



SAMHSA-HRSA Center for Integrated Health Solutions

Integrating Behavioral Health Into Primary Care Innovation Community

Webinar #2

January 20, 2015



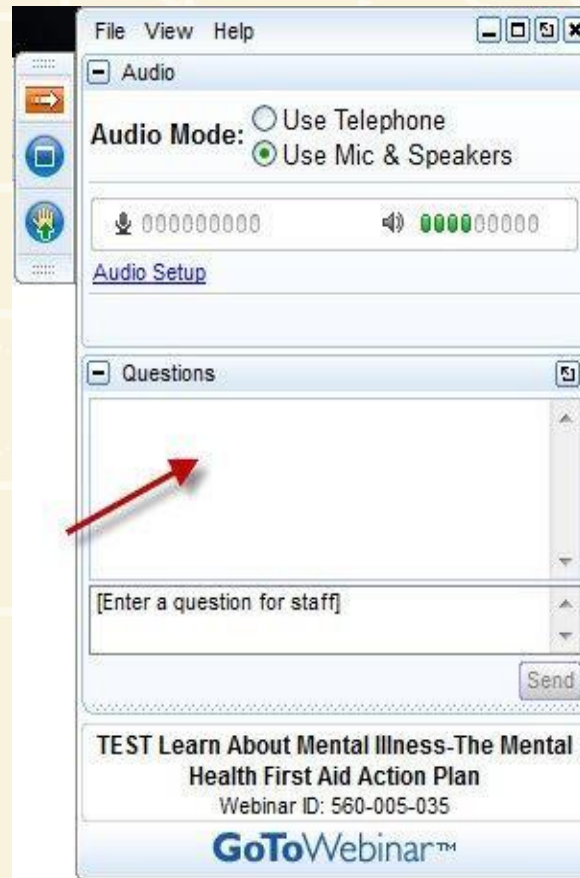
SAMHSA-HRSA Center for Integrated Health Solutions

