



***SAMHSA-HRSA
Center for Integrated
Health Solutions***

Transforming Your Practice

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NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



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Agenda

Addressing Cultural Barriers to Integration

Staffing Resources and Roles in the Ohio Health Home

Implementing Care Coordination

Impacting Health Outcomes



Professional Cultures

Traditional Thinking

- The primary care provider is THE leader of the team
- Pace of work
- Documentation
- Privacy

New Approach

- The patient is the leader of the team; non-medical staff can consult
- Behavioral health adjusts to the PC pace: PC and the behavioral health patient
- BH documentation in the PC record
- HIPAA allows for disclosure for coordination of care



Function	Minimal Collaboration	Basic Collaboration from a Distance	Basic Collaboration On-Site	Close Collaboration/ Partly Integrated	Fully Integrated
<p>Doherty, McDaniel & Baird (1995)</p>	<ul style="list-style-type: none"> -Separate systems -Separate facilities -Communication is rare -Little appreciation of each other's culture <p>"Nobody knows my name" Who are you?</p>	<ul style="list-style-type: none"> -Separate systems -Separate facilities -Periodic focused communication; most written -View each other as outside resources -Little understanding of each others' culture or sharing of influence <p>"I help your consumers"</p>	<ul style="list-style-type: none"> -Separate systems -Same facilities -Regular commun., occasionally face-to-face -Some appreciation of each others role and general sense of large picture -Mental Health usually has more influence <p>"I am your consultant"</p>	<ul style="list-style-type: none"> -Some shared systems -Same facilities -Face-to-Face consultation; coordinated treatment plans -Basic appreciation of each others role and cultures -Collaborative routines difficult; time & operation barriers -Influence sharing <p>"We are a team in the care of consumers"</p>	<ul style="list-style-type: none"> -Shared systems and facilities in seamless bio-psychosocial web -Consumers & providers have same expectations of system(s) -In-depth appreciation of roles and culture -Collaborative routines are regular and smooth -Conscious influence sharing based on situation and expertise <p>"Together we teach others how to be a team in care of consumers and design a care system"</p>

Function	Minimal Collaboration	Basic Collaboration from a Distance	Basic Collaboration On-Site	Close Collaboration/Partly Integrated	Fully Integrated/Merged
THE CONSUMER and STAFF PERSPECTIVE/EXPERIENCE					
Access	Two front doors; consumers go to separate sites and organizations for services	Two front doors; cross system conversations on individual cases with signed releases of information	Separate reception, but accessible at same site; easier collaboration at time of service	Same reception; some joint service provided with two providers with some overlap	One reception area where appointments are scheduled; usually one health record, one visit to address all needs; integrated provider model
Services	Separate and distinct services and treatment plans; two physicians prescribing	Separate and distinct services with occasional sharing of treatment plans for Q4 consumers	Two physicians prescribing with consultation; two treatment plans but routine sharing on individual plans, probably in all quadrants;	Q1 and Q3 one physician prescribing, with consultation; Q2 & 4 two physicians prescribing some treatment plan integration, but not consistently with all consumers	One treatment plan with all consumers, one site for all services; ongoing consultation and involvement in services; one physician prescribing for Q1, 2, 3, and some 4; two physicians for some Q4: one set of lab work
Funding	Separate systems and funding sources, no sharing of resources	Separate funding systems; both may contribute to one project	Separate funding, but sharing of some on-site expenses	Separate funding with shared on-site expenses, shared staffing costs and infrastructure	Integrated funding, with resources shared across needs; maximization of billing and support staff; potential new flexibility
Governance	Separate systems with little of no collaboration; consumer is left to navigate the chasm	Two governing Boards; line staff work together on individual cases	Two governing Boards with Executive Director collaboration on services for groups of consumers, probably Q4	Two governing Boards that meet together periodically to discuss mutual issues	One Board with equal representation from each partner
EBP	Individual EBP's implemented in each system;	Two providers, some sharing of information but responsibility for care cited in one clinic or the other	Some sharing of EBP's around high utilizers (Q4) ; some sharing of knowledge across disciplines	Sharing of EBP's across systems; joint monitoring of health conditions for more quadrants	EBP's like PHQ9; IDDT, diabetes management; cardiac care provider across populations in all quadrants
Data	Separate systems, often paper based, little if any sharing of data	Separate data sets, some discussion with each other of what data shares	Separate data sets; some collaboration on individual cases	Separate data sets, some collaboration around some individual cases; maybe some aggregate data sharing on population groups	Fully integrated, (electronic) health record with information available to all practitioners on need to know basis; data collection from one source

