



A Journey to Integrated Behavioral Healthcare in Maine

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“Special Thanks”

to

Maine Health Access Foundation
for funding Our grant projects

\$230,000/3 years in Bridgton

\$300,000/3 years in Rumford

Both sites are part of the CMHC family



Four Years of Integration

Caring for all of you...

Rumford Hospital Primary Care includes

- ❖ **Swift River Health Care,**
- ❖ **River Valley Internal Medicine**
- ❖ **Elsemore Dixfield Center**

Serving more than 8,900 patients each year with 44,000 visits

Part of Rumford Hospital and the Central Maine Medical Family



Caring for All of You

Introducing Integrated Primary Care



Services will be available at

- **Naples Family Practice**
- **North Bridgton Family Practice**
- **Fryeburg Family Medicine**
- **Bridgton Internal Medicine**
- **Bridgton Pediatrics**

Proudly serving over 12,000 lives in the Greater Bridgton communities!

This project is funded by the Maine Health Access Foundation



Environmental Scan

We live in an environment which requires increased efficiency as well as excellence in service. The Triple Aim will inform our practice decisions:

- ❖ *Improve the health of the population*
- ❖ *Enhance patient experience of care*
- ❖ *Reduce or at least control per capita cost of care*



Why Integrate Care?

- ❖ Patient Driven
- ❖ Reduces Stigma
- ❖ Increases Access
- ❖ Provider Satisfaction – Team Based
- ❖ Holistic - most patients present their concerns as **both** biological and psychological
- ❖ Lower cost of services
- ❖ A creative, integrated approach to medical/behavioral, mind/body connection
- ❖ Shared Electronic Medical Record & Reduced Paperwork



What will we measure?

- **Improved access to service**
- **Clinical outcomes**
- **Improved adherence to treatment**
- **Patient satisfaction**
- **Provider satisfaction**
- **Cost-effectiveness**



Categories of Collaborative Relationships

- Coordinated – Behavioral health services are accessed by referral, but exist in separate locations
- Co-located – Services are provided as part of the medical tx at the medical care facility
- Integrated – Services are provided as part of the medical tx at the medical care location and all components exist within one integrated tx plan



Service Population

- ❑ Population Specific – Defines the population to be served by disease or presenting concern and can be geared to specific needs
- ❑ Non-Specific – Any patient requesting or referred for service, addresses any and all needs of the practice



Must Do's for Integration

1. Project leaders must have a shared vision and enough passion around that vision to make it happen
2. Executive leadership must understand and support the initiative (*they have the ability to move the boulders*)
3. Leaders must agree to a contract with “shared risk”
4. Identify your milieu champions early in the process (Physician, nurse, billing specialist, others)
5. Complete a needs assessment so you know the baseline needs of your patients and providers



Must Do's for Integration

6. Have consumer input at all levels of your project (ie. planning and implementation)
7. Utilize small tests of change (PDSAs) and establish metrics to demonstrate results
8. Create an environment that encourages open feedback and then solicit it
9. **Do** have a billing “guru” and develop project cost models before you begin service delivery
10. Integrate record keeping whenever possible.
11. Suspend disbelief...all things are possible when we work together



Our Program Design

- A contract model with staff fully accredited to the primary care sites with an IT access agreement in place
- Full time embedded behavioral health clinicians
- Training, supervision, consultation & resources provided by community mental health center
- Warm hand-offs and referrals seen within one to three days
- Physician/Psychiatrist consultation model
- Psychiatric consultation and brief treatment via telepsychiatry
- Brief, solution oriented treatment model
- Shared electronic health record
 - Shared treatment planning & contiguous progress noting
- Active community engagement & education component



What's Under the Umbrella for Patients?

- ❖ Patient completes a visit with their PCP who may offer a referral to their “colleague” the behavioral health specialist
- ❖ Patients were asked to complete a health risk screening when they arrive at their PCP’s office (this to be an annual screening)
- ❖ Brief solution-oriented treatment model (1-120 days), with some case management if needed
- ❖ Warm hand-offs!



Community Education

- ✓ **Veteran's Issues (including TBI)**
- ✓ **Community Inclusion**
- ✓ **Diabetes**
- ✓ **Smoking Cessation**
- ✓ **Childhood Obesity**
- ✓ **Substance Abuse**
- ✓ **Agoraphobia**
- ✓ **Grief & Loss/Hospice Care**
- ✓ **Trauma & ACEs**
- ✓ **Alzheimer's Disease**
- ✓ **PTSD**





Program Outcomes

- ❖ Increased patient/provider satisfaction
- ❖ Improved clinical outcomes for patients
- ❖ Cost offsets for care at lower level of acuity
- ❖ Reduced ED visits (per primary care provider report)
- ❖ Decreased wait times
- ❖ Reduced stigma
- ❖ Enhanced patient voice & choice
- ❖ Increased awareness & community inclusion



