



## **Michigan Primary Care Association**

### **Behavioral Health/Primary Care Integration Conference**

#### **What We Are Telling Vendors About the Future of Integration, EHRs, Telebehavioral Health**

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**Vice President Health Information Technology & Strategic Development  
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**Date 11/16/2011**



- **General Trends in Behavioral Health/Primary Care Integration**
- **Different integration models**
- **Software and Process Issues – What vendors need to consider in their products**
- **Privacy Issues – what SATVA/vendors need to be planning for**



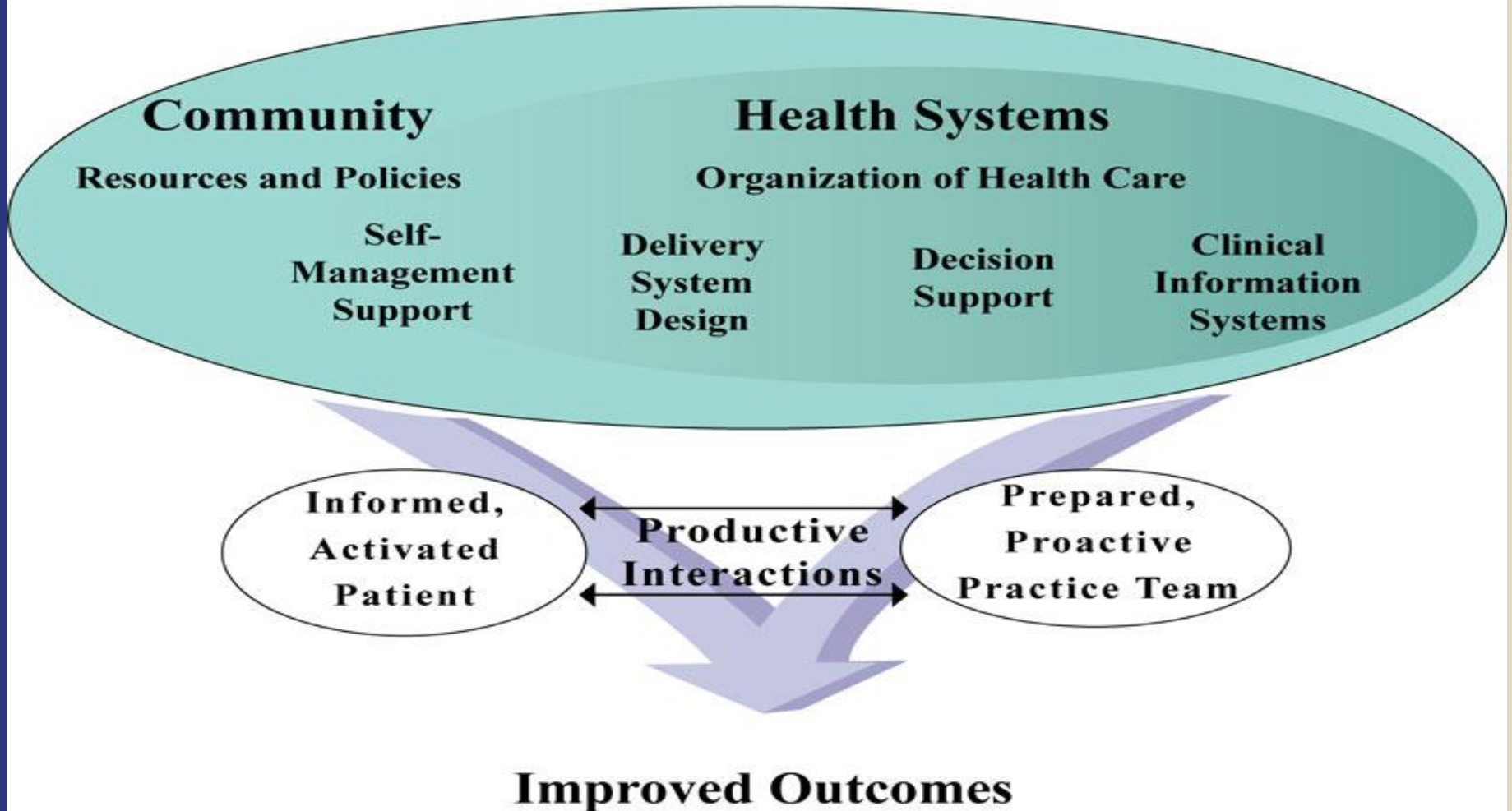
## **General Trends in Behavioral Health/Primary Care Integration**

- **Integration will be the Norm vs the Exception**
- **Bi Directional Integration**
  - **Is Occurring Nationally**
    - **National Council CIHS T/TA Center**
    - **Also happening on its own between FQHCs and Behavioral Health Providers**
- **SAMHSA & HRSA Actively Support Integration**



# Why Provide Integrated Care?

# The Chronic Care Model



Developed by The MacColl Institute  
® ACP-ASIM Journals and Books

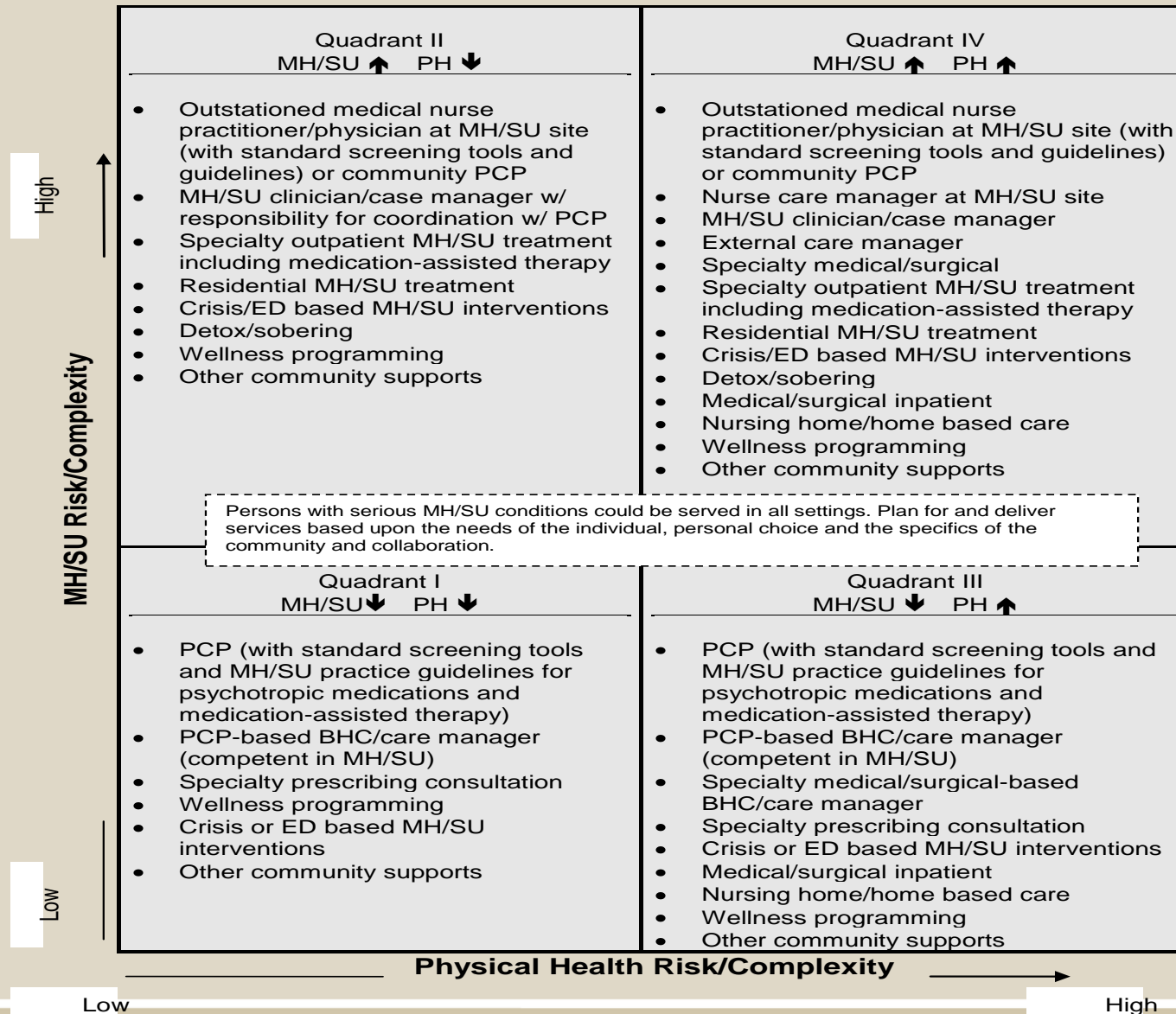


# **Think Chronic Continuity/Continuum of Care & Systems of Care When Developing Your Products**

## **How Can your Product Offerings Support**

- Care Management**
- Real Time Data Sharing & Provider Communication**
- Bi Directional Clinical Decision Support**
- Improved Disease Registry Functions**
- Improved Reporting Functionality**

