Implementation of Integrated Care in Primary Care Clinics:
What Administrators Need to Know

**2021 Virtual Forum for
Migrant and Community Health**

Elena Reyes, PhD

CENTER DIRECTOR

Courtney L. Whitt, PhD

DIRECTOR BEHAVIORAL HEALTH

HEALTHCARE NETWORK

Objectives

1. Discuss how to assess organizations' readiness for initiating or expanding integrated care

2. List resources and infrastructure needed for a successful integrated care program

3. Differentiate between the different types of behavioral health providers and their role in the implementation of integrated care programs

Why Integrated Primary Behavioral Health

➤ Behavioral Health IS part of basic general health (biopsychosocial model)

➤ Mental illness often goes undetected and undertreated by healthcare providers.

➤ The majority of patients do not follow-up with primary care referrals to mental health clinics

➤ Primary care is the de facto mental health system in the U.S.

  ➤ Up to 70% of primary care medical appointments are for problems stemming from psychosocial issues

  ➤ More than 50% of psychotropic medications are prescribed by PCPs (compared to 12% by Psychiatrists)

➤ Integrated care has the potential for decreasing significantly healthcare spending

Why one patient and one physician In a room is not enough…

<u>Example</u>: To prevent complications of obesity and diabetes, ***all you have to do is*** modify a person's health beliefs and attitudes, daily habits, eating preferences, daily activities, exercise habits, grocery stores, neighborhood walk-ability, food advertising, self-care, employability, economic empowerment, access to medical care, clinical inertia, provider quality, and medication adherence, all in the context of his or her family and social relationships.
(George Rust, MD)

"The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives"

From- Collaborative Family Care Assoc

Primary Care Behavioral Health Model

✔ Standard behavioral health screening

✔ Unified treatment plans

✔ Actionable screening results

✔ Protocol based care delivery

✔ Common electronic health record

✔ Patient-centered care (treating mind and body)

Meta analyses have shown:

➤Effectiveness for adults

➤Effectiveness for child-adolescents

In decreasing symptoms of behavioral problems
(e.g. anxiety, depression) and
improving functioning
(e.g. adherence to chronic disease management, GAF)

Effectiveness of Integrated Care for Latinos

✔ Problem focused

✔ "on demand" see patients when needed with "warm hand-offs"

✔ Short visits over several weeks

✔ Decrease stigma

✔ Chronic care management – decrease disparities

✔ Improve satisfaction

CENTER for
CHILD STRESS & HEALTH
FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

Effectiveness for Latino Patients

- National samples of Latino (Especially immigrants from Central America) are less likely to meet criteria for mental disorder than non-Latino or US born Latinos.

- Less likely to utilize mental health services than non-Latinos (even when controlling for prevalence of mental health difficulties)

- Less likely to receive evidence-based treatments

- Reasons for disparities: concerns about cost of services, lack of insurance, lack of Spanish-speaking providers, fears of deportation, lack of transportation, cultural responsiveness to interventions, lack of culturally appropriate tx

Organizational Readiness

Extent to which an organization is willing and able to implement a particular innovation (Drzensky et al, 2012)

Organizational Readiness (Scaccia et al, 2015) – three components:

1. motivation to implement an innovation (perceived incentives and disincentives)

2. general capacities of an organization structural, functional, cultural aspects of organization that impact capabilities

3. innovation specific capacities(knowledge , skills and conditions needed)

Readiness Assessment-HRSA

A toolkit with four organizational integration readiness and capability self-assessment tools to help teams identify existing gaps and improvements to be made.

Organizational Assessment Toolkit for Primary and Behavioral Healthcare Integration

SAMHSA-HRSA Center for Integrated Health Solutions

Integrating Health Topics:

Integrated Care Models

Readiness for Integrated Care Questionnaire (RICQ)

❖ Adapted to integration of behavioral health and primary care

❖ Developed through health equity lens

❖ Emphasizes creation & advancement of opportunities for underserved, predominantly minority and low-income patient populations and under-resourced clinical settings to experience optimal health outcomes

✳ Ideal for FQHC

Readiness for Integrated Care Questionnaire (RICQ)

- Three components:
  - Motivation
  - Innovation specific capacity
  - General capacity

- 82 item quantitative survey

- Allows leadership to pinpoint specific areas for change, data informed decisions on how to allocate limited resources

- Organization readiness changes over time

- Instrument designed to facilitate quality improvement activities and capacity - building

(ongoing data collection, 2017)

RICQ - Organization Readiness

Readiness for Integrated Care Questionnaire (RICQ): instrument to assess readiness to integrate behavioral health and primary care

- Developed with practices that serve vulnerable, underprivileged, populations
- Found practices need support:
  - Increasing staff capacities (general knowledge & skills)
  - Improving access to and use of resources
  - Simplifying steps in integrated care so the effort appears less daunting & difficult to team members

PCBH Model –
Overview & Operational Definition
GATHER (Robinson & Reiter 2016)

G – Generalist approach - BHC engages with patients of any age and with any sort of biopsychosocially influenced health condition.

