

Integrated Care: A Hub Model

Wednesday, December 5

11:30 – 12:30



VISIONARY
VOICES



BURKE INTEGRATED HEALTH

Presented by:

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Concept: Whole Person Integrated Care

- ▶ Whole person Integrated Care is a model of care that addresses the behavioral, physical and social needs of an individual. Adapted from the university of Washington Advancing Integrated Mental Health Solutions(AIMS)Institute **Collaborative Care Model**
- ▶ 40% of all PC patients identify psychosocial issues. – CJ Peek PHD
- ▶ 50% of BH care is provided by PCP's.– CJ Peek PHD
- ▶ 67% of all psychoactive drugs prescribed by PCP's.– CJ Peek PHD
- ▶ Patients with serious BH conditions die 25 years earlier than those patients who do not. – Morbidity and Mortality In People With Serious Mental Illness report(2006) www.nasmhpd.org

Concept: Whole Person Integrated Care

- ▶ <https://www.youtube.com/watch?v=S-029Yf7AYM>

Design: Whole Person Integrated Care

- ▶ Partners Behavioral Health Management “HUB Concept”
 - ▶ Burke County wanted something different
 - ▶ May 2014 local agencies came together to build a holistic collaborative care model
 - ▶ Grand Opening of Burke Integrated Health
May 2015
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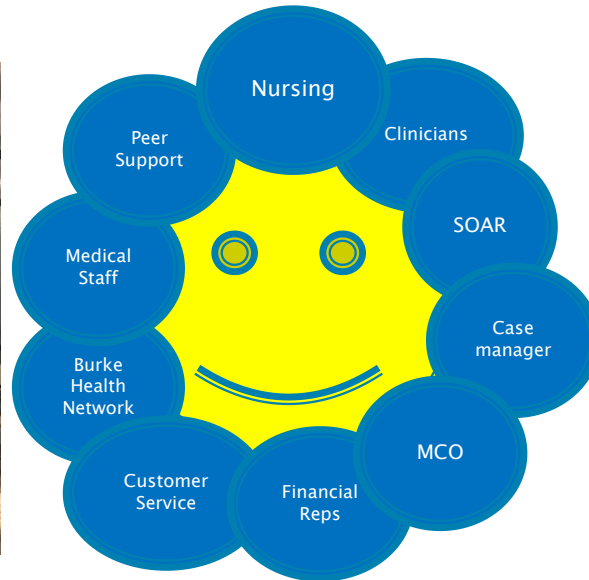


Design: Whole Person Integrated Care

Who makes up Burke Integrated Health?



Design: Whole Person Integrated Care



Happy Person

Who works
at
Burke Integrated
Health?



Design: Whole Person Integrated Care

Open Access Model

Walk-in Assessment and Referral:

ACTT CST OPT SAIOP
SACOT SUD Medication Assistance Treatment
Peer Support - Individual and Groups
Individual Support Foster Care IIH
Day Treatment Psychological Testing
Psychiatric Medication Management
Critical Time Intervention
Transitional Management
In Shape

Primary Care

Medical services and laboratory
Hep C treatment and follow up
Medication Assistance
Treatment and referral
Chronic Pain Management

Timely Follow Up from hospitalization

Hospital Emergency Department follow up and access to services

Direct Access to Outreach Services

SOAR - SSI/SSDI Outreach, Access, and Recovery
Burke Health Network - Helping the uninsured obtain
▶ medical care, imaging, labs, medicines, specialty services

Payment Options all services:

- Acceptance of all payment plans
Medicaid Medicare
Private Insurance
- Sliding scale fees for uninsured
- Self pay with cash or credit card
- State supported services