# The Four Quadrant Model - A Useful Guide





## Clinical Models/Strategies – Bi-Directional Integration

### Behavioral Health –Disease Specific

- **IMPACT**
- **RWJ**
- **MacArthur Foundation**
- **Diamond Project**
- **Hogg Foundation for Mental Health**
- **Primary Behavioral Healthcare Integration Grantees**

### Behavioral Health - Systemic Approaches

- **Cherokee Health System**
- **Washtenaw Community Health Organization**
- **American Association of Pediatrics - Toolkit**
- **Collaborative Health Care Association**
- **Health Navigator Training**

### >Physical Health

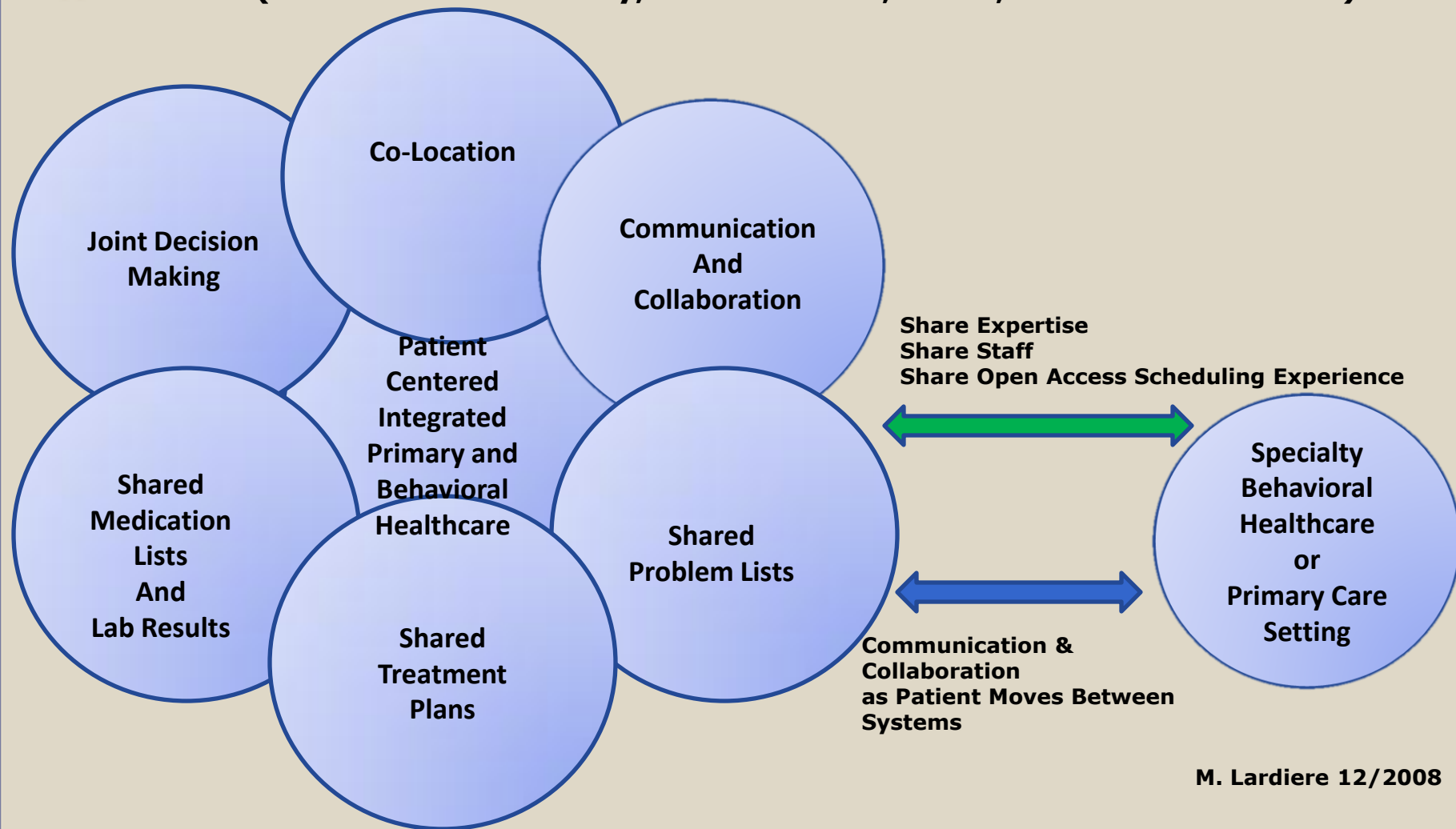
- **TEAMcare**
- **Diabetes (American Diabetes Assoc)**
- **Heart Disease**
- **Integrated Behavioral Health Project – California – FQHCs Integration**
- **Maine Health Access Foundation – FQHC/CMHC Partnerships**
- **Virginia Healthcare Foundation – Pharmacy Management**
- **PCARE – Care Management**

### >Consumer Involvement

- **HARP – Stanford**
- **Health and Wellness Screening – New Jersey (Peggy Swarbrick)**
- **Peer Support (Larry Fricks)**

# ***Behavioral Health Integration in Primary Care: Making it Real***

**(Morehouse University, Carter Center, HRSA, SAMHSA Oct. 2008)**



M. Lardiere 12/2008

## **Core Components of Successful Integrated Models**

# Level of Integration Assessment

Function	Minimal Collaboration	Basic Collaboration from a Distance	Basic Collaboration On-Site	Close Collaboration/ Partly Integrated	Fully Integrated/Merged
<b>THE CONSUMER and STAFF PERSPECTIVE/EXPERIENCE</b>					
<b>Access</b>	Two front doors; consumers go to separate sites and organizations for services	Two front doors; cross system conversations on individual cases with signed releases of information	Separate reception, but accessible at same site; easier collaboration at time of service	Same reception; some joint service provided with two providers with some overlap	One reception area where appointments are scheduled; usually one health record, one visit to address all needs; integrated provider model
<b>Services</b>	Separate and distinct services and treatment plans; two physicians prescribing	Separate and distinct services with occasional sharing of treatment plans for Q4 consumers	Two physicians prescribing with consultation; two treatment plans but routine sharing on individual plans, probably in all quadrants;	Q1 and Q3 one physician prescribing, with consultation; Q2 & 4 two physicians prescribing some treatment plan integration, but not consistently with all consumers	One treatment plan with all consumers, one site for all services; ongoing consultation and involvement in services; one physician prescribing for Q1, 2, 3, and some 4; two physicians for some Q4: one set of lab work
<b>Funding</b>	Separate systems and funding sources, no sharing of resources	Separate funding systems; both may contribute to one project	Separate funding, but sharing of some on-site expenses	Separate funding with shared on-site expenses, shared staffing costs and infrastructure	Integrated funding, with resources shared across needs; maximization of billing and support staff; potential new flexibility
<b>Governance</b>	Separate systems with little of no collaboration; consumer is left to navigate the chasm	Two governing Boards; line staff work together on individual cases	Two governing Boards with Executive Director collaboration on services for groups of consumers, probably Q4	Two governing Boards that meet together periodically to discuss mutual issues	One Board with equal representation from each partner
<b>EBP</b>	Individual EBP's implemented in each system;	Two providers, some sharing of information but responsibility for care cited in one clinic or the other	Some sharing of EBP's around high utilizers (Q4) ; some sharing of knowledge across disciplines	Sharing of EBP's across systems; joint monitoring of health conditions for more quadrants	EBP's like PHQ9; IDDT, diabetes management; cardiac care provider across populations in all quadrants
<b>Data</b>	Separate systems, often paper based, little if any sharing of data	Separate data sets, some discussion with each other of what data shares	Separate data sets; some collaboration on individual cases	Separate data sets, some collaboration around some individual cases; maybe some aggregate data sharing on population groups	Fully integrated, (electronic) health record with information available to all practitioners on need to know basis; data collection from one source



