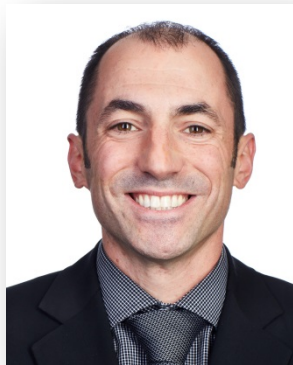


Healthy in mind, body and spirit: The case manager's role in behavioral health care integration



Benjamin F. Miller, PsyD

Director, Eugene S. Farley, Jr. Health Policy Center and
Assistant Professor, Department of Family Medicine,
University of Colorado Denver School of Medicine



Robert Fortini, PNP

Chief Clinical Officer
Bon Secours Medical Group

Agenda

- Welcome and Introductions
- Learning Objectives
- Benjamin F. Miller, PsyD, Director, Eugene S. Farley, Jr. Health Policy Center and Assistant Professor, Department of Family Medicine, University of Colorado Denver School of Medicine
- Robert Fortini, PNP, Chief Clinical Officer, Bon Secours Medical Group
- Question and Answer Session

Audience Notes

- There is no call-in number for today's events. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the links section to the left of your screen. Refresh your screen if slides don't appear to be advancing.
- Please use the "chat" feature on the lower left-hand part of your screen to ask questions throughout the presentations. Questions will be addressed as time permits after both speakers have presented.
- A recording of today's session will be posted within one week to the Commission's website, <http://www.ccmcertification.org>
- One continuing education credit is available for today's webinar only to those who registered in advance and are participating today.

Learning Objectives Overview

After the webinar, participants will be able to:

- Describe three ways behavioral health is fragmented in health care delivery;
- Discuss new models of care that better integrate behavioral health;
- Explain recommendations to better integrate behavioral health across health care;
- Identify the appropriate population for care and for according referral;
- Address obstacles to care delivery, including but not limited to simple compliance, transportation, caregiver roles and other factors that can contribute to an appointment "no-show;" and
- Discuss obstacles to appropriate payment in a "fee for service" environment and implications in a "fee for value" environment.

Introduction of our speakers



Benjamin F. Miller, PsyD

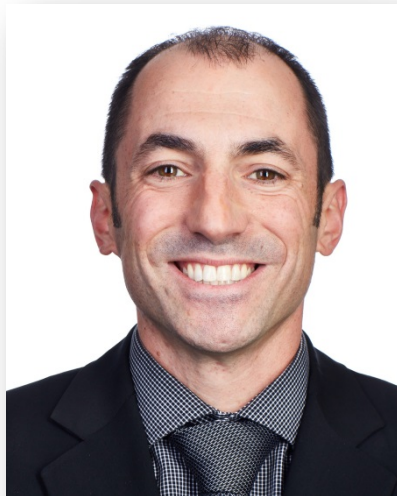
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**EUGENE S. FARLEY, JR.
HEALTH POLICY CENTER**
A Collaboration For Studies In Primary Care

