A Behavioral Health Integration Primer for Health Centers

Amber Murray, RN, BSN, MA, PMP, Facilitator

Wednesday, July 30, 2:00 p.m. to 3:00 p.m. ET

Session Two

The Integrated Care Continuum & Integrated Care as a Pathway to Healthy Outcomes

Continuing Education (CE)

- We offer behavioral health (BH) continuing education units (CEUs) for participation in BH/substance use disorder (SUD) integration technical assistance (BH/SUD TA) events.
- You must attend the event and complete the online Health Center TA Satisfaction Assessment Form after the event (2–3 minutes).
- A link with instructions will be provided at the end of the session.
- CE certificates will be sent within 5 weeks of the event from the Health Center BH/SUD TA Team via Smartsheet <user@app.smartsheet.com>.

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Your CoP Facilitator

Amber Murray, BSN, MA, PMP

Program Director &
Senior Technical Expert Lead

JBS International, Inc.

Session Objectives

Participants of today's session will be able to:

- Understand and differentiate between common integrated care models
- Determine your health center's level of integration and align levels of integrated care with implementation and sustainability efforts
- Incorporate strategies for improving health outcomes into health center plan-do-study-act (PDSA) plans

Today's Agenda

Check-in & Attendance

Models of Integrated Care & the Integrated Care Continuum

Integrated Care for Healthy Outcomes

Interactive Discussion & PDSA Planning

Session Wrap Up, Questions, & Office Hours

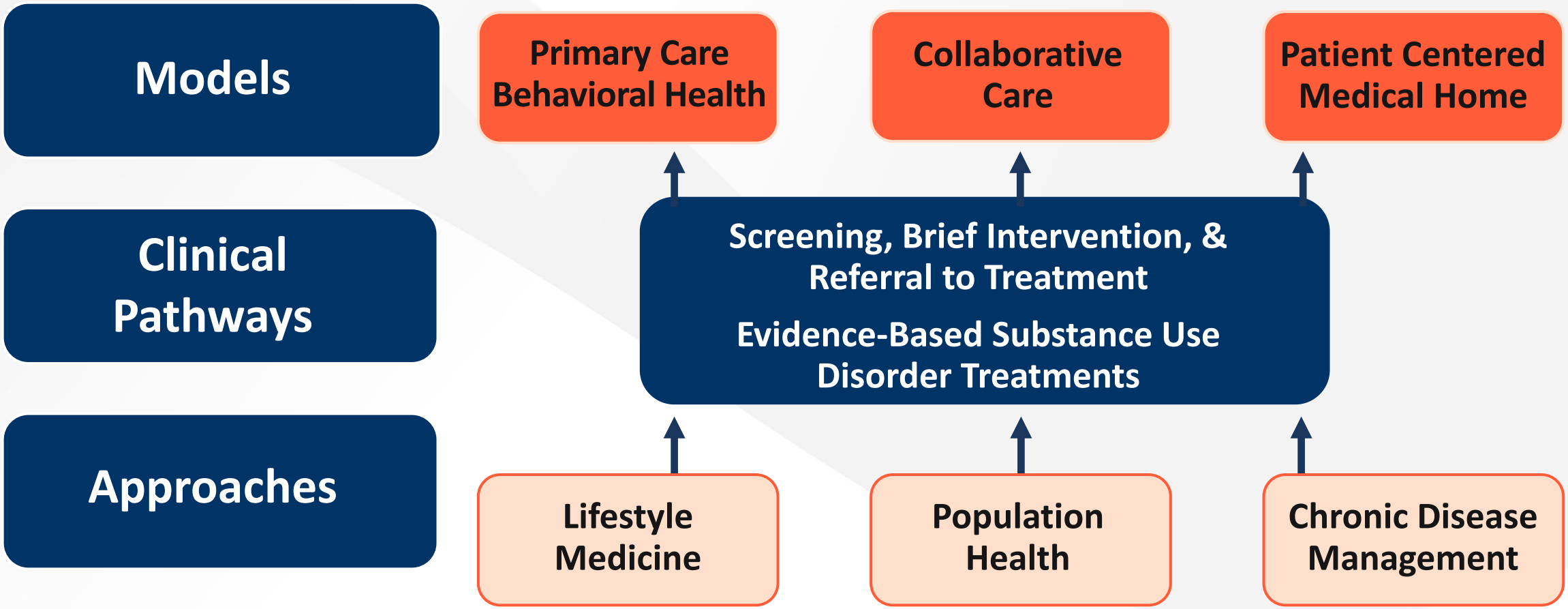
Models of Integrated Care

Primary Care Behavioral Health (PCBH)	Collaborative Care Model (CoCM)	Bi-directional Integration (CCBHC/CHC)*
• Treat behavioral health (BH) conditions in primary care (PC) settings • Leverage BH Managers or Consultants	• Treat BH conditions in PC settings • Leverage Care Managers & Psychiatric consultants	• Treat chronic physical conditions in BH settings • Focus on serious mental illness (SMI) & addiction • Leverage health care providers