## Summary of Models: Hallmarks

Model		
1. Collaboration	<ul style="list-style-type: none"> <li>Behavioral health &amp; primary care are physically and operationally separate</li> </ul>	<ul style="list-style-type: none"> <li>Differs from current practice because active collaboration is initiated</li> </ul>
2. Physician-Delivered	<ul style="list-style-type: none"> <li>Increases the ability of the physician (or mid-level) to directly deliver behavioral health care interventions within the existing practice</li> </ul>	<ul style="list-style-type: none"> <li>Typically includes augmented capacity for psychiatric consultation</li> </ul>
3. Co-Location	<ul style="list-style-type: none"> <li>Primary care &amp; behavioral health are in physical proximity, but operationally separate.</li> </ul>	<ul style="list-style-type: none"> <li>There is enhanced engagement and communication because of proximity.</li> </ul>
4. Disease Management	<ul style="list-style-type: none"> <li>Uses an allied health professional to coordinate care</li> </ul>	<ul style="list-style-type: none"> <li>Uses an allied health professional to coordinate care</li> </ul>
5. Reverse Co-Location	<ul style="list-style-type: none"> <li>Locates a healthcare professional (RN, mid-level or physician) in a mental health clinic or program</li> </ul>	<ul style="list-style-type: none"> <li>Focus is on providing primary care to persons with severe behavioral health problems</li> </ul>
6. Unified	<ul style="list-style-type: none"> <li>Behavioral health &amp; primary care are physically and operationally integrated</li> <li>Behavioral health screening &amp; triage are typically available at the primary care visit</li> </ul>	<ul style="list-style-type: none"> <li>A psychiatric prescriber is available to see patients if needed and (at least) traditional counseling is available</li> </ul>
7. Primary Behavioral Health	<ul style="list-style-type: none"> <li>Behavioral health &amp; primary care are physically and operationally integrated</li> </ul>	<ul style="list-style-type: none"> <li>A licensed behavioral health professional delivers "bit-sized" interventions in the exam room</li> </ul>
8. Collaborative System of Care	<ul style="list-style-type: none"> <li>Uses one of the other models at the primary care practice</li> </ul>	<ul style="list-style-type: none"> <li>The primary care practice forms close alliances with multiple service providers (around a specific theme)</li> </ul>



### Summary of Models: Issues

Model	Amount of Systems Change Required	Financial Challenges	Degree of Integration Achieved	Training Required
1. Collaboration	*	-	*	-
2. Physician-Delivered	*	-	*	**
3. Co-Location	**	*	**	-
4. Disease Management	**	**	**	**
5. Reverse Co-Location	**	**	**	-
6. Unified	***	***	***	**
7. Primary Behavioral Health	***	***	***	***
8. Collaborative System of Care	**	*	**	-

\* These are relative designations, because models are typically implemented in a highly customized fashion.



# Federal Health IT Strategic Plan 2011–2015

## HHS Goals

- > Improve Care,
- > Improve Population Health, and
- > Reduce Health Care Costs through the Use of Health IT



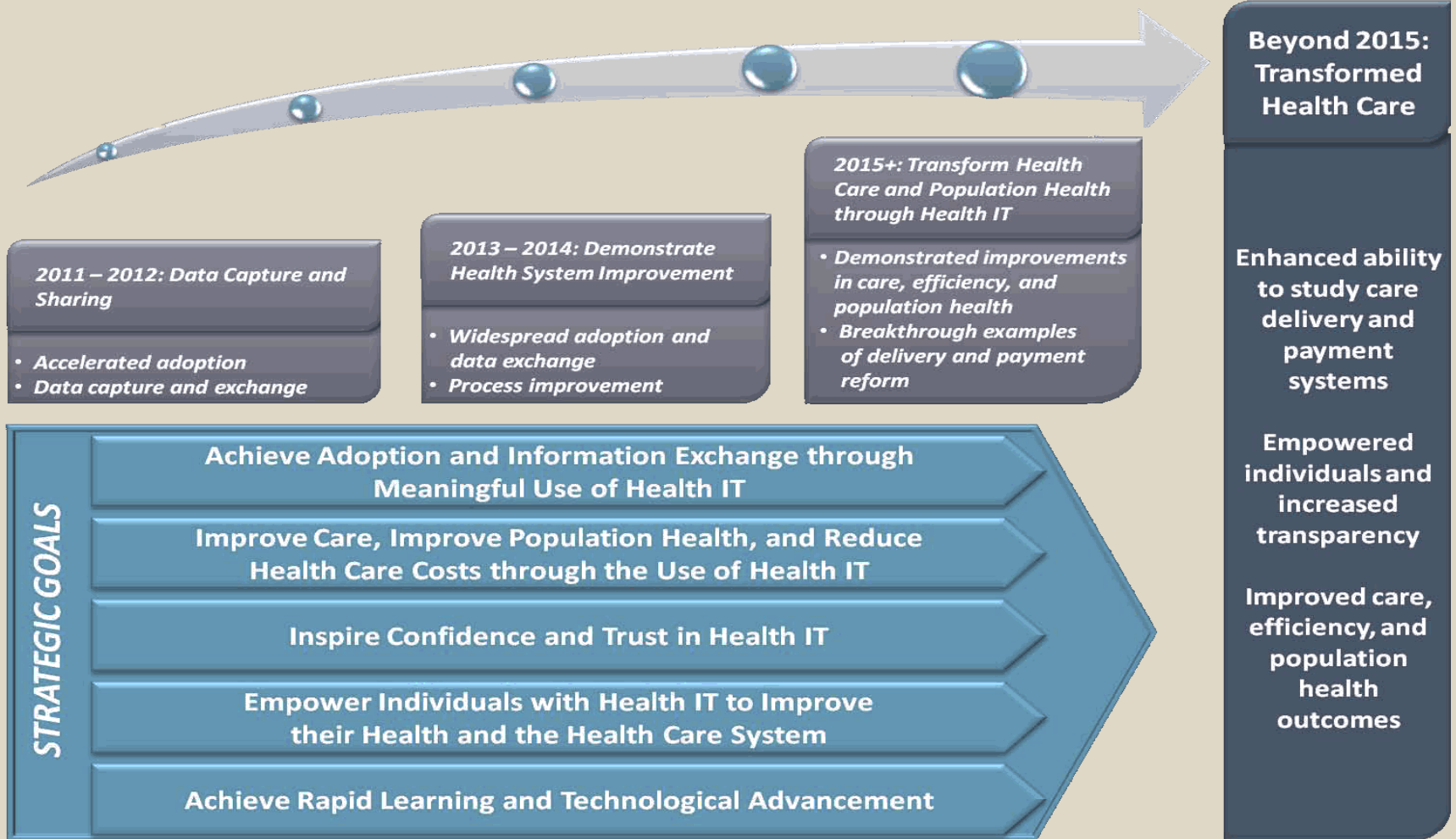
# Federal Health IT Strategic Plan 2011–2015

## Four Objectives for these goals

- > Support more sophisticated uses of EHRs and other health IT to improve health system performance
- > Better manage care, efficiency, and population health through EHR-generated reporting measures
- > Demonstrate health IT-enabled reform of payment structures, clinical practices, and population health management
- > Support new approaches to the use of health IT in research, public and population health, and national health security



# Federal Health IT Strategic Map





# Behavioral Health Providers will be included!!

## ONC Strategic Plan

### Objective A

#### Strategy I.A.7: Align federal programs and services with the adoption and meaningful use of certified EHR technology

*Specifically... The Substance Abuse and Mental Health Services Administration (SAMHSA) is working to foster adoption and implementation of certified EHRs among its providers that are ineligible for the Medicare and Medicaid EHR Incentive Programs, including community mental health centers and substance use disorder treatment programs....*

**Senator Sheldon Whitehouse introduced the  
“Behavioral Health Information Technology Act of 2011” March 10, 2011 S. 539**