**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

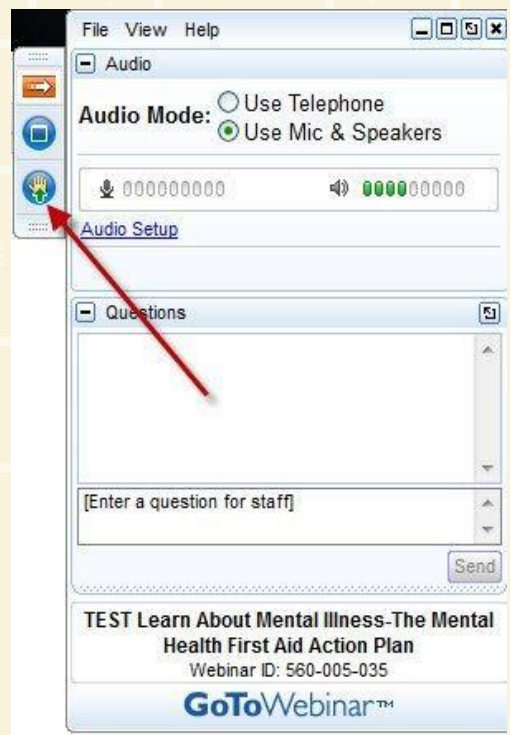
Asking Questions

Watching for your written questions

Follow-up and Evaluation

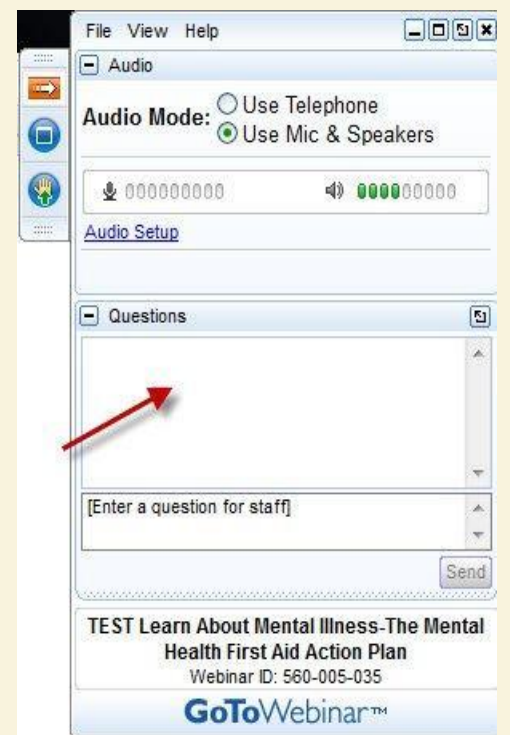
Ask for what YOU want or expect
Ideas and examples added to the
AOS Resource Center

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 Presenter



Pam Pietruszewski, MA
Integrated Health Consultant,
National Council for Behavioral Health

Today's Agenda

- Welcome
- Integration Levels Summary
- Screening, Intervention, Measures & Leading Change
- Next Steps



December

5 Innovation Communities

Overall goals:

1. Provide topic-specific foundational **information and best practices**
2. Conduct innovative **implementation planning**
3. Work toward adoption of the innovation and **sustainability**

Integrating BH into PC Setting

Core Competencies Focus:

1. Screening & Assessment
2. Intervention
3. Cultural Competence & Adaptation
4. Practice-Based Learning and Quality Improvement



Jan – Feb

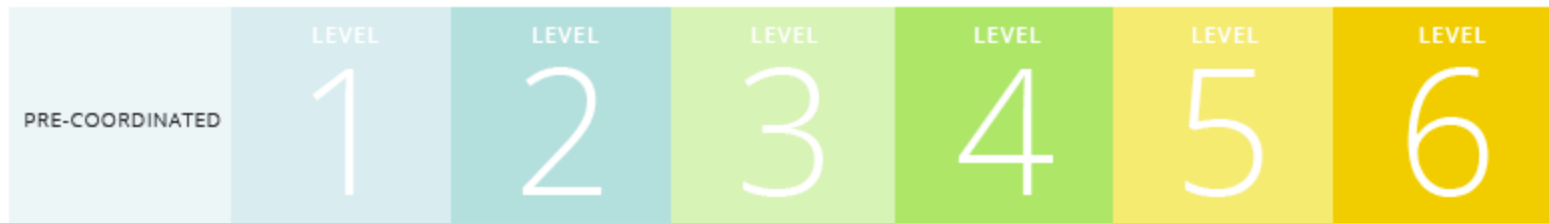
- Deeper dive into 4 Core Components
- Subject matter experts describe integration experience
- IPAT Tool
- Coaching call following January webinar

Integrated Practice Assessment Tool

Assessment Summary >>

Practice/Location: _____ Date: _____

Current Level of Integration: (Circle one)

