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Behavioral Health Integration: Promising Models and Opportunities

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Today's Objectives

- **Provide a national perspective on the progress that is being achieved in enhancing behavioral health integration within primary health care.**
- **Learn about successful exemplars in rural communities that are maximizing available health resources.**

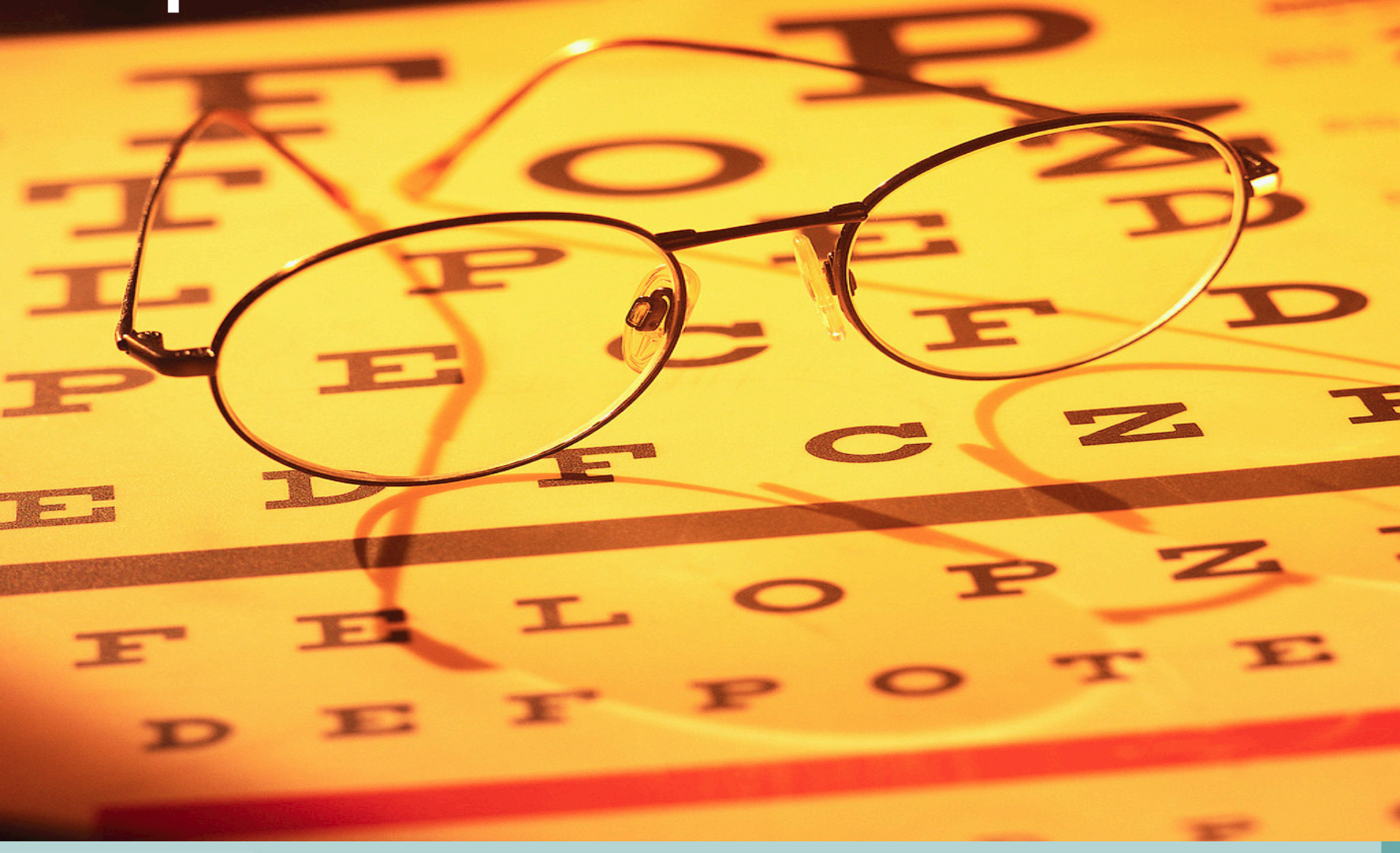
What we need to recognize in delivering behavioral care and primary care for people with mental illness?

Observable behavior

Antecedent factors at each of the following levels:

- **Complex Clients**
- **Physical Health Care Needs**
- **System Barriers**
- **Policy Barriers**

Why is Behavioral Health (BH) so important to health outcomes?



