INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE SERVICES

Minnesota Association of COMMUNITY HEALTH CENTERS

A Tale of Two Health Centers:

It Was the Best of Times, It Was the Worst of Times

Open Door HEALTH CENTER

LAKE SUPERIOR COMMUNITY HEALTH CENTER

INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE SERVICES

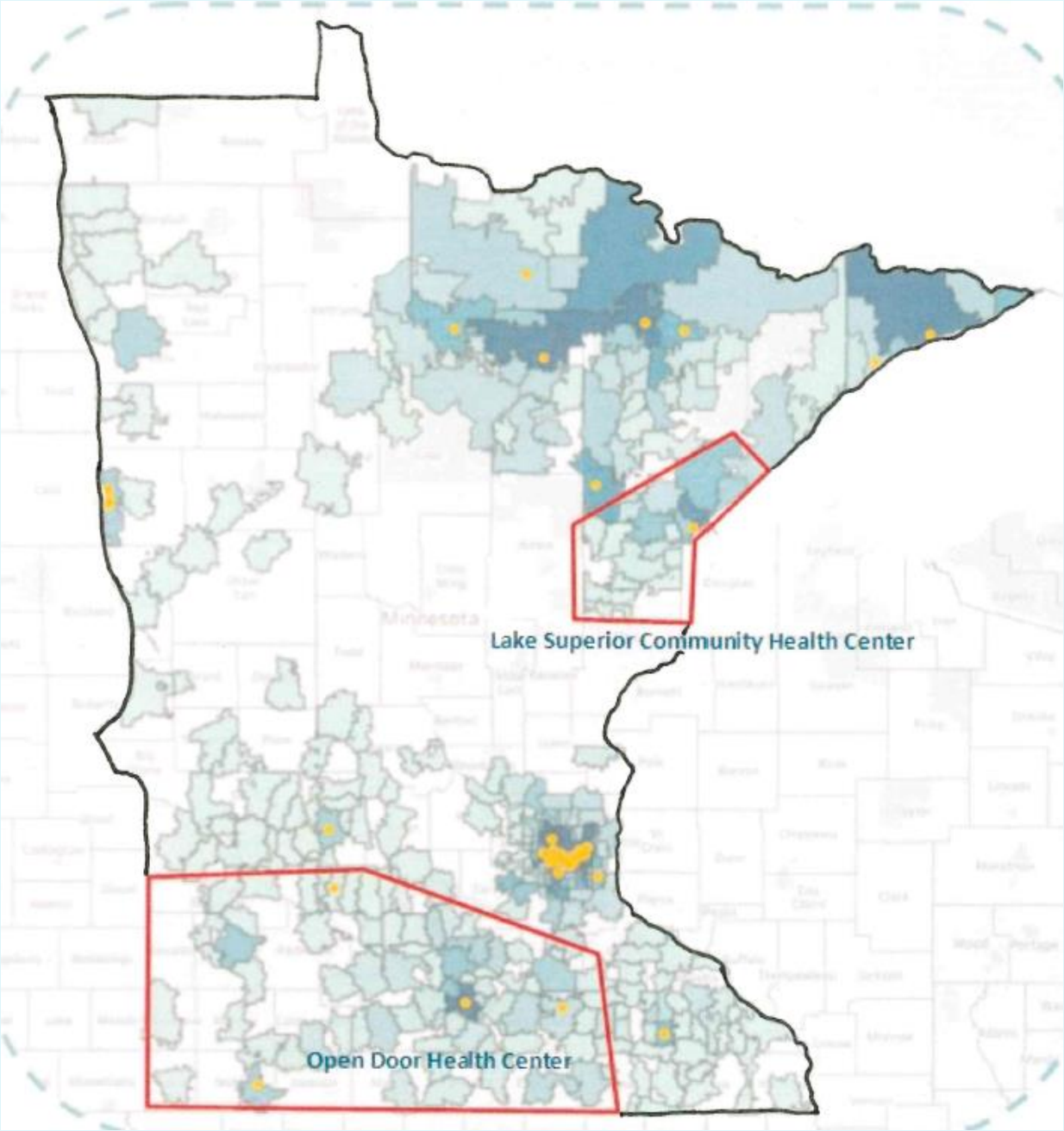
Minnesota Association of COMMUNITY HEALTH CENTERS

- What is MNACHC?
- What are FQHCs?
- Who do we serve?
- Why are we developing Integrated Care?
- What does IBH look like in primary care clinics?

MNACHC: MINNESOTA ASSOCIATION OF COMMUNITY HEALTH CENTERS

Minnesota Association of COMMUNITY HEALTH CENTERS

- MNACHC works with and for Minnesota's FQHCs to provide access to affordable health care for underserved people and communities
- Minnesota has 17 Federally Qualified Health Centers
  - ~70 clinical sites throughout Minnesota, both urban & rural
  - 5 FQHCs with~22 sites are outside of the Twin Cities Metro Area


Lake Superior Community Health Center
Open Door Health Center

WHAT ARE FQHCs?

Minnesota Association of COMMUNITY HEALTH CENTERS

- Community Health Centers that provide comprehensive primary care - medical, dental, behavioral health & enabling services:
  - Approximately 181,000 Minnesotans receive care at FQHCs each year.
- A key part of the healthcare safety net:
  - Care for anyone regardless of insurance status or income:
    - With or without health insurance
    - On public programs including Medicaid, Medicare, MinnesotaCare
    - With private insurance
  - Offer Sliding Fee access to care for people with family incomes <200% FPG
  - Provide translation, outreach and other supports
    - 57,000 (32%) best served in a language other than English
- Independent community nonprofits with patient-majority Boards of Directors.

WHO DO FQHCs SERVE?

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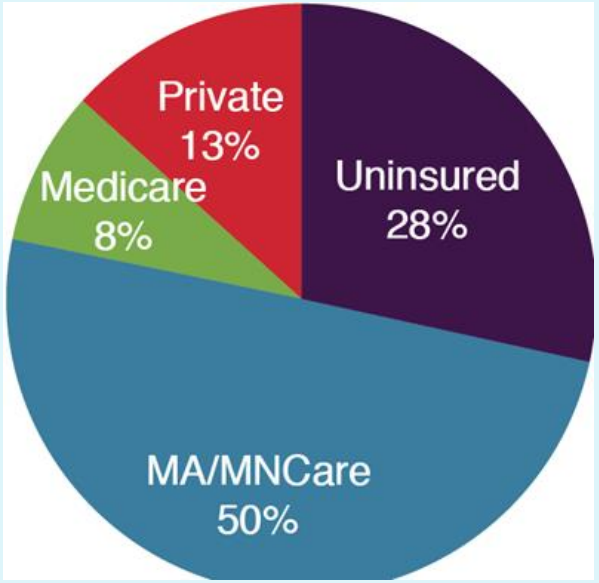

