Wednesday, January 8, 2025 | 12 p.m. – 1 p.m. PT

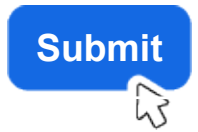
Behavioral Health Integration: Spread and Sustain

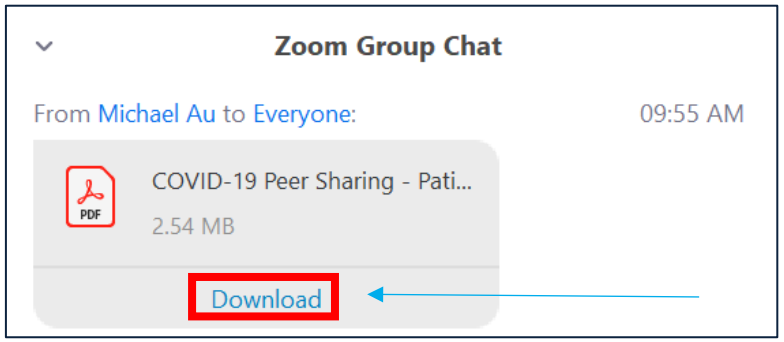
Behavioral Health Integration Implementation Webinar Series

California Quality Collaborative

Tech Tips – Zoom Meetings

Click the blue **submit button** to complete polls





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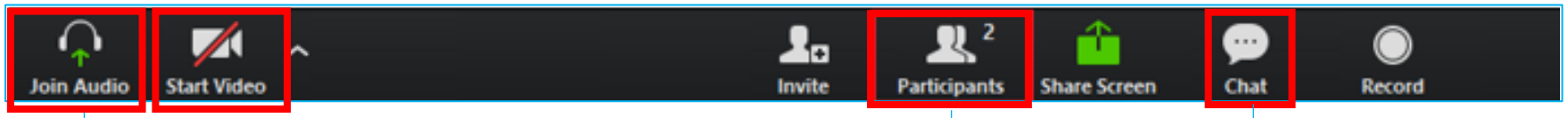


Click to join or mute audio

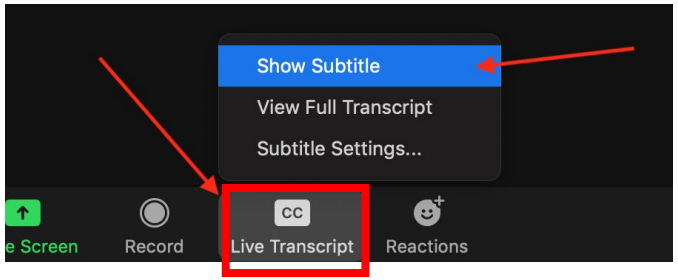
All attendees have video off upon entry

Click to see who else has joined

Ask questions and insert comments

Direct message Erika Lind for technical issues

Recording and deck will be shared with attendees



Request live closed captioning or view full meeting transcript

California Quality Collaborative (CQC)

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 quality improvement program** of the Purchaser Business Group on Health.

Aligns priorities and coordinates activities across partners for greater collective impact.

Identifies and spreads best practices across the outpatient delivery system in California.

The program trains 2,000 individuals from 250+ organizations each year

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

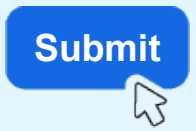
Sponsors

Poll | Reflecting on Your Experience

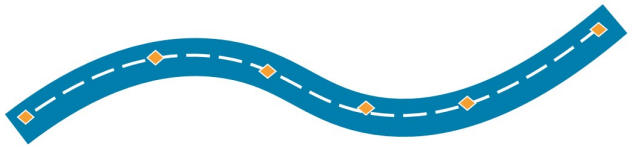
What is the #1 thing you look for before spreading a pilot project?

- Staff / provider satisfaction
- Financial sustainability
- Improved measures
- Patient outcomes and experience
- Operational capacity (e.g. additional staffing)
- Other (chat in)

Select your response and click the blue **submit button** to complete the poll



CQC BHI Implementation Webinar Series



Readiness for BHI
(Webinar #1)

BHI Implementation Lessons Learned
(Webinar #2)

BHI Spread & Sustain
(Webinar #3)

calquality.org/event/bhi-webinar-series

Today's Objectives

Highlight approaches to successfully spreading behavioral health integration across practice sites

Address common barriers and identity solutions to sustaining quality, access and financial targets

Review approaches to engaging partners supporting behavioral health integration sustainability

Welcome!

