

**SAMHSA-HRSA
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Health Solutions**

Implementing Integrated and Co-located Care

Tuesday, March 31, 2015

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<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>


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If you dialed in to this webinar on your phone please use the "raise your hand" button and we will open up your lines for you to ask your question to the group. **(left)**



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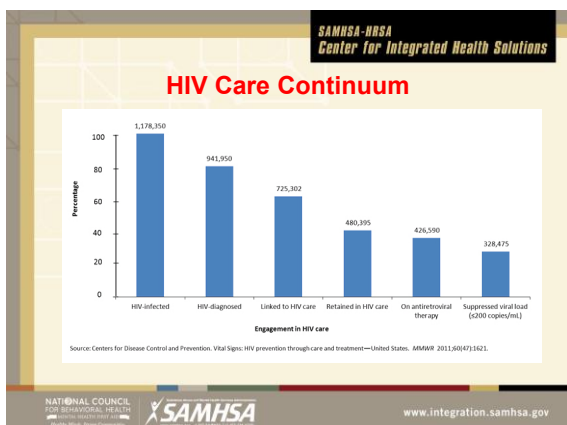
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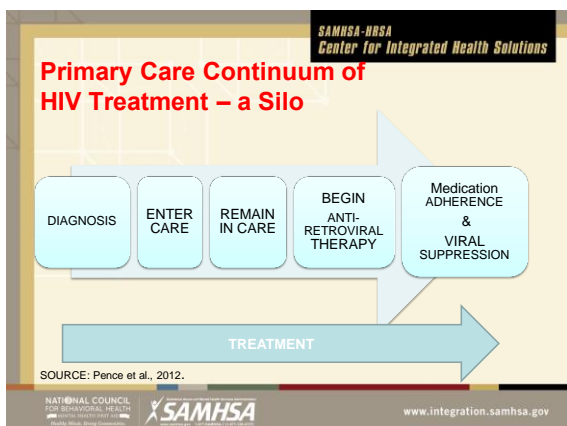
**Clients in HIV Care: A
Case for Effective
Integration/Co-location**

Gretchen Vaughn, Ph.D.
MAI-CoC HIV Lead
The MayaTech Corporation



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The Trouble With Silos and HIV

It is rare for people living with HIV to need only HIV services... mental health issues, substance use and other concerns/conditions interact with one another

- Approximately 50% meet diagnostic criteria for anxiety or depression
- 25%-45% have a substance use disorder
- 25% are infected with Hepatitis C

- HIV care can be its own silo, where clients' other health and sociocultural needs may not be adequately addressed

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Biological, biomedical factors
intersect ↔ with
Behavioral, psychological
and social/cultural phenomena

“HIV IS QUINTESSENTIALLY A BIO-PSYCHO-SOCIAL ILLNESS”

EUGENE FARBER PH.D.

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Integration/Co-location for Clients in HIV Care

Holistic approach provided by an interdisciplinary, culturally sensitive team

Allows for flexible, integrated care for a person whose “unified diagnosis” is comprised of intertwined conditions

Incorporates strategies to reduce HIV stigma/disparities and increase culturally grounded adaptive coping

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Integration/Co-location for Clients in HIV Care

Begin treatment “where the client is”, not where clinicians expect him or her to be

Recovery vs. Medical model

Match intervention not only to diagnosis but to the client's readiness to accept treatment

Provide an “open-door” service and care system that engages and re-engages individuals into sustained quality care

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Integration/Co-location for Clients in HIV Care

Organization/Clinic

Strengthen and blend organizational linkages

- Established protocols for shared records, collaboration and consultation, and integrated data management

Expand access and remove barriers

- Space and service delivery protocols for integrated/co-located staff
- Removing administrative, financial, logistical barriers

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Integration/Co-location for Clients in HIV Care

Providers

Trained in integrated risk assessments, screening and brief intervention methods.

Skilled in communicating with providers/teams from different disciplines

Understand how to communicate, support and provide care for

- clients with intertwined conditions
- clients with unique cultural/social contexts and expectations

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Integration/Co-location for Clients in HIV Care

Prevention

Deliver health education messages and social marketing
Use screening, HIV testing & behavioral counseling

- Assess change readiness
- Reduce risky behaviors
- Promote treatment adherence
- Link to more intensive prevention interventions

Offer prevention services to other potentially exposed individuals

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Beyond the Silo

There are complex concerns/conditions that affect clients living with HIV, and addressing them in a holistic manner is an essential component of HIV care
Integrating services across biomedical, behavioral, and social spheres can reduce health disparities and improve both HIV outcomes and overall health and wellness
Integration is not always quick or easy, but the barriers to integration can be overcome with leadership/vision, shared values, ongoing communication, and widespread staff/client engagement

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CIHS Framework for Levels of Integrated Healthcare

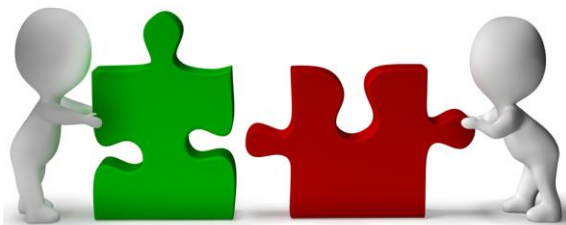
Laura Galbreath, M.P.P.
Director, SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)
National Council for Behavioral Health



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The care a patient experiences as a result of a team of PC & BH clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.*



Lexicon for Behavioral Health and Primary Care Integration, AHRQ



Make sure everyone is on the same page...

