



Overview of Integrated Care Models, Structures, and Processes

Supporting Effective Primary Care/Behavioral Health Integration

Wednesday, December 11, 2024

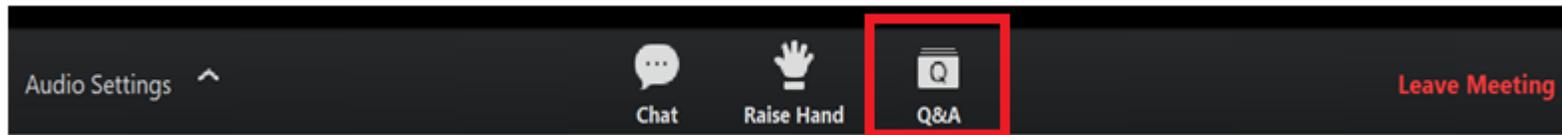
1:00 – 1:30 p.m. ET

Vision: Healthy Communities, Healthy People

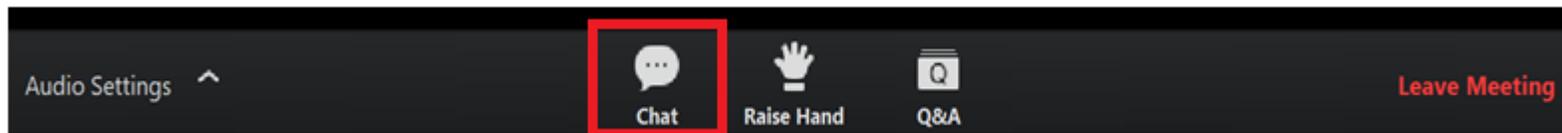


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Presenter



Joseph Hyde, MA, LMHC, CAS

Subject Matter Expert and
Senior Technical Expert Lead
JBS International, Inc. (JBS)

Objectives



Participants of this webinar will be able to:

- Orient participants to models and strategies of Integrated Care (IC)
 - Team-based care
 - Collaborative care planning
 - Enhancements to conventional staff roles
- Describe the three most deployed models of IC
 - Patient-Centered Medical Home (PCMH)
 - Primary Care Behavioral Health Integration (PCBH)
 - Collaborative Care Model (CoCM)

Agenda



Why Integrated Care
(IC) in Community
Health Centers
(CHCs)



