Cultivating the Science of MHI
One - patient, family, caregivers, community at a time (18 years)
Achieving Population Health Through Mental Health Integration (MHI) & Team-based Care (TBC)

Improved Health Care Quality, Use and Cost

Brenda Reiss-Brennan, PhD, APRN
Mental Health Integration Director

Approx. 1 death every 20 seconds from suicide by 2020

Adults in the U.S. suffer with mental illness 18% of total population

$4 Billion Potential U.S. healthcare Annual Savings

MHI Retreat History: Our Team-based Care (TBC) Journey

Started Mental Health Integration (MHI)
Physical and mental health interdisciplinary teams in patient care.

2000 – 2003 BASELINE MHI

2004
2006

MHI + Personalized Primary Care (PPC)

2010
2013
2017

MHI Program primary care practices 16 years

Getting to routinized team-based care (r-TBC), cultivating continuous conversations & relationships overtime
Embers of Society
Night-time Conversations
(Weissner, P., 2014)

Evoke imagination
Help people remember and understand others in their external network
Heal rifts of the day
Convey cultural information that regulate cooperation and trust
“A state of successful performance of mental and physical functioning resulting in productive activities, fulfilling relationships with others and the ability to adapt to change and cope with adversity”


‘Difficult to Treat Families’

The First MHI Team – Bryner Clinic
2004 – First MHI Retreat Agenda

- Community Partners Impact
- Cost Stratification Framework
- Technology
- Accountability & Operations
- MHI Clinic Strengths
- Ongoing barriers
- Health Plan Panel
- ROI Research
Depression is bad for your health ...
2006 - Getting Physicians on Board – You Can’t make them –
---------They want their patients to get better---------
We are here today to network

MHI is the bridge that can connect you to the support around you
Dr. Chris Merkley – video
2008 - *Celebrating a Decade of Progress*

**What Sustains MHI Engagement?**

- Complementary division of labor
- Common understanding
- Common knowledge
- Reduce uncertainty

*Valued Exchange*

- Equality
- Respect
- Quality

“The Moral Obligation to Care” — VP, Community Benefits
2009- Teamwork Makes the Dream Work
Key Drivers of Social Change “in uncertain times”

Complexity
engage

Compliance
exchange

Co production
energize
Keeping peoples networks alive should be the major goal of all healthcare (Paul Farmer, 2006)
2010 - 6th Annual MHI Retreat Theme
Sustaining Accountable Teams

Reflect, Renew, Exchange
2010 – Cost and Quality Impact of Intermountain’s Mental Health Integration Program

Brenda Reiss-Brennan, Pascal C. Briot, Lucy A. Savitz, Wayne Cannon, and Russ Staheli
Interpersonal and cross professional relationships of clinic teams are the greatest predictor of sustained quality improvement...
2012 - MHI Operations Story - What It Felt Like
2013 – Mind Body Healing in Primary care – Balancing Relationships, Technology and Costs

The Impact of Cooperation on Patient Outcomes

Multiple Team Touches
(p < .001)
2013- KEY Social Factors of Routinized Teams

Life functioning better (p<.05)

Treated Normal (p < .001)

I am connected to a team that talks to each other (p < .05)

They follow up and find we find a solution (p < .05)

We are on same page & happier (p<.05)

“I am comfortable where I am wanted…….”
2014 - Collaboration – Quality – Outcomes

The chemistry of high performance teams are the best predictors to realize future productivity within an organization.
Mental Health Integration: Normalizing Team Care

Brenda Reiss-Brennan
2015 - Changing the Culture of Primary Care has lead to proven delivery science

*Routinized Team-Based Care*

‘Always Do the Right Thing: Improving Population Health Outcomes and Bending the Cost Curve’. Brent James, MD, MSTAT Keynote
2016 – Stronger Safer Smarter Together

Resilience Strategies for Team Care – Keynote
Thomas Bodenheimer MD, MPH Center for Excellence in Primary Care

Projected primary care physician supply vs. demand
“Providing integrated mental health and primary care is the right thing to do for the sake of the patient, but the resultant financial benefits of reduced resource utilization accrue to someone else — the employer who pays for health insurance, the insurance company itself, or a large health system — and not to the practice that bears the expense and reduced reimbursement.”

JAMA Editorial: Integrated Behavioral and Primary Care, “What Is the Real Cost?” Thomas L. Schwenk, MD
RESEARCH IMPACT — Study shows that integrating mental and physical health through primary care teams results in better clinical outcomes and lower costs.

**10-YEAR STUDY 2003-2013**

- **Participants:** 113,452
- **Primary care providers:** 113
- **Team-based care (TBC) medical practices:** 27
- **Traditional practice management (TPM) medical practices:** 75

<table>
<thead>
<tr>
<th>Outcome</th>
<th>TBC</th>
<th>TPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened for depression</td>
<td>46.1%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Documented self-care plan</td>
<td>48.4%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Adhered to diabetes protocol</td>
<td>24.6%</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

**EMERGENCY ROOM VISITS**

- Reduced 23%

**HOSPITAL ADMISSIONS**

- Reduced 10.6%

**PRIMARY CARE ENCOUNTERS**

- Reduced 7%

**PAYMENTS TO PROVIDERS**

- Reduced 3.3%

($3,401 for TBC vs. $3,516 for TPM)

*Savings of $115.00* per patient per year (PPYR)

*Savings of over $13 Million* per year

Brenda Reiss-Brennan, PhD, APRN, et al. 2016
$100,000 cash prize is awarded in recognition of Intermountain’s outstanding achievement in managing and improving population health.

- Creative Innovation
- Far Reaching Impact
- Associated Outcomes
- Sustainable Value
- Collaboration & Engagement
- Enhancing Patient Experience

Intermountain Medical Group honors regions for their work in helping us achieve the 2017 Hearst Health Prize
Mental Health is Everyone’s Business

Approx. 43 Million Adults in the U.S suffer with mental illness. 18% of the total population.

1 death every 20 seconds from suicide by 2020.

$4 Billion Potential U.S. healthcare Annual Savings


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You are a patient, a family member, a care giver, a member of our community: ‘Helping people live the healthiest lives possible’

- Please fill in the circle with ‘what matters to you’
- Place it on the ‘Cultivating One Voice’ Board (hallway)
- Your responses will advance the reciprocity of MHI
- Thank You ……….
WHAT MATTERS TO YOU?
Closing Remarks:

So what are the conditions to sustain good health?

Our focus should be on the conditions for good health
2017 – Continuous Cultivation Thank You
Honor our History
Enrich & Convey Today’s MHI Retreat Team Conversations

• Meeting Patients and Families where they are
• TBC works - how do we bridge siloed systems of care
• Does Zero harm – Mean Zero Suicide?
• Advocating for the Right First Steps
• Opioid Stigma
• Team Coaching – its not about the disease
• We do not have a system-wide process for identifying maternal mental health
Our focus should be on the conditions for good health

“The circumstances in which people live and work are related to their risk of illness and length of life”

Sustain Our Stories

Night-time Conversations

Helping People Live the Healthiest Lives Possible®

Patients, Families, Communities

Create Exchanges for Their Stories

Beyond Primary Care