

SNP Alliance

Best Practices



October 2013

Brand New Day: Best Practices in Severe and Persistent Mental Illness Care

Brand New Day is a Medicare Advantage Prescription Drug Plan (MAPD), owned and operated by Universal Care, Inc. Brand New Day has offered a Chronic Care Special Needs Plan (C-SNP) for individuals with a severe and persistent mental illness (SPMI), since the inception of SNPs in 2005. (The industry uses the acronym SPMI to refer to either the chronic mental illness or the individual suffering from the illness.) The model of care has been implemented successfully throughout five counties in Southern California: Los Angeles; Orange; Riverside; San Bernardino; and Kern counties. To date, there are nearly 3,000 members participating, each having one or more of the following disabling conditions: Schizophrenia; Schizoaffective Disorder, Bipolar Disorder; Major Depressive Disorder; or Paranoid Disorder. The most prevalent medical conditions for this population are as follows: Alcohol or Drug abuse 60%; Smoking 90%; COPD 45%; Obesity 25%; Diabetes 20%; Hepatitis 15%; and HIV/AIDS 5-10%.

This Brand New Day C-SNP varies greatly from a standard Medicare Advantage (MA) or MAPD plan due to differences in its: (1) Objectives; (2) Model of Care; (3) Utilization Rates; and (3) Success Measurements.

Objective

The primary objective of Brand New Day is to move the member toward “recovery” to the greatest extent possible for each individual, whereas the standard MA/MAPD focuses on treatment only.

Delivery Model / Model of Care

Brand New Day is a patient-centered medical home model with a focus on integrated and coordinated care by a Care Team assigned to the member. Upon enrollment, each new enrollee is assigned to the following: Activity Center, Primary Care Physician (PCP), Primary Treating Physician (PTP psychiatrist), Clinical Pharmacist, Licensed Clinical Social Worker (LCSW), Life Coach (behavioral health specialist), Disability Care Coordinator (DCC), Medi-Medi Benefits Coordinator (MMC), and a Customer Service Center in which each representative (CSR) is trained to work with and give “Best Friend Service” to members with chronic mental illnesses. Additionally, as needed, the Care Team is expanded to include a Clinical Pharmacist, a Certified Addiction Specialist (CATC, CADC, CADE, CCS, RAS, etc.), a Complex Case Manager/RN, (CCM/RN) and a Field Intervention Nurse, LVN, (FIN) for home visits (based on referrals and under physician orders) when Home Health Agency RN level nurses are not necessary. Assigned Care Team members are scheduled to interview each new enrollee during the first 30 days to complete “intake” interviews to identify and stratify the member’s risk. Intakes include: psych, alcohol or other drugs (AOD), home safety, medication adherence, health risk assessment (HRA), activities of daily living (ADLs),

and physical health needs, including the identification of preventive care needs (per HEDIS and other standards of care). All intakes take place after enrollment, but possibly before the effective date, whenever possible. Members have direct, unlimited access — with no copayments — to all of the above services. BND has removed financial and access barriers.

The delivery model of the standard MA/MAPD addresses the medical needs of the member through the Primary Care Physician (PCP) and “carves out,” or separates, the psychiatric needs of the member to an outside entity, resulting in a lack of integrated, coordinated care. Most often the PCP visit is focused on treating only the presenting symptom, in hopes of a quick and non-disruptive exit by the member from the office. Little or no attention is given to preventive medical care, although most deaths for SPMI are due to preventable or treatable physical causes, not suicide.

“The higher death rate associated with mental illness has been extensively documented, but most of the attention has focused on the elevated risk of suicide, whereas most of the risk can be attributed to physical illness such as cardiovascular and respiratory diseases and cancer (80% of deaths).”

