



INDIAN HEALTH SERVICE

2015 NATIONAL BEHAVIORAL HEALTH CONFERENCE

Behavioral Health Integration with Primary Care

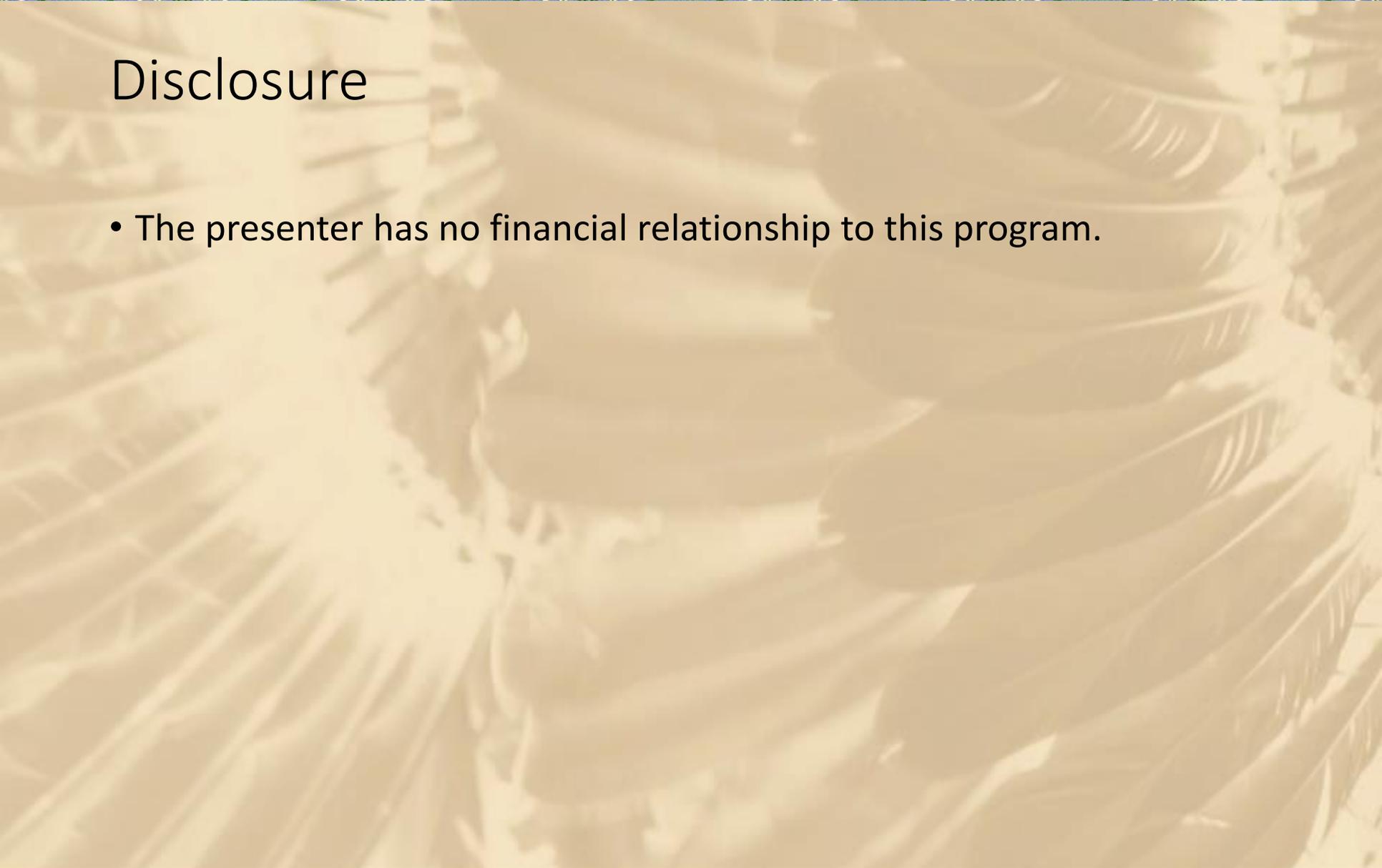


Patient Centered Workflow – Definition and Roles

*Bob Franko, MBA,
Vice President, Cherokee Health Systems*



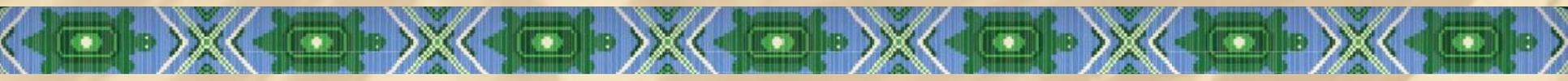
Disclosure

- The presenter has no financial relationship to this program.
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Objectives

