

Behavioral Health Integration in the Medical Home:

An Overview of the Massachusetts Self-Assessment and Online Toolkit

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Behavioral Health Special Interest Group

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Agenda

- MA Patient Centered Medical Home Initiative
- Developing a Model of Integration
- Practice Self-Assessment
- Implementing the Toolkit
- Live Demonstration of the Behavioral Health Integration Toolkit
- Lessons Learned
- Next Steps
- Questions

Massachusetts

Patient Centered Medical Home Initiative



- Multi-payer, statewide initiative
- Sponsored by the MA Executive Office of Health and Human Services
- 45 participating practices
- 3-year demonstration; Started March, 2011
- Clinical delivery model – PCMH that integrates behavioral health and primary care
- Payment reform
- ***Vision: All MA primary care practices will be PCMHs by 2015***

Developing a Model of Integration

- The Behavioral Health Work Group researched models of integration and surveyed the MA PCMH practices.
- The extent of integration varied by practice and it was important to develop a tool that would help all practices improve their level of integration, regardless of where they started.
- The Work Group defined 39 elements of integration
 - Each element represents one piece of the integration puzzle and collectively represent characteristics of a fully integrated practice.
 - Each element is applicable to primary care practices of different sizes and patient populations.
 - Each element will include strategies that specifies concrete, operational steps that a practice might take.

Developing a Model of Integration

- The 39 elements of integration were categorized into five domains of care delivery:
 - Relationship and Communication Practice
 - Patient Care and Population Impact
 - Care Management
 - Clinical System Integration
 - Community Integration
- Within each of the domains, there were “foundational” elements of integration i.e., essential building blocks of integration.

Elements of Behavioral Health Integration

Relationship & Communication Practices	Patient Care and Population Impact	Community Integration	Care Management	Clinic System Integration
Triaged access	BH screening and referral	Self help & community resource connections	Coordination of integrated treatment plan	Schedule accessibility
Smooth hand-offs	BH skills used by primary care team	Specialty mental health & substance use referral	Use of behavioral health skills	Program Integration
Team membership	Integrated clinical pathways	Community resources connections	Use of community resources	Health information exchange
Program leadership	Health care team leader			Coordinated scheduling and same day visits
Sharing expertise	Family focused care			
	Patient safety practices			
	Patient feedback			
	Supporting health behavior change			

Practice Self-Assessment

- The elements of integration were developed into a practice self-assessment
- Goals:
 - To assist practices in identifying gaps in integration and to help practices identify potential opportunities for improvement
 - To highlight common gaps in integration across practices to help drive curriculum and technical assistance
 - Establish practice baseline and track progress of integration over time.
- Methodology:
 - Administered through “Survey Monkey”
 - Ideally completed by the primary care team in conjunction with the behavioral health providers
- Results
 - 96% response rate

Survey Results: Strengths

Relationship & Communication Practices

- 88% report that PCPs are comfortable requesting advice from behavioral health providers

Patient Care & Population Impact

- 85% of pediatric practices routinely meet MA Medicaid BH screening requirements
- 86% have some, if not all, care team members trained in patient activation
- 86% will at least sometimes refer patients with unhealthy lifestyles to BH service providers

Community Integration

- 86% reported the ability to provide linkages that facilitate the connection of patients with community resources
- 75% reported protocols for referrals and information-sharing with an array of mental health and substance abuse specialty services

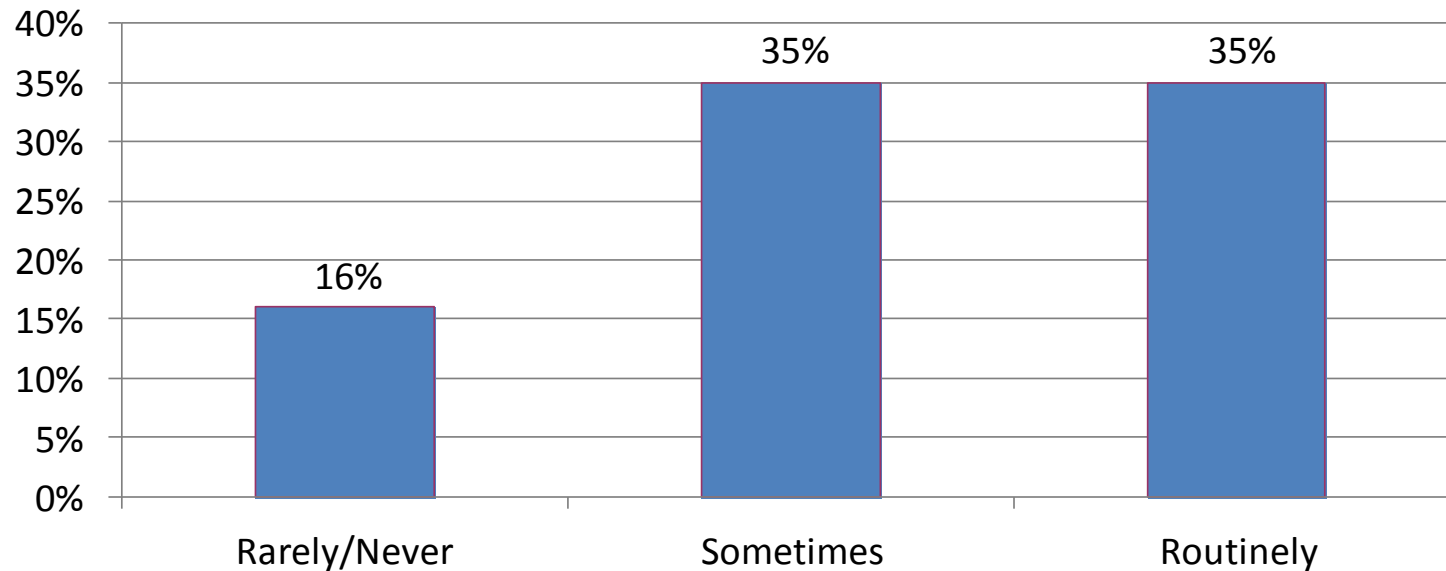
Care Management

- 90% of respondents report that clinical care managers are aware of BH focused community resources and refer patients to them at least sometimes