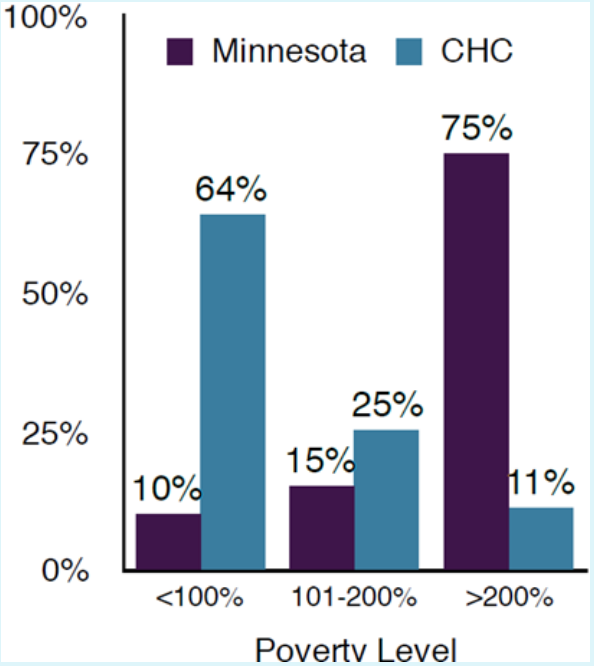

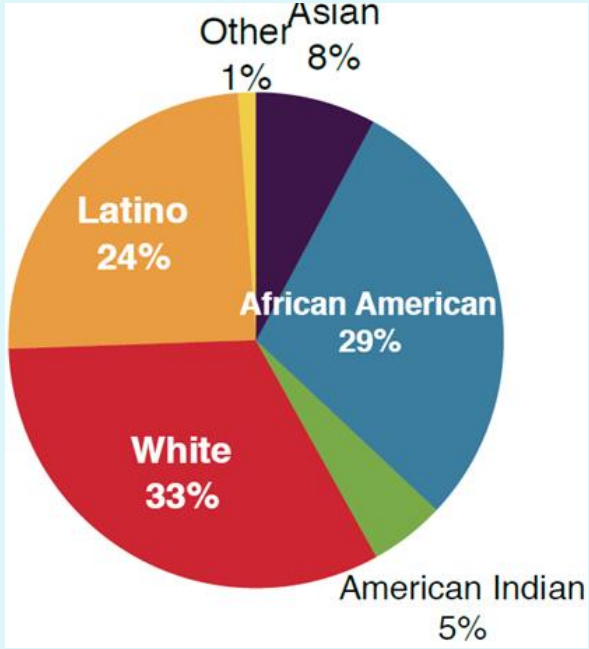

WHY INTEGRATE BEHAVIORAL HEALTH INTO PRIMARY CARE?

SOURCE: NATIONAL COMORBIDITY SURVEY REPLICATION, 2001-2003 (3, 83)

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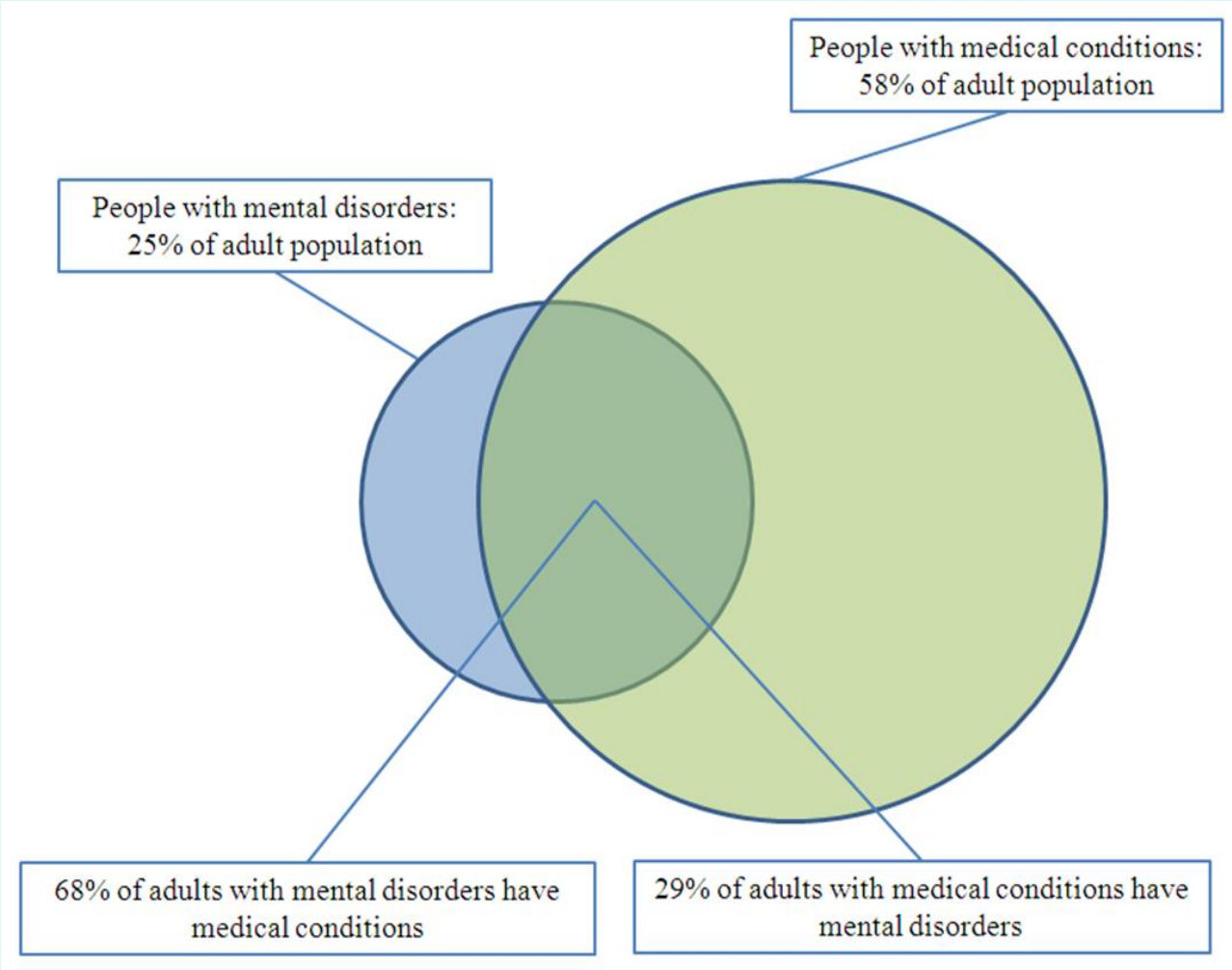

WHERE DO PEOPLE GET CARE FOR BEHAVIORAL HEALTH CONDITIONS?

