



SAMHSA-HRSA Center for Integrated Health Solutions

Integrating Behavioral Health in Primary Care: Lessons from Health Centers

About the CIHS

Goal:

To promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

Purpose:

- To serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development
- To provide technical assistance to SAMHSA PBHCI grantees and safety-net providers funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders



NATIONAL ASSOCIATION OF

Community Health Centers



America's Voice for Community Health Care

Presenters

<p>CIHS Moderator</p>	<p>Laura Galbreath Director, SAMHSA-HRSA Center for Integrated Health Solutions</p>
<p>CSI Solutions, LLC</p>	<p>Roger Chaufournier Principle, CSI Solutions</p>
<p>Manet Community Health Center, Quincy Massachusetts</p>	<p>Denise Mulcahy, MEd, MT(ASCP), PCMH Project Manager</p>
	<p>Cynthia Sierra, Senior Director of Public Policy, Public Affairs and Program Development</p>
<p>Tillamook Family Health Centers</p>	<p>Marlene Putman Administrator, Tillamook County Health & Human Services</p>
	<p>Barbara Weathersby, LCSW Behavioral Health Provider</p>
	<p>Sherrie LaBat</p>



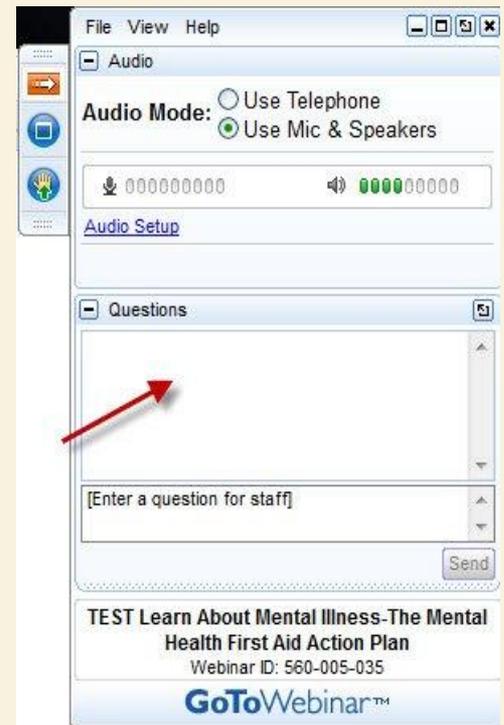
Learning Community
Manet Health Center
Tillamook Health Center
Questions/Discussion

How to ask a question during the webinar



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If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



Behavioral Health Integration

A fully integrated behavioral health model includes resources for a number of services required by those with behavioral health conditions

- **Universal screening** for behavioral health issues (including substance and alcohol abuse, depression and other mental health conditions),
- **Self-management** support and brief interventions by a behaviorist,
- Treatment of the behavioral health condition by the **care team**, and
- **Appropriate referral** for treatment to a psychologist or psychiatrist, as warranted.

Spectrum of Integration

- Enhanced referral relationships
- Co-location
- Staff model; co-habitation
- Full integration as a multi-disciplinary care team



CIHS/NACHC Learning Community

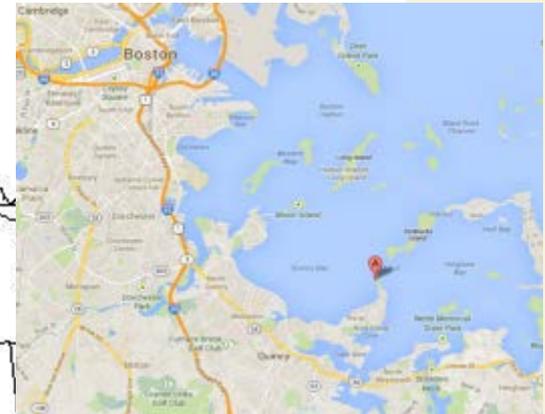
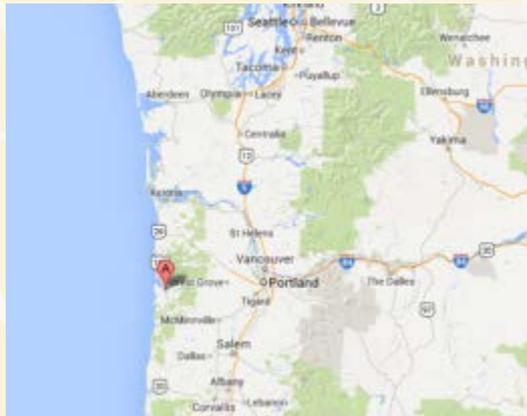
Purpose: To improve care by accelerating the integration of behavioral health services to better serve patient needs at health centers

