Pediatric Integrated Health Care Implementation Model

One Location, One Visit

A MANUAL FOR INTEGRATING MENTAL HEALTH SERVICES INTO A PEDIATRIC PRACTICE

STARFISH
FAMILY SERVICES

Developed by Michelle Duprey, LMSW

Pediatric Integrated Health Care Implementation Model

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Michelle Duprey, LMSW
Integrated Health Care Director,
Starfish Family Services

Foreward

By Mary Ludtke:

Beginning the journey…

As you begin your journey to explore the integration of behavioral health and physical health or take your first steps toward integration, it is hoped that you will stay focused on improving the lives of the children that you serve. With this focus, we trust that you will withstand the "bumps" in the road and continue on your journey to integrate physical health care to include behavioral health consultation services.

This manual will provide you with a road map for your journey to become an integrated primary care site. As with any road map, how long it takes to get from point A to point B will depend on many factors. The most important factors impacting this transformation will be the commitment of all members of the team to embark on this journey of integration as well as the commitment to the treatment of children in a holistic manner. It is important for the team to acknowledge that their work will include addressing the unresolved behavioral health issues that have a long-term impact on the health and welfare of a child.

Too long we have separated the provision of physical and behavioral health services to children and their families. An integrated health approach closes the gulf between health and behavioral health care and ensures that we provide all children with the support needed for them to move forward on their journey to a healthy adulthood.

Mary Ludtke is a consultant for the Mental Health Services to Children and Families,
Michigan Department of Health and Human Services

By Andrea M. Cole:

The evidence to support pediatric integrated health care models is well documented. Yet primary care doctors and settings still have very inconsistent mental health knowledge and capacity to provide effective interventions.

We partnered with the Michigan Department of Health and Human Services and Starfish Family Services to make available to the public a manual to help increase the capacity for primary care to effectively provide integrated health care. Under the dedicated leadership of Michelle Duprey, and without many "real world" implementation resources, Starfish successfully pioneered a model that skillfully transformed non-integrated practices to fully integrated practices to better meet the mental health needs of the children they serve.

We are so thankful to Starfish for developing this comprehensive manual that shares lessons learned, along with a step-by-step walkthrough of the process of planning, developing, educating, implementing and evaluating a pediatric integrated health care initiative. It is our hope that primary care settings use this exceptional manual as a helpful guide and resource for implementation.

Andrea M. Cole is the Executive Director and CEO of the Ethel and James Flinn Foundation, which is
committed to improving the quality, scope and delivery of mental health services in Michigan.

Testimonial

It's an exciting time of innovation and change in health care and as anyone who is in the health care field will tell you, it's a long and winding road to transformation. The Integrated Health Care model of care is really no longer just a model up for "consideration" but rather a way of delivering care and doing business that has proven successful in increasing patient access to mental health services, lowering costs, and improving patient satisfaction.

I have experienced the transformation first hand in partnership with Starfish Family Services and the use of the Implementation Model Manual, and I know that it is a process of change, not a "one size fits all" model or something that can be completed with just a decision to integrate. There is a progression that must follow the shift and it must be done within workflows, in attitudes and culture.

Physicians must be willing to make room for behavioral health within their practice in order to see the grand benefits. Staff must be willing to learn new ways of using their unique skills as well. We have implemented Integrated Care Behavioral Health in our pediatric clinics and there is no turning back. It's an exciting time in Health Care.

Charles J. Barone II, MD FAAP
Chair, Department of Pediatrics
Chair, Credentials Committee
Henry Ford Medical Group
Clinical Associate Professor of Pediatrics
Wayne State University School of Medicine

Introduction

The need for a pediatric integrated health care model is clear. Many children who make it to a doctor's office are either not identified as having behavioral health needs because there is no model for screening, or if identified, most patients are told to contact a mental health facility in their area. Without assistance or a soft hand-off parents/caregivers are less likely to follow through and children/youth will not receive needed early intervention services. Integrated care approaches are being driven in part by the Patient Protection and Affordable Care Act of 2010 (ACA), which emphasizes integrated care approaches. As a result, Integrated Health Care is no longer a concept, but a way of doing business.

Increasing behavioral and emotional problems are occurring at younger and younger ages. A recent family survey conducted for the National Alliance for Mental Illness (NAMI) found that 63 percent of families reported their child first exhibited behavioral or emotional problems at seven years of age or younger. At these ages the most common point of contact for families with children experiencing these problems is their pediatrician or primary care physician, yet only 34 percent of families in the NAMI survey said their primary care doctors were "knowledgeable" about mental illness. Another 17 percent said their primary care doctor was "somewhat knowledgeable," with 59 percent reporting their primary care doctors were "not knowledgeable" about mental health treatment. A slightly higher percentage (64 percent) state their primary care doctors were not knowledgeable about local resources and supports for families (NAMI, 2011).

An issue paper published by the National Institute for Health Care Management Foundation (NIHCM) eloquently describes the shortcomings of the current fragmentation between behavioral health and physical health care system.

> One in five children and adolescents in the U.S. experiences mental health problems, and up to one-half of all lifetime cases of mental illness begin by age fourteen. Seventy-five percent of children with diagnosed mental health disorders are now seen in the primary care setting, making the management of mental health issues a growing part of pediatric practices…Pediatricians are well positioned to detect problems in a child's social and emotional development due to their consistent presence in a child's life,…[however] pediatricians are increasingly relied upon not only to detect problems, but also to provide the full spectrum of mental health services without the tools and resources to do so effectively (NIHCM Foundation 2009).

> Childhood can be described as a multi layered system of developmental stages. The needs of an infant are decidedly different from the needs of an 11 year old, however both are considered "Pediatrics." There are also events or risks that occur only within childhood but can have long term consequences as listed below:

> ***Developmental:*** speech, language, learning, Autism Spectrum, ADHD

> ***Physical Health:*** obesity, diabetes, asthma, fetal alcohol spectrum, drug/alcohol use, smoking, eating disorders

> ***Social/Emotional:*** emotional abuse, attachment issues, neglect, bullying, lack of social supports, negative social environment, absent parent, incarcerated

Introduction, continued

parent, substance abusing parent, mentally ill parent, teen parent

Trauma: environmental, physical/sexual abuse, neglect, foster care placement

It is this very nature of Pediatric care that demands a team of knowledgeable professionals who can help patients and parents to navigate the complex issues and needs of childhood.

– Michelle Duprey, Lead Author, Wayne County Pediatric Integrated Health Care Concept Paper

As the integration of Primary Care and Behavioral Health becomes more and more the norm and the number of systems become more interested in integrating, it is imperative that a model for completing a successful integration be made available. It is a well known fact among those who have participated in the integration movement that simply placing a mental health professional into a primary care office is not a sufficient or effective solution. This integrated health care implementation model offers a plan and resources to assist those in charge of integrating a practice that is based on real world experience, research and practice.

Pediatric Integrated Health Care Models

For this model, the following determination will be used

BHC Integrated: This integrated model indicates the presence of a Behavioral Health Consultant on the Primary Care team with referrals made outside the practice for Specialty Mental Health services

Full Integration: This fully integrated model indicates the presence of a Behavioral Health Consultant on the Primary Care team as well as the presence of specialty mental health services at the same site.

For many Pediatric practices, the need for integrating behavioral health onto the Primary Care team may be known and understood, but finding the resources and the knowledge to actually integrate may be unavailable. The following Pediatric Integrated Health Care model illustrates the flow of goals and tasks necessary to fully integrate a pediatric practice.

The following Pediatric Integrated Health Care model illustrates the flow of goals and tasks necessary to fully integrate a pediatric practice:

- *Educate all stakeholders*

- *Identify all Logistics specific to each primary care site*

- *Development of consistent integrated procedures with site specific fit*

- *Workflow Adjustment to fit each procedure into a new paradigm*

- *Evaluate and monitor each procedure for success as well as the overall paradigm shift*

- *Replicate and repeat with new lesson learned along the way*

This model demonstrates processes for a full implementation and provides tools to help to achieve this goal. Each practice site is different and it should be noted that not all sites will be able to accomplish each task of implementation to a level of 100 percent.

Acknowledgments

I would like to acknowledge and thank contributors to the completion of this manual.

Ann Kalass, CEO and Marisa Nicely, VP at Starfish Family Services for their support of me in the development of this model. Their commitment to Integrated Health Care and providing me the time and opportunity to develop this model was invaluable.

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Every Physician and treatment team that allowed us into your practice to utilize and test this model.

Amanda Beck, Debrah Lee, Marisa Nicely, Crystal Shilling, and Tate Haywood for their reviews, input and direction.

My partners Marisa Nicely, Michele Kennedy, Jennifer Jonika and Christina Grim at Starfish Family Services who inspire me every day to dream big, reach far and never give up.

My Integrated Health Care team led by supervisors Jung Nichols and Chy'Leetzia Johnson whose dedication to the day-to-day work allows me to create our vision.

– Michelle Duprey, LMSW
Integrated Health Care Director,
Starfish Family Services

How to Use this Manual

Over the years of working in Integrated Health Care, there are a number of "rules" or lessons learned that some of us take for granted that everyone knows. One of my most valuable lessons is to never assume anyone knows anything.

We are all forced to be very committed and focused on our own work. We can barely keep up with our own "rules" of systems we know well, let alone "rules" of some new system. I am happy to share this one learned lesson with you. You CANNOT hire or contract out or otherwise "place" a mental health person (Social Worker, Psychologist, Counselor, etc.) into a medical practice and say "viola, we are integrated!" I have seen this done, I have seen it fail.

One of the most unfortunate impacts of this approach or breaking of a "rule" is that it leaves the physicians, the clinic staff, mental health person and patients all saying "oh, Integrated Health Care? Yeah, we tried that, it doesn't work." They are correct, this does not work. Unfortunately, this situation also sets back the ability to transform our health system by years. This is not a car wash, a quick fix, a drive thru. This is a transformational process that requires new ways of looking at things, people being expected to take new perspectives and develop new interpretations to things that they hold dear.

If you know how difficult it is for adults to unlearn and relearn, then you understand. Move your trash can in your office and you will understand. Unlearn and relearn. This is why there is a model for guidance. The model is not even the full answer to the question "how do we transform our practice from non-integrated to integrated?" It's a starting point and a guide. It can take 6 months to 5 years to fully transform a practice, a system, a person.

It is important to note that this model is not prescriptive. It is not an "all or nothing" approach and is not meant to imply that to be a fully integrated clinic all activities must be done as advised and in any particular order. You will notice that there is an order that naturally occurs (ie: you must have a MOU or contract before other activities), however many activities will also naturally occur based on each individual clinic.

The model is broken into two Tiers for the Educate, Logistics and Develop/Implement modules. Tier One represents the basics of integration. Tier Two represents activities that can take the clinic to the next level of integration by providing the patients and community with leadership, services and community education and is recognized as such.

Tier One activities are listed first, with Tier Two activities following in the same section. This allows the reader to have some choices while focusing on a particular area, rather than waiting until Tier One activities are completed before even considering the Tier Two ideas.

Experience informs us that nothing that is newly created is done so in a straight line so the manual should be used in an "as needed" order. The Workflow Adjustment and Evaluate modules are not broken into tiers as the activities are generally the same throughout implementation regardless of how far a practice goes in integration.

This model was originally developed to be used by the Integrated Health Care staff in my department to help contracted Pediatric, Family Medicine and School-Based Health Centers throughout their transformation from non-integrated to fully integrated practices. The activities of the implementation were meant to guide my staff through the process. If your medical practice uses the model without support from an outside source, such as Starfish Family Services, you should be able to follow the same model independently by hiring your own Behavioral Health staff and/or assigning the tasks to an existing staff.

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SECTION II: The Behavioral Health Consultant

The Behavioral Health Consultant (BHC) as a role for a mental health professional is a relatively new concept and there are a number of different interpretations of the role depending on the model of Integrated Health Care that is pursued and utilized by any particular organization.

Continued…

Defining "Behavioral Health Consultant"

For the purposes of this manual and this model, the Behavioral Health Consultant is defined as

> "a licensed, professional position embedded on a physical health care team to provide their mental health expertise through consultation with the provider team and patients to promote whole body health and wellness."

A true BHC is the mental health expert on the team, providing the knowledge, experience, models and theories of psychological functioning to the medical profession. When a mental health professional and a physical health professional join forces, the patient wins. For the Physician, the ability to address their patients social, emotional and psychological needs by calling a team member into the exam room can be as helpful to the Physician as the patient.

The ability to finally say "I have someone for that" rather than "go somewhere for that" is the difference having a Behavioral Health Consultant on the team provides.

IDEA

Explaining The BHC's Role

The title Behavioral Health Consultant can be much less intimidating and serve to decrease the stigma associated with typical mental health titles such as psychologist and social worker.

Identifying yourself as part of the Physician's team when meeting or calling patients can help put them at ease and increase perceived credibility.

Develop a brief but powerful "elevator speech" for what your role is as a BHC, such as,

> "Behavioral health is part of all health care and by joining the Physician's team and working together, patients receive the best care"

and

> "for too long we have separated the head from the body in health care. I help patients understand the connection for whole body health and Wellness."

Then be prepared to explain succinctly how your role accomplishes this, such as

> "understanding a physical health or behavioral health issue is the first step in better health and I help people do that"

or

> "by addressing a health issue with education, action plans and resources, I help patients understand the mind/body connection that can lead to behavior changes and better overall health and quality of life."

Core Competencies

The role of a Behavioral Health Consultant (BHC) is vastly different from that of a traditional therapist and/or social worker. The emergence of Integrated Healthcare as a model of service delivery has created the need for a new definition of what has historically been a more traditional role.

When considering the definition of this new role, it is important to recognize that the "new" does not negate the need for the "traditional." Specialty Mental Health treatment maintains its position as a much needed service, highly regarded and necessary.

A Behavioral Health Consultant is just different…in scope, focus, pace and skill set. The following are examples of the basic core competencies for the role:

Characteristics	Skills	Orientation to Practice
• Flexible, high energy level • Team player • Interest in health and fitness	• Finely honed clinical assessment skills • Behavioral medicine knowledge base • Cognitive Behavioral Intervention skills	• Action-oriented, directive, focus on patient functioning • Emphasis on prevention and building resiliency • Utilizes clinical protocols & pathways • Invested in educating patients, health literacy

Specifically, a BHC must be capable of functioning at a similar pace as a Physician. Whereas a traditional therapist has 45 minute sessions, in a comfortable office space with no interruptions, a BHC must be able to engage patients in an exam room and move quickly from patient to patient.

A traditional therapist will spend time completing an assessment and a therapy-focused treatment plan while the BHC will need to possess the ability to quickly identify the problem, ascertain the barriers to resolution and offer behavioral-based plans with a targeted focus. Traditional therapists tend to work one-on-one with the patient while the BHC works concurrently and collaboratively with the Physician, offering consultation, expertise and partnership.

In general, it is imperative that the BHC have the following specific skills:

- The ability to understand the biological components of health, illness, and disease and the interaction between biology and behavior
- An understanding of how cognition, emotion, and motivation can influence health
- An understanding of how social and cultural factors affect health problems, access to health care, and adhering to treatment regimens
- Knowledge of how to assess cognitive, affective, behavioral, social and psychological reactions for all common conditions seen in primary care.

Roles

Behavioral Health Consultant	Specialty Therapist
• Consultant to PCP • Member of provider team • Provides assessments and support for PCP screenings • Provides short, focused interventions with 1-5 follow-up visits • Provides psycho-education and supportive materials/tools for identified issues • Provides anticipatory guidance • Provides linking and coordinating for community resources and systems • Utilizes PCP medical record	• Provides services in a mental health clinic or traditional mental health services in medical/school setting • Uses a variety of clinical models to address mental health needs • Coordinates with PCP • Office provides psychiatric services • Has specialized treatment plan • Mental health services are provided for duration of treatment plan • Mental health clinical record

Behavioral Health Consultant

Role Process

Initial Consultation

- **Assess:** *Gather core information (answer the PCP's referral question)*
  Screening, clarifying referral question, clinical case review, targeted clinical interview, gathering relevant information

- **Establish:** *determine primary issue*
  What is the current symptom, effects of symptoms on functioning?; use reframes for clarifications and focused follow-up questions for understanding

- **Provide:** *make sound and quick recommendations*
  Brief interventions supported by self-management strategies, focus on functional outcomes and flexible follow-up, resources and referrals

- **Close and Consult:** *determine plan and collaborate with PCP*
  Restate the plan with patients, create follow-up plan. For PCP, clarifying the consultation question, fitting recommendations to providers and primary care setting, effective consultative feedback, appropriate chart documentation

Follow-Up Consultation

- **Assess:** current functioning related to identified issue, adherence to established plan, new developments related to initial identified issue

- **Establish:** barriers to following plan, new or additional issues as related to the initial plan and determine need to adjust plan

- **Provide:** brief interventions, additional skills trainings, resources, referrals

- **Close and Consult:** review plan and agreed upon actions, review new skills, resources and/or referrals, determine follow-up plan. Provide follow-up consultation with PCP and document in chart

Note: Some initial and many follow-up consultations may take place over the phone as necessary.

TIPS

When Talking to Physicians, BHCs Should:

1. Be concise
2. Stick to facts
3. Don't use mental health-specific acronyms
4. Connect issue to physical health symptoms
5. Details should go in the write up for the chart

Level of Care Determinants

One of the many ways Integrated Health Care can impact a transformation in the entire mental health system is to help patients determine the true level of care that is needed. In most states, children who are detected as having some sort of mental health need have two choices: the Community Mental Health system or their Qualified Health Plan (QHP) for managed care, mild to moderate mental health issues. Physicians, not being armed with the most updated knowledge of the system, typically refer straight to a therapy service for a child who is having some difficulty. Unfortunately, this leads to a long and winding road of confusion and frustration on the part of the parent.

Typically, a child will be referred to their local community mental health provider and after a long intake process, full of paperwork, it is determined that the child does not meet criteria. If they are lucky, they might receive a phone screening and told that their child does not meet eligibility criteria, but then what? They may be referred back to their Qualified Health Plan to start their mental health access journey all over again.

Sometimes the opposite occurs and the child begins to use their QHP benefits only to be told, usually after a therapeutic relationship has been established, that the client requires a higher level of care so they are referred to the Community Mental Health system. It starts to become clear why many parents just give up and their child's needs go untended.

Using their knowledge and experience with the mental health system, a BHC can help determine which level of care and which system the child would be best suited to enter. They also can provide guidance and navigation of the systems up front to the parent so that they know what to expect from each level of care. Ultimately, when the system is balanced there will be less of a backlog because the right children will receive the right level of care.

Finally, the BHC's presence in Primary Care offers a new third option for children, that of Intervention. Not all children need therapy. Some children who receive interventions from a BHC in their Pediatrician's office may not need to enter the Mental Health system at all, further balancing the system and saving money that would have been spent needlessly.

Intervention in Primary Care Environment	QHP Therapy with Outpatient Services	Community Mental Health Services
• Health Behaviors (Obesity, Diabetes, Obesity etc.) • Psycho-Education • Referrals • Normalized developmental decisions • Stress • Mild school performance issues • Mild bullying • Mild divorce/family issues	• Generalized Anxiety • ADHD • Mild to Moderate Trauma event • Mild to Moderate Depression • Mild to moderate symptoms due to bullying • Mild to moderate symptoms due to divorce/family issues • Moderate stress	• Oppositional Defiant Disorder • Bi-Polar Disorder • Major Depression • Suicidal/Homicidal • Frequently missing school • Juvenile justice issues • Repeated violence • Chronic home/parent issues • Chronic runaway • Moderate to severe trauma

Behavioral Health Consultant

Recommended Trainings

A BHC is generally Master's prepared and trained on mental health issues, however the medical aspect of whole body health and wellness will be new for most people, as is the brief model of 15-20 minute contacts. When available, it will be helpful to attend trainings and/or seek out webinars on the following topics, which will be useful in any general medical setting.

1. Motivational Interviewing
2. General Integrated Health Care
3. General nutrition
4. Childhood obesity
5. General asthma
6. General diabetes
7. Crisis intervention
8. Autism Spectrum
9. Pain Management
10. Suicide assessment and prevention
11. Brief Interventions in Primary Care
12. ADHD
13. Child psychotropic medications
14. Cognitive Behavioral Therapy techniques
15. 15. Mindfulness-based interventions
16. 16. Trauma

Trainings offered through:

- SAMHSA
  www.samhsa.go*v*

- The National Council for Behavior Health
  www.thenationalcouncil.org

- American Academy of Pediatrics
  www.aap.org

- Michigan Primary Care Association
  www.mpca.net

- Community Mental Health

- Children's Health Access Programs (CHAP) - Michigan
  www.uwmich.org/michap

- Virtual Center of Excellence
  www.vceonline.org

- The University of Michigan Certificate Program.
  www.ssw.umich.edu

TIPS

Suggested Basic Supplies List for BHC

- Psycho-education materials
- Laptop
- Printer
- Access to a phone
- Screenings
- Book of medications and side-effects
- Community resources

Resources

1. **The National Council for Behavioral Health** specific to Behavioral Health/Integrated Health – web site, weekly newsletters
www.thenationalcouncil.org

2. **SAMHSA-HRSA** – web site; webinars, emails, weekly newsletters
www.samhsa.gov

3. **Linked In** – search Integrated Health Care/Behavioral Health (nationwide network, support group, research information, parent/patient education information, webinar information)
www.linkedin.com

4. **Facebook** – search Integrated Health Care/Behavioral Health
www.facebook.com

5. **National Alliance for Mental Illness (NAMI)** – parent/professional education/resources on a wide variety of MI, research, etc.
www.nami.org/

6. **American Academy of Pediatrics (APA)**
www.aap.org

7. **Julieslist.homestead.com** – community resources in/around Detroit
www.julieslist.homestead.com

8. **The Information Center Resource Guide** – web site, referral center, publishes a resource guide available free of charge upon request with a wide variety of local resources for families
www.theinfocenter.info

9. **National Association of Social Workers (NASW)**
www.socialworkers.org.
Michigan Chapter www.nasw-michigan.org

10. **Zero To Three** – good resource/information/training info/education on children zero to three
www.zerotothree.org

11. **Michigan Association of Infant Mental Health (MI-AIMH)** – another good resource for parents/professionals on children zero to three
www.mi-aimh.org

12. **Ages & Stages Questionnaires (ASQ** Online)
www.agesandstages.com/products-services/asq-online

Resources, continued

13. **The Skillman Foundation** at Wayne State University – sign up for newsletters; info on upcoming trainings on a wide variety of Social Work topics; research information
www.skillman.org

14. **Healthychildren.org** – APA sponsored web site with parent/professional information, pamphlets, handouts, educational materials, research on everything from safe sleep to car seat safety and nutrition
www.healthychildren.org

15. **Project Find/Early On** – referrals for evaluation; link to local resources for children with developmental delays or suspected developmental delays
www.1800earlyon.org

16. **Healthfinder.gov** – subscription for weekly updates on medical studies
www.healthfinder.gov

17. **Centers for Disease Control**
www.cdc.gov

IDEA

Video: Integrated Healthcare in Practice

Starfish Family Services offers integrated healthcare to pediatrics practices in the Metro Detroit area. This promotional video features interviews with physicians, behavioral health consultants and patients discussing the benefits of an integrated practice.

Watch the video:
www.youtube.com/watch?v=IfHOByXYD-o

Lean more:
www.starfishfamilyservices.org/what-we-do/integrated-health-care/

Behavioral Health Consultant

Job Description

Title

Behavioral Health Consultant

Primary Purpose

This is a professional position providing mental health and integrated health care expertise to health care providers and patients. This position will be housed in a medical setting and will be integrated into the primary care team.

Education And Experience Required

1. Master's degree in social work, psychology or other related human service field.

2. Registration/licensure as a social worker, counselor, or psychologist. Full License preferred.

3. Medical social work experience preferred.

Knowledge, Skills And Abilities Required

1. Knowledge of the Integrated Health Care model.

2. Experience or specialized training in an Integrated Health Care setting preferred.

3. Specialized training in health issues related to children including asthma, diabetes and obesity or completed within 3 months of employment.

4. Strong assessment skills.

5. Experience working with parents on behavioral management, and child development education.

6. Experience with providing appropriate referrals for aftercare.

7. Experience with multiple major human service delivery systems (FIA, public health, education, etc) preferred.

8. Ability to demonstrate commitment, caring and respect for children and adults from diverse backgrounds whom have multiple needs or problems.

9. Ability to work cooperatively and responsibly as a member of a team with colleagues, supervisors, agency staff and collateral contacts.

10. Ability to develop medical/behavioral treatment plans and coordinate needed services to fulfill plans.

11. Ability to role-model appropriate child-handling techniques to parents and staff.

12. Good understanding of child development, parent/child dynamics, common childhood behavior problems and appropriate interventions.

13. Ability to effectively, appropriately, and accurately communicate both orally and in writing.

14. Ability and willingness to abide by all confidentiality policies.

15. Ability and desire for personal and professional growth, and skill development.

16. Competence in the delivery of crisis intervention services and in brief and time-limited therapy.

17. Ability to demonstrate compassion and sensitivity and to respect the privacy and special needs of patients.

18. Must be computer literate.

19. Knowledge of community resources and linkages.

20. Knowledge of theory and practice of individual, group and family systems treatment.

21. Ability to make critical decisions independent of immediate supervision.

22. Ability to work flexible hours as needed (i.e. some evenings or weekend work is required).

23. Must have the ability to work with all members of the community regardless of race, age, sex and cultural or ethnic background.

Principle Duties And Responsibilities

1. Assess and educate primary care practices on Integrated Health Care.

2. Develop logistical and workflow procedures involved in an integrated health care site.

3. Provide assessments and referral services to children and youth in their primary care setting that are identified through a screening mechanism by the primary care provider with special consideration for screenings related to trauma environments.

4. Conduct additional screens and assessments.

5. Provide psycho-social education as needed with particular emphasis on childhood development and adolescent development.

