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Diana Knaebe, President/CEO, Heritage Behavioral Health Center

Rhonda Mitchell, Interim CEO

Community Health Improvement Center (CHIC), Decatur, Illinois

dknaebe@heritagenet.org, 217-420-4702

rmitchell@chealthctr.org, 217-877-3290

Who we are...

Heritage

- Est. March 1956
- Funding
 - SAMHSA
 - Fee for Service
 - State & Local Grants
- SMI and SA
- Patient Base
 - Medicaid
 - Uninsured / Low income

CHIC

- Est. April 1972
- FQHC
- Federal grant
- Enhanced Reimb
- FTCA coverage
- Primary Health Care
- Patient Base
- Medicaid
- Uninsured/Underinsured

Previous Collaborative Efforts

- United Way Funded Collaboration
 - Primary Care at OASIS
 - Basic health care services at homeless shelter
 - Psychiatry services at CHIC
 - Medication management

- Support and consult for primary care providers
- Mental Health Bd Funded Project
 - Referral services at CHIC by Heritage BH Specialist for entry into Heritage services

Note: Diagram of *Rethinking the Format of Visions* is contained in the attached PowerPoint

The SAMHSA Project

Heritage Behavioral Health Center received a SAMHSA Grant in September 2010 for its Primary and Behavioral Health Care Integration (PBHCI) program.

SAMHSA Program Goals

- Health and Illness Background Information
 - Used both as a screening and as a means of documenting diagnoses (PH and BH) as well as important medical/health history variables SF-36 (short form)
- Person Centered Healthcare Home Fidelity Scales and Protocols
 - Developed by our evaluator, TriWest
 - Based on the conceptual work of Barbara Mauer and collaborators
 - 2-day collaborative assessment process

Accomplishments

- Established a Health & Wellness Suite, including a Primary Care Office at Heritage
- Contracted with CHIC Primary Care Clinic to place a Primary Care Physician's Assistant on site - this is proving invaluable
 - Relationship with team members
 - Labs Drawn on Site - picked up = results available to Nurse Care Managers on-line quickly
- Already seeing many positive health outcomes
 - Weight Loss; Blood Sugar Stabilization; Blood Pressure Improvement

Health and Wellness Activities

- Food Pyramid Education weekly
- Healthy Cooking Classes weekly
- Chair Zumba twice per week
- Modified Yoga weekly
- Daily Walking Activity
- Healthy Food Shopping As Needed
- 1:1 Food Counseling and Review of Food Tracker as needed
- Weekly Off Site Exercise

Health and Wellness Objectives

Our opportunity to provide Holistic Care

- Extending Wellness Model throughout organization
- Decrease smoking - clients and staff
 - Provide fully certified smoking cessation classes internally with clients connections with staff
- Health Education, i.e., diabetes education, nutrition, and exercise
- Have peer support/mentors as part of the program

Challenges

- **Electronic Health Record**
 - Training time
 - Reduced productivity
 - Separate records / duplication of data
- **Cultural / Organizational**
 - Communication obstacles between program staff - Time consuming and laborious
 - Supervision / Direction for Primary Care Provider
 - Streamlining processes in different organizational systems
 - Different funding streams
 - Internal "Marketing" Clients and Staff
 - Adding in number of hours from Primary Care PA
 - Productivity still not up to expectations
- **Larger Issues**
 - Time required to get CIS approved with HRSA and Medicare / Medicaid enrollments for new site
 - Sustainability challenges with low productivity volume - grant imperative for start up
 - Unreimbursed costs - time required for administrative and support staff

Lessons learned.....

- **What worked well?**
 - Existing partnership - top down driven
 - Shared patient base
 - Advantage of having most of BH services in one site and then integrating Primary Care into that site and working as a team
 - Took time to hire the "right" staff
 - Having positive client outcomes - part of RAND "drill down" for successes
- **What would we do differently?**

- Leader who was on staff every day (although current leader an excellent choice she wishes she was around more for the staff)
- Conduct all-staff informational meetings and annual updates
- Develop improved processes for patient reminders

Health Homes / Behavioral Health Homes

Timing is good

- The Illinois Innovations Project has asked for health homes
- Establishment of Managed Care and Case Coordination Entities
- Affordable Care Act - Healthcare Reform

We are seeing some early positive clinical outcomes - indicators through our SAMHSA project

- Weight loss - + BMI change
- Blood Sugar Stability
- Blood Pressure - hypertension rates much improved

Note: Diagram of *Heritage Behavioral Health Center's Person-Centered Healthcare Neighborhood* is illustrated in the attached Power Point

Number Served

Number of Consumers Served - FFY12	Annual Goal	Number Served	% Received
Heritage	250	247	99%
64 PBHCI Programs Nationwide	22,727	21,532	94%

Note: Now up to 345 enrolled clients

Nights of Care Out of Home

Nights/Times in Trouble! (past 30 days)	Baseline (n=65)			12 Months (n= 65)		
	% Any	Mean	Total nights	% Any	Mean	Total nights
Nights Homeless	9.1%	2.18	144	3.1%	0,89	58
Nights in Hospital (for M.H.)	13.6%	1.18	78	7.7%	0.43	28
Nights in Detox	4.8%	0.32	21	3.1%	0.06	4
Nights in Jail	0.0%	0.00	0	0.0%	0.00	0
ER Visits	12.1%	0.27	18	1.5%	0.02	1
Total Nights*	27.3%	3.95	261	12.3%	1.4	91

*t(17)=2.84, p=.011

Note: Diagram of *Baseline vs. 12 Months: Total Number of Nights Homeless, In Psychiatric Hospital, In Jail, In Detox, and in the Emergency Room in 30 Days prior to assessment (N-=65)* is in the attached PowerPoint

Current Challenges.....

- We are approaching smoking cessation much more aggressively. Each visit we will be asking if the client would like help with cutting down or smoking cessation.
- Some are beginning to tell the team they want to decrease or have set a stop date
- Experiencing some staff turnover.