Kristina Mody
Director, Practice Transformation

California Quality Collaborative

Brian Sandoval, Psy.D.
Clinical Advisor

Collaborative Family Healthcare Association

Bill Sieber, PhD
Psychologist, Integrated Behavioral Health
Professor of Family Medicine and Psychiatry

UC San Diego

California Quality Collaborative

Why Behavioral Health Integration into Primary Care?

Behavioral Health Integrated into Primary Care

Behavioral health integration (BHI) **fortifies primary care** by bringing together primary care and behavioral health providers working with patients and families.

- Patient outcomes
- Patient/family engagement
- Provider care/team satisfaction
- Quality measures (e.g., depression screening)

- Total cost of care
- Utilization
- Administrative coordination
- Provider care/team burnout
- Wasted employee time
- Stigma

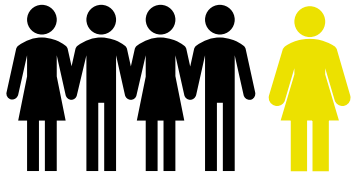
BHI can support patients with:

- **BH conditions**: depression, anxiety, insomnia
- **Chronic conditions:** diabetes, hypertension
- **Life stressors:** relationship, life changes, social, financial, employment, academic

BHI Models

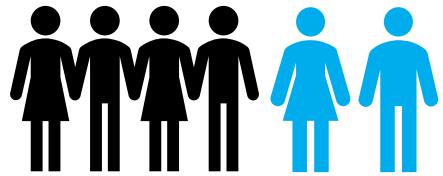
Primary Care Behavioral Health Model (PCBH)

- Available for primary care population for any behaviorally influenced concern
- Adds licensed behavioral health professional as behavioral health consultant
- Often billed under behavioral health benefits, directly by BH provider



Collaborative Care Model (CoCM)

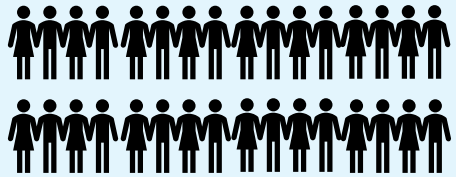
- Targets specific population (mild-to-moderate depression) using registry and PHQ-9 and psychotropic medication
- Adds psychiatric consultant and behavioral health care manager
- Often billed under medical benefits, “incident to” PCP



CalHIVE Behavioral Health Integration

Jul 2023 | Jan 2024 | Jul 2024 | Jan 2025 (WE ARE HERE) | Jul 2025 | Jan 2026 | Jun 2026

PREPARE *12 months*	***IMPLEMENT*** *18 months*	***SCALE*** *6 months*



Provide care to over 730,000 Californians across all major payers (commercial, Medicare, Medi-Cal)

CHINESE HOSPITAL

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Riverside Family Physicians

Community Memorial HEALTHCARE

SHARP

PVHMC

perlmanclinic

Scripps

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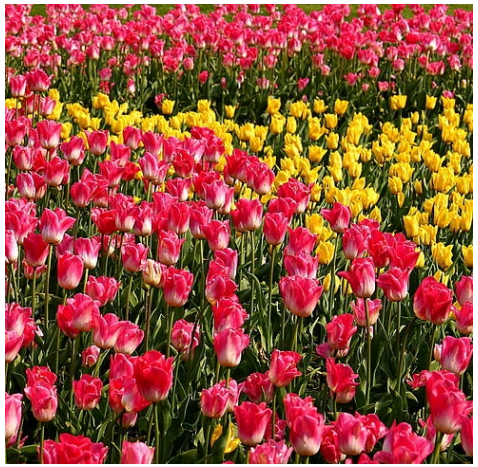
Behavioral Health Integration Sustainability & Spread

Core Concepts

Key Definitions

- **Sustainability**: Ensuring gains are maintained beyond the life of the project



- **Spread**: Actively disseminating best practice and knowledge, and implementing each intervention in every available care setting

Source: https://www.med.unc.edu/ihqi/wp-content/uploads/sites/463/2020/07/Enhancing-Project-Spread-and-Sustainability.pdf

Retained BHI Clinicians

Engaged Providers/Staff

Adopted Workflows

Clinical Outcomes

How do you know your program is sustainable?

