Practical Approaches for Advancing the Integration of Behavioral Health into Primary Care

Henry Chung, MD
Senior Medical Director, Montefiore Care Management
Professor of Psychiatry, Albert Einstein College of Medicine

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Disclosure

HENRY CHUNG IS ADVISOR TO VALERA HEALTH, INC.

THERE IS NO MATERIAL IN THIS PRESENTATION RELATED TO THIS COMMERCIAL INTEREST.

AGENDA

Introduction to the Behavioral Health Integration Continuum-Based Framework

Continuum-based Framework Project: Current Findings and Lessons Learned

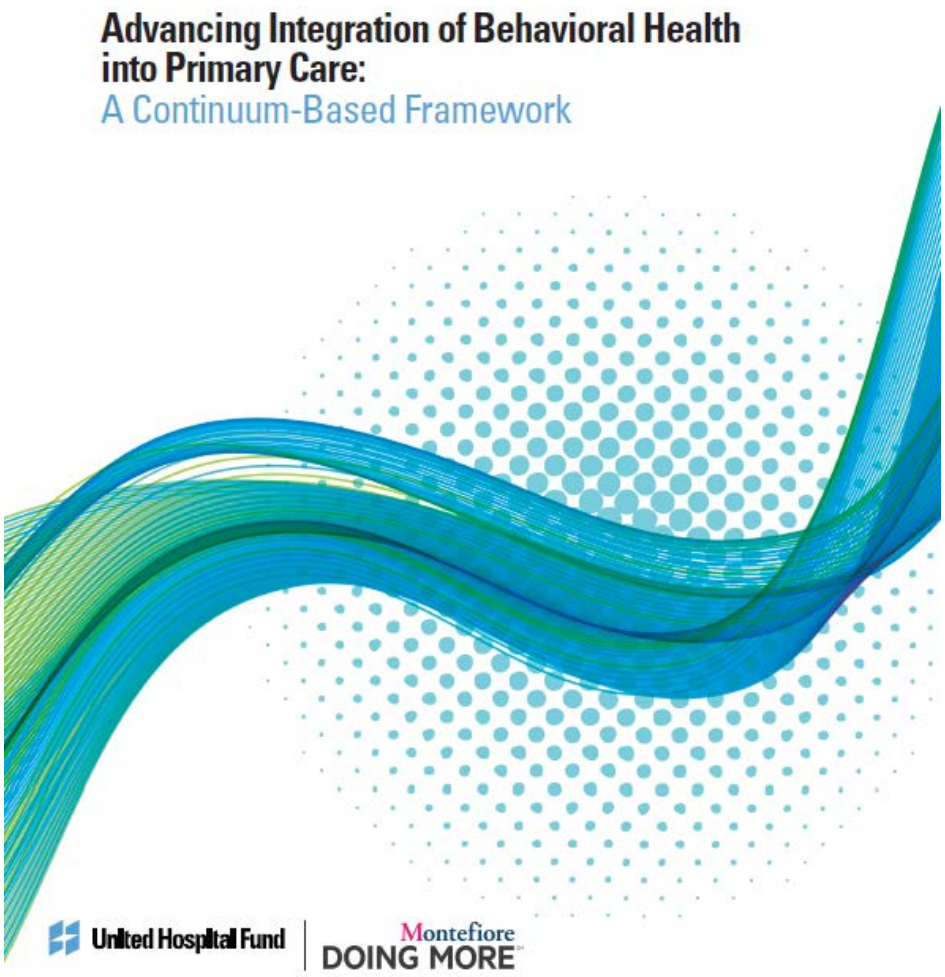
Support for BH Integration: Collaborative Care Models and NYS- PCMH BHI

Substance Use in Primary Care: Additional Considerations

Continuum-Based Framework: *Why Another Framework?*

Reform Priority	• Federal and NYS Health reform prioritize behavioral health and primary care integration • Creation of regional collaboration entities
Supportive Evidence	• Evidence for key components of successful integration models in primary care
Capacity	• Primary care practices differ in size and available resources • E.g. number of PCPs, PCMH status, existing support staff
Infrastructure	• Ability to implement integrated care influenced by infrastructure support and existing relationships with BH providers
Implementation Support	• Guidance needed on implementing and tailoring key model elements to different primary care settings, especially in small (5 or less) and medium size practices (6 to 10)

Continuum-Based Framework



Henry Chung, MD
Care Management Organization,
Montefiore Health System

Nina Rostanski, MPH
Government and Community Relations,
Montefiore Health System

Hope Glassberg, MPA
Strategic Initiatives and Policy,
HRHCare Community Health

Harold Alan Pincus, MD
Department of Psychiatry,
Columbia University and
NewYork-Presbyterian Hospital

United Hospital Fund

Support for this work was provided by United Hospital Fund (UHF).

