Jeanie Tse, MD, is a psychiatrist, Associate Chief Medical Officer and Director of Integrated Health at the Institute for Community Living (ICL). She also serves on the faculty of the Columbia and NYU Public Psychiatry Fellowship Programs. She provides psychiatric care in ICL’s clinics, school-based mental health programs and Assertive Community Treatment, and supports ICL’s residential and case management programs in managing psychiatric issues. She is the co-author of the Diabetes Self-Management and Healthy Living Workbooks, and has overseen integrated care initiatives at ICL. Her main interest lies in “bridging the gap” between academic psychiatry and the clinical challenges of disadvantaged communities.

Rosemarie Sultana-Cordero, MA, LMHC is the Clinical Coordinator of Integrated Health at ICL. Together with Dr. Tse, she has coordinated implementation of integrated care initiatives in clinical and residential programs at ICL and across New York City, including the NYS Health Foundation-supported Behavioral Health Medical Home Project and Diabetes Co-morbidity Initiative, and ICL’s SAMHSA-funded Primary Care Behavioral Health Integration Project. Her work has been supported by the New York Community Trust and Brooklyn Community Foundation.
Elisa Chow, PhD, LMSW, is the Director of Outcomes Evaluation at ICL. She provides oversight of all outcomes and evaluation projects at ICL programs along with the integrative care initiatives with PDSA model. She is the co-author of the Diabetes Self-Management and Healthy Living Workbooks. She also serves as an Adjunct Professor at NYU and LIU Social Work Schools.

About the Speakers

Elisa Chow, PhD, LMSW
Director of Outcomes Evaluation

Objectives

At the conclusion of this presentation, participants will be able to:

- **Delineate** the role of health records in integrated care provision
- **Describe** a range of decision support tools that may facilitate client self-management, risk stratification, goal setting, and treatment progress monitoring
- **Develop** one action step toward the implementation of decision support tools promoting integrated care at his or her own agency

BINGO!

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</table>
Institute for Community Living
- NYC not-for-profit
- >100 programs, 10,000 consumers, majority in Brooklyn: housing, case management, ACT, PROS, clinics, and shelters; health home
- Founded Health Care Choices FQHC
- In housing and case management:
  - >70% schizophrenia/ schizoaffective
  - Primarily paraprofessional workforce

ICL's PBHCI Sites
- Highland Park Center
- ICL Personalized Recovery Oriented Services
- Rockaway Parkway Center
- PCP and med tech subcontracted from FQHC

Poll #1
Is your PBHCI team:
1. **Partnering** with a primary care organization or FQHC?
2. Directly **employing/ contracting** a primary care provider?
3. Other?
The Crisis

- People with serious mental illness (SMI) die an average of 25 years earlier than those in the general population
- 60% of mortality is due to treatable and preventable medical conditions (i.e. heart disease, stroke, diabetes)
- A rough estimate suggests that 40,000 people with SMI die prematurely each year

Chronic Care Model

- Community Resources and Policies
- Health System
- Health Care Organization
- Decision Support
- Delivery System Design
- Self Management Support
- Functional and Clinical Outcomes
- Informed, Activated Patient
- Productive Interactions
- Prepared, Proactive Practice Team

Person-centered care

- PCP
- Psychiatrist
- Nurse Care Manager
- Entitlements
- Peer health coach
- Family
- Friends
- Specialists
- Health Records
- Regulatory
Poll # 2

At my agency, primary and behavioral health records are:
1. Maintained in separate charts/ EHR's
2. Integrated in one chart/ EHR
3. Integrated via copies from one chart being put into the other

Health Records

- Communication
- Workflow
- Prompts

An integrated health record brings together primary and behavioral health care information to get the team on the same page

Need decision support tools that can:
- Engage and guide behavioral health staff in integrating best practices into existing workflow
- Facilitate decision making in real time
- Receive feedback from the person-centered multidisciplinary team
- Support health goal-setting for persons served
- Makes integration part of the routine and culture
ICL's Decision Support Tools

