IMPLEMENTATION OF
CO-LOCATION OF PRIMARY CARE
AND BEHAVIORAL HEALTH SERVICES

Date: August 8, 2017
Introduction
Today’s Presenter

Jacqueline Delmont, MD, MBA
Delmont Healthcare
Grassi & Co.

General partner questions and comments will be addressed today via the chat function.
1. What is co-location?

2. Key components of implementation
   A. Conduct a needs assessment
   B. Understand regulatory requirements
   C. Describe and quantify resources needed for implementation
   D. Develop workflows for warm handoffs and communication
   E. Monitor outcome measures and ongoing quality improvement

3. Successful implementation

4. Questions
The DSRIP Primary Care and Behavioral Health Integration project (3.a.i) is comprised of three models of behavioral health integration:

1. Collaborative care/IMPACT model
2. Co-location: behavioral health into primary care
3. Co-location: primary care into behavioral health

Integration exists along a spectrum, and individual sites will have different baseline states

- This webinar provides recommendations to consider for implementation that may be adapted to your organization as appropriate

Implementation strategy overview
What is co-location?

Co-location of behavioral health in primary care settings

- Co-location of mental health and/or substance use services
- Target population: Patients with more complex and stable behavioral health problems (e.g. schizophrenia, bipolar disorder, severe depression, psychoses) that can be appropriately managed in a primary care setting
- Behavioral health services can be provided by a co-located psychiatrist or psychiatric nurse practitioner, preferably supported by psychologist or social worker
What is co-location?
Co-location of primary care in behavioral health settings

- Target population: behavioral health patients with difficulty navigating routine primary care services
- Primary care services can be provided by any independently licensed provider (MD, DO, NP)
- Primary care services will include functions including:
  - standard preventive care services
  - screening and medical management issues specific to behavioral health population
  - population health management for common chronic conditions
  - collaboration with care management services
Key Components of Implementation

1. **Conduct a needs assessment**
2. Understand regulatory requirements
3. Describe and quantify resources needed for implementation
4. Develop workflows for warm handoffs and communication
5. Monitor outcome measures and ongoing quality improvement
1. Conduct a needs assessment

A needs assessment enables your organization to:

- Understand the potential volume and characteristics of the patient population with unmet needs for co-located services
- Estimate the percentage of patients with those needs who would be likely to engage the service
- Patient preferences for planned co-located services

The findings from the needs assessment serve as the foundation for the implementation of co-location at your organization.

1. **Conduct a needs assessment**

Co-location of Primary Care in Behavioral Health

A needs assessment of the population served in the behavioral health should quantify and characterize patients with:

- Difficulty engaging with primary care
- Access and transportation issues
- High needs for additional services, care management, specialty care that may benefit from a more robust primary care/multispecialty setting
1. Conduct a needs assessment
Co-location of Primary Care in Behavioral Health

A needs assessment of the population served in the behavioral health should quantify and characterize patients with:

- Stable serious mental illness (SMI) that can be managed by BH specialist co-located in primary care
- Patients with lower acuity behavioral health needs that are not being met by a collaborative care model supported by the primary care physician or mid-level in the primary care setting
- Unstable SMI, requiring substantial outreach and likely benefit from receiving care in a discrete BH setting
Key Components of Implementation

1. Conduct a needs assessment
2. Understand regulatory requirements
3. Describe and quantify resources needed for implementation
4. Develop workflows for warm handoffs and communication
5. Monitor outcome measures and ongoing quality improvement
2. Understand regulatory requirements

- Regulatory options include:
  1. Licensure threshold
  2. DSRIP waiver
  3. Integrated Outpatient Services (IOS) license
  4. Dual licensure for one agency
  5. Two providers with different licenses (shared space)

The regulatory option your organization chooses to pursue may influence the following implementation considerations:

- Resources
  - Staffing
  - EHR
- Physical space requirements
- Information sharing
- Governing body, policies and procedures
- Configuration of common areas
- Signage
2. Understand regulatory requirements

Depending on your organization’s approach to co-location, the following agreements may need to be considered:

- Shared space or lease agreement
- Memorandum of understanding (MOU)
- HIPAA business associate agreement
- Qualified Service Organization Agreement (QSOA) – substance abuse
- Consents for disclosure of treatment and medical records
Key Components of Implementation

1. Conduct a needs assessment
2. Understand regulatory requirements
3. **Describe and quantify resources needed for implementation**
4. Develop workflows for warm handoffs and communication
5. Monitor outcome measures and ongoing quality improvement
3. Describe and quantify resources needed for implementation

Physical Space
3. Describe and quantify resources needed for implementation
Physical Space Considerations

- Consider physical layouts that promote collaboration but also provides workspace that enables staff to perform job duties that require privacy
- Extended hours may allow for more efficient use of space for co-located services
- Physical space and environment should promote safety (e.g. secure workspaces, hazards disposal, accessible exits, etc.)
3. Describe and quantify resources needed for implementation

Physical Space Considerations for the Co-location of Primary Care in Behavioral Health

- 2 rooms per provider (at least one exam room, 2nd room can be an exam or consultation room)
- Triage
- Storage medical and office supplies
- Immunizations
- Lab/sample processing
- RN/MA station
3. Describe and quantify resources needed for implementation

Physical Space Considerations for the Co-location of Behavioral Health in Primary Care

- 1 consulting room per provider (e.g. psychiatrist, social worker)
- Group/family therapy room
- Meeting room for weekly/monthly care team meetings
3. **Describe and quantify resources needed for implementation**

**Physical Space Considerations for the Integration of Substance Abuse Treatment Services**

- 1 consulting room per provider (e.g. psychiatrist, social worker, psychologist, counselor)
- Group/family therapy room
- Detoxification room (intravenous detox if required)
- Secured storage for controlled substances (if required)
- Meeting room for weekly/monthly care team meetings
3. Describe and quantify resources needed for implementation

Staffing
3. **Describe and quantify resources needed for implementation**

**Staffing Considerations for the Co-location of Primary Care in Behavioral Health**

**Potential roles and functions:**
- Medical providers – physicians and/or NPs
- Nursing
- Medical assistant
- Receptionist
- Billing
- Lab coordination
- Referral management
- Care management/coordination
- Pre-visit planning and checkout
- Prior authorizations

**Consider establishing processes for matching services provided by staff roles with acuity determined by standardized psycho-social and physical health assessment, for example:**
- High acuity patients will be in *intensive outpatient* tracks, with multiple services per day and frequent physician contact
- Mid acuity patients will have less physician contact, more *nurse-care management* and a higher proportion of *psychotherapeutic* services than previously
- Stabilized, low acuity patients will be navigated to primary care for ongoing behavioral health management
3. Describe and quantify resources needed for implementation
Staffing Considerations for the Co-location of Behavioral Health in Primary Care

Potential roles and functions:

- Psychiatrist/psychiatric NP
- Individual and group therapy
- Care management/coordination
- Intake assessment
- Billing
- Administration

PCP Team

Adapted from: APA/APM report on dissemination of integrated care. 2016
3. Describe and quantify resources needed for implementation
Staffing Considerations for the Integration of Substance Abuse Treatment Services

Potential roles and functions

- Individual or group counseling
- Psychiatrist or psychiatric NP
- Certified alcohol and drug use counselors
- Care management/coordination
- Intake administration
- Billing
- Administration
- MD certified in addiction medicine as appropriate
3. Describe and quantify resources needed for implementation

Training
3. **Describe and quantify resources needed for implementation**

Potential training topics for training and staff onboarding:

- Model of care and workflows
- Team-based care
- Culture of collaboration and vision for integrated care
- Facilitating warm handoffs between clinicians
- Documentation and information sharing
- Understanding scheduling patterns
- Enhancing informal communication between providers due to proximity

Strategies to Support the Integration of Behavioral Health and Primary Care: What Have We Learned Thus Far? W. Perry Dickinson MD. J Am Board Fam Med 2015;28:S102–S106.
3. Describe and quantify resources needed for implementation

