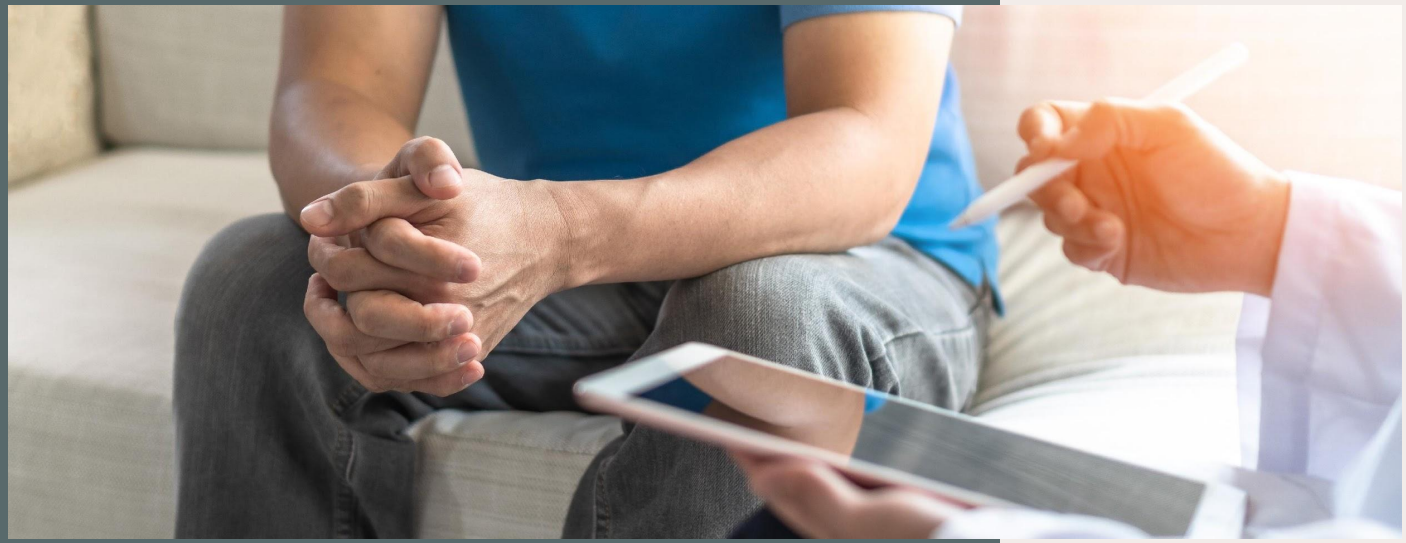

Successful Steps for Holistic Integration of Mental & Behavioral Health in Primary Care

November 2, 2023

1:00 PM-2:00 PM EST

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Housekeeping

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Today’s Agenda

- Introduction
- Topic Overview
- Key Takeaways
- Questions & Wrap-Up

Meet the NTTAP Team

Jillian Bird

Director of Training and Technical Assistance

Matt Beierschmitt

Senior Program Manager

Fatima Smith

Program Manager

Junie Mertus

Program Intern

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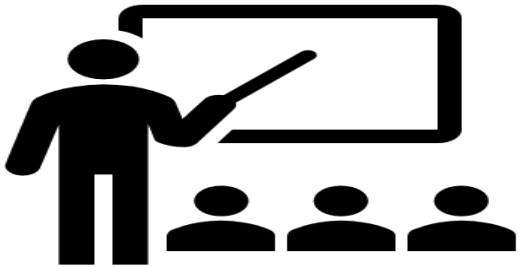
Meet the Presenter

Tracie Meyers

Welcome Tracie! Who is the Executive Director of The Rapha Collective.

Learning Objectives



By the end of this Learning Collaborative, participants will be able to:

1. Define Integrated Healthcare and confidently explain its clinical and non-clinical purposes.
2. Discuss how Integrated Healthcare addresses healthcare inequities and its importance for improving patient outcomes for vulnerable populations.
3. Identify steps for successful integration and recognize challenges, barriers, and considerations.

