Webinar Series on Innovation and Re-Design of Systems of Behavioral Health Care
May 25, 2011
3:00 PM

IBHI

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About IBHI: IBHI is a charitable organization formed in 2006 dedicated exclusively to improving the quality and outcome of mental and substance use (behavioral) health care.

Our **AIM: Create a national learning organization and movement to invite organizations out of their silos. Bring people together to translate a passion for quality improvement into sustained action that dramatically improves behavioral health care outcomes.**

To learn more about translating a passion for quality Improvement check out our web page www.ibhi.net IBHI is a national organization: Home Office – Albany New York

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Behavioral Health Integration

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2011 Nuka Conference

Presenters: Wendy Bradley, LPC

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Objectives

- Examine How We Integrate Consultants into Primary Care
- Define the Benefits for Both Customer-owners and Clinicians
- Extrapolate How this Model Might Apply to Other Organizations

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Background

- Our first attempt at integration failed
  - One “integrated” behaviorist in Pediatrics only
  - We were co-located, not integrated
  - We needed to identify the best fit for staffing the BHC position
- Benchmarking best practices
  - Cherokee Health System, Knoxville TN
  - 4 quadrant model

Background

- Treated the BHC integration as an improvement project
  - Annual plan with measurement and due dates
  - Multi-disciplinary team
  - Worked with a consultant from Cherokee Health System

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Models of Integration

- Diversification – BHC is a active member of the Integrated Care Team
- Co-location – Behavioral Health Professional located on site providing traditional behavioral health services
- Referral – Behavioral health services provided by contracted agency
- Enhancement – train primary care providers to provide behavioral health services

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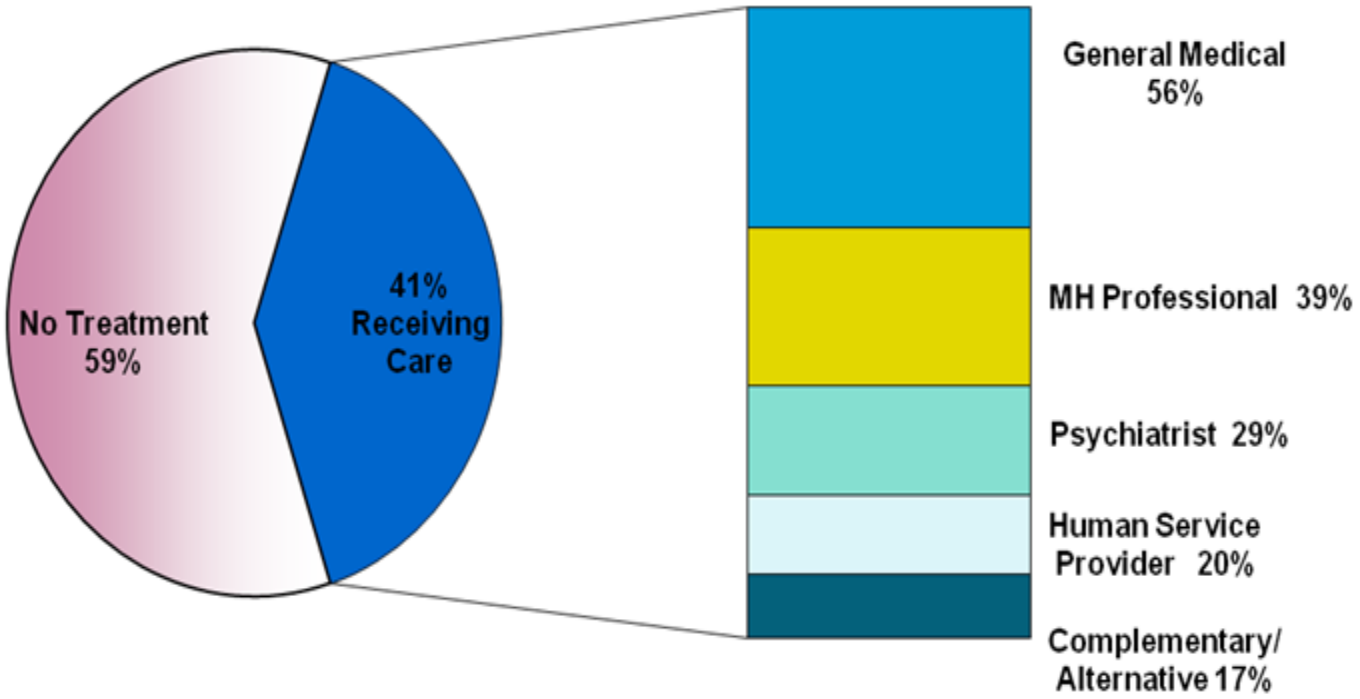
Why We Integrated Behavioral Health in FMC and Peds

