

National Center Conference: Putting Care at the Center  
Los Angeles, California

# Integrated Behavioral Health for Complex Patients: Roadmap, Tools and Technology

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November, 2017



JEN CLANCY CONSULTING

# **Faculty Disclosure**

**Dr. Ring is a Speaker for Merck Pharmaceuticals on doctor-patient communication and culturally responsive care.**

# Shoulders by Naomi Shihab Nye

A man crosses the street in the rain,

Stepping gently, looking two times north and south,

Because his son is asleep on his shoulder.

No car must splash him.

No car drive too near to his shadow.

This man carries the world's most sensitive cargo but he's not marked.

Nowhere does his jacket say FRAGILE, HANDLE WITH CARE.

His ear fills up with breathing.

He hears the hum of a boy's dream

deep inside him.

We're not going to be able to live in this world if we're not willing to do what he's doing  
with one another.

The road will only be wide. The rain will never stop falling.

## **Objectives - Participants will:**

- **Articulate core competencies for BH integration for complex patients**
- **Receive overview of initial project outcomes**
- **Understand the successes and challenges of the BHICCI**





# How does one build an integrated complex care initiative?

- Who do you want on your team?
- What skills do you want them to possess?
- How will you manage data to know if patients are improving?

Bibliography / Reference

[www.bhintegration.com](http://www.bhintegration.com)





# Inland Empire Challenges

- 55% Minorities
- Limited Education
- Unemployment more than doubled since 2007 > 14.7%  
(12% US, 10% CA)
- Poverty 12.7%

# IE Health Inequities - Mortality

- 1 Heart Disease
- 2 Cancer
- 3 Lung Disease
- 4 Stroke
- 5 Unintentional Injuries
- 7 Diabetes (5x for Latinos/as)

# Our Health Care System

- Few providers
- Isolated Partners
- Disconnected BH
- Fragmented Care
- Poor Health Outcomes
- Lack of IT Infrastructure
- Very High Costs



Project Goals are consistent with National Goals:

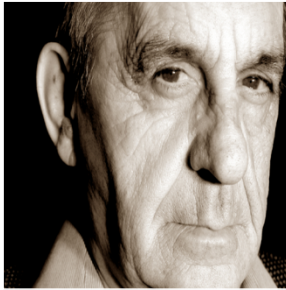
Address social factors in payment and performance through incentives and support for health equity efforts

- Office of the Assistant Secretary for Planning and Evaluation in DHHS
- National Academy of Medicine
- National Quality Forum



# How many of these people with behavioral health concerns will see a mental health provider?

## No Treatment



## Primary Care Provider



## Mental Health Provider: psychiatric provider or therapist

Wang P, et al., Twelve-Month Use of Mental Health Services in the United States, Arch Gen Psychiatry, 62, June 2005





A \$30,000,000 Investment

# BHICCI Key Commitments

- Improve patient and team experience
- Improve care coordination and integration of primary, specialty, addiction, and mental health care across and between healthcare/treatment settings
- Improve complex care management of individuals with chronic conditions



# BHICCI Key Commitments

- Improve population health management by using data analytics
- Improve access
- Reduce overall health care costs in the Inland Empire safety net



# BHICCI Core Elements

- 24 month pilot
- 30 safety net sites: Primary Care, BH, Hosp. Ambulatory Clinics
- Health Homes
- Whole Person Care



# Target Population

- 2+ chronic conditions (PH/BH)
- Benefit from care management
- High cost
- IEHP members



# BHICCI Roadmap



Engage Leaders

Engage Teams

Partner with Patients

Data and Measurement

Adopt a QI Method

Define/Identify Population

Build Multidisciplinary, Complex Care Teams/SCR

Integrate Behavioral Health Services with Complex Care

Sustain Change





# TRIAD TEAMS and Coaches





# Relationship-Centered Care

**“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”**

-Maya Angelou



# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE: \_\_\_\_\_

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓	3
2. Feeling down, depressed, or hopeless	0	✓	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓	3
4. Feeling tired or having little energy	0	1	2	✓
5. Poor appetite or overeating	0	✓	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓	1	2	3

add columns: 2 + 10 + 3

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

15

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_  
Somewhat difficult ✓ \_\_\_\_\_  
Very difficult \_\_\_\_\_  
Extremely difficult \_\_\_\_\_

# Registries to Track Progress

Patient															Caseload		Program		Tools		Logout		Search Patient :										Hello, Jurgen (unutzer)	
CLINICAL ASSESSMENT																			LAST F/U															
MHITS ID	POPULATION	DATE ENROLLED	STATUS	DATE	PHQ-9	GAD-7	# OF SESSIONS	WKS IN TX	DATE	PHQ-9	DEP IMPR	GAD-7	ANX IMPR	MED	CONTINUED CARE PLAN	PSYCH. NOTE	PSYCH. EVAL.	NEXT APPT.																
3400027	U	3/22/2011	L1	3/22/2011	22	21	4	10	5/31/2011	19*	21*	16	17	✓		5/16/2011																		
3400009	U	12/13/2010	L1	12/13/2010	24		9	24	5/12/2011	23	16	17	✓			5/16/2011		5/26/2011 12:30PM																
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3400024	U	3/9/2011	L1	3/9/2011	24	17	5	12	5/16/2011	22	17	17	✓			5/2/2011		6/1/2011 2:00PM																
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3400003	U	11/18/2010	L1	11/18/2010	22	18	10	27	5/25/2011	5*	8*	8*	✓			5/31/2011		6/8/2011 4:30PM																
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1 - 24 of 24

Population : G - GA-U, U - Uninsured, V - Veterans, F - Veteran Family Members, M - Moms, C - Children, O - Older Adults, I - CMI  
\*: score is last available but not from the last F/U.  
L1\*: Patient has been graduated from L2.  
L2\*: Patient is still not taken by a Case Manager after 14 days.  
Red: Most recent score is above 10 and has not improved by 5 points from the initial assessment score. Or if initial assessment is the only assessed score and is above 10  
Yellow: Shows a 5 point improvement from the initial assessment score to the most recent score but most recent score is still above 10. Or there is not an initial assessment score and the most recent score is above 10  
Green: Most recent score is below 10

Population(s) included : ☒ GA-U ☒ Uninsured ☒ Veterans ☒ Veteran Family Members ☒ Moms ☒ Children ☒ Older Adults ☒ CMI

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BHICCI Clinic Site Types	# of Sites	# of Members Enrolled (9/1/17)
Medical Clinics	19	2,859
Behavioral Health Clinics	3	431
Coordination-Focused Clinics	3	228
Pediatric Clinics	2	234
Specialty Pain Clinics	3	624
BHI Clinic (no complex care)	1	148
<b>Total</b>	<b>31</b>	<b>4,524</b>

**Note: The current average length of enrollment for Members in BHICCI is 3-4 months**

# Workforce Education Sessions





# Core Competencies

- Outreach/engagement
- Health Literacy
- Medication Adherence
- Supporting Self-Management
- Shared Care Planning
- Registry Management
- Transitions of Care
- Cross-System Leadership





# Team and Patient Experience

I like that  
people from the  
team actually care  
about the patient.

