

Delivering Planned Integrated Care Best Practice Forum October 6th, 2015



Veena Channamsetty, MD Chief Medical Officer
David A. Guggenheim, Psy.D. Associate Chief Behavioral Health Officer



The Case for Behavioral Health Integration

NCQA: PCMH Core Value

HRSA: Public Health Priority

CDC: Co-Morbid Treatment

Effective BH treatment



Behavioral Health Integration: The Landscape

Why Integrate?

- Up to 70% of primary care visits stem from psychosocial factors (Robinson & Reiter, 2007)
- 3.5 million Americans with untreated SPMI (TAC, 2014)
- Connections between physical wellness and emotional well-being are documented in the literature (McCloughen, et al., 2012) :
 - Trauma and chronic medical conditions (Norman et al., 2006; Hunt et al., 2011)
 - Depression and chronic health conditions (Cucciare, et al., 2010)
 - Stress and general health problems (Whittaker et al., 2012)
 - General mood disorders and insomnia (Jansson & Linton, 2006)



Behavioral Health Integration: The Landscape

Early Integration for Early Intervention

- Up to 75% of mental illness measurable prior to age 24 (NIMH, 2005)
- Providing screening and early intervention is an effective means of improving outcomes, much literature showing benefits of early care:
 - Depression among school-aged children (Cuijpers, 2006)
 - Anxiety among school-aged children (Neil & Christensen, 2007)
 - Certain traumas among adults (Dyregrov, Nordanger & Dyregrov, 2000)
 - Psychotic Disorders (Wyatt, 1995)
 - Parent training for ADHD, behavior disorders (Daley, Hutchings, & Eames, 2007)



