



SAMHSA-HRSA Center for Integrated Health Solutions

Integrating Behavioral Health Into Primary Care Innovation Community

Webinar #3

February 17, 2015



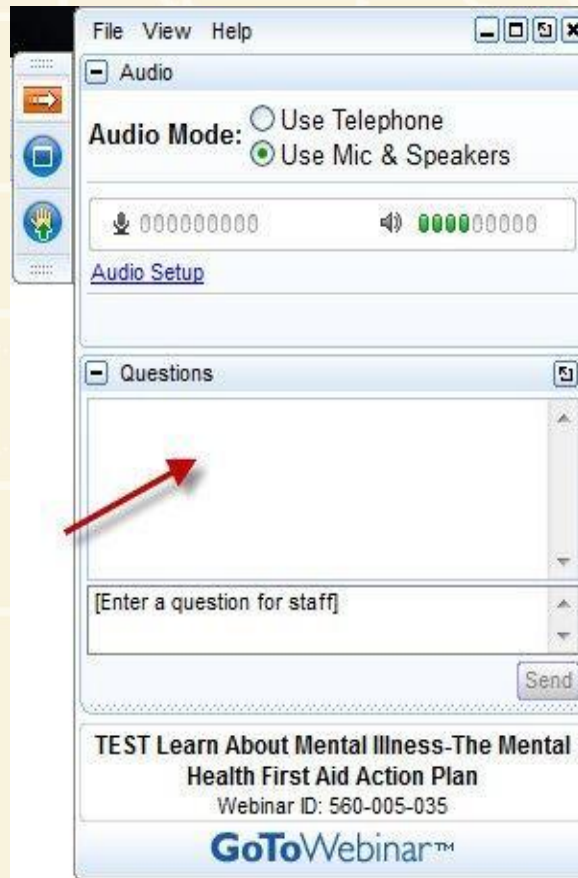
SAMHSA-HRSA Center for Integrated Health Solutions

**Slides for today's webinar are
available on the CIHS website at:**

www.Integration.samhsa.gov

under About Us/Innovation Communities

Our format...



Structure

Short comments from experts
Specifics from their point of view

Polling You

Every 20-minutes
Finding the “temperature” of the group

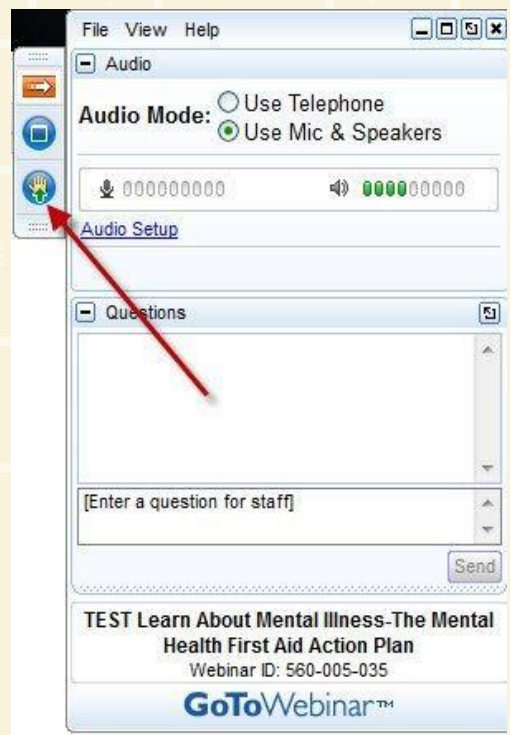
Asking Questions

Watching for your written questions

Follow-up and Evaluation

Ask for what YOU want or expect
Ideas and examples added to the
AOS Resource Center

How to ask a question during the webinar



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)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



Today's Agenda

- Where are we now
- Guest speakers
- Next steps

Last month



Spotlight on...



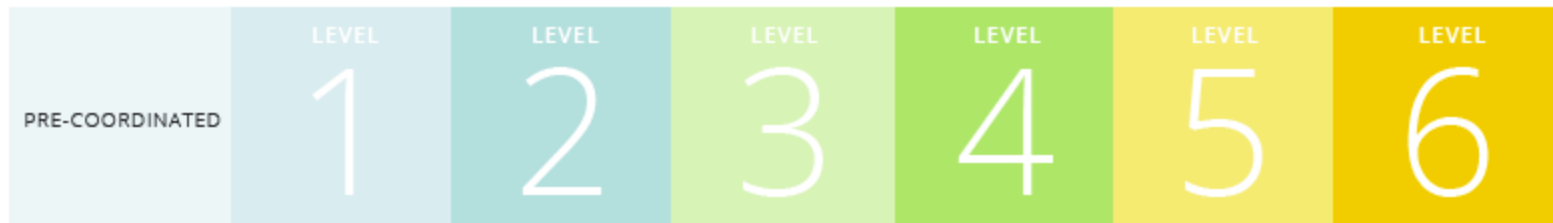
Screening
Interventions
Measures &
TA Calls