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Implementing Behavioral Health Integration in the Healthcare Center

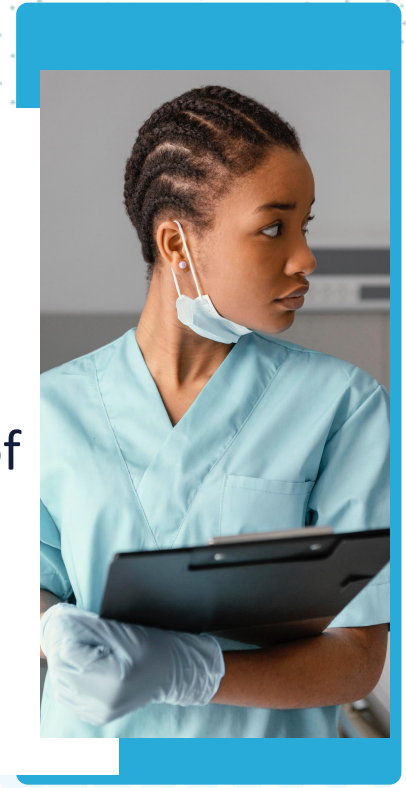
Dr. Tracie Grimsley Meyers, LCSW

What is Integrated Healthcare?

The care that results from a practice team of primary care and behavioral health clinicians and other staff working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.

Purpose of Integrated Healthcare

To detect and address the broad spectrum of behavioral health needs among primary care patients with the aims of early identification, swift resolution of identified problems, long-term problem prevention, and maximum health outcomes.



Levels of Integration

01

Coordination:

The practice of working across health care settings to exchange the most critical pieces of information about a shared patient and help facilitate their access to care.

02

Co-location:

The practice of physically locating a behavioral health provider in a primary care or a primary care provider in a mental health or substance use treatment setting.

03

Integrated Care:

The practice team includes primary care and behavioral health clinicians working with patients and families, using a systematic, seamless and cost-effective approach to provide patient-centered care for a defined population.

Clinical Goals for Integrated Healthcare

Improve clinical outcomes for acute conditions through assessment, treatment, follow-up monitoring and/or appropriate triage.
Use prevention and wellness strategies to prevent the onset of a mental disorder or prevent its recurrence.
Provide consultation and education for PC team in use of appropriate psychosocial treatments and medications
Manage high utilizing patients with chronic health and behavioral health concerns to reduce inappropriate medical utilization and to promote better functional outcomes.
Manage behavioral sequelae of acute or chronic medical conditions
Accurately identify and place patients requiring specialized behavioral health treatment
Make BHP services accessible to all eligible beneficiaries within the PC team.
Provide wellness and prevention behavioral strategies to maximize physical health outcomes.

Addressing Healthcare Inequity

The U.S. has the lowest life expectancy at birth, the highest death rates for avoidable or treatable conditions, the highest maternal and infant mortality, and among the highest suicide rates.

The U.S. is the only high-income country that does not guarantee health coverage.

Healthcare Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health.

The United States has one of the largest income-based health disparities in the world.

The richest 1% of the population lives either 10.1 years (women) or 14.6 years (men) longer than the poorest 1%.

Lower income households are three times more likely to die “from anything” than households earning more than $115,000.

Social Determinants of Health

Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes.

They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

SDH Examples

- Quality of Day Care
- Clean Water
- Food Apartheid
- Open Spaces
- Quality of Education
- Transportation
- Quality Healthcare
- Health Insurance
- Housing
- Job Security
- Discrimination & Racism
- Workplace Conditions
- Basic Amenities
- Environmental Conditions
- Access to Healthcare Specialists

Research has shown that social determinants of health can be more important than health care or even lifestyle choices in influencing health.

Many studies suggest that SDH account for between 30-55% of all health outcomes. (WHO, 2022)

Barriers to Mental Health Treatment

- Stigma
- Lack of access to specialty healthcare
- Use of alternate coping mechanisms
- Lack of information
- Financial limitations
- Lack of insurance, underinsured
- Misperceptions of mental illness

What Issues of Access Does the IBH Address?

- Addresses potential provider bias by assessing everyone for depression/ anxiety, etc.
- Improves access by co-locating services
- Reduces fear of “unknown”
- Reduces stigma of mental health by correctly incorporating it within healthcare setting
- Reduces need to trust “unvetted” practitioners
- Improves communication between providers
- Increases mental health awareness

What Does Integrated Healthcare Require?

