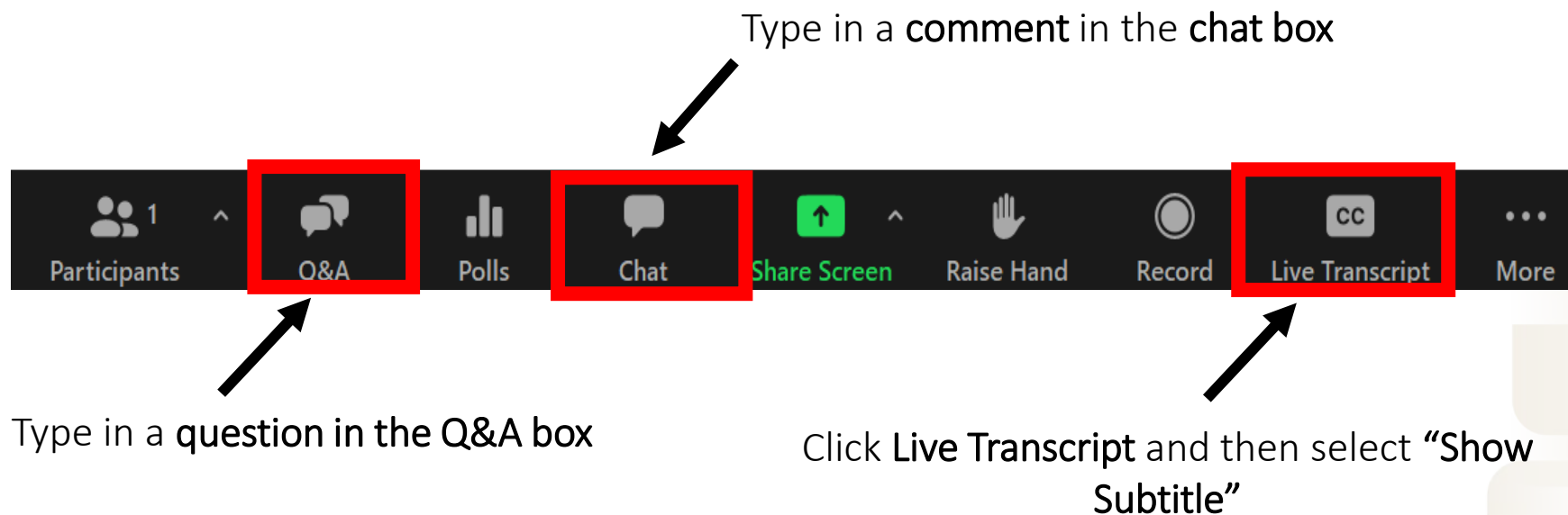# Advancing General Health Integration in Community Behavioral Health: Mid-Year Findings

Monday, February 28th, 2022
12-1pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**

Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

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Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Poll #1: What best describes your role?

- Clinician

- Administrator

- Policy Maker

- Payer

- Other (specify in chat box)

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Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider

- Mental Health Provider

- Substance Use Treatment Provider

- Other (specify in chat box)

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Poll #3: Where is your organization in the process of integration?

- Learning/Exploring

- Beginning Implementation

- Advanced/Full Implementation

- Ongoing Quality Improvement

- Other (specify in chat box)

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Introductions

Henry Chung, M.D.,
Director General
Health Integration
Learning Collaborative,
Professor of Psychiatry,
Albert Einstein College of
Medicine

Ekaterina (Katy) Smali, M.P.A,
M.P.H, Co-Director General
Health Integration Learning
Collaborative,
Care Management Organization,
Montefiore

Molly Finnerty, M.D.,
Consultant for
Learning Collaborative,
Associate Research
Professor, Department of Child
and Adolescent Psychiatry, NYU
Langone Medical Center and
Medical Director, Office of
Population Health and
Evaluation, NYS Office of
Mental Health

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Learning Collaborative Guests

W. Andrew Mullane, Ph.D
Director of Innovation, Integration, & Community Partnerships
Westchester Jewish Community Services

Valerie Klein, LMSW
Program Manager/Project Director
Centerstone of Tennessee

Learning Objectives

After this webinar, participants will be able to:

- **Understand** the rationale for General Health Integration (GHI) in behavioral health settings.

