

Integrated Health Services at Winters Healthcare Foundation

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WINTERS HEALTHCARE (FQHC)

“Its very hard to do integrated care and still think of “mental health” and “physical health.” The categories just begin to break down because they don’t describe the way people present. They don’t describe how problems form over the years.”

Alexander Blount EdD

UMASS The Center for Integrated
Primary Care



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Winters Healthcare Foundation

- ❑ Small Rural Clinic (FQHC) in Northern California
- ❑ 3000 patients approximately served annually
- ❑ BHC services since Oct 2012
- ❑ Integrated Health Coaching Program since Oct 2013
- ❑ Average of 3-4 Primary Care Providers in clinic



Integrated Health Services at WHF

- ❑ Integrated Health Services includes our behavioral health consultant service and health coaching program
- ❑ 1 Behavioral Health Consultant (BHC) and 2 Integrated Health Coaches (IHC)
- ❑ Implementation of BHC model started in October of 2012
- ❑ Health Coaching program started in October of 2013



Before we get started...Some Vocabulary

Models of integration include Primary Care Behavioral Health (PCBH or BHC), Collaborative Care (IMPACT Model), SBIRT

Programs are site specific efforts to integrate primary care and behavioral health services

Population Penetration is the degree of in-reach into the general population





Center of Excellence for Integrated Care

What Is Integrated Care? Definitions and Terms.

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Integrated care is defined by the effort to treat the physical health of patients alongside the mental health of patients. How integrated care is delivered varies by setting and by providers, however, well defined **Models** of integrated care have emerged in the last decade for integrating behavioral health services into primary care clinics. Some clinics choose to create their own ways of integrating services outside of these models, and these are then called **Programs**. Programs are specific to clinics and do not generalize to other situations. More recently programs have emerged to integrate primary medical care into behavioral health settings. These are still emerging and being studied. Both programs and models can also be described as having a certain reach or **Population Penetration** into the population. Some models, such as the PCBH model have broad penetration in that almost any patient of a clinic can be impacted by the model whereas the other models by their focus only impact a subset of the clinic population.

The Models

PCBH	A Behavioral Health Consultant works alongside a primary care provider providing real-time support to patients and the medical team to any patients with need in the clinic that day.
SBIRT	A bachelor's or master's level worker screens patients for substance abuse conditions and provides brief intervention to those patients who screen positive.
Collaborative Care	A consulting psychiatrist and care manager provides support for prescribing practices of primary care providers for the care of depression.

MeHAF Score	1 Usual Care	2	3	4	5	6	7	8	9	10 Full Integration
Program or Model Typology	-	Program				SBIRT Model/ Collaborative Care Model			PCBH Model	
Six Levels Crosswalk	1 Minimal Collaboration	2 Basic Collaboration at a Distance			3 Basic Collaboration Onsite	4 Close Collaboration Onsite/ Some System Integration		5-6 Full Collaboration/ Transformed practice		
Population Penetration (Four Quadrants)	Variable					I Low BH/ Low PH	I & III Low BH/ Low PH and/or Low BH/ High PH		I-IV All Quadrants	

Key & Definitions:
MeHAF Level: refers to the degree of integration of physical and mental/behavioral health at a particular site compared to usual care as defined by the domains of the MeHAF tool (<http://www.mehaf.org/content/uploaded/images/tools-materials/ssa%20surveyjanuary2015.pdf>).
Program: refers to a site-specific effort to increase the level of integration (that is not defined by a model) compared to usual care. This effort is not generalizable to other sites and is not evidence-based.
Model: refers to a discrete, well defined, empirically validated, replicable set of characteristics and pathways which systematically apply studied strategies using a defined workforce to achieve integrated care.
Population Penetration: refers to the extent to which a model reaches the population of a site and is represented by the Four Quadrant metric (<http://www.integration.samhsa.gov/resource/four-quadrant-model>).
Six Levels: refers to another commonly used framework of levels of integration (http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf)

The PCBH or BHC Model

BHC is a member of the primary care team (not specialty care)

Provides consultations, (not “therapy”) or “counseling” - avoid these terms)

- Brief visits, limited and flexible follow-ups
- Prompt feedback to PCP

Goal is immediate access for any and all health issues-not just MH disorders and crisis mgmt!!