Researched models
of integrated care:
PCMH, PCBH, and
CoCM

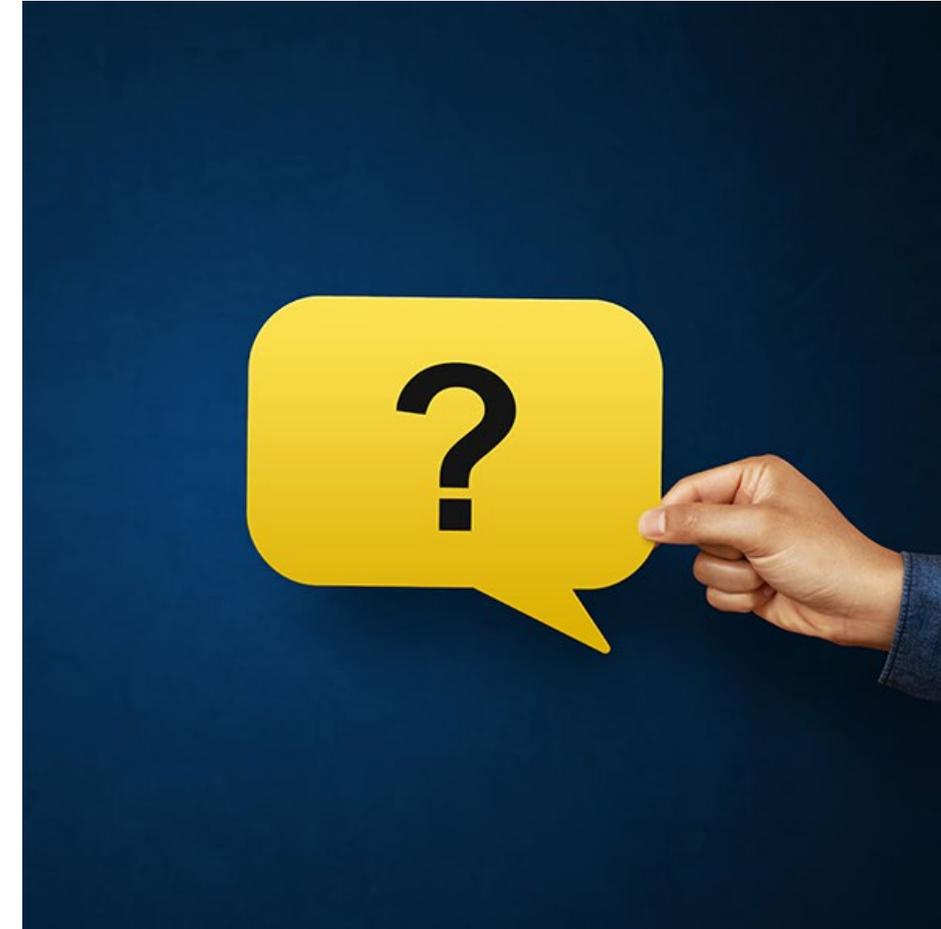


Contextual
understanding of IC for
CHCs

Polling Question

Please select your role within your health center setting:

- Behavioral health
- Medical
- Nursing
- Community health worker/Peer
- Administrative



What is Integrated Care?

- Care that results from a practice **team** of primary care and behavioral health clinicians,
- **Working together** with patients, families, and community,
- Using a systematic and **cost-effective** approach,
- To provide **patient-centered care** for **a defined population and to provide preventative care for all patients.**
- This care may address mental health and substance abuse conditions, health behaviors (including behavior that contributes to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective health care utilization.





Why Integrated Care (IC) in Community Health Centers

- Health centers are the health care safety net for the US.
- Populations served are at high risk for health and mental disorders due to adverse social, economic, and environmental factors, influenced by race, ethnicity, class, and gender disparities.
- Disadvantage often begins before birth and accumulates over a lifetime.
- Social inequalities are linked to higher risks of mental disorders.
- Integrated care better serves patients with comorbid conditions.
- Most health center patients have one or more chronic health conditions.

Source: World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014.



Models of Integrated Care – Collaborative Care Model

The **Collaborative Care Model (CoCM)** primary care providers, care managers, psychiatric consultants, and behavioral health (BH) providers work together to provide care and monitor patients' progress.

CoCM is cited for its effectiveness in treating complex comorbid conditions.*

CoCM often employs use of patient registries within the electronic health record (EHR) to align and monitor care.



Image source: NIH HEAL Initiative

*Effectiveness of collaborative care for depression and HbA1c in patients with depression and diabetes:

A systematic review and meta-analysis.

Wang et al. *International Journal of Integrated Care*. DOI: 10.5334/ijic.6443

Principles of Collaborative Care

Patient-Centered Team Care

Primary care and behavioral health providers collaborate and share a common plan of care.

Population-Based Care

The collaborative care team serves a defined population and commonly uses a patient registry within the EHR.

Measurement-Based Treatment to Target

Care is monitored for impact and outcomes. Note: Most care team plans are time limited to 10 to 12 weeks and are then reviewed and revised as needed.

Evidence-Based Care

Evidence-based medical and behavioral health services are delivered.

Accountable Care

Providers are viewed as accountable for both quality of care delivered and clinical outcomes.

