Behavioral Health Integration: Ready, Set, Grow!

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Quality Counts
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Objectives

I. Identify your level of integration and how you might work towards moving to the next level.

II. Discuss readiness for bringing a behavioral health clinician into your practice: for providers, for the team.
Behavioral-Physical Integration

- Participate in baseline assessment of current behavioral-physical health integration capacity
- Take steps to make improvements, e.g.
  - Implement a system to routinely conduct a standard assessment for depression (e.g., PHQ-9) in patients with chronic illness
  - **Incorporate** a behavioral health clinician into the practice to assist with chronic condition management
  - **Co-locate** behavioral health services within the practice
Standardized Screening & Assessment
Care Management
Support for Behavioral Change
Mental Health Treatment & Consultation
Specialty Mental Health
Community Resources e.g., NAMI

Patient Centered Medical Home
mental/behavioral health components
## Levels of Integration

<table>
<thead>
<tr>
<th>Level</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordinated</strong></td>
<td>Minimally-Coordinated Models: Separate site &amp; systems, Minimal communication</td>
</tr>
<tr>
<td>I</td>
<td>Active referral linkages</td>
</tr>
<tr>
<td>Co-Located</td>
<td>Shared site; separate systems</td>
</tr>
<tr>
<td>III</td>
<td>Regular communication</td>
</tr>
<tr>
<td></td>
<td>Shared site, some shared systems</td>
</tr>
<tr>
<td></td>
<td>Routine communication and coordination</td>
</tr>
<tr>
<td>Integrated</td>
<td>Shared site; shared systems</td>
</tr>
<tr>
<td>V</td>
<td>Coordinated treatment plans</td>
</tr>
<tr>
<td>Full Collaboration in</td>
<td>Shared site, vision, systems</td>
</tr>
<tr>
<td>a Transformed</td>
<td>Shared treatment plans</td>
</tr>
<tr>
<td>VI</td>
<td>Population based behavioral health</td>
</tr>
</tbody>
</table>

Elements contributing to levels

- Location of Behavioral health clinician
- Operations and systems
- Treatment plan sharing
- Patient experience
- Organizational and leadership support
- Business model
<table>
<thead>
<tr>
<th>Level</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal Collaboration</td>
<td>I</td>
<td>Autonomous decision-making</td>
</tr>
<tr>
<td>Basic Collaboration at a distance</td>
<td>II</td>
<td>No disruptive change</td>
</tr>
<tr>
<td>Co-Located</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Collaboration on site</td>
<td>III</td>
<td>Better communication</td>
</tr>
<tr>
<td>Close Collaboration Onsite</td>
<td>IV</td>
<td>“Shared patients” may lead to “shared treatment”</td>
</tr>
<tr>
<td>Integrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close Collaborative Approaching Integrated Practice</td>
<td>V</td>
<td>More flexibility</td>
</tr>
<tr>
<td>Full Collaboration in a Transformed Integrated Practice</td>
<td>VI</td>
<td>Whole person treatment</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Coordinated Key Element: Communication</strong></th>
<th><strong>Co-Located Key Element: Physical Proximity</strong></th>
<th><strong>Integrated Key Element: Practice Change</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Minimal Collaboration</td>
<td>Level 3 Basic Collaboration Onsite</td>
<td>Level 5 Close Collaboration Approaching an Integrated Practice</td>
</tr>
<tr>
<td>Separate facilities with minimal</td>
<td>Same facility, separate systems, some</td>
<td>Same space, shared systems, frequent</td>
</tr>
<tr>
<td>communication</td>
<td>communication</td>
<td>communication, routine coordination</td>
</tr>
<tr>
<td>Separate screening and treatment</td>
<td>Separate screening and collaborative</td>
<td>Shared space and practice, consistent</td>
</tr>
<tr>
<td>and treatment</td>
<td>treatment plans</td>
<td>communication, collaborate and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>coordinate care as a team</td>
</tr>
<tr>
<td>Patient must negotiate separate</td>
<td>Patient needs treated differently in same</td>
<td>Population based medical and behavioral</td>
</tr>
<tr>
<td>practices</td>
<td>location, easier referral process</td>
<td>health screening and assessment, with</td>
</tr>
<tr>
<td></td>
<td></td>
<td>treatment protocols</td>
</tr>
<tr>
<td>No collaborative efforts</td>
<td>Leadership views this as “project” or</td>
<td>Organizational leaders support integration</td>
</tr>
<tr>
<td></td>
<td>separate program. Provider buy-in to</td>
<td>without changing practice. Providers</td>
</tr>
<tr>
<td></td>
<td>make this work</td>
<td>actively involved in practice change</td>
</tr>
<tr>
<td>Separate funding and billing</td>
<td>Separate funding and billing, but share</td>
<td>Strong leadership support for integration.</td>
</tr>
<tr>
<td></td>
<td>some resources</td>
<td>Providers actively involved in practice</td>
</tr>
<tr>
<td></td>
<td>Separate funding, billing, but may share</td>
<td>change</td>
</tr>
<tr>
<td></td>
<td>some facility expense</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate funding, combined billing function,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>various methods of sharing expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integrated funding, shared resources, billing maximized and single billing structure</td>
<td></td>
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### Levels of Integration — Advantages and Disadvantages

