Harriman Health Care (HHC):

An Integration Project Between Deschutes County Health Services (Behavioral Health Division) and Mosaic Medical

November 2015

Mission: to improve the health and well-being of the individuals, families and communities we serve

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What is Health Care Integration?

The health care integration referred to in this presentation is behavioral health and primary care working together in the same location for better client/patient care

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Why is this type of Health Care Integration Important?

- Nationwide, adults with serious mental illness (SMI) are dying 25 years earlier than the average life span

- Individuals with SMI have difficulty accessing primary health due to issues including:
  - challenges of system navigation
  - stigma
  - lack of access

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How did we get here?

2009:

- Behavioral Health Advisory Board recommends a five year health care integration plan
- Deschutes County Commissioners unanimously support the recommendation

2010:

- Deschutes County Health Services (Behavioral Health Division-BHD) and Mosaic Medical begin discussions

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Mortality

Between 2009 and 2010, eleven patients of Deschutes County Health Services - BHD with severe and persistent mental illness (SPMI) died of a treatable medical condition.

This was the impetus for DCHS -BHD to approach Mosaic Medical about a partnership to bring a primary care provider to DCHS –BHD to see patients with SPMI.

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How did we get here (cont.)?

2011

- Mosaic gains federal approval to operate a small primary care clinic inside the Deschutes County Health Services - BHD building
- Mosaic begins providing primary health care services one day/week at the Annex (now Deschutes County Downtown Clinic (DCDC))

2012-2014

- Building planning and remodel to include specific space for integrated medical clinic

2014

- Mosaic expands primary health care to five days/week at DCDC (Three with a PCP onsite). Integrated program named Harriman Health Care (HHC).

2015

- Integrated Electronic Health Record (EPIC)

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Who is eligible?

- Adults and young adults with serious mental illness, and
- Enrolled in DCHS-BHD services.
- Referrals are made by DCHS-BHD staff to HHC from eligible programs.

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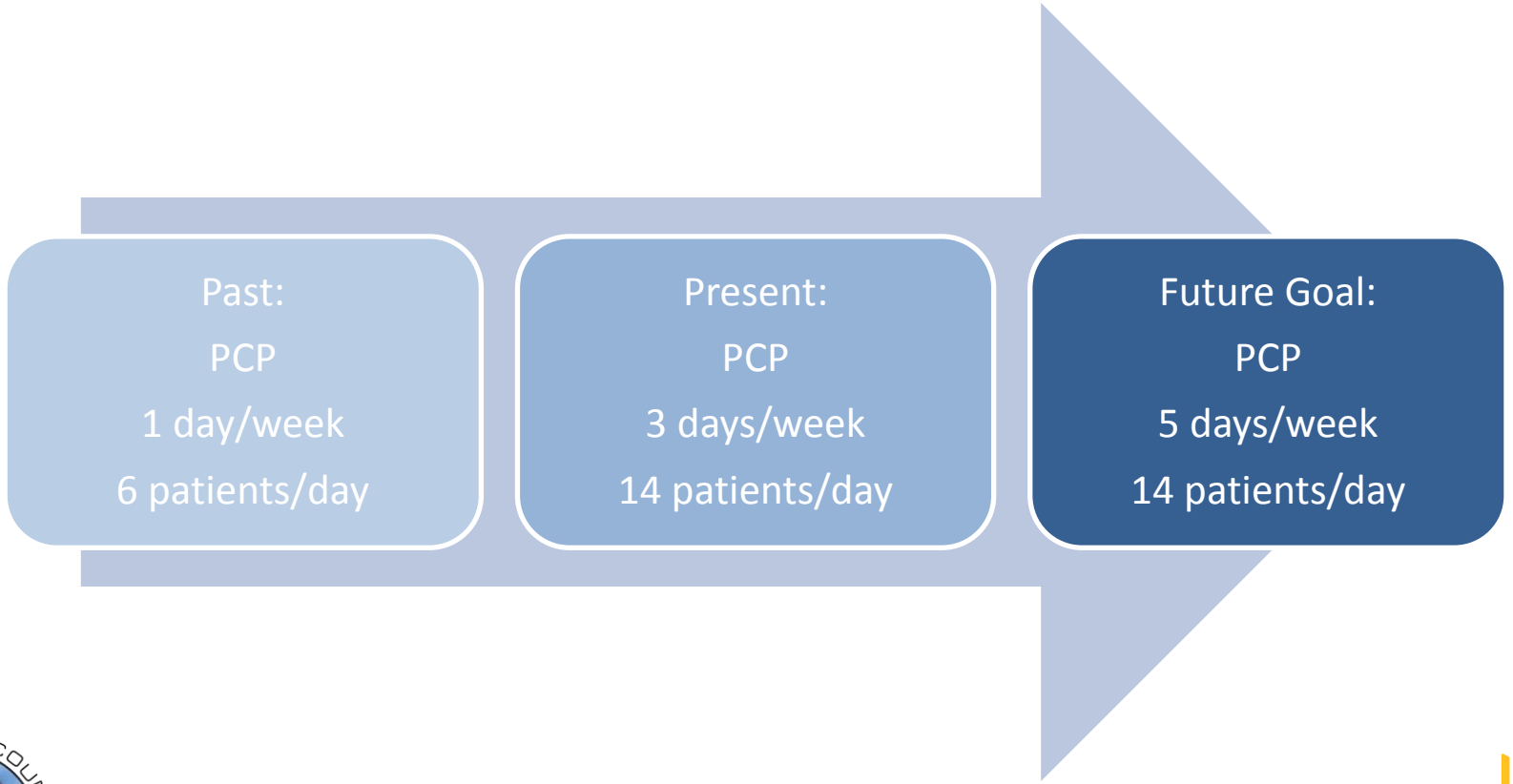
Growth



