Disclosures

- The following speakers of this accredited CE activity have no relevant financial relationships to disclose:

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The Network for Exceptional Care

Cone Health is an integrated not for profit network of health providers servicing people in Guilford, Forsyth, Rockingham, Alamance, Randolph, Casual and surrounding counties in north central North Carolina.

"The Network for Exceptional Care"

Regional Health System | Greensboro, North Carolina | Epic version-Feb 2019

6 Hospitals   **125** Clinics   **1,800** Physicians
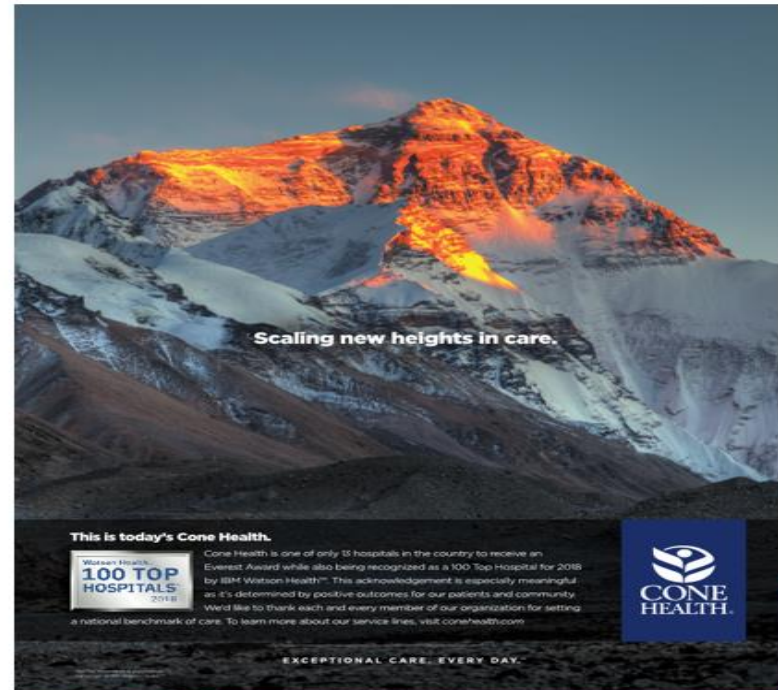
900 + beds   **150** Outpatient locations   **12,000** Employees

Caring for Our Patients
We provide exceptional quality, compassionate care and service in a safe, respectful environment.

Caring for Each Other
We appreciate each other through honest communication and respect. We inspire ongoing learning, pride, passion and fun.

Caring for Our Communities
We engage our communities with integrity and transparency. We embrace our responsibility to promote health and well-being.

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Cone Quality of Care in 2018

Agenda

- Process of Integrating Care

- Challenges

- Outcomes

- Lessons Learned

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Objectives

- Differentiate treatment modalities offered by Integrated Behavioral Health (IBH) clinicians and Virtual Behavioral Health (VBH) clinicians that increase access to care, early detection and improved patient outcomes.

- Evaluate metrics provided by registries and reports that track tools for measuring depression and anxiety and volume of IBH/VBH services.

- Leverage Epic functionality to capture evidence of integrated behavioral care as part of Collaborative Care Model in Primary Care setting.

Process

- Integrating Behavioral Health Services
- Collaborative Care Model (CoCM)
- Embedded and Virtual Behavioral Health
- Evidenced Based Screening Tools/Registries

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Behavioral Health Statistics

- One in four patients in the general population suffer from a mental health or substance abuse issue.

- The month before their death from suicide, only 20% of patients will have seen a behavioral health provider; however 80% will have been treated by their primary care provider.

  (SAMHSA, 2018)

Why Integrated Care……

- Behavioral health issues such as depression significantly worsen outcomes for many chronic diseases when left untreated or undertreated

- Studies have shown that patients who have access to integrated behavioral care show significant improvements in control of high blood pressure, hemoglobin A1-c levels, chronic pain and overall cost of care

(SAMHSA, 2018)

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Our goal…..

- Provide Behavioral Health Services to outpatient primary and subspecialty care through population medicine for a healthier community.