Data: Whole Person Integrated Care

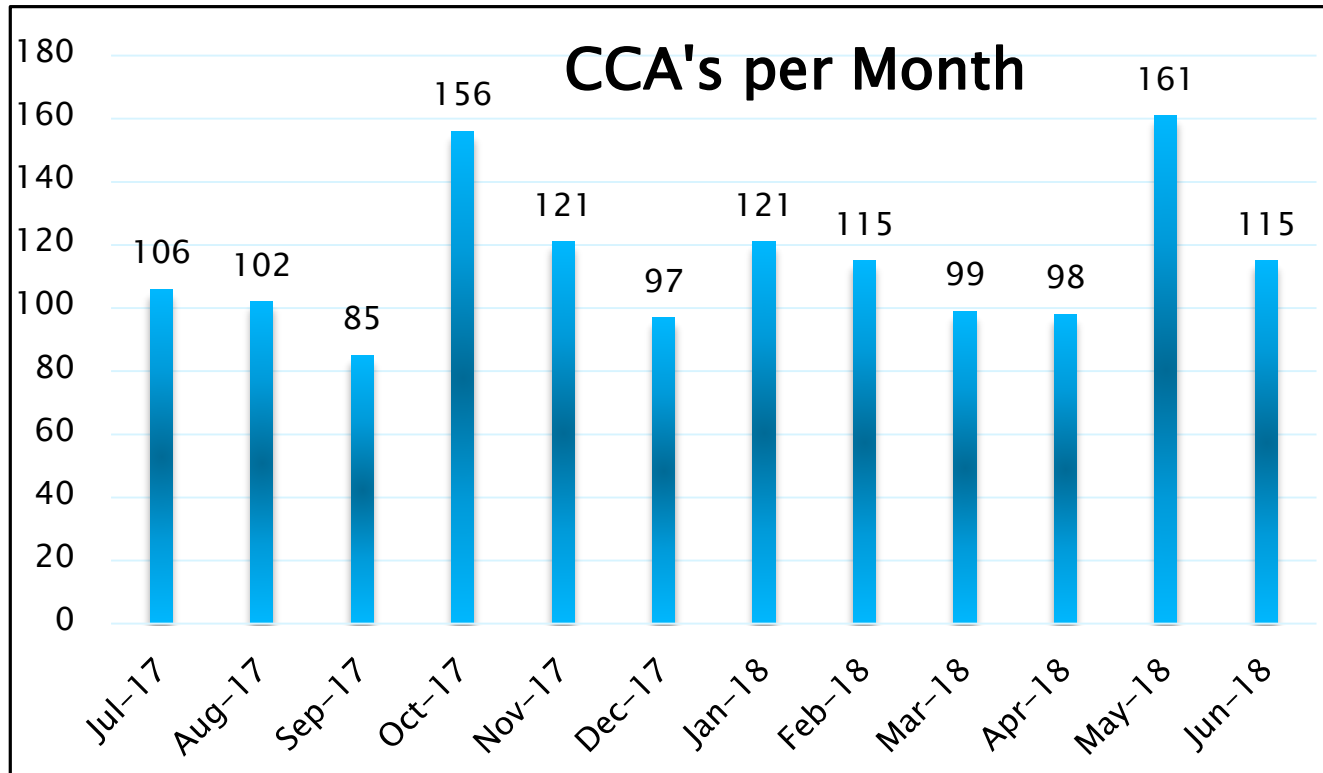
Burke Integrated Health by the Numbers 2017-2018