- **Acknowledge** opportunities for general health integration in Certified Community Behavioral Health Clinics (CCBHCs) and other community behavioral clinics to improve patient outcomes.

- **Identify** the use and early experience of implementing a new continuum-based framework for advancing general health integration in a 12-month learning collaborative among CCBHCs.
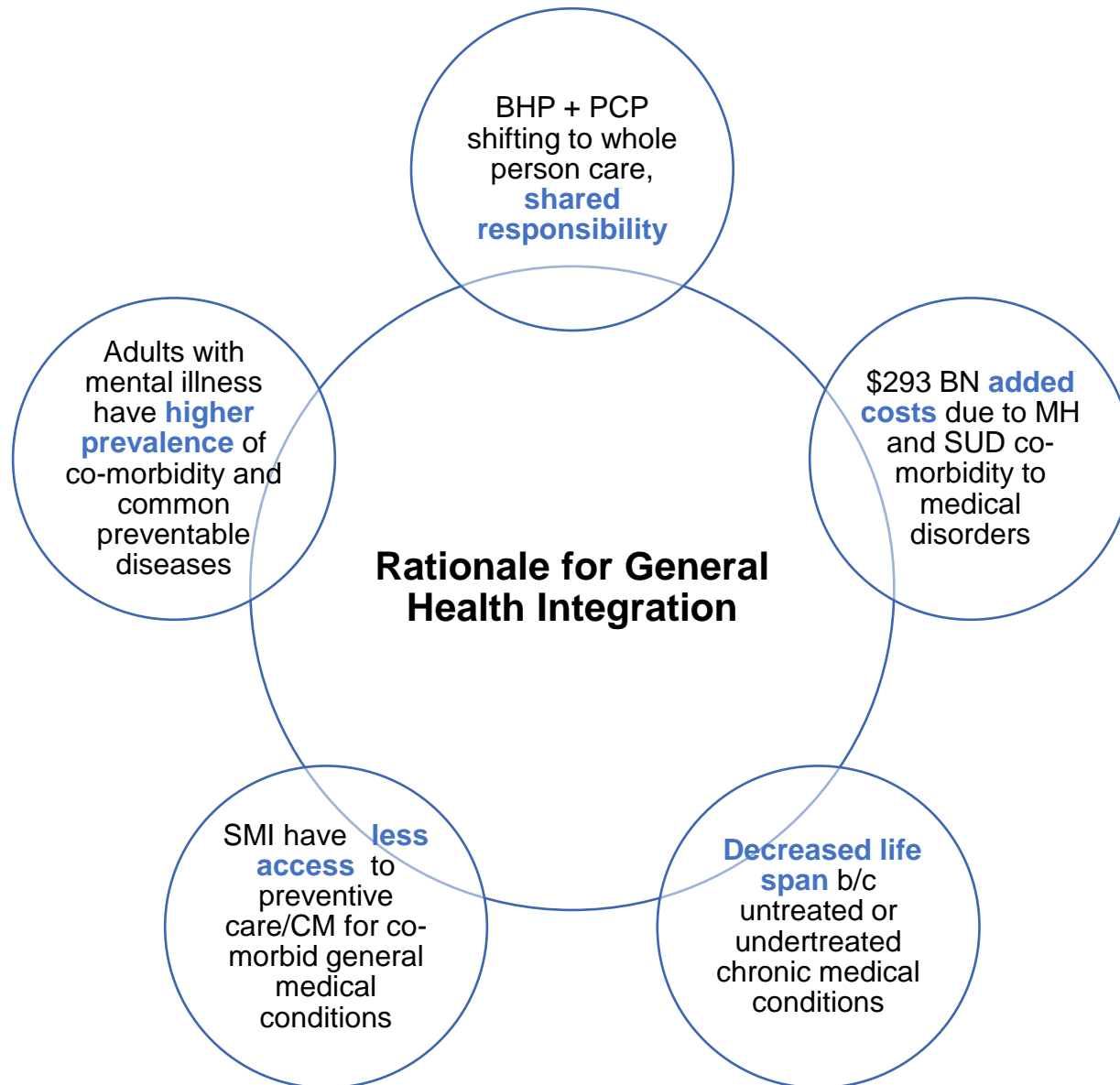
Partnerships