- Flexibility
- Ability to easily engage with patients
- Willingness to work with any population
- Willingness to work with any diagnosis
- Ability to work in an interdisciplinary team
- Ability to quickly assess patients and grasp the magnitude of their life stressors

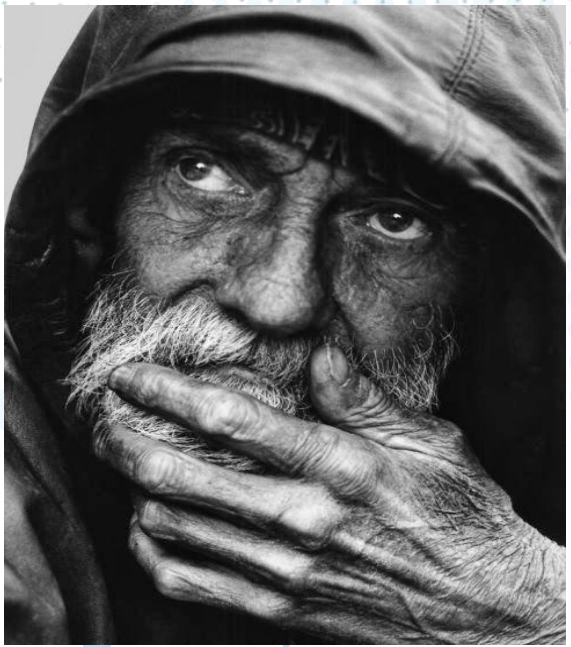
Considerations for Program Success

- Planning, Planning, Planning
- Staff buy in
- Cultural Competency of providers
- Diverse and culturally reflective workforce
- Language, access to culturally competent and clinically knowledgeable translation services
- Continuity of staffing
- Knowledge of the community you service

Vignette

Mr. Harry: 58 year old, Caucasian male

- Mr. Harry had uncontrolled blood sugar levels and had begun experiencing diabetes related complications.
- Mr. Harry was always very polite to staff and agreed to whatever treatment and medical recommendations the medical provider made.
- The medical provider was very frustrated that Mr. Harry's blood sugar was still uncontrolled and his symptoms were worsening.
- Mr. Harry was finally referred to the in house MSW intern after months of medical appointments.



Where Do We Begin?

First Steps:

Identify Your IBH Champions

Study, Study Study

What do you know about IBH?

Create Your Team

Gather your champions together to develop a plan.

Some Programming Considerations:

1. Does your organization have full time behavioral health providers?
2. Does your organization have a comprehensive process for routine/universal behavioral health screening?
3. Does your organization have a plan for accessing a psychiatrist or Psychiatric NP?
4. Does your organization have clinical measures specific to behavioral health?
5. Does your organization have the capacity to provide population based care?
6. Is behavioral health reflected in your organizations care coordination processes?
7. Does your EHR have shared records in one chart?

Program Structure Considerations

- Finances: What can we afford?
- Physical space
- Personnel availability
- Initial patient interest
- Existing program structures
- Do I have any physician & admin buy in?

Enhanced Billing

PHQ-9

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation *Patient Preferences should be considered*
5-9	Minimal Symptoms*	Support, educate to call if worse, return in one month
10-14	Minor depression ++ Dysthymia* Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major depression, moderately severe	Antidepressant or psychotherapy
>20	Major Depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

** If symptoms present ≥ two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?")*

++ If symptoms present ≥ one month or severe functional impairment, consider active treatment

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Edinburgh (EPDS)

Edinburgh Postnatal Depression Scale (EPDS) (4)

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8 I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10 The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Depression Screen Reimbursement

Payer	Code	Description	Fee Schedule
Commercial Insurance	96127	Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument.	Varies
Medicare	**G0444** (at annual wellness visit) **96127** (at other visits)	Annual depression screening, 5 to 15 minutes	$18.85
Medicaid	96127	Annual depression screening, 5 to 15 minutes	

Screening, Brief Intervention and Referral to Treatment (SBIRT)

- Evidence-based early-intervention approach to identify, reduce and prevent problematic substance use disorders
- Screening: Screening for risky substance use behaviors using a standardized assessment tool
- Brief Intervention: Engaging client in short conversation, providing feedback, motivation and advice. (Up to 5 counseling sessions)
- Referral to Treatment: Providing referral to brief therapy or additional treatment for those whose screening/assessment shows need for additional services

Common Primary Care Workflows

Waiting room

Brief screen +

Exam room

CRAFFT +

AUDIT / DAST +

Exam room

Brief intervention

Reception

Medical assistant

Clinician

Brief Screen

Brief health screen

We ask all our adult patients about substance use and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

_____

_____

Alcohol: One drink =

12 oz. beer

5 oz. wine

1.5 oz. liquor (one shot)

