Integrated Care: Enhancing Primary Care to Provide First-Line Treatment of Behavioral Health Concerns

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Psychiatry in the Mountains
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Overview

• About CHS
• Integration
• Clinical Models
• Implementation

Primary Service Area

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**Our Mission...**
To improve the quality of life for our patients through the integration of primary care, behavioral health and substance abuse treatment and prevention programs.
*Together...Enhancing Life*

**Strategic Emphases**
- Integration of Behavioral and Primary Care
- Outreach to Underserved Populations
  - Training Health Care Providers
  - School-Based Health Services
  - Telehealth Applications
- Value-Based Contracting

**Integrated Care Update**
- Evolving Models of Behavioral Health Integration in Primary Care - National Register of Health Service Providers in Psychology, Fall 2007
- A Tale of Two Systems: A Look at State Efforts to Integrate Primary Care and Behavioral Health in Safety Net Settings - National Academy for State Health Policy, May 2010
- Integrating Mental Health Treatment into the Patient Centered Medical Home - AHRQ, June 2010
- Integrating Behavioral and Primary Care - Community Health Forum, Oct. 2005
- Can Primary Care Docs and Behavioral Specialists Work Together? - Behavioral Healthcare Tomorrow, April 2004
New Paradigms

Paradigm Shift at the Systems Level
- Primary Care is a locus of mental health intervention
- Increased mental health service capacity in Primary Care
- Mental Health/Primary Care collaborations

Paradigm Shift at the Clinical Level
- Primary Care Provider focus on behavioral factors
- Mental Health Provider focus on general health status
- New service role for Behaviorists in primary care

IHI Triple Aim Initiative

- Improve the health of populations
- Improve the patient experience (access, quality, satisfaction)
- Reduce per capita cost of care
US Healthcare Expenditures: High Cost Populations

- Small percentage accounts for most of the cost
- 75% devoted to treating chronic conditions
- SMI five times more likely to suffer chronic medical condition
  - Bazelon Center Report
- Co-occurring chronic medical and psych conditions 2-3 times cost of treatment
  - Melek, et. al., 2014
- Payer focus on underserved populations

Integration is a means to an end...

- Improve the health of a population
- Reduce healthcare disparities
- Improve access
- Focus on wellness and prevention
- Patient centered care
- Evidence based clinical and program decision making

What is Integrated Care?

“The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress related physical symptoms, and ineffective patterns of health care utilization.”
### Integration vs. Co-Location

**Integrated Care**
- Embedded member of primary care team
- Patient contact via hand off
- Verbal communication predominate
- Brief, aperiodic interventions
- Flexible schedule
- Generalist orientation
- Behavior medicine scope

**Co-located Mental Health**
- Ancillary service provider
- Patient contact via referral
- Written communication predominate
- Regular schedule of sessions
- Fixed schedule
- Specialty orientation
- Psychiatric disorders scope

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### Co-location is not Integration

Primary Behavioral Healthcare is not mental healthcare

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### Primary and Behavioral Health Care Integration Strategies in Search of a Model
- Preferential Referral Relationship
- Formalized Screening Procedures
  - Circuit Riding
  - Co-Location of Services
  - Disease Management
- Behaviorist on Primary Care Team
<table>
<thead>
<tr>
<th>Minimal Collaboration</th>
<th>Basic Collaboration from a distance</th>
<th>Close Collaboration on‐site</th>
<th>Close collaboration in a partly integrated system</th>
<th>Close collaboration in a fully integrated system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving collaboration between separate providers</td>
<td>Medical‐provided behavioral healthcare</td>
<td>Co‐location</td>
<td>Disease management</td>
<td>Primary Care Behavioral Health</td>
</tr>
<tr>
<td><em>Separate systems and facilities; infrequent Communication; little appreciation of each other’s culture; little influence sharing</em></td>
<td><em>Separate systems and facilities; infrequent Communication; little influence sharing</em></td>
<td><em>Same shared systems and facilities; treatment plans coordinated with consultation from outside specialists, blend of shared and integrated roles and culture, flexible integration model</em></td>
<td><em>Shared influence and some tensions; collaborative routines are difficult due to low and inconsistent expectations; providers from same expectation of a role</em></td>
<td><em>Shared systems and facilities in seamless biopsychosocial web</em></td>
</tr>
<tr>
<td>Traditional referral between specialties model</td>
<td>Co‐located model</td>
<td>Organization integration or primary care mental health model</td>
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</tbody>
</table>

