

# **TIME FOR A NEW TEAM**

## **Integrating Behavioral Health into the Primary Care Team**

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West County Health Centers  
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- ♦ In 2012, West County Health Centers began implementing its strategic goal of developing a Behavioral Health program to not only enhance but ultimately innovate with new models of integrated primary health care delivery to our patients.
- ♦ Prior to this, services were provided through referral to 5.75 FTE psychologists and LCSW's in a more traditional psychotherapy model of care. Patients had to be motivated and ready for change.



From 2012-2016, WCHC realized the need to create a broader continuum of behavioral health services. Currently, 13.5 FTE (7.75 LCSW, 5.1 psychologists; .45 psychiatrists) provide BH services to 14,000 patients: Ratio is 1:1 BH to PCP; 1:1 RN to PCP.





# Behavioral Health Services

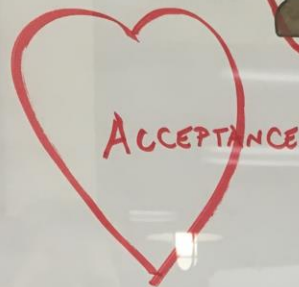
- Crisis Intervention
- Brief treatment around a variety of psychological and physical conditions and stressors
- Longer term treatment using such modalities as CBT, DBT, EMDR, somatic processing
- Group Work
- Consultation with providers and care teams



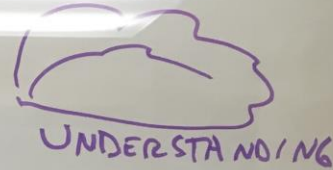
The mantra was, “if we build it, they will come,” and they have! Many patients have accessed West County’s Behavioral Health services and overwhelmingly report positive and life changing results.

Here’s what patients are saying...

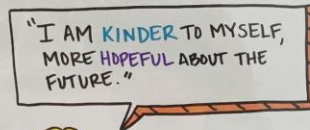




NOT  
JUDGED



COACH



EMPATHIC



HEART CENTERED  
CARING

GENUINE



HEAL  
PROBLEMS



SUPPORTED  
HEARD



INTELLIGENT  
WELL-TRAINED



The problem is that less than 10% of West County's patients are experiencing Behavioral Health services.



- Since we know that up to  $\frac{2}{3}$  of medical conditions can be directly correlated to social, emotional, and behavioral issues, we need to have an approach that accesses these aspects of a patient's wellness.
- Our primary care teams need and want the support.
- We want Behavioral Health services to reach and positively impact a higher percentage of our patients.
- Challenge is how to bring Behavioral Health voice into the conversation about patients with chronic disease.
- This is the future of health care—keeping people well through UPSTREAM CARE.



## Current State Barriers and Challenges

- The Behavioral Health specialists are not assigned to a care team.
- There is confusion about knowing when they could share information with the primary care provider.
- Communications are limited to electronic messages and occasional brief discussions in a huddle.
- The Behavioral Health provider does not “own” a patient panel and therefore does not track a panel with the primary care provider in any sort of integrated way.
- Current payment models and need for meeting productivity goals limits the creative and collaborative potential of BH on the care team.

### Current State



**We decided we needed to not just add behavioral health providers and services but to create a behavioral health driven model of health care.**

- Upstream Care
- Trauma-informed Care
- Social Determinants of Health
- Supporting a healthy workforce
- Contributing to and supporting healthy communities





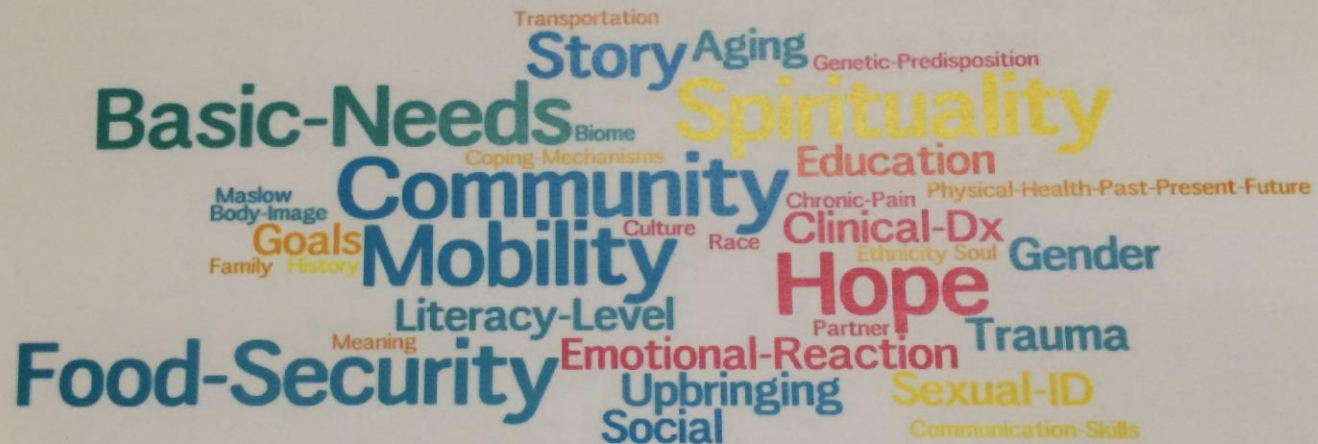
If we really are serious about addressing whole health care with our patients, we have to integrate Behavioral Health more fully.