At the end of this presentation, participants will be able to:

- 1. State at least three clear differences between an integrated practice and a co-location model
 - 2. Define three key roles in an integrated practice that are different from those in a traditional primary care model
 - 3. Identify at least one short-term goal and one long-term goal to help their organization move toward an integrated practice
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Patient Centered Workflow – Definition and Roles

Cherokee Health Systems' Clinical Model

Bob Franko, MBA
Vice President – Cherokee Health Systems

*Indian Health Services
Phoenix, Arizona
August, 2015*



Learning Objectives

1. State at least three clear differences between an integrated practice and a co-location model
1. Define three key roles in an integrated practice that are different from those in a traditional primary care model
1. Identify at least one short-term goal and one long-term goal to help their organization move toward an integrated practice



Knoxville/Knox County, TN

Population: 655,400



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Primary Service Area



Cherokee Health Systems

Penetration into the General and Medicaid Populations

- 3 year (FY2012-2014) penetration into the general population

Unduplicated patients	96,964
Total area population	1,019,386
Penetration	9.5%

- 3 year (FY2012-2014) TennCare (Medicaid) penetration

Unduplicated Medicaid patients	41,027
Total Medicaid enrollment	178,212
Penetration	23.0%



Cherokee Health Systems

Last year: 64,300 patients

488,209 Services

New Patients: 16, 672

Number of Employees: 634

Provider Staff:

Psychologists - 52

Primary Care Physicians - 25

NP/PA (Primary Care) - 42

Cardiologist - 1

Nephrologist - 1

Pharmacists - 11

Community Workers - 37

Psychiatrists - 12

NP (Psych) - 9

LCSWs - 68

Dentists - 2



Transcending the Barriers to Integrated Care

Not Somehow, but Triumphantly

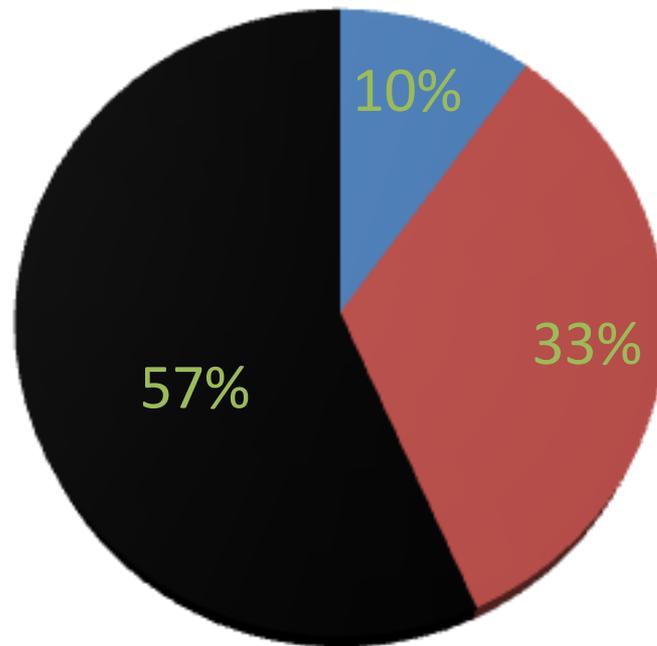


Blending Behavioral Health into the PCMH

- Enhances the efficiency and effectiveness of primary care
- Transforms the delivery of behavioral healthcare
- Supports NCQA recognition
- Achieves the Triple Aim