Population Management/Population Medicine

(as conceptualized by the Institute of Healthcare Improvement (Lewis, 2014))
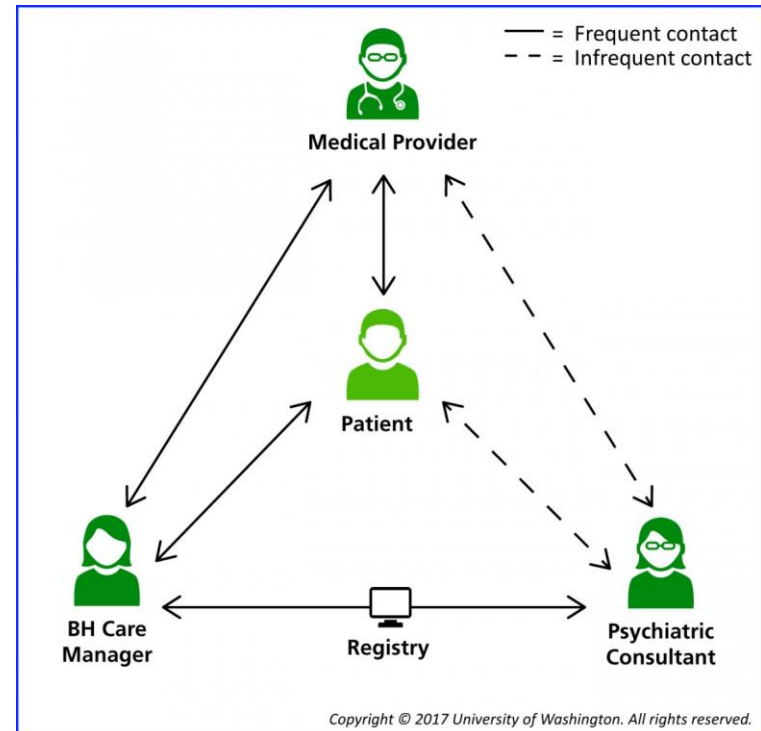
How we get there…..

- *Universal Screenings:* for early identification and treatment of health issues
- *Healthcare Team:* beneficiaries and their families, front office staff, medical & behavioral health providers, nurses and certified medical assistants
- *Immediate Access:* to behavioral health clinician providing evidence-based interventions
- *Consulting Psychiatrist:* access to psychiatric recommendations, including psychotropic medications

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Collaborative Care Basic Components

- Beneficiary

- Treating Primary Care Provider

- Psychiatrist

- Behavioral Health Clinician

- Validated Screening Tools/Registry

- One Care Plan

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Collaborative Care Basic Components

