



June 2024

# CalHIVE Behavioral Health Integration Improvement Collaborative

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## IMAT Trend Report Midpoint 2024



California Quality  
Collaborative

# CalHIVE BHI | Implementation Milestone Assessment Tool (IMAT)

CQC assessment tool designed to:

- Measure changes and opportunities within the provider organization around BHI
- Synthesize impact of CalHIVE BHI
- Be a reference tool for provider organizations to use at practice/clinic level
- Provides score (low = 1, high = 8) for each milestone

Covers 15 milestone questions over 7 domain areas, which will all be covered in the CalHIVE BHI Curriculum:

Curriculum:

- **Project planning**
- **Patient family engagement**
- **Workforce**
- **Health IT**
- **Clinical/care model**
- **Financing**
- **Data/reporting**
- **Sustainability**
- **Health equity**

CalHIVE BHI IMAT – Sample Question and Scoring Rubric

Q	DOMAIN Milestone Description	STAGE Planning		STAGE Early		STAGE Intermediate		STAGE Advanced	
		1	2	3	4	5	6	7	8
<i>Scoring</i>									
<b>1</b>	<b>PROJECT PLANNING</b>								
1.1	The provider organization has a <i>Behavioral Health Integration (BHI) implementation plan</i> which is supported by an effective project team, including cross-disciplinary representation (clinical, data, quality improvement, etc.), dedicated resources, with defined project goals and outcomes.	The provider organization has ideas for BHI implementation work, but has not put them on paper, however; the project team is in development; with goals and outcomes are being scoped.	The provider organization has finalized their <i>BHI implementation plan</i> , with feedback from key stakeholders, and created a workplan for executing work. The project team is formed, with cross-disciplinary representation and regular meetings.	The <i>BHI implementation plan</i> has been tested and rolled out in the <i>pilot site</i> , and has centralized support with resources to support and sustain the integration project at the pilot site.	The <i>BHI implementation plan</i> has been improved based on feedback from pilot site, and the BHI implementation work is now being spread to standard work across organization.				

# PO Descriptive Characteristics

Provider	Location	Org Type	Top 3 Health Plans	EHR
Chinese Hospital	San Francisco	independent hospital system	Jade Medical Group Health Plan of San Mateo Hill Physicians Medical Group	Cerner
Community Memorial HealthSystem	Ventura	independent hospital/health system	Gold Coast (Medi-Cal) Sea View Health Plan Blue Cross	EPIC (as of early 2025) Currently: Allscripts
Perlman	San Diego	Medical Group	Blue Shield HMO Blue Shield Medicare Advantage Humana Medicare Advantage	EPIC (hosted by UCSD)
Pomona Valley Medical	Los Angeles	community medical center, hospital and medical clinics	LA Care (Medi-Cal) Blue Shield IEHP (Medi-Cal)	Cerner
Riverside Family Physicians	Riverside	Primary care practice	IEHP (Medi-Cal) Optum Medicare	NextGen (as of Q4 2023) Previously: Practice Partner
San Francisco	San Francisco	FQHC, public health department	SF Health Plan Healthy SF Anthem Blue Cross	EPIC
Scripps Medical/Coastal	San Diego	Medical Group	Medicare SCAN Blue Cross	EPIC
Sharp Rees-Stealy	San Diego	Medical Group	Sharp Health Plan United Anthem Blue Cross	EPIC (as of early 2024) Currently: Allscripts

\*Initial data collected during onboarding, summer 2023

# PO Descriptive Characteristics

Provider	Total Patient Lives	Total Primary Care Providers	Total Behavioral Health Staff
Chinese Hospital	9,000	13	1 psychiatrist
CMHS	50,000	40	6 LCSWs
Perlman	75,000	156	23 therapists (LMFT, LCSW, LPCC)
Pomona Valley Medical	35,912	11 family medicine physicians, 23 family medicine residents	1 LMFT/PhD
Riverside	15,000	10	1 LCSW & 3 MSWs
San Francisco	117,000	7 *at pilot site	1.5 BHCs *at pilot site
Scripps Medical/Coastal	244,000	131	0
Sharp Rees-Stealy	185,000	~580 physicians (all specialties)	4 LCSWs, part of Population Health Team

\*Initial data collected during onboarding, summer 2023



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# IMAT Trends & Bright Spots