I like how the  
team works  
well together,  
being new to the  
team I have rec'd  
a lot of support  
from them.

I like that  
we are making  
a difference

I like that  
everyone on the  
team has an  
"All in"  
attitude!

# EXPerience OBJECTIVES

Consistency

Every Voice Matters

Culture

Learning & Contribution

Connection

Whole Human Outcomes



# Experience Drives Outcomes

“A focus on experience at the broadest sense leads to the achievement of the four outcomes leaders aspire to in varying combinations in healthcare organizations around the world: clinical outcomes, financial outcomes, consumer loyalty, and community reputation.”

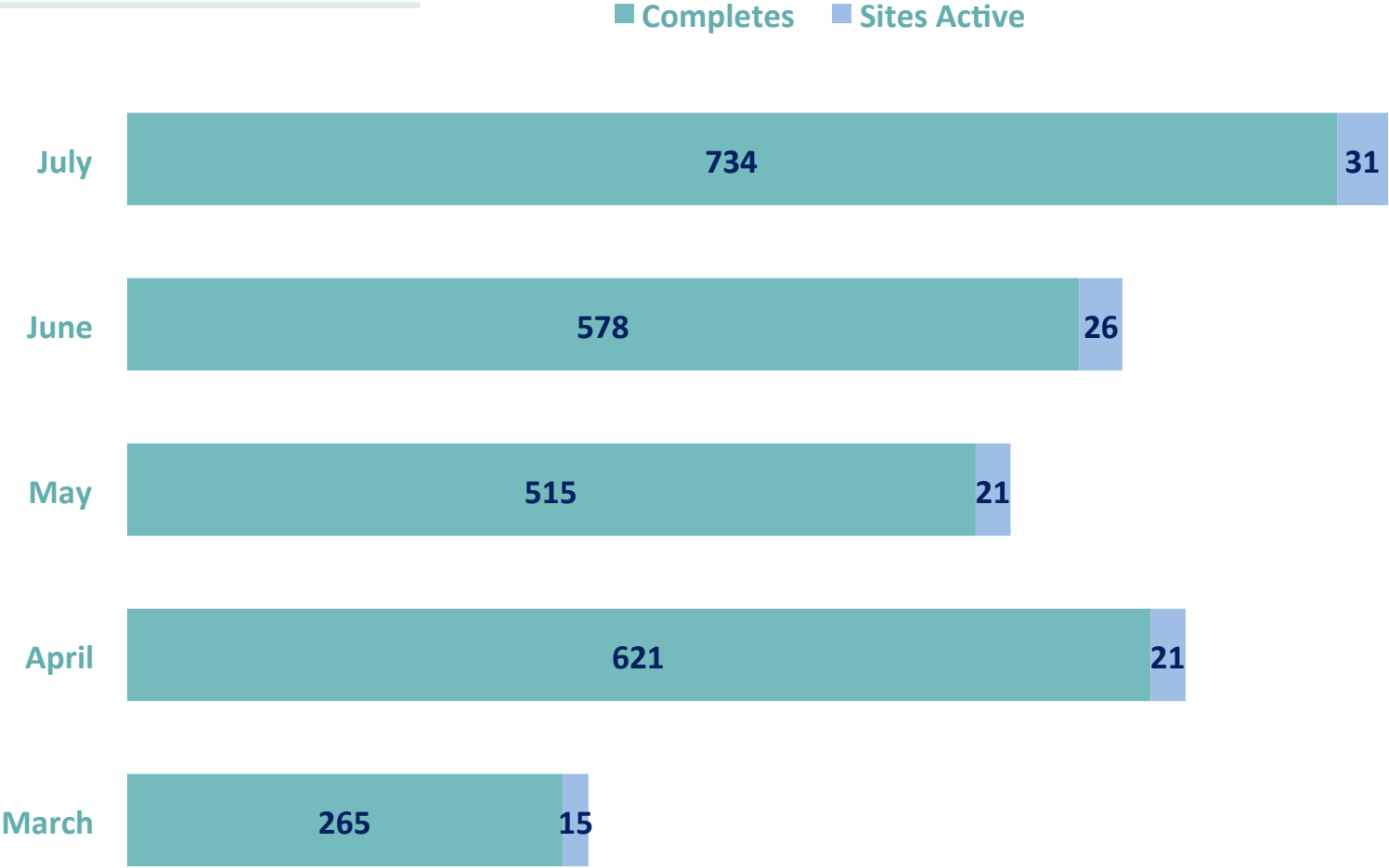
- Jason A. Wolf, PhD, CPXP, The Beryl

Institute

“The data presented display that patient experience is positively associated with clinical effectiveness and patient safety, and support the case for the inclusion of patient experience as one of the central pillars of quality in healthcare.”

- Doyle C., Lennox L, Bell D. BMJ Open

# PATIENT Participation & Sites Active



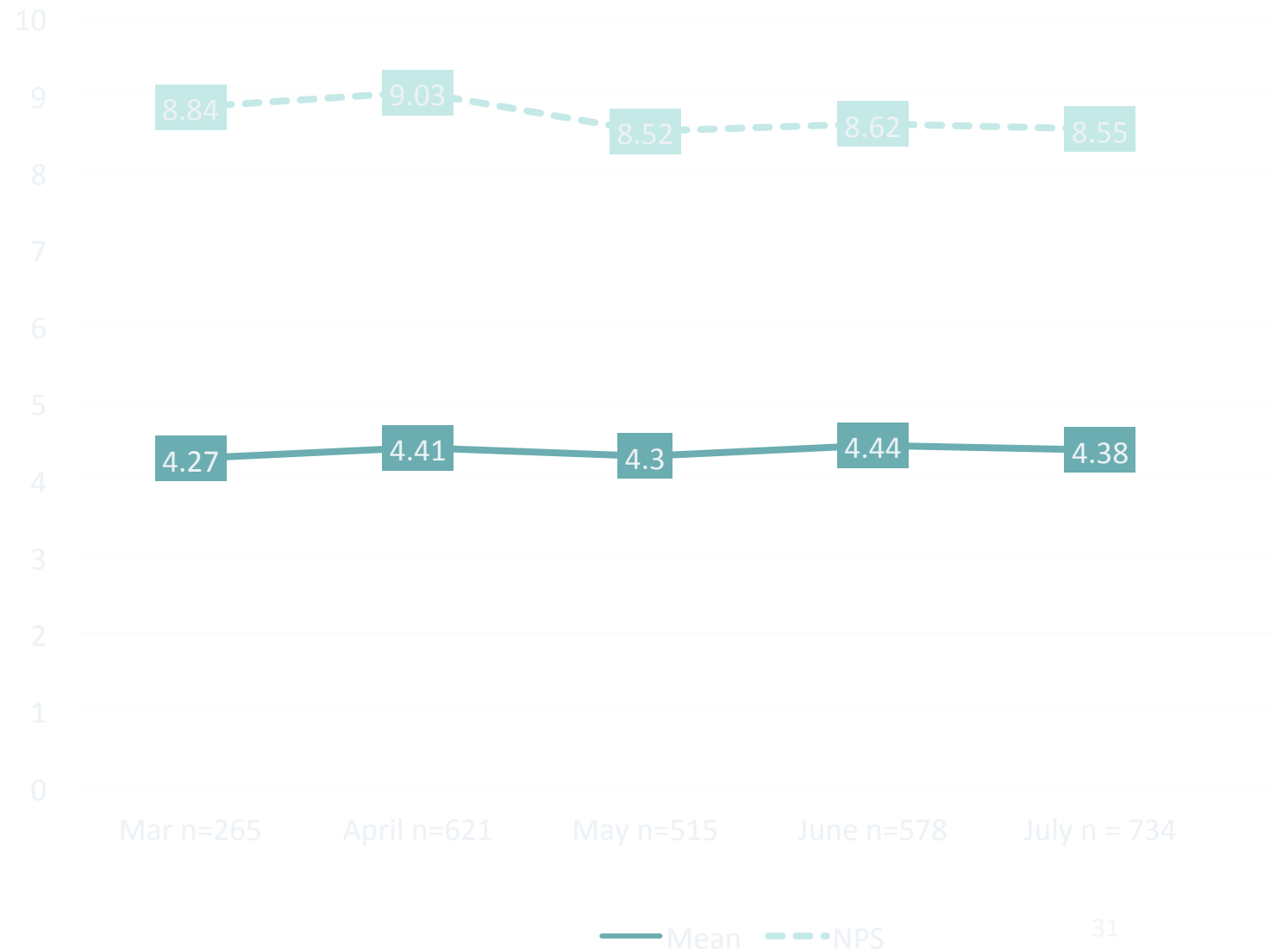
# Patient Experience – Mean & Net Promoter Score

