

Bringing it Together: Building the Behaviorally Enhanced Healthcare Home

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Our Mission...

To improve the quality of life
for our patients through the integration of
primary care, behavioral health and substance
abuse treatment and prevention programs.

Together...Enhancing Life



Cherokee Health Systems FY 2012 Services

47 Clinical Locations in 13 East Tennessee Counties

Number of Patients: 63,800 unduplicated individuals

New Patients: 18,108

Patient Services: 493,490



Strategic Emphases

Integration of Behavioral Health and Primary Care

Outreach to Underserved Populations

Training Health Care Providers

School-Based Health Services

Safety Net Preservation

Telehealth Applications

Value-Based Contracting



Blending Behavioral Health into Primary Care at
Cherokee Health Systems •National Register of Health
Service Providers in Psychology, Fall 2007

Evolving Models
of Behavioral
Health Integration
in Primary Care

•Millbank Memorial Fund, 2010

Integrated Care Update

• CareIntegra, Feb. 2007

A Tale of Two Systems: A
Look at State Efforts to
Integrate Primary Care and
Behavioral Health in Safety
Net Settings • National Academy
for State Health Policy, May 2010

Integrating Mental Health Treatment Into
the Patient Centered Medical Home

•AHRQ, June 2010

Integrating Behavioral & Primary Care

• Community Health Forum, Sept./Oct. 2005

INTEGRATION OF MENTAL HEALTH/SUBSTANCE ABUSE AND PRIMARY CARE

•Evidence Report/Technology Assessment, No. 173, AHRQ, October 2008

How Healthcare Reform
Can End the Stepchild
Status of Primary Care
and Behavioral Health

•Dr. Ted Eppert, Behavioral
Health Central, January 2010

Can Primary Care Docs and
Behavioral Specialists Work
Together?

•Behavioral Healthcare Tomorrow, April 2004

Why Integrate?