Audience: 11 health centers that currently have little or no behavioral health capacity

Curriculum: delivered within a rapid time frame

- ☞ Face to face and virtual
- ☞ Content specific coaching

Learning Community Teams



Tillamook Family Health Center, Tillamook OR

Manet Community Health, Quincy MA

Other Learning Community Teams:

Access Family Care, MO; Corning Area Healthcare, AR; Custer County Community Health Center, MT; G.A. Carmichael Family Health Center, GA; Heart City Health, IN; Mary Center for Child and Maternal Health, DC; Mid Delta Health Systems, MS; Myrtle Hilliard Davis Comprehensive Health Centers, MO; Northwest Community Health Centers, MT

The Business Case

The Business Case Equation for BH Integration: $S+I+T \leq X+P+R$.

- The basic business case formula for any service is that cost must be less than revenue. For behavioral health integration this translates to the following: Cost of Screening (S) + Cost of Intervention Services (I) + Transition Costs (T) must be less than or equal to
- Screening Reimbursement (X) + Productivity Gains (P) + Reimbursement for Treatment (R). This formula is summarized as: **$S+I+T \leq X+P+R$**





BUSINESS CASE FOR BEHAVIORAL HEALTH PRO FORMA MODEL

Core Assumptions:

Panel size	1500	1500	Average Visit Scheduled Time	15 minutes
Encounters	4200	4200	Estimated time saved by diverting to a behaviorist	11 minutes
Payer Mix			Average visits per hour	3
Medicaid		40%	Transition training time	16 hours
Medicare		12%	SBIRT screenings that triage for intervention	16%
Commercial		8%	Projected proportion that could be diverted to Behaviorist	50%
Sliding fee scale		40%	Slots created as a result of integration mode	246.4
Average Reimbursement per visit		\$135	Estimated Medicare SBIRT Screens	504
Medicare SBIRT Reimbursement			Estimated Medicaid SBIRT Screens	1680
G0396		\$ 29.62	Estimated Medicare Screen & Intervention	80.64
G0397		\$ 57.69	Estimated Medicaid Screen & Intervention	268.8
Medicaid SBIRT Reimbursement			Medicare encounters	504
H0049		\$24.00	Medicaid encounters	1680
H0050		\$48.00		
Provider Hourly Rate		\$ 72.00		
RN Hourly Rate		\$ 27.60		
Medical Assistant Hourly Rate		\$ 15.60		
Behaviorist Hourly Rate	\$39.06	\$81,250	\$65,000 Base salary	25% Benefits
			2080 Hours worked a year	

Costs		Salary Resource	Time	Lost Revenue	Totals
S	Screening				
I	Intervention	\$40,625.00			\$ 40,625.00
T	Transition Costs	\$ 1,843.20	16	\$6,480	\$ 8,323.20
	Subtotal				\$ 48,948.20

Revenue					
X	Screening Reimbursement	\$55,248.48			\$ 55,248.48
P	Gains in Productivity	\$33,264.00			\$33,264
R	Reimbursement for Screen and Treatment	\$ 8,714.76			\$ 8,714.76
					\$ 97,227.24

Net Business Case

\$ 48,279.04

Dolly Exercise

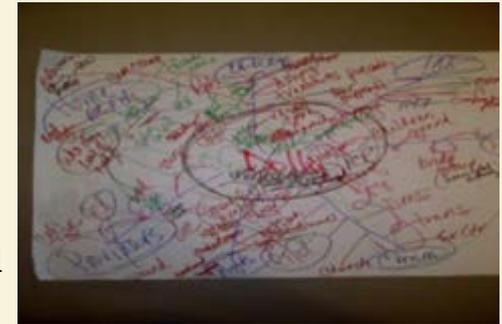
Guidance:

Pick a **complex patient** with behavior health needs that has other comorbidities you are treating: someone who is high cost and a challenge to manage

Follow that patient and try to create the ideal pathway for support

Document the **business case**

Turn your “Dolly” into a **case study** for communicating to your own **stakeholders**



Dolly Exercise

69 year old male

New Bay Clinic patient (Established May 2012)

Frequent user of the emergency room (HMC)

Multiple chronic health conditions:

- Hypertension
- Right-sided Heart Failure; edema
- Renal failure
- Polysubstance abuse
- Undetermined psychiatric issues (auditory hallucinations, signs of depression)
- Diabetes

Dolly Exercise

Our subject has had multiple providers for short periods of time.
No continuity of care from a primary physician.