6. Provide anticipatory guidance on child/adolescent development, behavioral issues and parenting skills/strategies.

7. Link with provider agencies.

8. Assist in coordination of care and provide referrals to appropriate community agencies as necessary.

9. Follow up on all referrals to ensure contact/link to referral agency.

10. Follow up to ensure progress with suggested strategies.

11. Serve as a mental health consultant to the primary care team.

12. Embrace an integrated approach to patient treatment.

13. Facilitate groups as necessary.

14. Must maintain any client files in order and up to date.

15. Provide training to other professionals.

16. Submit timely and accurate documentation of services, billing data and required paperwork.

17. Work cooperatively as a member of a team with program staff and community resources.

18. Responsible for working with team members, supervisor, child, families and community contacts in a manner that is conducive to the philosophy and mission of the program and agency.

19. Participate in individual and group supervision.

20. Participate in on-going personal and professional development including in-service training, peer review, external workshops and seminars.

21. Adhere to all policies and procedures as it relates to documentation, productivity, training requirements and confidentiality.

22. Must maintain ethical and professional standards at all times.

23. Attend all agency and departmental meetings and training as required.

IHC Interview Questions

1. Please tell me about your overall Social Work/Psychology/Counseling job experience.

2. Please tell me about your experience working in Health Care.

3. How would you define Integrated Health Care?

4. How would you define the benefits of IHC?

5. What do you think the barriers to IHC might be?

6. What strategies have you/would you develop to work effectively with doctors, Nurses, Medical Assistants (MAs) etc?

7. How do you envision working collaboratively within the Primary Care site?

8. Please describe your experience with working with standardized screening tools for children and adults.

9. Please describe your experience working with Qualified Health Plans.

10. Please describe your general knowledge of working with patients with common health issues such as diabetes, obesity, asthma and chronic pain.

11. Please describe your experience working with patients who have experienced trauma.

12. What strategies have you used to create a team?

13. How would you help a patient gain access to the mental health system?

14. How might you educate a newly diagnosed ADHD patient/parent?

15. What strategies can you think of to provide psycho-education to a patient in a 15 minute contact?

16. Describe a time when you had to manage a challenge with a colleague with regard to communication.

17. How would you manage disagreements between professionals (between provider and BHC, for example)?

BHC Intervention

The following are examples of how a BHC in an integrated practice can help pediatric patients by assessing potential specific mild to moderate mental and physical health issues, by coordinating treatment, and by providing interventions, referrals and resources for the patient and their family.

ADHD/ADD

A diagnosis of ADHD/ADD must come from the PCP. In order to obtain a thorough assessment of a child who is suspected of having ADHD/ADD, there are two assessment tools that are currently utilized for diagnostic purposes. These include the Vanderbilt Assessment and the Connors Comprehensive Behavior Rating Scale. In both instances, feedback is obtained from the child's parents/caregivers and their teacher(s). Once these Assessment tools are completed, the family is encouraged to return for a follow up visit to review the Assessment tool with the PCP and the BHC, and to obtain additional information. The parent/caregiver is provided with information on treatment options as well as behavior modification tools that can be used in the home or at school.

The BHC is instrumental in providing psycho-education once a diagnosis is made and can provide additional information and referrals as needed. If the decision is made for the child to begin medication treatment options, it may also be helpful to provide a referral for behavioral health services as well. The BHC may provide up to 5 individual/family sessions and determine the need for additional referrals as needed.

The BHC will typically develop a weekly goal sheet/behavioral health plan with the family and provide additional resources, tips, tools and behavior modification interventions. The BHC can also provide assistance with follow-up consultations regarding medication compliance.

> ### Common BHC Referrals from Pediatricians
> - Milestones and development
> - Behavior (e.g. tantrums, picky eating, bullying)
> - Bed wetting
> - Difficulty sleeping & sleep hygiene
> - Mental health: ADHD, depression, anxiety, trauma, mood
>   – Suicide/homicide risk
> - Chronic illness: asthma, diabetes
>   – Medication management
> - Substance use
> - Healthy lifestyle choices

Possible BHC interventions: Instructions/guidance on the importance of establishing a structured schedule, routine, rituals; use of timer while identified client is doing homework to allow for breaks/flexibility in completion of tasks; decreasing amount of television viewing/video games; fun concentration games/memory games; use of homework planner on a daily basis; education on organizational skills (use of folders, note cards, etc.) increased communication with teacher via email or daily notes; use of mood journal; setting weekly behavioral goals; use of rewards/consequences jar in the home; "catch them being good;" diet/nutrition information (decreasing amount of sugar/sweets), etc.

– Examples contributed by Crystal Shilling, LMSW

BHC Intervention, continued

Autism

"The essential features of Autistic Disorder are the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests. The impairment in reciprocal social interaction is gross and sustained. There may be marked impairment in the use of multiple nonverbal behaviors (eye-to-eye gaze, facial expression, body postures and gestures) to regulate social interaction and communication. There may be failure to develop peer relationships appropriate to the child's developmental level that may take different forms at different ages. There may be a lack of spontaneous seeking to share enjoyment, interests or achievements with people or social or emotional reciprocity may be present (preferring solitary activities, not actively participating in simple social or play games). Often, an individual's awareness of others is markedly impaired. Individuals with this disorder may be oblivious to other children (including siblings) and may have no concept of the needs of others or may not notice another person's distress." (DSM-5)

BHC Toolbox:
Evidence-Based Practice

- Motivational Interviewing
- Cognitive Behavioral Therapy
    - Congitive restructiring
    - Behavioral activation
- Dialectical Behavior Therapy
    - Mindfulness
    - Diaphragmatic breathing
    - Progressive muscle relaxation
    - Emotion regulation and distress tolerance
        – Source: University of Michigan School of Social Work

Tools used to aid in diagnosis:

- MCHAT- The Modified Checklist for Autism in Toddlers

- The Childhood Asperger Syndrome Test (CAST)

- ASSQ The Autism Spectrum Screening Questionnaire

Once a child has been referred for additional testing, it is the job of the BHC to ensure that the Patient schedules an appointment and follows up with his/her PCP to review/discuss the test results. Parents should be forewarned that the testing/evaluation process is quite complex and can take upwards of 4-8 hours. Usually, the hospital will break up the evaluation into 2-3 hour sessions at a time. Once the evaluation is complete, the evaluation site/hospital conducting the evaluation will schedule a separate appointment to discuss the results and will also provide the parent with additional resources/referrals as needed. The BHC may provide care coordination assistance with any/all resources/referrals and provide information/guidance on services available for children diagnosed with ASD.

More information and resources at:

- www.1800earlyon.org
- www.autismspeaks.org
- www.autismnow.org
- www.waynecountyautismsociety.net

Anxiety

Anxiety disorders affect one in eight children. Research shows that untreated children with anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse (www.adaa.org/living-with-anxiety/children).

Young children who suffer from anxiety may report to their PCP that they have a "stomach ache" or complain of "chest pains" or other vague psychosomatic complaints. Typically, PCPs will refer patients to the BHC when all other medical causes for these complaints have been ruled out.

Children who score in the mild/moderate range may receive brief interventions from the BHC. These interventions may include providing information/education on deep breathing techniques, visualization, muscle relaxation exercises, use of stress or worry balls, etc. Children are typically asked to identify what types of things cause them anxiety and together, the child, the parent and the BHC will discuss alternative ways to deal with said anxiety. For example, children who suffer from test anxiety may benefit from an intervention with the teacher (allowing longer time to complete the test, use of breaks, etc.) Children may also be assigned "tasks" or "homework challenges," such as being asked to raise their hand in class, saying "Hi" to someone they do not know in the hallway, etc.

At each session, the BHC may ask the child to rank his/her anxiety level from 0-10 (with 10 being the highest). If the child's anxiety level continues to remain at a 7 or higher after 2 or 3 sessions, the BHC may suggest a referral to CMH or QHP for more traditional therapeutic approaches.

Sample Intervention Dialogue

"Hi, my name is Debrah, and I am the BHC on Dr. Smith's team. I'm trained as a clinical social worker. You see the doctor for any physical health concerns that you may have, but we know that health is a lot more than how our bodies are doing physically – it can also have to do with how we're thinking, feeling, or acting.

I am on Dr. Smith's team to meet with patients for about 15-20 minutes to discuss these specific concerns to ensure that you are feeling as well as you can. I communicate regularly with Dr. Smith regarding your care, and we share the same electronic medical record system. Dr. Smith mentioned that you are concerned about _____ today. Tell me more about that."

Asthma

According to the American Lung Association (www.lung.org/associations/states/colorado/asthma/asthma-action-plan.html):

• Asthma is one of the most common chronic disorders in childhood, currently affecting an estimated 7.1 million children under 18 years; of which 4.1 million suffered from an asthma attack or episode in 2011.

• An asthma episode is a series of events that results in narrowed airways. These include: swelling of the lining, tightening of the muscles, and increased secretion of mucus in the airway. The narrowed airway is responsible for the difficulty in breathing with the familiar "wheeze."

BHC Intervention, continued

• Asthma is characterized by excessive sensitivity of the lungs to various stimuli. Triggers range from viral infections to allergies, to irritating gases and particles in the air. Each child reacts differently to the factors that may trigger asthma, including:

- respiratory infections and colds

- cigarette smoke

- allergic reactions to such allergens as pollen, mold, animal dander, feathers, dust, food, and cockroaches

- indoor and outdoor air pollutants, including ozone and particle pollution

- exposure to cold air or sudden temperature change

- excitement/stress

- exercise

• Asthma can be a life-threatening disease if not properly managed. In 2011, 3,345 deaths were attributed to asthma. However, deaths due to asthma are rare among children. The number of deaths increases with age. In 2011, 169 children under 15 died from asthma compared to 633 adults over 85.

• Asthma is the third leading cause of hospitalization among children under the age of 15. Approximately 29 percent of all asthma hospital discharges in 2010 were in those under 15, however only 20% of the U.S. population was less than 15 years old.

BHC's and PCP's may benefit from utilizing an Asthma Action Plan at each visit. *A sample action plan is available at* www.nhlbi.nih.gov/files/docs/public/lung/asthma_actplan.pdf

BHC's may be asked to provide psycho-education, handouts, and other online tools. The BHC may also provide community resources/referrals to WCHAP for an asthma educator. BHC's are NOT authorized to provide demonstrations on use of inhalers or nebulizers.

Bullying

Oftentimes, children who are referred to the BHC for anxiety may also be a victim of bullying. Bullying can be defined as an intentionally aggressive, usually repeated, power difference between the young people involved. Bullying is a problem among youth 18 and under.

There are three main types of bullying: verbal, social, and physical. Cyberbullying is verbal and/or social aggression carried out through technology.

Some bullying actions can fall into criminal categories, such as harassment, hazing, or assault.

BHC interventions for bullying may include providing information/education on advocacy/speaking up in the school and community, role playing possible altercations, helping Mom/Dad advocate with school officials, self-esteem building exercises, etc.

BHC Intervention, continued

Diabetes

"Every year in the United States, 13,000 children are diagnosed with type 1 diabetes, and more than 1 million American kids and adults deal with the disease every day.

Diabetes is a disease that affects how the body uses glucose, the main type of sugar in the blood. Glucose comes from the foods we eat and is the major source of energy needed to fuel the body's functions.

After you eat a meal, your body breaks down the foods you eat into glucose and other nutrients, which are then absorbed into the bloodstream from the gastrointestinal tract. The glucose level in the blood rises after a meal and triggers the pancreas to make the hormone insulin and release it into the bloodstream. But in people with diabetes, the body either can't make or can't respond to insulin properly.

Insulin works like a key that opens the doors to cells and allows the glucose in. Without insulin, glucose can't get into the cells (the doors are "locked" and there is no key) and so it stays in the bloodstream. As a result, the level of sugar in the blood remains higher than normal. High blood sugar levels are a problem because they can cause a number of health problems.

Pediatric Primary Care: Addressing Common Concerns

Normalization – Validation – Support

Anticipatory Guidance	Psychoeducation	Screen & Referrals

Behavior Management	Parenting Skills	Mood, Anger, Stress, Anxiety Management	Risk Assessment & Planning

Source: Debrah Lee, LMSW

There are two major types of diabetes: type 1 and type 2. Both type 1 and type 2 diabetes cause blood sugar levels to become higher than normal. However, they cause it in different ways.

Type 1 diabetes (formerly called insulin-dependent diabetes or juvenile diabetes) results when the pancreas loses its ability to make the hormone insulin. In type 1 diabetes, the person's own immune system attacks and destroys the cells in the pancreas that produce insulin. Once those cells are destroyed, they won't ever make insulin again.

Although no one knows for certain why this happens, scientists think it has something to do with genes. But just getting the genes for diabetes isn't usually enough. A person probably would then have to be exposed to something else — like a virus — to get type 1 diabetes.

Type 1 diabetes can't be prevented, and there is no practical way to predict who will get it. There is nothing that either a parent or the child did to cause the disease. Once a person has type 1 diabetes, it does not go away and requires lifelong treatment. Kids and teens with type 1 diabetes depend on daily insulin injections or an insulin pump to control their blood glucose levels.

Type 2 diabetes (formerly called non-insulin-dependent diabetes or adult-onset

continued

BHC Intervention, continued

diabetes) is different from type 1 diabetes. Type 2 diabetes results from the body's inability to respond to insulin normally. Unlike people with type 1 diabetes, most people with type 2 diabetes can still produce insulin, but not enough to meet their body's needs."

– Source: [www. kidshealth.org/parent/diabetes_center/diabetes_basics/type1.html](www.kidshealth.org/parent/diabetes_center/diabetes_basics/type1.html)#

BHC interventions for children with diabetes may include providing basic education/information on the type of diabetes the child has; coordinating referrals to local agencies/support groups; arranging for a nurse or MA to demonstrate proper medication/treatment techniques; facilitating/coordinating a referral to a nutritionist for assistance with diet/food restrictions and care coordination with school officials post diagnosis. Patients should be encouraged to follow up with BHC in 2-3 weeks post diagnosis just to "check in" on the child's progress and follow up on any questions/referral concerns.

Depression

As many as 1 in every 33 children may have depression; in teens, that number may be as high as 1 in 8. Depression isn't just bad moods and occasional melancholy. It's not just feeling down or sad, either. These feelings are normal in kids, especially during the teen years. Even when major disappointments and setbacks make people feel sad and angry, the negative feelings usually lessen with time.

But when a depressive state, or mood, lingers for a long time — weeks, months, or even longer — and limits a person's ability to function normally, it can be diagnosed as depression.

Kids and teens who are depressed are more likely to use alcohol and drugs than those who aren't depressed. Because these can momentarily allow a person to forget about the depression, they seem like easy fixes. But they can make someone with depression feel even worse.

Depression can be treated with psychotherapy, medicine, or a combination of therapy and medicine. A psychiatrist can prescribe medicine, and although it may take a few tries to find the right drug, most people who follow their prescribed regimen eventually begin to feel better.

BHC interventions for children with depression include: providing information/education on depression to the patient/client and his/her family; providing information/education on psychotropic medication treatment options; coordinating medical treatment/prescription management with PCP, PA or MC3 Psychiatrist; providing appropriate therapy referrals to CMH or QHP specialty mental health therapist and encouraging coordination/follow up 2-3 weeks post prescription for medication management/care coordination with PCP. BHC may also engage in short-term, solution-focused therapy, engage in self esteem building exercises, assess for suicidality, establish safety contracts, and provide assistance with care coordination/referrals as appropriate.

Behavior Health Consultant

SECTION II · BEHAVIORAL HEALTH CONSULTANT · PAGE 18

Integrated Health Care Costs

BHC Expenses

A full time BHC can cost anywhere from $50,000 to 65,000, depending on salary and benefits. I argue that when a practice grows and becomes busier, they will add non-revenue generating positions like front desk staff because they are needed for patient flow, workload and quality so why would a BHC position be any different? I would further argue that once patients are informed about how Integrated Health Care can benefit them and "competition" sets in, the practice with the BHC will be the practice with the most patients. It's an investment in quality care just like any other investment made into a medical clinic.

IHC Billing

Integrated health care billing can be a complicated issue in many states, especially those like Michigan where there is one pot of money for physical health care, one pot of money for mild to moderate behavioral health care and a separate community mental health system. These silos and the difficulty in making any changes in each of them, let alone trying to get them to work together, continue to be a stopping point for many people, physicians and behavioral health organizations who are considering implementing integrated health care.

The good news is that there are now transformations at least being discussed and changes that seemed daunting at one time can take place when you least expect it. It is for that reason that there is not a large billing section in this manual. It could become outdated between submission of the manual and its publication. It might be more useful to discuss options for sustainability instead since there is no "straight answer" when it comes to financing and billing for Integrated Health Care at this time.

There are a number of "simple" solutions to the financing of Integrated Health Care but they require complete transformation of the health care system, which is unfortunately unlikely. Medicaid health plans and third party insurers could recognize the BHC role and create billing codes to represent their work that would not count against a patient's 20 mental health outpatient therapy allowable visits. They could recognize a practice that provides integrated health care with a BHC on staff by providing a billing code to add on to traditional physical health care codes for the physician to use whenever a BHC is utilized.

The transition to value-based payment structure from the fee-for-service model could account for the cost of the BHC as long as the payments are enough to account for the actual services that are provided by the BHC. There are some current physical health care codes that a BHC can use however they are only allowable when the patient has a physical health diagnosis. These 96 codes are useful but they are not the full answer. Any patient with a mental health diagnosis can be provided a service by a BHC in the exam room however that visit needs to follow traditional outpatient therapy rules via credentialing of the BHC, authorizations, and it could count against the patient's 20 allowable mental health visits.

Transformation is possible and it is the responsibility of the payors and the State to become informed on the true needs of consumers of health care and respond with the appropriate structure to provide for those needs. It is truly the only way to break down the silos and create a new norm where behavioral health and physical health is viewed and paid for as routine medical care and whole body health and wellness.

SECTION III: The Model

The definition of a model is a three-dimensional representation of a person or thing, or of a proposed structure, typically on a smaller scale than the original; a system or thing used as an example to follow or imitate.

The process of implementation, although not linear, does still follow a certain progression, which is represented in the model. The model itself is more of a logical progression than a step-by-step instruction manual, however there are some steps that naturally follow completion of previous activities in order to move to the next logical goal.

The model is created upon this logical process where first we must EDUCATE to the purpose and end results that are possible, then understand the current process (LOGISTICS) in order to see clearly what actually needs to be IMPLEMENTED, finally develop those processes through activities, ADJUST as needed and EVALUATE the results.

Activities of implementation of an Integrated Health approach can fit nicely within this logical progression and experience shows that having a model to follow or imitate is of the utmost importance because it can be a tricky, complicated and lengthy process.

Replicate

Educate
Tier One
Tier Two

Evaluate

Logistics
Tier One
Tier Two

Workflow Adjustment

Develop/Implement
Tier One
Tier Two

The National Council 4-Quadrant Model

The National Council for Behavioral Health proposed model for the clinical integration of health and behavioral health services starts with a description of the populations to be served.

This 4-Quadrant Model builds on the 1998 consensus document for mental health (MH) and substance abuse/addiction (SA) service integration, as initially conceived by state mental health and substance abuse directors (NASHMHPD/ NASADAD) and further articulated by Ken Minkoff and his colleagues. (Mauer, Barbara J., Behavioral Health/Primary Care Integration - The 4-Quadrant Model and Evidence Based Practices (Revised February 2006)

Their model for a Comprehensive, Continuous, Integrated System of Care (CCISC) describes differing levels of Mental Health and Substance Abuse integration.

The National Council 4-Quadrant Model has been modified and built upon for Pediatric Integrated Health Care to describe the flow of activities between the Primary Care Physician (screenings), the Behavioral Health Consultant (functional assessments to determine patient level of care and services needed) and the remaining quadrants for those services. Each quadrant describes the level of need for behavioral health and physical health, the goal of the services within the quadrant and the activities of the Behavioral Health Consultant.

Following the model on the next page is a description of each quadrant as well as a stepped care model that demonstrates the interventions that patients can "step through" to reach their individual correct level of care.

Pediatric Integrated Health Care 4-Quadrant Model

PCP Screening

Infant 0-3	ASQ
	Edinburgh for mother
Young Child 4-7	PSC
Child 8-12	PSC-Youth
Adolescent 13-16	PHQ-A and GAD-7
	PSC-Youth
	RAAPS
Young Adult 17-20	PHQ-9 and GAD-7

BHC Assessment

Infant	DECA
Young Child	PECFAS
Child	CAFAS
	Connors
Adolescent	CAFAS
	CRAFFT
	Connors
Young Adult	CAFAS
	CRAFFT

KEY

PCP	Primary Care Physician
BHC	Behavioral Health Consultant
CMH	Community Mental Health
IMH	Infant Mental Health Services
PIHC	Pediatric Integrated Health Care
BH	Behavior Health
PH	Physical Health
QHP	Qualified Health Plan

CMH Mental Health Provider

CMH

Quadrant II • high BH, low PH

Goal of PIHC: to identify, link and coordinate to ensure service delivery

- BH targeted psycho-education on assessment findings
- BH referral to:
  IMH (infants and mothers with high Edinburgh score)
  CMH (children, adolescents and Young adults)
- BH coordination with PCP
- BH recording all services for child in record
- PCP as needed
- BH referrals to community supports
- BH referrals for family to resources for activities of daily living needs
- BH follow up on referrals, coordinate referrals with other systems
- Likely Health Home: Mental Health Specialty Provider

Specialty Care

Quadrant IV • high BH, high PH

Goal of PIHC: to identify, link and coordinate to ensure BH and PH service delivery

- BH targeted psycho-education
- PCP services
- BH coordination with PCP and specialty PH services
- BH referral to:
  IMH
  CMH
- BH recording all services for child in record
- BH referrals to community support
- BH referrals for family to resources for activities of daily living needs
- BH follow up on referrals, coordinate referrals with other PH systems and services
- Likely Health Home: PCP or Mental Health Specialty Provider

QHP

Quadrant I • low BH, low PH

Goal of PIHC: to increase protective factors and decrease risk factors

- PCP: well baby visits, immunizations, child well visits
- BH targeted parenting & development training
- BH targeted behavioral plans with 1-5 follow up visits to track plan progress
- BH referrals for activities of daily living
- BH referrals for community supports
- Stepped Care Model
- Likely Health Home: PCP

Quadrant III • low BH, high PH

Goal of PIHC: Support and coordination to improve physical health

- PCP services
- BH coordination with PCP and specialty PH services
- BH targeted parenting/development interventions with PH focus
- BH targeted behavior plans with 1-5 visits to track plan progress
- BH referrals for activities of daily living
- BH referrals for community support
- Stepped Care Model
- Likely Health Home: PCP

Primary Care or School-Based Provider

Specialty Care

Pediatric Integrated Health Care 4-Quadrant Model

The PIHC model can also assist in screening/detecting children/youth's top health issues/ risk behaviors (e.g., obesity; asthma; use of alcohol, tobacco and other drugs, and sexual activity) as well as screening/detecting mental health needs and determining the patient's level of care needs.

The model begins with the screenings that can be administered by either the physician or the BHC in the practice. Many medical practices will use a population health type approach to determine what screening tools they want to utilize. For example, a general Pediatric office who determines that most of their patients are under the age of 10 might utilize the ASQ and the Pediatric Symptom checklist only. Adolescent-focused clinics may decide to use other screening tools that are more age appropriate for their population. When determining a screening tool, it is important to determine the population served and the developmental issues facing that population in order to achieve the highest level of detection of needs. A list of available screening tools is included at the end of this chapter.

The benefit of having a BHC in the medical practice is that trained mental health professionals are generally the only team members who are able to administer and interpret the results of functional assessments for mental health services.

When a clinic is integrated with a BHC on site, the next level of detection and intervention would be the functional assessment. The functional assessments can assist the BHC in determining which level of care is needed by the patient and which is the least restrictive environment for providing that care. The BHC is determining which quadrant the child should be served in based on the detection mechanism of the screening and the intervention needed based on the functional assessment. A list of assessments is included at the end of this chapter.

Quadrant I: Goal of PIHC: To increase protective factors and decrease risk factors.

Quadrant I-appropriate children present as: Low behavioral health needs, low physical health complexity/risk, served in primary care with BH staff on site; very low need children are served by the PCP (or within the School-Based Health Center) with behavioral health serving those with slightly elevated health or BH risk.

The medical home is the PCP. The PCP provides primary care services and uses standard BH screening tools identified by developmental age. The role of the primary care-based BHC is to provide formal and informal consultation to the PCP and PCP staff, provide behavioral health triage to the PCP center, referral to community supports, and referrals for activities of daily living for any identified patient. For patients with positive screening results, the BHC will provide a behavioral-based screening/assessment based on the child's age and developmental level. Quadrant I is where implementation of Integrated Health Care activities is most common and will be completed with this implementation model.

The BHC and PCP work together using a Stepped Care Model (figure 3), the BHC will provide targeted behavioral and developmental training and interventions to address any needs identified by the assessment which may include psycho-education, behavioral plans,

Pediatric Integrated Health Care 4-Quadrant Model, continued

and/or recommended structured activities. One to five follow up visits may be scheduled and should coincide with any follow up PCP visits scheduled when possible.

Quadrant II: Goal of PIHC: to identify, link and coordinate to ensure service delivery.

Quadrant II-appropriate children present as: high behavioral health needs, low physical health complexity/risk, served in a specialty behavioral health system that coordinates with the PCP.

The medical home for Quadrant II is the mental health specialty provider and in the best case scenario, the specialty mental health provider has an embedded medical provider. When not bi-directionally integrated, the PCP provides primary care services and collaborates with the specialty behavioral health system through the BHC to assure coordinated care, including any psychotropic medications. The role of the BHC if a PCP is not integrated into the mental health specialty site is to complete the developmentally appropriate assessment, provide targeted psycho-education to the parent on the findings of the assessment, and make a referral to the behavioral health specialty provider:

- Infant Mental Health Services
- Community Mental Health Services
- Developmental Disability Services
- Substance Abuse Services

The BHC records all specialty behavioral health services that the child was referred to in the medical record, and follows up on the referral with the parent/child until specialty behavioral health services are provided. The BHC will remain the primary contact point for needed communications between the PCP and the specialty behavioral health provider and will coordinate care as needed with the specialty mental health providers care coordinator.

