


Moving Towards Holistic Healthcare:




**Integrating Primary & Behavioral Care
through Process Improvement**

"A Marital Union"


Rosa West Ph.D., LMHC, LMFT

Mr. & Mrs. Primary & Behavioral Care



Learning Objectives:

1. Learning effective strategies for Primary & Behavioral Healthcare Integration.
2. Use of Process Improvement tools to reach goals/objectives.
3. Do's Don'ts of Integration Planning



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**Primary & Behavioral Healthcare
Integration**



Meridian Behavioral
Healthcare, Inc.



Trenton Medical
Center

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Defining process improvement



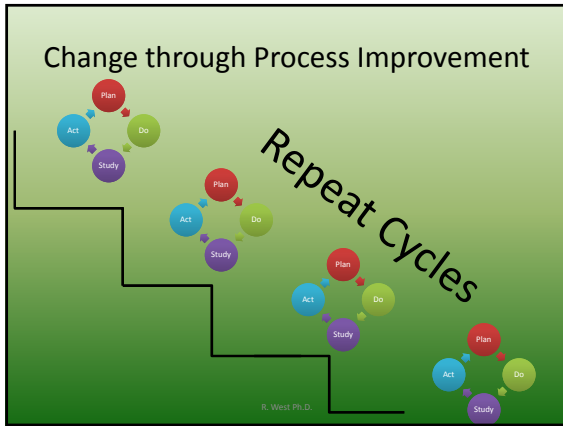
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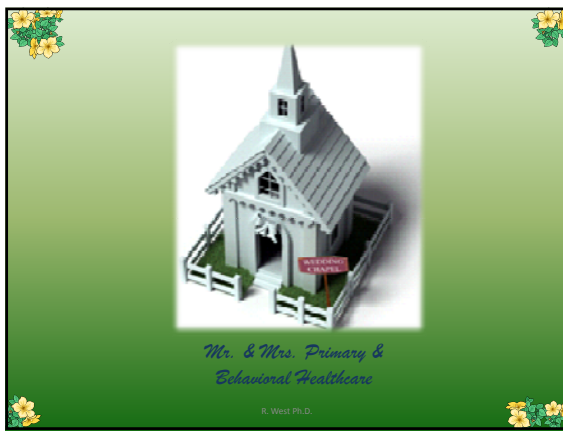


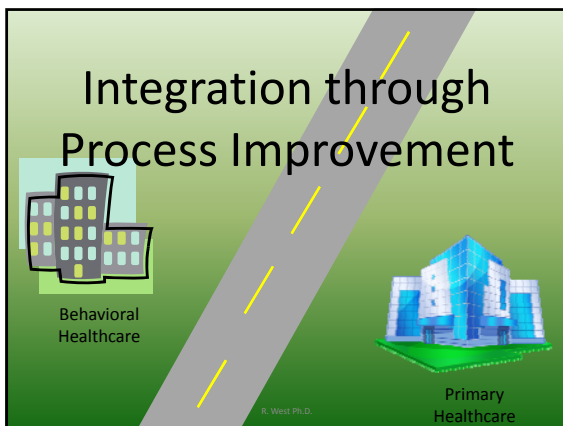
Change through Process Improvement



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Hollism: "Recovery encompasses an individual's whole life, including mind, body, spirit, and community"
-www.TheNationalCouncil.org/ResourceCenter

"The Pre-Nuptial Agreement"...



Establishment of MOA

- MOA Outlined:
 - Scope of Provided Services
 - Policies & Procedures
 - Referral information
 - Etc..



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Conduct a Walkthrough

- One of the best ways to understand the process from the perspective of Primary Care & Behavioral Care
 - Use perspective of a "Customer" ...
 - Customers are both staff & patients/clients



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Determine Your Aim & Goal Set

- Determine your Integration Method
 - Establish priorities
 - Base on:
 - Experience of your walkthrough
 - Current capabilities
 - Results of any needs assessment or baseline data.