A – Accessibility – same day / warm hand offs

T – Team-based –role of BHC – to extend the primary care provider and team

H – High Productivity – 10-14 patients per day . 15 to 30 min appointments

E – Educator -goal is to help develop a primary care milieu in which biopsychosocial influences on health are identified readily, and handled comfortably and skillfully, by all members of the primary care team.

R – Routine – PCP routinely calls in BHC; part of regular workflow; routine inclusion in certain conditions

Team of Providers in PCBH

Primary Care Physician

Behavioral Health Consultant – (BHC)

Nurse

Frontline staff

Social Worker

Promotoras

Psychiatrist / Nurse Practitioner consultant

Training for PCBH
Role of Leadership

Role of Leadership – CEO , COO, Med Dir, DON, IT, etc

- Assign a consultant – Behavior Health Consultant (BHC)
  - Once other BHC's hired, role is to train them in model

- Visit an established clinic as a team

- Start implementation with one clinic and roll out to others

- Leadership –attend clinic specific all–staff meetings to introduce model to PCP's, nursing, management, support staff

- Generate and review clinic specific reports on PCBH model quality metrics

Support of PCBH Practice Management

◦ Shifting some of the biopsychosocial healthcare from PCP's to increase efficiency

◦ BHC works in the assigned clinic area with Team

◦ Up to 20% of BHC time can be spent in group-based delivery

◦ Importance of BHC role vs psychotherapist

◦ Half of BHC time is in warm hand offs

◦ EMR supports the model for access & efficiency, billing and metrics

How do we measure that we are there?
PCBH Metrics

Provider – Level

- ✓ Productivity [i.e., *# of visits*]
  - ▪ Total Visits
  - ▪ Total Billable Visits
  - ▪ Scheduling Efficiency [i.e., total visits / available slots x clinical FTE]
- ✓ Model Fidelity
  - ▪ *# of same-day visits – e.g., warm hand off, prevention, dual*
  - ▪ *# of BH warm hand offs / # of medical visits [BH + PCP metric]*
  - ▪ Behavioral Medicine Visits [CPT 96156, 96158/96167]
- ✓ Patient Satisfaction [e.g., *provider listening, provider knowledge re: health hx, provider explanation, involved in decisions*]

How do we measure that we are there?
PCBH Metrics

System – Level

✓ Crisis Support [i.e., *# of brief crisis intervention order sets*]

✓ Population Penetration [i.e., *# unique BH patients / # unique medical visits*]

✓ Medical Provider Productivity

✓ Medical Provider Satisfaction [i.e*., access, helpfulness, perceived productivity, job satisfaction*]

# *How do we measure that we are there?*
PCBH Metrics

Quality

- ✓ Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, Continuation and Maintenance Phase (C&M)

- ✓ Antidepressant Medication Management (AMM): Initiation/Acute Phase, Continuation and Maintenance Phase (C&M)

- ✓ Depression Remission or Response for Adolescents & Adults

- ✓ Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)

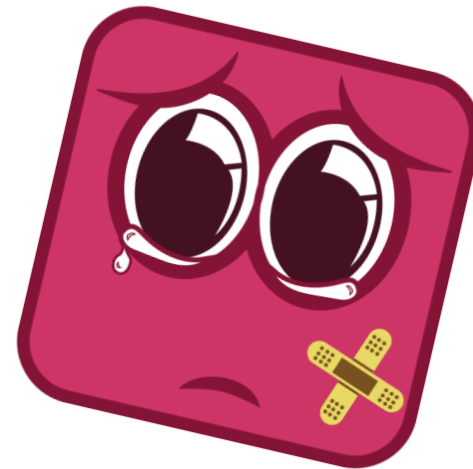- ✓ Follow-Up After Hospitalization for Mental Illness (FUH), Alcohol & Other Drug Abuse or Dependence (FUA)

