

Behavioral Health Integration Collaborative



"BHI IN PRACTICE: ESTABLISHING EFFICIENT WORKFLOWS"

August 26, 2021

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About the BHI Collaborative

*The BHI Collaborative was established by several of the nation's leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.*

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients' mental and behavioral health needs.

***American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.*

TODAY'S SPEAKERS



Lori Raney, MD

Principal

Health Management Associates



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Medical Director of Integrated Care

Morris Hospital

Workflows for Integrated Care

Lori Raney MD

Jennifer Thomas MD

Integrated Care Workflow

Core Components and Specific Tasks

Over the last 2 weeks, how often have you been bothered by any of the following problems? (circle "0" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—like you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

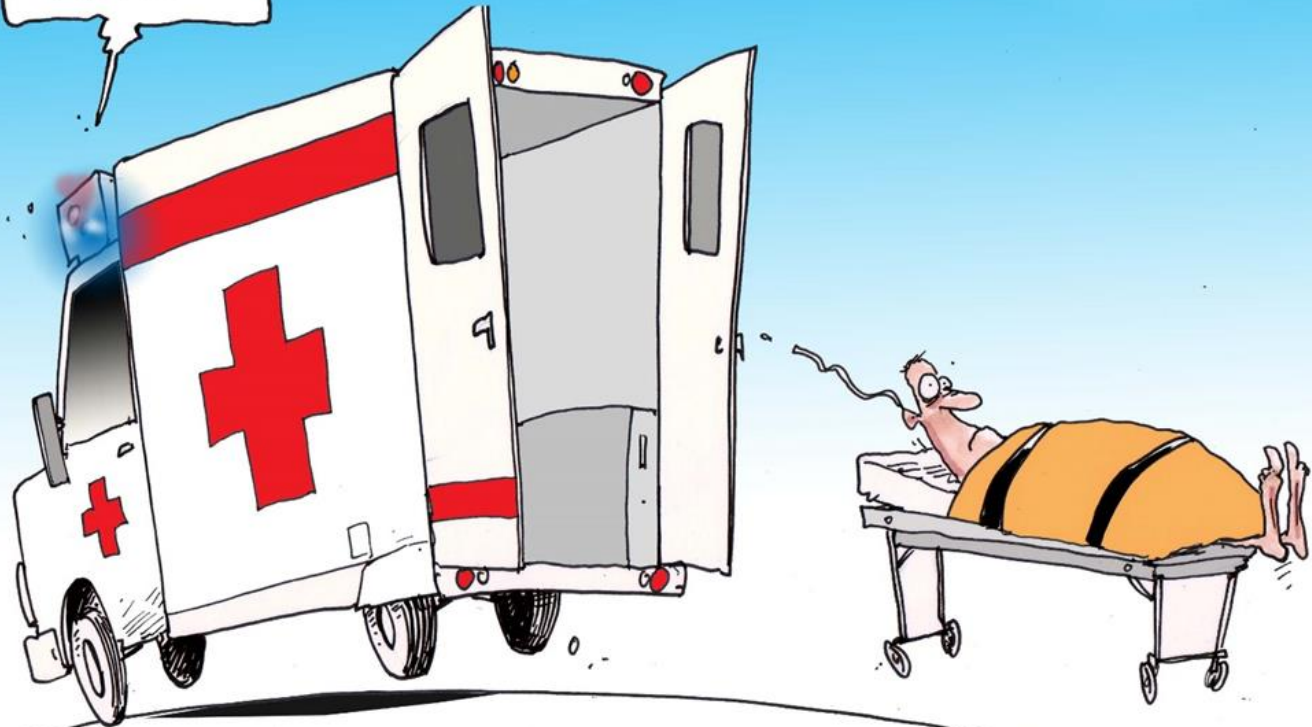
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(Healthcare professional: For interpretation of TOTAL, TOTAL: _____ please refer to accompanying scoring card)



ROLE CLARITY

... NO...
IT'S YOUR
JOB TO CLOSE
THE DOORS...