Integrated Practice Assessment Tool

Assessment Summary >>

Practice/Location: _____ Date: _____

Current Level of Integration: (Circle one)



Assessment Team Completing IPAT: (Names/Position at Practice)

Name: _____ Position : _____

Name: _____ Position : _____

Implementation Plan



Implementation Objective #1:

Action Step	Champion	Timeline	Learnings, challenges & opportunities
3/1/15			
5/1/15			
7/1/15			



Next several months

Mar - Jun

- Building your implementation plan
- Identifying first PDSA cycles
- Team presentations
- Small group calls for subtopics

Today's Presenters



Maureen Neal, CFRE
Chief Operating Officer for Advancement
The Daily Planet



David Pullen, MS, CRC, LMHP-E
Behavioral Health Consultant
The Daily Planet



**Daily
Planet**

Mission/Strategic Plan Goal

To provide accessible, comprehensive, integrated quality healthcare services to medically underserved individuals regardless of one's financial, housing, or insurance status.

Our Long Journey Toward PH/BH Integration

2001—HRSA funding allowed for first BH clinician is co-located in FQHC

2001-2010—Six full-time BH clinicians in co-located specialty behavioral health clinic (private & public funding)

2010—NIATx learning collaborative—SA and PH integration

2011—SAMHSA grant funding for part-time BHC position

2012—BHC integrates into PH for a diabetic population self-management project

2012—National Council learning collaborative—BHC offers depression screening and referral in PH setting



Our Long Journey Toward PH/BH Integration

2013—Strategic Plan called for a formal PH/BH integration plan

2013—PhD Psych Students embedded into PH to address behavioral modifications to chronic medical conditions

2014—Formed 4 integrated care teams (PH, BH, CM, PharmD, PhD, health educator)

2014—HRSA funded behavioral health expansion of additional BH & Psychiatry hours and began testing the work flow of central registration, team meetings, etc.

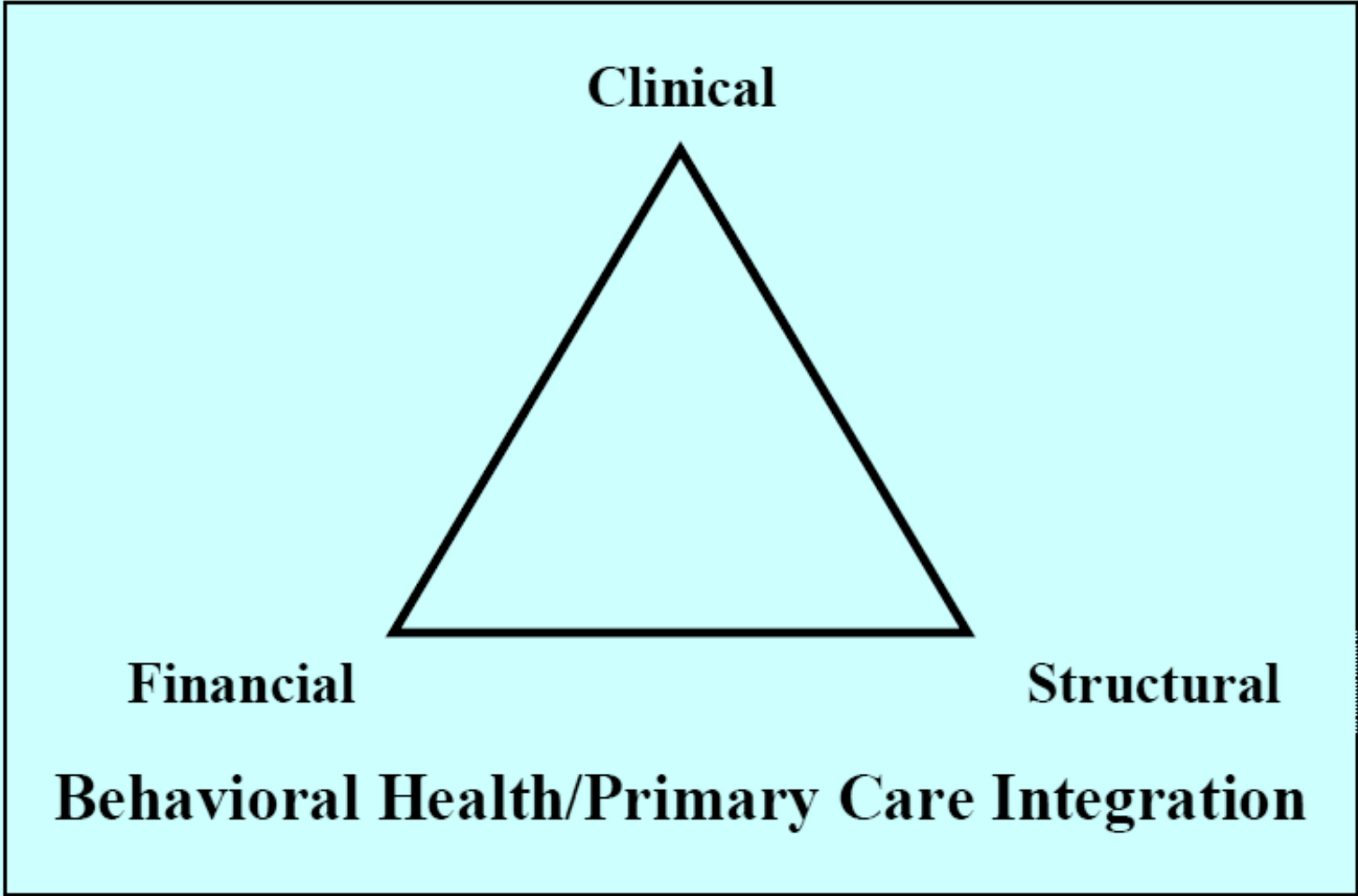
2014-15—Designed PH/OH integration model/implementation measures