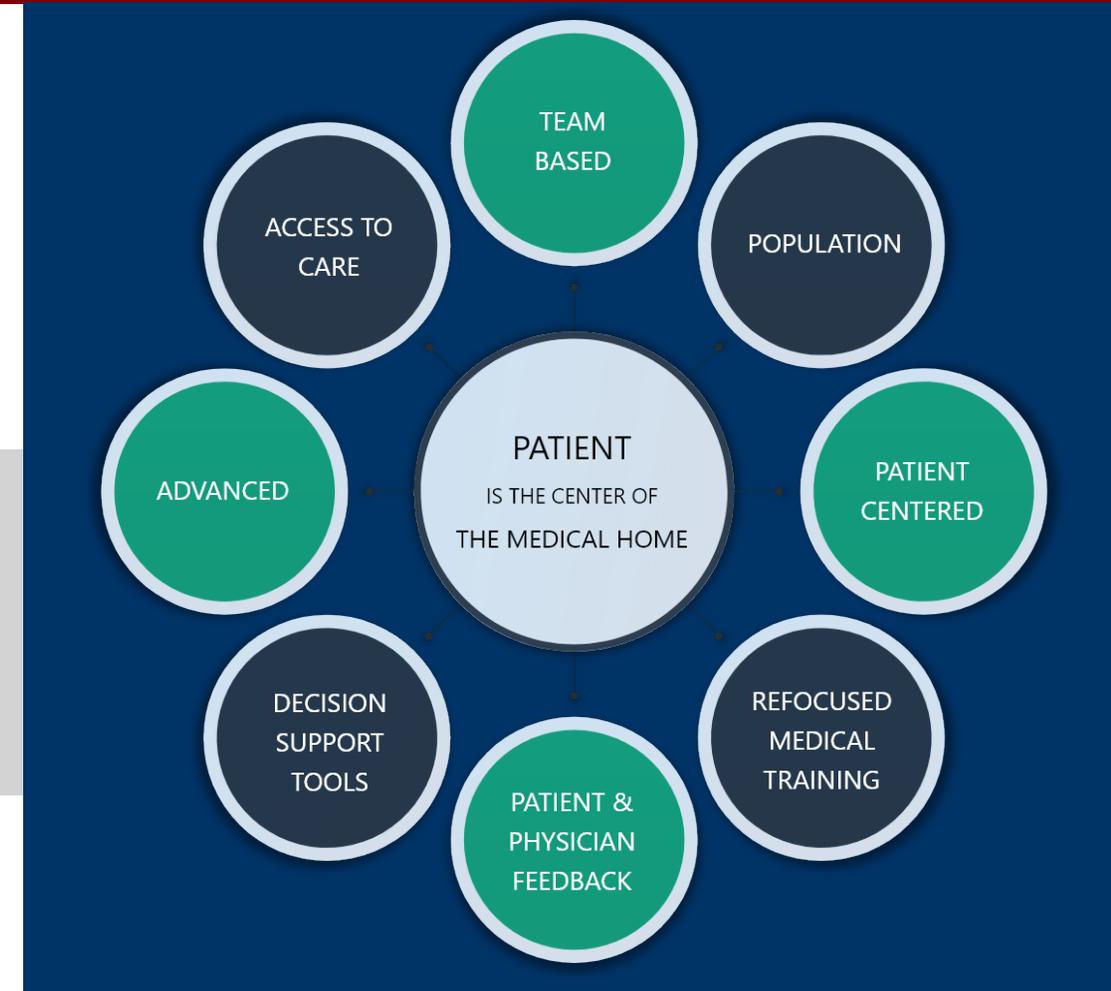


Models of Integrated Care - Primary Care Medical Home

The Primary Care Medical Home (PCMH)

‘The PCMH is accountable for meeting the majority of patients' physical and mental health care needs, including prevention and wellness, acute care, and chronic care.’*

‘The PCMH approach embraces partnering with patients and their families, understanding and respecting patients' unique needs, culture, values, and preferences.’*



*Defining the PCMH. Content last reviewed August 2022. Agency for Healthcare Research and Quality, Rockville, MD.

<https://www.ahrq.gov/ncepcr/research/care-coordination/pcmh/define.html>





Primary Care Medical Home

PCMH has documented benefits, including reduced hospitalization of any kind and emergency department visits, improved outcomes for chronic health conditions, and access to care.

The PCMH model includes:

- Colocation of BHP/BH services;
- Shared appointment systems; Same-day practices/Coordinated care;
- BHP/BH access to PCP;
- Primary care team approach; Team-based care planning;
- Patient population health (preventative); Prevention measures screening ; A range of embedded behavioral health services;
- Integrated clinical pathways and a performance improvement team approach.

Models of Integrated Care - Primary Care Behavioral Health



[Image Source](#)

The Primary Care Behavioral Health (PCBH) Model

The PCBH Model improves health outcomes by improving access to BH services within primary care.

PCBH is organized on four core principles:

1. PCBH is based on Team-Based Care
2. The behavioral health consultant (BHC) is a core member of the primary care team, providing consultative services.
3. The BHC'S role is to identify, triage, treat, and manage primary care patients' complexity of medical and BH problems.
4. PCBH is based in philosophy of population-based care.



Reiter JT, Dobmeyer AC, Hunter CL. The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. *J Clin Psychol Med Settings*. 2018 Jun;25(2).