- High use of ER as a result of the above
- Psychiatric problems hindering healthcare of physical issues
- Referrals not moving smoothly (i.e. 2d echo not available for cardiologist and it was nearly double ordered)
- Difficulty with attaining bronchoscopy in East Hawaii
- Polypharmacy
- Due to patient frequenting ER and lack of PCP care, high risk of medication errors
- Assisted by family

Dolly Exercise

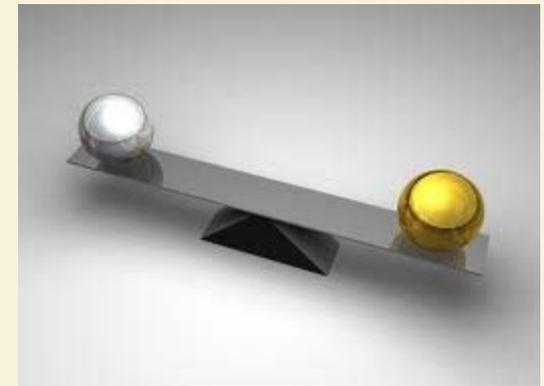


Too often a patient is “written off” as being non-compliant and unwilling to change for better health outcomes. Patients with behavioral health issues are more likely to be included in this cohort. Over time our nurse care manager was able to build a relationship with DS and became a trusted custodian of her care. The care manager worked as a liaison between DS and other members of her care team to work toward and achieve specific identified goals. By transforming the practice to include dedicated time for team members to work together on an individual care plan for DS the goals were accomplished. Savings to the health care system will be realized by better medication compliance and therefore health outcomes as well as fewer visits to the ED. DS has a direct line phone number to contact her care manager at the health center when she has an immediate need.

Learning Community Measures

Teams were introduced to the use of dashboards and balanced measures as well as sources of recognized measures relevant to behavioral health integration.

Each team chose a set of measures to assess progress at their organizations.



Learning Community Measures

Examples of Measures Chosen by Teams

- Patient/Client Satisfaction Surveys
- PHQ9 scores (baseline, diagnostic, measure improvement)
- # of warm hand offs
- BHC Monitor patients referred for longer term care
 - Make smooth transition
 - Don't fall through the cracks
 - Staying in service
- Follow up reports to Primary Care Provider from BHC
- BHC encounters for sustainability for 100 hours a month
- Patient outcomes

- Patients with a repeat PHQ-9 score of less than five within 1 year of the elevated PHQ-9.
- Patients with a positive alcohol and/or substance abuse screening who were referred for treatment.
- Patients with at least 2 follow up visits per year after initiation of medication.
- # of visits per month per behavioral health provider
- # of patients per month seen by behavioral health
- Minutes Provider delay for BH concerns

Results

- A **Behavioral Health Integration Self-Assessment Tool** was developed to assess type and level of integration of behavioral health services in community health settings
- Teams completed the survey in **December 2012** and again in **May 2013**.
- Pre- and post-work assessment surveys reflect that all teams have made progress during the Learning Collaborative in **two or more key elements** of behavioral health integration.
- Majority of participants resolved their **model of integration**
- Most achieved clarity on their **business case**



Voices From The Field

- *“Integration can be a slow process. Start working with what you have. If you do not have a Licensed Behavioral Health Specialist on staff then use health educators, case workers and nurses to use motivational interviewing during patient visits. Patients just want to be heard; a little can go a long way.”*
- *“Buy-in has to be obtained from primary care medical staff and mental health staff. Intense collaboration requires rethinking of everything – EMR, warm handoffs, billing, screening tools, staff training, staffing, accreditation, PCMH, adapting services to make a good fit for both agencies.”*
- *“We have found that our medical providers lives are so much easier now. They all agree that they are NOT specialists in behavioral health and they love having providers accessible who can assist them with this.”*

