

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

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

BHI Levels of Care

Screening (universal)

- Registry creation/maintenance
- Risk stratification

Treatment

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

Referral (as needed)

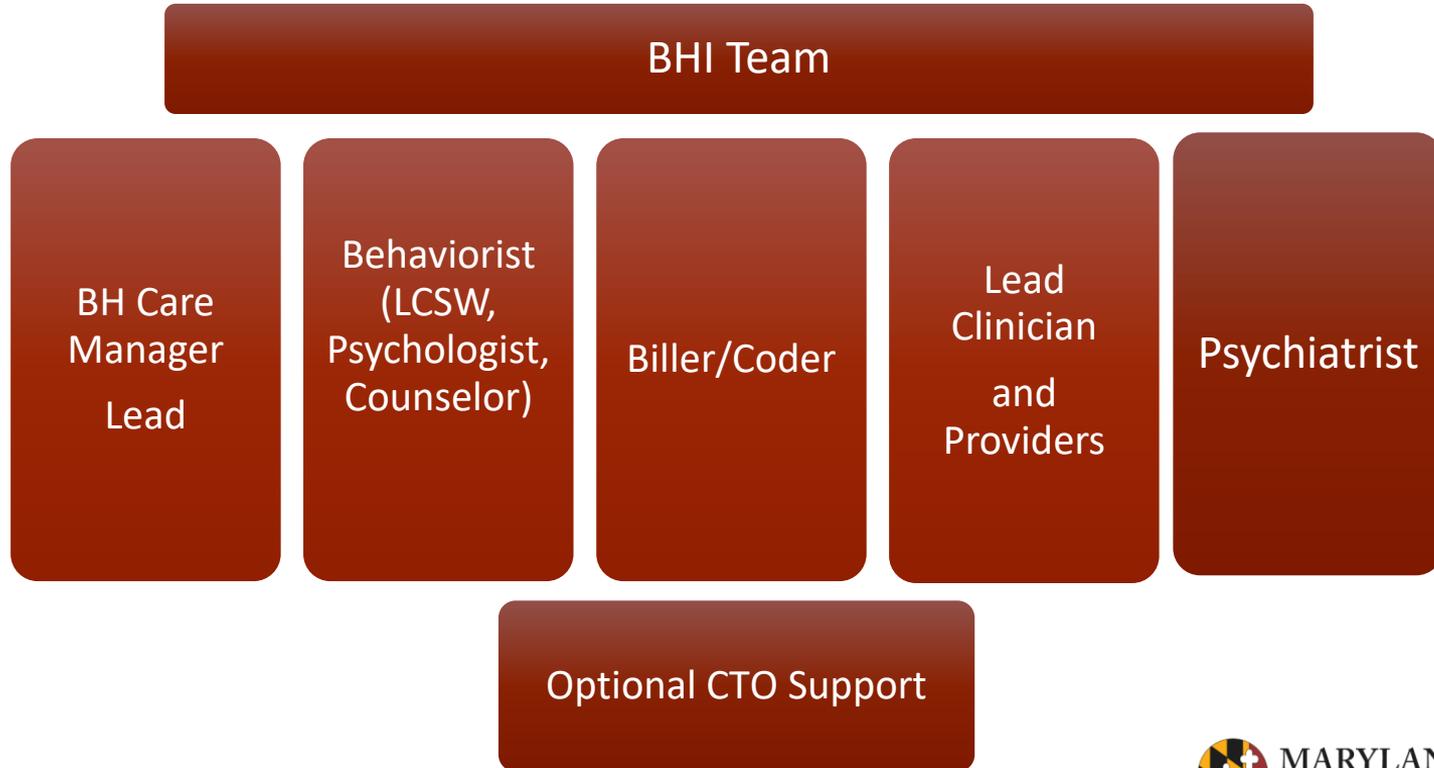
- Psychiatry
- Addiction Specialist

- Coding and billing
- Communication across providers
- Quality assurance

BHI Overview



Build the Team