Emphasizes population mgmt, psychoeducation

Focus on improving QOL and health care



Health Coaching Program

- Integrated Health Coach (IHC) is a member of the primary care team
- Coach patients with chronic conditions to improve their self-management
- Use various Motivational Interviewing strategies, behavior change techniques
- Functionally work like BHC's
- Think of a on-demand Health Educator, Nutritionist Diabetes Educator, Patient Navigator, Panel Manager, all in one!!!



Mission of Integrated Health Services

To serve our primary care teams and patients with immediately-accessible behavioral health, chronic disease, and self-management support through timely, flexible, and innovative services



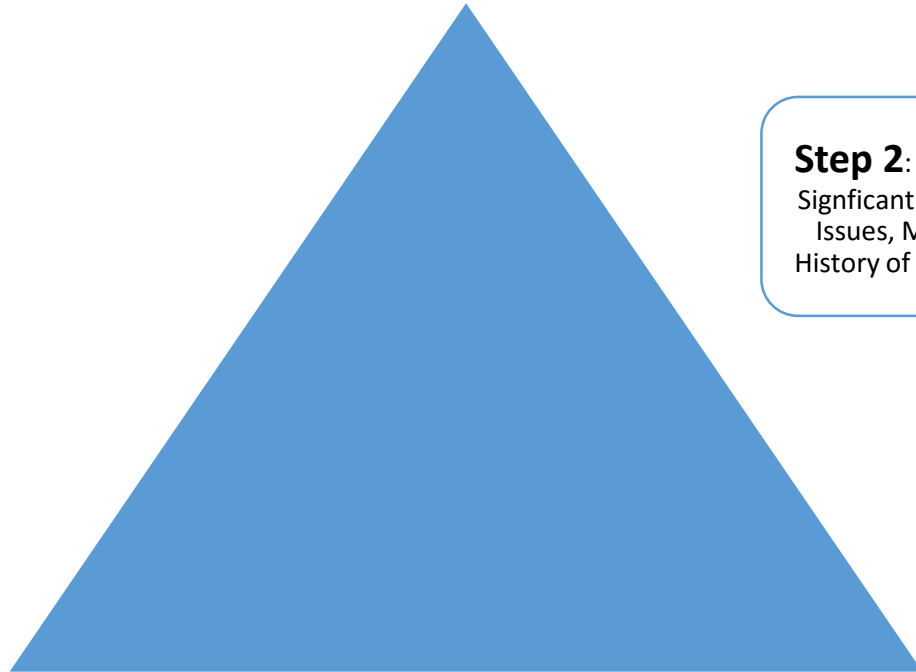
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Core Tenants of Integrated Health Services

- Population Focus
- Integrated Generalist
- Provide services on-demand in real time
- Operate with assumption that patients will not come back
- Use vertical and horizontal strategies
- Flexible schedule template for follow up visits
- Utilize registry and other care management strategies
- Use simple data design and collection strategies



Stepped Care



Step 2: Step 1 plus + Stress, Significant Barriers, Behavioral Issues, Medical Complexity, History of Mental Health issues

Behavioral Health Consultation

Step 1: Diabetes, Obesity, Hyperlipidemia, Hypertension, General Diet and Nutritional Changes/Recommendations

Health Coaching



Horizontal vs. Vertical Interventions

HORIZONTAL

- Not targeted
- Customers present with a range of concerns
- Meet them where they are at
- Help to improve their overall health
- Ex: Customer presents with chest pain, medical rule out, focus on stress

VERTICAL

- Targeted
- Work with specific subpopulations
- Targeted interventions for these populations
- Define treatment protocols and clinical guidelines
- Ex: Depression screening and follow-up

