

Integrated Care

Michigan Department of Corrections/Corizon

- There is a severe shortage of psychiatrists in the U.S. We currently need 2,600 more now and there are only approximately 1097 residency positions in psychiatry. In addition, 55% of psychiatrists are > 55 years old and nearing retirement.
- The American Psychiatric Association (APA) has partnered with Medicare to provide training in Integrated Care throughout the Nation to help offset this Shortage. Integrated Care is where Primary Care Providers assume the care of patients with mental health disorders supported by a consulting psychiatrist. This extends to reach of the psychiatrist while at the same time enabling him or her to focus on the more complicated patients. This solution has been successful in many community settings.
- We (the MDOC/Corizon) have in turn partnered with the APA to form the basis of our Integrated Care Program and further adapted it for Corrections.
- In the current market psychiatrists can command record high salaries, further stretching the healthcare budgets of all healthcare suppliers, including within Corrections. Having Primary Care Providers care for these patients is a much more cost-effective way of providing mental healthcare.
- Integrated Care is also referred to as Collaborative Care. Within the MDOC we refer to our program as Integrated Care because we have merged the Collaborative Care Model with the Four-Quadrant Model for the delivery of healthcare along with state of the art clinical analytical tools. In Michigan we now developing the largest and most innovative, Integrated Care Program in Corrections in the Country.
- The Four-Quadrant Model helps us to insure that patients with the greatest, most emergent needs are having those needs met. It is a case management tool that helps us to follow patients closely, identify gaps in care and reduce emergency room, hospital and outpatient utilization while simultaneously improving the quality of healthcare.
- All of our patients within the MDOC are being followed by a patient registry generated with Impact Pro by Optum which helps us to stratify patients based on their risk. Using our system of alerts and case management this is helping us move forward to a more proactive approach to healthcare. This has helped us to improve our ability to capture untoward problems as they are developing and insure that the needs of our patients are met in a timely manner.

How it Works

- All of our Inmates are in Integrated Care from a population health perspective. That is, all patients are stratified into risk levels and also populations, such as patients with Hepatitis C Virus Infection for example. No patient is left behind.
- The Treatment Team consists of the Case Managers (Qualified Mental Health Care Provider and R.N. Case Managers); Psychiatrist; Mental Health Unit Chief; Primary Care Provider; Medical Scheduler; Nursing and Custody Staff. Custody Staff are essential in that they have eyes on the patient daily and will communicate problems to the healthcare teams. In addition, patients are followed by our clinical analytical tools, centralized cases management and the Four Quadrant Model. Thus, the process is completely "Integrated".

- The Treatment Team meets weekly in person and communicates daily via telephone and e-mail. Patients receive a thorough review by the Team. In the event of a transfer to another facility a “warm handoff” is made from the transferring to the receiving team.
- At the site level patients are selected for entry into the Integrated Care Program (Primary Care Prescribing) based on Inclusion/Exclusion Criteria. Suffice it to say that these patients must have a history of being stable from a mental health perspective for several months. These patients have been compliant and typically on the same medication for several months.
- An inmate needs to show up for their appointments, take their medication and in short, stay out of trouble to stay in this portion of the program. We have been starting to advise the Parole Board of this and inmates are starting to see this as a program you want to be in and adhere to. Once identified, the patient is then transferred to the caseload of a primary care provider.
- If patients become non-compliant, if their risk scores increase, or the Mental Health Care Team believes that a patient needs to be returned to the care of a psychiatrist then they are. All of these patients are followed in our weekly case management meetings, centralized case management and by Impact Pro.
- Patients that are followed by primary care may require changes in their medication. Consulting psychiatrists are always available for a telephone consultation.

Benefits

1. Integrated Care helps us to provide more comprehensive care where it should be, in the office of the Primary Care Provider. This is the most cost effective way to deliver healthcare and is preferred by patients. No other healthcare provider is more equipped to care for the whole patient than their primary care provider. This results in cost savings without compromising quality.
2. In Corrections Integrated Care is helping us to create new “culture” for our inmates, who will in many cases now be accustomed to obtaining their mental health care thru primary care providers. Primary Care Providers are much more accessible in the community upon parole and going forward than are psychiatrists. Thus, improved compliance is expected.
3. By melding Collaborative Care with the Four-Quadrant Model and a comprehensive case management program using the best of clinical analytical tools cost savings are expected in the utilization of healthcare dollars without compromising quality.