Behavioral Health Integration

Collaboration Continuum



CHC's Journey



Care that is Comprehensive: IPCP Team

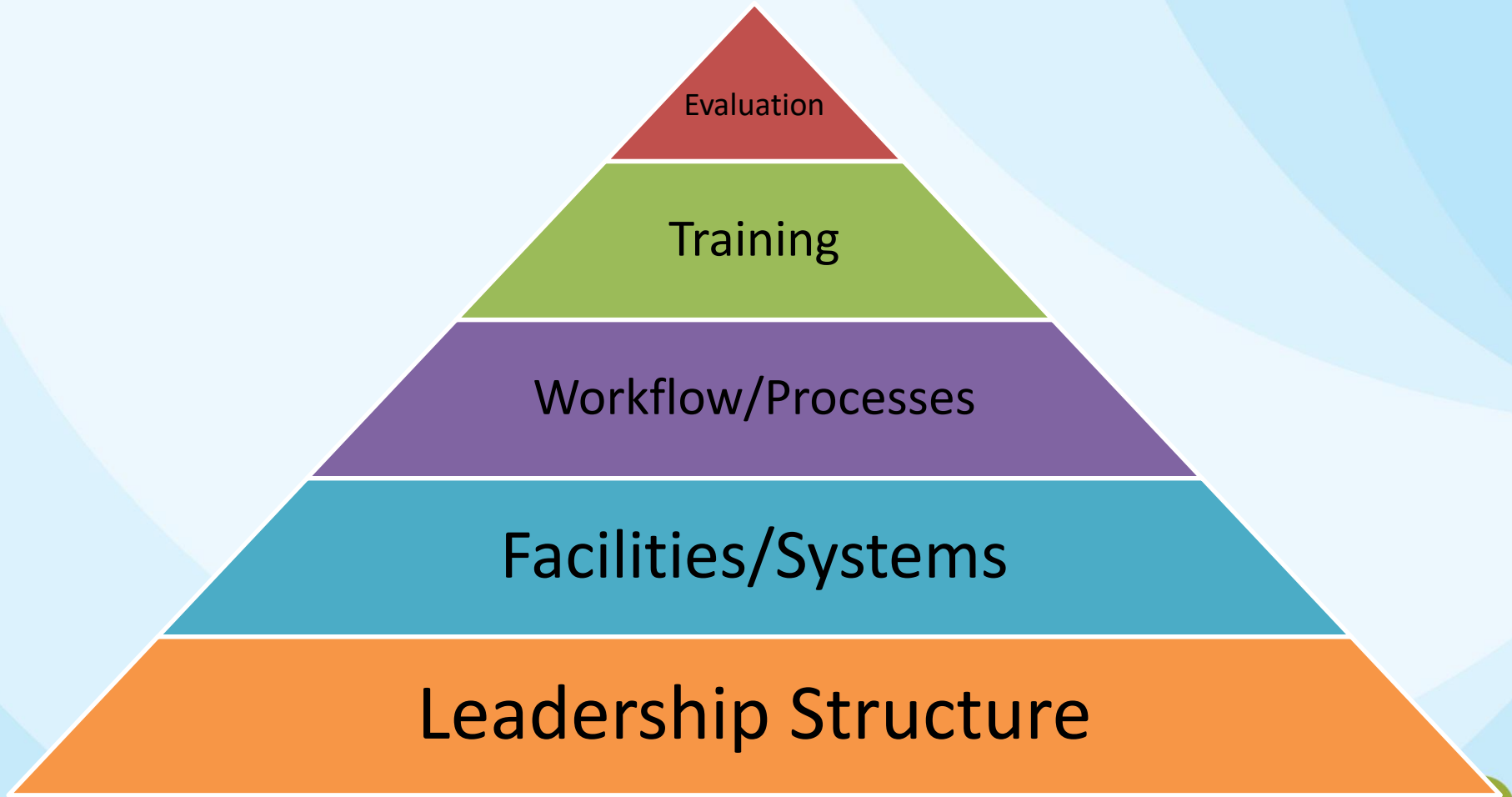


Additional on-site specialties

- Nutrition
- Diabetes education
- Chiropractic
- Podiatry
- Retinal screening



The Components of Integration



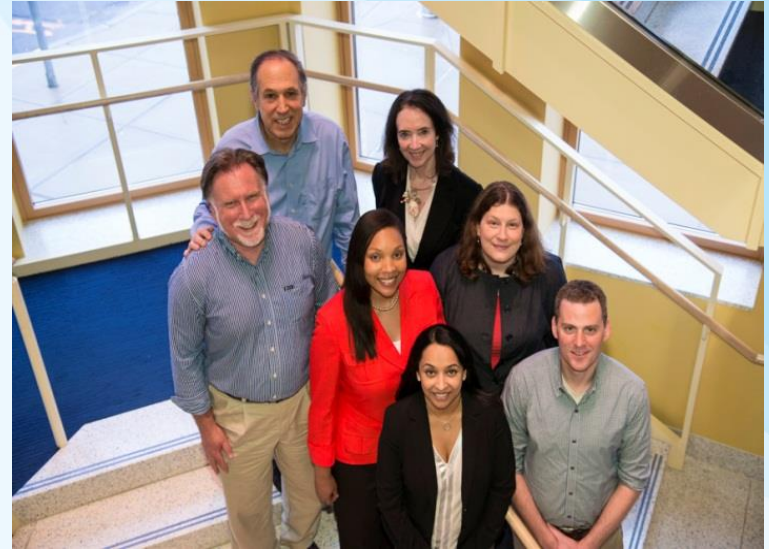
Interdisciplinary Leadership

4 Clinical Chief positions:

- Chief Medical Officer
- Chief Nursing Officer
- Chiefs of Behavioral Health
- Chief Dental Officer

Leadership Support

- Executive Mentoring
- Interdisciplinary Chief Meetings
- Leadership Meetings



Interdisciplinary Leading

Onsite Clinical Directors

- OSMD
- Nursing Managers
- OSBHD
- OSDD

Collaboration/Integration among departments

- Integrated Microsystems
- Integrated Care Meetings
- Clinical/Pod “Huddles”

