

Integrated Primary Healthcare in a Behavioral Healthcare Setting

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Mercy Medical Center
Catholic Health Services
At the heart of health

NY DSRIP Year 1: Launching PPS Transformation Efforts.
Consideration for BH Integration
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Mercy Medical Center Behavioral Health Services

- **Mental Health Clinic (MHL Reg.599)**
 - In 2013 the agency received Integrated Licensing Project 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

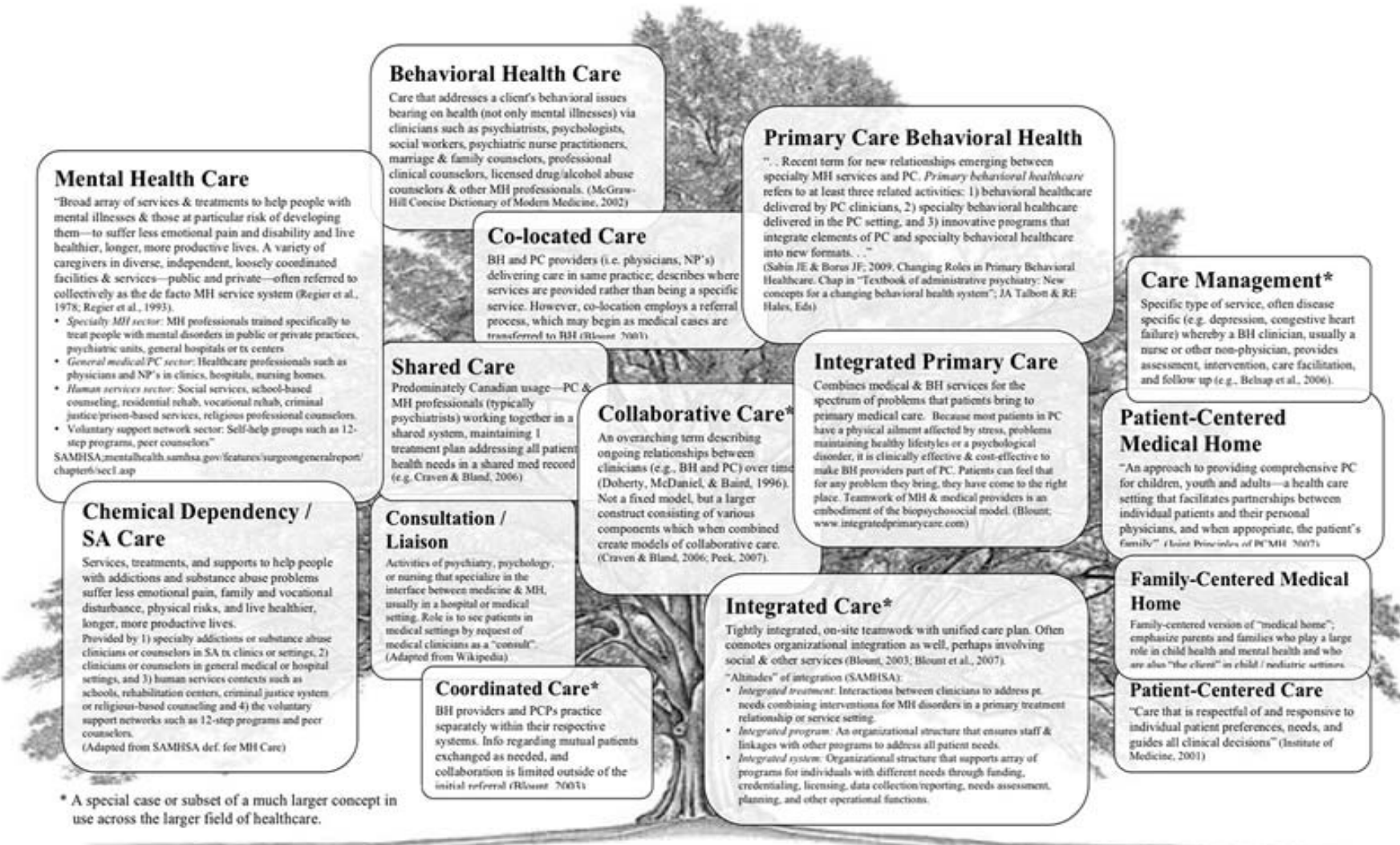
- Awarded NYSOMH Physical Health – Mental Health Integration Grant- July 2011
- Completed office construction-October 2011
- Obtained medical office elements-Nov. 2011
 - Acquired scopes, exam table, EKG device, gowns, health literature.
 - Trained Phlebotomist to as Medical Assistant
 - Started with 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



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 glue 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.