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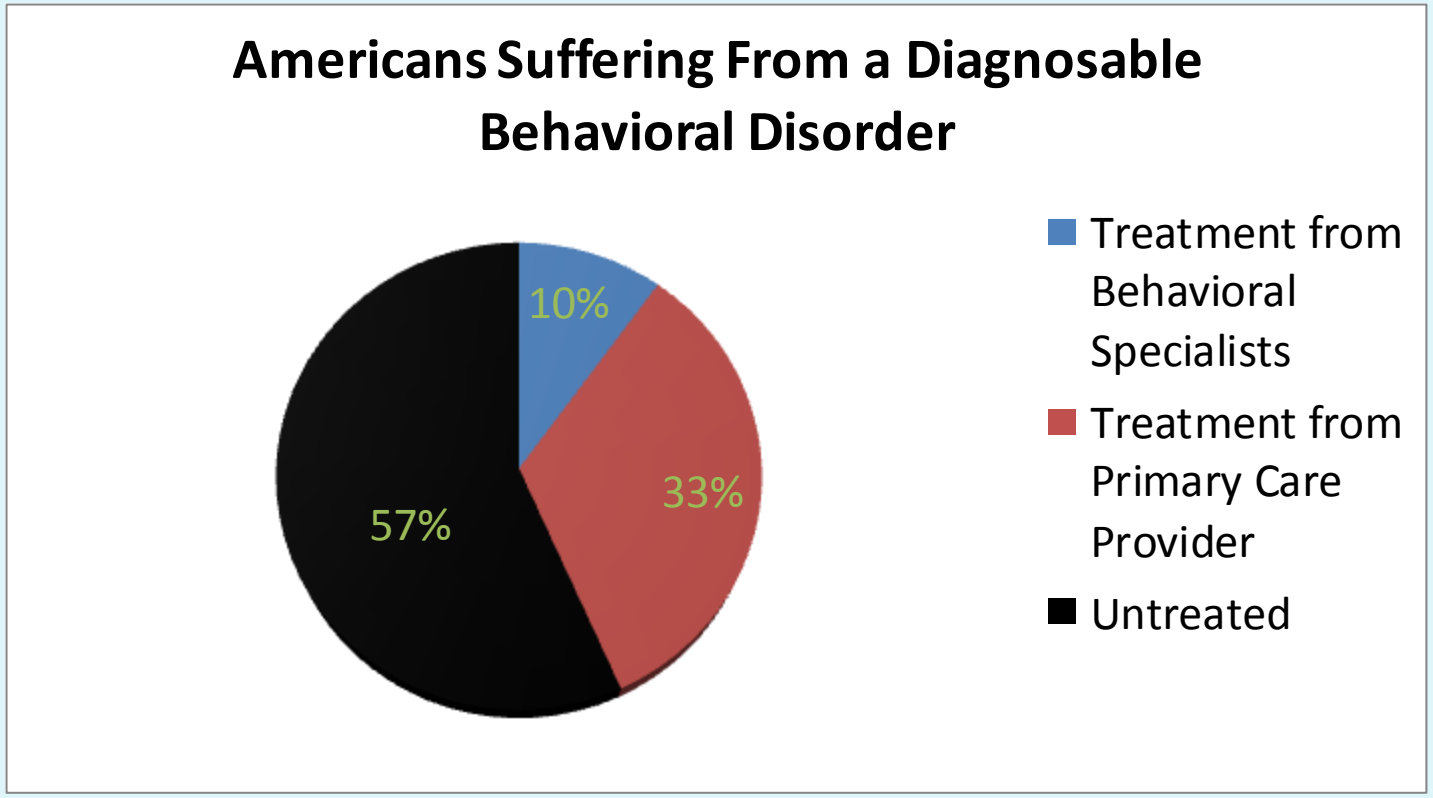

WHY INTEGRATE PRIMARY CARE & BEHAVIORAL HEALTH?

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- Limited Behavioral Health resources available.
- Primary Care is the main place where patients present with behavioral health issues.
- Primary Care outcomes are dependent on patients' behavior change, but:
  - Healthcare services have been provided in "silos."
  - Counseling schedules fill weeks, even months, in advance resulting in lack of access as well as frequent no-shows which lead to wasted service possibilities.

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How to best provide behavioral health care to as many people as possible?

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COMMUNITY HEALTH CENTERS

Cherokee Health Systems

- FQHC in Tennessee that has pioneered the development of Integrated Behavioral Healthcare
- Use ***a Behavioral Health Consultant embedded in a Primary Care Team***
- Meet patients "where they show up"
- A behaviorally enhanced Healthcare Home

CHEROKEE HEALTH SYSTEMS' CLINICAL MODEL

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Behaviorists on the Primary Care Team

The Behavioral Health Consultant (BHC) is an embedded, full-time member of the primary care team.*

Service Description

The BHC provides brief, targeted, real-time assessments/interventions.

Typical Service Scenario

When clinically indicated, Primary Care Provider "hands off" patient to BHC. Collaboration on a plan of care follows.

**Cherokee also offers psychiatric consultation at the point of care. Few FQHCs have this resource.*

Cherokee Health Systems
Together...Enhancing Life

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BEHAVIORAL HEALTH CONSULTANT (BHC)

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BHC Scope of Service

- Consultation and co-management in the treatment of mental disorders and psychosocial issues
- Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues

INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE

Minnesota Association of COMMUNITY HEALTH CENTERS

MNACHC brought Cherokee's training to Minnesota FQHCs

- November 2014 - April 2015
- Framework from which to develop Integrated Behavioral Healthcare
- Synergy with Patient Centered Medical Home (called Health Care Home in Minnesota)
- Minnesota FQHCs are Healthcare Homes and have embraced Team-based care models

CHEROKEE HEALTH SYSTEMS

Minnesota Association of COMMUNITY HEALTH CENTERS

- Behavioral health integration requires practice transformation.
- Many FQHCs have adapted the Cherokee model to their practices
- **Cherokee Health Systems** Primary Behavioral Health Integrated Care Academy

  1-865-934-6706

Cherokee Health Systems

CHEROKEE HEALTH SYSTEMS TRAINING CENTER
2018 WESTERN AVENUE
KNOXVILLE, TN

PRIMARY BEHAVIORAL HEALTH INTEGRATED CARE TRAINING ACADEMY

RESOURCES

Minnesota Association of COMMUNITY HEALTH CENTERS

References:

- http://www.cherokeetraining.com
- http://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf
- http://www.integration.samhsa.gov/integrated-care-models

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OPEN DOOR HEALTH CENTER: AN INTEGRATED MODEL OF CARE

ERICA IDSO-WEISZ, MS, LMFT
DIRECTOR OF BEHAVIORAL HEALTH

MN Rural
Health Conference
June 19-20, 2017

SHAPING SUSTAINABLE SOLUTIONS

Minnesota Association of
COMMUNITY HEALTH CENTERS

A Tale of Two Health Centers:

It Was the Best of Times, It Was the Worst of Times

Open Door
HEALTH CENTER

LAKE SUPERIOR
COMMUNITY HEALTH CENTER

ADDRESSING LEARNING OBJECTIVES FOR CONFERENCE

- ✓Discover approaches to improve and integrate mental health access in rural communities;
- ✓Provide timely information on making value real for rural;
- ✓Learn about supporting rural populations with best practices from around the state;
- ✓Share community-based solutions to address health disparities and inequities; and
- ✓Develop and access a network of colleagues, students and partners to support the rural workforce.