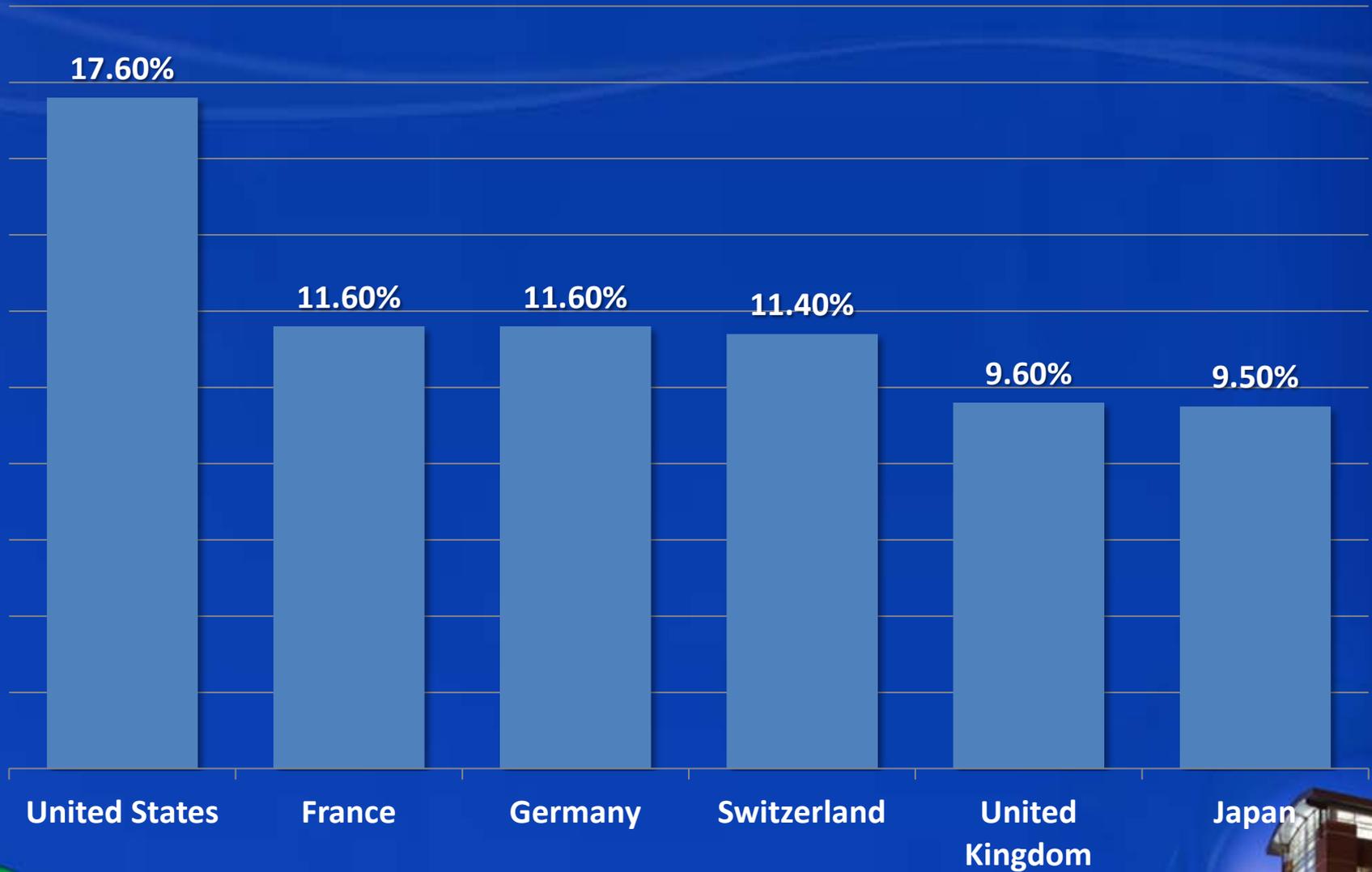
- Behavioral and Psychosocial factors in etiology and treatment of physical disease
- Primary Care as the locus of treatment for mental health disorders
- Financial Advantages
- Improved quality of care
- Patient satisfaction
- Improved provider satisfaction



Integrated Care Development in the Context of Healthcare Reform



Healthcare Spending as % of GDP - 2010



- Organization for Economic Cooperation and Development (OECD)

World Health Organization Ranking of National Health Systems

<u>WHO Rank</u>		<u>Country</u>	<u>Expenditure Rank</u>
1		France	4
2		Italy	11
3		San Marino	21
4		Andorra	23
5		Malta	37
6		Singapore	38
7		Spain	24
8		Oman	62
9		Austria	6
10		Japan	13

