Blending Behavioral Health and Primary Care

Cherokee Health Systems’ Clinical Model

Brittany Tenbarge, Ph.D.
Behavioral Health Consultant
Licensed Clinical Psychologist

Our Mission...
To improve the quality of life for our patients through the blending of primary care and behavioral health.

Together...Enhancing Life
## Overview

- Definition
- Foundational Principles
- Structure
- Roles
- Process

### Cherokee Health Systems

**Last Year:**

- 65,355 patients
- 488,762 Services
- 15,961 New Patients

**Number of Employees:** 727

<table>
<thead>
<tr>
<th>Provider Staff</th>
<th>Number of Employees</th>
<th>Definition</th>
<th>Foundational Principles</th>
<th>Structure</th>
<th>Roles</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists</td>
<td>- 50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>- 38</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP/PA (Primary Care)</td>
<td>- 51</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Workers</td>
<td>- 39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiologist</td>
<td>- 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephrologist</td>
<td>- 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>- 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td>- 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>- 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP (Psych)</td>
<td>- 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LCSWs</td>
<td>- 67</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.”
**Integration Versus Co-Location**

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

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

---

**Behavioral Providers on Primary Care Team (BHC, Consulting Psychiatrist, CM)**

**Shared Patient Panel and Population Health Goals**

**Shared Space, Workflow, Charts, and Support Staff**

**Access, Communication, and Collaboration at the point of 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

Integration Is a Means to an End, Not and End Unto Itself

- Improve the health of a population
- Reduce healthcare disparities
- Improve access
- Focus on wellness and prevention
- Patient centered care
- Evidence based clinical and program decision making
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
National Comorbidity Survey Replication
Provision of Behavioral Health Care: Setting of Service

No Treatment 59%
41% Receiving Care

- General Medical 56%
- MH/Professional 30%
- Psychiatrist 29%
- Human Services 20%
- Alternative 17%

The Reality of Primary Care

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

Time
Resources
Reimbursement
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*

Behavioral Healthcare Becomes Population-Based

- Behavioral health is ROUTINE component of medical care
- Population-based care is a paradigm shift for behavioral health
- BHC panel is the primary care panel
- Efficacy is measured based on the health status and functioning of entire panel (not “case load”) — not only those actively receiving behavioral health services
Perspective

Perspective
CHS’ Behaviorally Enhanced Healthcare Home

- Behaviorist & consulting psychiatrist on Primary Care (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, & treatment planning
Who is on the team?

**PCP/Specialty Medical Provider**
- Assessing and treating acute and chronic health problems with assistance of a BHC or specialty behavioral health, as clinically indicated

**BHC/Clinical Therapist/Psychologist**
- Communicating with prescriber to clarify diagnosis and unify treatment plan
- Monitor symptoms and functioning and communicate concerns/progress to prescriber

**Psychiatric Provider**
- Communicating with co-prescriber (PCP) regarding medication concerns
- Providing diagnostic clarification
- Offering psychotropic medication recommendations to PCP

**Patient Service Representative**
- Coordinating the scheduling of same-day appointments
- Obtaining medical/behavioral releases for outside agencies

**Nurses**
- Identifying presenting problems during visit
- Administering behavioral health screening tools
- Coordinating with multidisciplinary staff to manage clinic flow and delivery of multiple services on single date of service
Common Referrals for BHC Services:

BEHAVIORAL HEALTH CONCERNS

- Diagnostic clarification and intervention planning
- Facilitate consultation with psychiatry and assist in monitoring response
  - Behavior, mood, & stress management
    - Panic/Anxiety management
- Substance misuse assessment & intervention
- Co-management of somaticizing patients
  - Suicidal/homicidal risk assessment
    - Parenting skills

Common Referrals for BHC Services:

HEALTH BEHAVIOR/DISEASE MANAGEMENT

- Medication Adherence
- Weight Management
- Chronic Pain Management
- Smoking Cessation
- Insomnia / Sleep Hygiene
- Psychosocial and Behavioral Aspects of Chronic Disease
- Management of High Medical Utilization
- Any Health Behavior Change
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

- Consultation
- Assessment
- Brief Targeted Interventions
- Co-Management Primary Care
- Linkage and Collaboration with Specialty Health

Strategies for Integrating Psychiatry into Primary Care

- **Consultation** to PCP/BHC via phone or telemed
- **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”
So what does it look like in real life?

A picture is worth a thousand words...

Patient Check-in
Vitals – PC

Vitals - BH
Shared Space

PCP with Patient
PCP Consults BHC

BHC Chart Review
BHC Transition

BHC Consults with Patient
BHC Provides Feedback to PCP

Patient & BHC Coordinate Follow up Plan
- Competing Priorities
- Logistical Barriers
- Paradigm shift
- Professional Culture
- Organizational Culture

Sometimes it feels like this...
We want it to feel like this...

But it’s really like this!
Why Integration Initiatives Sometimes Fail

- Foreign to the Mission of the organization
- Under appreciate the practice transformation required
- Behaviorists are unequipped for integrated practice
- Available payment methodologies don’t encourage
  - Not in sync with Triple Aim goals
Critical Success Factors for Effective and Sustainable Integration

- Secure the financial model
- Establish efficient clinical workflow
- Find effective behaviorists
- Adopt a culture of integration
Critical Success Factor: Efficient Clinical Flow

- PCMH – transforming primary care practice
- Blending Behaviorists into the workflow
  - Data-informed providers
  - The choreography of care
  - A symphony of care

Critical Success Factor: Finding Effective Behaviorists

- Futility of raiding the silos
- Skills, characteristics, and orientation
- BHC scope of practice
- Population-based care
Ideal Team Members

- Enjoy change
- Flexible and willing to try new ideas
- Believe in integrated care culture
- Like to work in teams
- Strong, succinct communicators
- See the big picture
The best time to plant a tree was 20 years ago
.....the second best time is today.

Reflections On Building the Plane as We’re Flying

I. Patients always point the way.
II. Never let the manifest demand obscure the unpresented need.
III. Integration is a means to an end, not an end unto itself.
IV. Mission is the compass.
V. Just do it!
Reflections On Building the Plane as We’re Flying

VI. The status quo is never good enough.
VII. Not every Behaviorist can make it in primary care.
VIII. It’s hard to have perspective working in a silo.
IX. Contracting is a high stakes game.
X. Bring value: Always strive to serve the greater good.

Questions?