Behavioral Health Integration 101: The Nuts and Bolts of Integrating Behavioral Health In Your Practice

Mary Jean Mork, LCSW
MaineHealth/Maine Mental Health Partners
Quality Counts
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Objectives

1. Articulate the benefit of integrated behavioral health
2. Identify the Levels of Integration and the goals you have for your practice
3. Specify basic expectations for bringing a Behavioral health clinician into the practice
4. Be able to use the SSA to plan
Why Integration?

Behavioral health services in primary care, when appropriate, have positive impacts:

- **Increased adherence** - to regimens and treatment of mental health disorders

- **Improved patient outcomes** - clinical and functional

- **Improved patient satisfaction** with care

- **Increased cost efficiency** - including primary and specialty costs for physical health care
The Triple Aim

Tribe AIM Framework
Institute for Healthcare Improvement
to derive better health care value from the resources we invest.

Population Health
Improve the health of a population

Per Capita Cost
Reduce the per capita cost of care

Experience of Care
Enhance the patient care experience (including quality and access)

One cannot achieve improvement in one dimension without attending to improvement in others.
Patient Centered Medical Home (PCMH) – the Concept

From deGruy 10.10
The Triple Aim in Practice

Improved Patient Experience
- Patient Centered Medical Homes, Health Homes

Population Health
- Community Care Teams

Reduced Cost
- ED High Utilization Project
- Other Initiatives

Primary Care

Integrated Practice

Specialty Mental Health and SA Services

Community Resources
Maine PCMH Core Expectations

- Demonstrated physician leadership
- Team-based approach
- Population risk-stratification & management
- Practice integrated care management
- Same-day access
- Cost effective care
- **Behavioral-physical health integration**
- Patient/Family Involvement
- Community Connection
- Commitment to waste reduction
- Patient-centered HIT
Behavioral-Physical Integration

- Participate in baseline assessment of current behavioral-physical health integration capacity
- Take steps to make improvements
  - 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
Behavioral Health Integration Improvement Process

- Level of Integration you’re seeking
- Readiness
- Opportunities for improvement
- Readiness questionnaire
- Site Self Assessment Practice results
- SSA Change ideas
- BHI Action plan
- Your plan for next steps

Maine Mental Health Partners
MaineHealth
Radio Play
# Levels of Integration

<table>
<thead>
<tr>
<th></th>
<th>Level</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordinated</strong></td>
<td>I</td>
<td>Separate site &amp; systems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimal communication</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>Active referral linkages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some regular communication</td>
</tr>
<tr>
<td>Basic Collaboration</td>
<td></td>
<td>At a distance</td>
</tr>
<tr>
<td></td>
<td>III</td>
<td>Shared site; separate systems</td>
</tr>
<tr>
<td>Co-Located</td>
<td></td>
<td>Regular communication</td>
</tr>
<tr>
<td>Basic Collaboration</td>
<td></td>
<td>On site</td>
</tr>
<tr>
<td></td>
<td>IV</td>
<td>Shared site, some shared systems</td>
</tr>
<tr>
<td>Close Collaboration</td>
<td></td>
<td>Routine communication and coordination</td>
</tr>
<tr>
<td>Onsite</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Integrated</strong></td>
<td>V</td>
<td>Shared site; shared systems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinated treatment plans</td>
</tr>
<tr>
<td>Close Collaborative</td>
<td></td>
<td>Regular communication</td>
</tr>
<tr>
<td>Approaching Integrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice</td>
<td>VI</td>
<td>Shared site, vision, systems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shared treatment plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regular team meetings</td>
</tr>
<tr>
<td>Full Collaboration</td>
<td></td>
<td></td>
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<tr>
<td>in a Transformed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrated Practice</td>
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</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
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
- What is your current level of integration?
- What is your goal?
- What could you do to get to the next level?
Screening for common mental health conditions

