

Breaking down the Silos Webinar: Integrating Behavioral Health and Primary Care

With colleagues from
Southcentral Foundation (Anchorage, Alaska)

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visit RPCC at www.regionalprimarycare.org

Behavioral Health Integration

Southcentral Foundation

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Objectives

- Examine SCF's Successes & Pitfalls when integrating BH Clinicians into BH Primary Care Settings
- Define Key Elements of the Behavioral Health Integrated Model at SCF
- Outline BHI Model Elements generalizable to your organization

Why Integrate Behavioral Health in FMC & Peds



Relationships & Greater Awareness



Physical – Behavioral Connection



Increased Access

Behavioral Health Integration Background

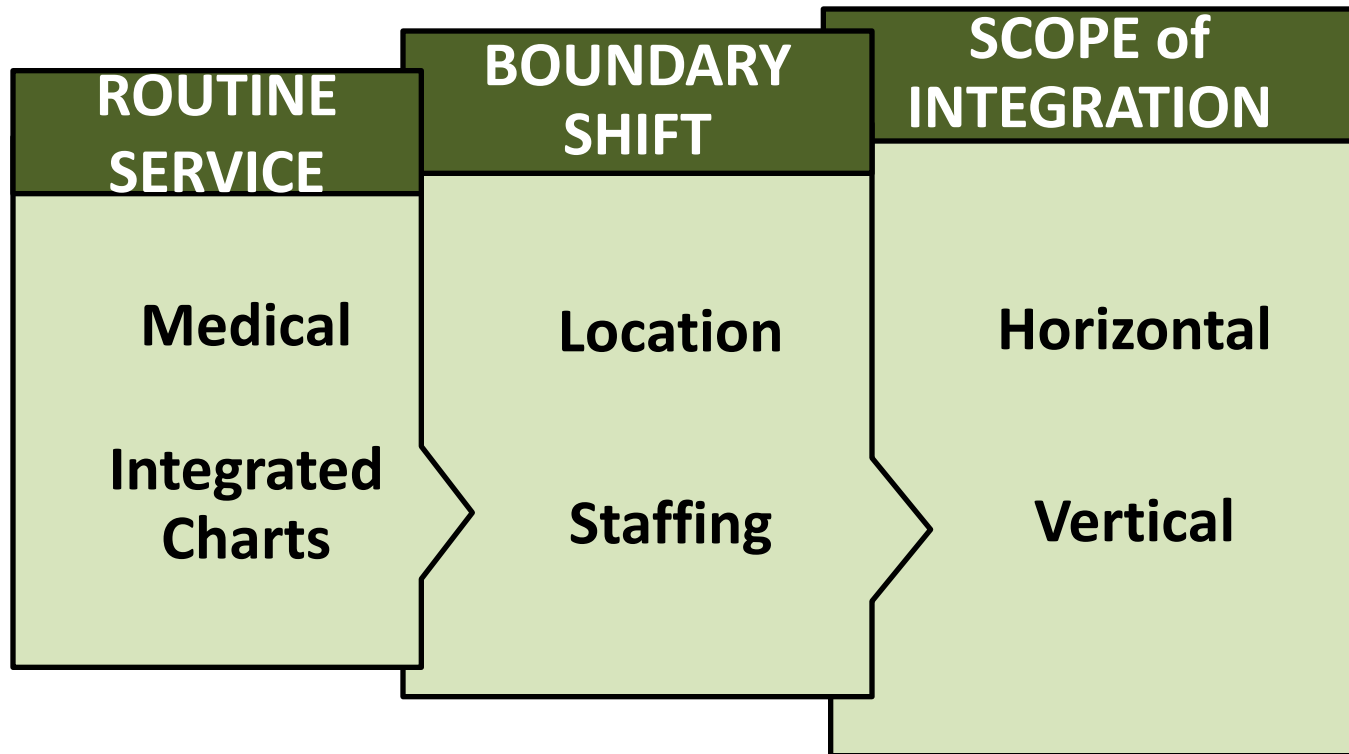
**Best Practices
Limited**

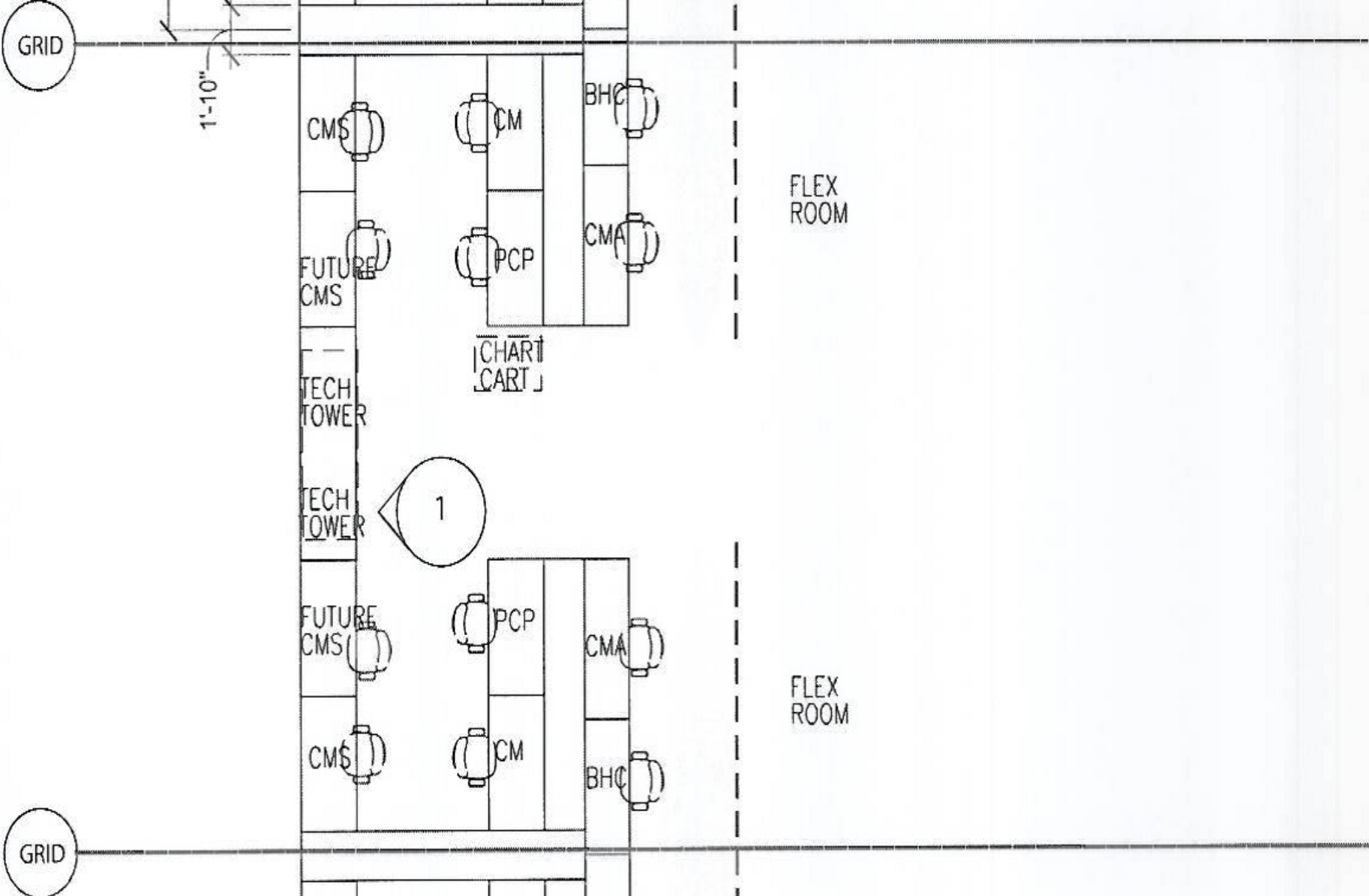
**First Attempt
Failed**

**BHC
Integration
Improvement**

Integrated Care

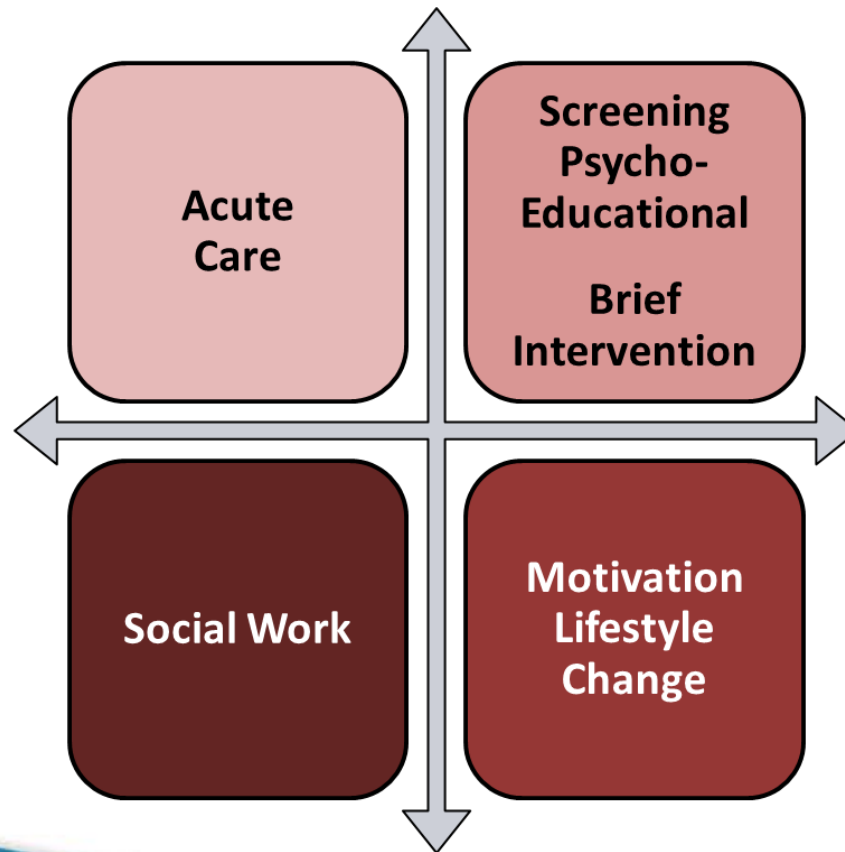
A Framework





Behavioral Health Integration

What We Do



Behavioral Health Integration

What We Assess

- Depression (PrimeMD)
- Substance Use (AUDIT, CRAFFT)
- Cognition (MMSE)
- Development (ASQ, M/CHAT, SDQ)
- Chronic Pain (MBMD/SCL 90)



Day in the Life



Behavioral Health Integration

Key Elements

- Flexible Communication
- Recruiting/training
- Orientation and Training of Primary Care Providers
