



A STANDARD OF CARE TO TREAT POVERTY

**Capital Area Health Alliance (CAHA)
Annual Meeting**

3/23/2017

**“Like slavery and apartheid,
poverty is not natural. It is
man-made, and it can be
overcome and eradicated by
the actions of human beings.”**

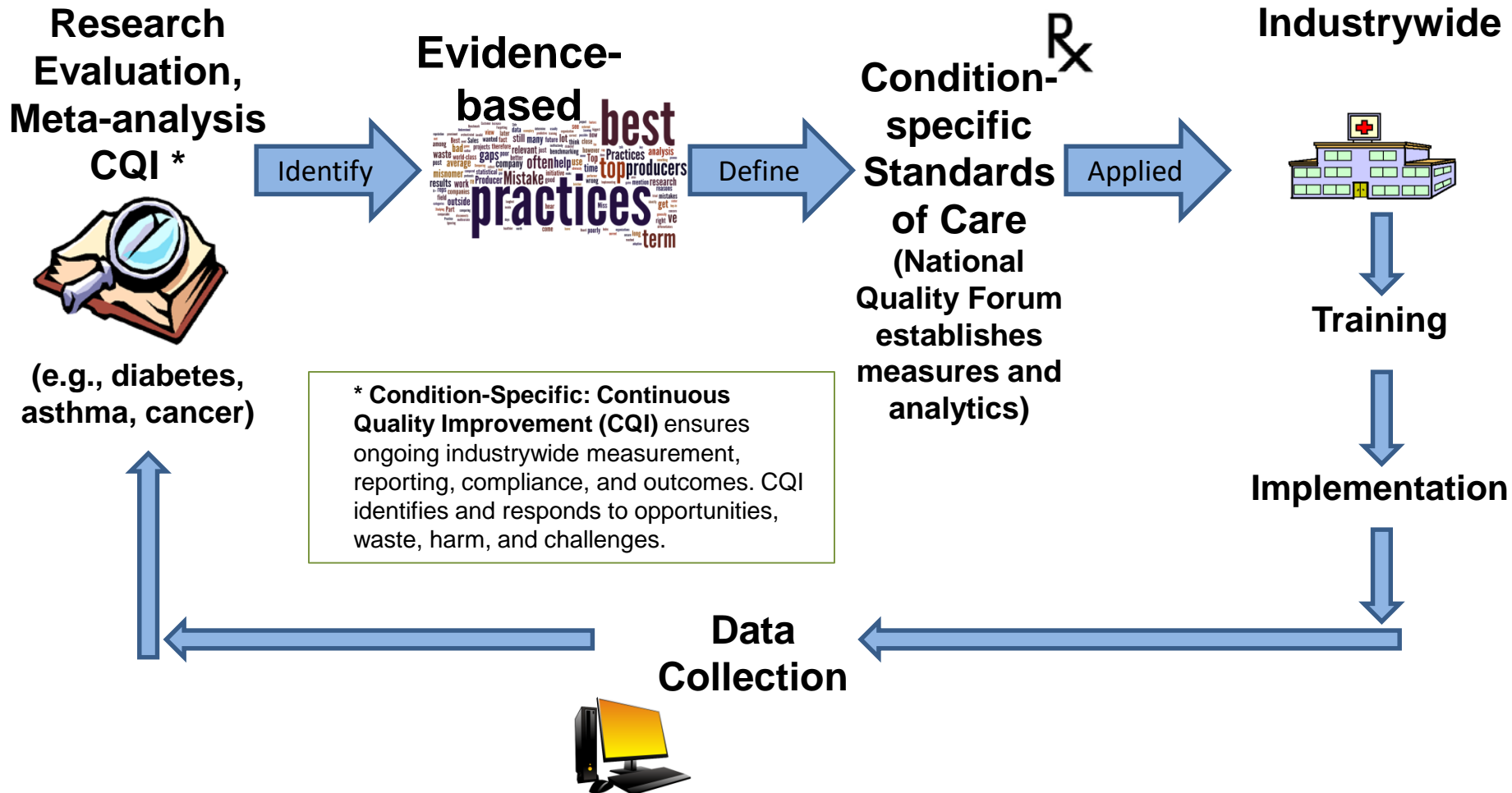
- Nelson Mandela

**Marcella Wilson, Ph.D.
President & Founder
Transition To Success® LLC**

The Medical Model

Understanding and Treating Disease

A uniform system of industrywide standards and analytics
with continuous quality improvement (CQI)





Defines

based

Applied

- Client self-navigation
- Individual practitioner preference
- Organizational preference

**No comprehensive,
cross-industry,
interdisciplinary,
uniform analytics
to support CQI ***



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Current Funded U.S. Delivery System

