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 examples of technology tools that can support behavioral health integration and improve care for patients with mental illness

Leveraging tools for better communication for the whole health of patients

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Technology Tools for Primary Care

Behavioral and Physical Health Integration- Lessons from the Field

Jonathan Betlinski, MD

March 21, 2019

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Extension for Community Healthcare Outcomes

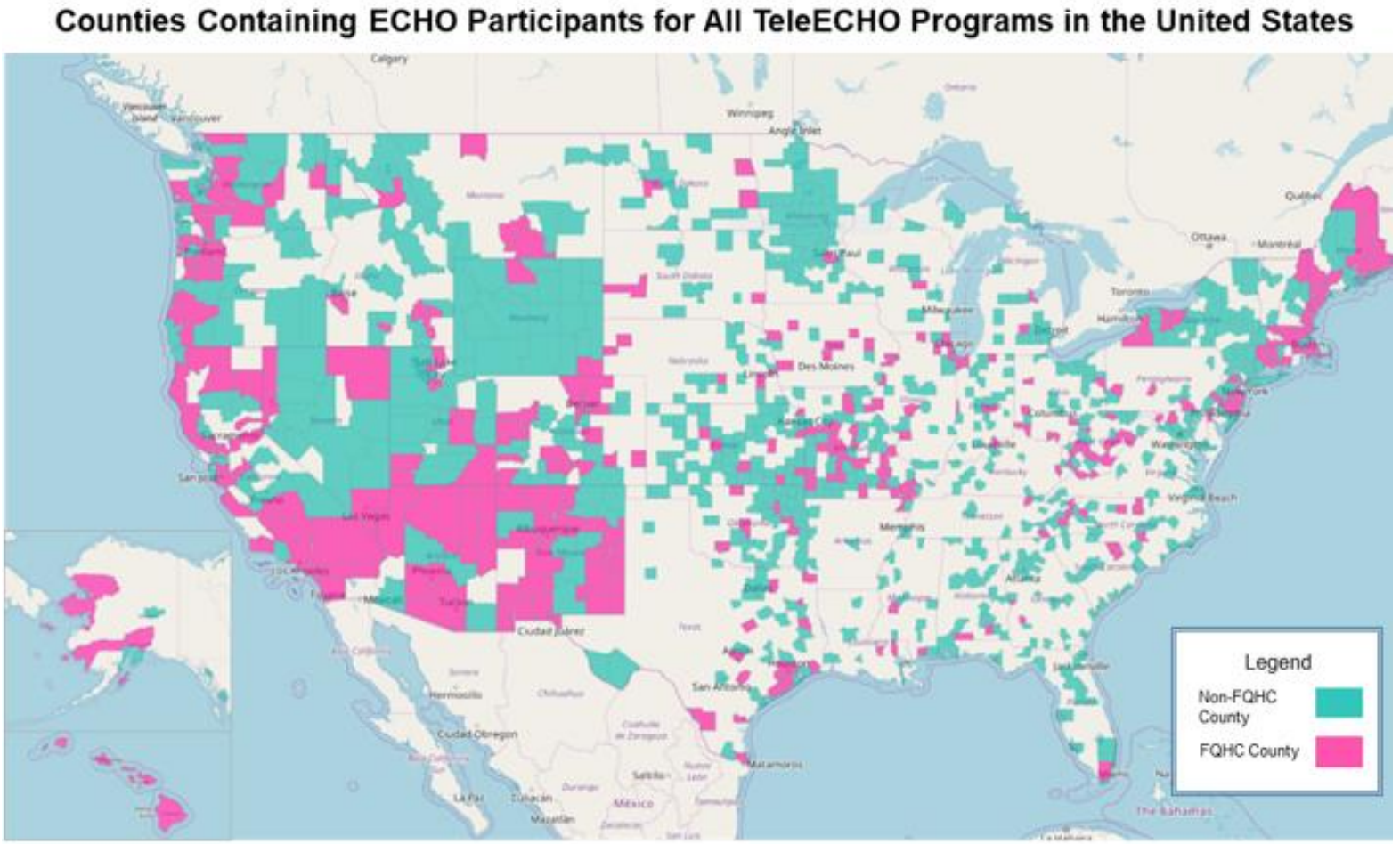
2003

Dr. Sanjeev Arora

University of New Mexico

Hepatitis C

Project ECHO



https://echo.unm.edu/echo-reach-in-the-usa/

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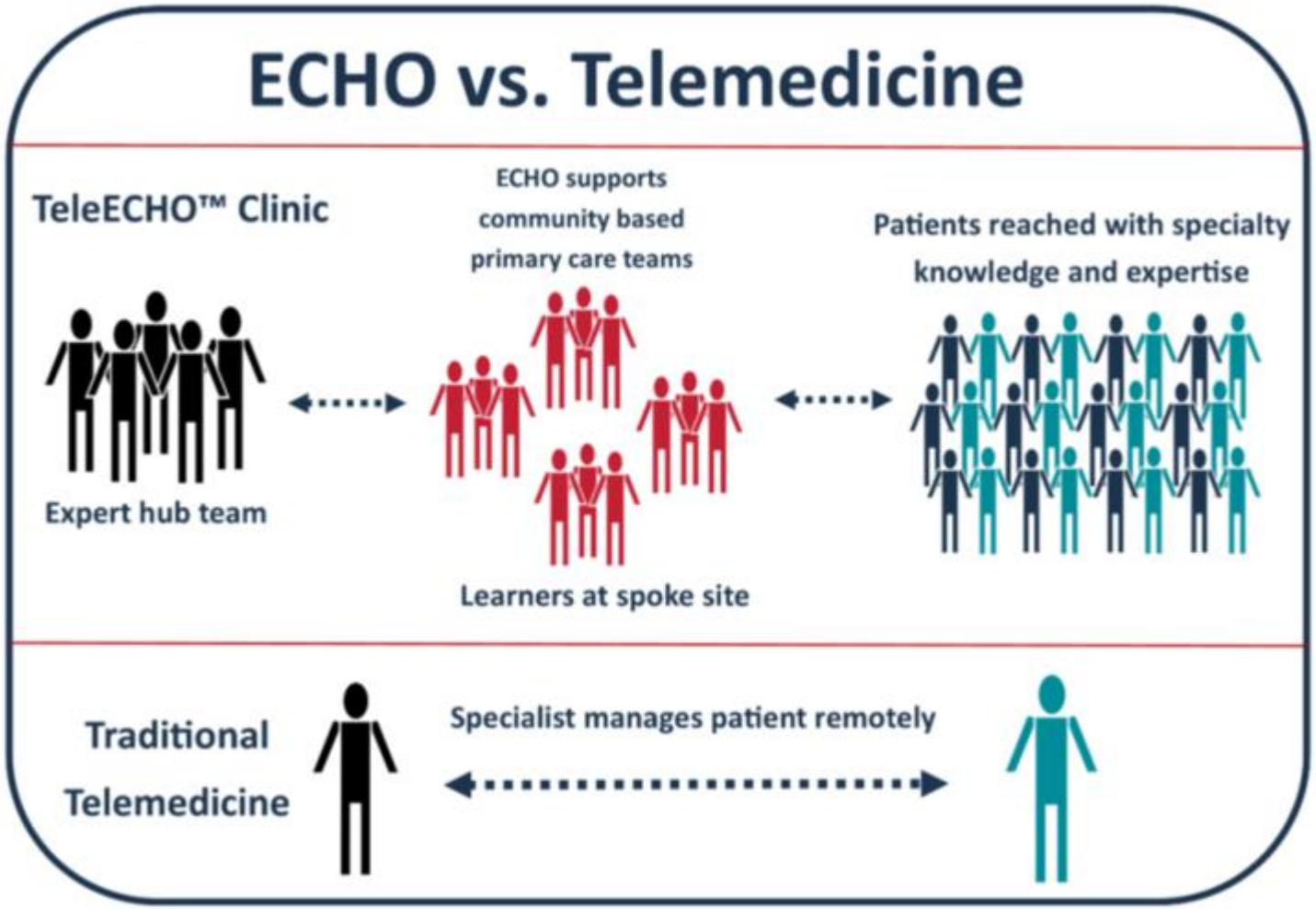
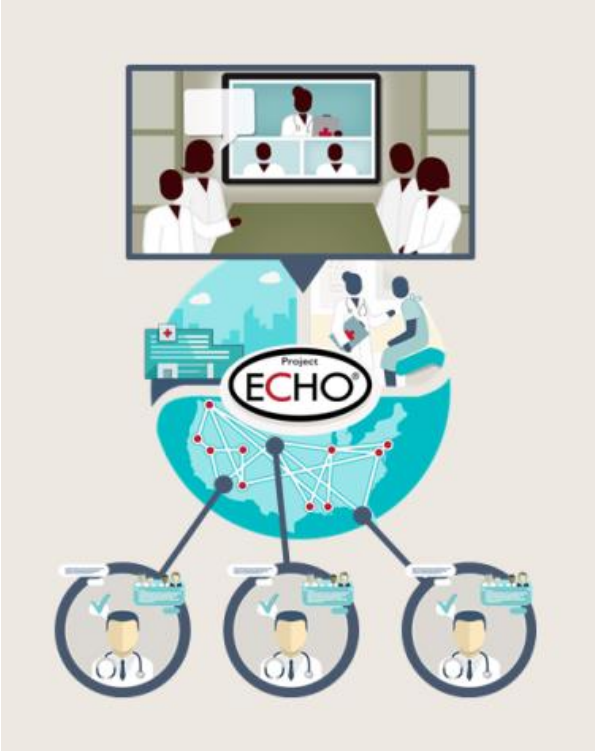
ECHO vs. Telemedicine



