Bringing it Together:
Blending Behavioral Health into Primary Care

Parinda Khatri, Ph.D.
Director of Integrated Care
Cherokee Health Systems

Advancing Care Together
Learning Community
Webinar
October 24, 2012
Objectives

• Overview
• Clinical Model
• Outcomes
• Implementation
• Challenges
• Lessons Learned
Our Mission...

To improve the quality of life for our patients through the integration of primary care, behavioral health and substance abuse treatment and prevention programs.

Together...Enhancing Life
# Cherokee Health Systems
A Federally Qualified Health Center and Community Mental Health Center

## Corporate Profile

**Founded:** 1960

**Services:**
- Primary Care
- Community Mental Health
- Dental
- Corporate Health Strategies

**Locations:**
- 42 clinical locations in 12 Tennessee Counties
- Behavioral health outreach at numerous other sites including primary care clinics, schools and Head Start Centers

**Number of Clients:** 57,175 unduplicated individuals served
- 22,119 Medicaid (TennCare)
- New Patients: 16,440
- Patient Services: 452,906

**Number of Employees:** 568

**Provider Staff:**
- Psychologists – 41
- Primary Care Physicians – 32
- NP/PA (Primary Care) - 24
- Master’s level Clinicians - 62
- Psychiatrists - 12
- NP (Psych) - 8
- Case Managers - 32
- Pharmacists - 9
- Dentists - 2
Strategic Emphases

Integration of Behavioral Health and Primary Care

Outreach to Underserved Populations

Training Health Care Providers

School-Based Health Services

Safety Net Preservation

Telehealth Applications

Value-Based Contracting
Blending Behavioral Health into Primary Care: Goals

• Improve quality of primary care
• Improve access to behavioral health expertise
• Improved communication and co-management
• Meet patients “where they show up”
• Prevention, at-risk Intervention, intervention
• Triage and coordination with specialty BH
Primary and Behavioral Health Care Integration: Strategies in Search of a Model

- Preferential Referral Relationship
- Formalized Screening Procedures
  - Circuit Riding
  - Co-Location of Services
  - Disease Management
- Behaviorist on Primary Care Team
When you come to a fork in the road... take it.

-Yogi Berra
Forks in the Road

• Rooted in the mission of community mental health
  • Circuit riding outreach into primary care
    • Primary care operations
    • Management of an FQHC
    • Becoming an FQHC
• Embedding behavioral health consultants in primary care
  • Value-based contracting with payers
“It’s got to come out, of course, but that doesn’t address the deeper problem.”
Clinical Model
Creeoke’s Blended Behavioral Health and Primary Care Clinical Model

• Embedded Behavioral Health Consultant on the Primary Care Team
• Real time behavioral and psychiatric consultation available to PCP
• Focused behavioral intervention in primary care
• Behavioral medicine scope of practice
• Encourage patient responsibility for healthful living
• A behaviorally enhanced Healthcare Home
A Framework to Integrated Care

• Behavioral Health is ROUTINE part of medical care

• Shifting Boundaries
  – Location
  – Staffing

• The Behavioral Health Consultant
The Behavioral Health Consultant (BHC) in Primary Care

• Management of psychosocial aspects of chronic and acute diseases
• Application of behavioral principles to address lifestyle and health risk issues
• Emphasis on prevention and self-help approaches, partnering with patients in a treatment approach that builds resiliency and encourages personal responsibility for health
• Consultation and co-management in the treatment of mental disorders and psychosocial issues
Typical BHC Services in Primary Care

- Triage/Liaison
- Behavioral Health Consultation
- Behavioral Health Follow-Up
- Adherence Enhancement
- Relapse Prevention
- Behavioral Medicine
- Consultative Co-Management
- Group-based interventions

- Conjoint Consultation
- On-Demand Medication Consultation
- Care Management
- Psychiatric Consultation
- PCP Consultation
- School/Agency Consultation
- Prevention
- Telephone Consultation
A Continuum of Integration

Consultation

Linkage and Collaboration with Specialty Health

Co-Management Primary Care

Assessment

Brief Targeted Interventions
The Integrated Care Psychiatrist

• Access and Population-Based Care
• Consultation
• Enhance the Skills of Primary Care Colleagues
• Treatment Team Meetings
• Telepsychiatry
• Co-Management of Care
Telepsychiatry Consultation
“My physical therapist says this is the worst possible position you can lie in.”
Communication Model

- Face to Face Verbal Feedback
- Electronic Health Record
- Treatment Team
- Telehealth Consultation
Staff Note

This template is not to be used for patient communication. It is intended for staff communication or records review only. A document cannot be generated from this template.

Last Name: Test
First Name: Bunny

Comments: (If any action is required by a staff member, use the communication template.)
I saw this patient in the office today. I started her on oxycodone 20 mg QD. You are scheduled to see her next week. Let me know if she is having any side effects on the medication. See my note for additional details of the visit. Thanks. Ken
Measuring the Impact of Integrating Behavioral Health into Primary Care

- Increases the efficiency of primary care
- Provides alternatives to psychoactive pharmaceuticals
  - Improves patient adherence
- Decreases referrals to specialty mental health care
  - Increases provider and patient satisfaction
Impact of BHC on Subsequent CHS Service Utilization

- 28% decrease in medical utilization for Medicaid patients
- 20% decrease in medical utilization for commercially-insured patients
  - 27% decrease in psychiatry visits
  - 34% decrease in psychotherapy sessions
- 48% decrease in mobile crisis team encounters
Figure 1: Comparison of CHS utilization with regional providers

- Primary Care Visits: 117%
- ER Visits: 32%
- Specialty Care: 58%
- Hospital Care: 63%
- Cost: 78%

Average utilization level for other regional providers
Quarterly Average Adult Inpatient Admissions per 1,000

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Sample Targeted Initiatives

- Pediatric Obesity
- Women’s Health -OB, Chronic Pelvic Pain, Menopause
- Nutrition - Weight Management, Dietary Guidance for Chronic Health Conditions
- Pharmacy – Coumadin Clinic, Hospital F/U
- Group Medical Visits- Kindergarten Readiness
- Disease Management Groups - Diabetes
Implementation
Primary Care: A Different World for Behaviorists

- Pace
- Scheduling
- Lifespan vs episodic care
- Confidentiality
- Documentation
- Population vs case focus
Challenges

• Competing Priorities
• Logistical Barriers
• Financing (i.e. billing, coding, payment, credentialing)
• Workforce Development
• Paradigm shift
• Professional Culture
• Organizational Culture
Lessons Learned

• Define Mission and Philosophy of Integrated Care and Share with Everyone
• Administrative, Clinical, Support Staff Buy-In -- Have Champions at Every Level!
• Make Change Systematic and Organized
• Invest in Training
• Build the Right Team
• Build Support for Primary Care
• Integrate into Primary Care Flow
Principles of Integrated Care

1. Co-location of providers is necessary, but not sufficient, for clinical integration to occur.

2. The overriding goal is to increase access to behavioral health interventions in primary care rather than case-find for the specialty mental health sector.

3. Employ a population-based approach with the goal of increasing the personal resiliency and health status of any identified patient population.

4. Track and record outcomes. It is critical for any service innovation to prove itself.

5. Anticipate that you will be plowing new ground with payors and policy makers.

6. To be viable, integrated programs must deliver value, producing improved outcomes and reducing overall cost.
Questions?
Contact Information

Parinda Khatri, Ph.D.
Parinda.khatri@cherokeehhealth.com