Webinar Agenda

- Background and rationale for General Health Integration (GHI) into Behavioral Health

- Development of Continuum-Based Framework for General Health Integration

- Overview of key domains of integrated care

- Early Learning Collaborative Experience

- Discussion

Rationale for GHI in Behavioral Health

Montefiore
DOING MORE℠

BHP + PCP shifting to whole person care, **shared responsibility**

$293 BN **added costs** due to MH and SUD co-morbidity to medical disorders

Decreased life span b/c untreated or undertreated chronic medical conditions

SMI have **less access** to preventive care/CM for co-morbid general medical conditions

Adults with mental illness have **higher prevalence** of co-morbidity and common preventable diseases

Rationale for General Health Integration

Increased Risk of COVID-19 Mortality with Psychiatric Diagnosis

- Patients with a prior psychiatric diagnosis while hospitalized for COVID-19 had a higher mortality rate compared those without a psychiatric condition.

- Individuals with concurrent psychiatric and medical diagnoses have poorer outcomes and higher mortality.

- The cause is unclear, but psychiatric disorders may augment systemic inflammation and compromise the function of the immune system, while psychotropic medications may also be associated with mortality risk

Reference: Li, L., Li F., Fortunati, F. and Krystal JH: Association of a Prior Psychiatric Diagnosis With Mortality Among Hospitalized Patients With Coronavirus Disease 2019 (COVID-19) Infection. JAMA Network Open. 2020;3(9)

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Advancing General Health Integration: Still Evolving

Developing the new Framework

- **Targeted literature review** on models of general health integration into behavioral health to identify evidence-based building blocks

- **Key informant interviews** of behavioral health leadership, behavioral health providers, primary care practitioners, policymakers, and payers

- **Development** of the continuum-based framework for general health integration in behavioral health settings

- This approach was successful in **developing and evaluating** a [Framework for Behavioral Health Integration into Primary Care](#)

- **Issue brief and peer reviewed paper** published and National Council Learning Collaborative and Framework Evaluation Underway

GHI Framework Domains and Stepwise Advancement

GHI Framework Domains & Subdomains

1. Screening, referral to care, and follow-up

- Screening and follow-up for preventive and general medical conditions

- Facilitation of referrals

2. Evidence based approach for outcomes & measurement-informed care for common general medical conditions

- Evidence-based guidelines/protocols for preventive interventions

- Evidence-based guidelines/treatment protocols for general medical conditions

- Use of targeted medications for preventive and general medical conditions

- Trauma informed care

3. Ongoing care management

- Longitudinal clinical monitoring and engagement for preventive health and/or general medical conditions

4. Self-management support that is adapted to culture, socio-economic environment, and life experiences of patient population
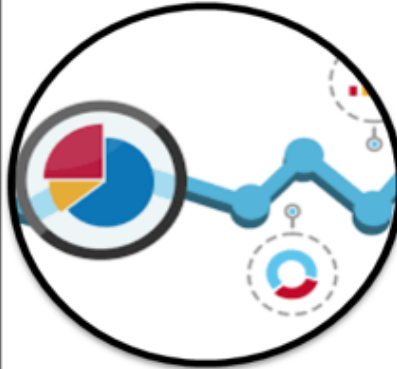
- Use of tools to promote patient activation and recovery with adaptations for literacy, economic status, language, cultural norms

GHI Framework Domains & Subdomains (Cont'd)