BHI is Routine Care

Financially Sound

Aligned Program Expectations and Outcomes

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BHI Measures

Category – Definition	Examples
Clinical Quality – impact of the health care service or intervention on patients' health	• Depression Remission or Response for Adolescents and Adults • HbA1c Poor Control for Patients with Diabetes (> 9%) • Changes in Utilization
Adopted Workflows – if steps in the system are performing as planned	• Depression Screening and Follow-Up for Adolescents and Adults • Population Reach (Unique BHI/Unique PCP) • Huddle Identified vs. Seen
Patient Experience – patient perceptions across continuum of care	• Surveys (add BHI question or independent survey) • Focus groups
Engaged Workforce – experience from providers and care team members, workload, collaboration	• Surveys and Interviews • Collaboration: Provider Huddles, Team Meetings, consultations • 1:1 Discussions
Financial – direct and indirect costs and revenue	• Revenue Generation: Screening Codes and Visits • Quarterly Profit & Loss Reports • Claims processing • Sustainable contracting (VBC)

Source: Types of Health Care Quality Measures, AHRQ

BHI Scaling

Scaling:

Intra-site scaling: Same clinic, more BHI Staff

Inter-site scaling: New site, new/existing BHI staff

***Intra-site** scaling should come **BEFORE inter-site**

When do I scale?

1. Current model/site(s) are independently sustainable
2. A financial strategy for new site(s) is viable
3. BHI Leadership approach is identified and accounted for
4. There is buy-in to do so

How to Scale BHI Effectively

1. Use data to understand needs
2. Make a proposition to key leadership/stakeholders (include financials)
3. Develop/revise BHI training plan
4. Begin recruiting (unless inter-site/current staff)
5. Hold engagement meetings with Medical Directors, PCPs, Staff (LISTEN!)
6. Educate PCPs/staff on workflows
7. Use existing, experienced BHI staff to launch new site/expansion
8. Measure and iterate accordingly (workflow adoption, population reach)

BHI Sustainability/Spread – Examples

UC San Diego Health

UC San Diego's "IBH Plus"

William J. Sieber, Ph.D.
Clinical Professor
Director and Chief, Integrated Behavioral Health
January 8, 2025

UC San Diego Health "IBH Plus"

Culture (and pain points) eats strategy for lunch !!

- 2002 - establishing a foothold
- 2007 - EHR
- 2011 - integration and expansion - Warm Hand-Offs (WHOs) (intra-site)
- 2016 - expansion (inter-site)

IBH Plus: Who we are and what we do.

Providers and Leadership/Organization

- 24 licensed BHPs: Psychologists, LMFTs, LCSWs, MDs, Dos; 4-7 pre-licensed learners
- Each BHP manages 1) panel of patients, 2) available for WHOs, and 3) contributes to QI activities (e.g., peer review, MBC, CEUs)
- 12 clinics: 3 FM faculty-led, 2 IM faculty-led, Geriatrics, 6 Community Care

Each month we…

- Receive 500+ referrals (diverse racially, culturally, socio-demographically, age)
- Complete 1100+ patient visits (70%+ commercial payors)
- Individual therapy is for patients whose functioning level has changed recently and need skills to recover; we don't see patients with chronically low functioning levels, or those in need of emergency psychiatric services.
- Provide 100-250 T.-C.A.R.E. consults (aka WHOs)
- Challenges in offering WHOs in our system (e.g., availability, clear goals, under-utilization)

What Do We Offer?

We aim to optimize access and continuity for patients. This is primarily achieved by offering time-limited (93% episodes ≤ 12 sessions) and focused psychotherapy, as well as warm hand-offs. Triaging patients to the most appropriate behavioral resources sometimes means directing patients to resources outside the UCSD community.