- ▶ Outputs, Clinical Outcomes and Social Determinants

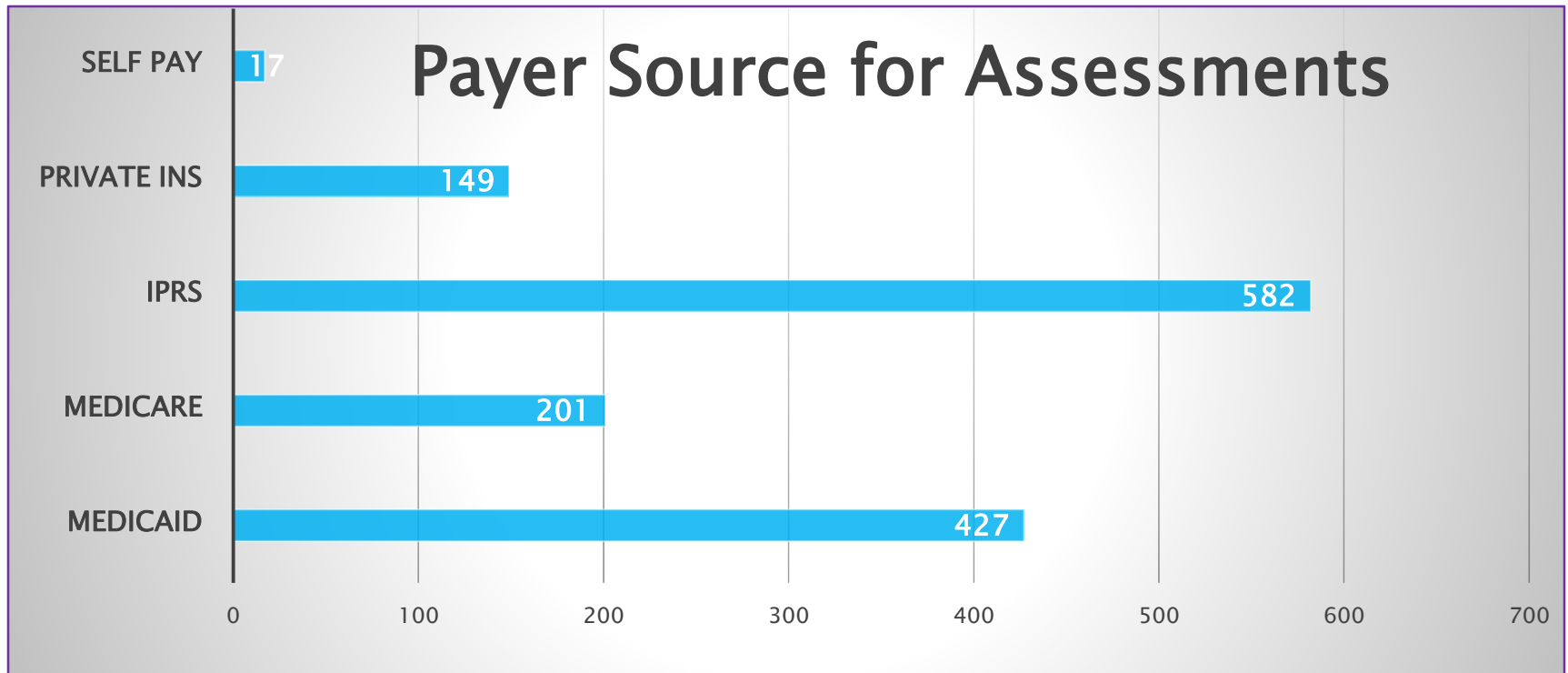
Data: Whole Person Integrated Care

Behavioral Health & Substance Use Disorder Services

