



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Applying the Continuous Quality Improvement Process to Our PBHCI Initiative

Presenter:

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Who we are

- Juneau Alliance for Mental Health, Inc. (JAMHI)
- Juneau, Alaska
- Cohort 8
- SMI and GMH adults
- Building primary care capability in-house

The Focus of our improvement effort

Implementation of primary care services in the
community behavioral health organization

Why was this improvement area important to you?

JAMHI has acknowledged the need for these services in this setting for several years. Initial figures at the time of applying for the grant showed that over 20% of active clients at our agency did not have a primary care provider.

Which dimension of quality did you address?

JAMHI has tried to address safety, efficiency, effectiveness, appropriateness, timeliness, client centeredness, coordination/collaboration, equity outcome/performance monitoring, and continuity in the planning and implementation of the integrated services.

Organizing the Rollout Team

Primary care provider with some experience with SMI adults.

Contractor for primary service billing and coding to ensure accurate coding to maximize primary service reimbursement.

Contract evaluator to ensure necessary outcome and performance monitoring.

Wellness coordinator to establish a thorough and sustainable wellness program.

Our Rollout Plan

Key steps we employed in our rollout plan

Create detailed Task List with tasks, due dates, leads, others involved, status and notes.

Hire staff for various roles and responsibilities.

Order necessary supplies/equipment.

Determine necessary renovations to building and complete.

Administrative logistics (ie. Malpractice insurance, CLIA Waiver, preferred provider status, P&Ps, apply for state vaccine program, breast and cervical health screening program enrollment).

Identify clients for initial rollout.

Begin the provision of services!

Our Rollout Plan

- Our time frames

Timeframes were established to meet the expectations of the grant.

Our Rollout Plan

- Responsible staff involved in the implementation
- PBHCI Project Director
- Primary Care Provider
- Operations/billing Support Specialist
- Nurse Care Coordinator
- Wellness Coordinator
- Clinical Director
- Executive Director
- Chief Financial Officer
- Facilities Manager
- Agency staff in general to embrace the integration model.

Our Rollout Plan

- What barriers and challenges did you encounter?
- Electronic Health Records specific to Behavioral Health
- Funding for unanticipated costs of supplies and equipment
- Full cooperation with nursing staff on integration/care coordination

Our Rollout Plan

- How did you address these challenges?
- Reached out to Qualifacts (CareLogic) who connected us with another agency who has been working at integrating primary care using the CareLogic system. Have since been involved in ongoing monthly meetings with other providers using the same system.
- Additional grant funding through the Alaska Mental Health Trust to cover costs of additional supplies and equipment.
- WIP (work in progress)

Impact of Our Rollout Strategies

Describe how you measured the outcome of your improvement efforts.

So far, the measures are based on completing the tasks to begin providing primary care services.

How would you know the degree to which your improvement efforts worked?

Having an operating primary care practice, including labs integrated in the spectrum of services provided and having everything in place to document and bill for the services we provide.

Sustaining improvements and lessons learned

STILL FIGURING THIS OUT!

JAMHI PRIMARY BEHAVIORAL HEALTH CARE INTEGRATION WORK FLOW

