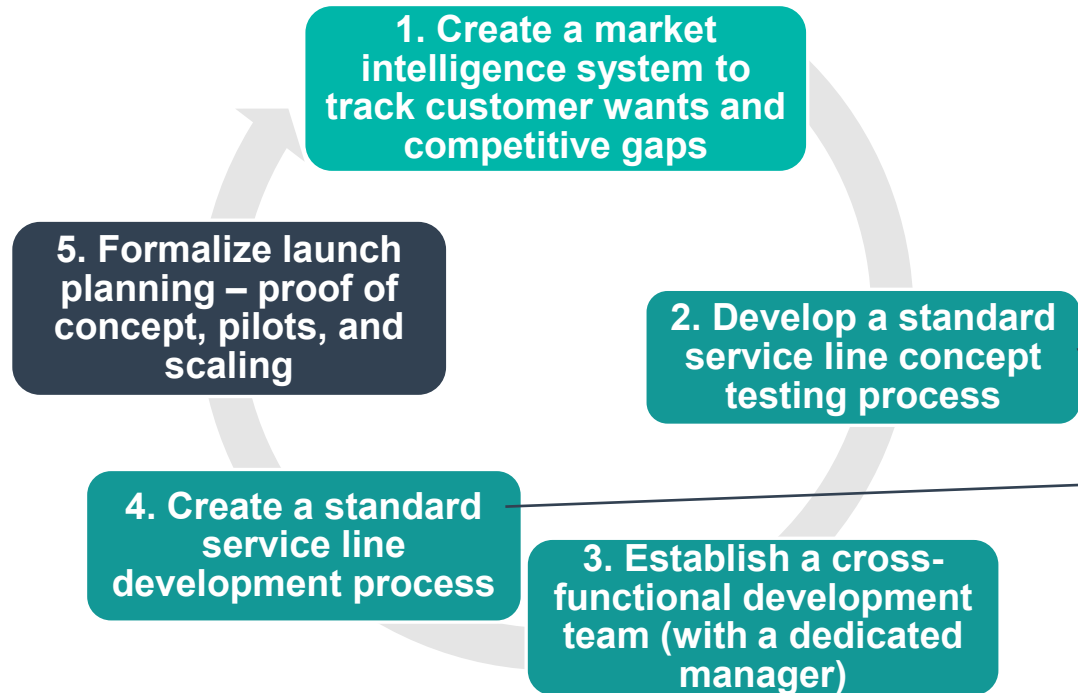
1. Increase Organizational Resilience To Navigate Change & Add New Integrated Care Capabilities

The *OPEN MINDS* Framework For Financial Sustainability



2. Create A Vision For New Integrated Care Services & A Structured Process For Development

Responding To New Integrated Care Market Opportunities



OPEN MINDS Process For Metrics-Based Evaluation Of New Business Opportunities

- #1 - Develop an itemized list of business development opportunities for consideration
- #2 - Develop a list of factors or metrics to be used in evaluating new business opportunities
- #3 - Develop a scoring scale for each metric
- #4 - Assign weights to each metric – reflecting organizational priorities
- #5 - Research and score each business opportunity, using the key metrics and weighting of metrics to rank the business opportunities
- #6 - Qualitative research and discussion of each of the top-rated opportunities for final selection for formal feasibility analysis

OPEN MINDS Service Line Development Process

Phase I: Conducting a Feasibility Analysis

- Define the new service line
- Analyze market and competition for the new service line
- Financial feasibility analysis

Phase II: Final Service Line Development & Launch

- Service line design
- Service line launch preparation
- Service line launch management
- Service line launch and pilot test

3. Develop A Strategy For Navigating A Changing Market

Strategy is about making choices of how to apply your unique strengths (or exploit a competitor's weaknesses) to create marketplace positions and operational approaches that can create a lasting competitive advantage.

- Build vision for market competitive advantage – current and future – through clarifying purpose, values, and strengths
- Focus on the organization as a whole
- Set quantifiable objectives
- Plan for market scenarios
- Budget tested
- A structured implementation plan
- Strategy implementation is an on-going process, updated regularly and occasionally 'refreshed'

