

THE INSTITUTE FOR BEHAVIORAL HEALTH INTEGRATIONSM

Integration Of Behavioral Health Into Primary Care An Organizational Readiness Self-Assessment

Rating Scale

1. No current capability to meet this standard
 2. Minimal capability to meet this standard
 3. Some capability to meet this standard, but will need some assistance
 4. Can meet this standard without assistance
 5. This standard has already been met
- DK: Don't know

Benchmarks

Strategic Alignment

- Our governing and advisory bodies are fully supportive of integrating behavioral health services and behavioral competencies into day to day operations
- Management is fully supportive of integrating behavioral health services and behavioral competencies into day to day operations
- Staff are fully supportive of integrating behavioral health services and behavioral competencies into day to day operations
- Our organization's vision and mission are well aligned with the goal of integrating behavioral health services and behavioral competencies into day to day operations
- The focus of the PC practice is not just to address the needs of sick patients, but to also assist/intervene with those who may be at risk or who are sick and do not seek care - both for physical and behavioral problems
- A specific model of integrating behavioral health services and expertise into primary care has been adopted by our organization; all staff have received appropriate training and receive ongoing supervision in support of that model
- Our organization's vision and mission are aligned with the goal of integrating sustainability concepts and practices into day-to-day operations.
- Processes are in place and are being used to bring consumer perspectives into the planning of behavioral health integration as well as the evaluation and design of service delivery.

Business Model

- Current revenues cover the costs of providing onsite behavioral health services
- With savings offsets added to the calculation, current revenues will cover the costs of providing onsite behavioral health services
- A method of contracting for, co-locating, or employing individuals with behavioral health expertise has been implemented and is achieving anticipated objectives

- Outcome measures are utilized to demonstrate to stakeholders the value of integration and cost savings achieved through integration
- Management is committed to achieving a high level of sustainability in the organization and communicates a performance and accountability message to all employees
- Funding models cover the costs of non-billable services such as warm hand-offs
- Billing systems and operational practices address limits on the number or cost of visits within both the physical and behavioral health benefit packages of PC payers
- Health and behavior assessment/intervention codes (AMA 2009 CPT codes 96150-96155) are used by behavioral health staff to provide secondary prevention, population health intervention, and chronic care assessment to treat conditions falling in the health psychology domain

Clinical Operations and Services

- Intake process are designed to achieve same day access to behavioral health and other time-sensitive services and minimizing no-shows
- Screening tools are used effectively with every client to identify MH and BH problems
- SBIRT is fully implemented, supporting the early identification and treatment of persons with substance abuse problems.
- Practice guidelines have been adopted and training provided in support of brief MH treatment for “routine” MH disorders (e.g., mild to moderate mood disorders, adjustment disorders). Brief behavioral interventions are supported with educational materials, home practice, and telephone follow-up
- a Level of Need tool is used in determining intensity of service provision and/or the need for referral

Practice guidelines have been adopted and training provided in support of brief behavioral interventions, facilitated by behavioral health consultants with clients:

- who have physical disorders where psychological factors contribute significantly to treatment outcomes (e.g., asthma, smoking, obesity, diabetes, hypertension, chronic pain, infertility, treatment non-compliance, living with chronic medical conditions)
- who are being challenged by stress, family problems, and garden variety problems in living
- Regular collaborative team meetings are held to discuss both patient issues and team collaboration issues. There are conscious efforts to balance power and influence among the professionals according to their roles and areas of expertise. Behavioral health staff are active participants in healthcare teams, sharing responsibility with other team members for patient care
- Treatment plans and medical records reflect the work of all members of the healthcare team
- After Hours Crisis services are available for BH as well as physical health care emergencies
- BH and other health team members are available phone, email and texting to provide support (as prescribed on the client’s treatment plan) as well as respond to informational questions
- Behavioral health clinicians taking an active role in teaching and coaching primary care providers
- “Warm handoffs” are routine and bi-directional between physical health and behavioral health clinicians.