# What does it mean to integrate?

Integration means bringing people or groups with particular characteristics or needs into equal participation or membership.

# Brainstorming sessions in 2015





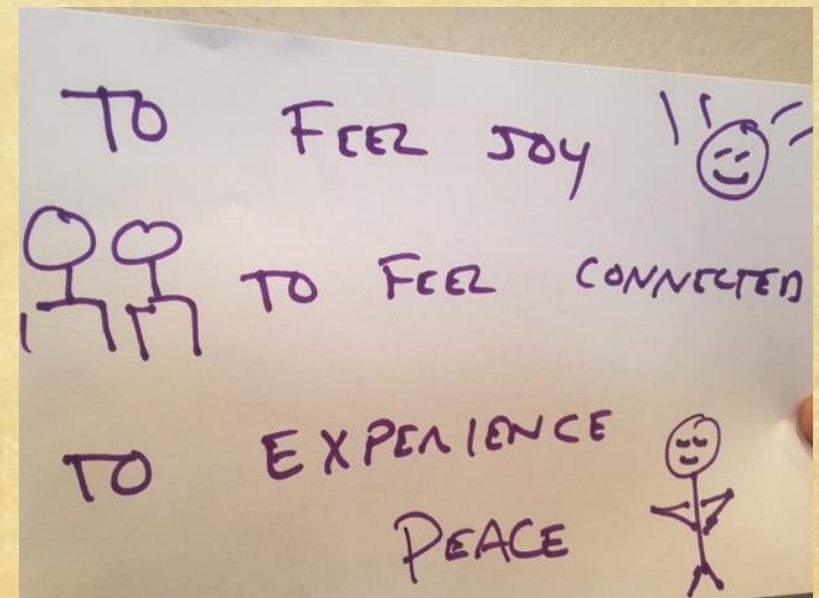
In October 2016, Dana Valley, Associate Director of Quality Management and Jill Rees, Behavioral Specialist were sent off to the Catalyst Training through the Center for Care Integration to become students and catalysts of innovation where they worked hard to learn human-centered design and take on the challenge of:  
**How do we further integrate Behavioral Health Services at West County Health Centers?**



