Integrating Behavioral Health Into Primary Care Innovation Community

Webinar #3

February 17, 2015
Slides for today’s webinar are available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Innovation Communities
Structure
Short comments from experts
Specifics from their point of view

Polling You
Every 20-minutes
Finding the “temperature” of the group

Asking Questions
Watching for your written questions

Follow-up and Evaluation
Ask for what YOU want or expect
Ideas and examples added to the AOS Resource Center
How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

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)
Today’s Agenda

• Where are we now
• Guest speakers
• Next steps
Last month

Spotlight on...

Screening Interventions Measures & TA Calls
Integrated Practice Assessment Tool

## Assessment Summary

| Practice/Location: ___________________________ | Date: ___________________________ |
| Current Level of Integration: (Circle one) |

<table>
<thead>
<tr>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Coordinated</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

**Assessment Team Completing IPAT:** (Names/Position at Practice)

Name: ___________________________ | Position: ___________________________
Name: ___________________________ | Position: ___________________________
## Implementation Objective #1:

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Champion</th>
<th>Timeline</th>
<th>Learnings, challenges &amp; opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1/15</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5/1/15</td>
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<tr>
<td>7/1/15</td>
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</tbody>
</table>
Next several months

Mar - Jun

- Building your implementation plan
- Identifying first PDSA cycles
- Team presentations
- Small group calls for subtopics
Today’s Presenters

Maureen Neal, CFRE
Chief Operating Officer for Advancement
The Daily Planet

David Pullen, MS, CRC, LMHP-E
Behavioral Health Consultant
The Daily Planet
Mission/Strategic Plan Goal

To provide accessible, comprehensive, integrated quality healthcare services to medically underserved individuals regardless of one’s financial, housing, or insurance status.
Our Long Journey Toward PH/BH Integration

2001—HRSA funding allowed for first BH clinician is co-located in FQHC
2001-2010—Six full-time BH clinicians in co-located specialty behavioral health clinic (private & public funding)
2010—NIATx learning collaborative—SA and PH integration
2011—SAMHSA grant funding for part-time BHC position
2012—BHC integrates into PH for a diabetic population self-management project
2012—National Council learning collaborative—BHC offers depression screening and referral in PH setting
Our Long Journey Toward PH/BH Integration

2013—Strategic Plan called for a formal PH/BH integration plan
2013—PhD Psych Students embedded into PH to address behavioral modifications to chronic medical conditions
2014—Formed 4 integrated care teams (PH, BH, CM, PharmD, PhD, health educator)
2014—HRSA funded behavioral health expansion of additional BH & Psychiatry hours and began testing the work flow of central registration, team meetings, etc.
2014-15—Designed PH/OH integration model/implementation measures
2015—Participation in HRSA/SAMHSA Care Coordination Innovation Community Learning Collaborative
What are YOUR Integration Goals?

- Improve identification of MH/SA problems within the primary care environment
- Make brief interventions available to more people, more quickly so that they have an opportunity to begin to change behavior/recover
- Provide interventions to groups of individuals that otherwise may not have access to treatment
- Reduce health disparities
- Change (improve, create) the working relationship between primary medical and specialty behavioral health
Clinical

Financial

Structural

Behavioral Health/Primary Care Integration
Clinical Changes from Integration

- Change in pace of practice from medical to accommodate the behavioral component
- Awareness of and resolution of differences in treatment orientation
- The work flow must change to accommodate the screening, interventions and new outcome measurement
- Staff need to learn new skills such as SBIRT and motivational interviewing
- Primary care staff may provide medication assisted therapy
- Specialty behavioral health will need to solve access to care problems
Clinical Adapations

- SBIRT Adaptation for Part Time BHC
- Referral System and EMR Logistics
- Existing Vs. New BH Patients
- Utilization of Pharmacist for psychiatric refills
- 8 week treatment re-test cycle
- Development Work Flow
- Tracking Patient & Population
Daily Planets BH integration Model: Depression

PHQ2 & Patient Preferences

Yes

Primary Care

If + 2 PH2Q, Assess Harm/Self Harm

Consent to see BHC & Referral to BHC in EMR

BHC In-house & Available?

