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## BI-DIRECTIONAL CARE INTEGRATION WORK GROUP

KYLE ROESLER, PROGRAM MANAGER

MAY 29, 2018

# Welcome and Introduction

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Introduce yourself: Name and Organization

# WELCOME

# Agenda

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- ✓ Mention pre-meeting updates
- ✓ Terri Gushee, Senior Director of Population Health
- ✓ Implementation planning
- ✓ Next Steps

# Mason General Hospital and Family of Clinics

## Our Mental Health & Wellness Journey



# WHAT DOES OUR COUNTY HEALTH LOOK LIKE...?

Overall Rank 28/39

Length of Life 32 /39

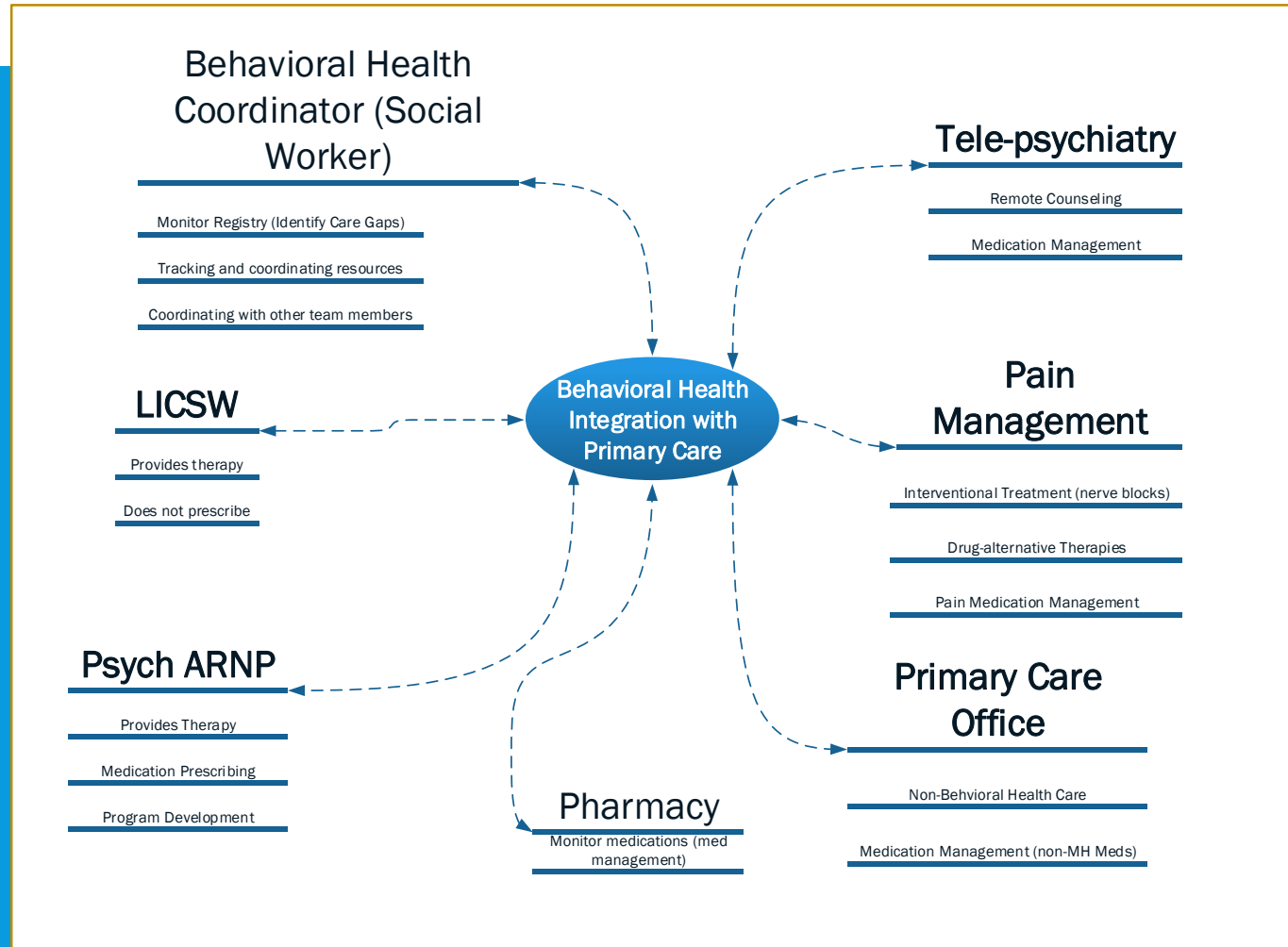
Quality of Life 24 /39

Health Factors 37 /39

Health Behaviors 31 /39

- Teen births 36, WA 21
- Adult smoking 16%, WA 14%
- Obesity 31%, WA 27%
- Access to exercise opportunities 61%, WA 88%
- Drug overdose deaths 20, WA 15