Jill



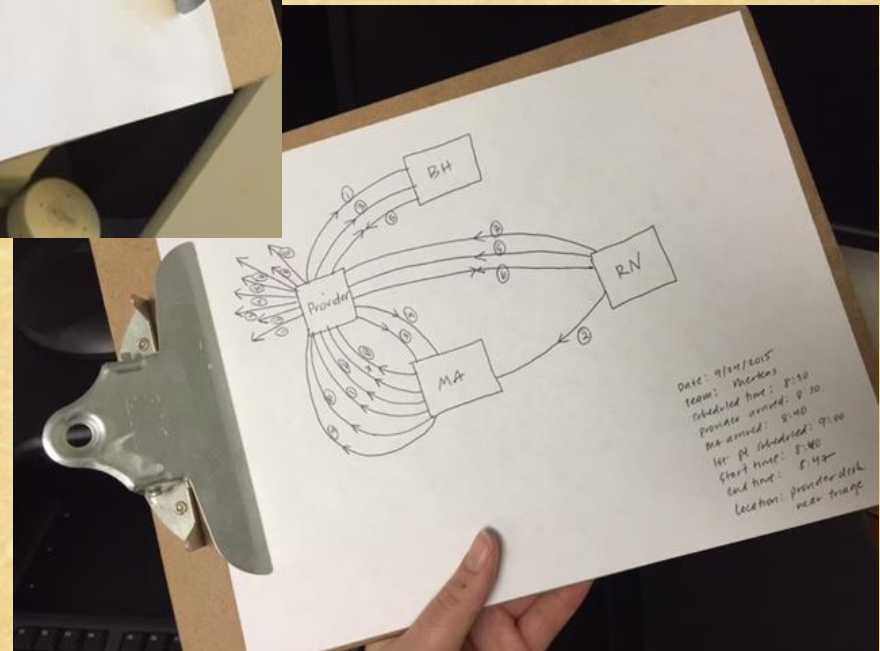
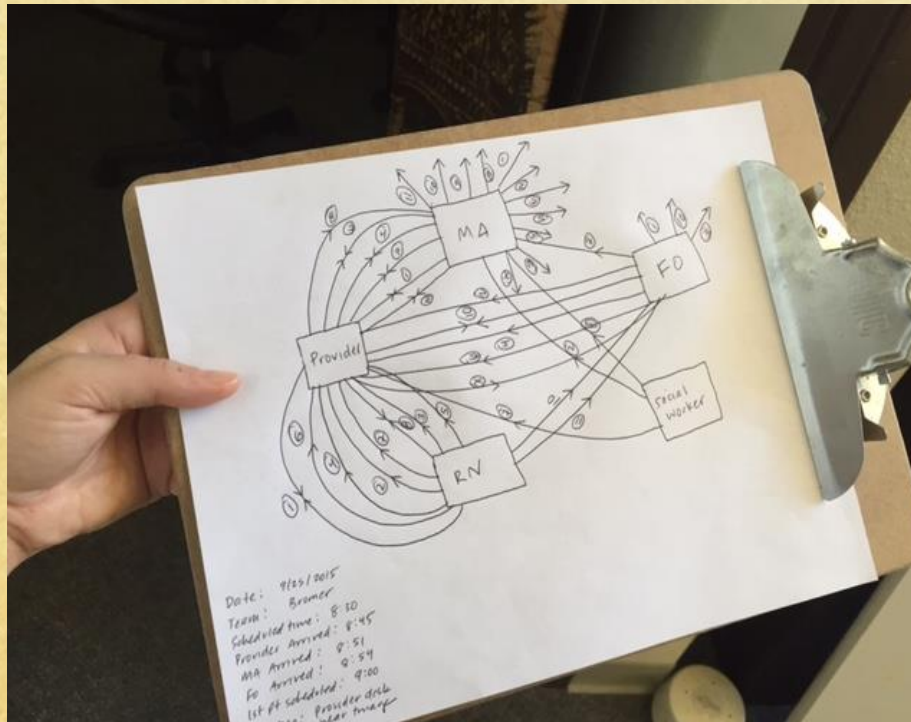
Dana



Themes about wellness, team, and shifting the paradigm of the typical Behavioral Health role into something new and more like a wellness guide or coach.



# HUDDLE OBSERVATION



# “FLY ON THE WALL” Patient Observation Experiment...

MA	Provider	MA	Provider	MA
<ul style="list-style-type: none"> <li>• Vitals</li> <li>• Review meds</li> </ul>	<ul style="list-style-type: none"> <li>• reviews meds</li> <li>• reviews medical + disability paperwork</li> <li>• Back pain details</li> </ul>	<ul style="list-style-type: none"> <li>• Med Contract to Sign</li> <li>• hands filled out forms</li> <li>• gives pt a urine specimen cup</li> </ul>	<ul style="list-style-type: none"> <li>• goes over med contract</li> <li>• reviews refills</li> <li>• confirms pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• brings pt a urine vat</li> <li>• escorts him to restroom</li> </ul>
2:40pm				
<ul style="list-style-type: none"> <li>• Can hear 'leaky heart valve'</li> <li>• A-fib attacks are scary</li> <li>• won't drive alone</li> <li>• has anxiety all the time</li> </ul>	<ul style="list-style-type: none"> <li>• lives with parents</li> <li>• has 10 year old daughter</li> <li>• was a software engineer</li> <li>• on disability</li> <li>• is an electronics hobbyist</li> <li>• has a HAMM Radio</li> <li>• Only space in small apt at his own is desk on porch</li> </ul>	<ul style="list-style-type: none"> <li>• borrows man's car</li> <li>• doesn't own a car</li> <li>• Lay-z-boy chair is only space he can calm down in</li> <li>• fills out med contract</li> </ul>	<ul style="list-style-type: none"> <li>• only leaves house to shop 1x week</li> <li>• doesn't trust the county computer system</li> <li>• survived the '86 flood in Submetopol</li> <li>• can't pee standing up</li> </ul>	<p>"John"</p> <ul style="list-style-type: none"> <li>→ 50 year old male</li> <li>→ Here today to paperwork and asthma medication</li> <li>→ last appt 1 year</li> </ul>