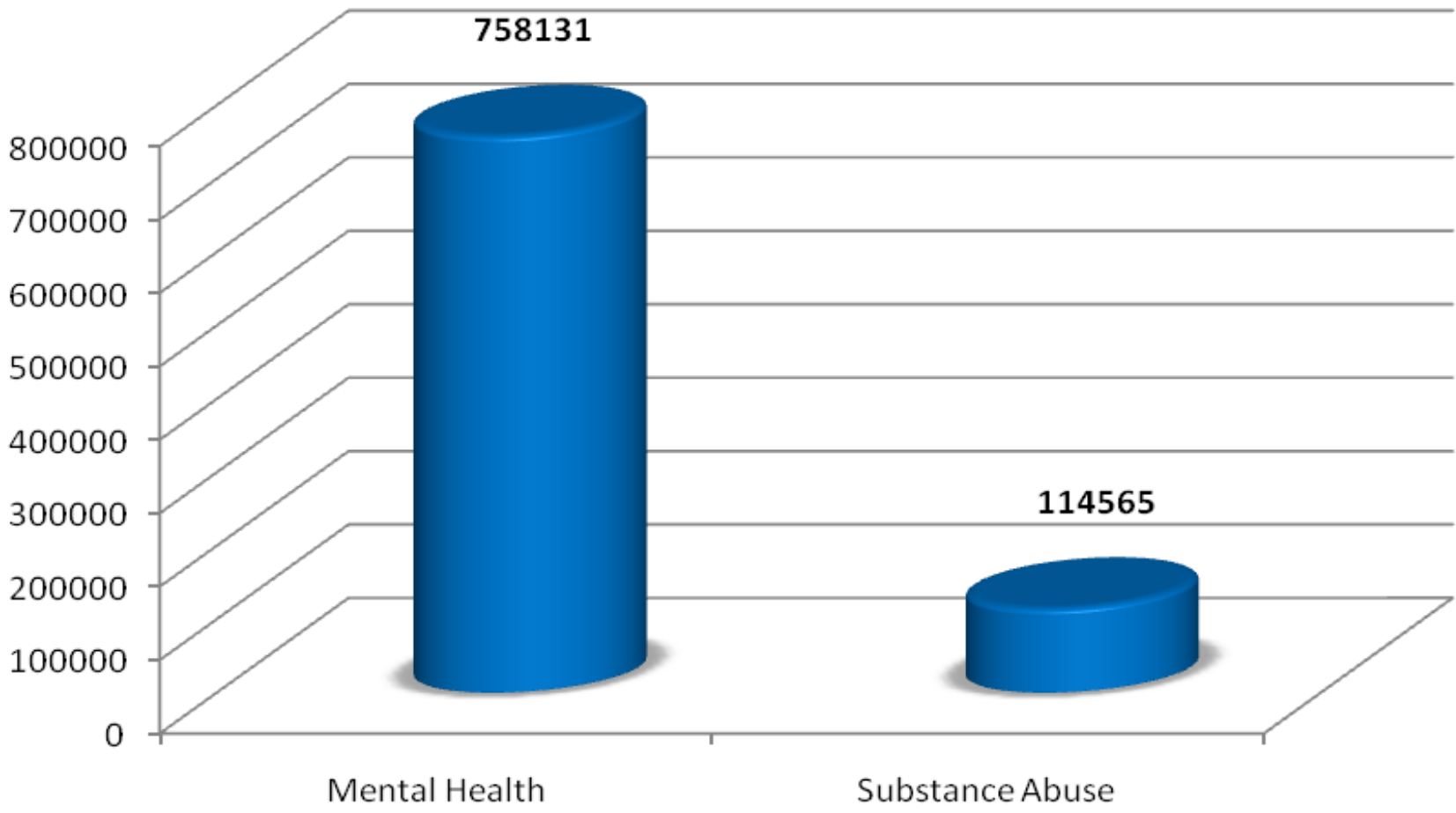


## The FQHC Experience & Opportunities

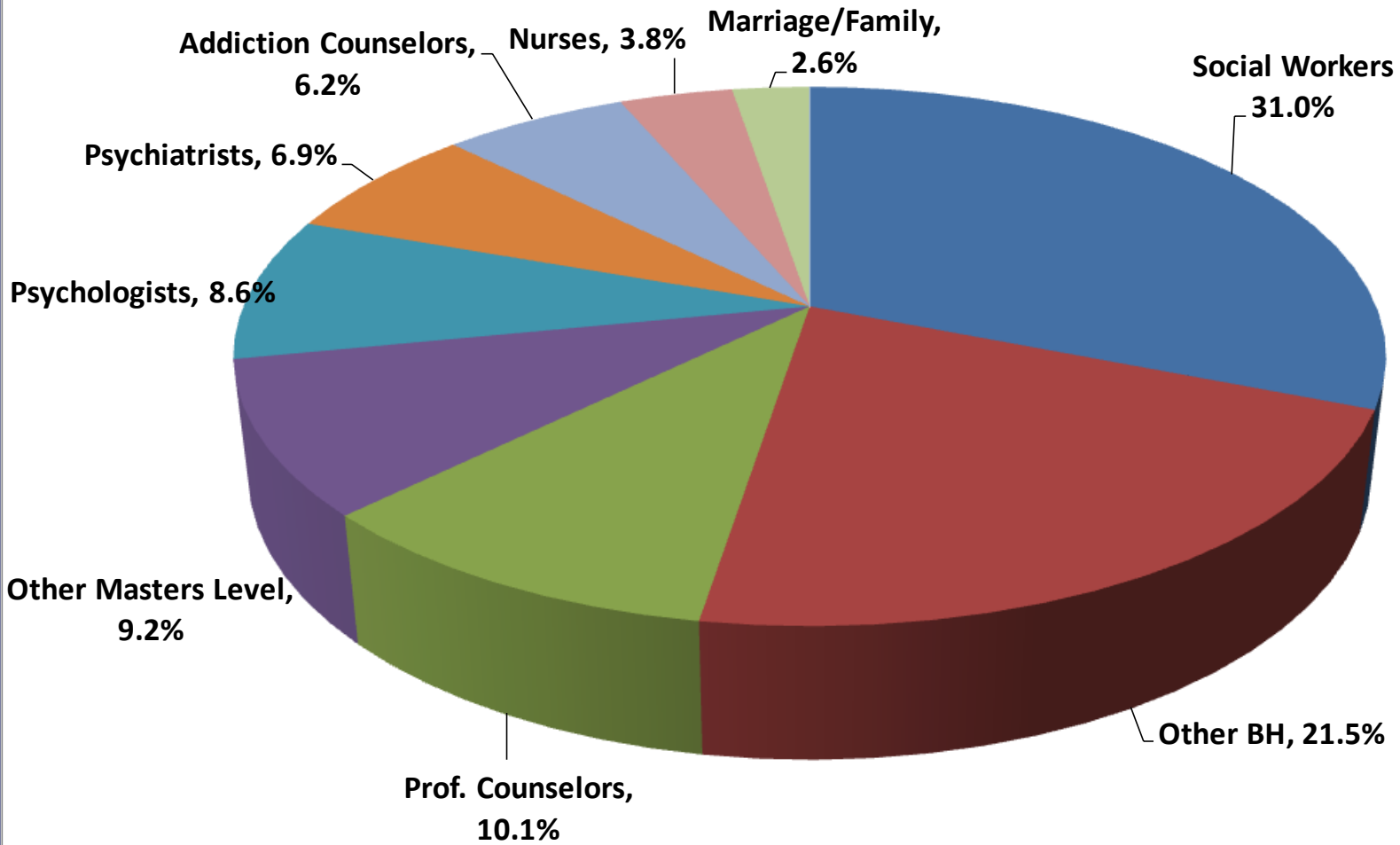
- **70% of Health Centers Currently Provide Behavioral Health Services**
- **All Health Centers are required to have a behavioral health intervention identified in their annual plan**