# BEHAVIORAL HEALTH INTEGRATION VISION



# OUR JOURNEY STARTS 2015

First Behavior health Therapists, (LICSW's) – Covering four Primary Care Practices & Women's health

Addition of (LMHC) – Covering Pediatric patients

- Provide Psychotherapy Counseling – grief counseling, adjusting to new illnesses, teach coping skills, work with patients who have depression, anxiety & substance use disorders, teach DBT, CBT
- Preventive Care – Screening patients for depression & anxiety
- Part of multi-disciplinary team
- Create access to primary care team!

# JOURNEY CONTINUES - TELE PSYCHIATRY...

## Remote Psychotherapy Counseling by a Psychiatric Nurse Practitioner

- Provides Psychopharmacology (MH medication management)
- Supportive Therapy
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Participates in multi-disciplinary team
- Creates access to primary care!!



# JOURNEY CONTINUES - PAIN MANAGEMENT PROGRAM...

Pain Management Program (2018)

- Interventional Treatment (nerve blocks)
- Drug-alternative Therapies – Rehabilitation Svc's, Nutrition counseling
- Pain Medication Management
- Opioid management (WAPMP)
- Part of multi-disciplinary team
- Creates access to primary care!!!

# JOURNEY CONTINUES - FUTURE...

## Psychiatric ARNP (2018)

- Provides therapy
- Medication Prescribing
- Program development & oversight
- Part of multidisciplinary team
- Creates access to primary care!!!!

# JOURNEY CONTINUES – FUTURE...

Behavioral Health Coordinator -Social Worker (2018)

- Initiating assessments & ongoing monitoring of screening tools
- Facilitating & coordinating treatments
- Monitor Registry (identify care gaps)
- Tracking and coordinating of resources
- Part of multi-disciplinary team
- Creates access to primary care!!!!

# JOURNEY CONTINUES – FUTURE...

## Pharmacy (2018)

- Monitors medications (med management)
- Coordinates refills
- Follows-up on laboratory studies
- Provides consultation
- Part of multi-disciplinary team
- Creates access to primary care!!!!!!

# WHAT DOES INTEGRATION LOOK LIKE...

- Medical Services & BH services share the same facility
- One **shared** treatment plan includes both Medical & BH elements
- A team working together to deliver evidence based care
- Use of a database (Cerner HealtheRegistries) to track the care of patients
- The patient experiences the BH treatment as part of his or her regular primary care

# HOW DO WE TRANSFORM CARE...

## Team based care model with Primary Care & BH

- Evidence based treatment protocols
  - WA PMP integrated into EMR
  - Standardized prescribing practices

