Mercy Maricopa Integrated Care: *Organizing Integrated Health Services – Partnerships, Plans, Timelines & Challenges*

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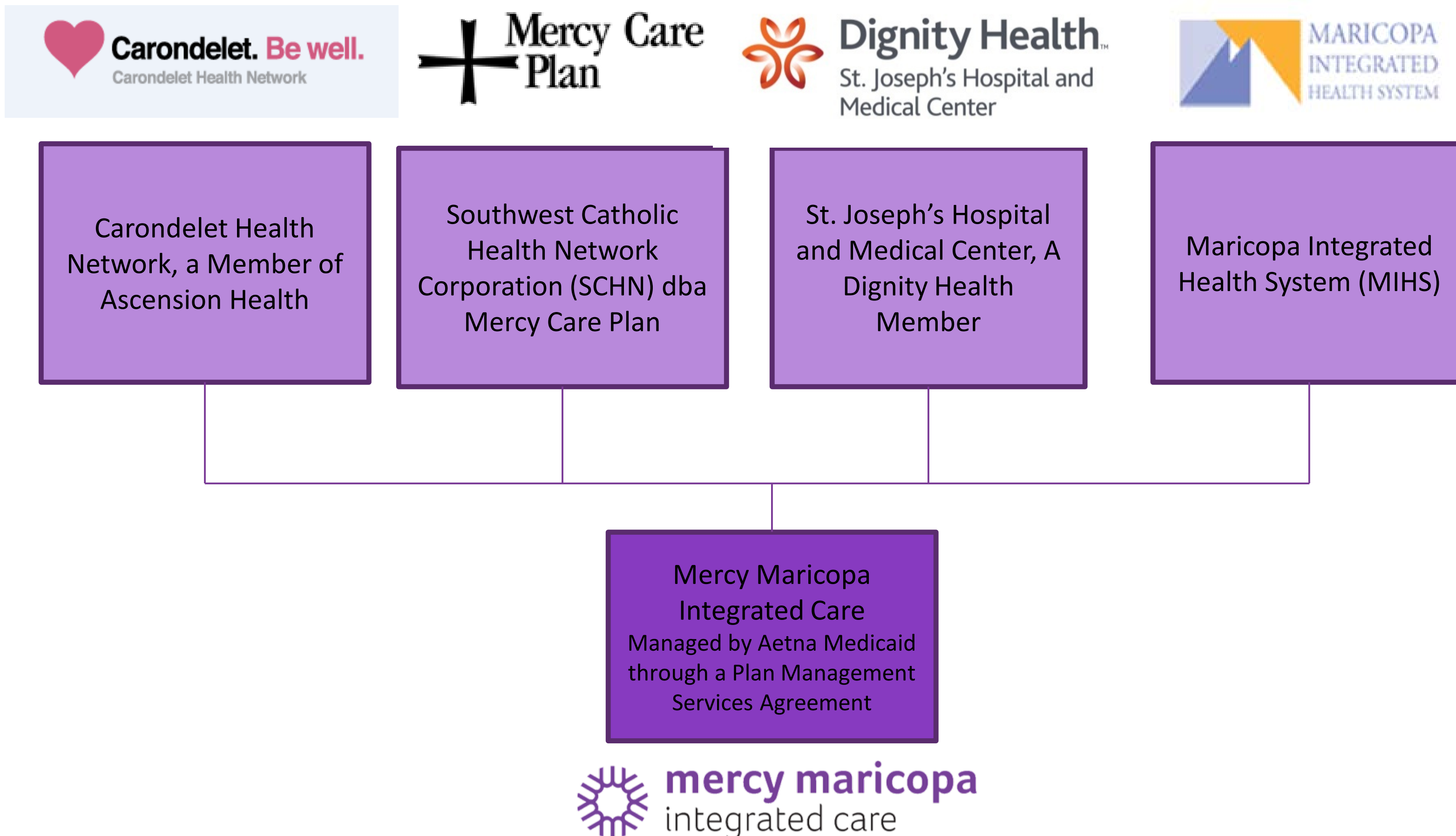
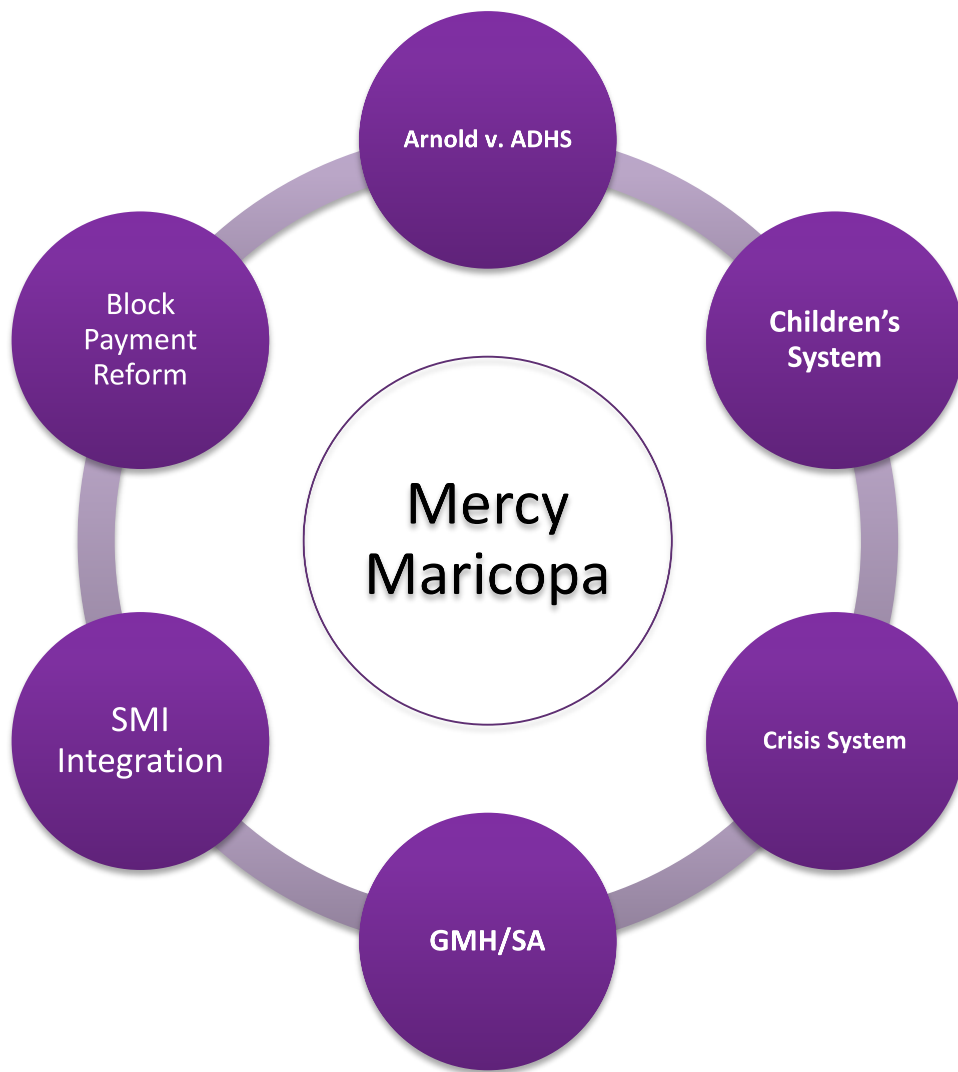
Mercy Maricopa Integrated Care Sponsorship