## Mean (avg of these questions) – 5 pts

1. Care team listens to me and understand
2. I trust my care team
3. Care team always involves me in the decisions
4. My overall health is better

## Net Promoter Score (NPS) – 10 pts

1. How likely is it that you would recommend this care center



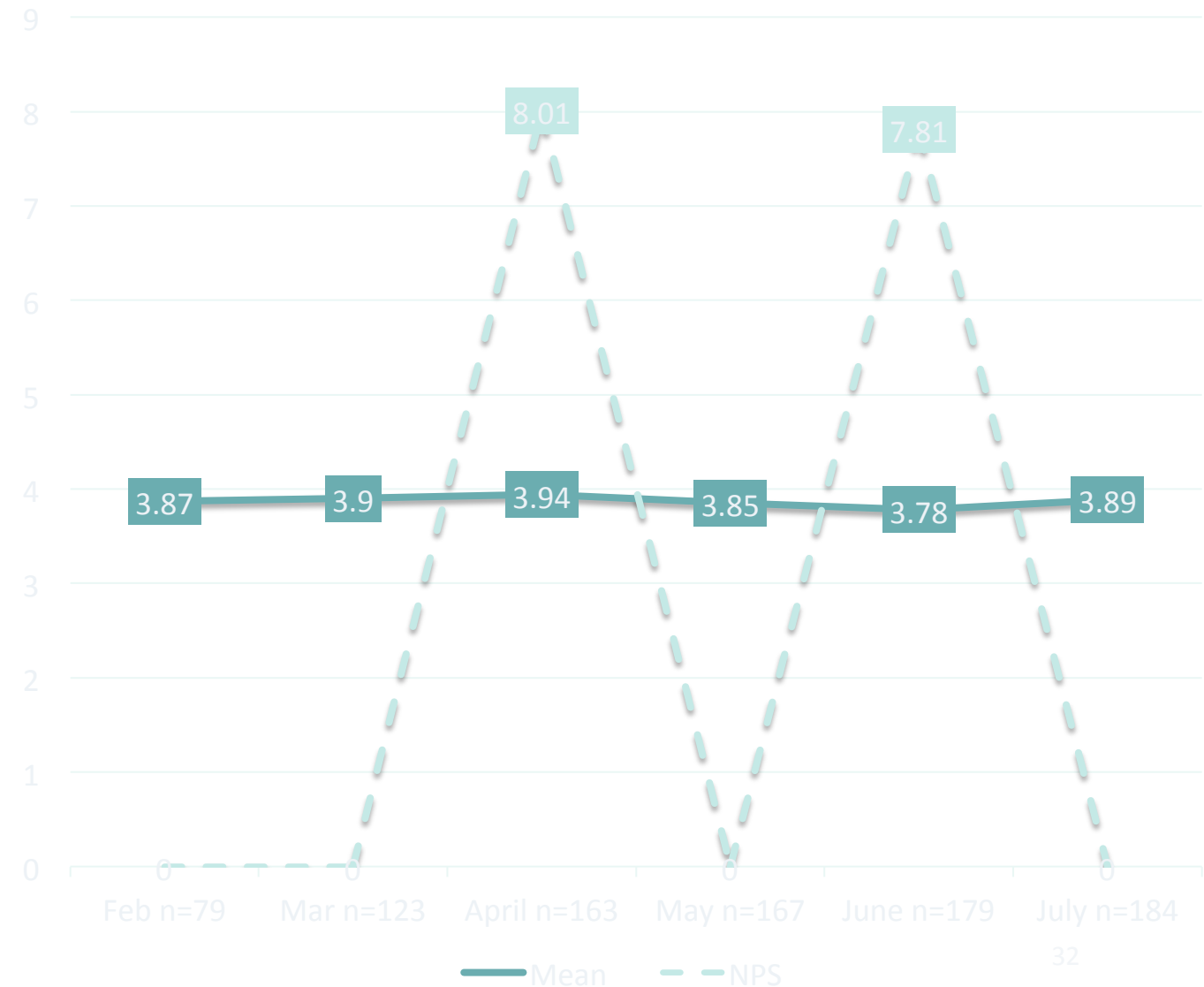
# Team Experience – Mean & Net Promoter Score

## Mean (avg of these questions) – 5 pts

1. I feel valued at work
2. I have everything I need to provide the best care
3. I trust my team to support me
4. My life is better
5. I plan to be here three years (quarterly)

## Net Promoter Score (NPS) – 10 pts\*

1. How likely is it that you would recommend



\*NPS performed quarterly for Team Members

A group of healthcare professionals, including doctors and nurses, are standing in a circle, holding hands, and looking upwards. They are wearing white coats and scrubs. The image is overlaid with a semi-transparent blue filter. The text "What are some early learnings from the data?" is centered over the image in a white, sans-serif font.

What are some early learnings  
from the data?



On average, patients with elevated Behavioral Health scores at Baseline had lower scores, on average, at their last follow-up assessment.



Patients with elevated HbA1c and blood pressure scores at Baseline experienced some improvements in scores, on average.



The majority of BHICCI patients are enrolled at Med HCOs and are fairly new to BHICCI (less than 6 months).