5. Multidisciplinary team (including patients) used

- Care team
- Sharing of treatment information, case review and feedback

6. Systematic quality improvement

- Use of quality metrics for program improvement

7. Linkages with community/social services that improve physical health or mitigation of environmental risk factors

- Linkages to housing, entitlement, other social support services

8. Sustainability

- Build process for billing outcome reporting to support sustainability of integration efforts
- Build process for expanding regulatory and licensure opportunities
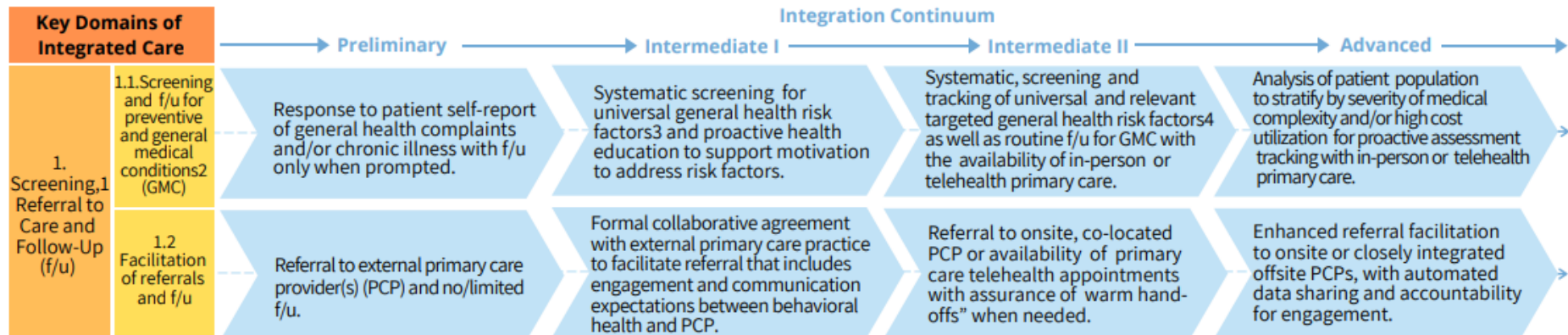
Continuum-Based Integration

	Key elements of integrated care		Integration continuum		
Role	Domains	Components	Preliminary	Intermediate I & II	Advanced

Achievable standard?

GHI Framework Snapshot: Domain 1
Screening, Referral to Care and Follow-Up

Key Domains of Integrated Care		Integration Continuum			
		Preliminary	**Intermediate I**	**Intermediate II**	**Advanced**
1. Screening,1 Referral to Care and Follow-Up (f/u)	1.1.Screening and f/u for preventive and general medical conditions2 (GMC)	Response to patient self-report of general health complaints and/or chronic illness with f/u only when prompted.	Systematic screening for universal general health risk factors3 and proactive health education to support motivation to address risk factors.	Systematic, screening and tracking of universal and relevant targeted general health risk factors4 as well as routine f/u for GMC with the availability of in-person or telehealth primary care.	Analysis of patient population to stratify by severity of medical complexity and/or high cost utilization for proactive assessment tracking with in-person or telehealth primary care.
	1.2 Facilitation of referrals and f/u	Referral to external primary care provider(s) (PCP) and no/limited f/u.	Formal collaborative agreement with external primary care practice to facilitate referral that includes engagement and communication expectations between behavioral health and PCP.	Referral to onsite, co-located PCP or availability of primary care telehealth appointments with assurance of warm hand-offs" when needed.	Enhanced referral facilitation to onsite or closely integrated offsite PCPs, with automated data sharing and accountability for engagement.