EXAMPLE

Integrated Infant Mental Health

At Starfish Family Services, we embed a BHC in OB/GYN clinics. This BHC supports screenings and interventions for preconception and pregnant women to detect depression, anxiety, domestic violence, substance abuse and trauma. The BHC provides the same Physician consultation, patient psycho-education, intervention, referrals and resources as in Pediatric practices, however the BHC also serves as an Infant Mental Health Therapist for the practice through the Infant Mental Health program at Starfish Family Services.

The BHC can refer to themselves, thus initiating the "hot hand-off," as the patient has already met and worked with the therapist through her role as a BHC. We have found that the follow-through for the high level of care in Quadrant II is made easier for patients who receive this "hot hand-off ." The early detection and intervention provided by Integrated Infant Mental Health to the mother will naturally also have an impact on her infant.

Pediatric Integrated Health Care 4-Quadrant Model, continued

The BHC will also provide referrals for community supports and activities of daily living and follow up on these referrals until the child receives case management services from the specialty behavioral health provider.

Quadrant III: Goal of PIHC: to provide support and coordination to improve physical health.

   Quadrant III appropriate children present as: low behavioral health needs, high Physical Health complexity/risk, served in the primary care/medical specialty system with BHC on site in PCP.

   The medical home for Quadrant III is the PCP. The PCP provides primary care services and refers/works with specialty medical providers and disease managers to manage the physical health issues of the child. The BHC participates in a Stepped Care Model as depicted in figure 3, and provides developmentally appropriate screening/assessments, and targeted parenting/developmental interventions on identified issues. These identified BH issues will have a high probability of being related to the child's physical health needs. Interventions by the BHC could include psycho-education, health education, chronic health condition education, behavioral plans, and/or recommended structured activities. One-to-five follow up visits may be scheduled and should coincide with any follow up PCP visits scheduled when possible. The BHC will also provide formal and informal consultation to the PCP and PCP staffs; provide BH triage to the PCP center, referral to community supports, and referrals for activities of daily living for any identified patient.

EXAMPLE

Oncology Specialty Care BHC

   Hayli is a Behavioral Health Consultant at a local Cancer Center where she developed an integrated health care model for medical providers and patients receiving oncology treatment.

   Embedded on the treatment team, she provides mental health consultation to medical providers and patients, she assists with referrals and resources and most importantly, she strives to meet the goal of Whole Body Health And Wellness for all participants.

   In addition to providing these services, there have been programs created to help patients cope with the emotional impacts associated with living with cancer, such as therapeutic yoga to promote whole body health and wellness through meditation and deep breathing. Cancer support groups are another example. Support groups provide an opportunity for patients to share their cancer experience and offer emotional and social support to one another.

Pediatric Integrated Health Care 4-Quadrant Model, continued

Quadrant IV: Goal of PIHC: to identify, link and coordinate to ensure behavioral heath and physical health services.

Quadrant IV appropriate children present as: high behavioral health needs and high physical health complexity/risk, served both in the specialty behavioral health system and the primary care/medical specialty system.

Either the PCP or the Specialty Mental Health provider may be the medical home. The PCP works with the medical specialty providers and disease managers to manage the physical health issues of the child while collaborating with the BH specialty system in the planning and delivery of the behavioral health clinical and support services. Coordination between the PCP and the behavioral health and physical health specialty services is done through the BHC located at the PCP site.

The role of the BHC is to complete the developmentally appropriate assessment, provide targeted psycho-education to the parent on the findings of the assessment, and refer to the behavioral health specialty provider:

- Infant Mental Health Services
- Community Mental Health Services
- Developmental Disability Services
- Substance Abuse Services

The BHC records all specialty behavioral health services that the child was referred to in the medical record, including any follow up and coordination completed with the medical specialty providers, and follows up on the referral with the parent/child until specialty behavioral health services are provided. The BHC will remain the primary contact point for any needed communications between the PCP and the specialty behavioral health provider.

The BHC will also provide referrals for community supports and activities of daily living and follow up on these referrals until the child receives case management services from the specialty behavioral health provider.

EXAMPLE

Care Coordination

A BHC can have the responsibility of care coordination on the Pediatric team if there is no one else identified to provide this service. Since the PCP should be coordinating the patient's high physical health services, the BHC should be also coordinating the patient's high mental health needs.

As an example, a local Federally qualified health center has a care coordinator position who is responsible for ensuring access and service provision for the patient for their specialty physical health care, but also coordinates with the patient's community mental health provider to ensure that the patient's high mental health needs are being serviced as well. This position ensures that the Primary Care Physician is aware of all the services the patient is receiving and progress that is being made in each service domain.

Stepped Care Model

Stepped Care is an approach to patient care that is used in both mental health and physical health environments. It is the general philosophy that the right care for the right person at the right level will provide the best outcomes, but the right care will be different for each person.

In Mental Health, this is generally referred to as the patient's "Least Restricted Level of Care." In other words, there is a continuum of services that are available to patients and the least restrictive to meet those needs is considered the appropriate level of care. Almost the exact same concept is described for chronic illness treatment in the Physical Health environment. Donovan and Marlatt (397-411) defined stepped-care processes as "the least costly, least intensive, and least restrictive (that is, requiring the least total life-style change for the individual) treatment judged sufficient to meet the person's needs and goals should be attempted initially before more costly and restrictive treatments are attempted."

For the purposes of use within the 4-quadrant model, the stepped care model describes an approach to patient care that can help physicians understand the flow of the "least restrictive level of care" for their patients in an Integrated Health Care setting and can help indicate when a patient's needs reach a level of increased intervention and referrals.
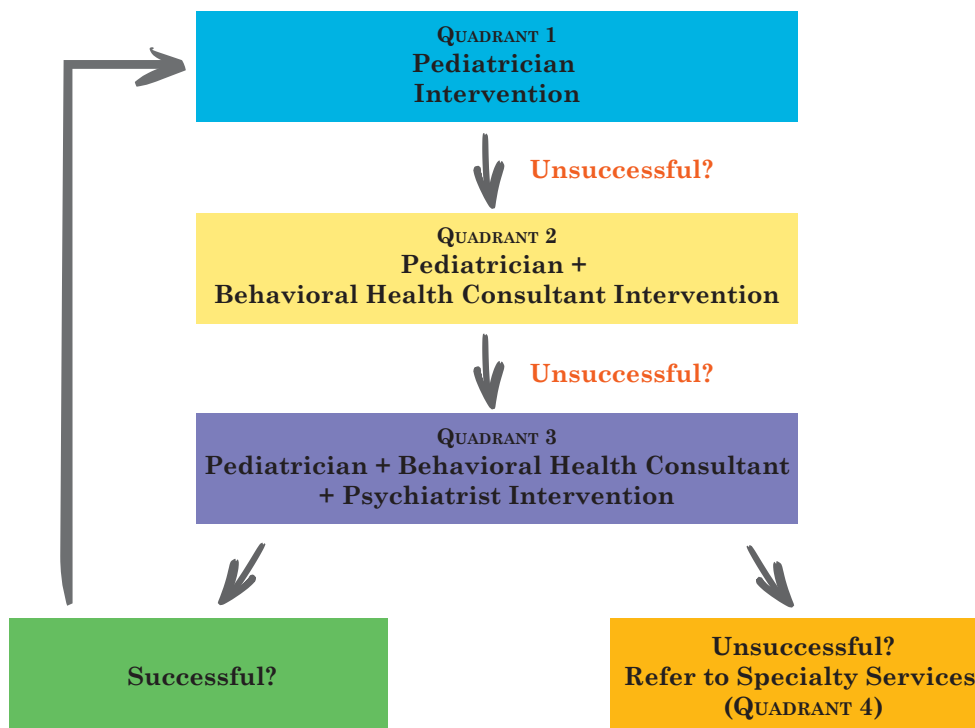
EXAMPLE

Integrated Intervention Yields

Dr. Jones saw a new patient, a 10 year old with previously diagnosed ADHD. Mother reported she and the child recently moved from another state where her son's Pediatrician prescribed Adderall and his ADHD has been well managed. New patient Pediatric screening indicated no behavioral concerns. (*Pediatric intervention*)

Three months later: Patient returned to the Pediatrician and mother reported child was having some behavioral issues at school and the medication seemed to "no longer be working." Pediatrician initiated a BHC consult. BHC talked to mother and child and determined behavioral problems may be result of adjustment to recent move. Child indicated he did not have as many friends here as he did at his old home. BHC gave the child and mother some psycho-education on adjustment, making new friends and provided a plan for trying techniques, requesting a follow-up in three weeks. Based on BHC's consultation with the Pediatrician, she decided not to adjust the child's ADHD medication. (*Pediatric and BHC intervention*)

One month after that: After two follow up visits with the BHC, child and mother report that the child's behavior at school has improved and he is happy with his new friendships. Mother mentions however that the BHC helped her to see the difference between typical ADHD behaviors and behaviors with another source, such as adjustment. She is concerned that the child's ADHD symptoms seem to continue to interfere with his daily functioning. The BHC and Pediatrician agree to a Psychiatric consult with a local Psychiatrist who has a consultation agreement with the practice. The Psychiatrist and the Pediatrician decide on a course of medication change and schedule the child for a follow up visit in six weeks with the parent being reminded to call the BHC if any further behavioral issues or concerns come up before that appointment. (*Pediatrician, BHC and Psychiatrist intervention*)

Stepped Care Model Explained

```
                    ┌─────────────────────────────┐
                    │        QUADRANT 1           │
                    │        Pediatrician         │
                    │        Intervention         │
                    └─────────────────────────────┘
                                 │  Unsuccessful?
                                 ▼
                    ┌─────────────────────────────┐
                    │        QUADRANT 2           │
                    │        Pediatrician +       │
                    │ Behavioral Health Consultant Intervention │
                    └─────────────────────────────┘
                                 │  Unsuccessful?
                                 ▼
                    ┌─────────────────────────────┐
                    │        QUADRANT 3           │
                    │ Pediatrician + Behavioral Health Consultant │
                    │   + Psychiatrist Intervention │
                    └─────────────────────────────┘
```

QUADRANT 1 — Pediatrician Intervention

Unsuccessful?

QUADRANT 2 — Pediatrician + Behavioral Health Consultant Intervention

Unsuccessful?

QUADRANT 3 — Pediatrician + Behavioral Health Consultant + Psychiatrist Intervention

Successful?

**Unsuccessful?
Refer to Specialty Services
(QUADRANT 4)**

1. **Pediatrician intervention:** the work that is done for a patient's health between a physician and the patient is the foundation of our health care system. This does not change in an Integrated Health Care system. It remains the basis for all other services and referrals made on behalf of the patient. It is only when this dyad is in need of further intervention does the stepped care model come into play.

2. **Pediatrician plus Behavioral Health Consultant intervention:** this next level of care is the foundation of the Integrated Health Care. This is the level where most of the time of the physician is taken up with issues for patients that are "other than" medical. This is the point of intersection where research shows patients are coming to primary care for the "other" and primary care is struggling to respond.

   National Alliance for Mental Illness (NAMI) found that 63 percent of families reported their child first exhibited behavioral or emotional problems at seven years of age or younger. At these ages the most common point of contact for families with children experiencing these problems is their pediatrician or primary care physician, yet only 34 percent of families in the NAMI survey said their primary care doctors were "knowledgeable" about mental illness. Another 17 percent said their primary care doctor was "somewhat knowledgeable," with 59 percent reporting their primary care doctors was "not knowledgeable" about mental health treatment. A slightly higher percentage (64 percent) state their primary care doctors were not knowledgeable about local resources and supports for families .(2011)

   This is where a physician can say to a patient "I have someone for that," rather than "let me send you somewhere else for that" and research shows it is effective. This level of intervention includes the Physician and the BHC working together to provide care, services and resources to the patient.

Stepped Care Model Explained, continued

3. **Pediatrician plus BHC plus Psychiatrist intervention:** as stated in Quadrant 1 of the Pediatric Integrated Health Care 4-Quadrant Model, children who have mild behavioral health needs can be served in the medical setting when the setting is integrated. This is also true even when psychiatric support is indicated. If the Physician and BHC interventions are unsuccessful, a psychiatric consultation can be brought in to the medical practice, which serves to keep the child maintained in the medical clinic for care. A Psychiatric Consult Model can be used here as the next step. The MC3 model (below) is an example of this.

4. **Referral to Specialty Services:** When the use of the team-based and integrated approach including the Physician, BHC and Psychiatric consultation is still not successful, generally the patient would move into the next level care, which would be a referral to a specialty mental health service provider for care with coordination of care being provided by the medical site.

EXAMPLE

MC3 Consult Model

The University of Michigan's Michigan Child Collaborative Care (MC3) program provides psychiatry support to primary care providers in Michigan who are managing patients with mild to behavioral health problems. This includes children, adolescents and young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum with children up to a year. Psychiatrists are available to offer guidance on diagnoses, medications and psychotherapy interventions so that primary care providers can better manage patients in their practices. Support is available through same-day phone consultations to referring providers as well as remote psychiatric evaluation to patients and families through video telepsychiatry.

Medicaid Screening Policy

A psychosocial/behavioral assessment and developmental surveillance is required at each scheduled EPSDT Well Child visit from birth through adolescence as recommended by the American Academy of Pediatrics (AAP). Surveillance is accomplished by listening to caregiver concerns, asking questions about the child's history, performing an appropriate physical exam, and by observation of the child. The primary care physician should screen all children for behavioral and developmental concerns using a validated and standardized screening instrument as indicated by the AAP Periodicity Schedule. The provider may administer:

- Developmental Screening: Developmental screening using an objective, validated, and standardized screening instrument must be performed following the AAP Periodicity Schedule at 9, 18 and 30 (or 24) months of age, and during any other preventive pediatric health care visits when there are parent and/or provider concerns. Standardized developmental instruments that may be administered include the Parents' Evaluation of Developmental Status (PEDS), Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM), and Ages and Stages Questionnaire (ASQ).

- Behavioral Health Screening: Behavioral health screening is accomplished using standardized screening tools such as Ages and Stages Questionnaire – Social-Emotional (ASQ-SE), PEDS-DM, and Pediatric Symptom Checklist (PSC) with appropriate action to follow up if the screening is positive. Social-emotional screening for children 0 to 5 years should be performed whenever a general development or autism-specific instrument is abnormal; or at any time the clinician observes poor growth or attachment or symptoms, such as excessive crying, clinginess, or fearfulness, for developmental stage, or regression to earlier behavior; and at any time the family identifies psychosocial concerns.

- Autism Screening: Autism screening is accomplished by administering a validated and standardized screening instrument at 18 and 24 months of age as indicated by the AAP Periodicity Schedule. The Modified Checklist for Autism in Toddlers (M-CHAT) is validated for toddlers 16 through 30 months of age. For children older than 4 years of age (mental age greater than 2 years of age), the Social Communication Questionnaire (SCQ) may be utilized. Surveillance for autism spectrum disorders is accomplished at other visits beginning at 12 months of age when there are parent and/or provider concerns and by observing for developmental lag and "red flags," such as no babbling by 12 months of age.

- Substance Abuse Risk Assessment: Substance Abuse risk assessment must be performed at each preventive pediatric health care visit beginning at 11 years of age, or when there are circumstances suggesting the possibility of substance abuse beginning at an earlier age. If the risk assessment is positive, appropriate action must follow as indicated by the AAP Periodicity Schedule. A validated and standardized screening instrument such as the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) should be utilized.

A maximum of three objective standardized screenings may be performed in one day for the same beneficiary by a single provider.

If the screening is positive or suspected problems are observed, further evaluation must be completed by the primary care provider or the child will be referred for a prompt follow-up assessment to identify any further health needs.

– Source: Michigan Medicaid Manual

Age-Appropriate Assessment Tools

Age Group	Target Symptoms	Assessment Tool	Description	Source
Infants and Toddlers, Ages 0-3	Early Childhood Protective Factors for Optimal Development	Devereux Early Childhood Assessment (DECA)	The DECA is a standardized, referenced, strength-based assessment that assesses protective factor scales: 1) Initiative 2) Attachment/Relationships 3) Self-Regulation (toddler) 4) Total Protective Factors Scale	LeBuffe & Naglieri, 2009
Young Children, Ages 3-7	Daily Functional Level	Preschool and Early Childhood Functional Assessment Scale (PECFAS)	The PECFAS assesses a young child's day-to-day functioning across critical life domains including: 1) School/Preschool/Day Care 2) Home 3) Community 4) Behavior Towards Others 5) Moods/Emotions 6) Self-Harm Behaviors 7) Thinking/Communication	Hodges, 1994
Children and Adolescents, Ages 7-17; Young Adults, Ages 18-20	Daily Functional Level	Child and Adolescent Functional Assessment Scale (CAFAS)	The CAFAS is backed by 20 years of research supporting the instrument's validity and sensitivity to detecting change in behavior. The CAFAS is used to assess a child's or adolescent's day-to-day functioning across critical life domains and for determining progress over time. Life domain areas include those in the PECFAS assessment (above), plus Substance Use.	Hodges, 1994
Adolescents, Ages 13-17	Adolescent Risk Behaviors	Rapid Assessment of Adolescent Preventive Services (RAAPS)	The RAAPS is a validated, reliable and evidence-based screening tool that screens for adolescent risk behaviors	Salerno et al., 2011

– Michelle Duprey, Lead Author, Wayne County Pediatric Integrated Health Care Concept Paper

Symptom-Targeted Screening Tools

Age Group	Target Symptoms	Screening Tool	Description	Source
Toddlers, Ages 18 months and over	Autism Spectrum	Modified Checklist for Autism in Toddlers (M-CHAT)	The M-CHAT is designed to screen for Autism Spectrum Disorders in toddlers	Robins, Fein, Barton, & Green, 2001
Infants and Toddlers, Ages 0 to 3	Maternal Depression	Edinburgh Postnatal Depression Scale (EPDS)	The 10-question Edinburgh Scale is a valuable and efficient way of identifying patients at risk for "perinatal" depression. Patients can fill out the screening form while in the waiting or exam room	Cox, Chapman, Murray & Jones, 1996
Infants and Toddlers, Ages 0 to 3	Developmental Performance	Ages and Stages Questionnaire (ASQ)	The ASQ is a series of parent completed questionnaires designed to screen children's developmental performance in multiple domains of development	Squires, 2002
Infants to Preschoolers, Ages 4 months to 5 years	Social and Emotional Development	Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)	The ASQ-SE is a series of parent-completed questionnaires designed to screen the children's social and emotional behavior; the results allow professionals to recognize if young children are at risk for social or emotional challenges, and the need for further assessment	Squires, 2009
Preschoolers, Ages 4-5; Children, Ages 6-12	Social and Emotional Behaviors	Pediatric Symptom Checklist (PSC), Parent Version	The PSC is a psychosocial screening instrument designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible	Jellinek, M.S., et al., 1999
Adolescents, Ages 11-17	Social and Emotional Behaviors	Pediatric Symptom Checklist, Youth (Y-PSC)	The PSC-Youth is a youth self-report version of the PCS Parent Version (above), but worded so that the child/youth can fill out the form	Jellinek, M.S., et al., 1999
Adolescents, Ages 13-17	Anxiety	Generalized Anxiety Disorder 7 (GAD-7)	The PHQ-A is a validated, self-administered instrument that screens for anxiety, eating, mood, and substance use disorders among adolescents in a primary care setting	Johnson, Harris, Spitzer, Williams, 2002
Adolescents Ages 11-21	Alcohol / Substance Use	CRAFFT	Screening for substance abuse in adolescents; acronym for Car, Relax, Alone, Forget, Friends, Trouble	www.ceasar-boston. org/clinicians/crafft.php *Copyright © Children's Hospital, Boston. No Charge.*
Young Adults, Ages18-20	Depression, Mood Disorders	Patient Health Questionnaire A (PHQ-A) (PHQ-9 Modified)	Modified version of the Patient Health Questionnaire, the PHQ-A is a validated, self-administered screening tool used to screen for depression and mood disorders among adolescents.	www.teenscreen.org
Young Adults Ages18-20	Depression, Mood Disorders	Patient Health Questionnaire 9 (PHQ-9)	The PHQ-9 is a validated, self-administered instrument that screens for anxiety, eating, mood, and substance use disorders in a primary care setting	Johnson, Harris, Spitzer, Williams, 2002

– Michelle Duprey, Lead Author, Wayne County Pediatric Integrated Health Care Concept Paper

The implementation model is divided into five process, detailed in the following modules, that follow a logical progression. Each section includes definitions, suggested procedures, references, forms, and examples that can be used as guidelines for establishing a Pediatric Integrated Health Care practice.
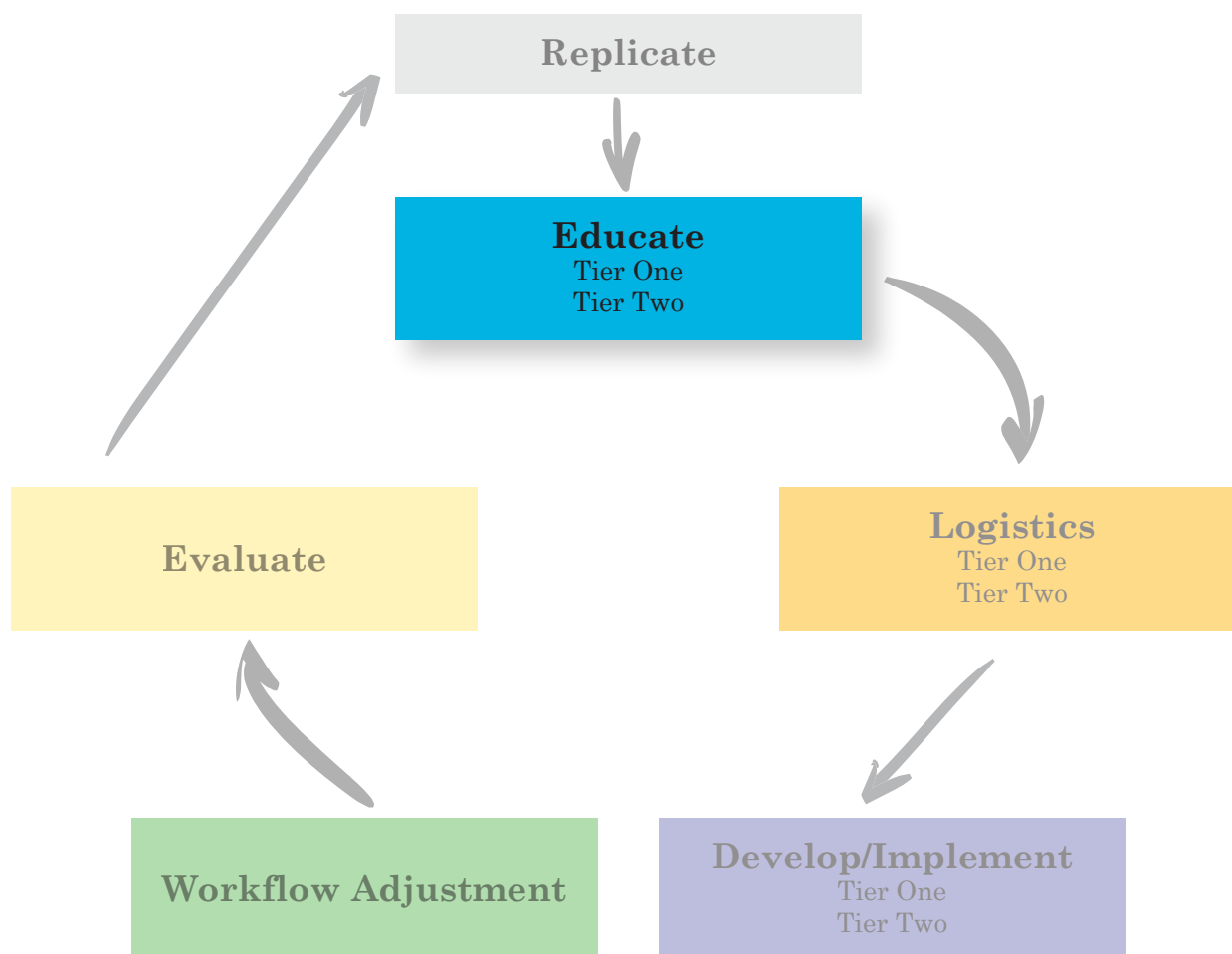
Educate

Logistics

Develop/Implement

Workflow Adjustment

Evaluate

SECTION IV: Educate Module

Teach about Integrated Health Care

Replicate

Educate
Tier One
Tier Two

Evaluate

Logistics
Tier One
Tier Two

Workflow Adjustment

Develop/Implement
Tier One
Tier Two

What is Integrated Health Care?

For those who are involved in the Integrated Health Care initiatives, the models, philosophies and tasks are well known. There are many providers in the community who may have never even heard of Integrated Health Care or do not fully understand how it operates in the day to day. It is very important not to assume that the individuals in primary care practices have a working knowledge of Integrated Health Care. The first step in the Pediatric Integrated Health Care Implementation Model then is to educate all participants in the practice to the global and specific aspects of Pediatric Integrated Health Care. Or, if you are part of a pediatric practice without any outside help, use the tip box below to research answers to these questions or visit an integrated clinic like Cherokee or Cherry Health. *(See References)*

Step one: The initial educational meeting

This meeting should involve anyone whose role in the practice involves the strategic planning for that practice. For some practices this may involve a CEO, or a Medical Director, for others it might mean an Office Manager and/or one of the providers.

Goal One: Describe Integrated Health Care

It can be very helpful to create a PowerPoint presentation and/or put together a packet of information that includes studies, statistics and additional reading materials that can be referenced to answer common questions like those below.

