



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Integrating Behavioral Health Into Primary Care Innovation Community

Final Webinar!
August 19, 2015



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Summary Learnings

Gathered from:

- Work Plans
- Small group calls
- Webinars
- IPAT results
- Evaluations*

Send via chat:
If you had to name
one thing, what is
your next priority
for integration?

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Innovation Community Activities

- Monthly webinars
- Integrated Practice Assessment Tool (IPAT)
- Individual coaching calls
- Small group calls
- Implementation Plans



Guest experts:

- Maureen Neal & David Pullen, The Daily Planet
- Andrea Auxier, Beacon Health Options



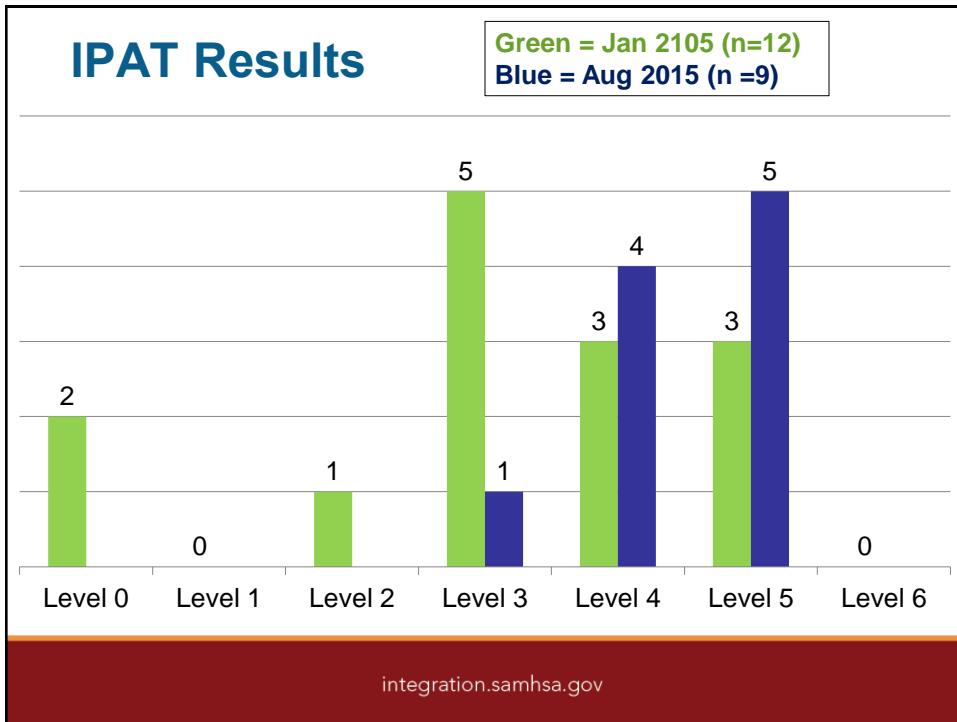
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- Ajo CHC – AZ
- Asian Americans for Community Involvement (AACI) – CA
- Bartz-Altadonna CHC – CA
- Bethel Family Clinic – AK
- Boston Medical Ctr – MA
- Bullhook CHC – MT
- Citrus Health Network – FL
- Community Health Clinic – PA
- Community of Hope - DC
- East Central Dist. Health Dept – NE
- Fair Haven CHC – CT
- Falls Community Health – SD
- Heart of KS Fam Health Care – KS
- Human Resources Center – IL
- Integrated Care Partners - CT

- JC Blair - PA
- Kenosha CHC – WI
- Liberty Center Connections – OH
- LA Dept of Health – LA
- Medstar Washington Hospital – DC
- MI-Connect – MI
- MS Dept of MH – MS
- Providence Health Plans – OR
- Robert Young Center - IL
- Screening for MH – MA
- Squirrel Hill Health Center – PA
- St. Francis House – AR
- Terry Reilly Health Svcs – ID
- Total Health Care – MD
- Union CHC – NY
- Youth of Excellence - LA



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Implementation Plans

- Increase the number of clients who complete the referral from PC to BH. **(Citrus Health Network)**
- Implement a “living” shared care plan to include primary providers, dental providers, case management, and all other key players in the patients’ health plan. The patient will be the driving force for this along with the BH case manager. **(Bullhook CHC)**
- Combine universal SBIRT screening with universal depression screening. **(Fair Haven CHC)**
- Define and evaluate success of integration. **(Screening for Mental Health)**



THEMES

These teams are awesome!

