Integrated Primary Healthcare in a Behavioral Healthcare Setting

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NY DSRIP Year 1: Launching PPS Transformation Efforts. Consideration for BH Integration Sept. 17, 2015

Mercy Medical Center Behavioral Health Services

• Mental Health Clinic (MHL Reg.599)

- In 2013 the agency received <u>Integrated Licensing Project</u> designation to facilitate delivery of integrated and coordinated primary care and behavioral health services. A joint endeavor by NYS's DOH, OMH & OASAS commissioners.
- Primary Medical Care Services

Family Counseling Services (822 OASAS)

- Received NYS Health Foundation recognition for high level of Dual Diagnosis Treatment Integration (January 2010)
- Awarded NYSOASAS MRT Permanent Housing grant with SAIL Inc. (2013).

Partial Hospital Program

Intensive psychiatric treatment and stabilization in place of or following a psychiatric hospitalization.

Health Services Program History

- Awarded NYSOMH Physical Health Mental Health Integration Grant- July 2011
- Completed office construction-October 2011
- Obtained medical office elements-Nov. 2011
 - Acquired scopes, exam table, EKG device, gowns, health literature.
 - Trained Phlebotomist to as Medical Assistant
 - Started with Health Monitoring and Health Physical, phlebotomy and EKGs
- Began program with a Family Nurse Practitioner in 2011 and transitioned to a Physician in September 2013.
- Provided Health lectures for recipients
 - Diet, Nutrition, Managing HTN-Diabetes-COPD
- Conducted informational mailing to all 237 recipients over 55 years

Behavioral Health Monitoring Indicators & Assessment Tools

- SMOKING STATUS
- BLOOD PRESSURE
- DIABETES
- **OBESITY**
- DEPRESSION -PHQ-9
- ANXIETY -GAD-7
- ALCOHOL MISUSE -AUDIT-C Score

Family tree of terms in use in the field of collaborative care

www.ahrq.gov/research/findings/final-reports/collaborativecare/collab3fig1.html

Behavioral Health Care

Care that addresses a client's behavioral issues bearing on health (not only mental illnesses) via clinicians such as psychiatrists, psychologists, social workers, psychiatrist nurse practitioners, marriage & family counselors, professional clinical counselors, licensed drug/alcohol abuse counselors & other MII professionals. (McGraw-Hill Concise Dictionary of Modern Medicine, 2002)

Mental Health Care

"Broad array of services & treatments to help people with mental illnesses & those at particular risk of developing them—to suffer less emotional pain and disability and live healthice, longer, more productive lives. A variety of caregivers in diverse, independent, loosely coordinated facilities & services—public and private—often referred to collectively as the de facto MH service system (Regier et al., 1978; Regier et al., 1993).

- Specially MII sector: MII professionals trained specifically to treat people with mental disorders in public or private practices, nexchiatric units, general hospitals or ts centers.
- General medical PC sector: Healthcare professionals such as physicians and NP's in clinics, hospitals, nursing homes.
- Human services sector: Social services, school-based cosmseling, residential tehab, vocational rehab, criminal justice prison-based services, religious professional counselors.
- Voluntary support network sector: Self-help groups such as 12step programs, peer counselors"

SAMHSA,mentalhealth.samhsa.gov/features/surgeongeneralreport chapter6/sec1.asp

Chemical Dependency / SA Care

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks, and live healthier, longer, more productive lives.

Provided by 1) specially addictions or substance abuse clinicians or contactors in SA tx clinics or settings, 2) clinicians or consulctors in general medical or hospital settings, and 3) human services contexts such as schools, rehabilitation centers, criminal justice system or religious-based cosmeling and 4) the voluntary support networks such as 12-step programs and peer counselers.

(Adapted from SAMHSA def. for MH Care)

* A special case or subset of a much larger concept in use across the larger field of healthcare.

Co-located Care BH and PC providers (i.e. physicians, NP's) delivering care in same practice; describes wi services are nowided rather than being a spec-

delivering care in same practice; describes where services are provided rather than being a specific service. However, co-location employs a referral process, which may begin as medical cases are transferred to BH (Hasen 2001)

Collaborative Care*

clinicians (e.g., BH and PC) over time

(Doherty, McDaniel, & Baird, 1996).

components which when combined

create models of collaborative care.

(Craven & Bland, 2006; Peek, 2007).

An overarching term describing

ongoing relationships between

Not a fixed model, but a larger

construct consisting of various

Shared Care

Predominately Canadian usage—PC MH professionals (typically psychiatrists) working together in a shared system, mainfairing 1 treatment plan addressing all patient health needs in a shared med record (e.g. Craven & Bland, 2006)

Consultation / Liaison

Activities of psychiatry, psychology, or naming that specialize in the interface between medicine & MH, usually in a hospital or medical setting. Role is to see patients in medical settings by request of medical clinicians as a "consult". (Adapted from Wikipedia)

Coordinated Care*

BH providers and PCPs practice separately within their respective systems. Info regarding mutual patients exchanged as needed, and collaboration is limited outside of the initial referral (Rissur 2003)

Primary Care Behavioral Health

". Recent term for new relationships emerging between specially MH services and PC. Primary behavioral healthcare refers to at least three related activities: 1) behavioral healthcare delivered by PC clinicians, 2) specialty behavioral healthcare delivered in the PC setting, and 3) innovative programs that integrate elements of PC and specialty behavioral healthcare into new formats..."

