

REDEFINED

NATCON22

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A Systematic Pathway to Integrated Care

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*Presenter Disclosure:
Nothing to disclose*

Learning Objectives

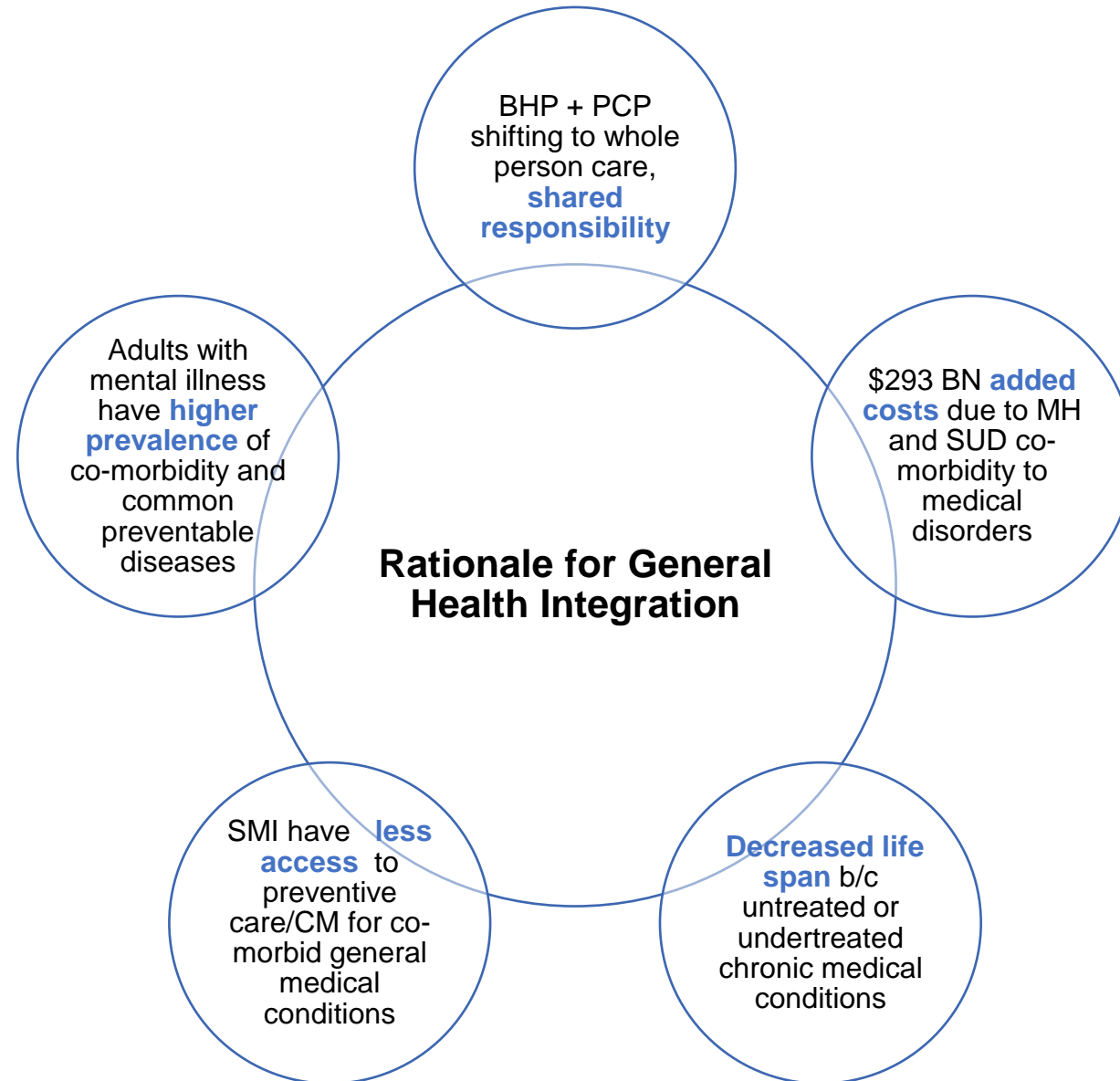
After this webinar, participants will be able to:

- Understand how a novel evidence-based integration framework may serve as a promising integration planning and implementation tool to support service redesign efforts for behavioral health clinics and state health authorities.
- Learn about clinics performance on the integrated care metrics aligned with the general health integration framework from baseline to 12-months.
- Gain practical implementation guidance and lessons learned with a focus on practice and policy.