# FQHCs Serve 20 Million Patients – What’s Wrong with this Picture?

## Total BH Patients by Type, 2009



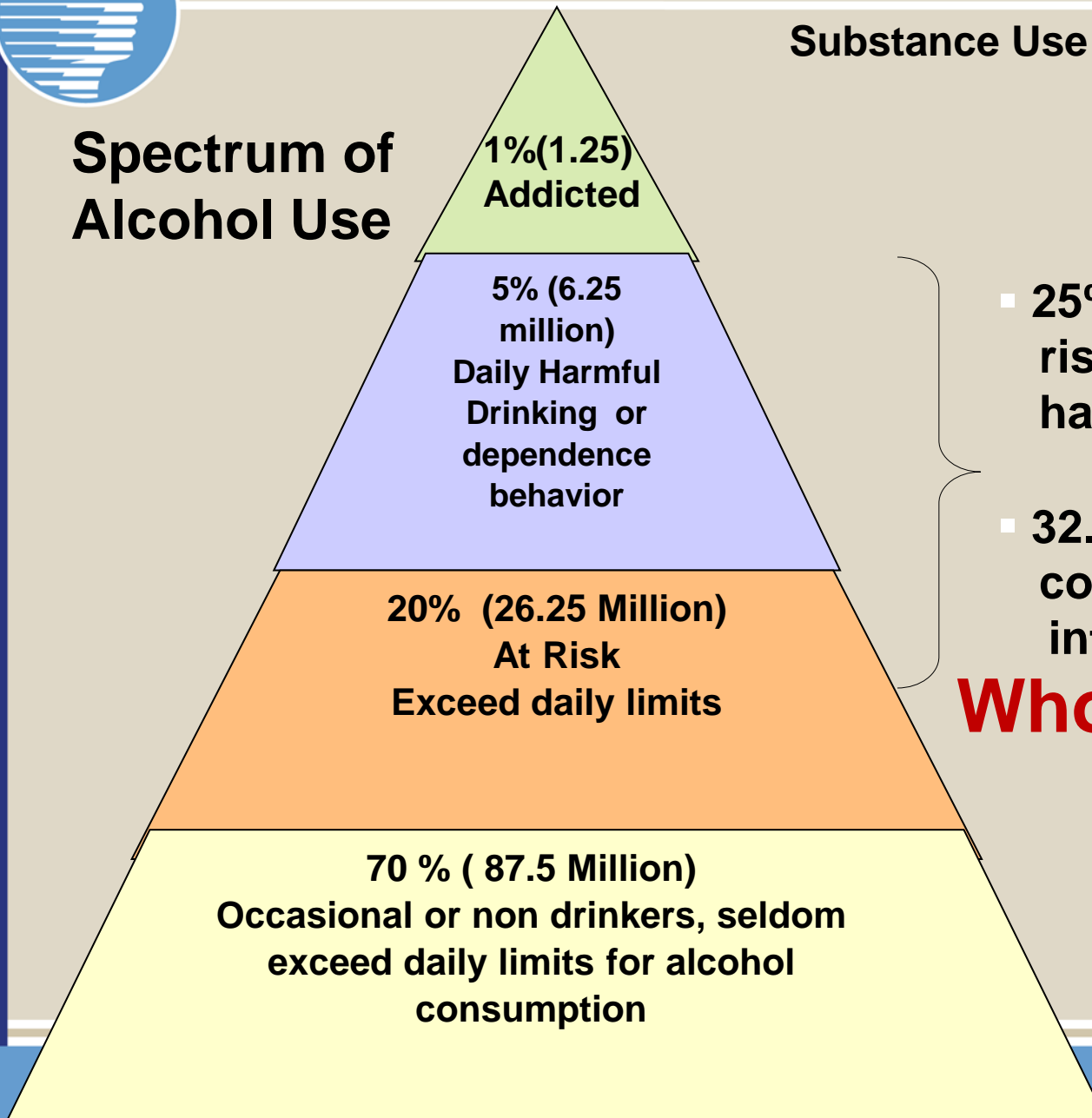
### FQHCs % of Total BH FTEs by Provider Type






## Spectrum of Alcohol Use

## Substance Use Disorders and SBIRT



- 25% engaged in risky, harmful or hazardous drinking
- 32.5 million people could benefit from brief intervention

**Who Are We Trying to Reach?**



## **Skill sets that are needed for any provider in a primary care environment**

- **Can be any licensed practitioner--training, orientation and skills are the key**
- **Finely honed clinical assessment skills (MH and SA)**
- **Cognitive behavioral intervention skills**
- **Group and educational intervention skills**
- **Consultation skills**
- **Communication skills**
- **Psychopharmacology and Behavioral Medicine knowledge base**
- **Flexible, independent and action/urgency orientation**
- **Solution rather than process orientation**



## **Skill sets that are needed for any provider in a primary care environment**

- **Prevention orientation**
- **Team and collaboration orientation**
- **Clinical protocols and pathways orientation**
- **Focus on impacting functioning, not personality**
- **Experience with the SMI population and how the public BH system works**
- **Understanding of the impact of stigma**
- **Strong organizational and computer competency**
- **Bilingual and culturally competency in serving the major population groups seen in the primary care clinic**

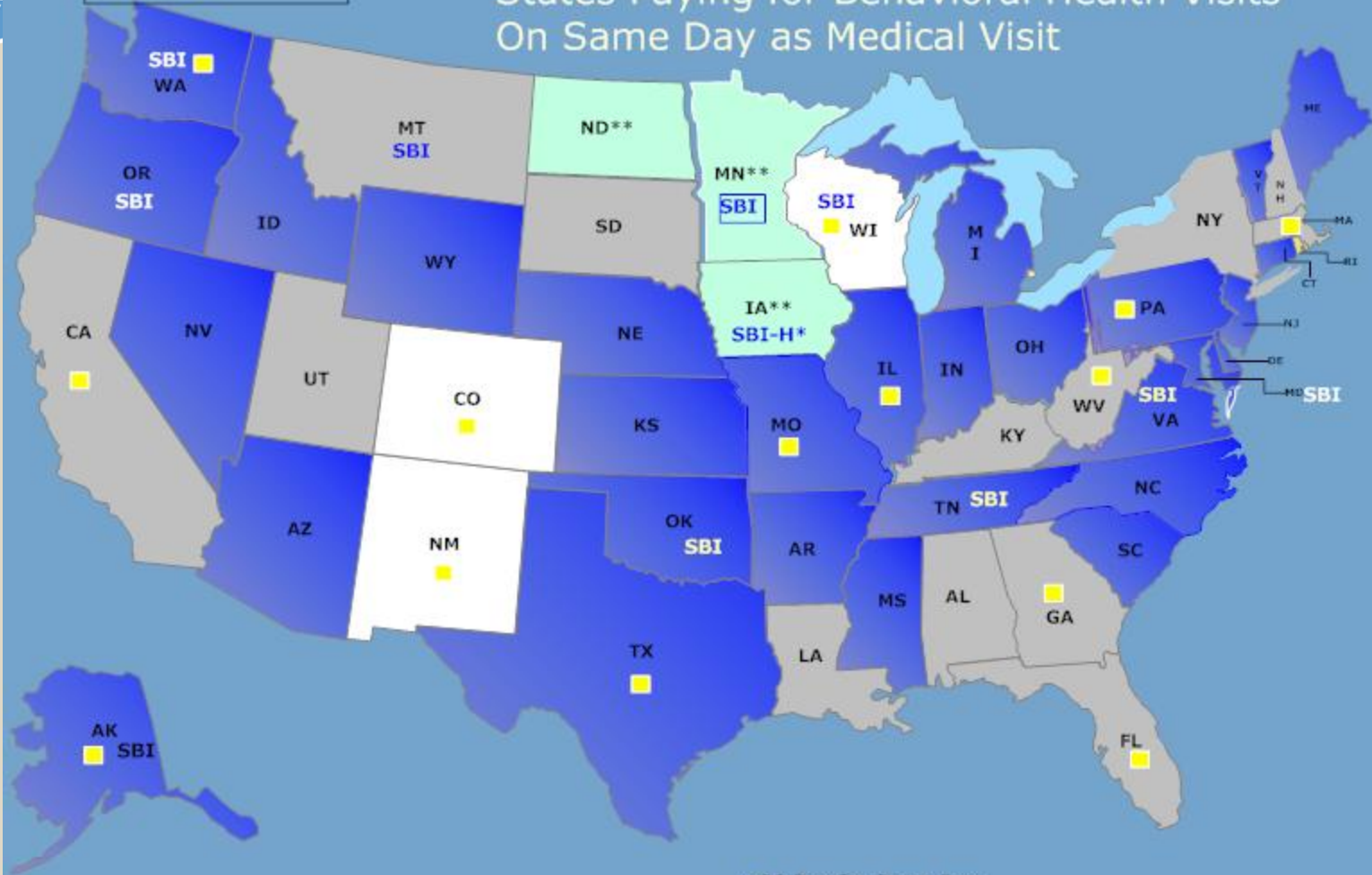
*Courtesy of:*

*Freeman, Cherokee Health Systems*

**NationalCouncil**

NACHC Survey 2007 +  
SAMHSA update /2010

## States Paying for Behavioral Health Visits On Same Day as Medical Visit



\*\* FQHCs not Eligible

■ SAMHSA Funded SBIRT Programs

- 30 Pay for Same Day
- 14 Specifically states does not cover for same day service
- 3 Undetermined re: payment for same day service
- 3 Pays Fee for Service but not FQHCs on same day

SBI = 11 States Medicaid pays for SBI codes \*H=Hosp Only 7/23/10

# Workforce Development



- **Develop Curriculum That Supports Integration**
  - **Start in Undergrad**
  
- **Train Current Workforce in Integration Skills**
  
- **Home Grown Programs**
  - **A.T. Still University, Mesa, AZ**
  
- **What role can SATVA play in Workforce Development activities?**
  - **HIT Learning Collaboratives**
  - **Support ONC Curriculum for Council Members**



# Drivers Towards Integration

- **Medical Homes**
- **Health Care Homes**
- **Coordinated Care Organizations**
- **Accountable Care Organizations**