Impact on Follow Up Care

According to the PRISM-E Study

- 11 sites, 50 primary care clinics and referral MH specialty clinics across the nation
- 24,863 patients, 65 or older, screened, evaluated and randomized to integrated care or referral care
- 20% scored positive for psychological distress, 8% for at risk drinking, 5% had suicidal thoughts
- The “best referral process ever”
- Engagement rate for depression—integrated model 76%, referral model 55%
- Engagement rate for alcohol—integrated model 72%, referral model 29%



Implications for Ohio Health Homes

- Identify what you see as issues for your agency/county or region with professional culture issues



Ohio Health Home Team Staff

- **Health Home Team Leader** - The minimum qualifications consist of a Master's Degree or higher in a healthcare related field with appropriate or applicable independent licensure (LISW-S, PCC-S, IMFT-S, RN-MSN, licensed psychologist) as well as supervisory, clinical and administrative leadership experience.
- **Embedded Primary Care Physician** - Primary care physicians, pediatricians, gynecologists, obstetricians, Certified Nurse Practitioners with primary care scope of practice and Physician Assistants.
- **Care Manager** The minimum qualifications include social workers with LSW or LISW, counselors with PC or PCC, Marriage and Family Therapists with MFT or IMFT, RN Nurses (including a 3 year RN degree) with extensive experience working with the SPMI population, and other qualified staff approved by the State.
- **Care Manager Aide** May be any of the following: LPN nurses, CPST workers with four year degrees or 2 year Associate Degrees, wellness coaches, peer support specialists, certified tobacco treatment specialists, health educators and other qualified workers (e.g., community health workers with Associate Degrees or CPST workers with commensurate experience.)



Staffing Resources

Traditional Thinking

There aren't enough
(ANP's, MD's, LCSW's)

There's not enough time to
spare to collaborate

New Approach

Who has them that we could
partner with?

Future Return on
Investment

- Improved Consumer Outcomes
- Improved staff productivity
- Improved retention



Potential Role of Physicians

Primary Care Physician

- Shared responsibility for consumer care
- Prescribing for BH as comfort develops
- One treatment plan
- One record for documenting
- Administrative/Training only

Psychiatrist

- Consulting role
 - Curbside consults
 - Case conferences
 - Available all hours clinic is open
 - Some (fewer) evaluations
- Training
 - Support Primary Care Physician in prescribing behavioral health meds
 - Combined Grand Rounds/Training



Role of Behavioral Health Specialist

Systems Services

- Primary customers can be the primary care provider
- Most breakdowns originate from a systems problem
- Address systems thinking
- Easy access to public BH system

Individual Services

- Short term solution focused therapy
- 1-3 Sessions
- Always available
- Consultation to the primary care provider
- Dually trained in MH and SA EBP's



Implications for Ohio

Jot down some thoughts or questions on staffing challenges and implications



Return on Investment

- For the consumer
- For the primary care setting
- For the behavioral health setting