Goal Two: Learn about the practice's readiness to implement

Indicators of readiness include, but are not limited to:
- The practice has a well thought out desire to integrate
- The practice is able to connect integration to their patients well being
- The practice has an identified champion of integrated health care
- The practice has already achieved buy-in from major stakeholders, board members and/or high leadership staff

EXAMPLE

All Education Module meetings will serve to answer such questions as:
- How do you currently address behavioral health needs?
- Where did Integrated Health Care come from?
- Who else is currently doing Integrated Health Care in our area?
- How does Integrated Health Care fit into the current National and State perspective?
- How will it help our patients?
- Why should we be Integrated now?
- What are the financial benefits and how is it funded?
- What is the evidence that it works?
- How will it affect my department?
- What are the functions of the different roles? How is a therapist role different from a BHC role?"

What is Integrated Health Care?, continued

<div style="float:left; border:1px solid #999; padding:10px; text-align:center;">

**Medical
Professionals**

+

**Mental Health
Professionals**

=

**Whole Body Health
and Wellness**

</div>

Before moving forward, it is important that each stakeholder has a clear understanding of what Integrated Health Care is and why it is an important way of doing their business. Most importantly, the presenter must be able to communicate effectively that "Integration" is not a one-time event. It is a process of mindset change, cultural blending and the development of something new. Many integration experiments can trace their failures back to the lack of understanding and thus preparation for the immense paradigm shift that must take place over time in order to even have a chance of success. (*See Cherry Health example below*).

The practices will need a good understanding that their participation, as leaders, is critical to their success. The Implementation Model recognizes and encourages slow, steady and consistent pressure toward the movement required to reach integration goals. This initial phase may take more than one meeting to allow the stakeholders and leaders to create a vision that should generate many questions, leading to better understanding of the process.

– continued

EXAMPLE

Taking Care of the Whole Patient: An Integrated Health Care Approach

Cherry Health is an independent, non-profit Federally Qualified Health Center (FQHC) with a primary focus of providing high quality health services. Services provided by Cherry Health include primary care, women's health, pediatrics, dental, vision, behavioral health, mental health, correctional health, and school based health centers. From their website:

"We take care of the whole patient by working as a team. We are improving what we do by changing the way we care for you. Asthma care is provided as a team. The doctor checks the patient to make sure they have a healthy body. The RN Health Coach teaches the patient and family how to make living with asthma easier."

"We also have team visits with a doctor and Health Coach for weight checkups. The doctor provides the physical checkup at the visit. The Health Coach teaches the patient and family about healthy behaviors that are part of a healthy lifestyle, and helps the family set healthy living goals."

"Complete health means taking care of our minds, too. When minds are not healthy, home and school can be difficult. Counseling services are provided on site in a place where the patient and family already feel comfortable. A psychiatrist is also on site to provide specialized help when needed."

– www.cherryhealth.org

Educate

Tier One

Step Two: Management-level educational meeting

Once it has been determined that integrated health care is in line with the practice's strategic plan and buy-in to the concept has been achieved, a second meeting should involve management-level stakeholders of all aspects of the daily workflow including nurse managers, managers over the medical assistant staff, front desk, financial and any others.

> **Tip:** Have each manager determine the questions they think their staff will have about integrated health care and develop a FAQ sheet for the next step from this process.

This meeting will serve to accomplish the same goal as the first meeting but with more stakeholders so as to begin to address the more far reaching questions of the overall clinic for each individual practice area (MA, nurse, front desk etc.). There will likely be many logistic questions from each department. It is important to convey that each department of the clinic is an important piece of the integration puzzle and part of the process will be to examine the current and create the new, keeping in mind that each "new" will fit with other department changes for the overall integration to be successful.

Remind each manager that the goal right now is to understand the "why" in order to help their staff start to move from the current to envisioning the 'new." From a leadership perspective, it is very important that staff know to the fullest extent possible about changes that are planned and this level educational meeting is to provide the managers with the information they will need to introduce the change, the reason for the change and to generate the positive aspects of the change.

Step Three: Medical provider team meeting

All members of the clinic team are important to ensure an onboarding process, however the medical provider team is ultimately the team that will be most affected by the culture and process changes when implementing an Integrated Health Care model. It is very important to address this team specifically, therefore this level meeting is the most critical.

Many providers may be skeptical and may even have a defensive position when discussing anything that might change the status quo, even if the status quo does not work very well for patient care. Some important points to make that may ameliorate most concerns would be:

> **Tip:** Develop an implementation task force and ask for volunteers from the general staff to help with the next steps of integration. Change can be made much more effective and efficient when all levels and departments are involved in some way with the development of it.

- How much more time do you think would be freed up in your day if you had someone who specializes in behavioral health on your team?
- Do you have a recent example of a situation with a patient where having a BHC on your team would have benefited you and/or the patient?
- How frustrating is it to you when you refer a patient to a mental health resource and they do not follow through?
- How frustrating is it to not know all the current resources for mental health and other needs in your community?

What is Integrated Health Care?, continued

- Have you every referred someone somewhere only to be told by the patient later that the resource no longer exists?
- Do you have someone on staff now who knows the current mental health system and when to refer to the Qualified Health Plan or the Community Mental Health System?

Tip: Put out a question box or develop a shared document in the computer to collect questions from staff that can be addressed at every staff meeting.

- Do you have a high number of patients who are (obese, diabetic, asthmatic etc.) and not following the diets and nutrition advice you provide or following through with the specialty referrals you have made?
- When you consider having a partner on your team to address the behavioral health needs of your patients, what positive impact do you envision?

Step Four: General staff Educational meeting

Once the practice leaders and managers are educated about Integrated Health Care and have demonstrated their commitment to the integration process, all staff should then be educated as well. The most effective communication of the integration process would be a meeting that is co-facilitated by one of the leaders of the practice and the person in charge of implementing the Integrated Health Care model.

The first presentation to staff should include an overall look at Integrated Health Care, an attachment to current and future initiatives in the field and benefits to staff and patients to increase the likelihood of buy-in and create an environment of excitement about the next phase. The presentation should also leave plenty of time for questions and clarification. This can be done during a regularly scheduled staff meeting in the practice and can be accomplished in approximately 30-45 minutes.

Tip: after the general staff meeting, make sure "Integrated Health Care implementation" is an agenda item for every general staff meeting from that point on. Even if there is nothing to report, the consistency of the commitment is very important.

It can also be helpful to create a Frequently Asked Questions document that staff can take with them from the meeting that simplifies the concepts that have been introduced.

IDEA

Show a video of an integrated site like Cherokee Health Systems or others that can be found on www.YouTube.com.

Or view the TED Talk by Dr. Nadine Burke Harris on "How Childhood Trauma Affects Health Across a Lifetime" at www.ted.com

Integrated Health Care and Current Initiatives

When educating members of the Pediatric clinic, it can be helpful to show how Integrated Health Care is a common denominator for current national health care initiatives that practitioners might already be familiar with. The pairing of the "new" with the "known" can help non-integrated clinics and practitioners to see the connection and the relevance of the IHC model you are presenting.

Accountable Care Organizations (ACO)	Patient Centered Medical Home	Systems of Care

• ACOs create incentives for health care providers to work together to treat an individual patient across care settings including: doctor's offices, hospitals, and long-term care facilities.
 	
 • The goal of an ACO is to deliver seamless, high quality care.
 	
 • The ACO would be a patient-centered organization where the patient and providers are true partners in care decisions.
 	
 • Quality measures in 5 key areas of care: satisfaction, care coordination, patient safety, preventative health and at risk populations.
 	
 • Accountable care requires better communication between providers, more attention to care coordination, and higher levels of patient engagement.
 	
 • Providers must ensure that all required services are delivered without duplicative or unnecessary services.
	• The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.
	
	 • The primary care medical home is accountable for meeting the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care
	
	 • A designated PCMH must possess 7 features:
	
	   1. Personal physician
	
	   2. Team approach
	
	   3. Whole person orientation
	
	   4. Coordinated/integrated care
	
	   5. Quality and safety guidelines
	
	   6. Enhanced access to care
	
	   7. Payment reform
		• Systems of care is a service delivery approach that builds partnerships to create a broad, integrated process for meeting families' multiple needs.
		
		 • This approach is based on the principles of interagency collaboration; individualized, strengths-based care practices; cultural competence; community-based services; accountability; and full participation of families and youth at all levels of the system
		
		 • A centralized focus of systems of care is building the infrastructure needed to result in positive outcomes for children, youth, and families.

Medical Homes

The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. The NCQA's Patient-Centered Medical Home (PCMH) 2011 is an innovative program for improving primary care. In a set of standards that describe clear and specific criteria, the program gives practices information about organizing care around patients, working in teams and coordinating and tracking care over time.(NCQA)

The Patient Centered Medical Home is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner. (NCQA)

Many PCP practices have been investigating the benefits of becoming a Patient Centered Medical Home. There are many advantages to becoming certified as a PCMH through the NCQA and the principles of the PCMA align perfectly with a fully integrated primary care practice. If the practice is not currently a Patient Centered Medical Home, it will be very important for the BHC and the leaders of the practice to fully understand the Medical Home concept and how integrated health care and the presence of a BHC can facilitate the completion of becoming a Patient Centered Medical Home.

Connection to PCMH-ACQA Standards

Standard	Summary
Enhance Access/Continuity	• Focus is on team-based care with trained staff • Patients have access to care
Identify/Manage Patient Populations	• The practice assesses and documents patient risk factors
Plan/Manage Care	• The practice identifies patients with specific conditions related to health behaviors, mental health, etc. • Assessing patient progress • Assessing patient barriers to treatment
Provide Self-Care/Support/Community Resources	• The practice assesses patient/family self-management abilities • The practice develops self-care plans with resources, tools • The practice counsel's patients on healthy behaviors • The practice assesses and provides or arranges for mental health/substance abuse treatment
Track/Coordinate Care	• The practice follows up on referrals
Measure/Improve Performance	• The practices identifies vulnerable populations

Source: NAQA

Creating the Vision

The leaders of the practice who are embracing the concept and bringing Integrated Health Care to their practice, staff and patients would want to use the Vision Planning Form example *(following)* as a start point. I have learned through experience integrating practices that inspiring ideas in a meeting that are not written down become forgotten ideas in about 30 minutes. Integrated Health Care is an exciting, inspiring and transformational experience so capturing that and being able to pass it on can make a big difference in completion of the goals.

The leaders would want to brainstorm their overall vision for the practice and document this. A vision statement can be one sentence or longer but the core of it should be future based, experiential and realistic enough for any employee to be able to see it as feasible to create full buy in to the identified concepts.

To start, the leaders may want to ask themselves about their current values and how their policies and procedures or activities support those values.

Next, discuss what problems or challenges face the current system and the patients who utilize the system. What do you hope to solve immediately? In the next few years? How does Integrated Health Care solve problems for the systems and the patients? What do you hope to achieve on behalf of your patients?

A few examples might be:

> "We want our practice to become integrated so that patients are engaged in health care and come to us because we offer the best whole body health and wellness."

> *or*

> "Our vision is to transform our practice into a community of patients who are able to receive whole body health and wellness in one location."

Once the vision is created, take the education piece of Integrated Health Care and the vision to the next level of either management or staff. Walk them through what Integrated Health Care is and present the vision statement. Ask for feedback, understanding and reaction to it, and modify as needed to ensure full buy in from all members of the practice.

Ask all the staff for help in developing the goals or intentions of the implementation project, ask for volunteer "champions" from each department and identify all the resources available in the clinic that will be utilized to assist the transformation.

The next step with all staff will be to determine goals that would be achievable in a short duration of time. Short-term goals are more helpful at this stage in order to create and maintain momentum. As previously stated, ensure that this vision and the short-term goals are addressed frequently and posted in the clinic to create continual intention.

Vision Planning Form Example

Overall Vision for the Practice:

Implementation Goals and Intentions for the Project/Practice:

1.
2.
3.
4.

Identified Staff Champions:

1.
2.
3.
4.
5.

Practice Resources:

1.
2.
3.
4.
5.

Goal 1:

Objectives:

1.
2.
3.

Time Frame:

Staff Responsible for completion:

1.
2.
3.

Vision Planning Form, continued

Goal 2:
Objectives:
1.
2.
3.
Time Frame:
Staff Responsible for completion:
1.
2.
3.

Goal 3:
Objectives:
1.
2.
3.
Time Frame:
Staff Responsible for completion:
1.
2.
3.

Educate *(sidebar)*

NAMI Family Experience Presentation

The National Alliance on Mental Illness (NAMI) published results of a web-based survey in a report titled *The Family Experience with Primary Care Physicians and Staff.* (2011) This report can be a very useful tool when educating physicians and clinic staff.

The full report can be found at www.nami.org/primarycare

Completed Tasks List Form Example

Educate Module Task List	Date Completed
Review Current BHC Practice	
Stakeholder Presentation	
Management Presentation	
General Staff Presentation	
Other	

Tier One *(sidebar)*

Form Example *(sidebar)*

Caring for Children with Behavioral Health Problems
Primary Care Provider Survey

1. For what proportion of your primary care visits is there a behavioral health issue?
☐ Less than 10%　　☐ 10-20%　　☐ 20-30%　　☐ 30-40%　　☐ 40-50%　　☐ More than 50%

Rate your agreement with the following statements about caring for patients with mild/moderate behavioral issues.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I am able to identify mild/moderate behavioral issues in my patients.	☐	☐	☐	☐
3. I am able to convince parents to follow up on referrals for mild/moderate behavioral issues.	☐	☐	☐	☐

Rate your agreement with the following statements about caring for patients with severe behavioral issues.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I am able to identify severe behavioral issues in my patients.	☐	☐	☐	☐
5. I am able to convince parents to follow through on referrals for severe behavioral issues.	☐	☐	☐	☐

In your practice, to what extent to the following pose a barrier to addressing mild/moderate behavioral issues in children.	Major barrier	Minor barrier	Not a barrier
8. Lack of screening tools for different ages	☐	☐	☐
9. My own limited knowledge about strategies to address behavioral issues.	☐	☐	☐
10. Lack of time during visits to address behavioral concerns	☐	☐	☐
11. Parents unwilling to get behavioral/mental health care for their child	☐	☐	☐
12. Lack of insurance coverage for behavioral/mental health services	☐	☐	☐
13. Lack of community resources/referral sites for behavioral health	☐	☐	☐

14. How comfortable are you in talking with patients/parents about:	Very Comfortable	Somewhat Comfortable	Not Comfortable
a. handling emotions – sadness, anger, frustration	☐	☐	☐
b. basic parent techniques (e.g., time-out, giving clear directions)	☐	☐	☐
c. family conflicts	☐	☐	☐
d. screening for behavioral conditions (e.g., autism, ADHD)	☐	☐	☐
e. problems with schoolwork or organization	☐	☐	☐

15. **How important is it to have an on-site behavioral health consultant in your practice?**
☐ Very important　　☐ Somewhat important　　☐ Not important

16. What is your:　　Age: _____ yrs　　　Gender: _____

Thank you for completing this survey. Please return it in the envelope provided.

Physical Health Referrals

During Tier One implementation, the majority of the referrals to the BHC will tend to be for general developmental, mental health or psycho-stressor reasons. Tier Two activities will focus on educating and reminding primary care physicians that the BHC role can also be used to provide behavioral interventions for strictly physical diagnoses. The BHC process of Assess, Establish, Provide and Close/Consult (see BHC section) can also be used effectively to address physical diagnoses as Asthma, Obesity, and Diabetes. A BHC who can work with a patient on how their behaviors are affecting their physical ailment can be a very important addition to the PCP's treatment plan.

- Work with the MAs to determine commonly used specialist referrals and learn the process utilized by the practice.
- Have resources on common topics handy and review.
- Be aware of referral sites for non-traditional medical resources in the area such as Weight Watchers, groups for grief and loss, asthma programs, child diabetes information groups etc.
- Attempt to create a relationship with the Qualified Health Plan case managers to know what services each plan offers and refer patients as needed.
- Work with the physician and practice to determine if offering their own wellness groups would be appropriate.

EXAMPLE

Guiding Good Nutrition

BHC's can use their cognitive behavioral and motivational interviewing skills to help children follow diets provided by a Pediatrician. Although a BHC is not a trained nutritionist, they can be attend trainings that provide general nutrition knowledge. A Pediatrician may provide the diet, the BHC can guide the patient and the parent in the implementation of the diet and most importantly, identify what the patient does and does not like on the diet, and help identify alternative foods.

BHC's can also use their behavioral health knowledge to identify behaviors that impact a child's diabetes and asthma in much the same way.

Population Health Focus

Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." It is an approach to health that aims to improve the health of an entire population. One major step in achieving this aim is to reduce health inequities among population groups. Population health seeks to step beyond the individual-level focus of mainstream medicine and public health by addressing a broad range of factors that impact health on a population-level, such as environment, social structure, resource distribution, etc.

An important theme in population health is importance of social determinants of health and the relatively minor impact that medicine and healthcare have on improving health overall. From a population health perspective, health has been defined not simply as a state free from disease but as "the capacity of people to adapt to, respond to, or control life's challenges and changes"(Frankish et al.) It is important for each practice to begin to create goals and objectives around how their integrated health practice does, in fact, improve the health of it's population, not only individual patients, but the population it serves as a whole.

The BHC and/or Specialty Mental Health Provider bring a unique skill set to the practice to help them to understand how the environment, socioeconomic status, psycho-social stressors and health disparities can influence a person's health behaviors.

A fully integrated practice has an awareness of and an approach to a number of Health Indicators for their population including:

- Tobacco use
- Diet and exercise
- Alcohol use
- Sexual safety
- Access to care
- Quality of care
- Education
- Employment
- Income
- Family and social support
- Community safety
- Environmental quality

TIPS

Possible interventions to address common health issues:

- Provide specific psycho education materials in the lobby
- Create informational boards on common topics
- Add video sections to the looped video stream that runs in a waiting room
- Offer group discussions, meetings or gatherings on a particular topic
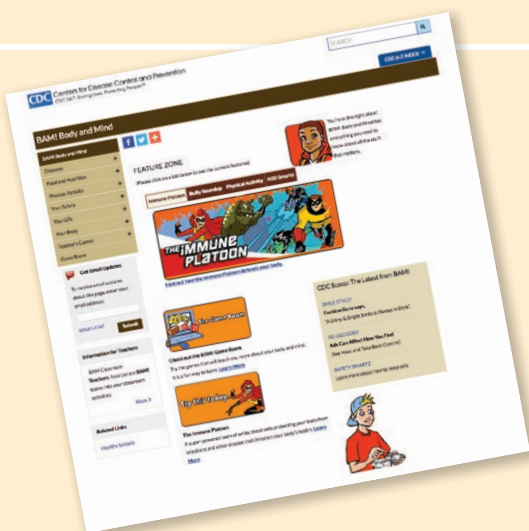- Create a monthly newsletter for patients on common topics

Mind/Body Connection

One of the main messages of Integrated Health Care is that the mind and the body cannot be separated from one another. It is clear that the siloed approach to the treatment of illness has come at the expense of the overall health of our citizens. Integrated Health Care takes an approach of "My Patient is Your Patient" to assist in the reintroduction of the mind/body connection. The very presence of the BHC on the PCP team is indicative of this re-established partnership focus of an integrated practice. In the Tier Two level of integration, it is important for the practice to set this expectation and show the value of the alliance through role modeling, advocacy and the general messages the practice sends to its patients and the outlying community.

Some examples would include:

- Posters in the lobby, exam rooms and waiting room
- Handouts to patients
- Mailings to patient
- The creation of a practice "motto"
- Integrated paperwork and health questions related to the concept

IDEA

Interactive Website for Kids

The Centers for Disease Control and Prevention has a program for children called BAM! Body and Mind

The website has a number of resources on health and mental health topics that can be directly viewed by children.

Visit www.cdc.gov/bam

Staff Development

During Tier One of the implementation, the BHC will be using their existing knowledge to perform their role and assist in the beginning stages of implementation. The goal for the BHC in Tier Two is to expand their knowledge base to include issues relevant to the practice in which they are working. Some examples might include trainings and workshops on:

- Nutrition
- Understanding basic lab work
- The basics of physical diagnoses that are common for the practice such as obesity, diabetes, high blood pressure, lead poisoning, asthma
- General medical interventions for common health diagnoses
- PATH classes

The BHC can also provide trainings to the practice staff on a variety of topics associate with their general knowledge and skills including topics such as:

- Mental health first aid
- Understanding the etiology of psychological disorders
- The impact of early childhood experiences
- Trauma responses
- PS reporting/working with DHS Protective Services
- Impact of foster care placements/working with DHS
- ADHD interventions
- Protective services

EXAMPLE

Lunch and Learn Programs

The Pharmaceutical model of bringing lunch to clinics to entice Physicians to listen to a presentation is a familiar one in the medical world. BHC's can utilize a similar technique (providing funding is available) to create lunch and learns for all the staff of the practice to discuss topics above and other topics related to the population of the clinic.

Some BHC's also use lunch and learns to address Integrated Health implementation updates as well.

Teach Others About the PIHC Model

It is well known that many times, professionals listen most intently to peers from their same profession. One of the many ways that a fully integrated practice can assist with the overall goals of Integrated Health Care is to talk to other practice sites or professional peers about the benefits of an integrated practice and their experience with implementation.
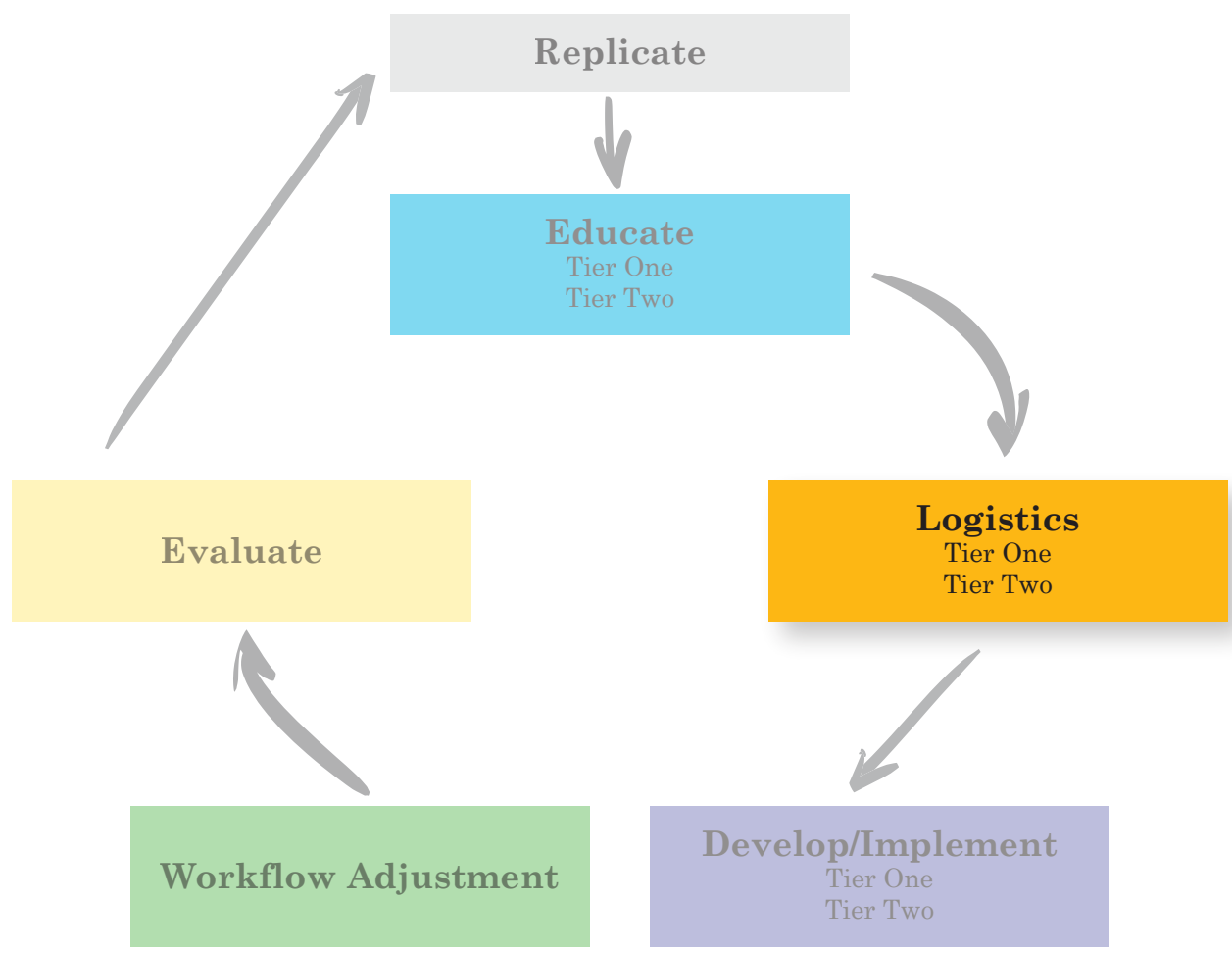
Some ideas for teaching others could include:

- Having participation from a practice staff on various committees or collaboratives in their community or county. An example would be the MOTION coalition in Wayne County, a coalition focusing on the issue of childhood obesity.
- Participating on State or County task forces or focus groups related to the advocacy of issues related to:
  - Childhood health
  - Mental health
  - General integration
  - Health disparities
  - Infant mortality
  - Substance abuse
  - Smoking cessation
- Speaking at State and local conferences
- Contributing to publications
- Participating in evaluation projects
- Guest lecturing at local medical schools, schools of social work etc.

TIP

Peer-to-peer small group meetings are an effective way of teaching others about the Pediatric Integrated Health Care Model.