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What's Next

- Quarterly review of medical outcomes
- Expansion of Wellness projects
- Expansion of Peer Support Specialist to 4.25 FTE
- Education site (MSW, medical, psychiatric students)
- Behavioral health outcomes
- HHC client satisfaction survey
- Exploring onsite pharmacy
- Exploring onsite dental
- Increase nutritionist availability
- Tobacco use cessation

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KEY ELEMENTS CRITICAL FOR SUCCESS

Administrative support

- DCHS -BHD and Mosaic Medical Administration placed a high value on integration
- Administration educated Behavioral Health Advisory Board, County Administration, & County Commissioners garnering additional support

Funding

DCHS-BHD and Mosaic Medical receive capitated funding from OHP

- DCHS-BHD: Oregon Health Plan Medicaid funding for behavioral health
- Mosaic Medical: Federally Qualified Health Clinic (FQHC) and Oregon Health Plan Medicaid funding for physical health
- Initially both agencies designated existing staff for this program and DCHS –BHD funded for one peer support specialist position
- No grant funding or additional monies were obtained

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Staff

Finding the right staff:

- Those who are passionate about the value of integration.
- Highly important are the right primary care physician(s) (PCP) and psychiatrist(s) – willing to advocate, promote and support the project.
- Additional Qualities: flexibility, willing to think outside the box, do whatever's needed to make things work, understand the value of relationships as primary.

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Staff (con't)

- RN and Medical Assistant support PCP
- Peer Support Specialists dedicated to the project
- Behavioral Health RNs available for RN-to-RN coordination as well as with other medical providers
- Therapists and Case Managers work closely with RNs and PCP for medical integration

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Infrastructure-Roll out

- Initially the PCP used existing office space in the behavioral health clinic and brought basic equipment.
- Started slowly – one day/week.
- When the behavioral health site was slated for remodel, Deschutes County incorporated creation of a medical clinic inclusive of a lab.
- Post remodel the integration project expanded to:
  - PCP coverage 3 days/week;
  - RN coverage 5 days/week;
  - Medical assistant 4 days/week
  - Peer Support Specialist increased to 2.25 FTE

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Additional Information

Regular meetings and work groups of all key players from Mosaic Medical and Behavioral Health for:

- Remodeling process with input into space needs
- All operational details including referral processes, patient check in, care coordination across programs, eligibility criteria, project outcomes
- Wellness Area in waiting room- organized by Peer Support Specialists.
- PCP attends behavioral health clinical staff meetings
- Implemented while remaining two separate entities with two separate funding streams and billing processes.
- Clients check-in for all services with the Behavioral Health support staff.