The Project ECHO® Model Principles

1. Use Technology (multipoint videoconferencing and Internet) to leverage scarce resources
2. Sharing “best practices” to reduce disparities
3. Case-based learning to master complexity
4. Program evaluation and data tracking



Arora (2013); Supported by N.M. Dept. of Health, Agency for Health Research and Quality HIT Grant 1 UC1 HS015135-04, New Mexico Legislature, and the Robert Wood Johnson Foundation.

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"All teach, All learn"

- Clinicians learn from specialists
- Clinicians learn from each other
- Specialists learn from practicing clinicians

Evidence for Project ECHO

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Sanjeev Arora, M.D., Karla Thornton, M.D., Glen Murata, M.D., Paulina Deming, Pharm.D., Summers Kalishman, Ph.D., Denise Dion, Ph.D., Brooke Parish, M.D., Thomas Burke, B.S., Wesley Pak, M.B.A., Jeffrey Dunkelberg, M.D., Martin Kistin, M.D., John Brown, M.A., Steven Jenkusky, M.D., Miriam Komaromy, M.D., and Clifford Qualls, Ph.D.

POPULATION HEALTH MANAGEMENT
Volume 00, Number 00, 2017
© Mary Ann Liebert, Inc.
DOI: 10.1089/pop.2016.0087

Original Article

Telementoring Primary Care Clinicians to Improve Geriatric Mental Health Care

Elisa Fisher, MPH, MSW,[1] Michael Hasselberg, PhD, RN, PMHNP-BC,[2,3] Yeates Conwell, MD,[2] Linda Weiss, PhD,[1] Norma A. Padrón, PhD, MPH,[4,5] Erin Tiernan, BS,[2] Jurgis Karuza, PhD, MA,[6,7] Jeremy Donath,[8] and José A. Pagán, PhD[1,9,10]

Review

The Impact of Project ECHO on Participant and Patient Outcomes: A Systematic Review

Carrol Zhou, MD, Allison Crawford, MD, Eva Serhal, MBA, Paul Kurdyak, MD, PhD, and Sanjeev Sockalingam, MD, MHPE

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Benefits of Participating in ECHO

Professional Development

Create Community

Participate from home or your office

No-Cost CME and Maintenance of Certification Credits

Increased Patient Satisfaction

Improves Quality of Care

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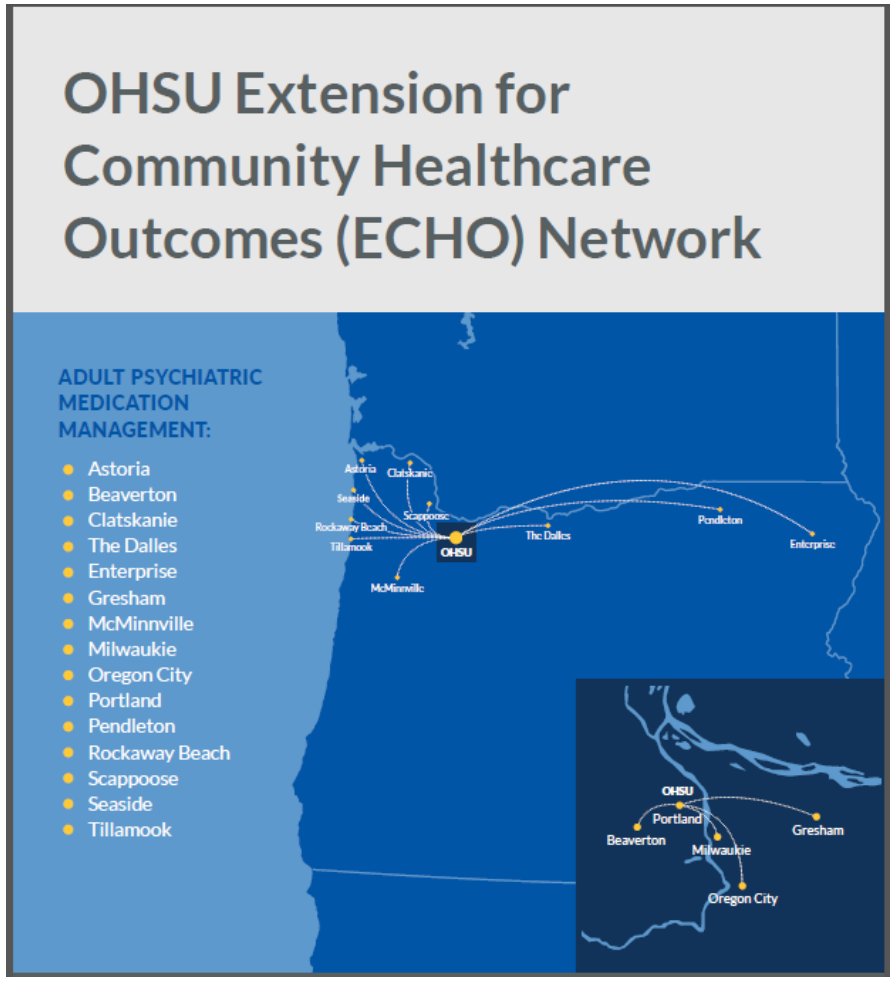
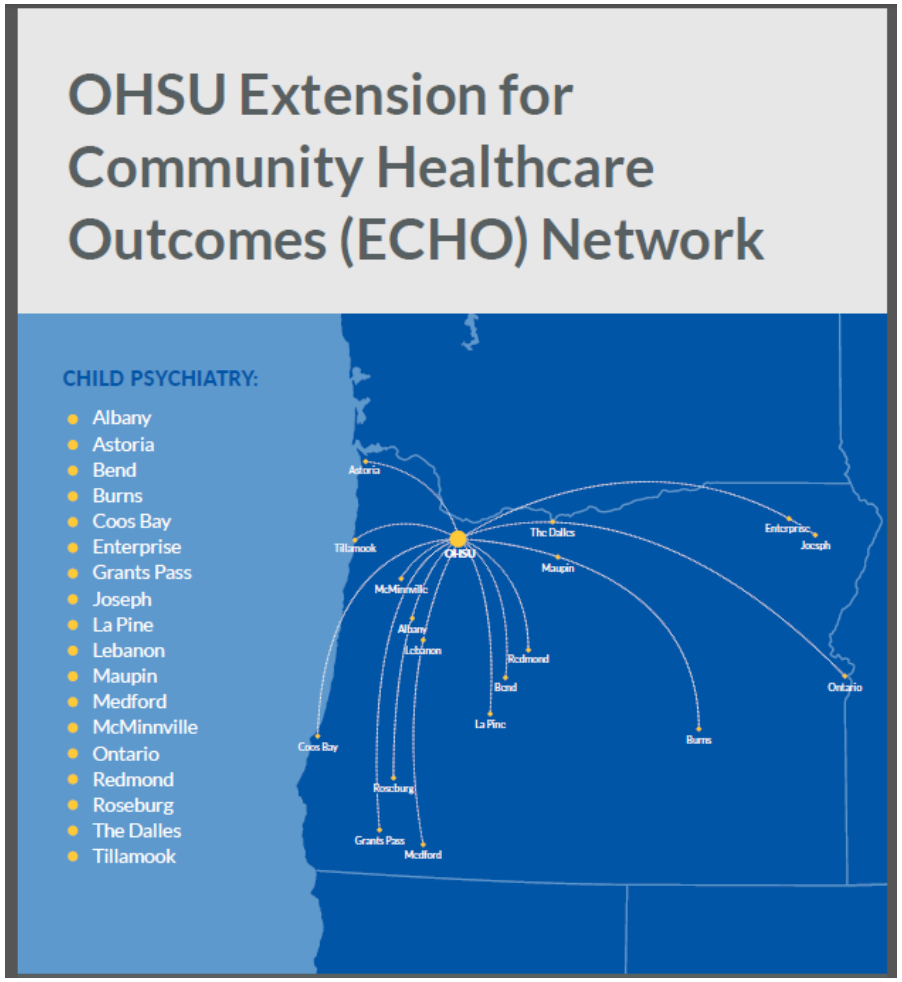