2015—Participation in HRSA/SAMHSA Care Coordination Innovation Community Learning Collaborative

What are YOUR Integration Goals?

- ▶ Improve identification of MH/SA problems within the primary care environment
- ▶ Make brief interventions available to more people, more quickly so that they have an opportunity to begin to change behavior/recover
- ▶ Provide interventions to groups of individuals that otherwise may not have access to treatment
- ▶ Reduce health disparities
- ▶ Change (improve, create) the working relationship between primary medical and specialty behavioral health





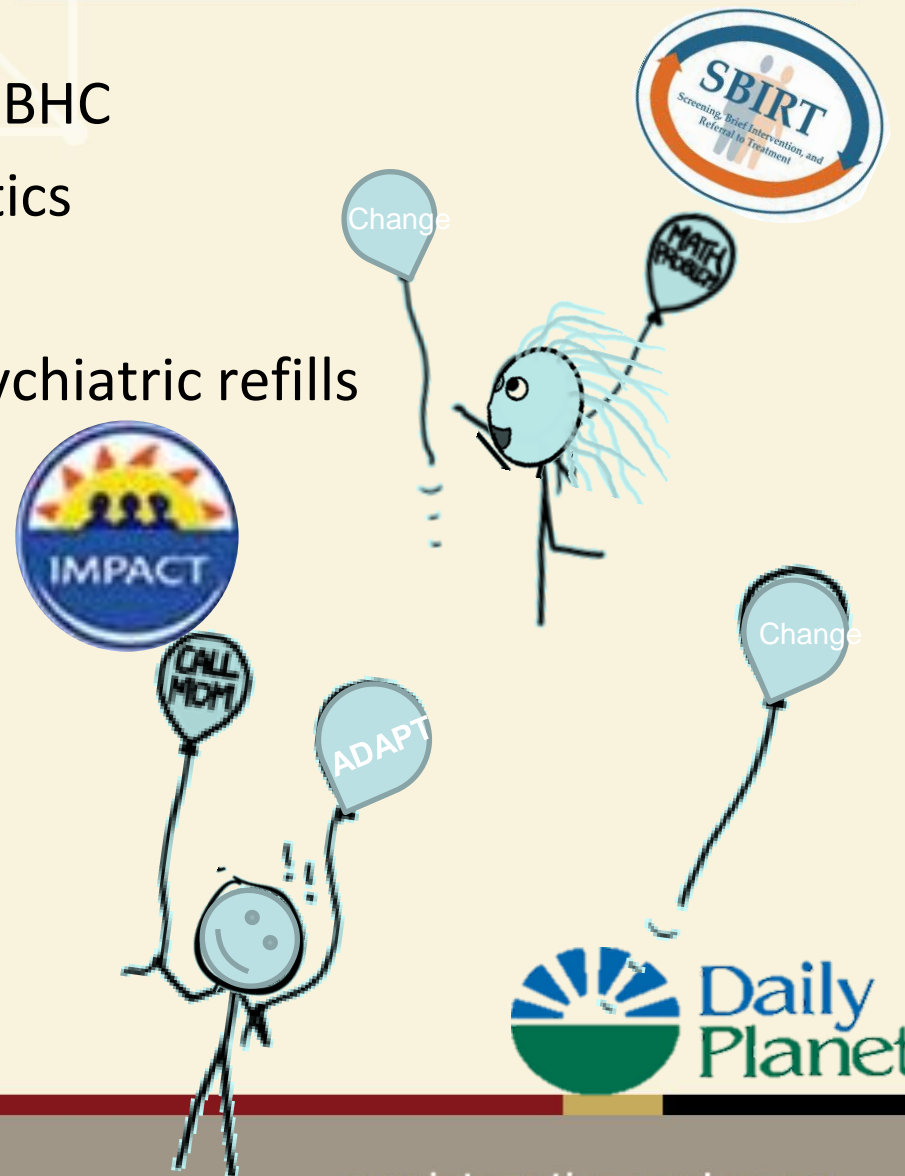
Clinical Changes from Integration

- ▶ Change in pace of practice from medical to accommodate the behavioral component
- ▶ Awareness of and resolution of differences in treatment orientation
- ▶ The work flow must change to accommodate the screening, interventions and new outcome measurement
- ▶ Staff need to learn new skills such as SBIRT and motivational interviewing
- ▶ Primary care staff may provide medication assisted therapy
- ▶ Specialty behavioral health will need to solve access to care problems