Time-limited, focused evidence-based care (usually < 12 sessions)

Helps team expedite care More appropriate referrals lowers wait time

UC San Diego Health "IBH Plus"

Based on six C's in family Medicine:

1. **C**ontact/a**C**cessibility
2. **C**ontinuity (i.e., relationship-based)
3. **C**omprehensiveness (i.e., most things to most people most of the time)
4. **C**oordination (e.g., all notes cc:d)
5. **C**ontext-based (e.g., family, SDOH)
6. a**C**countability (e.g., reports & feedback)

- Assimilation of language (e.g., "session" = half day is not a single appointment; 'panels' of patients; BHP not BHC)
- Standard element of all PCP on-boarding
- Relationships

Leveling of Integrated Behavioral Health Team's re: Measurement-Based Care (MBC)

Included breakout groups, and staff starting to highlight barriers & concerns.

Provider Workbench Report Development

Iterative process

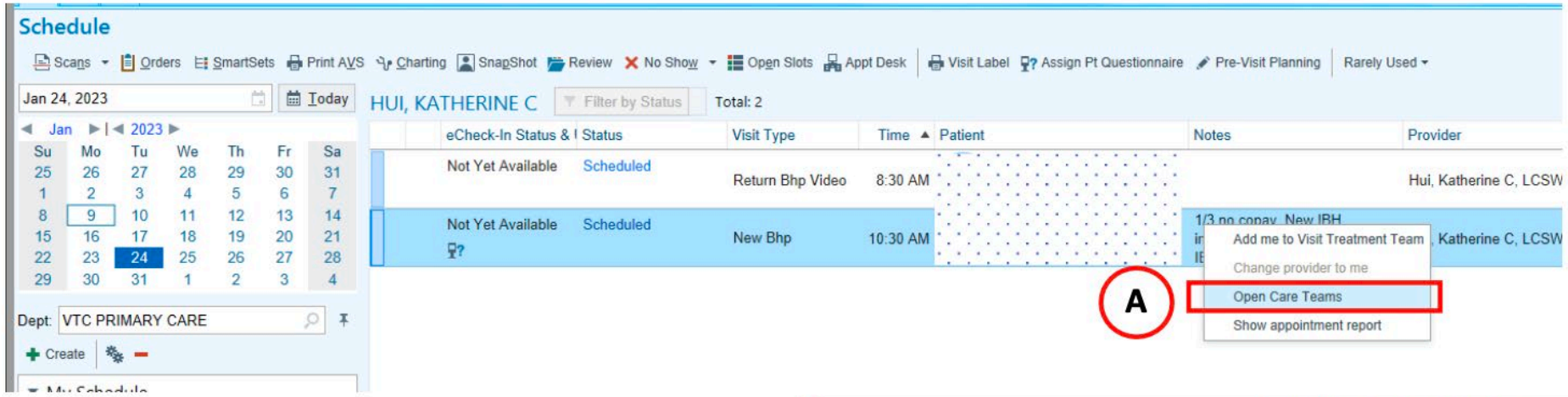
Close collaboration with Epic Analyst

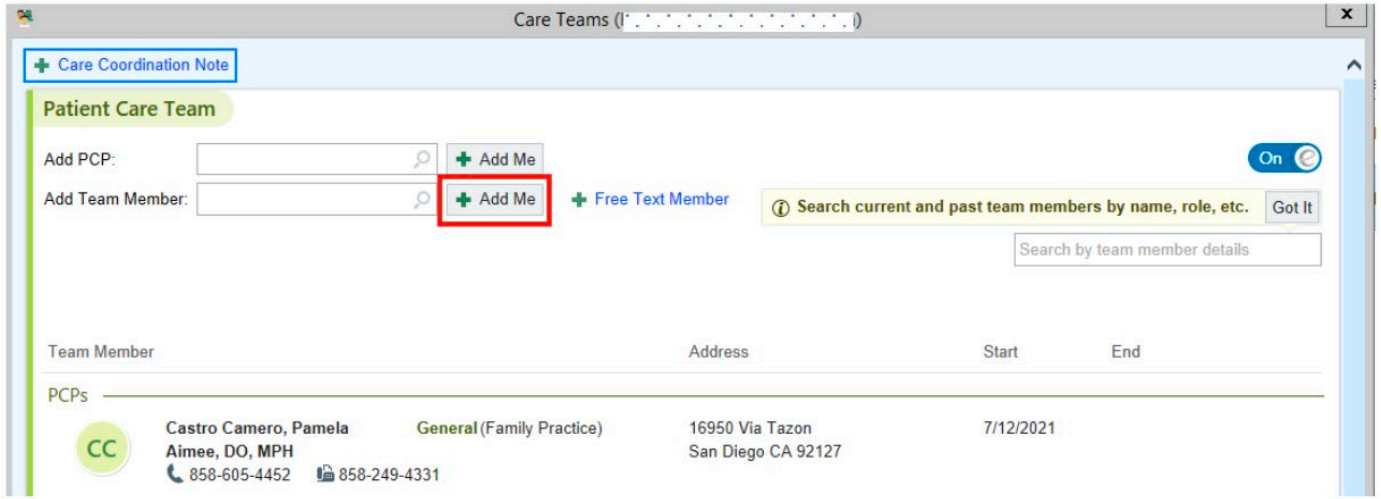
Inclusion of most frequently used measures

Easy access to longitudinal data

Provider feedback

Step 1: Adding Provider to Care Team





Promoting MBC and Use of Workbench Report

Frequent education/re-education of IBH team regarding aspects of workbench report

Surveying of all-staff regarding workbench usage, MBC clinical practices, and opportunity to provide feedback

Survey of All Staff on MBC Practices

Q1: What percentage of the time when a patient completes a questionnaire (e.g., PHQ-9, GAD-7), do you review their responses with them?

- *25-100%, mean = 75%*

Q2: What are barriers/fixes?

- *Time constraints during session, other agenda items to address in session. I can prioritize carving out time at beginning or end of session.*
- *Just don’t have an opportunity in the session. Sometimes time limit.*
- *If there is no change or low scores, then don't really review it with them.*

Survey of All Staff on MBC Practices

Q3: When you review a patient's responses and scores, what percentage of the time do you document in your note that responses were reviewed with the patient?

