Integrating Behavioral Health Into Primary Care
Innovation Community

Webinar #2
January 20, 2015
Slides for today’s webinar are available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Innovation Communities
Our format...

**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 Presenter

Pam Pietruszewski, MA
Integrated Health Consultant,
National Council for Behavioral Health
Today’s Agenda

• Welcome
• Integration Levels Summary
• Screening, Intervention, Measures & Leading Change
• Next Steps
5 Innovation Communities

Overall goals:

1. Provide topic-specific foundational information and best practices
2. Conduct innovative implementation planning
3. Work toward adoption of the innovation and sustainability
Integrating BH into PC Setting

Core Competencies Focus:
1. Screening & Assessment
2. Intervention
3. Cultural Competence & Adaptation
4. Practice-Based Learning and Quality Improvement

Jan – Feb
- Deeper dive into 4 Core Components
- Subject matter experts describe integration experience
- IPAT Tool
- Coaching call following January webinar
# Integrated Practice Assessment Tool

**Assessment Summary**

Practice/Location: ____________________________ Date: ____________________

Current Level of Integration: (Circle one)

<table>
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<th>3</th>
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Assessment Team Completing IPAT: (Names/Position at Practice)

Name: ______________________________ Position: ______________________________

Name: ______________________________ Position: ______________________________
IPAT Results

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<th>Level</th>
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BH has a communications plan for shared clients. Need to formalize and implement so it includes the patient and all providers involved in the process and evaluation. Depts need to communicate more effectively – the pt needs to be the priority. (L3)

We started with one fulltime LCSW and have expanded to 4 fulltime BH specialists. We currently provide services to four clinic locations. (L5)

PC and BH share an EHR. Ability to share a treatment plan but not yet used by all care team members. Starting to monitor BH population for lab work, screenings and symptom improvement. (L5)

Pre-identified preliminary steps to advance to level 6: EHR, billing system, establish outcome measurements. (L5)

We were surprised with how integrated we actually are already. We are looking forward to even more integration and achieving level 6. (L5)
• How to **hand-off screening results** to bx health; how to **build workflows** that are realistic for a PC setting.

• The actual **integration of the intervention**, what intervention in an integrated setting looks like.

• Interventions that are most **appropriate and efficient** in the PCP offices/medical outpatient.

• Determining intervention **goals** and developing **plans** to treat to those goals

• Difference between integration of departments **within one** agency vs. integration of services offered by **two or more** agencies

• Efficient and meaningful **metrics and evaluation** processes
Spotlight on...

Screening Intervention Measures &
(Bonus!) Leading Change
Poll Question

As part of your behavioral health integration plan, which of the following are you planning to screen for by the time this IC finishes in August? (Choose all that apply)

- Depression
- Anxiety
- Bipolar
- Alcohol misuse
- Drug use
Screening

29% of adults with medical conditions have mental disorders

68% of adults with mental disorders have medical conditions

Screening: Healthy Lifestyle
The ACE Study

Major links identified between early childhood trauma and long term health outcomes, including increased risk of many chronic illnesses and early death

Why ACE is Important

- Exposure to stressors weakens immune system and increases inflammatory response (linked to injury and infection) = increased risk for medical disorders.
- Depression is linked to altered immune function.
- People impacted by adverse child events may be more likely to engage in unhealthy behaviors.
- Mental illness can complicate ability to manage medical condition including self-care regimens and expectations.
Assessment

• What does this mean to your various team members?
• What does it mean from a regulatory perspective?
• What fits best within your organization and how to be most efficient
“These are the new guidelines for reducing the amount of paperwork we use in the office.”
Sequential Teams

- Work **flows** from one to another, usually in 1 direction
- **Interdependence** to meet goals
- Agreed upon **process**
- **Accountable** to each other

Intensive Teams

- Need to **understand, create and implement** solutions to solve a new problem
- Highly **complex and variable**
- Constantly **changing** systems
- High need for **relationship**
Intervention
Poll Question