Client Driven – Disconnected - Ineffective

Human Service

- 1.4 million not for profits
- 650,000 social workers

Faith-Based

- 320,000 US Christian Churches
- 3,727 US Synagogues
- 2,106 US Mosques

Education

- Head Start (\$8.1B) (serves over 32M children in the US)
- Public Schools Vocational & High Education (\$69.9B)
- 99,000 public schools
- 3.7 million elementary and secondary teachers
- 262,300 school counselors

Client independently attempts to access goods, services & supports



Healthcare

- 5,723 hospitals
- 209,000 PCPs
- Medicaid and CHIP (70M, 1 in 5 in the U.S.)
- Medicare health plans (53.8M)

Estimated Cost:
\$1,660,451,000,000*
Does not include: Foundations, Faith Based, Corporate or Individual Donations



Government

- DHS
- Community Mental Health
- Housing
- Medicaid/Medicare
- Veterans
- Juvenile justice
- Prisoner reentry

Health Disparities for those living in poverty

Poverty status is based on Gallup's best estimate of those in poverty according to the U.S. Census Bureau's 2011 thresholds.

	Percentage with Disease In Poverty	Percentage with Disease Not in Poverty	Difference (pct. pts)
Depression	30.9	15.8	15.1
Asthma	17.1	11.0	6.1
Obesity	31.8	26.0	5.8
Diabetes	14.8	10.1	4.7
High blood pressure	31.8	29.1	2.7
Heart attack	5.8	3.8	2.0
Cancer	6.3	7.1	-0.8
High cholesterol	25.0	26.0	-1.0

(Gallup-Healthways Well-Being Index , 2011)

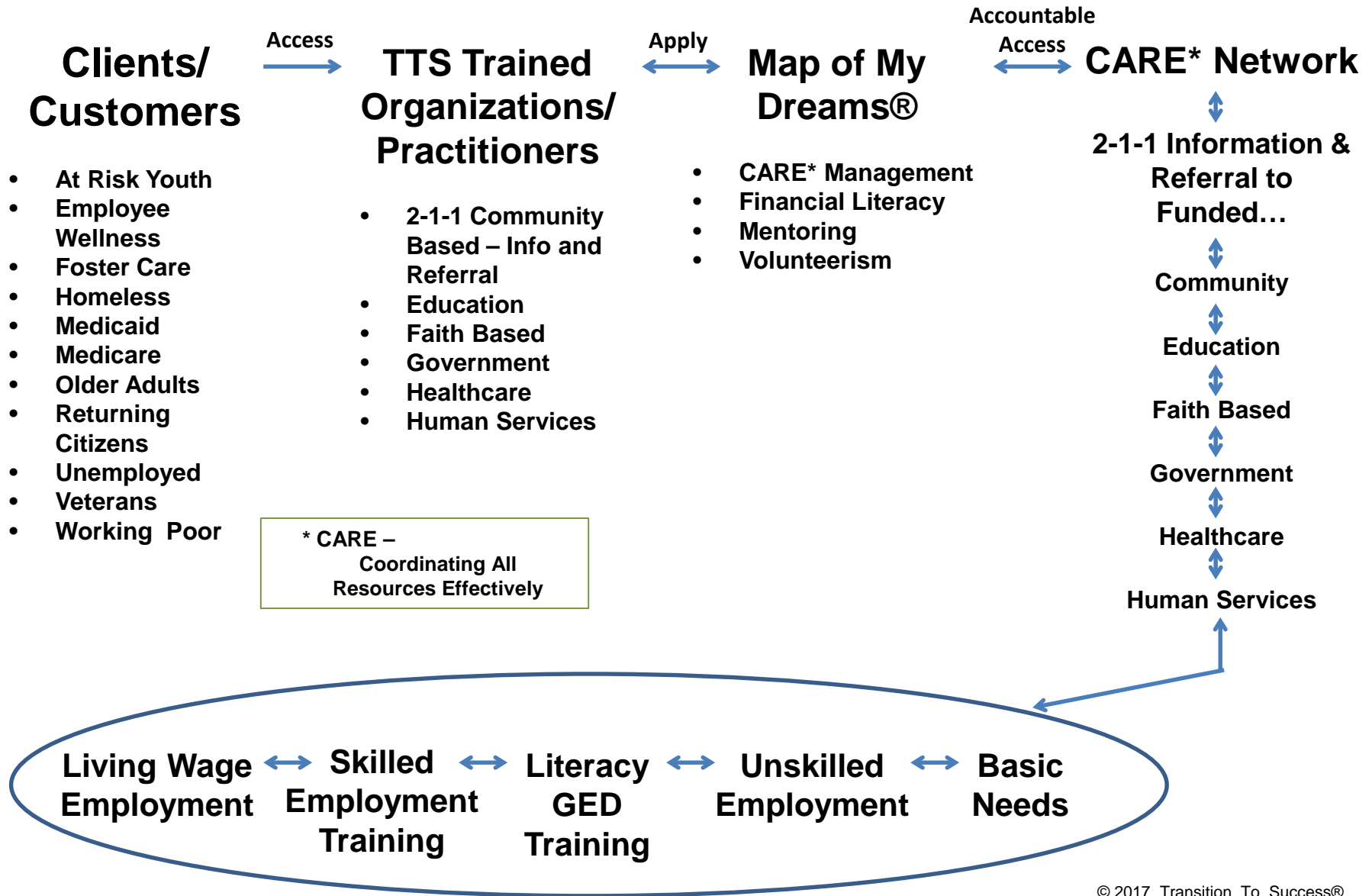
Treating Environmentally Based, Industry-Accepted Medical Conditions *