Webinar Agenda

- Background and rationale for General Health Integration (GHI) into Behavioral Health
- Development of Continuum-Based Framework for General Health Integration
- Overview of key domains of integrated care
- Early Learning Collaborative Experience
- Discussion

Rationale for GHI in Behavioral Health



Increased Risk of COVID-19 Mortality with Psychiatric Diagnosis

- Patients with a prior psychiatric diagnosis while hospitalized for COVID-19 had a higher mortality rate compared those without a psychiatric condition.
- Individuals with concurrent psychiatric and medical diagnoses have poorer outcomes and higher mortality.
- The cause is unclear, but psychiatric disorders may augment systemic inflammation and compromise the function of the immune system, while psychotropic medications may also be associated with mortality risk

Reference: Li, L., Li F., Fortunati, F. and Krystal JH: [Association of a Prior Psychiatric Diagnosis With Mortality Among Hospitalized Patients With Coronavirus Disease 2019 \(COVID-19\) Infection](#). JAMA Network Open. 2020;3(9)

Advancing General Health Integration: Still Evolving

Developing the new Framework

- **Targeted literature review** on models of general health integration into behavioral health to identify evidence-based building blocks
- **Key informant interviews** of behavioral health leadership, behavioral health providers, primary care practitioners, policymakers, and payers
- **Development** of the continuum-based framework for general health integration in behavioral health settings
- This approach was successful in **developing and evaluating** a [Framework for Behavioral Health Integration into Primary Care](#)
- **Issue brief and peer reviewed paper** published and National Council Learning Collaborative and Framework Evaluation Underway

GHI Framework Domains and Stepwise Advancement

GHI Framework Domains & Subdomains



1. Screening, referral to care, and follow-up

- 1.1 Screening and follow-up
- 1.2 Facilitation of referrals



2. Evidence-based care for preventive and general medical conditions

- 2.1 Use of guidelines or treatment protocols
- 2.2 Use of targeted medications by behavioral health prescribers
- 2.3 Trauma informed care



3. Ongoing care management

- 3.1 Longitudinal clinical monitoring and engagement



4. Self-management support adapted to patient

- 4.1 Use of tools to promote patient activation and recovery

GHI Framework Domains & Subdomains (cont'd)



5. Multi-disciplinary team (including patients) with dedicated time

- 5.1 Care team
- 5.2 Sharing of treatment information, case review, care plans and feedback
- 5.3 Integrated care team training



6. Systematic quality improvement

- 6.1 Use of quality metrics for physical health program improvement and/or external reporting



7. Linkages with community and social services

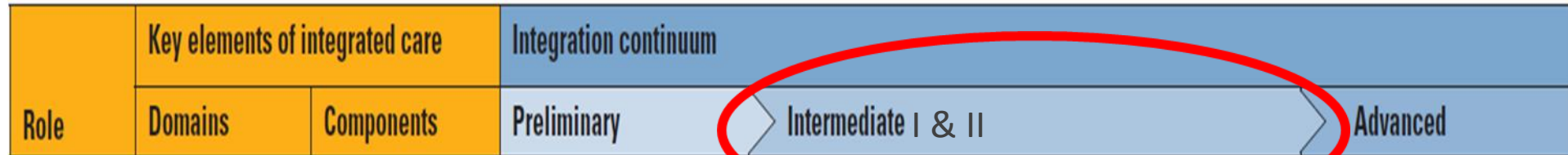
- 7.1 Linkages to housing, entitlement, other social support services