- Process of Integration
- Work Plans & Community
- WIIFM
- Staff & Teams
- Challenges
- Examples



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Process of Integration

- It was surprising was how much our clients appreciate the process -- being able to be seen by medical and BH in the same visit on the same day, and get all their needs met in a “one stop shop”. **(Bethel)**
- BH isn’t a piece you add in, but a core function. **(Squirrel Hill)**
- Success despite perceived challenges. We’ve done the first generation of work and now have markers to guide us towards improvement steps. **(AACI)**

There is a lot more to integration than just having an office.
(Human Resources Center)

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Process of Integration, cont.

- When initiating a screening process - pilot it with select providers who can then help “sell” it to the rest of the staff. This can also assist in determining the impact of the process on patient put-through and to fine tune staff training needs. **(St. Francis House)**
- Taking it slow allows for learning and changing along the way instead of implementing one big new program and not having the chance to tweak and correct it as you go. **(Bethel)**

Patience is important - persistence is even more important.
(Hinds BH)

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Work Plans & Community

- It was inspiring to create a work plan out of the vast amounts of information existing on integrated health care. This gave both a timeframe and structure to developing a program and a realistic starting point. **(JC Blair)**
- I think that I am most surprised, now that I have filled out the work plan again, that we have accomplished as much as we have.
- it’s ok to take a step back or add in sub-tasks. We had lofty goals with slightly vague action tasks that needed to have added sub-tasks in order to get the larger goal accomplished. **(HRC)**
- Hearing from others further along in the process is informative in helping to direct the clinic’s processes without having to “reinvent the wheel”. **(Community Health Clinic)**

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What's In It For Me?

- A key learning was that everyone is doing integration differently. We wanted to isolate the “best way” and that is not realistic. Now we know to jump into a PDSA, learn as we go and build from there.
- Sharing practices (not just best practices, but all types of processes) helps to shift conversations from what is typically done to what could be done. **(Screening for MH)**
- Although based on evidenced-based models and interventions, there was not “one way” that fit our organization, rather many key elements of varying programs that made up our program design. Be creative and incorporate elements from many in order to respond to the individual organizational and community needs. **(JC Blair)**

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Staff & Teams

- Get official “sign off” from top leaders, identify a leader sponsor, set the implementation team, write a plan, and communicate widely and often with all stakeholders. Take nothing for granted and document everything. **(Integrated Care Partners)**
- Engage staff around self-care because this process of change can be overwhelming **(Hinds BH)**
- Having new staff is an opportunity to start fresh with expectations, policies and procedures. **(Bullhook)**
- Pull in as many of the different departments as possible and start discussing their thoughts on how it could work to ensure all implementation complexities have been considered and planned for. **(Kenosha CHC)**



Staff & Teams

- We learned that opening it up to staff to give ideas helps to engage them in the process (especially as they are the ones going to do the work) and also opens us to ideas that had not been thought of **(HRC)**
- Meet with each PCP provider individually to determine their views on the value of BH **(Citrus Health Network)**
- Receptionist doing call backs & patient tracking **(Squirrel Hill)**
- Staff training on case presentation styles during care team meetings. **(Falls CHC)**
- Teamwork and Communication are key. Everyone plays a roll and no position is better than the other, every aspect is just as important. **(Bullhook)**



Challenges

- Documentation (two separate EHRs) and billing
- Payment structures limit ability to bill for some tasks.
- IT systems for managing the data so we can better monitor effectiveness of implementation: referrals, acceptance of services, service duration, etc. It is difficult to determine if integration is being embedded into practice, or if it is only being accepted by some of the providers.

Challenges

- PC and BH providers have different skills, perceptions, jargon, etc. Different disciplines discuss cases differently.
- Key staff turnover, vacancies not yet filled, medical leave, family leave.
- Recruitment and retention of team members to the project. Although all generally supported the concept, it was viewed as a department-specific program and it was difficult to have others from other departments dedicate the amount of time needed for development.

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Challenges

- Providers with the “old way of thinking” about behavioral health and medical being exclusively separate and don’t recognize, prioritize, or take advantage of the places where BH can be useful.
- Stigma and perceptions that some staff had about BH clients necessitated additional training. We are learning how to become consistent advocates and educators.