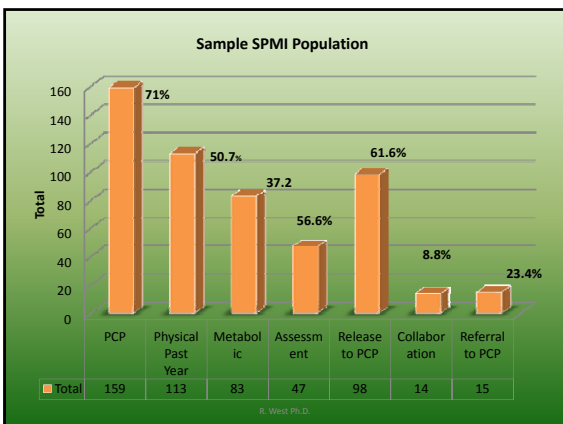


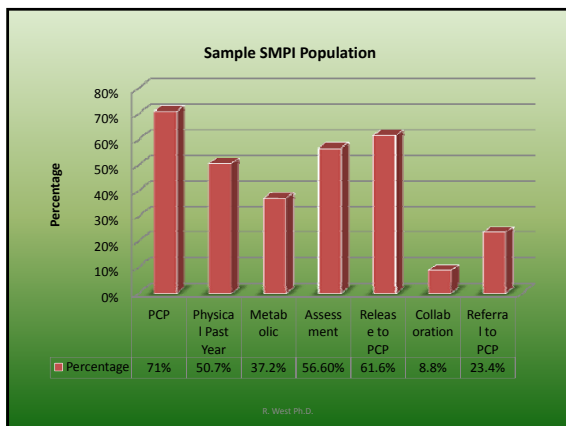
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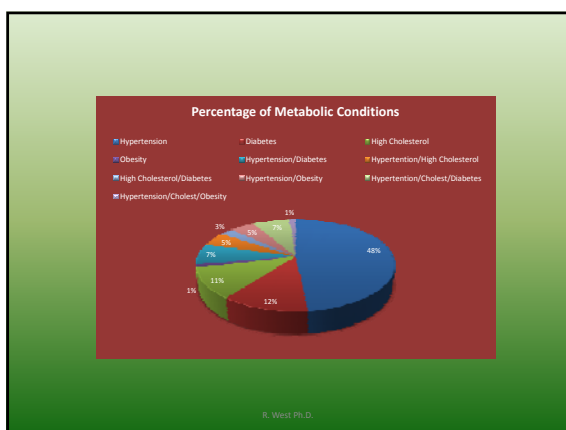
Collect Baseline Data

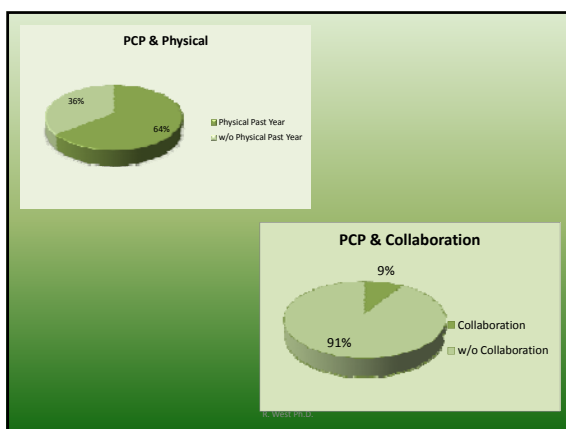


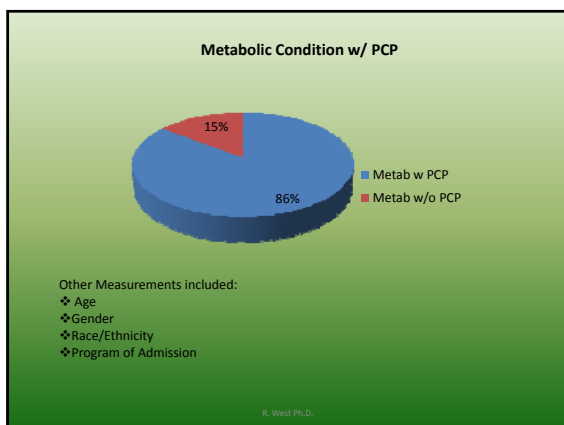
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“Marriage Counseling”

- It's important in any collaboration/partnership to regularly meet to:
 - Troubleshoot obstacles
 - Revisit the objectives to determine successes and/or needed changes.
- Meetings should be consistent (i.e. weekly initially, biweekly, monthly, etc)

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Identify your Work “Change” Team

- Identifies possible work processes that could improve the aim
- Creates and conduct pilot tests of the identified processes
- Measures results to see if the change resulted in improvement
- Conduct multiple PDSA cycles until goal is achieved

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Our Model of Integration

- Cherokee Model-
 - Initial integration involved utilization of a Behavioral Health consultant, Mental Health Care Manager (MHCM), placed on-site at the Primary Care Clinic.
 - Provided Services include:
 - Brief, targeted, real-time interventions addressing mental health and substance abuse needs of patients.



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Referral, Screening, & Treatment

Behavioral Health Services:

- Brief Activation therapy is provided over 2-6 sessions (includes follow-up services by phone).