8. Sustainability

- 8.1 process for billing and outcome reporting
- 8.2 process for expanding regulatory and/or licensure opportunities

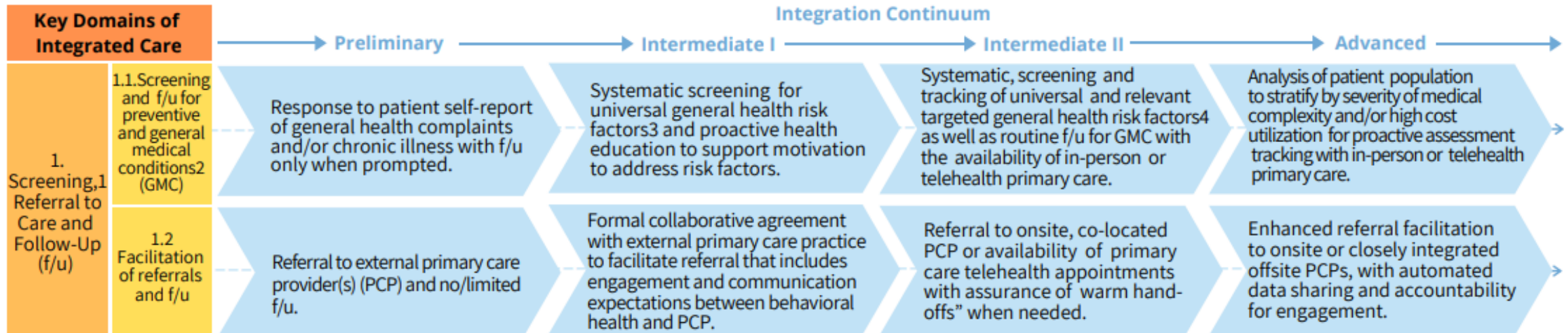
Continuum-Based Integration



Achievable standard?

GHI Framework Snapshot: Domain 1

Screening, Referral to Care and Follow-Up



National Learning Collaborative and Framework Evaluation

- Supported by SAMHSA funded **National Council of Mental Wellbeing's Center of Excellence for Integrated Health Solutions (CoE-IHS)** and the **New York Community Trust**
- 19 organizations selected across the country (with 4 in NYS)
- Two webinars per month, technical assistance (TA), evaluations and monthly performance reporting
- Structured qualitative and quantitative data collection
- Dissemination Learnings
- Completion date is April 2022

Learning Collaborative Participants

Organization	State
Abbe Center for Community Mental Health*	IA
BestSelf Behavioral Health*	NY
Center for Human Development*	MA
Centerstone of Tennessee*	TN
Centerstone of Indiana*	IN
FMRS Health Systems, Inc.*	WV
Four County*	IN
Gandara Center*	MA
Hegira Health, Inc.*	MI
Hamilton Center, Inc.*	IN
High Point Treatment Center*	MA

Organization	State
Institute for Community Living, Inc.*	NY
Lutheran Family Services*	NE
Mid-South Health Systems, Inc. / Arisa Health*	AR
Northeast Treatment Centers*	PA
Sabine Valley Regional MHMR dba Community Healthcore*	TX
Saginaw County Community Mental Health Authority*	MI
Washington Heights Community Services, New York State Psychiatric Institute	NY
Westchester Jewish Community Services*	NY

* indicates *Certified Community Behavioral Health Clinic (CCBHC)* status

Learning Collaborative Faculty

Project funding support provided by the SAMHSA funded National Council of Mental Wellbeing Center of excellence for Integrated Care (CoE-IHS)