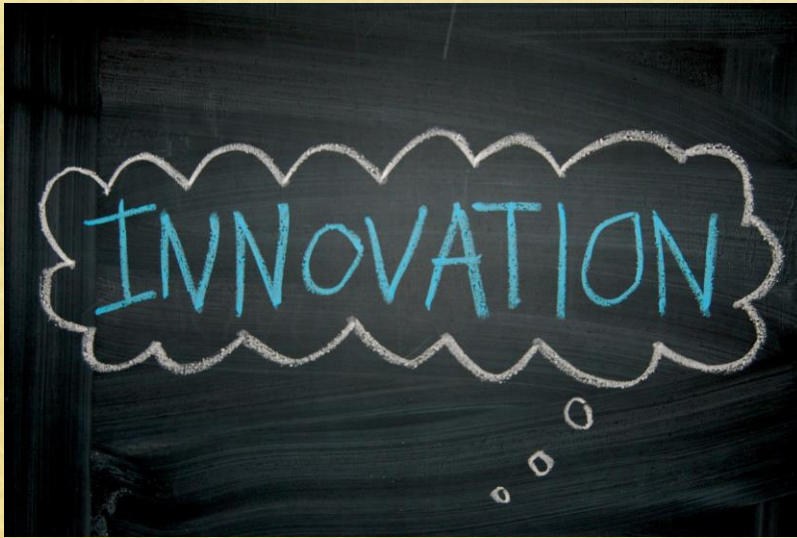
### **The laundry list of Behavioral Health integration ideas keeps growing...**

- Require a dual Establish Care Visit with both PCP and BH for every new patient.
- Require an annual BH Wellness Visit for every patient = whole health.
- Assigning BH to each Care Team (empanelling the patients).
- Co-locating BH with PCP Team.
- Chronic diagnosis BH protocols
- Length of BH co-visit increase to 60 minutes.
- Change the way BH delivers care to patients (what happens in the BH visit)
- Chronic disease knowledge
- Mandatory initial behavioral health visits.
- Co-location of the team including BH provider.
- Co-visits.

### **And growing...**

- No or different type of productivity—get rid of 20 min visit for primary care.
- Graduates, peer counselors, and mentors—patient to patient.
- All members of care team have the knowledge to work with each patient.
- Large enough space to have integrative approach including a more spa-like look. Patient Centered.
- Collaboration is primary.
- Bi-directional approach of patient-centered goals.
- Ask patients what they want and get their engagement—incentivize them to participate in MH treatment.
- Patients can access services in a variety of ways: groups, individual, video, home, etc.
- Therapeutic activities: music, cooking, art, exercise-active, creative, social.
- De-stigmatize “mental health.”





...is not an improvement but is instead trying something new that doesn't already exist in the current state.



WE WANTED TO KNOW...

HOW DO WE GET  
BEHAVIORAL HEALTH  
OFF OF THEIR ISLAND?





- The innovation solution had to include making Behavioral Health part of the team.
- We wanted to find out what an integrated team (including a Behavioral Health specialist) looks and feels like.
- We reasoned that if we can integrate Behavioral Health into the team, it helps the team first which then helps the patients (our two users).
- This leads to a whole-person approach of health and wellness.