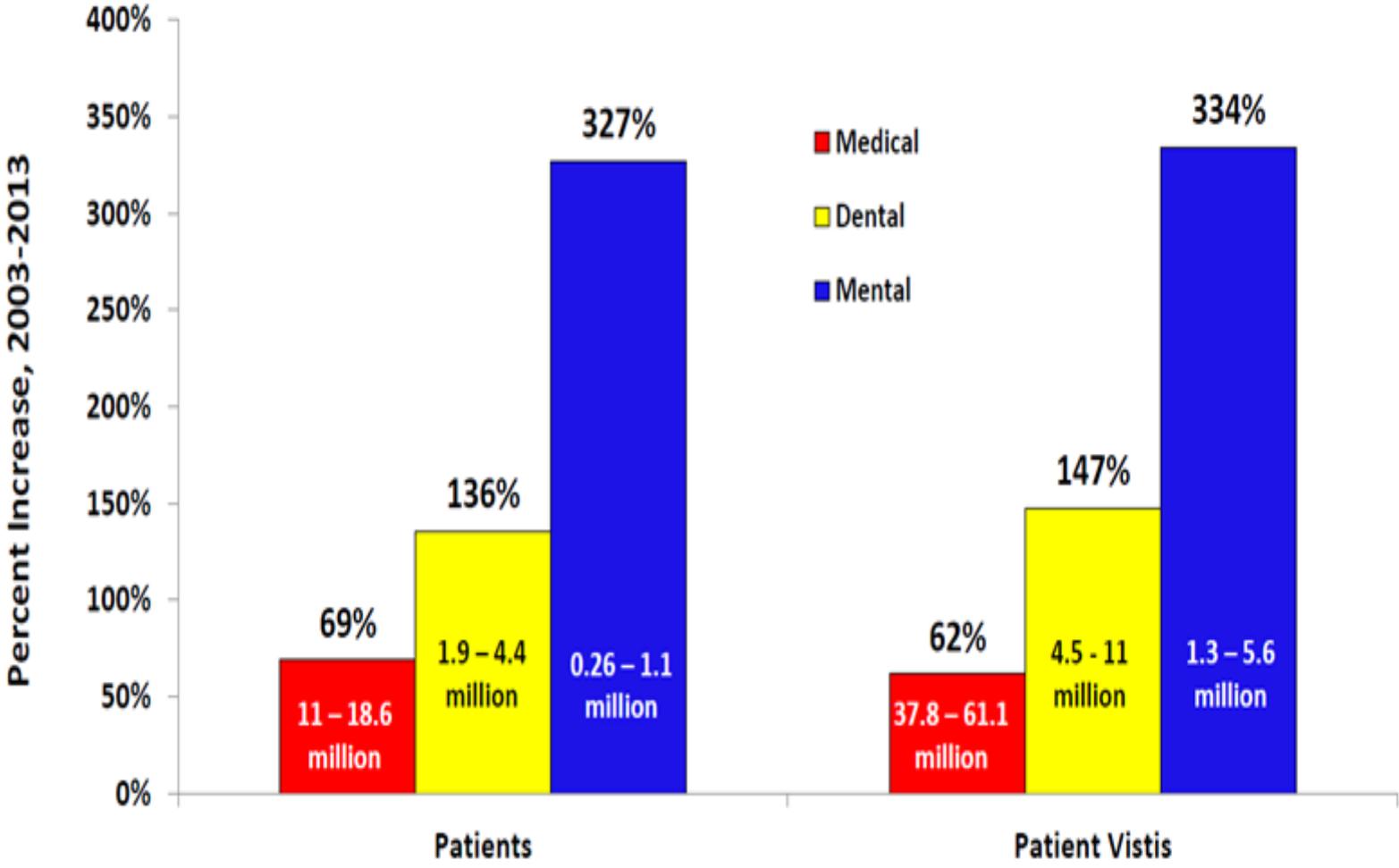
Americans Suffering From a Diagnosable Behavioral Disorder



- Treatment from Behavioral Specialists
- Treatment from Primary Care Provider
- Untreated

Source: Kathol and Gatteau – Healing Mind and Body, 2007

Health Centers Have Experienced Tremendous Growth in the Number of Patients and Visits for Medical, Dental, and Mental Health Care, 2003 - 2013



Note: Mental health does not include substance abuse. Percent Increase is calculated using actual patient and patient visit numbers, not with rounded numbers presented in this chart.

Source: 2003- 2013 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Integration vs. Co-Location

Integrated Care

- Embedded member of primary care team
- Patient contact via hand off
- Verbal communication predominate
- Brief, aperiodic interventions
- Flexible schedule
- Generalist orientation
- Behavior medicine scope

Co-Located Mental Health

- Ancillary service provider
- Patient contact via referral
- Written communication predominate
- Regular schedule of sessions
- Fixed schedule
- Specialty orientation
- Psychiatric disorders scope

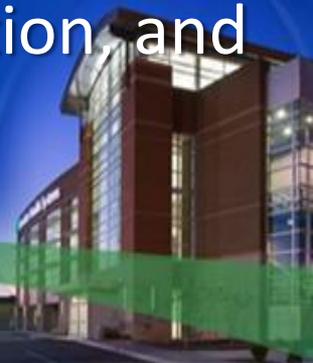
What is Integrated Care?

“The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress related physical symptoms, and ineffective patterns of health care utilization.”