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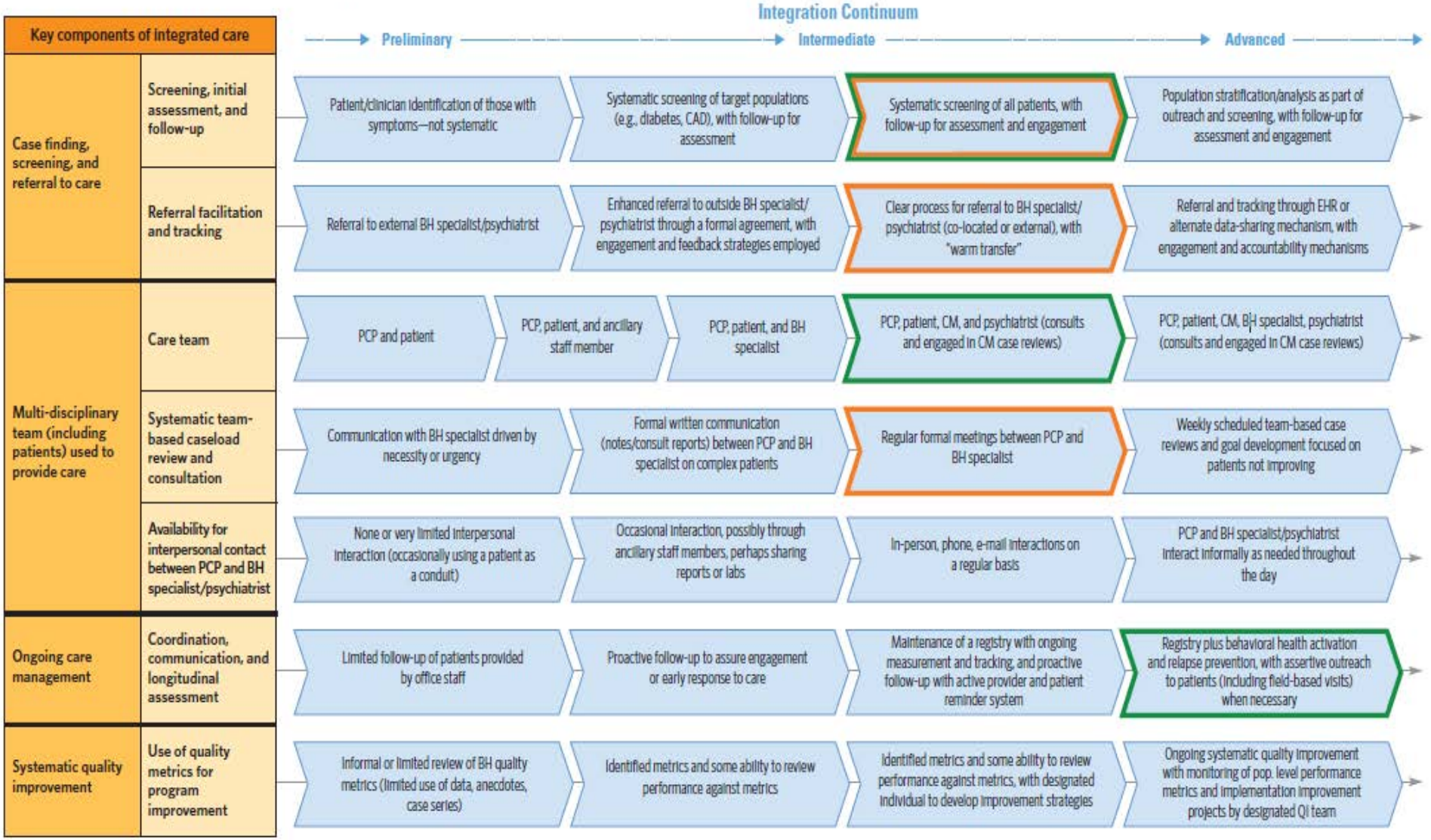
Continuum-Based Framework

Appendix C. An Evidence-Based Framework for Primary Care–Behavioral Health Integration
With DSRIP Project 3.a.i Model Elements Overlay



DSRIP Model 1 (Co-location) = ■ **DSRIP Model 3 (IMPACT) =** ■

Notes: **BH Specialist** refers to any provider with specialized behavioral health training; **CM** can refer to a single person or multiple individuals who have training to provide coordinated care management functions in the PC practice; **Ancillary staff member** refers to non-clinical personnel, such as office staff or receptionist

