



Emily Anderson, MD



LAKE SUPERIOR
COMMUNITY HEALTH CENTER



Aaron Pust, MSW, LICSW

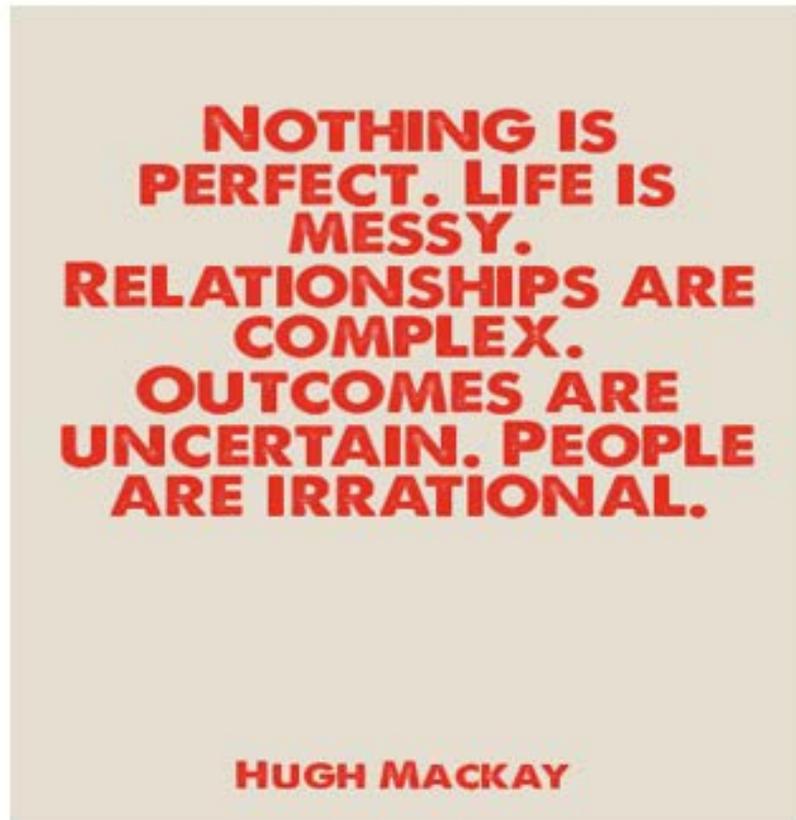
Under One Roof:
*Integrating Behavioral Health at
Lake Superior Community Health
Center*

Emily Anderson, MD
Medical Director
Aaron Pust, MSW, LICSW
Behavioral Health Clinician

Why talk about difficult patients and behavioral health?



- We are in the people business and people can be messy.



QuotePixel.com



AwkwardFamilyPetPhotos.com

What is Integrated Behavioral Health?



What is Integrated Health Care (IBH)?

- Simply put, it's a coordinated system that combines medical/dental and behavioral services to address the whole person, not just one aspect of his or her condition.
- Medical/dental and mental health providers partner to coordinate the detection, treatment, and follow-up of both mental and physical conditions. Combining this care allows consumers to feel that, for almost any problem, they've come to the right place.*

****We need to give credit to Salud and Cherokee Health Systems, among others for much of this content****

IBH is about rediscovering the neck.



Mental Health



Primary Health



Simply put, collaborative care is
just rediscovering the neck.



IBHP

Integrated Behavioral Health Project

The Need for IBH



- There is a strong mind-body connection that shows that the body's metabolism is negatively affected when stress, anxiety, depression, and other psychosocial issues are not managed well.
- This can have significant negative impacts on specific health outcomes, overall health, life satisfaction, and overall life expectancy.
- Patients with a Severe and Persistent Mental Illness such as Bipolar Disorder, Major Depressive Disorder, Schizophrenia, and Borderline Personality Disorder have significantly increased use of emergency and hospital services. They also have a life expectancy that is 25 years less than their peers in the rest of the population.
- There are many patients that fit the above severe criteria, but there are also many that are dealing with chronic pain issues, chemical dependency, grief/loss issues, mild and situational depression and anxiety, relationship problems, domestic abuse situations, and needs for basic material resources. All of these issues have major impacts on overall health.

Integrated Behavioral Health at LSCHC



- We are currently utilizing an Integrated Behavioral Health (IBH) approach for caring for our patients at both LSCHC sites in Duluth and Superior.
- Our formal process toward IBH started in 2011-2012 with the decision to hire a full-time Integrated Behavioral Health therapist at LSCHC. This position was filled in July 2012 and both therapist positions opened up their schedules for a few IBH slots per day to try things out.
- We also started researching different models and assessing our own current level of integration and where we wanted to go.