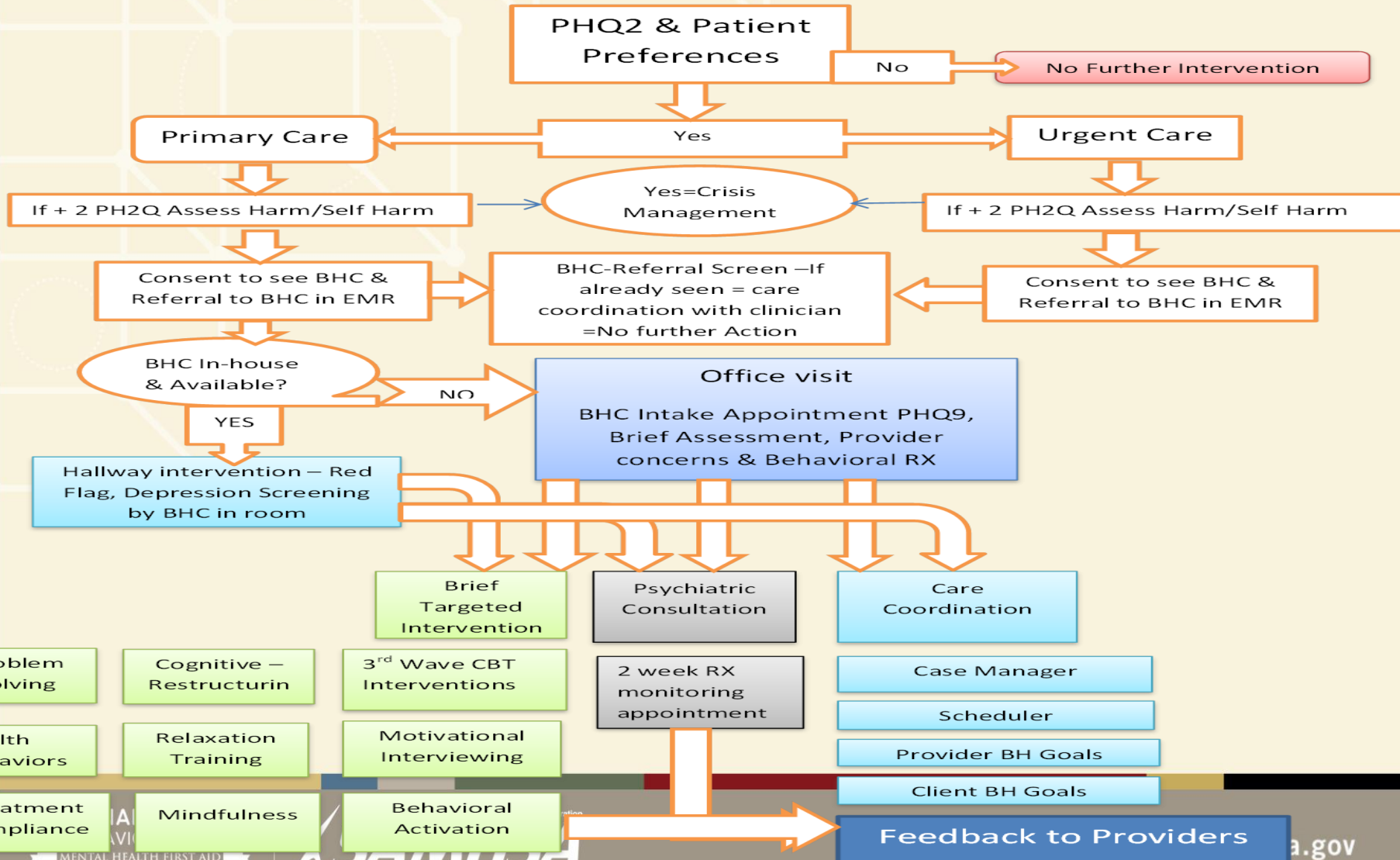


Clinical Adaptations

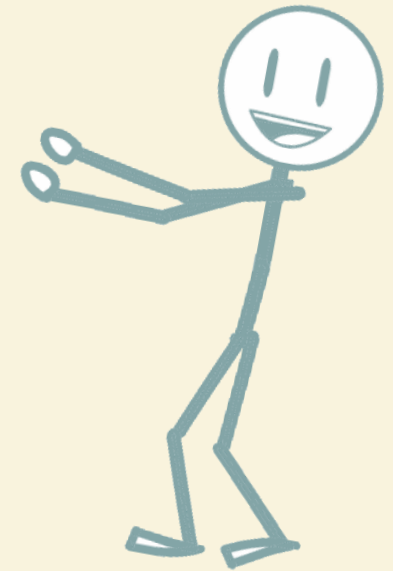
- SBIRT Adaptation for Part Time BHC
- Referral System and EMR Logistics
- Existing Vs. New BH Patients
- Utilization of Pharmacist for psychiatric refills
- 8 week treatment re-test cycle
- Development Work Flow
- Tracking Patient & Population



Daily Planets BH integration Model: Depression



Treatment Flow Chart



12677	11/19/2012	15				1																	
17468	7/17/2012	13	8			4	8																
22023	3/29/2013	23				23					23												
26211	1/30/2013	17				5																	
9172	9/5/2012		18	12																			
10979	1/16/2013	26		26																			
24274	5/22/2013	9									9												
11934	8/15/2012	9																					
10928	5/22/2013	15									15												
23573	8/22/2012	15		12			18																
15459	3/13/2013	16				16					15												
23232	9/11/2012	25		23							25												
13911	2/20/2013	17		17			24				8												
25360	3/20/2013	16				16																	
16850	4/18/2012	13					15																
9539	9/4/2012	15									14												
26490	2/6/2013	10		10			5																
10895	9/6/2012	9									3												
9175	1/3/2013	7		7																			
25624	1/10/2013	18		18							1												
22682	8/29/2012	17		10	7		3	3															
26372	1/30/2013	18		18																			
25708	2/13/2013	18			18		13	5															
20786	8/21/2012	11					9			7													
