

# Implementing Integrated Care:

## How do I help my organization build and sustain a successful program?

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# Speaker Disclosures

- Debra Morrison has no relevant conflicts of interest to disclose

# Learning Objectives

- Describe the roles of the Clinic Implementation Team and the CoCM Clinical Team
- Recognize the elements of a strong implementation effort
- Identify the crucial roles for a Psychiatric Consultant in program success

# Important Context

- Starting something big or making a big change COSTS:
  - Staff Time
  - Staff Effort and Energy
  - Money
- Most practices are short of all these
- Is the future “pay off” worth the investment?

# Two Critical Teams

□ Clinic  
Implementation  
Team



□ Clinical Care  
Team

# Clinic Implementation Team

- **Leadership responsibility – CIT Lead and PCP Champion**
- Addresses obstacles and moves implementation forward
- Engages stakeholders in creating Shared Vision
- Allocates time and space for training, planning and assessment
- Hires key new staff – BHCM and PC
- Accountable for Program Metrics and CQI efforts

# Shared Vision and Goals

- Compelling Reason for Change
- Picture of Improved Future
- Motivates for the Challenges Ahead
- Easily Communicated
- Process is as important as the Product

# Meaningful Program Metrics

- How will we know this change is an improvement?
- Feasible ways to measure impact at various levels across time
  - Community/Population
  - Clinic
  - Caseload
  - Patient



# Example Dashboard

	2020		2021			
<b>Across Clinic</b>	Q3	Q4	Q1	Q2	Q3	Q4
BH Follow-Up						
% of patients with a positive depression/anxiety screen and documented follow-up plan						
<b>Within CoCM Program</b>	Q3	Q4	Q1	Q2	Q3	Q4
Enrollment/Discharge						
Total inactive patients						
Total active patients						
Total new patients						
Access						
Total BHCM FTE for CoCM						
Time between CoCM referral and first appointment						
Time to third next available BHCM appointment						
Finance						
Number of charges posted						
Number paid						
Number denied						
Time to complete revenue cycle						
<b>Inactive CoCM Patients (6+ Months)</b>	6 Months Pre-CoCM	During CoCM	6 Months Post-CoCM			
Health Care Utilization						
Number of PCP visits						
Number of hospital admissions (medical)						
Number of hospital re-admissions (medical)						
Number of hospital admissions (BH)						
Number of hospital re-admissions (BH)						
Number of ER visits						

# Milestones Checklist

- Key infrastructure in place
  - Leadership support
  - EHR
  - Registry
  - Billing capacity
  - Key positions hired and trained
  - Detailed workflows for identification and treatment

## Milestone Checklist - Behavioral Health Integration in Primary Care

**Instructions:** Use the below checklist to track on implementation progress during Site Implementation Team meetings until all items are completed.

**Date:**

**Clinic Name:**

Milestone	Status	Notes
Involvement and organized support of key senior leadership and clinic leadership.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
Primary care champion is identified.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
PCPs and other medical providers are well informed and involved in integration plans.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
A behavioral health care manager has been identified and hired or under contract.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
A behavioral health provider has a designated space to meet with patients in the primary care clinic.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
A psychiatric consultant has been identified and hired or under contract.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
A registry tool has been identified to use for the integrated care program to track patients, and is available to the team for training purposes and patient entry.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	



Milestone	Status	Notes
The psychiatric consultant has access to the EHR and registry.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
EHR templates have been developed for the behavioral health provider and psychiatric consultant to use so that the primary care team has access to these records.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
Program lead(s) and/or behavioral health supervisor(s) have the time and resources to adequately support practice change and implementation.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
The clinic has a reliable, well-tested workflow in place for behavioral health screening using the PHQ. The workflow is described in writing or a diagram and reflected in clinic protocols and staff training materials.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
Workflow documents for subsequent phases of BH clinical care are being developed with the appropriate input from operations and clinical staff.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
A protocol and plan are in place to manage a patient who is at risk of suicide. All clinical staff have had training on it and the protocol is readily accessible when needed.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
Process and outcome measures have been identified to track program progress and identify areas for improvement. These might include access, patient outcome, utilization, screening, staff or patient experience measures.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
Leadership has a preliminary plan in place to finance and sustain your model over time, including plans to generate revenue to support integrated staffing resources.	<input type="checkbox"/> Not yet started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	

## Integrated Care Training Program

# Clinical Care Team

- **Leadership – PCP Champion, BHCM, PC**
- Addresses patient challenges and moves treatment forward
- Engages colleagues in implementing Shared Vision
- Makes time for team reflection and “tune-up”
- Is accountable for ongoing CQI efforts

