Taking a Road Less Traveled
Evolution of the Cherokee Health Systems Integrated Behavioral Health & Primary Care System

SAMHSA
Innovating, Collaborating, Transforming: Primary and Behavioral Health Care Integration (PBHCI)

Washington, D.C.
April 28, 2010
Cherokee Health Systems: Merging the Missions of CMHCs and FQHCs
Community Mental Health Centers: What were they? What are they? What happened?

- Historical roots – Action for Mental Health (1961), Community Mental Health Center Act (1963), 1960’s social activism
- Community Mental Health Centers -- the initial model
- Federal block grants gave the States authority over the program
- Psychosocial rehabilitation and “priority populations”
- Managed care and behavioral health carve-outs
- Advocacy/consumer groups, peer support and recovery models
Forks in the Road/Epochs of Development

• Rooted in the mission of community mental health
  • Circuit riding outreach into primary care
    • Primary care operations
  • Embedded Behavioral Health Consultant role
  • Blending the cultures, becoming an FQHC
  • Behaviorally enhanced Healthcare Home
    • Value-based contracting
Our 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.

Together...Enhancing Life
# Cherokee Health Systems

A Federally Qualified Health Center and Community Mental Health Center

## Corporate Profile

<table>
<thead>
<tr>
<th>Founded:</th>
<th>1960</th>
</tr>
</thead>
</table>

### Services:
- Primary Care
- Community Mental Health
- Dental
- Corporate Health Strategies

### Locations:
22 clinical locations in 15 Tennessee Counties
Behavioral health outreach at numerous other sites including primary care clinics, schools and Head Start Centers

<table>
<thead>
<tr>
<th>Number of Clients:</th>
<th>58,561 unduplicated individuals served - 24,958 Medicaid (TennCare)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patients:</td>
<td>19,829</td>
</tr>
<tr>
<td>Patient Services:</td>
<td>442,626</td>
</tr>
</tbody>
</table>

### Number of Employees: 539

<table>
<thead>
<tr>
<th>Provider Staff:</th>
<th>Case Managers - 32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists - 40</td>
<td>Pharmacists - 9</td>
</tr>
<tr>
<td>Primary Care Physicians - 30</td>
<td>Dentists - 2</td>
</tr>
<tr>
<td>NP/PA (Primary Care) - 16</td>
<td>Master's level Clinicians - 63</td>
</tr>
<tr>
<td>Psychiatrists - 13</td>
<td>Case Managers - 32</td>
</tr>
<tr>
<td>NP (Psych) - 6</td>
<td>Pharmacists - 9</td>
</tr>
</tbody>
</table>
Blending Behavioral Health into Primary Care

Cherokee Health Systems’ Clinical Model
Blending Behavioral Health into Primary Care
Cherokee Health Systems’ Clinical Model

Behaviorists on the Primary Team
The Behavioral Health Consultant (BHC) is an embedded, full-time member of the primary care team. The BHC is a licensed Health Service Provider in Psychology. Psychiatric consultation is available to PCPs and BHCs.

Service Description
The BHC provides brief, targeted, real-time assessments/interventions to address the psychosocial aspects of primary care.

Typical Service Scenario
The Primary Care Provider (PCP) determines that psychosocial factors underlie the patient’s presenting complaints or are adversely impacting the response to treatment. During the visit the PCP “hands off” the patient to the BHC for assessment or intervention.
The Behavioral Health Consultant (BHC) in Primary Care

- Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues
- Emphasis on prevention and self-help approaches, partnering with patients in a treatment approach that builds resiliency and encourages personal responsibility for health
- Consultation and co-management in the treatment of mental disorders and psychosocial issues
The Behavioral Health Consultant (BHC) in Primary Care

- Psychological problems, such as anxiety and depression
- Substance use disorders and risk reduction
- Psychological components of physical illness, both acute and chronic
- Factors impacting health status: stress, nonadherence, health behavior, social support
A Morning in the Life of a BHC