How many times in the past year have you had **4** or more drinks in a day? _____

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? _____

Mood:

	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	○	○
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	○	○

AUDIT

- Alcohol Use Disorders Identification Test
- Created by WHO, accurate across many cultures/nations
- 10 questions - multiple choice
- Addresses alcohol only

Alcohol screening questionnaire (AUDIT)

Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

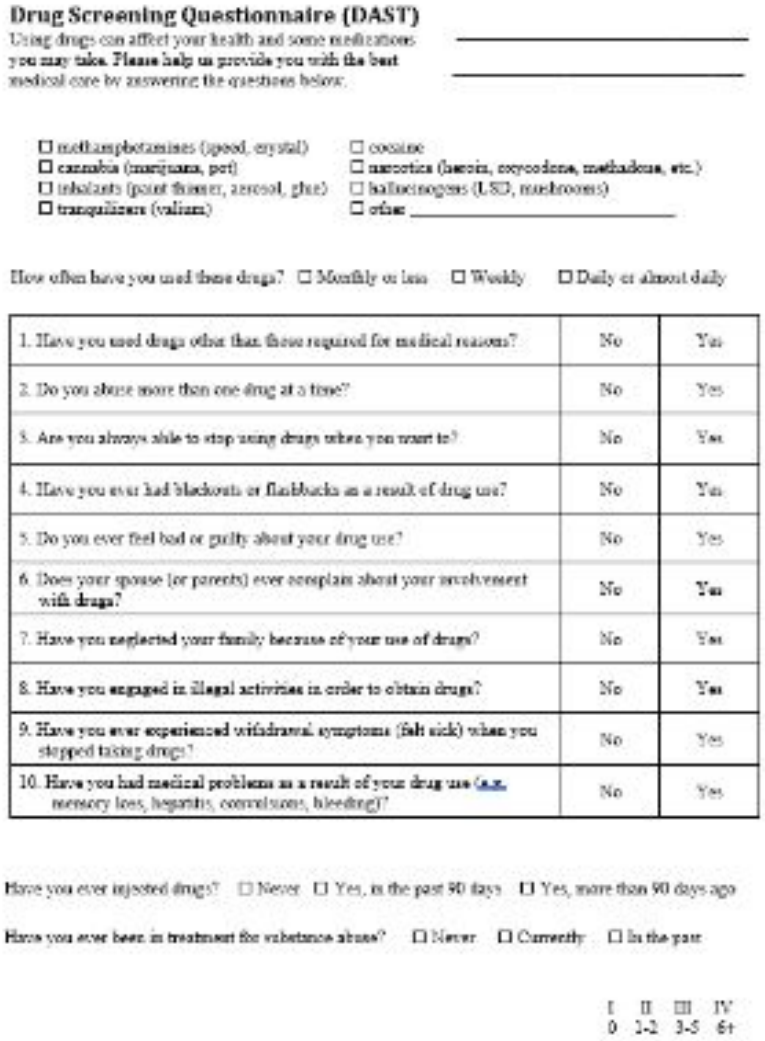
One drink equals: 12 oz beer; 5 oz wine; 1.5 oz liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for alcohol use? ☐ Never ☐ Currently ☐ In the past

DAST

- Drug Abuse Screening Test
- DAST-10 version
- Validated for adults
- Cut-off score of 3 has high validity for drug “abuse”



Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

☐ methamphetamines (speed, crystal)
☐ cannabis (marijuana, pot)
☐ inhalants (paint thinner, aerosol, glue)
☐ tranquilizers (valium)
☐ cocaine
☐ narcotics (heroin, oxycodone, methadone, etc.)
☐ hallucinogens (LSD, mushrooms)
☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you always able to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