Lessons Learned

- **One size does not fit all:** successful teams employ a variety of integration models and work in different payment environments. Organizations must choose the best model based on their own needs and available resources.
- **A positive business case for integration** is an important factor in sustaining gains and can be supported by policies at the state and national level. The case is unique to each state and population but has been shown to be positive in many environments.
- **A rapidly paced change initiative** that delivers expert guidance on key areas of change needed for BHI, along with assignments to reinforce learning, can be successful in supporting centers in making progress towards BHI in a variety of practice environments.

New Tools and Resources

- Webinar Series Curriculum and Presentations
- Behavioral Health Integration Self Assessment Tool
- Business Case for Behavioral Health Integration Monograph
- Business Case for Behavioral Health Integration Worksheet





- Manet Health Center
- Tillamook Health Center
- Questions

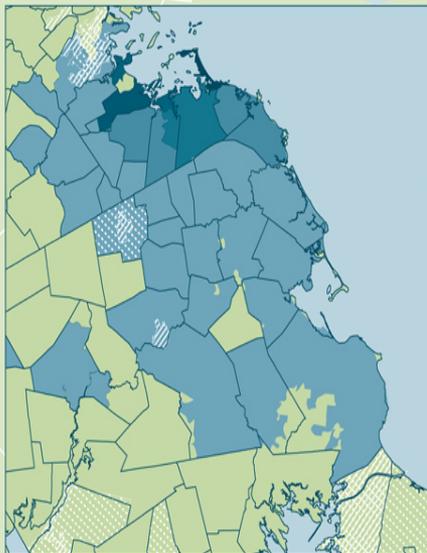
Mapping Manet

MAPPING MANET COMMUNITY HEALTH

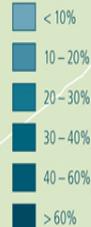
From our five practice sites, we serve residents from more than 44 South Shore communities. Buoyed by our alliance with Steward Health Care and other private-public partnerships, we are exploring a new satellite site within the Steward Hospital network and additional sites in surrounding communities.

Low-Income Population in Our Service Area

At least 57% of Manet patients live at or below 200% of the Federal Poverty Level. This map shows some of the greatest areas of need.



% of Low-Income Population



HPSA*

MUA_P**

* Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having shortages of primary care, dental, or mental health providers.

** Medically Underserved Areas/Populations (MUA_P) are designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

- » Opened in 1993 as practice site & administrative offices.
- » Major renovation beginning in 2013 will add Center for Older Adults and a Center for Health in Public Housing.
- » 25 new exam rooms and new specialty services will include vision, behavioral health, and a below-retail-priced pharmacy.
- » Facility expansion funded by federal Affordable Care Act.

North Quincy

QUINCY BAY

Hough's Neck

- » Opened in 1979 as the first Manet practice site.
- » Co-located inside the Quincy Hough's Neck Community Center.
- » Scheduled for cosmetic "facelift" in Fall 2012, with new paint, flooring, and window treatments.

Hull

- » Opened in 1989; renovated in 2002.
- » Major renovation beginning in 2013 will add Center for Older Adults.
- » Plans call for full-time geriatrician and such specialty services as behavioral health, oncology, orthopedics, and cardiology.
- » Facility expansion funded by federal Affordable Care Act.

QUINCY

Quincy Medical Center (QMC)

- » Manet practice site opened in 2000.
- » Co-located within QMC, now part of Steward Health Care System.
- » Plans call for further expansion of primary care capacity in 2013.

Germantown

- » Built in 1851 as a home for sailors.
- » Opened in 1983 as Manet's Snug Harbor practice site.
- » Located within the Quincy public housing community.
- » Scheduled for cosmetic refurbishment in Fall 2012, including new paint, flooring, and assorted repairs, with the generous support of Eastern Bank Foundation.