- Services are reimbursable using the Collaborative Care Model charge codes

- Billed under the treating PCP

- Charges are billed monthly for total time care team spent with patient

Integrated Care Charge Codes

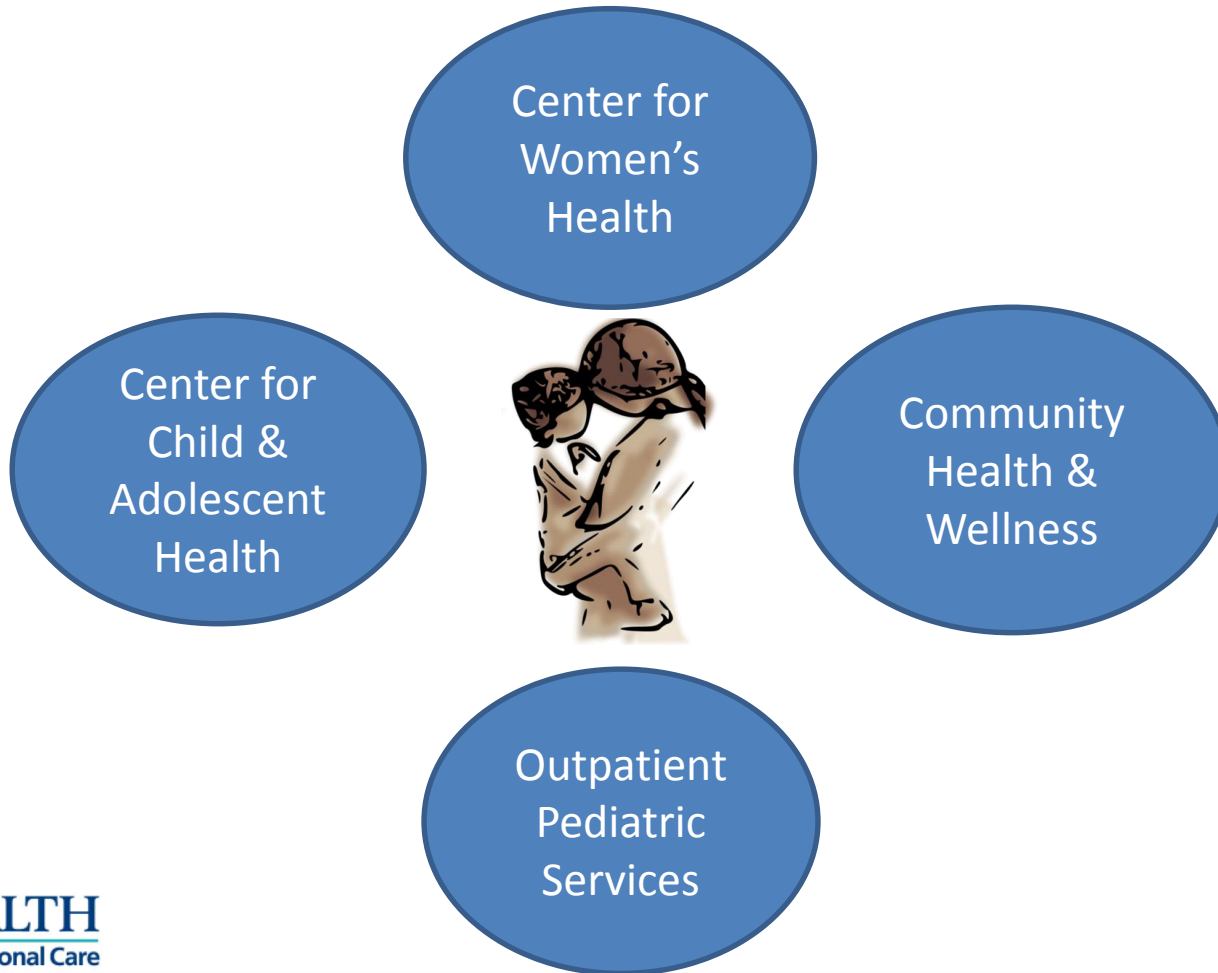| Initial Psychiatric Collaborative Care Management, 1st 7...	Initial/Subsequent Psychiatric Collaborative Care Mana...	Subsequent Psychiatric Collaborative Care Management...
99492 (CPT®)	99494 (CPT®)	99493 (CPT®)

Embedded versus Virtual

- BH Clinician and Psychiatrist are embedded within the practice

- Warm Hand-Off from PCP given to BH Clinician

- Weekly Treatment team meetings

- Patients monitored by BH Clinician for positive PHQ9 score of >10

- PCP can initiate referral

- Patient seen via Video or telephonic

- Cool Hand-Off for PCP to BH Clinician

- Weekly treatment team meetings

Embedded BH Clinician for Continuum of Care for the Family

Center for Women's Health

Center for Child & Adolescent Health

Community Health & Wellness

Outpatient Pediatric Services

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Collaborative Care Center for Women's Health

- Psychiatrist embedded in the clinic

- Multi-site collaboration connecting three individual integrated care models

- Ensure strong transitions of care

- Enhance long-term outcomes for women and their children

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Multi-site collaboration

- Tracking/maintaining care as women move from Perinatal-Postpartum care and beyond

- Following Postpartum visit (6 weeks) mother will continue services at the Community Health & Wellness Center

Multi-site collaboration

- Infant receives newborn & WCC at Tim and Carolynn Rice Center for Child and Adolescent Health