SERVING SOUTHERN MINNESOTA

- ODHC Mission: *Advancing access to quality, affordable, culturally appropriate health care through patient-centered medical, dental and behavioral health services for all people across southern Minnesota.*
- Services Provided:
  - Medical
  - Dental
  - Behavioral Health
  - Psychiatric Services
  - Enrollment Services
  - Support Services
  - Outreach
  - Healthcare-Legal Partnership
  - Community Health
  - Nutrition and Food Resources
  - Mobile Teams-Medical & Dental

Integrated Care Timeline

1980's
- One Physician occasionally sees patients at no cost, primarily women and children

1983
- Became the Wellness Center
- Paid Staff, Volunteers, and Clinic Space

1993
- Became Open Door Health Center
- Provided Nurse Managed Care

2004
- Added Dental Services

2009
- Designated as a Federally Qualified Health Center (FQHC)
- Added Behavioral Health Services

2012
- Launched Mobile Health Program to serve across Southern Minnesota
- Awarded HRSA New Access Point Grant to increase services via Mobile Health

2013
- Awarded HRSA Capital Expansion Grant to renovate and expand our facility
- Clinic certified as a Medical Home program.
- We begin transition to an integrated Behavioral Health & Community Health approach to patient care.

2015
- HRSA BH Expansion Grant-Team members trained with Cherokee Health Systems, Tennessee.
- New clinic in full operation. Significant progress is made toward integrated care model.

Today

MODEL OF INTEGRATED CARE

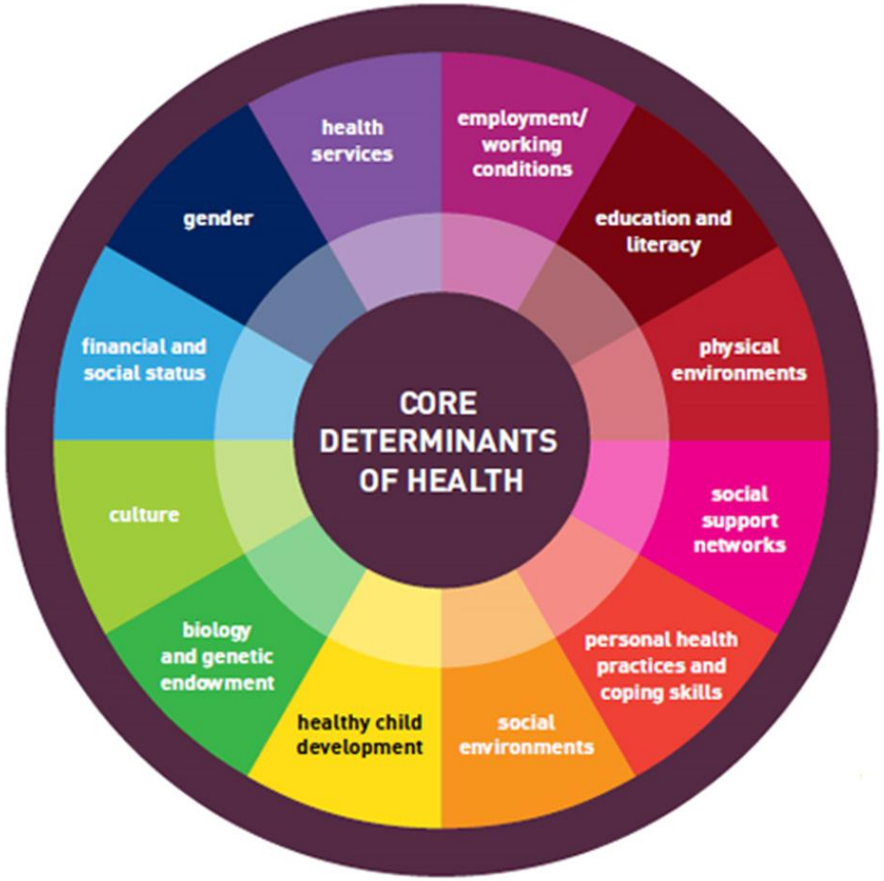
Patient centered health model, which encompasses a group of people who work together to provide wrap around services or team-based care, to improve our patient's/client's overall well-being, while allowing providers to practice at the top of their scope.

THE FOUNDATION OF AN INTEGRATED CARE MODEL

- **Team-based**
- **Patient-centered**
- **Whole-person**

EVERYONE HAS A PART IN INTEGRATED CARE

SOCIAL DETERMINANTS OF HEALTH AND ROLE OF INTEGRATED CARE



Nearly everyone is impacted by the Social Determinants of Health in one way or another. Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context.