- Behavioral and Psychosocial factors in etiology and treatment of physical disease
- Primary Care as the locus of treatment for mental health disorders
- Financial Advantages
- Improved quality of care
- Customer & provider satisfaction
- Illustrates Biopsychosocial model
- Meets patients “where they are”
- Unifies medical and mental health practice

National Comorbidity Survey Replication

Provision of Behavioral Health Care: Setting of Service



SOURCE: Wang, Philip S., et al. Twelve-Month Use of Mental Health Services in the United States. *Arch Gen Psych*, 62, June 2005.

A Framework to Integrated Care

- Behavioral Health is ROUTINE component of medical care (charts are integrated)
- Shifting Boundaries of Care
  - Location
  - Staffing
- Scope of Integration
  - Horizontal
  - Vertical

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What We Do

- Consultation and education to providers and case managers on behavioral health issues
- Provide psycho-educational materials and workbooks to aid in treatment and understanding
- Screening, assessment, brief intervention, education and follow-up/monitoring for patients experiencing mental/medical health issues and life stresses
- Joint visits and care conferences with provider teams for complex cases
- Consultation with specialists, referral for longer term therapeutic interventions

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What We Do

- Assess depression using the Prime MD
- Assess substance abuse using the AUDIT & CRAFFT
- Assess cognitive function using the MMSE
- Assess child development using the ASQ and M/CHAT, SDQ
- Assess behavioral functioning for chronic pain using the MBMD/SCL 90

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Traditional vs. Integrated Model

- Traditional
  - Separate offices
  - Separate notes
  - Comprehensive BH documentation
  - Emphasis on history
  - 50 minute therapy session
  - Referral to specialty care for BH issues

- Integrated
  - Co-located
  - Seen in exam room
  - Same chart
  - Brief documentation
  - Focus on presenting problem and functional outcomes
  - 20-25 minute interaction
  - Consultation and co-management

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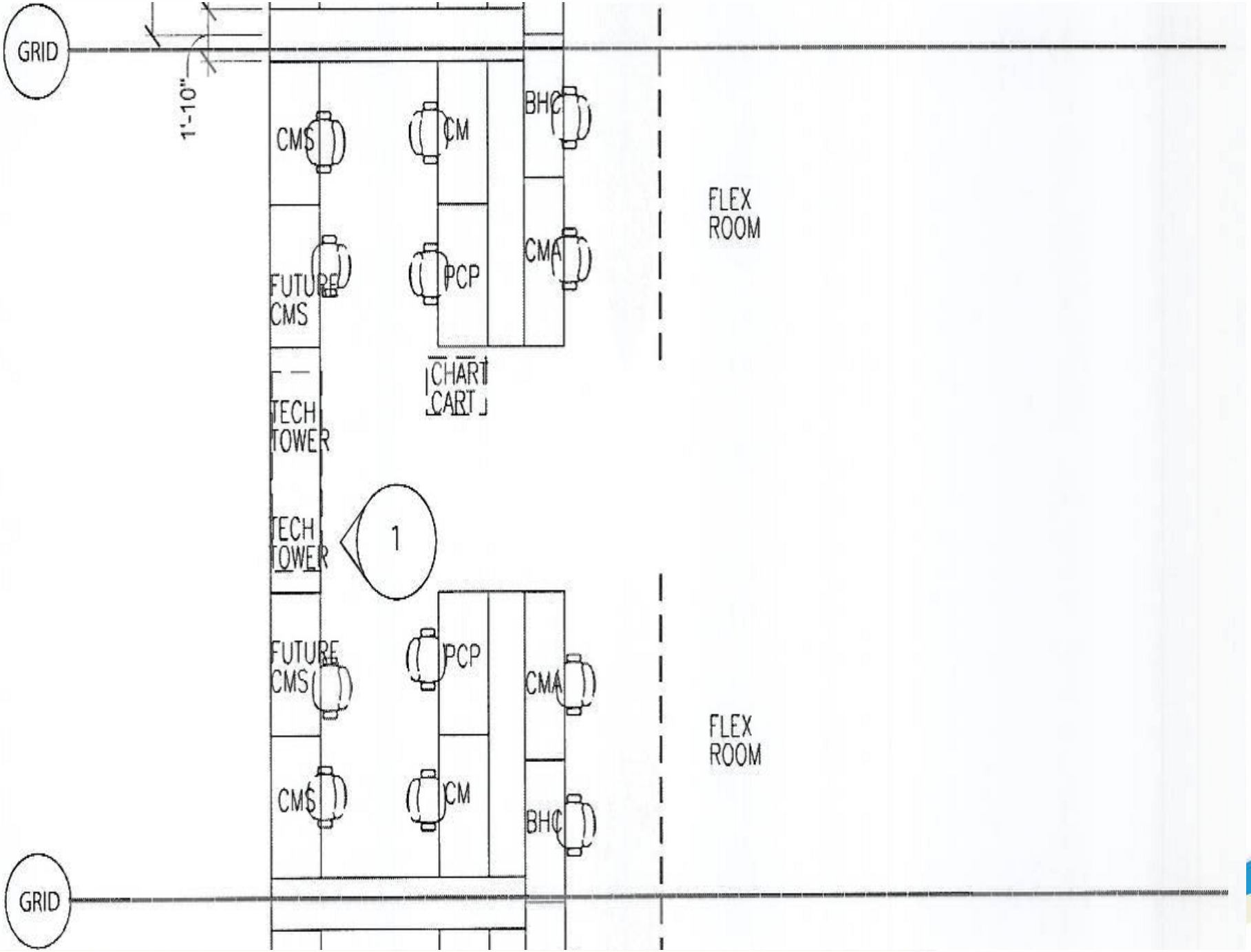
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BHC
GRID