Blended Models

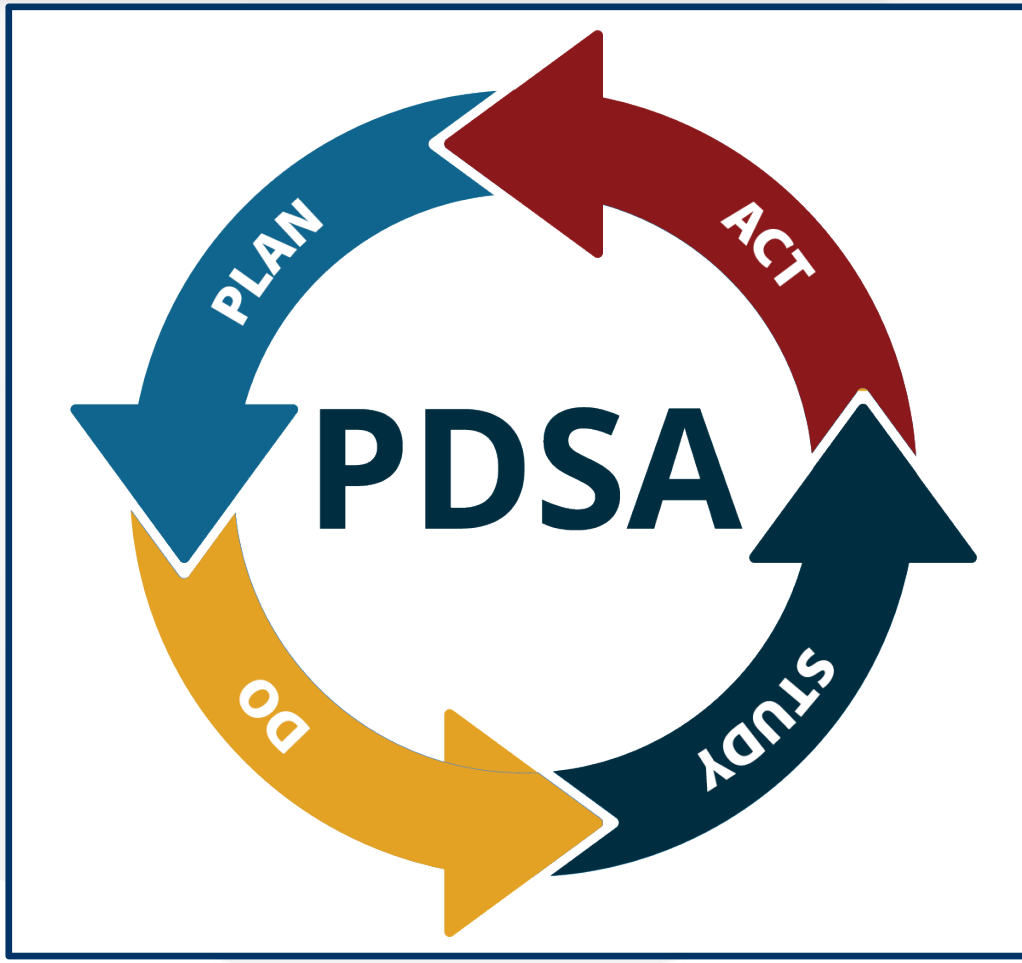
*Certified Community Behavioral Health Clinic / Community Health Center

Integrated Care Models, Pathways, and Approaches



Integrated Care Models Discussion for PDSA Planning (1)

- Which integrated care model most closely represents the care approach at your health center?
    1. Primary Care Behavioral Health (PCBH)
    2. Collaborative Care Model (CoCM)
    3. Bi-directional (CCBH – CHC)*
    4. Blended
- What characteristics does your health center have that made you select your option?



Models of Integrated Care - PCBH

- **G**eneralist
- **A**ccessible
- **T**eam-based
- **H**igh productivity
- **E**ducation
- **R**outine

The Primary Care Behavioral Health (PCBH)

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

PCBH is organized on four core principles:

1. Team Based Care
2. The Behavioral Health Consultant (BHC) provides consults as a core member of the primary care team.
3. The BHC'S role is to identify, treat, triage, and manage complex medical and BH problems.
4. Based in philosophy of population-based care.

