Advancing Integration in Community Behavioral Health: Using a New General Health Integration Framework

Wednesday, November 18, 2020
3:00 – 4:00pm ET
How to Ask a Question/Make a Comment

Type in a **question** in the **Q&A box**
Type in a **comment** in the **chat box**

Both are located at the bottom of your screen.
We’ll answer as many questions as we can at the end of the presentation.
Disclaimer

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SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
Poll #1: What best describes your role?

• Clinician
• Administrator
• Policy Maker
• Payer
• Other (specify in chat box)
Poll #2: What best describes your organization? (check all that apply)

• Behavioral Health Provider
• Primary Care Provider
• Mental Health Provider
• Substance Use Provider
• Other (specify in chat box)
Poll #3: Where is your organization in the process of integration?

• Learning/Exploring

• Beginning Implementation

• Advanced/Full Implementation

• Ongoing Quality Improvement

• Other (specify in chat box)
Introductions

**Henry Chung, MD**
Senior Medical Director, Montefiore Care Management and Professor of Psychiatry at the Albert Einstein College of Medicine

**Ekaterina (Katy) Smali, MPA MPH PMP**
Project Co-Director, Montefiore Care Management
Contributors

Project funding support provided by The New York Community Trust

Project Team includes:

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• Charles Ingoglia, MS, The National Council of Behavioral Health
• David Woodlock, MS, Institute for Community Living
• Varsha Narasimhan, MD, Department of Psychiatry, Jacobi Medical Center of Health and Hospitals NYC
• Matthew Goldman, MD, MS, Department of Psychiatry, University of California, San Francisco
• Rachel Talley, MD, Department of Psychiatry, University of Pennsylvania
Objectives

By the end of this webinar, you will be able to..

• Define risk factors leading to increased morbidity and mortality of patients with behavioral health disorders

• Understand the components of a continuum-based framework for implementing and advancing General Health Integration in community behavioral health

• Use practical guidance on prioritizing and implementing necessary steps for effective integration
Webinar Agenda

• Background and rationale for the critical need for general health integration into community behavioral health

• Introduction of continuum-based framework for general health integration
  • Overview of key domains and subdomains for integrated care
  • Framework’s pragmatic value to CCBHCs and other motivated clinics

• Learnings from the Pilot evaluation of the Framework by NYC metro area community behavioral health clinics
Rationale for General Health Integration

- Behavioral health and primary care providers have **shared responsibility**
- $293B added costs due to mental health/substance use co-morbidity with medical disorders
- SMI greater risk for **COVID-19 mortality** possibly due to poor primary care access & prevention
- Decreased life span due to untreated or undertreated chronic medical conditions
- Adults with mental illness have **higher prevalence** of common preventable diseases
- SMI have **less access** to preventive care/care management for comorbid general illnesses
- Adults with mental illness have higher prevalence of common preventable diseases
- SMI have less access to preventive care/care management for comorbid general illnesses
Prevalence of BH Co-Morbidities (Medicaid-only beneficiaries with disabilities)

- **Asthma and/or COPD**: 23.8% with BH, 76.2% without BH
- **Congestive Heart Failure**: 30.1% with BH, 69.9% without BH
- **Coronary Heart Disease**: 26.3% with BH, 73.7% without BH
- **Diabetes**: 32.1% with BH, 67.9% without BH
- **Hypertension**: 31.4% with BH, 68.6% without BH

Impact of BH Co-Morbidities on Per Capita Costs (Medicaid-only beneficiaries with disabilities)

## Causes of Excess Mortality in Persons with SMI (10-20 years earlier)\(^1\)

<table>
<thead>
<tr>
<th>Causes of Mortality</th>
<th>GHI Framework Strategies</th>
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<tbody>
<tr>
<td>Lifestyle Issues; e.g. smoking, poor diet, and reduced General activity(^2)</td>
<td>Screening, self-management supports, ongoing care management, evidence based approach, systematic quality improvement</td>
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<tr>
<td>Social and Environmental Issues; linkages, trauma informed care, care management</td>
<td>Linkages with community/social services, trauma informed care, ongoing care management</td>
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<tr>
<td>• Excess rates of poverty and social disadvantage(^2)</td>
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<tr>
<td>Poor quality of medical care(^3)</td>
<td>Screening, follow up and referral to care, information sharing, multi-disciplinary team care, evidence based approach, systematic quality improvement, use of targeted medications, sustainability</td>
</tr>
<tr>
<td>Preventive, primary and chronic disease/co-morbidity care</td>
<td>Screening, follow up and referral to care, information sharing, multi-disciplinary team care, evidence based approach, systematic quality improvement, use of targeted medications, sustainability</td>
</tr>
<tr>
<td>Impact of medical effects of psychotropic meds(^4)</td>
<td>Use of targeted medications, self-management supports, evidence based</td>
</tr>
</tbody>
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Ward, M., Druss, B. Jama Psychiatry 2019; 76(7): 759–760
de Leon J, Diaz FJ. Schizophr Res 2005; 76: 135–157,
Risk of COVID-19 Mortality with Psychiatric Diagnosis

• Study shows that patients with a prior psychiatric diagnosis while hospitalized for COVID-19 had a higher mortality rate compared those without a psychiatric condition.