Environmental Exposures	Symptoms	Diagnosis	Standard of Care	Billable
Lead ingestion	Irritability, high blood pressure, long-term neurological damage	Lead poisoning	Required	✓
Asbestos	Trouble breathing, nausea, vomiting	Cancer/ Mesothelioma	Required	✓
Mosquito bites	Fever, rash, joint pain, conjunctivitis, muscle pain, headache	Zika, West Nile, yellow fever, and malaria viruses	Required	✓
Limited access to fresh fruits, vegetables, and exercise	Increased thirst, blurred vision	Type II diabetes Obesity	Required	✓
Cigarette smoking and second-hand exposure	Wheezing, increased risk of cancer, asthma, COPD	Nicotine addiction	Required	✓
Accidents	Broken bones, closed head injuries	Trauma	Required	✓
Pollution	Difficulty breathing, decrease in lung function, wheezing	Asthma/COPD	Required	✓
Social Determinants of Health Food insecurity, high crime rates, inadequate/unaffordable housing, lack of access to basic needs/resources, limited access to quality healthcare, poorly performing schools, racism, and unemployment, transportation	Increased rates of diabetes and blood pressure, infant and maternal mortality, increased depression and mental health disorders, asthma, compromised immune system and brain development, higher death rates	Extreme Poverty (ICD 10 Z59.5) Homelessness (ICD 10 Z59.0) Lack of adequate food or safe drinking water (ICD 10 Z59.4) Low Income (ICD 10 Z59.6)	TTS Screening Assessment Referrals: Behavioral Health, Substance Abuse and Social Determinants	Billable CPT Codes for Medicaid and Medicare

