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Integrated Healthcare Innovations at The Richmond Behavioral Health Authority

James C. May, Ph.D.

SAMHSA PBHCI Grantees Conference
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RBHA RICHMOND BEHAVIORAL HEALTH AUTHORITY

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About the Speaker

Dr. Jim May:

- Director of Planning, Development, Research, Evaluation, and Substance Use Disorders for the Richmond Behavioral Health Authority (RBHA) in Richmond, VA
- Principal Investigator and Project Director for the RICH Recovery Project at the RBHA (SAMHSA-funded Integrated Care project)
- Consultant for states and local systems in Integrated Care, Criminal Justice System Collaborations and Integrated co-occurring disorders (MH+ SUD) services.

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Richmond Behavioral Health Authority (RBHA)

- Statutorily established local authority responsible for providing Mental Health, Intellectual Disability, Substance Abuse, Emergency services and Prevention services to the City of Richmond, Virginia
- Services provided directly and through contracts with private, licensed entities
- Served approximately 5% (11,000) of the Richmond population last year
- Employs 430+ professionals; annual operating budget of $37 million, excluding regional contracts

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Challenges in RBHA's Community

Poverty Indicators and Indicators of Health Care Disparities	Number of Residents of the City of Richmond	Percentage (%) of the Total Population of the City of Richmond
Low Income (less than $25,000) Households	28,553	35%
2010 Estimated Total Population in Poverty	48,830	24%
Uninsured Adults 19-64 Total	29,709	22%
Uninsured Children Total	3,971	9%

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RICH Recovery Initiative at RBHA

- In July 2013, **RBHA was awarded a $1.6 million**, 4-year PBHCI Integrated Care grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
- Purpose: to **expand and enhance** RBHA's on-site **primary medical care clinic for persons with behavioral health disorders** currently being served at RBHA
- Target Population: **Adult men and women diagnosed with a serious mental health disorder or co-occurring MH/Substance Use Disorder (SUD)** currently being served at the RBHA (majority identify as African American (69%) & Caucasian (27%)
- **A minimum of 600 total clients** will benefit from the services offered through RICH Recovery; 140 enrollees since January

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RICH Recovery at RBHA

- Services offered include:
  - Expansion and enhancement of the on-site primary medical care clinic
  - Addition of medical practitioners, health educators, and peer navigators
  - Delivery of a person-centered system-of-care that will help this project achieve the three-part aims of better care, better health, and lower costs

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RICH Recovery at RBHA Goals

- **Improve overall wellness**, health, and recovery in a high-risk, underserved behavioral health population of the City of Richmond
- **Reduce overall health care costs**, specifically by reducing inappropriate use of emergency room services and reducing overall hospitalizations
- **Utilize Health Information Technology** (HIT) to improve client care, expand services, improve client & organizational outcomes, and lower costs
- **Ensure availability of bi-directional referral** and data sharing linkages with specialty care clinics

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Challenges:

- Buy-in from stakeholders plus organizational change issues
- Which integration model to choose?
- Sustainability
- Health IT/Health Registry approaches
- Workflow/Cultural change issues inherent in integration

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Buy-In for Organizational Change at RBHA

Aggressive internal and external marketing initiatives

- Get RICH!
- Numerous formal & informal informational sessions with staff
- Assembled core team from across all divisions
- Newsletters
- Website revamp
- Social Media
- Launch Events (VIPs, staff, clients)

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Which Model to Choose?

Coordinated	Co-Located	Integrated
Routine screening for behavioral health problems in primary care setting	Medical services and behavioral health services located in same facility	Medical/Behavioral health services located in same or separate facilities
Referral relationship between primary care and behavioral health settings	Referral process for medical cases to be seen by behavioral specialists	One treatment plan with both medical and behavioral elements
Routine exchange of information between both treatment settings to bridge cultural differences	Enhanced information communication between PCP and the behavioral health provider due to proximity	Typically, a team working together to deliver care
PCP to deliver behavioral health interventions using brief algorithms	Consultation between the behavioral health/medical health providers to increase skills of both groups	Teams composed of a physician and one or more of PA, nurse, case manager, QMHP
Connections made between the patient resources in the community	Significant reduction of 'no shows' for behavioral health treatment	Use of a database to track care of patients who are screened into behavioral health services.

RBHA Integrated Model

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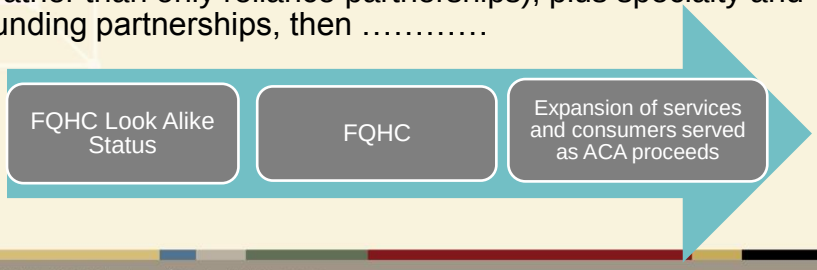
Sustainability