## Care Coordination using electronic care plans (HealtheCare)

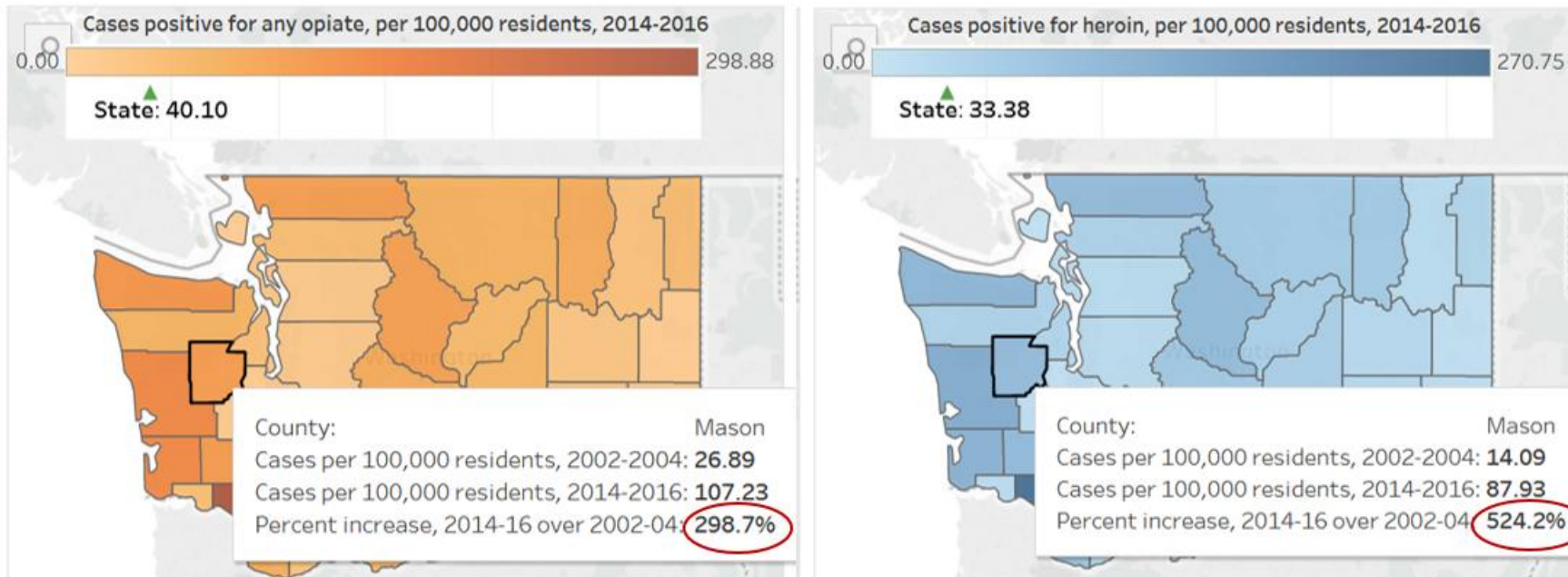
- Patient engagement & education
- Proactive follow- up to monitor treatment response
- Caseload review of patients who are not improving
- Facilitation & coordination with community based agencies

# OPIOID MISUSE: MASON COUNTY

- Approximately 1 in 5 adults gets at least one opioid Rx each year
- Approximately 2-4% of adults use opioids chronically
- Approximately 10% of adolescents get an opioid Rx each year
  - Peak ages of first misusing Rx opioids is 14 years old