Total CCA's 1376



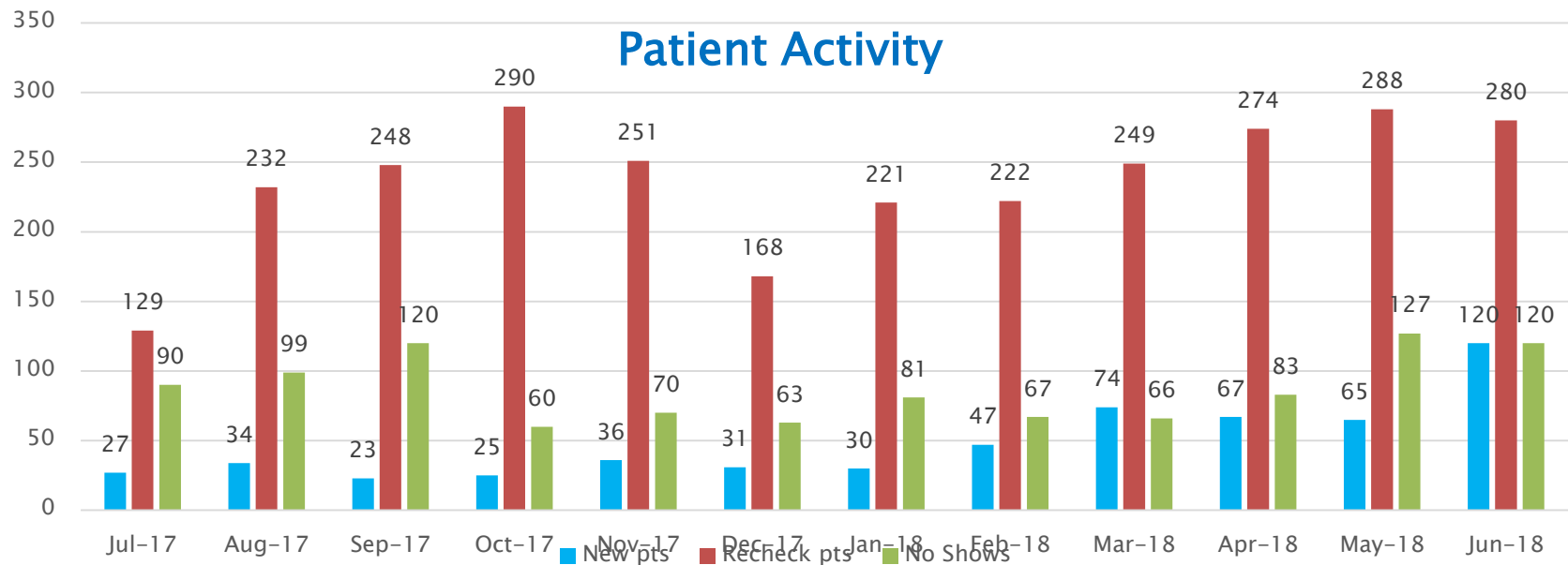
Data: Whole Person Integrated Care



Data: Whole Person Integrated Care

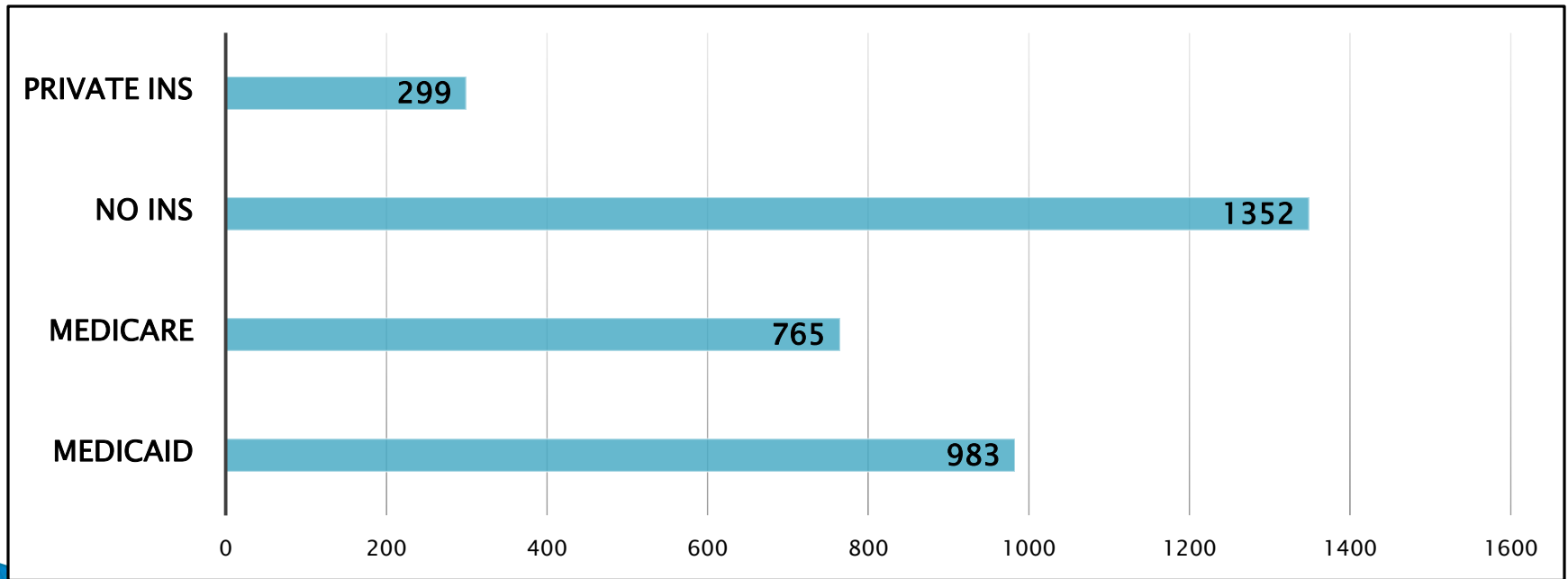
PHYSICAL HEALTH:

Primary Care Services
New Patients = 529
Recheck Patients = 2870
No Shows = 1046




Data: Whole Person Integrated Care

Payer Source for Physical Medicine

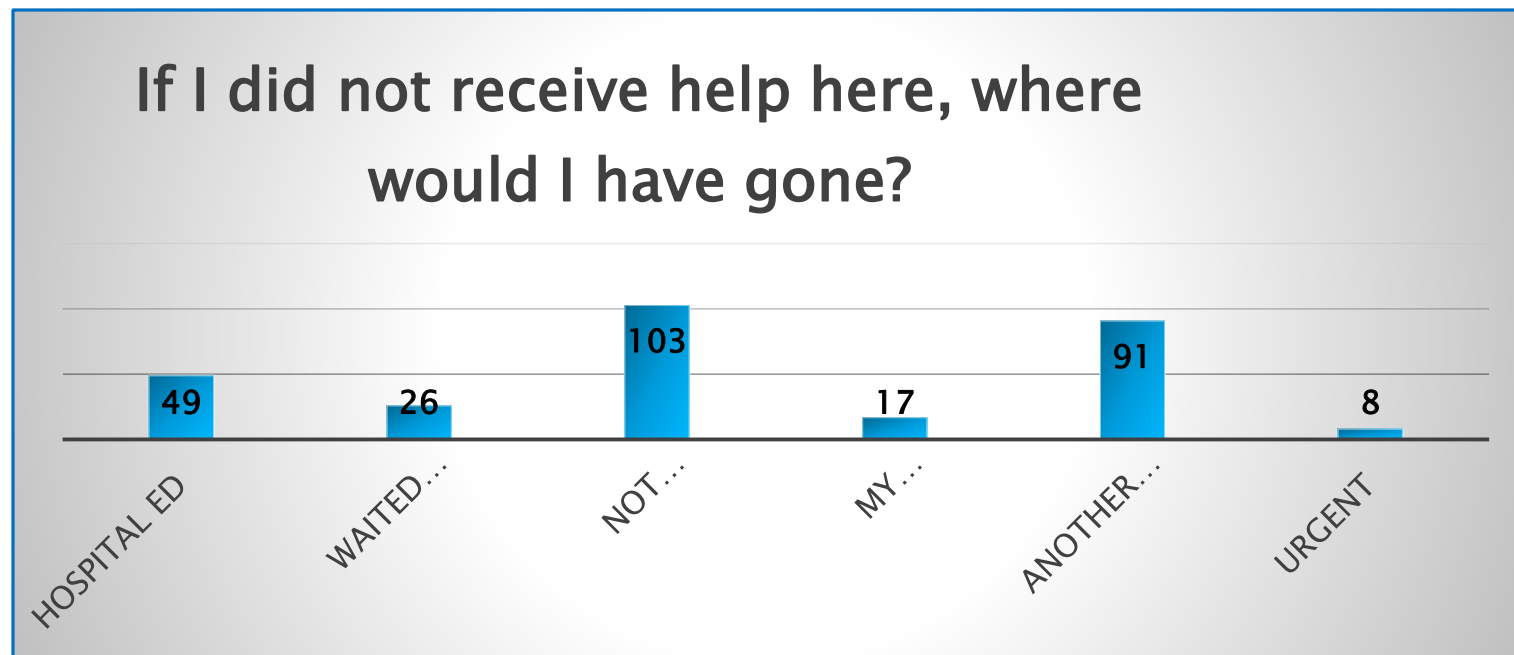


Data: Whole Person Integrated Care

- ▶ 48% of BIH High Country Medical patients have a behavioral health issue.
 - ▶ 44% of BIH High Country Medical patients have 3 or more chronic health conditions.
 - ▶ Immediate access to peer support for behavioral health and SDOH issues.
 - ▶ Immediate access to behavioral health clinicians for high PHQ-9 scores.
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Data: Whole Person Integrated Care

