The work of advancing primary care through multi-stakeholder efforts has led to the recognition of Rhode Island as a leader in health system transformation. The Care Transformation Collaborative of Rhode Island (CTC-RI), a multi-payer, public-private partnership, has supported comprehensive primary care that incorporates Integrated Behavioral Health (IBH) and Community Health Teams (CHTs) as extensions of primary care to help address and mitigate behavioral health and social determinants of health needs.

COMMUNITY HEALTH TEAM (CHT) PROGRAM OVERVIEW

Onsite IBH Practice Facilitation: support culture change, workflows, billing

Universal Screening: depression, anxiety, substance use disorder

Embedded IBH Clinician: warm hand off, pre-visit planning, huddles

Three PDSA Cycles: screening, high ED, chronic conditions

Quarterly Best Practice Sharing: data driven improvement, content experts

Goal 1: Reach higher levels of quality through increased screening

Goal 2: Increase access to brief intervention for patients with moderate depression, anxiety, SUD and co-occurring chronic conditions

Goal 3: Provide care coordination and intervention for patients with high emergency department (ED) utilization and behavioral health need

Goal 4: Increase patient self-care management skills: chronic condition and behavioral health need

Goal 5: Determine best timing that primary care can achieve by decreasing ED visits and inpatient hospitalization

Target Audience(s): Ten Patient Centered Medical Home (PCMH) primary care practices serving 42,000 adults

CHT DATA RESULTS

2019 analysis shows clinically and statistically significant reductions in patient health risk, depression and anxiety after less than 5 months in care.

Follow-up Changes in Health Risk, Anxiety & Depression

Pre-Post Changes in Alcohol & Drug Use Over 30% decrease

Quality of Life – Number of Unhealthy Days

“I mean, when I say how much I love having integrated behavioral health, is that I can’t imagine primary care without it...” (Medical Provider)

More action is needed

- APM for Integrated Behavioral Health in Primary Care
- No copays for behavioral health screenings
- Eliminate second copy for same day visit
- Continue workforce development
- Credentialing

CONCLUSIONS

While primary care practices, health plans, systems of care, and state agencies have done much to innovate and expand the comprehensive primary care model, there is more work to be done. Additional efforts are currently underway to expand IBH to practices that serve pediatric patients, and to expand CHTs to serve children and families (including a special focus on pregnant mothers involved with, or affected by, substance use disorders). This requires collaborative work with the multiple programs offered through different state agencies, and other service partners. CTC also recognizes the need to strengthen engagement with specialists, hospitals, and many other community partners in these, and other efforts. CTC continues to work closely with all payers, including Medicaid, and other state agencies, to develop payment strategies to support Community Health Teams as a public utility and to support the financial sustainability of Integrated Behavioral Health.