- *0 - 100%, mean 80%*

Q4: How often do you access the workbench showing your full panel of patients and their scores?

- *Never = 4*
- *1 time/month = 4*
- *2 times/month = 2*
- *3 times/month = 2*
- *4+ times/month = 1*

Measures & Processes that matter

- **Feedback to providers** on quarterly basis on patient volume (wRVU) expectations
- **Fidelity** to the approach (avg # visit / patient / provider)
- **Patient experience**: they don't want to be referred outside the system
- **Financials**: 'Investment' due largely to educational mission; non-$ value ? lower PCP attrition
- **Peer review:**
  - **Formative not summative**
  - **Quantitative and qualitative**
  - **Point of collegial contact outside formal meetings**
  - **Promotes culture of QI**

Financing & Training

Finances:

- We rely on psychotherapy CPT codes (payor mix is commercial, Medicare) and primary care investment due to educational mission with benefit being lower PCP burnout/attrition
- We continue to pursue care management and other codes for WHOs

Training:

- Support all providers (via CEU funding) , monthly CEUs for in-services
- Additional support when need identified (geriatrics, adolescents)

Sustainability & Visibility

- I attend 13 meetings of non-IBH leaders monthly ! (e.g., PC Ops, Comm Care providers, clinic medical directors, ABHQC, Dept Executive Committee)
- An academic division within the Department of Family Medicine
- Challenges of WHOs: availability, clear goals, under-utilization
- Ongoing education about scope and ‘lane’ (e.g., Psychiatry & Pop Health)

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Q&A and Closing

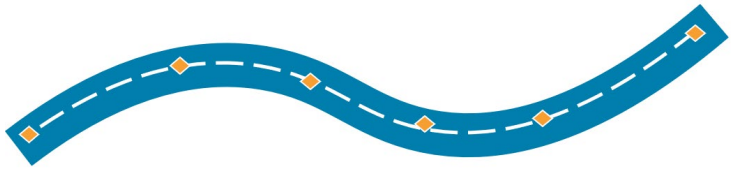
Q&A

Brian Sandoval, Psy.D.
Clinical Advisor,
Collaborative Family
Healthcare Association

Bill Sieber, PhD
Psychologist, Integrated Behavioral Health
Professor of Family Medicine and Public Health, Psychiatry
UC San Diego

Takeaway

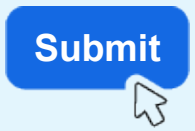
What is one area you can take to support increased spread of behavioral health integration in California?