- 8:00  “Rounds” Check In
- 8:30  J.D. Chronic Pain/Depression
- 9:00  L.C. Trauma/Evaluation
- 9:15  L.C. Compliance/Coping Skills
- 9:45  M.W. Transplant/Psychoeducation
- 10:00 A.K. Multiple ER Visits, Chest Pain
- 10:15 S.F. Domestic Abuse/Depression
- 10:30 M.A. Depression/Substance Abuse
- 10:45 M.B. Dx Clarification/Tx Plan
- 11:00 D.M. Bipolar/Diabetes/Asthma/Obesity
- 11:15 K.O’B Weight Management/Obesity
- 11:45 E.S. Anxiety Management
The Behavioral Health Consultant in Primary Care
Characteristics, Skills and Orientation to Practice

Characteristics
• Flexible, high energy level
• Team Player
• Interest in health and fitness

Skills
• Finely honed clinical assessment skills
• Behavioral medicine knowledge base
• Cognitive behavioral intervention skills

Orientation to Practice
• Action-oriented, directive, focus on patient functioning
• Emphasis on prevention and building resiliency
• Utilizes clinical protocols and pathways
• Invested in educating patients, health literacy
The Integrated Care Psychiatrist

- Access and Population-Based Care
- Enhance the Skills of Primary Care Colleagues
  - Treatment Team Meetings
    - Telepsychiatry
- Stabilize Patients and Return to Primary Care
  - Co-Management of Care
Provider-to-Provider Communications

- Co-location and Facility Design
  - Integrated Charts
- Regular, face to face verbal feedback
  - Brief consultations
- Formal treatment team/case conference
  - Phone/Telemedicine Consultation
Outcomes of Cherokee’s Behaviorist Enriched Healthcare Home

- Penetration rate
- Efficient management of utilization
- Care coordination
- Focus on patient responsibility and behavioral change
- Improved health outcomes
Measuring the Impact of the Behavioral Health Consultant in Primary Care

- Increases the efficiency of primary care
- Provides alternatives to psychoactive pharmaceuticals
- Improves patient adherence
- Decreases referrals to specialty mental health care
- Increases provider and patient satisfaction
Figure 1: Comparison of CHS utilization with regional providers

- Primary Care Visits: 117%
- ER Visits: 32%
- Specialty Care: 58%
- Hospital Care: 63%
- Cost: 78%

Average utilization level for other regional providers.
Cherokee’s Blended Behavioral Health and Primary Care Clinical Model – A Behaviorally Enhanced Health Care Home

- Embedded Behaviorist on Primary Care Team
- Real time behavioral and psychiatric consultation to PCP
- Focused behavioral intervention in primary care
  - Behavioral medicine scope of practice
- Encourage patient responsibility for healthful living
  - A behaviorally enhanced Healthcare Home
Key Components of the Healthcare Home

• Ongoing relationship with a personal physician who is trained to provide first contact, continuous and comprehensive care
  • An informed and activated patient
  • Whole person orientation
• Care is co-managed by a team who collectively take responsibility to provide or arrange for care
• Levels of care include acute, chronic and preventive
  • Span of life care
• Care interfaces with family and community context as appropriate
Payment Disincentives for Behaviorists Practicing in Healthcare Homes

- Mental health carve-outs
- Excessive documentation requirements
- Encounter-based reimbursement
- Same day billing prohibition
- Antiquated coding requirements
Financing Structure for Integration of BHCs into Healthcare Homes

• Health and Behavior Assessment/Intervention
  CPT Codes 96150-55
  • Same day billing by PCP and BHC
• Valuing consultation and case coordination
  • Global funding streams
  • Value-based contracting
Integrated Care Standards

- Weekly multidisciplinary care team meeting
- Behavioral health provider embedded on primary care team
- Real-time psychiatric consultation available
- Behavioral health screening of primary care patient
- Integrated clinical record & treatment plan
- Teleconference capability to import providers, as needed
Integrated Care Standards

- Written referral arrangement for specialty mental health services
- Written mutual referral agreement between FQHC & CMHC
- Established primary care provider with annual visit
- Age-appropriate primary care screenings accomplished
- Communication with external primary care provider verified in record
Contact Information:

Dennis S. Freeman, Ph.D.
Chief Executive Officer
dennis.freeman@cherokeehealth.com

Cherokee Health Systems
2018 Western Avenue
Knoxville, Tennessee 37921
Phone: (865) 934-6711
Fax: (865) 934-6780