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**Integrating primary care,
mental health and substance
use disorder treatment**

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**Mindy Klowden, MNM, Director, Office of Healthcare
Transformation**
Jefferson Center for Mental Health

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Presenters:

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**Mindy Klowden, MNM, Director of the Office of
Healthcare Transformation**, is responsible for providing coordination to the Center's healthcare integration programs, developing staff capacity building and training related to integration, and for helping to cultivate and sustain inter-agency partnerships that support the integration of behavioral healthcare with physical and other healthcare systems and providers.

Shannon Tyson Poletti, MD, Assistant Medical Director, provides supervision for the Behavioral Health Professionals working at Metro Community Provider Network, and is the Program Manager for Jefferson Center's PBHCl funded program, Union Square Health Home and our other bi-directional integrated care clinics, Health Care Homes Without Walls. She was instrumental in developing partnerships with Arapahoe House to bring substance use disorder treatment into the integrated clinics.

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Jefferson Center: a Leader in Integrated Behavioral Health and Primary Care

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Learning Objectives

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- ❖ Participants will learn best practices for successfully integrating primary care, substance use disorder treatment, and wellness services in a community mental health center setting.
- ❖ Participants will gain a better understanding of why it is important to address substance use disorders within the context of an integrated care team.
- ❖ Participants will learn techniques to implement effective collaborative care planning.
- ❖ Participants will gain insight into legal and ethical challenges to health information exchange, and learn about some strategies being undertaken.

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Colorado Health Care in Context

- Medicaid expansion state and state-run health insurance exchange
- Colorado Office of Behavioral Health renamed in 2010 to reflect integration of mental health and SUD, but providers still licensed and funded separately, complete separate mandatory assessments, etc.
- In Medicaid:
 - mental health is paid for through capitation via a "carve out" and managed by Behavioral Health Organizations (BHOs)
 - SUD treatment was paid for fee for service (FFS) until Jan, 2014 when expanded benefits were rolled into BHO contracts
- Primary care is FFS
- No Health Homes for Persons with Chronic Conditions (2703 Medicaid waiver)
- State Innovation Model Testing Grant submitted July 2014 focuses on integration



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Union Square Health Home is a True Collaboration



**Metro Community
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Arapahoe House

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- Fully integrated mental health, substance abuse, primary care
- Wellness services including a peer wellness coach
- Care Coordination
- Labs done on-site
- Access to specialty care
- Benefits navigation and ancillary services
- Evidence based chronic disease management
- Collaborative care planning
- Advisory board with consumer representation
- Formal evaluation through Tri West
- Health Information Exchange - Pilot

Key elements: Union Square Health Home (USHH)

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Why is SUD Treatment so Important to Integrated Care?

- Persons with serious mental illness die, on average 25 years earlier than general population. Average age of death= 53. (NASMPHD, 2006)
- This is even more acute for persons with co-occurring substance use disorders.
- Average age of death = 45. (Mauer, 2010.)

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Why is substance use disorder (SUD) treatment so important to USHH?

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- We were seeing significant prescription drug misuse/abuse
 - Colorado is 2nd in the nation for prescription opiate dependence (SAMSHA, The NSDUH Report, January 8, 2013)
 - Opioid abuse in Colorado: deaths related to opioid analgesics tripled from 2000 (87 deaths) to 2012 (295). (Colorado Department of Public Health and Environment, Health Statistics Section (2012)
- There was a communication black hole resulting from separate provider systems
- Our ability to positively impact patients was compromised by this

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Treating substance use disorders improves Health

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- Smoking cessation
- Sequelae (negative physical and mental health outcomes) from drug and alcohol use
- Studies show that when a person with substance use disorder achieves abstinence the health of the entire family improves (Weisner, Parthasarathy, Moore, & Mertens 2010)
- Less trauma in the family
- Patient may be masking trauma issues