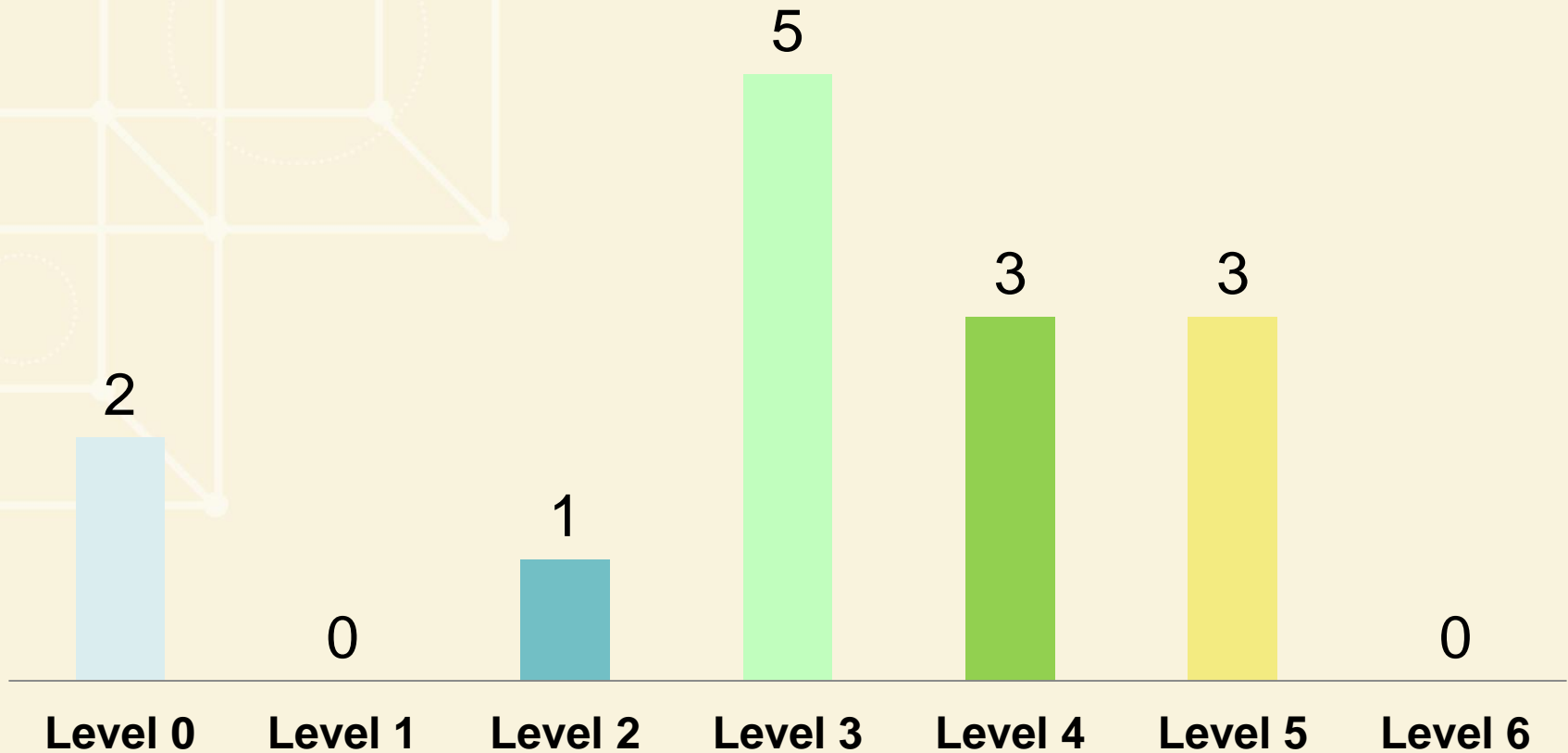


Assessment Team Completing IPAT: (Names/Position at Practice)

Name: _____ Position : _____

Name: _____ Position : _____

IPAT Results



BH has a **communications plan for shared clients**. Need to formalize and implement so it includes the **patient** and **all providers** involved in the process and evaluation. Depts need to communicate more effectively – the pt needs to be the priority. (L3)

We started with one fulltime LCSW and have **expanded** to 4 fulltime BH specialists. We currently provide services to four clinic locations. (L5)

PC and BH **share an EHR**. Ability to **share a treatment plan** but not yet used by all care team members. Starting to **monitor** BH population for lab work, screenings and symptom improvement. (L5)

Pre-identified preliminary steps to advance to level 6: **EHR, billing system**, establish **outcome measurements**. (L5)

We were surprised with how integrated we actually are already. We are looking forward to even more integration and achieving level 6. (L5)



December comments

- How to **hand-off screening results** to bx health; how to **build workflows** that are realistic for a PC setting.
- The actual **integration of the intervention**, what intervention in an integrated setting looks like.
- Interventions that are most **appropriate and efficient** in the PCP offices/medical outpatient.
- Determining intervention **goals** and developing **plans** to treat to those goals
- Difference between integration of departments **within one** agency vs. integration of services offered by **two or more** agencies
- Efficient and meaningful **metrics and evaluation** processes

Spotlight on...