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Progress

- As early as the first year (2011-2012):
  - ❖ As a result of the integrated location, medical appointment attendance increased from **13% to 72%**
  - ❖ For those with active peer and case management support, medical appointment attendance increased from **13% to 92%**
- Consultation between Mosaic and DCHS-BHD staff is immediate
- Monthly trainings are provided on behavioral health and physical health issues
- Increased enthusiasm and support from DCHS-BHD staff for the project has grown with the success of the program

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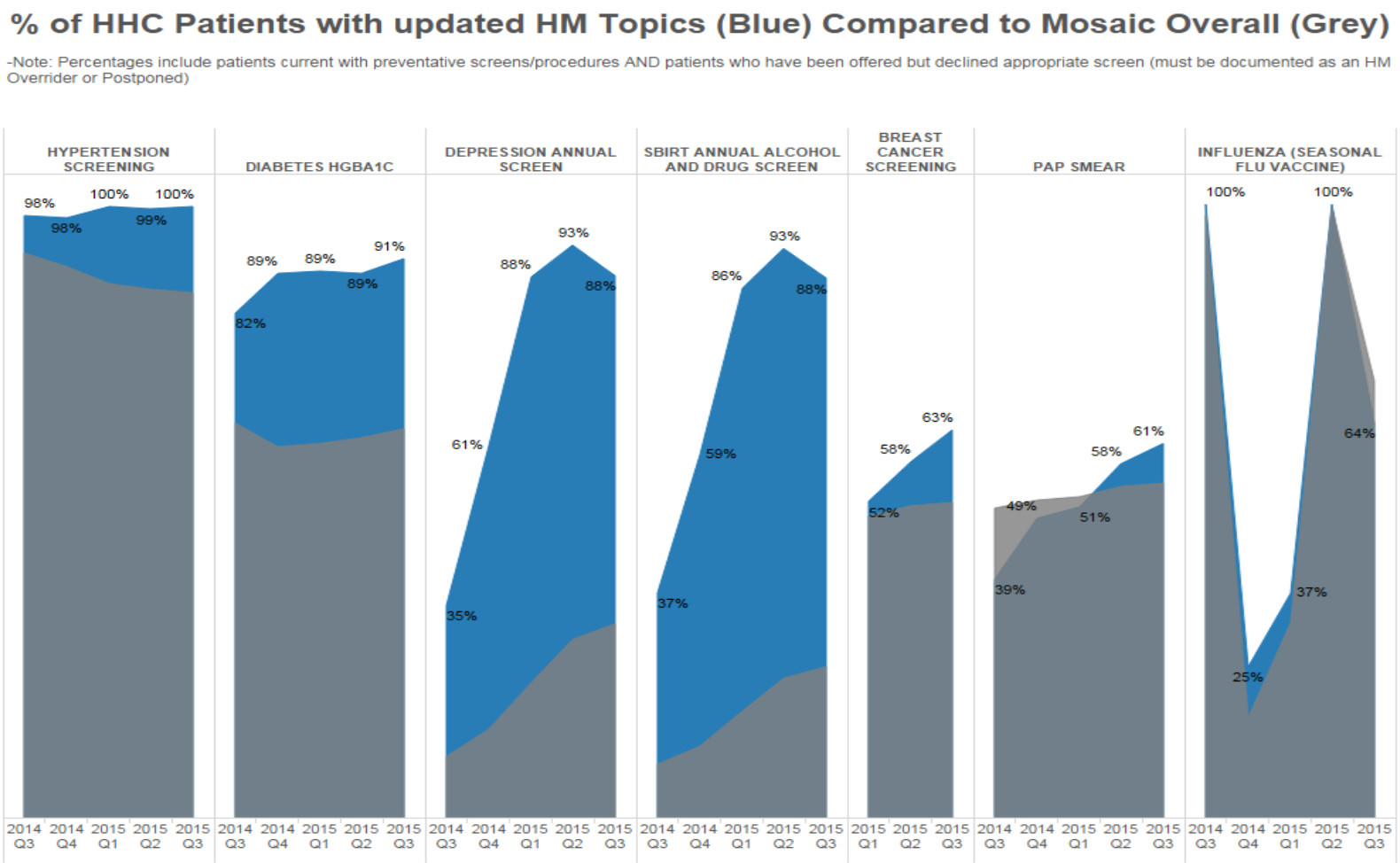
HHC Patients' (n=238) Preventive Care Screening Rates Compared to other Mosaic Patients (n= 21,102) (as of Oct 2015)



