MN HEALTH COLLABORATIVE - TACKLING MENTAL HEALTH

2019 LEARNING DAYS: REDEFINING HEALTH. REDESIGNING CARE.

Jeyn Monkman, MA, BSN, PHN, NE-BC
Director, ICSI

Senka Hadzic, MPH
Clinical Systems Improvement Facilitator, ICSI
ICSI is a broad network of healthcare organizations who collaborate to find solutions to healthcare’s toughest challenges.

With ICSI, people work together to initiate positive change and improve health outcomes.
Jeyn L. Monkman, MA, BSN, PHN, NE-BC
Director

Jeyn has experience and expertise across the health care continuum in practice facilitation, motivational interviewing, and quality improvement implementation and measurement. She has developed and led several training and workshop offerings.

She holds a bachelor’s degree in nursing and a public health nurse certificate from the University of Minnesota, Minneapolis, MN, and a master’s degree in management from the College of St. Scholastica, Duluth, MN. She is nationally certified as a nurse executive by the American Nurses Credentialing Center.
Senka Hadzic, MPH, BA, BS
Clinical Systems Improvement Facilitator

Senka facilitates the revision of health care guidelines, and provides measurement and data analysis education and support for various other projects.

She holds a master’s degree in Public Health from the University of Minnesota and bachelors of arts and science degrees in statistics and economics, respectively, from the University of Minnesota.
Objectives

• Identify a common framework being adopted across major Minnesota health systems to advance integrated behavioral health

• Gain learnings and tools from early successes and challenges in both MN Health Collaborative efforts

…and learn from one another today
Get to know your neighbor!

What brings you joy at work?
WHY?

• One in five Americans experienced mental illness in the past year

• About half of Minnesotans with mental illness are not receiving any care

• The majority of counties in Minnesota have a shortage of psychiatrists, and access to therapists is also low

• The suicide rate in Minnesota has increased by 40% in those over the age of 18.
MN Health Collaborative members are changing the community of practice, designing practical, evidence-based and innovative approaches to shared problems.
MN Health Collaborative Members

- Allina Health
- CentraCare Health
- Children’s Minnesota
- Essentia Health
- Fairview Health Services
- HealthPartners
- Hennepin Healthcare
- Hutchinson Health
- Mayo Clinic

- Medica
- North Memorial Health
- Ridgeview Medical Center
- Sanford Health
- UCare
- University of Minnesota Physicians
Commitment

“The success of this work requires our personal leadership and focused influence, as well as the commitment and resources of our respective organizations.”

“We further commit to a constancy of purpose, to ensure that we achieve the aims we set out to accomplish together.”
GOAL: Develop and implement shared standards including assessment, treatment and intervention, and transitions/referrals.

Have developed and adopted recommendations on:

- Suicide Prevention and Intervention
- Medical Clearance

Coming up –
- Transitions

Mental Health Needs in the ED
Co-Location of IBH

Giant evidence base formed around collaborative care

Based off the lexicon, the PIP was developed to measure integration in practice

Core Elements

Starfield

Donabedian

Co-Location of IBH

Lexicon defined of IBH

IBH-PC trial

DIAMOND

COMPASS

* PCORI funded Integrated Behavioral Health in Primary Care Trial, Kari A. Stephens, PhD investigator
Integrated Behavioral Health into Primary Care

Objective:

All patients will have access to a **community standard for fully integrated mental and medical care** within primary care and other settings to:

- improve care,
- ease access,
- support care teams
Integrated Behavioral Health into Primary Care

**Goal:** Create and implement a **shared community standard** for IBH in Primary Care
The Agnostic Framework:

IBH Core Elements:
Principles (6), Processes (25), and Structures (9)

- **Patient-centric Care**
  - Orient patient
  - Shared decision making
  - Patient autonomy
  - Changes in symptoms / function

- **Treatment to Target**
  - Target health and quality of life
  - Stepped care
  - Goal setting
  - Assessment
  - Barriers
  - Outcomes
  - Tracking system
  - Caseload management

- **Use of EBTs**
  - Coordinate evidence-based treatments
  - Use evidence-based treatments
  - Psychoeducation

- **Conduct Efficient Team Care**
  - Roles and workflow
  - Brief visits
  - Team communication
  - Team trust
  - Common language
  - Fast and easy access
  - Psychiatric consultation / care

- **Population Based Care**
  - Resources target those most in need
  - Triage processes

- **Structures Needed to Support IBH**
  - Financial billing sustainability
  - Administrative support and supervision
  - Quality improvement
  - EHR
  - Clinic space
  - Behavioral Health Provider
  - Protected time
  - Accountability
  - Tracking system for panel management

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The Agnostic Framework

Six Core Elements:

• Patient Centric Care

• Treat to Target

• Use Evidence-based behavioral health treatments

• Conduct efficient team care

• Population based care

• Care Structures
FOCUS AREAS FOR 2018

CONDUCT EFFICIENT TEAM CARE
# The Agnostic Framework:

## IBH Core Elements:

**Principles (6), Processes (25), and Structures (9)**

<table>
<thead>
<tr>
<th>Patient-centric Care</th>
<th>Treatment Target</th>
<th>Conduct Efficient Team Care</th>
<th>Structures Needed to support IBH</th>
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<tr>
<td>Orient patient</td>
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Conduct efficient team care: What Works?

2018 Collaborative Actions:

- Identified **workflow and patient referral processes** as a starting point to create standard work

- **Identified** the roles, scope, and general treatment model and focus

- Identified **panel management** processes to reach patients for depression monitoring as a part of **non-visit care activities**

- Identified **patient assessment and re-assessment** process for suicide risk, depression, anxiety, functional independence as indicated.
CONDUCT EFFICIENT TEAM CARE

WHAT HAVE YOU FOUND THAT WORKS FOR YOU AND YOUR TEAM?
FOCUS AREA FOR 2018

CORE STRUCTURES: SUPPORT IBH
The Agnostic Framework:

IBH Core Elements:
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  - Coordinate evidence-based treatments
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- Structures Needed to Support IBH
  - Resources target those most in need
  - Triage processes
  - Financial billing sustainability
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Structures Needed to Support IBH

2018 Collaborative Actions:

- Identified **unique appointment types** in the behavioral health care provider schedules

- Created **infrastructure** to develop and support IBH
  - a cost center/department and **leadership structure** for IBH
  - **Alignment of BHS staff** (social work & psychology) within one IBH department
  - Strategic Plan for 2018-2020, **communicating to leadership** and providers
  - **Standardization** of IBH clinical roles across multiple clinics

- Laid **ground work for billing** for care coordination using the CoCM codes and Healthy Planet
STRUCTURES TO SUPPORT IBH

WHAT HAVE YOU FOUND THAT WORKS FOR YOU AND YOUR TEAM?
HOW DO WE KNOW WE ARE MAKING A DIFFERENCE?

SITE SELF ASSESSMENT SURVEY
Among the 54 clinics reporting for 2018, satisfaction with current behavioral health services was significantly correlated with:

- Integration level
- The ability of the clinic to link patients with community resources
- The level of continuity of care between medical and behavioral care.
What is the MN Health MH IBH Collaborative Focus for 2019?

- MN Health Collaborative Call to Action: A Community Standard for Integrating Behavioral Health in Primary Care
- Learning Action Network
- Suicide Prevention
- IBH Financing Exploration meetings
Leaving in Action: What could you do next?
References


5. Minnesota Department of Health (http://www.health.state.mn.us/divs/chs/mss/)

THANK YOU

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