- Bill, bill, bill! Virginia has elected NOT to expand Medicaid and 40% of the adults we serve are indigent and have NO health insurance
  - Integration of billing codes into HIT software
  - May need to retain billing code consultant
- Building of internal Primary Care and Wellness capacity (rather than only reliance partnerships), plus specialty and funding partnerships, then ……



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Health IT/Health Registry

- RBHA currently using Profiler EHR system; never designed for primary care services
  - Consider challenge of 'retrofitting' behavioral health software to accept and integrate primary care
  - Consider billing codes – we needed help
  - Consider the array of reporting required, as well as to whom and how frequently
- Health Registry: starting from scratch
  - There are numerous great examples available on the Internet
  - Talk to similar agencies and share knowledge

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Staffing Challenges

- The RICH Clinic currently employs: Peer Navigator; Care Coordinator; RN; Nurse Practitioner and MD
- Finding staff who were the right fit professionally and culturally was a time consuming process
  - Need people who are comfortable with the population
  - Need to find people familiar with the behavioral health and substance abuse issues common in those we serve
  - Individuals who already understand or are open to the challenges of health integration

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Workflow/Cultural Change Issues

- Integration of behavioral and primary health teams requires more than just words and design
  - Multi-disciplinary workflow groups created opportunities to address the immediate challenges of getting the clinic off the ground (design, renovation & construction of the physical plant; work flow redesigns; evaluation plans and implementation)
- Getting Behavioral Health Case Managers and Primary Health providers ‘speaking the same language’
- Making Health IT (EHR) system work for all providers

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Evaluation

Have a plan BEFORE you start collecting data

- What are your indicators / measures of success?
- What outcomes are you tracking?
- At what time points are you collecting data?
- How will data be reported to
  - Stakeholders?
  - Consumers?
  - Management?

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Where Are We Now?

- 140 Consumers have had intake NOMs and are receiving services
  - We have completed ALL 6 month assessments (100%) previously or currently due
- Brief Demographic Summary:
  - 58.6% Male/ 41.4% Female
  - Self reported sexual orientation: Heterosexual-84.8%; Gay-1.9%; Lesbian-4.3%; Bisexual-7.6%; and Asexual-1% (listed in ACA questions)
  - Self reported Race/Ethnicity: Black or African-American-73%; White-25.7%. Most participants (95.3%) did not consider themselves to be Hispanic or Latino

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Where Are We Now?

Predominant health conditions diagnosed in participants have been:

- Obesity (43.1%)
- High cholesterol (37.9%)
- Hypertension (24.1%)
- Diabetes (15.5%)

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Where Are We Now?

- A few preliminary stats from our internal evaluation:
  - Instruments RBHA uses in addition to required grant tools: Patient Health Questionnaire-9 (PHQ-9), CDC Health Related Quality of Life (HRQOL), EUROHIS-QOL-8, and a proprietary instrument developed internally via REDCAP
  - Quality of Life: Generally participants reported Fair (33.6%), Good (38.1%), or Very Good (15.9%) quality of life (mean = 3.14; SD = 0.990). This trends lower than that reported for the same question on the 2011 Behavioral Risk Factor Surveillance System for the Richmond Metropolitan Statistical Area
  - Incidence of Drug Use: In this sample, the drugs most frequently used, in order of frequency, were tobacco, alcohol, cannabis, opioids (Rx and street), and cocaine

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Where Are We Now?

- Our official 'launch' has been occurring over the last 2 weeks
  - Have been providing consumer services since last year
- Events for Community, Staff & Consumers

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Why innovation matters: A Case Study

- The NP and RN saw a patient in the RICH Recovery clinic who had lost his Medicaid, was unable to see his regular PCP, and had been experiencing tremendous weight loss (86 pounds in 3 months), no appetite, and blurred vision
- Lab results came back significantly higher than normal the following day. The RN contacted his RBHA Case Manager and the two coordinated transporting of the patient to the ER
- The RN was in touch with the hospital to confirm admission to the hospital. Coordination between the NP, RN, and Case Manager was essential to ensure the patient made it to the hospital and was admitted for his physical health concerns rather than behavioral health issues

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Why innovation matters: A Case Study

- The NP and RN feel strongly the patient would have experienced renal failure and death had his physical health challenges not been identified and he was hospitalized. It took three days in the hospital to stabilize the patient's blood sugar without the assistance of medications
- Throughout the patient's time in the hospital, the RICH RN and RBHA Case Manager remained in contact with the hospital to ensure the patient was discharged with all necessary medications, glucometer and supplies
- It is now a priority for the Case Manager to assist the patient in reestablishing his Medicaid, and for RICH staff to support the patient in better understanding and maintaining his physical health challenges

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A Few Closing Thoughts

- Consider the unique health and behavioral needs of your population
- The biggest challenges to integration may be within your own organization (technological, cultural, etc.)
- **The right people make all the difference**
- Evaluate and measure what you do
- Sustainability (regardless of fiscal/policy environment) should be the first thing you think about everyday when you wake up

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Questions & Discussion

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Richmond Behavioral Health Foundation

www.supportrbha.org

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