- Life Science Daily, May 31, 2013

There is no thought given by MAPDs or Original Medicare to the socialization of SPMI which is critical to their well-being and helps quell the audio and visual hallucinations for many. MAPDs do not have supportive employment services nor do they help clients apply for financial assistance, and housing. Their members need multiple authorizations for services and do not have an assigned addiction counselor available 24-hours-a-day, 7-days-a-week. MAPDs are not aware of familial or love-relationship problems of the members. MAPDs do not keep SPMI out of the weather and off the streets to improve health.

Reducing Unplanned ER and Hospitalization

SPMI are frequently paranoid about seeing PCPs (they see their psychiatrists usually). For medical needs, they visit the ER and sometimes are hospitalized as a result. To reduce ER visits and unplanned hospital admissions, Brand New Day staff life coaches start working with the members upon enrollment to build a trust relationship; start the wellness and preventive care education process, assist SPMI members by scheduling wellness visits to the PCPs, and arrange for transportation (also provided by Brand New Day). When necessary, the life coach accompanies the member during appointments to the PCP (or specialist) until the member is able to trust the provider. (Providers are carefully selected.)

When a SPMI calls and is feeling suicidal and in need of hospitalization, the life coach delves into the life situation the member is currently in to identify alternative coping mechanisms. When SPMI don't have enough rent money for the last week of the month because their disability check has been exhausted, they know they can go to an ER and say they are feeling suicidal and they will be placed on a 72-hour hold at minimum. This gives the SPMI a warm bed, three square meals, and sometimes a television to watch. MAPDs are not designed with special benefits and staff to identify or stop this pattern. The MAPD may be unaware of housing or other financial instability. They don't know if the member just broke up with a boy/girlfriend, but a Brand New Day (BND) life coach communicates frequently, keeping abreast of members' life situations.

Life coaches may enter into a behavioral contract with the member and BND will pay the rent to the facility (group home, etc.) if the member will promise to repay it. Brand New Day absorbs any losses but so far, there are savings and gain only. If BND avoids one hospital stay a year, it more than covers the rent of members who do not repay their loans, but about 50% of the loans are repaid over time and inappropriate hospitalizations are avoided. BND doesn't do this without thought and counseling and a behavioral contract with the member. Further, rental assistance is a once-in-a-lifetime offer so members don't become repeat offenders. The end result is not only cost savings but a grateful member who is more compliant with treatment plans based on the realization that BND cares about them. Most often, members respond to the offer saying, "You would do that for me? My own family wouldn't do that!" A more treatment-compliant member is a healthier member. It is a win-win situation.

Success

Brand New Day measures success by the following: Lifespan, Life Opportunities, and Lower Utilization of unplanned high-cost services.

Lifespan

Depending upon the study one reads, most national and international statistics agree that the average SPMI has a lifespan of as much as 20 years less than an average adult without a SPMI diagnosis. The average life expectancy of SPMIs is between 50 and 55 years of age. For people without a mental illness the "average life expectancy in the United States is 77.9 years." (NIMH)

"The gap between life expectancy in patients with a mental illness and the general population has widened since 1985 and efforts to reduce this gap should focus on improving physical health, suggest researchers in a paper published today on bmj.com."

- British Journal of Medicine

Lifespan success is measured by calculating the average age of members continuously enrolled for 18 months or greater (those still living and those deceased). In 2011, Brand New Day joined the national SAMHSA campaign "10 By 10" to increase the life span of the mentally ill by 10 years over the next 10 years. BND members are starting to live longer with Brand New Day.

The statistics below indicate that the average age at time of death for BND members has been extended 4.7 years over the three years since adopting the 10 By 10 program. Concurrently, the average age of members still living has also increased by 0.9 years, nearly one year. (Statistics include members continuously enrolled at least 17 months prior to end of each fiscal year.)