**Screening
Intervention
Measures &
(Bonus!) Leading Change**

Screening

Poll Question

As part of your behavioral health integration plan, which of the following are you planning to screen for by the time this IC finishes in August? (Choose all that apply)

- Depression
- Anxiety
- Bipolar
- Alcohol misuse
- Drug use

Screening

29% of adults with medical conditions have mental disorders

68% of adults with mental disorders have medical conditions

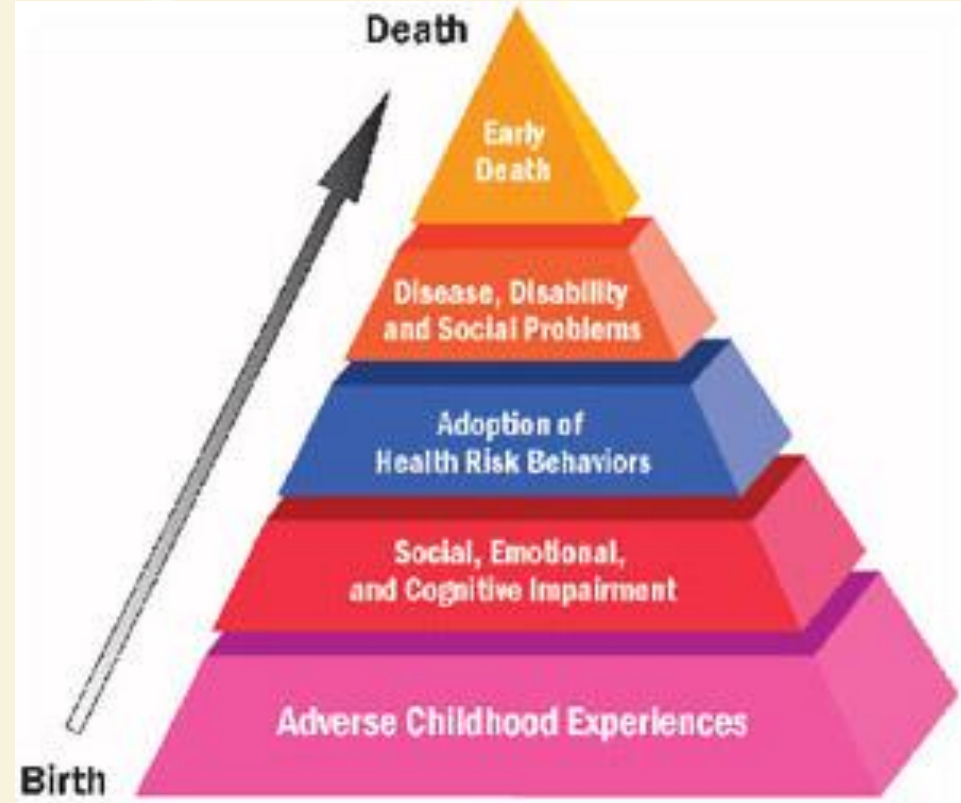
National Comorbidity Survey Replication, 2001–2003

Screening: Healthy Lifestyle



The ACE Study

Major links identified between early childhood trauma and long term health outcomes, including increased risk of many chronic illnesses and early death



Felitti, et. al. Am J Prev Med 1998

Why ACE is

Important

- Exposure to stressors weakens immune system and increases inflammatory response (linked to injury and infection) = increased risk for medical disorders.
- Depression is linked to altered immune function.
- People impacted by adverse child events may be more likely to engage in unhealthy behaviors.
- Mental illness can complicate ability to manage medical condition including self-care regimens and expectations.

Assessment

- What does this mean to your various team members?
- What does it mean from a regulatory perspective?
- What fits best within your organization and how to be most efficient

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www.glasbergen.com



“These are the new guidelines for reducing the amount of paperwork we use in the office.”