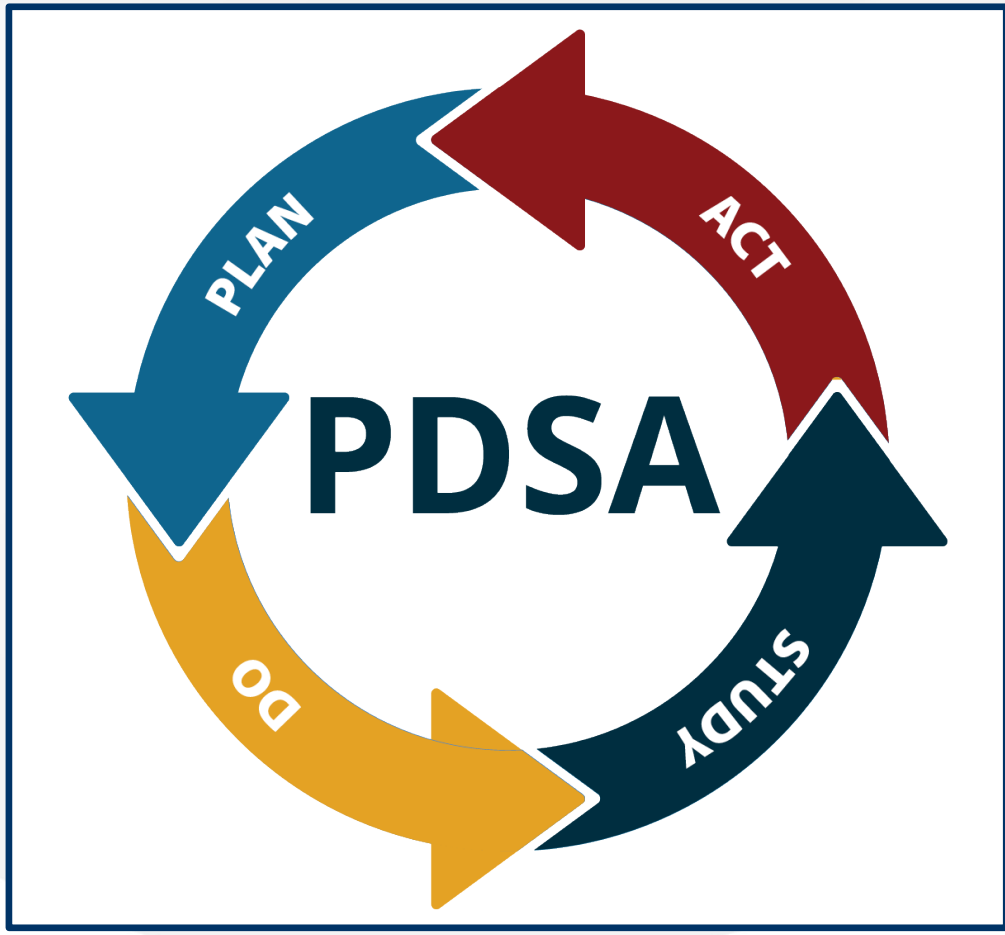
Key Elements of Primary Care Behavioral Health (PCBH) Integration

The PCBH model is population based and includes a licensed behavioral health professional who functions as a Behavioral Health Consultant (BHC).

- BHC is a key member of the primary care team.
- Services are brief (15-30 minutes).
- PCBH offers practice-wide prevention, early intervention (e.g., Screening, and Brief Intervention, and Referral to Treatment [SBIRT], and treatment for behavioral health conditions.
- Addresses **health behaviors** impacting physical and chronic conditions.
- Uses patient registries & clinical pathways to organize care.

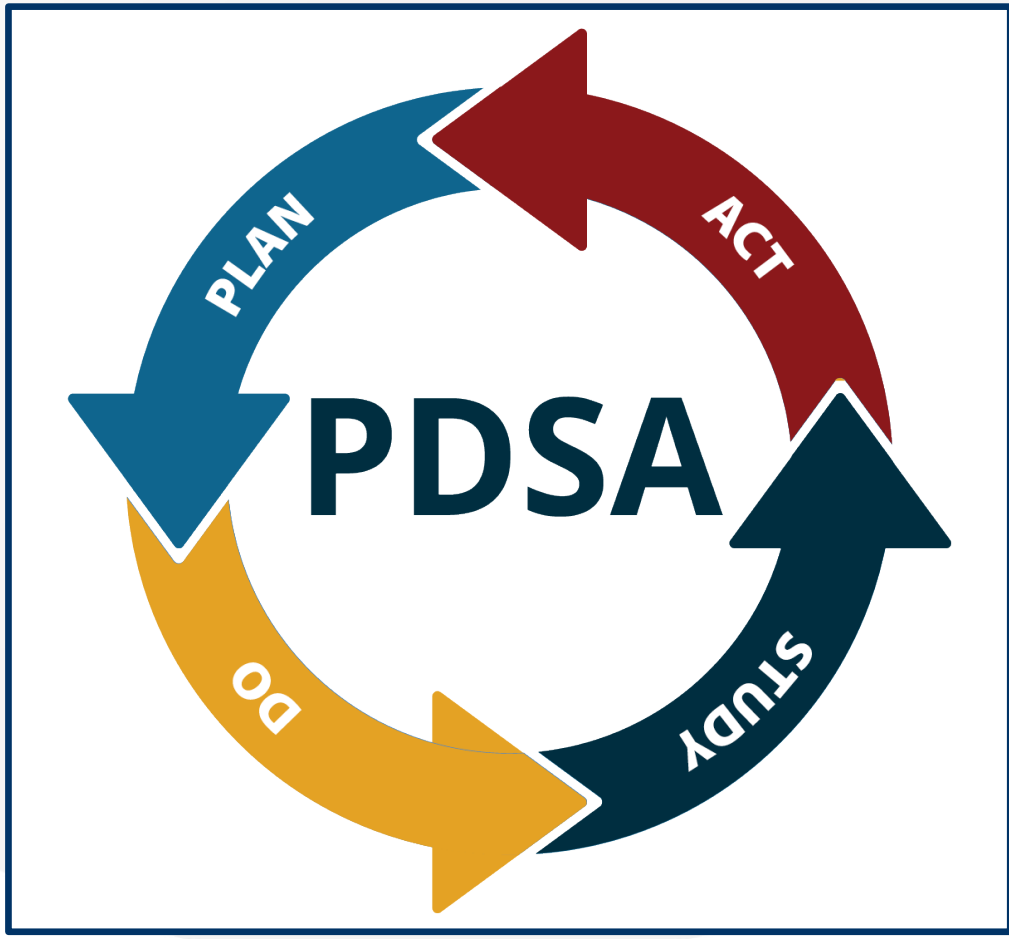
Integrated Care Models Discussion for PDSA Planning (2)