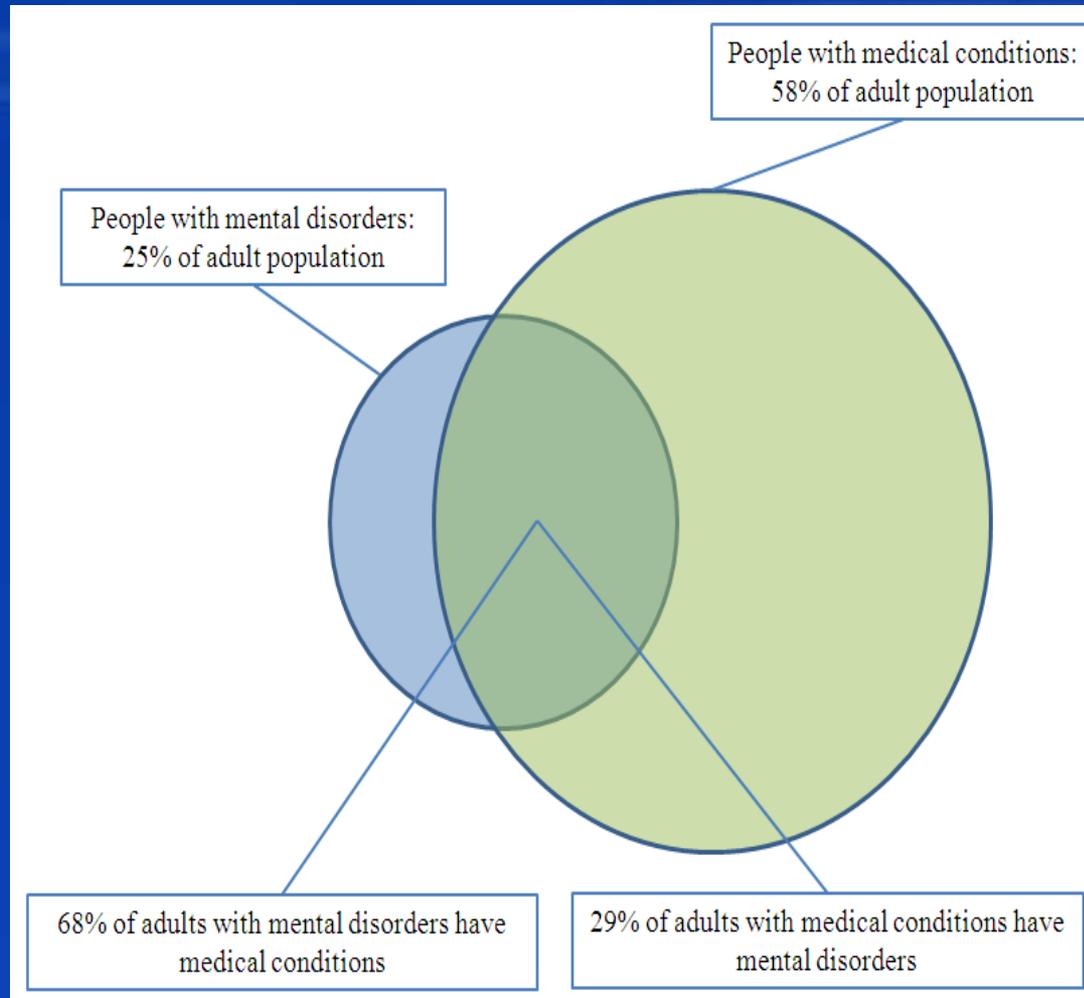


US Healthcare Expenditures: High Cost Populations

- A small percentage of the population account for most of the cost
- 75% of the cost is devoted to treating chronic conditions
- People with SMI are five times more likely to experience a co-occurring chronic medical condition
-Bazelon Center Report
- Healthcare expenditures for Medicare enrollees with a psychiatric diagnosis were 22% higher excluding the costs for mental healthcare
-Windsor Health Plan
- Presence of a diagnosis of depression or anxiety predicted higher total healthcare costs
-Melek & Norris, 2008
- Mental health disorders and chronic medical conditions are each risk factors for development of the other
- Druss, 2011



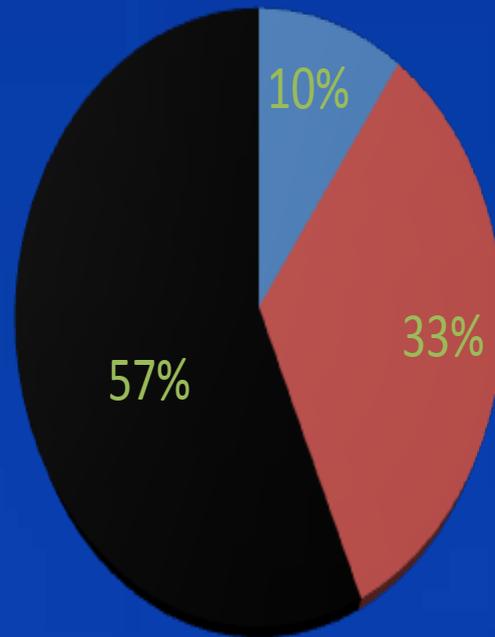
Percentage of Adults with Mental Disorders and/or Medical Conditions



