



Tuesday, June 13, 2023; 12:00-1:00 PT

California Quality Collaborative

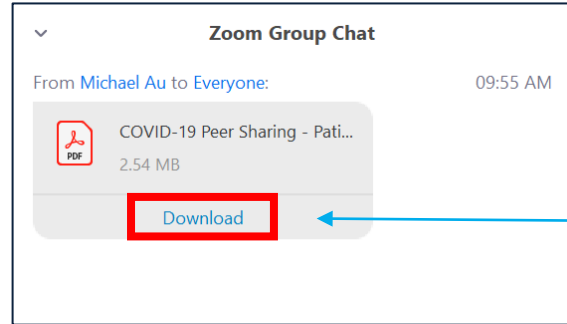
Behavioral Health Integration
Concepts and Models



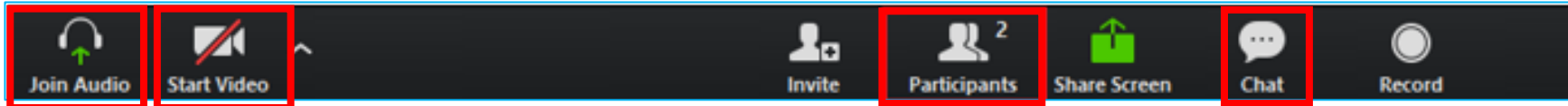
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Tech Tips – Zoom Meetings

For polls, click the blue **submit button** to complete



Click **Download** in Chat for PDF of slide deck



Click to join or mute audio

All attendees have video off upon entry

Click to see who else has joined

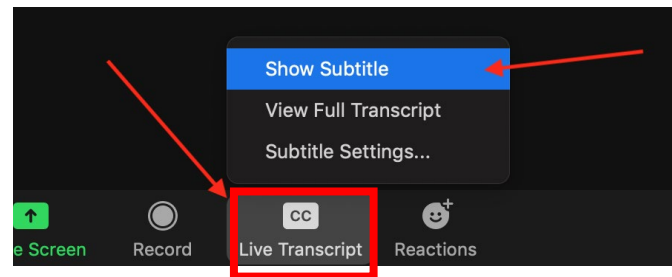
Ask questions and insert comments



Direct message Erika Lind if you have any technical issues



Recording & deck will be shared with attendees



Request live closed captioning or view full meeting transcript

Poll: Who's in the (virtual) room?

Where are you dialing in from?

- Northern California
- Southern California
- Other West Coast
- East Coast
- Midwest
- Southwest



What type of organization do you represent?

- Patient
- Provider/Practice
- Health Plan
- Government Agency
- Technical Assistance Org
- Research Agency
- Other [Chat in]

California Quality Collaborative

Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder program**. Core funding from health plans sharing a delivery system.

Identifies and spreads best practices across outpatient delivery system in California

Trains 2,000 individuals from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

Sponsors



Today's Speakers



Kristina Mody
Associate Director,
Practice Transformation

PBGH/CQC



Neftali Serrano
Chief Executive Officer

Collaborative Family
Healthcare Association



Daniela V. Hernandez
Technical Assistance
Associate

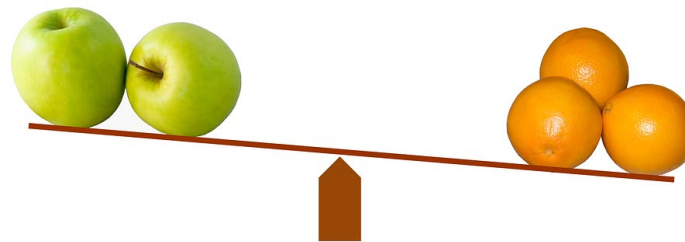
Collaborative Family
Healthcare Association

Our Agenda

Today, we'll:



Hear how CalHIVE BHI is supporting BH integration, and learn more about participating organizations



Understand the key differences between models for integrating behavioral health into primary care



Explore local factors to support selecting an integration model

Warming up with a Poll....



I am familiar with...

