

Collaboration to Integrate Primary Care for Individuals with SMI in a Community Mental Health Setting

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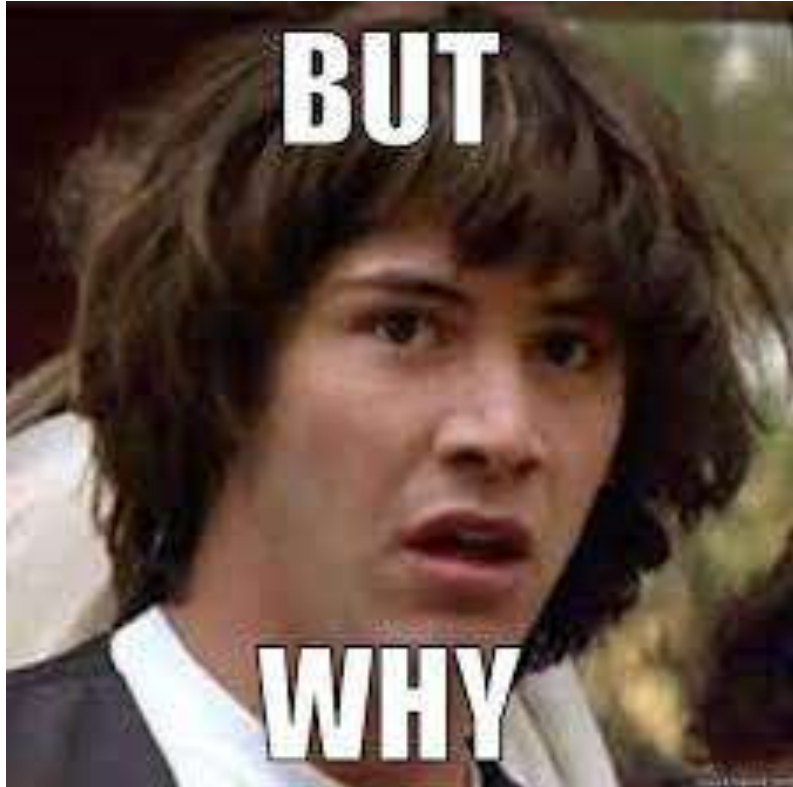


Disclosures

- ▶ The presenters have no relevant conflicts of interest to disclose.

Objectives

- ▶ To review the reasons for why integrating primary care into CMHC settings is crucial
- ▶ To detail the process of how CLR brought primary and dental care services to our clients
- ▶ To highlight the impact of integrated primary care services for CLR's clients with SMI



Why Integrate
Primary Care
into Your
CMHC?

Why Integrate Primary Care into your CMHC?

- ▶ Individuals with SMI die 15-20 years earlier on average vs. the general population (primarily from chronic medical conditions)
- ▶ Individuals with SMI are at greater risk of developing chronic conditions such as diabetes, coronary artery disease, COPD
- ▶ Individuals with SMI are more likely to experience potentially preventable medical hospitalizations
- ▶ Individuals with SMI are less likely to access traditional primary care services

Why Integrate Primary Care into your CMHC?

Randomized Trial of an Integrated Behavioral Health Home: The Health Outcomes Management and Evaluation (HOME) Study

Benjamin G. Druss, M.D., M.P.H., Silke A. von Esenwein, Ph.D., Gretl E. Glick, M.P.H., Emily Deubler, M.S.P.H., Cathy Lally, M.S.P.H., Martha C. Ward, M.D., Kimberly J. Rask, M.D. Ph.D.

Integrating Primary Care Into Community Mental Health Centers: Impact on Utilization and Costs of Health Care

Antoinette Krupski, Ph.D., Imara I. West, M.P.H., Deborah M. Scharf, Ph.D., James Hopfenbeck, M.D., Graydon Andrus, M.S.W., Jutta M. Joesch, Ph.D., Mark Snowden, M.D., M.P.H.

