Project 3.a.i: Integration of Behavioral Health & Primary Care Services

Domain 3: Clinical Improvement Projects in Behavioral Health

Problem Statement:
Compared to NYS, the FLPPS region has elevated levels of both mental illness and substance abuse. A larger portion of the region is also classified as a Health Professional Shortage Area (HPSA) for mental health services. Co-morbid behavioral and physical health conditions are associated with increased use of the ED and higher inpatient readmission rates in the FLPPS region. Overall health outcomes for patients with behavioral health diagnoses are poorer, with more years of potential life lost.

Summary Statement:
Integration of behavioral health and primary care services can serve to identify behavioral health diagnoses early which allows for rapid treatment, ensures compatibility of medical and behavioral health treatment, and de-stigmatize treatment for behavioral health diagnoses.

Objective:
Integration of mental health and substance abuse with primary care services to ensure coordination of care for both services. The objective can be achieved by:

- Model 1: Integrating behavioral health specialists into primary care clinics or
- Model 2: Integrating primary care services into established behavioral health sites or
- Model 3: When onsite coordination is not possible, behavioral health specialists can be incorporated into primary care coordination teams through the IMPACT model

Core Components & Deliverables:
- Models 1 & 2 (Co-location):
  a. Primary care practices are National Committee for Quality Assurance Patient-Centered Medical Home Level 3 (or APCM equivalent) certified by the end of 2017
  b. Co-location of services
  c. Regular, structured meetings are conducted to develop collaborative care practices
  d. Coordinated evidence-based protocols (care & medication management, etc.) are established
  e. Policies & procedures are established to facilitate and ensure completion of screenings (results are documented in the EHR)
  f. 100% of patients are screened using industry-standard questionnaires
  g. “Warm” referrals to behavioral health are documented when screens are positive
  h. EHR demonstrates integration of primary care/behavioral health
  i. Targeted patient populations (actively engaged, etc.) patients are identifiable for reporting

- Model 3 (IMPACT) – d., f., h., & i. from above plus
  - IMPACT Model has been implemented at primary care sites
  - Policies and procedures include a process for psychiatry consultation
  - Qualified depression care manager follows IMPACT Model coaching, counseling, monitoring for response to treatment & relapse prevention planning
• Patient participants have a designated psychiatrist
• Patients are evaluated and treatment is adjusted at 10-12 weeks after start of their plan

**FLPPS Design Elements:**
- All 3 models will be used
- Implementation of evidence-based standards around medication management and care engagement
- IMPACT model deployment where workforce shortages prevent full physical integration, which includes collaborative care standards, depression care managers, utilization of consulting psychiatrists, and stepped care
- Preventive screenings
- Integrated IT solutions to identify/track patients and project-related outcomes

**Target Populations:**
- Approximately 110,000 patients
- Patients in need of secondary prevention to stop the development of chronic disease or a mental, emotional, or behavioral (MEB) disorder

**Assets:**
- Working examples of all 3 models that can be leveraged
- Greater than 50% of primary care practices in the FLPPS are PCMH Level 3 certified
- Pre-existing FQHC requirement to screen for depression coupled with non-DSRIP funding in some cases to complete full integration
- Health homes
- Tele-health capability/expertise

**Challenges:**
- Shortage of licensed healthcare professionals
- Current rates of screening for behavioral in primary care) and physical health (behavioral health) issues isn’t well known due to lack of documentation and/or ability to track through claims data
- HIT interoperability required to bring primary care and behavioral health e-records together
- Regulatory relief required for project implementation