National Learning Collaborative and Framework Evaluation

- Supported by SAMHSA funded **National Council of Mental Wellbeing's Center of Excellence for Integrated Health Solutions (CoE-IHS)** and the New York Community Trust

- 19 organizations selected across the country (with 4 in NYS)

- Two webinars per month, technical assistance (TA), evaluations and monthly performance reporting

- Structured qualitative and quantitative data collection

- Dissemination Learnings

- Completion date is April 2022

Learning Collaborative Participants

Organization	State
Abbe Center for Community Mental Health*	IA
BestSelf Behavioral Health*	NY
Center for Human Development*	MA
Centerstone of Tennessee*	TN
Centerstone of Indiana*	IN
FMRS Health Systems, Inc.*	WV
Four County*	IN
Gandara Center*	MA
Hegira Health, Inc.*	MI
Hamilton Center, Inc.*	IN
High Point Treatment Center*	MA

Organization	State
Institute for Community Living, Inc.*	NY
Lutheran Family Services*	NE
Mid-South Health Systems, Inc. / Arisa Health*	AR
Northeast Treatment Centers**	PA
Sabine Valley Regional MHMR dba Community Healthcore*	TX
Saginaw County Community Mental Health Authority**	MI
Washington Heights Community Services, New York State Psychiatric Institute	NY
Westchester Jewish Community Services*	NY

* indicates *Certified Community Behavioral Health Clinic (CCBHC)* status
**indicates former *Certified Community Behavioral Health Clinic (CCBHC)* status

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Learning Collaborative Faculty

Project funding support provided by the SAMHSA funded National Council of Mental Wellbeing Center of excellence for Integrated Care (CoE-IHS)

- **Henry Chung**, **MD**, Albert Einstein College of Medicine

- **Ekaterina (Katy) Smali, MPH, MPA, PMP,** Montefiore Care Management Organization

- **Harold Alan Pincus, MD**, Department of Psychiatry, Columbia University and New York-Presbyterian Hospital

- **Molly Finnerty, MD,** Department of Child and Adolescent Psychiatry, NYU Langone Medical Center and NYS Office of Mental Health

- **Matthew Goldman, MD, MS**, Medical Director, Comprehensive Crisis Services & Hope SF Community Wellness Program, San Francisco Department of Public Health

- **Rachel Talley, MD**, Assistant Professor of Clinical Psychiatry, Department of Psychiatry, University of Pennsylvania

- **David Woodlock,** Consultant, Woodlock & Associates and former President and CEO of the Institute for Community Living

Team Composition for Practice Assessment and Advancement

- Senior Clinician Executive
- Clinician Champion
- Nursing and/or Care Management Champion
- Quality Improvement Champion
- Optional : Peer Specialist, Practice Manager, Others?

Assess Current Practice and Workflow Process
Occurring at least 70% of the tim**e**

Baseline State of GHI among Motivated CCBHC and BH Clinics

Subdomains with the majority of clinics in the preliminary phase of integration	Subdomains with the majority of clinics in the in the intermediate phases of integration	Subdomains with the majority of clinics in the advanced phase of integration
Evidence-based guidelines/treatment protocols for preventive interventions	Screening, referral to care and follow-ups	No domains or subdomains in the advanced category were endorsed by a majority of the clinics.
Medication management	Evidence-based guidelines/treatment protocols for common general medical conditions	
Care team composition	Trauma-informed care	
Sharing of treatment information	Ongoing care management	
Integrated care team training	Self-management supports	
Sustainability	Systematic quality improvement	
	Linkages to social services	