- **Henry Chung, MD**, Director GHI Learning Collaborative, Professor of Psychiatry, Albert Einstein College of Medicine
- **Ekaterina (Katy) Smali, MPH, MPA, PMP**, Co-Director GHI Learning Collaborative, Care Management Organization, Montefiore
- **Molly Finnerty, MD**, Co-Director GHI Learning Collaborative, Department of Child and Adolescent Psychiatry, NYU Langone Medical Center and NYS Office of Mental Health
- **Matthew Goldman, MD, MS**, Medical Director, Comprehensive Crisis Services & Hope SF Community Wellness Program, San Francisco Department of Public Health
- **Rachel Talley, MD**, Assistant Professor of Clinical Psychiatry, Department of Psychiatry, University of Pennsylvania
- **Harold Alan Pincus, MD**, Department of Psychiatry, Columbia University and New York-Presbyterian Hospital
- **David Woodlock**, Consultant, Woodlock & Associates and former President and CEO of the Institute for Community Living

Team Composition for Practice Assessment and Advancement

- Senior Clinician Executive
- Clinician Champion
- Nursing and/or Care Management Champion
- Quality Improvement Champion
- Optional : Peer Specialist, Practice Manager, Others?



Assess Current Practice and Workflow Process
Occurring at least 70% of the time

Baseline State of GHI among Motivated CCBHC and BH Clinics

Subdomains with the majority of clinics in the preliminary phase of integration

Evidence-based guidelines/
treatment protocols for
preventive interventions

Medication management

Care team composition

Sharing of treatment information

Integrated care team training

Sustainability

Subdomains with the majority of clinics in the intermediate phases of integration

Screening, referral to care and
follow-ups

Evidence-based guidelines/
treatment protocols for common
general medical conditions

Trauma-informed care

Ongoing care management

Self-management supports

Systematic quality improvement

Linkages to social services

Subdomains with the majority of clinics in the advanced phase of integration

No domains or subdomains in the advanced category were endorsed by a majority of the clinics.

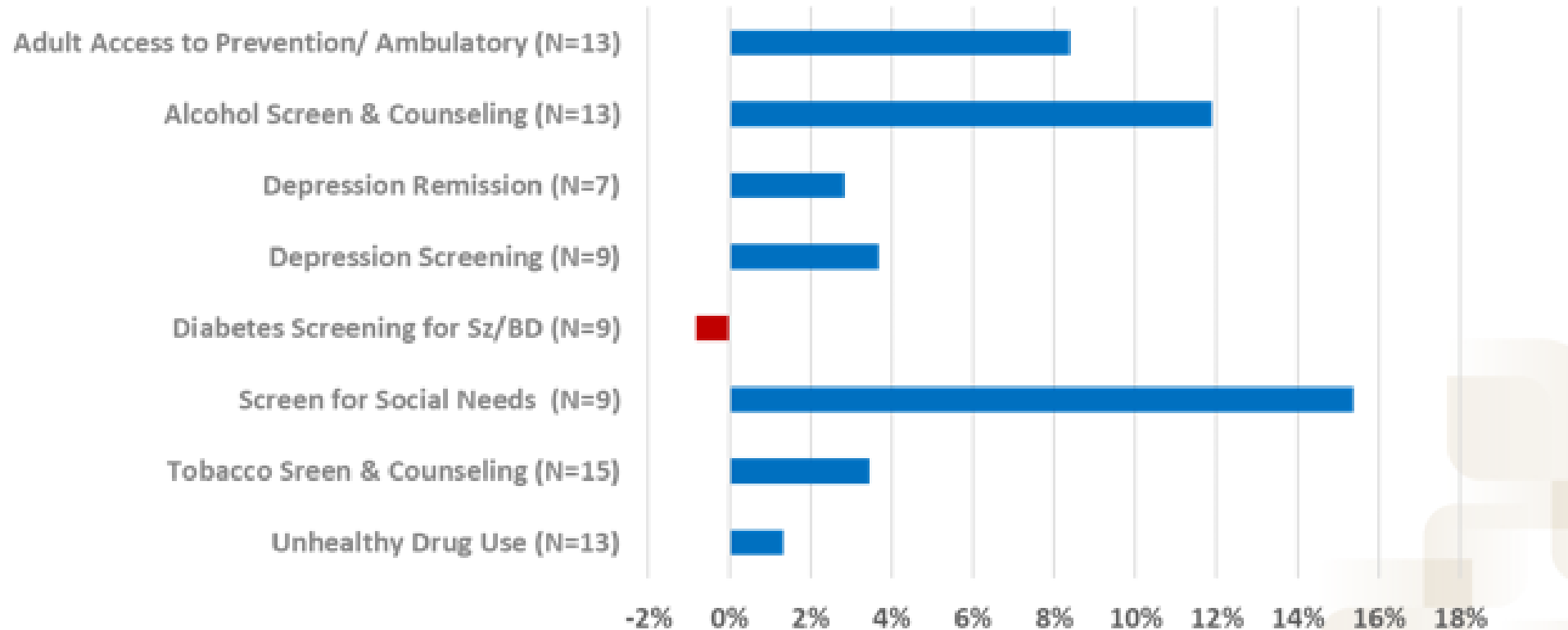
Preliminary Quality Performance of GHI Learning Collaborative: Baseline to 5-Month Follow Up (April-August 2021)