BHC and IHC Referrals

- Typical psych issues
- Chronic Pain
- Smoking cessation
- Obesity/weight management
- Sleep disorders
- Diabetes
- Headaches
- Hyperlipidemia and hypertension
- Fatigue
- Parenting and pediatric behavioral issues
- Sexual health
- Medication/treatment compliance

Challenges for New Integrated Professionals

- No caseload
- Less "Assessment"
- Faster pace
- Transparency
- Working as part of a team
- Billing issues
- Ambiguous clinical situations
- Professional identity
- Open Schedule/Varied Day

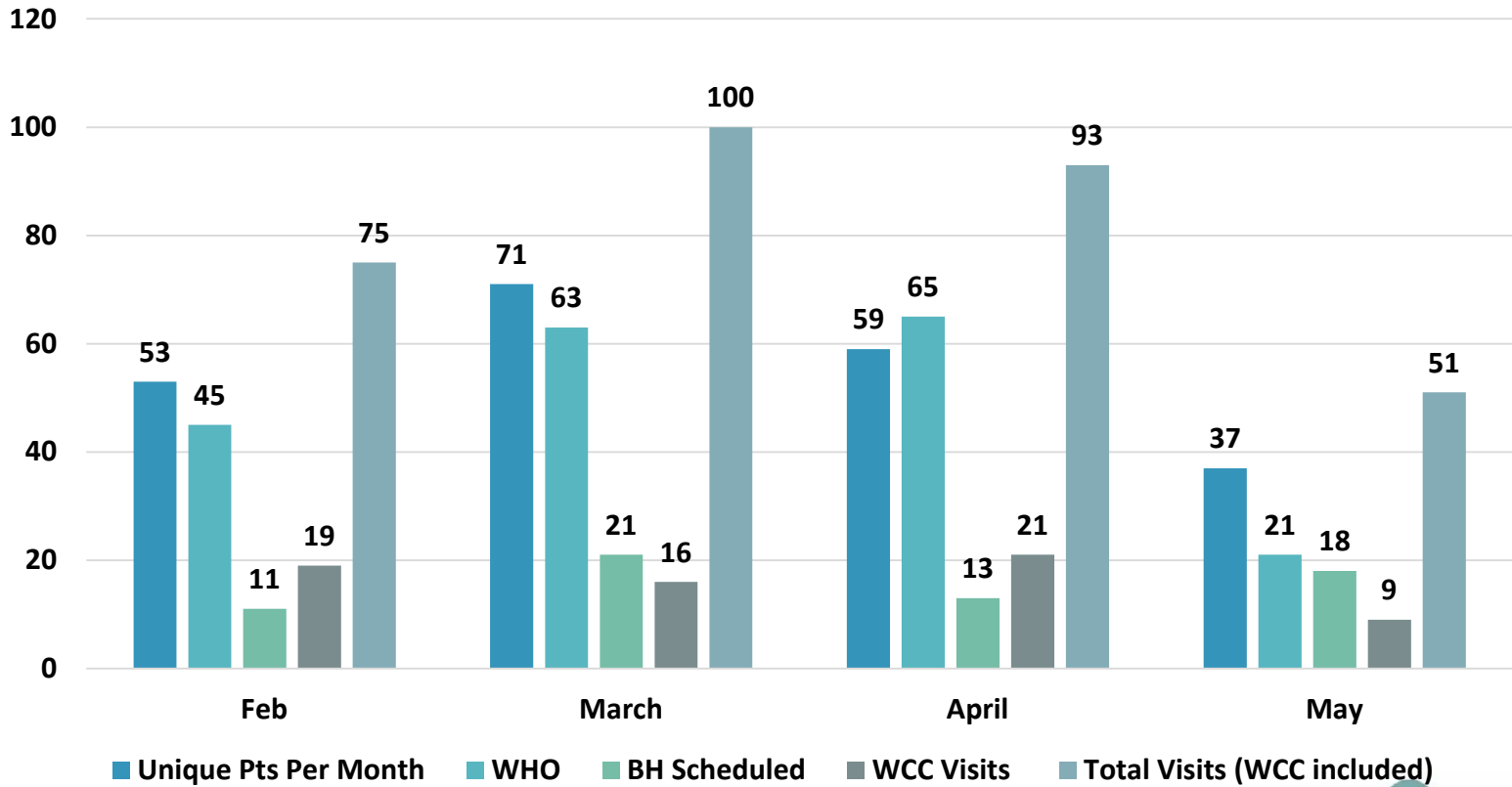


Metrics

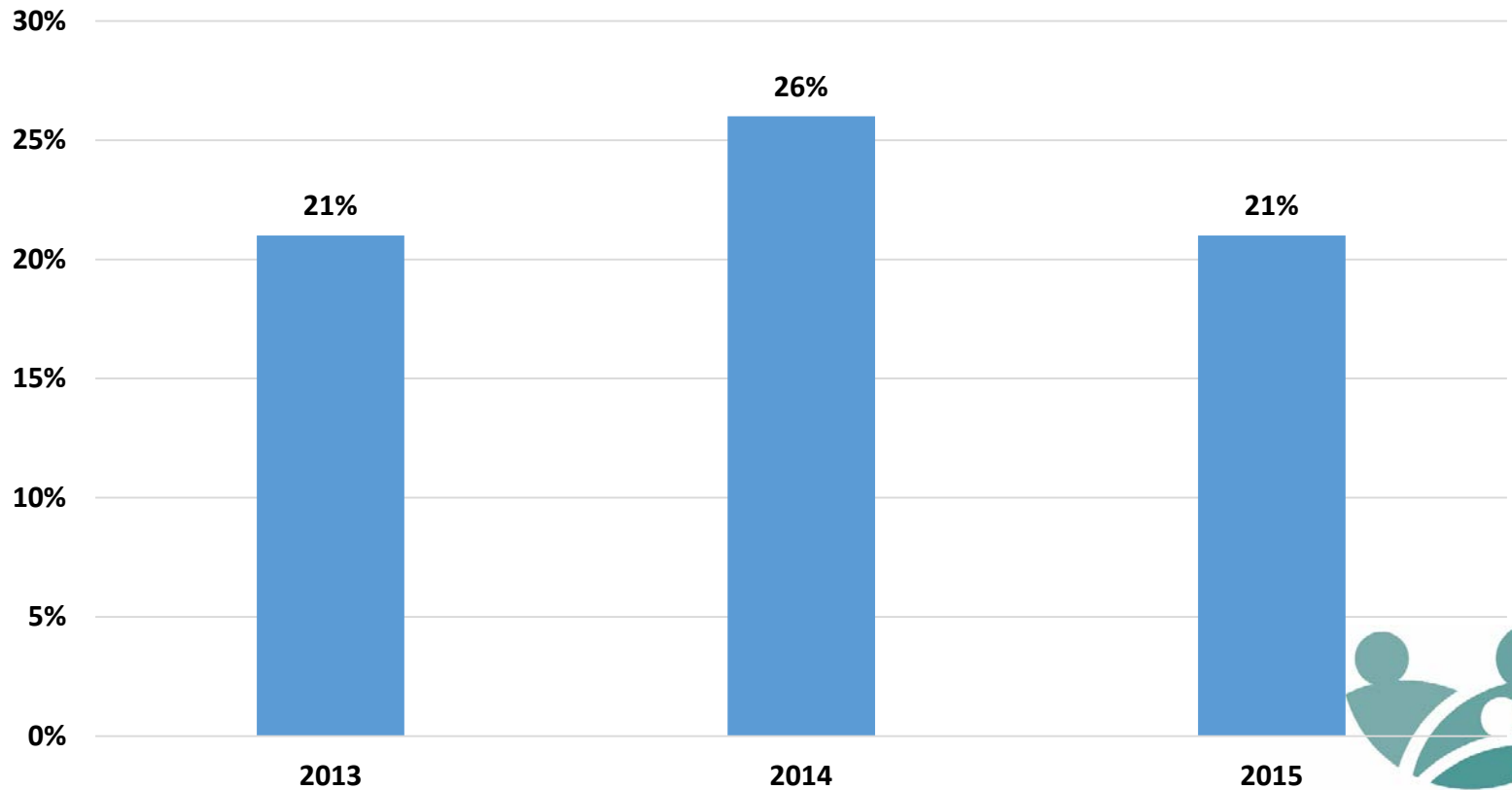
- ❑ Clinical (e.g., pre-post, PHQ9, GAD-7)
- ❑ Financial (e.g., cost per pt or cost per visit/Revenue, Cost of program/unique patients or total visits)
- ❑ Process (e.g., population penetration, depression and alcohol screening)
- ❑ Satisfaction (e.g., provider or patient satisfaction)



