

# Clinical Model of Integration

Structure, Roles, Process

# Overview

- Definition
- Foundational Principles
  - Structure
    - Roles
  - Process

# What is Integrated Care?

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

Peek CJ and the National Integration Academy Council. Executive Summary - Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-1-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. <http://integrationacademy.ahrq.gov>

# An Integrated Team Based Model

- Functions of care delivery shared across team
- Access to BH expertise “where behavioral problems shows up”
- Improved communication
- Improved care coordination
- Expanded health management support
- Supported patient engagement



# Integration is a means to an end...

- Improve the health of a population
- Achieve health equity
- Improve access
- Focus on wellness and prevention
- Patient centered care
- Evidence based clinical and program decision making

# Integrated Behavioral Health **MUST** Fulfill Functions of **PRIMARY** Care

- **Contact** – First line of access
- **Comprehensive** – Anything that walks through the door
- **Coordinated** - Organizes and synchronizes all elements of care
- **Continuous** – Episodes of care within context of longitudinal partnership

# CHS' Behaviorally Enhanced Healthcare Home

- Behaviorist on Primary Care (PC) team
- Consulting Psychiatrist on PC Team
- Shared patient panel and population health goals
- Shared support staff, physical space, and clinical flow
- BH Access and collaboration at point of PC
- PC Team based co-management and care coordination
- Shared clinical documentation, communication, and treatment planning

# Common Considerations for PCP Referral for Behavioral Health Consultation Services

- Diagnostic clarification
- Behavioral Interventions
- Treatment planning
- Facilitate consultation with psychiatry
- Behavior and mood management
- Suicidal/homicidal risk assessment
- Substance abuse assessment and intervention
- Trauma & Anxiety management
- Interim check of psychotropic medication response
- Co-management of somaticizing patients
- Parenting skills
- Stress Management
- Medication management
- Weight Management
- Chronic Pain Management
- Smoking Cessation
- Insomnia / Sleep Hygiene
- Psychosocial and Behavioral Aspects of Chronic Disease
- Any Health Behavior Change
- Management of Inappropriate Medical Utilization
- Anger management

# Integrating Psychiatry into Primary Care: Strategies

- **Consultation** to PCP/BHC via phone or telemed
- **Fast-track access** to direct face to face consultation with patient for stabilization
- **Triage** and coordination with specialty psychiatry
- **Treatment Team** discussion
- **Trainings** for PCPs/BHCs “Stump the Chump”

# Who is on the team?

## **Clinical Therapist/Psychologist/BHC**

- Communicating with prescriber to clarify diagnosis and unify treatment plan
- Monitor symptoms and functioning and communicate concerns/progress to prescriber

## **PCP/Specialty Medical Provider**

- Assessing and treating acute and chronic health problems with assistance of a BHC or specialty behavioral health, as clinically indicated

## **Psychiatric Provider**

- Communicating with co-prescriber (PCP) regarding medication concerns
- Providing diagnostic clarification
- Offering psychotropic medication recommendations to PCP

# Who is on the team?

Each team member has a unique role

## Patient Service Representative

- Coordinating the scheduling of same-day appointments
- Obtaining medical/behavioral releases for outside agencies

## Nurses

- Identifying presenting problems during visit
- Administering behavioral health screening tools
- Coordinating with multidisciplinary staff to manage clinic flow and delivery of multiple services on single date of service

# Who is on the team?

Each team member has a unique role

## Clinical Pharmacist

- Evaluate the appropriateness and effectiveness of the patient's medications.
- Follow the patient's progress to determine the effects of the patient's medications on his or her health.
- Advise the patient on how to best take his or her medications.

## Community Health Coordinator (CHC)

- Improve treatment engagement, motivation, and adherence
- Assist patient in obtaining health coverage or access to needed care
- Create linkages with community resources
- Identify and problem-solve barriers to improved self-sufficiency



# How The Team Coordinates And Communicates

- Patient Dashboard
- Morning Huddles
- Communication from Care Coordination in EHR
- Weekly Integrated Team Meetings
- Standing Orders
- Daily Opportunities Reporting on Care Gaps

# So what does it look like in real life?

- *A picture is worth a thousand words...*

# Patient Check-in





# Vitals -BP



# Vitals - BH





# Shared Space

# PCP with Patient







# PCP Consults BHC



# BHC Chart Review



# BHC Transition





# BHC Consultation with Patient



# BHC Feedback to PCP





# Patient and BHC Coordinate Follow –Up Plan

# Questions?