BRAINTREE

WEYMOUTH

HINGHAM

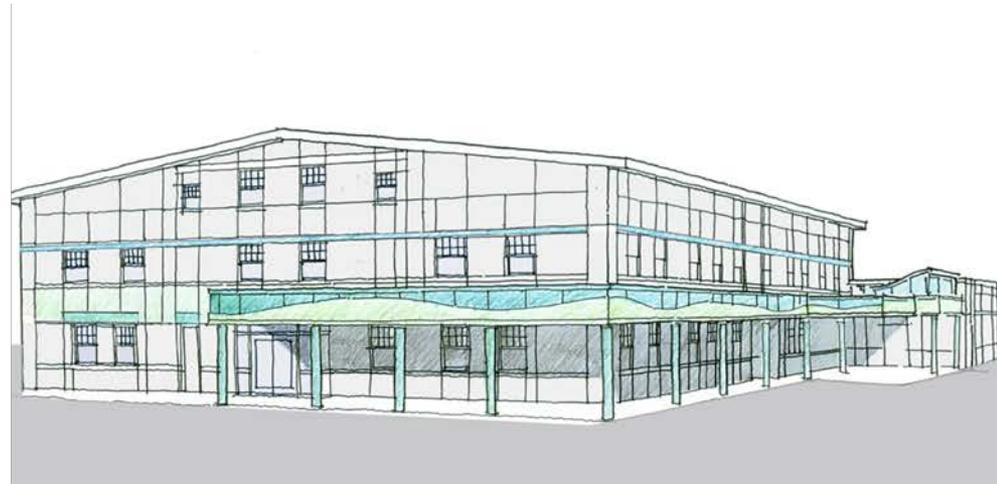
HINGHAM BAY

Manet, North Quincy Alteration & Renovation

Completion: November 2014



Existing



Proposed

Manet's Path of Integration

The Model for Integration

- Management team is developing relationships for contracting behavioral health providers.
- Behavioral health integration began with the renovation and expansion of the North Quincy site (July 2013).

Universal Screening for Substance Use

- We screen for alcohol and drug use during social history intake using a single question.
- Currently, Athenahealth is working to incorporating CAGE screen into the organization's new EHR.

Universal Screening for Depression

- Across the organization the PHQ-2 screen is done for all adult patients yearly; PHQ-9 if the PHQ-2 is positive.

Motivational Interviewing Implementation

- A comprehensive MI training has been done for all clinical staff (4 sessions over 4 weeks). Templates for goal setting were created that incorporate MI concepts. With staff changes and turnover an MI re-train is an ongoing need

- Participates in the Massachusetts **Patient Centered Medical Home Initiative** ,
- has been recognized as an **innovative practice**
- **4** of Manet's **5** locations including North Quincy are presently participating in the Centers for Medicare and Medicaid Services (CMS), **Advanced Primary Care Practice Demonstration Project**.



Dolly Exercise

56 year old female with high emergency department use and multiple chronic conditions including diabetes, HTN, CAD, CHF, CKD and intellectual disability

- **Problems**

- Multiple primary care providers (PCP) due to non compliance with care
- Unable to make positive health decisions
- Lives in group home with only a microwave in her room and doesn't shop
- When lonely calls 911 with vague complaints such as chest pain or GI problems
- Uncontrolled diabetes with a HbA1c of 12.6
- Poly-pharmacy and non compliance with medications especially insulin
- Refuses to test blood sugar

- **Psychiatric Barriers**

- Under guidance of a mental health agency but does not see a therapist or psychiatrist
- Patient is her own guardian, has no family support and refuses more complex group home
- Exhibits irrational behavior toward care or suggestions of care; Will hang up phone if doesn't like you today
- Spends money on inappropriately (junk food); problems with personal hygiene

Dolly Exercise



Working as a Neighborhood

Involved her specialists and connected her to community resources to provide more support and continuity of care for this patient's needs.

Goals

- Provide better outcomes for diabetes with coordination of care
- Reduce ER visits
- Improve Medication compliance

Wins

- Reminders to keep appointment with PCP. Patient has kept her appointments.
- Medical case management is liaison between PCP, house case management and patient.
- VNA goes to apartment for intensive insulin therapy, blood testing and medication box refill.
- Working with SSMH for better guidance for patient on services such as house keeping and personal hygiene.
- Specialists advised patient to call them prior to calling 911.
- No ER visits since October.

An External Environment that Collaborates for Best Outcomes: An Example

Opioid Overdose Prevention and Reversal

Over the past ten years opioid overdoses have increased significantly in Massachusetts.

