

Behavioral Health Home Learning Collaborative

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Background

Adults with serious mental illness (SMI) or substance use disorders (SUD) are far less likely to access medical services in primary care settings and, as a result, experience poor health outcomes including multiple, untreated chronic conditions and premature death. Oregon has identified this population as a key target for coordinated and integrated care in health home settings.

Project Description

The Behavioral Health Home Learning Collaborative (BHH LC) aims to promote the integration of primary care into behavioral health settings. BHH LC includes 13 behavioral health agencies, clinics and chemical dependency treatment programs incorporating primary care into behavioral health settings to provide whole-person care to populations with SMI and SUD. Intensive practice coaching is the primary intervention for BHH LC, which allows for individualized technical assistance to help participating sites clarify their goals, assess their organizational capacity and implement quality improvement projects.

Project Measures

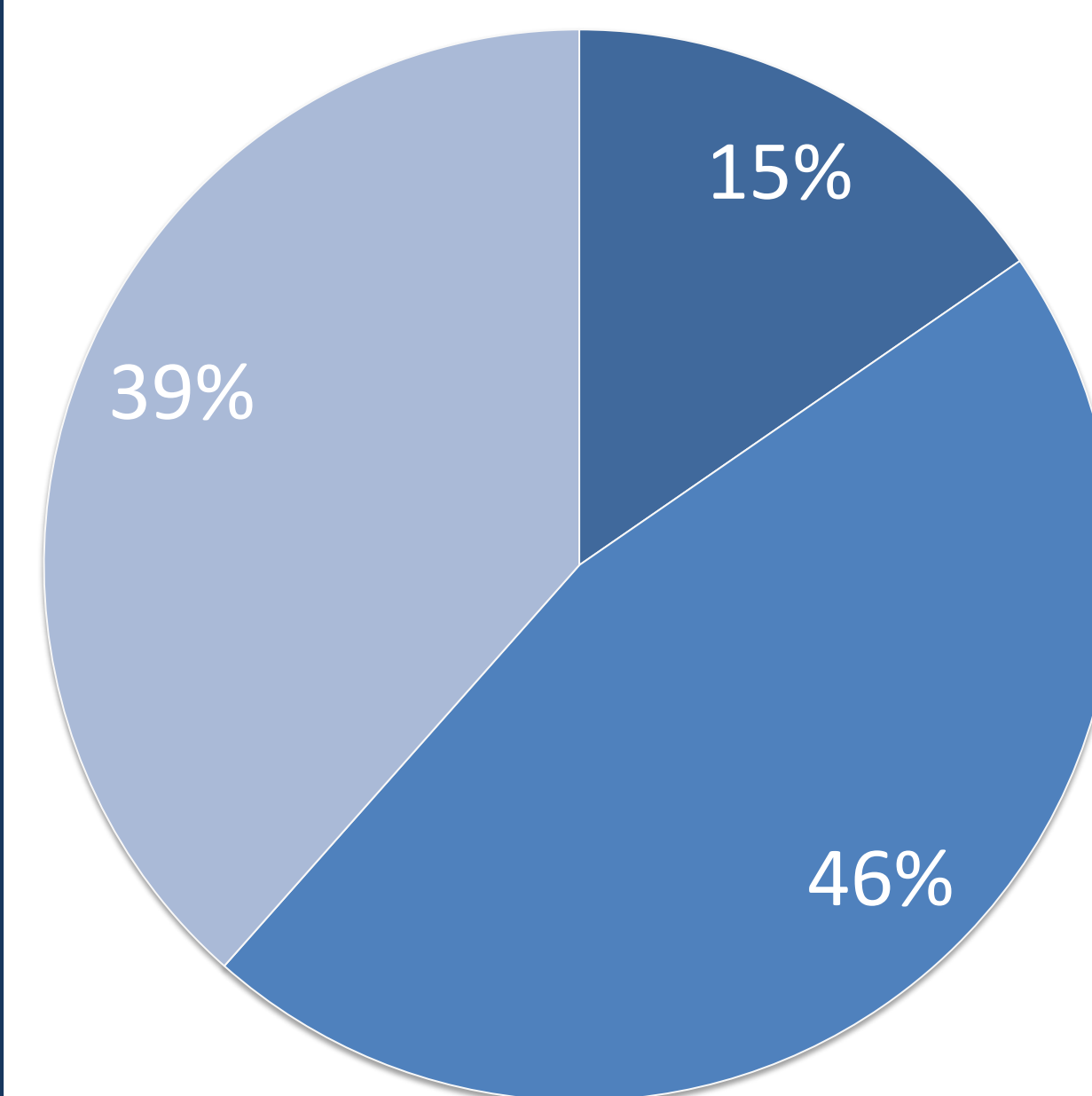
BHH LC project teams are asked to link their quality improvement projects to CMS' Adult Core Quality Measures. Examples include:

- Reduction in adult body mass index (BMI)
- Increase screening for clinical depression and follow-up plans
- Controlling high blood pressure
- Controlling diabetes

Methods

- Behavioral Health Integration Capacity Assessment
- Twice monthly practice coaching with tailored technical assistance
- Five in-person learning sessions
- Five webinars
- Key informant interviews and focus groups
- Site progress reports

Baseline Data



Level of Integration (N = 13)

- Physical health care is available from community clinics, but no system exists for regular communication and care coordination
- There is some co-location and/or coordination across physical health care providers and behavioral health care providers
- Physical health care providers are completely integrated into the practice