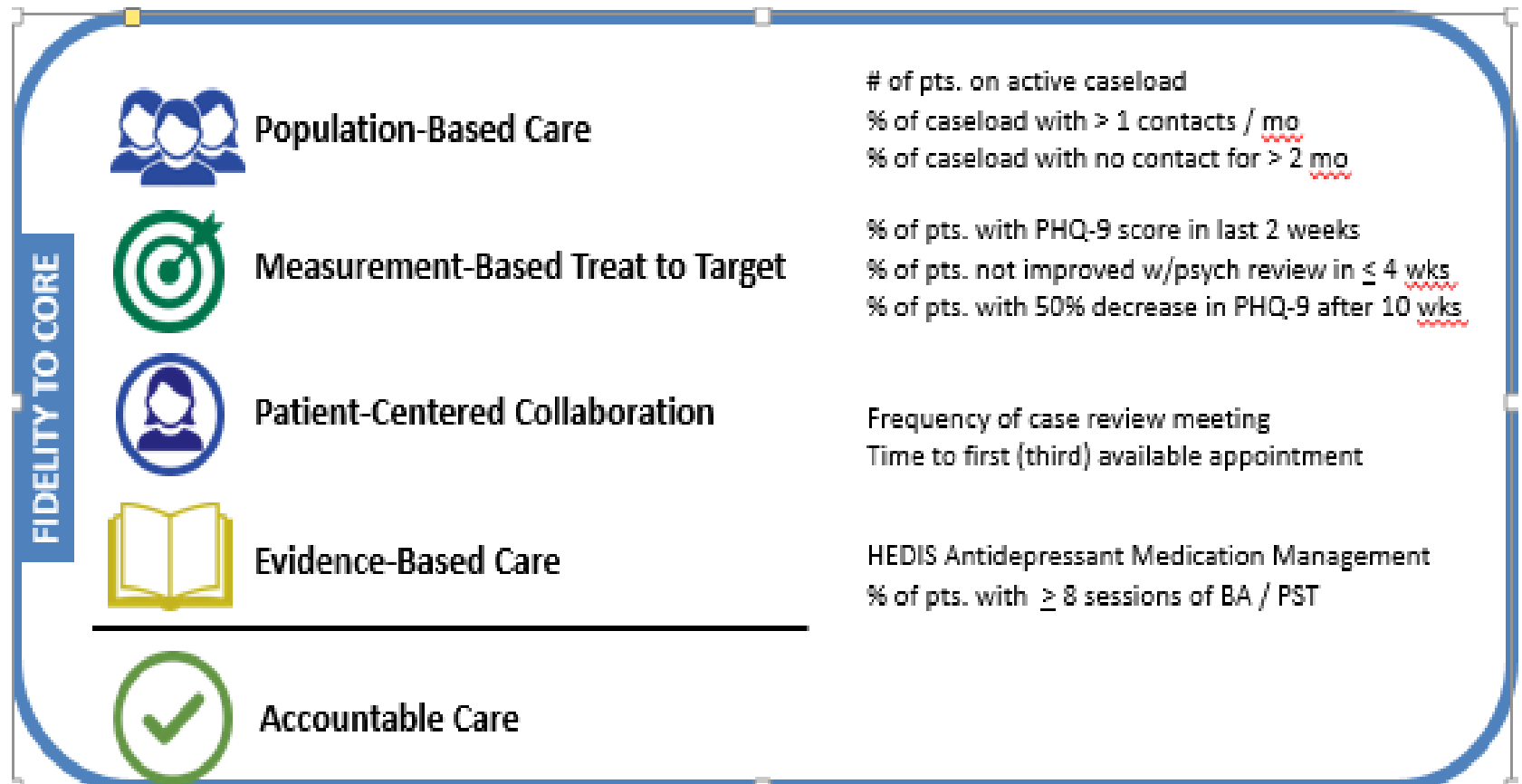
# Training Clinical and Support roles

- Understanding CoCM model
- Screening
- Crisis protocols

## BH staff and PCPs

- Assessment
- Brief Behavioral Interventions
- Medication treatment
- Relapse Prevention Planning
- Discharge to usual or specialty care

# Accountability for Caseload



# Sustainment

## Define Value of BH Integration Broadly





# Takeaways

- *Thorough planning is worth the time and effort*
- *At least two critical TEAMS contribute to implementation success*
- *Implementation is an ongoing process of CQI*
- *Psychiatric providers can play a crucial role in success*

# Resources for Implementation Team

- <https://aims.uw.edu/resource-library/creating-shared-vision-collaborative-care>
- <https://aims.uw.edu/collaborative-care/implementation-guide/lay-foundation/assess-organizational-readiness>

# Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
  - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
  - (866) 599-7257
- [PAL for Moms](#)
  - (877) 725-4666

# Registration

- If you have not yet registered, please email [uwictp@uw.edu](mailto:uwictp@uw.edu) and we will send you a link