Integrating Behavioral Health into Primary Care Innovation Community

Webinar #7

June 17, 2015
Today’s Agenda

1. Updates, Reminders

2. **Guest Speaker: Andrea Auxier, PhD**
   *Director of Integration, National Strategy and Development - Beacon Health Options*

3. Resources & Next Steps
In May

- Amanda Christofferson, Bullhook CHC
  - Shared care planning… and ice cream

- Trish Staiger, STEPS at Liberty Center & Every Woman's House
  - Optimistic, new ways of thinking
Measuring Integration: The Integrated Practice Assessment Tool (IPAT)

Andrea Auxier, PhD
Director of Integration | National Strategy and Development
What is Integration?

Who are the people?
Dual Eligibles
MH/SUD
MH/Medical
  - SPMI with co-morbid medical (Health Homes)
  - Primary medical with comorbid mental health (Medical Homes)
  - Primary medical with no comorbid mental health; focus on modifiable health risk behaviors (Medical Homes)

What do we do for them?
Care Management
Care Delivery (pre-coordinated to fully integrated)
Care Management vs. Care Delivery

**Care management** includes care coordination, disease management, and case management; goal is to ensure access to appropriate levels of care by a provider or treatment team.

**Care delivery** is care that is provided directly to a person by a provider or treatment team, accompanied by legal responsibility for that person’s care.

Integrated Care Approach
Where Integration Occurs

Primary Systems
- Primary Care
- Behavioral Health
- Substance Use*

Additional Systems
- Substance Use*
- Specialty Care
- LTSS
- Social Service

* Can be primary or ancillary
Integration in ACOs

Study design: mixed-methods (surveys & semi-structured interviews); n=257

Findings:
84% had at least one contract, covering both commercial and public payers, specifying responsibility for behavioral health care within the total cost of care.

<15% had full or nearly full integration of primary and behavioral health care.

43% had some integration.

43% had little or no integration.

ACOs that offered comprehensive chronic care management, as well as those that included at least one participating FQHC, were more likely to have integrated care.

Factors associated with higher rates of integration: prevalence of BH issues in the patient population; a low number of BH providers in the surrounding area; pay-for-performance contracts that used quality measures related to BH; and inclusion of behavioral health costs in the ACO contract.

Lewis et al. Few ACOs Pursue Innovative Models That Integrate Care for Mental Illness and Substance Abuse with Primary Care. Health Affairs, October, 2014.
The Problem with Integration

“Uh oh. I measured the drywall in feet, but you measured it in metric.”
A Standard Framework

<table>
<thead>
<tr>
<th>Coordinated Care</th>
<th>Co-Located Care</th>
<th>Integrated Care</th>
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</thead>
<tbody>
<tr>
<td>1 Minimal Collaboration</td>
<td>2 Basic Collaboration from a Distance</td>
<td>3 Basic Collaboration Onsite</td>
</tr>
<tr>
<td>4 Close Collaboration with Some System Integration</td>
<td>5 Close Collaboration Approaching an Integrated Practice</td>
<td>6 Full Collaboration in a Transformed /Merged Practice</td>
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## Assessing Integration

<table>
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<th>Integrated</th>
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<td>Medical and behavioral health care are provided in different settings, with little, if any, communication between providers regarding shared patients; limited, if any, protocols for sharing information; information technology to support registries or patient information exchange do not exist or are not utilized.</td>
<td>P2P communication about shared patients across agencies; some protocols and technology for sharing information exist and are routinely followed.</td>
<td>Behavioral and medical providers delivering services in the same physical facility; medical and behavioral care remain mostly divided; documentation of services often occurs in separate records; few-if any standard protocols for integrated service delivery exist.</td>
<td>Behavioral and medical providers practicing in a team-based fashion with attention to psychiatric conditions as well as health and behavior change, using real-time interventions, screening protocols, shared documentation, and open access to records.</td>
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We added a level
The Integrated Practice Assessment Tool

In April 2013 the SAMHSA-HRSA Center for Integrated Health Solutions released A Standard Framework for Levels of Integrated Healthcare authored by Bern Heath, Pam Wise Romero and Kathy Reynolds. This issue brief expanded, updated and re-conceptualized the initial work of Delaney, McDaniels, and Bieri (1996) to produce a national standard with six levels of collaboration/integration that run from Minimal Collaboration to Full Collaboration in a Transformed/Integrated Practice. In presenting this framework, the authors developed three tables. The first table provides Core Descriptions of each level, the second table introduces Key Differentiators for each level (categorized as Clinical Delivery, Patient Experience, Practice/Organization and Business Model), and the third table discusses the Advantages and Weaknesses of each level. Despite the degree of detail provided in those tables, the subjective placement of practices on the continuum of the six levels has been inconsistent between practices and has fallen short of establishing an objective and reliable categorization of practices by level.

IPAT Development

- IPAT is a descriptive, qualitative instrument intended to categorize practices along the integration continuum.
- Focuses on qualitative change; the elements that comprise a high degree of integration are difficult to tease apart and do not occur separately in the real world setting, but are intertwined.
- Designed to be user friendly, quick to administer, and equally applicable for both medical and behavioral health settings.
- Practices find that IPAT is a team undertaking to fill out, and serves a “conversation starter” for integration.
IPAT FAQs

What is IPAT?  IPAT is a questionnaire used to determine how integrated a clinical practice is. It builds on the SAMHSA-HRSA standard framework for Levels of Integrated Healthcare.

How does IPAT work? IPAT asks a series of yes/no questions using a decision-tree model to arrive at the practice’s current level.

Do I have to provide PHI? No. IPAT does not inquire about patient-level information.

Do I have to pay to use IPAT? No. IPAT is in the public domain and is provided free of charge.

How will my NPI number be used? The electronic version is linked to the NPI database, strictly for demographic analytic purposes.

Will IPAT work only in primary care settings? No. IPAT can be used in behavioral health or medical settings.

Who should actually complete the IPAT? IPAT can be completed by medical provider, a behavioral health provider, or a practice manager. Ideally, several members of the care team would collaborate on a joint response.

What if I have multiple clinics in my setting? Do I complete just one IPAT? No. Because IPAT is intended to assess clinical operations, a different IPAT should be completed for each clinic.
IPAT Potential Uses

- Tailor product solutions to client need
- Assess network readiness for integration
- Establish baseline and monitor performance over time
- Conduct comparative analysis
- Assess the association between integration and selected clinical, cost, or utilization outcomes
- Establish thresholds for differential payment structures

http://ipat.valueoptions.com/IPAT/

http://www.integration.samhsa.gov/operations-administration/assessment-tools
How Integrated am I?

- A part-time social worker in a primary care clinic receives warm-handoffs and provides treatment for mental illness.
- A mental health center hires a psychiatric nurse practitioner.
- A psychiatrist provides P2P consultation to a PCP via televideo.
- A psychiatrist meets with a patient via televideo.
- Psychologists work alongside primary care practitioners, but notes are kept separately and not shared.
- A behavioral health care manager is co-located with a health plan care manager.
Questions?
Resources

IPAT Online
http://ipat.valueoptions.com/IPAT/

Integrated Care Models – From the Field
http://www.integration.samhsa.gov/integrated-care-models/from-the-field

EHR’s: Resource Guide for HIT, EHR Incentive Programs, EHR Contracts, etc.
http://www.integration.samhsa.gov/operations-administration/hit#EHR
Next Steps

• July 22, 3-4pm EDT
  Webinar #8 – Squirrel Hill Health Center, IPAT

• Aug 19, 3-4pm EDT
  Final webinar – IPAT results, summary learnings
Slides for today’s webinar are available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Innovation Communities