- “Curbside” consultations are routine. Physical and BH clinicians have frequent informal interactions to discuss patients.
- Behavioral AND non-behavioral staff routinely use “bite-size” psycho-educational interventions with clients to assist them in developing the interpersonal and cognitive skills needed to manage expectable life stressors. (Strosahl, 2005).
- PCPs and PNs have the education and support needed to prescribe medications for BH disorders and do so *after* counseling and other less invasive approaches have been tried
- Behavioral services to PC patients are comprehensive and “stepped”, ranging from broad-based, prevention-oriented educational processes to referral to behavioral health specialists for intensive services with continuing care coordination through the PCH.
- BH services in PCH are designed to serve Quadrant I and III patients (Four Quadrant Model; Mauer 2006; National Council for Community Behavioral Healthcare 2009; Parks et al. 2005)

Skills

- Job descriptions have been written and implemented for *behavioral* health consultant; behavioral health specialist; behavioral health prescriber, and other behavioral positions
 - These individuals have received specialized training in support of their work
- Job descriptions have been revised and implemented for *non-behavioral health clinical* positions which address changes in responsibilities, functions, and performance expectations
 - These individuals have received specialized training in support of their work
- Paraprofessional roles for peers and community health workers/health navigators are integral to service delivery
- Job descriptions have been revised and implemented for *non- clinical positions* (e.g., billing staff, receptionists) which address changes in responsibilities, functions, and performance expectations
 - These individuals have received specialized training in support of their work
- Knowledge and ability to use Rapid Cycle Improvement processes to support timely and effective change management needs
- Managers are effective leaders and organizers of change processes
- Staff are fully supportive of integrating sustainability concepts and practices into day-to-day operations and have received appropriate training in support of that goal

Infrastructure

- The floor plan of our facility is designed to facilitate both formal and informal communication between staff of all disciplines
- Our organization has developed a formal plan to identify, implement and/or redesign policies, processes and procedures to improve sustainability performance

Information systems

- Integrated charts/EMR used by all staff within the practice (as allowed under HIPAA and state law)
- Single, functional EMR across different practice areas (e.g., primary care, oral health, and behavioral health)
- Health information exchange used effectively to share health information with separate agencies such as pharmacies, labs, hospitals, and primary care and specialty clinics

- Centralized Schedule Management (includes cancellation management) is used effectively to coordinate care and monitor member engagement
- Caseload Management System is used effectively to monitor and enhance productivity
- Help desk and Network IT Staff are available 24 X 7 to troubleshoot and maintain infrastructure
- Utilization, financial, and other reports produced at least monthly and used effectively by management to monitor practice performance
- Key metrics produced at least monthly for ALL staff. They are reviewed at least monthly in staff meetings to collectively monitor effectiveness of service delivery, practice performance and sustainability
- Process and outcome metrics are being used to measure the clinical and financial effectiveness of *integration*; they are used to monitor progress and to trigger rapid cycle improvement
- Information technology is used effectively to address a lack of local resources (e.g., telepsychiatry); to enhance patient education (e.g., BH and other educational programs can be played on a patient's iPod or Smartphone); and to support treatment adherence (e.g., the Health Buddy).

Billing system can effectively:

- Bill for BH services and coordinate benefits with third party payer sources
- Trigger revenue management tasks, e.g., co-pay collection and claim submission
- Operate under fee-for-service, case rate, and sub-capitation payment models
- Track service data under Pay for Performance bonus arrangements
- Contracts with other organizations provide the ability to refer to a specialty provider or higher level of care; this may require a contract depending on the funding structure

Risk Management

The organization has successfully implemented a Compliance Plan which:

- Mitigates financial risk, legal risk, and member harm;
- Addresses all federal, state and local laws and regulations that are applicable to its operations
- Detects and deters criminal conduct or other forms of misconduct by employees, Board members, and independent contractors
- Promotes self-auditing and self-policing, and provides for, in appropriate circumstances, voluntary disclosure of violations of laws and regulations
- Encourages employees, Board members, and independent contractors to identify and report any suspected incidents of fraud or abuse
- Establishes, monitors, and enforces high professional and ethical standards
- Continually improves the quality of care and service received by members; and
- Evaluates systems and services and acts on findings in an effort to maximize the amount of quality services that can be provided from the funding
- State laws regarding sharing of PHI are understood. Consent protocols have been developed with this knowledge, allowing the sharing of PHI among PC staff and external stakeholders involved in the patient's care
- Regular internal and independent audits confirm that Clinical documentation meets the requirements of state and federal laws, statutes, and regulatory body requirements.

What is your overall assessment of your organization's ability to integrate behavioral health services into primary care?

PROPRIETARY