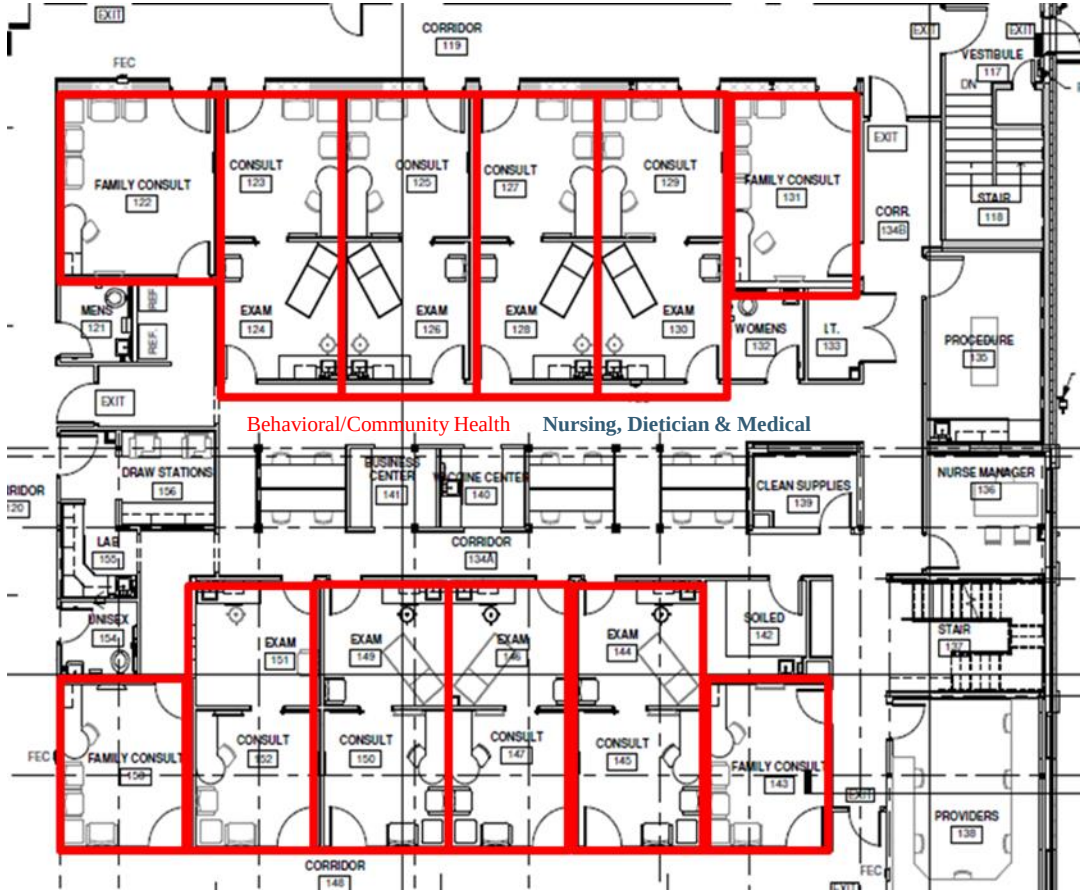
INTEGRATED PRACTICE ASSESSMENT TOOL(IPAT): SIX LEVELS OF COLLABORATION/INTEGRATION

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
▸▸ Have separate systems ▸▸ Communicate about cases only rarely and under compelling circumstances ▸▸ Communicate, driven by provider need ▸▸ May never meet in person ▸▸ Have limited understanding of each other's roles	▸▸ Have separate systems ▸▸ Communicate periodically about shared patients ▸▸ Communicate, driven by specific patient issues ▸▸ May meet as part of larger community ▸▸ Appreciate each other's roles as resources	▸▸ Have separate systems ▸▸ Communicate regularly about shared patients, by phone or e-mail ▸▸ Collaborate, driven by need for each other's services and more reliable referral ▸▸ Meet occasionally to discuss cases due to close proximity ▸▸ Feel part of a larger yet ill-defined team	▸▸ Share some systems, like scheduling or medical records ▸▸ Communicate in person as needed ▸▸ Collaborate, driven by need for consultation and coordinated plans for difficult patients ▸▸ Have regular face-to-face interactions about some patients ▸▸ Have a basic understanding of roles and culture	▸▸ Actively seek system solutions together or develop work-a-rounds ▸▸ Communicate frequently in person ▸▸ Collaborate, driven by desire to be a member of the care team ▸▸ Have regular team meetings to discuss overall patient care and specific patient issues ▸▸ Have an in-depth understanding of roles and culture	▸▸ Have resolved most or all system issues, functioning as one integrated system ▸▸ Communicate consistently at the system, team and individual levels ▸▸ Collaborate, driven by shared concept of team care ▸▸ Have formal and informal meetings to support integrated model of care ▸▸ Have roles and cultures that blur or blend

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA

FACILITATING INTEGRATED CARE



SUCCESSES OF ODHC'S INTEGRATION MODEL

- Role of Behavioral Health Consultant (BHC) in Medical, need determined in Dental
- "Warm engagement" versus "Warm hand-off" language matters!
- Morning huddle and availability of BHC, CH & Psychiatric Services
- *LAW-Lawyers Advancing Wellness:* Healthcare-Legal Partnership with Southern Minnesota Regional Legal Services (SMRLS): *Legal solutions for health-impacting needs*
- Decreased 'no show' rate due in part to Community Health's integration clinic-wide
- Increased referrals to our traditional BH providers
- Patient input and follow-up regarding integration through survey
- Agencies in surrounding communities tour and interview staff about our model
- Champions of integration across departments
- Building design with integration in mind

CHALLENGES TO OUR INTEGRATION MODEL

- Access to rural settings-Transportation, referral partners
- Difficulty with role delineation between CHWs and BHC
- "Buy-in" for model, training and on-boarding for cross-disciplinary teams
- Back up coverage for BHC and CHWs
- Evaluation of outcomes
- Billing/Sustainability
- Workability of EMR system
- Lack of support on mobile units for BHC
- Adjusting to changes in providers/transition periods impact
- Hiring staff with model in mind and orienting of new staff, "the right fit"
- Continuing our work of integration through changes and ensuring that it remains a priority of our practice with patients

THE ROAD AHEAD FOR INTEGRATED CARE

- Creating care pathways/standardize responses to conditions/symptoms
- Continued application of knowledge and improved screenings of patients
- BHC in Dental
- Continue to educate staff and patients about our integrated model and team member's roles
- Billing/Sustainability
- Evaluating our practice (output and outcomes)
- Value-based healthcare
- Tele-Community Health: Psychiatric services, CHWs, etc.

INTEGRATION RESOURCES

- ✓ **Agency for Healthcare Research and Quality**
  - The Academy: Integrating Behavioral Health and Primary Care
  - http://integrationacademy.ahrq.gov/resources/new-and-notables/tools-and-resources-integrating-care
- ✓ **Centers for Disease Control and Prevention**
  - Promoting Policy and Systems Change to Expand Employment of Community Health Workers
  - http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm
- ✓ **Cherokee Health Systems: Training Academy on Integrated Care:** http://www.cherokeetraining.com/
- ✓ **Medical-Legal Partnership Toolkit**
  - http://medical-legalpartnership.org/mlptoolkit/
- ✓ **SAMSHA-HRSA Center for Integration**
  - http://www.integration.samhsa.gov/
  - **Integrated Practice Assessment Tool (IPAT)** (http://www.integration.samhsa.gov/operations-administration/IPAT_v_2.0_FINAL.pdf)