- Maintaining strong connection to Behavioral Health
- Funding /Billing
- Outcome Measures

Flexible Communication

Who

- Primary care team (PCP, Case Manager, CMA, CMS)
- Customer / Owners
- Behavioral Health Consultants
- Behavioral Health
- Additional departments

How

- Being visible
- Reachable via pager
- Open to quick consults
- Concise feedback
- Technology Assisted

Recruiting BHC's

- Fit is everything
 - Let a prospective applicant see the clinic and give an example of a typical day
- Not every Behavioral Health professional is cut out to be a BHC
 - The “process oriented” clinician will struggle
 - Able to provide good “customer service”

Clinician Training

- Orientation Process
- Motivational Interviewing / Brief Interventions
- Formal training/Practice advisories
- Peer shadowing and chart reviews
- Mentor program

Primary Care Provider Orientation & Training

- Needs assessment
- Formal training
- Regular, informal one on one training
- BHC in primary care provider interviews
- Motivational Interviewing Training

Behavioral Health Connection

- Education (Therapeutic vs. Therapy)
- Continuum of Care
- Continuity of Care
- Joint oversight

Stepped Care for Behavioral Support

Healthy Communities, Supportive Family, Friends,
and Caregivers



Co-location

- Suboxone/ Naltrexone Clinic
- TBI collaboration
- Case Management
- BSD Screeners
- Co-located traditional therapists and psychiatrists

What We Found...