Preliminary Quality Performance of GHI Learning Collaborative:
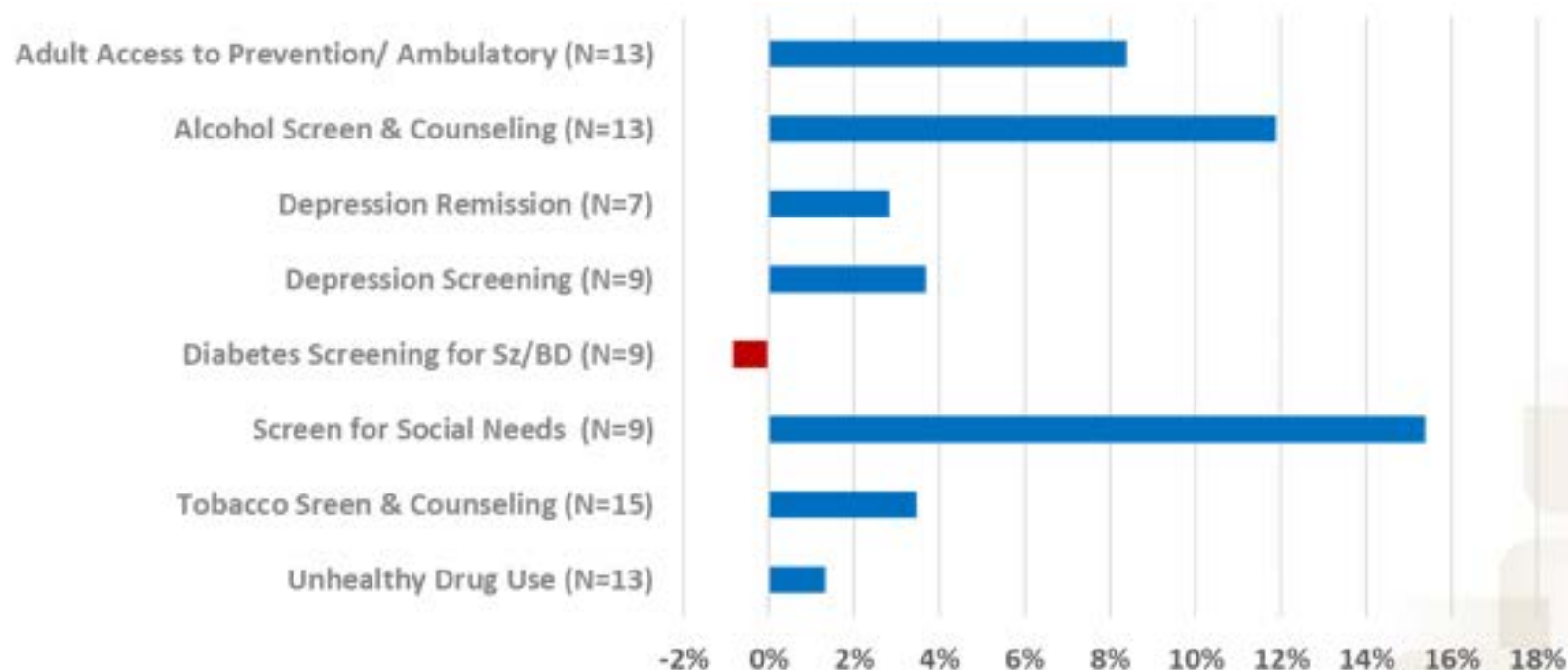# Baseline to 5-Month Follow Up
(April-August 2021)

GHI LC Process & Outcome Quality Metrics

- Most are selected from national measures of quality, endorsed by NQF, USPSTF, HEDIS, or CMS and required CCBHCs clinic or state reporting measure
- Reporting requires client level numerators and denominators

| GHI Collaborative Metrics	NQF or NQCA Identifier	CCBHC Reporting	Metric Type	DOMAIN 1: Screening	DOMAIN 2. EBP	DOMAIN 3. Ongoing Care	DOMAIN 4. Self-management	DOMAIN 7. Linkages
Access to Prevention/ Ambulatory Health Care	NCQA AAP	HEDIS	Process	X				
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	NQF 1932	CCBHC - State	Process	X				
Tobacco Use Screening and Cessation Intervention	NQF 0028	CCBHC - Clinic	Process	X	X			
Unhealthy Alcohol Use Screening and Brief Counseling	NQF 2152	CCBHC	Process	X	X			
Unhealthy Drug Use	USPSTF		Process	X	X			
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	NQF 2607	HEDIS	Outcome	X	X	X	X	
Depression remission at 6 & 12 months	NQF 0710	CCBHC	Outcome	X	X	X	X	
Screening for social needs		NOMS	Process	X				X

