Maryland Primary Care Program: Behavioral Health Integration

Establishing a Workflow

Program Management Office
What do we mean by Behavioral Health?

• *Mental health and substance use disorders*

• Focus on most common and most harmful diagnoses in the primary care setting:
  • Mental health – in particular **depression** and **anxiety**
  • Substance use disorders – in particular **alcohol** and **opioids**
Why Behavioral Health Integration?

- Often overlooked
- Frequently worsens co-morbid conditions
- Few existing programs in primary care
- Opioid Crisis- 4th leading cause of death in Maryland
- Frequent cause of avoidable ED and Hospital admission
- Emergency room visits in Maryland fell 8 percent from 2013 to 2016, but the number of patients with behavioral health problems jumped 18.5 percent. Such cases now make up roughly a quarter of all emergency visits in Maryland.
- Key feature in MDPCP and required to move to track 2
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Overview of Series

1. Overview
2. Build your team
3. Choose what’s best for your practice
4. Establishing workflows for treatment and referral
5. Recruiting Resources
6. Registry and Data
7. Collaborative Care Model
8. SBIRT and MAT
9. Coding and Billing
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BHI Levels of Care

Screening (universal)
- Registry creation/maintenance
- Risk stratification

Treatment
- Counseling – Behavioralist
- Medication – Clinician
- Coordination – Care Manager

Referral (as needed)
- Psychiatry
- Addiction Specialist

- Coding and billing
- Communication across providers
- Quality assurance

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BHI Overview

Identification Of Focus Area

- Screening Process and tool
- Registry creation and maintenance
- Risk stratification Based on scores
- Priorities for CQI initiatives

Prioritization In workflow

- Communication Across providers
- Behavioral Health Clinical Care Team
Build the Team

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BHI Team

BH Care Manager Lead

Behaviorist (LCSW, Psychologist, Counselor)

Biller/Coder

Lead Clinician and Providers

Psychiatrist

Optional CTO Support

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Workflows

• Depend on selection of mental health, SUD or both
• Depends on selection of models for counseling and medications
• Depends on CTO, practice type and clinical needs
• Integrated into EMR
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Key Elements of a Defined BHI Workflow

• Proactive follow-up

• Step-up therapy based defined protocols for treatment and referral

• Interdisciplinary communication
  • Internal
  • External
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How to Establish a BHI Workflow

• Team involvement
• Straw man diagram
• Tasks, resources, and responsible parties
• Timeline
• Staff education
• Go live
• Celebrate success
• Evaluation
Workflow Examples: Depression

1. **Screen**
   - BH Care Manager
   - Referral to counseling
   - Continue counseling, meds, or referral

2. **Positive screen**
   - Referral to counseling
   - Feedback

3. **Clinician considers medication**
   - Coding
   - Follow-up
Workflow Examples: Alcohol Use Disorder

- Screen → Positive screen → BH Care Manager
  - Brief Intervention → Coding → Referral to Treatment
  - Feedback → Follow-up
Workflow Examples: Opioid Use Disorder

1. Screen → Positive screen → Start medication
2. Harm reduction → BH Care Manager → Coding
3. Continue Treatment or Referral → Feedback → Follow-up
Workflow Analysis

- With limited resources - identify how best to integrate screening, medications, counseling, and referrals in existing operation
- Conduct walk-through of practice flow
- Develop flow charts:
  - Who greets patient and does registration?
  - What paperwork is done in the waiting room?
  - Who conducts screening, where is it conducted and what takes place?
  - What information does provider have during encounter?
  - Are there clinical support staff that provide education?
  - How are referrals made?
  - How is check-out handled?
Workflow Considerations Leading to Protocol

- Can patients in your clinic complete the screen on their own or do you need to administer the tool?
- What role does your medical assistant play in patient triage?
- Do you have clinical support staff that routinely provide patient education and support?
- How much time do your practitioners have with each patient?
- Are your clinicians waived to prescribe buprenorphine?
- Do you have available behavioral health staff as part of the team?
- How best can you assure that patient referrals are personalized and linkage can occur for mental health and substance use disorder?
- How best will SBIRT get institutionalized as a routine part of care?
- How will MAT become institutionalized as routine for patients with OUD?
Screening and Identification

- Mood disorders
  - PHQ-2, PHQ-9
  - GAD-7

- Substance use disorders:
  - Alcohol: AUDIT-C (the “S” in SBIRT)
  - Opioids and other drugs: NIDA Quick Screen

- Other screening options
  - Intuition
  - Data Capture Important- Initial and Longitudinal
Models for BHI using SBIRT

Integrated Counseling and Medications On-Site

- Practice support staff: screen all patients
- BH Care Manager coordinates team
- Primary provider: starts medications and counseling
- Behavioral Health Specialist: continued counseling
- Referrals to treatment: made off-site per practice protocol
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Models for BHI using SBIRT

Off-Site Counseling, Medications Off-Site

- Practice support staff: screen all patients
- BH Care Manager coordinates team, referrals
- Primary provider: works with patient and BH CM to develop medication and counseling plan
- Referral to Behavioral Health Specialist/Psychiatry/SUD Specialty Clinic
BHI Workflows – Central Registry

Defined Workflow

- Proactive Follow-up
- Step-up therapy for treatment failure
- Registry EMR or Separate
- Interdisciplinary communication
- Internal
- External
Thank you!

Updates and More Information:
https://health.maryland.gov/MDPCP

Questions: email mdh.pcmmodel@Maryland.gov
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