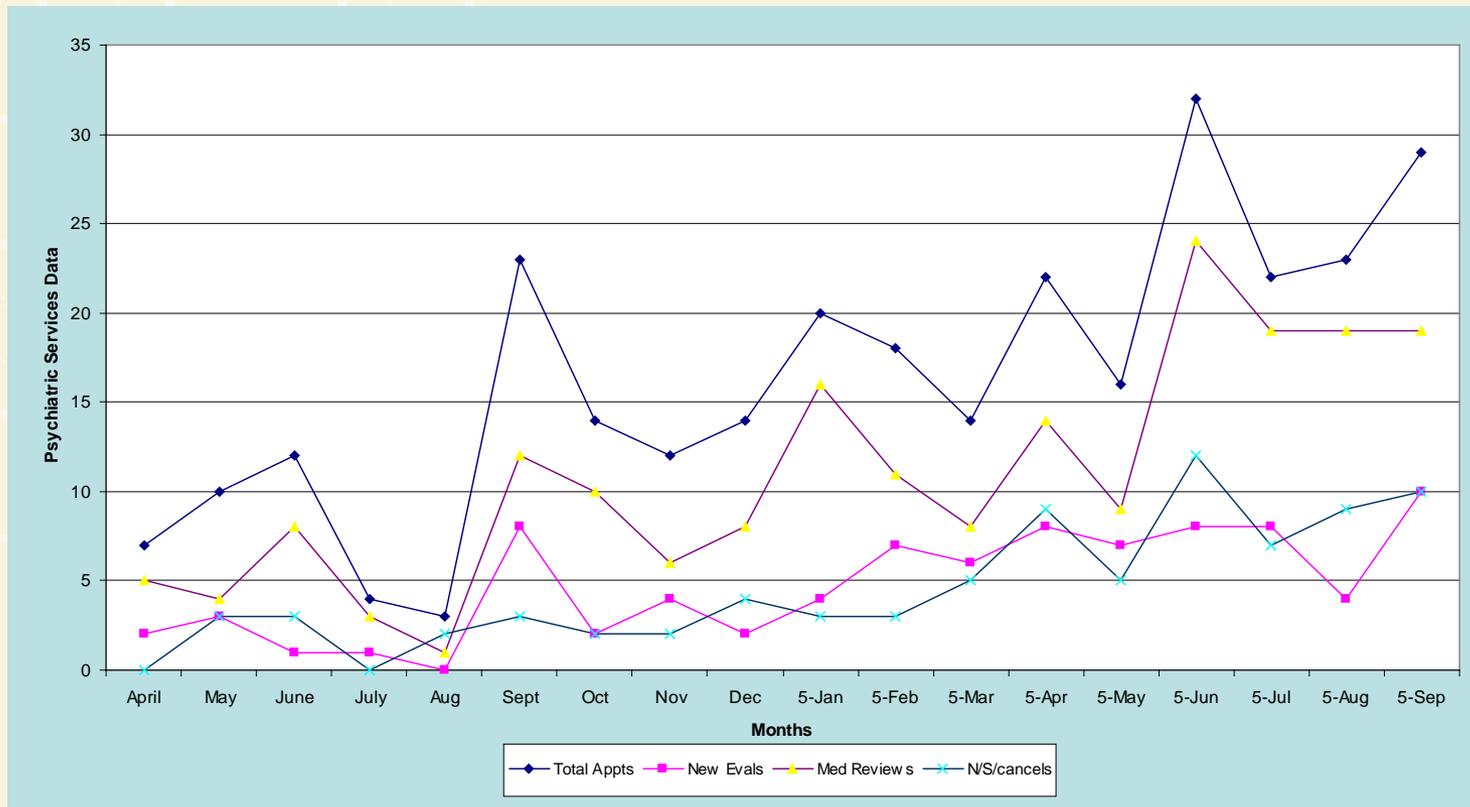


Opportunities for Return on Investment in Your Clinic

- Disease management & early detection of health issues (primary care and behavioral health issues)
- Stronger community inclusion for clients
- Public mental health/primary care partnerships
- Better care in short run for improved, less expensive health system in long run
- Pre and post results on standardized measures