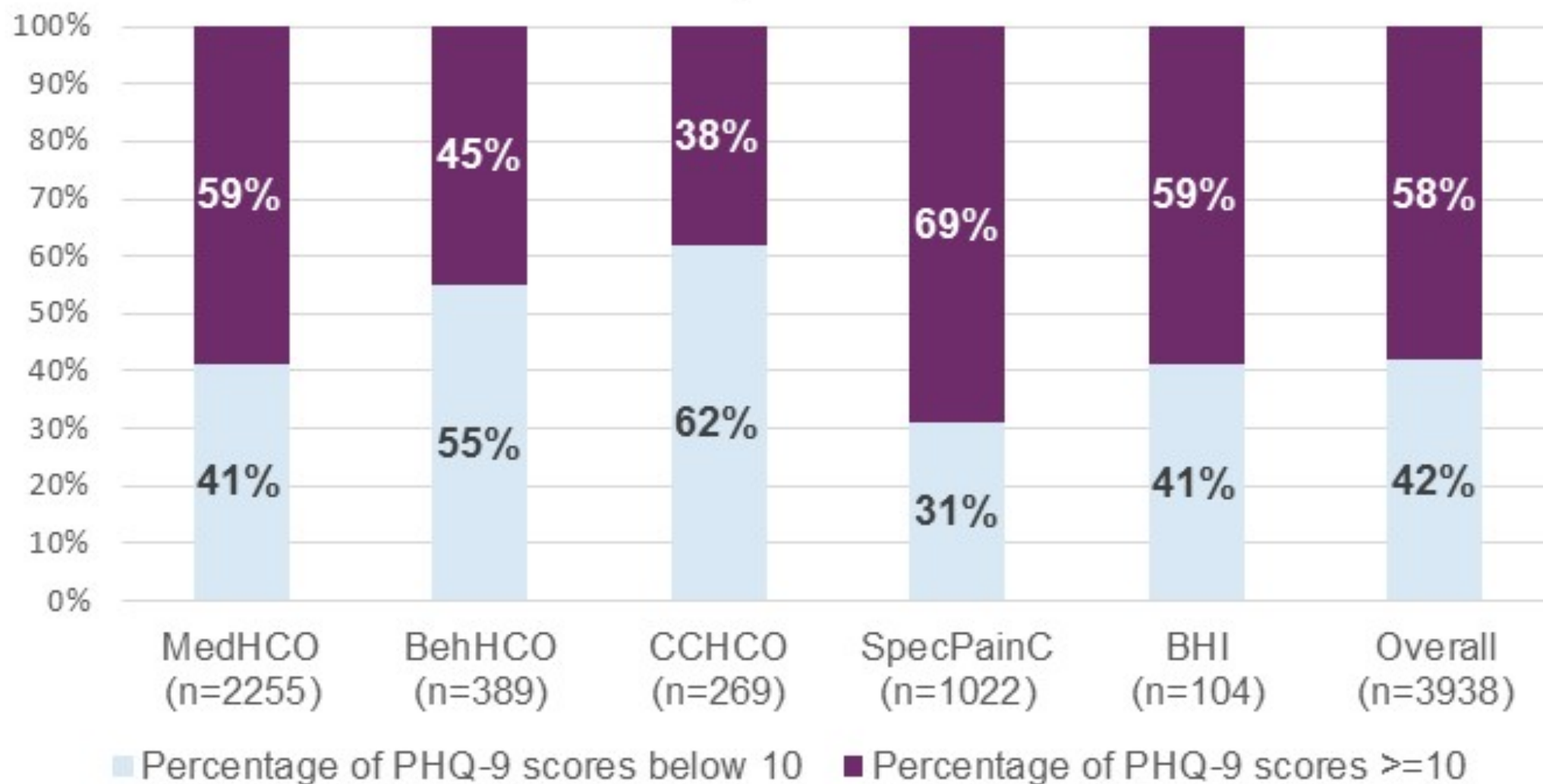
These results represent a small percentage of all BHICCI patients.





More recent data review: what  
can we say now?

