

Advancing Primary Care with Innovative Integration

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BACKGROUND

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.

IBH PROGRAM OVERVIEW AND GOALS

Onsite IBH Practice Facilitation: support culture change, workflows, billing
Universal Screening: depression, anxiety, substance use disorder
Embedded IBH Clinician: warm hand offs, 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 universal 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 condition

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

Goal 5: Determine cost savings 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

COMMUNITY HEALTH TEAM (CHT) PROGRAM OVERVIEW

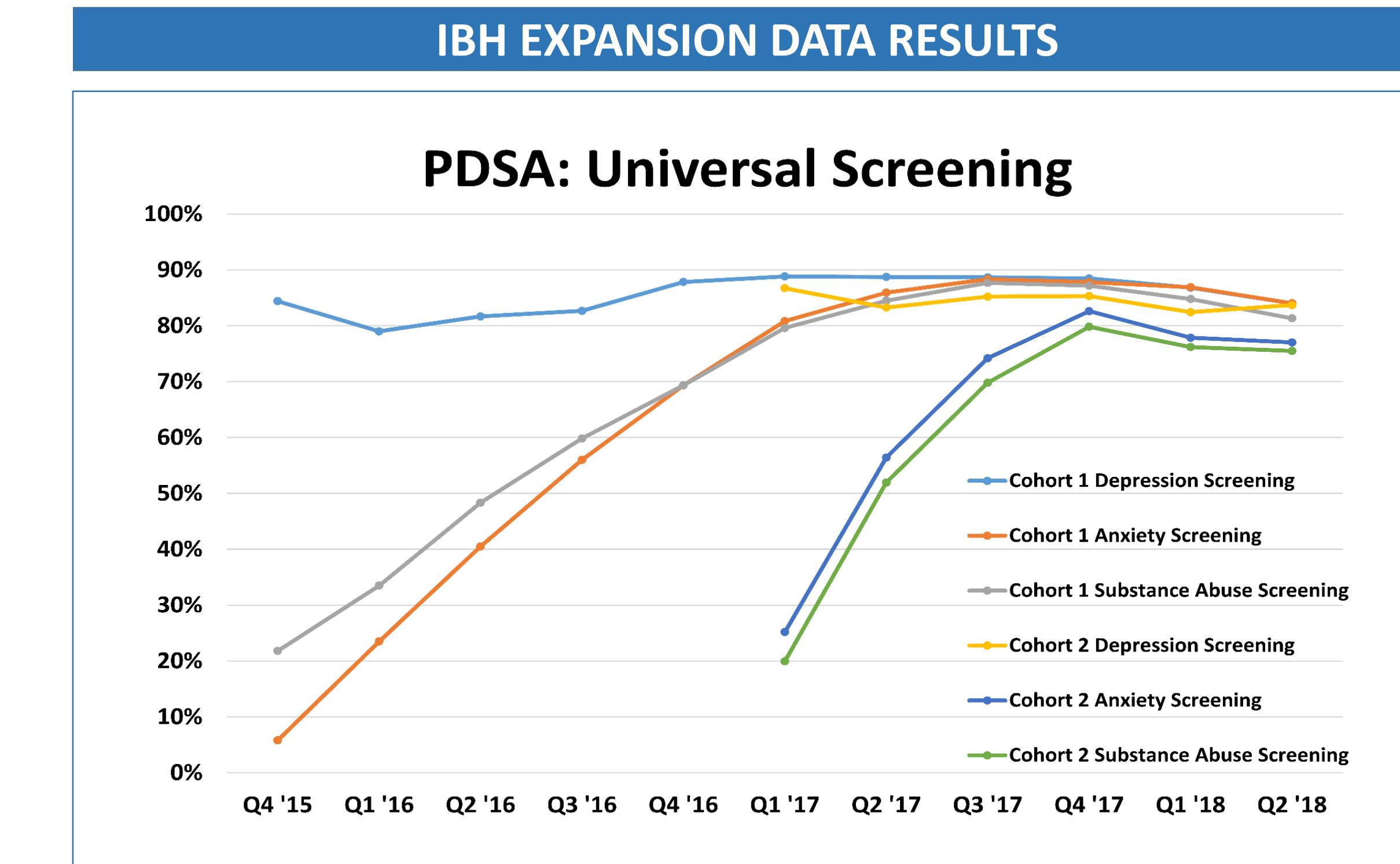
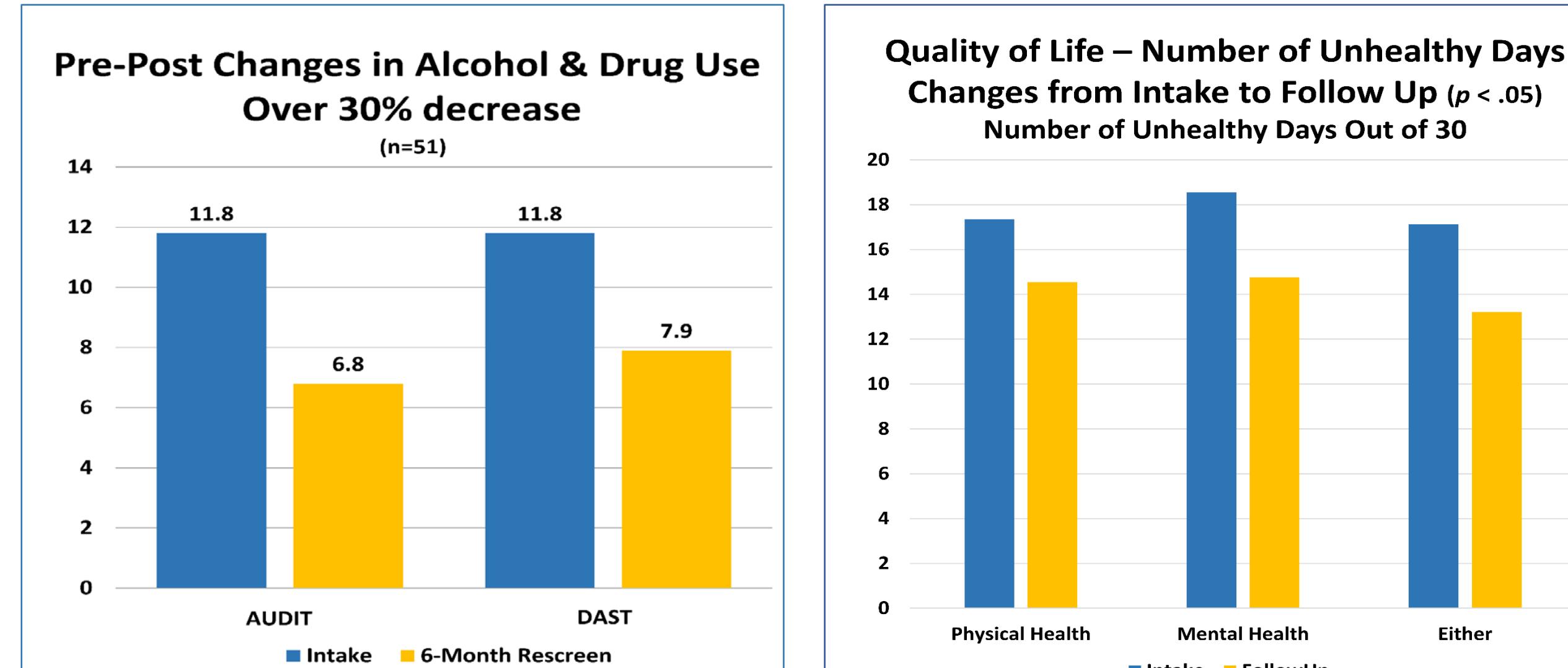
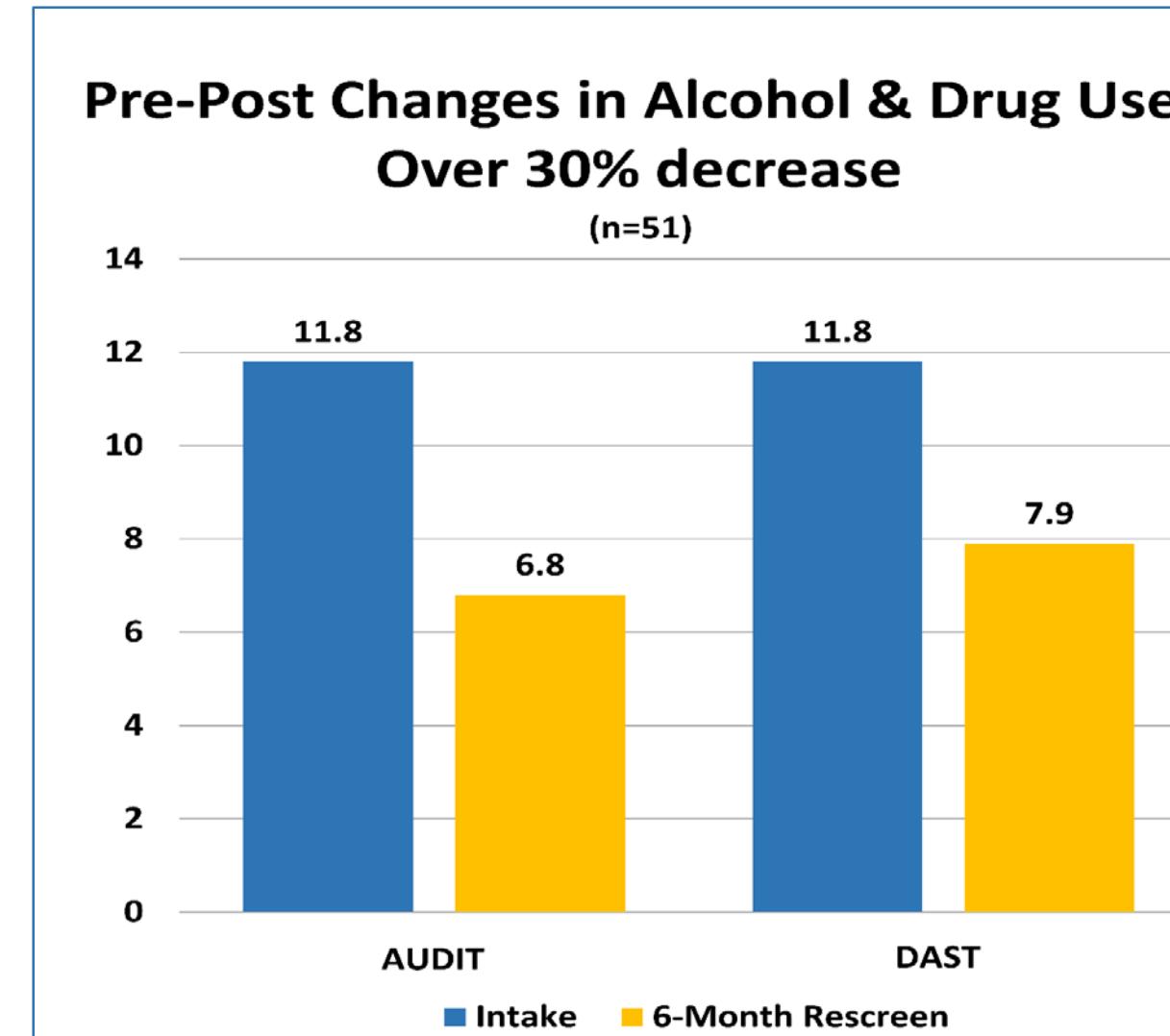
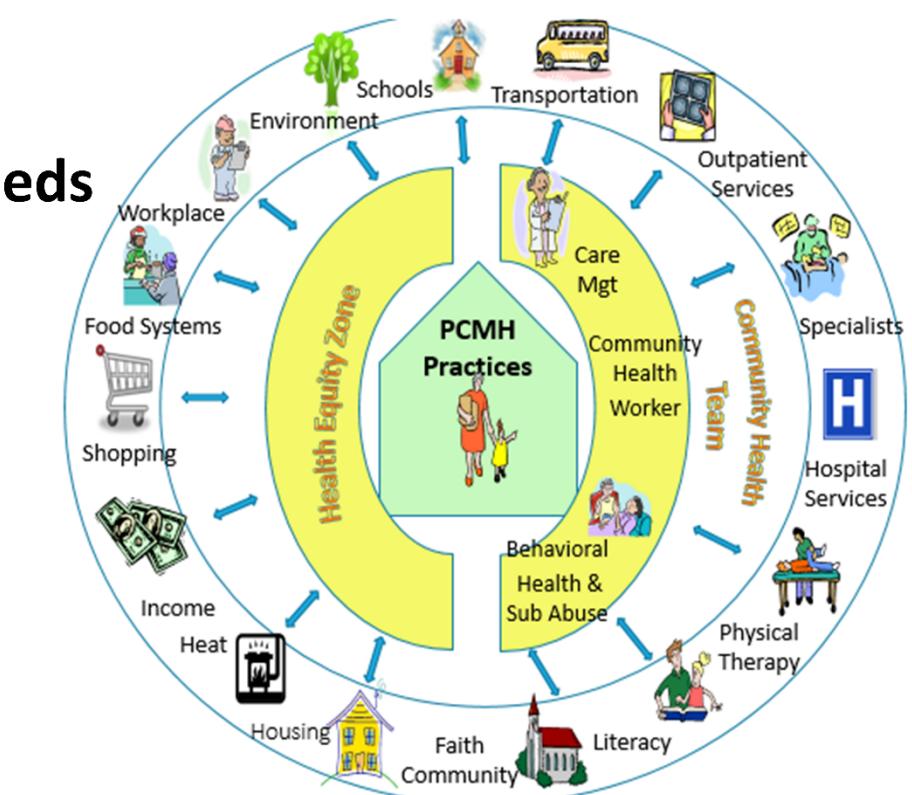
Using a multi-disciplinary team approach, CHTs serve as an extension of primary care to serve high risk/high cost individuals