# **How Will We Share Information and Coordinate Treatment?**

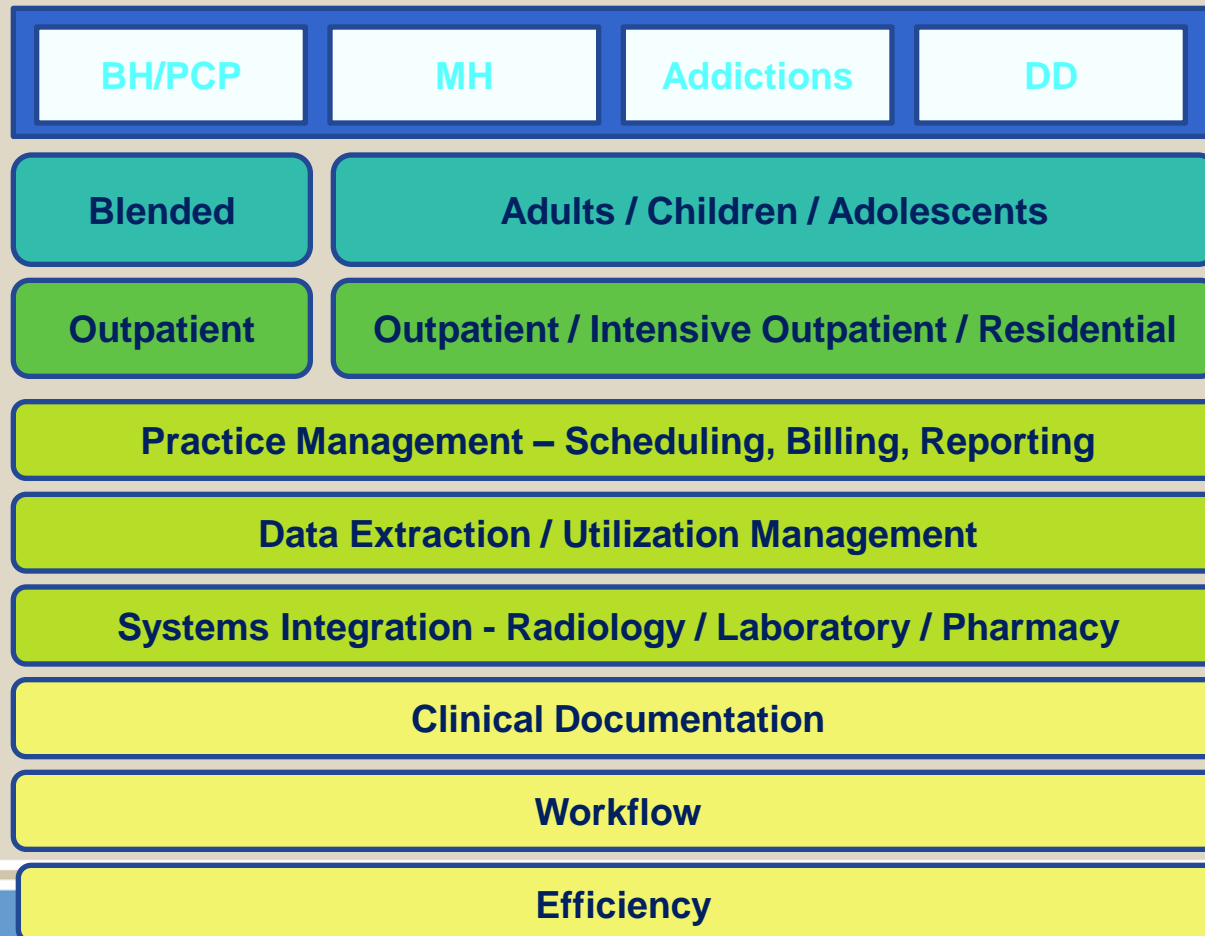


## **Tele Behavioral Health**

- **Expansion of Services to provide Greater Access**
- **Current Cost is well within Provider Reach**
- **Protocols and Procedures Available from the American Tele Medicine Association  
Tele Mental Health Special Interest Group**
- **How can Vendors encourage and support these efforts?**



# Behavioral Health Program Components Embedded in Medical EHRs



# Product Comparison

BH/PCP			MH		Addictions		DD	
<b>LEVEL OF CARE</b>								
Adults/Children/Adolescents			Adults			Children / Adolescents		
Outpatient			Outpatient		Intensive Outpatient		Residential	
Prescriber	Behaviorist	RN	Prescriber	Therapist	Case Manager	RN		
								<b>Deliverables</b>
<b>PRACTICE MANAGEMENT</b>								
Shares scheduling, billing, reporting w/primary care			Dynamic Scheduling		Unique Billing		Unique Reporting	
<b>DATA EXTRACTION / UTILIZATION MANAGEMENT</b>								
UM may be separated from primary care			Unique Data Points		Unique UM customized to each pt type, level of care, clinician type			
<b>SYSTEMS INTEGRATION – RADIOLOGY, LABORATORY, PHARMACY</b>								
<b>CLINICAL DOCUMENTATION</b>								
Indiv P-Notes	Group P-Notes	Screening Tools	Indiv P-Notes	Group P-Notes	Screening Tools	Biopsychosocial Assessments	ISSP	
Modified Assessments	Care Plans							
<b>WORKFLOW TOOLS</b>								
Disease Specific	Encounter Specific	Intervention Specific	Disease Specific	Encounter Specific	Intervention Specific	Preventative Care	Wellness	EBT / Best Practice
Preventative Care	Wellness	EBT Best Practice						
<b>EFFICIENCY TOOLS</b>								
Dynamic Documentation	Patient Education	Centralized View Mgmt	Dynamic Documentation	Patient Education	Centralized View Mgmt	Customized Reminders	Care Coordination	
Customized Reminders	Care Coordination							



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# *How it really works - logistically*

Real time video

In the clinic

Consultation, evaluation,  
treatment, whatever

Integration in PC/GM

Conditions and  
populations

Scheduling & app't mgmt.

Info. exchange

Admin and distance  
learning



# Medical Home

- Personal PCP
- PCP-directed practice
- Whole person
- Enhanced access [adherence]
- Care is coordinated and/or integrated
- Safety, quality, cost





<http://interactive.ihets.org/p33818987/?launcher=false&fcsContent=true&pbMode=normal>



<http://interactive.ihets.org/p51352207/?launcher=false&fcsContent=true&pbMode=normal>



- **Electronic Health Records**
  
- **Patient Registries – for Now**
  - **Providers need this functionality embedded in EHRs now**
  - **Eventually they go away**
  
- **But there are haves and have nots**
  - **Build registries as affordable stepping stones to full EHR products for the have nots**
  - **Ensure seamless data migration to any product**