YES

Hallway intervention – Red Flag, Depression Screening by BHC in room

NO

BHC-Referral Screen – If already seen = care coordination with clinician = No further Action

If + 2 PH2Q, Assess Harm/Self Harm

Consent to see BHC & Referral to BHC in EMR

Office visit

BHC Intake Appointment PHQ9, Brief Assessment, Provider concerns & Behavioral RX

Brief Targeted Intervention

Psychiatric Consultation

Care Coordination

Problem Solving

Cognitive – Restructurin

Relaxation Training

Motivational Interviewing

Behavioral Activation

3rd Wave CBT Interventions

2 week RX monitoring appointment

Case Manager

Scheduler

Provider BH Goals

Client BH Goals

Feedback to Providers
Lessons Learned in Clinic

Highest Possible Licensure
Shared Scheduling
Appointment Setting
Setting Criteria for Primary Care Vs. Traditional PCP Comfort Levels and PCMH - Policies
PHQ-9, Vs. Patient Stress Questionnaire

I can’t wait to put lessons learned in practice!

WOW! Great Stuff
Patient Stress Questionnaire

Name: ____________________________________________

Date: ___________________________ Birthdate: ________

Over the last two weeks, how often have you been bothered by any of the following problems?
(please circle your answer & check the boxes that apply to you)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
<th>Everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3. Troubling falling or staying asleep, or</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself or that you are a failure or</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td></td>
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<tr>
<td>8. Moving or speaking so slowly that other people could have noticed,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Thoughts that you would be better off dead, or</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
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</tbody>
</table>

Total:                                                                  |           |              |                        |                  |          |

Drinking alcohol can affect your health. This is especially important if you take certain medications. We want to help you stay healthy and lower your risk for the problems that can be caused by drinking.

These questions are about your drinking habits. We've listed the serving size of one drink below.

Please circle your answer

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have one drink containing alcohol?</td>
<td></td>
<td></td>
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<tr>
<td>How many drinks containing alcohol do you have on a typical day when you</td>
<td></td>
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<tr>
<td>are drinking?</td>
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<td></td>
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<tr>
<td>How often do you have four or more drinks on one occasion?</td>
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<tr>
<td>How often during the last year have you:</td>
<td></td>
<td></td>
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<tr>
<td>... found that you were not able to stop drinking once you had started?</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>... failed to do what was normally expected from you because of drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>... needed a first drink in the morning to get yourself going after heavy drinking?</td>
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<td></td>
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<tr>
<td>... had a feeling of guilt or remorse after drinking?</td>
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<tr>
<td>... been unable to remember what happened the night before you had been drinking?</td>
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</tr>
<tr>
<td>Have you or someone else been injured as a result of your drinking?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut out?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Standard serving of one drink:
- 12 ounces of beer or wine cooler
- 1.5 ounces of 80 proof liquor
- 5 ounces of wine
- 4 ounces of brandy, liqueur or aperitif

Provider: ____________________________________________

*adapted from PHQ 8, GAD 7, PC-PTSD and AUDIT 1/24/11

Please also complete back side
<table>
<thead>
<tr>
<th>Stream Lined Care Team</th>
<th>Work Flow</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NewCT/PT Request Services</strong></td>
<td></td>
</tr>
<tr>
<td>- Greeter requests people sign in and identify services they are seeking.</td>
<td></td>
</tr>
<tr>
<td>- Provides Rights form, and service information sheet and asks them to return the paper-work to registration staff.</td>
<td></td>
</tr>
<tr>
<td>- Refers them to registration staff and identifies the need for a Care Manager screening after registration.</td>
<td></td>
</tr>
<tr>
<td><strong>Registration</strong></td>
<td></td>
</tr>
<tr>
<td>- Registration staff provide self-report form (bubble sheet) for client to complete and reviews other forms to determine if all of them are returned and filled in completely.</td>
<td></td>
</tr>
<tr>
<td>- Scan forms into eCW.</td>
<td></td>
</tr>
<tr>
<td>- Obtain financial information and enter into eCW.</td>
<td></td>
</tr>
<tr>
<td>- Identify Care Management staff (in their rotation) who will see them for their service screening and ask client to wait to be seen.</td>
<td></td>
</tr>
<tr>
<td><strong>Care Management Screening</strong></td>
<td></td>
</tr>
<tr>
<td>- Care Management staff review registration information and complete screening form.</td>
<td></td>
</tr>
<tr>
<td>- Conduct PHQ.2 then PHQ.9 if indicated.</td>
<td></td>
</tr>
<tr>
<td>- Conduct Initial SBIRT screen then AUDIT if indicated.</td>
<td></td>
</tr>
<tr>
<td>- Develop disposition in regard to care requests and care needs.</td>
<td></td>
</tr>
<tr>
<td>- Contact scheduling staff to determine availability of providers and for scheduling. Provide CM Intake appointment if needed.</td>
<td></td>
</tr>
<tr>
<td>- Identify care team assignments and inform clients/patients of their appointments with team providers or refer to available team walk in spots.</td>
<td></td>
</tr>
<tr>
<td>- Provide BH Consent Form for clients being referred to BH services. Request that they review, sign, and then return it to registration staff for scanning.</td>
<td></td>
</tr>
<tr>
<td>- If a client refuses to sign or if there are questions regarding the consent form clients may then ask BH providers to respond to their questions when they are seen by them.</td>
<td></td>
</tr>
</tbody>
</table>
Structural Changes in Integration