# IMAT Domain 1: Project Planning

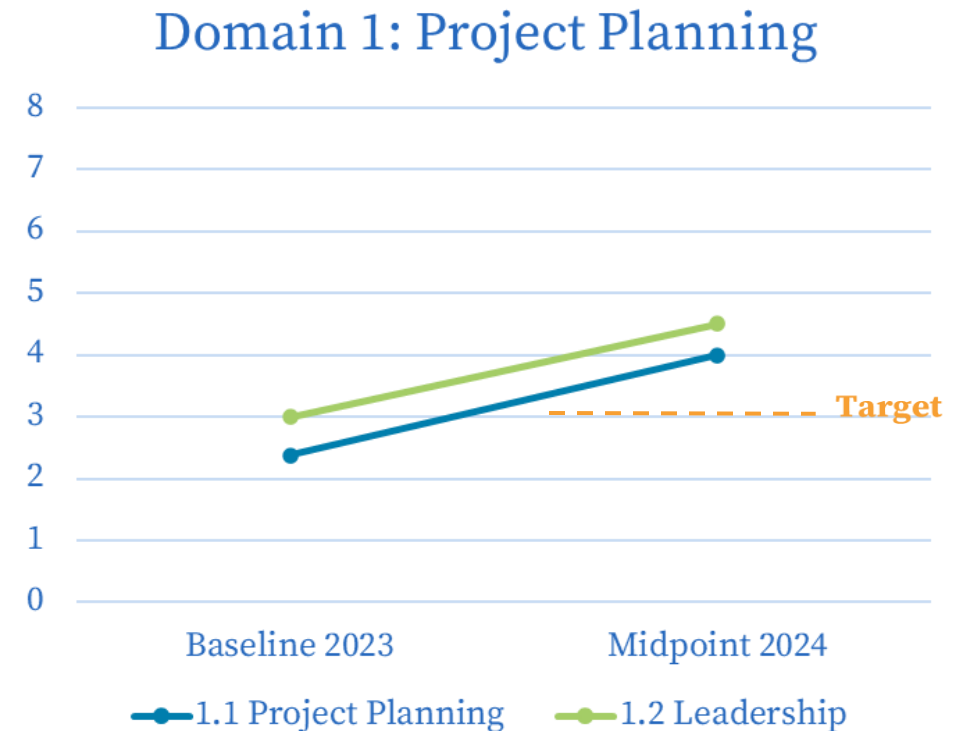
## PO Examples

- **Strong collaboration across disciplines and departments in the development of behavioral health integration at pilot site(s)**
  - All PO scored a 4 on 1.1 Project Management during their midpoint IMAT, which means all teams are at the tail end of early-stage refining of BHI workplans
  - Pomona, Sharp, and SFDPH “soft launched” their pilot site
  - 5 other provider organizations have plans to launch around July 2024
  - The average score on 1.2 Leadership was 4.5
    - This suggests leadership supports a culture of BHI, but may view it as a specialty project

**Scripps’** project team is moving forward with BHI with 3rd party vendor with buy-in from providers and leadership

**Perlman's** team is onboarding, workflows being are refined, and they are preparing to launch

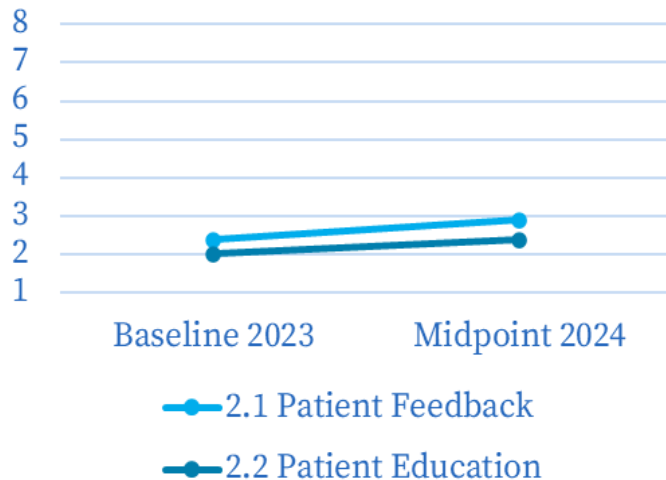
**Pomona Valley’s** senior leadership took an active role in project planning to support BHI culture



# IMAT Domain 2: Patient Family Engagement

## PO Examples

### Patient Family Engagement



**Patient and Family Engagement is defined as patient/family satisfaction with BHI and educational resources supporting BHI. Currently, POs are in the planning stage**

- 2.1 Patient Feedback average is 2.88
- 2.2 Patient Education average is 2.38

### Chinese Hospital

- Providers are beginning to ask for feedback from patients and family around BHI
- Plans are being developed but there is not yet a formalized process

### CMHS

- There are several processes in place to obtain patient and support system/family feedback
- In April, they launched a BH specific patient satisfaction survey and have a plan to review and analyze

### SFDPH

- There is a robust system in place in primary care
- Team obtained patient and support system/family feedback and is following up with feedback to incorporate in BHI