Integrated Behavioral Health Roles

- Role of Behavioral Health clinician
  - **Works with patients/families to improve *habits*, *behaviors,* and *emotions* that impact health or functioning**
  - ***Works with team* to assist patient and family to successfully target specific goals or problems**
  - ***Education and empowerment* such as self-management and coping skills**

- Role of Psychiatrist
  - ***Reviews complex cases* on weekly basis**
  - **Provides consultation for *psychotropic medication management***
  - **Provides *ongoing supervision* for psychiatric concerns**
  - ***Regularly reviews registry* to improve medication compliance and outcomes**

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Benefits of Integrated Behavioral Health (IBH)

- Decreased costly *crisis-management*
- Decreased *work absences* (consolidated appointment)
- *Reimbursement:*
  - Care Coordination
  - Therapeutic Interventions and screenings
  - Assessment tools

- *Increased access* to & completion of BH referrals
- Increased patient & provider *satisfaction*
- *Increased availability* of medical providers for visits, phone calls & documentation

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IBH Interventions in all settings

- Motivational Interviewing

- Assessment after positive screens

- Health Promotion & Prevention

- Self-management skills

- Family Conflict Resolution

- Solution Focused Strategies

- Positive Coping Skills

- Psycho-education

Four Key Principles of MI

Partnership

Evocation

Acceptance

Compassion

Talk

Listen

Resolve

Our challenges….

How to decrease the burden and increase the bandwidth of the PCP

How to provide timely access to behavioral health services

Virtual Behavioral Health

- Virtual Behavioral Health (VBH) bridges the cap for communities with limited resources
- Forming partnerships that improve patient's physical and mental health
- Reduce cost of care
- Improve patient and provider satisfaction
- Decrease PHQ-9 scores by 50%

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Virtual Behavioral Health

- Relieves some of the burden and increases the bandwidth of PCP's medication management

- VBH services are on an as-needed basis and provided based on the individual PCP's request

- Are customized for patients with acute behavioral health needs

- Patients are seen virtually or telephonic for continuum of care = *Increase to access to care*

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Timely access to Virtual Behavioral Health

- The PCP sends a custom In Basket message requesting VBH services

- For *Urgent behavioral health needs*, the PCP can request an immediate video visit with a VBH Clinician

- VBH Clinicians receive the PCP's In basket message for patients with an elevated PHQ-9 score and/or acute depressive or anxiety symptoms

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VBH Clinician Workflow

- The VBH Clinician can independently initiate the first patient contact

- They monitor reports for the primary care sites with patients identified as positive for a PHQ-9 score of 10 or greater or elevated GAD-7 score

- VBH Clinician completes an initial assessment video visit or telephonic contact with the patient

VBH Clinician Role

- Provides recommendations for level of care in collaboration with the consulting psychiatrist and responds back to the PCP with treatment recommendations

- Provides follow contacts for patients that agree to receive services for an additional six weeks

- Continued weekly collaboration with the PCP, Psychiatrist, and VBH Clinicians

VBH Treatment Plan Interventions

- Collaborative Care team continues care and recommendations for treatment and medications

  - *Scheduled telephonic follow up visits every two weeks*

  - *Weekly treatment team planning for coordination of care*

  - *Available through the Crisis Line*

Challenges & Opportunities

CHALLENGES	OPPORTUNITIES
Education on integrated behavioral health & the role of the behavioral health provider	Having physician & practice administrator champions to support with ongoing education Scripts & doing BH Provider intros during medical visits, e.g. Well Child Checks
Normalizing team access to Behavioral Health note	Developing standard work of what is contained in BH progress notes Collaboration with IT team
Screenings/Assessment Tools Documentation, e.g. Depression & Anxiety screens	Develop standard work of who enters it and how Working collaboratively with IT team for it to be captured in electronic health record
Financial Sustainability	Knowledge of billing & codes that are reimbursed

Registries

- Behavioral Health Child 0-12

- Behavioral Health Adolescent 13-21

- Behavioral Health Adult

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Registry Metrics

Child 0-12

- *ADHD*
- *Anxiety*
- *Bipolar Disorder*
- *Depression*
- *OCD*
- *Oppositional Defiant Disorder*
- *Personality Disorder*
- *Wellness metrics*