Educate

Tier Two

SECTION V: Logistics Module

Learn and teach how Pediatric Integrated Health Care fits into the practice

Replicate

Educate
Tier One
Tier Two

Logistics
Tier One
Tier Two

Evaluate

Workflow Adjustment

Develop/Implement
Tier One
Tier Two

Pre-Integration Assessment

In order to determine the growth and movement from a non-integrated clinic to a fully integrated clinic, a pre-assessment should be initiated by the professional leading the integration. The assessment should cover all aspects of the current functioning of the site prior to any implementation activities. Items can be added to this form to fit the individual site and the pre-assessment should be a physical examination of the site as well as a short interview of medical site personnel.

This pre-assessment will help to connect the vision, goals and priorities of integration that has been developed to all Tier One implementation tasks. It will also serve to show the impact of the implementation activities on the clinic once implementation is complete and can be used in an evaluation of pre/post integration. The Pre-Assessment Form example *(on the following page)* is basic and meant to be individualized since all clinics are unique and visions of integration for each practice may differ.

TIPS

Consider the clinic and workflow from the patient's perspective

1. Schedule a physical tour

2. Consider a "secret shopper" approach, with the clinic's permission, to have an existing patient attend an appointment with mental health needs to determine the current "real experience."

3. Normalize results of the pre-assessment and encourage the use of the information as an opportunity to increase quality care and patient experience

Pre-Assessment Form Example

General Knowledge Level of the Practice of Integrated Health Care (IHC):

1	2	3	4	5
None	Limited	Basic	Advanced	Full

*See Pre-Assessment Goal Plan on following page

Indicator	YES	NO*
Is there currently anyone in the clinic who consults with the physician on Behavioral Health (BH) issues for patients?		
Is there currently anyone in the clinic who provides direct and billable Mental Health (MH) services? If yes, what is the role?		
Are Screenings currently being completed by PCP? If yes, which ones? Are more screenings needed?		
Patient Paperwork: MH questions?		
Patient Paperwork: IHC informed?		
Waiting Room: IHC informed?		
Waiting Room: Resources?		
Waiting Room: MH informed?		
Waiting Room: Youth oriented and informed?		
Exam Room: Youth oriented and informed?		
Clinic: Psycho-education materials?		
Clinic: Is there a resource book for all patient needs?		
Clinic: Is there a designated role with responsibility for following up on all patient referrals?		
Clinic: Is there a MH crisis policy/procedure?		
EMR: is there a designated place in the EMR for BH/MH?		
Do patient treatment plans include BH/MH?		
Morning Huddles?		
WCHAP site?		
Clinic Staff IHC informed?		
Trained on NAMI Family Experience Model?		

Pre-Assessment Goal Plan

Any logistical issue marked "no" on the pre-assessment form can be developed into a short term task toward logistical implementation, including any other issues identified by topic in the Logistics section of the manual. Once this document is completed, the goals and tasks have been identified and the staff can now move toward developing and implementing the basic tasks, workflows and objectives specific to their clinic.

Example Short-Term Goal Plan

Indicator	Need	Task
Screenings	No screening for the adolescent population No substance abuse screening	Research and implement screening for adolescent patients and substance abuse
Patient Paperwork	No mention of whole body health and wellness No mental health questions	Redo patient intake packet or add a mental health/ Integrated Health Care focused document
Waiting Room	Child friendly but not adolescent friendly	Brainstorm ideas for adolescent-friendly waiting room to attract adolescent patients to clinic
Clinic	No Resources Posted	Create board for patients with local resources. Update monthly.

Determine Integration Model

There are many options related to models of Integrated Health Care that can be researched. This Implementation Model is based on two basic choices: Embedding a Behavioral Health Consultant onto the primary care team only, or embedding the BHC and offering an Outpatient Therapist who can bill insurances to the clinic practice as well.

Any outpatient treatment should be mild to moderate in diagnosis in order to be seen in a primary care clinic. Most moderate to severe mental health needs are in need of a higher level of care and thus a higher number of supportive services that can be fulfilled in the local Community Mental Health System. Mild to moderate children's diagnoses can usually be served directly in a pediatric practice due to the level of need that can be addressed in the Pediatric setting, as described in the 4-Quadrant Model.

This is not to say that the team *only* consists of the doctor and the BHC and Therapist. Each clinic will need to define their own team that will best meet the needs of their patient population. Most teams will include a Medical Assistant. Some may include a nurse, a nutritionist, and/or other discipline. The most important aspect of this determination is that it must be developed up front but can change over time.

EXAMPLE

Provider Staff Example *(number of staff)*

At Cherokee Health Systems in Knoxville, Tennessee, they have developed a robust Integrated Health Care team to provide for the needs of their patients. They have over 20 years experience utilizing their integrated approach and not only serve the mild to moderate population, but also the Community Mental Health population as well. Below is an example of their team based approach:

Psychologists - 47

Master's level Clinicians - 78

Case Managers - 38

Primary Care Physicians - 24

Psychiatrists - 12

Pharmacists - 11

Nurse Practitioner/Physicians Assistant (Primary Care) - 39

Nurse Practitioner (Psychiatry) - 9

Memorandum of Understanding/Contracts

Always protect relationships with other organizations through strong Memorandums of Understanding (MOUs) and/or contracts with specific expectations for both organizations' activities.

- **Staff Hires:** Some medical practices may choose to hire their own Behavioral Health staff, either Behavioral Health Consultants and/or Therapists to provide traditional therapy. In this case, no Memorandum of Understanding or contract is needed, however the practice must determine specific credentialing criteria and billing allowances for the Behavioral Health staff. Laws in each state differ and are changing rapidly and allowable billing does differ between 3rd party insurance companies and Medicaid.

- **Memorandum of Understanding (MOU):** usually the MOU is a sufficient agreement when no billing or money is being exchanged for the services of one organization to another. For example, if a Behavioral Health organization receives a grant from an outside source to provide a service to a medical practice. The MOU will state the Behavioral Health organization agrees to provide services and the medical practice agrees to a number of activities to assist in the provision of the service. Issues such as indemnity and insurance coverage are usually addressed in an MOU.

- **Contract:** a contract is usually preferred when there is billing involved by either party and/or there is some sort of payment for services provided by one organization to another. Contracts should be reviewed by executive leaderships and/or their lawyers and will be specific to services provided, money exchanged etc.

- **Liability Insurance:** it is very important for each agency involved in Integrated Health Care to inform their insurance carrier of the services, contracts and/or MOU's between two provider agencies. If the Behavioral Health Services and/or Specialty Mental Health Services are provided by an agency outside the PCP practice, it is very important to have this fact clearly stated to the patient in the form of signs, business cards, logos on paperwork etc. One cannot assume that the patient has an understanding of the relationship between two agencies providing services in one location; however it is extremely important from a liability standpoint that this is communicated clearly and in more than one method.

What to include in a MOU

1. Purpose
2. Goals
3. Expected outcomes and indicators
4. Beginning and ending dates
5. Activities of the PCP
6. Activities of the Integrated Heath Care Provider
7. Leadership
8. Agreements & Consents
9. Liability Waivers
10. Signatures

Culture and Team

When working to implement a PIHC into a PCP practice, it is important to learn about the practices' overall general culture and team composition. Obtaining an organization chart is a good starting point. Learning about a practice's culture can be a less concrete activity but some good questions for the leaders of the team would be:

- "How would you describe your patient demographics?" (Listen for how they describe their patients, it can be an indicator of their culture)

- "How do you currently address patients' case management needs?" (Is the answer "we refer" or "we have numerous relationships with other agencies that we refer patients to and our MAs follow up?)

- "What other agencies in the area do you have relationships with? (This can show how involved the practice is outside of their own walls)

- Also, take note of the office in general. How do you feel when you are there? Are there areas of the waiting room that provide patient information? Is the office welcoming to patients? What is the patient experience with the front desk? Are the patients talkative or silent? Are the walls colorful and with pictures or stark and white? How were you greeted and treated by the representatives at the front desk area?

Although one observation does not indicate the overall culture of a practice, the combination of questions and observations can make an impression about the culture of the practice.

TIP

Patient Demographics

To have a successful integrated health care program that serves the community, it is important for the BHC and/or Specialty Mental Health Provider to know the community in which they are providing services. This involves gaining knowledge about the service area and population such as:

- General demographics

- Social service needs

- Social service resources

- Barriers to services in the community resources and programs in the area that are related to the demographics

Space

Although a typical specialty mental health office space is not necessary for a BHC, some sort of private space does need to be identified during the logistics phase of implementation.

If the PCP provider is going to implement at Tier One, a separate space is indicated for the Specialty Mental Health Therapist as well. The space necessary for a Specialty Mental Health Therapist would replicate a traditional outpatient office where patients can spend up to 45 minute sessions, uninterrupted, in a relatively quiet and private atmosphere.

Because the nature of the BHC role is to be a working member of the PCP team, their space indicates the need to be close to the PCP, Nurses and MAs. Although the majority of the work of the BHC can be done at a nurse's station or MA station, the BHC does need some private space in which to meet with patients to conduct assessments, provide guidance, create behavioral plans and provide resources in order to ensure patient privacy.

TIPS

Some general needs of the BHC:

• Space to use a laptop

• Use of a printer or space to set up a portable printer

• Storage or display space for psycho-education materials

• Access to a phone

• Access to copy/fax machine

Current Procedures: Patient Flow

When implementing integrated health care, it is important to be knowledgeable in the current procedures in each practice. It is imperative to understand the current workflow for a patient from entrance to the building to exit in order to develop entryways for the integrated health model into the workflow.

The goal of understanding the current procedures utilized to assess and identify "merge points" where the BHC could facilitate an Integrated procedure and/or opportunities to best recommend interactions with the patient.

Questions to consider include:

- What is the check-in procedure for patients?
- What paperwork does the patient fill out as a new patient and for subsequent visits?
- What are the steps the patient follows once they are called back from the waiting room?
- How long, in general, does a patient wait in the exam room for the PCP?
- How do the MAs/Nurses communicate with one another and the PCP during a patient visit?
- What is the checkout procedure?
- How are referrals handled?

It can also be helpful as the BHC or the person in charge of implementation to shadow key members of the team for some time during the day including a Doctor, MA, Nurse and/or a front desk staff.

TIP

Potential Merge Points

The assessment should yield some potential merge points for the BHC:

- Before the doctor arrives in the exam room
- The BHC and Pediatrician enter the exam room together
- BHC is called into the exam room as needed.

Current Procedures: Screenings

What screening protocol is the site currently participating in? Some practices have no developmental or social emotional screenings, some do only developmental screenings at well baby checkups and some practices are providing many different screening protocols.

Because detection through regular screening is an important aspect of Integrated Healthcare, it is advised that the person doing the implementation be aware of the current screening protocols. If practices are in need of additional screening tools, present your recommendations for those tools and secure leadership's approval for the introduction of those tools into the PCP site.

A list of recommended screening tools for all ages can be found in the Model section.

In practices that are currently utilizing screenings, determine the following:

- What screenings are they utilizing?
- What is the current administration schedule?
- What is the current workflow?
  - How does the patient receive the screening?
  - Who does the patient give the screening to when complete?
  - Who scores the screening?
  - How is a positive screening processed?

Mental Health Checkups Are Key to Early Detection

"Routine mental health screening in primary care can detect possible symptoms of depression and other mental illness, much like a blood pressure test can identify possible cardiovascular risk factors. Making mental health checkups routine is key to early identification and critical to prognosis for those who suffer from mental illness.

In a recent study that assessed PCPs' rates of addressing emotional distress with adolescent patients, only 34% of youth reported that their doctors talked to them about their emotional health – with older teens, Latino adolescents, and girls more likely to report that discussion than any other group. Although 1 of 4 teens (27%) reported emotional distress, distress was not a significant predictor for teens talking to their PCPs about their emotional health. In another study, 45% of all suicide victims were shown to visit their PCPs in the month prior to their death, and 77% were shown to have contact with their PCPs in the year before their death. This stresses the importance of systematic screening for mental health problems in the primary care setting."

Source: Medscape Psychiatry: Identifying Mental Illness Early Through Routine Mental Health Screening by *John H. Genrich, MD; Leslie C. McGuire, MSW* Disclosures*, November 02, 2009*

Medical Records & Technology

When working to integrate a practice, it is necessary to become familiar with the current medical record, how the staff bill services, document services, make referrals, how appointments are scheduled etc. Most practices utilize an electronic medical record but not all clinics have this capability. Whatever process is utilized, the person in charge of the integration must become very familiar with the records and flow of services through the records for the medical site.

It is also necessary to determine the technology needs of the BHC and/or Specialty Therapist. Recommendations include access to their own computer and telephone. They should also be able to print from their computer in order to provide resources and educational materials for patients. In the case where the practice does not use an EMR, determine the following:

- How are appointments made?
- Are there patient reminder calls? If so, who completes?
- What is the workflow for the charts?
- Where are charts kept?
- How does a staff member pull a chart?
- What is the process for adding documentation to the chart?
- What is the communication process with the Physician?
- Is there WI-FI available?

For practices that are able to utilize an electronic medical record, consider the following:

- The BHC will need to have access to the EMR to increase effective and efficient communication with the medical team.
- Are there special arrangements or costs associated with access?
- Is there a confidentiality access determination for MH privacy in the record?
- Are there choices available for how the BHC can document service provision?
- Will the vendor need to work with the BHC to develop BHC documentation?

TIP

Utilize Technology

Some BHC are utilizing current technology like iPad's to increase efficiency.

They can also be used for:

- Gathering data
- Satisfaction surveys
- Health-related apps for patients

Established Provider Meetings

In an effort to fully execute the goals and activities of implementation, it is imperative that all staff are continually educated, updated on current changes and prepared for the next level of change to come. One of the best ways to accomplish this is to know the current meeting schedule for staff meetings that the BHC (or facilitator of the implementation) should attend. It is also helpful for integration for the BHC to be involved in other aspects of the clinic culture when allowable and appropriate to the leadership of the clinic. Representation of Behavioral Health on various committee's or workgroups will assist in the consistency of the implementation of Integrated Healthcare at the practice.

It is also recommended that the integration project have a standing agenda item for important staff and management meetings during the implementation process. Once implementation has been achieved, it can also be helpful to maintain an agenda item related to behavioral health in general.

EXAMPLE

Participating In Providers Meeting

"When starting at a clinic, I would determine when the office would have meetings for staff and/or for providers. I would ask to be included in the agenda for each of these meetings to provide an update on the implementation process, which would include information like the number and type of referrals that I was receiving. I would also use this as an opportunity to present my ideas for areas of growth and obtain feedback from the providers and staff."

- Debrah Lee, Behavioral Health Consultant

Patient Consents and Releases of Information

Policies and procedures related to consents for treatment and releases of information will vary depending on the employer of the Behavioral Health Consultant and/or Specialty Mental Health Provider and will vary depending on the services provided. Most screenings are covered as general medical practice so any BHC involvement with screenings will not need any additional consents.

BHC and/or Specialty Mental Health Provider are employees of the primary physical health practice:

- Medical practices have existing consent forms. The existing form should include a notice to the patient that as an integrated health center, the patient is consenting to receive mental health screenings, assessments and interventions.

- Medical practices also have existing Release of Information forms and policies. These would be utilized by the BHC and/or Specialty Mental Health Provider, with special consideration of HIPPA rules governing protected health information such as HIV status and Substance Abuse services.

- For any traditional outpatient mental health therapy that will be provided in the medial practice, all state mental health code requirements must be met including specific consent for treatment and releases of information for mental health services.

BHC and/or Specialty Mental Health Provider are employee's of another agency:

- The number one consideration must be that the patient understand the Integrated Health Care partnership and what it means for the communication of their health and mental health status within the practice.

- In order to maintain the separate nature of the agreement for liability insurance purposes, it is necessary for the BHC and/or Specialty Mental Health Provider to use their agency's consent form and Releases of Information for patients or a consent and release of information form that has both organizations listed and/or logos on the forms.

- It is also advisable that the practice inform the patient that behavioral health services are provided in the practice and include, on the practice's consent form, that the BHC and the Primary Care Physician will be communicating with one another, allowing for a patient to choose to opt out of this arrangement with a separate signature.

Consent Form Example

Patient Name:_____ _____

DOB:_____

I, the undersigned,

1. Voluntarily consent to receive services from a Behavioral Health Consultant (BHC) staff member as recommended by my Doctor and fully explained to me by the Behavioral Health Consultant staff member. I understand that I am free to withdraw my consent and discontinue receiving service from the program at any time.

2. Understand that the BHC staff member will be partnering with my medical provider and will be providing a behavioral assessment and sharing with me the results of that assessment. The staff member will make recommendations to me, provide education materials, make referrals for services and follow up with me on those referrals. The BHC will also be sharing the results of the assessment and recommendations with my doctor.

3. Understand that the BHC staff member is not an employee of the _____ office but is an employee of _____

4. Understand that BHC program staff may be required to release information without consent under the following specific conditions:
    a. Patient threatens harm to self or others
    b. Suspicion of child abuse and/or neglect
    c. Medical personnel, to meet a bona fide medical emergency where there is immediate threat
    d. Authorized by court order under Sub Part E-Section 2/61

5. My rights while receiving services has been explained to me and I understand that I have the right to speak to the Clinic Director or Recipient Rights Advisor at any time I feel my rights have been violated.
    I understand that if I am not satisfied with services I may speak to my assigned worker:
    _____ or _____ .
    This does not mean that I don't have the right to file a Recipient Rights complaint or a Grievance.

_____   _____
Parent/Guardian Signature   Date   BHC Staff   Date

Logistics

Tier One

Form Example

Site Checklist Form Example

☐ MOU Completed   Date _____

☐ Attendance at provider meetings   Date _____

☐ Integration model determined   Date _____

☐ Insurance company notified (if req.)   Date _____

How do you describe your patient demographics?

_____

_____

_____

_____

How do you currently address patient's case management needs? _____

_____

_____

_____

What other organizations do you have relationships with? _____

_____

_____

_____

Facility	
Assessment	**Tasks to Complete**
Waiting Room	
BHC Space-Phone-Computer	
Exam Rooms	

continued

Logistics

Tier One

Form Example

Site Checklist Form Example, continued

Current Procedures	
Assessment	**Tasks to Complete**
Check-In Procedure	
Patient Flow	
Exam Room Wait	
MA/Nurse/PCP Communication	
Checkout Procedure	
Screening Protocol	

Forms & Records	
Assessment	**Tasks to Complete**
EMR	

Logistics

Tier One

Form Example

Site Checklist Form Example, continued

Provider Meetings	
Patient Demographics	
Patient Consent Forms	

Provider questions/issue to be resolved:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Logistics

Tier One

Form Example

Site Checklist Form Example (*Completed*)

☒ MOU Completed   Date _____Oct. 23, 2016_____

☐ Attendance at provider meetings   Date _____

☐ Integration model determined   Date _____

☐ Insurance company notified (if req.)   Date _____N/A_____

How do you describe your patient demographics?

_____

_____

_____

_____

How do you currently address patient's case management needs? _____

_____

_____

_____

What other organizations do you have relationships with? _____

Behavioral Health Services available at Pediatric Clinic: 1 pediatric psychiatrist and 2 pediatric
therapists - some families go to Behavioral Health Services Provider office if they have transportation

_____

Facility	
Assessment	**Tasks to Complete**
Waiting Room • Waiting room is divided into 3 sections – Outer section for "sick" patients – Middle section with chairs with one TV playing children's channel – Other outer section that is identified as children's area – limited toys/activities • Limited wall space for posters • No psycho-education materials currently available	• Introduce IHC pamphlets and posters – including IHC rack card • Increase educational materials including teen-friendly materials

continued

Site Checklist Form Example Competed, continued

BHC Space-Phone-Computer	
• BHC has computer – with EMR access – phone, and desk space in nurse triage office (currently one other nurse in office?) • Phone: dial "9" to make outside call – phone can be used to call patients; however, incoming calls will automatically go to call center	• Phone call management: no separate extension with voicemail option is available – currently discouraged to share direct line • Patients/parents must be directed to inform call staff that they are seeking nurse at Pediatric Clinic who can then forward message to BHC through EMR. • Per Dr. Smith, because there is no sustainability plan in place, she does not want to create a phone number that patients may continue to call after the end of the grant.
Exam Rooms	
• 12 exam rooms (exam room 3 is used as an office space) • Exam rooms have computer, magazine rack, and a picture – very little color Clinic Space • Treatment room is available for BHC use if exam room is needed – coordinate with MA/RN providing immunizations • Resource room is available to house psycho-education materials – the space is primarily utilized by residents and students • PCP have their own offices, which they use for documentation – MA leave pt charts in mailboxes outside of PCP offices	• Introduce IHC pamphlets and posters in exam rooms and on bulletin boards • Increase educational materials • Promote "teen friendly" environment

Current Procedures	
Assessment	**Tasks to Complete**
Check-In Procedure Patient checked in by CSR – screening tools given for completion in waiting room	
Patient Flow • Patient is checked in at front desk by CSR • Patient is taken to room by MA, vitals taken by MA • PCP meets with pt • Immunizations/labs given/coordinated by MA • Pt released with paperwork and may check back with CSR to schedule any f/u appointments *Labs are done in house	
Exam Room Wait Wait time depends on provider	Pt may meet with BHC/therapist first based on services needed

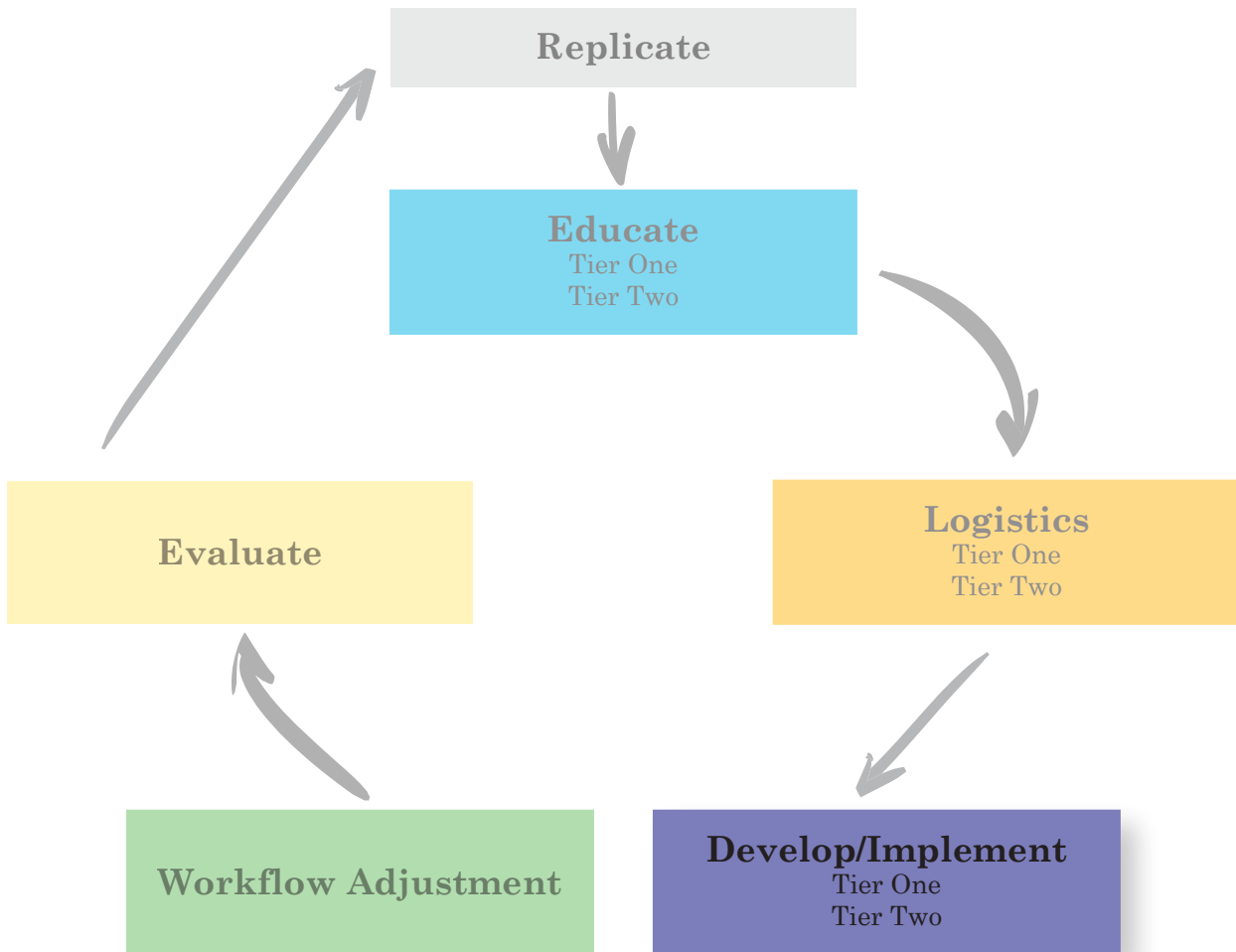## Site Checklist Form Example, continued

MA/Nurse/PCP Communication • Verbal communication • Communication through EMR	Would prefer to "Sign" all EMR notes so that BHC documentation is read
Checkout Procedure	
Screening Protocol Pt is given screening tool during annual physical - given by CSR for completion in waiting room • ASQ • M-CHAT • PSC & Y-PSC	Pediatric Clinic plans to move to an electronic screening portal, they do not want to change screenings until after the transition, however, we have recommended that: Adolescents are given Y-PSC – transition to Pediatric Clinic tool: DASST

Forms & Records

Assessment	Tasks to Complete
EMR EPIC	-BHCs to route phone encounters to PCP. -BHCs to document all face to face encounters and send to PCP via "co-sign"
Provider Meetings Monthly staff meetings on 2nd Monday afternoon of every month from 12-2 pm	
Patient Demographics	
Patient Consent Forms Provided at front desk	-BHC will provide separate MDCH consent form -BHC will request verbal consent for first time phone encounters

Provider questions/issue to be resolved:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION VI: Develop and Implement Module

*Develop tools and procedures and
implement a new workflow*

Replicate

Educate
Tier One
Tier Two

Evaluate

Logistics
Tier One
Tier Two

Workflow Adjustment

Develop/Implement
Tier One
Tier Two

Develop Desired Goals/Outcomes:

Now that current logistics of the practice are understood, it is important for all involved in implementation to have set expectations for what will be accomplished during the implementation phases and overall implementation of the model. It is at this time that initial goals for the Tier One implementation should be developed. Tier Two goals will be developed at a later time.