# IMAT Domain 3: Workforce

## PO Examples

**Workforce was an area of focus, ensuring care team was being identified and training plans are in place for implementation**

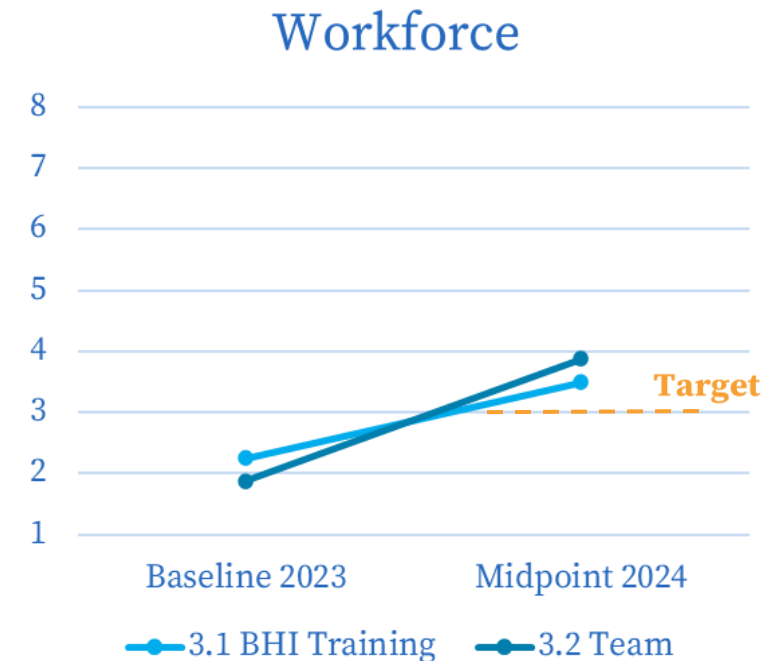
- The average for 3.1 BHI training is 3.5
- The average for 3.2 Care Team is 3.88

### SFDPH

- There are roles filled and in place at clinics. Working to clearly define the responsibilities of each role. Huddles have been initiated for cross-discipline meetings at the pilot site
- Training has been initiated for all disciplines. Behavioral health services are already being provided to patients, linkage to Intensive Outpatient (IOP)

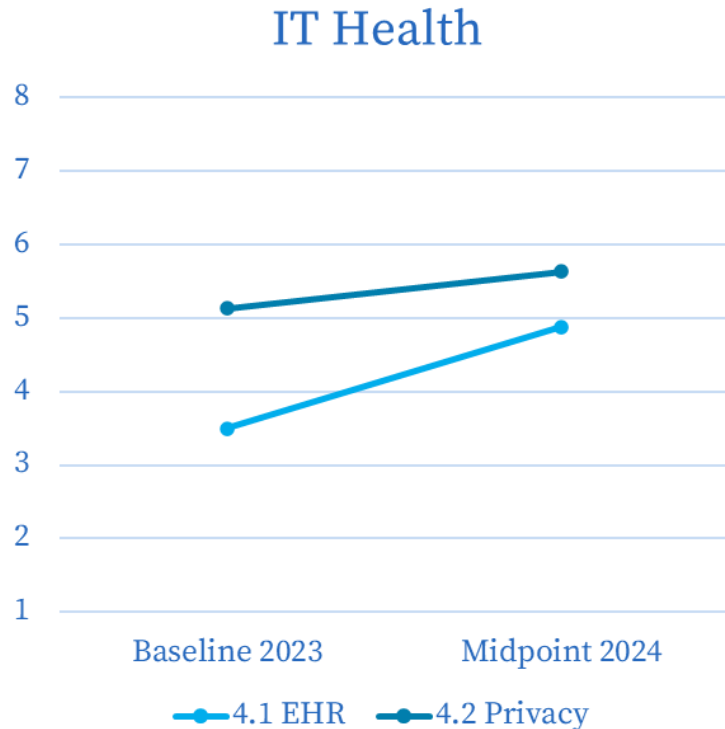
### Sharp Rees-Steely

- BHI staff are available to provide services onsite at pilot clinic 4 of 5 days
- Have provided education from pilot clinic but not regular training for all other staff on BH Integration





# IMAT Domain 4 Health IT PO Examples



## Health IT examined transparency across care team, streamlined workflow in the EHR and highlighted the security and privacy policies around digital systems

- The average for 4.1 EHR capacity for transparency and workflow is 4.88
- The average for 4.2 Security and Privacy is 5.63

### Perlman

- **Optimized EHR system in current use**
  - Leveraged existing EHR to integrate workflows, including documentation and communication plan for PCBH model

### Riverside Family

- **Optimizing new E.H.R. (Next Gen)**
  - Transitioned to NextGen began at the end of 2023
  - Staff has trained and socialized to new EHR, which will enhance their IT health