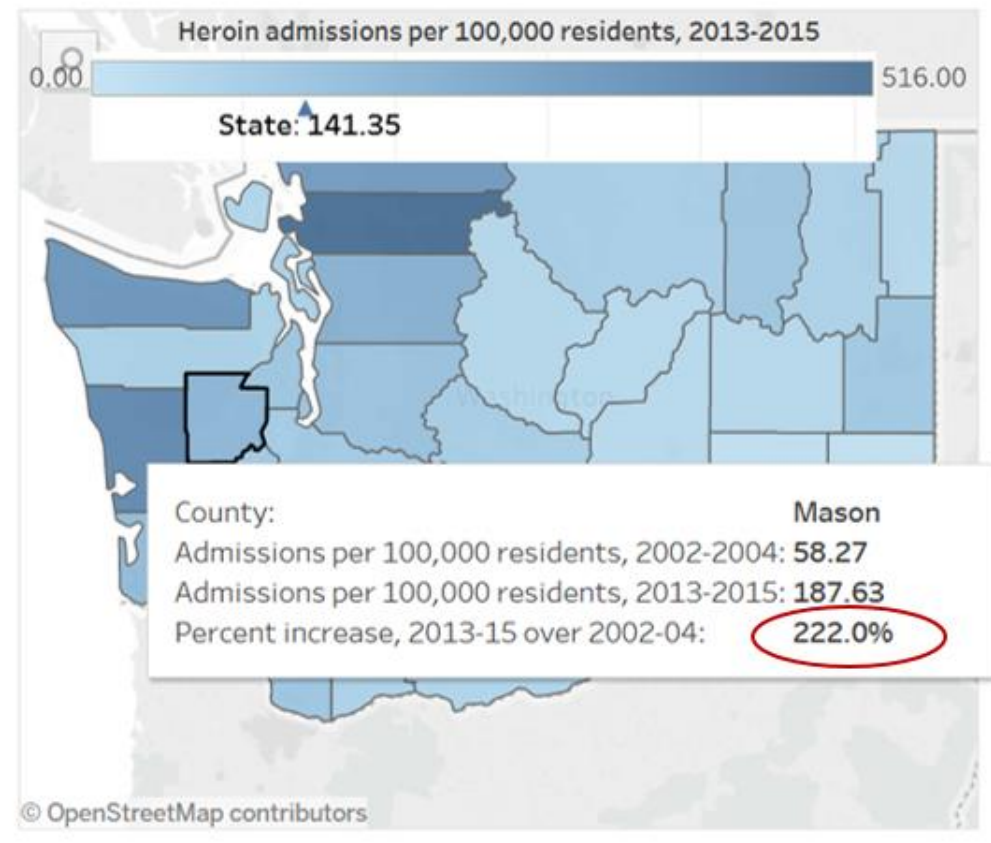
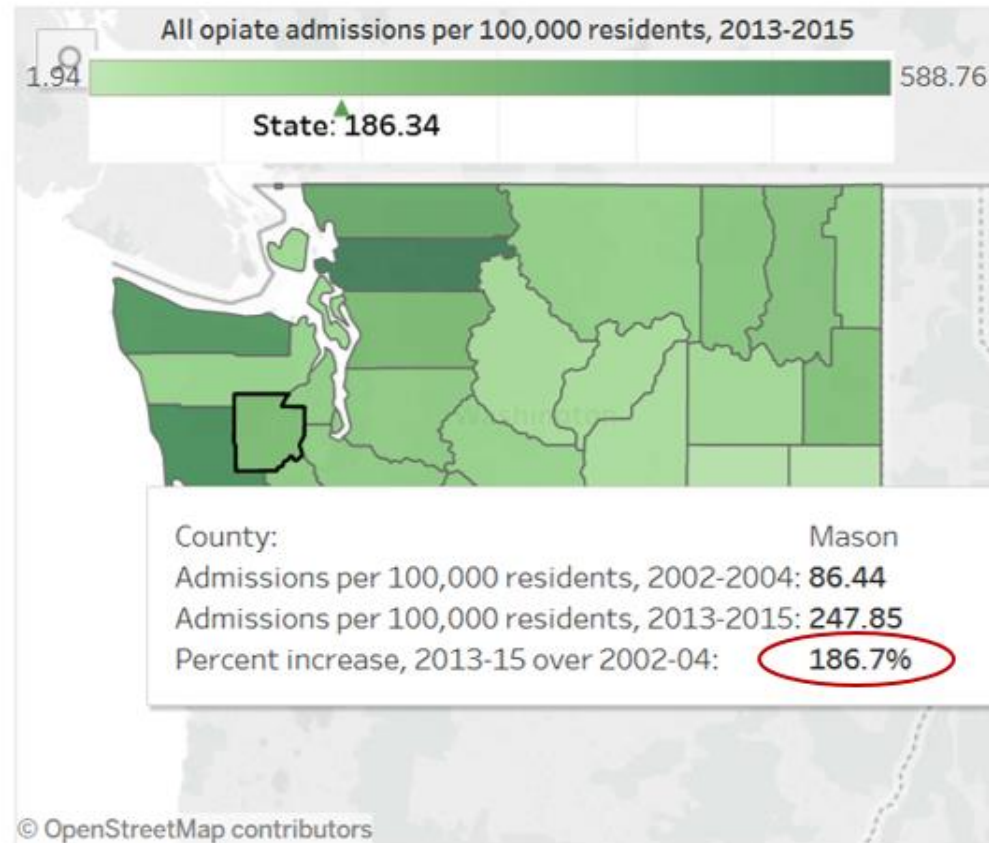
# OPIATE MISUSE: MASON COUNTY