Adult Psych Meds Management ECHO
Funded by HealthShare of Oregon



Child Psych ECHO
Funded by OHA

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Preliminary Findings

TABLE 12. DEGREE OF LEARNING FROM ECHO SESSIONS

N= 12 clinicians	Mid-Program Survey % (n)	Post-Program Survey % (n)
Percentage of respondents with *high or very high* degree of learning from ECHO clinics by topic.		
Screening patients for mental health disorders	33% (4)	67% (8)
Treating patients with mental health disorders	50% (6)	83% (10)
Prescribing and managing medications for mental health disorders	67% (8)	75% (9)
Management of side effects associated with treatment for mental health disorders	25% (3)	58% (7)
Screening patients with mental health disorders for co-morbid substance abuse issues	33% (4)	67% (8)
Treatment of behavioral/substance abuse issues in patients with mental health disorders	17% (2)	50% (6)
Prescribing and managing medications for co-occurring mental health and substance use disorders	17% (2)	67% (8)
Communication with patient and families about mental health disorders and treatment options	50% (6)	50% (6)

Feedback & Comments

"Reviewing meds with a psychiatrist and pharmacist as presenters is wonderful. The little nuggets you offer are helpful and resonate as I am working with patients and their medications."

"This conference provided a reminder for us to be mindful that each one of us has a unique context from which we experience health and the absence thereof."

"I have a better understanding of how to monitor the mood stabilizers which always made me nervous."

"Great, challenging cases that reflect patients I see and struggle with as well."

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Spring 2019 Programs

- **Adult Psychiatry I** (Jonathan Betlinski)- 4/4-6/20 (12 sessions)- *participants will be encouraged to commit to both cohorts*
- **Dementia 360** (Allison Lindauer)- 4/3-6/19 (12 sessions)
- **Chronic Pain & Opioids** (Jonathan Robbins)- 4/9-6/25 (12 sessions)
- **Substance Use Disorders in Hospital Care** (Honora Englander) 4/10-6/26 (12 sessions)

Oregon Psychiatric Access Line

Welcome to the Oregon Psychiatric Access Line (OPAL)

OPAL-K about Kids

OPAL-A about Adults

Phone

Toll-Free: 1-855-966-7255

Portland Metro: 503-346-1000

OPAL call center hours

9 a.m. – 5 p.m.

Monday through Friday, excluding major holidays

OPAL is not a walk-in clinic or in-person referral site

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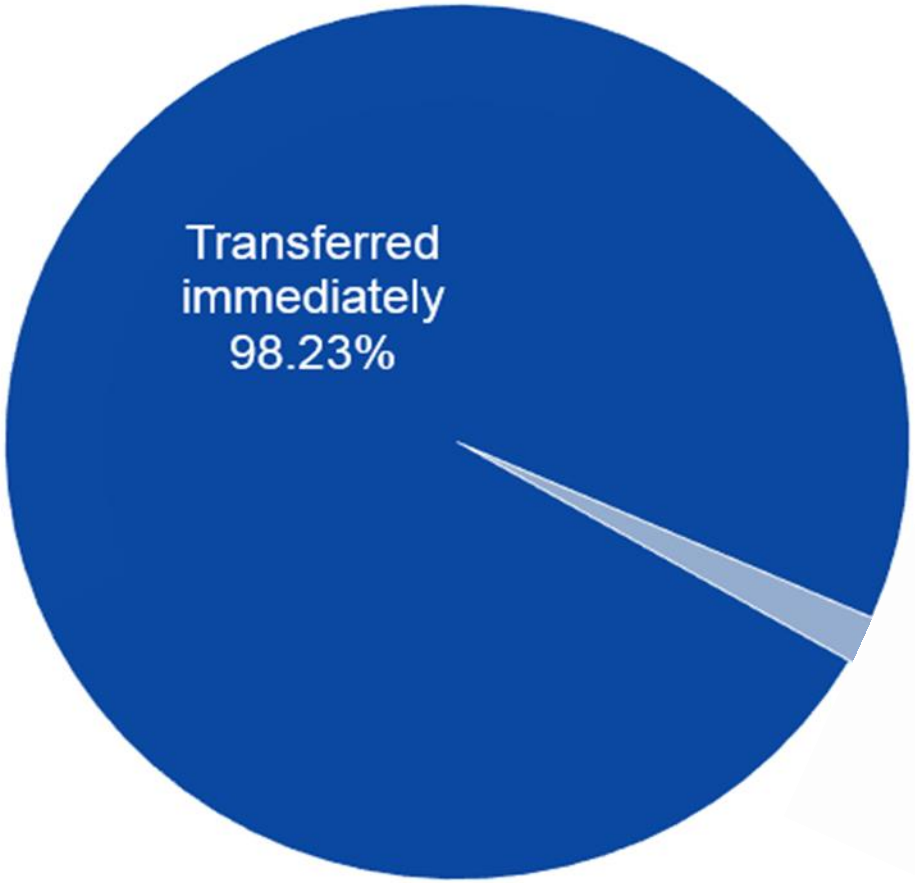
History of OPAL