• Individuals with concurrent psychiatric and medical diagnoses have poorer outcomes and higher mortality.

• The cause is unclear, but psychiatric disorders may augment systemic inflammation and compromise the function of the immune system, while psychotropic medications may also be associated with mortality risk.

What Do Clinics Need to Consider for Integration?

1. **Capacity Considerations**: size and volume, resources available and variety in patient treatment programs

2. **Infrastructure**: electronic health records, tracking and registry, care coordination, regulatory and payment incentives

3. **Implementation support**: technical assistance, quality improvement and measurement, multidisciplinary team
Poll #4: What type of general health integration support does your organization currently receive? (check all that apply)

• Technical assistance and/or training

• Data analysis for general health performance reporting (e.g. BP, HBA1c, BMI, etc.)

• Funding for general health integration training

• Funding for staff who specifically support general health integration (e.g. medical, nursing, care managers, health educators, peers, etc.)

• Financial Incentives for improving the general health or chronic illness status of patients/consumers

• Other (specify in chat box)
Poll #5: What GH integration quality metrics does your organization currently track or report? (check all that apply)

• No ability to track or report any general health measures

• Able to track and report some basic preventive measures such as smoking status and cessation treatment offered, obesity, recent primary care or medical specialty appointments

• Able to track and report relevant chronic illness measures such as HBA1c, blood pressure, LDL

• Other (specify in chat box)
GHI Evidence Based Framework
Domains and Subdomains
GHI Framework Domains & Subdomains

1. Screening, referral to care, and follow-up
   1.1 Screening and follow-up
   1.2 Facilitation of referrals

2. Evidence-based care for preventive and general medical conditions
   2.1 Use of guidelines or treatment protocols
   2.2 Use of targeted medications by behavioral health prescribers
   2.3 Trauma informed care

3. Ongoing care management
   3.1 Longitudinal clinical monitoring and engagement

4. Self-management support adapted to patient
   4.1 Use of tools to promote patient activation and recovery
GHI Framework Domains & Subdomains (Cont’d)

5. Multi-disciplinary team (including patients) with dedicated time
   5.1 Care team
   5.2 Sharing of treatment information, case review, care plans and feedback
   5.3 Integrated care team training

6. Systematic quality improvement
   6.1 Use of quality metrics for physical health program improvement and/or external reporting

7. Linkages with community and social services
   7.1 Linkages to housing, entitlement, other social support services

8. Sustainability
   8.1 process for billing and outcome reporting
   8.2 process for expanding regulatory and/or licensure opportunities
Key Definitions

- **Basic General health risk factor screenings** include overweight/obesity, tobacco use, alcohol and substance use (including opioid use)
- **Comprehensive preventive screenings** include above and 3 or more of the following: HbA1c, blood pressure, cholesterol, HIV, hepatitis, colonoscopy, breast cancer and cervical cancer screening, immunizations, annual primary care assessment
- **General medical conditions** include 3 or more of the following: diabetes, hypertension, hyperlipidemia, coronary artery disease, asthma, arthritis, gastrointestinal disease, tooth and gum disease

Requirements

- Individuals with abnormal screens must receive follow up by a trained BH provider or PCP (external or co-located)
- Embedded and co-located arrangements include PCP support available on site or through telehealth
- Patients/consumers are part of team when appropriate
Poll #6: Domain: Screening and Follow-Up for GMC
Which response best describes your site’s GHI screening and follow-up, occurring at least 70% of the time? (select one response only)

• Response to patient self-report of general health complaints and/or chronic illness with follow-up only when prompted.

• Systematic screening for basic health risk factors and proactive health education to support motivation to address risk factors.

• Systematic screening and tracking of basic and relevant targeted general health risk factors as well as routine follow-up for general medical conditions with availability of in person or telehealth primary care.

• Analysis of patient population to stratify by severity of medical complexity/high utilization for proactive outreach and assessment
Poll #7: Domain: Ongoing Care Management
Which response best describes how patients are monitored and engaged for preventive health or general medical conditions, occurring at least 70% of the time? (select one response only)

• None or minimal follow-up of patients referred to primary and medical specialty care.

• Some ability to perform follow-up of general health appointments, encourage medication adherence and navigation to appointments.

• Routine proactive follow-up and tracking of patient medical outcomes and availability of coaching to ensure engagement and early response.

