Step by Step: Strengthening Integration and Moving Along the Continuum with the Integrated Practice Assessment Tool (IPAT)

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Objectives

- Articulate the integrated care needs of persons with HIV+
- Become conversant in using the Integrated Care Practice Assessment Tool or IPAT
- Explain SAMHSA framework for levels of integrated care
  - Explain coordinated care
  - Explain co-located care
  - Explain integrated care
  - Differentiate the clinical delivery, health information data sharing and financial components of various levels of integration
- Evaluate hypothetical and real world scenarios via the IPAT
Goals of Integrated Care

- Increase access to care
- Improve overall health and wellness
- Increase communication across providers (internal and external)
- Reduce overall health care costs
- Improve patient and provider satisfaction
How to get there?
The Standard Framework

- National standard
- Six levels of integration
- Three main categories
  - Coordination
  - Co-location
  - Integration
  - Two levels each

Coordinated Care

- Bi-directional exchange of information, usually written or electronic
- Protocols or health IT may be in place
- Level 1: occasional information sharing
- Level 2: routine information sharing
Co-Located Care

- Physical or virtual co-location
- Care delivered separately
- Separate documentation
- Few or no standard protocols for integration
Integrated Care

- Team based approach
- Virtual or actual co-location
  - Attention to psychiatric as well as health and behavior change using:
    - Real time interventions
    - Screening protocols
    - Shared documentation
    - Open access to records
Decision Tree

- Descriptive, qualitative applied tool which is meant to be intuitive and practical for users of all backgrounds

- Instead of a complex metric assessment, IPAT© uses a simple decision tree model

- Practices can easily and objectively determine their current level, and outline their next steps
The IPAT

- Health care providers were having difficulty determining exactly where they were along the integration continuum

- To help practices easily identify the level of integration that best fit their current practice, a quick, easy to use assessment tool was developed
Yes, No, Maybe?

- Responses to the IPAT® questions can vary
- “Is this ‘partially’, ‘mostly’ or ‘completely’ a yes or a no response?”
- A “yes” response is recorded only if it is completely a yes response; anything less must be considered a “no”
- Eight questions in the full decision tree; responses to no more than 4 questions will determine the level of integration
- The IPAT is best completed collaboratively by two or more persons
IPAT FAQs

- **What is 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. IPAT©

- **Will 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.
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.
- Behavioral health practitioners 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.
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MOCHA Program
Dalveer Kaur, Project Director
Community Counseling and Mediation (CCM) is a well established nonprofit social service organization that provides a broad spectrum of services in the boroughs of Brooklyn and Manhattan. CCM offers a range of culturally sensitive and quality services in five major core areas:

- Mental Health and Substance Abuse Licensed Outpatient Clinics
- After School Education and Youth Development Services
- Child Welfare Prevention Services for Youth and Families
- HIV, Health and Wellness Services
- Housing Services
ABOUT MOCHA

- CCM’s MOCHA program is a co-located and partially integrated case management outreach wellness targeted program targeted towards minority populations.
- Our aim is to provide an array of different services to best support our clients with co-occurring disorders to reach physical and psychological health, stability and well being.
- The primary goal of MOCHA is to serve individuals who may lack the resources and support to be fully functioning and healthy members of society.
- Support individuals in need of comprehensive case management services and behavioral health and HIV and Hepatitis care coordination.
Identifying Need

How the MAI – COC program was conceived

- CCM identified a need for the program from serving the community for over 30 years
- CCM recognized that their therapists were already extending their services to provide case management support.
- In the years of serving the population, CCM identified the need for person focused care

How did you select the partner?

- CCM had a history of working with SUNY Downstate hospital
- From our previous collaborations, CCM felt that they had the experience of working with the population group we are serving.
- SUNY Downstate hospital’s passion to provide wrap-around care, particularly in relation to treating HIV and Hepatitis
Program Structure

- Co-located in our behavioral health clinic to provide on site outpatient a full range of behavioral health and substance abuse therapy, groups, medication management and case management services.
- Use evidence based models; e.g. Motivational Interviewing, CBT and culturally competent care
- Provide HIV and Hepatitis screenings in all our clinics and integrated medical care through our partner SUNY Downstate hospital
- Case conference to treatment plan and routinely with all providers involved in care
- Regular meetings with SUNY Downstate hospital
- Peer educator run workshops
How integration was achieved?

- Provide screening in a safe space and understanding the community needs
- On going trainings and conversations throughout the agency
- Therapists identify high risk clients and situations
- Community screening events
- Ongoing education workshops
- Assist clients to confirmatory tests and treatment sessions
- Provide assistance with travels
- Case conference with all care providers
Lessons Learned

- Awareness of Hepatitis is low in our population, yet incidence is high
- High incidence of individuals who have not completed treatment or had no follow up more frequent
- Our population has unstable housing or is homeless, therefore setting appointments to coincide with therapy treatments increases retention
- To increase retention in care takes patience, and relapse is common
- Treatment or ongoing compliance with treatment for HIV and Hepatitis is not a priority for the community if they cannot secure stability of income or housing
- Nicotine dependence is high amongst our population
Questions
Additional Questions

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Additional Comments?
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integration.samhsa.gov
For More Information & Resources

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Thank you for joining us today.

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