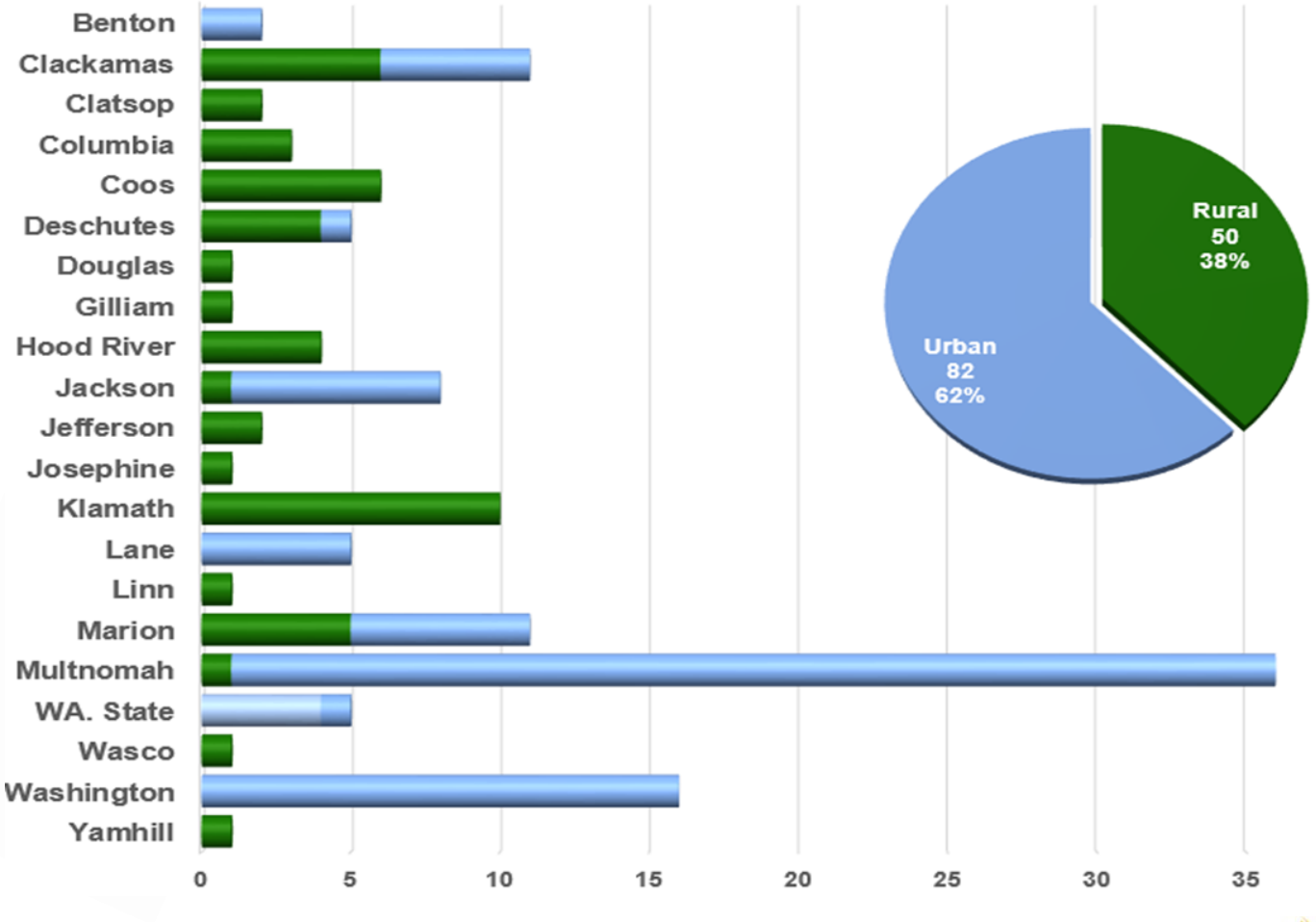
- Originally grew from collaboration between OPS and OCCAP
- Initial grant support from Clackamas County MHO and Marion County IPA.
- Based in part on MCPAP in MA and PAL in WA
- Funded statewide by 2013 Oregon Legislature
- Took first phone call in 2014
- Expanded to all ages by 2018 Oregon Legislature

OPAL Today

- Two programs under one hotline: OPAL-K and OPAL-A
- 120 hours of Psychiatrist time each week
- Most calls last 15-20 minutes
- Written recommendations provided after phone call
- Website with Care Guides
- Coming soon:
  - Support for Emergency Rooms
  - Support for Medication Assisted Treatment for Addictions

OPAL-A Phonecalls Oct-Dec 2018





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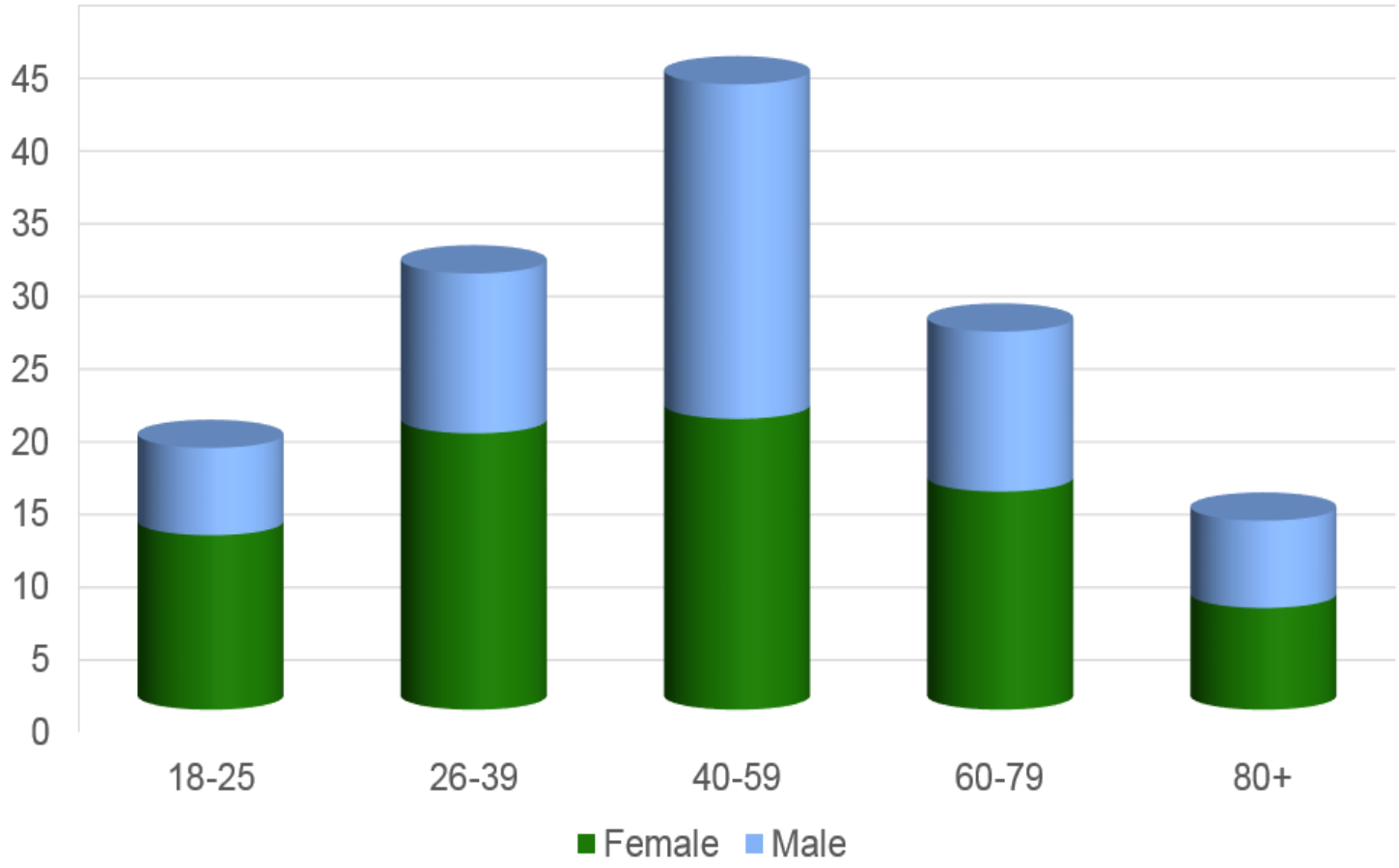
OPAL-A Consult Call Age Distribution
October-December 2018