From Druss (2011) The Synthesis Project, The Robert Wood Johnson Project



Americans Suffering From a Diagnosable Behavioral Disorder



- Treatment from Behavioral Specialists
- Treatment from Primary Care Provider
- Untreated

Source: Kathol and Gatteau – Healing Mind and Body, 2007

Creating our Future in a Reformed Healthcare System

Challenges and Opportunities

- Unsustainable cost, unacceptable outcomes, millions without access
 - Unrealistic to expect increased funding for current services
- Behavioral factors are under-appreciated cost drivers
 - Patients of the safety net – high need, high cost
- Integrated Care – our best option for relevance and impact



We are facing unprecedented financial expenditures on healthcare and remain in competition with Somalia for average life expectancy...

TIME FOR A CHANGE?



*It is not necessary to change.
... Survival is not mandatory.*

- Edward Deming



Survive and Thrive...

- Hard Work
- Hard Choices
- Patience
- Persistence
- Humility
- Flexibility
- Investment
- Leadership
- Partnership
- Commitment

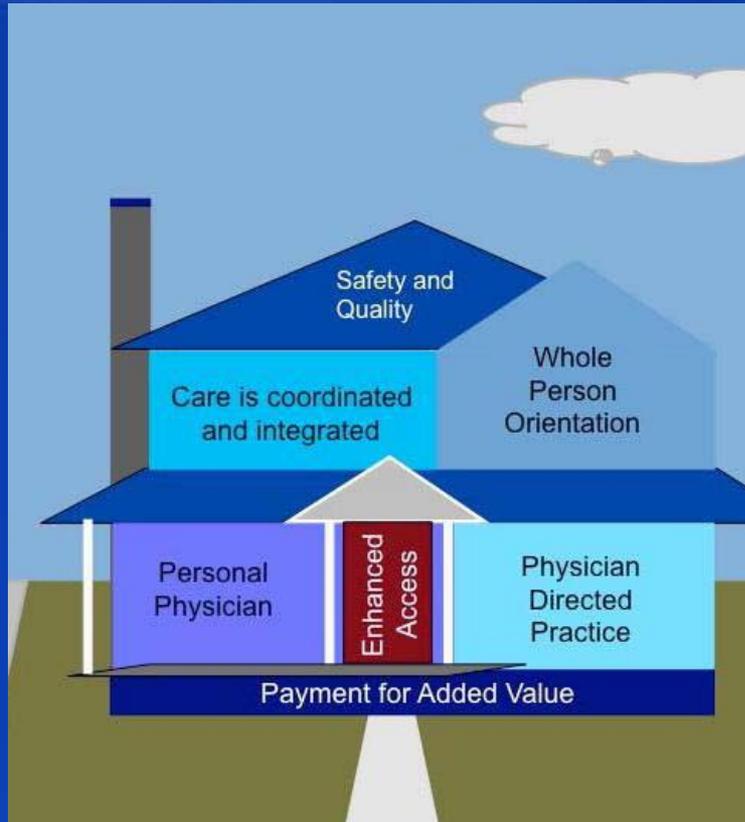


Initiatives in Response to the US Healthcare Crisis

- Patient Protection and Affordable Care Act (ACA) of 2010
- System Realignment
- Payment Reform
- Increased Accountability
- Patient Centered Medical Home
- IHI Triple Aim Initiative
- Improving Care Coordination and System Efficiency
- Accountable Care Organizations
- Provider Networks
- Patient-Centered Medical Homes
- Integrated Care – Behavioral Health and Primary Care



Patient Centered Healthcare Home Models



Graphic Source: Ed Wagner. Presentation entitled "The Patient-centered Medical Home: Care Coordination." Available at: www.improvingchroniccare.org/downloads/care_coordination.ppt

- Multi-stakeholder Partnerships
- Delivery System Re-design
- Outcome Data Driven
- Health Information Technology
- Qualification Standards aligned with new payment models
- Accreditation expectations