* **Note:** Recognized disease without genetic predisposition

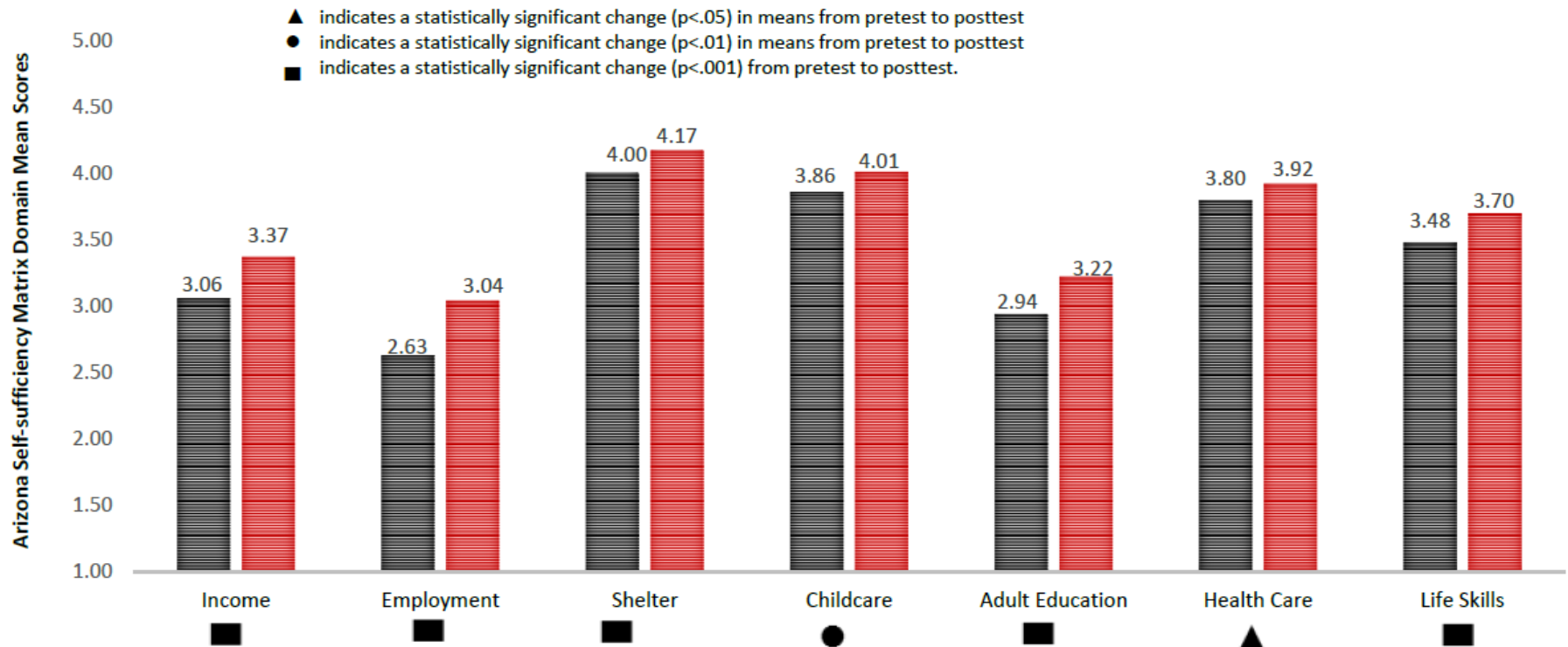
Treating the Condition of Poverty

With A Client Centered Community Based Continuum of Care



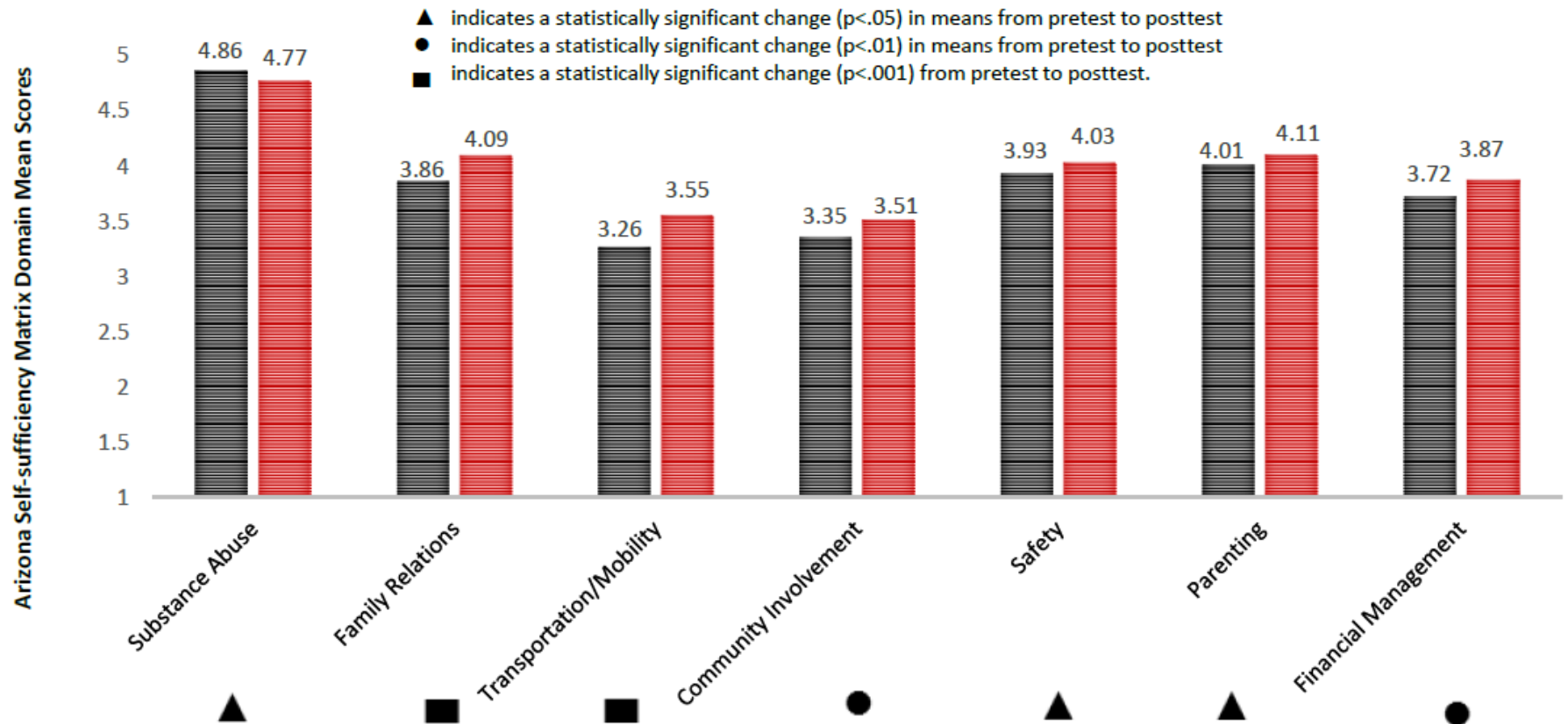
TTS Independent Evaluation Results

Matrix Head Start: SSM* Domains with a Significant Change in Mean Scores, Winter 2014 to Spring 2015