- In considering the four core principles of the PCBH model:
    1. Team-based care
    2. BHC is a core primary care team member
    3. BHC addresses health behaviors in addition to behavioral health conditions
    4. Population-based care approach
- Which PCBH core principles does your organization do well? Why?
- Which PCBH core principles are opportunities for improvement in your organization? Why?



Integrated Care Models Discussion for PDSA Planning (3)

- In considering the key elements of PCBH integration:
  1. Central role of BHC as a primary care team member
  2. Brief service provision
  3. BH services provided across care continuum (e.g., prevention, early intervention, treatment)
  4. Work with health behaviors impacting physical health
  5. Use of patient registries and clinical pathways to guide care
- Which PCBH core principles does your organization do well? Why?
- Which PCBH core principles are opportunities for improvement in your organization? Why?



Models of Integrated Care – CoCM

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

CoCM is broadly recognized for its effectiveness treating complex comorbid conditions.

CoCM often employs use of patient registries within the Electronic Health Record (EHR) to align and monitor care.

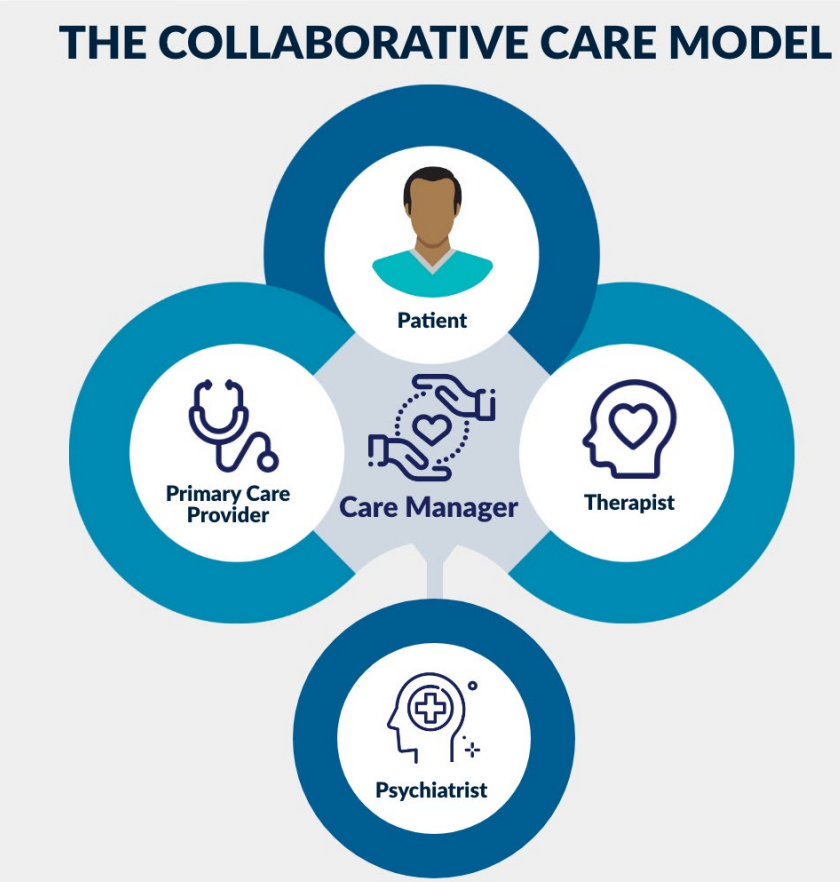


Image source: NIH HEAL Initiative

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 electronic health record.

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. They are then reviewed and revised as needed.

