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CENTER for INTEGRATED
HEALTH SOLUTIONS

Success Stories: Implementing Behavioral Health in a Specialty Care Setting

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SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

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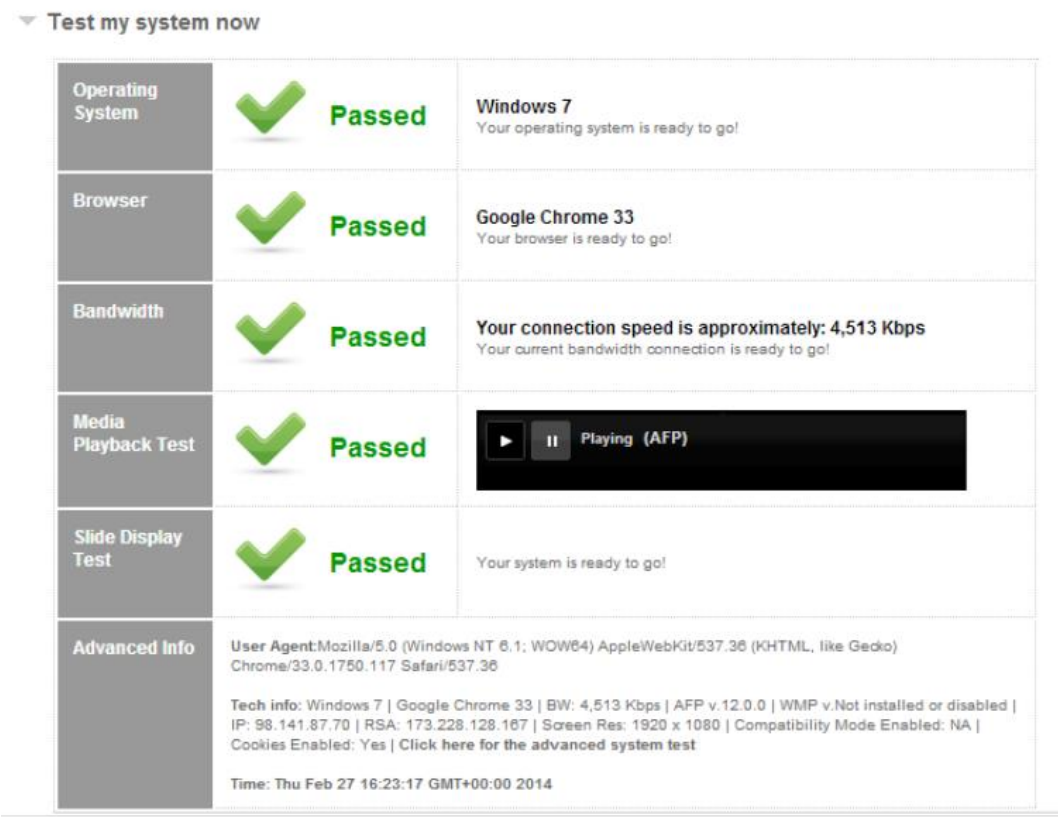

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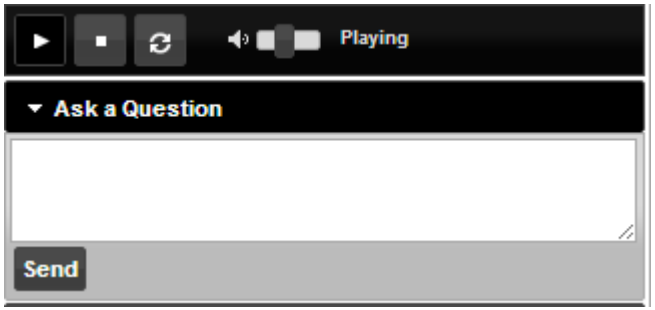

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Today's Speakers

Tom Michaels, MSW, LCSW

Manager, Integrated Population Health,
Lehigh Valley Health Network

Tom Michaels is an LCSW who has worked in Pennsylvania and New Jersey. His undergraduate work was at Bucknell University, and his MSW from the University of North Carolina at Chapel Hill. He is presently the manager of the Social Work and Behavioral Health teams of the Population Health Department at Lehigh Valley Health Network, located in Eastern Pennsylvania. Prior to assuming a managerial role, he worked as an integrated psychotherapist and a clinical supervisor within the same department. He also has prior work experience in inpatient behavioral health, inpatient medical and case management, and emergency room crisis work.

Today's Speakers

Matthew Stevenson, LCSW
Mental Health Therapist, Abramson Cancer Center

Matt joined the Department of Patient and Family Services in 2013 after working for 10 years at Children's Hospital of Philadelphia. Matt earned his Bachelor's degree in Psychology from Marist College and his Master's degree in Clinical Social Work from Fordham University. Matt is a member of the Association of Oncology Social Workers. Matt is also one of the leaders of Writing a Life project that has helped connect the Penn Creative writing Program with the Abramson Cancer Center. Matt works with persons diagnosed with all types of cancer and also family members. His goal is to help the patient or the caregivers acclimate to their diagnosis and to move forward.

Why is Behavioral Health Needed in Specialty Care?

- ✓ High comorbidity
- ✓ Build trust
- ✓ Achieve better outcomes
- ✓ Support for family and caregivers

Learning Objectives for Today

- Highlight innovative approaches to integrating behavioral health and specialty care services
- Gain best practices in identifying and treating behavioral health needs in specialty care settings
- Receive tools and resources to help develop similar programming and/or staff competencies

We Can Help!

Extensive resources on integrated care models, evidence-based programs, financing, health and wellness, operations, and workforce

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Implementing Behavioral Health in a Specialty Care Setting

Lehigh Valley Health Network
Tom Michaels, Manager,
Integrated Population Health

Our Network at a glance

Lehigh Valley Health Network is located in Eastern PA, roughly equidistant from New York City and Philadelphia.