Average Net Change in Participating Site Performance During the First 5-Months of Learning Collaborative

Number of Sites with Performance Improvement: Baseline to 5-Month Follow Up

- N Programs Increased Performance
- N Programs Decreased Performance
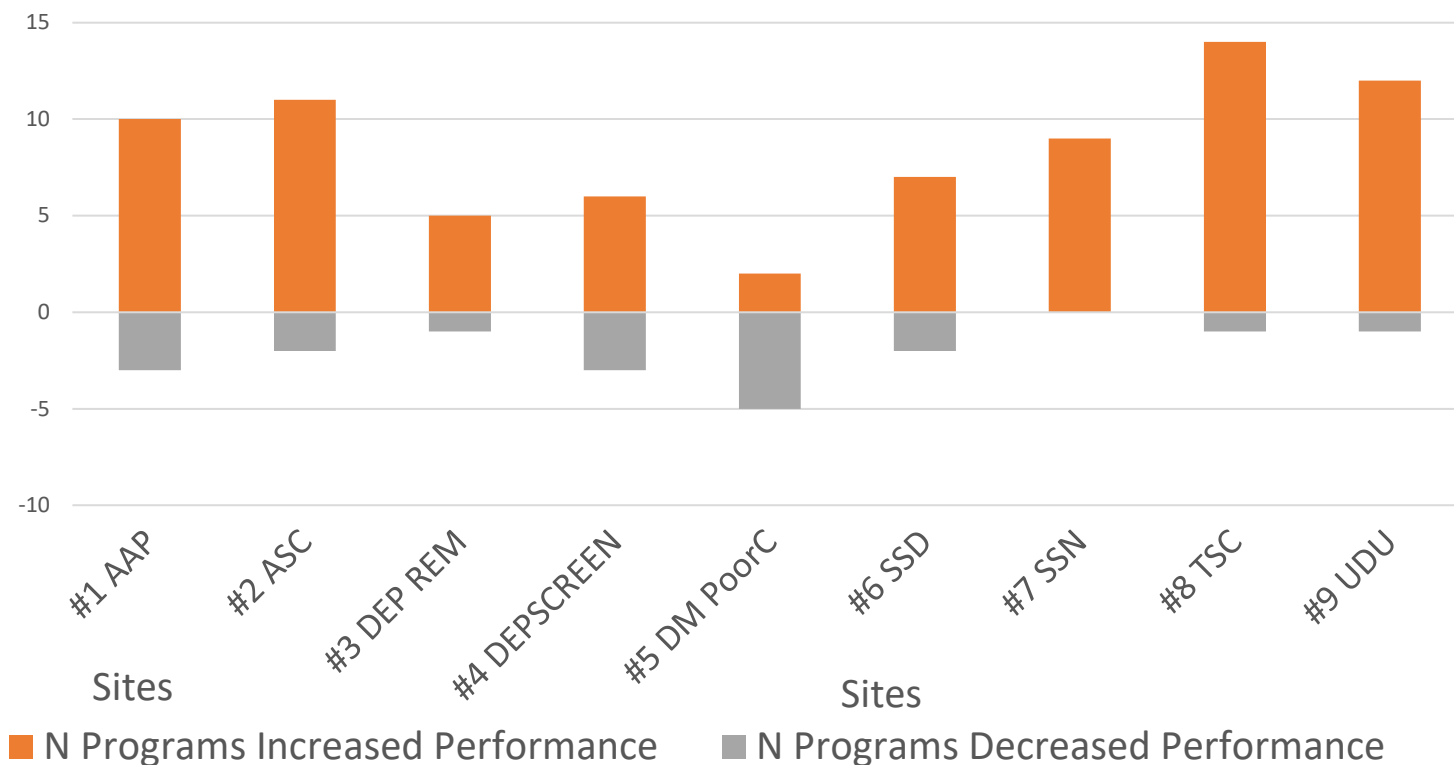
- For most measures, the number of sites improving performance greatly exceeds the number with decreased performance

Summary of Impact Findings to Date

- **Early evidence for improvement** in the first 5 months of the GHI Collaborative!