### Sharp Rees-Steely

- **Optimizing new E.H.R. (EPIC)**
  - Transitioned to Epic began in March 2024
  - Billing schedules have been set up ready for BHI launch

# IMAT Domain 5 Clinical/Care Model PO Examples

## Clinical and Care Model adoption of care model to successfully integrate behavioral health and the capacity for integrating depression screening

- The average for 5.1 Care Model is 4.25
- The average for 5.2 Depression screening is 4.75

### CMHS

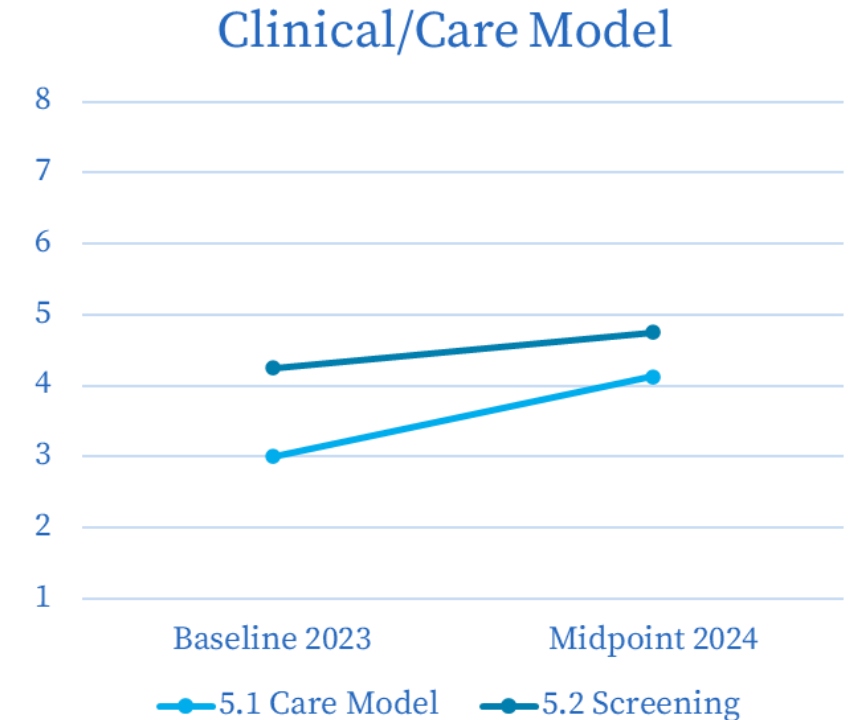
- Refining a workflow for all clinic staff that aligns with PCBH model
- Implementing depression screening workflow

### Riverside Family

- Refining training plan for all staff on BHI PCBH model and workflow implementation
- Developing PHQ screening plan to increase better identify and refer patients to BHI

### Sharp Rees-Steely

- Functionality has improved with Epic
- Universally depression screening is occurring for every patient
- Strong follow-up processes; get referrals from hospital



# IMAT Domain 6: Data Reporting

## PO Examples



### Data reporting examines POs ability to capture and report quality measures for patients' and access to BHI

- The average for 6.1 Data Reporting is 3.25

### Pomona Valley

- Dashboards allow for data pulls to look at depression screening rates
- Team is pulling and analyzing global data
- Best Practice Advisories (BPAs) pop up to remind providers to next steps

### Scripps

- Current systems capture depression screening and treatment teams can leverage data easily
- Dashboards allow for data pulls to look at depression screening rates
- Wellness dashboard can be drilled down to the site level and provider level

# IMAT Domain 7: Financing

## PO Examples

### Financing examines POs financial system (e.g., billing and coding tools, and payment systems) of optimizing payments for BHI