Primary Care IS Behavioral Healthcare

- Psychological distress drives primary care utilization.
- A variety of studies have concluded that 70% of all healthcare visits have primarily a psychosocial basis. (Strosahl, 1998; Fries, et. al., 1993; Shapiro, et. al., 1985)
- Every primary care presentation has a behavioral component.
- The highest utilizers of healthcare commonly have untreated/unresolved behavioral health needs. (Von Korff, et. al., 1992; Katon, et. al., 2003)



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“It’s got to come out, of course, but that doesn’t address the deeper problem.”

Clinical Model



Integrated Care Goals

- Improved recognition of BH needs
- Improved communication and co-management
- Increased availability of BH expertise
- Meet patients “where they show up”
- Prevention, at-risk Intervention, intervention
- Triage and coordination with specialty BH



Minimal Collaboration	Basic Collaboration from a distance	Basic Collaboration On-site	Close Collaboration in a partly integrated system	Close collaboration in a fully integrated system
Improving collaboration between separate providers	Medical-provided behavioral healthcare	Co-Location	Disease Management Reverse Co-location	Primary Care Behavioral Health
<ul style="list-style-type: none"> *Separate systems and facilities *Infrequent Communication * Little appreciation of each other's culture; little influence sharing 	<ul style="list-style-type: none"> *Separate systems and facilities *Periodic, focused Communication *View each other as outside resources *Little influence sharing and divided cultures 	<ul style="list-style-type: none"> *Separate systems but same facilities *Regular Communication Some appreciation of each other's roles and general sense of larger picture 	<ul style="list-style-type: none"> *Some shared systems *Same facilities *Face-to-face consultation *Coordinated treatment plans *Basic appreciation of each other's role and culture; Share biopsychosocial model *Collaborative routines are difficult due to time and operational barriers *Shared influence and some tensions 	<ul style="list-style-type: none"> * Shared systems and facilities in seamless biopsychosocial web *Patients and providers have same expectation of a Team *In-depth appreciation of roles and culture *Collaborative routines are regular and smooth *Conscious influence sharing based on situation and expertise
Traditional referral between specialties model 2010 AHRQ Report		Co-located model	Organization integration or primary care mental health models	



Outcomes of increased integration along continuum

- Increased access
- Improved patient and provider satisfaction
- Improved patient self management
- Improved cost effectiveness
- Improved cost offset
- Improved clinical outcomes



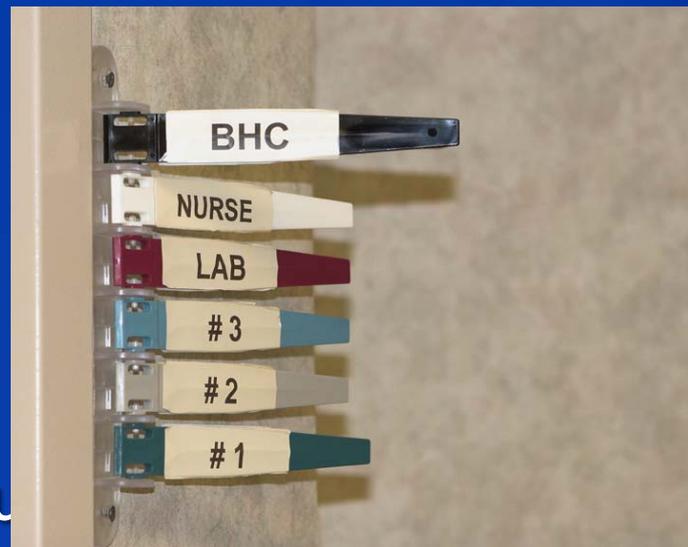
Cherokee's Blended Behavioral Health and Primary Care Clinical Model

- Embedded Behavioral Health Consultant on the Primary Care Team
- Real time behavioral and psychiatric consultation available to PCP
- Focused behavioral intervention in primary care
- Behavioral medicine scope of practice
- Encourage patient responsibility for healthful living
- A behaviorally enhanced Healthcare Home