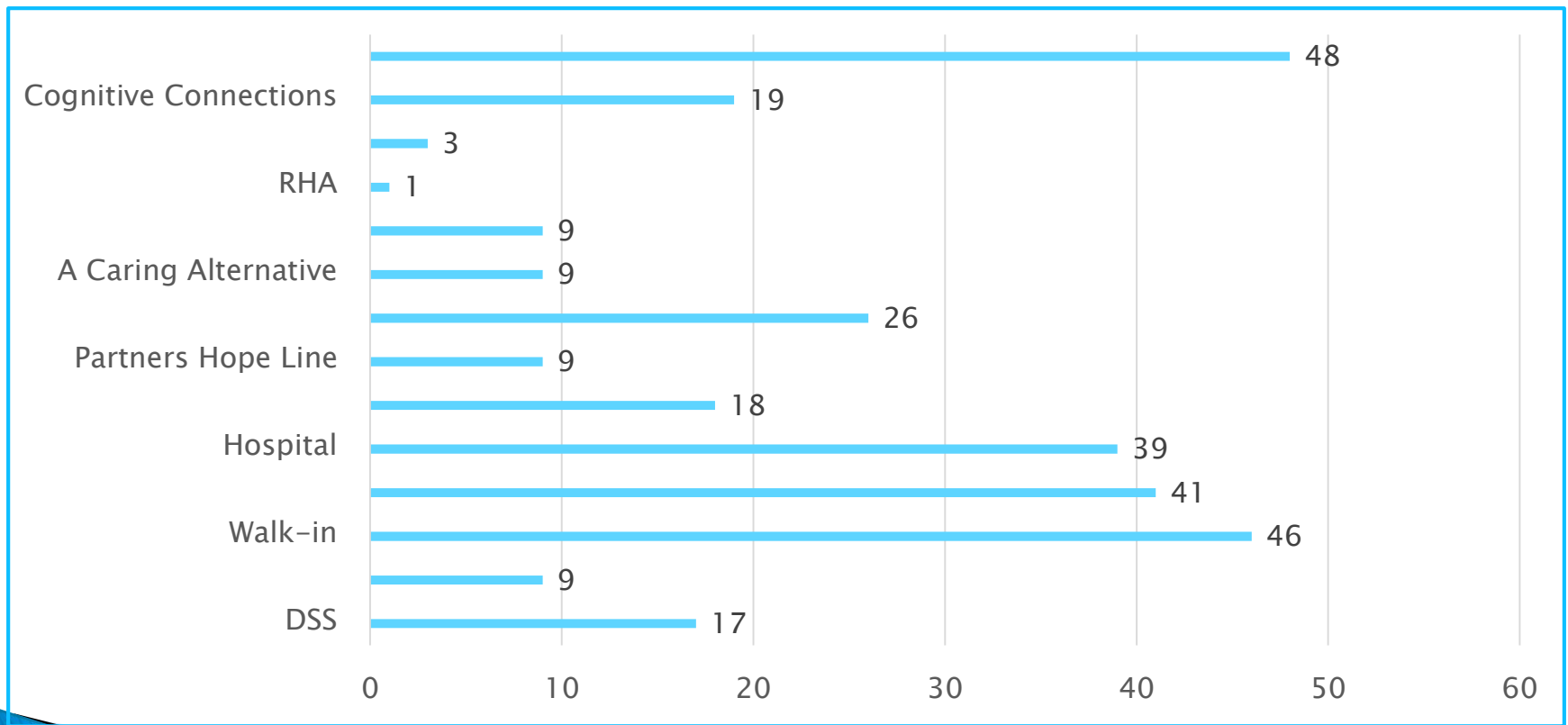
Consumer satisfaction survey results: 294 respondents