(Sahin JE & Boros JF; 2009. Changing Roles in Primary Behavioral Healthcare. Chap in "Textbook of administrative psychiatry: New concepts for a changing behavioral health system"; JA Taibott & RE Hales, Eds)

Integrated Primary Care

Combines medical & BH services for the spectrum of problems that patients bring to primary medical care. Bocause most patients in PC have a physical aliment affected by stress, problems maintaining healthy lifestyles or a psychological disorder, it is clinically effective & con-effective to make BH providers part of PC. Patients can feel that for any problem they bring, they have come to the right place. Transvork of MH & medical providers is an embediment of the biopsychosocial model. (Bloant; www.integratedprimary-care.com)

Integrated Care*

Tightly integrated, on-site teamwork with unified care plan. Often connotes organizational integration as well, perhaps involving social & other services (Blount, 2003; Blount et al., 2007). "Altitudes" of integration (SAMISA).

- Integrated treatment: Interactions between clinicians to address pt. needs combining interventions for MII disorders in a primary treatment relationship or service setting.
- Integrated program: An organizational structure that ensures staff & linkages with other programs to address all patient needs.
- Integrated system: Organizational structure that supports array of programs for individuals with different needs through fanding, credentialing, licensing, data collection reporting, needs assessment, planning, and other operational functions.

Care Management* Specific type of service, often disease

Specific (e.g. depression, congestive heart failure) whereby a BH clinician, usually a nunse or other non-physician, provides assessment, intervention, care facilitation, and follow up (e.g., Belsap et al., 2006).

Patient-Centered Medical Home

"An appreach to providing comprehensive PC for children, youth and adults—a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family" (*inite Principles (PCMI)* 2003)

Family-Centered Medical Home

Family-centered version of "medical home", emphasize parents and families who play a large role in child health and mental health and who are also "the client" in child / neclistric artimes.

Patient-Centered Care

"Care that is respectful of and responsive to individual patient preferences, needs, and guides all clinical decisions" (Institute of Medicine, 2001)

Levels of Integration

- Level 1– Minimal Collaboration: Mental health and other healthcare providers work in separate facilities, have separate systems, and rarely communicate about cases.
- Level 2 *Basic Collaboration at a Distance: Providers have separate systems at separate sites, but engage in periodic* communication about shared patients, mostly through telephone and letters. Providers view each other as resources.
- Level 3 Basic Collaboration Onsite: Mental health and other healthcare professionals have separate systems, but share facilities. Proximity supports at least occasional face-to-face meetings and communication improves and is more regular.
- Level 4 Close Collaboration in a Partly Integrated System: Mental health and other healthcare providers share the same sites and have some systems in common such as scheduling or charting. There are regular face-to-face interactions among primary care and behavioral health providers, coordinated treatment plans for difficult patients, and a basic understanding of each other's roles and cultures.
- Level 5 Close Collaboration in a Fully Integrated System: Mental health and other healthcare professionals share the same sites, vision, and systems. All providers are on the same team and have developed an in-depth understanding of each other's roles and areas of expertise.

Doherty, McDaniel, and Baird (1995, 1996)

Lesson Learned: 1. Scaling the Intervention

- Consider hiring an NP in Family Health (salary \$50-\$60/hour). Provide Health Monitoring Individual and Group Services which focus on assessment, education and monitoring of specific health indicators associated with increased risk of medical illness and early death. For adults, these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use and smoking cessation...
- Provide annual Physical exams.

(NYS OMH 599 Guidance document, January 2012)

Lesson Learned: 2. Growing the Health Service Component

- Gradually add days to NPs schedule as more clients are engaged in the service. Offer weekly phlebotomy and EKG services.
- Transitioning to MD staff doubles the salary hourly rate but can appeal to more established Psychiatric Staff.
- Provide health education services on Nutrition, Diabetes Management, introducing exercise and health living seminars.

Lesson Learned: 3. Commit Case Management resources to the Health Services

- Case Managers are essential to tracking and support at transitions of care, referrals to Specialist and encouraging routine and repeat/follow-up visits to monitor chronic illness such as HTN, DM.
- Both Health providers and clients rely on the effective Case Manager as the <u>glue</u> to a successful integrated primary care component.

Lesson Learned: 4 & 5. Interdisciplinary Meetings build Collaboration

- Conduct regular and routine Interdisciplinary Meetings for high risk patients.
 - Schedule your psychiatric staff and primary care providers to meet at least monthly. Avoid dependence on sporadic/impromptu hallway meeting to address patient care needs.
- Identifying and monitoring chronic physical health conditions at the BH setting.
 - Collaboration between medical and behavioral healthcare staff can improve patient compliance and address resistance to life style changes, medication adherence and general healthcare awareness.

Sustainability Challenges

- Regulatory limits (OMH & OASAS) on CPT Health Service Coding
 - Health Physicals must be coded as Preventive Medicine services (with age specified).
 - These codes are not typically reimbursable by Medicare and Commercial carriers.
 - Health Monitoring (follow up care) is restricted by OMH regs. to Preventive Medicine codes, which have the same insurance carrier exclusion.
 - Recipients with Commercial and Managed Medicaid HMO PCP assignment can not receive routine primary care outside that PCP.



Sustainability Goals

- Prepare for Medicaid transition to Managed care by securing a paneled PCP health provider
- Access CPT menu of codes, i.e.. Evaluation & Mgmt Codes 99211 to 99215.
 - Available now with the Integrated License.

DSRIP Challenges

- Achieving 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3
 - MD coverage, Health Navigators, screening (PhQ-2, SBIRT), monitoring an tracking assigned patients.