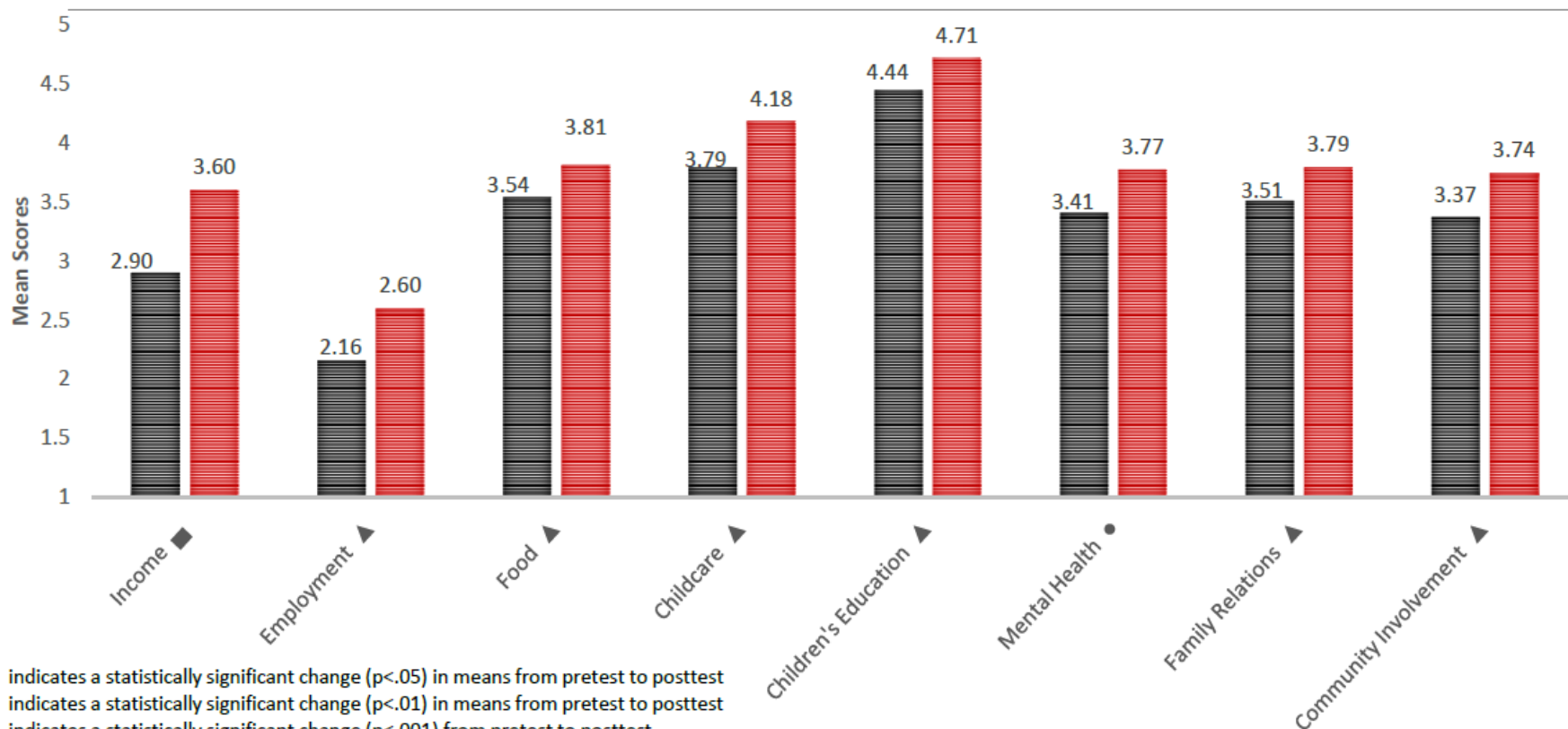
TTS Independent Evaluation Results

Matrix Head Start: SSM Domains with a Significant Change in Mean Scores Winter 2014 to Spring 2015