Primary Care Behavioral Health Integration (PCBH)

The PCBH model is population based and includes a licensed behavioral health professional who functions as a BHC.

A BHC is a key member of the primary care team.

Services are brief (15-30 minutes).

The PCBH offers practice-wide prevention, early intervention (e.g., screening, brief intervention, and referral to treatment [SBIRT]), and treatment for behavioral health conditions.

A BHC addresses health behaviors impacting physical and chronic conditions.

The PCBH uses clinical pathways to organize care for specific conditions.



Challenges for CoCM, PCBH, and PCMH Implementation and Sustainability

Despite CoCM , PCBH, and PCMH having strong evidence for positive patient outcomes, especially with comorbid conditions, implementation challenges for all models are known.

- Start-up costs for implementation.
- Workforce shortages in evidence-based interventions.
- Time limitations for comprehensive evaluations and team communication.
- Limited provider knowledge of treatment guidelines and measurement-based care.
- Billing restrictions for medical and mental health visits on the same day.
- Patient stigma around mental illness and mental health care.
- CoCM-bundled Medicaid rate unavailable in some states.



Sanchez K. Collaborative care in real-world settings: Barriers and opportunities for sustainability. *Patient Prefer Adherence*. 2017 Jan 5;11:71-74. doi: 10.2147/PPA.S120070. PMID: 28115833; PMCID: PMC5221542.



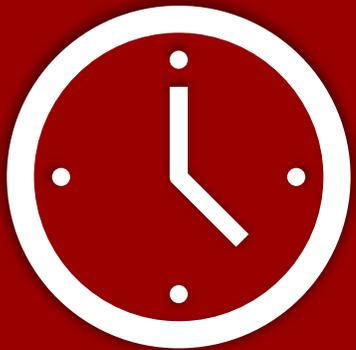
Leadership Buy-in Supporting Integration Readiness and Startup, Including Practice Site Champions

- Leadership identifies BH/PC integration as part of its overarching strategy to achieve systems and population goals
- Identifies and leverages existing strengths within the system
- Helps stay the course
- Practice site champions – clinical and administrative



Source: Microsoft® PowerPoint® for Microsoft 365.

Getting Started - *Early Preparation*

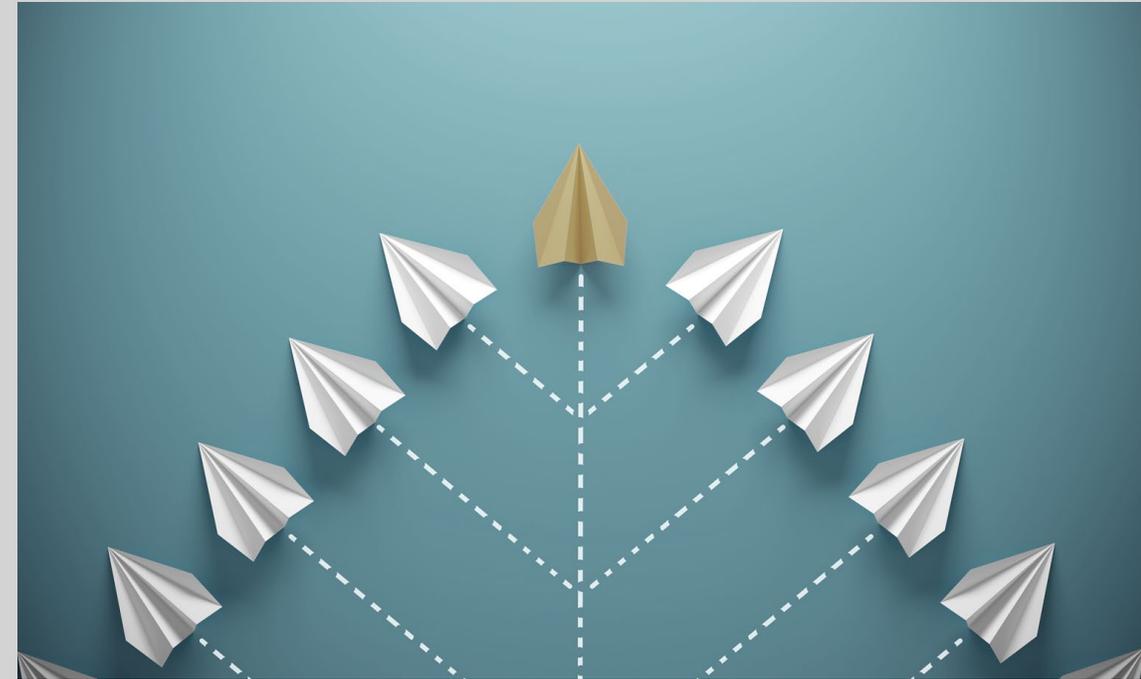


- Become informed about the successes and challenges of others
- Don't be shy – Identify and utilize external consultants with “real” implementation experience