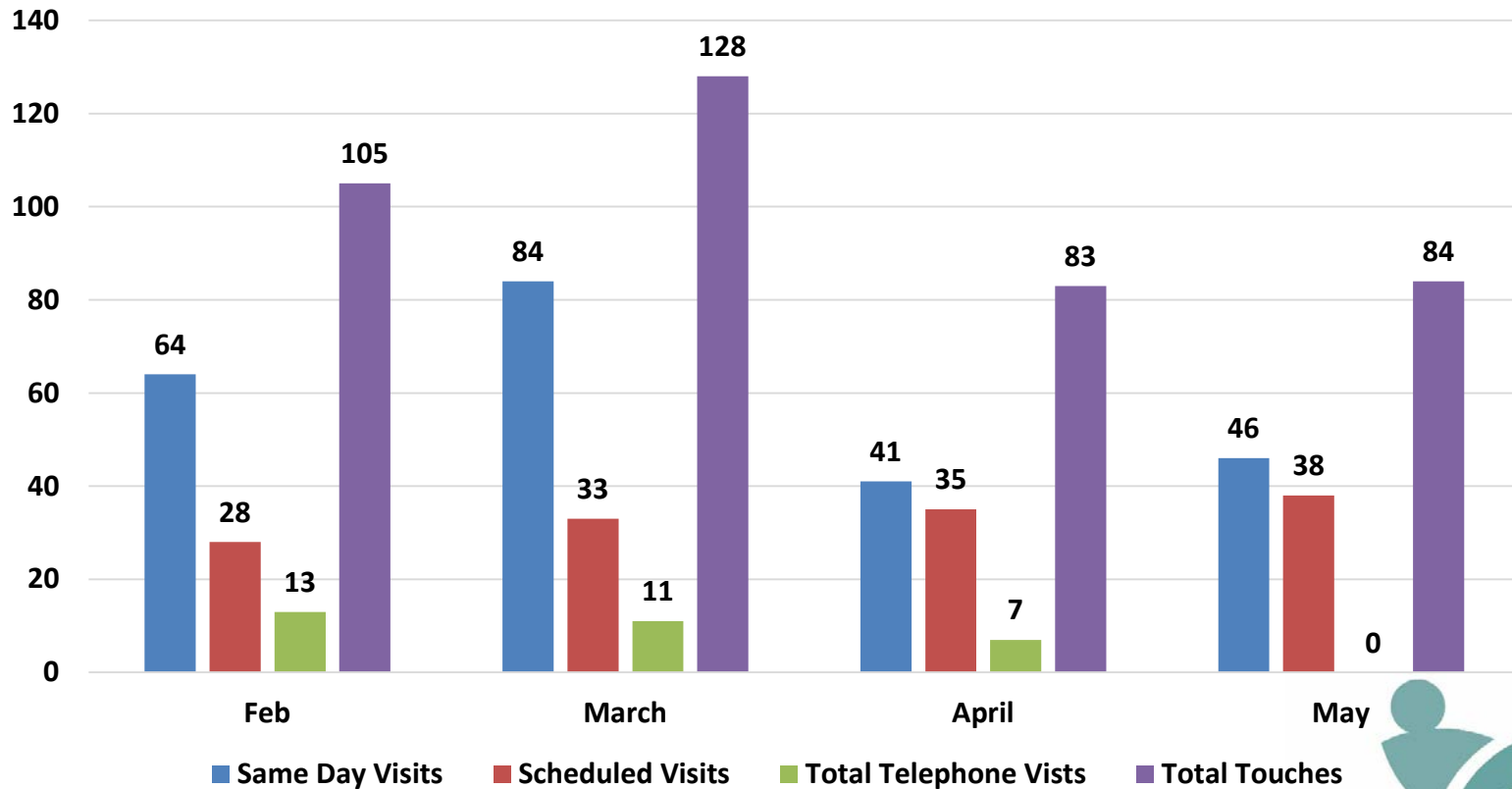
Behavioral Health