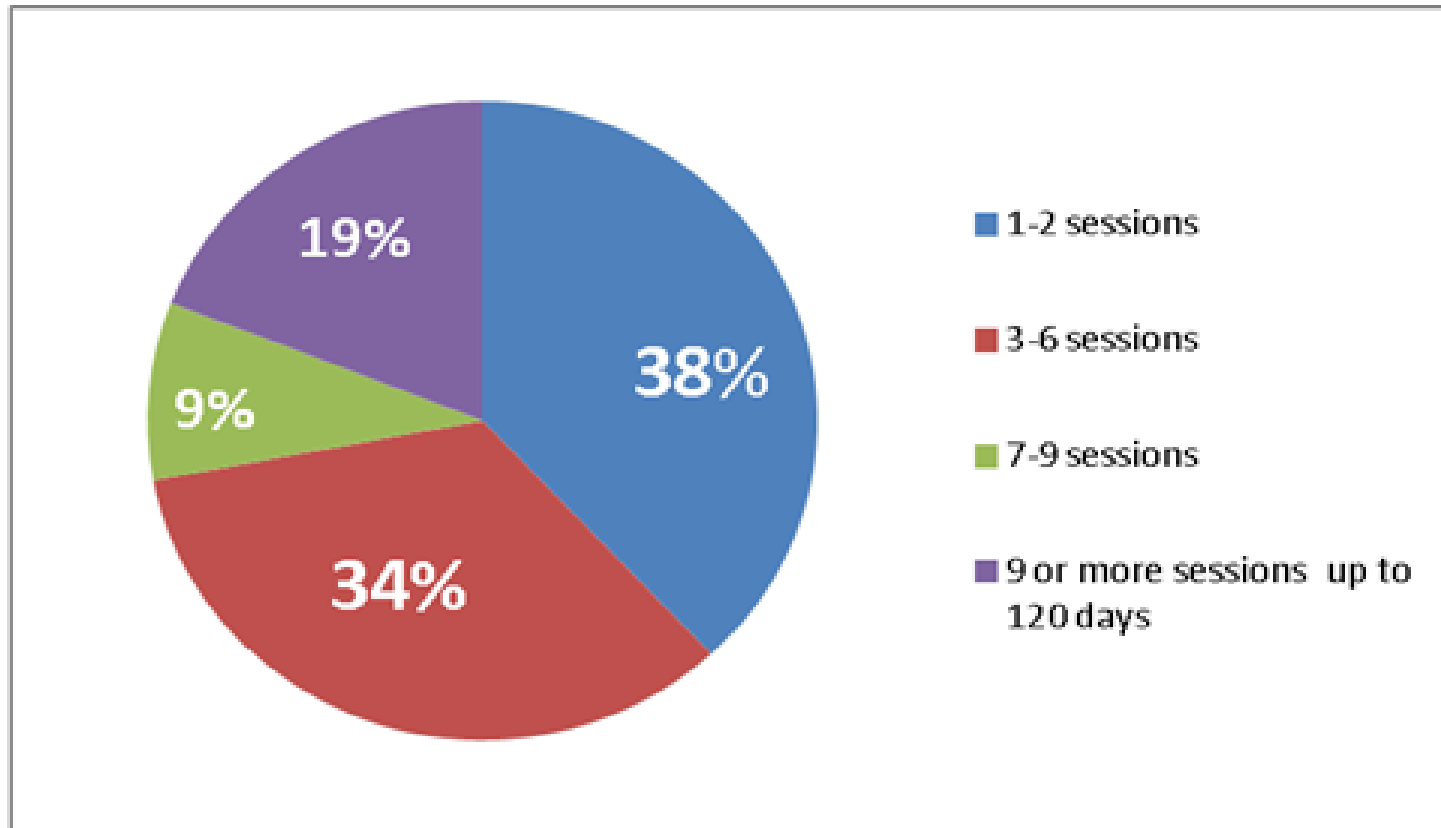
Clinical Outcomes

- Shorter treatment duration (over 80% complete in fewer than nine sessions)
- Improved patient status from baseline to discharge (utilizing PHQ-9, GAD-7, CAGE & PSC)
- Immediate access if needed with warm hand-offs
- Reduced use of emergency services





Length of Treatment





Financial Outcomes

- Increased efficiencies
- Cost savings by shorter treatment episodes
- Cost offset by less ER usage
- Increased PCP productive time





Primary Care Provider Survey Response

N=12

In your experience does co-location of primary care and behavioral health providers reduce the time you need to spend with a patient on mental/substance abuse issues?	Yes		75.0%
	No		8.0%
	Somewhat		17.0%
	N/A		



Primary Care Provider Survey Response

Is there an increase in collaboration/continuity of care between the health care provider and the behavioral health provider?	Yes	84.0%
	No	8.0%
	Somewhat	8.0%
	N/A	



Primary Care Provider Survey Response

Do you have a higher level of patient adherence and retention in treatment as a result of Integrated Care?	Yes	75.0%
	No	
	Somewhat	17.0%
	N/A	8.0%



Primary Care Provider Survey Response

Has co-location of primary care/behavioral health providers reduced the number of referrals to emergency departments for evaluation due to mental health/substance abuse presentations?	Yes		75.0%
	No		8.5%
	Somewhat		8.5%
	N/A		



Primary Care Provider Survey Response

Has Integration improved patient's access to behavioral health services?	Yes	75.0%
	No	8.5%
	Somewhat	16.5%
	N/A	



Primary Care Provider Survey Response

In your experience are patients more likely to follow through with referral to mental health/substance abuse services when those services are provided within the primary care clinic?	Yes		92.0%
	No		8.0%
	Somewhat		
	N/A		



Primary Care Provider Survey Response

Is it your experience that patients are satisfied with the integrated model of care?	Yes		92.0%
	No		8.0%
	Somewhat		
	N/A		



Primary Care Provider Survey Response

Is it your experience that full access and data entry into the Electronic Health Record by all providers improves patient care?

Yes		100.0%
No		
Somewhat		
N/A		



Q&A