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

Key Elements of a Defined BHI

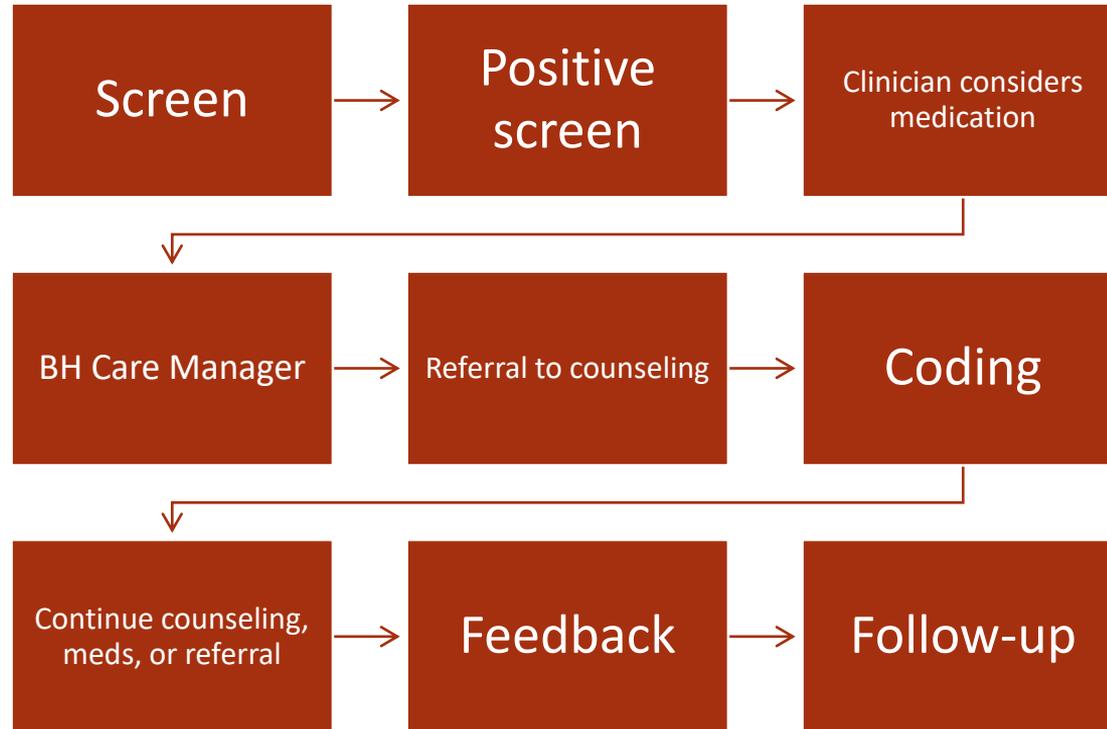
Workflow

- Proactive follow-up
- Step-up therapy based defined protocols for treatment and referral
- Interdisciplinary communication
 - Internal
 - External

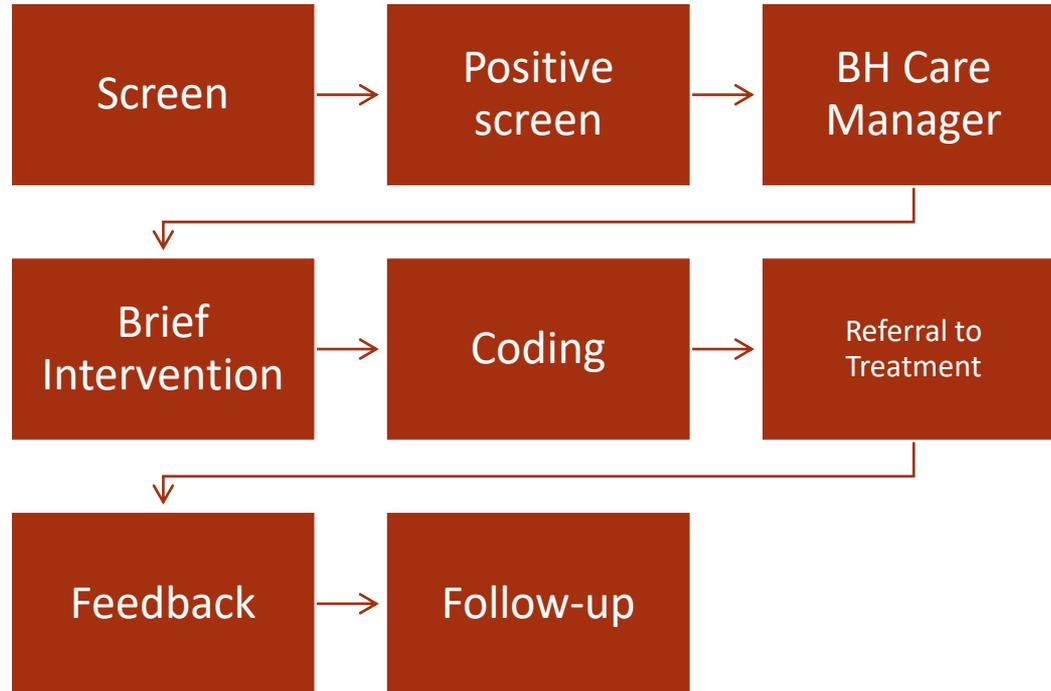
How to Establish a BHI Workflow

- Team involvement
- Straw man diagram
- Tasks, resources, and responsible parties
- Timeline
- Staff education
- Go live
- Celebrate success
- Evaluation