- The average for 7.1 Data Reporting is 3.75

#### Pomona Valley

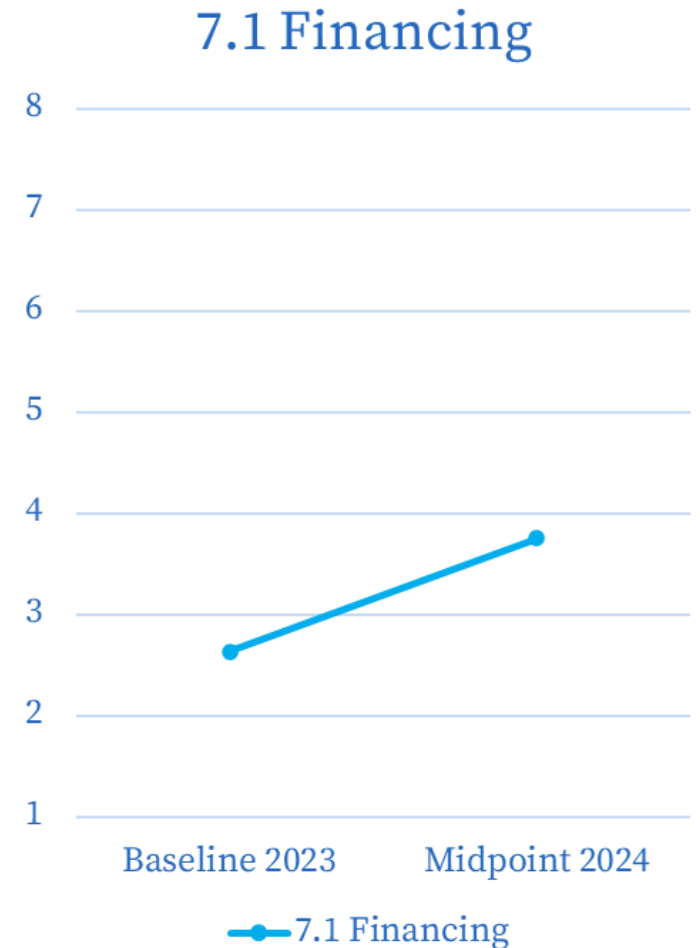
- The billing and coding team is developing a workflow looking at financial sustainability of BHI focused on credentialing BHC providers with all health plans, aligning on CPT and ICD codes for accurate billing, and built process improvement in workflow

#### Perlman

- Current system to support PCBH billing but working on identification of additional codes to capture screening and shorter appointment durations

#### Scripps Medical

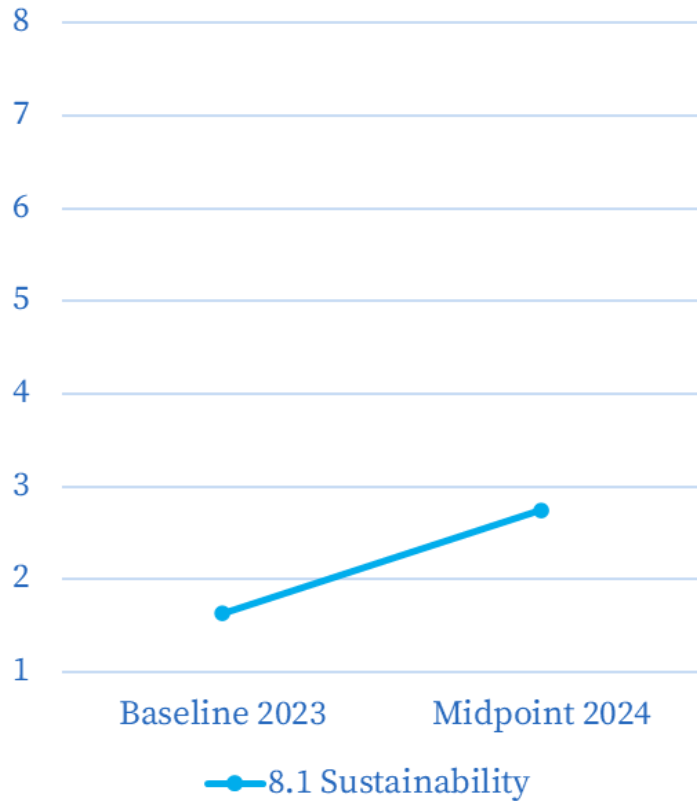
- Team has CPT codes identified, revenue team reviewing reimbursement rates and establishing plan for sustainability for CoCM model



# IMAT Domain 8: Sustainability

## PO Examples

### 8.1 Sustainability



**BHI sustainability examines POs ability to build a business case for integrated care focused on quality measures and return on investment**

- The average for 8.1 BHI sustainability is 3.75

#### **Chinese Hospital**

- Built a business case for BHI focused on pilot site and is developing a sustainability plan
- Developed measurement metrics that focuses on BHI components for sustainable integration

#### **Riverside Family**

- Capitated contract with their primary health plan with additional performance based component

#### **SFDPH**

- Pilot site measures are being used to establish standards for BHI
- Team developed measures to accurately determine success of sustainable BHI