Peek CJ and the National Integration Academy Council. Executive Summary - Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-1-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. <http://integrationacademy.ahrq.gov>

CHS' Behaviorally Enhanced Healthcare Home

- Behaviorist on Primary Care (PC) team
- Consulting Psychiatrist on PC Team
- Shared patient panel and population health goals
- Shared support staff, physical space, and clinical flow
- BH Access and collaboration at point of PC
- PC Team based co-management and care coordination
- Shared clinical documentation, communication, and treatment planning

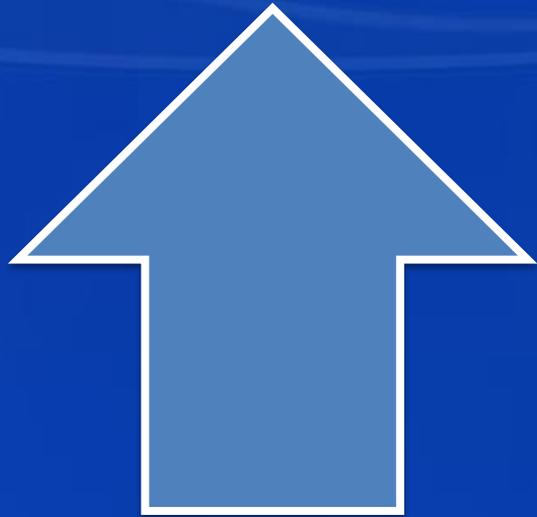


Welcome to Primary Care

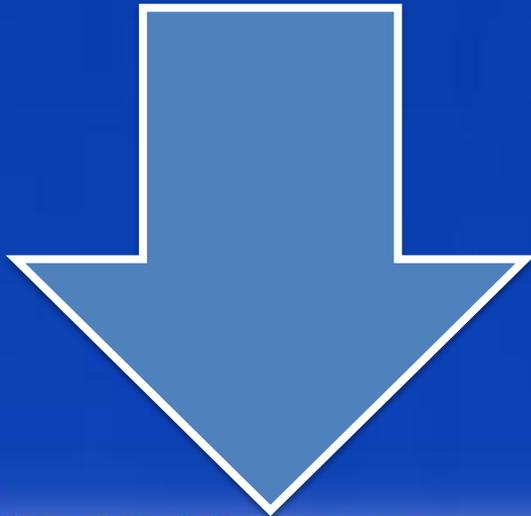
- ❖ Main point of access to care for all healthcare, including behavioral health conditions
- ❖ Principal setting for treatment of behavioral health conditions
- ❖ Central stage for the complex and bidirectional interplay between medical and mental health disorders, health behaviors, and social determinants of health



The Reality of Primary Care



Patient Panel Size
Behavioral Comorbidity
Health Complexity
Coordination Demands
Insurance Requirements
Documentation Demands
Accountability



Time
Resources
Reimbursement



Re-engineering Primary Care: An Integrated Team Based Model

- Functions of care delivery shared across team
- Access to BH expertise “where behavioral problems shows up”
- Improved communication
- Improved care coordination
- Expanded health management support
- Supported patient engagement



Integrated Behavioral Health **MUST** fulfill functions of **PRIMARY** Care

- Contact – *First line of access*
- Comprehensive – *Anything that walks through the door*
- Coordinated - *Organizes and synchronizes all elements of care*
- Continuous – *Episodes of care within context of longitudinal partnership*



Translation:

- Behavioral health is ROUTINE component of medical care
- Behavioral Healthcare must be population based
- BHC panel is the primary care panel
- Efficacy is measured based on the health status and functioning of entire panel, not just those actively receiving behavioral health services



Integrated Primary Care: Team Based Coordination

- Face to Face Verbal Feedback
- Shared Documentation
- Treatment Team Discussion
- Telephone/Telehealth
- Electronic Health Record



Cherokee's Blended Behavioral Health and Primary Care Clinical Model

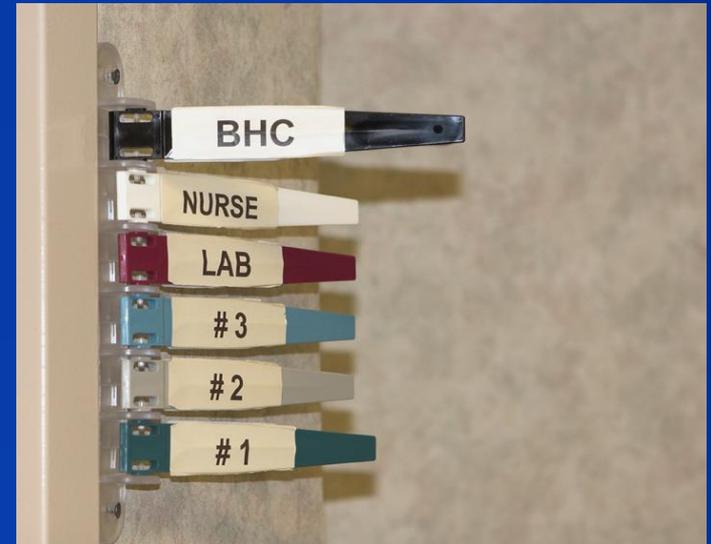
- Embedded Behavioral Health Consultant on the Primary Care Team
- Real time behavioral and psychiatric consultation available to PCP
 - Focused behavioral intervention in primary care
 - Behavioral medicine scope of practice
 - Encourage patient responsibility for healthful living
 - A behaviorally enhanced Healthcare Home