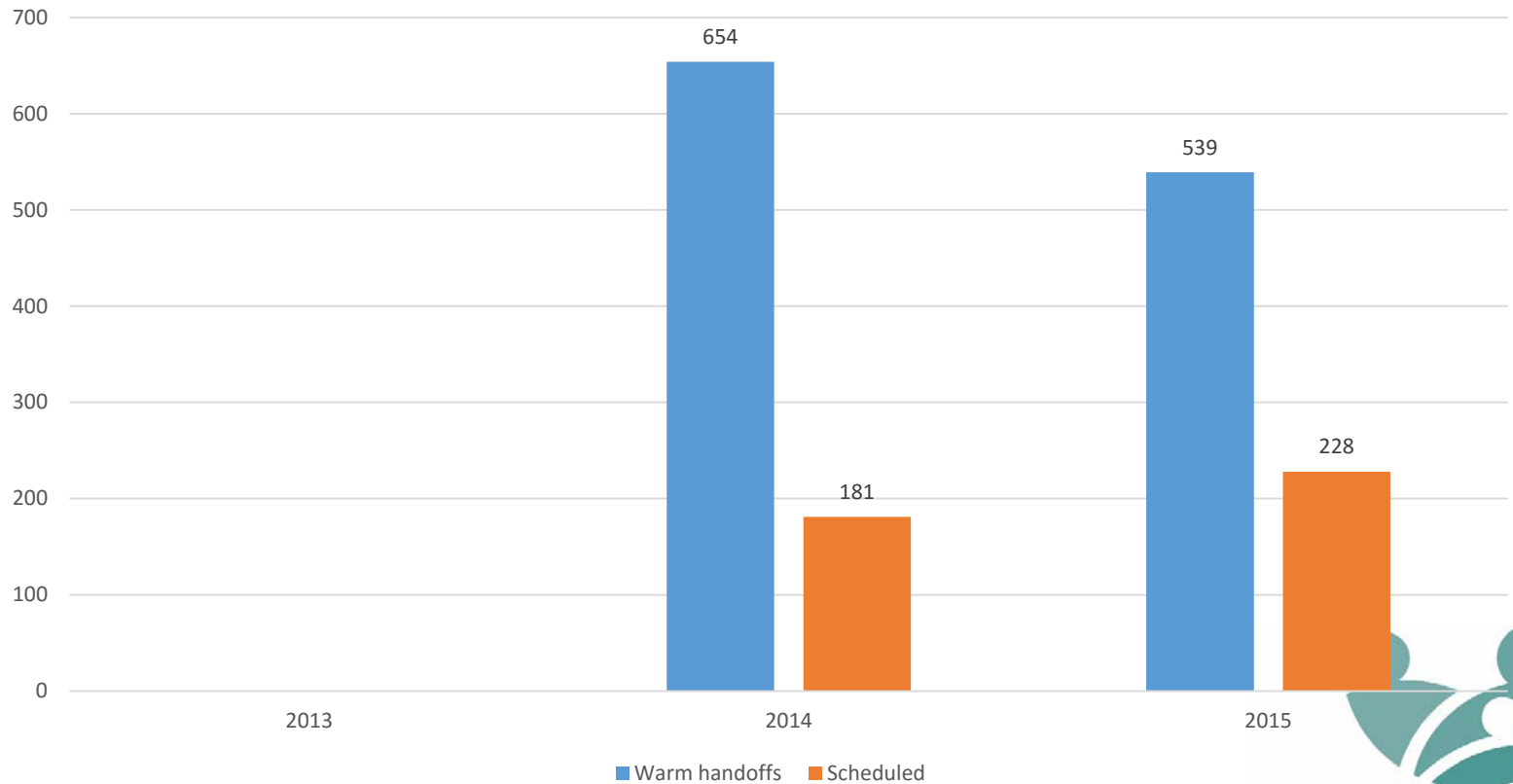
Population Penetration (Behavioral Health)