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SUD Detection

- Clients often minimize or hide their substance use to mental health clinicians.
- More than 90% of patients who meet the criteria for SU disorder may not independently perceive a need for specialty treatment and therefore do not seek it. (SAMSHA, Office of Applied Studies, 2008)
- Primary care providers are often the first to identify medication overuse and the physical effects of SUD

What Primary Care May See before Mental Health

- Sequelae from substance use
- Overuse of abusable medications
- Patient not responding to treatment (physical health, and/or psychiatric)

SUD Treatment Providers

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- Are well versed in Motivational Interviewing
- Can help the PCP gain confidence in addressing substance use disorders and treating chronic pain without the use of abusable substances
- Understand the community resources well and systems of care needed for SUD treatment
- Can take the time to spend with patients that providers can't spare
- May understand the complexities of addiction better than other behavioral health providers

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Screening for SUDs

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- SBIRT is administered to all patients by the Care Coordinator or the MA
- Union Square substance use screen is administered to all patients by the Care Coordinator

Clinical Specialists meets with the client if:

- Positive for tobacco – referral to Peer Health Coach
- Positive for prescription opiate use
- Positive for alcohol
 - AUDIT administered
- Positive for drug use
 - DAST administered
- If the PCP identifies opiate use problems
 - Referred to chronic pain classes

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At USHH, the SUD Treatment Provider can meet with a patient up to 5 times

If the patient needs more:

- Referral to a dual diagnosis trained CAC/IDDT clinician at Jefferson Center
- Referred to more intensive inpatient or outpatient treatment Inpatient detox
- Works with the PCP to provide outpatient detox

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Jefferson Center developed a two session chronic pain class to teach clients how to live with chronic pain and educate them on the nature of chronic pain and on opiate use

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At USHH, the SUD Treatment Provider is an integral part of the Multi-disciplinary Care Team and keeps SUD needs front and center

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Collaborative Care Planning Process

- Care Coordinator pulls collaborative care plan together
- All providers have access to the care plan
- Weekly meetings, 1 hour
- Participants include all providers, care coordinator, peer health coach
- Focus on +/- 5 patients
- Peer health coach takes lead in following up with patients

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Collaborative Care Meetings: Key participants



- Primary Care Provider
- Psychiatrist
- Therapist (mental health)
- Clinical Specialist
- Peer Health Coach
- Care Coordinator
- Nurse
- Medical Assistant
- Navigation/Recovery Supports and Benefits Acquisition Specialists

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So what is in a Collaborative Care Plan?

- Takes a “whole person” approach
- Includes physical health, mental health, substance abuse, and wellness/lifestyle issues
- Shows how the problems are interrelated
- Identifies most significant problems and establishes at least 2 goals for each area of concern
- Focuses on chronic conditions



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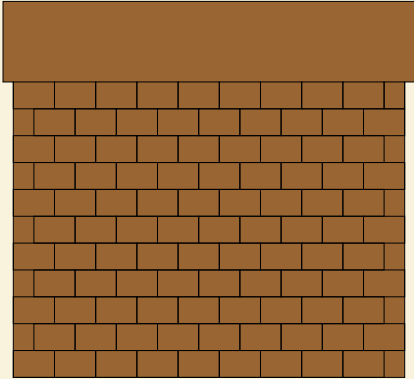
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Challenges

- ❖ Requires a commitment to the process and the time to do it well
- ❖ The CCP must “live” with someone- need to clearly define who is responsible for it
- ❖ “Cultural” differences
- ❖ Finding the “right” providers
- ❖ Patient engagement
- ❖ But Health Information Exchange May be the Biggest Challenge...



Hitting a brick wall...

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Current vs. Future State

<ul style="list-style-type: none"> • Signed ROIs required • Double documenting • 3 EHRs • CCP not easily accessible • Data mining 	<ul style="list-style-type: none"> • Single sign on to HIE • Automatic uploads and downloads to EHRs • Clinical decision making tools available to all providers • Reduced burden of data entry and data mining
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There have been some valid concerns about sharing behavioral health information.