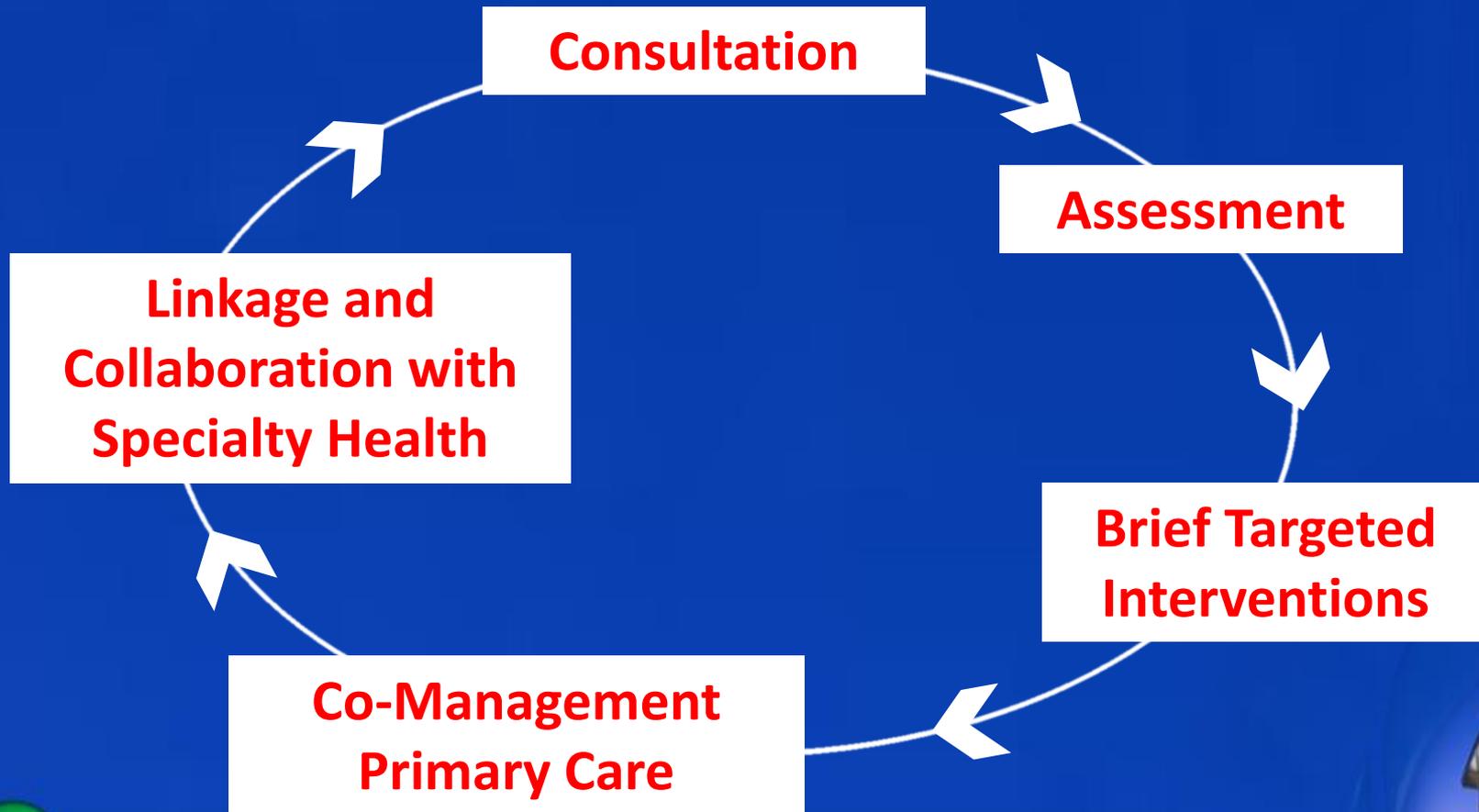
Behavioral Health Consultant (BHC)

Scope of Practice

- Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues
- Consultation and co-management in the treatment of mental disorders and psychosocial issues