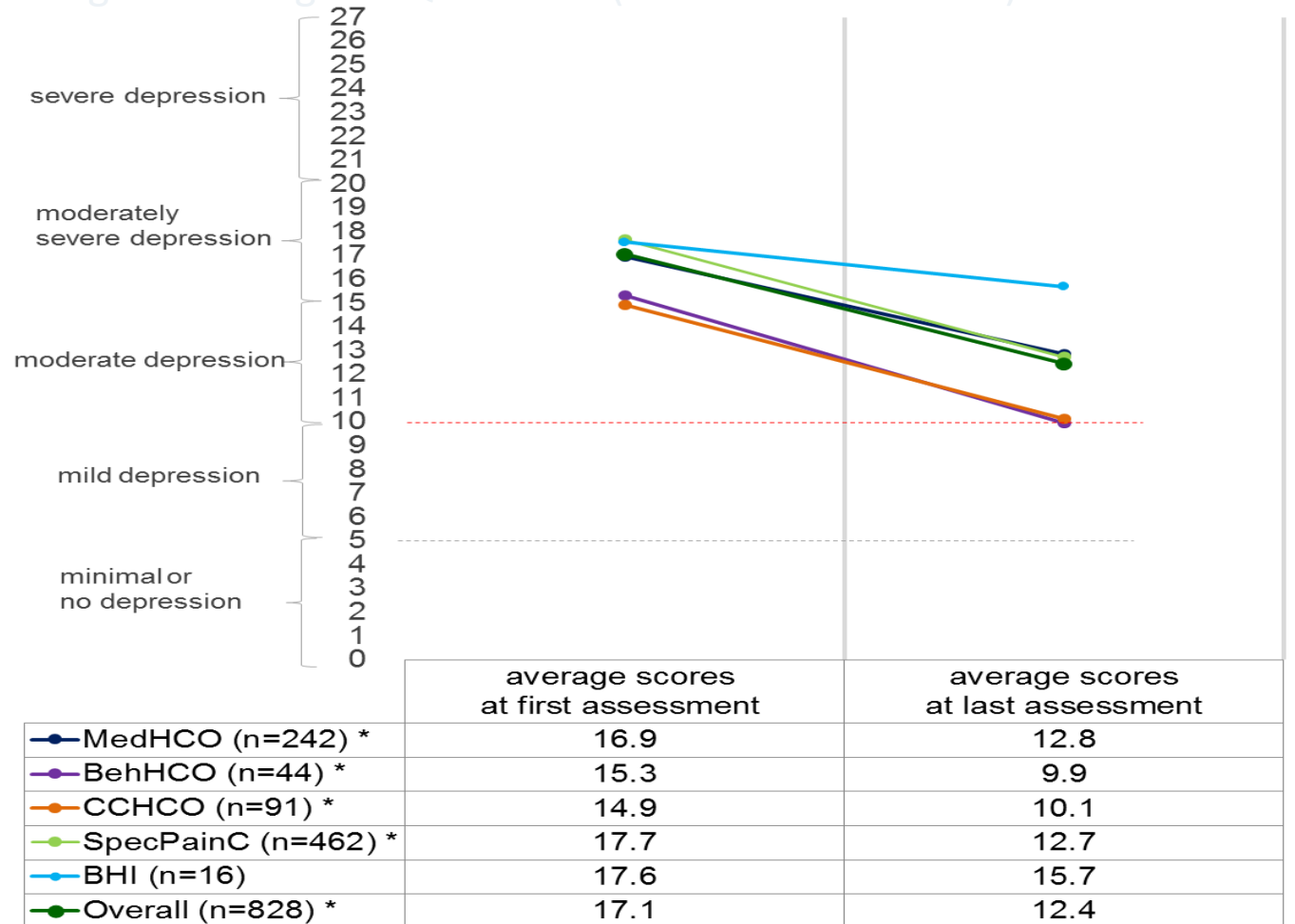
## Baseline PHQ-9 Threshold Scores





# Behavioral Health Outcomes – PHQ-9

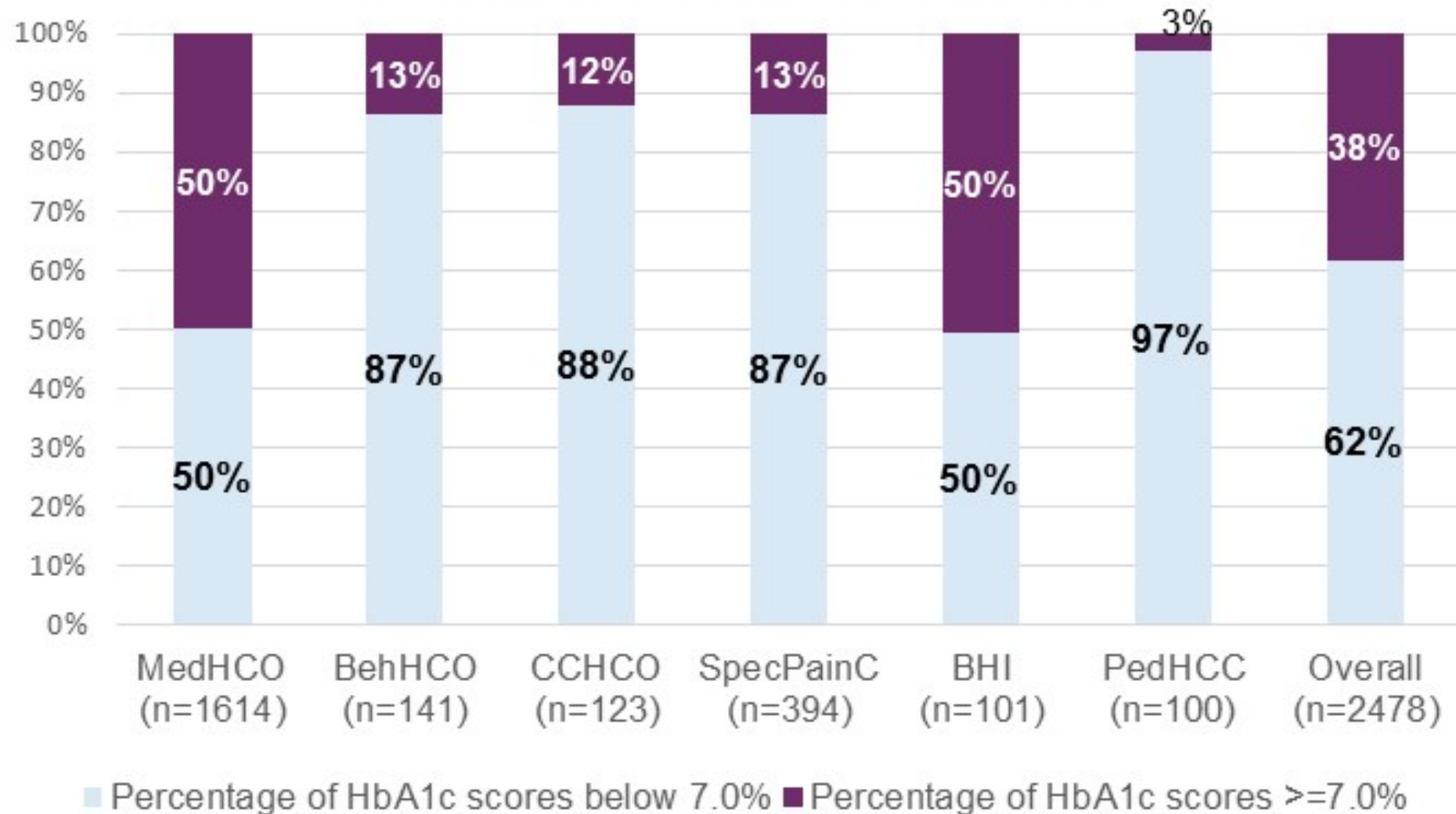
Change in Average PHQ-9 Scores (Baseline Score  $\geq 10$ )