17951	7/18/2012	13					23																
15601	8/29/2012	21		11				10															
22111	9/13/2012	19			27		12	8															
24923	8/27/2012	20		12			9																
19419	8/15/2012	17		16		15		17															
26337	3/4/2013	19				19		19															
13910	9/13/2012	23		25	2			1															
25919	2/20/2013	16			16			12															
15334	2/13/2013	19			19	11	6																
26032	1/3/2013	15		15			1																
18550	11/19/2012	15				10																	
12896	10/2/2012	5																					
21199	1/16/2013	26		26			7																
19893	11/6/2012	19			11		14																
21440	1/4/2013	22		22				19															
10461	12/3/2012	24			21			24															
23227	7/5/2012	21						15															
22986	11/12/2012	25						14															
10404	8/20/2012	15		7			8			3													
18584	3/20/2013	24				20		12		19													
25716	11/26/2012	13		7																			
16007	8/13/2012	8		2	2		3			3													
17739	4/10/2013	26					26		11														
14599	10/31/2012	25			16						16												
			27 Yes		16 No																		
					7 no in program																		

Lessons Learned in Clinic

Highest Possible Licensure

Shared Scheduling

Appointment Setting

Setting Criteria for Primary Care Vs. Tradit

PCP Comfort Levels and PCMH - Policies

PHQ-9, Vs. Patient Stress Questionnaire

WOW!
Great Stuff

I can't wait to
put lessons
learned in
practice!



