

# **CoCM Beyond the Basics: Growing and Sustaining Integrated Care**

Tanya Keeble, MD

Denise Chang, MD

# Learning Objectives

- Review the on-boarding training needs for new clinical staff
- List three ways to help improve morale and support for your Integrated Care team
- Identify strategies to help scale and spread your Integrated Care practice
- List the various ways Integrated Care could be financially supported

# Speaker Disclosure

- Speakers have no disclosures

# Speakers

Tanya Keeble, MD

- Clinical Associate Professor
- Program Director, Psychiatry Residency Spokane

Denise Chang, MD

- Clinical Associate Professor
- Medical Director of Behavioral Health Integration Program

# Agenda

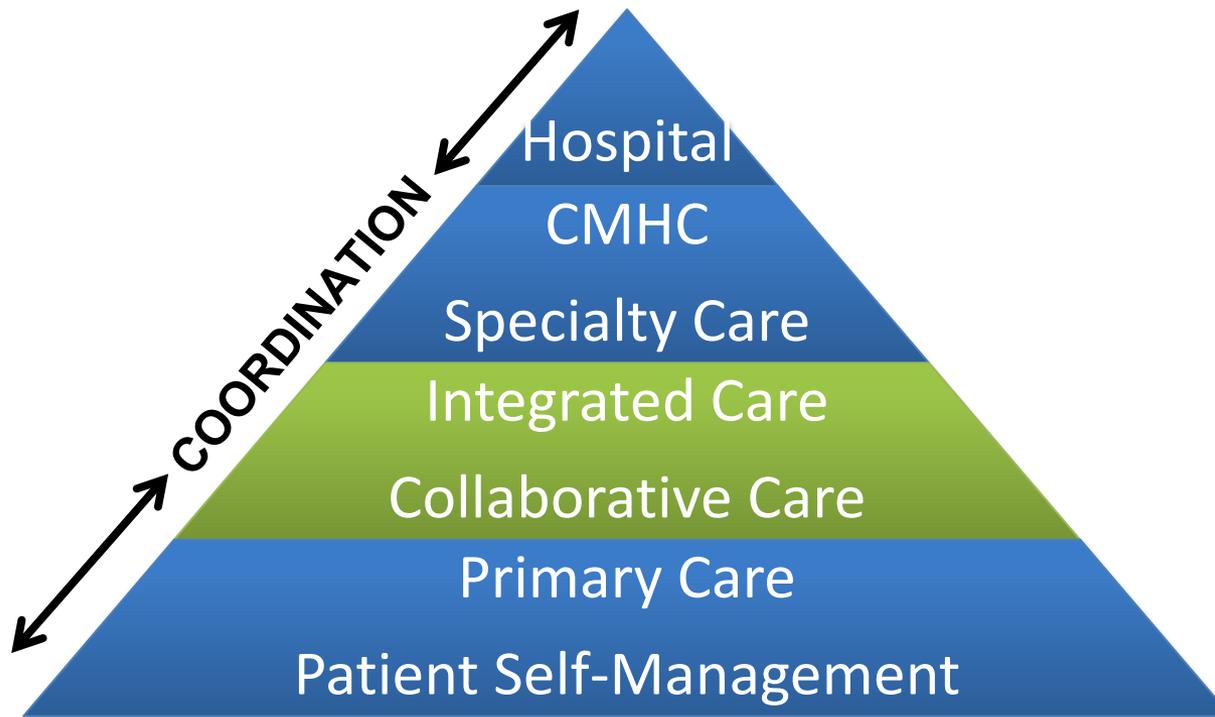
- On-boarding and Ongoing Training
- Morale and Support for Teams
- Scale and Spread of the Model
- Financial Sustainability

# ON-BOARDING AND ONGOING TRAINING

# Orientation Process for New Staff/Providers

- Hiring
  - BHCM: LICSW/LMHC/RN, how to choose?
  - Psychiatric Consultant: NP, Psychiatrists
- Orientation to Integrated Care Model:
  - Collaborative Care Model, PCBH Model, etc.
- Operations
  - Referral Process
  - Other clinical workflows
  - Documentation templates
  - Policies and Procedures (safety, violence, etc.)
- Supervisory structure
- Organizational Structure

## Continuum Mental Health in Primary Care Settings



# Ongoing Training Needs/Opportunities

- For care managers
  - Reviewing or rolling out new policies/procedures or workflows
    - E.g. Telehealth
  - Clinical trainings to enhance clinical skills
    - E.g. CBT-I
- For PCPs
- For Administrators/Leadership

