

APRIL 2015

Osteopathic Heritage Foundation of Nelsonville
and the Alcohol, Drug Addiction and Mental Health Services Board
Serving Athens, Hocking and Vinton Counties

Integration of Behavioral Health and Primary Care Initiative



PROGRESS REPORT
Strengthening Behavioral Health Service Delivery Capacity



Osteopathic
Heritage
Foundations





The Osteopathic Heritage Foundation of Nelsonville and the Alcohol, Drug Addiction and Mental Health Services Board Serving Athens, Hocking and Vinton Counties (317 Board) are pleased to share this report which highlights a funding partnership and progress related to the integration of behavioral health and primary care in southeastern Ohio.

Recognizing opportunities to advance integration efforts in southeastern Ohio, the Osteopathic Heritage Foundation of Nelsonville (OHFN) and the 317 Board embarked on a multi-year funding partnership with the intent of positively impacting the system of care and health outcomes for vulnerable populations by promoting collaboration and advancing sustainable innovations to address unmet behavioral and physical health care needs. To positively impact system and client outcomes, OHFN and the 317 Board have collaboratively allocated up to \$1.3 million over a 5-7 year funding period to advance a multi-pronged funding strategy.

About the Funding Partners

The 317 Board is responsible for designing policies, evaluating programs, accessing funds and monitoring alcohol, drug addiction and mental health services in Athens, Hocking and Vinton counties. The 317 Board receives primary funding from the Ohio Department of Mental Health and Addiction Services, and local tax levies. Currently, the 317 Board contracts with twelve local agencies to provide a comprehensive offering of mental health, drug and alcohol addiction services throughout the three counties. For more information, visit www.317board.org

The Osteopathic Heritage Foundation of Nelsonville (OHFN) advances programs and services designed to improve health and quality of life in southeastern Ohio, including obesity, oral health and targeted community support. The Foundation pursues partnerships and opportunities to advance innovative solutions that demonstrate long-term impact for vulnerable populations, measurable outcomes, and sustainability. For more information, visit www.osteopathicheritage.org

The 317 Board and the Osteopathic Heritage Foundation of Nelsonville would like to acknowledge and thank Ohio University's Voinovich School for Leadership and Public Affairs and Dr. Lesli Johnson, Associate Professor, for their invaluable contributions, research, analysis and counsel related to the development of this report.

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Integration Service Delivery Models

INTRODUCTION

While many advancements have been made in the treatment, support and understanding of mental illness over the past fifty years, evidence shows that many affected by mental illness remain disadvantaged and are not receiving the appropriate (primary and/or behavioral) health care. According to a 2011 report commissioned by the Robert Wood Johnson Foundation, almost one third of adults with a medical condition also have a mental disorder, and 68% of adults with a mental disorder have a co-existing medical condition.

To achieve optimal access and health outcomes, evidence supports the need for better integration of behavioral health and primary care services, whether coordinated, co-located and/or fully integrated. In general, integrated care is the systematic coordination among behavioral and physical health providers working in collaboration to achieve optimal health for vulnerable populations diagnosed with behavioral health diagnoses; increase cost effectiveness and sustainability for providers; and reduce service duplication in the system.

COORDINATION

Routine screening; referral relationship; and routine exchange of information

CO-LOCATION

Medical and behavioral services in same facility; referral process; enhanced information sharing; and consultation between medical and behavioral providers.

FULL INTEGRATION

A single, combined treatment plan for medical and behavioral conditions; multi-disciplinary team based care; and use of data technology to track patient services.



INITIATIVE STRUCTURE

With input from local providers, state and national content experts, the OHFN and 317 Board designed an Initiative to 1.) strengthen the service delivery capacity of behavioral health providers to partner with primary care, 2.) partner with primary care to sustain behavioral health capacity, and 3.) to ensure access to primary care for individuals with serious behavioral health diagnoses.

Strengthening Behavioral Health Service Delivery Capacity

Many with an established primary care provider seek help for behavioral health issues in primary care settings, often presenting with mild to moderate issues, such as depression and anxiety. Generally, primary care providers are not adequately trained or equipped to provide timely access to behavioral health consultation. Recognizing this, initial investments were designed to advance integration efforts that would provide timely access to needed behavioral health services in the primary care setting.

Partnering with Primary Care to Sustain Behavioral Health Capacity

The OHFN and 317 Board are committed to effective and sustainable strategies that advance the integration of behavioral health and primary care in southeastern Ohio. This commitment is demonstrated by an initial investment to strengthen behavioral health service delivery capacity to partner with primary care. Additional funding strategies will include partnering with primary care to sustain existing and potentially expanded behavioral health service capacity co-located in the primary care setting.