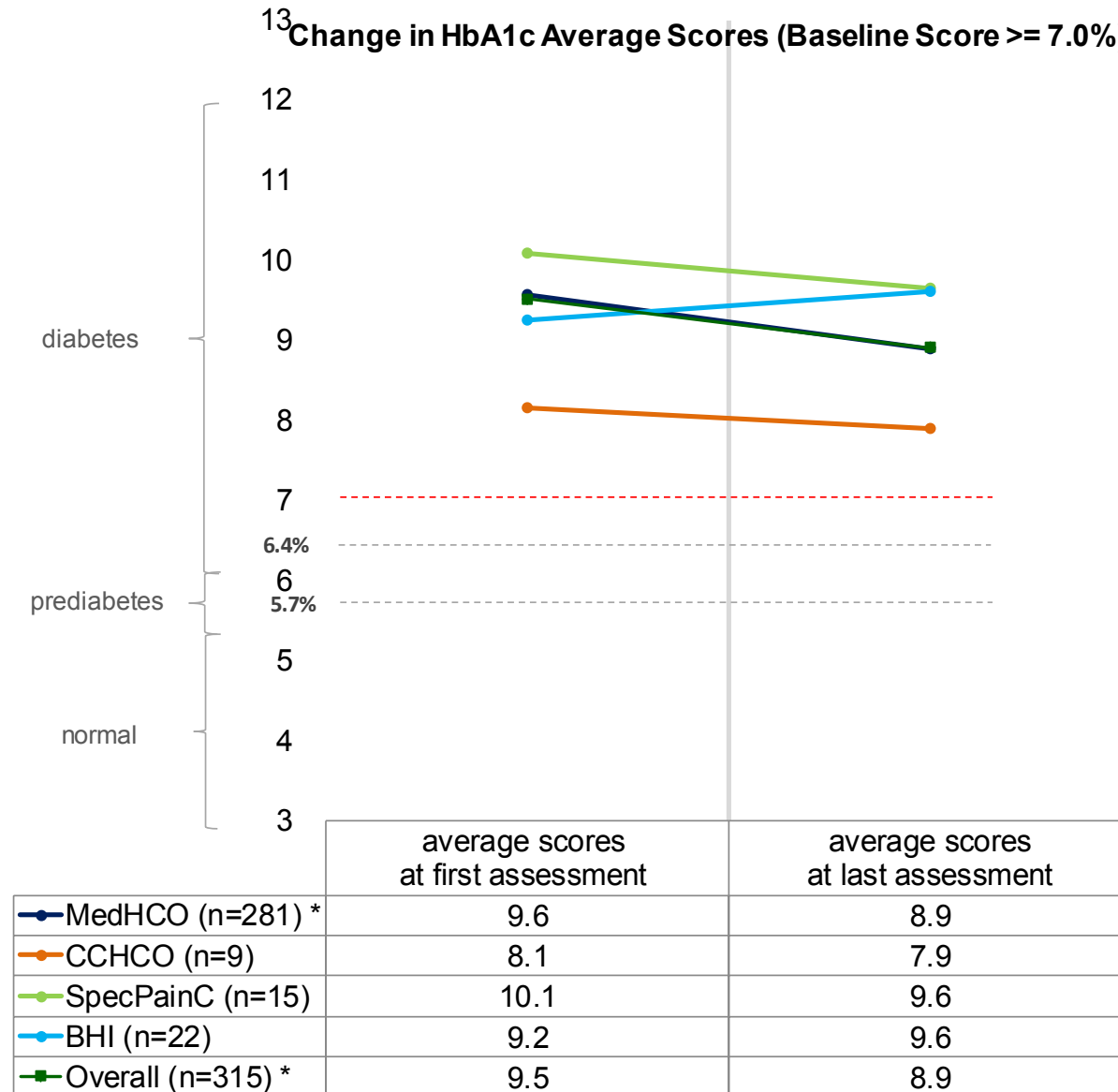


Note: \* indicates statistical significance

n represents BHICCI patients enrolled for a minimum of 1 month

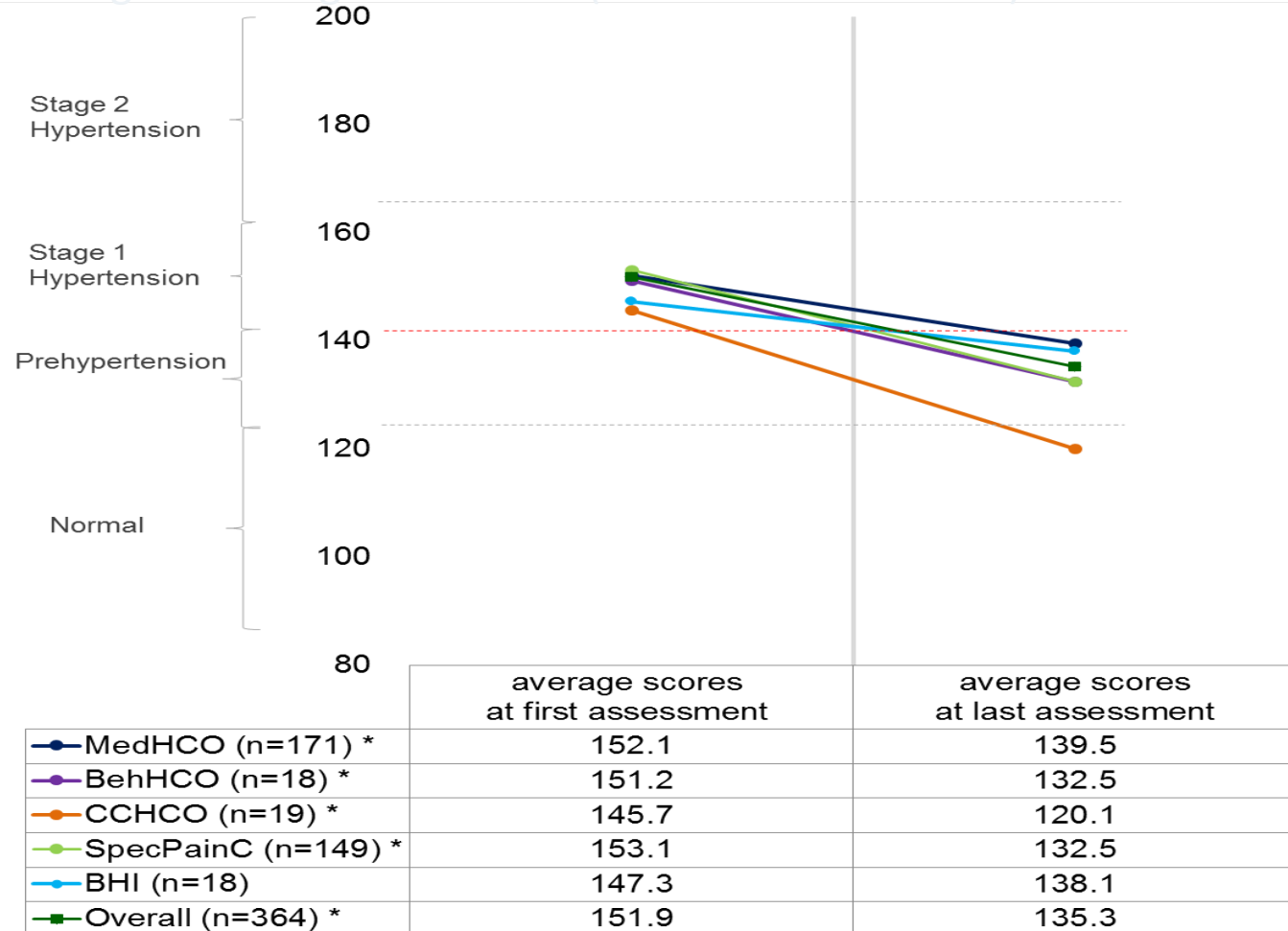
## Baseline HbA1c Threshold Scores





# Physical Health Outcomes – Systolic Blood Pressure

Change in Average SBP Scores (Baseline Score  $\geq 140$ )