Top 4 questions (strongly agree - agree)	Percent
Leaders actively support the concepts of integration	91
Moving toward integrated care is a key component of the organizations strategic plan	90
Leaders believe their involvement in primary care is required to optimally care for individuals with complex needs	91
Leaders recognize the need to train the current workforce to meet the needs of the individuals and organization	91
Top 4 (strongly disagree - disagree)	
The organization has a means for providers to systematically learn from each other	64
The organization offers ongoing primary care education for behavioral health providers to enhance mutual understanding knowledge	70
Financial leaders are involved in creating the business plan for increased integration	60
Leaders work to engage all staff in integration	60

BHICA Section 2 – Assessing Infrastructure: Leadership ; Provider & Staff Engagement

Care management is the essence of a BHH: team-based, whole-person care supported by shared care plans:

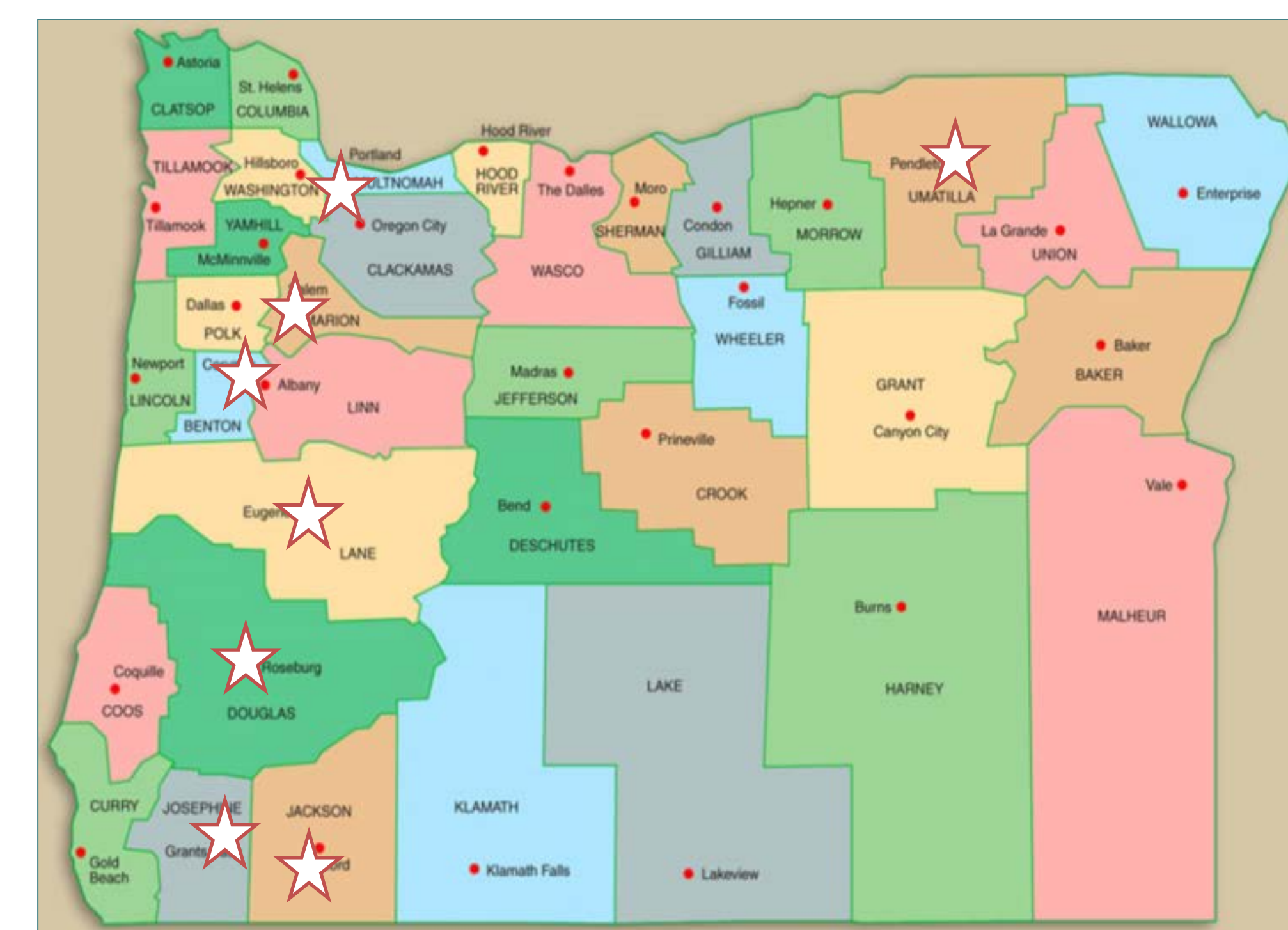
- Cross-disciplinary teams (behavioral and medical providers) are foundational, and cross-training is essential
- Medical personnel and behavioral practitioners need to adapt workflows and work patterns to create a third way
- Clash of cultures between medical and behavioral practitioners is common; most advanced sites say overcoming this barrier is the single most important predictor of successful integration
- Efficient health information exchange is critical, but challenging
- Care management for SMI populations requires case management and robust care coordination that includes: assistance with housing, employment, food, access to hygiene, navigating systems and accessing community services. "Housing is health."

Organizational and financial sustainability challenges:

- Each site has had to negotiate independently with payer(s)
- Typical expectations for empanelment and daily workload for medical personnel is unrealistic with SMI populations with complex, chronic conditions
- Very high turnover of behavioral staff is a serious impediment to integration
- Alternative payment models are needed
 - Sites often experience a long period of operating at a loss before payment model is resolved
 - Outcome-based payment models are problematic

Practice Coaching is an extremely effective intervention

- Practice coaches provide targeted technical assistance specific to each site (useful when working with multiple organizations at different stages of integration)
- Practice coaches serve as external accountability structure to ensure regular, dedicated time to work on integration
- External observer can help team see unrecognized barriers (e.g., unproductive team dynamics, misaligned or missing procedures or workflow, absence of critical actors in the integration team)



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