QUESTIONS & REFLECTIONS

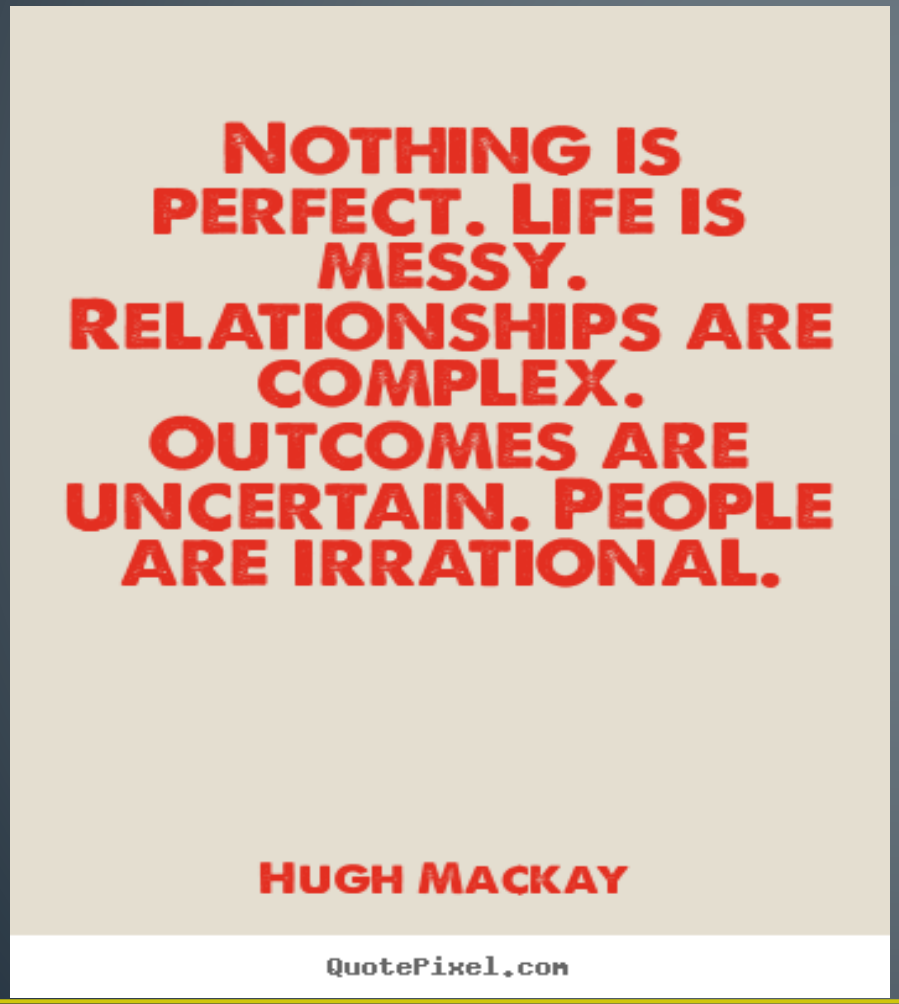
Serve, serve well, serve others above yourself and be happy to serve… you are the change that you dream, as I am the change that I dream, and collectively we are the change that this world needs to be. -Efren Penaflorida

LAKE SUPERIOR
COMMUNITY HEALTH CENTER

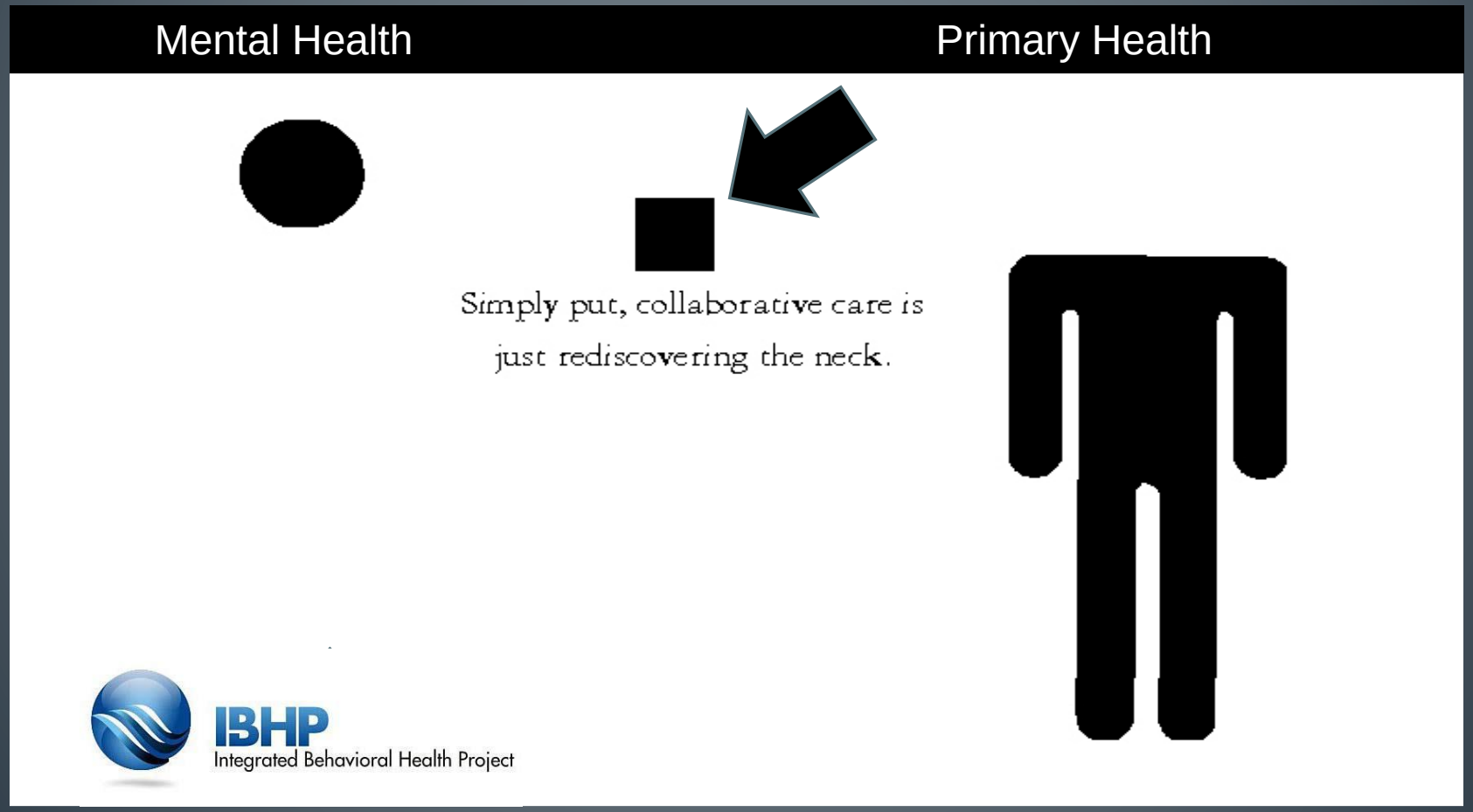
A Tale of Two Health Centers: It Was the Best of Times, It Was the Worst of Times

Aaron Pust, MSW, LICSW, BHC

Why talk about difficult patients and behavioral health?