Ensuring Primary Care Access for Individuals with Serious Behavioral Health Diagnoses

Many with serious and persistent mental health illness and serious substance use disorders have preventable chronic medical conditions, such as diabetes and cardiovascular disease. Generally, these individuals do not seek care in a traditional primary care setting and behavioral health providers are not prepared or trained to offer health care for these conditions. Strategies that advance integration efforts addressing primary care issues among individuals with serious and persistent mental illness or chronic addiction issues in community behavioral health settings will be prioritized.

INITIATIVE PARTNERS AND PROGRESS



OhioHealth O'Bleness Hospital and Health Recovery Services

"Success is being demonstrated in many ways, including increased counselor availability, continued patient therapy and improved screening scores. Behavior health concerns and undiagnosed anxiety and depression are more easily identified and treatment is initiated. Many providers believe this method is working so well in the pain management clinic that it should also be implemented in other areas of the hospital."

Brittany Jarvis, BSN, RN,
Unit Manager

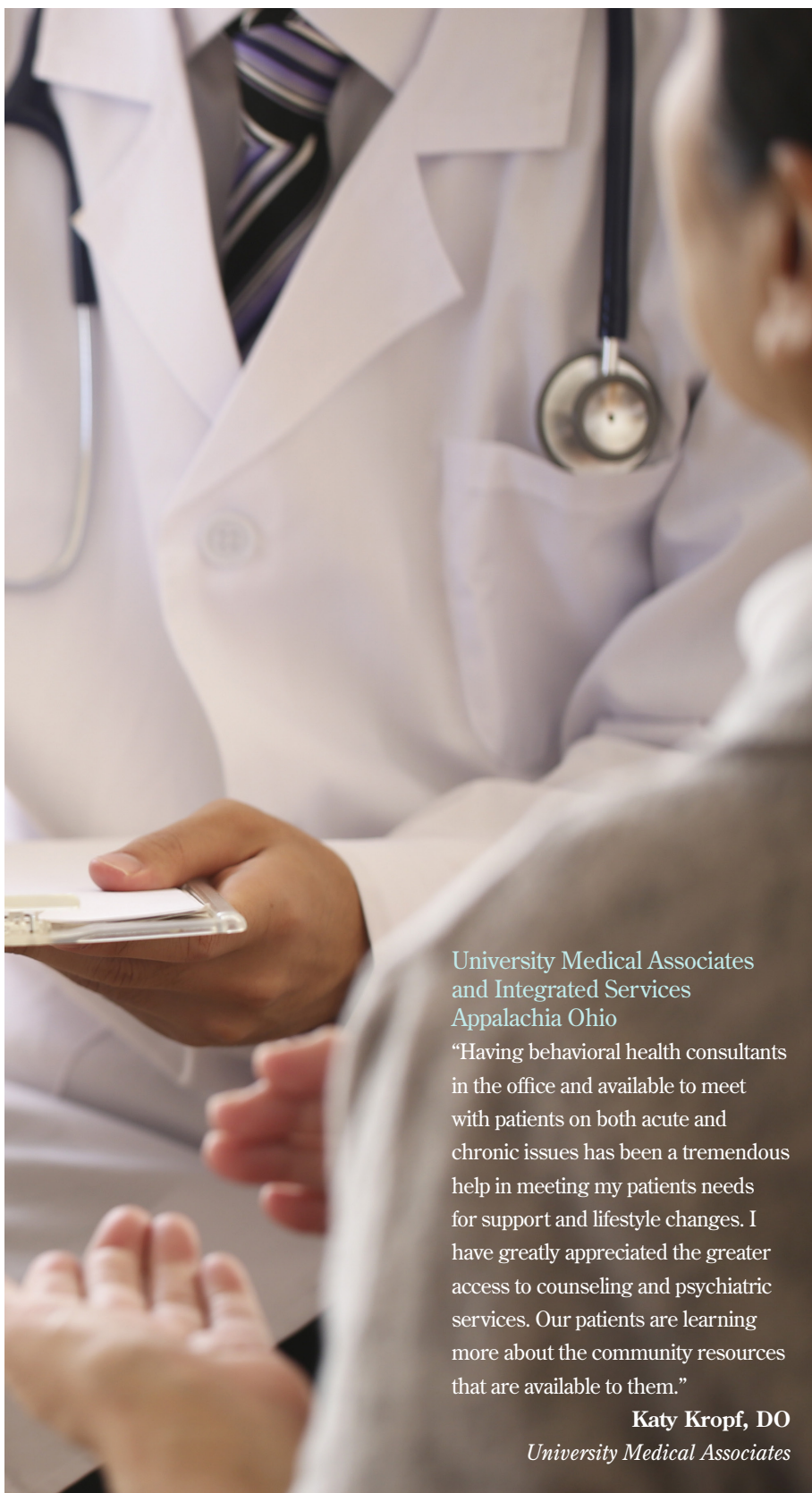
Cardiac Catherization Lab and Pain Management, Ohio Health

At the onset of the Initiative, local behavioral health providers were at various levels of readiness to integrate service delivery models with primary care providers. Initial investments were designed to strengthen the behavioral health service delivery capacity to partner with primary care, including investments in technology related to electronic medical records to enhance communication among providers, Behavioral Health Consultants (BHC) embedded in primary care settings, and access to training and networking among participating providers. Following are behavioral health and primary care providers participating in the initiative and a summary of selected progress and opportunities related to integrating systems and improving access to behavioral and physical health services.