- 1. Collaborative Care Model**
- 2. Primary Care Behavioral Health Model**
- 3. Both**
- 4. Neither – and excited to learn!**



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CalHIVE Behavioral Health Integration

Program Update

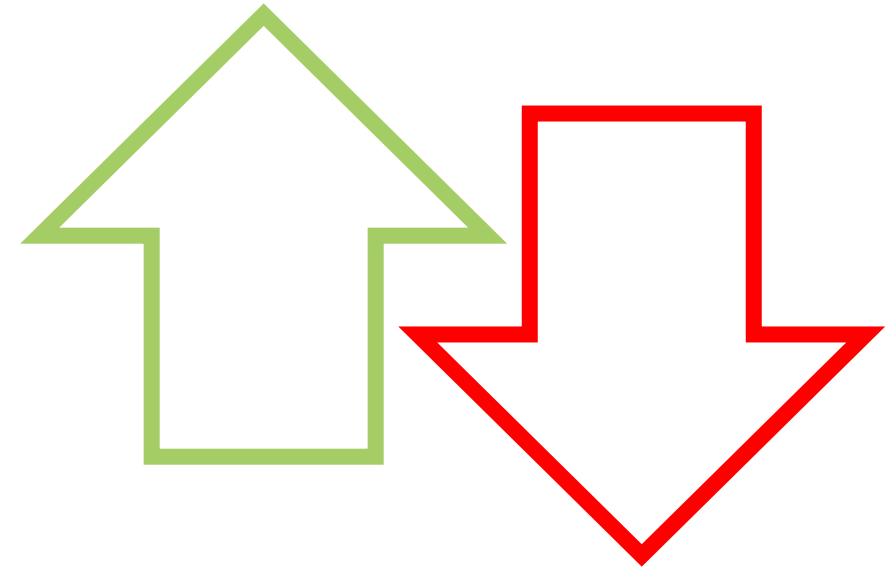
Behavioral Health: the Need, and the Vision

75%

Percentage of primary care visits that include **mental or behavioral health components***

28 of 50

Where **California is ranked** nationwide on a composite measure including prevalence of mental health conditions, substance use, suicidal ideation, and access to treatment**



Studies show BHI improves
Access to care
Care coordination
Health outcomes
Patient satisfaction
While decreasing **total cost of care**

California Quality Collaborative Aims 2021 - 2023

Aim

Californians have access to and receive **Advanced Primary Care** that incorporates collaboration with high-value specialty expertise.

Sub-Aims

Expand telehealth services as part of a longitudinal relationship with a care team

Reduce disparities in care and outcomes

Increase the integration of behavioral health care

Close deferred care gaps resulting from COVID-19

Drivers

Multi-Stakeholder Alignment

Consensus-Driven Recommendations for Operationalizing Changes

Improvement Collaboratives

Workforce Training

Resource Development

Best Practice Dissemination

CQC BHI Initiative Overview

- Five year project (2022-2027) funded at the direction of the California Department of Managed Health Care to support acceleration of BHI across California's primary care delivery system
- Supports CQC's BHI Initiative programming, including:

TECHNICAL ASSISTANCE

Public Learning and Training Workshops

(2022-2027)

Multiple day workshops, webinars, trainings

Learning Collaboratives: Learning Labs

(2024-2026)

3 – 12 Month topic-specific learning and peer sharing in small groups

Patient Experience

(2023-2026)

Expand successful pilots of patient experience surveys focused on Medi-Cal populations, behavioral health in primary care, and telehealth

Common Standards

(2024-2026)

Develop common standards for patient privacy, consent and data-sharing to enable BHI

Improvement Collaborative: CalHIVE

Behavioral Health Integration

(2023-2026)

CalHIVE BHI

A 3-year improvement collaborative (July 2023 – June 2026) that will focus on integrating behavioral health services into the primary care setting. The collaborative aims to:

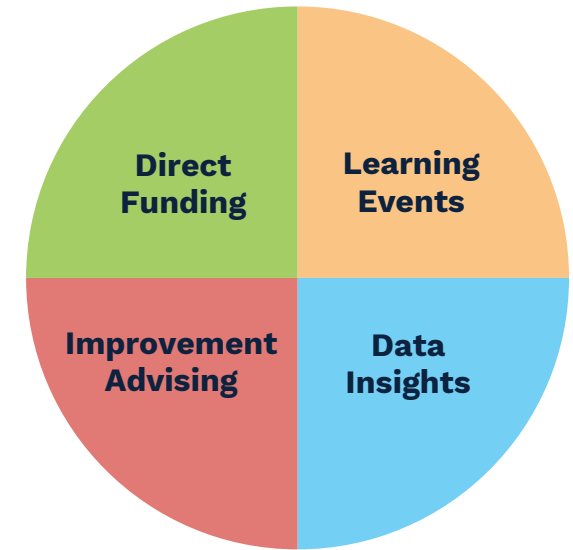
- Define and implement a BH integration pathway for each participant
- Increase access to BH within the primary care setting to support management depression and substance abuse issues
- Improve behavioral health and chronic disease outcomes across key indicators