GHI LC Process & Outcome Quality Metrics

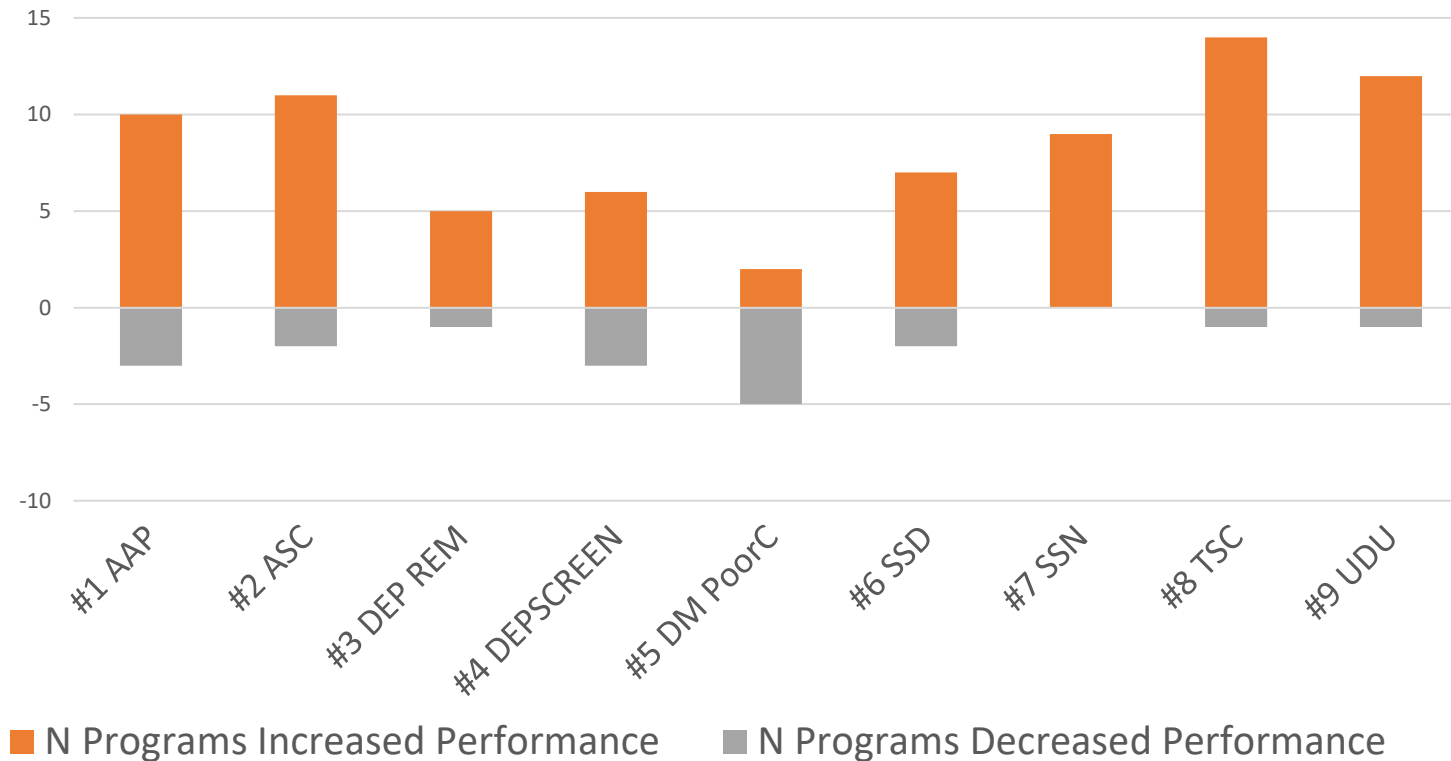
GHI Collaborative Metrics	NQF or NQCA Identifier	CCBHC Reporting	Metric Type	DOMAIN 1: Screening	DOMAIN 2: EBP	DOMAIN 3: Ongoing Care	DOMAIN 4: Self-management	DOMAIN 7: Linkages
Access to Prevention/ Ambulatory Health Care	NCQA AAP	HEDIS	Process	X				
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	NQF 1932	CCBHC - State	Process	X				
Tobacco Use Screening and Cessation Intervention	NQF 0028	CCBHC - Clinic	Process	X	X			
Unhealthy Alcohol Use Screening and Brief Counseling	NQF 2152	CCBHC	Process	X	X			
Unhealthy Drug Use	USPSTF		Process	X	X			
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	NQF 2607	HEDIS	Outcome	X	X	X	X	
Depression remission at 6 & 12 months	NQF 0710	CCBHC	Outcome	X	X	X	X	
Screening for social needs		NOMS	Process	X				X