In addition to content expertise, leverage interpersonal, systems, business, and political expertise in support of implementation

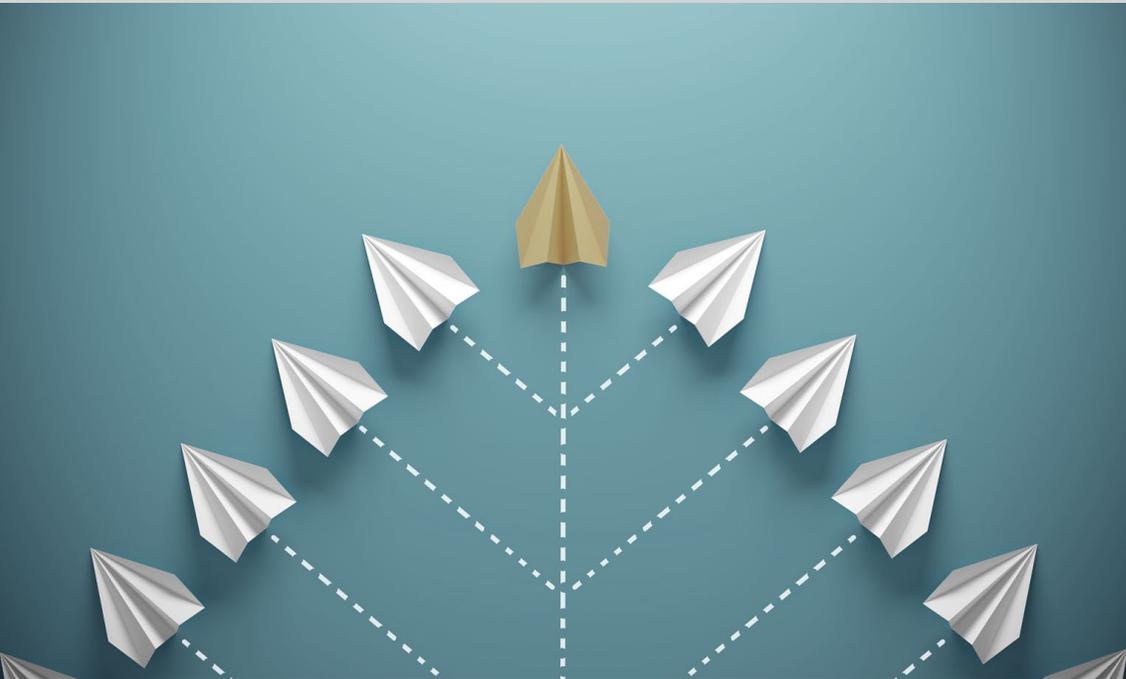
Successful Implementation Depends On

- 1 Leadership support
- 2 Realistic performance goals and objectives
- 3 A defined implementation plan with action steps to achieve the plan



Source: Microsoft® PowerPoint® for Microsoft 365.

Successful Implementation Depends On (2)