Populations Served

Population	Programs	Eligibles
Medicaid eligible individuals diagnosed with a Serious Mental Illness	Integrated physical, behavioral health, and substance abuse services	13,966
Non-Medicaid eligible individuals diagnosed with a Serious Mental Illness	Behavioral health and substance abuse services, housing, and supported employment	5,385
Medicaid eligible adults with general mental health/substance abuse needs	Behavioral health and substance abuse services	419,110
Medicaid eligible children	Behavioral health and substance abuse services, case management for high needs children	404,940
Non-Medicaid eligible children and adults	Crisis services	~ 4,000,000
Total Medicaid eligibles		843,000

Mercy Maricopa: Six Business Priority Areas



Critical Elements for Success

- Integration of physical and behavioral health services
- Coordination across system partners (e.g., county, state agencies, Medicaid, behavioral and physical health providers)
- Comprehensive and accessible covered services
- Peer and family members as part of the service delivery system
- Member choice in providers
- Provider training and support
- Information-sharing technology
- Clinical decision support (evidence-based practices, clinical practice guidelines)

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key accomplishments

Integrated care

- Thousands more people with serious mental illness have access to physical health care (PCP and specialty care), more than ever before in county's history
- First-ever integrated ACT (assertive community treatment) teams, surrounding highest-need, most medically complex members with teams that promote recovery, wellness and prevent hospital/ER admits, jail recidivism, homelessness
- Four new integrated clinics opening summer 2015, offering members more access to true integrated physical and behavioral health care
- Pay-for-performance contracts reward high-quality care in community-based settings, improved member outcomes

1st year accomplishments

Crisis, hospitals, community

- Remodeled crisis system includes expanded capacity -- by more than 100 units -- including community respite beds/stabilization units; new 50-plus capacity East Valley urgent psychiatric center (opening August 2015)
- First-ever hospital-credentialed psychiatrists assess MMIC patients to speed discharge, ensure appropriate treatment/placement
- Expanded Crisis Intervention Training (CIT) for law-enforcement by 50 percent (6 weeklong classes a year/150 additional officers trained)
- Free community and provider training on suicide prevention (quarterly) and Mental Health First Aid (multiple times a month)

Lessons learned and challenges

- Transitioned 15 of 21 clinics to new practice management/electronic health record systems
- Implementation of the HIE significantly impacted provider workflows
- Education on Integrated Care is essential for behavioral health & physical health providers
- Payment reform must by systematic and provider specific – a complete data picture is critical
  - Provider reliance on a consistent monthly payment (block funding) to sustain the operations and cover their costs
  - Lack of provider-specific performance data due to the transition from the previous RBHAs HER
  - 90% of the encounters were for case management & health promotion services
- Provider stability is important for system stability

Thank you