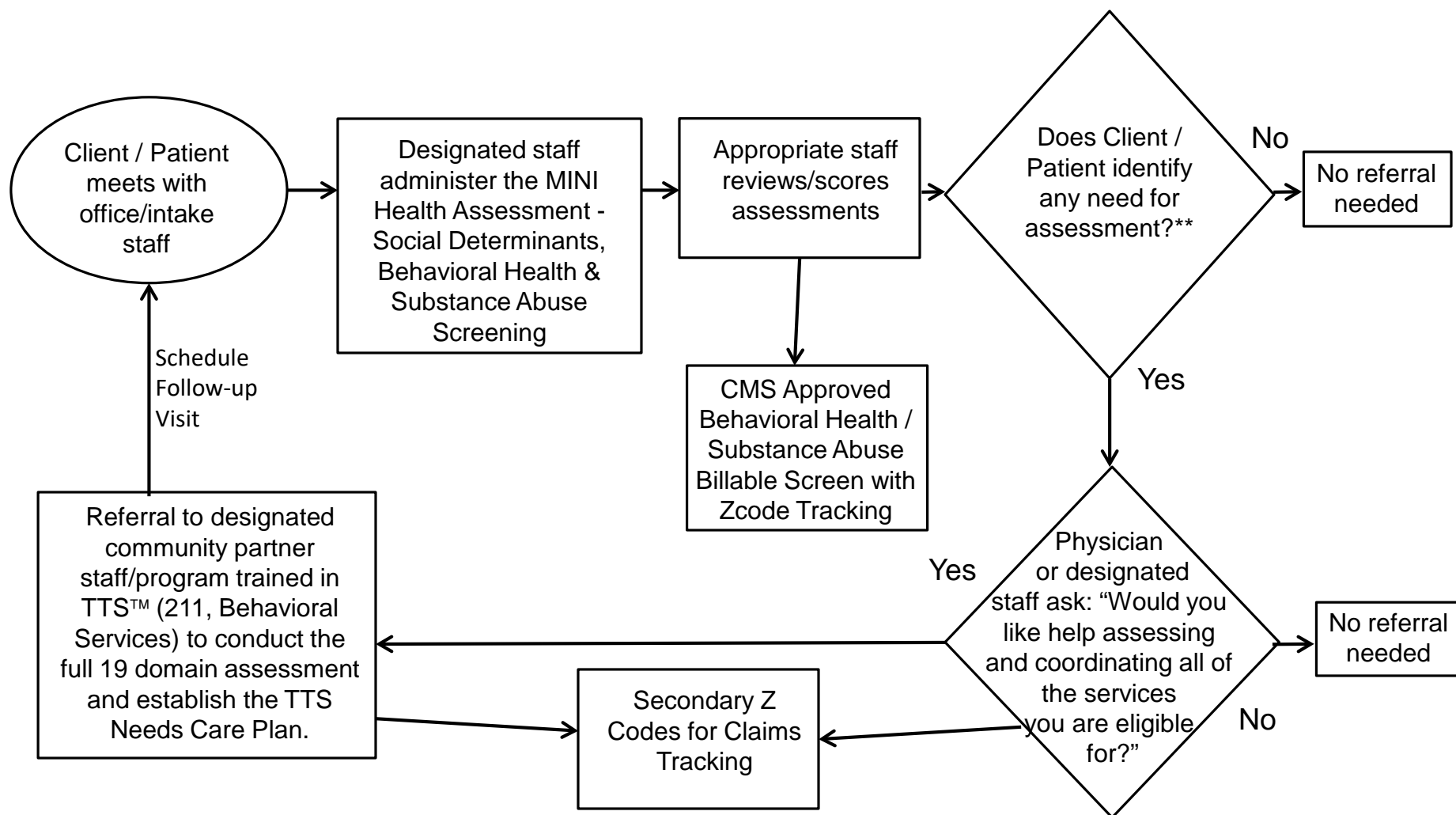
TTS Independent Evaluation Results

FSDWC: SSM Domains with a Significant Change in Mean Scores from Pretest (January 2013 through February 2014) to Posttest (November 2013 through April 2014)



- ▲ indicates a statistically significant change ($p < .05$) in means from pretest to posttest
- indicates a statistically significant change ($p < .01$) in means from pretest to posttest
- indicates a statistically significant change ($p < .001$) from pretest to posttest.

Social Determinant /Behavioral Health Screening, Assessment and Referral Process



*Medicaid/Medicare
Private Insurance
& Providers

** A score of 1 in the mental health domain, requires immediate psychiatric referral.

Economic Burden

The fact is most chronic illnesses are at least **twice as expensive to treat** with a missed, under-diagnosed or untreated mental health comorbidity.

COMORBID DEPRESSION

54% Increase

in monthly health care expenditures for those with chronic conditions and comorbid depression.

