Practical Lessons From Diverse Practices Seeking to Integrate Primary Care and Behavioral Health for Their Patients

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Dr. Kotz has been in solo private practice in rural Colorado for 25 years, seeing the full spectrum of patients from birth to death. His practice—which is one of 10 rural Colorado primary care practices—provides in-office minor surgical procedures, exercise stress tests, trauma care, orthopedic procedures, and more. He has received grants for many health care transformation projects, including the Advancing Care Together program; Screening, Brief Intervention, and Referral to Treatment (SBIRT) implementation; use of health information technology (HIT) to support integration of behavioral health and primary care information; early and advanced system innovation; and Institute for Healthcare Improvement (IHI) innovation on high-risk, high-cost population management. Kotz has given multiple local, state, and national presentations on primary care transformation and office system change.

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Dr. Hammond graduated from the University of Miami Miller School of Medicine, Florida, and the Mercy Medical Center Family Medicine Residency, Denver, Colorado. He has practiced at Westminster Medical Clinic (WMC) for 28 years. WMC is recognized by the National Committee for Quality Assurance (NCQA) under its patient-centered medical home (PCMH) (Level 3), diabetes, and heartstroke recognition programs. The clinic was a Colorado Multi-Payer, Multi-State Patient-Centered Medical Home Pilot site from 2006 to 2012, and it received the PCMH Best Practice of the Year award in 2010 from the Colorado Academy of Family Physicians. In addition, following a rigorous nationwide review process, WMC was selected as an exemplary primary care practice by the Robert Wood Johnson Foundation in 2013. Dr. Hammond successfully integrated mental health into primary care through the Advancing Care Together (ACT) collaborative from 2012 to 2015. He lectures nationally on the PCMH and the medical neighborhood and is a frequent contributor to Medical Home News.

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Learning Objectives

1. Establish a list of practice features that foster the integration of behavioral health into primary care.
2. Evaluate, with colleagues, changes that may be required within the organization to ensure successful integration of behavioral health into practice.
3. Discuss strategies used by other innovating practices to make necessary changes to achieve plans for integrating care.

Terminology

• **Behavioral health care** is used as a broad term to encompass care for patients around mental health and substance use conditions, health behavior change, life stressors and crises, as well as stress-related physical symptoms.

Terminology

• **Integrated care** is 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.
Terminology

- **Integrated care** may address mental health, substance use 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.


Poll Question

What is your past experience integrating primary care and behavioral health in practice?

- a. I have no previous experience integrating primary care and behavioral health
- b. My practice tried in the past but didn’t succeed
- c. My practice is in the process of integrating primary care and behavioral health
- d. My practice has successfully integrated primary care and behavioral health

Why Integrated Care?

- close the division between mind and body
- adopt patients’ needs as the organizing principle of service delivery
- enable flexible, personalized, cost-effective, seamless care

Evidence Base

Poll Question

What is a warm hand-off?

- a. An approach where the primary care provider introduces a patient to a behavioral health specialist face-to-face
- b. A team-based approach to instantly engage a trusted behavioral health specialist in the ongoing care of your patient around identified behavioral health problems
- c. One strategy you can use in a bigger system of integration elements present in your practice
- d. All of the above

5 Concepts that Shape Integrated Care

1. Integration REACH
2. Continuum of care pathways across severity of illness
3. Patient transitions
4. Location of the integration workforce
5. Mental model for integration
Practical Lessons from Two Innovative Practices

Westminster Medical Clinic
- NW Denver suburb - 2 physicians, 2 PAs/1NP, 15 support staff, 6000 patients
- NCQA diabetes → heart/stroke → PCMH Level 3
- PCMH ‘Best Practice of the Year’, CAFP, 2010

MidValley Family Practice
- Basalt, CO resort rural – solo practice: 1 full-time BH provider, 7 support staff: 2000 patients
- Practice improvement initiatives: IPIP, 2006-2008; RMHO 2008-12; CPCi 2013-17; ACT 2012-15; SBIRT 2012-14
- PCMH Level 3

Landscape

Cost and Feasibility
Westminster
- First fail and persevere
- Find the right partner for sustainability
- Other
  - direct primary care
  - shared integration
  - tele-psychiatry
MidValley
- “Once you have nirvana how do you turn back”
- Employment model
- Creativity/innovation (à la carte billing)
- Screening and/or intervention: TOB-99407, $34-45, ETOH; Depression, screening 99420, $18-55, etc.

Culture and Leadership
Westminster
- Inventory your beliefs and create a vision
- Set your goals (REACH)
- Build a collaborative team
  - create trust and engage individual purpose of staff members
  - understand resistance
MidValley
- Provider-centric vs patient-centric
- Efficacy – PCP good, BHP better
- Common language, common goals
- Office culture: change culture
- Leadership = Patience

Poll Question
What pressure points would cause you to want to integrate behavioral health in your practice?
- a. Mental health issues are not being addressed
- b. You have a hard time referring patients to mental health providers
- c. Patients with chronic disease have a high incidence of mental/behavioral health issues
- d. You are going nuts
Infrastructure & Workflow

**Westminster**
- Location, Transitions & Care Pathways
- Define visit types and hand-offs
- Negotiate workflow expectations, MH model
- Create a flexible schedule
- Enhance communication – the “Compact”
- Address patient expectations

**MidValley**
- Huddle: ID patients for BH intervention – TOB, pain, chronic disease, depression, anxiety, obesity
- EMR BH template development
- BH visit type: warm hand-offs vs. scheduled traditional visits
- Bumpability structure

Sustaining Adaptive Change

**Westminster**
- Autonomy, mastery, purpose
- Energy management
  - change/sustain fatigue
  - decision fatigue
  - work-around fatigue
- Frustration entropy
  - minimize bureaucracy

**MidValley**
- Change fatigue evolution to change culture
- Value systems
  - income
  - “doing the right thing”
  - finding personal meaning
  - patient outcomes
  - relationships (patients, staff, payers, community)

Poll Question
What is the biggest barrier to behavioral health integration at your practice?

- a. Lack of money
- b. Lack of time
- c. Lack of support from colleagues
- d. Lack of knowledge about mental/behavioral health treatment

Key Steps to BH Integration

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<thead>
<tr>
<th>Key Steps</th>
<th>Practice Recommendations</th>
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<tbody>
<tr>
<td>First fail and persevere</td>
<td>Learn lessons, scope of integration, humility</td>
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<tr>
<td>Find the right leaders</td>
<td>Identify the wizards to make the impossible, possible</td>
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<td>Determine open-ended vision (why) and target population (what)</td>
<td>Read the medical literature, review the statistics</td>
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<tr>
<td>Build infrastructure</td>
<td>Integrated teams, standing orders, standardization</td>
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Key Steps to BH Integration

- **Find the right BHP**
  - Pioneer mentality, previous experience in primary care
- **Establish common language, common goals, mutual responsibilities, accountability**
  - Establish a primary care/BH compact
- **Adapt schedule**
  - Accommodate needs of patients and providers while respecting BHP
  - Develop a shared care plan
- **Establish bi-directional information**
- **Constructive feedback**
  - Learn together, share leadership

Resources

- **JABFM supplement, Advancing Care Together by Integrating Primary Care and Behavioral Health**
  - [http://www.jabfm.org/content/28/Supplement_1?etoc](http://www.jabfm.org/content/28/Supplement_1?etoc)
- **Safety Net Medical Home Initiative**
- **Primary Care Team Guide**
  - [http://www.improvingprimarycare.org](http://www.improvingprimarycare.org)
Practice Recommendations

- Identify population to impact
- Research appropriate models
- Create your team and develop your culture

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