

*Children's Behavioral Health Collaborative
State of Integrated Behavioral Health in NH*

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CITIZENS
HEALTH
INITIATIVE

Behavioral Health Integration

Definitions

From APA

- *What Is Integrated Health Care? Integrated health care, often referred to as interdisciplinary health care, is an approach characterized by a high degree of collaboration and communication among health professionals. What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological, and social needs of the patient. The interdisciplinary health care team includes a diverse group of members (e.g., physicians, psychologists, social workers, and occupational and physical therapists), depending on the needs of the patient.*

Definitions

Behavioral Health integration:

- *“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. ”*

CJ Peek, Lexicon

<http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>

Definitions

From the “Lexicon”

- *Integrated Care. Tightly integrated, onsite teamwork with a unified care plan as a standard approach to care for designated populations. Connotes organizational integration as well, often involving social and other community services. “Altitudes” of integration (Based on SAMHSA):*
- *Integrated treatment: Interactions between clinicians to address patient needs combining interventions for mental health disorders in a primary treatment relationship or service setting.*
- *Integrated program: An organizational structure that ensures staff and linkages with other programs to address all patient needs.*
- *Integrated system: An organizational structure that supports an array of programs for individuals with different needs through funding, credentialing, licensing, data collection/reporting, needs assessment, planning, and other operational functions.*
- *Integrated payment: A payment structure that facilitates and incentivizes close collaboration between team members, care management, and care coordination, and achievement of patient-centered, effective care/outcomes.*

Definitions

Integrated Primary Care.

- *Combines medical and behavioral health services for the spectrum of problems that patients bring to primary medical care. Because many patients in primary care have a physical ailment affected by stress, problems maintaining healthy lifestyles or a mental health or substance use disorder, it is clinically effective to make behavioral health providers part of primary care (and likely cost-effective, too). Patients can feel that for any problem they bring, they have come to the right place—that there is “no wrong door” for entry, including with their familiar medical providers. Teamwork of mental health and medical providers is an embodiment of a more integrated, less fragmented care mode and reunifies in practice the separate worlds of medical and mental health treatment. (Adapted from Blount—Certificate program)*
- *“Primary Care Behavioral Health” (PCBH), in which the behavioral health provider is a consultant (“Behavioral Health Consultant”) to primary care colleagues (Robinson & Reiter, 2007; Sabin JE & Borus JF; 2009; Haas deGruy, 2004; Hunter et al, 2009). The reasons and approach are similar to that described above in “Integrated Primary Care”.*

Definitions

- **Collaborative Care.**
- *A general term describing ongoing relationships between clinicians over time (Doherty, McDaniel, & Baird, 1996) rather than a specific product or service to patients. This is not a fixed model, but a larger construct of various components which can be combined. (Craven and Bland, 2006). Collaboration denotes going beyond synchronizing independent care from independent providers. For example, multiple providers, with their patients, combine perspectives to understand and identify the problems, opportunities, and treatments, often within an ongoing relationship with each other and with patients to continually revise the treatment as needed to hit treatment goals, e.g., the collaborative care of depression among primary care providers, care coordinators, and consulting psychiatrists (Unützer et al, 2002).*

More Terms

From Sandy Blount

- ***Coordinated*** = Behavioral services by referral at separate location with formalize arrangement for cooperation in delivering care.
- ***Colocated*** = By referral at medical care location. 2 treatments.
- ***Integrated*** = Part of the “medical” treatment at medical care location. 1 treatment with behavioral and medical aspects.

National & NE Landscape

National

- **SAMHSA:** *Promoting integration of primary care into BH*
- **HRSA:** *Promoting integration of BH into primary care*
- **AHRQ:** Academy for Integrating Behavioral Health and Primary Care: “will serve as a national resource and a coordinating center for people committed to delivering comprehensive, whole-person health care.”
- **CMS:** Proposed Medicare Collaborative Care Code
- **Payers:** CIGNA, Beacon, others?

New England

- **BHI Experts:** *Antioch, UVM, UMass Med, MaineHealth*

NH Landscape

Endowment

- *Workforce, BHI Learning Collab., CBHC*

1115 Waiver

- *Pushing BH Integration*
- *Focus on Medicaid pop. – whole systems approach.*
- *Multiple institutions in regional Integrated Delivery Networks (IDNs)- hospitals, county, practices, CHCs, CMHCs, AAs, and more*
- *Integration a major focus + Targeted projects*
- *Payment reform in out years.*
- *Learning Collaborative*

NH Landscape

NH Citizens Health Initiative BH Integration Learning Collab – Year 1 done. Year 2 Starting

- *60 orgs: Payers, providers, govt, etc.*
- ***Reopening to new members***
- *Working on Payment for Depression in Primary Care, Screening*
- *Data - Claims and Clinical, Process and Outcomes*
- *Payment/integration for SBIRT*
- *Implementation Project Tracks:*
 - *Depression + Chronic Illness*
 - *High Utilizers*
 - *Substance Use Disorder*
- *NNE Practice Transformation Network*

NH Landscape

- *NH Pediatric Improvement Partnership Developmental Screening (ASQ) Learning Collaborative Cohort I Complete*
- *NH Pediatric Improvement Partnerships + NHCHI Developmental Screening (ASQ) Learning Collaborative Cohort II Starting NOW.*
- *Provider Survey on ADHD Medication Prescribing and Monitoring. White Paper in progress.*

NH Landscape

CFEX

- *Medication Assisted Treatment in primary care (also and Foundation for Healthy Communities MD training)*
- *Promoting SBIRT integration in primary care: youth and adults*

NH Landscape

Integration in Progress

- ***CHCs:*** *Highly integrated: Ammonoosuc, Concord, Goodwin, Families First, Harbor Homes, Manchester, Others on the way.*
- ***CMHCs:*** *Genesis & Riverbend SAMHSA pilots; Lamprey Nashua (earlier SAMHSA pilot over); CLM – Hypertension control, child obesity.*
- ***Other primary care in process/exploration/co-location:*** *Concord Hosp MG with Riverbend, also some specialty practices, Wentworth-Douglass practices, some LRGH practices, Cottage Hosp. RHC, Frisbie practices, Dartmouth-Hitchcock*

Take-Aways

- *Rapidly Evolving!*
- *Essential Ingredients for Progress:
Evidence-Based Practice +
Sustainable Payment*
- *Most Action at Adult Level (where the \$\$ are).
Takes WORK and ADVOCACY to translate to
kids, put kids front and center*
- *What have we missed?*