## Police evidence testing by WA State Patrol Lab

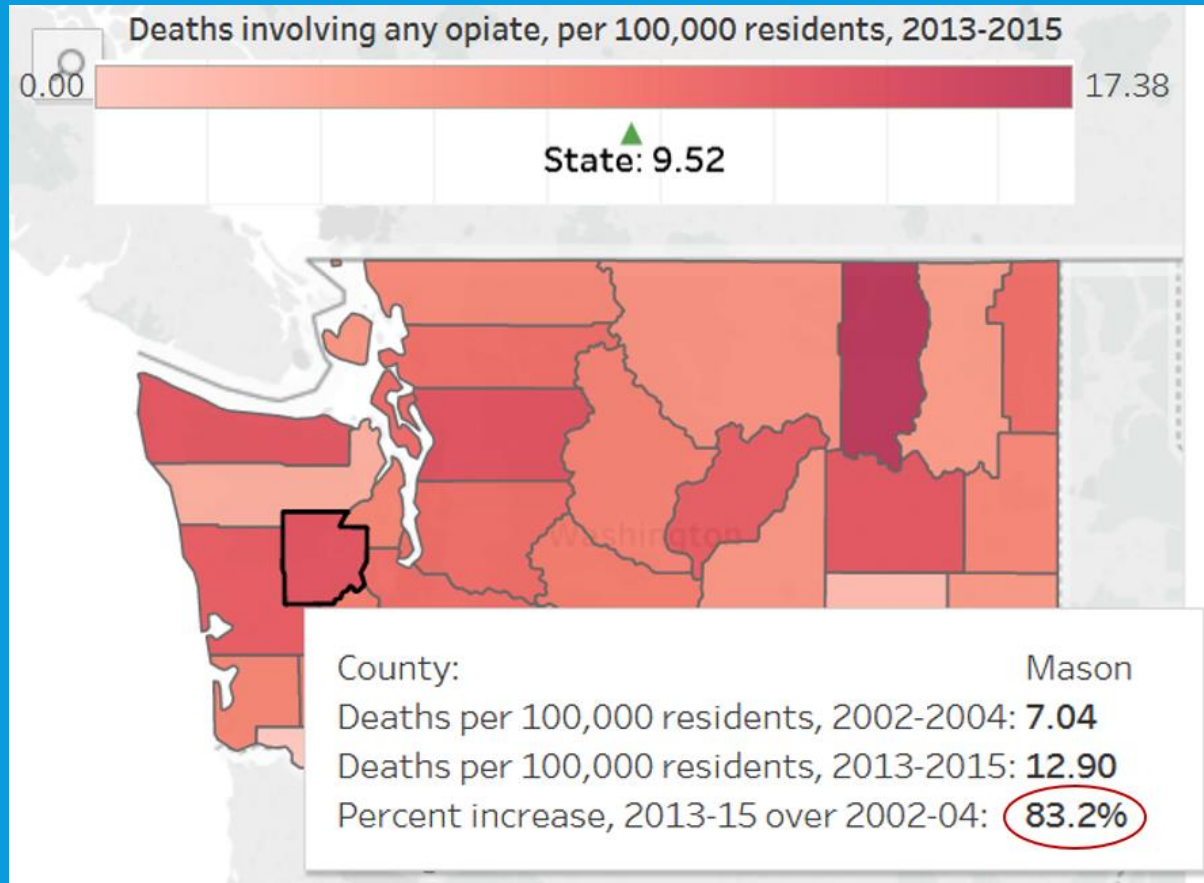




# DRUG TREATMENT ADMISSIONS, PUBLICLY FUNDED



# OPIATE MISUSE: MASON COUNTY



# OPIOID RESPONSE PLAN: TREATMENT GOALS

## Partnering with our community

- Outreach & Education: Develop community campaign & build trust in those who use
- Coordinated Access to Resources: Standardized policies & practices for focused approach
- Data Collection: Document gaps, barriers & strengths

# PARTNERING WITH OUR COMMUNITY

- Mason County Community Coalition
  - BHR/BHO
  - Consejo – Substance use disorder - outpatient program
  - Northwest resources
  - Mason County Health Department- Opioid abuse prevention/treatment

# CHALLENGES TO OVERCOME

- Psychiatric resources are scarce
- Primary care resources are scarce
  - BHI improves recruitment
  - BHI improves access
  - BHI improves patient engagement
- Treatment for Opioid Use Disorders
- Privacy concerns limit access to patient records across domains
- Payment and parity issues

# Discussion

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- What did this presentation bring up for you in your own counties and at your own organizations?
- What steps are you currently taking to implement integrated care?

# Implementation Plan

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1. What are the ACH's project implementation expectations for its partnering providers?
2. What are the key indicators used by the ACH to measure implementation progress by partnering providers?
  - Patient-centered team care
  - Population-based care
  - Measurement-based treatment to target
  - Evidence-based care
  - Accountable care

# Summary and Next Steps

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- Next steps
  - RFP available May 30
  - Continue to build out key indicators
  - Upcoming AIMS Center events
  - What else would you like covered in the work group meetings?