## Health Information Exchange

- **State HIEs**
- **NwHIN**
- **RHIOs**
- **DIRECT Project**



# DIRECT Project Scenarios

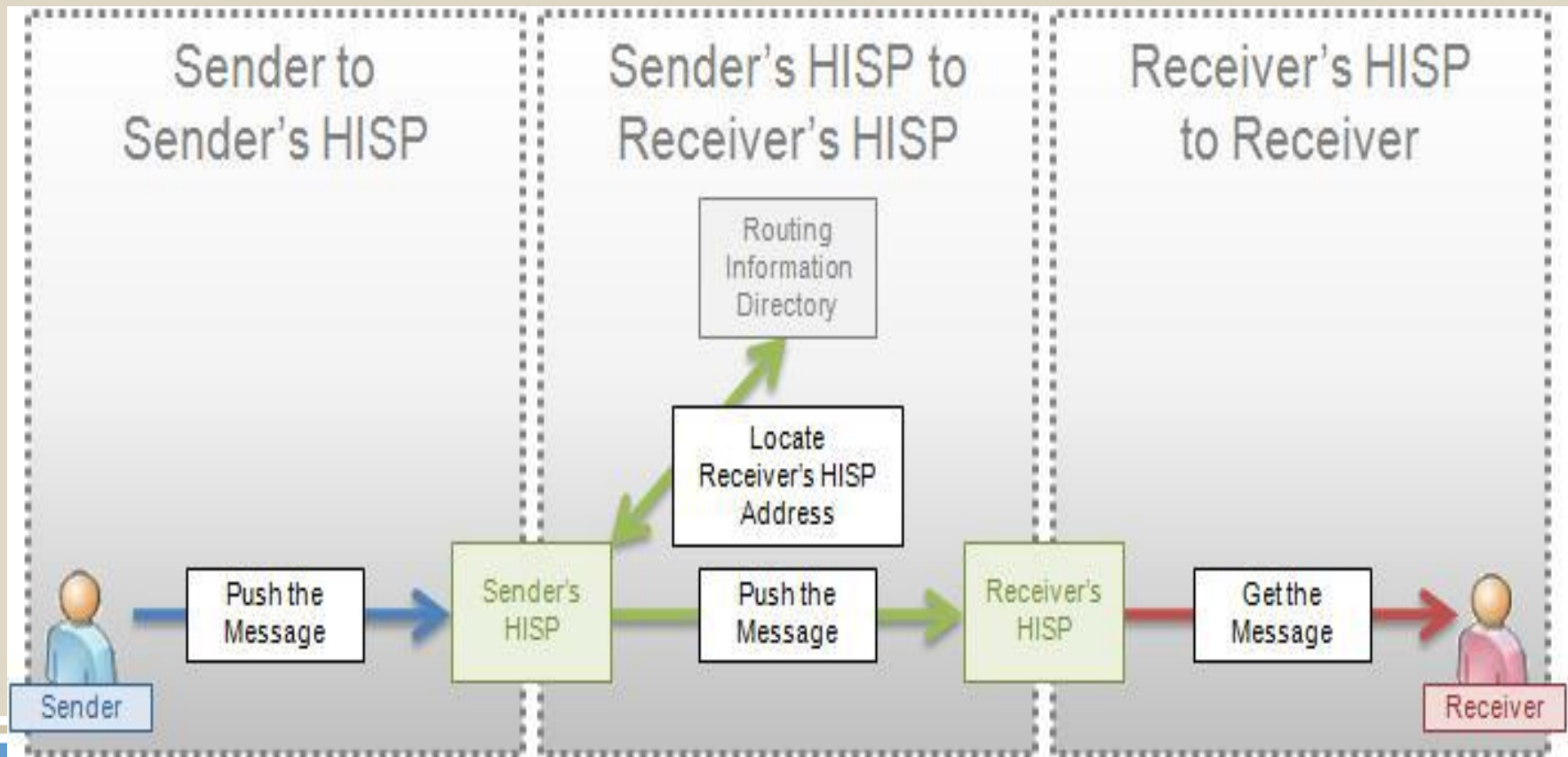
## Priority One

*Stories that support Stage 1 Meaningful Use and are targeted for implementation in the first implementations of the Direct Project*

- Primary care provider refers patient to specialist including summary care record
- Primary care provider refers patient to hospital including summary care record
- Specialist sends summary care information back to referring provider
- Hospital sends discharge information to referring provider
- Laboratory sends lab results to ordering provider
- Transaction sender receives delivery receipt
- Provider sends patient health information to the patient
- Hospital sends patient health information to the patient
- Provider sends a clinical summary of an office visit to the patient
- Hospital sends a clinical summary at discharge to the patient
- Provider sends reminder for preventive or follow-up care to the patient
- Primary care provider sends patient immunization data to public health

# DIRECT Project Scenarios

## Most Behavioral Health Organizations Will Start With Simple Scenarios





# **Continuity of Care Document (CCD or CCR)**



# Continuity of Care Record/Document

- > 1. Patient Demographics
- > 2. Immunizations
- > 3. Vital Signs
- > 4. Problems & Diagnoses
- > 5. Insurance Information
- > 6. Health Care Providers
- > 7. Encounter Information
- > 8. Allergies/Alerting Data
- > 9. Appropriate Results



# Continuity of Care Record/Document

- > **10. Medication**
- > **11. Procedures**
- > **12. Results**
- > **13. Necessary Medical Equipment**
- > **14. Social History**
- > **15. Statistics**
- > **16. Family History**
- > **17. Care Plan**

**Specific Additions for Behavioral Health Information  
have not yet been identified**



# Continuity of Care Record/Document +

- **Providers want to share “actionable” data now**
  - **Many CIHS HIT Grantees have this as their goal**
  
- **Data needs to come in and populate**
  - **Graphs**
  - **Charts**
  - **Reports**
    - **In the receiving EHR**



# Continuity of Care Record/Document +

- **What else do they want?**
  
- **Recent Meeting at SAMHSA with all of the Guilds and other Associations**
  - **Disability Status**
  - **Level of Education**
  - **Primary Language**
  - **Communication Impairments**



# Continuity of Care Record/Document +

- **What else they want**
  - **Physical Health information**
  - **Medical Equipment**
    - **Hearing Aids**
    - **Wheelchair required**
    - **Mobile Technology Applications used**
  - **ECT**
  - **Vagal Nerve Stimulation**



# Continuity of Care Record/Document +

## ➤ What else they want

### ➤ Functional Status in a standard form

➤ GAF 7

➤ International Classification of Functional Status

### ➤ Vitals

➤ Provide the Units next to the number

➤ Weight

➤ BMI

➤ Temp



# Continuity of Care Record/Document +

- **What else they want**
  - **Problems/Diagnosis**
    - **All Problems/Diagnoses**
    - **Date First Recorded**
    - **Active/Inactive**
    - **Date Resolved**
  - **Medications – Same as above**



# Continuity of Care Record/Document +

- **What else they want**
  - **Health Care Providers**
    - **Want to know**
      - **Credentials and Type of Provider/Specialty**
        - **MD is insufficient**
      - **Pharmacist as well**
      - **Include the entire care team across all organizations**
      - **Programmed for easy communication with all providers**  
e.g. email or call from the EHR
  - **Encounter Data for all Care Team Members**
    - **Dates of Care**



# Continuity of Care Record/Document +

## ➤ What else they want

### ➤ Allergies

➤ Adverse Reactions

➤ Response/Type of Reaction

➤ Indicate Intolerance vs. Reaction (meds or OTCs)

### ➤ All Medical Procedures

### ➤ Types of Treatment

➤ Individ., Group, Family etc.



# Continuity of Care Record/Document +

## ➤ What else they want

### ➤ Family Hx.

- Psychiatric Illness & Medical Illness
- Genograms

### ➤ Care Plans

- All Active/Open Care Plans from All Active Providers
  - Goals
  - Objectives
  - Reviews