Can I have an example in a busy, FQHC, with high need, low literacy, multilingual agricultural worker community?
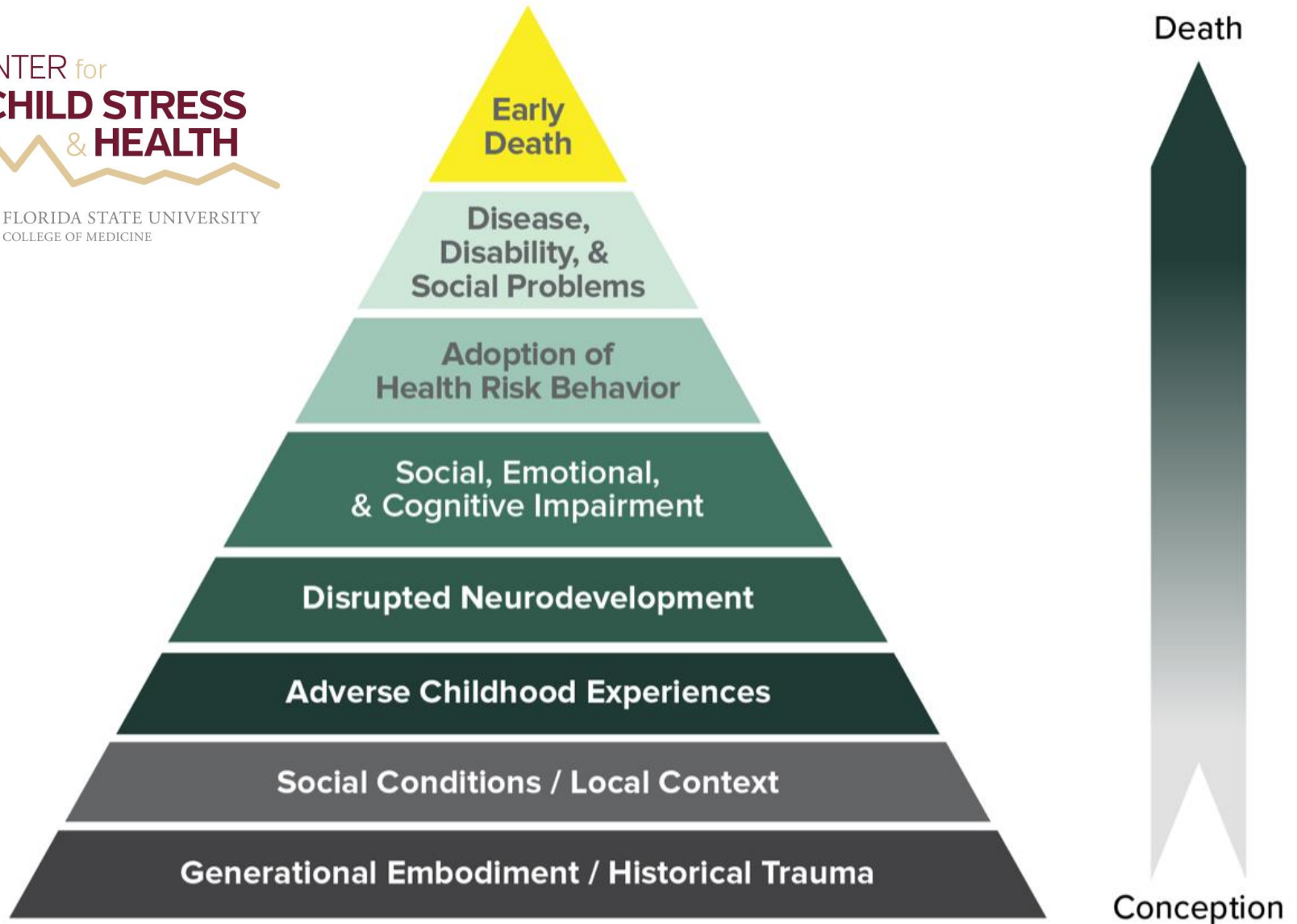