A Framework to Integrated Care

- Behavioral Health is ROUTINE part of medical care
- Shifting Boundaries
 - Location
 - Staffing
- The Behavioral Health Consumer

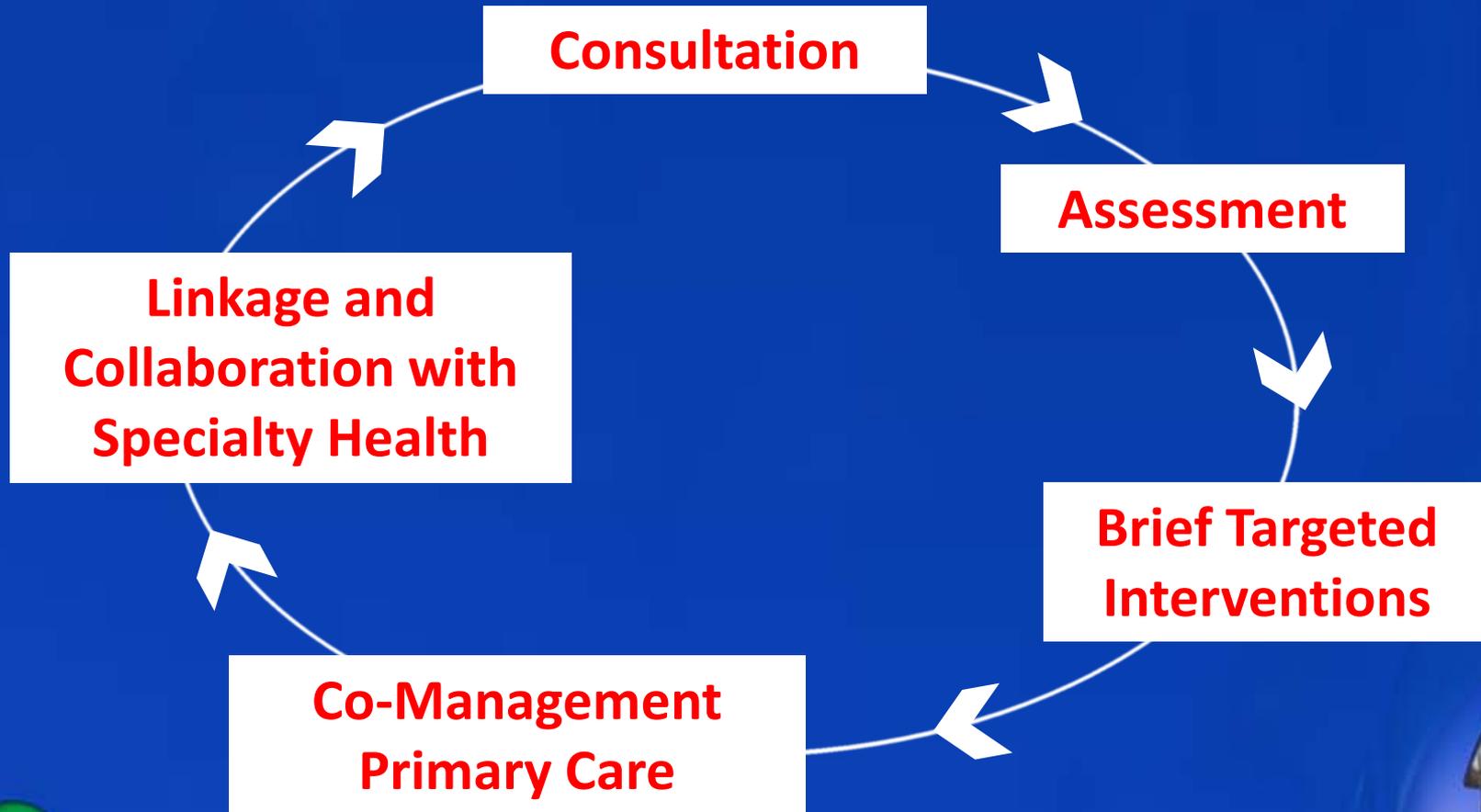


The Behavioral Health Consultant (BHC) in Primary Care

- Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues
- Emphasis on prevention and self-help approaches, partnering with patients in a treatment approach that builds resiliency and encourages personal responsibility for health
- Consultation and co-management in the treatment of mental disorders and psychosocial issues