Primary Care Treatment

Primary & Specialty Medical Health Care

Integrated behavioral health services

Psychiatric consultation
- To patients
- To providers

Health behavior change/ Stress-related symptoms

Specialty Mental Health Care

Specialty MH care by referral
Link to Specialty Mental Health

Goals

- Easier access
- Improved communication
- Ongoing treatment
- Connection between psychiatry and primary care
Role of Behavioral Health Clinician: How about those differences?
<table>
<thead>
<tr>
<th></th>
<th>Primary Care</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td>15 minute appointment</td>
<td>50 minute sessions</td>
</tr>
<tr>
<td><strong>Setting</strong></td>
<td>An exam room</td>
<td>A living room</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>Diagnosis, medical terminology, complaints</td>
<td>Assessment, mental health terminology, issues</td>
</tr>
<tr>
<td><strong>Hierarchy</strong></td>
<td>Clear – Dr. in charge</td>
<td>Diffuse – Administrator in charge with med director</td>
</tr>
<tr>
<td><strong>Flow</strong></td>
<td>Flexible patient flow</td>
<td>Scheduled client flow</td>
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</table>
What makes it work

Introductions:
- Avoid the term “social worker” or “counselor”
- Use terms such as “colleague” or “Behavioral Health Clinician”
- “I want you to see my colleague who specializes in ….
  - helping people with stress.”
  - helping people cope with a new diagnosis.”

Role
- Work side-by-side with primary care staff
- Brief, flexible problem-focused approach to treatment
If you build it they won’t necessarily come.

Patients who might benefit?

- Positive screen for common behavioral health problems
  - Depression
  - Anxiety disorders
  - Substance use disorders
- Need support for health behavior change for chronic illness
- Difficulty managing common chronic symptoms e.g. headache, fatigue, pain
- Problems “adjusting” to a life stressor
Relationships and Communication

- Warm hand off
- Morning huddles
- Provider meetings and Lunch and Learn’s
- E-mails
- Informal check-in
- EMR: One record
- Direct access to provider
- Coordinated care
Sustaining Integrated Practice

- All about relationships
- More than “mental health” treatment, but a way to change behavior around medical conditions.
- Not just “plunking” a social worker in a practice and expecting it to work:
  - Start up and ongoing support
  - Performance measures
  - Administrative “team meetings”
- Focus on maximizing reimbursement
Reimbursement
<table>
<thead>
<tr>
<th>Level of Collaboration</th>
<th>Co-located Practice</th>
<th>Partially Integrated</th>
<th>Fully Integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3 and 4</td>
<td>BHC bills</td>
<td>Practice bills</td>
<td>Practice bills</td>
</tr>
<tr>
<td></td>
<td>BHC schedules</td>
<td>BHC bills</td>
<td>Same record</td>
</tr>
<tr>
<td></td>
<td>Separate records</td>
<td>Separate record</td>
<td>Shared responsibility for</td>
</tr>
<tr>
<td></td>
<td>Service</td>
<td>Coordinated care</td>
<td>schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Separate record</td>
<td>Streamlined processes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinated care</td>
<td>Improved coordination and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Streamlined processes</td>
<td>communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Releases part of routine</td>
<td>Working toward becoming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Connected to primary care team</td>
<td>part of primary care team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication without need for releases</td>
<td></td>
</tr>
</tbody>
</table>

**Comparison of Employment Arrangements for Co-located and Integrated Practice**

- **Level of Collaboration**
  - Co-located Practice
  - Partially Integrated
  - Fully Integrated

- **Co-located Practice**
  - BHC covers all expenses
  - Practice offers space
  - Practice offers space and scheduling
  - Practice employs

- **Partially Integrated**
  - BHC bills
  - Separate schedule
  - Same record
  - Coordinated care
  - Streamlined referral and scheduling process
  - Releases part of routine
  - Connected to primary care team
  - Improved coordination and communication
  - Working toward becoming part of primary care team

- **Fully Integrated**
  - Practice employs
  - Same record
  - Shared responsibility
  - Streamlined processes
  - Solid communication and coordination
  - Part of primary care team
Plan to get paid

**Pre-hire:** Clarification of financial and billing arrangements

**Hiring Process:** Credentialing and preparation for billing

**MHP Starts:** Orientation of mental health provider and preparation for billing

**Ongoing Support:** Monitoring reimbursement and continuous improvement
Who to go to for help

- Billing and coding supervisors
- Internal auditors
- Regional or state-wide integrated policy groups
- “People who know what they’re talking about” – wherever you can find them
Are you ready?