Leadership Support

- Leadership Skills Training
- Leadership Meetings



The Interdisciplinary Team

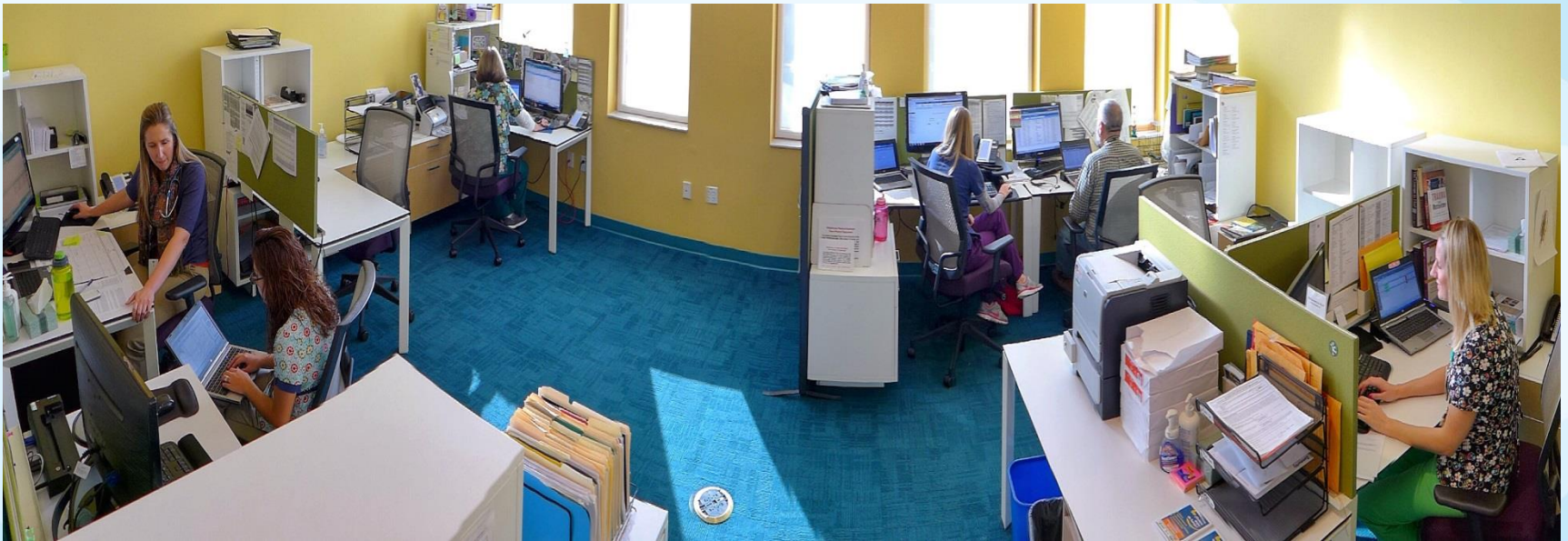
POD design

- 2 Medical Providers
- 1 Registered Nurse
- 2 Medical Assistants
- 1 Behavioral Health Clinician
- Additional members: podiatrist, dietician, chiropractor, CDE, Psychiatrists, Psychiatric Nurse Practitioners
- Student/Trainees

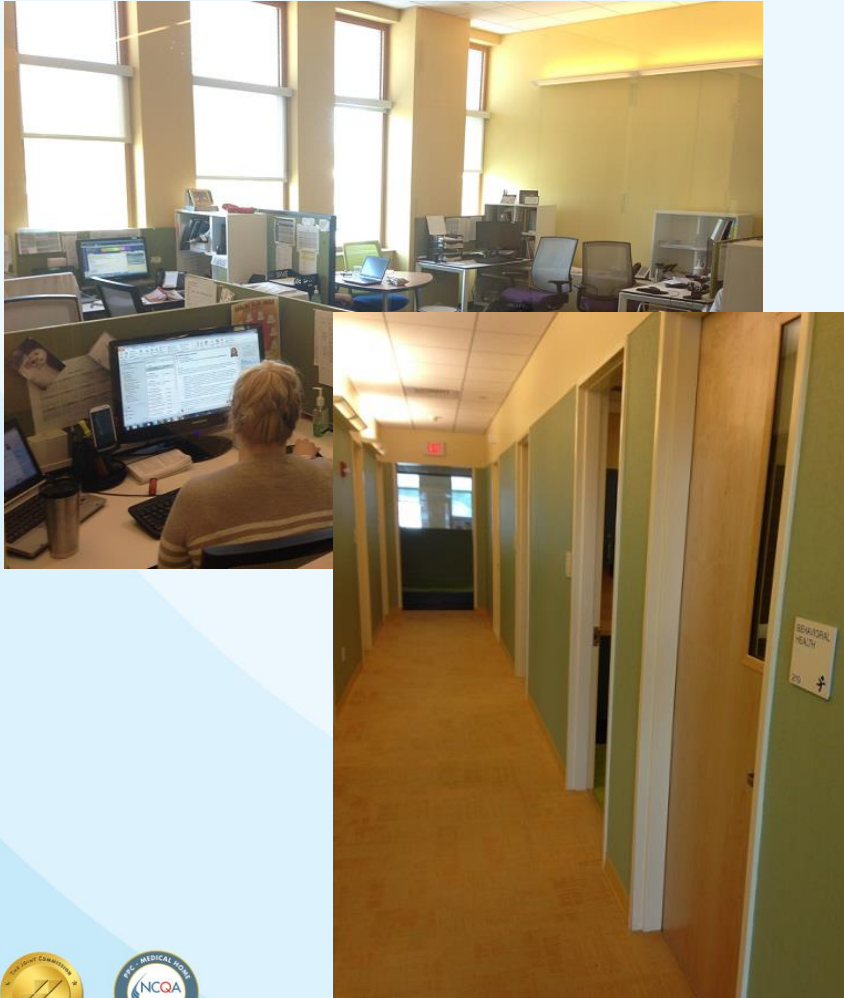


Facilities and Physical Model

- Interdisciplinary Pods that Promote Team-Based Care
- Open office structure
- Collaboration throughout the workday



Facilities: One Corridor Care



- Exam rooms and therapy rooms
- Reducing stigma of seeing behavioral health provider – no longer sent “over there”
- Seamless transition between medical and behavioral health

Systems and Technology

Integrated EHR

- Up-to-date patient medical and behavioral health information available.
- Pain scores and access to other data – bi-directional information sharing
- Shared Care Plans
- Electronic referral and recall process
- Collaborative Care Dashboard