The Goals and Outcomes should be directly related to the tasks of each module as well as the overall goal of the clinic related to their Integration plan. Most practices will utilize the modules of the implementation model as their goal plan, however some practices may have other goals in mind as well. Goals can be written into an action plan, complete with dates, that can be utilized to keep everyone informed of the progress of implementation. It can be helpful to have a "vision" meeting where stakeholders come together to envision their practice as integrated and identify the staff and resources of the practice that will be utilized to bring the vision to life.

It can also be helpful to create a document or picture representation of the vision created to post throughout the staffing areas of the clinic. In order to continue to build buy in, it is recommended that the completed goal plan is also shared with each staff member.

In general, Integrated Health Care as a model seeks to achieve the following outcomes: *(See detailed examples on following page.)*

- Improved Access
- Improved timeliness of service provision/intervention
- Improved patient overall health
- Improved patient satisfaction
- Improved cost management/cost savings
- Positive clinical outcomes
- Improved coordination of services
- Improved detection/early intervention of behavioral and physical health needs

These outcomes can be used to guide the vision and/or goals for implementation. Whatever goals/outcomes are identified, an evaluation plan, complete with data points to track, should be developed at this stage. Be sure to separate structural changes for the clinic from how the structural change will impact patients and patient care as these are two separate issues.

General Overarching Integration Goals Examples:

Improved Access:

- Our goal is to improve our patient's access to mental health services by providing a specialist in Mental Health on our provider team
- Our goals is to improve our patient's access to the spectrum of mental health services

Improved timeliness of service provision/intervention:

- Our goal is to provide our patients with real time consultations for behavioral health issues when identified
- Our goal is to provide our patients with a convenient and timely behavioral health intervention
- Our goal is to provide our patients with a one location, one visit experience that meets both their physical and behavioral health needs

Improved overall patient health:

- Our goal is to improve patient health by providing whole body health and wellness interventions
- Our goal is to improve patient health by providing a team approach to patient care
- Our goal is to improve patient health by addressing physical and behavioral health all at once

Improved patient satisfaction:

- Our goal is to improve patient satisfaction by providing as many services as possible in one visit
- Our goal is to improve patient satisfaction by providing multiple services in one visit and at one location
- Our goal is to improve patient satisfaction by meeting their whole body health and wellness needs in one visit

Improved cost management/ cost savings:

- Our goal is to improve the efficiency of our providers by adding a behavioral health consultant to the treatment team
- Our goal is to improve the management of services by ensuring the patient receives the right level of all care
- Our goal is to help manage costs through the detection and early intervention of behavioral health needs

Positive Clinical Outcomes:

- Our goal is to provide services that positively impact the physical and behavioral management of a patient's needs
- Our goal is to improve clinical outcomes for patients by providing for their physical and behavioral health needs
- Our goal is to improve self-management of physical and behavioral health care needs
- Our goal is to reduce emergency room visits by providing detection and early intervention for physical and behavioral health care needs

Improved coordination of services:

- Our goal is to improve how services are coordinated within the clinic
- Our goal is to coordinate patient care to ensure the highest quality of care
- Our goal is to provide improved coordination of care to ensure patient's physical and behavioral health care needs are met

Improved detection and early intervention of behavioral and physical health needs

- Our goal is to improve health through early detection and intervention for physical and behavioral health care needs
- Our goal is to provide interventions within the clinic for detected physical and behavioral health care needs.

Samples Goals/Objectives Plan Form Example *(not an exhaustive list)*

Implementation Section	Overall Goal	Action Steps	Completion Date
Educate Approximate Months 1-4	All clinic staff will consistently be educated on the implementation process with opportunities for questions and feedback	Agenda item on all general staff meetings	
		Quarterly integration newsletter for staff	
		Email address set up for ongoing staff questions	
	New staff will be oriented to the Integrated Health Care model for the clinic	Integrated Health care information will be included in all new staff orientation paperwork	
	End result vision for the clinic is developed and shared with all staff	Create a visual representation of the vision for the end result of the implementation of Integrated Health Care for the clinic.	
Logistics Approximate Months 1-3	Current logistics and workflow will be mapped out for all departments	Completion of logistics tool	
		Meet with all departments of the clinic to determine logistics and workflow	
		Create visual representation of the current workflow	
Develop and Implement Approximate months 3-9	Integrated tools and workflow will be implemented and practiced within the clinic.	Determine where tools and opportunities for Integrated Health Care lie within current workflow	
		Add changes to existing workflow	
		Create visual representation of new integrated workflow	
		Determine and implement data collection parameters and data points	
Workflow Adjustment/Evaluate Months 6-12	Identify all logistics and workflow that need adjustment	Collect patient satisfaction surveys and summarize	
		Collect clinic staff satisfaction surveys	
		Assess workflow from patient perspective	
		Assess workflow from clinic perspective	
	Identify solutions to gaps in services, logistics and workflow	Create new logistics, workflow and services as needed and identified	
	Evaluate data points	Create quality improvement and or quantity improvement for utilization of Integrated Health Care services	

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Team Development

Creating an Integrated Health Care team is the point of the process that sounds the easiest but is actually the hardest part of the process. You would think that creating new processes, new policies, introducing new pieces of paper or a new person onto the team would be difficult. Those activities are actually the easy part simply because they are activities. The most difficult task at hand, by far, is the development of a real Integrated Health Care team.

This is the point where many people become discouraged or question whether this was a good idea. This is the time when, because things look good on paper, everyone thinks the medical practice has crossed the biggest hurdle…until a patient comes in who will benefit from Integrated Health Care and they do not get it.

This happens so frequently that it has to be normalized here. The reason for this breakdown is simply the signal that the process is not complete. The team has not been created and there is still much work to be done. It is imperative that whoever is in charge of the implementation understands this signal and responds to it with positive leadership.

TIPS

Creating a Cohesive Team

- Breakdowns in the utilization of a BHC can sometimes be attributed to the lack of knowledge or attitude change with the medical provider. It takes time for this culture shift to occur. The best way to help the medical provider utilize the BHC correctly is to see how the partnership and team approach helps them and the patient. Keep pushing it and keep pointing out the return on their investment to be open to change.

- Create space for the team to be together during down times. This can help them get to know one another and facilitate group discussions.

- Create a board for the medical providers office where Integrated Health Care success stories or Frequently Asked Questions or articles can be posted.

- Create a team mantra such as "our patient" or a team identity.

- Always use the word "team" in communications. A simple repetition of words can have a strong impact.

- Discuss how to introduce Integrated Health Care and each other to patients. This discussion can also help weed out small but meaningful misunderstandings of roles and expected activities

Collaborative Communication

True collaborative communication between the BHC and the PCP is not particularly intuitive so it does take some practice and some patience. Professionals from the medical field and professionals from the social work field are taught very different skills for communicating with patients and one another. Keep in mind that most Social Workers are trained to "paint a picture" with quite a bit of verbal information, while PCP's are generally trained to get to the point quickly and have targeted verbalizations based on the situation at hand.

Many PCP's will likely become frustrated with a BHC if the BHC is talking too much, giving too much information or discussing issues that are not the immediate focus at the time. It is the responsibility of the BHC to initiate collaborative communication and to assist the other professionals in the practice to learn these skills and to create opportunities for collaborative conversations to take place. Some general ideas include:

- Ask the PCP about their preferred communication style from you.
- Listen for the "trigger" word in the PCP's communication to you about the patient.
- Reframe, pointedly, what you think the PCP is looking for you to do with the patient. For example "You want me to work on the patient's eating habits related to their obesity diagnosis?"
- When returning to the PCP for a status update, keep in mind what question the PCP came to you with and answer that question. You do not need to go into detail with a long winded explanation. Tell the PCP what you think they should know and how that information is connected to the original consultation question. If the PCP needs more details, they will ask you for more information.
- Make sure you know the answer to this question before you see the patient "what does the PCP need from me after I see this patient." For most BHC's, the referral question from the doctor plus a review of the patients chart will provide the best picture of the patient for the BHC to provide the best service.

Remember that the BHC does not do therapy. The focus of the role and the consultation with the PCP is to improve functioning, provide a whole body health and wellness approach and intervene on mild behavioral health needs.

BHC Schedule

At this point in the implementation process, those working toward integration have a good understanding of current procedures and workflow and will now begin to develop and introduce new elements into the practice.

In order to have consistent expectations, the BHC schedule should be discussed, negotiated and determined early in the integration process. Many times the first question asked by providers will be "when will you be here?"

The best case scenario for successful implementation is having a BHC full time at the practices. It can be difficult to "sell" the benefits of Integrated Healthcare to providers who do not see the benefits everyday and changes to workflow will take longer to be acclimated if they are not supported by the presence of the BHC daily.

The following will need to be developed:

- A way to notify all staff of the BHC schedule (use any existing schedule post for all other staff when possible)
- Identify how to reach the BHC for key stakeholders/managers
- A workflow and tools developed for patients identified as having a need on a day that the BHC is not in the clinic
- Create a document for staff to use to identify what patient was identified and what the need is
- Identify a space to place documents for the BHC
- Determine a procedure for notification of a manager level stakeholder for planned time off, sick days and/or emergencies
- If possible, the BHC should identify a secondary contact for the practice to utilize during BHC absences
- Create a list of relevant phone numbers for the clinic in the case of a mental health emergency for a patient, including the number for child protective services
- Ensure the BHC has business cards available to the physician, MAs and/or front desk to give to patients in the BHC absence

Screenings

During the previous assessment of logistics, if it was determined that the clinic is in need of new or additional screening tools, it would be necessary to introduce those screenings and develop a new workflow to accommodate this process.

Since developmental screenings are an integral part of PIHC and ESPDT for Medicaid recipients, it is important to assess what screenings are currently done at the practice and implement additional screenings into the workflow following the PIHC model for developmental screenings per age.

This introduction of screenings may entail working with the front desk staff to create a workflow for getting the screening forms to the patients. It would also require the introduction of the new process to the MAs/nurses who support the PCP, as well as the PCP.

Depending on the screening tools used and how familiar the staff is with the screening tool, the BHC will likely have to provide some training in the scoring of each tool and indicators for a referral to the BHC.

The best case scenario would entail:

- An indicator in the check-in system when a standardized screening is due per age
- Easy access for check-in staff to distribute the screening and instruct the patient on the purpose and directions for completing
- MA (or point of first contact) to expect a screening document from the patient and ensure that it is completed
- Doctor, nurse or assigned personnel to review and score the screening form and how to interpret the findings
- Standardized response from the Doctor, Nurse or assigned personnel if screening is negative or positive and timely procedure for warm hand-off to the Behavioral Health Consultant

Electronic Medical Records

An integrated practice has a fully integrated medical electronic health record and billing system if indicated. The EMR has space for BHC notes, consents, and releases, as well as tabs for the specialty mental health record-required paperwork, such as electronic psychosocial assessments, treatment plans, progress notes and authorizations .For an integrated practice to be most effective, the PCP should have easy access to all services provided by Behavioral Health including plans, referrals, and follow-up.

For fully integrated practices (BHC and Specialty Mental Health Provider) billing for specialty mental health services is possible once the therapist is credentialed with the insurance companies. The therapist would go about obtaining authorizations as in an outpatient setting and would be required to complete all paperwork required by the insurance company. It is necessary for the practice's EMR to have all ICD-9 or DSM codes available in the record as well as behavioral health codes for the therapist to utilize in billing services.

EMR and Confidentiality

It is important that a patient's right to privacy related to any behavioral health services be protected. It is recommended that for both a Tier One and Tier Two integrated practice, that some sort of lock or approved access to a patients chart containing behavioral health information be created and that access is limited only to those professionals who need the information to provide services. Some EMR systems provide for coding certain records by confidentiality level, others require passwords.

Paper Charts

If the practice does not offer an EMR, documents would need to be created and a space in the paper chart would need to be identified to allow for the physician to see the BHC services provided to the patient. Once the documents are developed (this should be kept to a minimum, such as a Behavioral Health Note *(following page)* and an Action Plan), a workflow should be developed related to who is responsible for placing the BHC documents in the chart once completed.

Behavioral Health Note Form Example

Date:_____

Patient Name (First, Last):	MRN:	DOB:

Others Present at Office Visit: Names/Relationship:

Parent/guardian (if applicable):

Phone:
Address:
Insurance:

Contact Type: ☐ Face-to- Face ☐ Telephone	*Start Time*	*End Time*

Screenings Administered: ☐ ASQ-3   ☐ M-CHAT-R   ☐ PSC   ☐ PSC-Y   ☐ CRAFFT   ☐ PHQ-2   ☐ PHQ-9
☐ Edingurgh   ☐ CAGE-AID   ☐ HITS   ☐ OTHER _____

Presenting Concern:
Referred by:

Stressors/Extraordinary Events:

Change From Last Visit:	Behavior/Functioning:
Health Status:	Substance Use: ☐ YES ☐ NO

Danger to: ☐ None   ☐ Self   ☐ Others   ➡   ☐ Ideation   ☐ Plan   ☐ Intent   ☐ Attempt

Comments:

Behavioral Plan:

Behavioral Intervention:
☐ Psychoeducation/Anticipatory Guidance:
☐ Problem-Solving/Action Planning:
☐ Behavior Management:
☐ Resources:
☐ Referral:

Progress/Barriers:

Observed/Reported Changes in Condition:

STAFF SIGNATURE	SUPERVISING CLINICIAN SIGNATURE (If applicable)

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Workflow

Once the screenings are decided upon and introduced, space is determined, and the EMR is set up, the next step is to implement a workflow for the BHC position. The actual workflow will be practice specific so no particular instructions will work for each practice.

However, some general guidelines are important to the overall success of the integration:

- A process for every patient to receive a screening at first visit and a protocol for screening at subsequent PCP visits
- Determine who takes responsibility for the screening forms once the patient is called back for their PCP visit
- Develop a process for how the BHC is notified of a positive screen and/or referral from the PCP
- Determine the procedure for a positive screen and/or referral when the BHC is with another patient
- Ensure the referral process for BHC to specialty mental health if available on site
- Create a procedure for how a follow-up appointment is scheduled
- Create a mental health emergency protocol with procedures for all staff
- Create scheduling protocol for BHC
- Create billing protocol for BHC
- Integrate all BHC paperwork into the medical chart

Front Desk →

- **Hand out screenings to patients:**
  ASQ 0-5
  PSC 6-11
  PSC-Youth 12-16
  PHQ-9/GAD-7 17-21

Medical Assistants →

- **Receive screening from patient**
- **Review for indicators**
- **Hand off to Provider with comments**

Provider →

- **Reviews screening form/scores**
- **Asks clarifying questions**
- **Refers to BHC**

Behavioral Health Consultant →

- **Reviews screening**
- **Provides functional assessment**
- **Makes recommendations**
- **Reviews with Provider**
- **Documents in chart**

Introduce Workflow to Staff

A successful integration must include the entire staff of the practice, not just the strategic planners and managers. As the new workflow is being developed, it is imperative that all staff are given an opportunity to provide information, give suggestions and provide feedback about how integrated health care will fit into their daily routine.

Although there will likely be resistance to what can be seen as an interruption to a staff's daily flow, it is important to hear about this experience while still setting the expectation that integration is the ultimate goal. Most staff will adjust and create new daily habits so long as the practice has a generally positive attitude about integration, sets consistent expectations, keeps the staff informed and provides strong leadership.

- In order to keep implementation moving forward, identify a time on the agenda of any meetings to address behavioral health integration and/or implementation
- Create a new organization chart with the new behavioral health staff represented and add/change as needed
- Post workflows for visual representation; update as needed

IDEA

Centralized Scheduling

In a fully integrated practice, the BHC and/or the Specialty Mental Health Provider should be included in the centralized scheduling system used by the PCP. It is important for patients to be able to see the seamless workings of an integrated system and not have to contact different people for their appointments.

The front desk and/or scheduling staff should be fully aware of the BHC role and services and be able to schedule appointments over the phone or when at the clinic for all services required for their care.

Reminder calls for the BHC and/or Specialty Therapist should also be included in the reminder call procedure that is utilized by the practice

Introduce PIHC to Patients

Although a lot of work goes into integrating a PCP practice that will ultimately serve the patients of the practice more effectively and efficiently, patients generally won't know or understand what integrated health care is and how an integrated practice will be beneficial to them. During the development phase of the implementation model, sharing the good news with patients is an important step.

Most practices educate their patients with informational banners or boards, brochures and/or handouts. It might also be beneficial to train the front desk staff to direct patients to the new materials about integrated health care for a specific amount of time (one month to one quarter). MAs or nurses will want to remind patients to fill out their screenings as well. Some practices will place the BHC out in the lobby for certain times of the day to talk about BHC or hand out psycho education materials on relevant topics.

If the practice has a video stream, it can be very helpful to obtain videos to introduce topics such as the importance of mental health and developmental screenings. Getting patients used to this new service will take some time but good news travels fast and soon patients will be requesting BHC services.

18" x 24" Poster

8.5" x 11" Poster

2-Sided Rack Cards

2-Sided Bookmarks

11" x 17" Posters

Develop / Implement • Tier One

Tracking

Whether the BHC and/or Specialty Mental Health Provider are grant-funded or not, it is always a good idea to set up some program expectations and methods for tracking those services provided by the BHC and/or Specialty Mental Health Provider. If a position is grant-funded, the grant will state clearly what the outcomes are for the position and will likely have a data collection method already set up.

For positions that are not grant-funded, some traditional items to track include:

- Number of clients served
- Services provided
- Referrals and follow-ups

Tracking of goals and outcomes from the Educate Module should also be included and may address:

- Improved access
- Improved timeliness of service provision/intervention
- Improved patient overall health
- Improved patient satisfaction
- Improved cost management/cost savings
- Positive clinical outcomes
- Improved coordination of services
- Improved detection/early intervention of behavioral and physical health needs

Software, such as Office 365's Power BI, can be used to create a dashboard.

Create a logic model to work from and use to develop reports or scorecards

- Outputs could include number of screenings, number of patients referred to the BHC, number of patients referred to the therapist (if on site), number of OP therapy sessions, number of BHC interventions, number of referrals to outside services, number of huddles, number of presentations by BH staff to clinic staff, etc.

- Outcomes could include patient satisfaction, patients who would not have received BH intervention if a BHC was not present in the clinic, provider satisfaction, provider attitudes about BH detection and intervention, patient self management skills and education, body mass icentralndex (BMI), hospitalizations, crisis interventions etc.

Modified Logic Model Form Example

Use a spreadsheet software to create a simple modified Logic Model like the one below
for tracking the goals and outcomes of your integrated practice.

Clinic Site	Child/Caregiver-Level ACTIVITIES								Provider-Level ACTIVITIES						
	BHC or therapist screening	Recruit pts to BHC	Assess pt level of functioning	Provide targeted interventions	Provide psychoed	Develop action plan	Provide referrals and make f/u calls	Keep records in EMR	Collaborate with other Bx health staff	Act as MH consultant to docs	Coordinate w/ supportive services	Assist team in Identifying patients	Coordinate psych services	Develop workflow	Provide MH ed to PC staff

Clinic Site	Child/Caregiver-Level OUTPUTS								Provider-Level OUTPUTS						
	# referrals to BHC	# of functional assessments	# referrals from Physician	# referred by BHC to Mental Health Services					# clinics providing IHC	# educational presentations by BHC to PC staff	# huddles				

	Child/Caregiver-Level OUTCOMES								Provider-Level OUTCOMES						
	# pts who otherwise wouldn't have been seen	# f/u on referral	# f/u on appts w/ BHC	Patient satisfaction	Pt skills in addressing BH	no show rate			Provider satisfaction	Attitudes on providing BH services	Behaviors in providing BH services				

Mental Health Emergency Policy

There is potential for a mental health emergency in a medical clinic every day that the clinic is open to patients. It is important to create a mental health emergency procedure specifically for each clinic as it is easy to assume that one exists just because a clinic is integrated. Because each clinic is different, below are some general guidelines to assist in creating a mental health emergency procedure. *It is important to train all clinic personnel on any mental health emergency procedure that is developed.*

Incoming Phone Calls:

Occasionally a phone call will come through to the front desk that would qualify as a mental health emergency. A mental health emergency would include a patient who is identifying themselves as suicidal or homicidal.

Other phone calls that would be directed to a behavioral health staff include:

- a patient identifying child abuse/neglect
- a patient identifying themselves as cutting themselves
- a patient who is inebriated

Procedure ideas:

- Person taking the phone call would gather information to determine if the caller is in a current mental health crisis as defined above
- Person taking the call will immediately ask for the callers phone number
- Person taking the phone call would tell the caller that they will connect them to the person who will assist them and will not place the caller on hold until it is time to transfer the call.
- Person taking the call will seek assistance from an employee to seek out the behavioral health professional on site and inform them of the mental health emergency.

Mental Health Emergency in Clinic:

Occasionally a mental health emergency will occur in the clinic during the Primary Care visit, in the waiting room or while waiting to see a physician. Mental health emergencies include:

- a patient who has verbalized being suicidal or homicidal
- a patient who is experiencing an active anxiety attack

Some situations require immediate police involvement, including a violent patient.

Some situations require the use of a behavioral health staff as part of a team intervention, such as an inebriated patient.

Procedure ideas:

- Immediately inform BHC staff of the nature of the mental health emergency
- Provide relevant background information
- If patient is violent or threatening, create a team plan, do not just "send" the patient to the BHC
- Understand the commitment process if the patient is an adult

Develop / Implement • Tier One

Youth-Friendly Environment

Traditionally pediatric medical care has focused on young children. All one has to do is enter a Pediatrician's office to see that the décor, TV channel and furniture are mostly geared toward making the young child feel comfortable. Unfortunately this is usually at the expense of the older patient's comfort level and engagement in the Physician/patient relationship at an age when having this relationship can make a difference in some risk taking behaviors of this population.

For youth and adolescents, having a safe place to discuss their choices, express their experiences with their changing bodies and a relationship to ask questions about their emotions is key not only to possible risk-taking behaviors but also to teach them that engagement with health care is a positive and normative experience.

It makes sense that a youth who has positive experiences with health care engagement will be more likely to engage in health care as an adult as well, thus possibly receiving prevention and early intervention for both physical and mental health issues as they age.

Pediatric offices can engage youth and adolescent patients by paying attention to the needs of this population and making a few accommodations. The result may also be increased patient load as word gets around that the clinic is an okay place to go for special youth and adolescent issues.

IDEA

Web-Base Resource for Improving Integrated Adolescent Care

The University of Michigan Adolescent Health Initiative (AHI) offers an online resource for healthcare providers, health centers, health systems, and youth-serving agencies to improve their care for adolescents.

The site includes information regarding:

- The award-winning **Adolescent Champion Model**, a clinic-wide intervention to guide health centers to become adolescent-centered medical homes. The Champion model includes the Adolescent Centered Environment (ACE) assessment process, quality improvement initiatives, and mini-trainings for the entire health center to participate in collectively.

- **Annual Conference on Adolescent Health: Translating Research into Practice** – a national event for multi-disciplinary health professionals.

- **AHI resources** including laws about minor consent and confidentiality, Starter Guides to implement improvement strategies for quality measures, and a manual on Creating and Sustaining a Thriving Youth Advisory Council.

Visit www.umhs-adolescenthealth.org/

Implementation Checklist Form Example

Screenings: Protocol for screening distribution created	
Task	**Completion Date**
ASQ	
MCHAT	
PSC	
PSC-youth	
PHQ-9 Adolescent	
CAGE	
Other	
Workflow from Front Desk to PCP completed for all Screenings	

Goals & Outcomes Workflow	
Task	**Completion Date**
Goals/objectives plan developed	
Logic model developed	
Information Tracking Data Sheet Developed	

Procedure Workflow	
Task	**Completion Date**
Front Desk:	
Medical Assistants:	

continued

Develop/Implement

Tier One

Form Example

Implementation Checklist Form Example, continued

PCP:	
BHC:	

EMR Workflow	
Task	**Completion Date**
EMR: BHC access to chart BHC notes in the chart Directly: notes created in chart By Scan: procedure developed	
Communication via EMR procedure developed	
Use of EMR for BHC schedule? If no, alternative	
EMR lock created for protected information?	
Mental Health Emergency Protocol developed?	

Implementation Checklist Form Example, continued

Communication Workflow	
Task	**Completion Date**
BHC "in clinic" communication procedure developed:	
BHC "out of clinic" communication procedure developed:	
Huddles: Communicate workflow with physician:	

Educate Workflow	
Task	**Completion Date**
Introduce workflow to all staff:	
Introduce PIHC to patients:	

Implementation Checklist Form Example (*Completed*)

Screenings: Protocol for screening distribution created	
Task	**Completion Date**
ASQ	No changes to current
MCHAT	screeners at this time
PSC	6/17/16
PSC-youth	
PHQ-9 Adolescent	
CAGE	
Other	
Workflow from Front Desk to PCP completed for all Screenings	May be referred to PCP

Goals & Outcomes Workflow	
Task	**Completion Date**
Goals/objectives plan developed Created with Medical Director and Nurse Manager	6/5/16
Logic model developed N/A – Team decided Logic Model is not needed at this time	
Information Tracking Data Sheet Developed – Needs to be determined – Meeting scheduled in 2 weeks	

Procedure Workflow	
Task	**Completion Date**
Front Desk: Will hand out screenings per age to all new patients	
Medical Assistants: – Will receive screenings and give to Pediatrician. – MA may alert BHC if Pediatrician requires BHC. – Will enter screening into chart	

Develop/Implement

Tier One

Form Example

Implementation Checklist Form Example, continued

PCP:	
– Will receive screening from MA. – Reviews screening and calls for BHC or asks MA to call BHC.	
BHC: – Reviews screening. – Consults with patient, consults with Pediatrician. – Informs MA when consultation with patient is complete. BHC completes note in EMR.	

