Behavioral Health Integration

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 Overview**

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

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

**Referral (as needed)**
- Psychiatry
- Addiction Specialist

**Additional Services**
- 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
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BHI Team

BH Care Manager Lead

Behaviorist LCSW Psychologist Counselor

Biller Coder

Lead Clinician and Providers

Psychiatrist

Optional CTO Support
Why a Registry for BHI

• Track clinical outcomes across a target population and individual Patients
• Facilitate and track patient and care team/provider engagement across internal and external care settings
• Prompting of administrative tracking:
### Key Registry Functions

<table>
<thead>
<tr>
<th>Category</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track Clinical Outcomes Across Target Population</td>
<td>- Population-level reports based on screening</td>
</tr>
<tr>
<td></td>
<td>- Monitor workloads and progress</td>
</tr>
<tr>
<td>Track Patient Engagement Across Case Load</td>
<td>- Appointment, Referral, Engagement Reminders/Alerts</td>
</tr>
<tr>
<td>Prompt Treatment to Target</td>
<td>- Treatment adjustments based on clinical outcome measures</td>
</tr>
<tr>
<td></td>
<td>- Real-Time recent values and dates of measurements</td>
</tr>
<tr>
<td>Facilitate efficient, systematic care review</td>
<td>- Caseload/Care Plan Reports sorted and/or filtered by screening results</td>
</tr>
<tr>
<td></td>
<td>- Tracking previous case review</td>
</tr>
<tr>
<td></td>
<td>- Ability to manually flag patients for mental health/addiction consults and review</td>
</tr>
<tr>
<td>Monitor patient progress</td>
<td>- Patient level real-time reports displaying summaries of treatment history over time</td>
</tr>
<tr>
<td></td>
<td>- Baseline assessment data report comparisons</td>
</tr>
<tr>
<td></td>
<td>- Flowsheet/graphical views of assessment scoring/symptoms/treatments/medications</td>
</tr>
</tbody>
</table>
**Data Inputs for Registry**

- Diagnosis
- Medications – psychotropic
- Assessment values/scores and cut-off determinations
- Clinical Quality Measure data elements per requirements
- Level of Suicide Risk
- Referrals to treatment or specialty services
- Key Service Dates
- Treatment Status categories
  - Enrolled in program but no contacts with provider to date
  - Active treatment phase – regular contact with provider
  - Relapse prevention plan – completed active treatment phase likely to graduate/discharge
  - Discharged or graduated from program
- Episodes of care
  - Target treatment goals based on episode (depression, substance use)
- List of contacts/contact attempts with provider name, medication at visit, dosage, screening scores
Example Registries

- Independent tracking document (spreadsheet) as interim solution or in collaboration with EHR
  - If no EHR has been implemented, this can be used until one is available at the Practice
  - If EHR is in use, data elements from
  - Must ensure same safeguards and HIPAA protections are in place as you would for any other PHI

- Standalone Case management/CaseLoad application in collaboration with EHR
  - Clinical activities documented and tracked within independent system must be uploaded/input into EHR for effective care collaboration across multidisciplinary care teams

- Customized/Canned registry build within the EHR/EMR itself
# Behavioral Health Integration

## Example of Spreadsheet Patient Tracking

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Treatment Status</th>
<th>Episode Number (Status of care)</th>
<th>Follow-up Contact Number</th>
<th>Date Follow-up Due</th>
<th>Actual Contact Dates</th>
<th>Billable Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI</td>
<td>Name</td>
<td>Treatment Status</td>
<td>Episode Number (Status of care)</td>
<td>Follow-up Contact Number</td>
<td>Date Follow-up Due</td>
<td>Actual Contact Dates</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

**Patient Notes and Psychiatric Case Review**

- Care Manager Contact Notes and Flag for Psychiatric Case Review
  - Include notes about appointment reminder calls, referrals to specialty services, etc.
  - Date of Psychiatric Case Review
  - Include date of next follow-up, Psychiatric Case Review
  - armor automatically populates at top

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**Spreadsheet Screenshot**

[Spreadsheet Screenshot]

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**Spreadsheet Screenshot**

[Spreadsheet Screenshot]
## Behavioral Health Integration

### Caseload Overview/Review

1. **EVERY** time this worksheet is used, ensure all other versions of the template are CLOSED, and press “Ctrl+S” to refresh the page.
2. Do NOT use the Caseload Overview if fewer than 2 ACTIVE patients are entered on the Patient Tracking worksheet.
3. Do NOT change the number of rows or columns. If you need to modify the table whatsoever (other than sort and filter), use the de-identified template provided at the link to the left.
4. Be aware that at least one PHQ-9 score must be entered for a given record in order for that record’s GAD-7 scores to display properly in the Caseload Overview.