2017-2018

Data: Whole Person Integrated Care

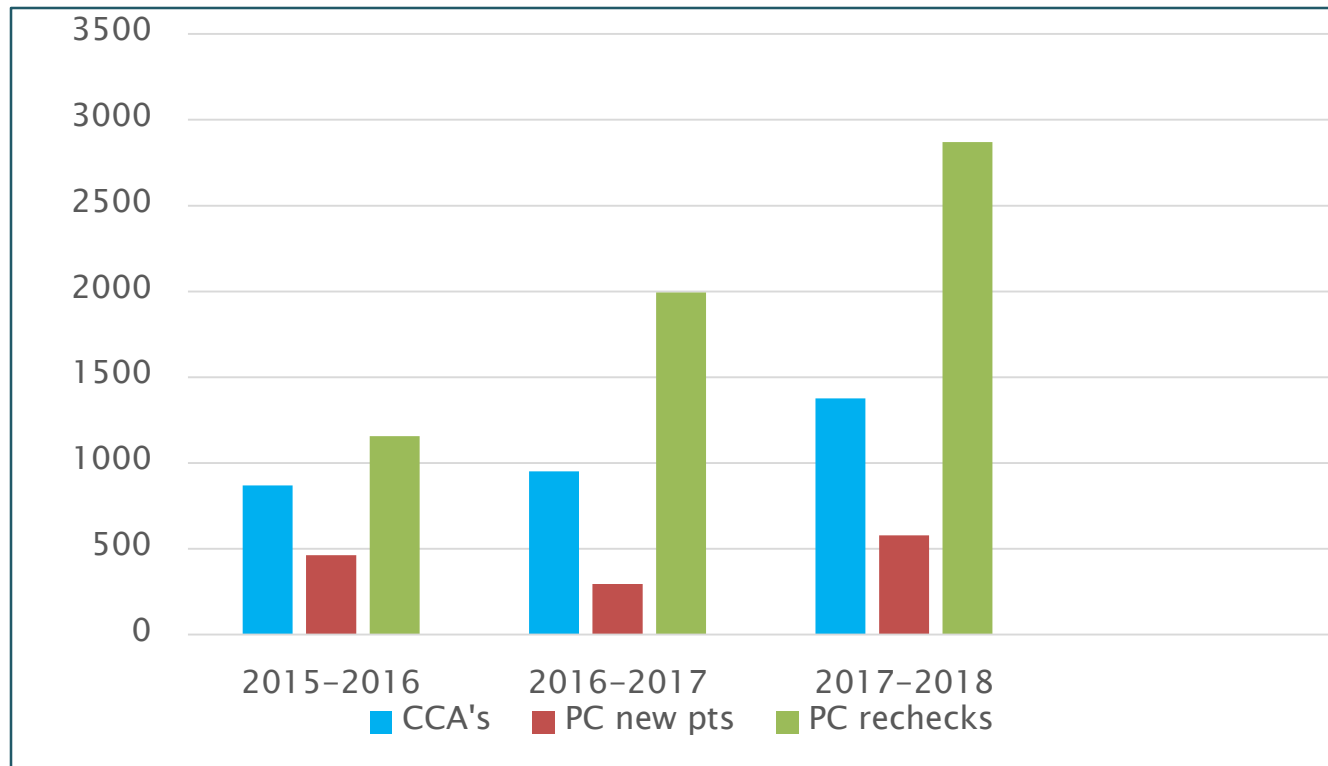
Who told you about us?



