



An Affiliate of the National Mental Health Association

Mental Health Association in Texas

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MHAT Supports a “Best Practices” Disease Management Model for the Public Mental Health Services System in Texas

What Is Disease Management? It is an approach to delivering effective healthcare to populations with significant needs, like people with asthma, diabetes, or depression. The model emphasizes the *patients’ relationship with their physician* and encourages *patients’ active involvement* in the planning of their treatment and the management of their illness. Disease Management is anchored in *evidence-based treatments* and requires *ongoing evaluation of treatment outcomes* to ensure that appropriate care is being delivered. Treatment decisions are dictated by “best practices” guidelines, not available funding streams.

How Is Disease Management Different from Other Healthcare Models?

To meet the standards of a Disease Management (DM) model, healthcare programs *must* include all 6 of the following components:

- Reliable *methods for identifying the population* to be treated
- Practice guidelines built upon the *use of evidence-based treatments*
- Coordinated care that encourages *collaboration between patients and service providers*
- *Education for patients* about their illness and ways they can manage it
- Consistent *measurement of the patients’ response* to treatment and its outcomes
- Routine *communication between the patient and all providers* involved in the treatment planⁱ

These exact standards have been adopted and endorsed by TDMHMR.ⁱⁱ **Programs that fail to include all 6 components cannot be called a DM model.**

How Is Texas Implementing DM?

In 2001, TDMHMR began designing a system of disease management and financing methodology for **community mental health centers**.

Last year, 4 sites began piloting the program:

- **Lubbock Regional MHMR Center**
- **Hill Country Community MHMR Services**
- **MHMR of Tarrant County**
- **Texas Panhandle MHMR**

HB 2292 mandates that Disease Management (previously called Benefit Design) be implemented **statewide in fiscal year 2005**.ⁱⁱⁱ

TIMA: An Essential Component of Evidence-Based Treatment

The Texas Implementation of Medication Algorithms (TIMA) is “*the foundation of the TDMHMR adult disease management model*,” says TDMHMR.^{iv} It is the implementation phase of the Texas Medication Algorithm Project (TMAP).

TIMA is a system for using *evidence- and consensus-based guidelines* in the selection of medications.

TDMHMR research has shown that TMAP yields **better results for consumers** than usual prescription practices.^v

How Did TDMHMR Develop Its DM Model? Through a lengthy, thoughtful process, TDMHMR reviewed the research literature and convened both **local and national experts** to determine the “best practices” approaches to treating mental illnesses. Input was solicited from **stakeholders** from across the state as well.

From these meetings, a set of **mental health services packages** was developed. The packages include a ***crisis management protocol*** for people with any diagnosis and ***4 packages targeted to different levels of functioning*** for people with major depression, bipolar disorder, or schizophrenia.^{vi}

A parallel process was conducted to develop a DM model for **children’s mental health services**, which is called **Resiliency** instead of Disease Management.^{vii}

The TRAG: TDMHMR’s Assessment Tool

- **To assess which service package a person requires,** the clinician administers the TRAG (Texas Recommended Authorization Guidelines), which evaluates the person’s functioning along **9 dimensions**, including past hospitalizations and criminal justice involvement.
- **Services are assigned on the basis of TRAG score and diagnosis.** (*Only Major Depression, Bipolar Disorder, and Schizophrenia are included, as mandated by HB 2292.*)
- **A child and adolescent version of TRAG (CA-TRAG)** has also been developed. It mirrors the Adult TRAG, but also covers child-specific dimensions, such as family resources and school behavior.^{viii}
- If MHMR centers wish, they can **override the service level** indicated by an individual’s TRAG and diagnosis and authorize a different level of service.^{ix}

MHAT Supports Statewide Implementation of a Consensus-Based DM Model

- **Accountable business practices** are essential to ensure that the **maximum flow of quality services** is provided with the scant resources available
- **A true DM model:**
 - **Moves away from doing “business as usual”** based on available funding streams to a “best practices” model that makes centers accountable to their clients and taxpayers
 - Is developed through **consensus with extensive stakeholder and expert input**
 - Includes **all 6 DM components**, such as reliance on evidence-based practice
 - Provides **services based on need**, not diagnosis
- Model adjustments may be needed after the state’s pilot phase, but the DM model must remain **true to DM principles** in order to offer Texans with mental illness the best services possible

ⁱ Disease Management Association of American. (2004). Definition of Disease Management. www.dmaa.org/definition.html.

ⁱⁱ TDHMR (2003). Disease Management through Benefit Design. www.mhmr.state.tx.us/CentralOffice/behavioralhealthservices/BenefitDesign.html.

ⁱⁱⁱ TDMHMR. (2003). Benefit Design for Mental Health Services. www.mhmr.state.tx.us/CentralOffice/behavioralhealthservices/BenefitDesign.html.

^{iv} TDMHMR (2003). Disease Management through Benefit Design.

^v Ibid.

^{vi} M. Maples. (February, 2004). Resiliency and Disease Management Initiative. Presentation delivered at the “Reality 2004: Criminal Justice and Mental Health Unplugged Conference.” Austin, TX.

^{vii} Frank Vega. (February, 2004). The Benefit Design Initiative. Presentation delivered at the “Reality 2004: Criminal Justice and Mental Health Unplugged Conference.” Austin, TX.

^{viii} F. Vega. (February, 2004).

^{ix} M. Maples. (February, 2004).