- Opioids include heroin and prescription drugs such as oxycodone (oxycontin), fentanyl, hydrocodone, codeine, and methadone.
- In response to this growing problem, the MA Department of Public Health, Bureau Substance Abuse Services, Office of HIV/AIDS has implemented a number of life saving projects that thrive in collaboration.





CANDLELIGHT VIGIL:

To remember family and friends lost to ***drug overdose*** and give hope to families struggling with addiction

Quincy City Hall

1305 Hancock Street, Quincy

Wednesday, September 18, 2013

6:00pm – 6:30pm (Registration of Names to be Read)

6:30pm (Program and Reading of Names)

Stand Together

Support One Another

Alleviate the Stigma

Candles and Help Resources Provided*

***Hosted by the City of Quincy Substance Abuse Task Force**

Manet Partnerships and Process

- Within Manet's Service Area there are large, mid and small sized BH Providers, and among these there are several high functioning, collegial and strong agencies that share values and philosophies similar to FQHC Manet.
- Manet presently has purposeful and working referral relationships with many of these agencies and a rich history that dates back close to 30 years with certain, local community BH providers!
- **Previous Massachusetts funding opportunities once allowed for the integration of MH Navigators from a Quincy based community behavioral health agency.**
- Manet is seeking an integrated model, that relies on the talents of existing community behavioral health partners to meet the needs of our primary care patients.





- Tillamook Health Center
- Questions



Integrating Behavioral Health In Primary Care

SAMSHA-HRSA Webinar

*Lessons from Tillamook Family Health Center
of Tillamook, Oregon*

Marlene Putman, Administrator, Tillamook County Health & Human Services
Barbara L. Weathersby, LCSW, Behavioral Health Provider

September 19th, 2013



Tillamook Family
Counseling
Center



Tillamook
County Family
Health Center



THE JOURNEY



Behavioral Health Integration: What it looks like On The Ground

- Recruitment, Job
Description & Role
- Shadowing, Care
Teams, Interaction
- What's in a Name?
 - Provider?
 - Consultant?
 - Specialist?



Currently...

The staff are fully integrated:

- The Behavioral Health Provider ...and the Primary Care Providers Collaborate fully.
- PHQ9 – In Use
- SBIRT in the medical record (soon to be used)
- Motivational Interviewing – Nursing staff to be trained
- EMR integration – yes
- Challenges – Billing continues to be problematic but co-pay for BH services are in place