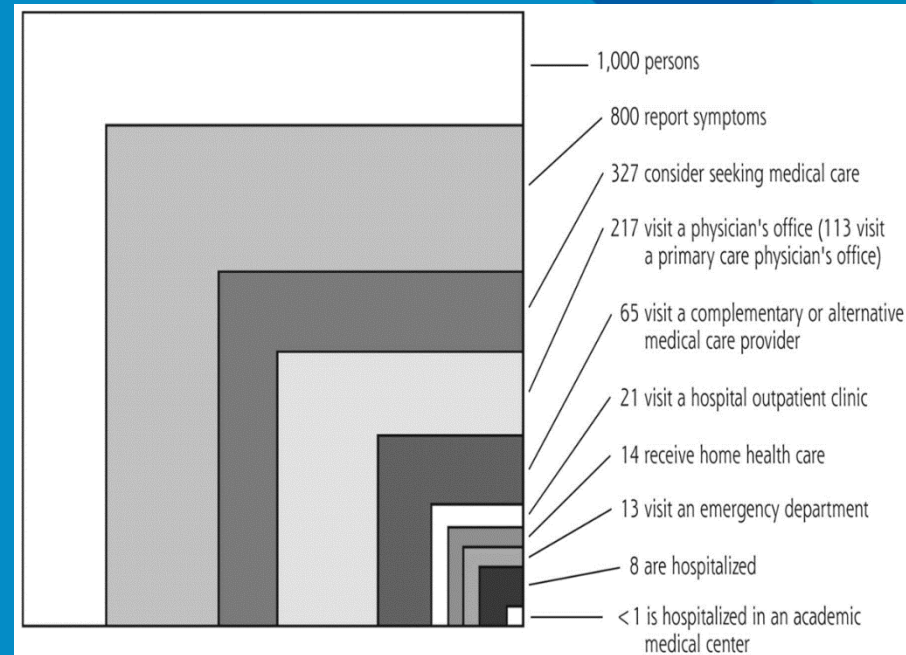
DEFRAGMENTING HEALTHCARE; A PRIMER ON INTEGRATION

Benjamin F. Miller

Statement

Mental health and primary care are **inseparable**; any attempts to separate the two leads to **inferior** care