Information Sharing and Health Information Technology
3. Describe and quantify resources needed for implementation

Types of health information technology functions to facilitate information sharing:

- Common documentation platform (electronic health records)
- Schedule access
- Problem lists
- Clinical decision support tools
- Secure messaging
- Care coordination
- Referral tracking
3. Describe and quantify resources needed for implementation

Consider the usage of the following IT resources for your co-located service(s):
- Computers and telephones
- Electronic medical records
- E-mail
- Registries
- Dashboards and portals for tracking outcomes
- Telemedicine (e.g., video conference)
- Mobile health technology – instant messaging
- Triage and clinical decision support
- Data collection and use (e.g., for quality improvement)
# Key Components of Implementation

1. Conduct a needs assessment
2. Understand regulatory requirements
3. Describe and quantify resources needed for implementation
4. **Develop workflows for warm handoffs and communication**
5. Monitor outcome measures and ongoing quality improvement
4. Develop workflows for warm handoffs and communication

What is a warm handoff?
A transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family.

Resources needed to implement effective warm handoffs

Staffing
- Clinicians and practice staff implement warm handoffs as part of their regular duties
- Additional care management resources may be needed

Time
- Additional staff time may be needed to accommodate the changes in workflow
- Redesign the workflow so that additional time is minimized for the clinician

4. Develop workflows for warm handoffs and communication

Ongoing Communication

- Curbside discussions or phone calls for status updates
- Team huddles
- Text messaging
- EHR in-basket updates
- Secure email
- Formal consult reports
- Dedicated weekly/monthly care team meetings
Key Components of Implementation

1. Conduct a needs assessment
2. Understand regulatory requirements
3. Describe and quantify resources needed for implementation
4. Develop workflows for warm handoffs and communication
5. Monitor outcome measures and ongoing quality improvement
5. Monitor Measures and Ongoing Quality Improvement

Measurement-based treatment to target for populations

Systematic screening of a target population to proactively identify patients in need of care and improvement rates

**PHYSICAL HEALTH:** BMI, Hb A1C, BPC/Hypertension, LDL-C

**BEHAVIORAL HEALTH:** PHQ-9, GAD-7

**SUBSTANCE ABUSE:** AUDIT / DAST-10

Use of a registry to track a defined population of patients with identified behavioral health needs

Adapted from: Behavioral Health Integration Framework Evaluation (BHI-FE) Project
5. Monitor Measures and Ongoing Quality Improvement

- Determine process measures to monitor the effectiveness, efficiency, capacity, and productivity of the co-located services such as:
  - Screening rates
  - Volume of services provided
  - Improvement rates

- Understand the outcomes metrics that are relevant to the population identified in your needs assessment and manage your population to improve physical health and behavioral health outcomes

- Measures may overlap with incentive metrics from Managed Care Organizations and other value-based payment initiatives

- Design ongoing quality improvement activities around process and outcomes measures

Example Performance Improvement Methodology: The Model for Improvement
Strategies to Prepare for SUCCESSFUL Implementation

- Develop an inclusive, multidisciplinary team
- Acknowledge change
- Build and maintain engagement
- Bridge the cultural divide
- Education and training for all staff
- Use data for meaningful quality improvement
Successful Implementation

“You must give behavioral health integration adequate planning time. Regular on-site meetings that include leadership help to sort out problems early with the decision makers present to resolve questions as they occur. This is the only effective way to work out the kinks as you work your way through the integration process.”

Janet Rasmussen,
Director of Accountable Care and Behavioral Health,
Clinica Family Health Services
Upcoming Webinars to Support Implementation

- Measurement and quality improvement
- Billing considerations
- Physical health screening approaches
- Behavioral health screening tools
Questions?
For more information

ONECITY HEALTH SUPPORT DESK:

Call 646-694-7090

Email ochsupportdesk@nychhc.org with the subject line “PCBH Integration Question”

Hours of Operation:
Monday through Friday
9am to 5pm ET

PRESENTER:

Jacqueline Delmont, MD, MBA
Delmont Healthcare
Grassi & Co.
Email: jdelmont@delmonthealthcare.com