CalHIVE BHI Technical Assistance

With support from the CalHIVE BHI team, participants will:

- **Identify and document** a BHI plan tailored to each organization
- Engage at least one practice (pilot site) to **implement** the BHI plan resulting in improved access to behavioral health services for their patients
- **Adopt and spread** best practices across to expand screening and referrals for depression and substance use
- Outline a **sustainability** plan to maintain behavioral health services and scale across the organization



Integrated Technical Assistance

Will utilize CQC's [BHI curriculum](#), developed for California based delivery organizations

Curriculum Areas: Project planning/quality improvement | Patient/family engagement | Workforce | Health IT | Clinical/care models | Data/reporting | Financing | Sustainability | Health equity

CalHIVE BHI Accepted Participants

- Nine provider organizations across California
 - 3 Hospital / Health Systems
 - 4 Medical Groups
 - 1 Federally Qualified Health Center
 - 1 IPA
- Mix of payers (Commercial, Medicare/Medicare Advantage, Medi-Cal)
- In total, providing care for over a half a million Californians



Organizations are finalizing contracts to formalize participation



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Integration Concepts and Models

What is Integrated Care?

What is Integrated Care?

Integration is "the term to describe efforts to provide health care services that bring together all of the components that make humans healthy."

Integrated care is not intended to replace traditional mental health care.



Measuring Integrated Care

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice

Collaboration

- BH works **with** primary care
- Patients perceive they are receiving care from a specialist who collaborates closely with PCP

Integration

- BH works **within** primary care
- Patients perceive BH services as part of their health care with PCP

Mythbusting BHI

BH Integration is not only...	BH Integration entails...
Co-locating primary care and behavioral health services in the same building	Collaboration across care teams
Aligning primary care and behavioral health teams under the same lines in the organizational chart	Creating internal support for BHI teams to ensure long term sustainability
Consolidating funding /resources for primary care and behavioral health	Long term investment. ROI may take some time.
Contracting an MCO to manage both primary care and behavioral	Buy-in from both providers and patients
A project	Cultural and organizational transformation

