Behavioral Health Integration Collaborative

“BHI IN PRACTICE: ESTABLISHING EFFICIENT WORKFLOWS”

August 26, 2021
DISCLAIMER AND NOTICES

This Webinar is being made available to the general public and is for informational purposes only. The views expressed in this Webinar should not necessarily be construed to be the views or policy of the AMA.

The information in this Webinar is believed to be accurate. However, the AMA does not make any warranty regarding the accuracy or completeness of any information provided in this Webinar. The information is provided as-is and the AMA expressly disclaims any liability resulting from use of this information. The information in this Webinar is not, and should not be relied on as, medical, legal, or other professional advice, and viewers are encouraged to consult a professional advisor for any such advice.

No part of this Webinar may be reproduced or distributed in any form or by any means without the prior written permission of the AMA.

All rights reserved. AMA is a registered trademark of the American Medical Association.
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.

TODAY’S SPEAKERS

Lori Raney, MD
Principal
Health Management Associates

Jennifer Thomas, MD
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

1. Patient Identification and Diagnosis
2. Engagement in Integrated Care Program
3. Evidence Based Treatment
4. Systematic Follow-up, Treatment Adjustment, Relapse Prevention
5. Communication, Care coordination and Referrals
6. Systematic Case Review and Psychiatric Consultation
7. Program Oversight and Quality Improvement
...NO... IT'S YOUR JOB TO CLOSE THE DOORS...

ROLE CLARITY
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
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

If PHQ-9 ≥ 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 messages PCP with PC treatment recs
• PCP prescribes meds
• BHCM discusses treatment plan with patient
• CoCM billed under the PCP NPI

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

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

PCP: Primary Care Provider
BHCM: Behavioral Health Care Manager
PC: Psychiatric Consultant

Example of Collaborative Care Workflow
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/implement
  • 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](https://www.youtube.com/) 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.

**Download Now** to learn how to make the best decisions for the mental health of your patients.
Thank you for joining!