EMR Workflow	
Task	**Completion Date**
EMR: Pediatrician and front desk can communicate with BHC through EMR BHC access to chart Yes BHC notes in the chart Yes Directly: notes created in chart By Scan: procedure developed	
Communication via EMR procedure developed Yes	
Use of EMR for BHC schedule? If no, alternative BHC to provide daily schedule for follow-ups at the front desk	
EMR lock created for protected information? Medical Director to create confidentiality levels with EMR Vendor	
Mental Health Emergency Protocol developed? – Developed – Presented to staff	7/20/16 7/31/16

continued

Develop/Implement

Tier One

Form Example

Implementation Checklist Form Example, continued

Communication Workflow	
Task	**Completion Date**
BHC "in clinic" communication procedure developed: In-clinic referrals to be given verbally. Follow up verbally and through EMR.	
BHC "out of clinic" communication procedure developed: – Out-of-clinic referral forms located in the mailbox area. – Private mailbox labeled for completed referrals. – Referrals can also be sent to BHC via EMR.	
Huddles: Communicate workflow with physician:	

Educate Workflow	
Task	**Completion Date**
Introduce workflow to all staff: Formally introduced at staff meeting	6/12/16
Introduce PIHC to patients:	

Huddles

A huddle is a planned or unplanned conversation between the treatment team about the upcoming day or events that occur during the day where collaborative conversations need to take place between providers. Huddles allow for information sharing, updates, questions, plans and agreements between providers in relation to the patient's care. This increases the patient's experience even when they are not part of the huddle conversation. By being on the same page, providers can increase efficiency and effectiveness for themselves and their patients.

Providers attending a huddle can include doctors, BHC, Specialty Mental Health Providers, MAs, nurses, administrators and/or the Psychiatrist. Huddles can take many different forms but the collaborative conversations must happen for the practice to operate at a fully integrated level:

- Daily, formal meetings, first thing in the morning
- Weekly, formal meetings, first thing in the morning
- Daily informal, no set time and as needed in frequency
- Daily informal, a set time

EXAMPLE

Huddles Generally Involve:
- Discussion of patients coming in for the day
- Agreement on patient needs
- Agreement on workflow and services provided

Develop/Implement

Tier Two

Protective Services

One of the many medical and behavioral health culture issues that comes up during integration activities is the proper use of Protective Services. It is important to ensure the medical clinic has up-to-date materials and resources related to Protective Services and that every person understands what the law requires them to do.

Many times all Protective Services decisions are sent to the Behavioral Health Consultant and while their role on the team is a wonderful resource due to their knowledge and experience, the BHC is not responsible for "policing" other professionals or calling Protective Services for other people.

TIPS

Keeping Your Team Up to Date

• Create a 'Lunch and Learn' program to provide updated information to all clinic employees.

• Ensure the medical clinic has the most recent and updated materials related to child abuse and neglect.

• Encourage the use of an outside trainer to complete a presentation on reporting child abuse and neglect that will allow for clarifying questions to be asked by the medical clinic personnel.

• Work with the medical practice's management to set clear expectations and boundaries for each role on the treatment team.

• Encourage open communication with patients about Protective Services. Include the myths associated with Protective Services and role-model effective communication to help educate patients and medical providers.

Psychiatry

For medical practices that employ or contract out a Behavioral Health Consultant and a Specialty Mental Health Provider, it is imperative that the site have psychiatric support for the PCP and the Specialty Mental Health Provider. A system of checks and balances should be set up so that the patient is receiving the optimal level of safe and supportive services that optimize the practices' level of integration.

An example practice may have the following procedure:

- A patient is identified by the PCP as being in need of a psychotropic medication.
- The PCP refers to the BHC for consultation on the issue of medication and psychological services need.
- The BHC concurs and refers the patient to the in-house psychiatrist for a full evaluation and if necessary, to the Specialty Mental Health Provider.
- The Psychiatrist completes a full evaluation and places the patient on psychotropic medication.
- The Psychiatrist and BHC or Specialty Mental Health Provider consult on the progress of the patient.
- Once stabilized on the psychotropic medication, the Psychiatrist refers the patient back to the PCP for ongoing prescribing of medications. The BHC or Specialty Mental Health Provider monitor the patient.
- If the patient requires a change in medication, the PCP refers the patient back to the Psychiatrist for care.

For a practice with only a BHC, having a psychiatrist on staff would be beneficial, but not necessary for patient care. If a patient is identified as needing a psychiatric evaluation, the BHC would refer that patient out to their local Qualified Health Plan or Community Mental Health for services and would coordinate their results with the PCP by making sure that any medications prescribed would be entered into the patient chart.

IDEA

Tele-Psychiatry: Incorporating Technology-Based Communications

The use of tele-psychiatry or a psychiatric consultation model can be extremely beneficial for medical practices serving the mild to moderate pediatric population as well. In this example, a BHC would consult with the psychiatrist via a tele-psychiatric evaluation and/or connect the Physician with a Psychiatrist for a phone consultation.

Integrated Treatment Plan

A fully integrated Tier Two practice will also provide to patients an integrated treatment plan, combining both the doctor's portion of the plan and the BHC's portion.

In order to accomplish this, the PCP and the BHC must have good collaborative communication and the BHC must have access to the medical record in order to add their portion of the plan. The BHC plan will not be a "surprise" to the PCP.

The integrated treatment plan is the end result of the referral from the PCP, the agreed upon plan between the BHC and the patient and the collaborative communication between the PCP and the BHC. The integrated treatment plan will be easily accessible in the electronic medical record for the members of the treatment team and will be used in tracking the patient's progress as well as huddles in the practice.

The actual treatment plan itself will vary based on the type of EMR each clinic uses in their practice. The challenge of the integrated treatment plan is how much collaborative communication exists between the physician and the BHC and the requirement of a great deal of trust between them. Some general guidelines include:

- Integrated treatment plans will likely not be developed after the BHC visit. Most physician plans will indicate a referral to the BHC and then the BHC will complete their own note in the Patient's record.
- An integrated treatment plan is usually done if the patient will be receiving on-going integrated health care services in their Medical clinic.
- The integrated treatment plan requires some collaborative communication between the physician and the BHC to discuss each aspect of the patient's needs and what each service to the Patient will be.
- Both the BHC and the physician will need to determine the course of documentation for changes to the plan and progress of the patient

Integrated Health Care Clinic "Look"

An integrated health care clinic has many aspects to it. It is important for each practice to have an "integrated look" to it from the moment a patient enters the doors to their exit after their appointment. Some examples include:

- Waiting room health posters: There are many posters available that are made specifically to go into a PCP waiting room. These posters have messages about health and wellness and include social/emotional, developmental and mental health as aspects of overall good health.

- Waiting room informational boards: Many integrated practice sites have informational boards that combine resources for physical and mental health.

- Brochures: many integrated sites have brochures that offer information about their site and includes educational information about integrated health care and health home structure and associated services

- Paperwork: the integration of both a physical and mental health questions should be included on all practice paperwork.

- Logos: many integrated health care sites will develop and produce documents with a logo that indicates that the practice is integrated and believes in both mental and physical health. Some sites will have their staff wear pins or name badges with a logo representing integrated health care.

- Exam Rooms: while the patient is waiting for the doctor and/or BHC, the exam room is an efficient and effective location for a variety of posters, brochures and screenings to be available.

- Many BHC staff choose to wear the white "consultant" length coat, which is similar to a doctor's coat when providing services at a practice site. This provides the patient with a sense of credibility and shows that the BHC is part of the PCP's care team.

EXAMPLE

Integrated Health Care Clinic check-in and waiting room areas. Note the brochure rack and also the colorful wall boards that are used to introduce staff..

Photos courtesy Corner Health Center, Ypsilanti, MI

Develop/Implement

Tier Two

SECTION VII: Workflow Adjustment Module

Plan, Do, Adjust

Replicate

Educate
Tier One
Tier Two

Logistics
Tier One
Tier Two

Evaluate

Workflow Adjustment

Develop/Implement
Tier One
Tier Two

Workflow Adjustment

Monitor All Newly Introduced Procedures

The goal of 'Plan, Do, Adjust' is to ensure that new procedures "take" and over time become the new norm. Without consistent monitoring, reminding and reinforcing, new habits will quickly be discarded for the more familiar old procedures.

By monitoring that new procedures are being followed, one can apply the constant but soft pressure necessary to assist staff in making new procedures their norm. Most people will adjust eventually, especially if the person in charge of implementation is sure to listen to their experience, ask for their suggestions, and include them in the overall process.

Clearly if there are staff members who are unable to adjust to the new procedures despite the best efforts to coach them through it, Human Resources and management should become involved to discuss the situation.

This can be the most time consuming yet important part of the implementation model.

Keeping track of all changes can be confusing for all involved. It can be especially frustrating for some because this is the time to actually be doing all the things that were planned and created during the more 'exciting' time.

Monitoring is the longest part of the implementation and can take 4-6 months or longer because new habits are being formed during this time. Being organized in the monitoring of all the 'new' is highly recommended, as is making sure the expectations of all involved are being met.

TIPS

Keeping up the Enthusiasm
- Create and send weekly emails about how things are working in the newly integrated clinic
- Share publications about other implementations happening around the country
- Share news articles and studies about integration

Receive Feedback from Staff and Patients

At this point of the integration process, new procedures have been created, new steps have been introduced into the workflow and the BHC and/or Specialty Mental Health Provider should be receiving referrals.

The most important aspect of this step is to understand and plan for the fact that some things that have been implemented will not be working and will need to be adjusted. The adjustments cannot be made unless the workflow is done so just make sure to expect change and encourage flexibility throughout the process.

- Once of the best ways to receive constructive feedback is to simply ask for it. Many people will just assume if they don't receive feedback, things must be working properly. When integrating a site, whoever is in charge of the implementation model must be willing to follow up with everyone in the practice, in person and verbally, about their experience with the new model and workflow.
- Another helpful tool is to be at the site in person to observe the workflow in action. Being able to observe for yourself the patients' experience can be extremely useful in pin-pointing areas where workflow can be adjusted for the benefit of the patient and the practice staff.
- It can also be useful to create a short satisfaction survey for the patients to complete regarding their satisfaction with the new workflow and integrated services offered to them. It is important to acknowledge that this is meant to be a short, purposeful survey and should not be too cumbersome for the patients to complete. *(Survey examples follow.)*

- Ask for feedback on workflow during provider staff meetings as well and/or approach each division separately to determine how the new workflow is affecting each area individually. (Front Desk, MAs, nurses, etc.)
- Share progress towards the goals verbally and visually. Make sure to discuss in meetings but also create some sort of visual to show "movement" to the staff. Any form of fun, colorful visual will work.

Patient Satisfaction Survey Form Example

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your response will help us to improve our services. There is no right or wrong answer. We are asking for your honest opinions. In no way will your responses affect your treatment here. Thank you for your time!

Who did you see today?   Doctor   ☐
                                    Nurse   ☐
                                    Behavioral Health Specialist ☐

INSTRUCTIONS: for statements 1-9, please circle the number that best describes your answer.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Does Not Apply
I am satisfied with the amount of time staff spent with me during my visit	5	4	3	2	1	0
My beliefs about health and well being were considered as part of the help (services) that I received	5	4	3	2	1	0
If I were referred outside of this clinic for mental health services for my child, I would follow through	5	4	3	2	1	0
Any concerns I may have had regarding my child's developmental / behavioral health were addressed	5	4	3	2	1	0
I am comfortable receiving behavioral health services for my child here at this clinic	5	4	3	2	1	0
I received the necessary resources needed to address issues I identified	5	4	3	2	1	0
I would prefer for my child to receive mental health services at the location where he/she receives medical care	5	4	3	2	1	0
I feel I/my child learned new skills	5	4	3	2	1	0

Patient Satisfaction Survey, continued

About how long did you have to wait in the waiting room PAST the time of your scheduled Behavioral Health appointment?

☐	☐	☐	☐	☐	☐
Did NOT Have to wait	Less than 5 minutes	5 to 15 minutes	16 to 30 minutes	31 minutes to 1 hour	more than 1 hour

Was this your child's first visit to the clinic?   ☐ YES   ☐ NO

What is your child's gender?   ☐ Female   ☐ Male

What is your child's age?   _____

What has helped you the most in dealing with your child's behavioral health concerns?_____
_____
_____
_____
_____
_____
_____
_____

What suggestions do you have for improvement?_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Teen Satisfaction Survey Form Example

TEENS: Please share your thoughts about our clinic.
This survey is confidential. Please don't write your name on it.

1. What is your: age _____ yrs   gender _____

2. Do our providers …	Definitely Yes	Mostly Yes	Mostly No	Definitely No
a. listen carefully to you?	☐	☐	☐	☐
b. explain things in a way you can understand?	☐	☐	☐	☐
c. ask about your physical and mental health?	☐	☐	☐	☐
d. spend enough time with you?	☐	☐	☐	☐
e. ask about risky behaviors common among teens?	☐	☐	☐	☐
f. talk privately with you (without a parent in the room)?	☐	☐	☐	☐
a. show respect for what you have to say?	☐	☐	☐	☐
b. offer help with all your questions or concerns?	☐	☐	☐	☐
c. ask about your emotional health?	☐	☐	☐	☐

3. Our providers are working with a behavioral health consultant, who can talk with teens about a variety of issues. What topics might be helpful to you? *(check all that apply)*

☐ emotions - being very sad or worried   ☐ problems with schoolwork or organization

☐ anger/stress   ☐ parent / family conflicts

☐ dealing with other kids   ☐ nutrition/diet questions

☐ possible referral to a therapist   ☐ Other _____

4. When you have a visit at our clinic, do you…	Often	Sometimes	Rarely/Never
a. bring a list of questions you want to ask the provider?	☐	☐	☐
b. wish you had more time to talk with a provider?	☐	☐	☐
c. feel shy or nervous about asking some questions?	☐	☐	☐
d. leave with some questions that were not answered?	☐	☐	☐
e. feel like you didn't get as much help as you wanted?	☐	☐	☐

Teen Satisfaction Survey, continued

How much do you agree or disagree with the following statements about our clinic?	Definitely Yes	Mostly Yes	Mostly No	Definitely No
5. I know how to contact my health care provider if I have questions or concerns.	☐	☐	☐	☐
6. I will tell a health care provider my concerns, even if they don't ask.	☐	☐	☐	☐
7. I talk to my health care provider about different ways to handle health problems or concerns.	☐	☐	☐	☐
8. I am completely honest when talking to my health care provider about my health, personal life, and activities.	☐	☐	☐	☐
9. I know what health services I can get without my parents knowing or saying it is OK.	☐	☐	☐	☐
10. The clinic gives me health information that I can use to better understand issues affecting my health.	☐	☐	☐	☐
11. The clinic is welcoming to teens (reception area, exam rooms, office staff).	☐	☐	☐	☐
12. I would recommend this clinic to other teens in my school or community.	☐	☐	☐	☐

Please include any other comments about getting health care at our clinic:

_____

_____

Thank you for completing this survey! Your responses will be kept confidential

Parents Satisfaction Survey Form Example

PARENTS: Please share your thoughts about our clinic.
This survey is confidential. Please don't write your name on it.

1. What is your children's ages: _____ yrs

2. Do the providers at our clinic…	Definitely Yes	Mostly Yes	Mostly No	Definitely No
a. listen carefully to you?	☐	☐	☐	☐
b. explain things in a way you can understand?	☐	☐	☐	☐
c. ask about your child's behavior or emotional health?	☐	☐	☐	☐
d. spend enough time with you and your child?	☐	☐	☐	☐
e. give practical advice about parenting your child?	☐	☐	☐	☐
f. address all your questions or concerns?	☐	☐	☐	☐

3. Our providers are working with a behavioral health consultant, who can talk with parents and children about a variety of behavior issues. What topics might be helpful to you or your child? *(check all that apply)*

☐ child feeling very sad or worried   ☐ problems with schoolwork or organization

☐ temper tantrums / anger   ☐ parent stress / family conflicts

☐ getting along with other children   ☐ autism and/or developmental delay

☐ ADHD   ☐ Other _____

4. When you bring your child to a visit, do you…	Often	Sometimes	Rarely/Never
a. bring a list of questions you want to ask the doctor?	☐	☐	☐
b. ask about your child's behavior or emotions?	☐	☐	☐
c. wish you had more time to talk with a provider?	☐	☐	☐
d. leave with some questions that were not answered?	☐	☐	☐
e. feel like you didn't get as much help as you wanted?	☐	☐	☐

Please include any other comments about behavioral health care at our clinic:

_____

_____

Thank you for completing this survey. Please return it in the envelope provided.

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Physician/PM Satisfaction Survey Form Example

Physicians/Practice Managers: Impact of an Onsite Behavioral Health Consultant
To help in the evaluation of the BHC placement at your facility, please complete this brief survey.

1. For what proportion of your primary care visits is there a behavioral health issue?
☐ Less than 10%　　☐ 10-20%　　☐ 20-30%　　☐ 30-40%　　☐ 40-50%　　☐ More than 50%

With the onsite support of the BHC, rate your agreement with the following statements.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. We are able to identify mild/moderate behavioral issues in my patients.	☐	☐	☐	☐
3. I usually address mild behavioral issues during visits.	☐	☐	☐	☐
4. I know where to refer children with mild/moderate behavioral issues.	☐	☐	☐	☐
5. We are able to convince parents to follow through on referrals for mild/moderate behavioral issues.	☐	☐	☐	☐

6. With the onsite support of the BHC, to what extent do the following pose a barrier to addressing mild/moderate behavioral issues in your patients.	Major barrier	Minor barrier	Not a barrier
Parents don't bring up behavioral concerns.	☐	☐	☐
Lack of time during visits to address behavioral concerns	☐	☐	☐
My own limited knowledge about strategies to address behavioral issues.	☐	☐	☐
Parents don't see the importance of behavioral health	☐	☐	☐
Parents don't want to go to "mental health" provider	☐	☐	☐
Lack of community resources/referral sites for behavioral health	☐	☐	☐
Limited staff time to coordinate referrals/follow-up with parents.	☐	☐	☐

7. With the onsite support of the BHC, how well does your practice meet the behavioral health needs of:	Fully	Partially	Not at all
a. Young children (0-5 years)	☐	☐	☐
b. School-age children (6-11 years)	☐	☐	☐
c. Adolescents (12 and older years)	☐	☐	☐
d. Parents	☐	☐	☐

8. To what extent did the BHC accomplish the following in your practice? *Check all that apply.*

☐	Update/identify new community resources	☐	Address/coordinate referrals for parenting issues
☐	Provide useful counseling for families	☐	Improve follow-up with referred families
☐	Keep providers informed of issues/progress	☐	Maintain patient flow

9. When the BHC leaves, how do you plan to maintain those accomplishments? *Check all that apply.*

☐	Advocate for facility resources to hire a BHC	☐	Use strategies from BHC in my patient interactions
☐	Assign some BHC tasks to other staff	☐	Use BHC's resource lists with patients

10. Other comments about the impact of the BHC project:

11. What is your:　　　Age: _____ yrs　　　Gender: _____　　　　　Yrs at this facility: _____

Workflow Adjustment

Form Example

Adjust Workflow Barriers

The key to this action is to make the adjustments to workflow quickly, before new habits are formed for the practice staff. Once a barrier is identified, it is important to identify the source of the barrier, problem-solve solutions with identified staff and quickly decide on the alternative.

Processing the barrier quickly will help the staff to make more effective changes and will help to minimize any confusion the patients may have with the workflow adjustment. There may be pushback from staff and/or patients, however the goal is to create the most effective and efficient workflow possible so keep in mind that temporary resistance is an acceptable price to pay for long-term successful implementation.

This process requires the person in charge of implementation to use effective listening skills to ensure each barrier is understood and excellent problem-solving skills to overcome the identified barriers. Some newly developed workflow processes cannot change, however the ability to communicate with staff the reason for the workflow, the impact on patient care and the overall benefit towards achieving the goals is crucial.

TIPS

Monitor Workflow Implementation

- Review all goals, objectives and identified tasks at least monthly and compare to workflow, procedures and expectations that are actually in place.

- Review all progress with staff by specifically asking for identification of any barriers.

- Watch newly developed workflows in action from check-in to check-out to get a visual look at the experience from the staff and patients' viewpoint.

- Track all barriers that are identified and resolutions for each

Workflow Adjustment Module Form Example
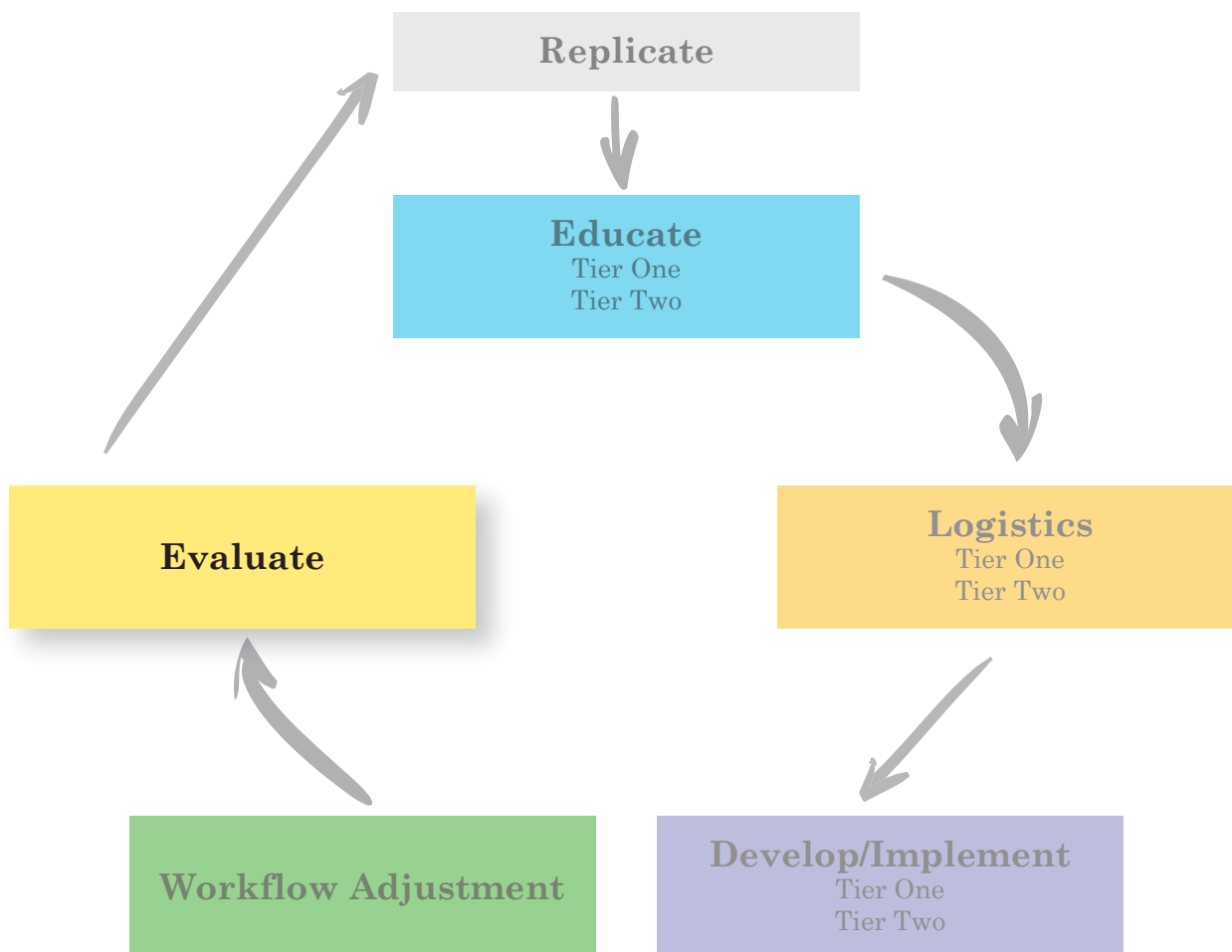
Receive Feedback	
Who, Comments, How Received?	**Adjustments**
Patients	
Medical Assistants	
Nurses	
Front Desk	
Physicians	
Clinic Stakeholders	
Other Office Staff	

Workflow Adjustment Module Form Example (*Completed*)

Receive Feedback	
Who, Comments, How Received?	**Adjustments**
Patients • Long wait time before able to see a provider • Concerns with co-pay for behavioral health services • A lot of information is covered during pt visits – including referrals for services	• BHC can meet with pt/parent while they are waiting for the PCP – relevant information will then be relayed to PCP • BHC is able to meet with pts for a limited number of brief intervention sessions • Does not require a co-pay • BHC makes f/u phone calls to ensures completion of referrals/access to resources
Medical Assistants • Unsure of BHC's role and appropriate referrals/services	• Increase visibility of BHC in clinic and coordinate with MAs to find BHC when pt is free to meet with BHC
Nurses • Helpful to have BHC's schedule readily available	• BHC has a monthly calendar in a designated area indicating BHC's monthly schedule • BHC leaves memo on desk for meetings and other times BHC is out of office • BHC shares workspace with nurses and is able to collaborate with nurses on patient phone calls that are received
Front Desk • Concern that the routine screening tools create too much paperwork for patients/parents, as well as difficult for CSRs to remember which screening tools to give for each age group • No procedure in place when patients come to see BHC	• Screening tools are stapled to the routine paperwork that is to be completed by each patient/parent/caregiver • BHC provides CSRs with a list of patients that are exclusively coming to see BHC; CSRs are able to call BHC at desk when a pt has arrived for BHC
Physicians • Increase presence/availability of BHC • More promotional/informational materials for pts/families • Interpretation and use of the screening tools • Best use of screening tools – many are incomplete or filled out by parents	• BHC is now at the clinic full time with adjusted schedule for longer clinic days • BHC has provided business cards and racks cards to be distributed to pts/families • BHC has provided scoring guide for screening tools and advised intervention areas that must be immediately addresses by either PCP or BHC • BHC has explicitly indicated on copies of the screening tools that they are to be completed by either the parent or child/adolescent • Information re: appropriate referrals reviewed • Available resources and referrals reviewed
Clinic Stakeholders	
Other Office Staff • Difficult to reach BHC by phone	• BHC was provided a direct line with voicemail in the clinic

Workflow Adjustment

Form Example

SECTION VIII: Evaluate Module

Examine all procedures and workflow for effectiveness

Replicate

Educate
Tier One
Tier Two

Logistics
Tier One
Tier Two

Evaluate

Develop/Implement
Tier One
Tier Two

Workflow Adjustment

Evaluations

There are two levels of evaluation that can be accomplished at this stage. The first is an overall evaluation of the implementation. This would be a multi-level comparison of the vision to the outcome, as well as a deeper dive into the objectives and tasks compared to the new procedures.