Patient: Test, Test **DOB:** 12/03/1984 **Age:** 30 Y **Sex:** Male
Phone: 862-862-6262 **Primary Insurance:** Husky A **Payer ID:** 0
Address: 151 Pine Hill Road, 2nd st, Tolland, DC-20201
Account Number: 170169
PCP: Michael Mark, DMD
Encounter Date: 09/13/2015 **Provider:** Kathryn Carhart
Appointment Facility: CHC of Middletown Medical Prenatal

Subjective:

Chief Complaint(s):

- Allergies. Annual Well-Adult PE

HPI:

Asthma

Asthma Coughing, wheezing, shortness of breath and tightness of chest during the day Twice a week or less, Coughing, wheezing, shortness of breath and tightness of chest at night Once every 2 weeks, Asthma Severity Classified Mild Intermittent.

Depression Screening

PHQ-2 Little interest or pleasure in doing things Yes, Feeling down depressed or hopeless Yes. PHQ-9 Little interest or pleasure in doing things Several days, Feeling down, depressed or hopeless Several days, Trouble falling or

| | |
|--------------------------------|---|
| DNR Do not resuscitate | |
| Problem List | |
| All | |
| 789.07 | Abdominal pain, generalized |
| 793.80 | AB MAMMOGRAM NOS |
| 250.02 | diabetes type 2, uncontrolled |
| 301.4 | OBSESSIVE-COMPULSIVE PERSONALITY DISORDER |
| 300.00 | Anxiety Disorder NOS |
| 521.25 | Abrasion, generalized |
| 250.00 | DIABETES TYPE II Low Risk |
| 311 | Depression |
| Current Medications | |
| Stop Date | |
| Rytary 61.25 mg-245 mg capsule | |
| Prolida 4%-1% film | |



Systems and Technology

Shared Care Plans

Care Plan Team

CarePlan Problem Summary

Problem: Depression -- (Provider:Armah, MD,Tichianaa)

Goal: Decrease in depressive symptoms, increase in overall social-emotional functioning as rated by client.

Objective: client to attend medication management appointments on a consistent basis, call for refills if she cannot attend and take medication as prescribed, as measure by self report

Frequency: Quarterly

Modality: Medication Management

Notes:

08/18/2015(Status - in progress) :

Interventions:

Problem: Depression -- (Provider:Guggenheim, PsyD,David)

Goal: Decrease in depressive symptoms, increase in overall social-emotional functioning as rated by client.

Objective: Pt will see reduction in depressive sx as evidenced by decrease on PHQ9 of at least 4 points and will attend 3 out of 4 medication appointments.

Frequency: Every Two Weeks

Modality: Individual

Notes:

08/18/2015(Status - in progress) :

Interventions:

Problem: Diabetes -- (Provider:Velazquez, RN,Myrna)

Goal: Will have reduction in A1C to below 9.0

Objective: Patient will take medication everyday and reduce intake of sugary snacks

Frequency: Monthly

Modality: NCC

Notes:



Systems and Technology

Integrated Scheduling System

- Call any CHC number and connected to same scheduling agent
- Medical, dental, therapy and psychiatry services all scheduled through one system
- All Recalls visible at all points of contact



User Alerts

Before I assist you with your other item/Appointment I see you have some recalls – can we schedule you for these appointments today? **PSA make note of recall appointment needed so you can book appointment**

Megan Testnovo Recalls

Only Schedule highlighted recalls. Make sure to schedule on or after the due date.

| List of Recalls | | |
|-----------------|-----------------------|---------------|
| Due Date | Description | Recall Reason |
| 5/22/2015 | TEST *MED Rx Recall | |
| 6/2/2015 | *BH Recall Psychiatry | |

  Schedule Page 1 of 3 View 1 - 5 of 13

PATIENT INFORMATION

Patient Name: Megan Testnovov
Birth Date: 8/1/1990
Age: 25 years old
Patient Balance: (\$35.00)
Patient Id: 295134
Frequent ER: Recent Hospitalization

MEDICAL

CHC Site: Middletown Medical
PCP: Service MD, Kerian FP (F)
Nurse: Caitlin Greenslade
MA: Jarixa Martinez
Assign To: Caitlin Greenslade
Last Physical: 3/16/2013