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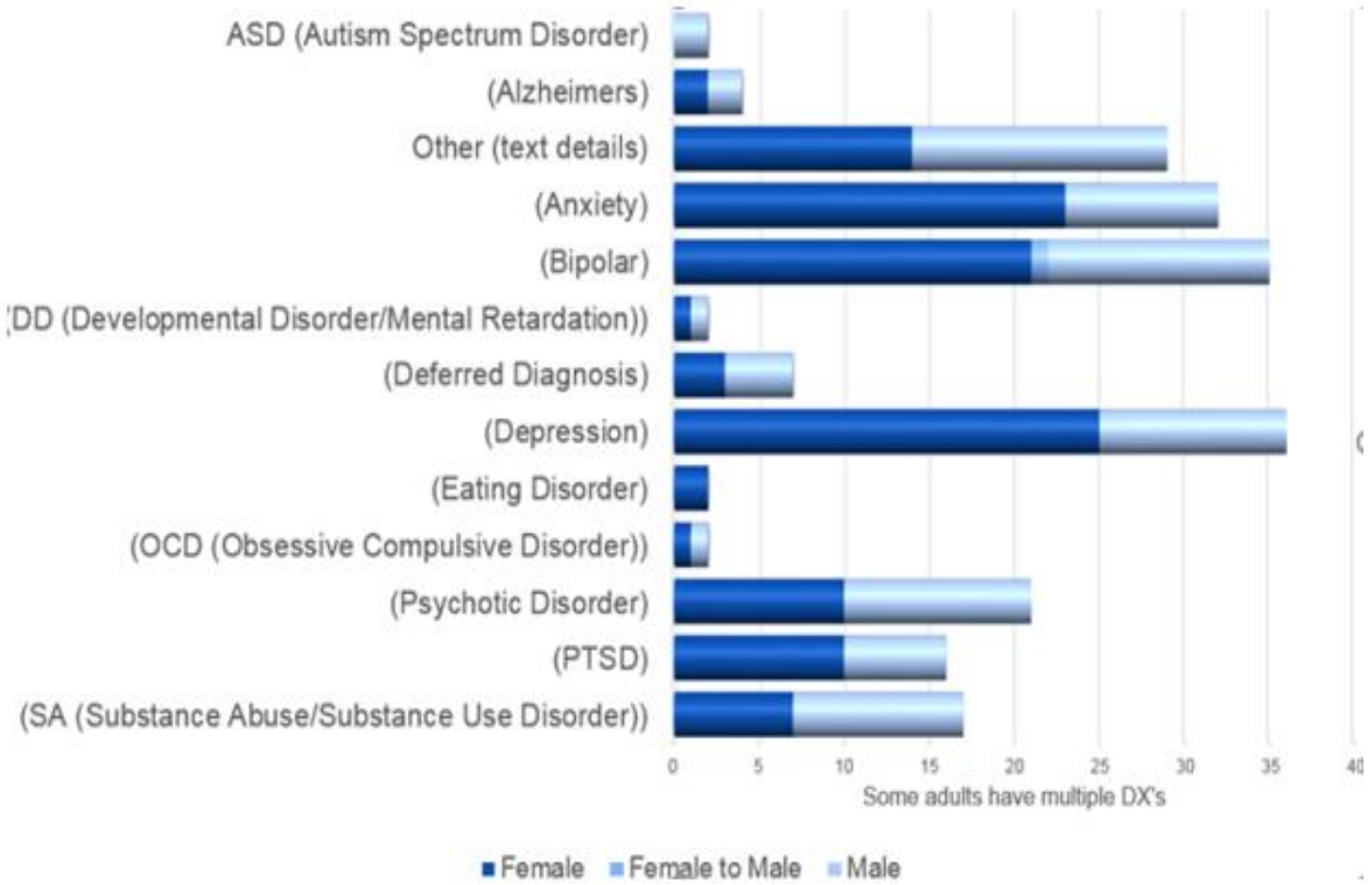
OPAL-A Call Patient Diagnoses
October-December 2018



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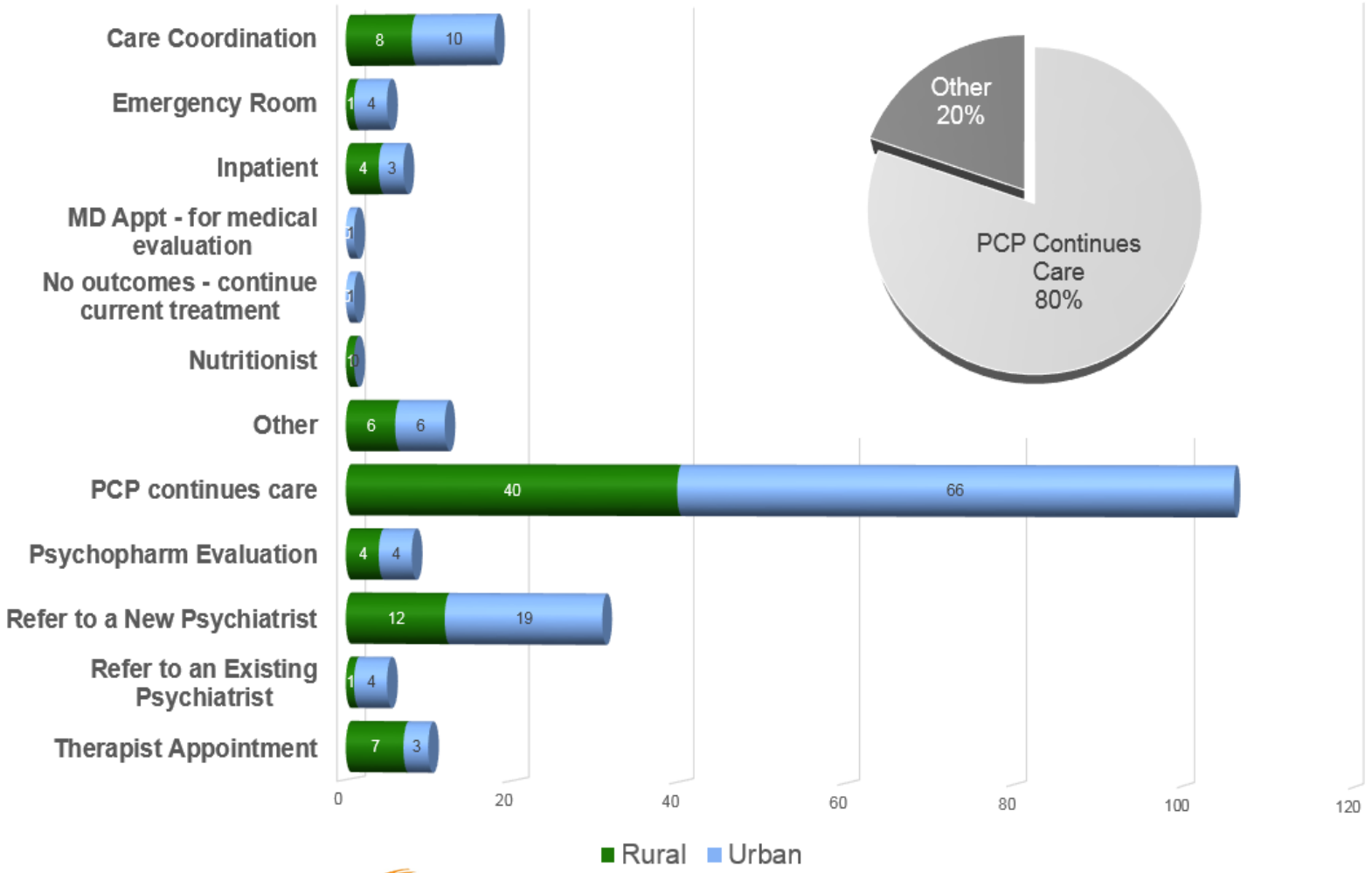
OPAL-A Outcome of Calls
October-December 2018