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Considerations – Stepped Care Approach

- Evaluate adherence to the treatment plan
- Maximize dose of current antidepressant
- Switch to another antidepressant – SSRI, SNRI or bupropion after 4-6 weeks at maximum tolerable dose
- Augment existing antidepressant – buspirone, bupropion, aripiprazole (Abilify)
- Add medication if only in therapy
- Add therapy if only on medication (rarely switch to therapy only)
- Repeat PHQ9 or GAD7 every 6-8 weeks after each treatment adjustment and continue to adjust to target remission PHQ9 or GAD7 < 5 or as close as possible
- Evaluate for co-morbidities – ex substance use disorder
- Reconsider diagnosis – possible bipolar depression (see CIDI-Bipolar tool)
- Refer for specialty care if not improved after several treatment adjustments

Roles of Primary Care Provider

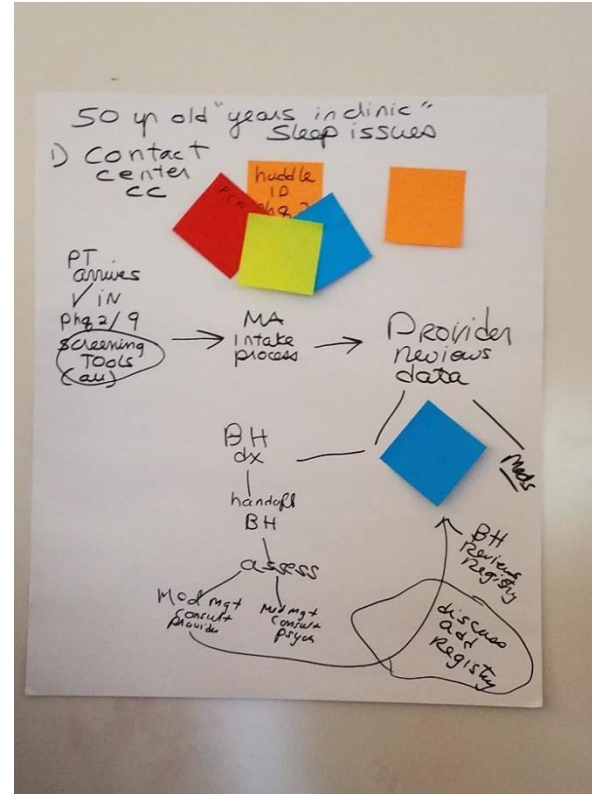
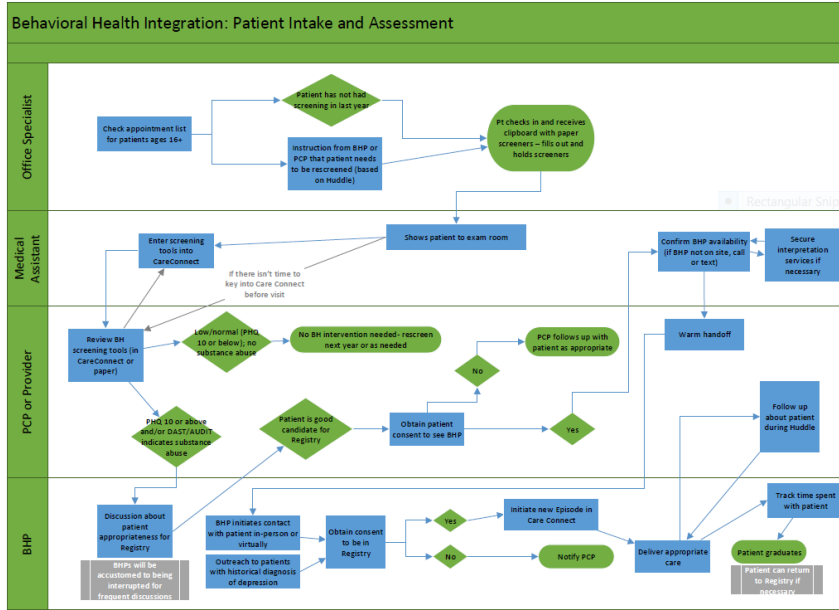


- + Provide usual medical care – sufficient psychopharmacology knowledge
- + **IDENTIFY** individuals who need BH support and **ENGAGE** them in the treatment model
- + Collaborate and consult with BHP and Psychiatric prescriber to enhance BH Care
 - + WARM HAND OFFS
- + Utilize screening tools to track progress (e.g., PHQ-9)
- + Involve BHP and tiered workforce for chronic disease self-management techniques