Diverse Problems in System Response to Behavioral Health (BH) Integration

- **>70% of BH first diagnosed by the primary care provider (PCP)**
- **+ conditions are treated with medications - PCP**
- **Many PCPs frequently lack training to identify BH problems or the resources**
- **Physical and behavioral health care are typically provided separately, compelling many vulnerable clients to navigate the complexities of separate systems of care.**
- **Leads to service segregation and lack of coordination.**





Integration of Behavioral Health within Community Health Centers (CHCs)

- **Studied 5 sites within California**
- **Assessed degree of integration of Behavioral Health Providers (BHPs)**
- **Reasons for behavioral health integration**
 - Desire to improve patients' health and care outcomes
 - Participation in quality improvement collaboratives
 - Receiving grants that promote integration

(Pourat, Hadler, Dixon, Brindis, 2015)

Significant Challenges to Integration

- **Infrastructure:** Recruitment of staff psychiatrists and bilingual psychologists or licensed clinical social workers
- **Resources:** Led to difficulties in providing competitive salaries and benefits to recruit highly skilled BHPs
- **Insufficient BHPs:** At odds with guidelines to regularly screen patients for BH problems
- **Moral Challenge:** Identify BH needs without capacity to provide needed care

Barriers to Effective Integration

- **Care Delivery Process** – Loss of revenue associated with same day or joint visits because state Medicaid policies prohibit reimbursement for same day visits
- **Lack of reimbursement** (adequately or specifically) for integration activities
- **Patient care demand** too great to allow sufficient time for team integration efforts.
- **Share waiting rooms** with complex patients with disruptive behavior



Successful Strategies

- **Leadership and Commitment**
- **Data Sharing** - Single EHR with all data visible to PCPs and BHPs; minor restrictions on some confidential notes.
- **Great variations** was in # and type: clinical psychologists and licensed clinical social workers marriage and family therapists, mental health nurses, or interns; one employed a substance abuse specialist
- **Allied Health** community health workers, intern, or other staff trained to support integration activities

Successful Strategies

- **Warm Handoff** - Physical proximity of BHPs to PCPs allowed for stronger relationships and promote frequent and timely communication among care teams; cell phones used as well.
- **Group BH Visits**
- **Highest integration scores** had psychiatrists on staff—a major step toward building the capacity to better manage complex patients
- **Psychiatrists** provided medication-assisted treatments and were able to provide training, tools, and helpful advice to internal PCPs and other staff.

Successful Strategies

- **Staff Training/Capacity** support staff to attend morning huddles and streamline transitions between primary and BH care
- **Signal** availability of BH Services (on site or off-site)
- **Redesigning care** to address patients' BH needs
- **Joint planning** for complex patients (physical proximity is not the only means for this to occur)
- **Incorporate BH in QI initiatives** and establishing integrated clinical guidelines
- **Improve knowledge base** required for integration and for incorporating integration into daily practices of BHPs and PCPs
- **Telehealth/telepsychiatry**

Remaining Challenges

Reimbursement – allow same day reimbursements to promote warm handoffs, joint BHP and PCP visits for complex patients as outcomes depend on timely management of both types of conditions

Better financing policies would improve:

1. Ability of BHPs to spend time in integration activities - team meetings and quality improvement initiatives.
2. Improve the ability of organizations to recruit more BCPs, including case managers and support staff,
3. Employ bilingual or specialized staff.



Community Care Behavioral Health & Behavioral Health Alliance of Rural Pennsylvania

- **Behavioral Health Home+ Model (Managed Care Model)**
 - Physical health and wellness coaching into case management activities
 - Inclusion of wellness goals in all treatment and recovery plans.
 - Patient Self-Directed Care - activation in care
 - Provider Supports – care management
 - Enhance staff and patient engagement with primary care physicians
 - Promote recovery by helping patients achieve physical, emotional, social services.
 - Wellness champions

Source: Schuster, Nikolajki, Kogan et al, 2018.

Health Outcomes

- **+ Patient activation scores – Predicted decrease in hospitalizations and + medication adherence**
- **+ Increases in primary or specialty care use for patients.**
- **+ Receipt of preventive services and improvements in physical health.**



Telehealth: Promising Directions

- **Videoconferencing, chat and text messaging to provide health information and treatments in real time.**
- **Exchanging information and delivering services - secure email, webinars, store and forward practices, which include videotaping a client and encounter and forwarding the video to a professional who is offsite, for analysis at a later time.**
- **Videoconferences is most similar to office-based treatment; higher levels of satisfaction**
- **Hand held device interventions**

Project ECHO (Extension for Community Health Outcomes)

The ECHO model links specialist teams at an academic hub using multipoint video conferencing to conduct virtual clinics with community providers.

Primary care practitioners, “the spokes”, become part of a learning community - mentoring and feedback from specialists.

The model, used in both urban and rural areas, has expanded to include case-based consultations and training on treating mental and substance use disorders, along with other illnesses and chronic conditions.

Project ECHO now operates more than 90 hubs—in the US and 16 other countries—that deal with more than 45 diseases and conditions. Has been used as part of the DOD.

Forecasting



*Prediction is always difficult,
especially about the future*

Niels Bohr

Promising Directions

- **Identify key components of complex interventions**
- **When scaling, maintain fidelity to evidence-based interventions**
- **Provide sustainable financing**
- **Remove (reduce) regulatory barriers**

Promising Directions

- **Telehealth**
- **Patient – Centered, culturally appropriate treatment**
- **Provider supports and capacity building**
- **Comprehensive approaches -- wellness and prevention goals, diverse team members**



**“An Individual can
make a difference,
but a team can
make a miracle.”**

**Douglas Pederson,
Head Coach of the
Philadelphia Eagles
Champions of the
Super Bowl, 2018**