- IOM, 1996

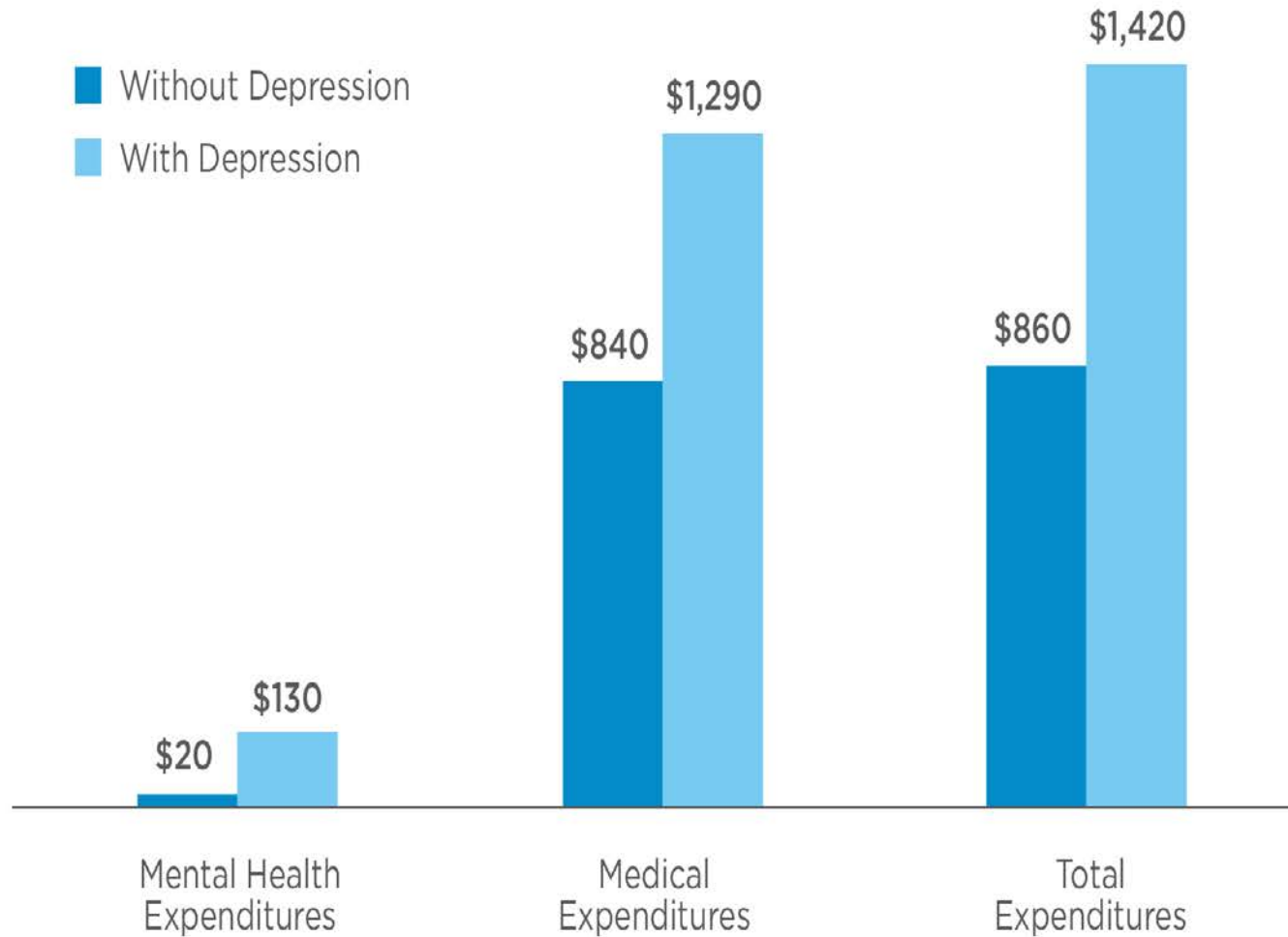


deGruy, F. (1996). Mental health care in the primary care setting. In M. S. Donaldson, K. D. Yordy, K. N. Lohr & N. A. Vanselow (Eds.), *Primary Care: America's Health in a New Era*. Washington, D.C.: Institute of Medicine.

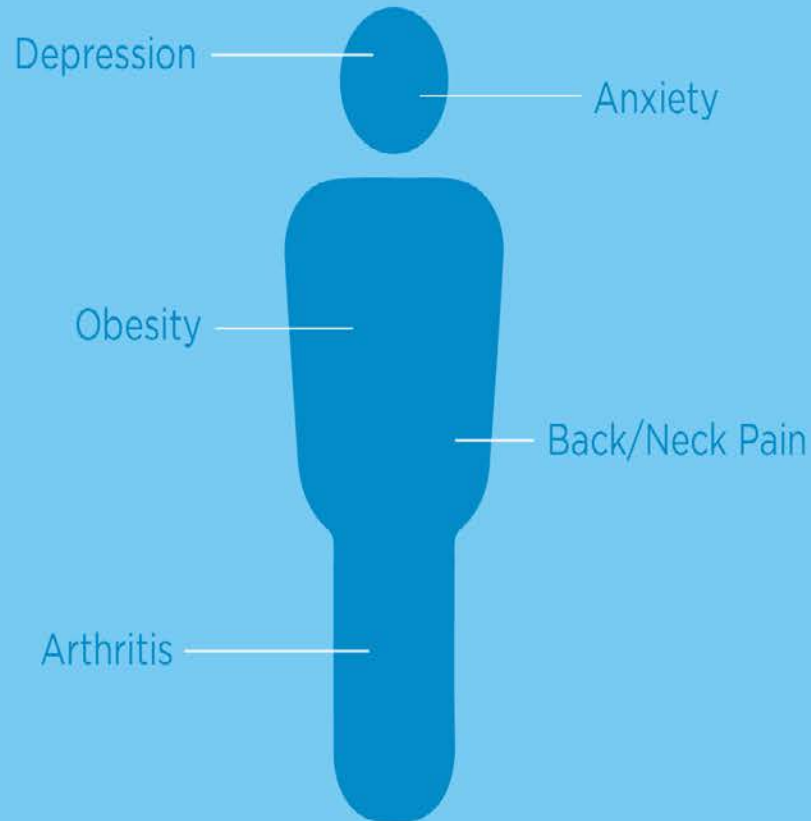
Green, L. A., Fryer, G. E., Jr., Yawn, B. P., Lanier, D., & Dovey, S. M. (2001). The ecology of medical care revisited. *N Engl J Med*, 344(26), 2021-2025.