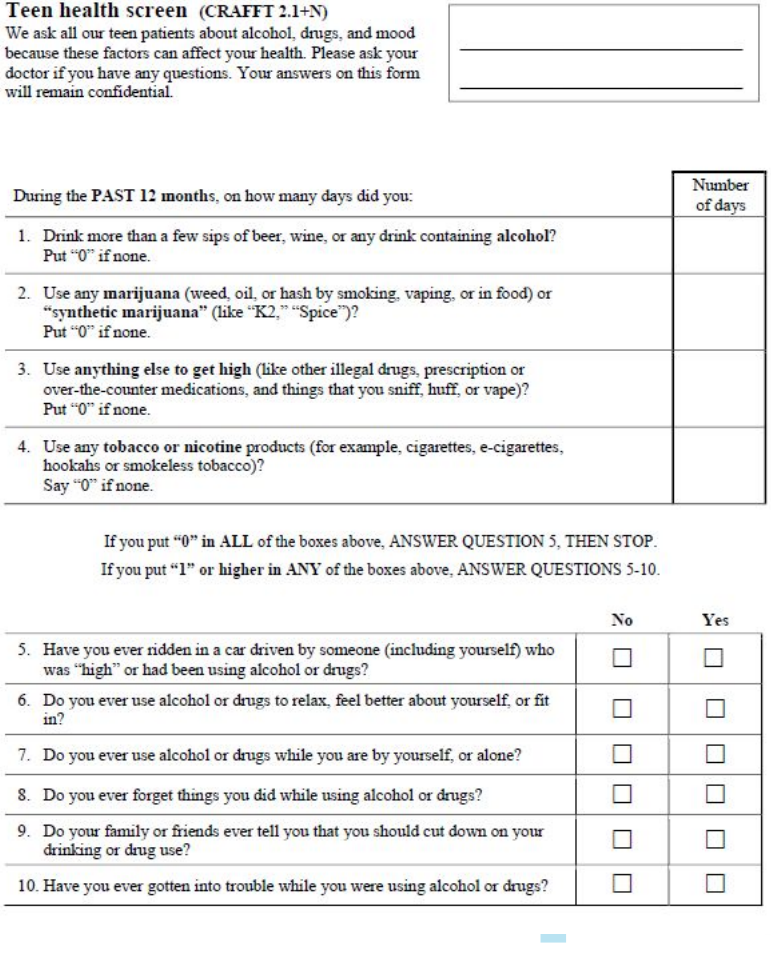
Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I	II	III	IV
0	1-2	3-5	6+

Screens for Adolescents

CRAFFT

- Validated for ages 12 – 21
- Widely implemented
- Self administered or delivered via interview
- Number of "Yes" answers correlate with SUD



Teen health screen (CRAFFT 2.1+N)

We ask all our teen patients about alcohol, drugs, and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

During the **PAST 12 months**, on how many days did you:	Number of days
1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	
2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or **"synthetic marijuana"** (like "K2," "Spice")? Put "0" if none.	
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.	
4. Use any **tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Say "0" if none.	

If you put **"0" in ALL** of the boxes above, ANSWER QUESTION 5, THEN STOP.

If you put **"1" or higher in ANY** of the boxes above, ANSWER QUESTIONS 5-10.

	No	Yes
5. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
7. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
8. Do you ever forget things you did while using alcohol or drugs?	☐	☐
9. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
10. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

Reimbursement for SBIRT

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$57.69
Medicaid	H0049	Alcohol and/or drug screening	$24.00
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	$48.00

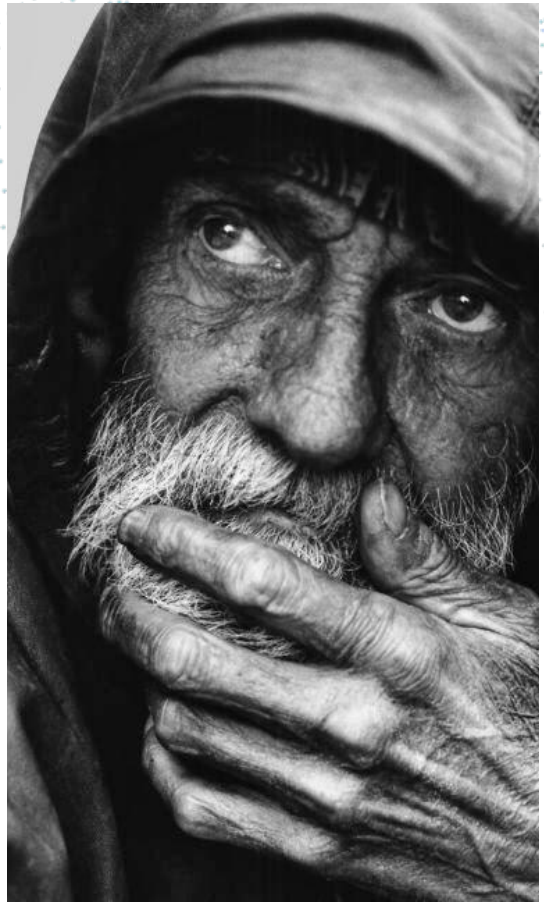
Last Updated: 04/14/2022

Mr. Harry Follow Up

- Upon assessment by the Clinical Social Worker it was discovered that Mr. Harry has a history of schizophrenia and has not been in treatment for a year.