Patient Stress Questionnaire*

Name: _____

Date: _____ Birthdate: _____

Over the **last two weeks**, how often have you been bothered by any of the following problems?

(please circle your answer & **check the boxes that apply to you**)

	Not at all	Several days	More than half the days	Nearly Every day	
1. Little interest or pleasure in doing things	0	1	2	3	
2. Feeling down, depressed, or hopeless	0	1	2	3	
3. <input type="checkbox"/> Trouble falling or staying asleep, or <input type="checkbox"/> sleeping too much	0	1	2	3	
4. Feeling tired or having little energy	0	1	2	3	
5. <input type="checkbox"/> Poor appetite or <input type="checkbox"/> overeating	0	1	2	3	
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
8. <input type="checkbox"/> Moving or speaking so slowly that other people could have noticed, or <input type="checkbox"/> the opposite - being so fidgety or restless that you've been moving around a lot more than usual	0	1	2	3	
9. <input type="checkbox"/> Thoughts that you would be better off dead, or <input type="checkbox"/> hurting yourself in some way	0	1	2	3	Total

⁽¹⁰⁾ add columns: _____

1. Feeling nervous, anxious or on edge	0	1	2	3	
2. Not being able to stop or control worrying	0	1	2	3	
3. Worrying too much about different things	0	1	2	3	
4. Trouble relaxing	0	1	2	3	
5. Being so restless that it is hard to sit still	0	1	2	3	
6. Becoming easily annoyed or irritable	0	1	2	3	
7. Feeling afraid as if something awful might happen	0	1	2	3	Total

⁽⁸⁾ add columns: _____

*adapted from PHQ-9, GAD7, PC-PTSD and AUDIT 1/24/11

Please also complete back side →

Provider: _____

Are you currently in any physical pain?	No	Yes
---	----	-----

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you:

1. Have had nightmares about it or thought about it when you did not want to?	No	Yes
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
3. Were constantly on guard, watchful, or easily startled?	No	Yes
4. Felt numb or detached from others, activities, or your surroundings?	No	Yes

⁽³⁾ _____

Drinking alcohol can affect your health. This is especially important if you take certain medications. We want to help you stay healthy and lower your risk for the problems that can be caused by drinking.

These questions are about your drinking habits. We've listed the serving size of one drink below.

Please circle your answer	0	1	2	3	4
How often do you have one drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times per week
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you.....					
...found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
...failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
...needed a first drink in the morning to get yourself going after heavy drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
...had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
...been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0		2		4
Have you or someone else been injured as a result of your drinking?	No	Yes, but not in the last year		Yes, during the last year	
Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year		Yes, during the last year	

⁽⁸⁾ _____

Standard serving of one drink:

- 12 ounces of beer or wine cooler
- 1.5 ounces of 80 proof liquor
- 5 ounces of wine
- 4 ounces of brandy, liqueur or aperitif



Total: _____

Stream Lined Care Team Work Flow

Integration of Health Solutions

- Greeter requests people sign in and identify services they are seeking.
- Provides Rights form, and service information sheet and asks them to return the paper-work to registration staff.
- Refers them to registration staff and identifies the need for a Care Manager screening after registration.

NewCT/PT Request Services

- Registration staff provide self-report form (bubble sheet) for client to complete and reviews other forms to determine if all of them are returned and filled in completely.
- Scan forms into eCW.
- Obtain financial information and enter into eCW.
- Identify Care Management staff (in their rotation) who will see them for their service screening and ask client to wait to be seen.

Registration

- Care Management staff review registration information and complete screening form.
- Conduct PHQ 2 then PHQ 9 if indicated.
- Conduct Initial SBIRT screen then AUDIT if indicated.
- Develop disposition in regard to care requests and care needs.
- Contact scheduling staff to determine availability of providers and for scheduling. Provide CM Intake appointment if needed.
- Identify care team assignments and inform clients/patients of their appointments with team providers or refer to available team walk in spots.
- Provide BH Consent Form for clients being referred to BH services. Request that they review, sign, and then return it to registration staff for scanning.
- If a client refuses to sign or if there are questions regarding the consent form clients may then ask BH providers to respond to their questions when they are seen by them.