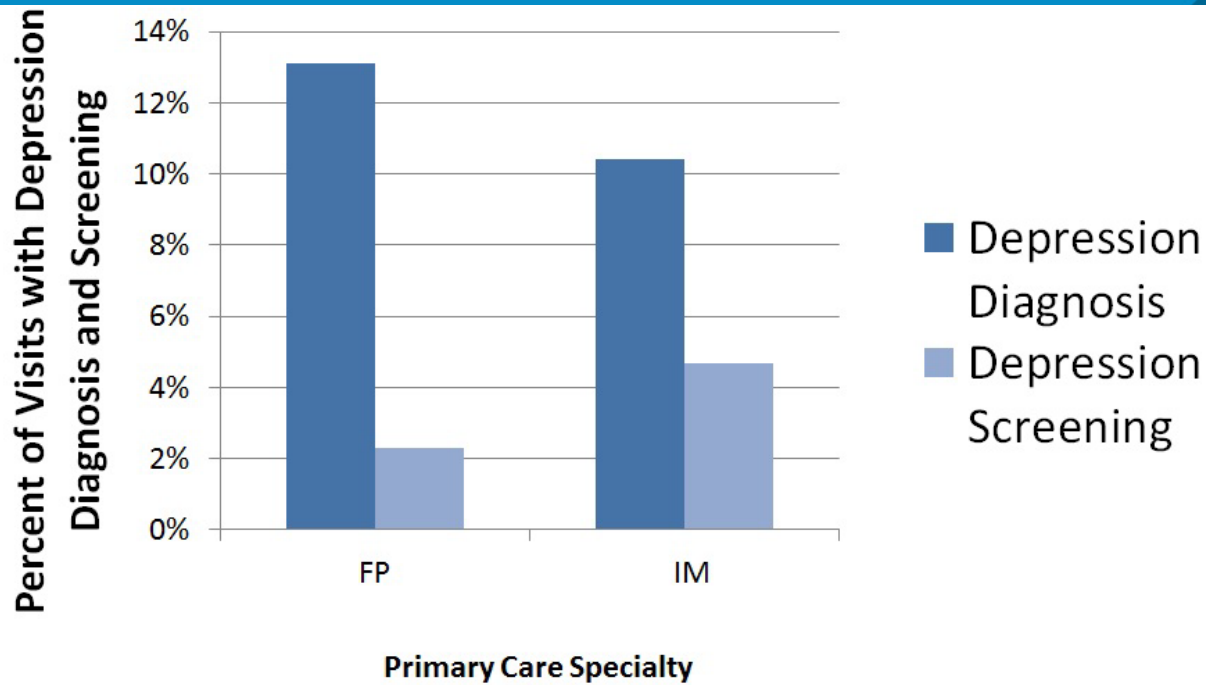
The cost of care increases in the presence of comorbid behavioral health and physical health conditions. For example, the chart below depicts the monthly cost of care for chronic health conditions with and without comorbid depression.



TOP 5 CONDITIONS DRIVING OVERALL HEALTH COST

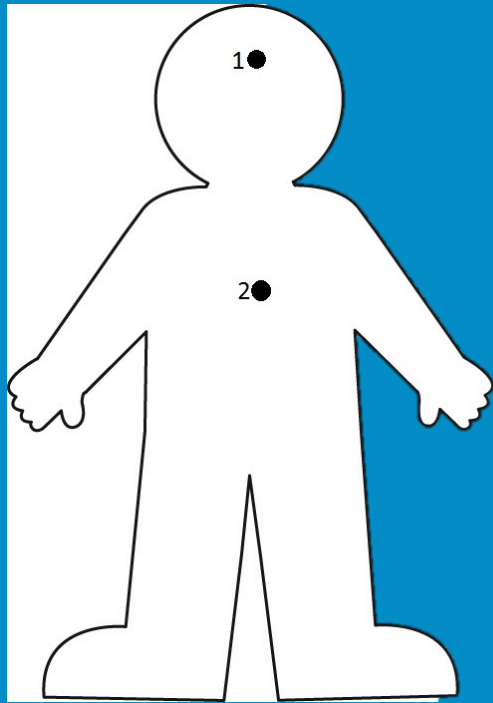


When treated in harmony with mental health, chronic physical health improves significantly, along with patient satisfaction.