Mind the Gap: Developing an Integrated Behavioral Health Home to Address Health Disparities in Serious Mental Illness

Miriam C. Tepper, M.D., Alexander M. Cohen, M.S.W., M.P.H., Ana M. Progovac, Ph.D., Andrea Ault-Brutus, Ph.D., H. Stephen Leff, Ph.D., Brian Mullin, B.S., Carrie M. Cunningham, M.D., M.P.H., Benjamin Lê Cook, Ph.D., M.P.H.

Why Integrate Primary Care into your CMHC?

- ▶ Studies of integrating primary care into CMHC settings have shown:
- ▶ Increase in health screening
- ▶ Lower hemoglobin A1cs and BPs
- ▶ Fewer ER visits

Why Integrate Primary Care into your CMHC?



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Certified Community Behavioral Health Clinics (CCBHCs)

Why Integrate Primary Care into your CMHC?

- ▶ Integrated primary care is a CCBHC certification requirement, either by directly providing primary care or partnering with a primary care organization to provide services

The “how to”...

- ▶ Find a partner that shares your mission and values
- ▶ Identify a team that will work on integration
- ▶ Everyone on the team understands the difference between co-location and INTEGRATION



```
graph LR; A[What will it look like when it's done] --> B[Identify the steps to get there]; B --> C[Meet Regularly];
```

What will it
look like
when it's
done

Identify the
steps to get
there

Meet
Regularly

How to
integrate the
teams

How to
integrate
health records

How do we
track
outcomes

How will we
manage
problems

Identify the
process



How to Integrate the teams

- ▶ Both sets of teams need to understand the vision and integration
- ▶ Behavioral health team needs training on WHY physical healthcare is so important to client care
- ▶ Identify clear process for referrals and mandate it and track it

How to Integrate the Health Record

- ▶ Ensure IT is represented at the design team from both agencies
- ▶ Their job is to identify what is needed to ensure communication between the treatment team and reflect true integration of care.
- ▶ Schedule out recurring meetings with IT and leadership from the beginning. Those meetings will need to happen anyways due to unknown hiccups with tech that will happen!

Identify your workflow

Develop choreography for the staff teams





- ▶ There will be bumps along the way!
- ▶ Don't let them de-rail you
- ▶ Be willing to have hard conversations

If we share vision and values, we can move past the struggles!

WHAT ARE THE OUTCOMES AND HOW WILL WE TRACK THEM



KEEP IT SIMPLE- it takes time to build systems, start with small but vital few



DEDICATE STAFF- Invest in staff who know how to do this work



SHARE THE DATA- clinical staff will do a better job of collecting it if they can see the outcomes!

Getting Creative!

- Utilizing technologies available and getting creative. How do we report unduplicated new clients? How do we know when an appointment was successful?

PCP Appnts				
	Total Appnt Kept	Est Care-Success	Total No Show	Est Care No Show
22-Jan	21	19	10	8
22-Feb	41	25	14	9
22-Mar	36	20	33	21
22-Apr	28	8	30	21
22-May	40	17	23	14
22-Jun	37	12	13	6
22-Jul	22	8	14	7
22-Aug	29	10	22	13
22-Sep	27	14	28	20
22-Oct	28	18	20	12
22-Nov	8	3	8	12
Totals	317	154	215	143

Reporting Outcomes

PCP Appointments Kept Vs. No Show



	Total Appnt Kept	Total No Show
Jan-22	21	10
Feb-22	41	14
Mar-22	36	33
Apr-22	28	30
May-22	40	23
Jun-22	37	13
Jul-22	22	14
Aug-22	29	22
Sep-22	27	28
Oct-22	28	20
Nov-22	25	20
Dec-22	26	30
Jan-23	31	16
Feb-23	18	11
Mar-23	21	21
23-Apr	23	22
23-May	23	9

Tracking Referral Emails

	Total Referrals Made
Jan-22	0
Feb-22	0
Mar-22	1
Apr-22	1
May-22	4
Jun-22	3
Jul-22	9
Aug-22	46
Sep-22	23
Oct-22	38
Nov-22	17
Dec-22	18
Jan-23	22
Feb-23	17
Mar-23	27
23-Apr	51
23-May	16

Changes in our staffing and workflows directly impacted our metrics and reliability of metrics.

Data allowed us to...



Identify problems



Service gaps



Work more efficiently and effectively

QUESTIONS?