How to Use the Framework

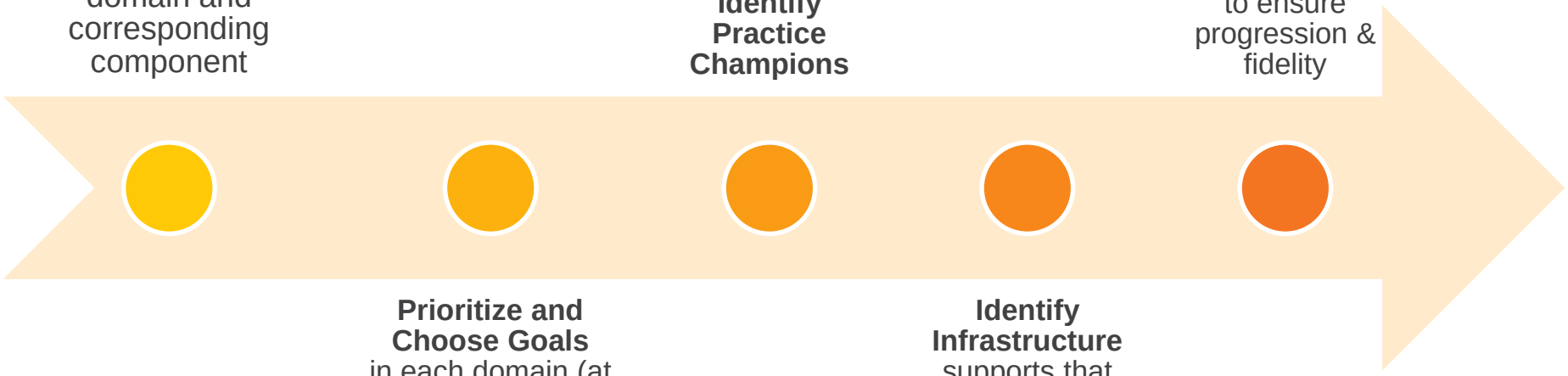
Self Assessment
Use framework to identify current status of practice elements at every domain and corresponding component

Prioritize and Choose Goals
in each domain (at least 3), with a list of initial tactics and resources needed

Develop Timeline and Identify Practice Champions

Identify Infrastructure
supports that can be used to facilitate implementation

Identify Performance Measures
to ensure progression & fidelity



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Continuum-Based Framework
BHI Framework Domains and Components

1. Case finding, screening, and referral to care

- Screening, initial assessment, and follow-up
- Referral facilitation and tracking

2. Multi-disciplinary team (including patients) used to provide care

- Care Team
- Systematic team-based caseload review and consultation
- Availability for interpersonal contact between PCP and BH specialist/ psychiatrist

3. Ongoing care management

- Coordination, communication, and longitudinal assessment **(measurement informed)**

4. Systematic quality improvement

- Use of quality metrics for program improvement

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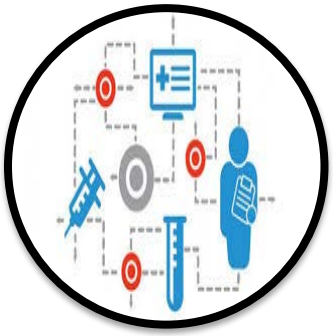
Continuum-Based Framework
BHI Framework Domains and Components

5. Decision support for measurement-based, stepped care

- Evidence-based guidelines/treatment protocols
- Use of pharmacotherapy
- Access to evidence based psychotherapy treatment with BH specialist

6. Self management support that is culturally adapted

- Tools utilized to promote patient activation and recovery



7. Information tracking and exchange among providers

- Clinical registries for tracking and coordination
- Sharing of treatment information