Phillips, R. L., B. F. Miller, et al. (2011). "Better Integration of Mental Health Care Improves Depression Screening and Treatment in Primary Care." *American Family Physician* 84 (9): 980.

The problem

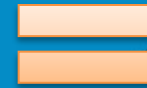


Clinical delivery

Payment /financing

Community expectation

Training/education



Fragmentation

Definition

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, substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, ineffective patterns of health care utilization.

Value of Integration:

Physical/Behavioral Integration is **good health policy** and good for health.



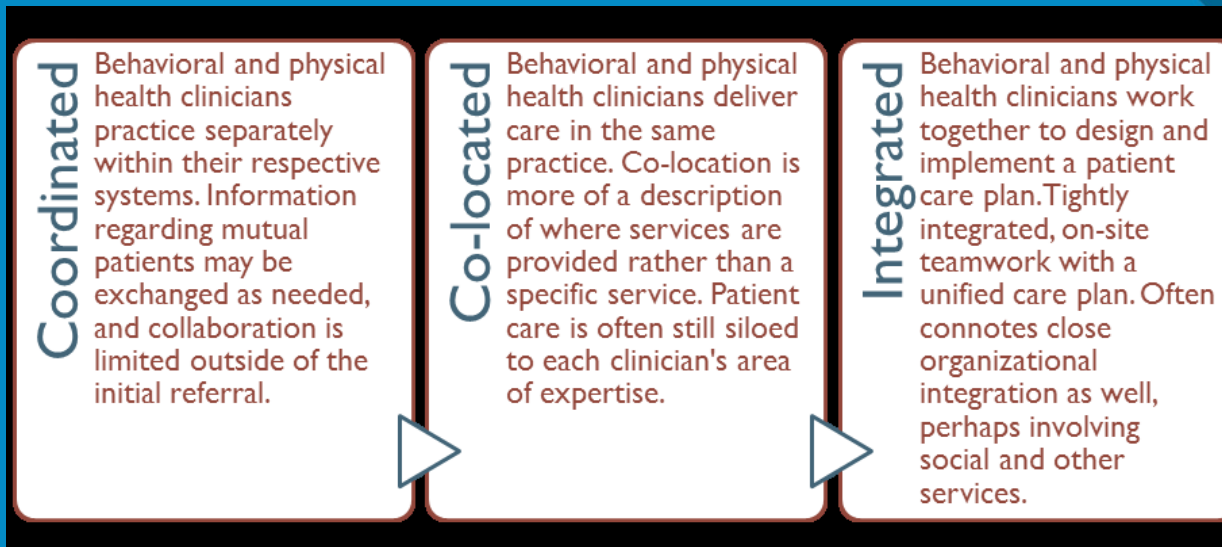
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I, N, T, E, G, R, A, T, E

TOUCH TYPEWRITING
Learning the Touch Method of Typing
Facilitating with the Keyboard
The chart on the
second row. Place
keys in this row
with the index finger
with the middle finger
with the ring finger
with the little finger
with the thumb
with eyes on
some keys -
Return the
been completed

Dove's best
leather shoes
available
at Kestrik Co

Overview –Path Toward Integration



Patients who need Integrated behavioral health

“Buckets”

Mental Health and Substance Abuse conditions commonly presenting in primary care
e.g. depression, anxiety, PTSD, or other depending on

Medical conditions with strong MH or SA contribution, even if pt doesn't see self as having MH or SA problem
e.g., diabetes, CV, asthma or

Straightforward situations: Typical protocols apply—usual care and decision-making with usual team arrangements

Complex situations: Interferences with usual care and decision-making that require unusual attention, non-standard care processes or team arrangements