- Integration of BH identification results in provision of brief intervention and referral – new tasks in a busy primary care environment
- Integration must fit the primary care work style and environment
- Integration requires strong leadership and coordination of the medical and behavioral as well as trust and good faith between the two disciplines
- May result in inclusion of additional behavioral health interventions such as smoking cessation
- Change management—

*Is the workforce culturally prepared and professionally trained for this? Do you have the necessary personnel?*
Behavioral Health Resistance

INTEGRATED BEHAVIORAL HEALTH IN PCP

Functional Assessment
Targeted Interventions
Practical Present & Future
Population Based
Self Management
Work for Provider 1st
Low Frequency Visits
Support small client change efforts & prevent morbidity in population

TRADITIONAL MENTAL HEALTH

Diagnostic Assessment
Therapies
Past, Present, & Future
Client Based
Therapeutic Relationship
Work for Client 1st
High Frequency Visits
Resolve client’s mental health issues
# Interventions Used in Primary Care

## BASIC TOOL KIT
- Problem solving
- Relaxation training
- Cognitive restructuring
- Assertive communication
- Behavioral Activation
- Behavioral change
- Monitoring triggers
- Situational exposure
- Bereavement & grief
- MBSR & ACT - 3rd gen CBT
- Motivational Interviewing

## HEALTH SPECIFIC
- Diet Change
- Health Anxiety
- Chronic Pain
- IBS
- Asthma
- Hypertension
- Obesity
- Diabetes
- COPD
- Sexual Dysfunction
- Insomnia and sleep hygiene
Behavioral Health/Primary Care Integration

Clinical

Financial

Structural

OUT OF BALANCE
Financial Changes in Integration

- Each organization (if more than one) in integration must see the clinical and financial value
- Establish contracts between providers for financial and regulatory compliance including Part 2
- Know the services, know the staff credential requirements and know what Medicaid and Medicare will pay for
- Verification that the State Medicaid program will pay for the CPT codes used in an integrated setting
- Verification that the State Medicaid program will pay for SBIRT
- Determination of staff roles and which organization is billing for what services based upon funding and reimbursement opportunities
Funding Options

- Contracts/MOAs with community partners
- Medicaid Innovation Waiver with Delivery System Reform Incentive Program (DSRIP)
- Local and State Foundations
- Health Systems Cost Avoidance Strategy
# Opportunities for Cost Savings for Populations with Mental Illness and Substance Use

<table>
<thead>
<tr>
<th>Treatment</th>
<th>No Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average crisis stabilization bed cost per day</td>
<td>Average ER visit cost</td>
</tr>
<tr>
<td>$292</td>
<td>$1200</td>
</tr>
<tr>
<td>Average detox cost per day</td>
<td>Average hospital cost per day</td>
</tr>
<tr>
<td>$205</td>
<td>$1960</td>
</tr>
<tr>
<td>Average annual substance abuse treatment</td>
<td>Average annual prison cost drug offender</td>
</tr>
<tr>
<td>$2,400</td>
<td>$55,000</td>
</tr>
<tr>
<td>Average mental health treatment cost</td>
<td>Average annual state hospital cost $112,000</td>
</tr>
<tr>
<td>$1,551</td>
<td></td>
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</tbody>
</table>

*Sources: Kaiser Family Foundation and National Alliance on Mental Illness*
Colorado SIM Model Testing Grant

- $65 million over 4 years to provide access to integrated primary care and behavioral health services in coordinated community systems, with value-based payment structures, for 80% state residents by 2019
- Integrate physical and behavioral health care in > 400 primary care practices and community mental health centers with ~1,600 providers
- Projected total cost savings of $126.6 million over SIM and $85 million annually afterward
Outcomes Expected

Improved community health outcomes based on population health strategies that result in:

- Increased focus on wellness and prevention throughout the lifespan
- Improved coordination of care
- Decreases in
  - Unnecessary emergency room utilization
  - Unnecessary hospitalizations; and
  - Incarceration and criminal/juvenile justice involvement

Fantastic outcomes!
It’s a bird... it’s a plane... NO, it’s Super DP!

Q & A
Next Steps

• March 1: First Implementation Plan submission
  hannahm@thenationalcouncil.org
For More Information

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integration@thenationalcouncil.org
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.