Care Management
Screening

Structural Changes in Integration

- ▶ Integration of BH identification results in provision of brief intervention and referral – new tasks in a busy primary care environment
- ▶ Integration must fit the primary care work style and environment
- ▶ Integration requires strong leadership and coordination of the medical and behavioral as well as trust and good faith between the two disciplines
- ▶ May result in inclusion of additional behavioral health interventions such as smoking cessation
- ▶ Change management—

Is the workforce culturally prepared and professionally trained for this? Do you have the necessary personnel?



Culturally prepared diverse workforce

Behavioral Health Resistance

INTEGRATED BEHAVIORAL HEALTH IN PCP

TRADITIONAL MENTAL HEALTH

Functional Assessment
Targeted Interventions
Practical Present & Future
Population Based
Self Management
Work for Provider 1st
Low Frequency Visits
Support small client change
efforts & prevent morbidity in
population



Diagnostic Assessment
Therapies
Past, Present, & Future
Client Based
Therapeutic Relationship
Work for Client 1st
High Frequency Visits
Resolve client's mental health
issues



Interventions Used in Primary Care

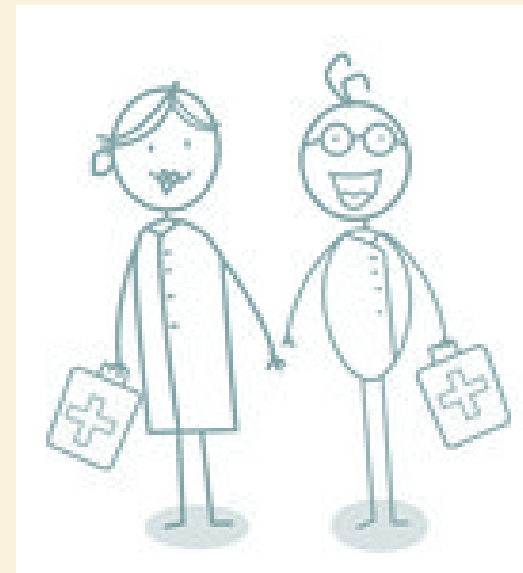
BASIC TOOL KIT

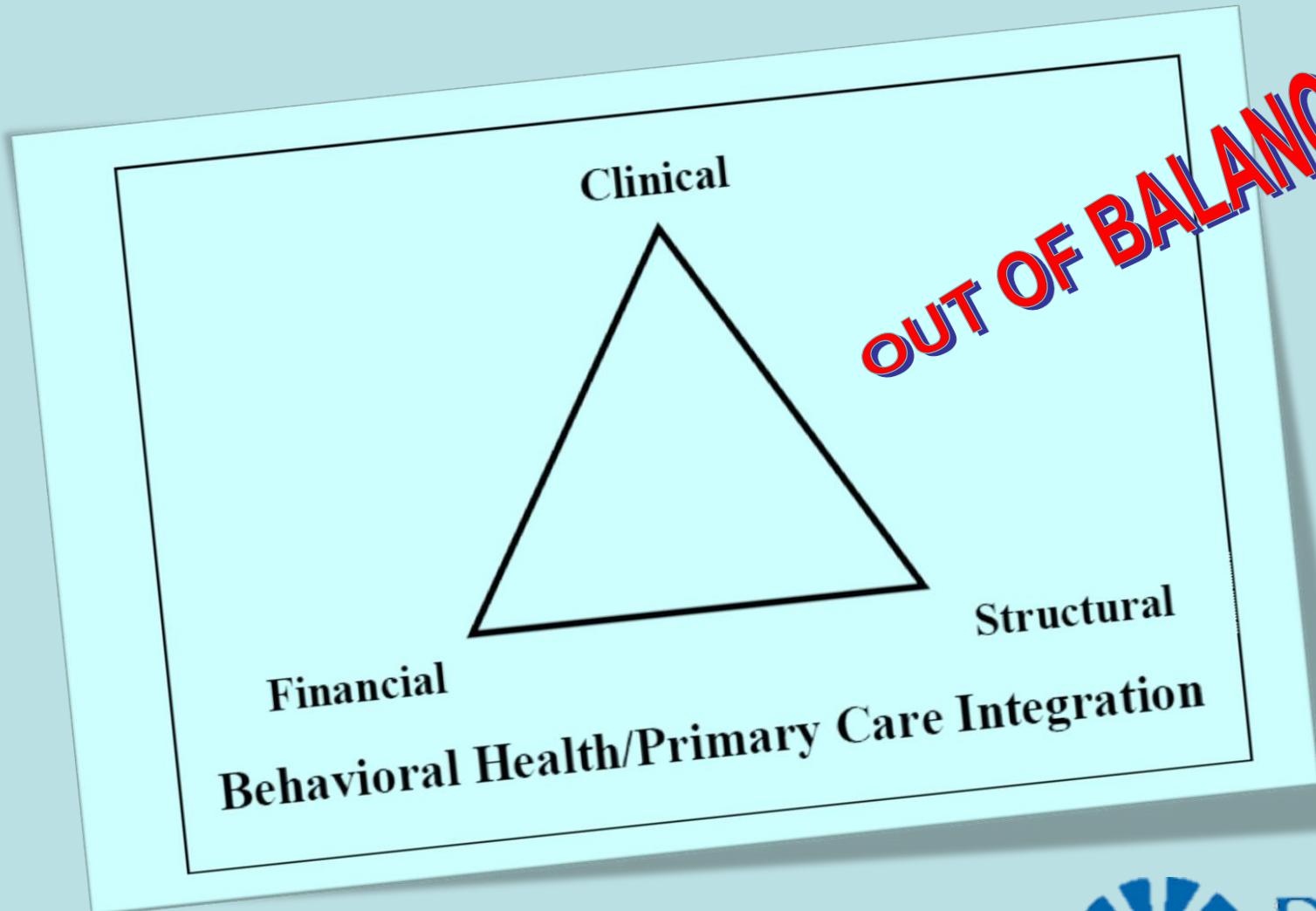
Problem solving
Relaxation training
Cognitive restructuring
Assertive communication
Behavioral Activation
Behavioral change
Monitoring triggers
Situational exposure
Bereavement & grief
MBSR & ACT -3rd gen CBT
Motivational Interviewing