### Outcomes of increased integration along continuum

- **Increased access**
- **Improved patient and provider satisfaction**
- **Improved patient self management**
- **Improved cost effectiveness**
- **Improved cost offset**
- **Improved clinical outcomes**

### Blending Behavioral Health into Primary Care: Cherokee Health Systems’ Clinical Model

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Why Primary Care?

• Main point of access to care
• Principal setting for treatment of behavioral health conditions
• Central stage for the complex interplay between medical and mental health disorders, health behaviors, and social determinants of health

Re-engineering Primary Care: An Integrated Team Model

• Functions of care shared across team
• Integrated workflow
• Access to BH expertise
  “Where BH problems show up.”
• Improved communication
• Improved care coordination
• Expanded health management support
• Supported patient engagement

CHS’ Behaviorally Enhanced Healthcare Home

Behavioral Providers on PC Team
(BHC, Consulting Psychiatrist, CM)

Shared Patient Panel and Population Health Goals

Shared Space, Workflow, Charts, and Support Staff

Access, Communication, and Collaboration at the point of care
**BHC Role**
- Providing real-time access
- Managing psychosocial aspects of chronic and acute diseases
- Applying behavioral medicine to promote wellness, prevention, and disease management
- Co-managing mental health and psychosocial issues
- Coordinating care

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**PCP Role**
- Behavioral health screening and monitoring
- Delivery of comprehensive and population based care
- Collaboration with BHC and other team members
- Co-management with BHC/PCP
- Treatment planning
- Coordination of care
- Training

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**Consulting Psychiatrist Role**
- Consultation with PCPs and BHCs
  - Diagnostic Clarification
  - Medication & Treatment Recommendations
- Co-management of patients with primary care team
- Transition of care to/from PCP/BHC
- Coordination of care
- Training Primary Care Team
Integrating Psychiatry into Primary Care: Goals

- **Increase Access** to psychopharm expertise for primary care population
- **Enhance Skills** of Primary Care Colleagues in psych med mgmt
- **Improve Quality** of psychiatric care in primary care setting

Core Competencies for Interprofessional Collaborative Practice

- Communicate roles and responsibilities clearly
- Recognize limitations in skills and responsibilities
- Engage diverse professionals who compliment one’s expertise
- Use the scope of available health care to provide safe, timely, efficient, effective, and equitable care
- Communicate to execute treatment plan
- Forge relationships to improve care and advance learning
- Engage in continuous professional development
- Use unique abilities of team members to optimize care

Implementation
Key Factors in Implementation

- Organizational Culture
- People
- Organizational Structure
- Communication
- Processes

Why Most Current Integration Initiatives Will Fail

- Under appreciate the practice transformation required
- Behaviorists are unequipped for integrated practice
- Available payment methodologies don’t encourage integration
- Contracts do not support the care model
- Not in sync with Triple Aim goals
Getting Started

- Identify Patient, Provider, Clinic Needs
- Develop Knowledge and Skill Set
- Assess Readiness to Change
- Understand the System (clinical, operational, financial)
- Shadow Primary Care
- Identify Outcome Goals (# of visits, penetration rates)

Questions?

- Be realistic about time required
- Clarify details (e.g. charting, billing, referrals)
- Involve ALL staff in process
- Scheduling
- Space: “the final frontier”
- Mimic the pace and mission of primary care

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