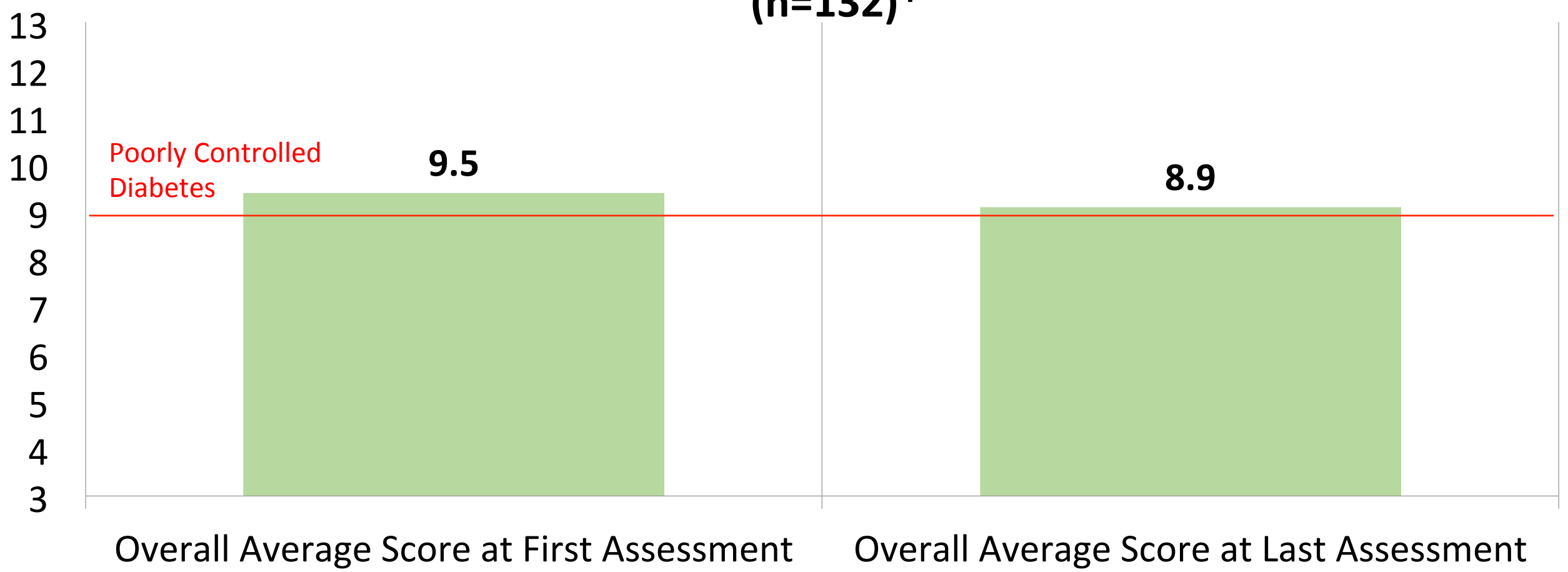


Note: \* indicates statistical significance

n represents BHICCI patients enrolled for a minimum of 1 month

# Physical Health Outcomes – Diabetes (HbA1c)

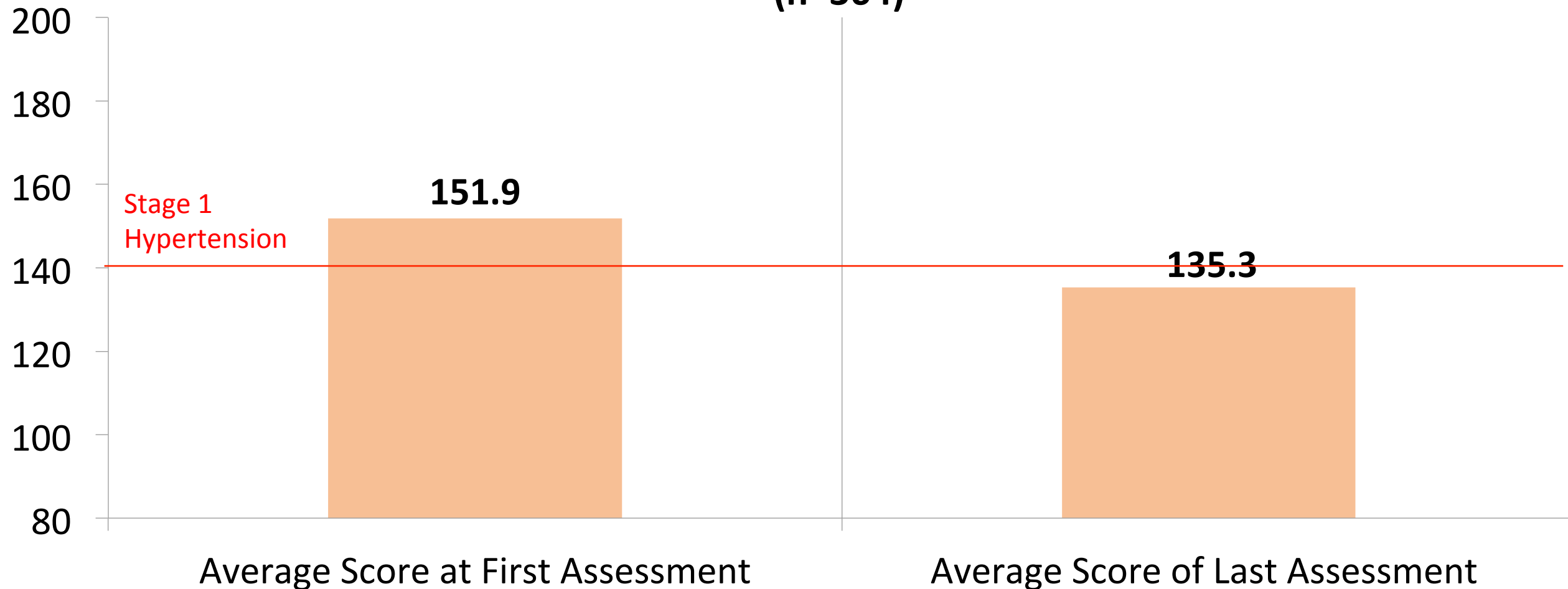
Change in Average HbA1c Scores (Baseline Score  $\geq 7.0\%$ )  
(n=132)\*



\*Note: The current average length of enrollment for Members in BHICCI is 3-4 months

# Physical Health Outcomes – Hypertension (SBP)

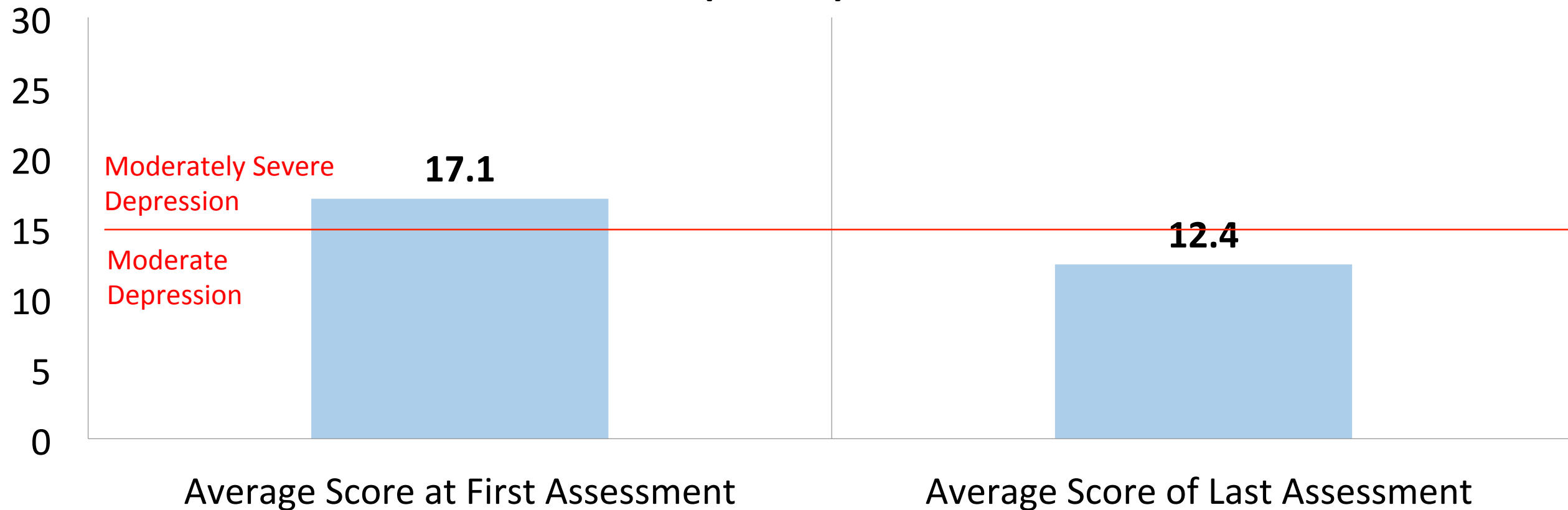
**Change in Average Systolic Blood Pressure (SBP) Scores (Baseline Score  $\geq 140$ )  
(n=364)\***