Defining functions for both “buckets” and both “zones”:

1. Teams defined at the level of the patient “bucket” and “zone”
2. Shared care plans and targets that integrate behavioral health
3. Clinical systems to support Integrated treatment to target

“Zones”

The solution



Resources

- One stop: <http://integrationacademy.ahrq.gov/>
- More: <http://www.integration.samhsa.gov/>
- Case study: <http://www.advancingcaretogether.org/>
- Webinars:
<http://www.youtube.com/CUDFMPolicyChannel>
- State example: <http://coloradosim.org/>
- National organization: <http://www.cfha.net/>
- More: <http://www.pcpcc.org/behavioral-health>
- Email: Benjamin.miller@ucdenver.edu

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Robert Fortini, PNP
Chief Clinical Officer
Bon Secours Medical Group

Identify appropriate population

- MD referral
 - Control issue – how to use Care Team appropriately
 - Trust
- Routine Screening
 - Provider acceptance
 - Time consuming

Obstacles to Care Delivery

- Compliance
 - Stigma of treatment
 - Scheduling
 - Transportation
- Trust
 - Role of Nurse Navigator is new
- Workflow
 - Rooming protocol, assessment, treatment algorithm
- Training
 - Script for Rooming protocol – rehearsal of rooming staff
 - Nurse Navigator role
 - Understand resources
 - Skills competency

Payment

- Fee for Service
 - Credentialing
 - Internal “Build”
- Value Based Payment
 - Close “gaps in care”
 - Improve utilization metrics
 - Hospitalizations
 - ED visits
 - Re-admissions
 - Improve outcome

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Operationalizing Integration

Strategies for developing workflows and maturing your program

Benjamin F. Miller

University of **Colorado** Department of **Family** Medicine

HOW DO YOU KNOW?

Alignment

Clinical

Operational

Financial

Lexicon for Behavioral Health and Primary Care Integration

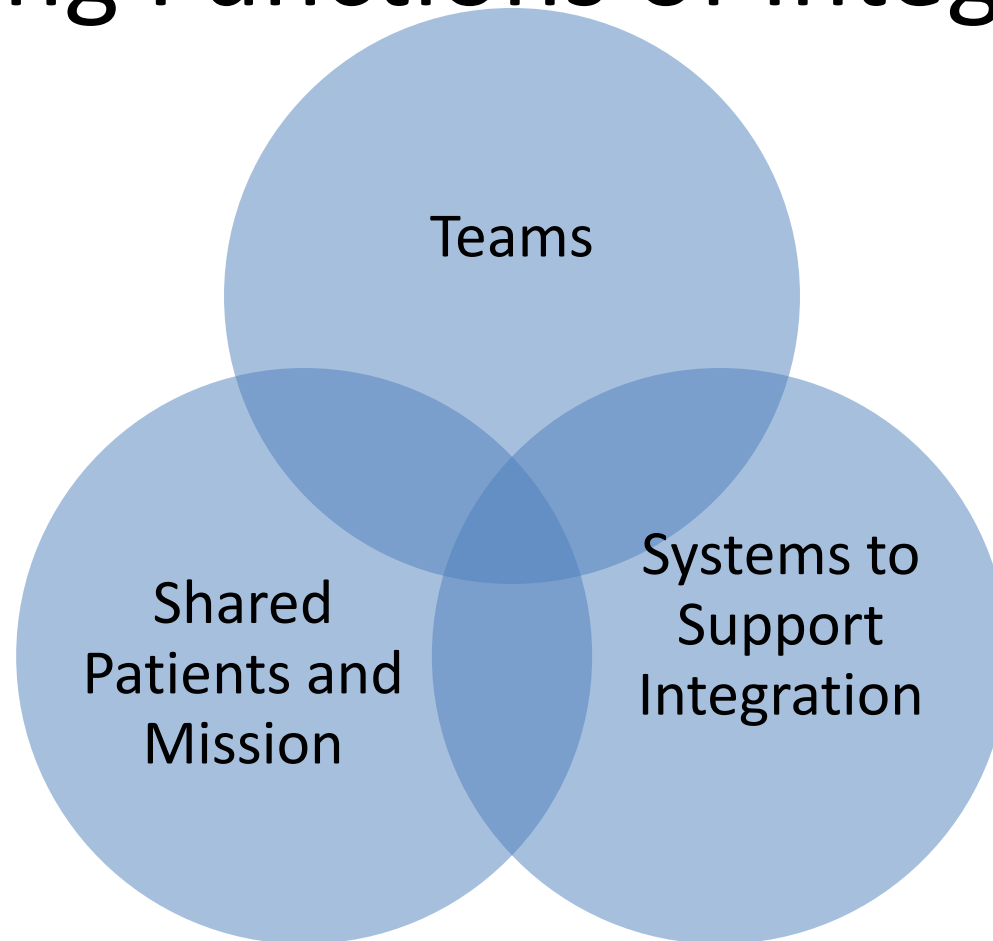
Concepts and Definitions Developed by
Expert Consensus