PCP has to Develop their “Pitch” to the Patient

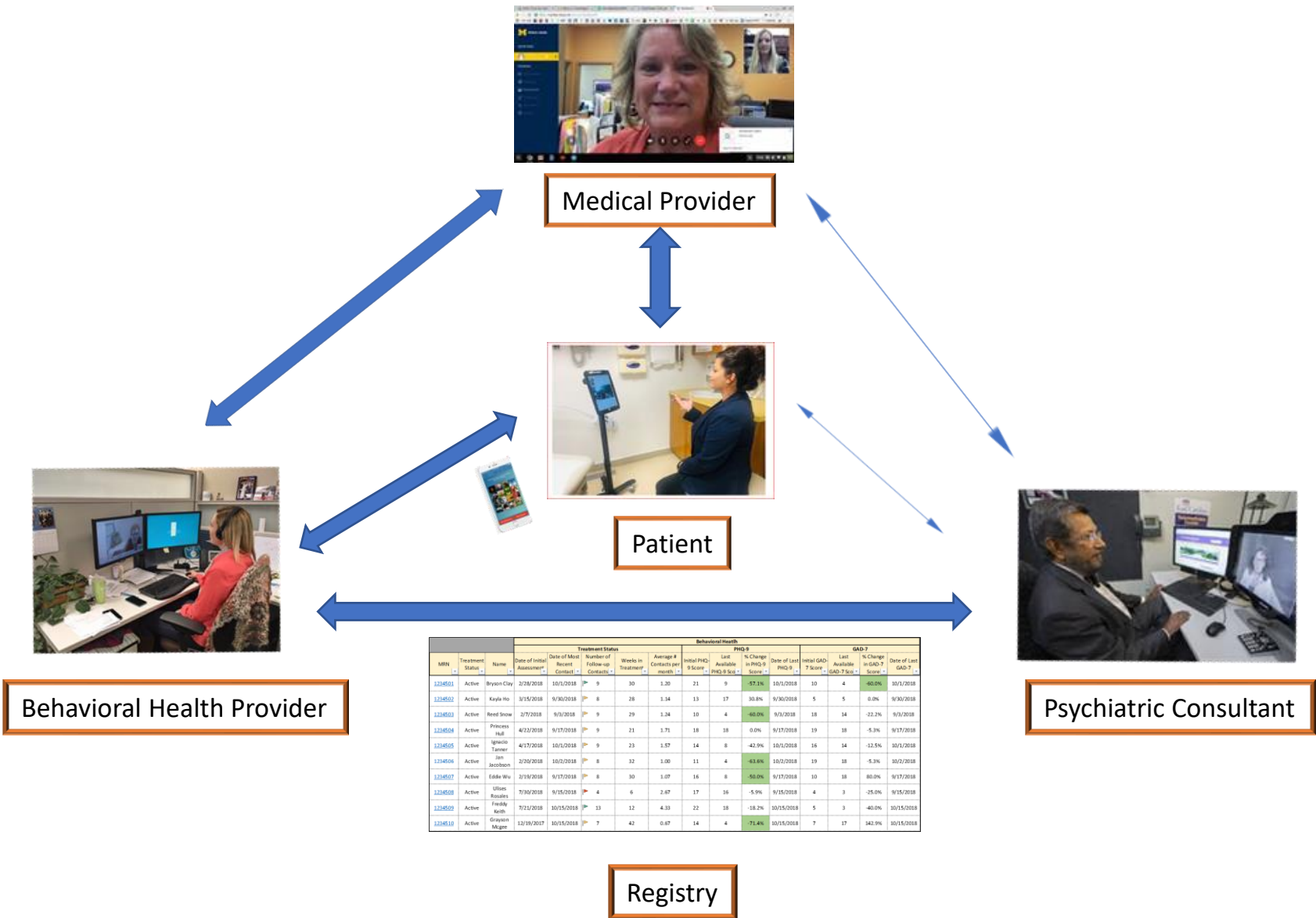
- We have ***a new way we are providing health care at the clinic*** for patients
- In this program, ***you will still have appointments with me to continue working with your medications, and***
- ***You will be working with a care manager***, who is a member of our team, ***to help you improve your day to day function***, while we work on your medications if you choose to take them.
- ***S/he and I will be in communication about your care and function. S/he will really be my “eyes and ears” between our appointments*** to let me know how you’re doing and if what we are doing is working to improve your function; so ***it is really important that you work closely with her/him*** so s/he can give me the clearest picture of what’s going on with you. S/he can also provide therapy.
- ***I want to set up an appointment for you to meet her/him***, so that s/he can meet you and assess your situation.





