Overview: The Path to Integrating Behavioral Health in your Practice

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Quality Counts
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Objectives

1. Identify key aspects of behavioral health integration in relation to PCMH’s
2. Describe the potential roles for behavioral health intervention
3. Begin to evaluate your change readiness and plan the direction ahead

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
  - Paul et al, JAM, 2002; Unutzer et al, JAMA, 2001

- Increased cost efficiency - including primary and specialty costs for physical health care

Why Integration?
The Triple Aim

Patient Centered Medical Home (PCMH) – the Concept

The Triple Aim in Practice

- Improved Patient Experience
- Population Health
- Reduced Cost

Patient Centered Medical Homes, Health Homes
Community Care Teams
ED High Utilization Project
Other Initiatives

Primary Care
Community Resources
Integrative Practice
Specialty Mental Health and SA Services
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

Community Care Teams

- Multi-disciplinary, community-based, practice-integrated care teams
- Built on successful models in NC, VT, NJ
- Connected to pilot Patient Centered Medical Home sites
- Goals - Care coordination and reduced costs
- Per member per month (PMPM) reimbursement to practices
- Linkage with community providers
Meet Roland

Behavioral Health Clinician in Primary Care:
How about those differences?
“If you build it they won’t necessarily come.”

Patients who might benefit?
- Positive screen for common behavioral health problems
  - Depression
  - Anxiety 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

Types of referrals - Adult
- Anxiety
- Depression
- Trauma
- Substance use
- Pain
- Chronic illness
- New diagnosis
- Recent hospitalization
- Recent surgery/injury
- Sleep issues
- Obesity
- Smoking cessation
- Medication compliance
- Crisis
- Life stressors
  - Divorce
  - Financial
  - Abuse
  - Death

Types of referrals - Children
- Behavioral issues
- Substance use
- Risky behaviors
  - Sexuality
  - Cutting
- School issues
  - Bullying
  - Academic struggles
  - Peer issues
- Diagnostic clarification
- Assessment and recommendations for other services
- Family issues
  - Death
  - Financial stressors
  - Divorce
  - Moving
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  - Moving
Introducing the Behavioral Health Clinician to patients

- 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.”

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

Link to Specialty Mental Health

- Goals
  – Easier access
  – Improved communication
  – Ongoing treatment
  – Connection between psychiatry and primary care
## Levels of Integration

<table>
<thead>
<tr>
<th>Level</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordinated</strong></td>
<td>Minimal Collaboration</td>
</tr>
<tr>
<td></td>
<td>Monitoring, treatment plans, &amp; protocols shared</td>
</tr>
<tr>
<td></td>
<td>Some communication</td>
</tr>
<tr>
<td><strong>Basic Collaboration</strong></td>
<td>Active referral linkages, limited communication</td>
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<tr>
<td></td>
<td>Basic Collaboration on site, separate systems</td>
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<tr>
<td></td>
<td>Minimal communication</td>
</tr>
<tr>
<td><strong>Co-Located</strong></td>
<td>Basic Collaboration on site, separate systems</td>
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<tr>
<td></td>
<td>Minimal communication</td>
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<tr>
<td><strong>Integrated</strong></td>
<td>Close Collaboration on site, separate systems</td>
</tr>
<tr>
<td></td>
<td>Regular communication</td>
</tr>
<tr>
<td></td>
<td>Close Collaboration</td>
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<tr>
<td></td>
<td>Onsite</td>
</tr>
<tr>
<td></td>
<td>Coordinated treatment plans</td>
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<tr>
<td></td>
<td>Routine communication and coordination</td>
</tr>
<tr>
<td><strong>Full Collaboration in a Transformed Integrated Practice</strong></td>
<td>Shared site, vision, systems, treatment plans</td>
</tr>
<tr>
<td></td>
<td>Regular team meetings</td>
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<td>Population based behavioral health</td>
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</tbody>
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## Elements contributing to levels

- Location of Behavioral health clinician
- Operations and systems
- Treatment plan sharing
- Patient experience
- Organizational and leadership support
- Business model

## Improvement at every level

Collaboration to increase communication/coordination between mental health and primary care
Screening for Depression

- All adults at least every 5 years (as part of a health maintenance visit?)
- High risk groups every year
- 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

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than last 2 weeks</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.
Are you ready?

What will it take to move forward?

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

Behavioral Health Integration Improvement Process
Pecha Kucha

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, 662-6881
- Missy Cormier, LCSW, Maine Mental Health Partners, comimi@springharbor.org, 662-7165
- Mary Jean Mork, LCSW, Maine Mental Health Partners and MaineHealth, morkm@mmc.org, 662-2490
- Cynthia Cartwright, MT RN MSEd, MaineHealth cartwc@mainehealth.org, 662-3529
- Gretchen Reynolds, Adm Coordinator, MaineHealth, reynog@mainehealth.org, 662-4613
Start where you are
Use what you’ve got
Do what you can

Arthur Ashe