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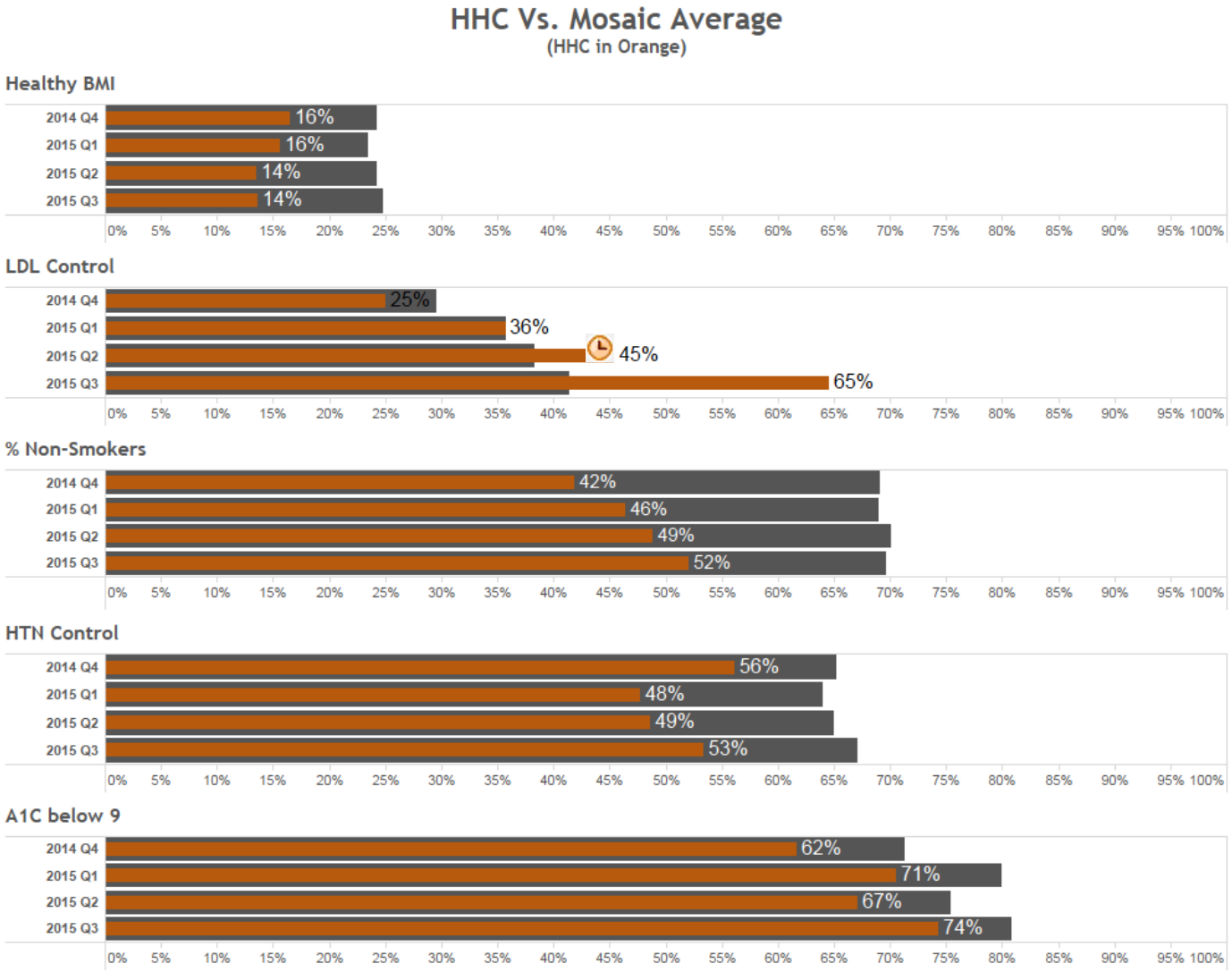
Baseline data

(as of October 2015 HHC n=238; Mosaic n= 21,102)



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