A Continuum of Integration



The Integrated Care Psychiatrist

- Access and Population-Based Care
- Consultation
- Enhance the Skills of Primary Care Colleagues
- Treatment Team Meetings
- Telepsychiatry
- Co-Management of Care



Telepsychiatry Consultation





"My physical therapist says this is the worst possible position you can lie in."

Communication Model

- Face to Face Verbal Feedback
- Electronic Health Record
- Treatment Team
- Telehealth Consultation



Other Sample Targeted Initiatives

- Women's Health -OB, Chronic Pelvic Pain, Menopause
- Nutrition - Weight Management, Dietary Guidance for Chronic Health Conditions
- Pharmacy – Coumadin Clinic, Hospital F/U
- Group Medical Visits- Kindergarten Readiness
- Disease Management Groups - Diabetes



Positive Outcomes

- Access
- Value
- Medical Cost Off-Set
 - Clinical Outcomes
 - Patient Satisfaction
 - Provider Satisfaction





U.S. Department of Health & Human Services

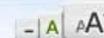
AHRQ Agency for Healthcare Research and Quality

Advancing Excellence in Health Care



The Academy

Integrating Behavioral Health and Primary Care



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View the Literature Collection

Interested in the growing body of evidence in support of integration? View references.

[Learn More about Integration](#)


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Integrating Behavioral Health and Primary Care

AHRQ's vision is that the Academy for Integrating Behavioral Health and Primary Care will function as both a coordinating center and a national resource for people committed to delivering comprehensive, integrated healthcare.



Experts Call for Integrating Behavioral Health and Primary Care

The 2011 Mental Health Forum and Town Hall featured integration experts. At AHRQ's Annual Conference, panelists discussed the importance of integrating behavioral healthcare and primary care.

New & Notable

- Fri, 06/22/12 The National Integration Academy Council...
- Tue, 06/19/12 Benjamin Miller, Psy.D., Principal Investigator...
- Tue, 06/19/12 AHRQ's release of the latest National Healthcare...
- Tue, 06/19/12 AHRQ 2012 Annual Conference...

New & Notable items include highlights of current activities of The Academy for Integrating Behavioral Health and Primary Care, as well as new research findings, Federal initiatives and other public and private activities going on in the field of integration. Check New & Notable often for highlights from the Academy.

The Academy Web Portal – A Resource Hub

Welcome to this new AHRQ Web portal where you will find the resources you need to advance the integration of primary care and behavioral health care and foster a collaborative environment for dialogue and discussion among relevant thought leaders.

This resource center will facilitate the work of the Academy by being a central hub for information, coordination, dissemination, and networking. The portal is structured around seven topics: [Research](#), [Education](#), [Policy](#), [Financing & Sustainability](#), [Clinical & Community](#), [Health Information Technology](#), [Resources](#), and [Collaboration](#).

Information related to integration will include [evidence-based practices](#), descriptions of promising practices, and articles on methods used to acquire evidence. The portal will be enhanced by adding coordination, dissemination, and networking functions including [Webinars](#) and [forums](#).

