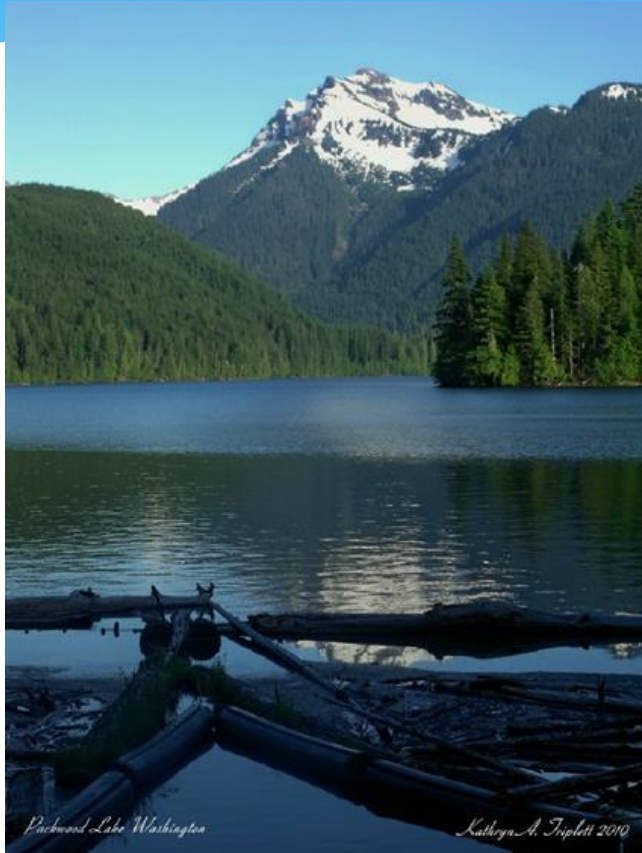


Valley View Health Center

Lewis County in Washington State



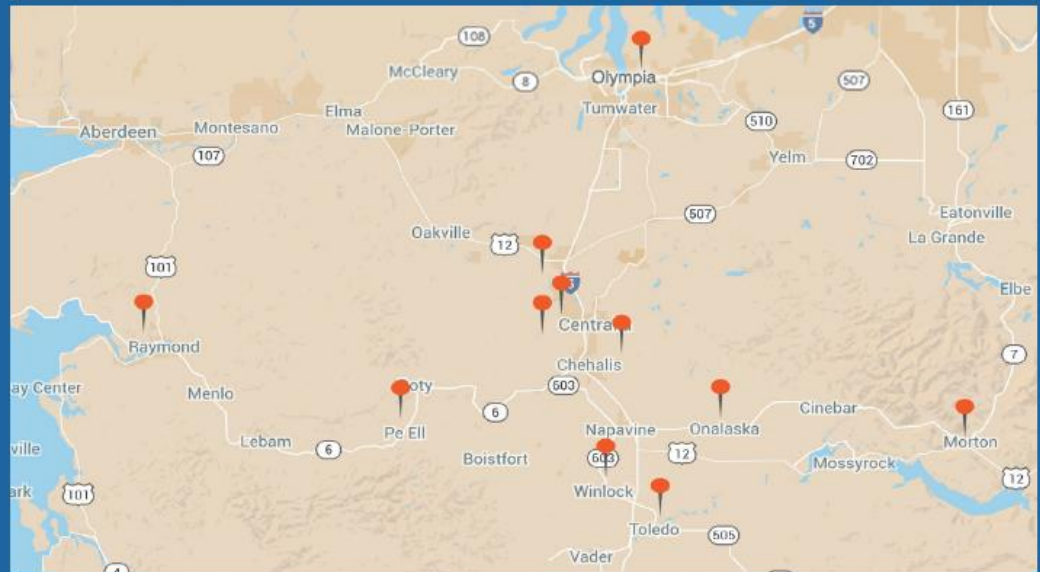
Valley View



Our Mission:
To improve the health and well-being of the community by providing quality and compassionate health care services in a patient centered atmosphere respecting individual and cultural diversity.

