Lessons for a Happy Partnership

*Strengthening the Relationship between Primary Care and Behavioral Health*

Roundtable Discussions

October 3, 2014 - 10:00 – 11:00am

*Integration is best seen as a continuum...* 

rather than as two extremes of integrated v. not integrated.

It involves discussions about the organization of various tasks which need to be performed in order to provide a population with good quality health services.

*Integrated care can look different at different service levels.*  

In reality, there are many possible permutations.

-- WHO, 2008
Service Expectations

Behavioral Health Homes

• Comprehensive care management
  – Comprehensive assessment of community services and supports
  – Development of a comprehensive, person-centered plan of care
  – Outreach, education, support
  – Review and reassessment
• Care Coordination
  – Implementation of the plan of care
• Health Promotion
  – provide education, information, training and assistance to members in developing self-monitoring and management skills.
• Transitions in care
  – Collaborate with hospitals/facilities, to support transition
• Individual and Family Supports

Health Homes

• Coordinate/communicate with BHHO in the development and review of the plan of care
• Clinical assessment and screening (BMI, substance abuse, PHQ-9, developmental)
• Facilitate referral for physical health care needs
• Coordinate referral to physical health services
• Review of discharge plans, medication reconciliation
• Assist the member with medication and treatment management and adherence
Describes procedures and protocols for:

- regular and systematized communication and collaboration across agencies
- roles and responsibilities of each organization in service delivery, and
- other information necessary to effectively deliver BHH services
Considerations for the HHP/BHHO Relationship

• What is the relationship between Health Home Practice (HHP) staff & Behavioral Health Homes (BHHO)?
  – Collaborative relationship between HHP and BHHO
  – Open communication

• How can BHHO and HHP effectively communicate?
  – Key contacts
  – Communication/collaborating on care plans
  – Access to information in Electronic Medical Records and/or use of secure email
  – Regular, on-going meetings between HHP, CCT, BHHO

• How might the HHP or the CCT facilitate referrals of patients they see who need BHH services?
  – From the primary care practice
  – From the CCT
Lessons for a Happy Partnership

Strengthening the Relationship between Primary Care and Behavioral Health

What Are We Doing This Morning?

Roundtable discussions about...

- Administrative Partnerships between Primary Care and Behavioral Health
- Direct Service Partnerships between Primary Care and Behavioral Health

Our Goals

- Explore ways Behavioral Health Homes and Health Homes have partnered to make care for individuals more effective and seamless
- Identify solutions and learn new strategies to develop partnerships between primary care and behavioral health

Roles

- Facilitators: Observe discussions and assist with process questions and timekeeping
- Conversation Starters: Describe the experience of their team related to mental health and primary care partnerships; uses the discussion questions to direct the conversation of the group
- Recorder: Capture which questions are being addressed; Captures key content points of discussion from the table; Reports out essential points from the table discussion to the larger group
- Participants: Attendees that will contribute to the discussion, pose questions, and make comments.
What’s On Your Table?

### Roundtable Discussion – Lessons for a Happy Partnership: Strengthening the Relationship between Primary Care and Behavioral Health

**Discussion Questions**

**Administrative Partnerships between Behavioral Health Homes and Health Homes**

- **Initiating the Partnership**
  1. How did you initiate a conversation with your partners?
  2. What was the content of your first meeting?
  3. Who were the people who met to discuss a partnership?

- **Establishing the Partnership**
  4. What specific communication channels have you established with your partners?
  5. Is there a “point of contact” for your partnership? Is there a particular position that best suits this role at your organization?
  6. How often do you meet or communicate with your partners?
  7. Why type of client/patient information are you sharing? How are you sharing it?
  8. What improvements can you make to improve sharing information?

- **Ongoing Partnership**
  9. Who is involved in maintaining these partnerships at your organization?
    a. What are the group’s priorities to discuss?
  10. What are some effective strategies you use when working with multiple partners?
  11. What barriers have you encountered in partnering?

**Direct Service Partnerships**

- **Initiating the Partnership**
  12. What specific communication channels have you established with your partners?
  13. How did you initiate the partnership between behavioral health providers and primary care providers?

- **Establishing the Partnership**
  14. What process do you use to connect with your partners to share client/patient information?
  15. Do you have a workflow template for your care coordination process?

- **Ongoing Partnership**
  16. How often do you communicate about client/patient information?
  17. What time commitments do you make to communicate with your partners?
  18. How often do you meet (if at all)?
  19. What are some effective strategies you use when working with multiple partners?
  20. What barriers have you encountered in partnering?

### Top 3 Questions Discussed

(Write Question # in this Column)

<table>
<thead>
<tr>
<th>Top 3 Questions Discussed</th>
<th>Opportunities</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Notes:**
Ready, Set – Discuss!

What it takes to have a Happy Partnership?

10:00 – 10:10
Roundtable Discussions

10:10 – 10:40
Roundtable Report-Out

10:40 – 11:00