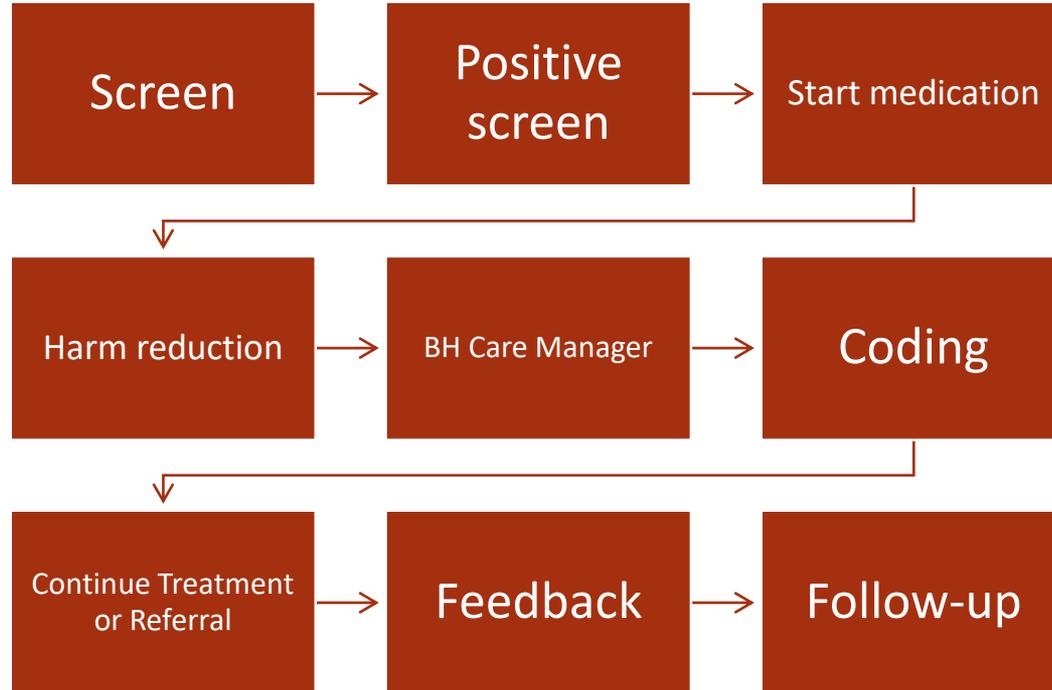
Workflow Examples: Depression



Workflow Examples: Alcohol Use Disorder

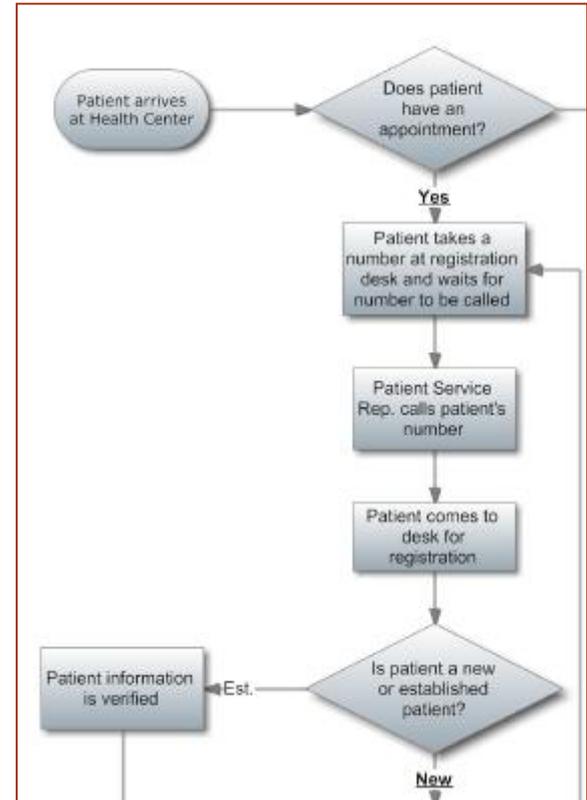


Workflow Examples: Opioid Use Disorder



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

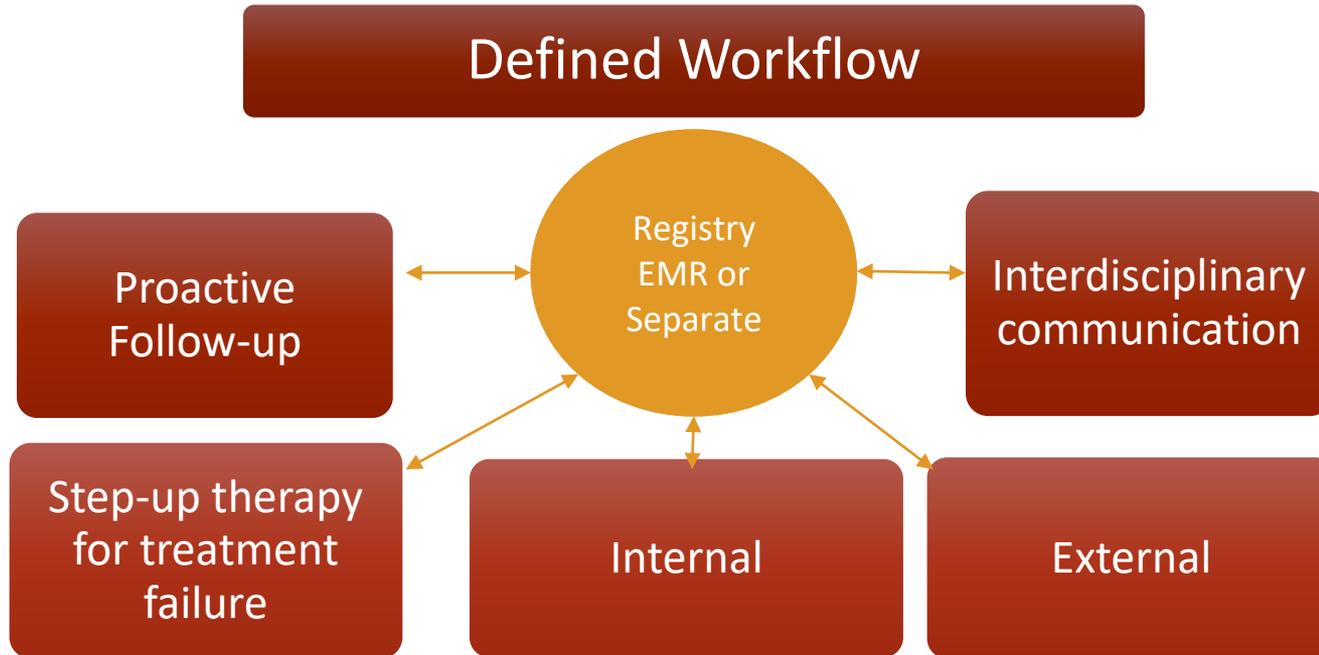
- Practice support staff: screen all patients
- BH Care Manager coordinates team
- Primary provider: starts medications and counseling
- Behavioral Health Specialist: continued counseling
- Referrals to treatment: made off-site per practice protocol

Models for BHI using SBIRT

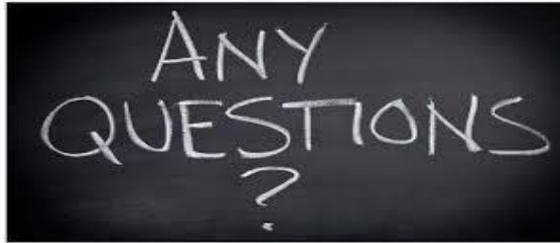
Off-Site Counseling, Medications Off-Site

- 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



Thank you!



Updates and More Information:

<https://health.maryland.gov/MDPCP>

Questions: email mdh.pcmode@Maryland.gov

Select References

- “Clinical Workflow Plan” AIMS Center. University of Washington, Psychiatry & Behavioral Sciences. <http://aims.uw.edu/resource-library/clinical-workflow-plan>
- “CoCM Behavioral Health Care Manager: Sample Job Description, Typical Workload & Resource Requirement.” AIMS Center, University of Washington Psychiatry & Behavioral Sciences. http://aims.uw.edu/sites/default/files/CareManagerJobDescription_0.pdf. Accessed October 18, 2018.