11 Clinics servicing Lewis, Pacific and Thurston County.

- 9 Clinics in Lewis County
- 1 Clinic in Pacific County
- 1 Clinic in Thurston County



There's a Valley View Health Center Clinic In Your Neighborhood

- Chehalis
- Centralia
- Morton
- Centralia Walk-In
- Centralia Pediatrics
- Onalaska
- Raymond
- Toledo
- Winlock
- Pe Ell
- Olympia

98% of patients reside within VVHC's service area, with the majority of patients, approximately 75%, living in Lewis County.

Our Vision Statement

We are a collaborative model with Medical, Dental and Behavioral Health working together for the best, measured, clinical outcomes for our patients.

We understand that all patients are unique and have their own individual and cultural values.

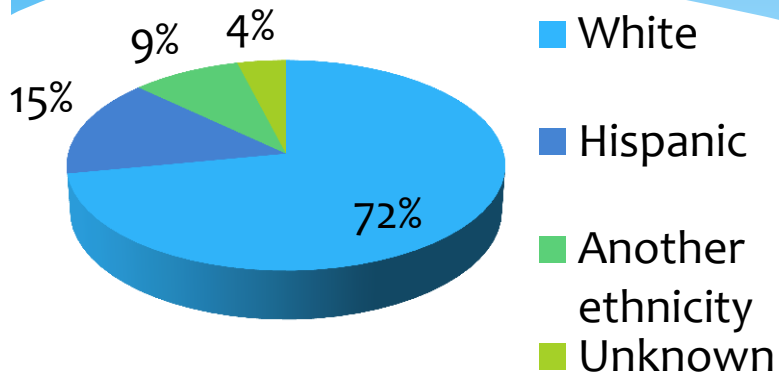
We focus our services on those patients who have chosen us as their primary health care home.

We value our employees and financial resources, and we are all responsible for cultivating and respecting those resources.

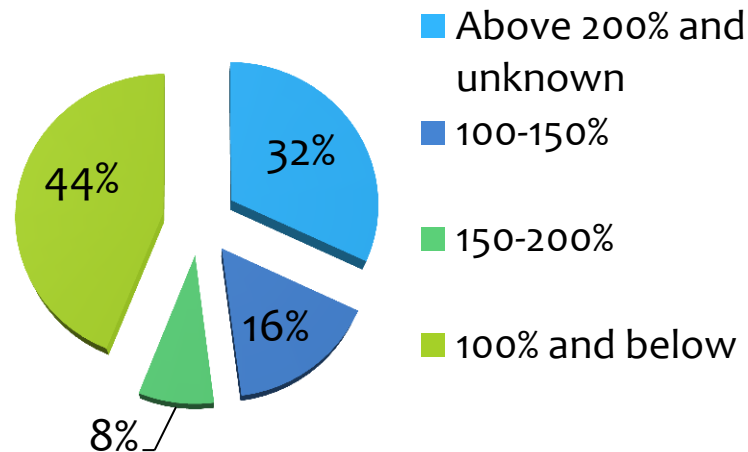
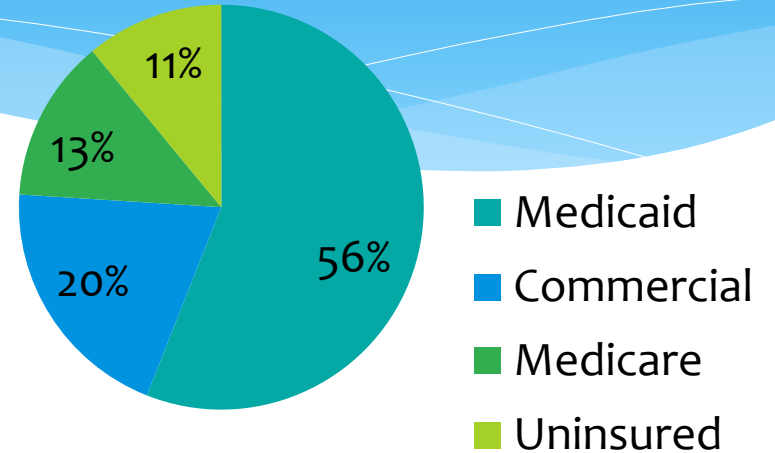
We believe that quality care needs to be delivered in the communities where our patients live.