# Our Design TEAM



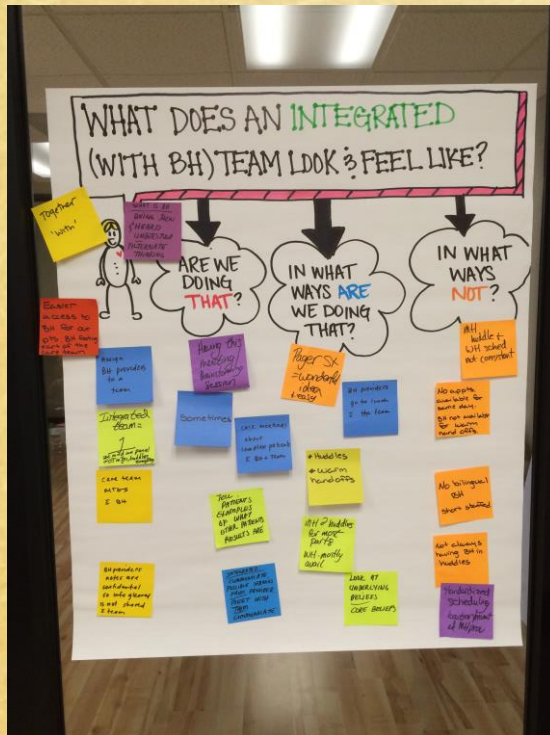
Every role in the primary health care team was represented along with a behavioral health specialist and patient navigator. We also included one of our patients in both design sessions.





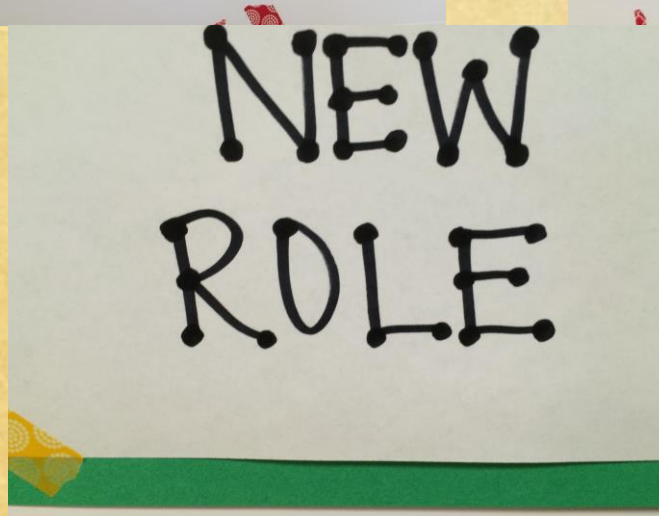
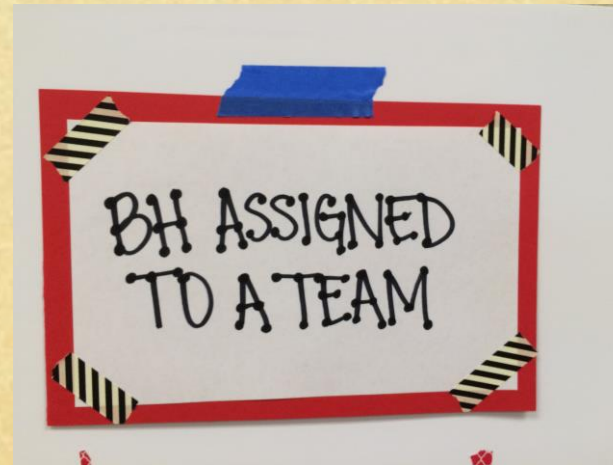
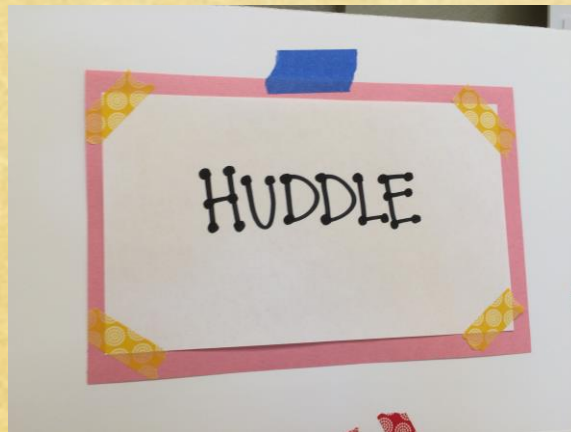
- We began our first co-design session by synthesizing our project work thus far.
- We named that at the core of our innovation, we wanted to better understand how to integrate Behavioral Health onto the primary care team.
- We started by asking our participants to brainstorm on post-its individually first and then in small groups.

