Overview

• Model: Imbedded clinic focusing on a wrap-around care management model of care; working in tandem with PCPs and other health-care providers in the community providing day-to-day supplemental health coaching and support.

• Staffing: MD, APN, LPN, CRS, health coach (rehab specialist), office professional, program evaluators, and 5-6 interns between clinic/evaluation.

• Wellness Activities: engage in life skills training activities while exercising (aquatics, walking, other), individual coaching & support relevant to modifiable risk factors (smoking, lifestyle habits, medication management, weight), and peer support group.
Accomplishments & Successes

• **Unity Health Partners on site clinics**
• **Johnson Nichols Rural Health Clinics**
  – ISALUS – New Electronic Medical Record
  – New blended facility in Owen County – $400,000 grant
• **Improving Physical Health of Clients**
  – Health Navigator training for adult/youth case managers
  – Graphic Display of Wellness Indicators
• **FQHC/RHC Bi-Directional Integration** –
  – CSI therapists placed at 4 FQHCs and RHCs
• **Data Management/Youth Health Navigator**
  – MDWise JIVA claims data
  -Tracking HEDIS measures

Accomplishments & Successes

• **Hospital Engagement Projects**
  – HealthLINC HIE, ADT Alerts from Bloomington Hospital
  – Lean Sigma project at Columbus Regional Hospital
• **Telehealth**
  – Expansion of tele-psychiatry capabilities to 9 locations
  – Beginning work on primary care
• **Electronic Recovery Engagement Center** (SAMSHA)
• **Collaboration and Advocacy**
• **Miscellaneous:**
  – Client exercise/nutrition training at on-site staff gym
  – Participating in Chantix study on smoking cessation
  – Hepatitis C grant from IU School of Public Health
  – Collaborative health work with IU planning grant.
• **Articles in Mental Health Weekly, Open Mind, Herald Times, ISMA**
Challenges & Outcomes

• Lack of access to claims data; partner with MCO’s to get this data
• Cultural transformation to be truly Integrated
• Grant being viewed as temporary
• Non-BE Well staff being “territorial” due to productivity issues and/or not understanding our services
• Changes to EHR necessary to bill E&M codes
• “Dragon in moat” experience in attempts to collaborate with other health-care providers
• MI training a necessity for all staff including medical providers
• “It takes a village”
• Need for leadership buy-in
• Role Definition and developing scope of practice
• How to integrate with other service lines

Challenges & Outcomes

• Shift in organizational mindset
• Finding the “right” staff
• Being able to attend to patient needs in the moment rather than just scheduling appointments
• Health-care reform & implications for patients
• How to bill MRO for physical health
• No SPA funding; doing health home model with no additional funds
Moving Forward

- Implementing Health Coaching Services across Centerstone of Indiana
- Use Primary Care clinics on site for SPMI & others
- Electronic Health Coaching (eHealthCoach)
- Pilot Projects (MDWise pays for work with high risk youth and HEDIS compliance)
- Use of Hospital Alerts (admission, discharge, transfer) & continued work with local HIE
- Tracking health indicators in record (continues to be standard practice for rehab specialists)

Words of Wisdom:
Don’t Do What We Did/or What I Wish We’d Done Differently

- Have a way to be more visible, be an active presence in more teams, more community engagement
- It takes a village
- Systems Theory
Words of Wisdom:  
Tips for Success

• Motivational Interviewing for all staff
• Don’t try to do it all; find your allies
• Clear boundaries & scope of practice
• Top-level support is a must
• Be patient, assertive, resilient
• Have a mentor and good support system
• BE Well (Build Exceptional Wellness in your own life and your team).