We employ over 17,000 colleagues.

We have 7 acute hospitals and 163 physician practices.

Our website is www.lvhn.org

Overview of Community Care Team Services

Community Care Teams (Or “CCTs”) are the largest part of our Population Health Department, which is charged with management of broad populations and reducing cost while improving quality of care.

CCT teams typically include services of a Behavioral Health Specialist, a Social Worker, a Nurse Care Manager, and a Clinical Pharmacist.

Behavioral Health Specialists conduct a combination of short therapy on-site, and case management services triaging and linking patients.

Branching into Specialty Practices

We deployed CCTs to Pulmonology, Cardiology, and Endocrinology in 2015.

Specialty practices represented a change in approach as well as new practice cultures for integration.

Targeting disease specific management that represent the greatest cost.

Placement in specialty practices allows greater access to high utilizer groups.

Contracts from payers are contingent on case management and cost reduction. CHF, COPD, and DM are among the largest time and cost factors.

Greater Reach of our Programming

Expansion of our CCT program gives us a chance to reach specialty dominant patients.

We can access a greater geographic catchment area.

Culture of Treatment in Specialty Practices: Emphasis of Behavior Change Versus Traditional and Diagnostic

Motivational interviewing (promoting self-management)

Stages of change (acclimating to health conditions)

Goal setting and accountability (seeing people more frequently than their specialist)

Shaping (praising behavior trending toward goal behavior)

Barriers to management, social determinants that affect compliance

(Examples are cost, employer restrictions, level of education)

Removal of stigma and introduction to the behavioral health system

Patient Examples

Patient D.O. (cardiology): 60 year old following interrogation of their ICD after it had fired. Referred for anxiety surrounding the experience. Sessions were used to treat avoidance behaviors and hypervigilance of symptoms.

Patient D.D. (endocrinology): 21 year old whom mother wanted admitted for glycemic control. Education programs have failed to improve this in the past. Phone triage led to broader questions of learning and life stage transition. Referred to psychologist for testing and ongoing care.

Funding of these positions

Funding of CCT Teams is through a combination of grants, support from our PHO (Physician Hospital Organization), and other hospital funding sources.

Revenue:

- TOC calls: all practices with potential to bill for higher reimbursement rates on hospital f/u visits.
- Increased appropriate PCP visits, decreased ED use, lowered readmission rates and denied ED usage, increase in quality measures consistent with commercial payer and Medicare ACO contracts

Challenges:

Geography can be a challenge as much as it is an opportunity

Specialty providers may not be as naturally predisposed to explore and assume behavioral health concerns.

BH providers are less “visible” in the practice based on how provider offices operate – may have limited contact with certain specialty doctors.

“Overlap” occurs if you have colleagues in other settings.

Points for success:

Cater intervention models to be disease management focused (Motivational Interviewing and Solution Focused models are strong choices). Focus on behavior change.

Passable knowledge of the disciplines where you sit.

Network with providers who can champion your services. If Nurse Practitioners or Physician Assistants are doing the routine office follow-ups they may be critical to your success.

Develop ways to be visible.

Leverage existing resources and programs.

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No hoops. Just Therapy.

Matthew Stevenson, LCSW

Penn Medicine

University *of* Pennsylvania Health System

Penn Medicine

ABRAMSON CANCER CENTER

Patient and Family Services Department

- Mental Health Therapist
- In the past was A Psychiatric Social Worker at Children's Hospital of Philadelphia.

My Role

Our Criteria:

The Cancer Counseling program at the Abramson Cancer Center is available to any individual with a cancer diagnosis, or their caregiver, for up to 8 sessions, at no cost.

Why this works

1) **All are welcome**; this program eliminates the obstacle of the carve-out in certain mental health insurance plans.

2) **Convenience:** Mental health care is located in the same building as cancer care.

3) **Specialization**: Patients are comforted that they are seeing an individual that specializes in Cancer.

4) **No cost:** People are more likely to try things when they are free.

Average Day

I see seven patients a day for one-hour sessions. My role is to help the patient through whatever phase of cancer they are going through.

1) Newly-diagnosed
2) Slog of treatment
3) Post-treatment
4) End-of-life

Who Comes?

Everybody!

Philadelphia is a diverse city so I am sure this skews the demographics of who I see. However my patient population represents the city demographics.

I literally meet the patient where they are.

I see patients in 2 locations:

1) My office

2) Private chemotherapy suite

Inter-disciplinary approach

On any given day I will communicate with:

Oncologists, radiologists, nurse practitioners, social workers, nutritionists, physical therapists, psychiatrists, nurse navigators in the interest of comprehensive patient care.

Where this can work?

Any clinic or medical setting that has a budget that can afford an additional LCSW.

Why this can work outside the world of cancer.

1) Convenient for the Patient. Piggyback
2) Increases communication between medical and mental health treatment.
3) Increase the chances of compliance for both disciplines.
4) Patient is less likely to feel like a number, and more likely to feel like a person who is cared for.

Patient example #1

45 year old white male construction worker, who lives in South Jersey.

- Recently diagnosed with brain cancer.
- Never been to therapy before.
- He can’t stop thinking of his mortality and if he died, how it would impact his wife and 3 Children.
- His geographic area has very limited mental health resources that are covered by insurance.

Patient example #2

Patient is a 37 year old African American female from Southwest Philadelphia.

- She is currently in treatment for breast cancer and is working full time during her treatment at the airport cleaning planes.
- She is the sole provider for her 2 children and the physical and emotional toll of juggling everything is having an impact on her emotional health.
- She can only see me on chemotherapy treatment days because of limited time off.

Questions ?

CIHS Tools and Resources

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