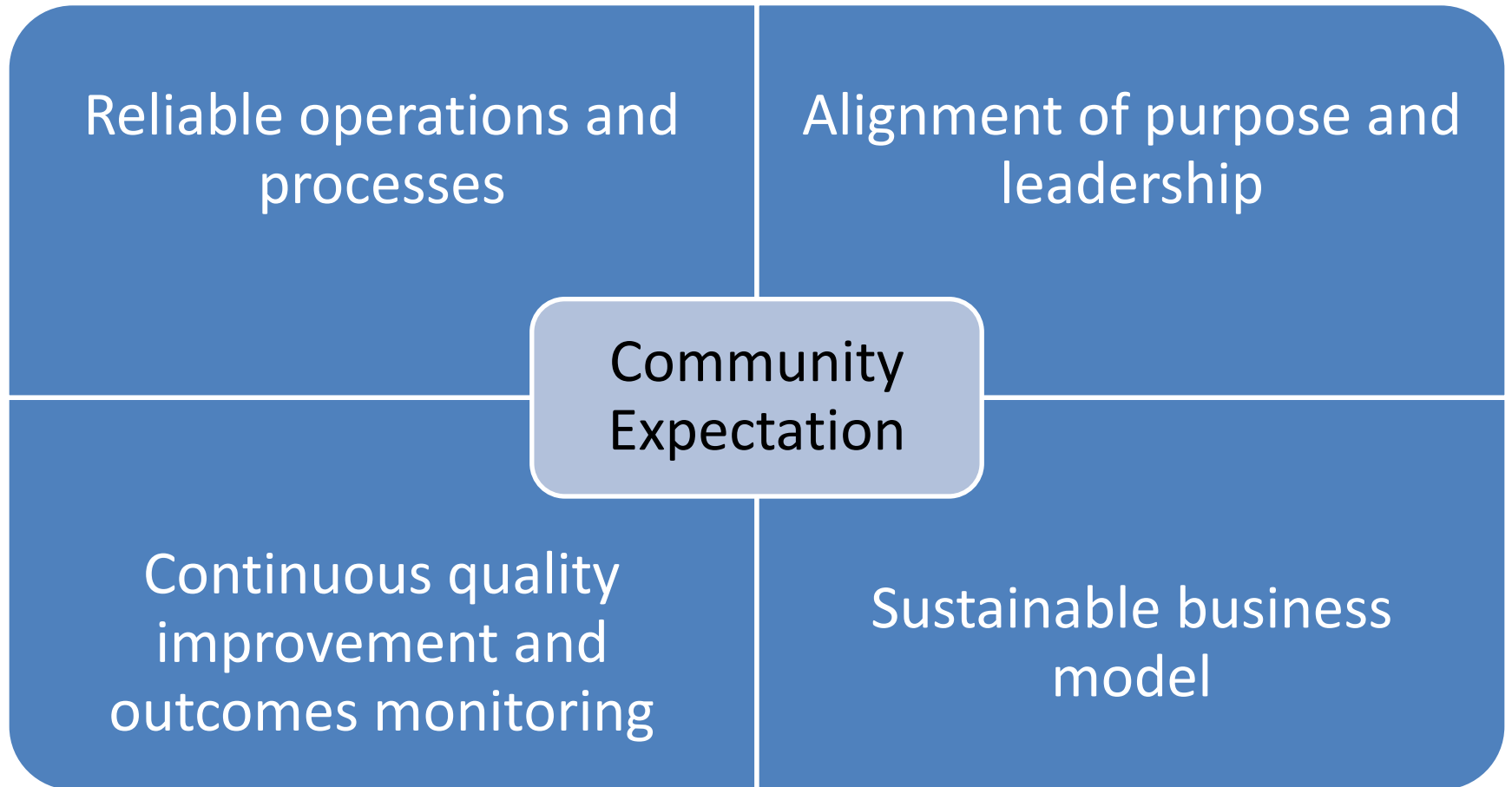
Goal of Integration

To create a patient-centered care experience and achieve a broad range of outcomes - clinical, functional, quality of life and financial – for each patient that no one provider and patient are likely to achieve on their own.

Defining Functions of Integration



Enabling Functions That Support Integration



Reliable operations and processes

Alignment of purpose and leadership

Community Expectation

Continuous quality improvement and outcomes monitoring

Sustainable business model

Identification

- How do you identify and recognize individuals with behavioral health needs that might not currently be addressed?

Risk stratification

- Look at the patients you are currently treating; what percent have a comorbid behavioral health diagnosis?
 - Examine if the patients you have identified are improving
 - Consider starting your behavioral health interventions with these cohort of patients
 - Patients who may also be in a high risk category who have complex chronic disease but no diagnosis of behavioral health may actually have one

Identification cont.

- In your practice is there someone responsible for screening/identifying BH?
 - Examples include:
 - Front desk administers a screener
 - Patient self identifies with symptoms and a screener is administered
 - Providers use screener to help assess possible underlying BH condition
 - Once a screener has been administered and it is positive, what next?
 - Who is responsible for following up with the patient?
 - Who stores the data from the assessment tool (and where)?
 - How is the screening tool used to monitor treatment?

Measures

Issue	Name of Measure	Number Items	Score for Positive Screen