IBH is about rediscovering the neck.



The Need for IBH at LSCHC

- There is a strong mind-body connection that shows that the body's metabolism is negatively affected when stress, anxiety, depression, and other psychosocial issues are not managed well.
- This can have significant negative impacts on specific health outcomes, overall health, life satisfaction, and overall life expectancy.
- Patients with a Severe and Persistent Mental Illness such as Bipolar Disorder, Major Depressive Disorder, Schizophrenia, and Borderline Personality Disorder have significantly increased use of emergency and hospital services. They also have a life expectancy that is 25 years less than their peers in the rest of the population.
- There are many patients that fit the above severe criteria, but there are also many that are dealing with chronic pain issues, chemical dependency, grief/loss issues, mild and situational depression and anxiety, relationship problems, domestic abuse situations, and needs for basic material resources. All of these issues have major impacts on overall health.

MN DHS "10 in 10"

The Need for IBH at LSCHC

- Due to limited psychiatric services available to meet the growing needs of the greater Duluth-Superior Community, our Medical Providers need to prescribe psychotropic medications for our patients. Otherwise, these patients would need to go without. In order for providers to feel like they have more clarity of what is going on with different patient situations, BHCs are able to meet with patients and explore the presenting symptoms and issues to help clarify diagnosis and brainstorm about potential treatment options.
- Medical Providers are then able to work with each patient and present treatment options that fit each patient situation.
- Medical Providers are also not able to address all of the psychosocial issues that patients are dealing with, so the Behavioral Health team can provide brief intervention, information, and referral for patients to help meet these needs toward positive outcomes.

Integrated Behavioral Health at LSCHC

- Our formal process toward IBH started in 2011-2012 with the decision to hire a full-time Integrated Behavioral Health therapist at LSCHC. This position was filled in July 2012 and both therapist positions opened up their schedules for a few IBH spots per day "to test the waters."
- We started researching different models and started an IBH work group to discuss how IBH could be implemented at LSCHC.
- We have developed a core IBH approach in our medical clinic sites and now want to improve and expand access to IBH services for our dental patients.

The IBH Process

- To assist in our own process of integration, we developed an IBH Committee made up of Front Desk staff, MA's, RN's, Health Coach, Medical Providers, and Behavioral Health Clinicians (BHCs) to work collaboratively toward developing the type of IBH Model that will best fit LSCHC.
- We co-located the BHCs to be in close proximity to the Medical Provider offices and exam rooms for greater ease of access and coordination of care.
- BHCs have transitioned schedules from more long-term therapy to more IBH appointments…and back again. (Currently 5x 60-minute therapy and 4x 30-minute IBH)
  - Scheduling is an important element of the IBH program because the BHCs need to be available to meet with patients or consult with medical/dental providers or staff to address the need as soon as possible.
  - Finding the balance of scheduled and unscheduled appointments is an ongoing process. We have tried to make patients a priority who are being seen by medical providers that day.

The IBH Process

- We have created workflows for efficient internal and external patient referrals for Behavioral Health services. We have also developed internal referral tools that follow the patient for internal coordination and referrals.
- We are utilizing staff huddles to identify and coordinate potential IBH opportunities and coordinate care of patients on a daily basis.
- We have developed an annual Total Wellness Questionnaire that we are using for new patients and on an annual basis for existing patients. The screening helps to identify issues that our patients are dealing with that may not necessarily be mentioned during an office visit for a seemingly unrelated medical condition (Influenza, etc.).
  - This tool screens for depression, anxiety, bipolar, grief/loss, domestic abuse, chemical dependency, and other concerns that patients may have.

The Behavioral Health Team

- The Behavioral Health part of the team consists of two Mental Health Professionals (LICSWs in MN/WI), a contracted Psychiatric Nurse Practitioner, a Health Coach, a Health Coach, and the Health Care Access Office staff. The rest of the team is all of the staff at the clinic!

Smurfs

Integrated Behavioral Health (IBH)

Hello!

Welcome to your ***Integrated Behavioral Health (IBH)*** Consultation. LSCHC has developed IBH for patients to help approach both physical and behavioral health needs in a holistic and integrated manner. Any member of the clinic staff may refer you for an IBH Consultation. IBH is often a new approach to care for many patients, so we thought it would be helpful to describe IBH in greater detail.

LAKE SUPERIOR
COMMUNITY HEALTH CENTER

caring for the health of the community

What does an IBH Consultation appointment look like?

It is a 20-minute consultation with the LSCHC Behavioral Health Consultant (BHC) designed to:

- Provide brief support and options for addressing current stressors in your life.
- Help with problem-solving and creating a plan to address current issues.
- Provide education and information on behavioral health issues and coping skills.
- Provide additional information and resources for mental health, chemical dependency, and other resources in the community as needed. This can include referrals for long-term therapy, chemical dependency treatment, or other supportive services as needed.
- Help with coordination of 1-2 additional IBH Consultation appointments as necessary to assist with identified needs.

Please note: IBH is not intended to be a substitute for long-term mental health therapy and is not a guarantee that LSCHC will be able to provide long-term mental health therapy for you due to limited availability

Our BHCs, *Shannon Kroenke* and *Aaron Pust*, work closely with your medical and dental providers and staff, as well as the LSCHC Health Coach, Enhanced Care Coordinator, and Health Care Access Office, to coordinate your care.

We are excited to offer IBH and delighted to meet and support you with your behavioral health needs!

LOCATIONS

DULUTH

4325 Grand Ave.
Duluth, MN 55807
(218) 722-1497 Medical
(218) 628-7035 Dental
(218) 722-9650 Health Care Access Office

SUPERIOR

3600 Tower Ave.
Superior, WI 54880
(715) 392-1955 Medical
(715) 394-5411 Dental
(715) 392-1955 Health Care Access Office

HOURS

MONDAY through FRIDAY

Medical, Mental Health and Health Care Access Office
8:00 am – 5:00 pm

Dental
7:30 am – 5:00 pm

What team-based services do we offer?

Our Mission at LSCHC is Improving Access to Quality Health Care for All.

We help serve our mission by providing medical, dental, and mental health services under one roof. Our team members work collaboratively, focusing on you as a whole, to make sure your care needs are met.

You, the patient, are the most important part of the team.

Enhanced Care Coordination: Patients with chronic health conditions can take advantage of our care coordination services. Work one-on-one with Desiree, our care coordinator, to set health goals and be an active member of your care team!

Health Coach: Meet with Jessica, our Health Coach, to work on health goals, stress management, healthy eating, and other lifestyle choices.

Health Care Access Office: Schedule an appointment to review and sign up for health insurance. Our Health Care Access Office professionals also help connect our patients with other programs and services as needed.