Evidence-Based Care

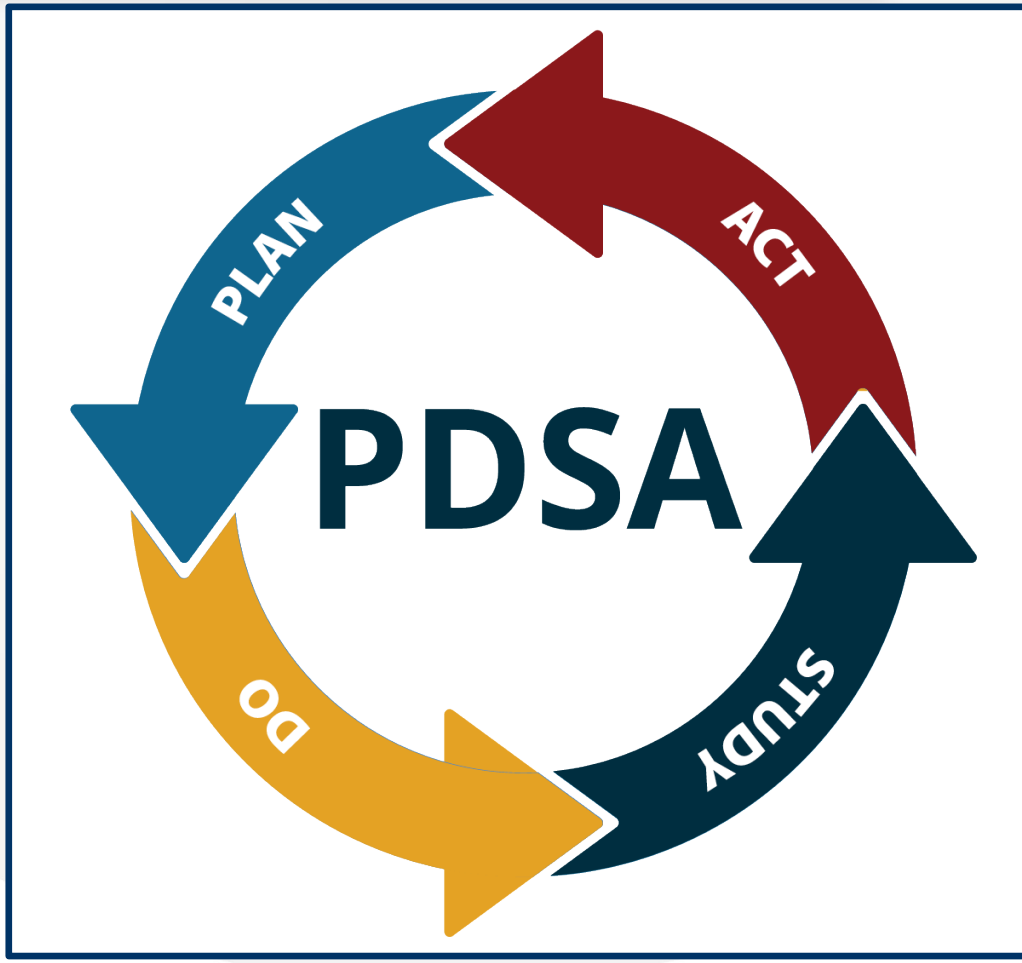
Evidence-based medical and behavioral health services are delivered.

Accountable Care

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

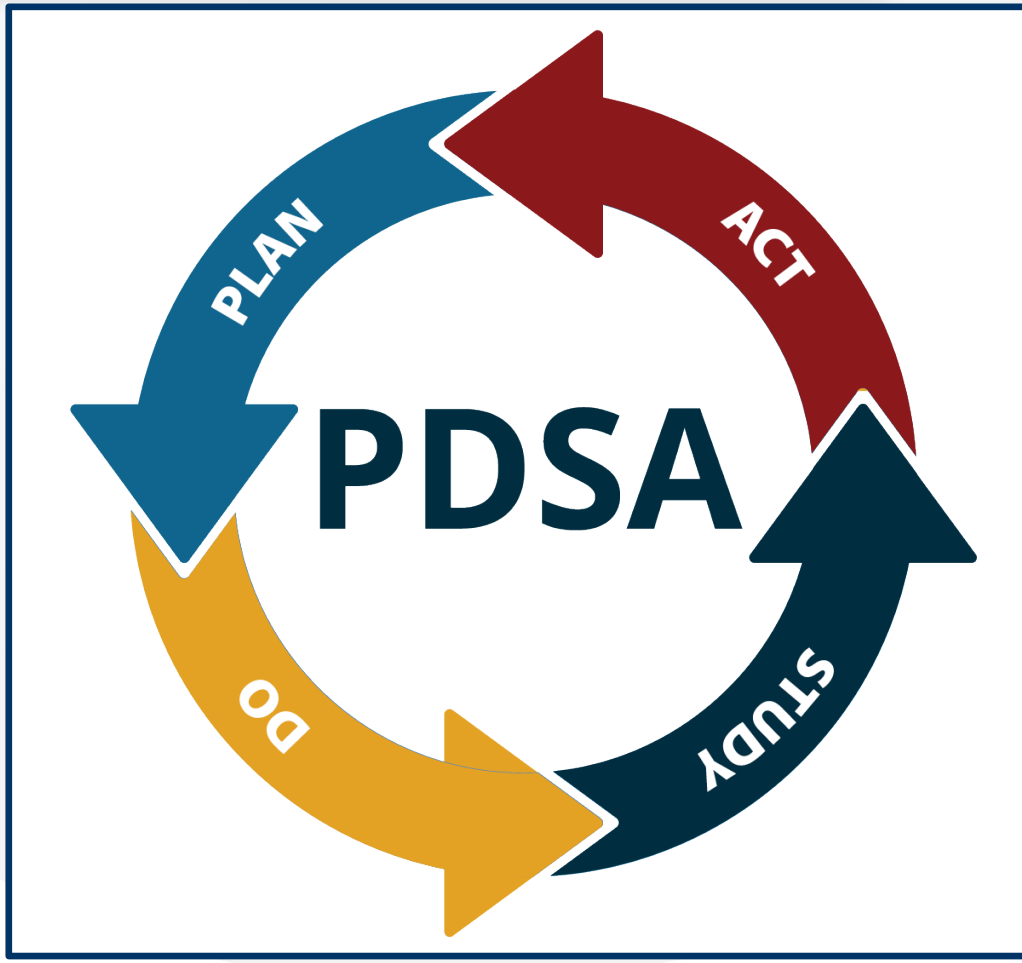
Integrated Care Models Discussion for PDSA Planning (4)

