Welcome!

Reducing Emergency Department among the Mental Illness Population Learning Series-

Behavioral & Physical Health Integration: Lessons from the Field-
Virtual Learning Collaborative

The session will start shortly!

Best Practices:

- Please keep your mic muted if you are not talking
- Please rename your connection in Zoom with your full name and organization
- We want these sessions to be interactive! Please participate in the polls, ask your questions and provide your input

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Participation Best Practices

- Please type your questions and comments into the chat box
- Please stay on mute unless you intentionally want to ask a question or make a comment
- Please rename your connection in Zoom with your full name and organization you work for
- All sessions will be recorded and shared on the OHA website
- **Please actively participate in the sessions! We want to hear from you**

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Behavioral & Physical Health Integration: Lessons from the Field

Today's Goals

To share two examples of integration in action

La Clinica

Behavioral and Physical Health Integration- Lessons from the Field

Case Example

Heather Starbird, QMHP

March 7, 2019

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La Clinica Background

- Federally qualified health center, 7 years of integrated behavioral health (IBH), full integration
- Wellness coaches and behavioral health clinicians (BHC)
- Substance use disorders, mental health, health behaviors
- Focus on pain and opioids, buprenorphine since 2003

Patient Example

- Post-surgical chronic pain, 5 MED to 60 MED
- 3 ED visits for pain during tapers
- Elusive diagnosis
- Failed taper, switched to buprenorphine, so happy, still pain but ok

What We Learned

- IBH impacted prescriber and clinic
- BHC helped with clinical reasoning and encouraged the prescriber to stay the course
- BHC provided emotional support and coaching for difficult conversations

What's Next

- Informal pathway from opioid to buprenorphine
- Increase skills of primary care clinicians
- Low barrier buprenorphine

Presenter Contact Information

Heather Starbird, QMHP

La Clinica

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Cascadia Behavioral HealthCare

Behavioral and Physical Health Integration- Lessons from the Field

Case Example

Harish Ashok

March 7, 2019

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Background

Integrated Primary Care Clinics

- CCBHC – Certified Community Behavioral Health Clinics
- Woodland Park, Plaza, Garlington
- 20 + Hours of Primary Care at each site
- Services offered to all Cascadia Behavioral Health clients

Whole Health Care Treatment Model

- Traditional roles redefined
- Comprehensive wrap around services – primary care, behavioral health
- Focus on health literacy and Skills training for improved health outcomes
- Quality over quantity

Integrated Team

Primary Care	Behavioral Health
Medical Provider	Mental Health Provider
Medical Assistant	Registered Nurse – Mental Health
Registered Nurse	Clinician + PWS
Population Health Analyst Integrated Care Coordinator	

Integrated Care Coordinator

- QMHA (Qualified Mental Health Associate trained in both Primary Care and Mental Health programs
- Access to both EHR (Epic + Credible)
- Facilitator of Huddles and general point person for both teams
- Focus on both care coordination and panel management (not case management)

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Our Integrated BH+ PCP Population

Current Total Enrollment: 610

N = 526	
Average Age	41.89
Average # of Current Medication per patient	8.21
Hypertension Registry	14.7 %
Diabetes (Type 2) Registry	10.7%
Asthma Registry	9.7%
Chronic Pain Registry	13.8%
CMS Defined Chronic Care Management Registry	67.2 %
Referrals Processed last year	Over 1200

Total # of ED visits 02/2018 – 02/2019 (Enrolled in Cascadia PCP): 710 visits (193 clients)

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Our Program Initiative - Overview

- ✓ Stratify patient population
- ✓ Identify data collection markers
- ✓ Identify Tools
- ✓ Identify relevant stakeholders – internal and external
- ✓ In Process - develop tracking model, develop interventions, program evaluation

Our Program Initiative - Objective

- Emergency Room over utilization – patterns of use
- Consolidate interventions – information sharing
- Fine tune care coordination between internal and external stakeholders
- Develop patient education plan – somatic/psychological/psychosocial/access
- Focus on positive behavioral changes

Our Program Initiative – Key Steps

- Daily interdisciplinary huddles
- ED discharge coordination
  - Team based coordination: Care Coordinator, Primary Care RN, LMP, BH RN
  - Community Based Care Coordination
- Emergency Room Panel Management

Impact of Health Literacy & Integrative Care Coordination on ED Use

- Pre-intervention:
  - ED visit count: 20~ visits in 2016-2017
  - Presentation: inappropriate use of services, chronic pain, frequent suicidal ideation (SI)
- Intervention: Cascadia Primary Care, Recovery Services & Chiropractic, RN education visits
- Post-intervention:
  - ED visit count: 7 visits in 2018
  - Presentation: recovery from daily acute symptoms markedly improved, overall improvement in mental and physical health

Impact of Health Literacy & Integrative Care Coordination on ED use

- Pre-intervention:
  - ED visit count: 26 visits in 2017-2018
  - Presentation: SI, confusion, disorientation, homelessness, and depression
- Intervention: Integrative Primary care and Behavioral Health
- Post-intervention:
  - ED visit: last visit 9/6/2018

So What Does This All Amount to?

- ✓ A initial look at ED Utilization among the primary care population pre-CCBHC and past year (Implementation of Primary Care) N = 256. Please note – Cannot infer engagement in integrative care setting resulted in reduced ED utilization at this time.

Total ED 3/16-2/17	4.95 Average visits per patient
Total ED 2018	4.18 Average visits per patient
ED High Utilizer 2/16-3/17	84 patients
ED High Utilizer 2018	66 patients
ED Super utilizer 2/16-3/17	9 patients
ED Super utilizer 2018	7 patients

What We Are Learning

✓ Integrative Care Coordination

✓ Transparency (Health Information Exchange) – BH and Primary Care

✓ Patient Involvement + Patient Education = Positive Behavioral Changes

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What's Next

- ✓ Refine program initiatives – ED Panel Management.
- ✓ Continued analysis of data
- ✓ Improved PreManage Utilization

Presenter Contact Information

Harish Ashok

Cascadia Behavioral Health

Clinical Director – Primary Care

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Thank you!

Please complete the post-session evaluation.

Next session is on **Thursday, March 21 from 7:30 - 8:30 a.m.**

- Lisa Parks, Mid-Valley Behavioral Care Network- PreManage
- Jonathan Betlinski, OHSU- Project ECHO, Telemedicine, and OPAL

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For more information on ED MI metrics support, visit www.TransformationCenter.org

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