Adverse Childhood Experiences
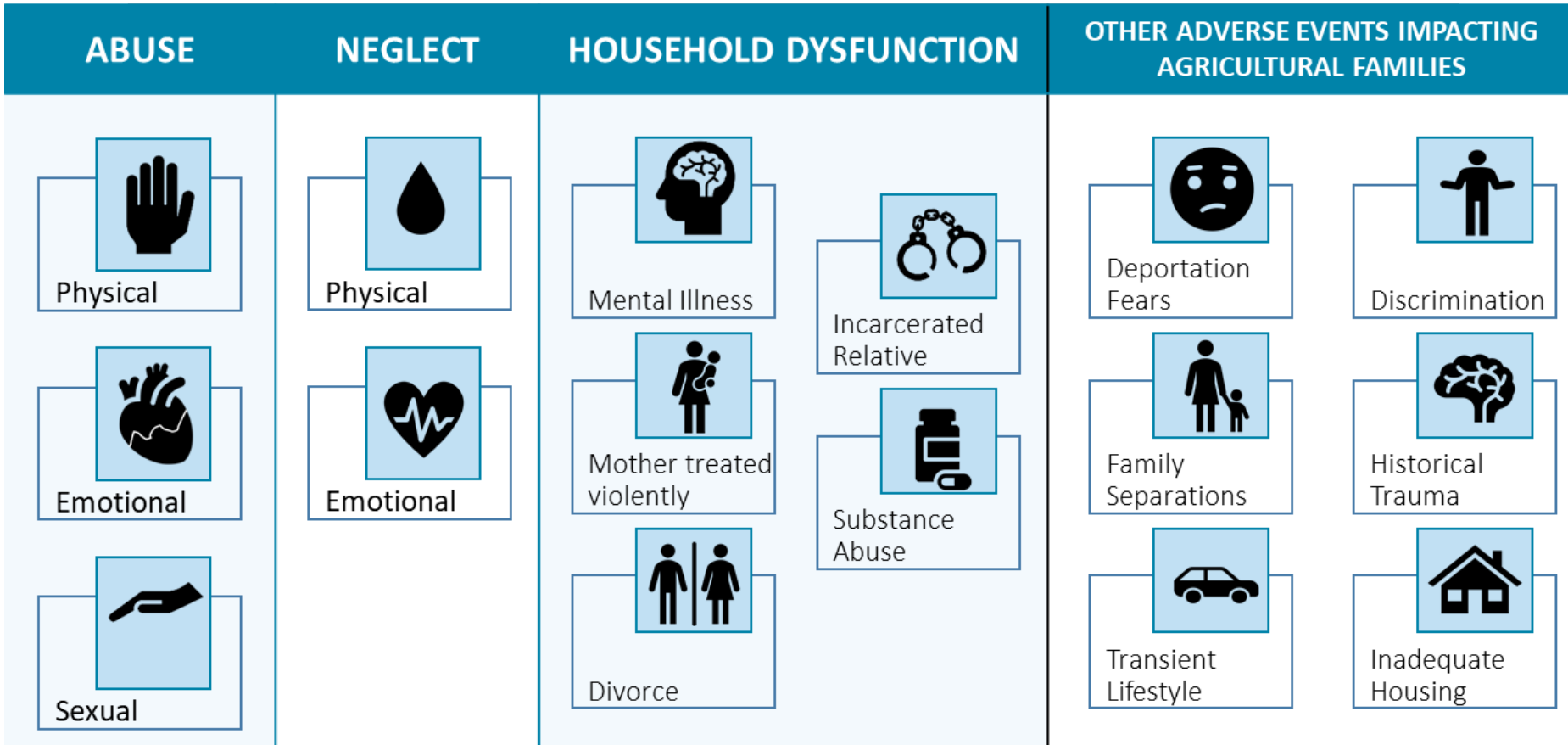
How do we get from adverse events in childhood to poor health outcomes in adults??