Depression	PHQ-9	9	6-10 moderate 10-15 moderately severe 16+ severe
Alcohol Abuse	AUDIT	3	7 or more for women 8 or more for men
Generalized Anxiety	GAD-7	7	6-10 moderate 10-15 moderately severe 16+ severe
Bipolar Disorder	Mood Disorder Questionnaire	5	Yes to 7+ items in question 1 AND Yes to question 2 AND moderate to serious to question 3.
PTSD	PC-PTSD	4	Yes to one or more items
Montreal Cognitive Assessment Tool	MOCA	12	>26 (out of 30) Normal

Are patients improving?

- Use standard screening tools for behavioral health conditions (e.g. PHQ-9 for depression, GAD-7 for anxiety)
 - Integrate these tools into the workflow
 - Use tools repeatedly to assess effectiveness of treatment (e.g. TREAT to TARGET, case review consultation)
 - Store these data in structured fields

What are the range of behavioral health services offered?



Implementation...Are you ready?

- It depends...
- Design the model to meet the needs of your population
- Buy-in from organizational leadership
- Behavioral Health Skills for working with Primary Care
- Staff preferences
- Logistical considerations (office space)
- Look at the Lexicon

The end goal



Decrease
cost

Improve
outcomes

Enhance
patient
experience

Question and Answer Session



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www.ccmcertification.org



A final word



Patrice Sminkey
Chief Executive Officer
Commission for Case Manager Certification

Thank you!

- Please fill out the survey after today's session
- Those who signed up for Continuing Education will receive an evaluation from the Commission.
- A recording of today's webinar and slides will be available in one week at www.ccmcertification.org