Without
Depression

With Depression

COMORBID ANXIETY

67% Increase

in monthly health care expenditures for those with chronic conditions and comorbid anxiety.

Without
Anxiety

With Anxiety

Annual Medical Cost (in thousands)

Disorder	With Treated Mental Illness	Without Treated Mental Illness
Heart Failure	\$2.56	\$6.74
Allergic Rhinitis	\$3.27	\$8.46
Asthma	\$3.73	\$10.56
Migraine	\$3.82	\$15.47
Back Pain	\$11.61	\$33.25
Diabetes	\$13.06	\$27.28
Hypertension	\$13.38	\$27.06
Ischemic Heart Disease	\$62.40	\$110.94

*Costs per patient, based on claims data for 229,776 patients,
2004 – 2006 Source - OCI 2008*

Diagnostic Accuracy



Statistics from the National Institutes of Health show

Two-thirds of all mental health diagnoses and treatments come from the primary care doctor and pediatric primary care doctors.

Yet, the study shows, they struggle to get it right with misdiagnosis rates reaching:

97.8% Social Anxiety Disorder

92.7% Bipolar Disorder

85.8% Panic Disorder

65.9% Major Depressive Disorder

71.0% Generalized Anxiety Disorder



NIH published diagnosis rate for the M.I.N.I. is 89%.

M.I.N.I. Behavioral Health Solutions Suite

M.I.N.I. SCREEN

Preliminary screen to ACA depression requirements and establish medical need for further behavioral health diagnosis.

- M.I.N.I. Screen (17 DSM Disorders)
- M.I.N.I. Kid Screen (24 DSM Disorders)
- Social Determinant Screening

M.I.N.I. DIAGNOSTIC INTERVIEW

The M.I.N.I. DSM-5 and ICD-10:

- Created in 1990. Validated in 1996 (89% accuracy). Takes 5-15 minutes to complete.
- M.I.N.I. Kid last validated in 2010.
- Versions used by Dept. of Defense for American warfighters since 1990.
- Most utilized comprehensive diagnostic evaluation assessment in the world (NIH).
- Used or referenced in over 10,000 clinical studies.
- Social Determinant Assessment

M.I.N.I. OUTCOME TRACKER

The M.I.N.I Symptom Disorder Tracker measures clinically meaningful change (CMCM) outcomes over time.

- Sheehan Disability Scale (SDS)
- Sheehan-Suicidality Tracking Scale (S-STs)
- Sheehan-Homicidality Tracking Scale (S-HTs)
- Social Determinant Tracking

Comorbid Mental Medical Conditions

360° View → The Power of Whole-Person Care



In any given year, there are approximately

34 Million

American adults with co-morbid mental and medical conditions.

Coordinating Care Can:

- Improve Clinical Outcomes
- Increase Quality of Care
- Reduce Costs
- Boost Consumer Satisfaction

¹Source: New York State Office of Mental Health. ²Source: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). ³Source: Robert Wood Johnson Foundation. ⁴Source: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). ⁵Source: American Psychological Association. ⁶Source: Robert Wood Johnson Foundation. ⁷Source: Robert Wood Johnson Foundation