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<td>Level 1 Minimal Collaboration</td>
<td>Level 2 Basic Collaboration at a Distance</td>
<td>Level 5 Close Collaboration Approaching an Integrated Practice</td>
</tr>
<tr>
<td>Level 3 Basic Collaboration Onsite</td>
<td>Level 4 Close Collaboration Onsite with some System Integration</td>
<td>Level 6 Full Collaboration in a Transformed/ Merged Integrated Practice</td>
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</table>

- **Coordinated**
  - Each can make autonomous decisions about care. Patients and providers understand this model.
  - Practice structures are maintained, so no disruptive changes. Can offer helpful coordination.

- **Co-Located**
  - Allows for more direct communication. More successful referrals. Opportunity for closer professional relationships.
  - Reduction of some system barriers allows for closer collaboration. Providers become well informed about each others’ practice. “Shared” patients may result in “shared” treatment.

- **Integrated**
  - Ability to truly treat whole person. Barriers resolved allowing high team functioning. Patients’ needs addressed as they occur. Shared knowledge base increases for all providers.

- **Level 1 Minimal Collaboration**
  - But, services may overlap or be duplicated, or work at cross-purposes. Aspects of care may be missed.

- **Level 2 Basic Collaboration at a Distance**
  - But, lack of systematic information sharing. No guarantee that information shared with alter practice of either provider. May be barriers to referrals and access.

- **Level 3 Basic Collaboration Onsite**
  - But, doesn’t necessarily lead to greater collaboration. Effort required to develop relationships. Limited flexibility in roles.

- **Level 4 Close Collaboration Onsite with some System Integration**
  - But, system issues may limit collaboration. As practice boundaries lessen, may cause tension and conflicting agendas for providers.

- **Level 5 Close Collaboration Approaching an Integrated Practice**
  - But, practice changes may lead to lack of fit for some providers. Time needed for work toward integration.

- **Level 6 Full Collaboration in a Transformed/ Merged Integrated Practice**
  - But, sustainability challenges. Lack of experience to support value. Outcome expectations not yet established.

- What is your current level of integration?
- What is your goal?
- What could you do to get to the next level?
Level One: Start to Connect

Attributes:
Separate Sites and Systems
Minimal communication

Opportunities:
- Ask your patients/clients about their mental health provider and get a release
- Contact key providers in your community
- Provider to provider referral improvements
- Convene treatment coordination meeting for complex patients
Level Two: Build on Basic Collaboration

Attributes:

Active referral linkages
   Some regular communication

Opportunities:

- Invite yourself to a meeting of MH providers
- Clarify processes & expectations around communication and referral
- Share data
- Trust is key. Build relationships
Level Three: Share More than Space

Attributes:

- Shared site, separate systems

Opportunities:

- Begin to “share” processes, e.g., scheduling, record sharing
- Define team relationships
- Begin to “share” patients and patient care
Level Four: Routinely share