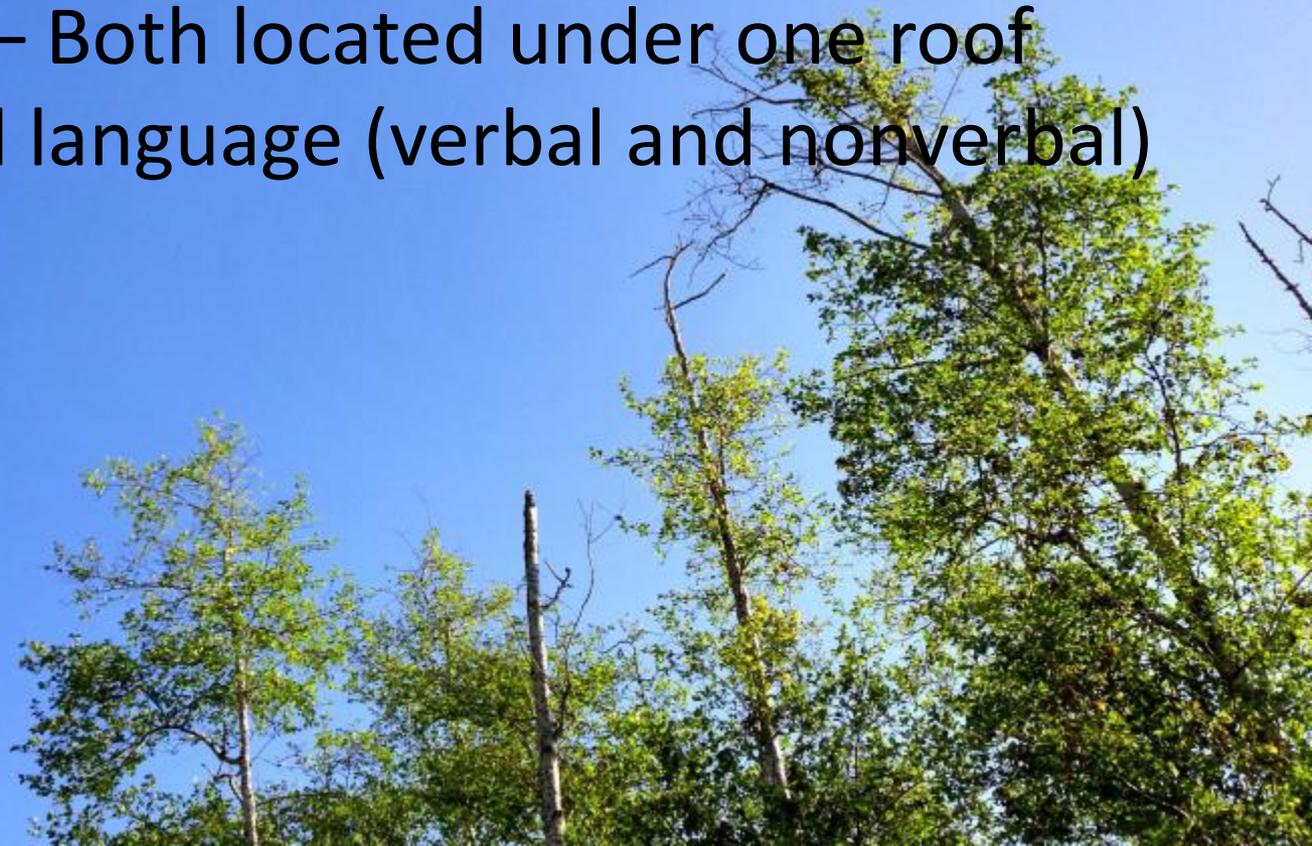
The Multidisciplinary Teams

- Accessibility
- The Huddle
- In the hall
- On a short walk
- Before a meeting



Key Elements

- Strong Supportive Leadership in TFCC & THD
- Collaboration between medical and behavioral health staff – Both located under one roof using shared language (verbal and nonverbal)



Wonderful Nursing Staff (It was wild hair day...)