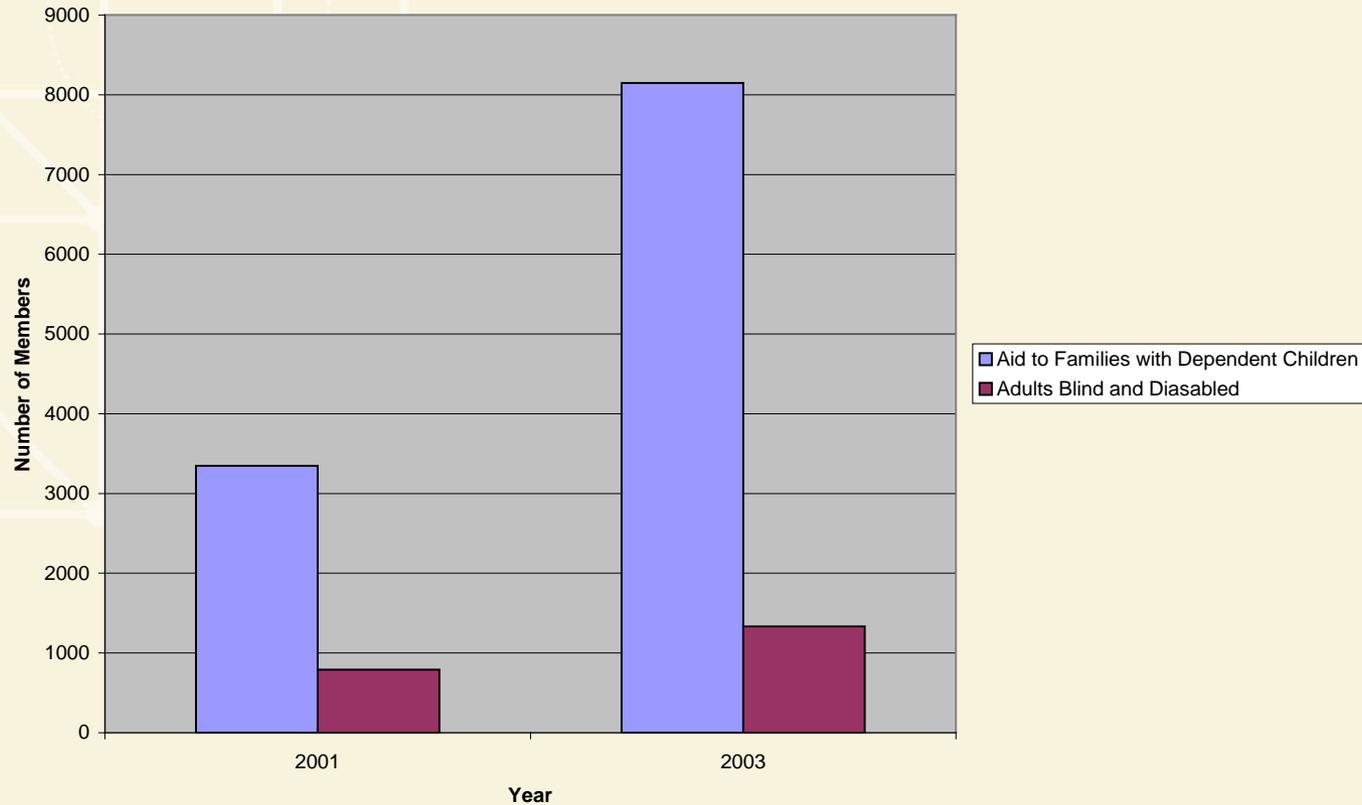


Access to Care: Availability of Psychiatric Services

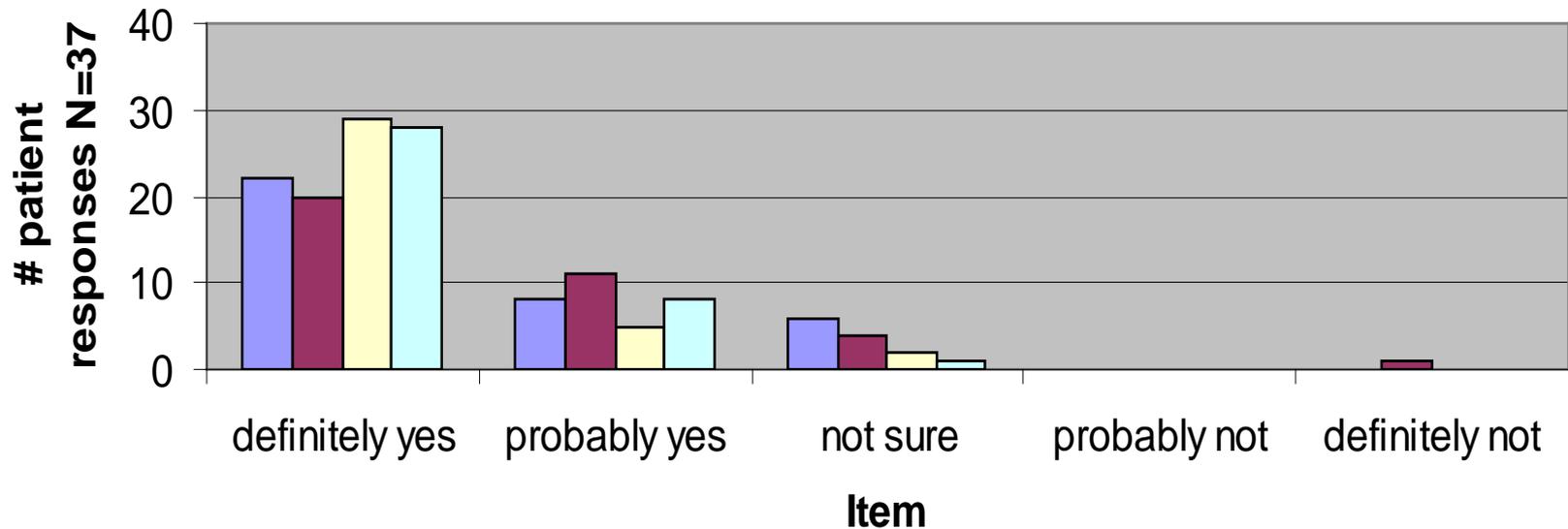


Access to Primary Care

Graph 1: Members per Month who Received Physical Health Care



Packard Patient Satisfaction Data

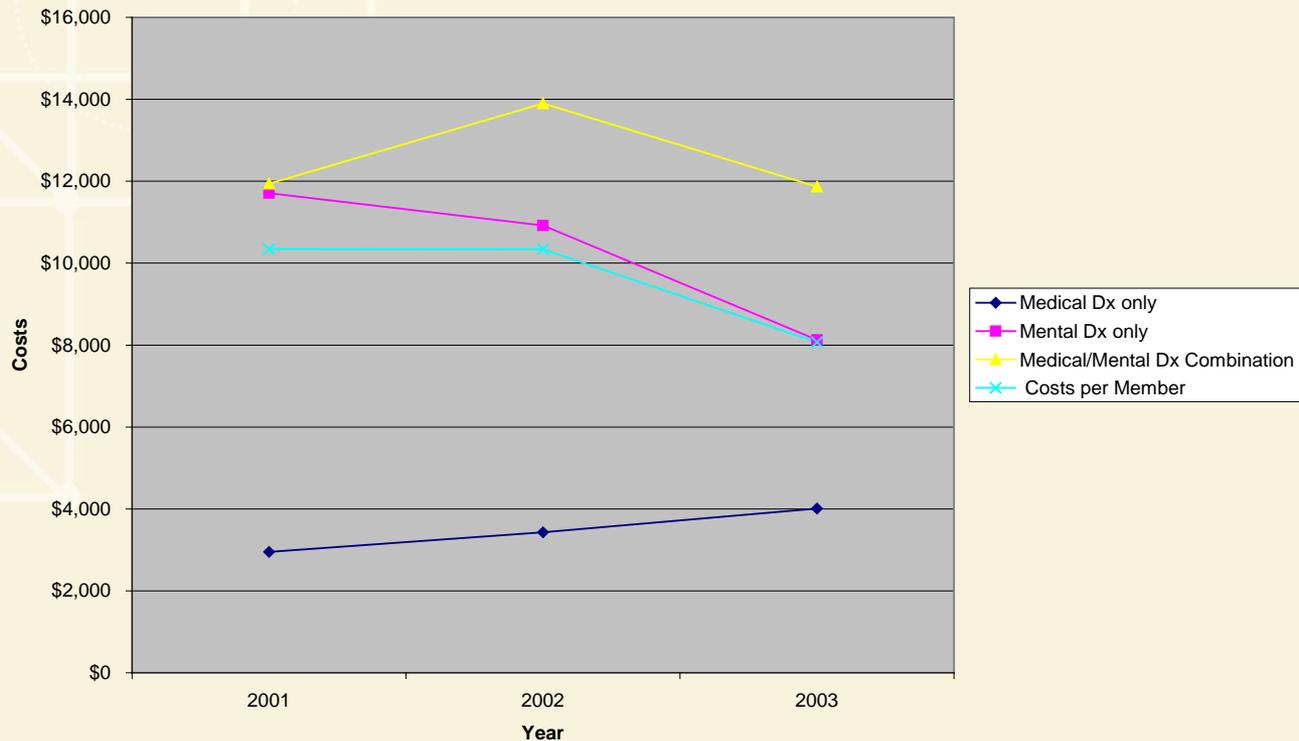


- This program is helping me achieve my goals
- This program is preventing me from getting worse
- Overall, I am satisfied with the amount of help I received
- I would tell a relative or friend to use this clinician



Primary Care Cost Per Case Impact

Graph 4: Costs of Services to the Medicaid Population based on Medical or Mental Health Diagnosis



Change Management and Transformation

ADKAR Model of Change Management

- Plan for the Change]
- Manage the Change
- Reinforce the Change



ADKAR

- Awareness – of the need for change
- Desire – personal motivation to support change
- Knowledge – understand how to make change; details of what to do
- Ability – Demonstrated skills and tools
- Reinforcement – Recognition, Awards, Incentives



OHIO Training and Technical Assistance Center

- Support for Health Home Implementation contracted to National Council in partnership with HSAG and NEOMED
- Support for integration training and technical assistance
- On the ground TTA team: Kathleen Reynolds, Joan King, Jeff Capobianco, Suzanne Daub
- Workforce Training Assistance!