# IMAT Domain 9 Health Equity

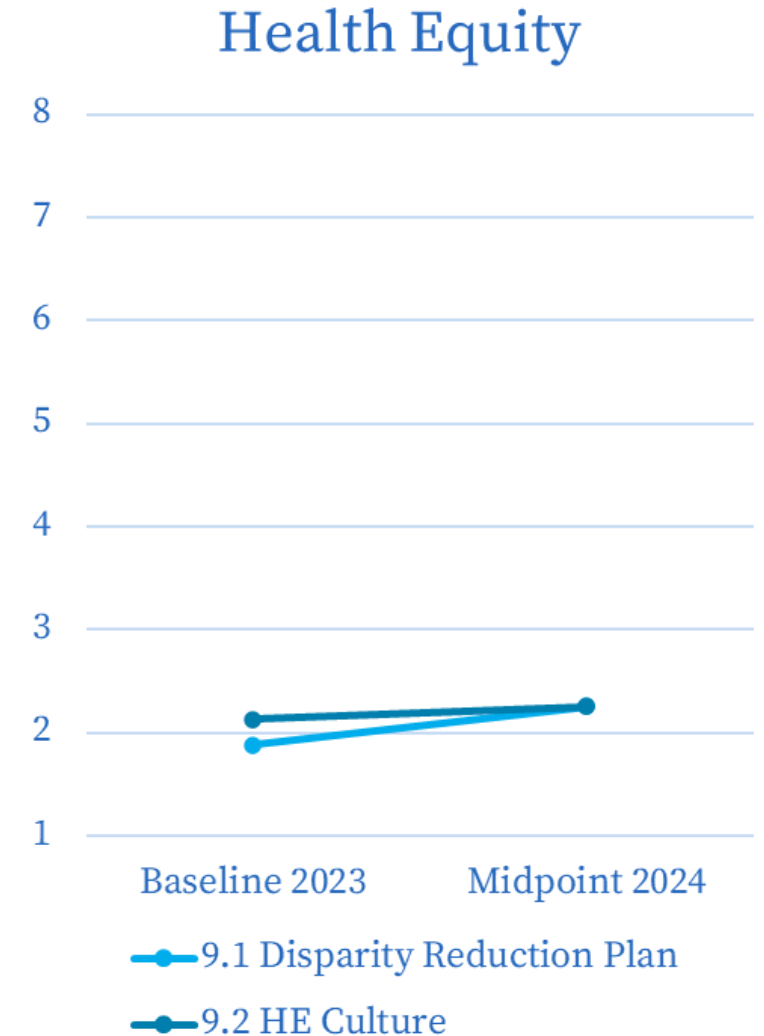
## PO Examples

### Health equity examines POs stratify and leverage demographic data analysis to identify and remediate care disparities in BHI

- The average for 9.1 Disparity Reduction Plan is 2.25
- The average for 9.2 POs cultural approach to reduce health equity is 2.25

### Chinese Hospital

- Chinese Hospital is pioneering Behavioral Health Integration (BHI) with an East/West program that delivers essential BHI services to the community, including local senior centers, to reduce mental health stigma.

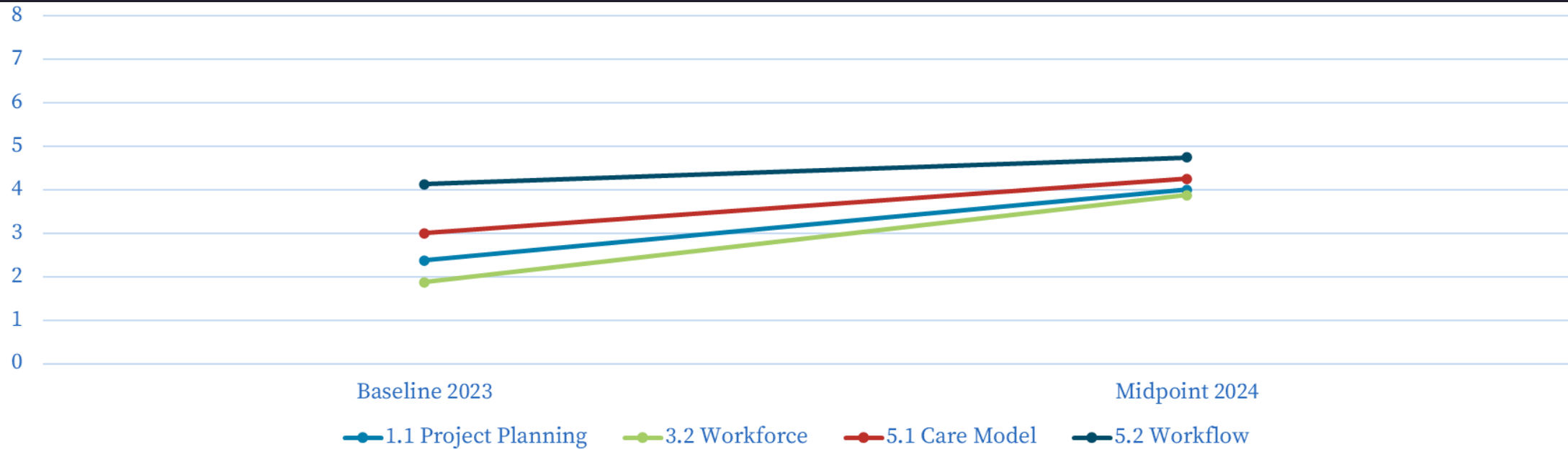




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# Cohort IMAT Themes

# IMAT Areas of Focus During Pre-Implementation



## Project Planning [1.1]: BHI Implementation Plan\*

- Finalized BHI implementation plan, with feedback from key stakeholders
- Created workplan supported by cross-disciplinary project team meeting regularly