Research into IBH Models



- U of M Integrated Behavioral Health Conferences
 - Salud Health Systems
 - Cherokee Health Systems
 - Mac Baird
 - CUHCC
- Training with Cherokee Health System sponsored by MNACHC (Minnesota Association of Community Health Centers)
 - Many Faces of Community Health Conference
- SAMHSA website/resources

Project Tracking



- There is a spectrum of integration within IBH Models from not integrated to fully integrated health programs.
- PDSA Model
- Behavioral Health Management Meetings
- Regular check-ins to evaluate progress towards goal



The IBH Process



- To assist in our own process of integration, we developed an **IBH Committee** made up of Front Desk staff, MA's, RN's, Health Coach, Medical Providers, and Behavioral Health Clinicians (BHCs) to work collaboratively toward developing the type of IBH Model that will best fit LSCHC.
- We **co-located** the BHCs to be in close proximity to the Medical Provider offices and exam rooms for greater ease of access and coordination of care.
- BHCs have transitioned schedules from more long-term therapy to more IBH appointments. (Currently 3x 60-minute therapy and 9x 30-minute IBH)
 - Scheduling is an important element of the IBH program because the BHCs need to be available to meet with patients or consult with medical/dental providers or staff to address the need as soon as possible.
 - Finding the balance of scheduled and unscheduled appointments is an ongoing process. We have tried to make patients a priority who are being seen by medical providers that day.
 - There is a lot of change involved in this process. It is important to have all the right people together in the **Riddle Room**.

The IBH Process



- IBH Work Group
 - Met twice a month initially
 - Meeting minutes recorded
 - Progress tracked periodically
 - Ongoing training for leadership and staff
 - Ongoing maintenance meetings
- Behavioral Health Management Meetings

IBH is a culture change that is ongoing, not a program that is implemented and completed