The second would be to create an evaluation of the integrated health care business at your clinic that is ongoing. This evaluation would involve financial data, utilization data, patient outcomes data and improved physician efficiencies.

Each clinic is different so this evaluation will need to be developed internally, however, most evaluation efforts can be developed easily when considering the overall goals identified for the clinic, physicians and patients.

General Integrated Health Care Outcomes

Possible outcome measurements.

Improve Quality	Reduce Costs	Improve Patient Experience
• Detection of Mental Health (MH) needs: – MH referrals – Completed MH referrals • BHC interventions for Mental Health and Physical Health diagnoses • BHC psycho-education • Coordination of care • Integrated Action Plans • BHC follow-up visits • Collaborative communication • Physician perception of improved patient care • Management of mild behavioral health needs in Primary Care	• Physician time spent with patient on Physical Health needs only • Additional open spots due to time savings • Cost of serving patient in medical clinic vs. mental health visits • Efficient workflow • Patient needs met by BHC rather than Physician • Increased number of new patients due to Integrated Health Care services • Decreased no-show rate due to Integrated Health Care services	• Satisfaction surveys – Pre-integration – Post-integration results • Satisfaction with: – BHC services – Increased time receiving professional services – Addressing health behaviors – Addressing behavioral health • Reports of increased: – Engagement in health care – Attendance – Motivation for self management – Medication adherence – Action plan adherence – Follow-through on Physician recommendations

Review the Goals and Objectives

Once the workflow adjustments have been made and the practice is running as an integrated clinic, the person in charge of implementation will want to review the identified goals and objectives of the integrated practice and evaluate whether those goals and objectives are being met. This can usually be done around 6 to 9 months into the implementation.

For a practice to embark on the journey of integration, they would have had set goals and objectives in mind for the outcomes of that integration of the practice. Those goals and objectives should be well known to the person who is in charge of the implementation from the beginning of the process and throughout the work that is being done.

The goals and objectives would be used as the guide for decisions that are being made for the practice and to help keep the staff on track. During the evaluation stage, a meeting with the stakeholders should be held in order to review the overall implementation of integrated care and compare the results with the established goals and objectives. If there are areas identified where the implementation did not reach the stated goals and objectives, a plan can be developed at this time to address those specific issues.

See examples of Quarterly and Final reports at the end of the Evaluate section.

IDEA

Physician Survey is a Useful Evaluation Tool

Create a physician survey to help determine pre- and post-implementation results of the use of the BHC. Create questions relating to the Physician's general attitude toward addressing:

- behavioral health needs
- capacity
- knowledge of the mental health system
- knowledge of resources • knowledge of mild to moderate issues such as ADHD, depression, anxiety
- comfort prescribing psychotropic medications

Also understanding the volume can be helpful in terms of how much time during a typical appointment is spend on behavioral health needs, how much time is spent on social determinants of health needs such as food, clothing and shelter, etc.

Indicators of a Successful Implementation

In addition to overall outcomes for Integrated Health Care, there are some site-specific indicators that generally mean that the practice has been successfully integrated, including:

- Doctors are talking to patients about behavioral health services
- Doctors are referring to Behavioral Health Consultants
- Staff are asking questions about behavioral health
- Staff are reminding patients to fill out screening forms
- Screenings are being completed
- Patients are asking for behavioral health services
- Integrated workflow procedures are part of new staff trainings
- Behavioral health services are viewed as a routine component of the practice and the patient experience

Generalized Outcomes for Integrated Health Care

- In general, Integrated Health Care as a model seeks to achieve the following outcomes:
  - Improved access
  - Improved timeliness of service provision/intervention
  - Improved patient overall health
  - Improved patient satisfaction
  - Improved cost management/cost savings
  - Positive clinical outcomes
  - Improved coordination of services
  - Improved detection/early intervention of behavioral and physical health needs
- Determine if the tracking tools that were developed earlier in the process actually work to capture the intended data and information needed to determine progress toward goals and make adjustments based on this assessment.
- Create a midway report to include:
  - Pre-assessment
  - All tasks completed up to this point
  - Existing barriers and recommendations for addressing continued needs and resources/plans to address
  - Patient and staff satisfaction
  - All determined data points with explanation
  - Progress toward determined vision and goals
- Utilize Provider surveys *(Reference Workflow Adjustment section for examples)*

Quarterly Report Example

Office of Integrated Health Care
Behavioral Health Services Provider
City, State, Zip

Site: Pediatrics and Adolescent Medicine Clinic
Work Plan and Quarterly Report

BHC: Jane Smith, LLMSW
Start Date: 10/28/13
End Date: 1/17/14

Activity: To Educate all stakeholders about Pediatric Integrated Health Care

- ✓ Presentations to Executive Clinic Staff: Completed October 28, 2013
- ✓ Presentations to Medical Staff: Completed October 28, 2013
- ✓ Presentations to All Staff: Completed November 1, 2013.
- ✓ Provided copies of brochures for youth, patients & parents: Completed November 1, 2013. Brochures continue to be made available in the lobby & within the clinic for distribution to staff, patients & parents as needed.
- ✓ Provided informational boards/posters for display: Completed January 10, 2014

Activity: Identify all Logistics for each clinic

- ✓ Develop MOU: Completed October 28, 2013
- ✓ Determine space: Completed November 1, 2013
- ✓ Determine schedule: Completed October 28, 2013; revised to include 16 hours per week vs 8 hours per week, November 15, 2013
- ✓ Determine EMR access: Completed November 1, 2013
- ✓ Assess current workflow procedures & patient demographics: Completed November 1, 2013 through December 16, 2013
- ✓ Determine data collection: Completed October 2013

Develop & Implement: Integrated Health Care Procedures

- ✓ Screenings: Determined screening tools workflow currently utilized by clinic, Completed November 1, 2013.
- ✓ Obtained a list of screenings used within the clinic & timelines for each, Completed January 17, 2014.
- ✓ BHC provided information to clinic staff regarding follow-ups/appointment setting & grant requirements, Completed November 1, 2013.
- ✓ Provided PA with information/education on screening tools utilized including PSC & PSC-Y, Completed November 15, 2013.
- ✓ Developed protocol for screening distribution. PCP has agreed to some modifications to current screening process. New screening tools to include ASQ SE (2 y/o, 3 y/o & 5 y/o), PSC, PSC-Y & RAAPS), Completed January 22, 2014.
- ✓ **EMR & billing**: BHC Notes in the chart, Completed November 1, 2013; Notes are added as an addendum to the Patient's chart. Physicians review note, sign off on note, note becomes a part of the electronic medical record.
- ✓ Established communication via EMR. Completed November 8, 2013: BHC, PCP's & FD staff established a procedure for use of EMR to schedule BHC appointments. Appointments with the BHC are scheduled directly with the front desk staff & viewable by BHC. BHC provided FD staff & PCP with BHC contact information for emergencies.

- ✓ Established workflow from patient entry to exit, Completed November 1, 2013; Modified November 22, 2013, modified workflow to include 15 minute consult with PCP prior to Patient meeting with BHC.
- ✓ Introduce workflow to staff, Completed November 1, 2013. Referrals to BHC come directly from PCP's or PA. Appointments for BHC are scheduled with FD staff. When Patient arrives for appointment, they meet first with the PCP or PA for brief consult. Then, the BHC will briefly consult with the PCP or PA prior to consulting with the Patient. The BHC introduces herself to Pt & Family, obtains written authorization & consent & then completes an assessment/screening with Patient After a plan is established & the BHC provides the appropriate education &/or resources, the BHC notes if a follow up is needed on face sheet. BHC carries the clipboard with the face sheet to the front desk for check-out/scheduling. Patient/family checks out. BHC follows up with the PCP or PA to discuss the plan & any recommendations. BHC makes a notation to the data entry log noting Pt's age, screening tool used, assessment used, screening/assessment scores, referrals made, diagnosis code & a brief note. BHC creates a Behavioral Health Note in the EMR. PCP or PA reviews the Behavioral Health Note & signs. The Behavioral Health Note becomes part of the patient's record.
- ✓ Introduce workflow to patients, Patients will complete/experience integrated health care, Completed November 1, 2013 - Present.
- ✓ Clinics will be conducting developmental & behavioral health screenings, Completed January 22, 2014.
- ✓ BHC will be utilized by the PCP, Completed November 1, 2013-Present
- ✓ Youth Advocate visit to Pediatric Clinic, completion of Adolescent Friendly Environment Clinic Self-Evaluation Took, Completed February 14, 2014
- ✓ Track workflow, Completed November 1, 2013-Present

Workflow Adjustment: Adjust workflow as needed & identified by staff and/or patients

- Receive feedback from staff using a meeting format and/or questionnaires, Provided PCP with information on sustainability of IHC & reviewed referral process & workflow. Written satisfaction questionnaires for Staff & Patients/Parents have been created & are distributed daily. In Progress
- Receive feedback from patients using questionnaires. Written satisfaction questionnaires for Staff & Patients/Parents have been created by The Office of Integrated Health Care Staff & are distributed within the clinic daily. In Progress
- Monitor procedures utilizing workflow checklist, In Progress
- Adjust workflow barriers identified, In Progress

Evaluate & Monitor: Evaluate & monitor new IHC policies, procedures & workflow

- Review initial goals & objectives with executive management
- Determine & review outcomes
- Analyze financial data
- Analyze utilization data
- Create Implementation final review & recommendation report

Replicate

- Determine needs for continued integration staff
- Assist clinic with staffing and/or contracting out staff to continue integration

Final Report Example

Office of Integrated Health Care
Behavioral Health Services Provider
City, State, Zip

Site: Pediatrics and Adolescent Medicine Clinic
Final Review & Recommendation Report

BHC: Jane Smith, LLMSW
MOU Completed: 07/31/14
MDCH Provider Survey Completed: 09/03/14
Start Date: 09/04/14
End Date: 10/30/15

Totals:

Total # of new patients seen by BHC:	384
Total # of new adolescents age 12-18:	139
Total number of Functional Assessments provided by BHC:	124
Total # of patients referred to outside services:	154
Total # of completed referrals:	*60 (over 10 referrals were made in the last few weeks and will continue to be monitored)
Total # of face-to-face follow-ups:	120
Total # of phone follow-ups:	229
Patient demographics:	14,457 patients 5,752 Medicaid patients 5,025 commercial insurance 49.5% adolescent patients (age 10 to 21) Average 725 patient visits by per week

BHC Productivity

Behavioral Health Consultant Activities

Legend: Face-to-face, Follow up - FTF, Follow up - Phone, Phone consult

BHC Completed Tasks:

Logistics

- ✓ Provided PCPs/staff with information/education/presentation on Integrated Health Care
- ✓ Completed stakeholder presentation and management presentation on Integrated Health Care
- ✓ Established BHC schedule, use of space, and contact (direct phone line)
- ✓ Reviewed existing workflow for screenings and provided information/education on additional screening/assessment tools that can be utilized
- ✓ Established appropriate workflow to staff and patients
- ✓ Utilized data tracking methods (log) for all referrals, follow-ups, screenings, and assessments
- ✓ Established, provided, and collected copies of consent forms, screenings and assessment tools, baseline data collection sheet, adolescent screenings and clinician/provider surveys for Year 2 and start of Year 3
- ✓ Established process/procedure for referrals and patients in need of behavioral health services
- ✓ Received access/training in EMR; documentation for all behavioral health consults entered in EMR
- ✓ Established Mental Health Emergency protocol for the clinic when BHC is out of office
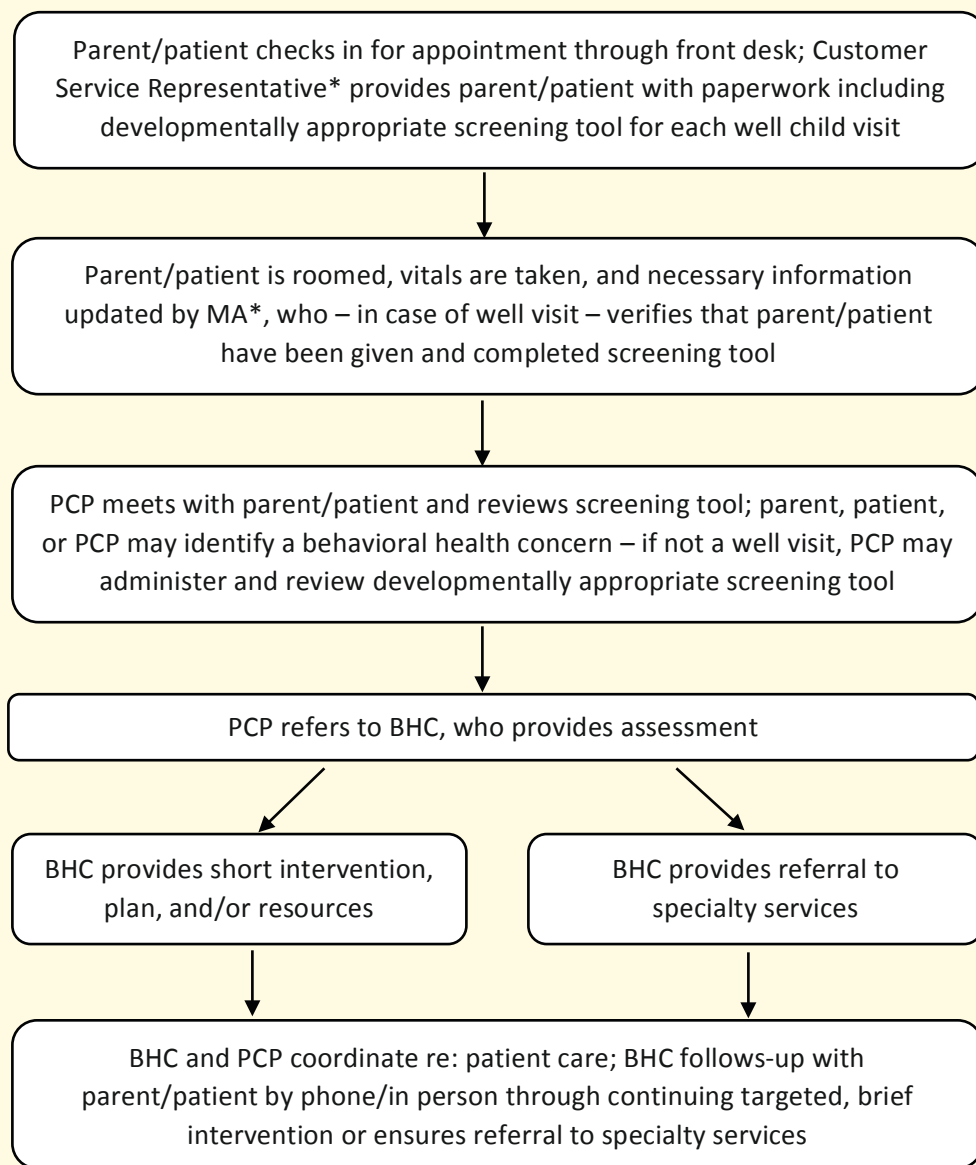
Information Sharing

- ✓ Introduced brochures/pamphlets on IHC; provided posters for every exam room and waiting area; provided clinic with educational pamphlets on a wide variety of behavioral health topics
- ✓ Created and distributed rack cards identifying BHC and available services
- ✓ Provided information/education on Community Mental Health services including criteria and referral process
- ✓ Participated and presented in staff & provider meetings on topics including referral process to BHC and outside resources; use and interpretation of screening tools; adolescent suicide assessment, intervention, and safety planning
- ✓ Provided new, incoming patients/families with information/education on IHC
- ✓ Provided information/education on IHC to new, incoming medical students
- ✓ Provided staff and providers with copies of baseline data and survey data as received by the University of Michigan CHEAR Evaluation Team
- ✓ Met with providers, staff, and administration to review initial goals & objectives; reviewed outcomes/data from collected surveys; discussed data and sustainability options; reviewed all satisfaction survey reports as provided by University of Michigan CHEAR Evaluation Team

Integrated Health Care Procedures

- ✓ Established existing screening tools; provided information/education/training on use of PSC, Y-PSC, RAAPS, and modified PHQ-9
- ✓ Developed proper protocol for screenings and use of screening tools previously provided
- ✓ Conducted youth advocate assessment utilizing University of Michigan Youth Friendly Clinic Evaluation tool; copy of evaluation and written recommendations/suggestions are included in final report
- ✓ Distributed and collected copies of patient, parent, and staff satisfaction surveys; results of satisfaction surveys are included in final report
- ✓ Discussed sustainability plan with administration/relevant stakeholders

Integrated Health Care Workflow

Parent/patient checks in for appointment through front desk; Customer Service Representative* provides parent/patient with paperwork including developmentally appropriate screening tool for each well child visit

↓

Parent/patient is roomed, vitals are taken, and necessary information updated by MA*, who – in case of well visit – verifies that parent/patient have been given and completed screening tool

↓

PCP meets with parent/patient and reviews screening tool; parent, patient, or PCP may identify a behavioral health concern – if not a well visit, PCP may administer and review developmentally appropriate screening tool

↓

PCP refers to BHC, who provides assessment

↓   ↓

BHC provides short intervention, plan, and/or resources

BHC provides referral to specialty services

↓   ↓

BHC and PCP coordinate re: patient care; BHC follows-up with parent/patient by phone/in person through continuing targeted, brief intervention or ensures referral to specialty services

*CSRs, MAs, and clinic nurses may also refer to BHC when parent/patient identify behavioral health concerns
- BHC documents every face-to-face and phone encounter with parent/patient in EPIC and messages PCP through EPIC – and relays verbally – updates to patient progress/care

University of Michigan Adolescent Friendly Environment Clinic Self-Evaluation Tool Recommendations

- ➢ Access to Care
  - o Offer affordable care to adolescent through free or sliding scale services
  - o Currently, limited support for transportation; bus stop is across Ford Road and the clinic is not easily accessible by bike – no bike racks

- ➢ Adolescent Appropriate Environment
  - o Have provider names with pictures and credentials clearly displayed in waiting area
  - o Provide adolescent-oriented materials in waiting area/exam room including magazines, health education posters/pamphlets (e.g. suicide crisis hotline)
    - There are many resources for teen friendly materials including the American Academy of Pediatrics and Journeyworks Publishing
    - Examples of recommended brochures from Journeyworks Publishing include:
      - 50 Things You Should Know About Stress
      - How to Express Anger
      - Anxiety and Depression 101
      - What Does It Mean to Be Lesbian, Gay, Bisexual or Transgender?
        - o Pricing: 50 for $0.44, 100 for $0.43, 200 for $0.41, etc.

- ➢ Confidentiality
  - o Create and clearly display policy on adolescent confidentiality
  - o Increase visual/auditory privacy for the registration process
  - o Explore billing procedure/codes that will facilitate adolescents confidential services
  - o Routinely obtain private call/e-mail for appointment reminders and test results
  - o Ensure that provider is spending time alone with patients to discuss confidential subjects

- ➢ Best Practices and Standards of Care:
  - o Create LGBTQ friendly intake and demographics form (male, female, transgender, other)
  - o Improve continuity of care by ensuring adolescent sees same provider
  - o Continue use of risk assessment screening tool (RAAPS)
    - Obtain and utilize electronic version of RAAPS screening tool to improve efficiency and time management as well as measure patient population needs and outcomes
  - o Develop procedure to prepare adolescents for the transitions from health services designed for youth the adult health services

- ➢ Reproductive and Sexual Health Clinical Practices:
  - o Offer wide a variety of STI testing methods (e.g. oral mucosal HIV testing, vaginal self-swab for chlamydia testing)
  - o Screen all sexually active adolescents for STIs – following national guidelines
  - o Consistently screen sexually active youth for safety around sexual activity (i.e. discussing if sex was consensual, use of drugs and/or alcohol before having sex, if condoms were used, and if they feel safe in their relationship)
  - o Provide free condoms (male and female), dental dams, and menstrual supplies in private areas (i.e. all bathrooms)

- ➢ Staff Attitude and Respectful Treatment:
  - o Offer training opportunities for providers on how to discuss sensitive issues with adolescents, such as sexual health, substance use, interpersonal violence, and mental health as well as treating adolescents respectfully with a non-judgmental approach
  - o Accommodate the adolescent's preferences about attending part or all of the appointment with the support of a friend or partner

- ➢ Adolescent Involvement
  - o Develop method to routinely gather feedback from adolescent patients and use feedback to improve clinic access, quality, and services
- ➢ Parent Engagement
  - o Offer information and workshops to help parents talk with adolescents about sexuality and other sensitive health issues

- ➢ Outreach and Marketing
  - o Provide youth with an opportunity to be leaders in outreach activities
  - o Use social media to communicate with adolescents and promote services
  - o Include adolescent resources on clinic website

Clinic Strengths

- ✓ Providers and clinic staff are a welcoming and cohesive team – very supportive of BHC
- ✓ Identified integrated health care champions among PCPs and clinic staff
- ✓ Consistent referrals with regard to behavioral health concerns
  - • Normative child/adolescent development
  - • Parent behavior management (e.g. effective discipline, parenting skills, etc.)
  - • Concern with thoughts, emotions, and function (e.g. difficulty with emotion regulation/coping skills)
  - • Anxiety, depression, ADHD, grief
  - • Functional assessment to determine level of care & coordination of care
  - • Referral for additional services
  - • Crisis management

Areas for Growth

- ➢ Continued revision of workflow to improve use of screening tools and referrals to BHC
  - o Providers were varied in use of screening tools and referrals while parent/patient were present in the clinic
  - o It is best for BHC to make immediate face-to-face contact with parent/patient rather than follow-up phone calls
- ➢ Re-education of providers/staff re: appropriate referrals to BHC
  - o Types of referrals that were given to BHC improved over time; however, continuing education is necessary given the unique needs and situations of parents/patients
- ➢ Limited number of referrals related to health behaviors such as medication adherence, obesity/nutrition, risk behaviors, reproductive health, etc.
- ➢ Clinic/community may benefit from interactive educational groups that address common behavioral health concerns expressed by parents and patients

Recommendations

➢ Consistent use of screenings at all scheduled well child visits (ASQ, M-CHAT, PSC, PHQ-9, and RAAPS) to flag developmental concerns and facilitate appropriate referrals to BHC

➢ The creation of marketing materials and/or website inclusion noting the availability of behavioral health services with links to a variety of resources on behavioral health topics such as ADHD, anxiety, etc.

➢ Continuing the integrated health care model through collaboration with existing resource for Behavioral Health Services

  o Create a foundation for collaborative care through co-location of Pediatrics and Adolescent Medicine Clinic and Behavioral Health Services Provider.

  o Integrate a provider from Behavioral Health Services full time to act as BHC to the primary care team

    • As demonstrated in the productivity chart, BHC referrals significantly increased once BHC was available full time – there were fewer referrals when BHC was functioning part-time

    • Based on clinic flow, BHC may also be able to see/bill patients for therapy when not providing services as a consultant (i.e. assessment, brief intervention, etc.)

      • Patients/parents may be receptive to behavioral health services provided directly out of primary care office due to stigma associated with mental health

      • New workflow and logistics (space) will need to be determined should BHC assume dual role

    • BHC needs to be someone who is outgoing, proactive, flexible, has strong communication skills, and patience

    • BHC continues to act as a guide to appropriate services, advocate for integrated care, and is an integral member of collaborative care team

➢ Clinic would benefit from creating dedicated case management position to provide support with advocacy, resource management, and service facilitation

  o In absence of case manager, BHC assumed some tasks with managing resources and addressing concerns with basic needs – dedicated case manager would have expertise to manage concerns within that domain and enable BHC to work more efficiently within specified role

  o Case manager and BHC may coordinate care to ensure that patients/parents basics needs are being address in order to facilitate optimal integrated health care

Submitted by: Jane Smith, LLMSW
Behavioral Health Consultant
November 18, 2015

SECTION IX: Conclusion

Positive Outcomes of PIHC

To quote Warren Buffett, "In a chronically leaking boat, energy devoted to changing vessels is more productive than energy devoted to patching leaks."

Pediatric Integration is an important change in the overall health service delivery to children. It is not a stretch to say that children with undetected and untreated health needs will become adults with more extensive and expensive health needs. By embedding a Behavioral Health Consultant onto the Primary Care team, more children's behavioral health needs will be identified and more children will receive intervention for behavioral and physical health needs.

Detection and early intervention will improve the overall health outcomes for children as they mature, thus impacting the overall health and wellness of our communities. The current system of silos in mental health and physical health is a social failure on an individual, community and overall population level with dire consequences on each of those levels.

Even though Integrated Health Care is not "mandated" by anything other than common sense as of today, it will likely be an issue of competition in the future. When patients are well informed of all the benefits to themselves and their families from an integrated practice and they have a choice between a clinic that is integrated and one that is not, which one will they choose?

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STARFISH
FAMILY SERVICES

starfishfamilyservices.org

Pediatric Integrated Health Care Implementation Model
One Location, One Visit

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