## WHAT DOES AN INTEGRATED TEAM LOOK AND FEEL LIKE?

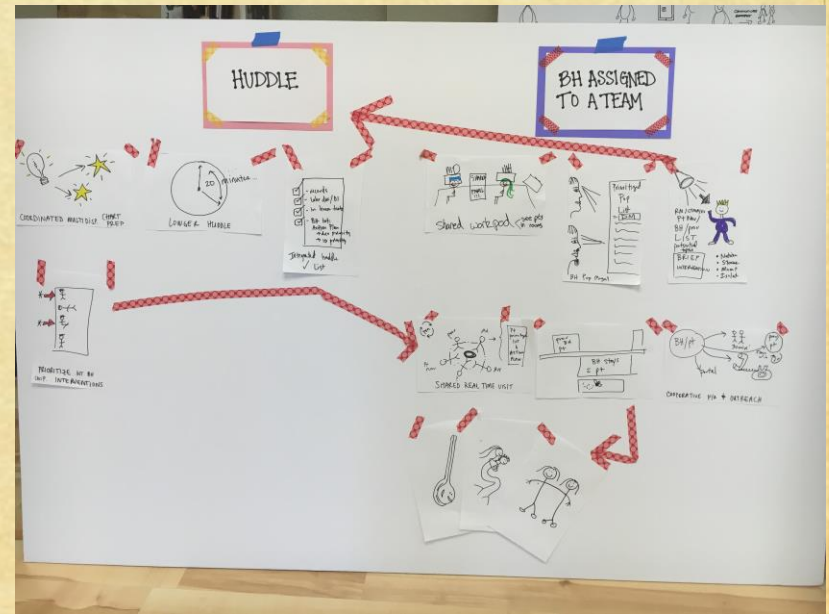


Next, we shared an instructional video on storyboarding (they loved this!) and invited our co-designers to create storyboards of 4 environments to test Behavioral Health integration into team.

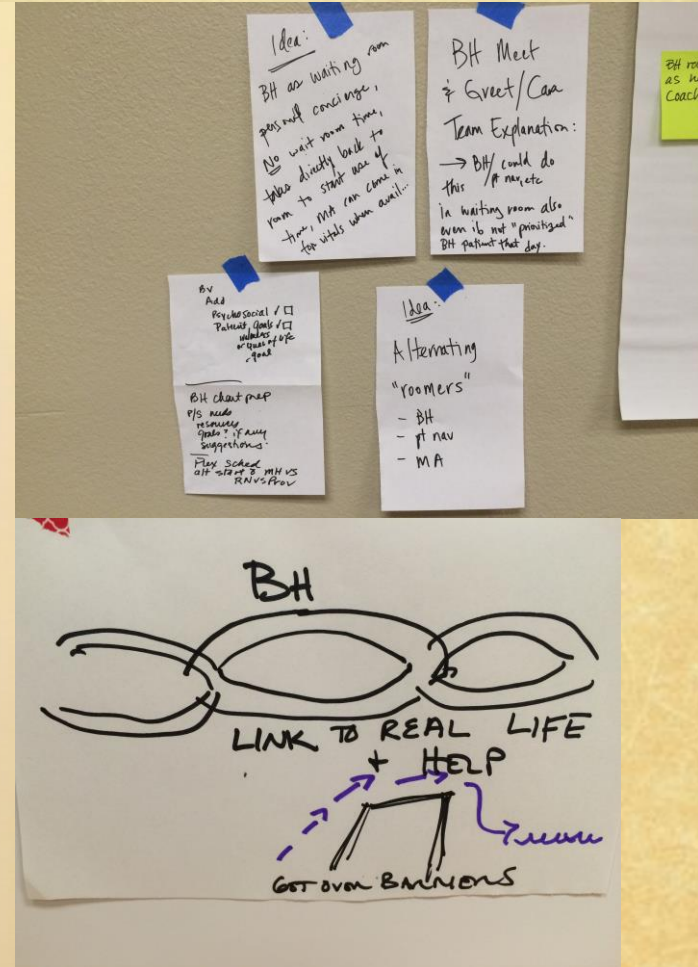
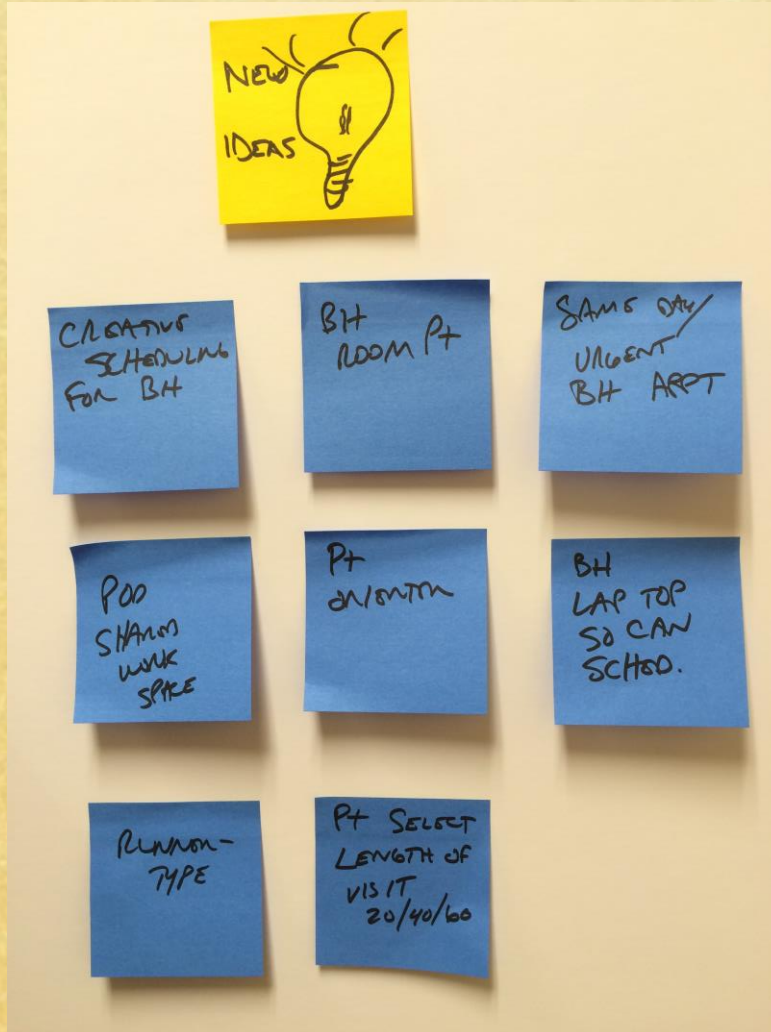
***In 6 steps/squares, describe the key components of a fully integrated team in these 4 environments:***