BH Care in an Integrated System: Flexible and Dynamic

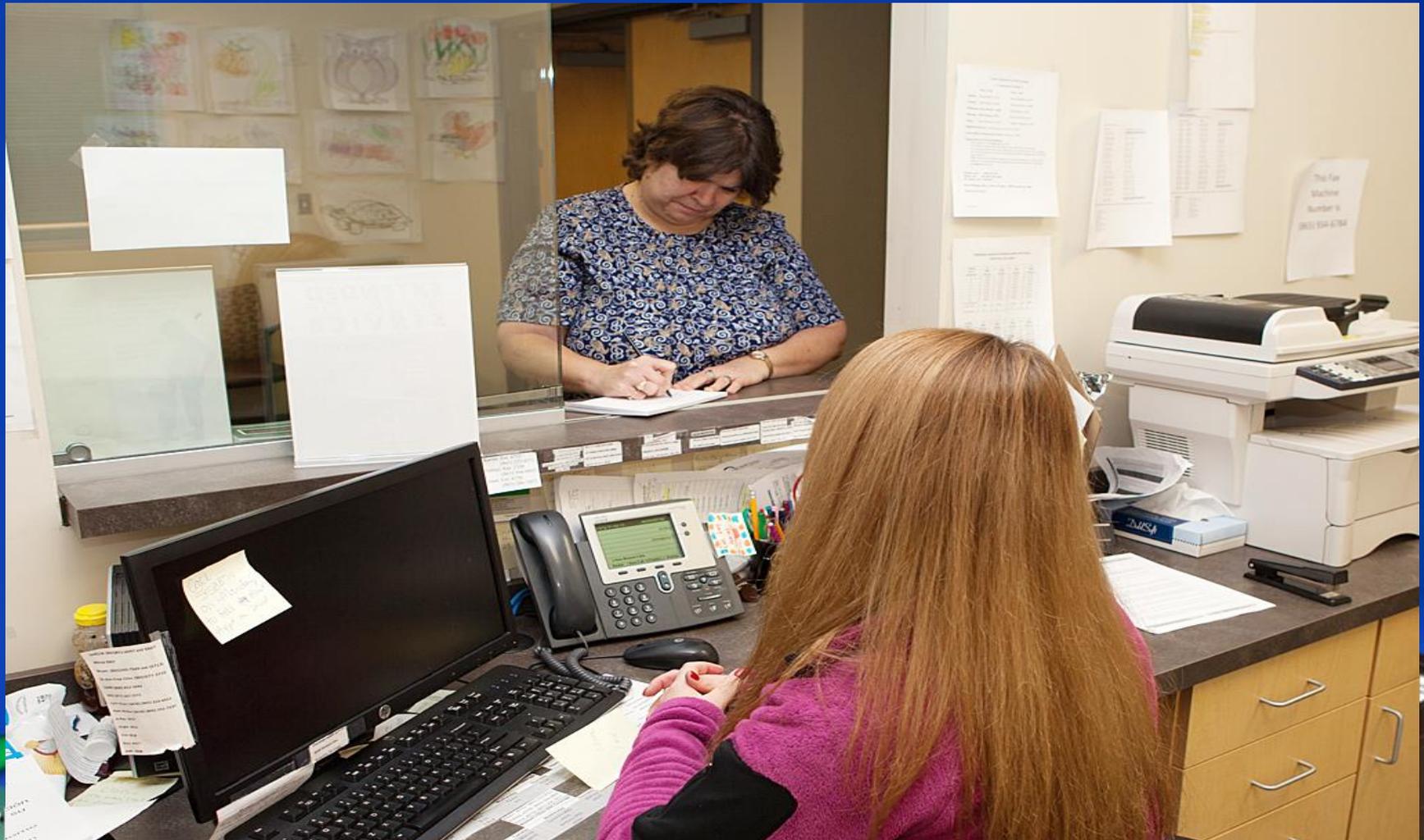


So what does it look like in real life?

A picture is worth a thousand words...



Patient Check In..



Vitals -BP



Vitals - BH



Shared Space



PCP with Patient



PCP Consults BHC



BHC Chart Review



BHC Transition



BHC Consultation with Patient



BHC Feedback to PCP



Patient and BHC Coordinate Follow-Up Plan



Integrating Psychiatry into Primary Care: Goals

- **Increase Access** to psychopharm expertise for primary care population
- **Enhance Skills** of Primary Care Colleagues in psych med mgmt
- **Improve Quality** of psychiatric care in primary care setting