- “CPC+ Behavioral Health Integration Requirement – 2019.” Center for Medicare and Medicaid Innovation. October 2018.
- “Frequently Asked Questions about Billing Medicare for Behavioral Health Integration (BHI) Services.” Center for Medicare and Medicaid Services. April 17, 2018. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf> Accessed October 18, 2018.
- “Implementation Guide: Create a Clinical Workflow” AIMS Center. University of Washington, Psychiatry & Behavioral Sciences. <http://aims.uw.edu/collaborative-care/implementation-guide/plan-clinical-practice-change/create-clinical-workflow>
- Kohl R, Calderon K, Daly S, et al. “Integrating Behavioral Health into Primary Care: Lessons Learned from the Comprehensive Primary Care Initiative.” TMF Health Quality Institute. https://www.tmf.org/LinkClick.aspx?fileticket=gSv9OHvF_W8%3D&tabid=271&portalid=0&mid=741&forcedownload=true. Accessed October 18, 2018.
- Unutzer, Jürgen. “Which Flavor of Integrated Care?” *Psychiatric News*. Oct 16, 2014. <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2014.10b25>. Accessed October 18, 2018.
- Zivin K, Miller BF, Finke B, et al. “Behavioral Health and the Comprehensive Primary Care (CPC) Initiative: findings from the 2014 CPC behavioral health survey.” *BMC Health Services Research* (2017) 17:612.