8. Linkages with community/social services

- Linkages to housing, entitlement, and other social support services

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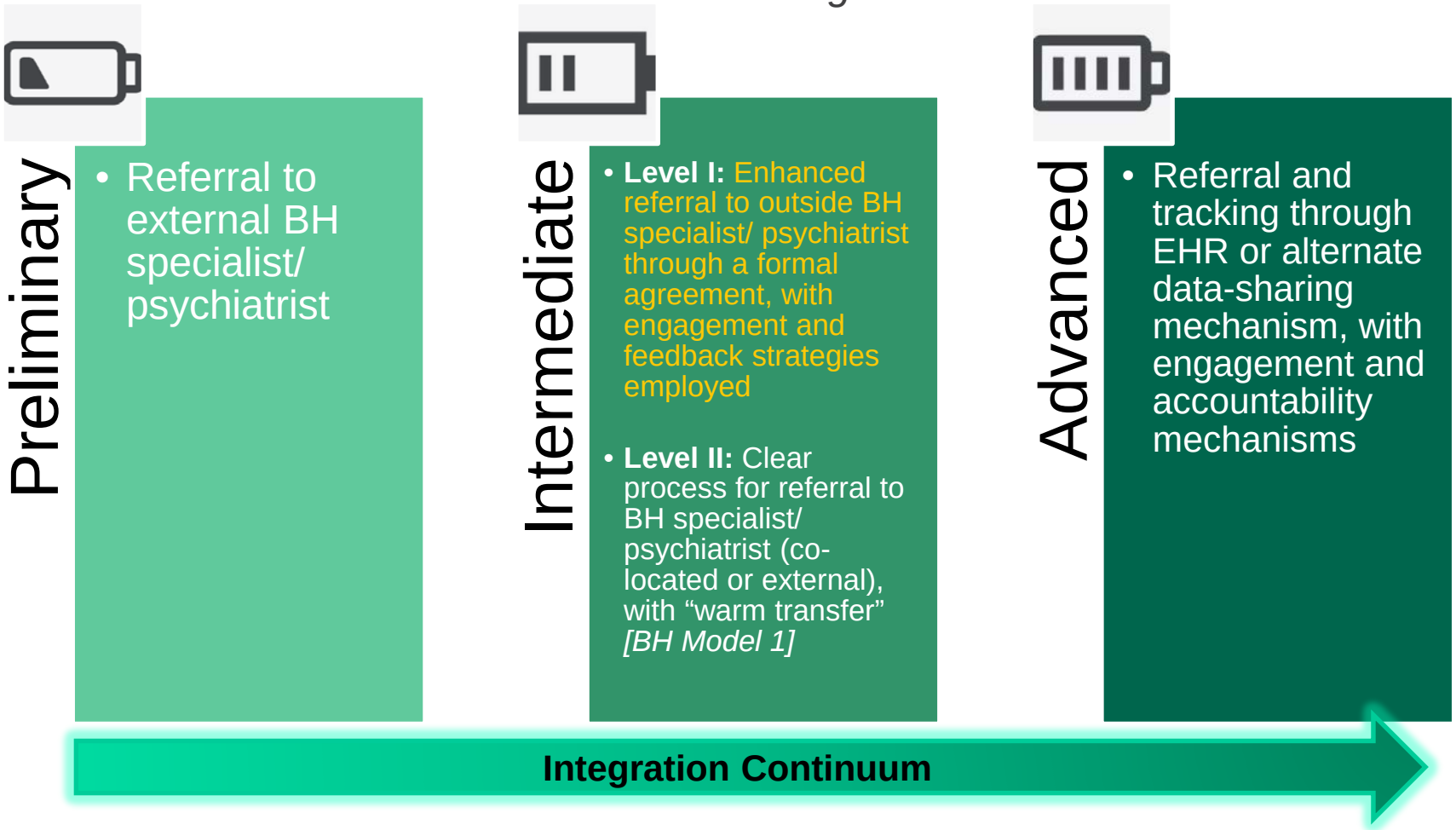
Continuum-Based Framework

Domain 1: case finding, initial assessment, and referral to care
Component 2: *referral facilitation and tracking*



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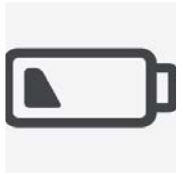
Domain 3: ongoing care management
Component 1: *Coordination, communication, and longitudinal assessment*



Preliminary

- **Level I:** Limited follow-up of patients provided by office staff
- **Level II:** Proactive follow-up to assure engagement or early response to care

Intermediate

- Maintenance of a registry with ongoing measurement and tracking
- Proactive follow-up with active provider and patient reminder system

Advanced

- Registry plus behavioral health activation and relapse prevention, with assertive outreach to patients (including field-based visits) when necessary [BH model 3]

Continuum of Integration

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Continuum-Based Framework

Domain 6: self-management support that is culturally adapted
Component 1: *tools utilized to promote patient activation and recovery*

Preliminary

- Brief patient education of condition by PCP

Intermediate

- **Level I:** Brief patient education of condition including materials/workbooks but limited focus on self-management coaching and activity guidance
- **Level II:** Patient receives education and participates in self-management goal-setting and activity guidance/coaching

Advanced

- Systematic education and self-management goal-setting with relapse prevention guidance, with CM support between visits [*BH Model 3*]

Continuum of Integration

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Evaluation of Continuum-Based Framework

May 2018

Behavioral Health Integration Issue Brief Series, No. 2

United Hospital Fund
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NYS HEALTH FOUNDATION
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Advancing Behavioral Health Integration for Small Primary Care Practices: Progress, Emerging Themes, and Policy Considerations

Ekaterina Smali, MPH, MPA
Montefiore Health System

Matthew L. Goldman, MD, MS
Department of Psychiatry, Columbia University

Harold Pincus, MD, MPH
Department of Psychiatry, Columbia University and New York-Presbyterian Hospital

Henry Chung, MD
Montefiore Health System and Albert Einstein College of Medicine

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Evaluation of Continuum-Based Framework

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Improving the state of New York's health

Support for this work was provided by the New York State Health Foundation (NYSHealth).