Integrating Psychiatry into Primary Care: Strategies

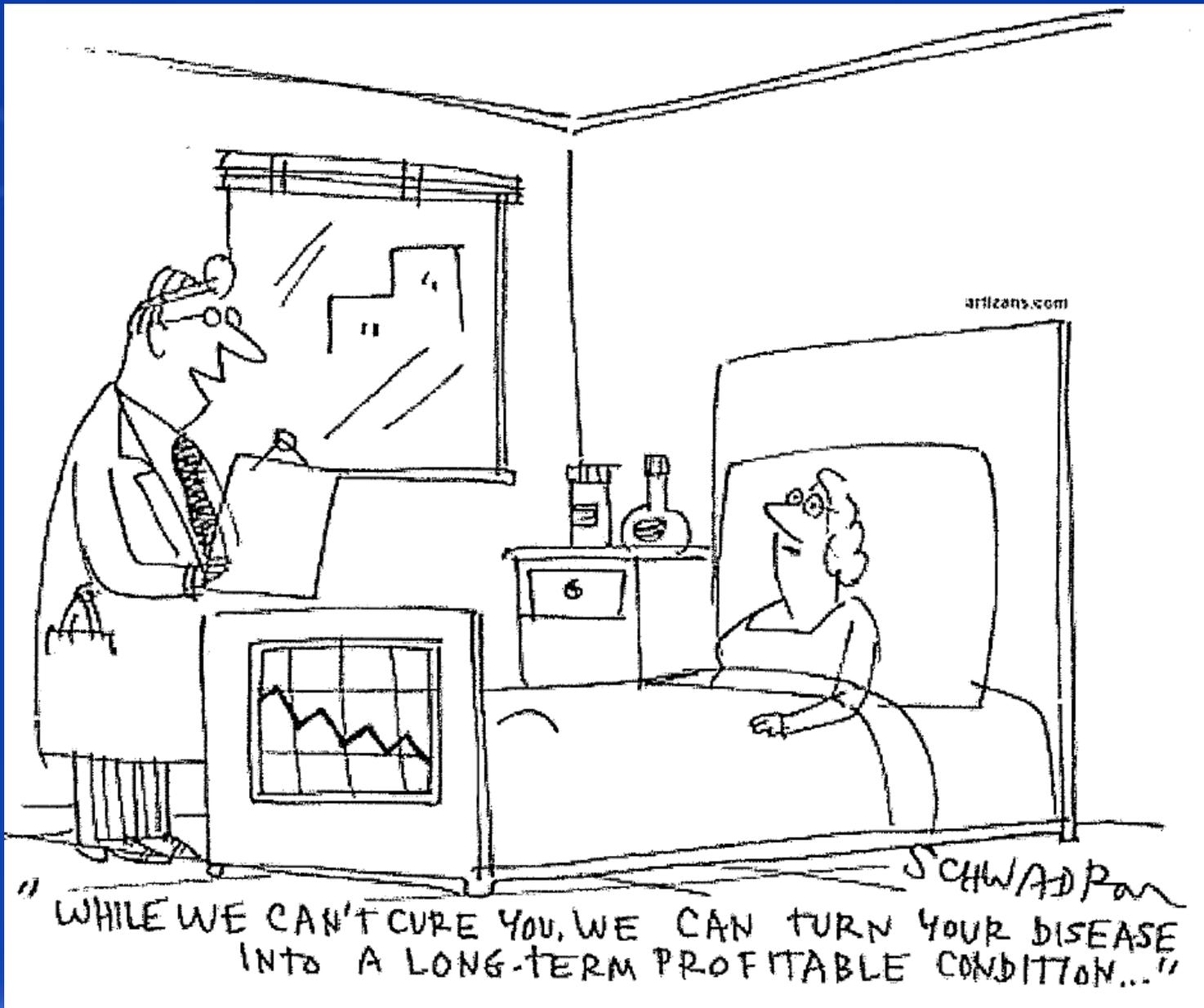
- **Consultation** to PCP/BHC via phone or telement
- **Fast-track access** to direct face to face consultation with patient for stabilization
- **Triage** and coordination with specialty psychiatry
- **Treatment Team** discussion
- **Trainings** for PCPs/BHCs “Stump the Chump”



Critical Success Factors for Effective and Sustainable Integration

- Secure the financial model
- Establish efficient clinical workflow
 - Find effective behaviorists
- Adopt a culture of integration





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Critical Success Factor: Financial Strategy

- Stewardship
 - Partnership with payers
 - Negotiate favorable contracts
- Where there is a will, there is a way





"Sorry the doctor is running behind. You can keep today's appointment or I can fit you in tomorrow...whichever comes first."

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Critical Success Factor: Efficient Clinical Flow

- PCMH - transforming primary care practice
- Blending Behaviorists into the workflow
 - Assuring data-informed providers
 - The choreography of care





"My physical therapist says this is the worst possible position you can lie in."