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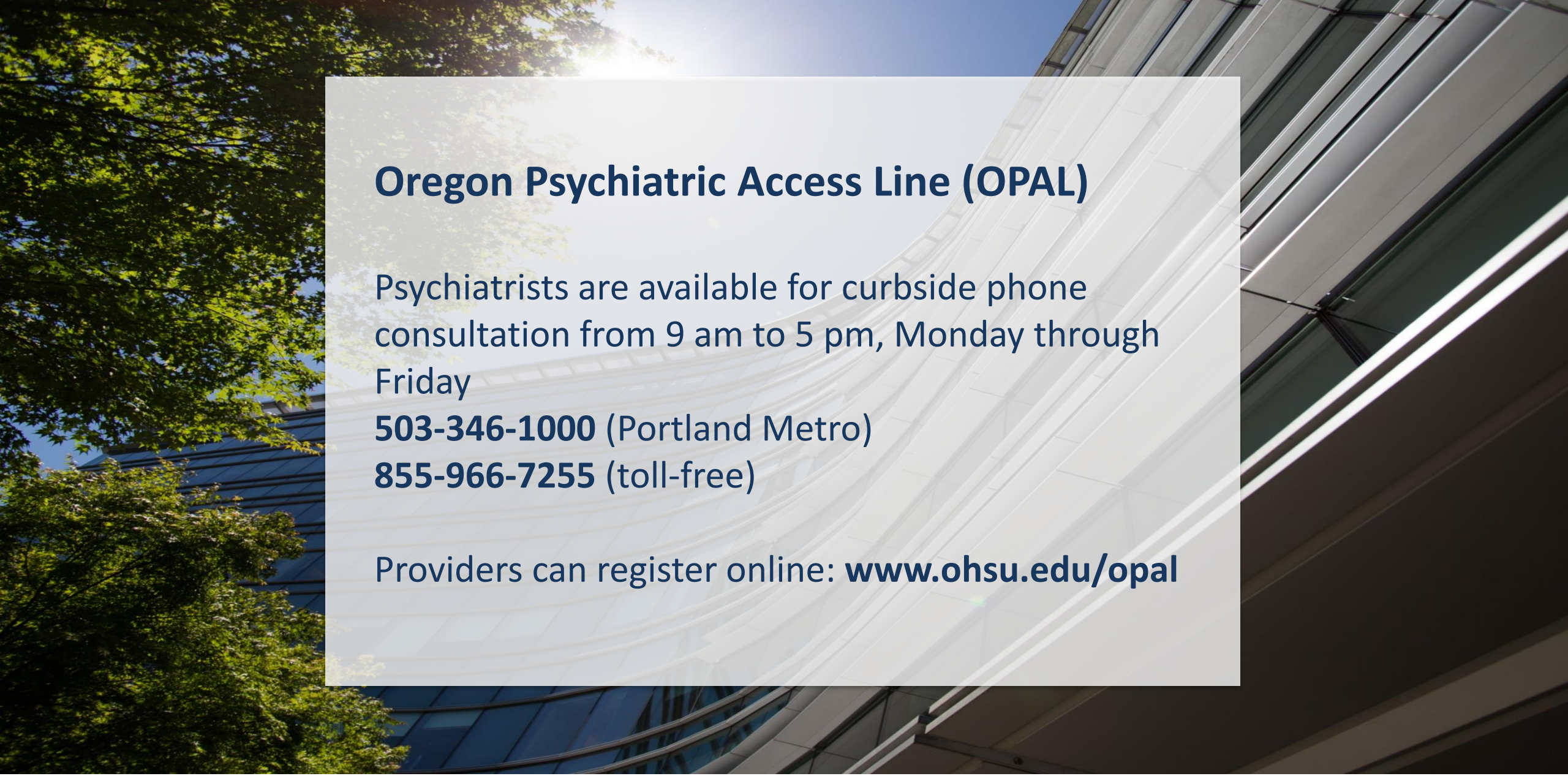

Oregon Psychiatric Access Line (OPAL)

Psychiatrists are available for curbside phone consultation from 9 am to 5 pm, Monday through Friday

503-346-1000 (Portland Metro)

855-966-7255 (toll-free)