4 Defined project management agreements and roles, including partners

5 Leadership buy-in supporting program readiness and startup, including practice site champions

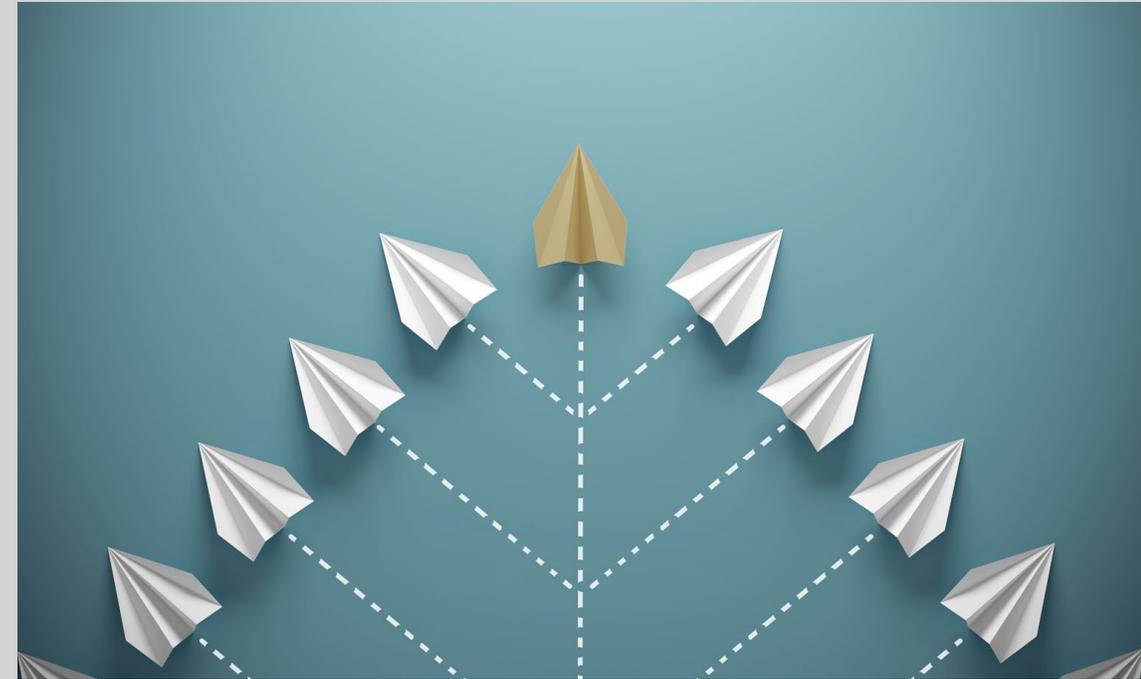
6 Defined systems for regular communication among partners, as well as easy access for ad hoc communication

Successful Implementation Depends On (3)

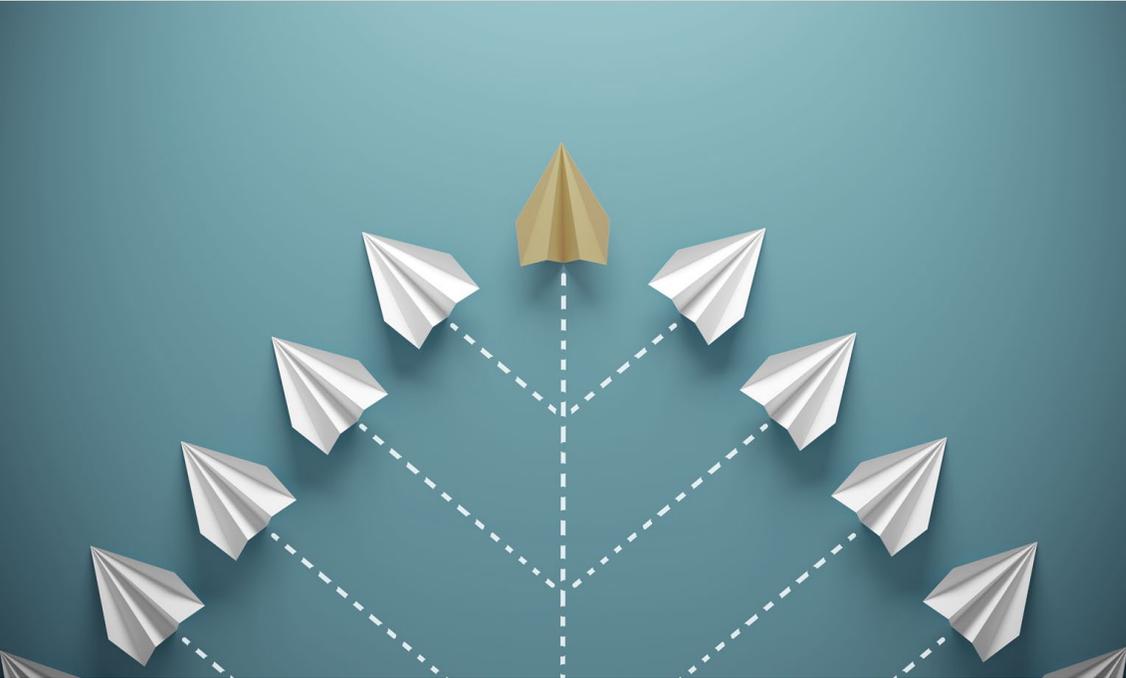
7 Protocols for program operations, including use of technology, common sets of tools, and processes