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Tiered System of Interventions for Toxic Stress

CENTER for CHILD STRESS & HEALTH
FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

Universal Preventive Interventions
- ✓ General Parent education targeting health literacy
  - ✓ *PROMOTORAS*
- ✓ Universal Screening during well-child visits
  - ✓ *PRIMARY CARE PROVIDERS*

Selective Preventive Interventions - BHC
- ✓ Targeted interventions for developmentally appropriate areas
- ✓ Parent Guidance
- ✓ Parent training

Indicated Preventive Interventions - BHC / Specialty Referral
- ✓ Evidence based interventions for identified physical / behavioral problems

Trauma Identification & Assessment in Primary care

Goal: Identifying children who have experienced traumatic events, with particular focus on physical, mental, or behavioral health needs

Aim: Screening for traumatic stress as part of routine well-child visit

➢Development of the Multilingual Automated Screening System (**MASS**)
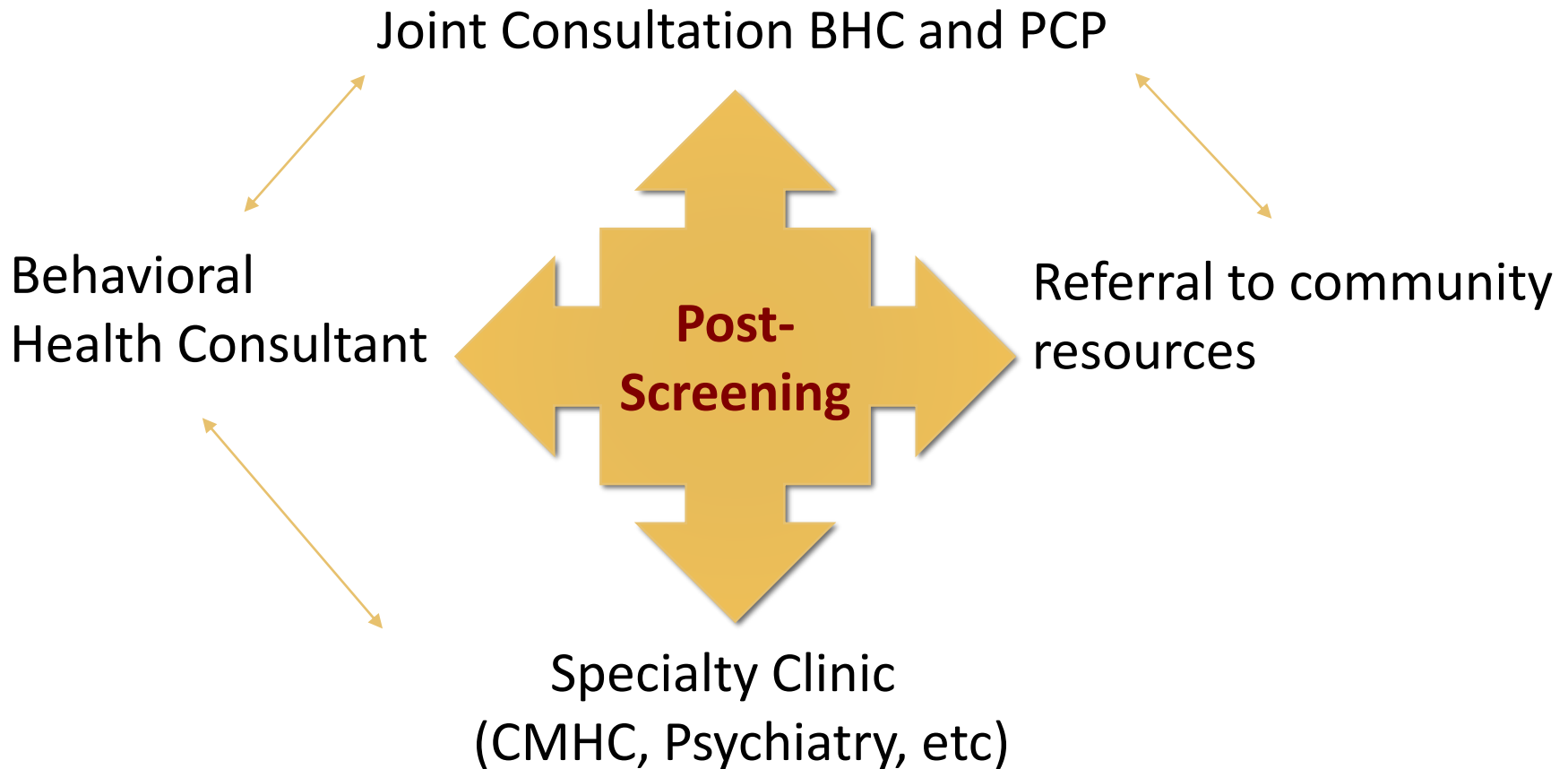
- English
- Spanish
- Creole

Visual & auditory input (low literacy)

Screeners are scored and submitted to medical chart

Multilingual Automated Screening System (**MASS**)

Implementing Toxic Stress Screenings in
Primary Care Pediatrics Options

Joint Consultation BHC and PCP

Behavioral
Health Consultant

Post-Screening

Referral to community
resources

Specialty Clinic
(CMHC, Psychiatry, etc)

Thank you!

http://www.fsustress.org

https://healthcareswfl.org