2017-2018

Data: Whole Person Integrated Care

BIH Growth

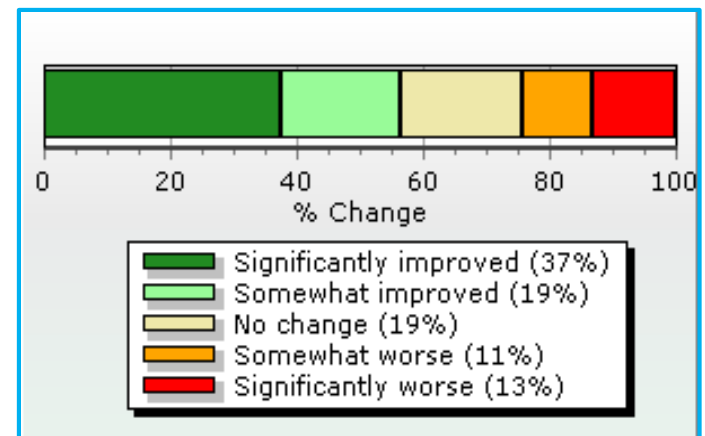
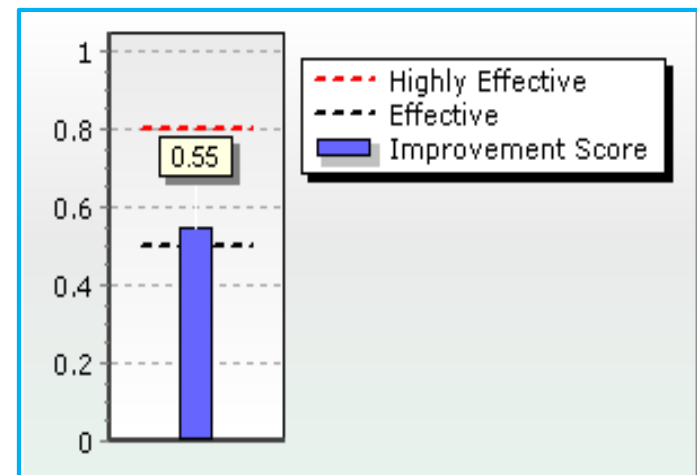


Data: Whole Person Integrated Care

Clinical Impact: ACORN Overall Scores

Summary Statistics:

Case Count:	769
# w/Repeat Assessments:	371 (48%)
Clinical Range Case Count:	567
Clinical Range # w/Repeat Assessments:	283 (50%)
Average Change Score:	0.3
Predicted Change:	0.4
Average Benchmark Score:	-0.1
Mean Total Number of Sessions:	2.0
Client Registrations:	10



Maintaining: Whole Person Integrated Care

How do we manage BIH?

Collaboration is the process of organizations working together to achieve a goal.

COLLABORATION

Collaboration

MOA

Collaborative Teams

- BIH Governance
 - BIH Director
 - Committees:
 - Operations
 - QA
 - Outreach
 - Finance
- Input from Partners MCO

Collaboration

Collaboration

Maintaining: Whole Person Integrated Care

Collaboration

Super Bowl Sunday and the score is tied, two minutes left in the game. The offensive players walk out on the field. Typically, what is the first thing they do?

They huddle. Results?

8 a.m. at the Healthy Integrated Clinic, and the phones are ringing frantically. Staff knows the day will be busy, so what is the first thing they do?


They start seeing patients right away.

Results?




Maintaining: Whole Person Integrated Care

Huddles are:

- ▶ Brief.
 - ▶ Daily discussions of folks seen in clinic that day and identification of needs.
 - ▶ Focused on action plan of the day
 - ▶ Do not focus on solving processes or workflow issues.
 - ▶ No more than 20 minutes in length.
 - ▶ Should be designed to develop a strong team culture.
 - ▶ Agenda to ensure everyone on same team for upcoming clinic session.
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Maintaining: Whole Person Integrated Care

Suggested huddle agendas:

- Check for patients on the schedule that may require more time/assistance due to age, disability, personal demeanor, etc. Who can help?
 - Check for back-to-back lengthy appointments, such as physicals.
How can they be worked around to prevent backlog?
 - Are there openings which can be filled? Chronic no-shows?
Any special instructions for the scheduler?
 - Check over provider and staff schedule – does anyone need to leave early or break for a phone call or meeting?
 - Lab results, test results, notes from other physicians – are they ready in the patient's chart? What will be the most efficient path of patient flow?
 - Providers involved in consumer's care. Additional services needed?
 - Med reconciliation re: MAT.
 - Yesterday's successes.
 - Referrals from yesterday.
 - Team celebrations.
 - No shows
- 

Improving: Whole Person Integrated Care

SOAR: SSI/SSDI Outreach, Access, and Recovery

- In November of 2017, BIH added SOAR to its team.
- As a result, 53 new disability claims have been opened.
 - 6 have been awarded.

Challenges: Whole Person Integrated Care

▶ Collaboration!!!

[Collaboration video](#)

▶ Financial Sustainability

- Grant and County Funding

▶ Physical Space

▶ Communication

- No two of us use same EMR
- Huddle effectiveness
- Program development/Agency growth
- Open access coverage
- HIPAA – OHCA