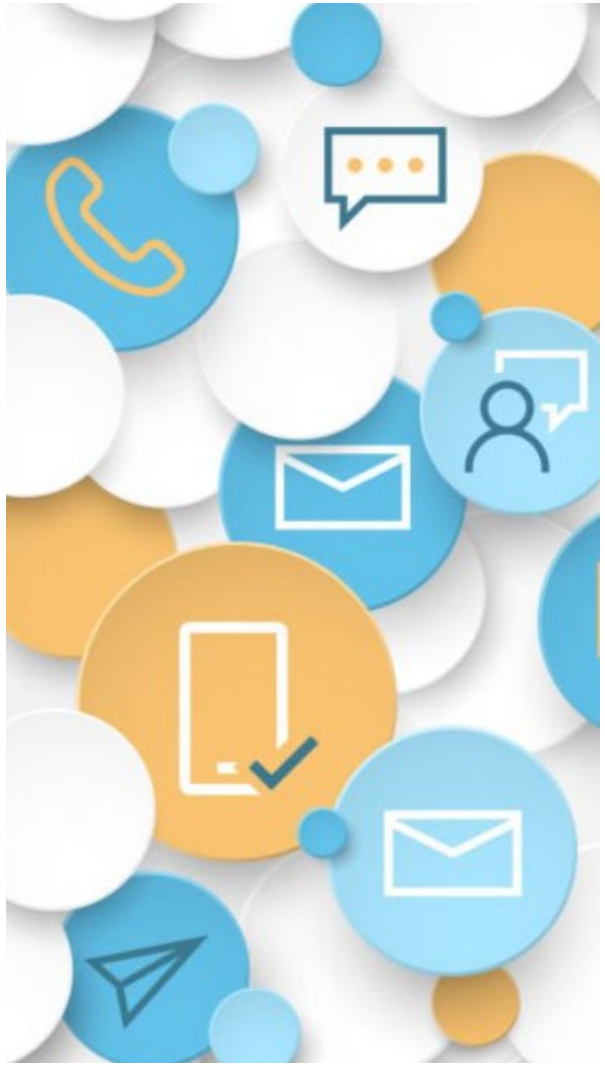
Poll | Webinar Feedback

1. **The content of this webinar was helpful**
   - Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree
2. **Where are you dialing in from?**
   - Northern California, Southern California, Other West Coast, East Coast, Midwest, Southwest
3. **What type of organization do you represent?**
   - Patient, Provider/Practice, Health Plan, Government Agency, Technical Assistance Org, Research Agency, Other

Select your response and click the blue **submit button** to complete the poll



Stay Connected to CQC



- **Register to join Cal-IN** quarterly virtual peer group hosted by CQC & CFHA for individuals working to integrate behavioral health care into primary care setting in California
- **Visit** our (new!) website to access webinar materials and register for other upcoming events
- **Sign-up** to receive the CQC Newsletter
- **Sign-up** to receive the BHI Quarterly Implementation Update
- **Follow us** to join in on the conversation:

  LinkedIn | X
- **Email us** with questions or feedback

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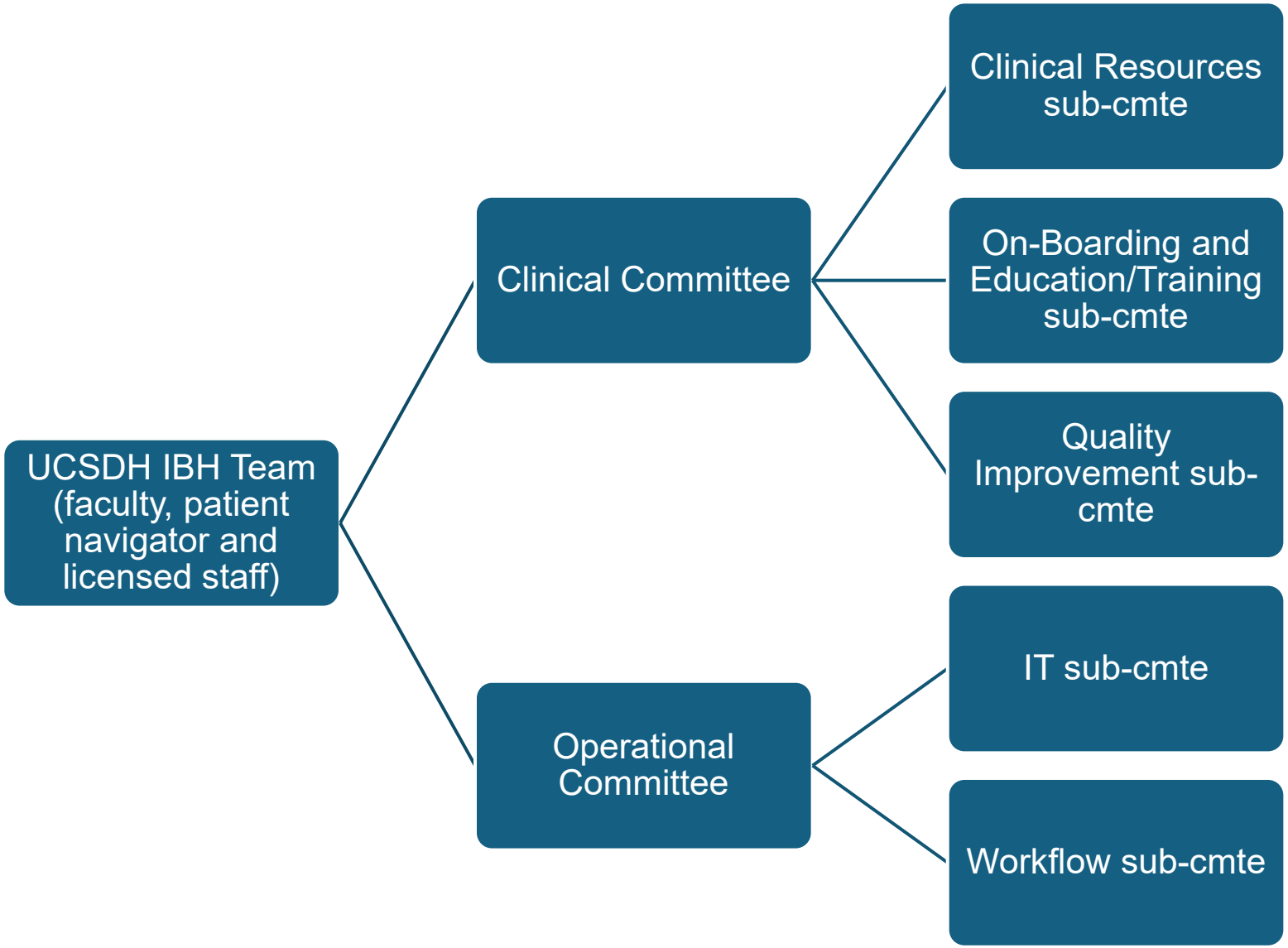
Appendix

UCSDH IBH Committee Structure



Each committee member has 2 hrs/week to dedicate to committee meetings and tasks

Peer review in IBH

- Every six months each BHP submits 10 MRNs of patients currently/recently treated to Reviewer #1
- Reviewer #1 randomly selects 3 patients for s/he and Reviewer #2 to review
- Entire episode of care is reviewed with form completed (e.g., review of scores, provide resources, review homework, etc.)
- Each Reviewer discusses review with Reviewee
- Each BHP serves as a reviewer twice in each six-month period (now  once)
- All reviews are archived as we continue to evaluate value of each item on review form (e.g., psychometrics)


PB
GH
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