



# SAMHSA-HRSA Center for Integrated Health Solutions

## Primary Care Across the Entire Behavioral Health Organization

Jeff Capobianco, PhD, CIHS

Linda Ligenza, LCSW, CIHS

Larry Smith, COO, Grand Lake Mental Health Center

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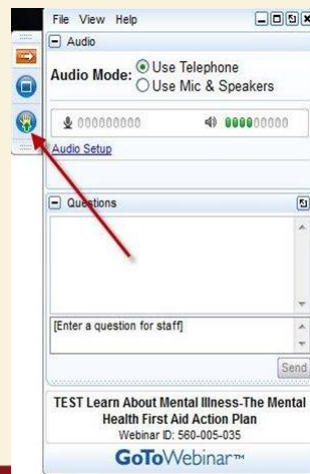
## Audio and Control Panel Instructions

**On the phone?**

“Raise your hand” and we will open up your lines for you to ask your question to the group. **(Right)**

**Using computer speakers?**

Type into the question box and we will address your questions. **(Left)**



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## Webinar Overview

- Change Management
- Role of Leadership
- Roll-out strategy
- Communication Plan
- Work Plan Development & Execution
- Example from Grand Lake, OK

## Ten Principles for Effective Organizational Change

- 1) Address change systematically and proactively
- 2) Start with executive level leadership
- 3) Involve every layer of the organization
- 4) Make a formal case – why & how
- 5) Leadership has “ownership” of the change
- 6) Communicate the change plan
- 7) Consider the organizational culture
- 8) Address the organizational culture
- 9) Expect the unexpected
- 10) Engage the individual

*\*Ten Guiding Principles of Change Management (2004).* Reggie Van Lee, John Jones, Paul Hyde, Gary Neilson, Andrew Tipping, DeAnne Aguirre, Wolfgang Schirra, Jörg Krings, and Claudia Staub. Booz Allen Hamilton, 2004.

## The Role of Leadership & Roll-out Strategy

- Leadership must clarify & communicate the vision for integrating services
- Leadership must explain the charge/expectation regarding the implementation
- Leadership must decide on the roll-out approach: will it begin as a start-up/pilot program and then spread to the rest of the organization OR will it start system-wide

## Communication Plan

- Decide who needs to know about the change
- Determine what the message should be
- Decide when, where, and how to communicate the message

## Work Plan Development

- Workforce Development: Hiring, Training, Roles/Responsibilities-job description/scope of work
- Financing
- Health Information Technology
- Performance/Quality Improvement
- Clinical Services Design
- Wellness Services
- Provider Network Development

## Grand Lake Medical Health Center

- Larry Smith, Chief Operating Officer
- 20 Years at GLMHC, total 35 years experience in MH
- GLMHC operates in 7 rural counties and 9 sites
- Population in 7 counties is about 270,000 individuals
- Land mass is about 5000 square miles
- GLMHC served 6383 total consumers in FY 14
- About 3000 open charts on any given day
- SMI population served
- Providing fully integrated care in 5 of 7 counties

## Developing a Vision and Making the Vision a Reality

- Why provide integrated care? – personal mission
- Decide on direction and identify a model – GLMHC visited 3 different programs in Missouri to see what is working and what is not – decided on level 6 integration
- Involve leadership and get commitment from Board and community
- Clarify payment sources - Review and calculate current cost to provide integrated care vs. psychiatric care only
- Share the vision and rationale

## Obligate to the Model

- Role of leadership is to take full responsibility for the success of integrated care
- Leadership should know they can not return to just providing psychiatric care
- Culture shift must come from the core value of anything less than integrated care would be supporting people dying 27 years earlier than necessary
- Organization name change communicates and obligates to the public, consumers, and staff a change in philosophy and culture

## GLMHC Chose the Fully Integrated Model

- Electronic Medical Record is very important in a fully integrated model
- EMR should be certified as an EMR
- E-scribe and ability to bill for medical services is a minimum requirement of the EMR
- Medical services must be added to TX Plans

## Getting Started

- Choose where and to whom you will start providing integrated care
- Hire mid-level providers trained in family medical care to be supervised and trained by your psychiatrist
- Agency staff should be able to visualize physical environment changes
- On-site lab services are important

## Getting Started

- Physical Health medications should be added to the medication list or formulary
- Track when clients pick up medications and get refills to improve compliance
- Review data (labs) as often as necessary to see if what you are doing is working.
- Reporting positive results is a big motivator to keep integrated care moving forward

## Wellness Programs and Pharmacy

- Consider including fully outfitted wellness centers, workout equipment and even X boxes
- Contract with a pharmacy that can provide you with information and locate at your clinic for easy pickup
- Everything that happens with the consumer is documented in the EMR for easy access to assist in the treatment of the consumer



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## Fully integrated is not always understood by all staff

- Mid-level provider - personal experience
- Make sure the data/documentation can be compared and provide you with results. Don't depend on other systems unless the other system will still be there when the grant is over
- Sustainability is not an option as you can not go back, so make sure you are working on sustainability every day you provide integrated services

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## GLMHC Plan for Future Integration

- Started with one site and moved to each additional site as we remodeled and were able to hire mid-level providers
- Currently providing integrated care in all but two sites – applying for 2<sup>nd</sup> PBHCI grant for two other counties
- Hoping CMHCs will gain the same status as a FQHC and reimbursement will be the same for the services we provide

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## Questions/Discussion



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**Grand Lake Mental Health Centers, DBA  
Grand Lake Medical Health Centers  
Larry Smith, Chief Operating Officer  
Email [larrys@glmhc.net](mailto:larrys@glmhc.net)  
Cell 918-697-4820**

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## **Population Management Webinar Series**

### **Webinar #1: Population Management 101**

Tuesday, March 10, 2015

3:00 – 4:00 PM ET

Register now at

<https://attendee.gotowebinar.com/register/8811515136915722242>

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## **March PBHCI Webinar**

### **Do's and Don'ts of Influencing Decision Makers**

Friday, March 20, 2015

3:00 – 4:00 PM ET

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