The mission of NYSHealth is to expand health insurance coverage, increase access to high-quality health care services, and improve public and community health. The views presented here are those of the authors and not necessarily those of NYSHealth or its directors, officers, or staff.

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

New York State Psychiatric Institute

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Framework Project Partners

New York City (6 Practices)

- Centro Medico de las Americas, Queens
- Delmont Medical Care, Queens
- Dr. Scafuri + Associates, Staten Island
- Metro Community Health Center, Bronx
- South Shore Physicians, Staten Island
- Tremont Health Center of Community Healthcare Network, Bronx

New York State (5 Practices)

- Champlain Family Health of Hudson Headwaters Health Network, Champlain
- Hudson River Healthcare at Hudson, Hudson
- Keuka Family Practice of Accountable Health Partners, Bath
- Koinonia Primary Care, Albany
- Lourdes Primary Care, Owego

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Continuum-Based Framework

Data Collection

- Framework Planning & Progress Evaluation Surveys
- Site Visits and Qualitative Interviews
- Quarterly Site Specific Technical Assistance Calls and Email Support

Technical Assistance

- Monthly Group Technical Assistance Webinars
- Provider Training Resources
- Patient Self-Management Material

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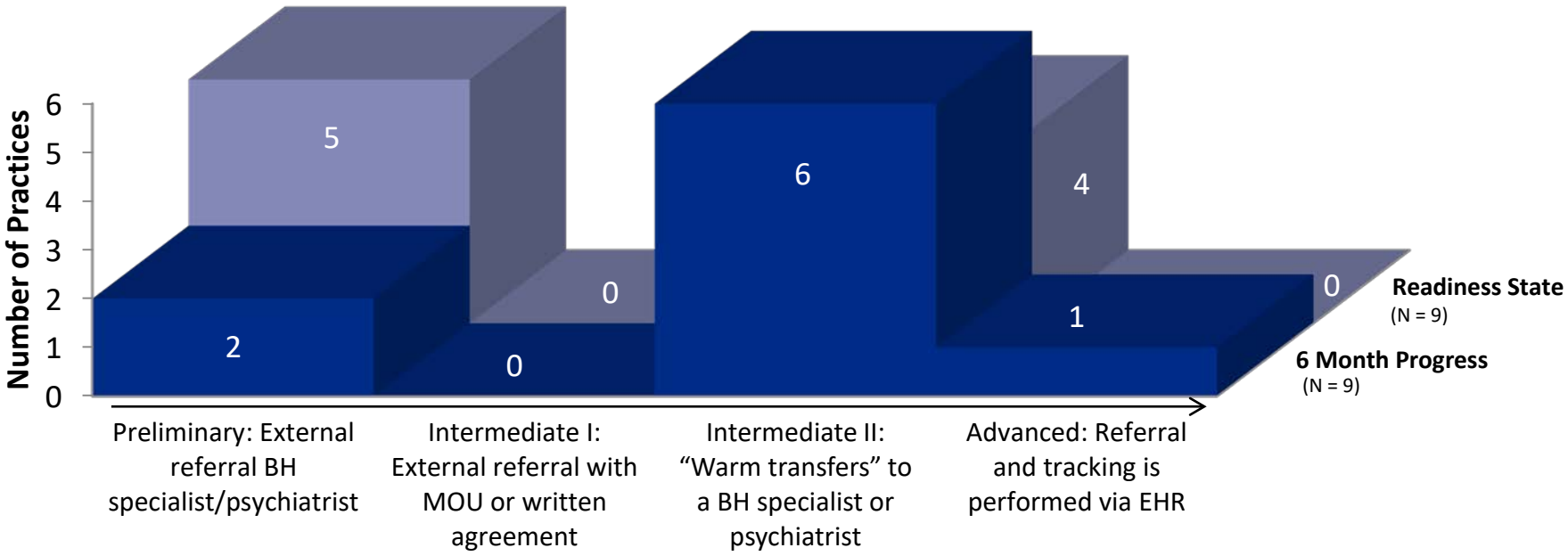
Findings