BEHAVIORAL HEALTH

CHC Site: Norwalk
Therapist: Kathryn Carhart, PsyD

Planned Care Dashboard

| Patient | PCP Name | Adult Weight Screen and Edu | Smoker Intervention | Breast Cancer Screen | Cervical Cancer Screen | Colon Cancer Screen | Child Immun | DM A1c Control | Asthma Control Med | CAD Lipid Med | IVD Aspirin | HTN Control | Bubbles | | | |
|---------|----------|-----------------------------|---------------------|----------------------|------------------------|---------------------|------------------|----------------|--------------------|---------------|-------------|-------------|---------|--|--|--|
| 190729 | | | | | | | | | | | | | | | | |
| | | ALERTS | | Last Date | Due Date | Value | Notes | | | | | | | | | |
| | | Needs Flu Vaccine 2014-2015 | | | | | | | | | | | | | | |
| | | Colonoscopy Screening | | Never Done | Never Done | | | | | | | | | | | |
| | | Blood Pressure | | 6/16/2015 | | 131 / 78 | | | | | | | | | | |
| | | Body Mass Index | | 7/13/2015 | | 28.9 | | | | | | | | | | |
| | | HCV Screening Needed | | | | | Needs HCV Screen | | | | | | | | | |
| | | Warm Hand-Off Needed | | | | | PHQ > 15 8/24/15 | | | | | | | | | |

| Patient | PCP Name | Adult Weight Screen and Edu | Smoker Intervention | Breast Cancer Screen | Cervical Cancer Screen | Colon Cancer Screen | Child Immun | DM A1c Control | Asthma Control Med | CAD Lipid Med | IVD Aspirin | HTN Control | Bubbles | | | |
|---------|----------|-----------------------------|---------------------|----------------------|------------------------|---------------------|------------------|----------------|--------------------|---------------|-------------|-------------|---------|---|--|--|
| 365261 | | | | | | | | | | | | | | 3 | | |
| | | ALERTS | | Last Date | Due Date | Value | Notes | | | | | | | | | |
| | | Needs Flu Vaccine 2015-2016 | | | | | | | | | | | | | | |
| | | Colonoscopy Screening | | Never Done | Never Done | | | | | | | | | | | |
| | | DM Retinopathy | | Never Done | Never Done | | | | | | | | | | | |
| | | DM Foot Exam | | 9/13/2012 | 9/13/2013 | | | | | | | | | | | |
| | | Body Mass Index | | 6/22/2015 | | 31.11 | Needs Education | | | | | | | | | |
| | | Depression Screening | | 8/12/2014 | 8/12/2015 | | | | | | | | | | | |
| | | HCV Screening Needed | | | | | Needs HCV Screen | | | | | | | | | |



Systems and Technology and Process Collaborative Care Dashboard

- Planned Care in Behavioral Health
- Delivery of Integrated Services

| ID | Total Therapy Visits | Intake | Last Therapist | Last Psychiatry Provider | Initial CarePlan | Last Review | Last Discharge | Last PHQ | Controlled Substance | Auth Req'd | Alerts | Flu Shot Due | Fluoride Varnish due |
|--------|----------------------|------------|-----------------|--------------------------|------------------|-------------|----------------|-----------|----------------------|------------|--------|--------------|----------------------|
| 433733 | 3 | 8/27/2015 | Stephens, Jenna | | N/A | N/A | N/A | 8/27/2015 | N/A | | | | |
| 265053 | 107 | 6/29/2012 | Stephens, Jenna | Stevens, B. Jamie | N/A | 9/7/2015 | N/A | 12/4/2013 | 4/4/2013 | | | | |
| 360647 | 79 | 10/8/2012 | Stephens, Jenna | Stevens, B. Jamie | N/A | 9/7/2015 | N/A | 4/2/2015 | 11/26/2013 | Yes | | | |
| 426125 | 10 | 4/2/2015 | Stephens, Jenna | Stevens, B. Jamie | 4/29/2015 | 7/29/2015 | N/A | 3/31/2015 | N/A | | | | |
| 357203 | 9 | 10/13/2012 | Stephens, Jenna | Stevens, B. Jamie | N/A | 7/29/2015 | 3/10/2015 | 7/15/2014 | 8/14/2015 | | | | |
| 358154 | 9 | 8/18/2015 | Stephens, Jenna | | N/A | N/A | 1/24/2013 | 1/6/2015 | N/A | | | | |
| 329190 | 55 | 11/26/2013 | Stephens, Jenna | Stevens, B. Jamie | 10/29/2014 | 6/24/2015 | 11/19/2014 | 8/25/2015 | N/A | | | | |

for New Britain Medical

| Appt Start | Appt Stop | Resource Name | Appt status | Reason |
|------------|-------------|----------------------------------|-------------|--------------------------------|
| 9:20:00 AM | 9:40:00 AM | Silva MD, Mauricio IM | Scheduled | BH Diagnosis |
| 9:40:00 AM | 10:00:00 AM | Borgonos MD, Ovanes-FP | Scheduled | Opioid Patient |
| 9:40:00 AM | 10:00:00 AM | Oggenfuss APRN, Jurg ADULTS ONLY | Scheduled | Opioid Patient, Last PHQ >= 15 |



