

(Accessible version) Trilogy Heartland Integrated Healthcare
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Trilogy Heartland

Integrated Healthcare, A partnership between Trilogy & Heartland International Health Care

- Cohort 2
- Region 4
- Chicago, Illinois

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About Our Program

- Co-located Primary and Behavioral Healthcare at Behavioral Healthcare site in the Rogers Park neighborhood of Chicago, IL - an urban multi-cultural and socio-economically diverse setting
- Annual Enrollment target is 500 consumers served
- Williams Consent Decree contract expands services in order to re-integrate clients from nursing homes into the community
- Peer participation facilitated by The Trilogy Beacon, Trilogy's peer lead drop-in center
- EHR Vendor is Qualifact's CareLogic
- CareLogic is specifically designed for behavioral health care organizations and has an active user group for vendors. Trilogy went live with CareLogic on July 1, 2012.

Health and Wellness Activities

- Assessment of learning needs and goals of clients
- Matching client needs with resources
- Meeting clients where they are
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- Diabetes with learning maps
- Self-advocacy for health
- Nutrition and Exercise
- Exercise for all fitness levels
- Smoking cessation
- HIV Education, Prevention, rapid testing & counseling
- Individual and group formats
- Synergy with academic partnership program
- Chronic disease management
- Screening for Trauma, follow-up resources

System Changes Needed to Facilitate Integration

- Attitudinal Changes of Staff
- Outdated billing system & paper-based records
- Development & implementation of required reporting forms
- Learning to work with FQHC leadership and staff: Challenges of two organizations sharing space, information, computers, patients and staff
- Becoming more rigorous about collecting a broader range of healthcare information including specialty referrals, metabolic indicators, non-psych meds, and health prevention services
- Need to tighten up access to some providers (psychiatric) to be more in line with the kind of clinic operation used in primary care while still keeping open access to nursing for triage and prioritization of problems of walk-in clients

How Trilogy Made the Necessary Cultural & Organizational Shifts

- Executive leadership commitment to change
- Good working relationship with healthcare partner
- Good working relationship with academic partner
- Buy-in from most employees
- New electronic health record
- Training employees
- Co-location model
- Being creative and sharing job functions across organizations' boundaries

Lessons Learned

- Importance of true partnership between medical & mental health at all levels
- Partnership with Rush College of Nursing
- Billing of psychiatry under FQHC
- More planning around the cultural shift
- Co-location is a great model with many indirect benefits that further the partnership
- Using a model where all behavioral staff are considered part of the integrated team and responsible for helping facilitate and foster clients' wellness
- Coordination is time-consuming
- Understanding that the work involves integration of public health, behavioral health, and primary care principles.

Ongoing Challenges

- Space issues
- Billing issues
- Coordinating and planning for working with existing and future managed care entities
- Communication between different EHR systems

- Not receiving adequate reimbursement for all of our coordination activities
- Trying to building a group treatment element which works in both primary care and mental health reimbursement and organizational cultural frameworks.

Please feel free to submit any questions.