By the end of the first design session, we had some brand new ideas!

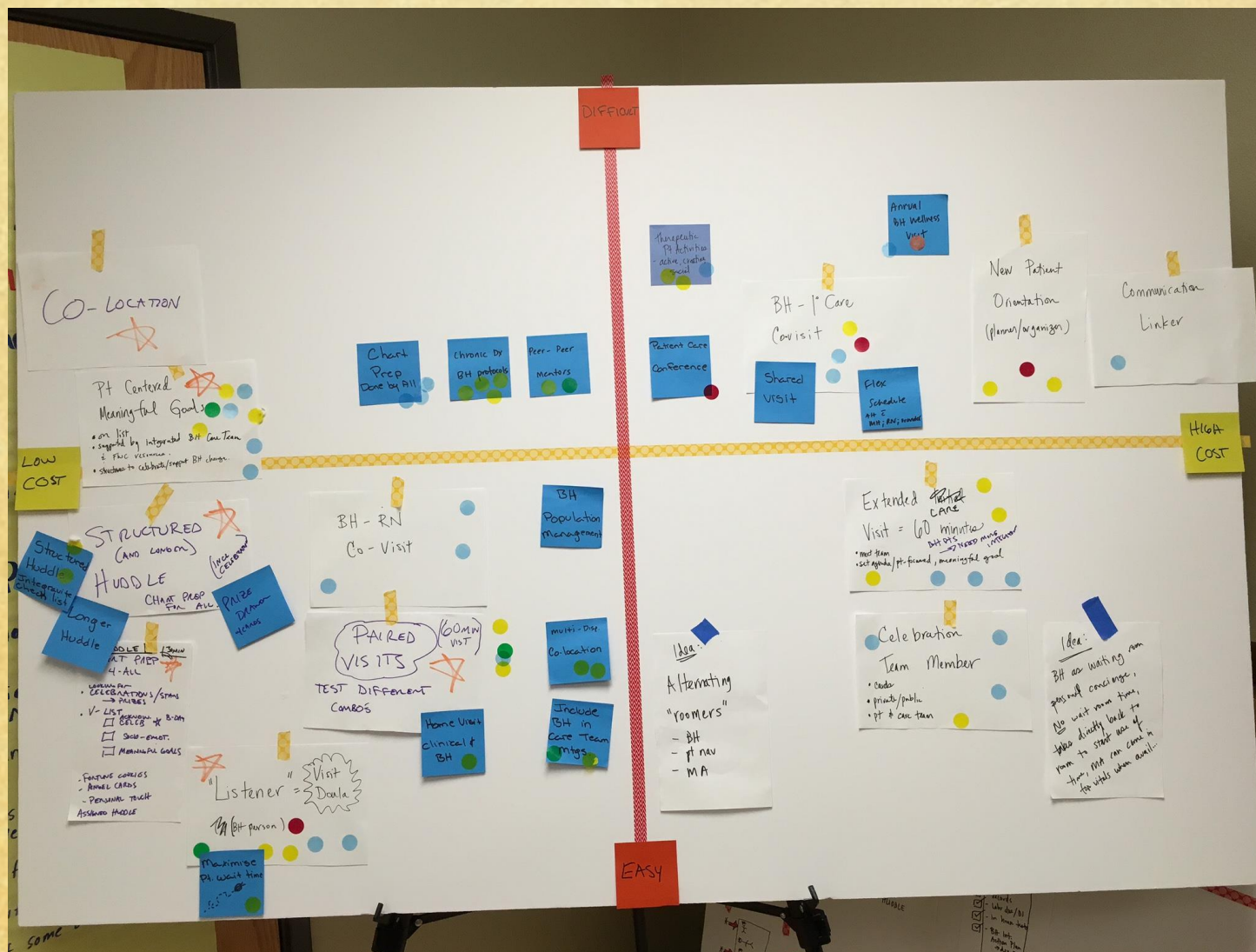




We charted our “laundry list” of ideas and utilized a 2 X 2 matrix with cost and ease of implementation to help with categorization.



After a lively discussion and re-working of ideas, we invited our co-designers to vote based on the N/3. We had approximately 23 ideas so each designer was able to vote for 6.





# And the winning 5 test ideas are...

## PT Centered Meaningful Goals

- on list
- supported by integrated BH Care Team & FWC resources.
- structure to celebrate/support BH change.

## STRUCTURED (AND LONGER) HUDDLE

Structured  
Huddle  
integrate  
next list

Longer  
Huddle

CHART PREP  
FOR ALL

PRIZE  
DRAWING  
MATERIALS

(INCL CELEBRATION)

## CO-LOCATION

"Listener" = Visit  
= Doula