Patient Care and Population Impact Domain

70% of practices screen for depression and alcohol but most do not screen routinely

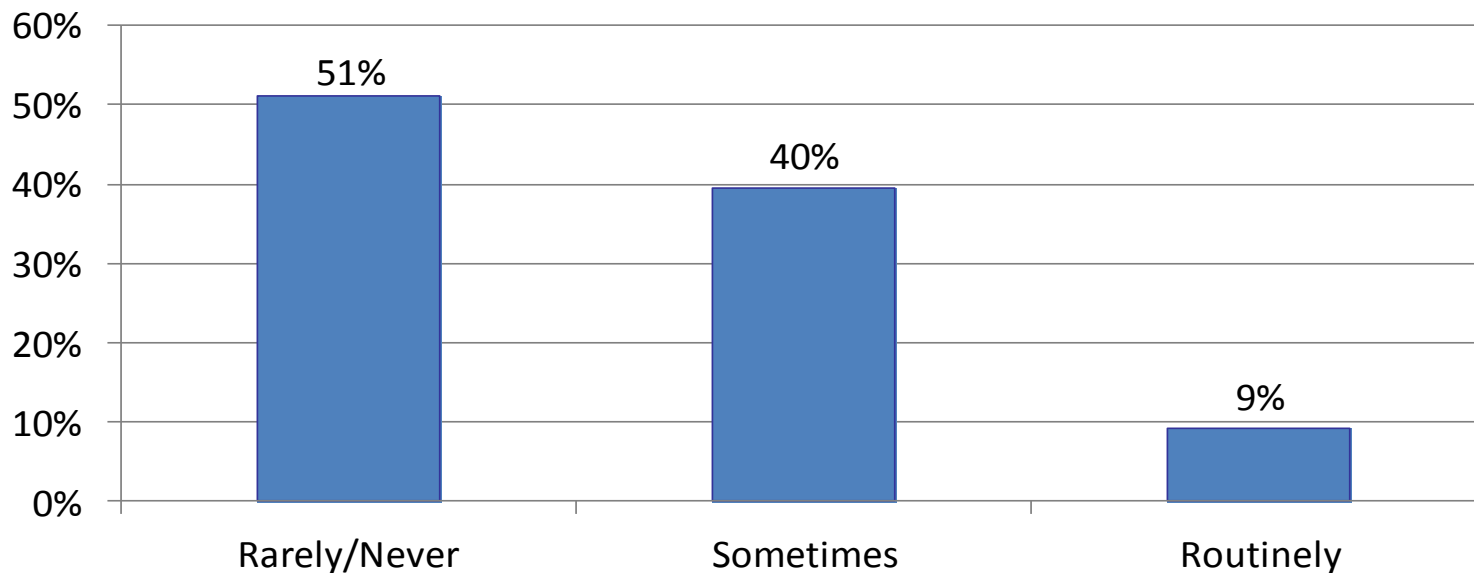
Patients are routinely screened prior to or during annual physical exams with a standardized tool for both depression and alcohol



Care Manager Domain

91% of respondents do not have effectively coordinated integrated treatment plans

Integrated treatment plans (plans that include medical and behavioral health goals) are effectively coordinated by the clinical care manager.



Implementing the Toolkit

- The Toolkit was officially launched April 2013
- Initial use was minimal
- Medical Home Facilitators received training and acted as promoters of the Toolkit.
- Weekly 30 minute huddles were conducted with the Medical Home Facilitators to encourage their “super-use” and to work on real-time problems practices were facing.
- Toolkit use has increased and the latest webinar drew a significant number of practices.

Live Demonstration and Practice Examples

<http://pcmhi.ehs.state.ma.us/online-courses> *

* At the present time, the Behavioral Health Integration Toolkit is only available to registered users of the MA PCMHI

Toolkit Feedback

- Positive remarks about the strategies, tools and resources for practices to use.
- Some concern that the major barriers to integration (e.g reimbursement, regulatory barriers, lack of partnerships with behavioral health providers) weren't solved.

Challenges

- Self-assessments have limitations. For example, the responses may be one leader's belief and not representative of the front line staff's experience with direct care.
- The toolkit took a long time to develop and was retrofitted into a less than ideal web-based design.
- Not all elements of integration had evidence-based strategies that were practical to implement – specifically in the Clinic System Integration domain.
- There are many competing priorities with using the toolkit and focusing on integration.
- Payment model not completely aligned with integration.

Lessons Learned

- It's difficult to **play “catch-up”** when behavioral health is not included at the start of an initiative
- Behavioral health integration is not a separate topic: **Integration is meant to be seamless**
- **Engaged leadership** is required for successful transformation
- ***Change is hard!***

Next Steps

- A global payment model for MassHealth (Medicaid) is being developed that greatly supports behavioral health integration in the primary care practice.
 - The payment model for MassHealth incorporates the elements of integration developed by the MA PCMH Behavioral Health Work Group.
- The toolkit will be publicly available for all practices in Massachusetts (and elsewhere) to use.

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Questions?

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