- Most are selected from national measures of quality, endorsed by NQF, USPSTF, HEDIS, or CMS and required CCBHCs clinic or state reporting measure
- Reporting requires client level numerators and denominators

Average Net Change in Participating Site Performance During the First 5-Months of Learning Collaborative



Number of Sites with Performance Improvement: Baseline to 5-Month Follow Up



For most measures, the number of sites improving performance greatly exceeds the number with decreased performance

Summary of Impact Findings to Date

- **Early evidence for improvement** in the first 5 months of the GHI Collaborative!
- Participating programs have *improved in quality metric reporting*
 - Increasing number of measures reported
 - Increased completeness of measure reporting
 - More programs reported on measures than dropped them, except for Diabetes screening
- Participating programs have *improved performance on majority of measures*
 - Increase in average performance except for two measures: Diabetes screening and Diabetes Poor control
 - More programs improved than declined in performance for each measure except for Diabetes Poor Control (may be reporting error)

Preliminary Observations on Structural Metrics Advancement

Structural Metrics Observations (n=19)

GHI STRUCTURAL METRICS	Baseline	8-month Re-Assessment	Percent Change (%)
Integration of established: <ul style="list-style-type: none"> Collaborative Agreement to formalize external primary care partnership, or Policy And Procedure to formalize partnership with co-located primary care 	11	16	+ 45%
Use of follow-up tracking tools for: <ul style="list-style-type: none"> Preventive care services (e.g., annual PCP visit, immunizations, mammogram), and/or General medical conditions (e.g., monitoring HbA1C, blood pressure/hypertension) 	2	12	+ 500%
Provision of self-management support education, handouts and/or action plans to clients on: <ul style="list-style-type: none"> Preventive care services (e.g., annual PCP visit, flu/COVID immunizations, mammogram) and/or General medical conditions (e.g., diabetes, asthma) 	13	19	+ 46%
Team-based training on GHI for clinical staff	11	11	0%
Trauma-informed care training to clinical staff	16	16	0%
Clinics administering social needs screenings (e.g., food, housing, financial, childcare)	15	16	+ 7%
CPT billing for general health integration services	6	6	0%

Conclusion

CCBHCs and Behavioral Health Clinics have a **critical opportunity to support and provide whole person care** that is meaningful to patient morbidity, mortality and quality of life (QOL).

