

Mile High Alliance Integrated Care Group

Jennifer Grote, PhD
Samantha Monson, PsyD
1.14.2016



Integrated Behavioral Health



Level One Care For ALL

© 2013 Denver Health

**Mental Health
System**



**Physical Health
System**



Simply put, collaborative care
is rediscovering
the neck.

The Triple Aim



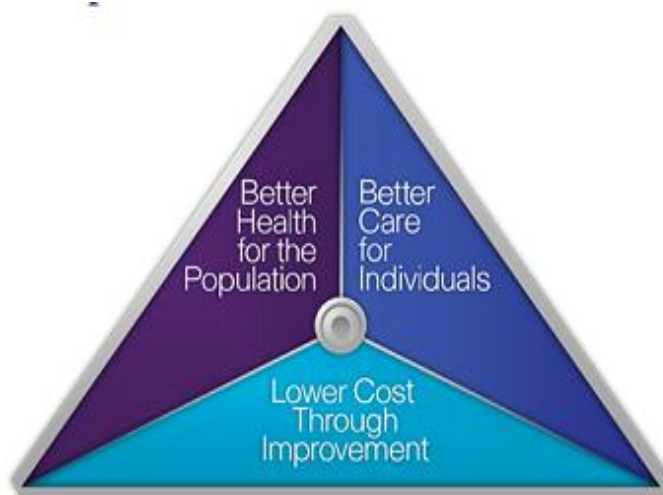
Level One Care For ALL

© 2013 Denver Health

Better care for individuals – The patient comes first. Our goal is to provide better patient experience with integrated service.

Better health for the population –Improving quality outcomes for medically complex, chronically ill patients. Our integrated behavioral health program is designed specifically to address the needs of this population.

Lower cost of care–Reduce cost through better care coordination, prevention, and early intervention.



Integrated Behavioral Health at Denver Health



Level One Care For ALL

© 2013 Denver Health

Behavioral Health: Care that addresses any behavioral problems impacting health, including mental health and substance abuse conditions, stress-linked physical symptoms, and health behaviors.

Behavioral Health Team: Licensed psychologist, licensed clinical social worker, and psychiatrist practicing integrated care in the primary or specialty care clinic.

Integrated Behavioral Health Goals: Earlier and more coordinated care of behavioral health issues leads to improved overall health and decreases the cost of care through:

- Fewer ER visits
- Fewer hospitalizations
- Improved management of chronic health conditions
- Improved quality of life for the patient
- Improved job satisfaction for the primary care physician