FY	Average Age at Death
FY11	54.2
FY12	55.2
FY13	58.9

Report Dates	Current Ave. Age "Active" Members
6/30/2011	48.3
6/30/2012	48.7
6/30/2013	49.2

Life Opportunities

There is significant stigma for those with chronic, disabling mental illness. They are often shunned by family, former friends, and sadly, even by the medical community itself. Brand New Day has difficulty finding psychiatrists willing to contract to treat SPIMs. They are not “warmly welcomed” in most places. Brand New Day has established “Wellness (Activity) Centers” in each geographic community, where members can drop-in (unlimited access and no copayments) to receive individual and group therapy, health education classes, meet with their assigned licensed clinical social worker (LCSW) or their life coach, enjoy recreational activities and a monthly field trip, and, perhaps most importantly, participate in a society in which they are not judged. One individual wears a tiara every day because she believes she is a princess; one carries a stuffed animal in a pet carrier to ensure the pet has adequate shade and water throughout the day. We have very famous members whose names you might recognize: Beethoven, Jesus Christ, Elvis Presley, and other notables. Most of our members believe the FBI is after them and that their psychiatric medicines are the cause of their illness.

Idiosyncrasies are expected and accepted in Brand New Day Activity Centers. Members enjoy a life outside their home without judgment and ridicule. Members often say, “Brand New Day gave me my life back.” The BND Call Center is also especially trained to give “Best Friend Service” to SPIMs by listening and helping to the greatest extent possible. The Wellness/Activity Centers have computer labs and classes to help prepare members to rejoin the work force or attend college classes. Some members have graduated from college through this program. Brand New Day has supportive employment programs through which it works to help find jobs for those who are ready. Life Opportunity Success at Brand New Day is measured by annual “Fidelity Assessments” which score each Activity Center and its care team to measure if they are offering the above opportunities and other life skills to all members.

Lower Utilization Success Measurements

BND lowers hospitalization and ER visit rates. Psychiatric hospital bed days were reduced 49.9%; Medical/surgical stays were reduced 17.5%; and ER visits were reduced 42.4% over two years of continuous enrollment. Life coaches teach members alternatives to expensive hospital services when appropriate. Fee-for-Service and MAPDs run about 2,500 bed days per thousand, while BND has reduced that by half to 1,148 bed days per thousand.

Months Enrolled	Member Months	BH Days	M/S Days	ER Visits	BH Days/1000	MS Days/1000	ER Visits/1000
00-06	3480	668	143	283	2303	493	976
07-12	3480	454	245	222	1566	845	766
13-18	3480	433	227	229	1493	783	790
19-24	3480	335	118	163	1155	407	562
	Reduced Bed Days/1000	333	25	120	1148	86	414
	% Reduced Bed Days/1000	49.9%	17.5%	42.4%	49.9%	17.5%	42.4%

Case Study

“Richard” joined BND and continued what had been a lifetime habit of monthly hospital admissions for alcohol intoxication with blood alcohol levels topping out over 300. When talking with Richard later, he disclosed to his life coach that he had been a chronic alcohol and methamphetamine abuser since the age of 14. Richard is in his mid-30s now. BND assigned and introduced him to an Addictions Counselor in whom he confided that he had a long history of viable suicide attempts, including overdosing on prescription medications, self-mutilation and “Suicide by Cop,” which he explained was an attempt to “act so crazy and threatening that the cop had no choice but to shoot me.” Richard was resistant to going into a Drug Diversion Program, due to fears of losing his apartment, fear for the welfare of his cat, and fear of change.

After multiple attempts at AA and NA, BND made arrangements to pay Richard’s rent for three months on a loan basis, found appropriate housing for his cat, and paid fully for residential drug treatment. He agreed that he would stay in the Drug Rehabilitation program for at least two months. Richard successfully completed the two-month program, and requested to stay an additional month. BND extended the agreement. Richard repaid BND the loan in full and has maintained continued sobriety for four years. Richard is now living a productive life and is working in the Brand New Day Activity Center in the Snack Shack. By helping Richard with his root cause problem, BND was able to reduce ER and hospitalizations and help a man toward recovery. Richard is very happy and calls the BND corporate offices periodically to thank them for this special needs plan.