The Integrated Care Process

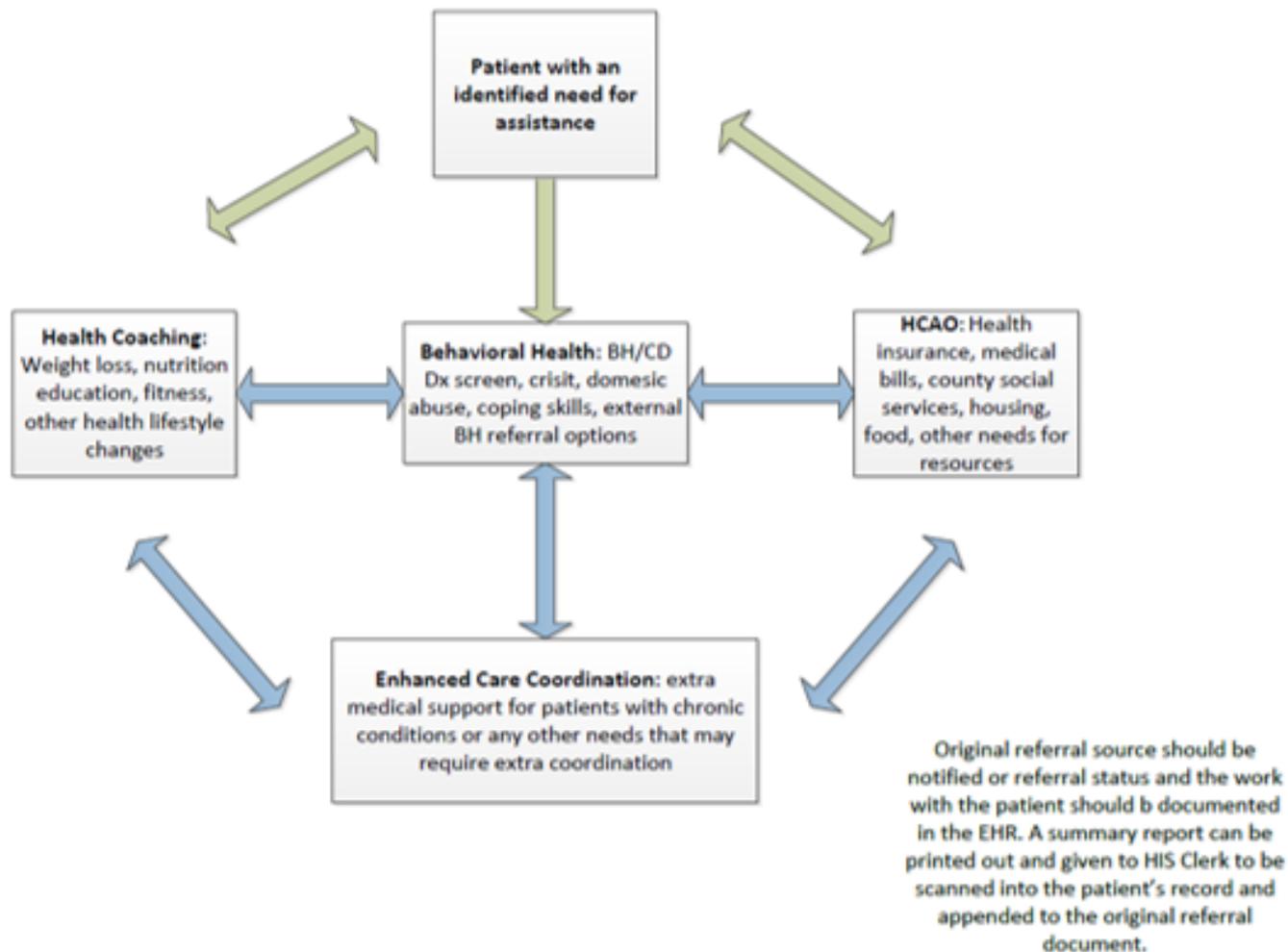


- **Huddles**
 - Every day, no matter what!
 - Culture reinforcement
 - Cross-sectional team members (BHC, provider, MA/LPN/RN, care coordinator, oral health, health coach, etc.)
 - No captain on this boat!

- **Screenings**
 - Total Wellness Questionnaire
 - PHQ-2/9, GAD-7, MDQ, Brief Mood Survey, CAGE-AID

- **Workflows**
 - Internal Referral
 - External Referral

Integrated Care Workflow



TOTAL WELLNESS QUESTIONNAIRE

At Lake Superior Community Health Center, we are interested in your overall health and wellness. Please read the following questions carefully. Your answers help us know how things are going for you. Check "yes" or "no" for each question based on how things have been going in the last month.

| | Yes | No |
|--|-----|----|
| During the past month, have you been bothered by feeling down, depressed, or hopeless? | | |
| During the past month, have you often been bothered by little interest or pleasure in doing things? | | |
| Do you find that you tend to worry more than you think you should? | | |
| Does worry, nervousness, or anxiety keep you from doing the things you want or need to do? | | |
| Have you had periods in your life when: | | |
| a. You were feeling very high, manic? | | |
| b. You needed less sleep? | | |
| c. You were more talkative than usual? | | |
| Have you experienced a recent death or significant losses in relationships, work, home, or financial parts of your life? | | |
| Have you ever thought that you should cut down on your drinking or drug use? | | |
| Is your drinking or drug use a problem for you or other people? | | |
| Are there people or situations in your life that make you feel unsafe? | | |
| If yes, can we talk with you about this? | | |
| Do you have other concerns you would like us to know about? | | |
| If yes, please explain: _____ _____ | | |

The Behavioral Health Team



The Behavioral Health part of the team is all of the staff at the clinic!



Integrated Care



Where we are headed...

- **Dental**
 - Referrals of identified Dental patients who are in the clinic at that moment or who will be returning for appointments
 - Help with managing crises and difficult patient situations
 - Consultation regarding situations that arise related to behaviors, abuse/neglect, reporting, how to handle situations, scripted responses for common questions or complaints
- **Sharing our Model**
 - Shadowing/sharing with other CHC's
 - Presenting at Many Faces Conference (IBH & ECC)
 - Presenting at Carlton County IBH Conferences/Groups

Why Integrated Care?



- It is good for our **patients**
 - Real time intervention
 - Focused and problem based
 - Patient centered
 - Affordable and convenient care
- It is good for **providers**
 - Helps focus the medical visit
 - Allows coordination of care and use of the whole team
 - Will save time
 - Broadens your perspective

Why Integrated Care?



- It is good for the **team**
 - Empowers staff
 - Improves clinic workflows

- It is good for the **organization**
 - Good for patients
 - Good for providers
 - Improves clinic workflows
 - Symbiotic with Health Care Home

Example of the Need for Integrated Care



- **Scenario:**

Patient walks into clinic without an appointment and tells the front desk staff that he can't afford his insulin, he is tired of dealing with the stress of his health and he is seriously considering just giving up on life.

Traditional Response



- **Traditional Care:**
 - Patient is worked into the provider's busy Friday afternoon schedule
 - After taking 20 minutes to ascertain the situation and "bandaid" is applied and patient is given sample medications
 - Everyone gets behind and leaves late
 - Provider lays awake hoping enough was done to keep the patient stable for now

Integrated Care Response



- **Integrated Care:**
 - The front desk has the patient meet with the Behavioral Health Clinician who outlines the patient's problem and needs
 - The BHC gives a summary of the concern to the provider and RN
 - Provider meets briefly with the patient, sample medications prescribed, and provider stays reasonably on time
 - The RN meets with the patient for medication education
 - Patient referred to the social worker who assesses options for prescription med coverage to solve the long-term issue
 - Referral made to the Enhanced Care Coordinator who will call patient next week to follow up and prevent another crisis

Thank You



Questions?