Processes

Rethinking the warm hand-off process: Proactive vs Reactive

- Medical initiated warm hand-off *and* behavioral health initiated warm hand-off
- Staggered vs. consecutive visits – make our presence known
- Criteria:
 - No BH services and PHQ above 15
 - No BH services and BH Diagnosis
 - No BH services and chronic pain patient



WHO Candidates for Middletown Medical

| Controlno | Appt Start | Appt Stop | Resource Name | Appt status | Reason |
|-----------|-------------|-------------|------------------------------------|-------------|------------------------------|
| 142231 | 10:00:00 AM | 10:20:00 AM | Huddleston MD, Matthew-FP | Scheduled | Last PHQ >= 15, BH Diagnosis |
| 114151 | 10:20:00 AM | 10:40:00 AM | Fine APRN, Ashley Resident | Scheduled | Last PHQ >= 15 |
| 178111 | 10:40:00 AM | 11:00:00 AM | Huddleston MD, Matthew-FP | Scheduled | Last PHQ >= 15 |
| 292741 | 11:00:00 AM | 11:20:00 AM | Crandall MD, Laura- FP | Scheduled | BH Diagnosis |
| 400595 | 1:20:00 PM | 1:40:00 PM | Fine APRN, Ashley Resident | Scheduled | Last PHQ >= 15 |
| 161069 | 1:40:00 PM | 2:00:00 PM | Crandall MD, Laura- FP | Scheduled | BH Diagnosis |
| 414130 | 2:20:00 PM | 2:40:00 PM | Crandall MD, Laura- FP | Scheduled | Last PHQ >= 15 |
| 154532 | 2:20:00 PM | 2:40:00 PM | Mitchell APRN, Nichole Resident FP | Scheduled | BH Diagnosis |
| 285119 | 2:40:00 PM | 3:00:00 PM | Crandall MD, Laura- FP | Scheduled | BH Diagnosis |
| 107328 | 3:00:00 PM | 3:20:00 PM | Crandall MD, Laura- FP | Scheduled | Opioid Patient, BH Diagnosis |
| 171922 | 3:20:00 PM | 3:40:00 PM | Adams APRN, Kaitlin FP | Scheduled | BH Diagnosis |
| 161347 | 3:20:00 PM | 3:40:00 PM | Crandall MD, Laura- FP | Scheduled | Last PHQ >= 15 |

| ID | Preferred Language | Intake | Last Therapy Visit | Last Name | Last Primary Provider | Last Visit Date | Last Review | Last Discharge | Last PHQ | Last Substance | Last Alert | Last Link |
|--------|--------------------|--------|--------------------|-----------|-----------------------|-----------------|-------------|----------------|-----------|----------------|------------|-----------|
| 354742 | | 11 | 5/9/2015 | Paula, Em | | 6/15/2015 | 6/15/2015 | N/A | 6/15/2015 | 9/2/2014 | | |
| 378706 | | 2 | 4/29/2015 | Paula, Em | | 6/15/2015 | 6/15/2015 | N/A | 6/15/2015 | 9/2/2014 | | |
| 278880 | | 4 | 1/7/2010 | Paula, Em | Colton, Wanda | | N/A | N/A | 6/29/2015 | N/A | | |
| 358475 | | 7 | 11/25/2014 | Paula, Em | | 6/15/2015 | 6/15/2015 | N/A | 6/15/2015 | 6/15/2015 | | |
| 420387 | | 2 | 6/16/2015 | Paula, Em | | 6/15/2015 | 6/15/2015 | N/A | 6/15/2015 | 6/15/2015 | | |
| 364893 | | 5 | 5/13/2015 | Paula, Em | | 6/15/2015 | 6/15/2015 | N/A | 6/15/2015 | 6/15/2015 | | |

| Controlno | Appt Start | Appt Stop | Resource Name | Appt status | Reason |
|-----------|-------------|-------------|----------------------------|-------------|----------------|
| 352117 | 8:45:00 AM | 9:10:00 AM | Wagner APRN, Maria FP | Scheduled | Opioid Patient |
| 358075 | 11:40:00 AM | 12:00:00 PM | Campos Selva APRN, Larissa | Scheduled | BH Diagnosis |
| 352034 | 3:00:00 PM | 3:20:00 PM | Wagner APRN, Maria FP | Scheduled | Opioid Patient |
| 352035 | 4:40:00 PM | 5:00:00 PM | Wagner APRN, Maria FP | Scheduled | Opioid Patient |