# MORALE AND SUPPORT FOR TEAMS

# Morale and Support for Teams

## Team meetings

- BHCM Team meetings
- Psychiatric Consultant Team meetings

## Provide structure and leadership

- To provide support and enhance retention
- Have clearly defined roles and responsibilities
- Direct supervision/Peer supervision

## Clinical/Educational opportunities

- Training opportunities
- Clinical case conferences (inter-disciplinary)

# Support for Teams and Team Based Care

## Continuous Process Improvement

- Advisory groups
- QI committees

## Team survey/assessment

- Measuring staff/provider satisfaction
- Tool to identify areas of improvement

## Sharing positive feedback

- Patient surveys
- Provider surveys
- Data/metrics showing clinical impact

# Engaging the Team

## Team Development/Engagement

- BHCM Team
- Psychiatric Consultant Team
- Provider Teams

## Other key stake-holders

- Other clinical staff (nurses, MAs, etc.)
- Other administrative staff (front desk, call center, clinic managers, etc)

## Leadership Engagement

- Clinical leadership (clinic managers, clinic chiefs)
- Executive leadership (CMO, CNO, CFO)

# Recruitment/Retention Strategies



## Financial:

Salary/Incentive  
Loan forgiveness  
CME/Educational stipend



## Time allocation

Dedicated time for  
administrative tasks



## Team Development

Yearly retreat  
Focus on team building



## Administrative support

Scheduling, handling calls  
Leadership support

# SCALE AND SPREAD OF THE MODEL AND FINANCIAL SUSTAINABILITY

# Scale and Spread of the Model

## When?

- When is the right time to expand services?
- What are the indicators?

## What?

- Clinical Staffing (FTE allocation for BHCM and/or Psychiatric Consultant)
- Caseload sizes
- How to determine appropriate amount of FTE needed/caseload targets?

## Where?

- Expanding to different sites?
- Which sites and why?

## How?

- What resources will you need?
- What buy in do you need?
- Do you need metrics?

## Who?

- Who is going to lead this effort?
- Who is sets the vision?
- Who is accountable?

## Other considerations:

- Health of your program
- Fidelity to the model
- Introduce new iterations of Integrated Care?

# Financial Sustainability: Billing Strategies

- “Traditional” CPT Codes
  - Independently licensed BH provider
- Collaborative Care Codes
  - Patient consent
  - Includes non-face-to-face time (phone calls, care coordination, caseload review, managing registry, etc.)
  - Payment goes to PCP (billed “incident to”)
  - Can ALSO bill “traditional” CPT codes
  - BHCM does not need to be licensed, but must have specialized BH education or training
  - Payers include:
    - Medicare and most Medicare Advantage plans
    - Increasing number of private payers
    - Increasing number of state Medicaid plans (\*including WA state)

# Billing strategies

- Traditional psychotherapy codes only
- CoCM codes only
- A mix of both!
  
- Depends:
  - Payer mix
  - Qualifications/licensure of BH Care Manager
  - Type of clinic

# Financial Modeling Tool Available!

	A	B	C	D	E	F	G	H	I	J
1		AMERICAN PSYCHIATRIC ASSOCIATION	AIMS CENTER UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences							
2										
3										
4										
5										
52		<b>Net Financial Impact</b>								
53		<b>TOTAL REIMBURSEMENT</b>								
54		<i>Total Reimbursement:</i>								
55										
56										
57										
58		<b>TOTAL COST</b>								
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69		<b>NET IMPACT</b>								
70										
71										
72										

Input = User-entered value  
Calculation = Calculated field (not editable)  
Linked Information = Information copied from another cell

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/implemented>

# AIMS Office Hours

- Implementation Office Hours:
  - Third Thursday of every month 10-11am PST
- Finance Office Hours:
  - First Wednesday of every month 9-10am PST

Link: [Office Hours | University of Washington  
AIMS Center \(uw.edu\)](#)

# Resources

- AIMS Center:
  - <http://aims.uw.edu/>
- APA Integrated Care – Training!
  - <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care>
- AMA Behavioral health integration (BHI) Overcoming Obstacles webinar series
  - <https://www.ama-assn.org/delivering-care/public-health/behavioral-health-integration-bhi-overcoming-obstacles-webinar-series>