Continuum Based Framework Practice Self-Assessment *and* Developing an Operational Strategic Plan **supporting evidence-based general health interventions** are important facilitators.

Measurement of Process *and* Clinical Outcomes are **instrumental** to advancement.

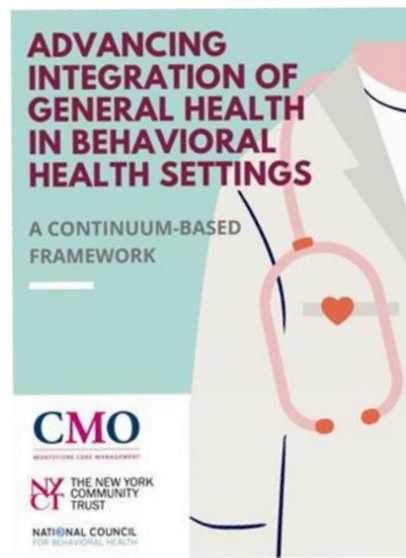
Advocating for policy and practice interventions *must be supported* through payment reform and incentives.

Questions and Discussion



Tools & Resources

- [Advancing Integration of General Health in Behavioral Health Settings](#)
- [A Continuum-based Framework as a Practice Assessment Tool for Integration of General Health in Behavioral Health Care](#)
- [Association of a Prior Psychiatric Diagnosis With Mortality Among Hospitalized Patients With Coronavirus Disease 2019 \(COVID-19\) Infection](#)



A Continuum-Based Framework as a Practice Assessment Tool for Integration of General Health in Behavioral Health Care

Dexterina Small, M.P.A., M.P.H., Rachel M. Talley, M.D., Matthew L. Goldman, M.D., M.S., Harold Alan Pincoff, M.D., David Woodcock, M.S., Henry Chung, M.D.

Objective: General medical conditions among patients with mental and substance use disorders are often not adequately detected and managed in behavioral health settings. The project described in this study sought to investigate how behavioral health clinics used a new general health integration (GHI) framework to assess integration efforts.

Methods: Eleven community behavioral health clinics were introduced to a new continuum-based framework for use in GHI assessment. A multidisciplinary team in each clinic was tasked with identifying current GHI interventions according to several framework stages (preliminary, intermediate 1, intermediate 2, and advanced) among eight domains and 25 related subdomains. The clinics provided feedback on the framework's utility for GHI planning and advancement.

Results: The clinics could readily identify distinct integration interventions within each domain and subdomain. Clinics reported strengths in the domains of trauma-informed

care, self-management support, social service linkages, and quality improvement. Opportunities for future advancement in integration of general health services were identified in the major domains of screening and referral, evidence-based treatments, care teams, and sustainability. The clinics also described potential benefits of the framework to further advance and implement GHI best practices.

Conclusions: The clinics could use the framework as a practice assessment of integration efforts with minimal guidance and identify several evidence-based integration interventions. Some GHI interventions were seen as strengths and as opportunities for further advancement. Longitudinal evaluation among a larger number of and more geographically diverse behavioral health clinics seeking to advance their GHI practices will improve the GHI framework's generalizability and potential for dissemination.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.202003750)

Workforce Innovations in Integrated Care

New Learning Collaborative!

- Accepting 30 integrated care organizations
- Partner with CoE to receive TTA & **\$25,000** at the completion of the learning collaborative.
- Read the [FAQ](#) for more information.

Goal of this Collaborative: to develop and scale innovative solutions for addressing the workforce barriers that integrated care organizations face from the on-going pandemic as the demands increase for integrated mental health and substance use treatment services.

[Apply Here](#) until Friday, April 15 at 11:59pm ET.

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Thank You

Questions?

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