Sequential Teams



- Work **flows** from one to another, usually in 1 direction
- **Interdependence** to meet goals
- Agreed upon **process**
- **Accountable** to each other

Intensive Teams



- Need to **understand, create and implement** solutions to solve a new problem
- Highly **complex and variable**
- Constantly **changing** systems
- High need for **relationship**

Intervention

Poll Question

As part of your behavioral health integration plan, which of the following are you planning to use / implement?
(Choose all that apply)

- IMPACT stepped care for depression
- Motivational Interviewing
- SBIRT for risky substance use
- CALM for anxiety
- Other interventions

Intervention: Stepped Care

Treatment
adjustments as
needed using
evidence-based
clinical outcomes



STAR*D Trials - Rush, 2006

Treatment Step	Remission Rate	Weeks to Remission
1. Antidepressant	36.8%	6.5
2. Switch or augment (meds/therapy)	30.6%	5.4
3. Switch or augment again	13.7%	5.6
4. Switch or augment again	13.0%	7.4
Total	70%	

Motivational Interviewing

Motivational interviewing is a collaborative, person-centered, guiding method designed to elicit and strengthen motivation for change.

Miller & Rollnick, 2012

- **MI** improves treatment retention, adherence, and outcomes across a range of behaviors – but without training, coaching and feedback, outcomes can vary widely
- **MI** skill is reliably measurable and predicts better outcomes
- **MI** generalizes fairly well across cultures



Open-ended inquiry

How are you taking your medication?

Affirmations

You're creative when it comes to finding time to exercise.

Reflections

Depression is not something you've talked about in your family... and you're looking for support.



Measures

Measurable Clinical Outcomes

Blood Pressure

Lipids

Hemoglobin A1c

Pain: Brief Pain Inventory

BMI

Depression: PHQ-9

Anxiety: GAD-7

Tobacco Use / Breath CO

Alcohol/Drug Use: AUDIT, DAST, CRAFFT

Other Outcome Measures

- Patient Activation
- Patient Satisfaction
- Functioning: DLA-20
- No show rates
- Rx fills
- ER visits
- Hospital admissions/readmissions



Questions?





***SAMHSA-HRSA
Center for Integrated
Health Solutions***

**Leading
Adaptive vs Technical
Change**

**Ronald Heifetz, MD, Harvard Medical School
Founder, Center for Public Leadership**

Technical Change

- Problem is well defined
- Answer can be found within present structure
- Implementation is clear
- Mechanic = Fix



Adaptive Change

- Challenge is complex
- Need to address deeply held beliefs & values
- Loss is inherent part of the process
- Organic = Grow