- BHS meets with patient following their scheduled visits with PCP and/or arranges separate counseling appointments at the FQHC.
- Linkage & referral to Meridian Behavioral Healthcare, or other providers in the community, for specialty behavioral health services are offered as needed.
- BHS also serves as the point of contact for Meridian staff referring behavioral health patients to the FQHC for primary care services & assists in making the referral and with follow-up.

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Referral, Screening, & Treatment

- FQHC staff screens patients using the PHQ-9, MDQ, & Cage tools to assess for depression, bipolar disorder, and substance abuse.
 - Patients positive on the MDQ & Cage and/or score 5 or more on the PHQ-9 are referred to the Behavioral Health Specialist (BHS) for further evaluation for services.
 - BHS determines if the patients symptoms can be managed at the FQHC (following a brief therapy model) or if they require more intensive treatment in specialty behavioral healthcare setting.



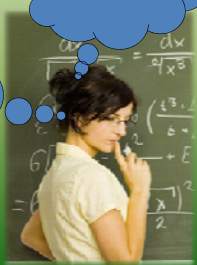
Patients requiring more intensive or "specialty behavioral health services" were referred to the Behavioral Health clinic or other community provider (as appropriate)

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Measuring Effectiveness of Integration

What changes resulted in an improvement?

What change was most important?




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Measuring Effectiveness of Integration

What changes worked?

What didn't work?



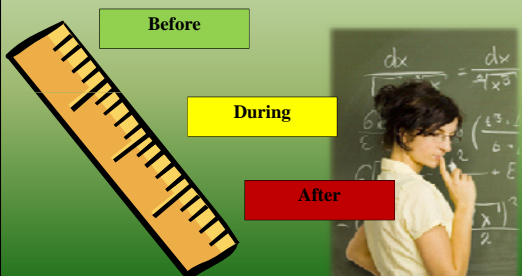
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Measuring Effectiveness of Integration

Before

During

After



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Define Measures



•Define your measures before you start the change process

•Definition **MUST** be clear to measure change successfully

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Screening Tools

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "0" to indicate your answer)

1.1 _____
2.1 _____
3.1 _____
4.1 _____

CAGE
SUBSTANCE ABUSE ASSESSMENT TOOL

The CAGE questionnaire consists of four questions:

- 1) "Have you ever felt you should cut down on drinking (drug use)?"
- 2) "Have people annoyed you by criticizing your drinking (drug use)?"
- 3) "Have you ever felt guilty about your drinking (drug use)?"
- 4) "Have you ever taken a drink (used drugs) in the morning to steady your nerves or get rid of a hangover (eye opener)?"

THE MOOD DISORDER QUESTIONNAIRE

Answer each question to the best of your ability.

	YES	NO
1) when you were over your usual self and...	<input type="radio"/>	<input type="radio"/>
other people thought you were not your usual self and...	<input type="radio"/>	<input type="radio"/>
lost or people or missed fights or engagements	<input type="radio"/>	<input type="radio"/>
that usual	<input type="radio"/>	<input type="radio"/>
and found you didn't really care or	<input type="radio"/>	<input type="radio"/>

PDSA Cycles



- MHCM Onsite
- Reduce Time to 1st Contact
- Extension of Contact Hours
- Weekly Reminders/ PhQ9s in all rooms
- Increased Communication "Note to Doc"
- Contact Letters
- MDQ/CAGE
- Increased MHCM Onsite
- > MHCM fully integrated onsite at Primary Care office

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Benefits of "Union"



- ❖ Increased communication between the Primary Care Staff and the MHCM/BHS.
- ❖ Positive feedback from patients regarding conveniences of having a mental health staff person on-site at their primary care office (transportation/stigma cited as a barrier).
- ❖ Increased collaboration with patients.
- ❖ Ease in making referrals in either direction.
- ❖ Easy screening of patients.
- ❖ Quick referrals to the MHCM.

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Challenges...

- ❑ Education of both BH & PC staff about work processes of each agency.
- ❑ Addressing differences in language/culture between BH & PC agencies.
- ❑ Increasing the awareness of the BH staff of importance of assessing for preventable diseases of our patients and beginning the process of collaborating with PC provider.



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Integration "Marriage" in Review

- Establish an MOA
- Determine the Aim & Goal Set
- Conduct a Walk-through
- Collect Baseline Data
- Establish a Work "Change" Team
- Determine Collaboration Model
- Define your Measure
- Conduct PDSA-Integration Cycles
- Measure Effectiveness of Integration



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Questions/Comments?

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