SELECTED PROGRESS AND OPPORTUNITIES

Integrating Systems to improve access and care coordination among primary care and behavioral health

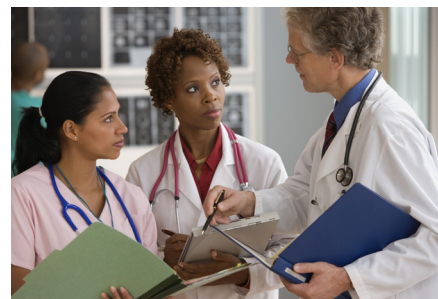
Behavioral Health Provider	Primary Care/ Specialty Care Provider	Integration Service Delivery Care Model	Initiative Investment to date
Hopewell Health Centers		Fully Integrated	\$223,800
Integrated Services of Appalachia Ohio	University Medical Associates	Co-located	\$75,875
Health Recovery Services	OhioHealth O'Bleness Pain Management Associates	Co-located	\$94,875
Woodland Centers, Inc.	Holzer Medical Center	Co-located	\$100,000



University Medical Associates
and Integrated Services
Appalachia Ohio

“Having behavioral health consultants in the office and available to meet with patients on both acute and chronic issues has been a tremendous help in meeting my patients needs for support and lifestyle changes. I have greatly appreciated the greater access to counseling and psychiatric services. Our patients are learning more about the community resources that are available to them.”

Katy Kropf, DO
University Medical Associates



Behavioral Health Care Physical Health Care “Huddles”

Informal “huddles” have further enhanced the understanding of BHC in a primary care setting. This has led to physicians utilizing BHC services more frequently and for a variety of support (psycho-education, case management needs, diagnostic impressions, psycho-bio-social impacts on symptoms, etc.). Some of the medical team members that initially utilized BHC for crisis situations (suicide assessment or homelessness, for example) are now referring for behavioral change management and psycho-education for patients as appropriate. This has been a result of having BHC available in the physical space and development of protocol for referral and flow of service delivery.

- The Initiative has strengthened and expanded the working relationships between behavioral health and primary care in the region.
- Access to treatment is increased when consumers with lower levels of behavioral health acuity can be managed at the primary care sites with Behavioral Health Consultants and psychiatric consultation; this helps ensure limited behavioral health care specialty services are readily available for individuals with serious and persistent mental illness. These efficiencies are valued at over \$150,000 in the initial year of operations.
- Over \$750,000 has been leveraged in additional grant funding to support integrated health strategies.
- Primary care providers have expressed interest in expanded Behavioral Health Consultant services and availability at additional primary care sites.

Improving patient access to behavioral and physical health services

- Low acuity screenings for depression, anxiety, and developmental issues are being incorporated as standard operating procedures. Underlying behavioral health issues are being identified and treatment options offered.
- Immediate referral and connection, “Warm hand-offs”, from primary care to behavioral health consultants is facilitating more immediate access and retention in needed behavioral health services. Behavioral Health Consultants are managing an array of requests from primary care providers, including consultations, behavioral interventions and referrals. Preliminary findings indicated successful client referrals to behavioral health services.
- As demonstrated by demand for Behavioral Health Consultant services, physician practices indicate satisfaction with the immediately available behavioral health services and have expanded how they utilize these resources.
- With the Behavioral Health Consultant embedded in primary care, preliminary findings at one site indicated reduced wait time to access to needed behavioral health services from up to 6 weeks to a few days.

Enhancing opportunities for care coordination among primary care and behavioral health

- While policies and procedures have been developed to facilitate access to patient medical information, significant policy, legal and organizational barriers remain.
- Expansion of services and site locations will require financial contributions from primary care partners to sustain current and expanded services.
- Long term sustainability and expansion of services and site locations will be dependent on Ohio Medicaid permitting the Behavioral Health Consultants to bill certain reimbursement codes for psychophysiological services for the prevention, treatment or management of physical health problems.
- The initial integration efforts have embedded behavioral health into primary clinic sites. The next strategy will focus on the integration of primary care in traditional mental health or addiction services settings to address the physical health needs of those with serious and persistent mental illness.