Providers can register online: **www.ohsu.edu/opal**

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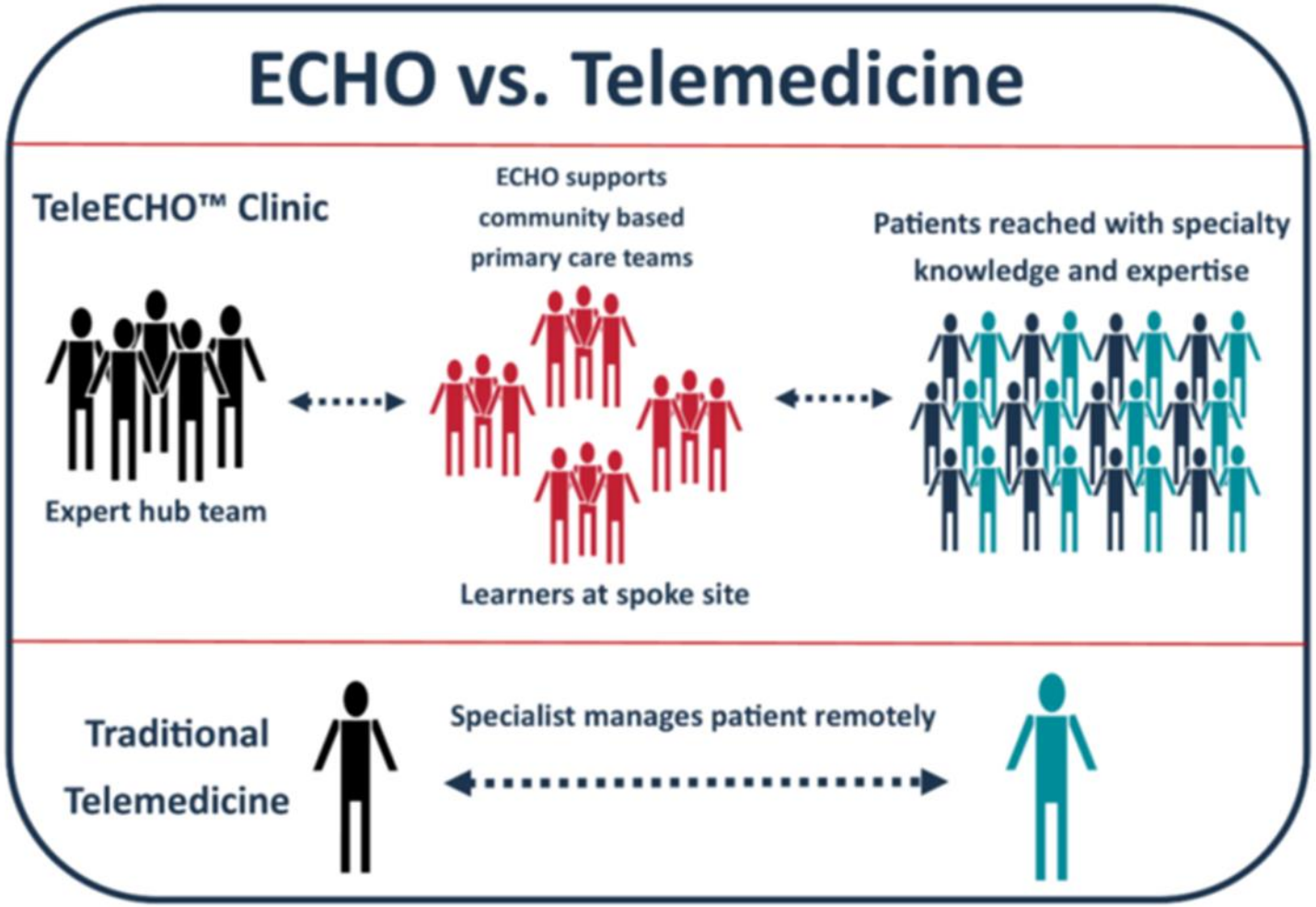
What is Telepsychiatry?



Psychiatry delivered by telemedicine
Assessment
Medication Management
Consultation
Psychotherapy

http://www.usatoday.com/story/news/nation/2014/06/07/the-doctor-will-see-you-now--virtually/10171461/

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Telepsychiatry in the 21st Century

Equivalent to face-to-face care
- Diagnoses are valid
- Continuity and quality of care are maintained
- Well-received by both patients and physicians

Access improves

Costs decrease

Populations studied
- College students
- Incarcerated persons
- Rural residents
- Children
- Veterans
- Immigrants

http://perspectives.ahima.org/telepsychiatry-in-the-21st-century-transforming-healthcare-with-technology/#.VSUdPLHn-Uk

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Other Technologies

Measurement-Based Care

- Screening tools sent via App or Email
- Zero-Suicide Initiative

E-Consults

- Asynchronous answers to PCP questions

Connecting with individuals in their homes

Rural Telepsychiatry

The Future is Bright

- Can serve difficult to reach or unlikely locations
- Goal is to enhance local resources

http://www.psychiatrictimes.com/special-reports/rural-telepsychiatry-future-bright

Promises and Limitations

- Evaluations, medication management, CBT
- Group therapy
- Coverage and collegiality for rural docs

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3449343/

Implementing Collective Platform in Behavioral Health Network

Behavioral and Physical Health Integration- Lessons from the Field

Lisa Parks

March 21, 2019

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Provider Network Background

Our Provider Network Service Area (Polk and Marion counties)

- 24 community-based outpatient mental health organizations
- 10 addiction organizations

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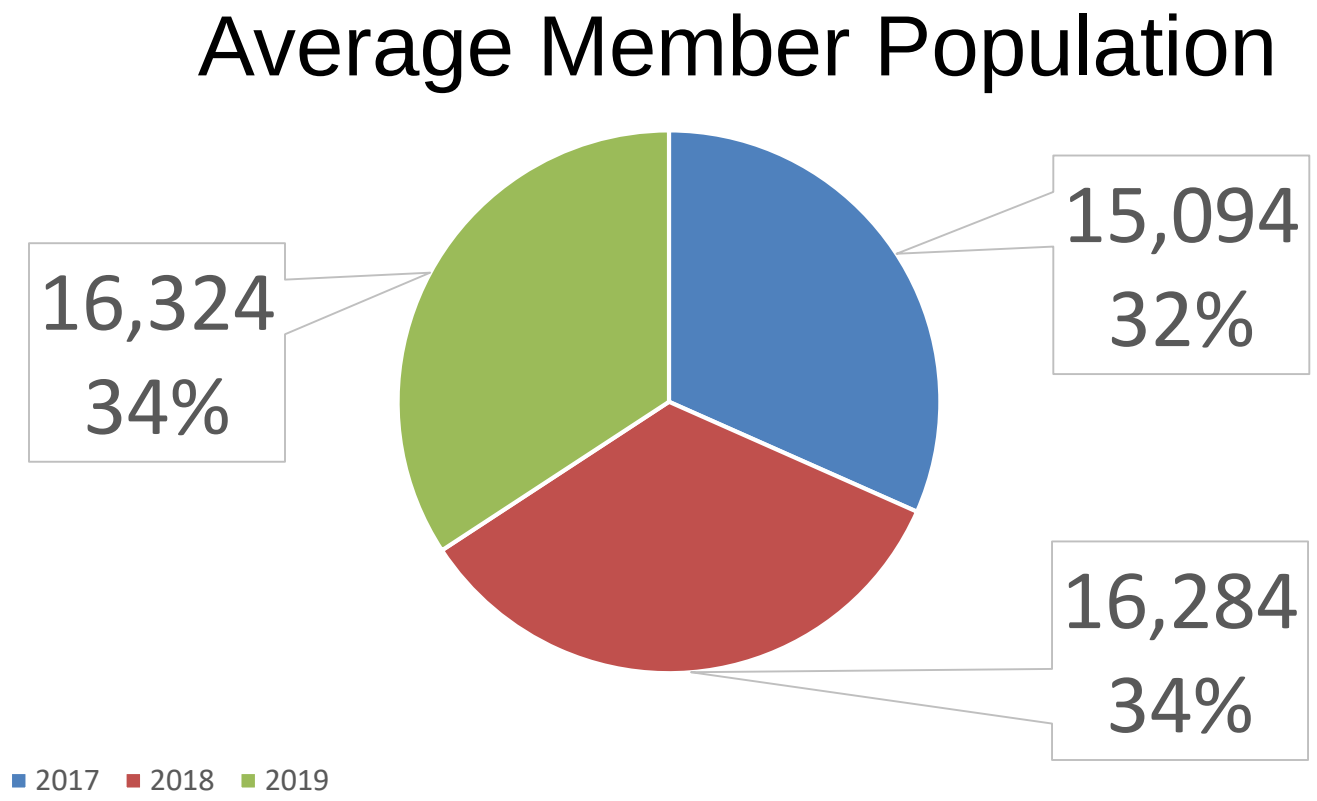
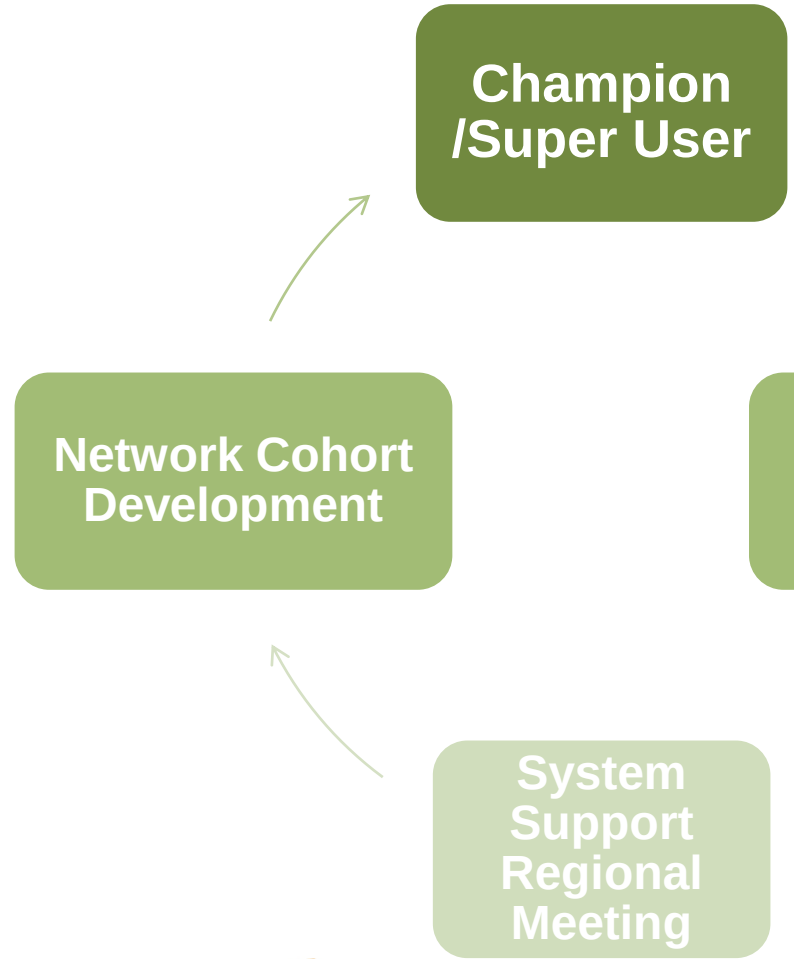
Member Background

