Bewildering Change: What are the Patterns? How do we Prepare? What Really Matters?

 ACA  PCMH  IPA’s  FIDA
 MRT  HH  APD  SIM
 MHEAPA  ACO  HARP  DISCO
 PPS  DSRIP  DISCO  HCBS
 RATE CHANGES
There ARE Patterns Here:
Four Healthcare Megatrends…to Cope With

• Integration of Health and Behavioral Healthcare. With population health?

• Data: HIT, EMR’s, and BIG DATA

• The Genome Will Rule: Emergence of Precision Medicine

• Management of Care, Value Payment
There ARE Patterns:

1--Integration of Health, Behavioral Healthcare

- Integration’s inevitability
  - Consumer preferences— one stop, lower stigma care
  - Payer preferences: simplifies risk
  - ACA, other financing trends

- Markers In NYS:
  - Health Homes
  - “Everyone in a plan, all plans full-benefit”: HARP, DISCO’s and mainstream plans
  - SIM plan and “Advanced Primary Care”: Collaborative Care

- Integration’s challenges
  - Plans: have it, don’t get it…yet:
    - DD care, mental health and AOD treatment was *our job*
    - They’ve led sheltered lives
    - Markers: AG actions, national data on parity compliance
  - Provider level integration is new, hard:
    - No one was trained for this
    - Health Home experiences
    - Slow uptake of Collaborative Care despite evidence
    - Example of Health/Prevention linkages: Suicide Prevention?
      Not so much

This will be a long and winding road, And…bumpy
There ARE Patterns:

2--Data: HIT, EMR’s, and BIG DATA

- HIT/Big Data’s *Inevitability*
  - Tech is winning, everywhere
  - Forces in health care
    - HIPAA
    - HITECH
    - “Meaningful”...“Use”
    - The market, e.g. “Cerner cites predictive analytics ability with eye on military contract” (MH)
  - NY’s All Payer Database, SHIN
    - A big bet on big data

- HIT/Data challenges
  - Everyone who loves their EHR vendor, raise your hand…
  - OM: “Measurement fatigue”
  - Hospital ratings: “extreme disagreement” (MH)
  - Special challenges in BH:
    - “It’s about the relationship”... not the transaction
    - Privacy Laws/Confidentiality hang-ups
    - Separate vendor markets: BH IT vendors separate, with fragmented market
    - HI-TECH $: BH not there yet

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There ARE Patterns:

3--Emergence of Precision Medicine

• It’s science. We love science. Science rules
  – Genome Project
  – RDoC (NIMH Research Domain Criterion)

• Sightings in BH
  – Risk patterns for PTSD vulnerability (NYU)
  – “Developing a human avatar for precision medicine in psychiatry.” Hugo Geerts, In Silico Biosciences

• Precision medicine: cautionary notes:
  – (Surgery) Standard under fire (NYT)
  – Have we seen this movie before? Remember the early days of SSRI’s, Atypical Antipsychotics?
  – “Healthy. In a creaky kind of way.” (Jane Brody, NYT)
  – Example of change: more pregnancies with DS terminated AND more women choose to have baby

This will be a long and winding road, And…bumpy
There ARE Patterns:
4--Management, Value Payment

• Inevitability:
  – It’s over. The plans won.
  – “Everyone in a plan. All plans with full benefits.”
  – Remember your alphabet (soup): ACO, HH, PCMH, HARP, DISCO

• There’s a sequel: the brave new world of value payment
  – Sylvia Burwell in NEJM: 50% of Medicare payments to be tied to value by the end of 2018
  – New York Medicaid: Value Based Payment Roadmap

• Possibilities:
  – “Effective integration of medical and behavioral care could save $26-$48 billion annually in general healthcare costs.” (Milliman for APA)

• Cautions and complexities:
  – So far, promise exceeds performance
  – How do DD, mental health and addictive disorders fit in this brave new world?
    • Unwanted cost center?
    • Major contributor to value?
    • Trouble is, no one really knows what to do

This will be a long and winding road, And…bumpy
Possible Organizational, Individual Responses

– Denial.
  • Umm. It’s all gone too far. It won’t fit back in the bottle.
  • Not recommended

– Panic.
  • A little would be appropriate
  • A lot would probably not be helpful

– Frantic searches for answers, solutions, consultants
  • Doing something would feel good. It means you’re leading, right?
    Until it doesn’t work, you and your people are tired out, and you’ve burned lots of resources

– Apply the lessons of resilience and recovery
Resilience is Real. And Effective


- Accepting (tough) reality prepares us to survive difficult times and plan ahead.

- Resilient people *and organizations* have strong values, which are a foundation in tough times.

- Resilient organizations improvise smartly, practice bricolage. (Solving problems creatively with the resources you have)
What Lies Ahead, What Really Matters

• What lies ahead: Intense, complex change that we can’t completely predict

• How to cope:
  – Shared (personal and organizational) vision and commitments
  – Managing the basics well, conserving energy and resources. “Green management”
  – Shared sense-making. Communicate, communicate
  – Balancing structure and flexibility
  – Making smart, incremental “bets” that fit both internal capabilities and the emerging environment…NOT “rolling the dice”
  – Optimism aka hope
It’ll be Awesome. Good Luck!
Resilience and Recovery: A General Model

Definitions:
- Potential: limits what's possible, number of alternatives and options available.
- Connectedness: degree to which the system can control its own destiny, resilience to external forces.