8 Participatory decision-making among implementation team members

9 Ongoing training, technical assistance, monitoring and coaching to support implementation, and fidelity to the model



Successful Implementation Depends On (4)



10 Use of evaluation to support and monitor implementation

11 Sensitivity to unique contextual conditions at the practice sites, the populations served, and any associated need for adaptation

Remember: Something New is Never Done 100% Right the First Time



Newly learned practices and skills are incomplete and will need to be shaped to be most functional in the service setting.



Newly learned practices and skills are fragile and need to be supported in the face of reactions from consumers and others in the service setting.



Coaching, supervising, and monitoring support implementation fidelity and success

And Remember Sensitivity to Unique Contextual Conditions

- **At the practice sites**
- **The populations served**
- **The community**

Influence

- Leverage the interplay between the goals, objectives, **and** ongoing strategies
- Work within system, population served, and financial contexts
- Recognize that adaptation is often required

Useful Resources

- The Rutgers Integrated Care Evaluation (RICE) Research Framework, <https://ijic.org/articles/10.5334/ijic.7715>
- Effectiveness of Collaborative Care for Depression and HbA1c in Patients with Depression and Diabetes, <https://ijic.org/articles/6443/files/submission/proof/6443-1-26475-1-10-20220830.pdf>
- The Collaborative Care Model, https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model_052113_2.pdf
- The Academy, <https://integrationacademy.ahrq.gov/> Integrating Behavioral Health and Primary Care Playbook, <https://integrationacademy.ahrq.gov/products/playbooks/behavioral-health-and-primary-care>
- Primary Care Behavioral Health Toolkit, Primary Care Behavioral Health Toolkit (PCBH)_FINAL.pdf [https://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/Primary%20Care%20Behavioral%20Health%20Toolkit%20\(PCBH\)_FINAL.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/Primary%20Care%20Behavioral%20Health%20Toolkit%20(PCBH)_FINAL.pdf)
- Behavioral Health Consultation and Primary Care: Lessons Learned, <https://psychologyinterns.org/wp-content/uploads/PCBH-Model-lessons-learned-Strosahl.pdf>
- Behavioral Consultation and Primary Care: A Guide to Integrating Services, Third Edition, 2024, Patricia J. Robinson, Jeffrey T. Reiter (Springer Books)
- Brief Interventions for Radical Change, Kirk D. Strosahl, Patricia J. Robinson, and Thomas Gustavsson (New Harbinger Publications)
- Integrated Motivational Interviewing and Cognitive Behavioral Therapy (ICBT): A Practitioners Guide, Joseph Hyde, Maria Torres, Win Turner, R. Lyle Cooper (Wiley Books), ISBN: 978-1-394-24193-4, June 2024
- The Transdiagnostic Road Map to Case Formulation and Treatment Planning, Practical Guidance for Clinical Decision Making, Rochelle I. Frank and Joan Davidson (Harbinger Publications)
- Dalgleish T, Black M, Johnston D, Bevan A. Transdiagnostic approaches to mental health problems: Current status and future directions. *J Consult Clin Psychol.* 2020 Mar;88(3):179-195. doi: 10.1037/ccp0000482. PMID: 32068421; PMCID: PMC7027356
- Uphoff E, Ekers D, Dawson S, Richards D, Churchill R. Behavioural activation therapies for depression in adults. *Cochrane Database Syst Rev.* 2019 Apr 12;2019(4):CD013305. doi: 10.1002/14651858.CD013305. PMCID: PMC6461437
- Mazzucchelli TG, Kane RT, Rees CS. Behavioral activation interventions for well-being: A meta-analysis. *J Posit Psychol.* 2010 Mar;5(2):105-121. doi: 10.1080/17439760903569154. Epub 2010 May 7. PMID: 20539837; PMCID: PMC2882847



Q&A



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bphc-ta@bizzellus.com



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Save the Date – TA Webinar

**A Systems Approach to Sustainable
Integrated Behavioral Health**

Amber Murray

January 28, 2025

1:00 to 2:00 PM ET



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Thank you for your time!





Thank You!

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