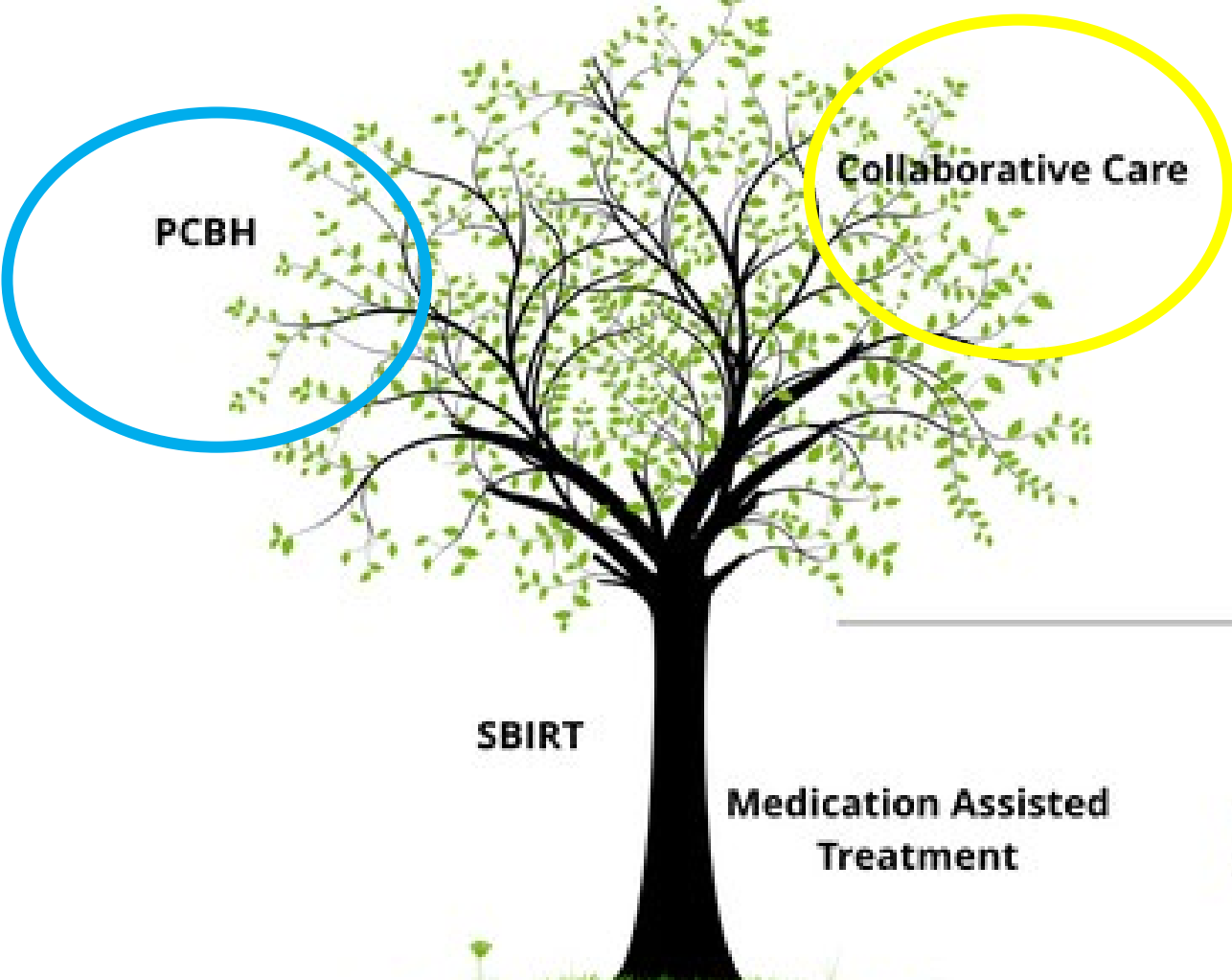


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Integration Concepts and Models

How do we define Care Models?

"The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives"



PCBH

Collaborative Care

SBIRT

Medication Assisted Treatment

Medical Family Therapy

Trauma Informed Care

Patient Centered Medical Home

ACEs Chronic Disease Management

Medically Unexplained Symptoms

Triple/ Quadruple AIM

Population Health

Biopsychosocial Model

Social Determinants

Health Psychology

Models

Clinical Pathways

Perspectives

What do we mean by a model? Why do we need one?



- **Models are delivery strategies that prescribe specific ways in which professionals will work together to provide healthcare services.**
- Work in integrated care models centers on two main models of integrating behavioral and medical care.
- Models provide a set of principles, standards, and best practices that dictate how different healthcare providers will collaborate and coordinate care around the unique needs of the individual
 - Operationally includes: workflows, job descriptions, trainings, data registries

Different Models to Address Different Concerns

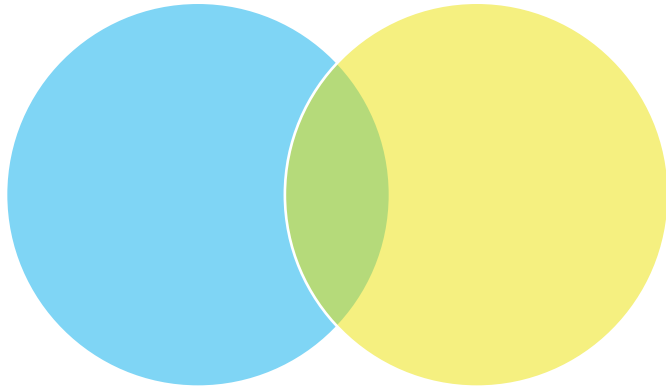
Collaborative Care Model (CoCM)

- Behavioral Health Care Manager (BHCM) & Psychiatric Consultant
- Target a specific patient population - depression and anxiety
- Designated CoCM CPT codes
- Patient registry for patient tracking, follow-up and monitoring
- Measurement-Based Care
- Treatment: 3-12 months

Primary Care Behavioral Health (PCBH)