Adolescent 13-21

- *Opioid Dependence*
- *Tobacco Usage*
- *Alcohol Usage*
- *Chlamydia screening*
- *Gonorrhea Screening*
- *HIV screening*
- *Wellness Metrics*

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Registry Metrics

Adult 18 +

- *Opioid Dependence*
- *Tobacco Usage*
- *Alcohol Usage*
- *Chlamydia screening*
- *Gonorrhea Screening*
- *HIV screening*

- *Anxiety*
- *Bipolar Disorder*
- *Depression*
- *OCD*
- *Personality Disorder*
- *Wellness Metrics*

Screening Tools

- *CAGE-AID*
- *EAT-26*
- *EDINBURGH Postpartum*
- *GAD-7*
- *PHQ2 -9*
- *SCARED-Child*
- *SCARED-Parent*
- *SBQ-R*

- *AIMS*
- *AUDIT C*
- *GASS*
- *GDS*
- *MDI*
- *Mini-Mental*
- *C-SSRS*

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Screening Reports

⊞ GAD-7

Flowsheet Row	Admission
Feeling Nervous, Anxious, or on Edge	1
Not Being Able to Stop or Control Worrying	2
Worrying Too Much About Different Things	1
Trouble Relaxing	1
Being So Restless it's Hard To Sit Still	0
Becoming Easily Annoyed or Irritable	0
Feeling Afraid As If Something Awful Might Happen	3
Total GAD-7 Score	8

⊞ SBQ-R

| Flowsheet Row	Admission
Have You Ever Thought About or Attempted to Kill Yourself:	2
How Often Have You Thought About Killing Yourself in the Past Year?	2
Have You Ever Told Someone That You Were Going to Commit Suicide, or That You Might Do It?	1
How Likely Is It That You Will Attempt Suicide Someday?	4
SBQ-R Total Score	9

⊞ EAT-26

Flowsheet Row	Admission
Am Terrified About Being Overweight	3
Avoid Eating When I Am Hungry	3
Find Myself Preoccupied With Food	2

Quality Outcomes

- Out of all clinic visits 1542 patients that were screened had a positive PHQ-9
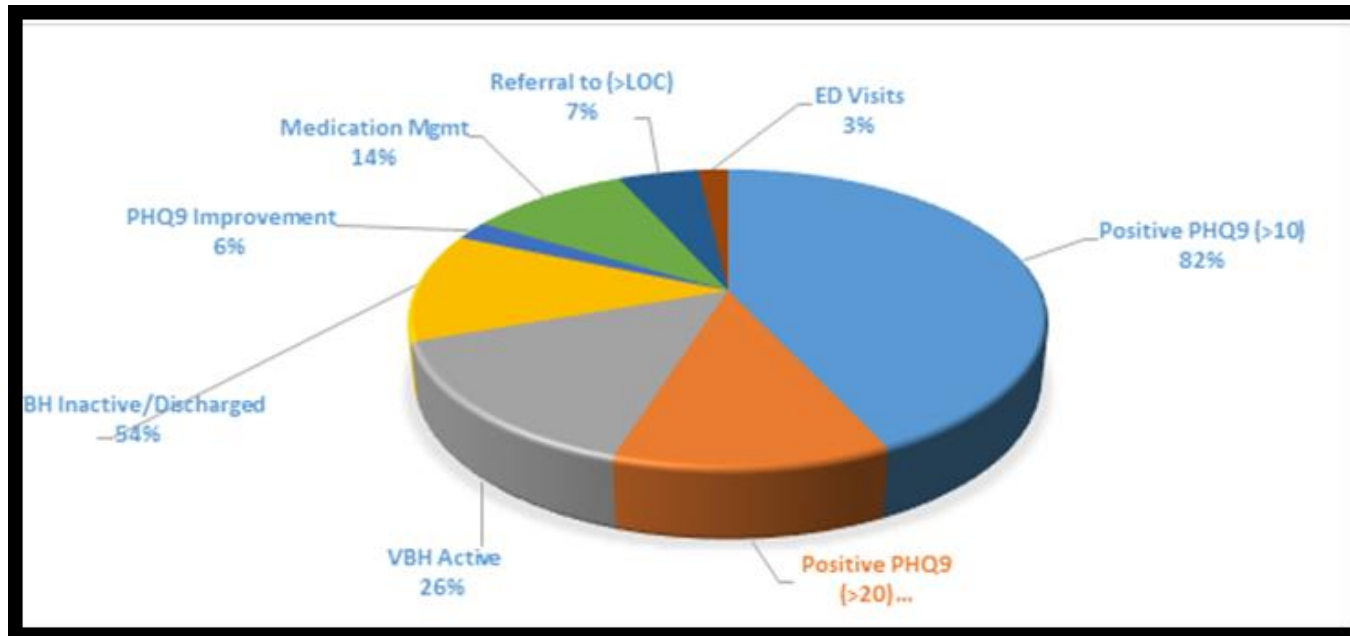
Quality Outcomes