Clinic Impact

- From a PCP perspective
- From a BHC perspective

Success Data

- # customers with > 6 Visit utilization in 6 months has decreased since BHC Integration:
ER 19%, UC 25%, FMC 15%, Peds 39%
- 77% Primary Care Clinic staff reported increased efficiency
- 88% Primary Care Clinic staff are more satisfied with their job since BHC Integration
- 91% increase in access to Behavioral Health Service
- 23,778 customer visits to BHCs in 2010
- Reduction in anti-depressants and narcotic medication and lab orders

Funding

- 3rd Party Payers
- Targeted Case Management
- Grants
- Cost Savings
 - Employee
 - High Need
- Billing

Behavioral Health Integration

Current Initiatives

- Chronic Pain Collaboration
- Preconception to Age 5
- Wellness plan program
- Internships with local universities
- Specialty clinic collaboration
- YES program for adolescents



**next
steps**

Next Steps

- Develop BHC track at Local University
- Work on State Medicaid Billing
- Expand Training & Model Consistency

Review – Reflect - Restate

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How Did We Do?



Thank You!

Qagaasakung

Aleut

Taikuu!

Inupiaq

'Awa'ahdah

Eyak

Mahsi'

Gwich'in Athabascan

Igamsiqanaghalek

Siberian Yupik

Háw'aa

Haida

Tsin'aen

Ahtna Athabascan

Way Dankoo

Tsimshian

Gunalchéesh

Tlingit

Quyana!

Yup'ik

Благодарите Вас

Dena'ina Athabascan

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