Behavioral health care can include
mental health care
substance abuse care
& health behavior change

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The Difference Between Integration and Collaboration

- **Collaboration** describes how resources (namely, the healthcare professionals) are brought together.
- **Integration** describes how services are delivered and practices are organized and managed.



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**A Standard Framework for
Levels of Integrated Healthcare**


*A shared understanding when we're talking about
integration is critical for meaningful dialogue and
staff engagement in service redesign*

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Lessons Learned in 2014-14PBHCT

- Leadership
 - Executive buy-in and engagement
 - Setting staff expectations and training
 - Continuous quality improvement
- Clinical
 - Clinical registries / population management
 - Consumer/patient flow
 - Clinical guidelines and evidence-base practices
- Operations
 - Nurturing the PC/BH relationships / conflict management
 - Clarity in policy and procedures
 - EHRs and care coordination



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Lessons Learned cont.

- Wellness
 - Activating Individuals to support self management
 - Embedding wellness across the organization
 - Evidence-based interventions
- Financing
 - Billing and coding
 - Community partnerships
 - Sustainability strategies
- Workforce
 - Training for ALL staff
 - Importance of recruitment & retention



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Adam Bryant...



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- Passionately curious** – alert and engaged
- Battle hardened confidence** – ownership and perseverance
- Team smarts** – understands people
- Simple mind set** – connect the dots for new opportunities
- Fearless** – surprising career moves building new skills

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**Project FUSE:
Facilitating United Service Efforts**



Moneta Sinclair, Ed.D.
Clinical Director of Addiction Services
Positive Impact Health Centers, Inc.

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POSITIVE IMPACT HEALTH CENTERS

**GWEN DAVIES, PH.D.
MONETA SINCLAIR ED.D.**

Integrating HIV care and behavioral health

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POSITIVE IMPACT
FOUNDED 1993 IN ATLANTA TO PROVIDE MENTAL HEALTH SERVICES FOR PEOPLE AFFECTED BY HIV.

By 2015, each year the agency provided:

- HIV prevention services and HIV/STI testing to over 4000.
- IMPACT, licensed substance abuse treatment program, to 75.
- Behavioral Health services in 4 HIV primary care settings.
- Comprehensive behavioral health services (individual, couples, group and psychiatry) to 600.
- Training 250 behavioral health professionals.

AID GWINNETT/RIC CRAWFORD CLINIC
FOUNDED IN 1990 TO PROVIDE HIV CARE TO PLWHA IN NORTH METRO ATLANTA.

By 2015, each year the agency provided:

- HIV prevention services and HIV/STI testing to over 1500.
- HIV Specialty Care to 800 in two locations.
- Case management and patient advocacy to all patients.
- Wrap around services including transportation and housing support.

POSITIVE IMPACT HEALTH CENTERS
POSITIVE IMPACT AND AID GWINNETT/RIC CRAWFORD CLINIC MERGED MARCH 2015.

Services at both locations include:

- HIV Specialty Care.
- Mental Health and Substance Abuse Services.
- HIV prevention and testing.
- HIV case management and advocacy.

SAMHSA CONTINUUM OF CARE PILOT

FUSE FACILITATING UNITED SERVICE EFFORTS

A project to bring together behavioral health, prevention and primary care

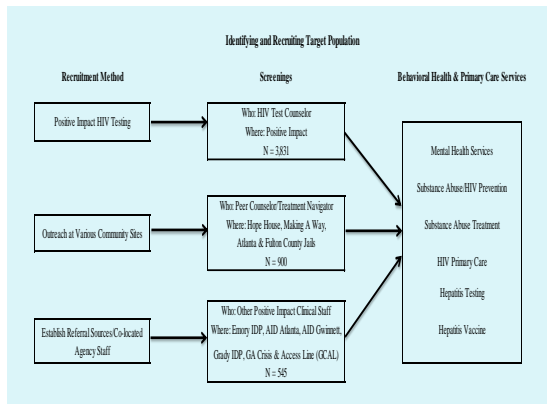
WHO? POPULATIONS OF FOCUS

African American and Latino men and women, gay and bisexual men, transgendered individuals, and substance abusers.

Veterans and their families will also be served.