Domain 1: Case Finding Screening and Referral To Care

Referral facilitation and tracking



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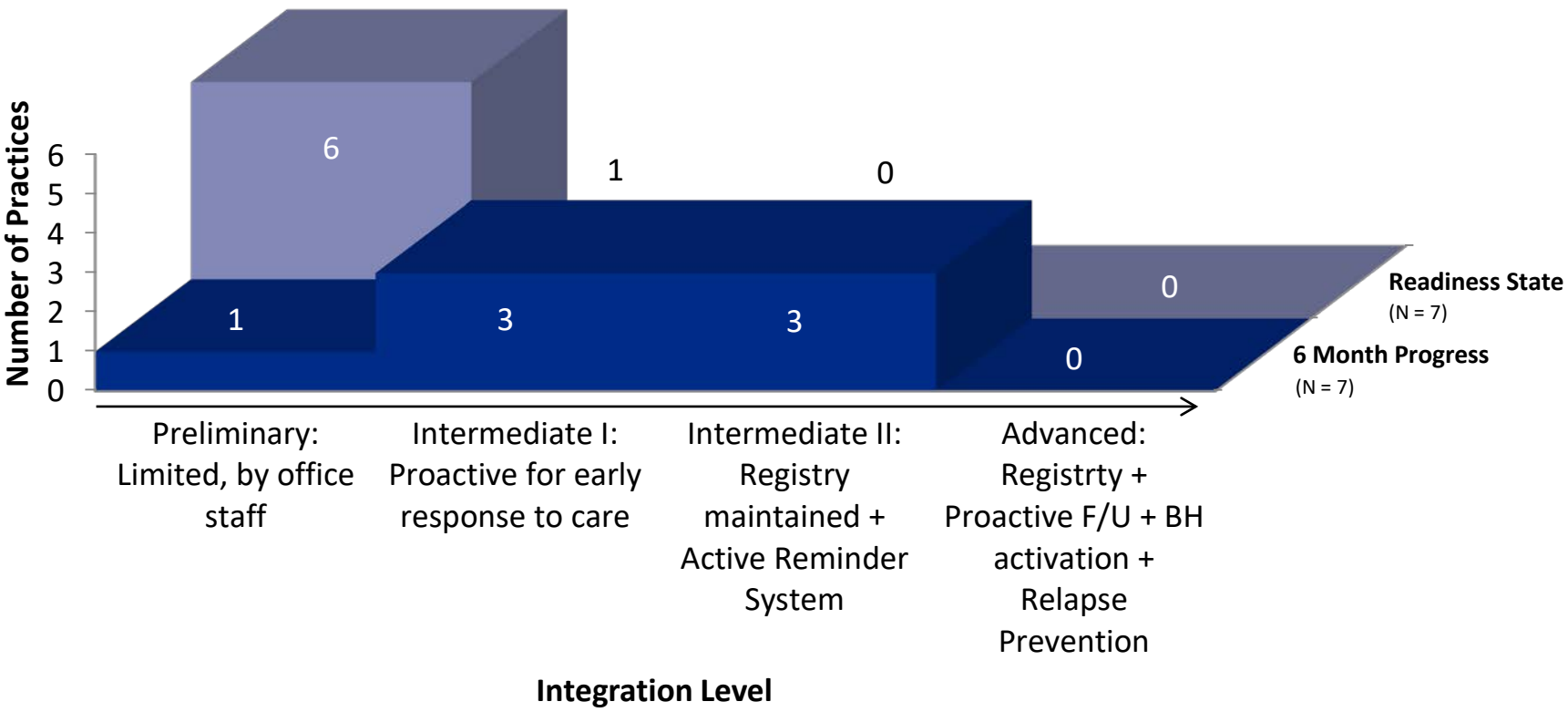
Findings

Domain 3: Ongoing Care Management

Coordination, communication, and longitudinal assessment



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Summary of Key Critical Steps to Behavioral Health Integration in Primary Care

Systematically Screen for BH Conditions Using Patient Self Report Methods

- e.g. PHQ9, GAD7, AUDIT-C
- Collaborative agreement with specialty BH provider

Repeated Measurement of a Measure Outcome Using a Tracking Tool

- Assertive Follow-Up/Care Management to Promote adherence to treatment

Improve Teamwork in Practice

- Everyone contributes to whole health

Expand Roles of Office Staff to Play Care Management Roles

Establish Warm Handoff Capability with on Site or Off Site BH Provider

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Montefiore Co-location vs. Collaborative Care (IMPACT): Results

Depression Symptom Outcomes on PHQ-9	
Total enrollment = 240 patients	
Pre – Post Improvement	
CoCM sites; *N* = 118 Mean pre = **15.05** Mean post = **10.01**	Co-location sites; *N* = 122 Mean pre = **15.52** Mean post = **13.30**
Pre to post: **33% improvement** At post: 44% w/ PHQ9 ≤ 10	Pre to post: **14% improvement** At post: 31% w/ PHQ9 ≤ 10
Between group differences	
Mean = **-2.81**	*p* = **.0005**

Blackmore M et al. (2018). Comparison of Collaborative Care and Colocation Treatment for Patients with Clinically Significant Depression Symptoms in Primary Care. Psychiatric Services