HEALTH SPECIFIC

Diet Change
Health Anxiety
Chronic Pain
IBS
Asthma
Hypertension
Obesity
Diabetes
COPD
Sexual Dysfunction
Insomnia and sleep hygiene





Financial Changes in Integration

- ▶ Each organization (if more than one) in integration must see the clinical and financial value
- ▶ Establish contracts between providers for financial and regulatory compliance including Part 2
- ▶ Know the services, know the staff credential requirements and know what Medicaid and Medicare will pay for
- ▶ Verification that the State Medicaid program will pay for the CPT codes used in an integrated setting
- ▶ Verification that the State Medicaid program will pay for SBIRT
- ▶ Determination of staff roles and which organization is billing for what services based upon funding and reimbursement opportunities



Funding Options

- Contracts/MOAs with community partners
- Medicaid Innovation Waiver with Delivery System Reform Incentive Program (DSRIP)
- Local and State Foundations
- Health Systems Cost Avoidance Strategy



Opportunities for Cost Savings for Populations with Mental Illness and

Treatment	No Treatment
Average crisis stabilization bed cost per day \$292	Average ER visit cost \$1200
Average detox cost per day \$205	Average hospital cost per day \$1960
Average annual substance abuse treatment \$2,400	Average annual prison cost drug offender \$55,000
Average mental health treatment cost \$1,551	Average annual state hospital cost \$112,000

Sources: Kaiser Family Foundation and National Alliance on Mental Illness

Colorado SIM Model Testing Grant

- **\$65 million over 4 years to provide access to integrated primary care and behavioral health services in coordinated community systems, with value-based payment structures, for 80% state residents by 2019**
- **Integrate physical and behavioral health care in > 400 primary care practices and community mental health centers with ~1,600 providers**
- **Projected total cost savings of \$126.6 million over SIM and \$85 million annually afterward**

Outcomes Expected

Improved community health outcomes based on population health strategies that result in:

- Increased focus on wellness and prevention throughout the lifespan
- Improved coordination of care
- Decreases in
 - --Unnecessary emergency room utilization
 - --Unnecessary hospitalizations; and
 - --Incarceration and criminal/juvenile justice involvement

Fantastic outcomes!





It's a bird ...it's a plane...No, it's Super DPI!

Q & A



Daily
Planet

Next Steps



- **March 1: First Implementation Plan submission**
hannahm@thenationalcouncil.org

For More Information

Pam Pietruszewski

Integrated Health Consultant

pamp@thenationalcouncil.org

202-684-7457, ext. 253

Hannah Mason

Senior Associate

hannahm@thenationalcouncil.org

202-684-3738

Questions? SAMHSA-HRSA Center for Integrated Health Solutions

integration@thenationalcouncil.org



SAMHSA-HRSA Center for Integrated Health Solutions

Thank you for joining us today.

**Please take a moment to provide your
feedback by completing the survey at the
end of today's webinar.**