Bridging The Gap Between Client Care and the Social Determinants

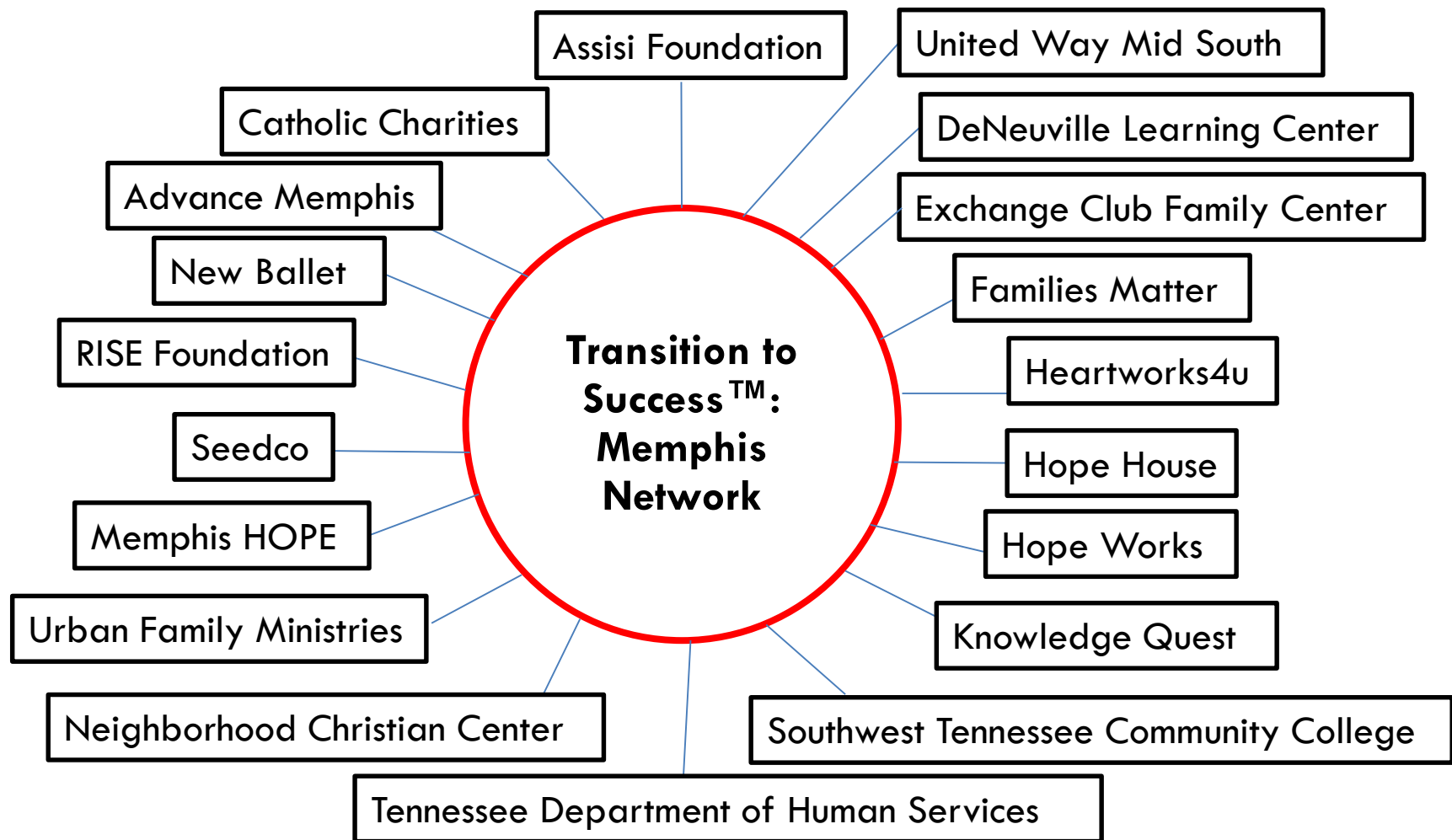


- I. CAHA Promotes and Provides Uniform protocols and analytics to treat poverty, organize care and ensure access to healthcare, human services, government, education and faith based organizations.
- II. Develop: Community Based CAHA CARE Network (Coordinating All Resources Effectively), a collaborative mission for all existing, funded programs, services and supports.

Human Service	Health Plan	Government	Education	Faith Based
<ul style="list-style-type: none"> • 211 • Basic Needs • Community Supports • Energy Assistance • United Way • Providers 	<ul style="list-style-type: none"> • Behavioral Health Network • Patient Services • Social Work • Care Management • Medical Transportation • Chronic Care Management 	<ul style="list-style-type: none"> • Housing • Workforce Development • Subsidies • Juvenile Justice • Criminal Justice • Child Support Enforcement 	<ul style="list-style-type: none"> • Head Start • K-12 / GED • Vocational / Skilled Trades • Higher Ed 	<ul style="list-style-type: none"> • Basic Needs • Community Support • Fellowship

Scalable – Sustainable – Measurable – Multi-Generational

Implementing TTS in Memphis



Transition To Success® (TTS): A National Standard of Care To Treat the Condition of Poverty



- A Clinton Global Initiative
- Over 80 Organizations Involved
- Over 800 trained nationwide
- Pilots:
 - Memphis TN – Assisi Foundation
 - Hawaii (Kauai & Oahu) – Goodwill Industries / Child & Family Services
 - Detroit MI – Third New Hope, Funded by St. John Health
 - Pontiac MI – Baldwin Center, Funded by Michigan Health Innovation Fund
 - Michigan Department of Health Human Services – Pathways To Potential
- Organizational Partners
 - Melagro Technology (CMS Approved) – Behavioral Health and Substance Abuse Screening
 - River Star Technology – 211 Application – Q1 2017
 - “Diagnosis: Poverty - A new approach for understanding and treating an epidemic” – Book and Training Manual

Next Steps

Table Discussions:

1. *What steps can we take to integrate this model into our community?*
2. Write down ideas generated from this discussion (on feedback form)
3. Question and Answer
4. Complete Feedback Form

Thank You!

“SPIDERS WEBS UNITED CAN TIE UP A LION!”

African Proverb

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Check out my new book:

Diagnosis: Poverty

**A new approach for understanding and
treating an epidemic**

www.DiagnosisPoverty.com