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IMPORTANT RESOURCES

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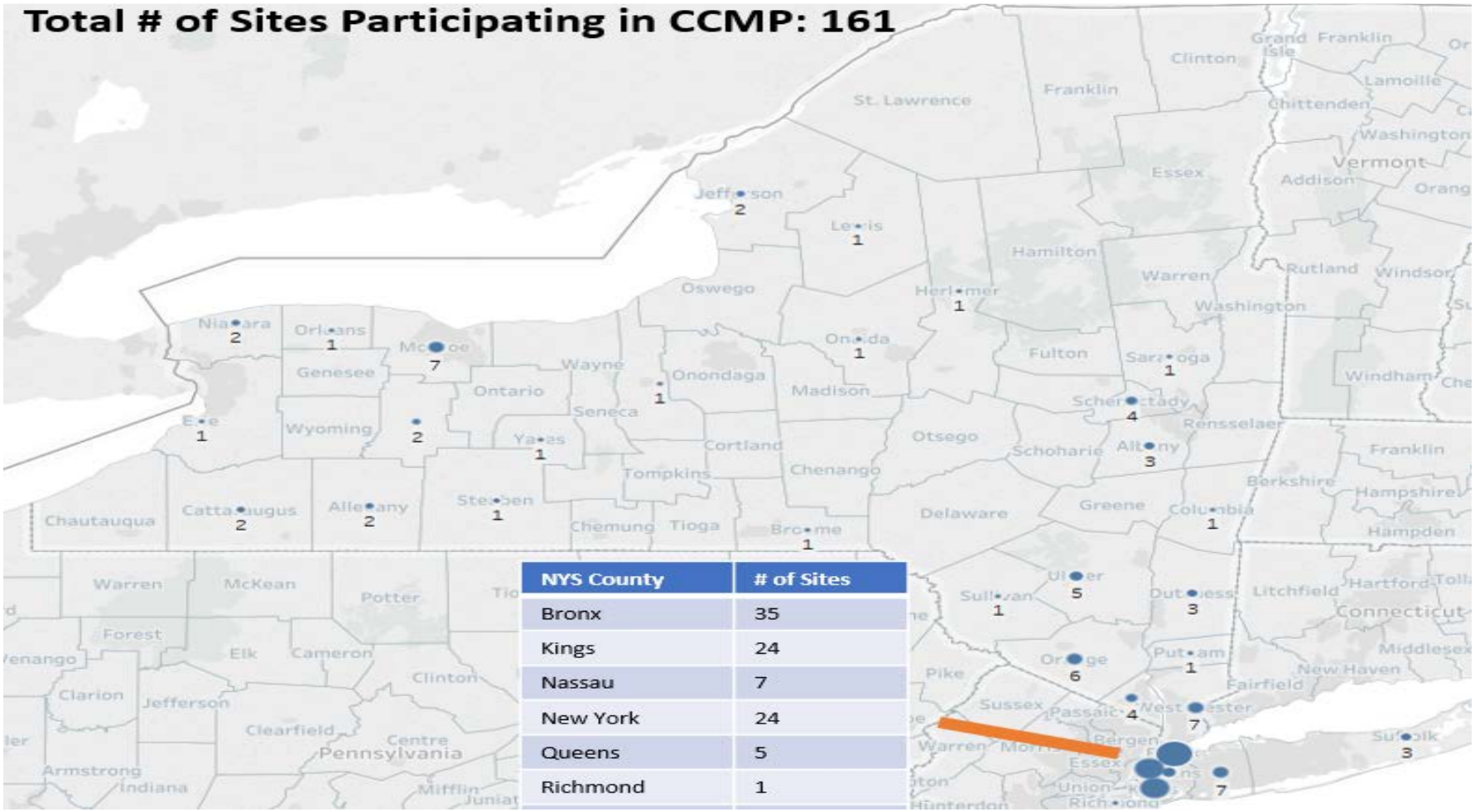
NYS Collaborative Care Medicaid Program

Over 160 Primary Care Practices	1,000+ PCPs	1,000,000 covered lives



NYS County	# of Sites
Bronx	35
Kings	24
Nassau	7
New York	24
Queens	5
Richmond	1

NYS CCMP

- Provides Medicaid reimbursement to primary care providers using the evidence-based Collaborative Care Model
- Monthly case rate reimbursement methodology
  - $112.50 per patient receiving CC treatment per month
- Medicare also pays for CC as of 2018
- Implementation training & support is available to interested practices

https://aims.uw.edu/nyscc/

NYSCollaborativeCare@omh.ny.gov

Montefiore Virtual Learning Collaborative on Behavioral Health Integration and PCMH

Project Aims
Identifying site readiness & outlining tailored steps toward practice integration goals
Developing implementation plans in preparation of BHI goal-setting
Understanding screening & follow up workflows for BH screens
Ensuring high quality documentation for integrated care treatment that supports FFS payments & value-based outcomes, particularly as it relates to NYS-aligned quality & clinical care targets
Creating strategies to enhance provider communication & shared documentation
Utilizing clinical decision support tools to understand patient needs & employing registries & tracking tools to measure effectiveness of treatment plans
Integrating self-management into care management workflows & using strategies for engaging patients in treatment (e.g., using technology or other clinical decision support tools for timely outreach, behavioral activation, between-session contact)
Assessing quality improvement in integration activities (e.g., adherence to screening & treatment, measurement-informed care workflows to monitor clinical data, program performance toward quality outcomes)

Interested in Joining Virtual Learning on Behavioral Health Integration and NYS PCMH?