- Mr. Harry was not taking his insulin because he was now homeless and had no place to store it and often could not afford it.

- Mr. Harry had begun the process of applying for SSD but could not complete the application at that time because he had no address. He now uses drop in center address for mail.



Remember….

- You can start small (talk to 1 interested medical practitioner about enhanced billing, adding the SBIRT, the PHQ9 or GAD-7, making yourself available to speak with their diabetic patients, etc….
- Do your research. Be able to present real figures when you begin speaking with administration about how integration can help the practice.
- Gather supporters in each department so that you have the “champions” you need once you begin so that it is not seen as “your” program.
- Ask for help. There are many resources available!

Implementing an Integrated Behavioral Health program in an FQHC.

INTRO:

- After initiating universal use of the PHQ-2 at Alliance Community Healthcare it was found that 60% of patients referred to in-house behavioral health treatment were not following through on referrals.

METHODS:

1. Behavioral health professionals were assigned to health care teams.
2. Patients receiving positive results on PHQ-2/9 were provided a 10-15 minute intervention in the exam room by BH professional.
3. Patients were then offered follow-up session.

RESULTS

1. Completed referrals for in-house behavioral health services increased from 40% to 60% in six months.

Integrating behavioral health staff into the healthcare team significantly increases patient behavioral health utilization.

Take a picture to learn more

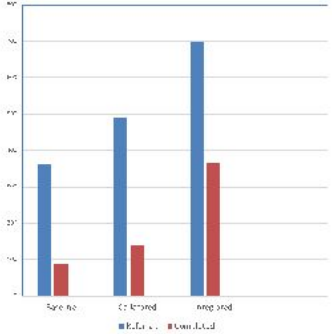
ALLIANCE COMMUNITY HEALTHCARE, INC.

Alliance Facts:

Federally Qualified Health Center
Located in Jersey City, NJ

2018 over 11,000 patient visits

- 80% of patients are from minority populations
- 77% have incomes at or below 150% of poverty level
- 60% of patients have Medicaid/ Medicare
- 22% are uninsured
- 15% have private insurance



Tracie Meyers, MSW, LCSW
Director of Community Services & Behavioral Health

Resources

https://www.thenationalcouncil.org/program/center-of-excellence/resources/

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Featured Resources

Integrated Care Financing Series

View Resource →

Financing the Future of Integrated Care

Dec 12, 2022

INTEGRATED HEALTH

COE RESOURCE

Download

Decision Support Tool

Primer

1. MOUD

2. Screening

3. Care Coordination

4. Metabolic Monitoring

Resources

Building the Capacity for Behavioral Health Services within Primary Care and Medical Settings

https://www.hrsa.gov/behavioral-health/business-case-integration-behavioral-health-and-primary-care

The Business Case for the Integration of Behavioral Health and Primary Care

https://www.hrsa.gov/behavioral-health/business-case-integration-behavioral-health-and-primary-care

The Quick Start Guide to Behavioral Health Integration

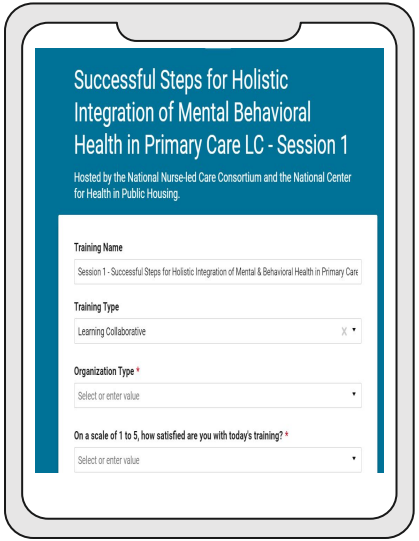
https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Website-Resources.pdf?daf=375ateTbd56

Questions?

Evaluation Survey

Please help us measure our impact with this session by filling out the evaluation survey that will pop up on your screen as you exit Zoom.

You **must** complete the survey to be redirected to the CE link.



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Please also interact with us on LinkedIn , we post updates on future trainings on this platform as well.

If you have any further questions or concerns please reach out to our Senior Program Manager, Matt Beierschmitt at mbeierschmitt@phmc.org.

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Thank you!

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