Challenges

- Acceptance and understanding within the Behavioral Health Community
- Acceptance by Primary Care Providers
- Space
- Recruiting
- Funding
- Data

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Recruiting BHC's

- Fit is everything
- Not every Behavioral Health professional is cut out to be a BHC
- Characteristics of successful BHC's

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Clinician Skills

- Knowledge of Integrated Care Model
- Strong diagnostic and therapeutic skills
- Prevention and Patient Ed
- Brief Solution-Focused Treatment

- Motivational Interviewing
- Communication & consultant skills
- Team player, visible, flexible, available
- Masters Level, ANP, or Ph.D/Psy.D
- “Primary Care Mental Health”

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Primary Care Provider Training

- Needs assessment
- Formal training
- Regular, informal one on one training
- BHC in primary care provider interviews
- Motivational Interviewing Training

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Acceptance by Behavioral Health Profession

- Education
- General vs. Specific
- Therapeutic vs. Therapy
- Functional outcomes

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Benefits

- Redirects mental health related office visits and provides access to appropriate services
- Frees providers time and resources to allow for more efficient use of limited appointment time
- Provides customers with a more comprehensive evaluation of symptoms and issues
- Offers providers an in-clinic specialty resource for challenging cases
- Customers have immediate access to BHC and follow up same day access
- Team approach to care

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Current Initiatives

- Chronic Pain Collaboration
- Preconception to Age 5
- Wellness plan program
- Internships with local universities
- Specialty clinic collaboration
- YES program for adolescents

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Co location

- Suboxone Clinic
- TBI collaboration
- Case Management
- BSD Screeners
- Colocated traditional Therapists

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Success Data

- # customers with > 6 Visit utilization in 6 months has decreased since BHC Integration
- -ER 19%, UC 25%,FMC 15%,Peds 39%
- 77% Primary Care Clinic staff reported increased efficiency
- 88% Primary Care Clinic staff are more satisfied with their job since BHC Integration
- 91% increase in access to Behavioral Health Service
- 23,778 customer visits to BHCs in 2010
- Reduction in anti-depressants and narcotic medication and lab orders

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Next Steps

- Develop BHC track in local university
- Working with state on Medicaid billing
- Increasing local programs for developmental delays
- Expanded training and model consistency

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Getting Started

- Start Small
  - Choose one or two clinical areas to focus on
    - Ex: depression and substance abuse
  - Educate staff on benefits of integration
  - Review success stories / focus on what has worked

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Quyana	(Central Yupik)
Maasee'	(Gwich'in Athabascan)
Ba-see	(Koyukon Athabascan)
Quyanaq	(Inupiaq)
Gunalche'esh	(Tlingit)
Ha'w'aa	(Haida)
Qagaasakung	(Aleut)

...Thank You!

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Questions?

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Innovation Webinar Series on Improving Care for Behavioral Healthcare Clients

July 6, 2011 at 3:00 PM

Integration Lessons from Medicaid Redesign – Tenncare

William G. Wood, MD PhD, FAPA, CMO Behavioral Health,
AMERIGROUP Community Care of Tennessee

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