Use care management processes to address

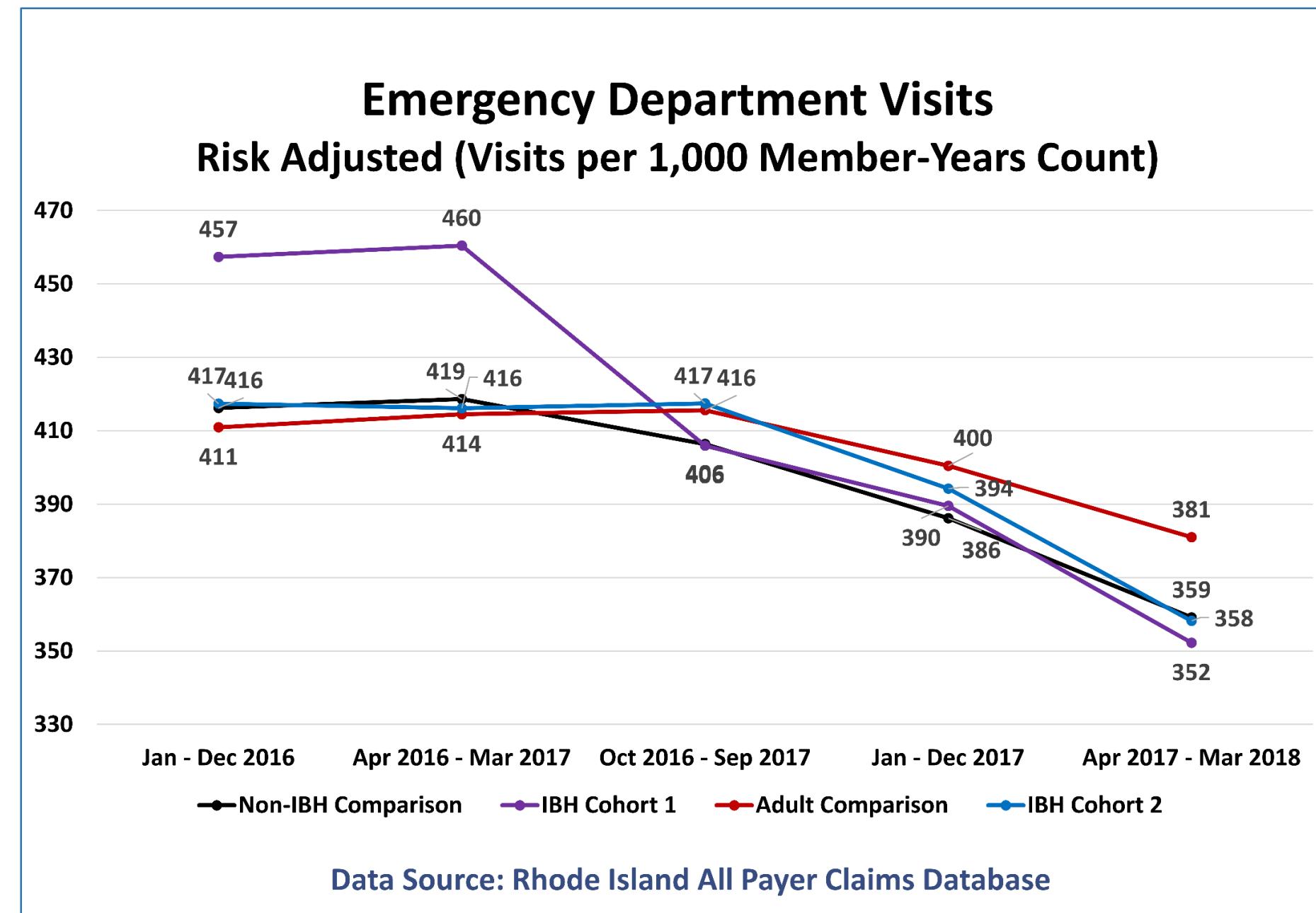
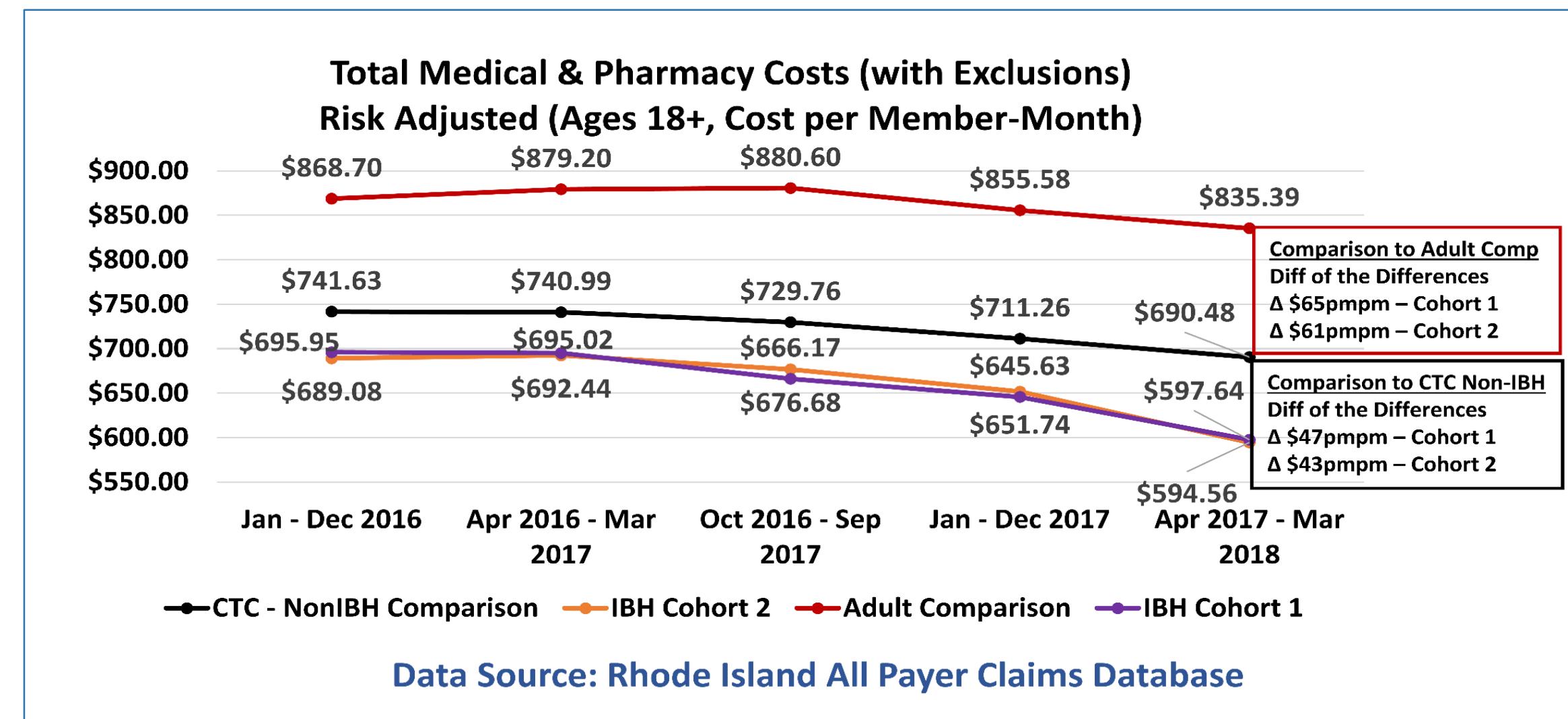
- Physical health needs
- Behavioral health/SUD needs
- Health education needs
- Social determinants of health needs

Community Health Team

Community-Based Licensed Health Professional (At least one)
SBIRT Screeners (At least one)
Community Health Worker (CHW) (At least two)