VBH Primary Care Sites 7/1/2019 – 9/30/2019 (4th Qrtr)

Data Set	Baseline	Target	Actual
Positive PHQ9 (>10)	170		148
Positive PHQ9 (>20)	32		40
VBH Active	57		129
VBH Inactive/Discharged	46		223
PHQ9 Improvement	8	25% of patients enrolled in Virtual BH with ≥50% Improvement from Initial Score	38

Quality Outcomes

- Decrease in ED visits for active patients enrolled in VBH/IBH services

- 46 Patients had 129 ED visits in the 4th Q

- A decrease from 213 in the 3rd Q (acute)

- 19 patients diverted from the ED or INP out of 40 patients with a PHQ9>20

- 47% reduction in Level 4 & 5 ED visits

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Quality Outcomes – GAD-7 Pilot Sites

- *Western Rockingham*

Number of Pts. w/ an Initial GAD-7 Score Recorded	Number of Pts. w/ 1+ Follow-up GAD-7 Scores Recorded	Number of Pts. w/ No GAD-7 Score Recorded in Last 30 Days	Number of Pts. w/ GAD-7 Score <10 or ≥50% Improvement from Initial Score
38	26	17	11
79%	54%	35%	23%

- *Reidsville Primary Care*

Number of Pts. w/ an Initial GAD-7 Score Recorded	Number of Pts. w/ 1+ Follow-up GAD-7 Scores Recorded	Number of Pts. w/ No GAD-7 Score Recorded in Last 30 Days	Number of Pts. w/ GAD-7 Score <10 or ≥50% Improvement from Initial Score
51	19	36	14
70%	26%	49%	19%

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Quality Outcomes

Pre-Implementation

CAHPS Summary Information - Site: Total

Global DOMAIN Question		n	%
About You Item			
Rate overall mental/emotional healt			
	Excellent	230	30.8
	Very Good	261	35.0
	Good	191	25.6
	Fair	55	7.4
	Poor	9	1.2
	Total	746	

Quality Outcomes

Post Implementation

CAHPS Summary Information - Site: Total

Global DOMAIN Question		n	%
About You Item			
Rate overall mental/emotional healt			
	Excellent	273	30.2
	Very Good	322	35.6
	Good	235	26.0
	Fair	63	7.0
	Poor	12	1.3
	Total	905	

Next Steps

- Expanding services to additional Primary Care Clinics 2019/2020.
  - *Pomona Primary Care Clinic*
  - *Brown Summit Primary Care Clinic*
  - *Additional clinics throughout the year*

Lessons Learned

- Active engagement of Physician Champions to ensure adoption of processes for VBH services
- "Just in Time" training on-site of standardized workflows prior to implementation

Lessons Learned

- Initiate report request for complex data prior to implementation

- Identify stakeholders and adequate resources to support successful sustainability of the project

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Summary

Behavioral health providers are working in various clinics; either embedded or virtually, within primary and sub-specialty care clinics to provide increased access to behavioral health services and support medical providers.

Metrics indicate an improvement in PHQ-9 and GAD-7 scores for patients receiving VBH/IBH services.

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Questions

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