## Workforce [3.2]: BHI Care Team\*

- Identified care team
- BHI team roles identified/onboarded

## Clinical/Care Model [5.1]: Care Model

- Teams identified BHI model and level of integration for BHI program
- Learning the components and fidelity of BHI model

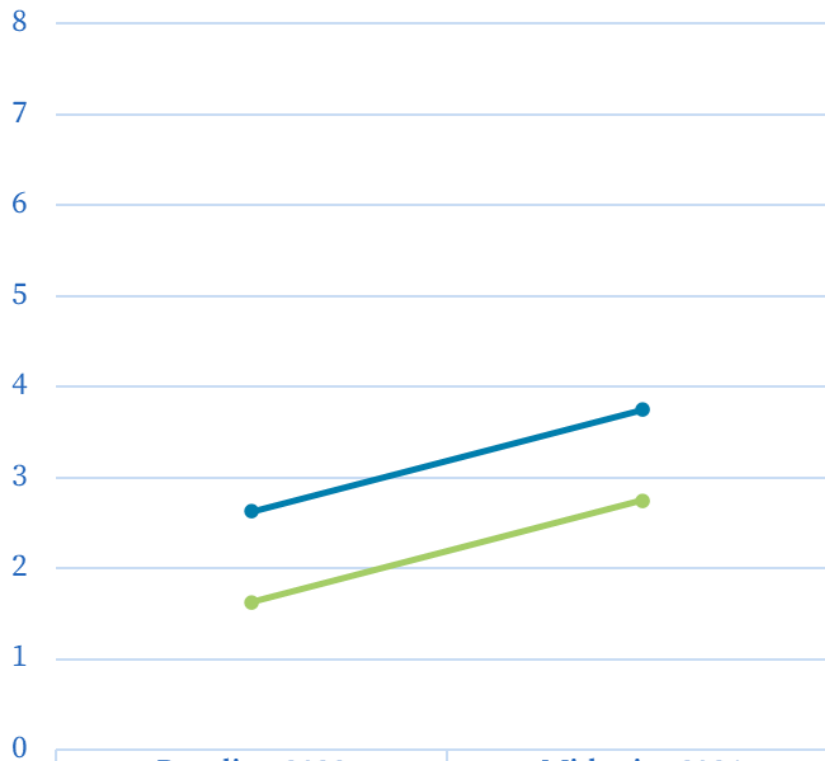
## Clinical/Care Model [5.2]: Workflow

- Started building out PHQ and clinic workflows examining different roles of the care team
- Focusing on PHQ screening, warm handoff, integration, and remission

\*Highest area of improvement during from Baseline to Midpoint



# Provider Organizations' IMAT Areas of Focus



Section 7:1 and 8.1 were both identified by PO as areas of focus for behavioral health integration sustainability. How can we support in this area?

## Financial System [7.1]: Billing and Coding for BHI

- Developing billing and coding workflow for BHI financial sustainability
- Created workplan with process improvement built in
- Exploring other return on investment (ROI)
- Building a process workflow that reflect revenue fidelity

## Sustainability [8.1]: BHI Program

- Building a business plan for BHI sustainability for 2027
- Developing measures that reflect quality metrics for program sustainability