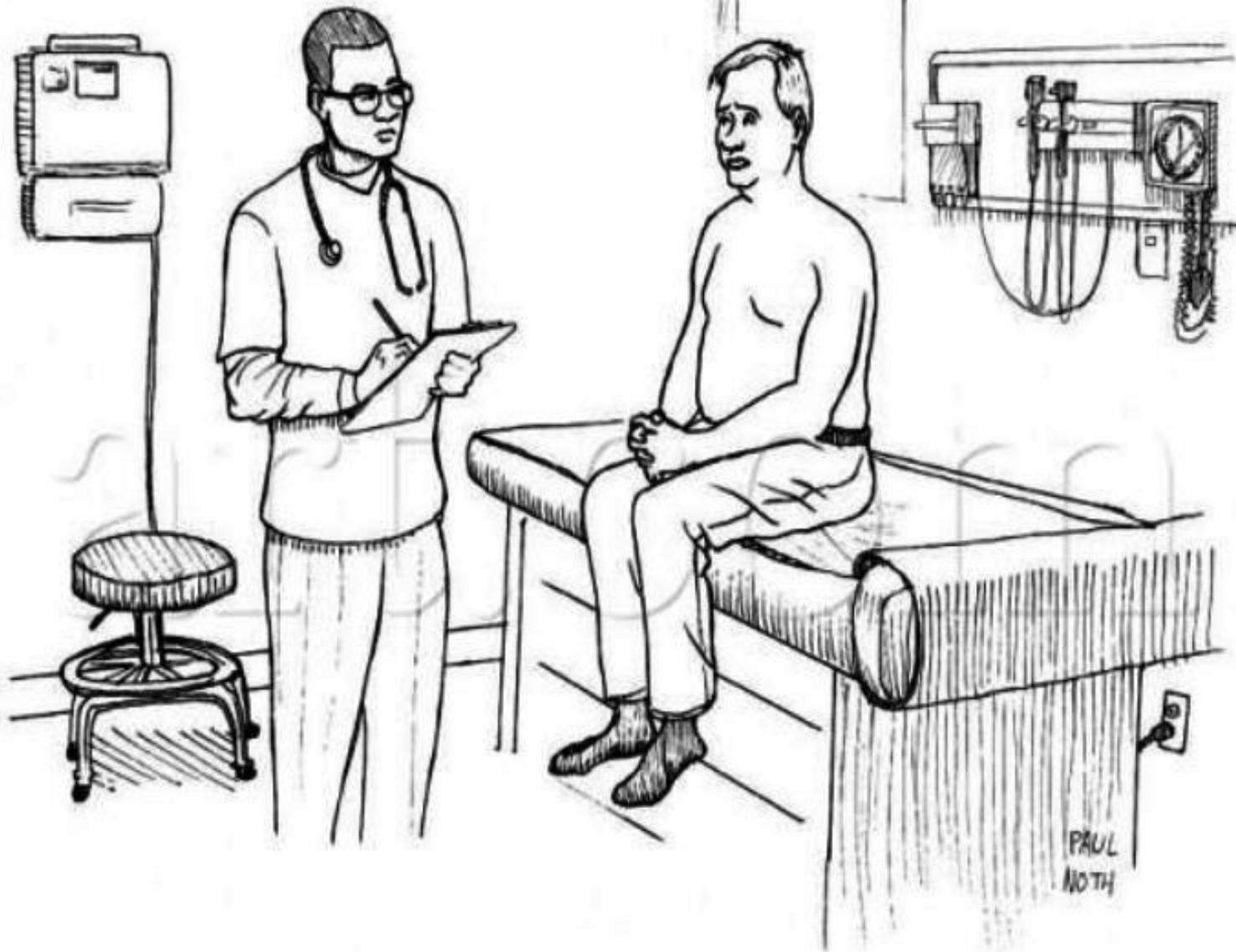
The Patient's PCMH Team

Patient Services Representative
Nursing
Primary Care Provider
Behavioral Health Consultant
Lab
X-ray
Pharmacy
Psychiatry
Community Health Coordinator
Health Coach
Care Coordinator
Specialists – OB/GYN,
Cardiology, Nephrology
Psychotherapy



Patient





"Will I still be able to not exercise?"

Critical Success Factor: Finding Effective Behaviorists

- Futility of raiding the silos
- Skills, characteristics and orientation
- Behavioral medicine scope of practice
 - Population-based care





"Never, ever, think outside the box."

© The New Yorker



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Critical Success Factor: Establishing & Perpetuating Integrated Care Culture

- The meaning of culture
- Greater than the sum of Primary Care plus Behavioral Health
 - Values – access, wellness, personal responsibility
 - Integration serves Mission