Processes

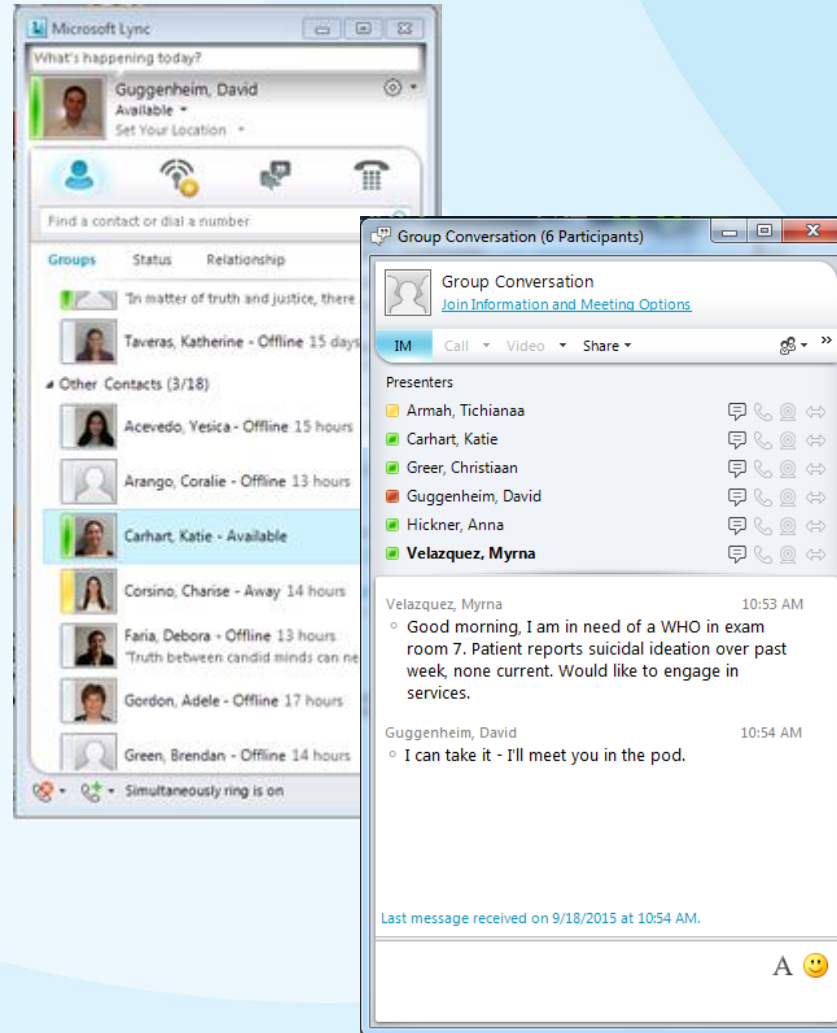
- Seamless Scheduling

| ment | Fuller LMSW, Jerrilee | | Fitzgerald LPC, Brennan | | Pozle LCSW, Erin | | Cubilia LCSW, Michael | | Smith MD, Andy BH psych ADULT ON | |
|------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|-------------------------|----------------------------------|---|
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 1 | Init MH 60 <60> | Standby BH <60> | Est MH 30 <30> | | Init MH 60 <60> | Standby BH <60> | BH WhoA/Walk In 30 <30> | Est MH 20 <20> | Meeting* <30> | |
| 2 | | | Est MH 30 <30> | | | | BH WhoA/Walk In 30 <30> | Est MH 20 <20> | | |
| 3 | BH WhoA/Walk In 30 <30> | | Est MH 30 <45> | | Est MH 30 <30> | | Init MH 60 <60> | Est MH 20 <20> | Supervision* <60> | |
| 4 | BH WhoA/Walk In 30 <30> | | | | Est MH 45 <45> | | | Est MH 20 <20> | | |
| 5 | BH WhoA/Walk In 30 <30> | | Est MH 45 <45> | | Est MH 45 <45> | | Est MH 45 <45> | Est MH 20 <20> | BH WhoA/Walk In 30 <30> | |
| 6 | | | | | | | | BH WhoA/Walk In 20 <20> | BH WhoA/Walk In 30 <30> | |
| 7 | | | | | | | | BH WhoA/Walk In 20 <20> | | |
| 8 | | | | | | | Est MH 45 <45> | | Est MH 45 <45> | |
| 9 | Est MH 30 <30> | | Est MH 30 <30> | | | | | | | |
| 10 | Est MH 30 <30> | | Est MH 30 <30> | | Est MH 30 <30> | | Est MH 45 <45> | Est MH 20 <20> | | |
| 11 | Est MH 45 <45> | Standby BH <45> | Est MH 45 <45> | | Est MH 30 <30> | | | Est MH 20 <20> | | |
| 12 | Est MH 45 <45> | | Est MH 45 <45> | Standby BH <45> | BH WhoA/Walk In 30 <30> | | Est MH 45 <45> | Est MH 20 <20> | Est MH 45 <45> | |
| 13 | | | | | BH WhoA/Walk In 30 <30> | | | Est MH 20 <20> | | |
| 14 | | | | | BH WhoA/Walk In 30 <30> | | Est MH 45 <45> | Est MH 20 <20> | Group BH 30 <30> | |
| 15 | Est MH 45 <45> | | Est MH 30 <30> | | BH WhoA/Walk In 30 <30> | | Est MH 45 <45> | Est MH 20 <20> | | |
| 16 | | | BH WhoA/Walk In 30 <30> | | Est MH 45 <45> | | | Est MH 20 <20> | | |
| 17 | | | BH WhoA/Walk In 30 <30> | | | | | Est MH 20 <20> | | |
| 18 | | | | | | | | BH WhoA/Walk In 20 <20> | | |
| 19 | | | | | | | Admin Services <90> | Admin Tasks <60> | Est MH 30 <30> | |