As part of your behavioral health integration plan, which of the following are you planning to use / implement? (Choose all that apply)

• IMPACT stepped care for depression
• Motivational Interviewing
• SBIRT for risky substance use
• CALM for anxiety
• Other interventions
Intervention: Stepped Care

Treatment adjustments as needed using evidence-based clinical outcomes
## STAR*D Trials - Rush, 2006

<table>
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<tr>
<th>Treatment Step</th>
<th>Remission Rate</th>
<th>Weeks to Remission</th>
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<tr>
<td>1. Antidepressant</td>
<td>36.8%</td>
<td>6.5</td>
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<tr>
<td>2. Switch or augment (meds/therapy)</td>
<td>30.6%</td>
<td>5.4</td>
</tr>
<tr>
<td>3. Switch or augment again</td>
<td>13.7%</td>
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<tr>
<td>4. Switch or augment again</td>
<td>13.0%</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70%</strong></td>
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Motivational interviewing is a collaborative, person-centered, guiding method designed to elicit and strengthen motivation for change.

Miller & Rollnick, 2012
• **MI** improves treatment retention, adherence, and outcomes across a range of behaviors – but without training, coaching and feedback, outcomes can vary widely

• **MI** skill is reliably measurable and predicts better outcomes

• **MI** generalizes fairly well across cultures
Open-ended inquiry

How are you taking your medication?

Affirmations

You’re creative when it comes to finding time to exercise.

Reflections

Depression is not something you’ve talked about in your family… and you’re looking for support.
Measures
Measurable Clinical Outcomes

Blood Pressure
Lipids
Hemoglobin A1c
Tobacco Use / Breath CO

Pain: Brief Pain Inventory
BMI
Depression: PHQ-9
Anxiety: GAD-7

Alcohol/Drug Use: AUDIT, DAST, CRAFFT
Other Outcome Measures

- Patient Activation
- Patient Satisfaction
- Functioning: DLA-20
- No show rates
- Rx fills
- ER visits
- Hospital admissions/readmissions
Questions?
Leading

Adaptive vs Technical Change

Ronald Heifetz, MD, Harvard Medical School
Founder, Center for Public Leadership
Technical Change
• Problem is well defined
• Answer can be found within present structure
• Implementation is clear
• Mechanic = Fix

Adaptive Change
• Challenge is complex
• Need to address deeply held beliefs & values
• Loss is inherent part of the process
• Organic = Grow
The most common cause of leadership failure is treating an adaptive problem with a technical fix.

- EHR, tools, staff memos, process & workflow
- Leadership support & clinical champions
- Staff engagement, values, beliefs
- Allowing staff to work up to training capabilities & testing expanded roles
- Shared vision & accountability
Clinical Example

- Technical: Diabetes diagnosis, medication prescription
- Adaptive: Identifying as someone with diabetes, loss of “the way things were before”, how to fit medication into daily routine.
Process Example

• Technical:
  New screening tool, workflow algorithm

• Adaptive:
  Values and beliefs about screening for X, being the new member of the team, loss of independence
Theory U

Problem

Focus

Broadening

Deepening

Solution

Creativity, New processes

Creativity, New structures

Creativity, new thinking

Otto Sharmer, PhD, MIT, 2007
Questions?
Cherokee Health Systems mission:

“*To improve the quality of life for our patients through the integration of primary care, behavioral health and substance abuse treatment and prevention programs.*”

https://www.youtube.com/watch?v=OtqMPhDH5TU&feature=channel_video_title
Next Steps

• Open Office Hours: Fri, Jan 23, 12-3pm Eastern
  Pam Pietruszewski 1-202-684-7466 x253
  pamp@thenationalcouncil.org

• Next Webinar: Tues Feb 17, 3-4pm Eastern
  Maureen Neal, CFRE & David Pullen, MS, CRC, LMHP-E
  The Daily Planet Healthcare Center, Virginia
For More Information

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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.