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Examples

- Workflow (**Community of Hope**)
 1. Develop initial processes for referrals, check-ins, check-out; and pt. crisis/safety.
 2. Continue to modify workflows ; start workflow graphic as processes solidify.
 3. BH protocol manual and work with directors at each site and BH staff on work flow to continue to improve the process
- Staff engagement: (**Hinds BH**)
 1. Frequent drops in mailboxes related to the initiative
 2. A wall of fame – highlighted the integrated care team, included staff selfies with self-care tips, and thoughts about integrated care
 3. A mini-presentation from the team





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Example


Integrated
Care poster

Citrus
Health
Network

DID YOU KNOW THAT:

 <p style="text-align: center; font-size: small;">Learning to manage your stress levels can help control your blood pressure?</p>	 <p style="text-align: center; font-size: small;">People living with diabetes are more at risk of developing depression?</p>
 <p style="text-align: center; font-size: small;">Obesity and depression often go hand in hand, which can affect your eating and exercise habits?</p>	 <p style="text-align: center; font-size: small;">Certain habits are hard to break without the help of a professional?</p>

Ask your doctor if you would benefit from speaking to one of our care management specialists


Your Medical Family

Examples

- We were successful in training the Medical Assistants to administer the PHQ-2, but learned that adding the PHQ-9 was not necessary or practical. Adding the PHQ2 as part of the patient visit has increased referrals per our plan. **(St. Francis House)**
- One of the most surprising aspects of participating in this IC was that the program actually went from concept to design to actual product. Although our program was in progress when the IC began, what started as an idea became reality. It's still hard to believe our team has created a program that grew out of organizational turmoil and change has become a positive addition to our services. **(JC Blair)**


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Example


Selfie
Solutions

Hinds
Behavioral
Health

• INTEGRATED CARE: "SELFIE-SOLUTIONS"

1.) SNAP A "SELFIE" 

2.) SHARE (2) of your SELF-CARE TIPS.

Exs: ZUMBA - 3x/week
 30-DAY SUGAR FAST 

• 3.) SHARE (2) of your SELF-CARE STUMBLING BLOCKS...

Exs: Children/Family - CRAZY SCHEDULES
 Lack of a "buddy" to join me/keep me at it!

SEND items 1-3 to: kzimmer@hhs1.com

"SELFIE-SOLUTIONS"
ACCEPTED
JUNE 24th - JULY 31st

“Your Integrated Care Team”

Hinds BH Services, Kathy Crockett
MS Dept of MH, Lisa Henick



Documents & Resources shared

- ❖ **Behavioral Health Policies & Procedures Manual** - Bethel Family Clinic
- ❖ **SBIRT Protocol & PDSA plan** – Fair Haven CHC
- ❖ **Selfie Solutions Wall** – Hinds Behavioral Health
- ❖ **Integrated Care Poster** – Citrus Health Network
- ❖ **Treatment Plan** – Asian Community Mental Health Services
- ❖ **Recovery Crisis Plan** – Community Care

Making It



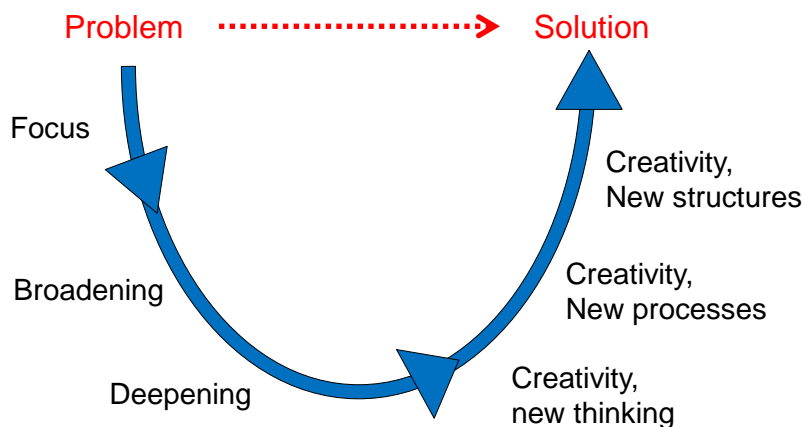
Stick

- Do all team members have a shared understanding of the objectives & strategy? (How do we know?)
- Can each team member articulate how they contribute and add value to the objectives?
- In what way is data a team member?
- How do we promote positive gossip?
- Who are our rising stars?

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Theory U

Otto Sharrow, PhD, MIT, 2007



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*Different perspectives
are a gift to innovation*

Thank
YOU
for
participating!

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