Sit Down with Staff and Map it Out

COVID 19 and Virtual Integrated Care



Example of Workflow for Collaborative Care

- Dr. Jennifer Thomas
- Morris Hospital CoCM implementation

Example of Collaborative Care Workflow

If **PHQ-9** not completed in past 12 months, **Reception** gives patient paper copy **PHQ-9** (telemed: call patient to do **PHQ-9**)

Medical Assistant enters **PHQ-9** score in EMR Progress Note

PHQ-9 \geq 10

- PCP (virtual or in person)**
- Makes depression diagnosis
 - Introduces CoCM concept to patient and engages in care, gets consent
 - Generates referral for CoCM and assigns to **BHCM**
 - Patient schedules follow-up visit with **PCP**

Warm (or virtual) Connection

- **PCP** introduces patient to **BHCM**
- Appointment scheduled with **BHCM**
- **BHCM** adds patient to registry

- **BHCM** connects with patient by phone or in person visit within 2 days
- Begin providing EB brief interventions
- Repeat **PHQ-9** every contact

- **BHCM** and **PC** review registry **weekly** (scheduled 1.0 hr meeting weekly)
- Discuss new patients and those not improving

- **BHCM** messages **PCP** with **PC** treatment recs
- **PCP** prescribes meds
- **BHCM** discusses treatment plan with patient
- CoCM billed under the PCP NPI

PCP: Primary Care Provider

BHCM: Behavioral Health Care Manager

PC: Psychiatric Consultant



Key Takeaways For Integrated Care Implementation

1. Define the key tasks and roles that will complete the tasks in the workflow
2. Have everyone participate in mapping out the workflow to cover the details and create buy-in
3. Identify a PCP champion and empower him/her to know the model and how to engage patients with a solid pitch
4. Meet with your team often: discuss what's working and areas to improve

Resources for Designing Workflow

- <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/implemented>
 - [Practice and Billing Toolkit](#)
- <http://aims.uw.edu/resource-library/team-building-and-workflow-guide>

BHI Collaborative “On Demand” Webinars

- The Value of Collaboration and Shared Culture in BHI
- Behavioral Health Billing & Coding 101: How to Get Paid
- Implementation Strategies for Virtual BHI
- Financial Planning: Quantifying the Impact of BHI
- Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions & Treatment
- Privacy & Security: Know the Rules for Communication of Behavioral Health Information
- Effective BHI Strategies for Independent Practices
- Advancing Health Equity through BHI
- Bolstering Chronic Care Management with BHI
- How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families

Watch all these webinars and more on the [Overcoming Obstacles YouTube playlist](#) now!

Collaborative Resource – *BHI Compendium*

The [BHI Compendium](#) serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.



Table of Contents

PART 1: WELCOME TO THE BEHAVIORAL HEALTH INTEGRATION COMPENDIUM	3
Chapter 1: Compendium Basics	4
PART 2: BHI BASICS AND BACKGROUND	5
Chapter 2: BHI Definitions	6
Chapter 3: Introduction to Potential Approaches to BHI	7
PART 3: GETTING STARTED	11
Chapter 4: Making the Case: Establishing the Value of BHI	12
Chapter 5: Assessing Readiness	15
Chapter 6: Establishing Goals and Metrics of Success	16
Chapter 7: Aligning the Team	17
PART 4: IMPLEMENTATION	19
Chapter 8: Designing Workflow	20
Chapter 9: Preparing the Clinical Team	21
Chapter 10: Partnering with the Patient	22
Chapter 11: Financial Sustainability: Billing and Coding	23
Chapter 12: Measuring Progress	25
PART 5: RESOURCES & TOOLS	26

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to learn how to make the best decisions for the mental health of your patients.



Thank you for joining!