### Patient Tracking Spreadsheet Resources

<table>
<thead>
<tr>
<th>View Record</th>
<th>Treatment Status</th>
<th>Name</th>
<th>Date of Initial Assessment</th>
<th>Date of Most Recent Contact</th>
<th>Date Next Follow-up Due</th>
<th>Number of Follow-up Contacts</th>
<th>Weeks in Treatment</th>
<th>Initial PHQ-9 Score</th>
<th>Last Available PHQ-9 Score</th>
<th>% Change in PHQ-9 Score</th>
<th>Date of Last PHQ-9 Score</th>
<th>Initial GAD-7 Score</th>
<th>Last Available GAD-7 Score</th>
<th>% Change in GAD-7 Score</th>
<th>Date of Last GAD-7 Score</th>
<th>Date of Most Recent Psychiatric Case Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Active</td>
<td>Betty</td>
<td>12/1/2017</td>
<td>12/1/2017</td>
<td>12/15/2017</td>
<td>0</td>
<td>1</td>
<td>17</td>
<td>17</td>
<td>0%</td>
<td>12/1/2017</td>
<td>11</td>
<td>11</td>
<td>0%</td>
<td>12/1/2017</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Active</td>
<td>Bill</td>
<td>12/7/2017</td>
<td>12/7/2017</td>
<td>12/21/2017</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>16</td>
<td>0%</td>
<td>12/7/2017</td>
<td>15</td>
<td>15</td>
<td>0%</td>
<td>12/7/2017</td>
<td></td>
</tr>
</tbody>
</table>
# Behavioral Health Integration

## Statistics/Report

<table>
<thead>
<tr>
<th>Patient Count</th>
<th>Psychiatric Consultation</th>
<th>Contacts</th>
<th>PHQ-9</th>
<th>GAD-7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Pts. on Caseload</strong>&lt;br&gt;Active + Relapse Prevention</td>
<td><strong>Number of Pts. at Least 1 Psychiatric Case Review Date Recorded</strong></td>
<td><strong>Percent of Follow-up Contacts Labeled &quot;In Person at Clinic&quot;</strong>&lt;br&gt;Percent of All Contacts w/ a PHQ-9 Score Recorded</td>
<td><strong>Mean Initial PHQ-9 Score</strong>&lt;br&gt;Mean Last Available PHQ-9 Score</td>
<td><strong>Mean Initial GAD-7 Score</strong>&lt;br&gt;Mean Last Available GAD-7 Score</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Number of Active Pts. in Relapse Prevention</td>
<td>Number of Pts. Flagged for Discussion w/ Psychiatric Consultant</td>
<td><strong>Percent of Follow-up Contacts Labeled &quot;Phone&quot;</strong></td>
<td><strong>Number of Pts. w/ an Initial PHQ-9 Score Recorded</strong>&lt;br&gt;Number of Pts. w/ an Initial GAD-7 Score Recorded</td>
<td><strong>Number of Pts. w/ No PHQ-9 Score Recorded</strong>&lt;br&gt;Number of Pts. w/ No GAD-7 Score Recorded</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

| **Number of Pts. w/ 1+ Follow-up Contacts**<br>Number of Mean Number of Follow-up Contacts | **Number of Pts. w/ at Least 1 Psychiatric Case Review Date Recorded**<br>Number of Pts. w/ at Least 1 Psychiatric Case Review Date Recorded | **Percent of Follow-up Contacts Labeled "Phone"** | **Number of Pts. w/ No PHQ-9 Score Recorded**<br>Number of Pts. w/ No GAD-7 Score Recorded | **Number of Pts. w/ No PHQ-9 Score Recorded**<br>Number of Pts. w/ No GAD-7 Score Recorded |
| 0 | 0 | 0 | 0 | 0 |

**Maryland Department of Health**
**Billable Time**

EVERY time this worksheet is used, press "Ctrl+Q" to refresh the page. This worksheet is NOT protected. Please be careful not to change any formulas or manually enter any information!