- Does/how does your integrated care approach leverage the following CoCM roles:
    1. Care Managers
    2. Psychiatrists
- For those who us these roles, what is the value/impact of having care managers and/or psychiatrists on staff?
- For those who do not use these roles, what are the main factors for not having them as part of the integrated team?



Integrated Care Models Discussion for PDSA Planning (5)

- In considering the core principles of the CoCM model:
    1. Patient-centered team care
    2. Population-based care
    3. Measurement-based treatment approach
    4. Evidence-based treatment services
    5. Accountable, value-based care delivery
- Which CoCM core principles does your organization do well? Why?
- Which CoCM core principles are opportunities for improvement in your organization? Why?



Levels of Care Integration

COORDINATED

Minimally Integrated

- **Key Element: Referral**
- Separate facilities & systems
- No shared EHR, referral, and communication
- Staff do not value or understand team roles
- **Referral between facilities or specialties**

CO-LOCATED

Somewhat Integrated

- **Key Element: Physical Proximity**
- Communication as needed with varying frequency
- Occasional meetings, care coordination interactions
- Basic understanding of team roles and values
- **Shared facilities; possible shared systems**

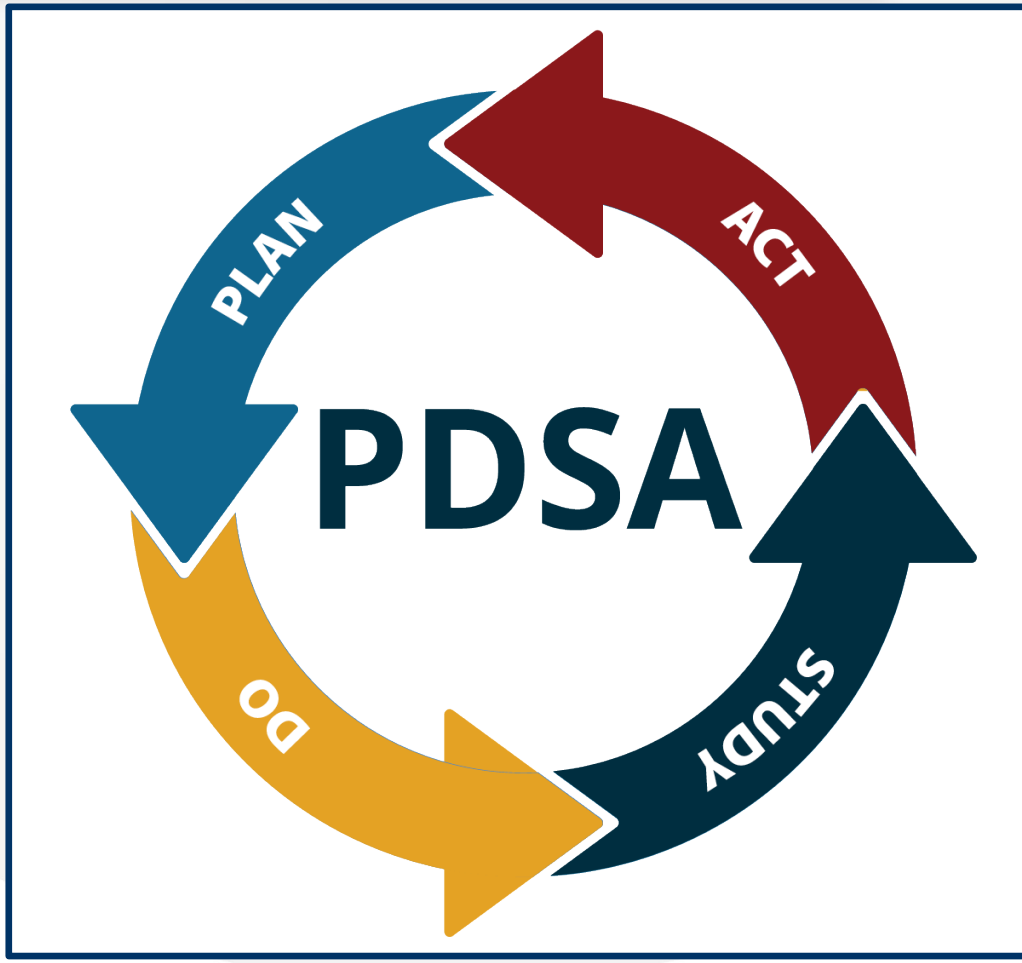
INTEGRATED

Fully Integrated

- **Key Element: Values & Practice Change**
- Shared facilities & systems, including EHR & referrals
- One care plan
- Consistent, frequent, in-person communication, & collaboration
- Focus on team-based roles/care
- **Understand team roles and highly value team coordination**