Oral health Education: Mel, our Oral Health Educator, meets with patients to discuss good brushing and flossing habits. She also educates patients on the importance of oral health in relation to chronic health conditions like diabetes.

Challenges and Opportunities

- Difficulty with role delineation between therapist, BHC, ECC, Health Coach
- Having adequate coverage for all departments (Medical/Dental)
- Evaluation of outcomes
- Difficulty with creating efficient EHR documents and workflows
- Lack of full adoption in all departments for BHC
- Adjusting to changes in providers
- Hiring staff with our model in mind and orienting of new staff
- Continuing our work of integration through changes and ensuring that it remains a priority of our practice with patients
- Working within clinical spaces that are sub-optimal for IBH
- Billing/Sustainability

Billing and Sustainability

- Billing and Sustainability of the Integrated Care Model are integral to its success since you need to be able to afford the right staff delivering the right care. BHC = MH Professional with IBH Specialty
- Billing in MN and WI has not caught up to the interventions or the delivery of IBH - brief intervention appointments for mental health
- The primary code that we have is a 90832 – 30min Psychotherapy code, which requires a Diagnostic Assessment (90791) after the first visit in order to keep billing this or any other Psychotherapy codes. Crisis codes do not often apply and usually require a Crisis Assessment that is equal in work to a DA
- SBIRT has been adopted by some clinics as a way of off-setting costs, but this can only be used for substance abuse screening, info, and referral
- Health and Behavior Assessment (96150) and Intervention (96152) codes can be used for a BH approach to primary health condition (Diabetes, Obesity). The primary diagnosis being treated cannot be a mental health diagnosis (i.e. depression, anxiety). Also, this is considered a medical visit, so will not likely be paid in addition to another medical visit

Leadership Buy-in

- IBH is a non-starter without Board, Executive, and Management support and leadership toward an integrated approach to providing medical and dental care.
- It takes an investment in time and resources to develop IBH as a new way of practicing medicine, not a program.
- IBH requires the right people being on the bus. (Cherokee Health)
- Seeing tangible and measurable results can take time, as well, which reinforces the importance of IBH being a long-term investment.

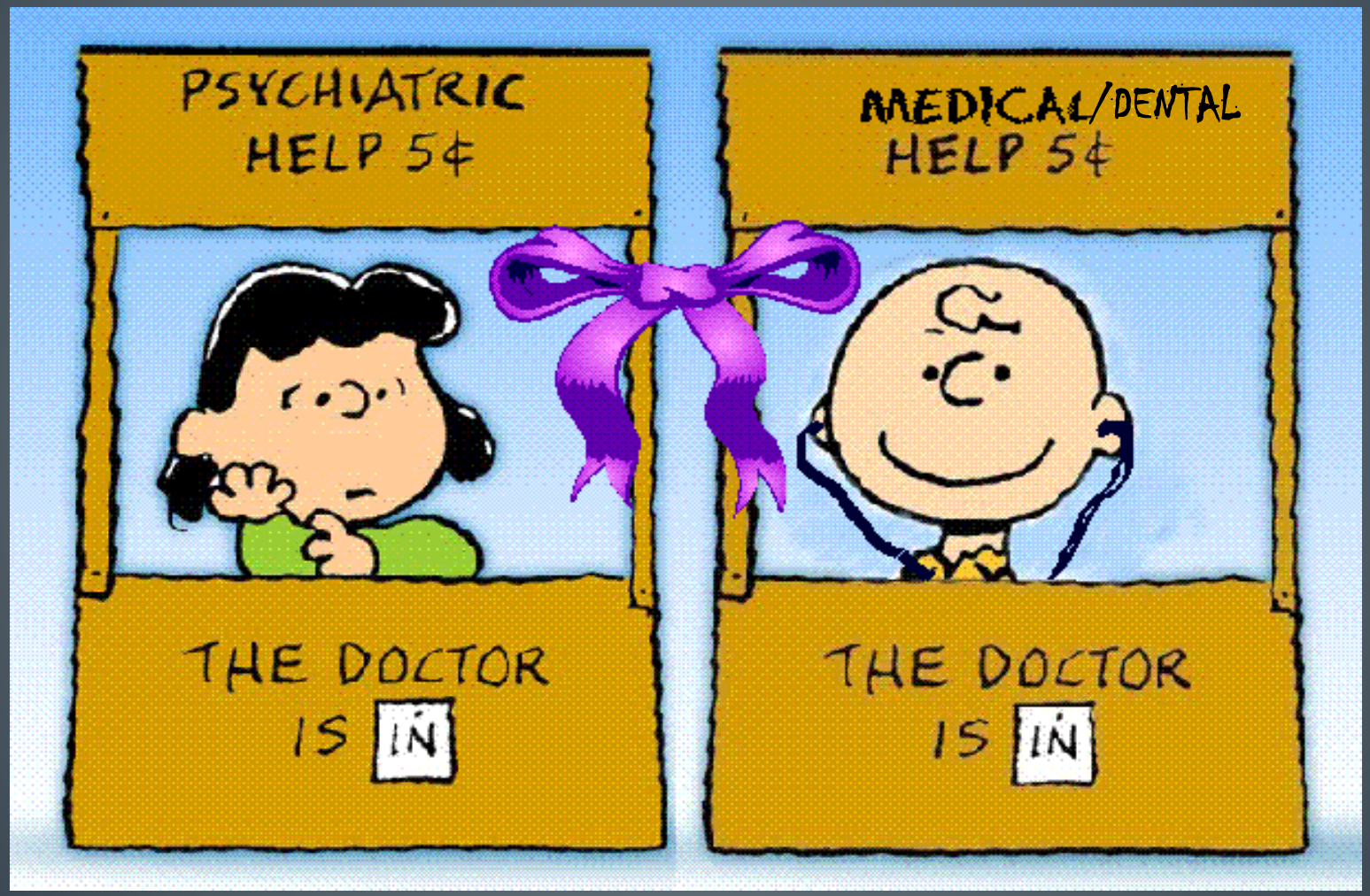
IBH into the future at LSCHC

- Where we want to go
  - Referrals of identified dental patients who are in the clinic at that moment and who will be returning for appointments
  - Assisting with managing crises and difficult dental patient situations
  - Training and consultation regarding situations that arise related to behaviors, abuse/neglect reporting, how to handle situations, scripted responses for common questions or complaints
  - Telemedicine IBH visits, site to site and site to patient
  - More efficient DA process and more billing opportunities

Moving Forward: It Is Important to Know Where You Are

- There is a spectrum of integration within IBH Models from not integrated to fully integrated health programs.
- Every service provider has a niche, so IBH is going to look different at each place (Duluth vs Superior).
- IBH can work in most settings, but the workflow may differ between clinics.
- IBH is an ongoing process of improving how we serve our patients

Thank You



Peanuts

Questions?