Systems of Integration: Instant Assistance Technology

- Instant access to behavioral health services via messaging service while with patients facilitating:
 - Immediate and seamless warm-hand offs to BH
 - Transition to nursing for controlled substances
 - Transition to dental hygienist for dental treatment
 - Behavioral health crisis calls handled by large regional groups of providers



Integrated Care Meetings

- Formalized Meeting
 - Behavioral Health
 - Medical/Nursing
 - External Partners when appropriate
- Case Presentations of Shared Patients
 - Internal Collaboration
 - Referral to External Partners
 - Referral to Care Coordination
- Review Outcomes
- Transition back to Medical “the hand back”



Shared Medical Visits

- Interdisciplinary Patients Visits
 - Medical, Behavioral Health, Dental, Nursing
 - Certified Diabetic Education, Nutrition
 - Focus on self-management goals
 - Motivational interviewing techniques utilized
- 20-25 patients in 2 hours
- Peer Support
- Private meetings with BH and Medical providers



*Photo releases on file



Interdisciplinary Training

- On Boarding and Orientation
- Grand rounds
- Teaching and Seminars
- Inter-professional Education
 - Managing patients with behavioral health needs when providing medical
 - Interdisciplinary trainings led by providers (handling difficult patient interactions)
- ECHO- Integrated Virtual Learning Community
 - Behavioral Health-Pediatrics
 - ADHD, Substance Abuse
 - Chronic pain
 - HIV/HCV
 - Buprenorphine/Substance Abuse



Training: Brief Evidence- Based Therapy Model

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Acceptance and Commitment Therapy (ACT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Dialectical Behavior Therapy (DBT)
- Mindfulness Based Cognitive-Behavioral Therapy (MBCT)
- Panic Control Treatment (PCT)
- Seeking Safety
- Cognitive-Behavioral Social Skills Training



Training: The Behavioral Health Lifespan Model...

Lifespan Model

- Patients seen throughout the lifespan
- Screenings as appropriate by age
- Behavioral health “check-ups” at time of physical
- Focused psychotherapy throughout the lifecycle
 - One issue at a time
 - Brief, evidence-based interventions
 - Assist in transitions



Evaluation of the Model

- Clinical Metrics
 - Screening for BH need
 - UDS measure
 - Improved BH Outcomes
- Practice Metrics
 - Patients enrolled in BH
 - Wait time to see BH
 - ED utilization
 - Avoidable Hospitalization
- Experience/Feedback Metrics
 - Patient experience
 - Staff experience
- Real Time Operational Data



Interdisciplinary Care Initiatives

| Initiative | BH | Medical | Nursing | Dental |
|--------------------------|----|---------|---------|--------|
| Integrated Care Meetings | × | × | × | |
| Recalls | × | × | × | × |
| BH Groups | × | × | | |
| Shared Medical Visits | × | × | × | |
| Warm Hand-Offs | × | × | × | |
| Prenatal-Dental Project | | × | × | × |
| Shared Care Plans | × | × | × | |
| Complex Care Management | × | × | × | |
| Trauma Screening & TFCBT | × | | × | |
| Standing Orders | | × | × | |
| Fluoride Varnish | | × | × | × |
| SBIRT | × | × | × | |
| BH Dashboard | × | × | × | × |
| Appointment Allocation | × | × | × | × |



Challenges

- Dual Roles for BH in an Integrated model
- Recruiting Providers with integrated care experience
- Refining workflows and interdisciplinary relations
- Training to our model of care



What's Ahead

- Integrated INITIAL patient visit
 - Team based care
- Additional Evidence Based integrated BH initiatives into the PCMH
 - TFCBT for children- screening in primary care
 - Other universal screenings
- Development of effective behavioral health measurement tools
 - Screening tools for trauma
- Better defined goal and measures
 - Decrease in psychiatric visits to ED
 - Increase in # of patients screened for mental health disorders
 - Increased access to behavioral health services
 - Decrease in stigma associated with mental health treatment



Contact Information

Veena Channamsetty, MD

Chief Medical Officer

(860) 852-0809

Veena@chcl.com

David A. Guggenheim, Psy.D.

Associate Chief Behavioral Health Officer

(203) 969-0802 office

GuggenD@chcl.com