(BH person)

Maximise  
Pt. wait time

## PAIRED VISITS

(60MIN  
VIST)

TEST DIFFERENT  
COMBOS

Home Visit  
clinical +  
BH

# THIS IS A NEW TEAM





WITH A...

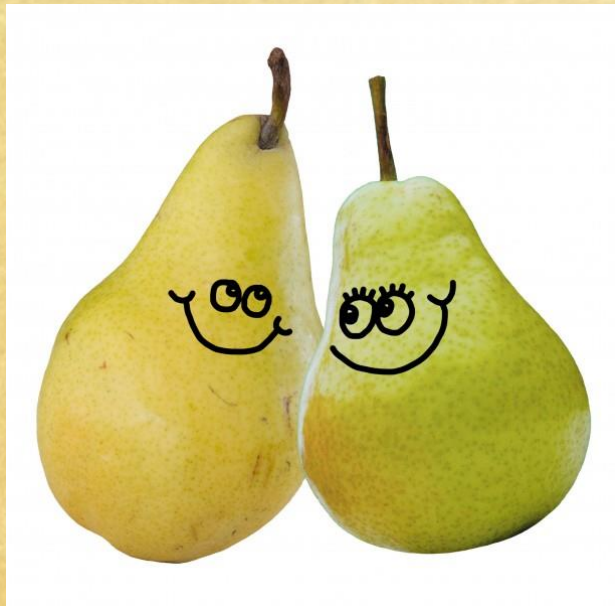
## SHARED LOCKER ROOM (co-location)



## A RE-IMAGINED HUDDLE

Structured  
More time  
Chart prep for all  
Celebration

## A VISIT DOULA (listener)



Who plays like a team with...

### PAIRED VISITS

BH<-> PCP

BH<->Nurse

BH<-> MA



## PATIENT-DRIVEN and MEANINGFUL GOALS



What matters  
most?  
What is at the heart  
of the matter?

# Training Needs

- Motivational Interviewing
- SBIRT
- Behavioral Health Intervention with Chronic Disease
- Chronic Pain
- Substance Use Disorders
- Coaching and mentoring to help grow comfort with new models and roles of Behavioral Health care
- Trauma-Informed approaches to Care



