

The Health Plan's Guide to Integrated Care Models

How to Reduce Costs & Improve Health Outcomes



From Fragmentation to Integration

The healthcare industry has always suffered from fragmentation, but the persistent division of physical health services and behavioral health services has had a profoundly negative impact on the public, the health systems that manage its care, and the resulting duplicated efforts and costs. Administered through multiple providers and sources of funding, these siloed services often create financial, operational, and clinical inefficiencies that limit patient access to care—especially mental health support—and ultimately affect their health statuses.



Healthcare costs in the United States have been skyrocketing for decades, and financial and structural barriers escalate spending for high-cost, high-need, vulnerable populations like Medicare and Medicaid health plan enrollees. And although Medicare Advantage growth and Affordable Care Act incentives have prompted increased interaction, recent research has also revealed that consumer engagement from improved patient experiences can help reduce care costs while optimizing health outcomes.

In order to dismantle barriers for good and close the distance between payers and providers, health plans and managed care organizations must shift to integrated care models that promote whole-person healthcare. By exploring alternative delivery, payment, and contracting models that coordinate physical, behavioral, and social services, companies will become better equipped to meet changing consumer demands in new, cost-effective ways.

More members of the medical community are recognizing the value of integrated healthcare models in serving high-risk patient populations and reducing the total cost of care.



What Does an Effective Integrated Care Model Look Like?

Because organizations of all types are adopting their own versions of the integrated healthcare model, no single definition yet exists to pin down a universal understanding of the concept. According to the World Health Organization, the perspectives of several key stakeholders ultimately influence the shape that each integrated health model takes: policymakers, regulators, evaluators, providers, managers, care professionals, service users, and communities.

Other Related Terms

- Collaborative Care Model (CoCM)
- Behavioral Health Integration
- Integrated Health/Healthcare Model
- Integrated Behavioral Health Model
- Primary Care Behavioral Health Model
- Psychiatric Collaborative Care Model
- Social Determinants of Health (SDoH) Integration

For an integrated care model to be truly effective, it must unite physical health and behavioral health services across providers and leverage existing community resources in a patient-centric, evidence-based manner that enables coordinated care management from highly communicative teams.

At its core, a strong integrated program focuses on the **physical, behavioral, and social** factors that affect health through robust risk identification models and interdisciplinary teams of clinical specialists. Care coordination that considers underlying environmental risk factors is an extremely important element of these models, as the diverse needs of high-risk and vulnerable consumers require personalized care plans designed to share information between medical providers, non-medical providers, families, and caregivers.

Integrated care is also the result of meaningful member engagement, which comes in many forms and is particularly vital in populations with a higher prevalence of disabilities, chronic illnesses, and behavioral health conditions. Organizations can help members make more informed health decisions and attempt to incorporate member perspectives in health plan design, governance, and assessment—initiatives that will educate teams on how to quickly adapt their policies to the changing values, needs, and preferences of their members.

There are endless opportunities for health plans and managed care organizations to connect integrated systems, resources, and approaches to address health disparities and promote health equity for new and complex populations.

A Note on Social Determinants of Health

Social determinants of health (SDoH) are social and economic conditions surrounding the way we are born and how we age, how we live and work, and how we are affected by other factors in our environment. They can be factors like homelessness, poverty, and health illiteracy, which increase the risk of poor health and wellness outcomes. To reduce costs and facilitate access to integrated care that includes medical, behavioral health, and social services, health plans can actively combat the impact of negative SDoH through specially designed programs, broader case management support, education, and additional integrated care efforts.



What **Benefits** Does an Integrated Care Model Offer?

Integrated care models are designed to meet the holistic needs of members. Emotional and behavioral factors co-exist with physical factors and have a profound impact on overall health and wellness. Many patients today lack access to dedicated behavioral health services; they may share concerns with primary care providers and general practitioners, but they are unlikely to seek support elsewhere. The core benefits of the integrated care model stem from an ability to develop a plan for a holistic approach that considers all of the factors that are impacting the member. That individualized, integrated plan then coordinates across the various member needs and facilitates access to the services, supports, and resources to provide the member with access to the needed care. This approach includes the consideration of and planning for behavioral health needs where necessary to support member wellness.

The impact of emotional and behavioral health is bi-directional; it can not only make managing physical health challenges more difficult, but also sometimes exacerbate or cause behavioral and emotional health concerns to surface in the face of physical health challenges. Integrated care teams are trained to observe for both of these situations to facilitate early access to more convenient behavioral health treatment. As healthcare professionals identify symptoms related to behavioral health conditions earlier, they can make early referrals that will offset the cost of separate, late-stage services. This can prevent unplanned visits, lower hospital re-admission rates, and reduce emergency care usage from undetected health issues for a variety of conditions, including those outside of behavioral health. **All of these trickle-down scenarios help organizations—and their members—save money.**

Benefits for You	Benefits for Your Members
<ul style="list-style-type: none">• Decrease Re-hospitalization Rates• Raise Health Plan STAR Ratings• Enhance Clinical Quality Measures• Close Significant Gaps in Care• Boost Overall Plan Performance	<ul style="list-style-type: none">• Encourage Member Engagement• Improve Member Quality of Life• Decrease Member Expenses• Increase Member Satisfaction• Anticipate New Member Needs

How Is an Integrated Care Model Implemented?

An integrated care program is essential for guiding members to the right services at the right time, while accelerating financial and operational improvements. Not all healthcare systems are prepared to embrace this innovative model, however. It will take some work to adjust the key policies and processes necessary to successfully coordinate the delivery of physical and behavioral care.

Health plans should make a concentrated effort to lobby for changes in contracting practices and payment policies, redefining risk across services and allowing reimbursement for provider collaboration. They may also want to incentivize care coordination and certain activities to broadcast their adoption of integrated healthcare to providers and motivate them to join in.

You'll begin implementation by evaluating your current clinical and operational management practices and developing a transition strategy that offers minimal disruption throughout the implementation process. Transformation in the healthcare industry requires agility, innovative thinking, and a readiness to make meaningful change for the benefit of members. With that in mind, your strategy should take a holistic view across care management, utilization management, compliance and regulatory efforts, member and provider satisfaction, business intelligence and analytics, and supporting system initiatives.



To implement an integrated care model at your organization, it's wise to work with an experienced partner that can help you keep costs down and achieve enterprise-wide alignment through proven clinical and operational management solutions. Look for a service provider that can control the total cost of care using multifaceted services that encourage effective project management and technological innovation.



Want to embark on your own integrated care journey?

Financial integration is necessary to achieve true clinical integration, and the delivery of integrated care requires systemic changes. Ultimately, there will be growing pains as healthcare organizations begin to blend their physical and behavioral health care services and better serve high-need, high-cost populations.

But with support from clinical and operational service providers, health plans and managed care organizations can design effective strategies and implementation approaches to produce better health outcomes and stay competitive as people and systems evolve.

Get in touch with Clearlink today.



843-779-6702



info@clearlinkpartners.com



www.clearlinkpartners.com

About Clearlink Partners

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170 Meeting St, Suite 110, Charleston, SC 29401