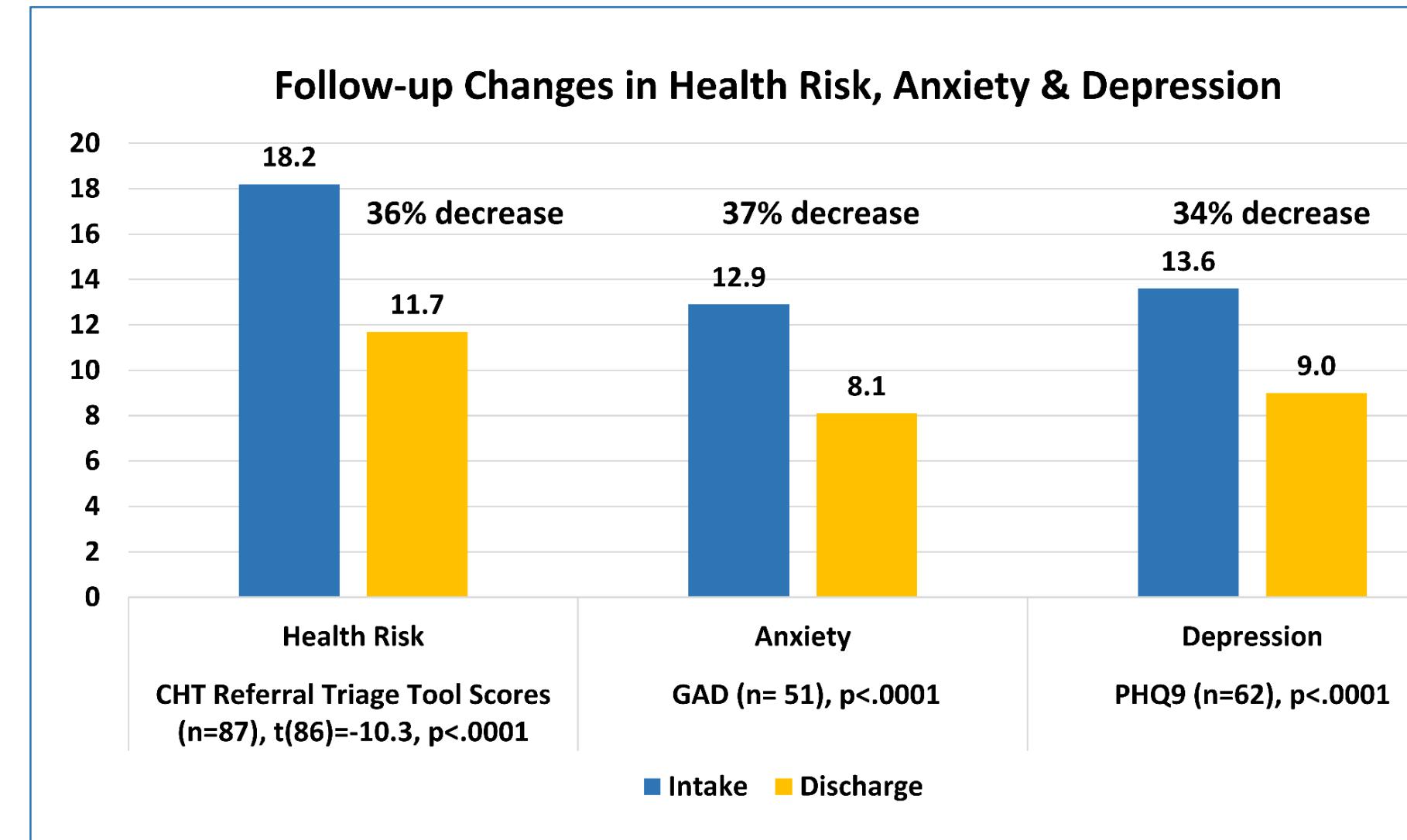


"I mean, when I say how much I love having integrated behavioral health, is that I can't imagine primary care without it..." (Medical Provider)



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.



MAIN TAKEAWAYS

Integrated Behavioral Health in Primary Care Works
Improved access, patient care & reduces costs

Onsite practice facilitation by IBH subject matter experts supports culture change for successful implementation

CHTs demonstrate clinically & statistically significant client changes after 4.7 months of CHT care

- 33% Reductions in Health Risk, Depression, Anxiety, Substance Use
- Improvements in all SDOH categories
- Improvements in Numbers of Unhealthy Days / Quality of Life & Wellbeing categories
- Improvements in Health, Knowledge & Information, Support, Health Confidence, Adherence, Current & Future Life Evaluations
- Excellent Patient Satisfaction & Experience with CHT Care

More action is needed

- APM for Integrated Behavioral Health in Primary Care
- No copays for behavioral health screenings
- Eliminate second copay 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 effected 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.