- Behavioral Health Consultant (BHC)
- Target the entire clinic population
- Uses traditional CPT codes & General BHI code
- Warm hand-offs to BHC
- Evidence-based behavioral health treatments
- Targeted treatment

PCBH and CoCM both



INTEGRATED

KEY ELEMENT: PRACTICE CHANGE

LEVEL 5

Close Collaboration
Approaching
an Integrated Practice

LEVEL 6

Full Collaboration in
a Transformed/ Merged
Integrated Practice

Both models offer:

- Interdisciplinary *team-based care*
- *Stigma reduction* in community settings
- Dedicated reimbursement codes resulting in *long-term cost-savings*
- *Evidence-based measures* for treatment planning
- Demonstrated *very high provider satisfaction*
- Real-time *availability of behavioral health providers*
- *Brief interventions for low- to moderate-acuity presentations:* Both models employ brief interventions to address low- to moderate-acuity cases, preventing unnecessary referrals to overloaded community pathways

Selecting a Model

How do you make a decision?

1. What are the needs of site / patient population? Who are the stakeholders?
2. Which model seems most appropriate for needs of patients and staff, and why?

Implementation Decision Points

CoCM

- Can we.... commit to a psychiatric consultant?
- Can we... adhere to using patient registry?

PCBH

- Can we....hire a licensed BH clinician?
- Can we.... provide physical space in the office to support collaboration?



Supporting organizations to choose a model



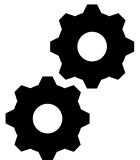
CalHIVE BHI

- Organizational assessment and recommendation
- Deep dive on content via webinars, in-person meetings and coaching
- Completion of Integration Implementation Plan



Collaborative Family Healthcare Association

- CFHA plays a pivotal role in advancing the field of integrated care by promoting education, research, policy development, and advocacy
- Technical assistance available for organizations needing implementation support: <https://integratedcareconsultation.com/>



Other Tools / Resources

- [Integrated Practice Assessment Tool \(IPAT\)](#) - A tool based on a decision tree model designed to place practices on the level of collaboration/integration



Q&A



Kristina Mody
Associate Director,
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Reflection Time

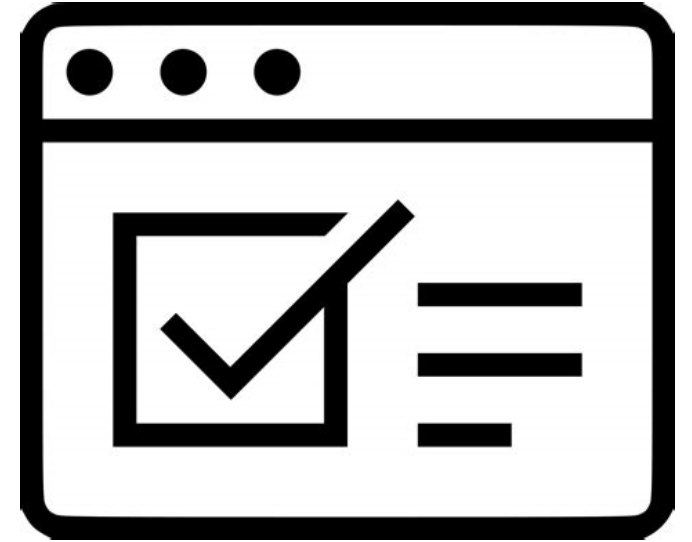
My a-ha about
BH integration
models is...



Poll: Webinar feedback

The content of this webinar was helpful

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree



Stay Connected



Additional Resources

- [California Quality Collaborative](#)
- [Resilient Primary Care Webinar Series](#)



Sign up for our [newsletter](#)

For questions, email us cqcinfo@pbgh.org



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Thank you!



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Appendix

Resources

Resources

- [CQC BHI Improvement Collaborative Curriculum](#)
- [Collaborative Family Healthcare Association](#)
- [American Medical Association – STEPS Forward Behavioral Health Integration Into Primary Care](#)
- [AHRQ - Integration Playbook](#)

Clinical Pathways

Clinical pathways are algorithms used to guide care to ensure that persons with specific conditions receive monitored, timely care.



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- An approach to the deliver of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders

Medication Assisted Treatment (MAT)

- The use of medications, in combination with counseling and other therapeutic techniques, to provide a “whole-patient” approach to the treatment of substance use disorder.