Please contact:
Dr. Michelle Blackmore
mblackmo@montefiore.org

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Implementing Care for Alcohol & Other Drug Use in Medical Settings

An Extension of SBIRT

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

SBIRT Change Guide 1.0

February 2018

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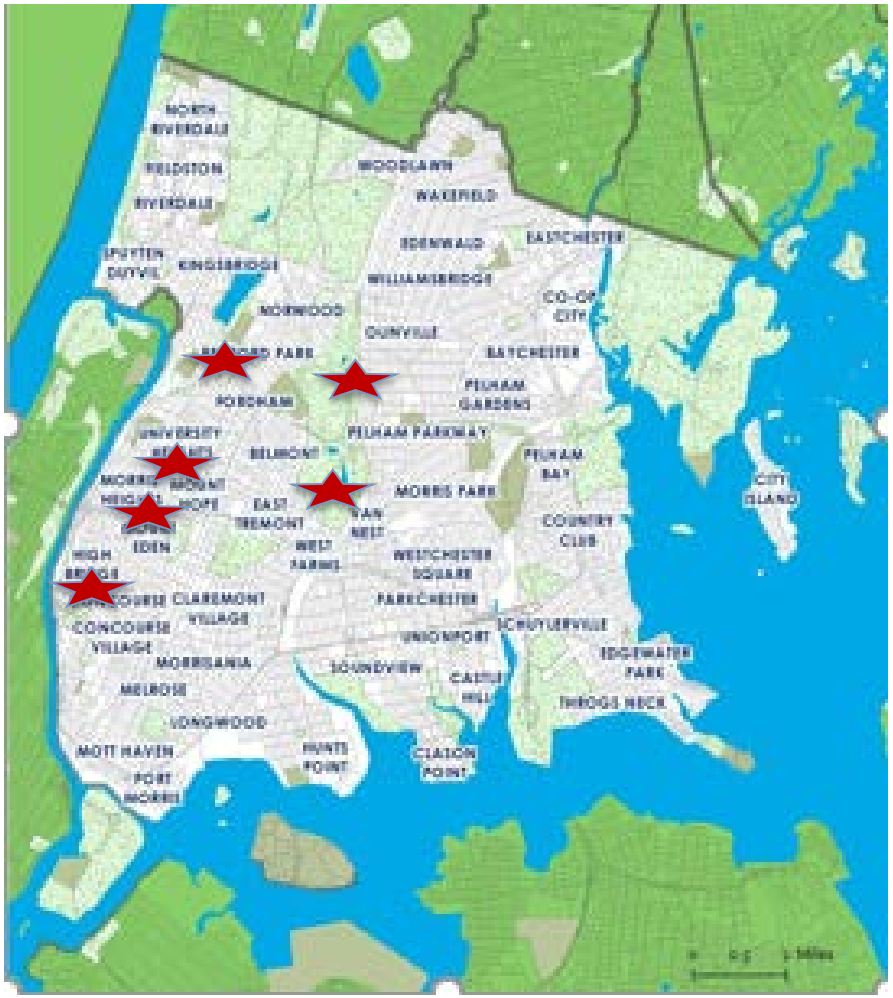
Montefiore's Buprenorphine Treatment Network

2015: 1Clinic → 2016: 5 Clinics → 2018: 6 Clinics



Currently:

- Treated >1000 patients
- 4 internal medicine (IM), 2 family medicine (FM) clinics
- All "teaching" clinics for IM and FM residents
- Trained >500 doctors, all IM and FM residents

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The opioid epidemic is worsening in our communities

People need access to addiction treatment

There are not enough addiction specialists to treat everyone

Project ECHO® trains community providers to deliver addiction treatment

Patients get the right care, in the right place, at the right time

What is Montefiore Project ECHO for Opioid Use Disorder Treatment?

Project ECHO® is a **free tele-mentoring program** that connects community providers with addiction medicine experts. **Videoconferencing (Zoom)** will be used to deliver:

- **Practical didactics** on opioid use disorder treatment, with focus on buprenorphine
- **Case discussions** using patient cases that participants submit
- **Support from peers and experts** within and outside of Montefiore
- **Free CME credit** for physicians, nurse practitioners, and physician assistants

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Interested in Joining Project ECHO on Opioid Treatment in Primary Care?

Please contact:
Dr. Tiffany Lu
projectecho@montefiore.org

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