The *OPEN MINDS* Strategic Planning Model

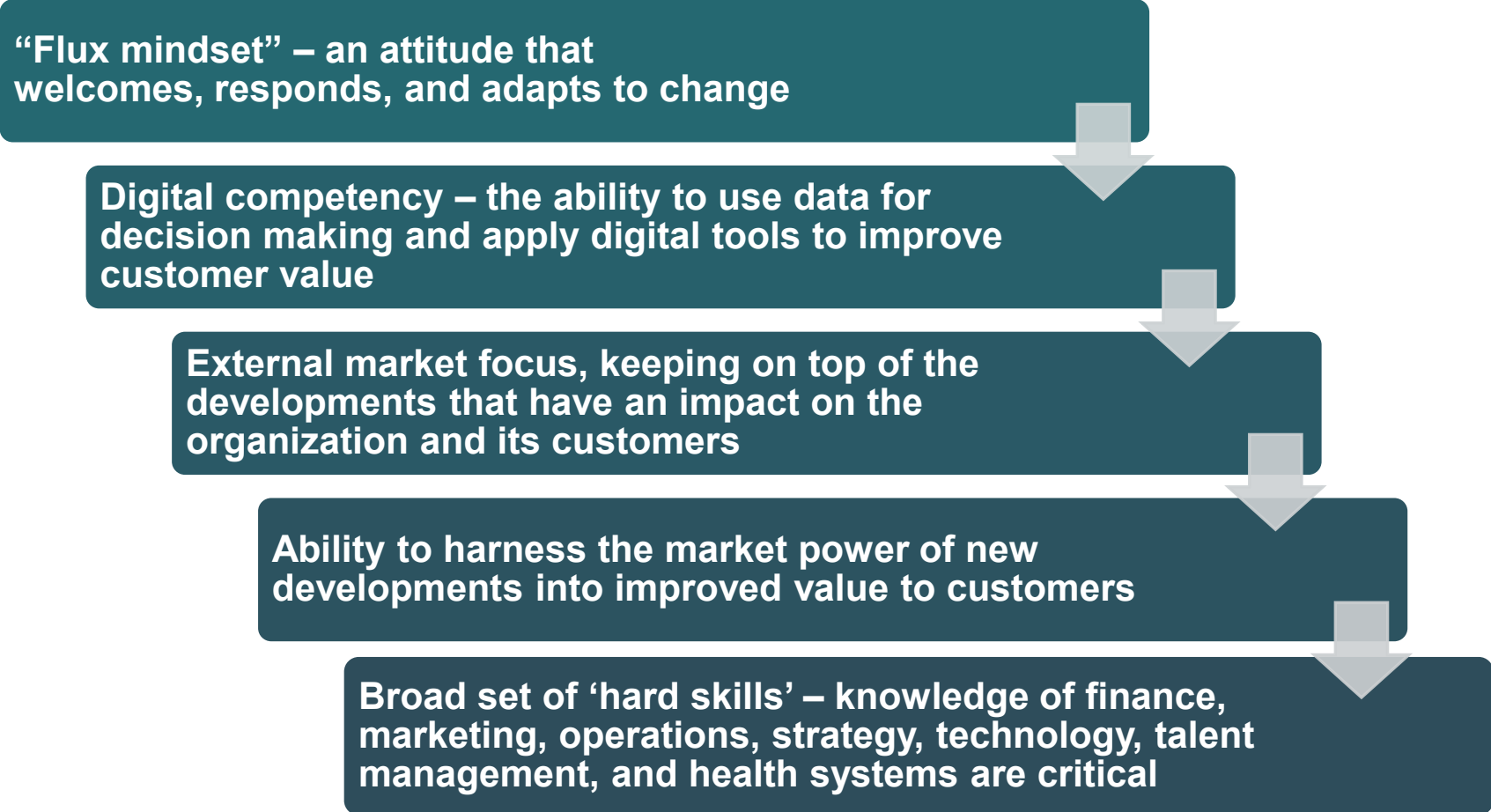


4. Build An Executive Team For A Constant Change Landscape

The Transformational Executive Team

- The characteristics of the “ideal” executive team has changed
- Transformational leadership skills required
- The successful executive team is “relentlessly talent-centric and future-forward”... their mindset drives strategy...

“Flux mindset” – an attitude that welcomes, responds, and adapts to change



Digital competency – the ability to use data for decision making and apply digital tools to improve customer value

External market focus, keeping on top of the developments that have an impact on the organization and its customers

Ability to harness the market power of new developments into improved value to customers

Broad set of ‘hard skills’ – knowledge of finance, marketing, operations, strategy, technology, talent management, and health systems are critical

Nimble Matters

Making Timely Decisions

- For organizations with limited human and financial resources, every day and dollar spent on 'non-strategic' activities is a day and dollar not spent on implementing a future-minded strategy...
- Set a deadline for making decisions – for new investments, for killing new investments, for opening new programs, for closing new programs...

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**“I have always found that
plans are useless, but
planning is indispensable.”**

President Dwight D. Eisenhower

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