*The most
common cause
of leadership
failure*

EHR, tools,
staff memos,
process & workflow

*is treating an
adaptive
problem with a
technical fix.*

Leadership support &
clinical champions

Staff engagement, values, beliefs

Allowing staff to work up to training
capabilities & testing expanded roles

Shared vision & accountability

Clinical Example

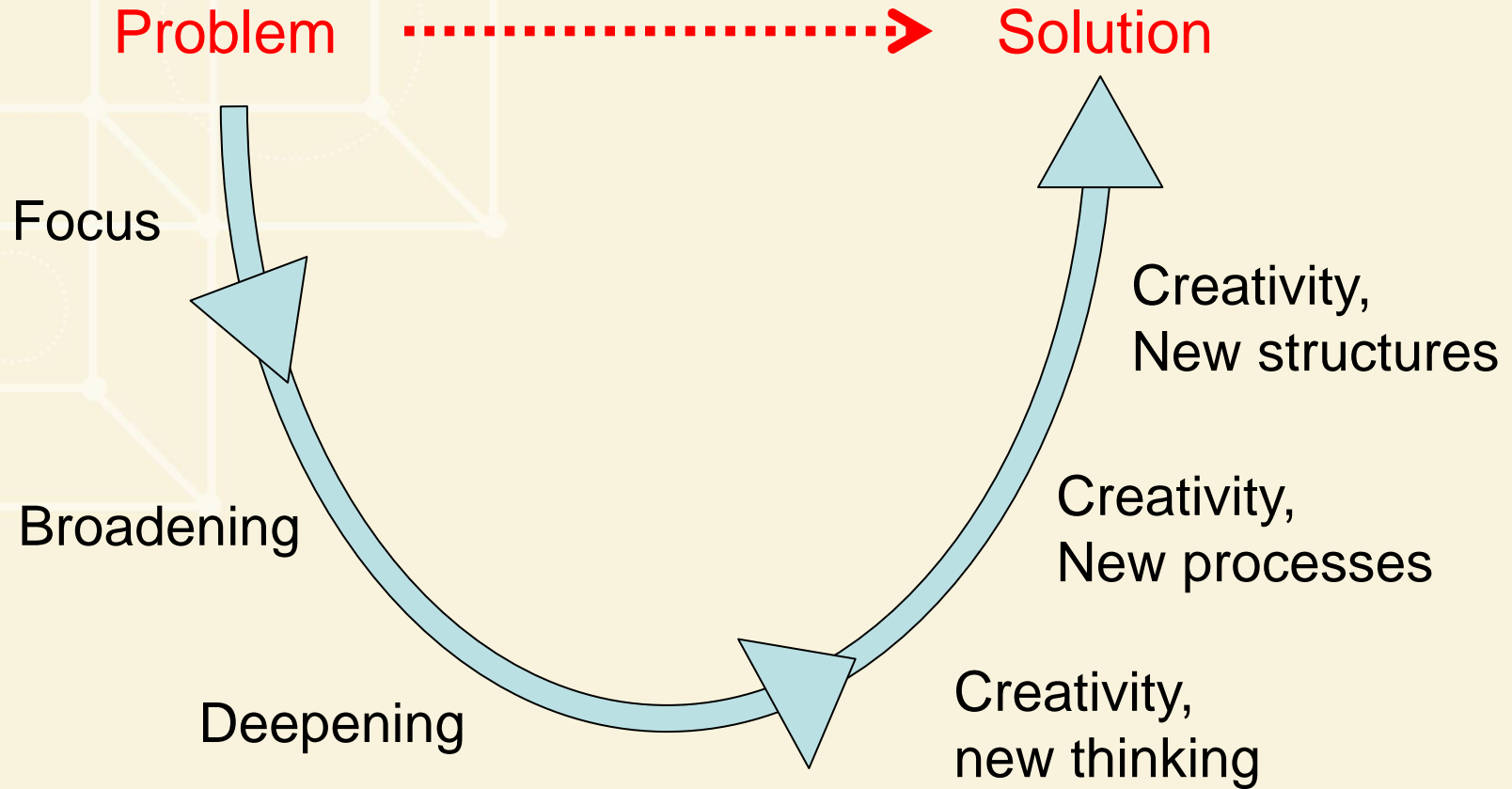
- Technical: Diabetes diagnosis, medication prescription
- Adaptive: Identifying as someone with diabetes, loss of “the way things were before”, how to fit medication into daily routine.

Process Example

- **Technical:**
New screening tool, workflow algorithm
- **Adaptive:**
Values and beliefs about screening for X, being the new member of the team, loss of independence

Otto Sharmer, PhD, MIT, 2007

Theory U



Questions?



Cherokee Health Systems 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.”

https://www.youtube.com/watch?v=OtgMPhDH5TU&feature=channel_video_title

Next Steps



- **Open Office Hours: Fri, Jan 23, 12-3pm Eastern**
Pam Pietruszewski 1-202-684-7466 x253
pamp@thenationalcouncil.org
- **Next Webinar: Tues Feb 17, 3-4pm Eastern**
Maureen Neal, CFRE & David Pullen, MS, CRC, LMHP-E
The Daily Planet Healthcare Center, Virginia

For More Information

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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.**