• Use of tracking tool (e.g., excel tracker or disease registry software) to monitor treatment response and outcomes over time at individual and group level, coaching and proactive follow-up with appointment reminders.
## Continuum-Based Integration

### Key Elements of Integrated Care

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<tr>
<th>Role</th>
<th>Key elements of integrated care</th>
<th>Integration continuum</th>
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<tbody>
<tr>
<td>Domains</td>
<td>Components</td>
<td>Preliminary</td>
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**Achievable standard?**
Potential Models of Effective Integration

**PRIMARY CARE NAVIGATION (PCN)**
Clinics targeting a small number of domains at a mix of preliminary and intermediate I level elements.

**PCN & PROVISION OF PREVENTATIVE SERVICES ONSITE (PSO)**
Clinics successfully advancing the majority of the eight domains with intermediate I and II elements.

**PCN, PSO & PRIMARY CARE TREATMENT SERVICES* (PCTS)**
Clinics successfully advancing the majority of the eight domains with intermediate II or advanced elements.

*Few clinics will achieve PCTS this model since it is the most complex and resource-intensive to achieve.*
Pilot: Community Behavioral Clinics Using the Framework as a Readiness Assessment
General Health Integration Pilot Findings: Overall, practices reporting a positive experience using the framework

### Domains with the majority of responses (>50%) in the Intermediate II or Advanced phase of integration
- Trauma-informed care.
- Self-management supports.
- Quality improvement.
- Social service linkages.

### Domains with the majority of responses (>50%) in the Preliminary or Intermediate I phase of integration
- Screening, referral to care and follow-ups.
- Evidence-based care for preventive interventions and common general medical conditions.
- Care management.
- Multidisciplinary team.
- Sustainability (billing and regulatory).
GHI Leadership Spotlight

Jean-Marie E. Alves-Bradford, MD
Associate Clinical Professor Psychiatry
Director of the Washington Heights Community Service at New York State Psychiatric Institute
Washington Heights Community Service

- 3 Mental Health Clinics in Upper Manhattan
  - 76% Latinx, 12% Black, 9% White, 3% Other, 56% SpSp
  - 52% Schizophrenia/Schizoaffective, 25% MDD,
  - 86% public, 8% private, 5% uninsured

- Psychiatric Services
  - Psychopharmacology, Psychotherapy, Psychiatric Testing,
    Long acting injectable administration, clozapine monitoring,
    peer services, EBP (CBT, MI, Cog Rem, Supported Employment)

- Primary Care Services – Adult Nurse Practitioner
  - Physical Exams, Walk-in services, Chronic Disease Management
  - Registered Dietician, metabolic screening, phlebotomy,
    tobacco cessation
  - Health Groups – wellness, exercise, health education
Washington Heights Community Service: Experience Using the GHI Framework

• Team-based effort
• Integration status assessment
• Strengths and opportunities for advancement
• Utilizing the framework
  • to set integration goals
  • measure advancement along the continuum
Next Steps: National Learning Community on Advancing General Health Integration in Community BH Clinics...

• Partnering with National Council to provide technical assistance to community behavioral health clinics seeking to advance general health integration using the framework

• Technical assistance includes setting targets around implementing the framework and overcoming challenges encountered by the clinics

• Partnering to evaluate the utility of general health integration framework with community behavioral health clinics

• Participating community behavioral health clinics will be invited to share quality metrics around certain framework domains through the clinics’ EHR and current reporting capacity
Questions?
Resources

• Druss, B. G et al. (2001). Integrated medical care for patients with serious psychiatric illness: a randomized trial. Arch Gen Psychiatry. 58; 861-8688
Upcoming Learning Collaborative

This learning collaborative will bring together organizations interested in implementing the General Health Integration framework, to share challenges, opportunities, and ideas through a peer-to-peer learning format over 12 months, launching in early 2021.

Participants in the learning collaborative will:

• Receive assistance in assessing baseline readiness for advancing general health integration
• Receive support in forming realistic 6- and 12-month goals for integration and measuring their progress using the framework as a self-assessment measurement tool
• Learn about best practices to advance their interventions using the framework
• Participate in discussions related to unique planning and resources needed for the pandemic response and outline specific COVID-19 activities relevant to the framework
• Report on and benchmark general health integration measures (e.g. BMI, blood pressure, HBA1c, etc.)

Find out more about the Learning Collaborative during our Dec 3rd Office Hour session!

Have questions? Contact integration@thenationalcouncil.org.
Upcoming CoE Events:

Advancing Integration in Community Behavioral Health: Using a New General Health Integration Framework
Register here for the Office Hour on Dec. 3, 3-4pm ET

Solving for Sleep: Foundation of Improved Health Outcomes
Register here for webinar on Dec. 3, 1-2:30pm ET

Compassion Fatigue and Resilience: Strategies for School Based Health Center Providers
Register here for webinar on Dec. 10, 2-3pm ET

Tips and Tools for Leveraging Trauma Informed Care Techniques to Reduce Stress for Students, Teachers, and Providers
Register here for webinar on Dec. 15, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?
Contact us through this form here!

Looking for free trainings and credits?
Check out integrated health trainings from Relias here.
Questions?

Email integration@thenationalcouncil.org

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