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- The majority of people in the United States obtain their health insurance through their employer.
- There continues to be extensive stigma around mental illness and mental health.
- Addiction has only recently been recognized as a disease.
- There have been concerns about people not seeking treatment for fear of criminal prosecution.



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42 CFR Part 2

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- In simplified language, the information protected by 42 CFR Part 2 is any information disclosed by a covered program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem
- Prohibits disclosure without patient consent
- No exception to need for patient consent to disclose for treatment, payment, or health care operations (TPO)
- Applies to “Program”- any person or organization that in whole or in part provides alcohol or drug abuse diagnosis, treatment or referral for treatment or prevention; AND
- “Federally assisted”- receives federal funds even if funds do not pay for Substance Use Disorder treatment services
- Applies regardless of if the behavioral health provider is co-located in the primary care practice

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State Regulations Also Must Be Adhered To

- Colorado state regulations on community mental health centers (2 CCR 502- 1) previously required a release of information, signed annually, that specifically designated the entity the PHI would be released to.
- This changed in November 2013 to two years
- They also added language about compliance with HIPAA and 42 CFR in effort to make community mental health centers more consistent with the rest of the health care world

Yet there is still a lack of consensus on...

- ❖ If community mental health centers categorically qualify as 42 CFR Part 2 agencies
- ❖ How to deal with dually diagnosed patients
- ❖ If the Nov 2013 changes to state statute do in fact allow community mental health centers to function under HIPAA TPO without a ROI
- ❖ If it is ethical to share some, but not all of the information
- ❖ If it is ethical to share information even with a release, if it cannot be revoked (e.g. through HIE systems)

When it comes to electronic health information exchange, this gets even more complicated...

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ROI Workflow Need	CORHIO Capability
When ROI expires, patient's information should no longer be shared.	Once Continuity of Care Document (CCD) has been shared with CORHIO, only option is for patient to opt-out of entire HIE – too restrictive.
ROI designates specific providers/organizations on a per patient basis.	CORHIO's BH CCD designates specific providers/organizations for entire patient population submitted by the BH organization.
ROI designates specific information that can be shared with specific providers/organizations on a per patient basis.	No equivalent workflow in CORHIO currently.

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What is on the Horizon?

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- ❖ Development of Organized Health Care Arrangement (OHCA)
- ❖ "Private HIE" using exchange of CCD documents
- ❖ Mental health – ONLY diagnoses
- ❖ CORHIO exploring granular consent model
 - ❖ The technology may not exist yet

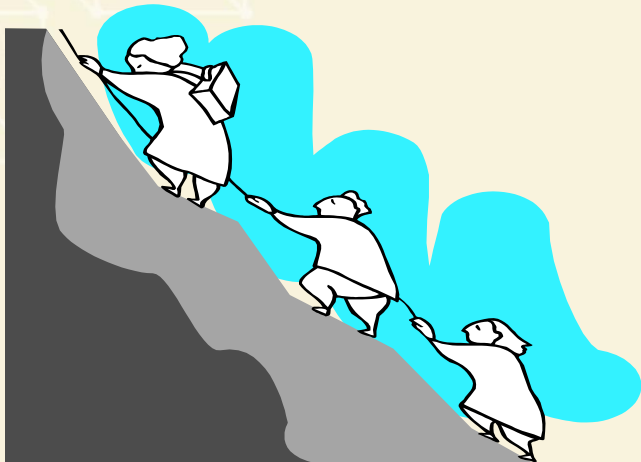
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What makes this all worth it?

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Key Takeaways

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- True integration must incorporate substance use disorder treatment
- Multi-disciplinary collaborative care planning is one effective way to ensure whole person care
- 42 CFR Part 2 is a major barrier to integrated care, but some progress is being made

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Questions/Discussion

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