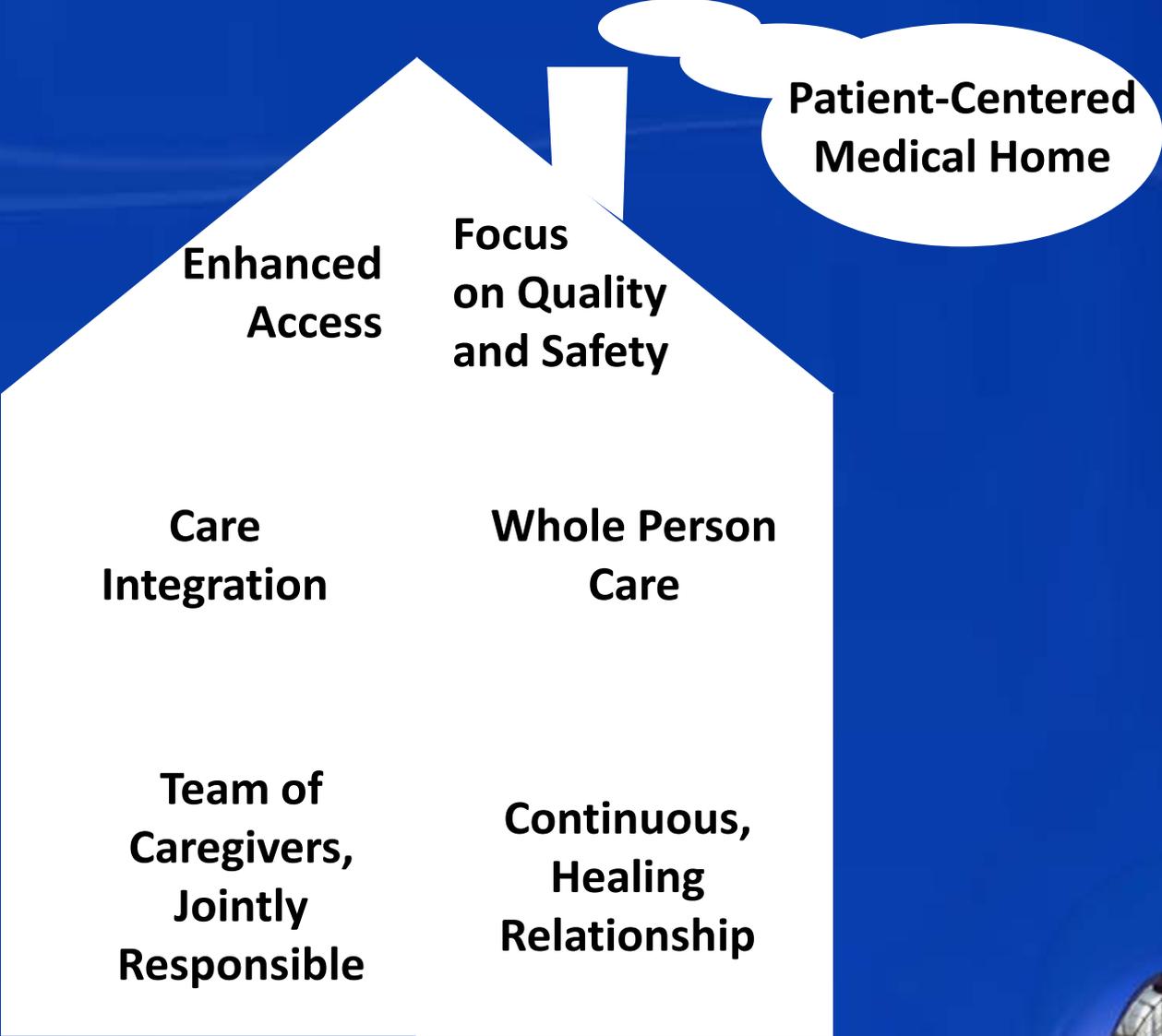
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Cher...



**Patient-Centered
Medical Home**

**Enhanced
Access**

**Focus
on Quality
and Safety**

**Care
Integration**

**Whole Person
Care**

**Team of
Caregivers,
Jointly
Responsible**

**Continuous,
Healing
Relationship**



**Start where you are, use what
you've got, do what you can.**

Arthur Ashe

Questions?



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