There's always time to stop with a smile



The PCP Champion



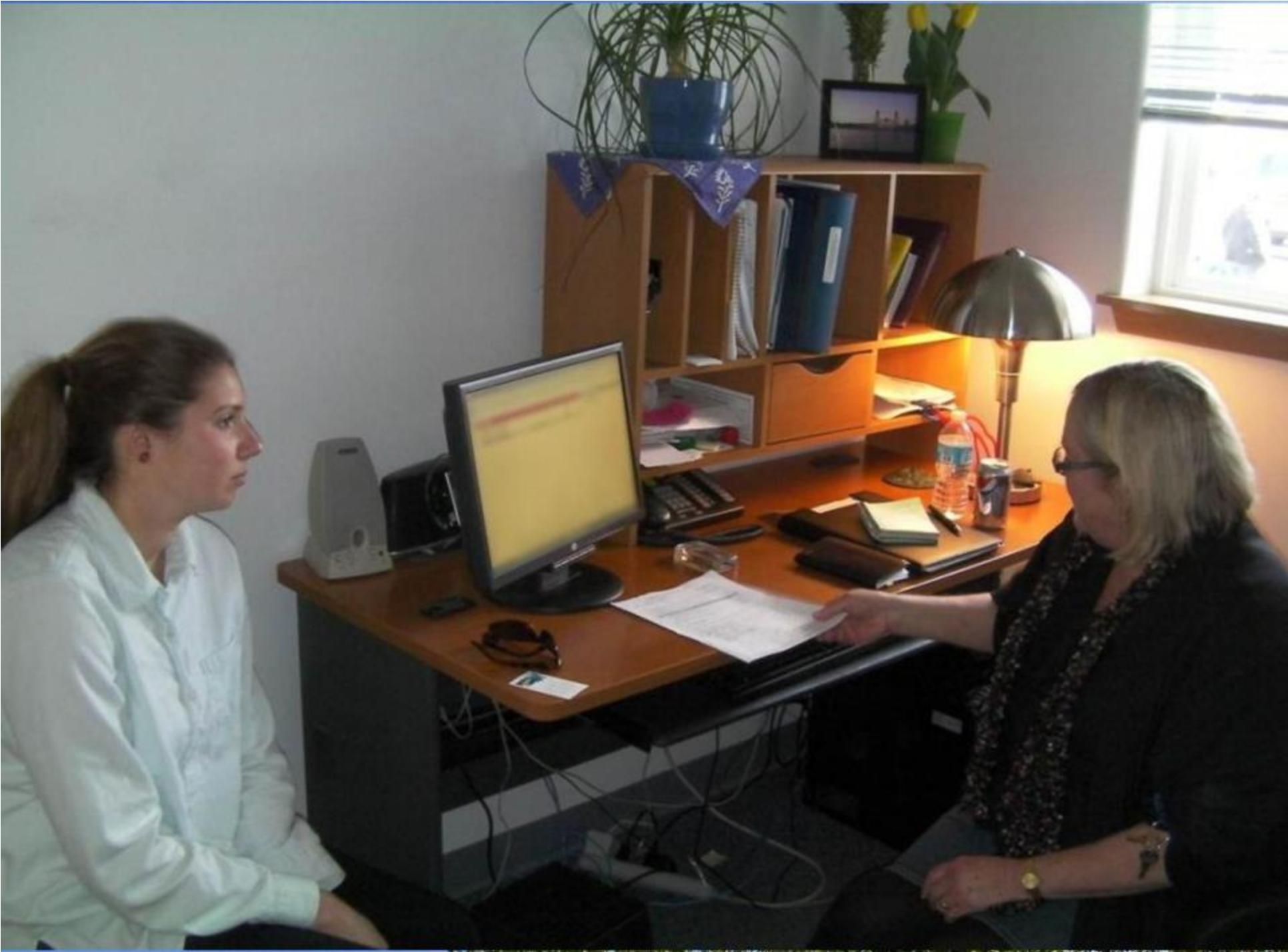
OUR PATIENTS:
EMERGENCY CARE AFTER 5PM
ON WEEKENDS
842-3988. A MEMBER OF
OUR STAFF WILL RETURN
AS SOON AS POSSIBLE.

PAR NUESTROS PACIENTES:
DE UNA EMERGENCIA
DESPUES DE LAS 5:00 POR LA TARDE
O EN LOS FINES DE SEMANA,
POR FAVOR, LLAMENOS
AL 842-3988. UNO DE
NUESTROS TRABAJADORES
LE ATENDERA LO MAS PRONTO QUE
PODEMOS.



- From the Patient's Perspective



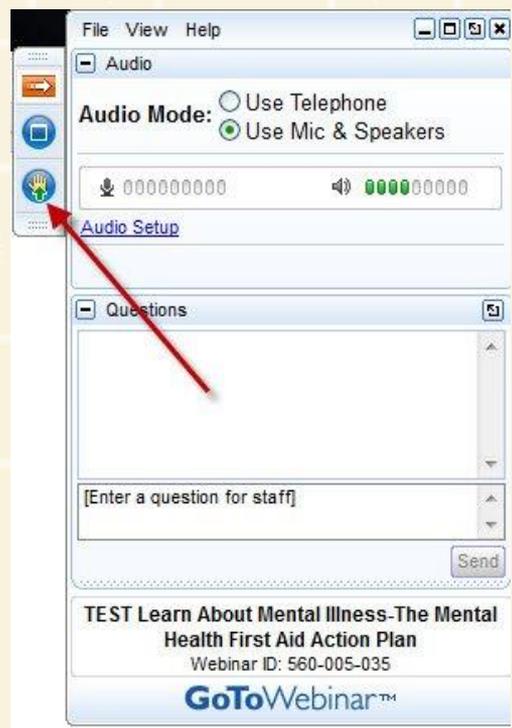






<http://www.co.tillamook.or.us/gov/health/hiddenhandoff.htm>

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Resources

SAMHSA-HRSA Center for Integrated Health Solutions, <http://www.integration.samhsa.gov/>

National Association of Community Health Centers, www.NACHC.com/behavioralhealth.cfm

Tillamook Family Health Centers, <http://www.co.tillamook.or.us/gov/health/>

Manet Community Health Center, <http://www.manetchc.org/>



SAMHSA-HRSA Center for Integrated Health Solutions

Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.