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1234</td>
<td>Betty</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4577</td>
<td>Bill</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NOTE:** Dates in the column headers adjust automatically on the 1st of every month. When a new month begins, the columns will shift to display the current month in the last column, and the previous 5 months will display to the left of it. Do not attempt to manually change the dates in the column headers.
Online Registry - APA

• PsychPRO: American Psychiatric Associations Registry:
  • EHR Integration with many EHR systems
  • Supports NQF0004, NQF0018 (High Blood Pressure)
  • Integrated Patient Portal
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Online Registry
Behavioral Health Integration

Online Registry
Registry Team

• Implementation Leader:
  • Identify workflow needs, screening tools, data input/outputs, reports, system requirement and integration with EHR, coordinate project roll out, identify Team

• BH Care Manager
  • Central to Registry
  • Leads Care coordination, data exchanges between internal and external team, coordinate/follow through with referrals, updating EHR

• PCP
  • Focus on treating patient, reviewing registry data/EHR, part of care coordination treatment planning

• Psychiatric Consultant or Behaviorist within Practice
  • Reviews data elements(screenings, referral, medications, treatment HX)
  • Makes recommendations for treatment
  • Ensures necessary communication/data exchanges occur between Care Manager/Practice and Registry/EHR
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BH Care Manager - Central to Registry
Behavioral Health Integration

BHI Registry Overview

Identification
- Patient Identification
- Screening Tools and scoring
- Alignment of CQI workflow/requirement

Prioritization
- Risk stratification based on reports/output from Registry
- Care Manager/ Team Review
- Plan for Treatment Intervention/ Referral

Refer/Treat
- Workflow for frequency of Data exchange
- Workflow for frequency of Care Coordination
- Ongoing Review and coordination of Treatment Status

Track/Report
- Real-time provider/clinic stats
- CQI
- Tracks minutes/time for CPT and G-code billing

MARYLAND Department of Health
Thank you!

Updates and More Information:

https://health.maryland.gov/MDPCP

Questions: email mdh.pcmmodel@Maryland.gov
**Behavioral Health Integration**

**Select References**

Appendix A: BHI and Registry Workflow

Patient Identification and Engagement:
• Diagnosis, Psychotropic Medication
• Screening score /Results:
  • PHQ9 score > 9 or other cut off score, SBIRT, AUDIT,
  • Diagnose Behavioral Health, Substance Use/Abuse
  • Level of Risk – Suicide, Relapse
• Introduce Patient to Care Team
• Engage Patient in behavioral health care collaborative care program

• Organizational Workflow Changes/Optimizations
  • New Staff Hires
  • Training of Staff
  • Clinical Supervision changes
  • Administrative lead
  • Any other resources needed
Appendix A.1: BHI Registry Workflow

Initiation of Treatment:

- BH Assessment
- Develop and update BH care plan
- Patient education on care plan and diagnosis/symptoms
- Medications Prescribed
- Patient education on medications
- Brief intervention/therapy, scheduling
- Psychotherapy
- Identification/treatment coexisting conditions
- Coordinate referral to external treatment providers/facilities/social services
- Create and follow relapse prevention care plan
Appendix A.2: BHI and Registry Workflow

- Track and Treat Outcomes: within Registry/EHR
  - Tracking treatment engagement and care coordination
  - Outreach to non-adherent/non-engaged patients
  - Tracking of symptoms via screening/measurement tools (PHQ-9, SBIRT)
  - Tracking of medications and side effects
  - Tracking Referrals
  - Tracking external and internal provider/treatment facility clinical data
Appendix A.3: BHI and Registry Workflow

Treatment Adjustment for Non responsive patients:

• Assess needs
• Co-ordinate changes of treatments/care plan
• Focus on psychiatric/addiction in person consultation and assessment based on specific challenges

Tracking any other tasks/data important to care coordination for BH:

• Communications among team members
• Administrative support – scheduling, resources, reminders, reporting