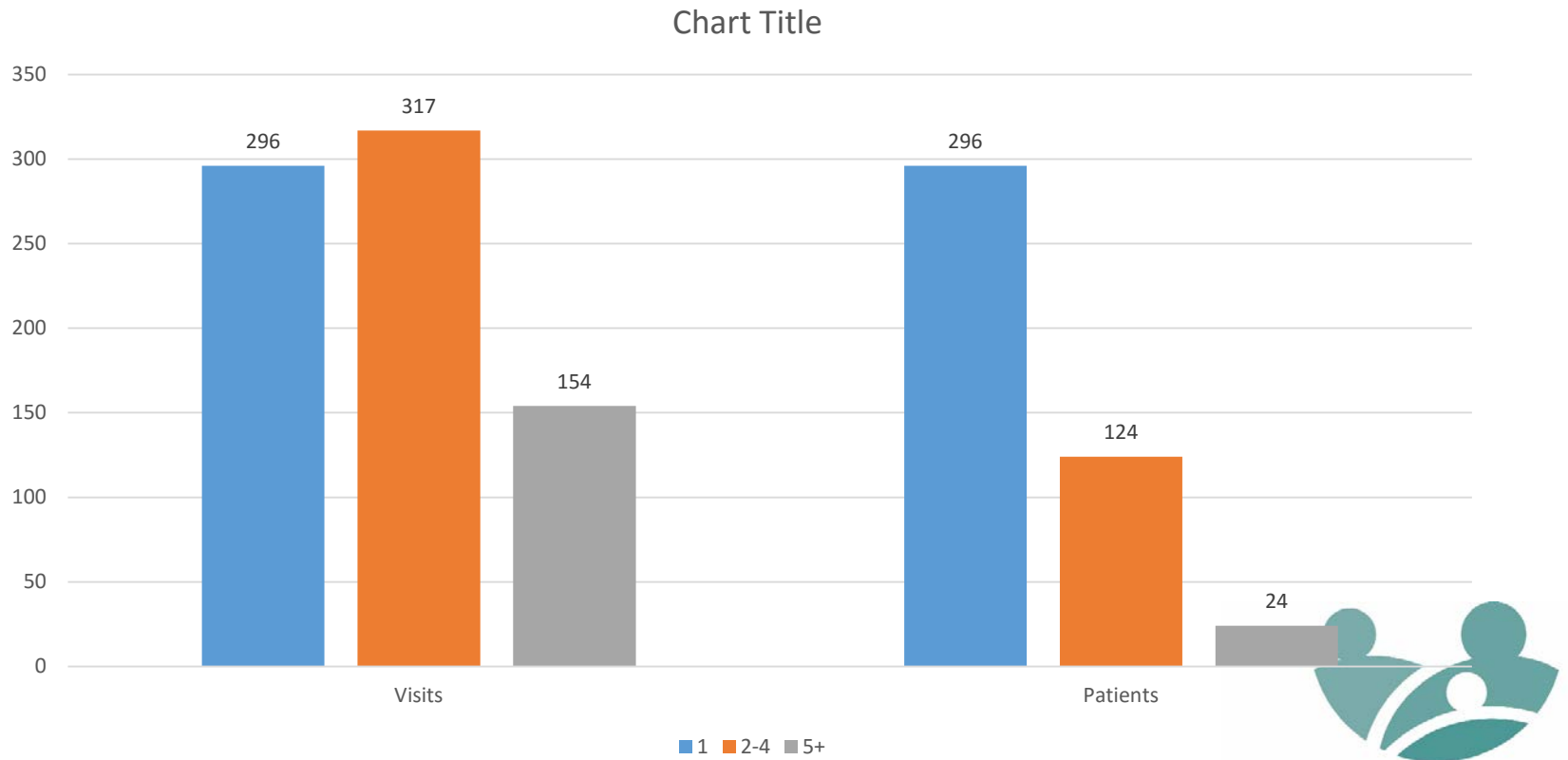
Health Coaching Program



Scheduled vs. WHO's (Behavioral Health)

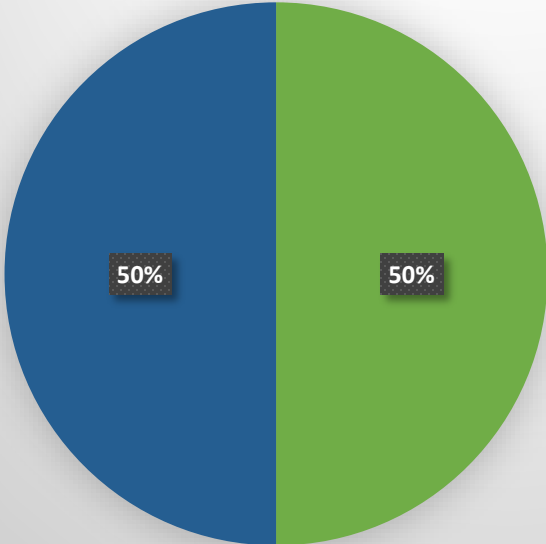


Model Fidelity (Behavioral Health 2015)



Provider Satisfaction

All things considered, how satisfied are you with having BHC services in your clinic?

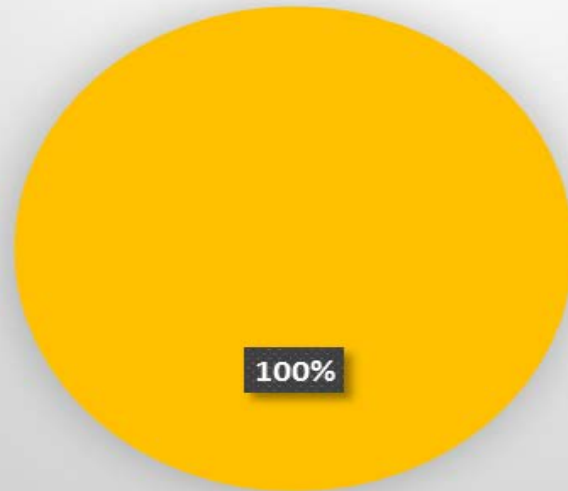


- Completely Dissatisfied
- Very Dissatisfied
- Somewhat Dissatisfied
- Neither Dissatisfied Nor Satisfied
- Somewhat Satisfied
- Very Satisfied
- Completely Satisfied



Provider Satisfaction

Based on your experiences with the behavioral health consultation service in your clinic, would you recommend to your medical colleagues that they use this service with their patients?



- Definitely Not
- Probably Not
- Probably Yes
- Definitely Yes



Helpful Resources

Robinson & Reiter. Behavioral Consultation and Primary Care: A Guide to Integrating Services, 2nd Ed

Collaborative Family Healthcare Association (CFHA)



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Thank you!

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