# Continuity of Care Record/Document +

## ➤ What else they want

### ➤ Data Segmentation

### ➤ Was requested across all three workgroups

➤ Substance Abuse Providers

➤ Recovery Providers

➤ Mental Health Providers

### ➤ Better Usability

➤ Called for supporting a Workgroup to focus on this specifically



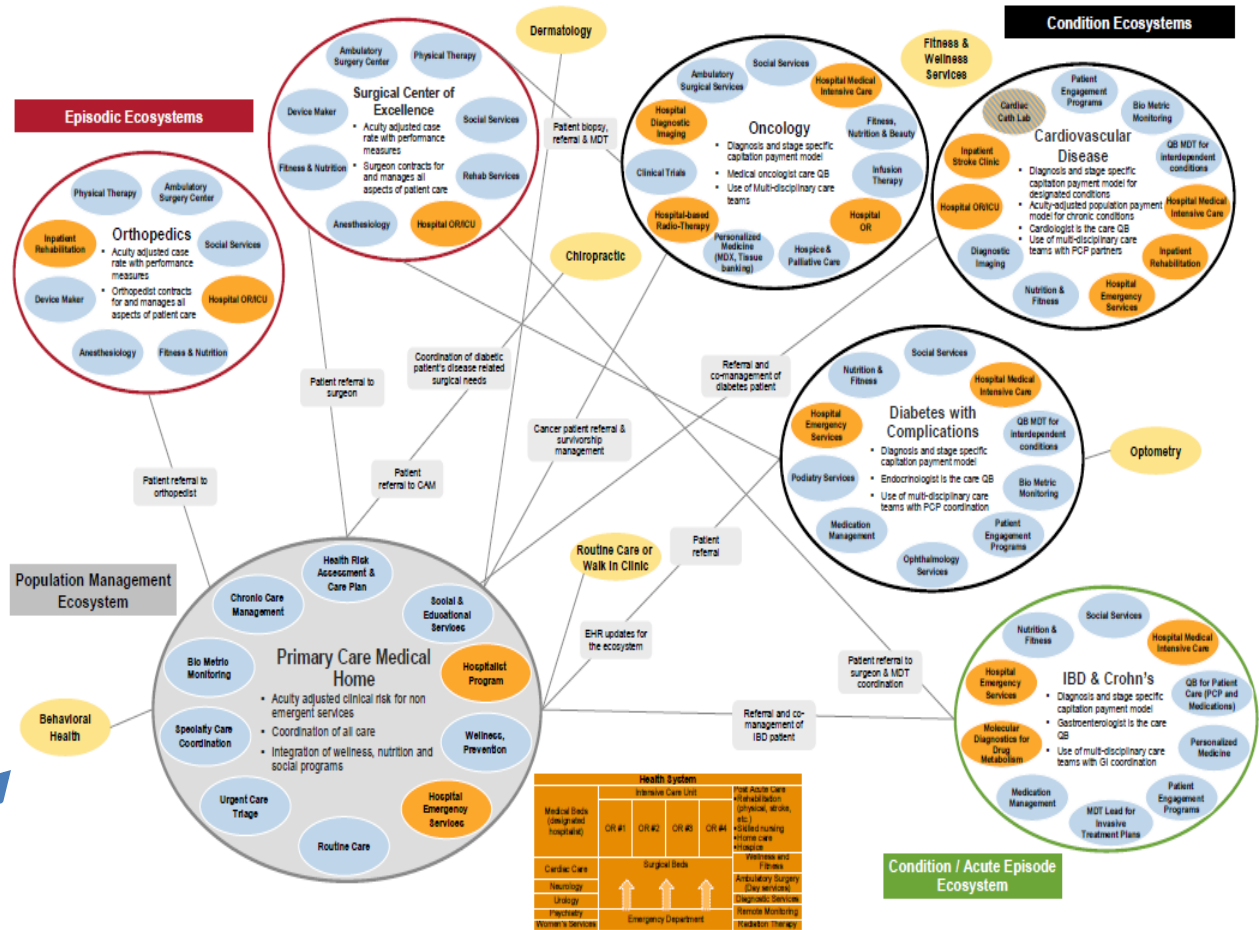
## **Perceived Barriers**

- **HIPAA**
- **State Laws**
- **42 CFR**

## **Developing Systems of Care**

- **Qualified Service Agreements**

# Build community health ecosystems over time



What is Wrong with This Picture?



Behavioral Health



- **Capture and Report on Registry Data Specific to Integrated Care**
- **Integrate Telemedicine**
- **Integrate Mobile and Wireless Device Applications**

# M3 Checklist – The Solution



*A patient rated mental health assessment screen that simultaneously assesses the risk of several existing mood and anxiety disorders, including depression, anxiety, bipolar disorder and post traumatic stress disorder*

## Key Features

- Patient-rated 27 question screen/3 minutes to complete
- Evidence-based tool to diagnose/detect mood and anxiety disorders
- Highly predictive & sensitive to early detection
- Cloud-based data capture facilitates easy link to EMRs & PHRs
- Longitudinal tracking for continual monitoring

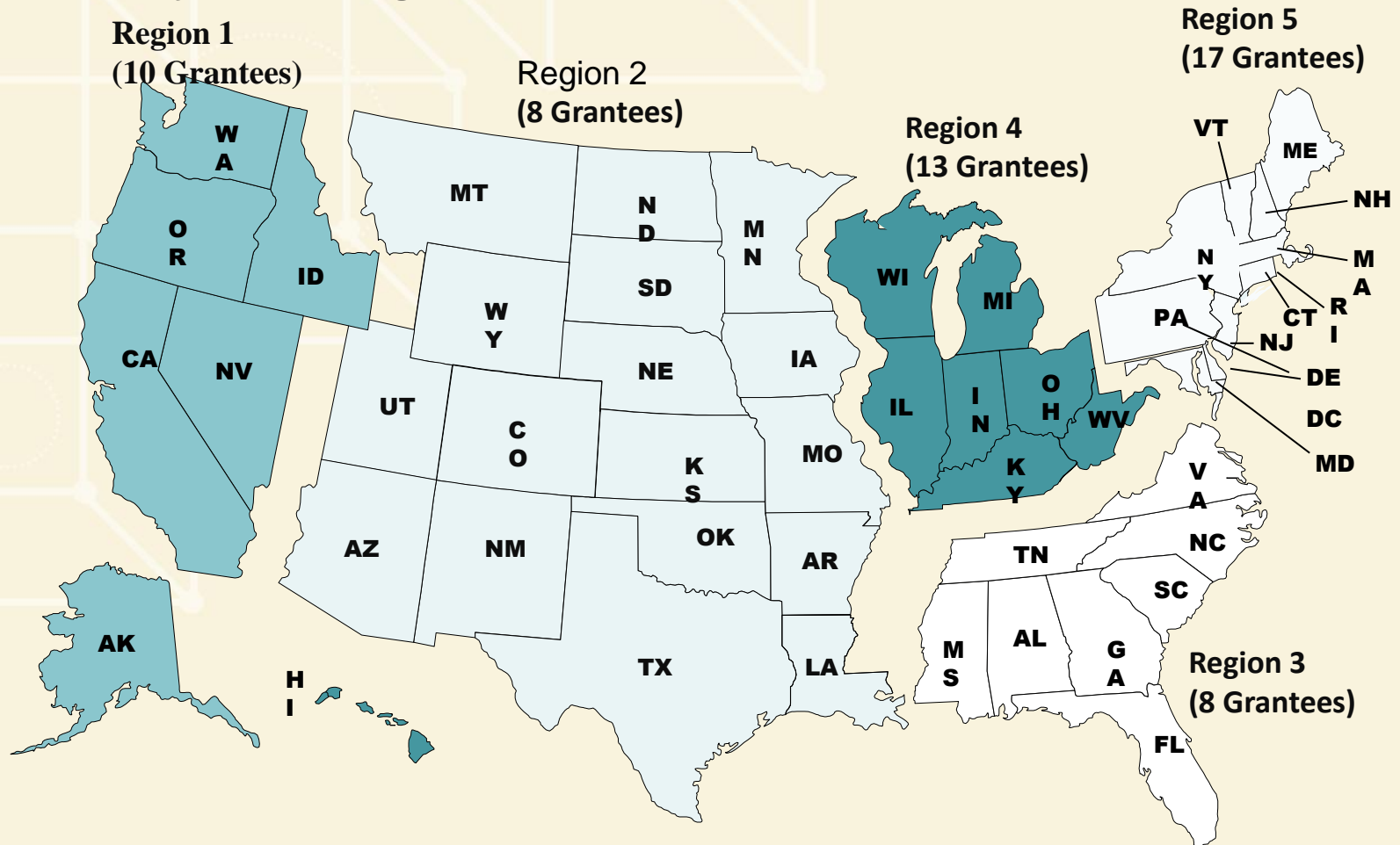


**The only patient-rated, validated, multi-dimensional Mental Health screen in the market.**



# **What The National Council is Doing**

## Focus on Behavioral Health & Primary Care Integration



# HIT Supplement

## Assisting Grantees in HIT Implementation

- **Implement Certified EHRs**
- **Meet Meaningful Use Criteria**
  - **ePrescribing**
  - **Exchange Data with Partners**
  - **Participate in HIE**
  - **Support Integration**
- **Working with 5 State Designated Entity (SDE) HIEs**
  - **Examine Barriers to Behavioral Health and Primary Care Data Integration**
  - **Implement/Recommend State Policy Changes**
  - **Identify HIE Standards, Policies & Procedures to Support Exchange**





## For Our Members

- **Contact Center**
- **Vetted Consultants**
- **Group Purchasing**
- **HIE**
- **Data Warehousing**
  - **Best Practices**
  - **Clinical Decision Support**
- **Instituted a HIT Workgroup**



## For Our Members

- **Instituted a HIT Workgroup**
  
- **Work with Networks**
  - **HRSA supported Health Center Controlled Networks (HCCNs)**
    - **Support over 500 FQHCs Nationally**
    - **Will increase HIT support to and provide infrastructure for behavioral health organizations**



# Health Information Technology Strategy

Guidelines on "what you need to know before you start"

**Financing Options**  
Attractive Terms



**Quality Center**  
National Data Warehouse  
Benchmarking, & Reporting,



National data repository showing the value of behavioral health, best practices, advocacy etc.

Provide members with objective, trusted information and advice on health information technology resources, vendors, evaluations, investments and operations

**Training & Support**  
Multimedia Options, Post Implementation Support



**Contact Center**  
Initial information on Hardware, Software, and connectivity




Establish an accessible data base of HW & SW vendors used by and evaluated by members & Develop User Groups


**NwHIN Connectivity**  
With Federal Government & Others



**Software**



**National Pricing**  
Govt Pricing or Better



**Vetted Consultant Referrals**  
Local Assessments, Contracting, Implementation



Establish relationships with limited number of IT experts including HCCNs

HCCNs

Consultants w/ Experience



**For more information Contact**

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