What will it take to move forward?
Basic Readiness Questions

Could you do more to emphasize the importance of mental health?

Do you:

- Screen for common mental health 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 the behavioral health work?
- Is your billing department prepared?
- Is your office staff prepared?
Joining the team

- Have you identified ways to make improvements in teamwork?
- 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 with other members of the team?
Site Self Assessment - SSA
Site Self-Assessment (SSA)

- 18 items – two sections of 9 each
- Be honest: this is not a report card!
- Next steps:
  1. Review results
  2. Identify one component to work on; develop an aim
  3. Plan a first small test of change to work towards that aim
### Example: Screening and Assessment

<table>
<thead>
<tr>
<th>2. Emotional/behavioral health needs (e.g., stress, depression, anxiety, substance abuse)</th>
<th>not assessed (in this site)</th>
<th>occasionally assessed; protocols are not standardized or are nonexistent</th>
<th>assessment is integrated into care on a pilot basis; assessment results are documented prior to treatment</th>
<th>assessment tools integrated into practice pathways to routinely assess MH/BH/PC needs of all patients; standardized protocols are used and documented.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>
Screening for Depression

- All adults every year (as part of a health maintenance visit?)
- History of depression
- Family history of depression or bipolar
- Chronic illnesses such as diabetes, heart disease, pain problems
- High utilizers of services
- People with complaints that suggest depression such as insomnia or fatigue.
**PHQ-2**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

- A positive screen for depression: 2 or 3 on questions 1 and/or 2.
- The PHQ-9 should be administered following a positive screen.
Screening and Assessment

- Addresses under-recognition of common mental health conditions

- Change ideas:
  - Choose
    - a high risk population
    - one or more conditions for screening (depression, anxiety, substance use)
  - Implement a process
    - to routinely screen
    - to use screening results
## Mental health referrals

### 2. Coordination of referrals and specialists

<table>
<thead>
<tr>
<th></th>
<th>does not exist</th>
<th>is sporadic, lacking systematic follow-up, review or incorporation into the patient’s plan of care; little specialist contact with primary care team</th>
<th>occurs through teamwork &amp; care management to recommend referrals appropriately; report on referrals sent to primary site; coordination with specialists in adjusting patients’ care plans; specialists contribute to planning for integrated care</th>
<th>is accomplished by having systems in place to refer, track incomplete referrals and follow-up with patient and/or specialist to integrate referral into care plan; includes specialists’ involvement in primary care team training and quality improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Mental health referrals

- Improve communication & coordination with mental health specialists within or outside your practice
- Change ideas include:
  - ID mental health specialists who care for many of your patients and meet with them
  - Develop templates for communication, include patient consent
  - Improve tracking for patients referred for mental health care
Tips for any planned change

- Start with patient centered perspective
- Plan strategically
- Value flexibility
- Engage all your staff in planning
- Plan for the bumps and growing pains
Start where you are. Use what you’ve got. Do what you can.  

Arthur Ashe
Resources

- www.integratedprimarycare.com
- www.mehaf.org – Maine Health Access Foundation
- www.ahrq.gov - Agency for Healthcare Research and Quality
- www.thenationalcouncil.org – the National Council for Community Behavioral Healthcare
- www.ibhp.org – Integrated Behavioral Health Project
- www.mainehealth.org/mentalhealthintegration
We can help

- **Neil Korsen**, MD MS,  [korsen@mainehealth.org](mailto:korsen@mainehealth.org), 662-6881

- **Missy Cormier**, LCSW, Maine Mental Health Partners,  [cormim@springharbor.org](mailto:cormim@springharbor.org), 662-7165

- **Mary Jean Mork**, LCSW, Maine Mental Health Partners and MaineHealth,  [morkm@mmc.org](mailto:morkm@mmc.org), 662-2490

- **Cynthia Cartwright**, MT RN MSEd, MaineHealth  [cartwc@mainehealth.org](mailto:cartwc@mainehealth.org), 662-3529

- **Gretchen Reynolds**, Adm Coordinator, MaineHealth,  [reynog@mainehealth.org](mailto:reynog@mainehealth.org), 662-4613