History of IBH at DH

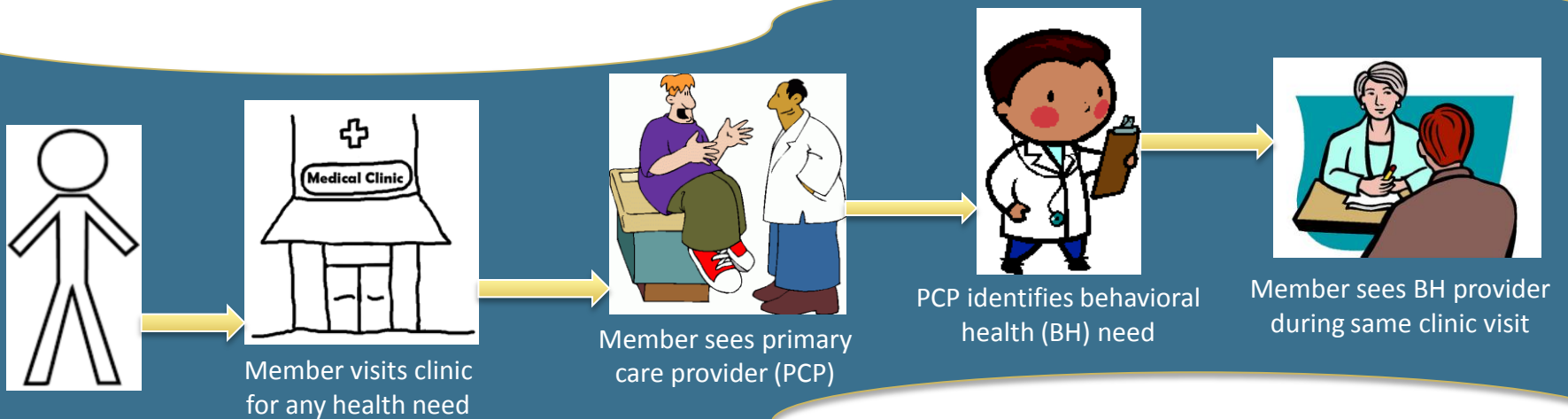


Level One Care For ALL

© 2013 Denver Health

- 1997 - school based behavioral health services (partnership with MHCD).
- 2002 - grant funding allowed for a few clinics to provide part-time behavioral health consultant (BHC) coverage.
- 2012 – CMMI grant allowed for BHCs at all primary care clinics at least part-time as well as psychiatry coverage.
- 2013 - Same day billing change in fall 2013 allowed for consideration of an IBH program that could potentially be sustainable.
- 2014 - Budget expansion in July 2014 allowed for additional staffing and operationalize of positions funded under CMMI.
- 2015 – by end of 2015 will be staffed with approximately 12 FTE psychologists, 7 FTE LCSWs, and 1.5 FTE psychiatry

Integrated Behavioral Health Model



- Integrated care model is structured to provide BH care as part of routine healthcare.
- Members can see a BH provider anytime they are visiting a PCP at their Patient-Centered Medical Home (PCMH).
- Each clinic has one or two full-time BH providers that keep schedules open (few scheduled appointments) so that they are available on demand.
- When needed, follow-up visits are typically made at the clinic front desk before the member leaves the clinic.
- If a member has more extensive BH needs, the BH provider at the clinic facilitates additional care with outpatient or inpatient services.

A Day in the Life of a BHC



Level One Care For ALL

© 2013 Denver Health

- **Huddle** with clinic providers and support staff.
- **Identify** opportunities for behavioral health interventions based on patient appointments.
 - Daily list of patients that have a history of a mental health diagnosis or are tier 3 or 4
- **Collaborate** with primary care team.
- **Warm hand offs** (PCP directly introduces the patient to the BHC during the medical visit).
- **Behavioral health visits** for short-term therapeutic interventions as well as **integrated care visits** during PCP appointments.
- **Coordinate** with and refer patients to psychiatrist as needed
- **Outreach**
 - High acuity patient list
 - Patients discharged from psychiatric emergency department or inpatient psychiatry



BHC Referrals



Level One Care For ALL

© 2013 Denver Health

- Diagnostic clarification
- Health behaviors
 - Smoking cessation, weight loss, diabetes management, HTN, chronic pain
 - Can include behavioral risk factor modification
 - Can include monitoring for adherence to treatment & outcomes
- Brief course of therapy (up to 6 sessions)
 - Use evidence based brief therapy techniques such as motivational interviewing, behavior activation, problem solving
- Linkage to the psychiatrist
 - Via email/phone consult
 - Linking the patient to the psychiatrist for further eval/treatment
- Linkage to outside resources/specialty mental health services
 - MHCD pilot allows for improved care coordination and warm handoff to intake/treatment services.
- Crisis Management

Highlights and Challenges



- Clinics have embraced BHCs and psychiatry as vital members of the care team.
- Providers and patients are satisfied
- Generating revenue for billed encounters to cover costs.
- Ability to recruit and retain staff
- Working closely with MHCD to improve referrals for patients requiring higher levels of care



- Payer system limitations
- Psychosocial barriers to obtain resources such as housing, food, medications, etc. that limit patient's ability to engage in behavioral health services.
- Limited resources for substance abuse treatment.
- Work force development: integrated care is a newer field requiring more on the job training/on boarding.
- Difficult to hire talented and qualified psychiatrists for integrated care.
- EHR currently has limited our ability to do universal screening and track metrics.

The Integrated Behavioral Health Department at Denver Health would like to thank the Mile High Alliance for their support and participation today!