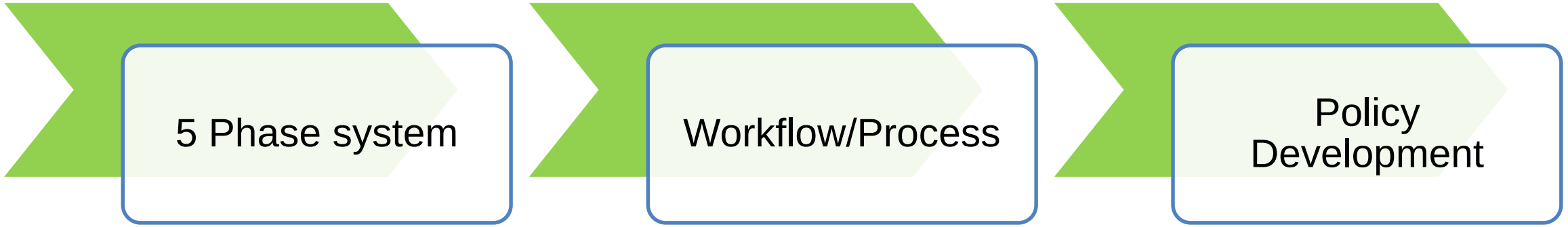


System Development



Our Experience

Network onboarding: Keeping it Simple

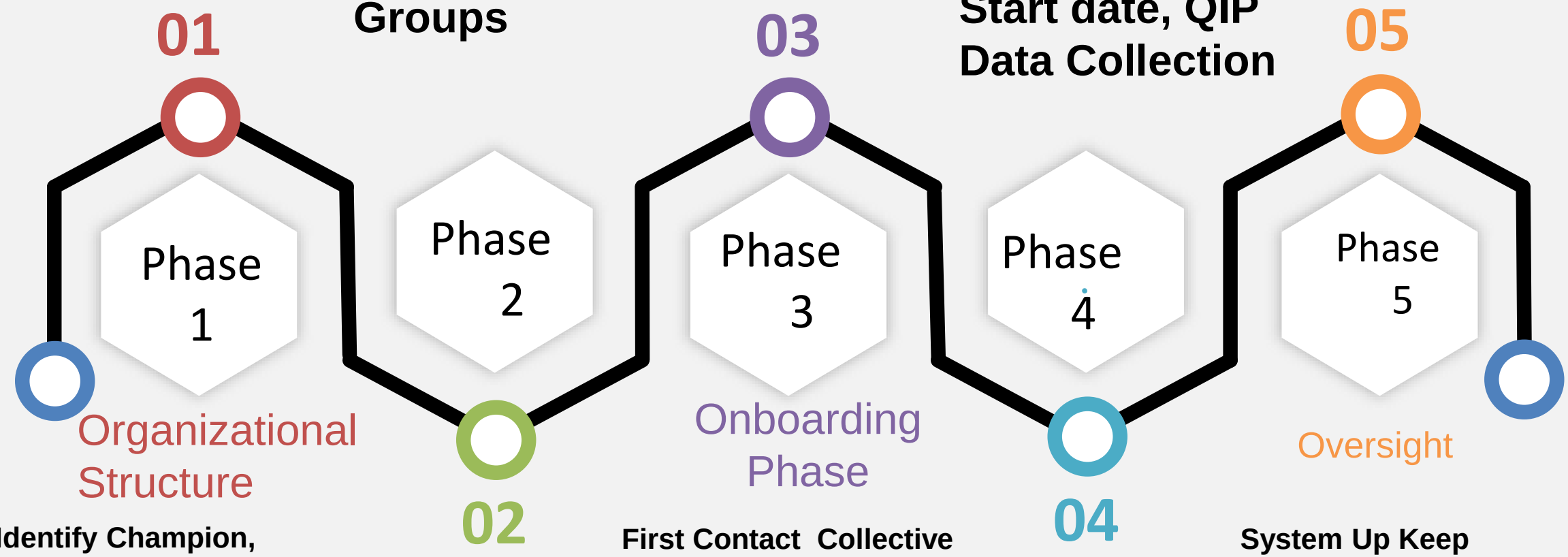


Action Plan

Development of Basic Cohorts Groups

Implementation

Start date, QIP Data Collection



Identify Champion, User(s), Procedures, Workflow, Policy, Eligibility file, Alert

First Contact Collective Medical, IT/Champion, Discovery Form

System Up Keep Agency Benefits

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What We Learned

Network Use of the Collective Platform Tool:

A. Increased ability to communicate within the platform community
B. Effective and timely care coordination
C. Data improves the ability to identify trends and areas of improvement

Network Experience

Piloted State Initiatives

- POLST-Physician Orders for Life-Sustaining Treatment Care Team
- 42 CFR Part 2-is a federal regulation that pertains to any individual or entity that is federally assisted and holds itself out as providing treatment or referral for treatment for individuals with a substance use disorder diagnosis.

- Tool kits to support Oregon use of the Collective Tool

What's Next

- Building network metric reports
- Onboarding remaining small providers
- Community engagement

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Presenters Contact Information

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