Integrated Care Models Discussion for PDSA Planning (6)

- How would you characterize integrated care in your health center?
    1. Not integrated
    2. Minimally integrated
    3. Partially integrated
    4. Fully integrated
- What characteristics does your health center have that made you select your option?
- What 1 or 2 things would need to happen at your health center to move to a higher level of integration?



Improving Health Outcomes

Select strategies shown to improve health outcomes in health care settings.

Strategies for Improving Health Outcomes in Integrated Care (1)

Improve reach and quality of care

- Hire and train staff with backgrounds and language skills that align with the populations being served.
- Utilize peer health workers.
- Incorporate practices that reflect your patient population into clinical care.
- Provide language access services.

Address patients' health-related needs

- Screen patients for health-related needs and factors that influence improved health outcomes.
- Establish strong, formal partnerships with support systems.
- Connect patients to resources with appropriate hand-offs and follow-ups to ensure services are received.
- Collect the data!

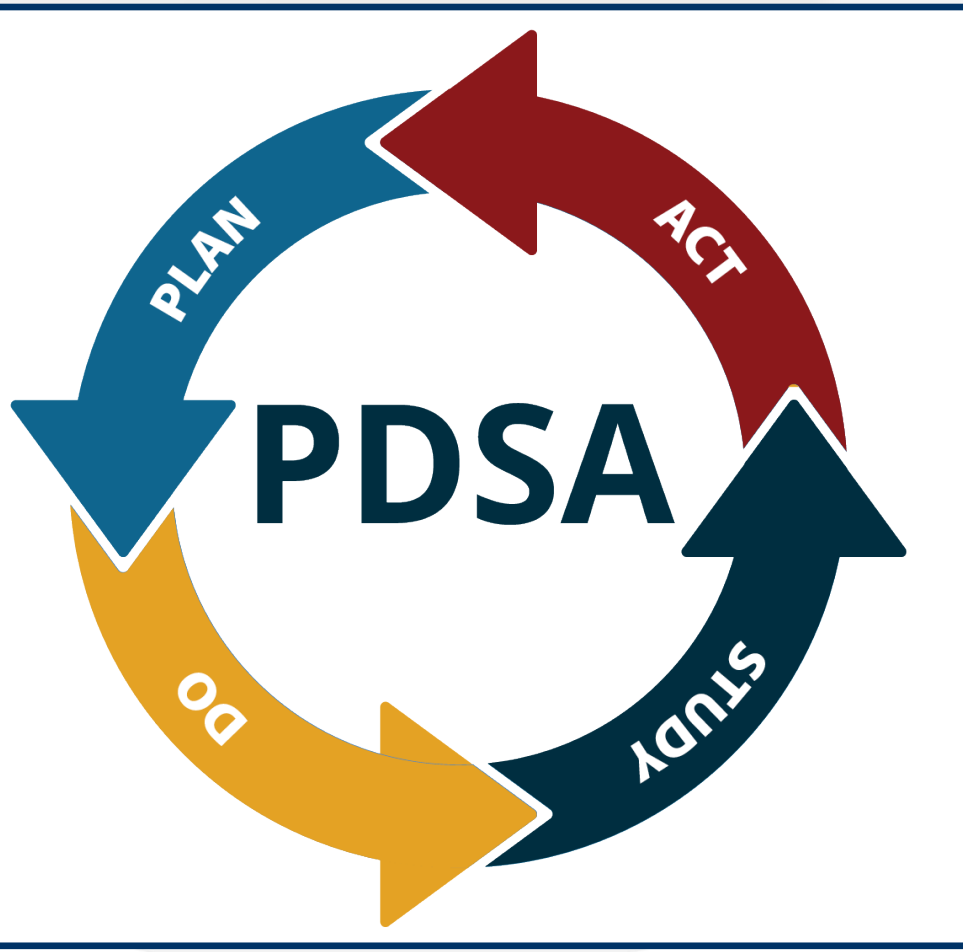
Strategies for Improving Health Outcomes in Integrated Care (2)

Adapt interventions to fit the populations being served

- Incorporate relevant language and population-specific examples.
- Modify interventions to address factors like family dynamics and geographic location.
- Use a version of Screening, Brief Intervention, & Referral to Treatment (SBIRT) that considers key characteristics of your patient population.