Patient Diversity

Ethnicity



Patient Access



Collaborative Care Team –It Takes the Whole Organization

CLINICAL

➤ Care Manager Role

Master's Level Behavioral Health Providers (1 PhD) 4.5 FTE clinical (caseload a~ 225 patients)

➤ Psychiatric Consultant

Consulting Psychiatrist, UW – 2 psychiatrists

➤ Support Staff

BH Support Coordinator 3.5 FTE

➤ Supervising psychologist 2 hours per week

*ADMINISTRATIVE

➤ Administrative Lead (BH Director) Oversight of grant/administrative:

➤ Chief Financial Officer

➤ Director of Operations

➤ Human Resources/Credentialing

➤ Billing

➤ IT

➤ CEO

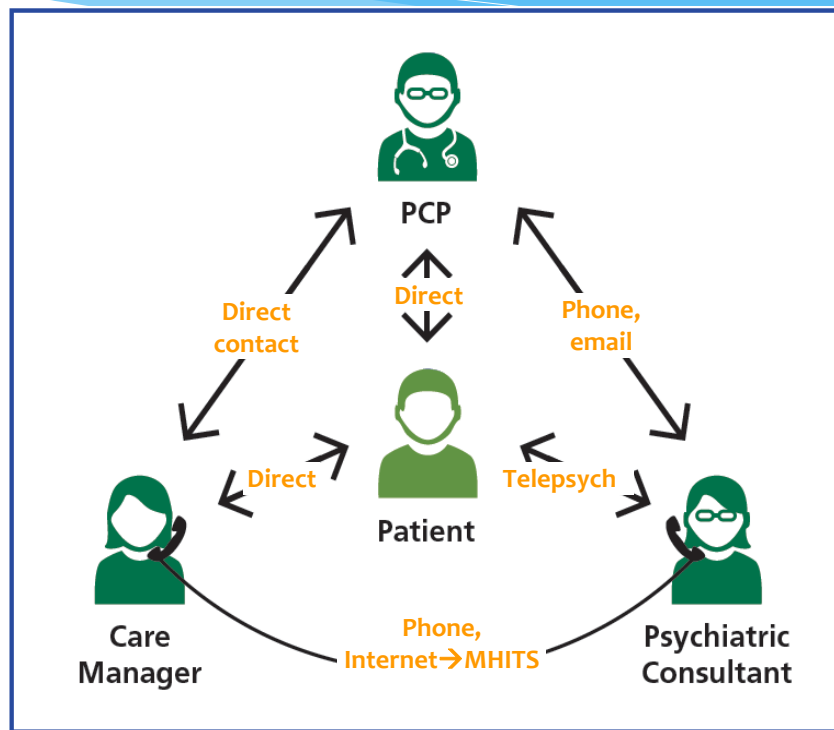
MEDICAL

➤ 11 PCPs in the 4 clinics that have integrated BH services

DENTAL

➤ 7 Dentists

Collaborative care team implementation

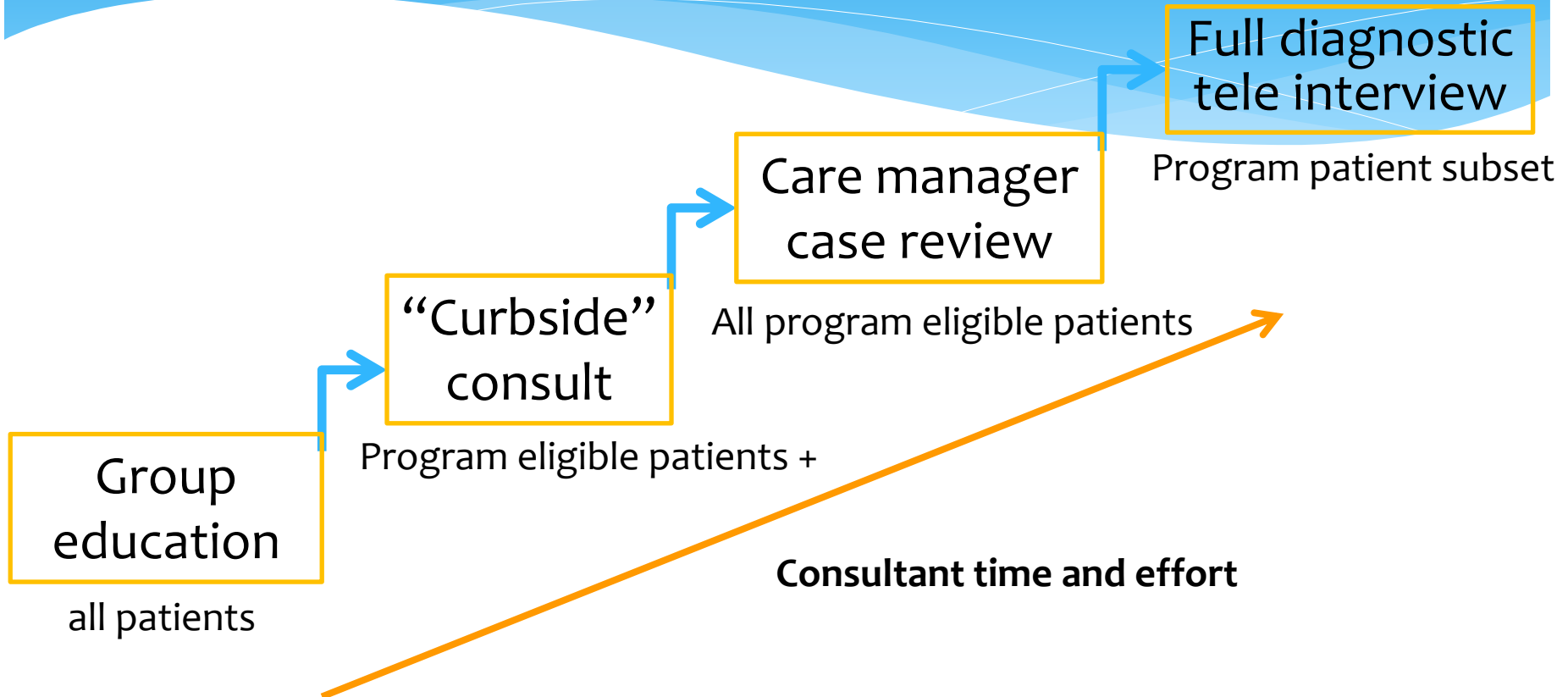


Housing

Vocational

Drug rehab

Levels of consulting psychiatrist input



Why integrated Care?

- * Breaks down barriers and engages patients in ways co-located mental health and outside referrals do not
- * Brings psychiatric care to rural areas
- * Support to Primary Care Providers
- * Better health outcomes occur with BH Integrated into primary care
- * Greater continuity of care with a collaborative treatment team
- * Makes efficient use of scarce resources
- * Promotes evidence-based practices
- * Best evaluated by population-based measures
- * Ideal for capitation-based reimbursement

What does it take to build an integrated model of care?

* Financial sustainability

- BH Billing in WA State does not allow for some components of the model: Psychiatric consultation not currently billable, telephone encounters are not billable
- Grant funding
- Credentialing

* Organizational

- BH Director on management team, CQIC, QACI, BOD, Etc.