# IMAT Lowest Areas of Improvement

## Health Equity [9.2]: Team HE Culture

- Moving into action, start planning for HE measurement collection

## Health Equity [9.1]: Disparity Reduction Plan

- SMARTIE statement action planning

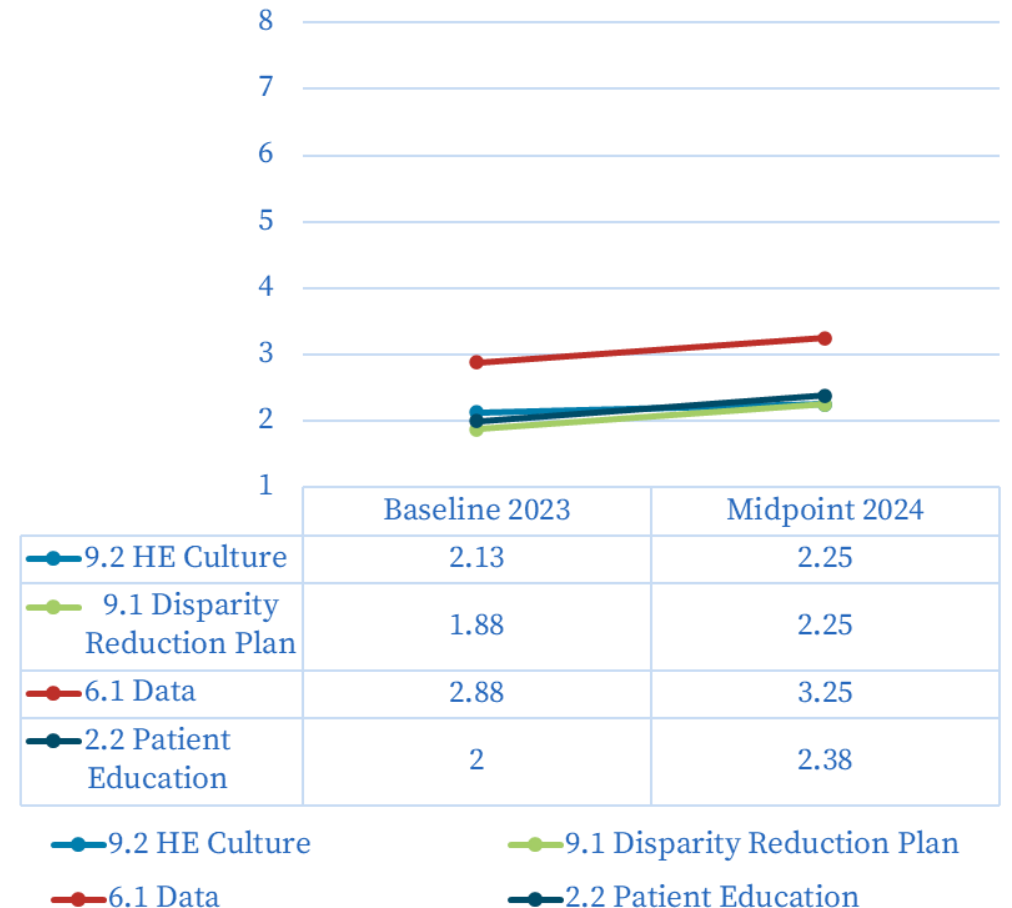
## Data Reporting [6.1]: Data

- Develop a dashboard to capture and report quality measures for patients' and on BHI access

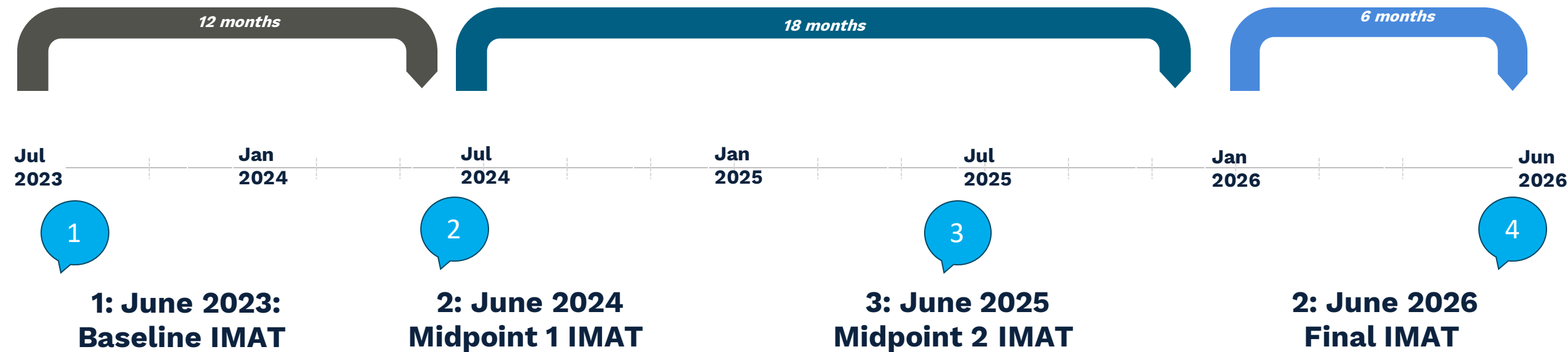
## Patient Family Engagement [2.2]: Patient Education

- Assign an owner to drive expansion of patient education and resource tools
- Gather information for different languages and cultures

Areas of Opportunity



# CalHIVE Behavioral Health Integration (BHI) Improvement Collaborative IMAT Timeline



IMAT Assessments for CalHIVE Behavioral Health Integration (BHI) timeline