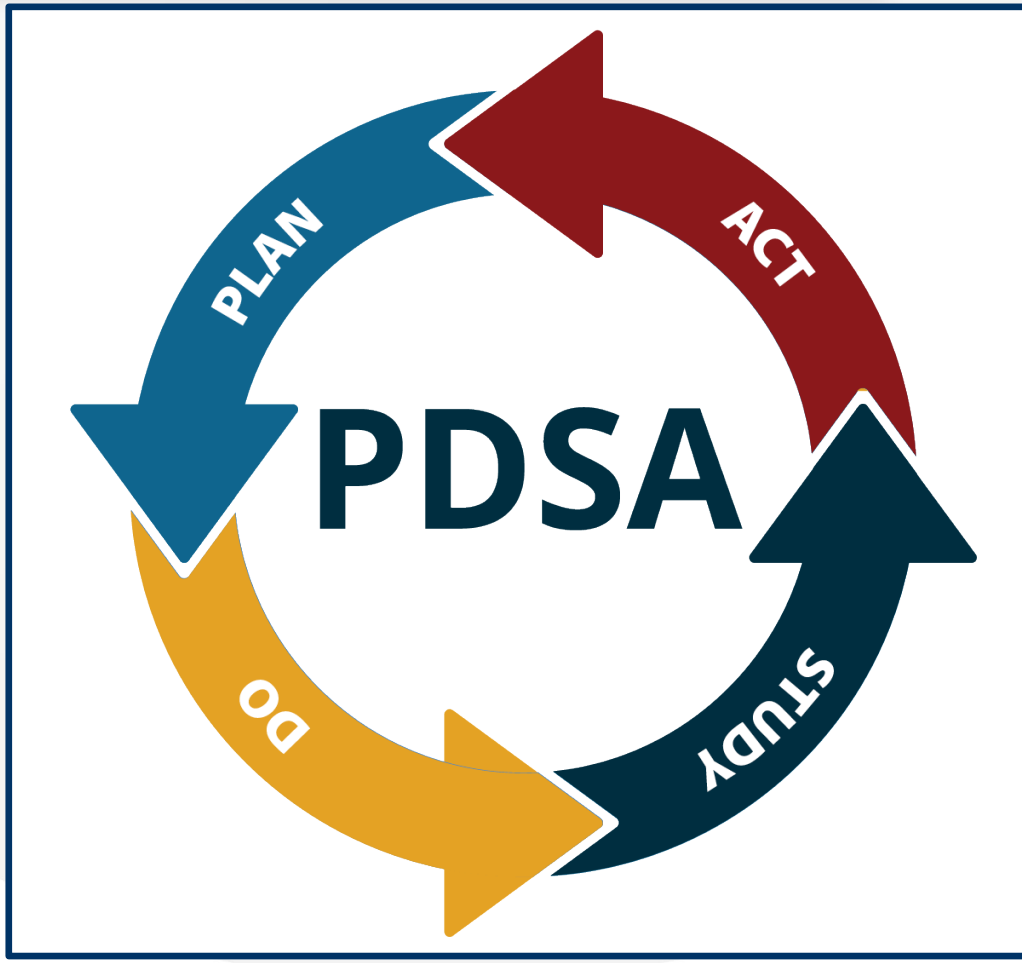
Discussion for PDSA Planning (1)

- How consistently and comprehensively does your health center conduct health-related screening to identify factors that improve health outcomes?
- Which staff members can you leverage to support population-based health outcomes strategies by collecting data on health-related needs?
- What strategies does your health center employ to connect patients to resources to address health-related needs once identified?



Discussion for PDSA Planning (2)

- What clinical practices can your clinical integrated team adapt to reflect the patients and populations being served?
- What strategies might your health center adopt in the next 2 weeks that would increase reach and quality of care and strengthen their relationship to resources that influence improved health outcomes?



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Health Center Satisfaction Assessment

We'd love your feedback on today's session!

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

Thank you for your time!

https://www.surveymonkey.com/r/CoP1Session2

Accessing Training and TA Opportunities

EMAIL US
bphc-ta@bizzellus.com

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SUBSCRIBE TO THE HUB IN FOCUS
bphc-ta.bizzellus.com/subscribe

Scan the QR code to subscribe and watch for updates in the Hub in Focus regarding additional TA opportunities

Thank you!

See you for Session 3
on August 13 from
2:00 p.m. to 3:00 p.m. ET

Office Hours

July 30

3:00 to 3:30 p.m. ET