1. Healthy Living Clinical Pathway
2. Health Risk Screening
3. Healthy Living Questionnaire
4. Healthy Living self-management tools
5. Physical health treatment goal planner
6. Prescribers’ documentation
Poll #3

At your program, is physical health information assessed:

1. By primary care staff only
2. By primary care AND behavioral health staff

Health Risk Screening

- Administered at intake by behavioral health staff
- Self-report style
- Yes/no questions flag potential risk and prompt nursing review and primary care follow-up
- Clients at high risk are discussed at monthly multidisciplinary medical risk management meeting
Healthy Living Questionnaire

- Integrated with initial and quarterly treatment plan reviews
- Assesses clients’ perception of health status and self-management skills
- Assesses use of emergency and inpatient services
- With EHR data can be analyzed at individual and program level
Self-management support

• Wellness education
• Motivational interviewing to support change
• Action steps to build momentum towards better health
• Tools facilitating conversations around health, with therapeutic interventions built in
• All materials on ICL desktop

Action Steps

I will take the following step:

I will do this action step by:

Who will help me to do this action step?

What mini-steps will I take to do this action step?

When will I take the first mini-step?

Where will I take the first mini-step?

How will I remind myself to do this action step?

Why do I want to do this?

If I succeed, my reward will be:
Poll #4

Does your program use treatment plans?

If so, do your treatment plans incorporate physical health goals?

Physical Health Goal Planner

- Goals and objectives correspond to self-management topics in ICL’ s Healthy Living Workbook
- Objectives available in EHR streamlined to make health goal development easier for clients and BH staff
- Offers sample narratives for health goals

Physical health goal tiers
Healthy Living Toolkit Pilot

- 49 programs across ICL, 146 staff trained, almost 1400 participants
- Significant increase in routine PCP visits/year
Diabetes Co-morbidity Initiative
- 54 programs across 19 NYC agencies, 385 participants

Diabetes Quality Improvement Project Interventions: Percent reporting all 6 test dates

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<tr>
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<tr>
<td>Rate</td>
<td>10.6</td>
<td>24.8</td>
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(n=98, p<.000)

Decision support and the EHR
- ICL uses Anasazi EHR, which can track:
  - Medical conditions
  - Vital signs
  - Medications
- ICL’s psychiatric progress notes prompt for metabolic monitoring and non-psychotropic medication use
- E-prescribing system (Allscripts) provides alerts related to drug interactions and risks in pregnancy
- Lab ordering/results not yet integrated

Future directions
- Better integration of information obtained from physical exams
- Regional Health Information Organizations (RHIOs)
- Integrated multi-agency treatment plans
What would your Clinical Pathway look like?

- Assessment
- Preparation for Treatment
- Treatment
- Outcomes

Poll #5
Which types of decision support tools could be implemented/improved at your program?
1. Clinical pathway
2. Health risk screening form
3. Health outcomes questionnaire
4. Self-management support tools
5. Physical health goal planning tools
6. Prescribers' documentation

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Lessons Learned...so far

Consumers are eager to pursue wellness and take advantage of on-site primary care.

Getting buy-in from all behavioral health staff can be challenging because integration may increase their responsibilities and scope.

Streamlined tools and prompts can reduce burden and make integration part of routine and culture.

Thank you!

ICL’s Integrated Health Team:

- Shivonne Blake, CDM
- Carliss Caban-Aleman, MD
- Jason Chang, MD
- Ruth Chia, RD
- Judy Chong, CASAC
- Elsa Chow, PhD
- Elizabeth Creel, PsyD
- Bernadette Kwekonta, NPP
- Elissa Lapide, MD

- Eduard Levy, MD
- Marc Manseau, MD
- Rosemarie Sultana-Cordero, MA, LMHC
- Maria Thu-Pelecott, RN
- Jeannie Tse, MD
- Dana Tooper, LMHC

and numerous program staff

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Please visit our Behavioral Health Medical Homes page at:

www.ICLinc.org