Attributes:
- Shared site, separate systems
- Regular communication

Opportunities:
- Increase shared processed
- Set up meetings to communicate
- Set up automatic “sharing” processes
- Make releases standard practice
Level Five: Increase Integration

Attributes:

- Shared site, some shared systems
- Coordinated treatment plans

Opportunities:

- Clarify team mission and roles
- Set up streamlined processes for communication and treatment coordination
- Develop ways to learn from each other
- Build relationships on multiple levels
Level Six: Transform practice

Attributes:
Fully integrated system

Opportunities:
- Maximize use of staff meetings, case conferences, huddles, and hand-offs
- Improve relationships – both within the team and with the larger community
- Share the care plan broadly
<table>
<thead>
<tr>
<th>Level</th>
<th>Attributes</th>
<th>Opportunities for Improvement</th>
</tr>
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</table>
| Minimal Collaboration               | ▪ Separate site & systems  
▪ Minimal communication                                    | ▪ Ask your patients/clients about their mental health/primary care provider and get a release  
▪ Contact key providers in your community  
▪ Provider to provider referral improvements  
▪ Convene wrap around meeting for challenging patients |
| Basic Collaboration from a distance | ▪ Active referral linkages  
▪ Some regular communication                             | ▪ Invite yourself to a meeting of PC/MH providers  
▪ Improve referral information in both directions  
▪ Clarify processes & expectations around communication  
▪ Share data at meetings  
▪ Trust is key. Build relationships |
| Basic Collaboration On-site         | ▪ Shared site; separate systems  
▪ Regular communication                                      | ▪ Begin to “share” processes, e.g., scheduling, record sharing  
▪ Define team relationships  
▪ Include aggressive clinicians  
▪ Share front door, waiting room, registration staff  
▪ Have a conversation about "those patients" in the waiting room |
| Close Collaboration Onsite; some System Integration | ▪ Shared site; some separate systems  
▪ Some coordinated treatment plans  
▪ Regular communication                                   | ▪ Increase shared processes  
▪ Set up meetings to communicate and coordinate  
▪ Establish automatic system to share pt info between PC and MH  
▪ Make releases standard practice  
▪ Target patient groups for “sharing” |
| Close Collaboration Approaching an Integrated Practice | ▪ Shared site; some shared systems  
▪ Coordinated treatment plans  
▪ Regular communication                                     | ▪ Clarify team mission and roles  
▪ Set up streamlined processes for communication and treatment coordination  
▪ Develop ways to learn from each other  
▪ Connect the pc/mh payment systems  
▪ Build relationships on multiple levels - personal and professional |
| Full Collaboration in an Integrated Practice | ▪ Shared site, vision, systems  
▪ Shared treatment plans  
▪ Regular team meetings                                      | ▪ Maximize use of staff meetings, huddles, hand-offs  
▪ Improve relationships – within the team and larger community  
▪ Include community members on the care team  
▪ Share the care plan broadly within the team (hurdle is the EMR) |
Are you ready?

What will it take to move forward?
Basic Readiness Questions

Do you:

- Emphasize the importance of mental health?
- Screen for common mental problems?
- Know where to refer?
- Routinely link patients with behavioral health providers?

Do your leaders support integration?

Do the providers "buy-in" to the idea of sharing with behavioral health clinicians?
Coming into your practice

- Do you have space?
- Do you have an EMR that will support their work?
- Is your billing department prepared?
- Is your office staff prepared?
Joining the team

- Do you operate as a team?
- Do you have regular and effective methods of communication, e.g., huddles, staff meetings?
- Do your team members learn from each other?
- Do team members understand and appreciate the different roles in the practice?
- Are you ready to share some of your more challenging patients?
Provider Readiness

When the providers are more than ready – Bath Internal Medicine
Team Readiness

How the entire team prepared for and with the LCSW – Newport Family Medicine
Tips for any Level

- Start with patient centered perspective
- Plan strategically
- Value flexibility
- Engage all your staff in planning
- Plan for the bumps and growing pains
Contact Information

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