WHAT? GOAL AREAS

- Co-locating HIV primary care and behavioral health.
- Behavioral health services (mental health/co-occurring substance abuse).
- Substance abuse treatment navigation services
- Substance abuse prevention/HIV prevention: CLEAR.
- Substance abuse treatment: IOP, CCP, and CHANGE.
- HIV/Hepatitis testing, Hepatitis vaccination
- Wrap-around recovery support and retention.



HOW? CO-LOCATING CARE

- Positive Impact provides all behavioral health (MH/SA, prevention and wrap-around services).
- Positive Impact utilized project funds to pay for infrastructure improvements needed to facilitate primary care: medical equipment, exam rooms, EMR.
- AID Gwinnett provides funds/staff for provision of primary care: medical supplies, labs, specialty care referrals, patient advocacy.

GOAL 1: CO-LOCATING HIV PRIMARY CARE AND BEHAVIORAL HEALTH

- 1.1: Two exam rooms will be operational.
- 1.2: A minimum of one day a week of primary care will be provided.
- 1.3: 100% of FUSE HIV-positive consumers will be eligible to access on-site primary care services.
- 1.4: Between 50 and 75 consumers annually will receive primary care services at the Positive Impact offices.
- 1.5: Behavioral health consumers enrolled in primary care will receive medical case management.

GOAL 2: HIV/HEPATITIS TESTING, HEPATITIS VACCINATION.

- 2.1: HIV testing (CDC-funded) will be provided for 120-160 individuals annually, 100% of whom will be screened for behavioral health (MH and SA issues).
- 2.2: FUSE consumers testing positive for HIV will be linked to medical care and receive follow-up by the Nurse Case Manager.
- 2.3: 175 consumers per year will be provided with SAMHSA-funded tests for Hepatitis B and C.
- 2.4: Consumers testing positive for Hepatitis A, B or C will be linked to medical care and receive follow-up by the Nurse Case Manager.
- 2.5: 50 consumers per year will receive the SAMHSA-funded vaccination series.

PROGRESS TOWARD CO-LOCATING SERVICES

- Exam rooms are built and medical equipment and supplies are in place.
- A single point of contact and process was created to schedule patients.
- HIV specialty care began in January 2015 one day per week.
- A nurse case manager has been hired.
- Demonstrations and needs assessment for behavioral health services are beginning with Cerner, the new EMR currently utilized by AID Gwinnett.

CHALLENGES IN BEGINNING CO-LOCATED CARE

- Inadequate staffing for the midtown clinic. More medical and patient advocacy staff are needed on site.
- Need to have ability to connect patients to medication through ADAP.
- Need to have front-desk access to Cerner, the EMR.
- Need specialty medical referral sites.
- Need dedicated electrical line for vaccine refrigerator.
- Need to streamline case management process.

COLLABORATION: CONNECTION BETWEEN PROFESSIONALS

- Medical clinic implementation meetings held bi-weekly with behavioral health and prevention departments represented.
- The nurse case manager works directly with medical and behavioral health staff.
- More formal referral processes will be created as the clinic grows.

INTEGRATION: SERVICE DELIVERY

- Clients are able to enter primary care services through behavioral health.
- Clients are able to enter behavioral health through primary care.
- Referrals are made to primary care through a single point of contact.
- Referrals to behavioral health can be made by medical personnel or by the case manager.
- The nurse case manager keeps track of client appointments and works with clients on adherence.

KEY CHALLENGES

- Lack of a finalized data collection instrument and determining how to enroll clients in the project.
- Lack of a unified EMR with primary care. Addressed by close coordination with AID Gwinnett staff and agency's new EMR.
- Agency merger with AID Gwinnett to become Positive Impact Health Centers. This provides additional capacity and streamlined coordination but has also required time from the project to address merger issues.

PROJECT SUCCESSES

- The co-location of primary care services was met with an overwhelming positive response.
- Clients receiving a confirmatory HIV positive diagnosis were, immediately linked with the agency's new primary care services via the nurse case manager.

KEY ACCOMPLISHMENTS

- Organizational meetings to develop referral processes to all FUSE programs including flow charts and training of primary staff.
- Client focus group held to identify potential challenges in enrolling individuals HIV negative into the substance abuse treatment program that is historically specifically for individuals that are HIV positive.

KEY ACCOMPLISHMENTS

- Exam rooms have been outfitted and staff from AID Gwinnett has been operating the clinic one day a week since January 2015.
- Nurse case manager was recently hired and is being trained.
- Meeting have been held with new EMR to determine behavioral health documentation needs.

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QUESTIONS AND ANSWERS

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Additional Resources

- Five Key Ingredients in the Integrated Care Recipe. (2014, August). *National Council Magazine*, 47.
- Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013.
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- Evaluation of the SAMHSA Primary and Behavioral Health Care Integration (PBHCI) Grant Program (2014). RAND Corporation.
www.rand.org/pubs/research_reports/RR546.html

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Thank you for joining us today.

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