- Participating programs have *improved in quality metric reporting*
  - Increasing number of measures reported
  - Increased completeness of measure reporting
  - More programs reported on measures than dropped them, except for Diabetes screening

- Participating programs have *improved performance on majority of measures*
  - Increase in average performance except for two measures: Diabetes screening and Diabetes Poor control
  - More programs improved than declined in performance for each measure except for Diabetes Poor Control (may be reporting error)

Conclusion

CCBHCs and Behavioral Health Clinics have a critical opportunity to support and provide whole person care that is meaningful to patient morbidity, mortality and quality of life (QOL).

Continuum Based Framework Practice Self-Assessment *and* Developing an Operational Strategic Plan supporting evidence-based general health interventions are important facilitators.

Measurement of Process *and* Clinical Outcomes are instrumental to advancement.

Advocating for policy and practice interventions *must be supported* through payment reform and incentives.

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# Questions and Discussion

Tools & Resources

National Council for Mental Wellbeing

- Center of Excellence for Integrated Health Solutions – [Resource Home Page](#)
- [CIHS Standard Framework for Levels of Integrated Care](#)
- [General Health Integration Framework](#) – Advancing Integration of General Health in BH Settings
  - [Utilizing an Evidence-based Framework to Advance Integration of General Health in Mental Health and Substance Use Treatment Settings](#) – Blog post
  - [Mid-Year Findings One Pager](#)
- [High-Functioning Team-Based Care Toolkit](#)
- [Organizational Assessment Toolkit for Primary & Behavioral Health Care Integration (OATI)](#)
- [Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers](#)

Other

Agency for Healthcare Research & Quality – [Implementing a Team-Based Model in Primary Care Learning Guide](#)

Health & Medicine Policy Research Group – [Behavioral Health Primary Care Integration](#)
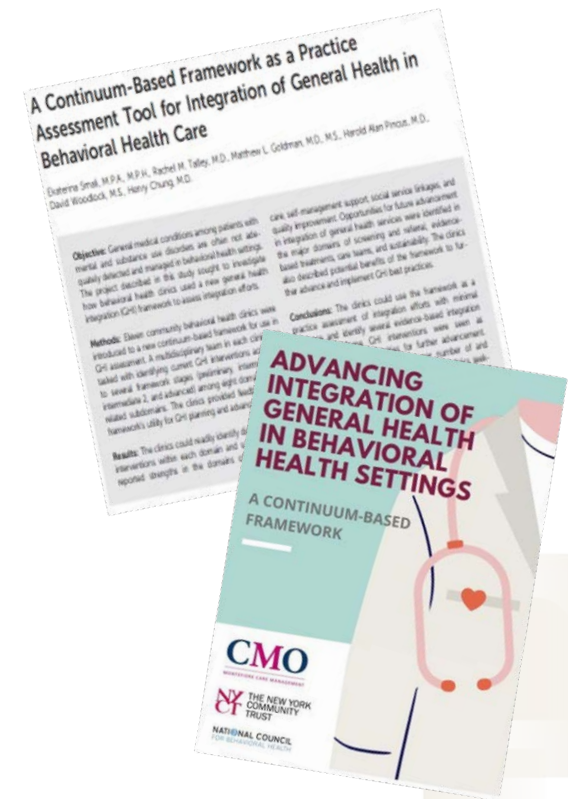
Upcoming CoE Events:

Social Determinants of Health Webinar Series

Part 1 - Screening for Patient Social Risks in Integrated Care Settings

[Register for webinar](#) on March 3, 2-3pm ET

Part 2 - Integrated Care Screening Tools & Implementation Considerations

[Register for webinar](#) on March 17, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

Looking for free trainings and credits?

Check out integrated health trainings from Relias here

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Thank You

Questions?

Email integration@thenationalcouncil.org

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