- PCP training in the integrated model
- BH Providers that will work in the model

What it takes continued

* **Clinical**

- * **Relationship building and support for medical providers**
- * **Support from our consulting psychiatrist – trainings, consultations and teamwork**
- * **Creative and flexible ways for the warm connect and introduction of the team**
- * **Consult /Crisis assessments in the exam room**
- * **Patient continuity of care is greater as patients have a collaborative team**
- * **Ongoing communication**
- * **Fluidity and flexibility**
- * **Regular adjusting of work flows to improve patient and provider experience**

Challenges

- * **Financial sustainability: psychiatric consultant, billing that fits the model of care**
- * **Medical provider sustainability/turnover – time to train**
- * **Recruitment of behavioral health providers in rural setting**
- * **Salary appropriate compensation for retention**
- * **Lack of community resources put strain on CHCs and primary care providers pushed out of scope of practice (ex. Psychiatry)**

Rural Healthcare Reality

One care manager from Toledo shared this story: I met with a patient I have seen a few times now. In reviewing how she was doing with regard to information from our previous sessions such as setting and maintaining healthy boundaries and not getting pulled into every family member's drama, managing her emotions and emotional reactivity – she said she is really doing a much better job and was not getting sucked in to all the conflicts around her. She informed me that her “takeaway” from our sessions including CBT and DBT coping skills boiled down to one phrase that she repeats to herself when she feels herself struggling –

“Not my pig, not my farm.”