\*Note: The current average length of enrollment for Members in BHICCI is 3-4 months

# Behavioral Health Outcomes – Depression (PHQ-9\*)

## Change in Average PHQ-9 Scores (Baseline Score $\geq 10$ ) (n=828)\*\*



\*Patient Health Questionnaire (PHQ-9) – Depression Screening

\*\*Note: The current average length of enrollment for Members in BHICCI is 3-4 months



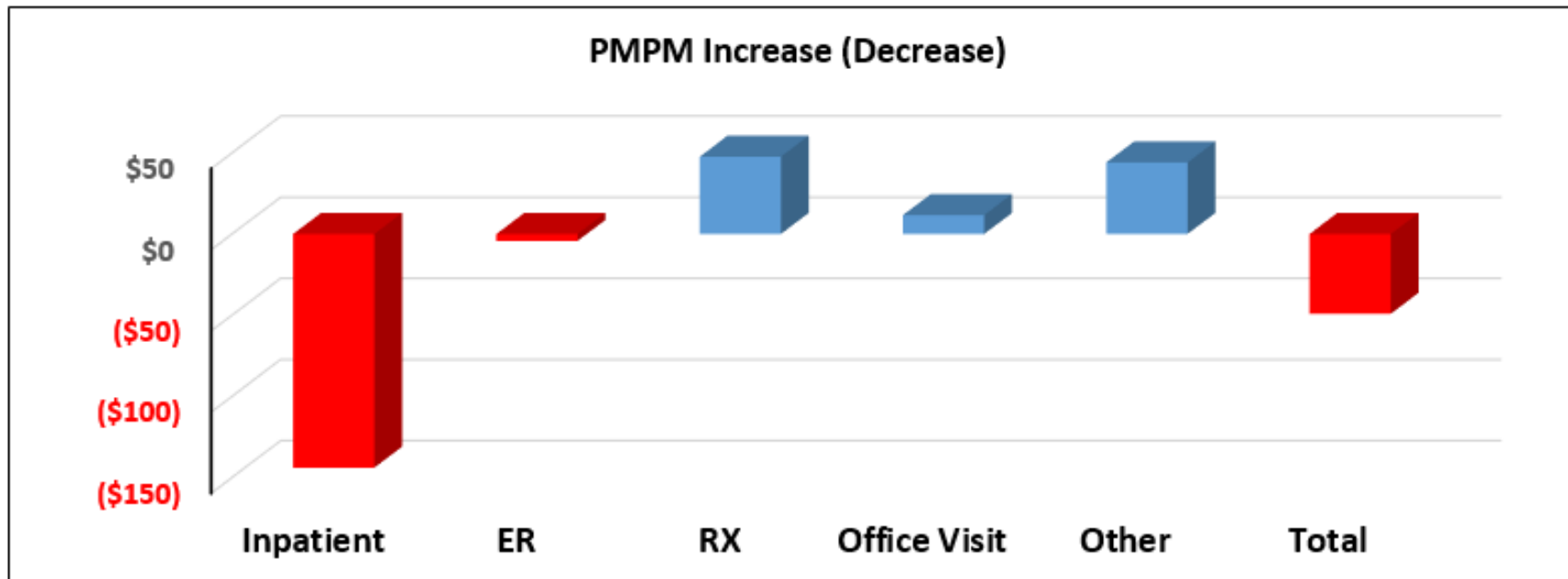
# Preliminary Cost Data (UCSD)

## BHICCI Teams PMPM Claims and Pharmacy Cost Analysis

For the Period January 2015 - April 2017

Per Member Per Month (PMPM) Costs by Service Area (2,213 Members)

Month of BHICCI Enrollment	Inpatient	ER	RX	Office Visit	Other	Total
Before BHICCI Average	\$372	\$55	\$302	\$100	\$173	\$1,046
Average During 1st 6+ Months	\$228	\$51	\$349	\$111	\$217	\$997
PMPM Increase (Decrease)	(\$144)	(\$4)	\$48	\$12	\$44	(\$49)
% Increase (Decrease)	-39%	-8%	16%	12%	26%	-5%



**Preliminary  
Cost Data  
are Trending  
in the Right  
Direction**

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For the Period January 2015 - April 2017

Per Member Per Month (PMPM) Costs by Service Area (2,213 Members)

Month of BHICCI Enrollment	Inpatient	ER	RX	Office Visit	Other	Total
-6 or earlier	\$333	\$46	\$287	\$78	\$169	\$973
-5	\$309	\$51	\$324	\$84	\$176	\$1,001
-4	\$474	\$54	\$278	\$94	\$150	\$1,056
-3	\$432	\$53	\$299	\$92	\$164	\$1,059
-2	\$391	\$64	\$294	\$112	\$179	\$1,049
-1	\$294	\$61	\$329	\$137	\$198	\$1,064
0	\$209	\$57	\$356	\$169	\$220	\$1,031
1	\$261	\$55	\$361	\$123	\$218	\$1,049
2	\$214	\$48	\$295	\$92	\$197	\$901
3	\$273	\$58	\$362	\$87	\$216	\$1,034
4	\$180	\$43	\$347	\$98	\$234	\$946
5	\$235	\$42	\$419	\$94	\$208	\$1,045
6 or later	\$225	\$51	\$306	\$115	\$224	\$971

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# BHICCI Case Rates

- Project Goal
  - Develop Case Rates for the BHICCI Teams that will kick in after the pilot ends in July 2018.



# BHICCI Roadmap

Health Homes Program (HHP) – BHICCI is footprint for California 1115 waiver HHP -- starts January 2019

BHICCI Awarded Department of California Health Care Services Managed Care Quality Award – October, 2017



# Shoulders by Naomi Shihab Nye

A man crosses the street in the rain,  
Stepping gently, looking two times north and south,  
Because his son is asleep on his shoulder.

No car must splash him.

No car drive to near to his shadow.

This man carries the world's most sensitive cargo but he's not marked.

Nowhere does his jacket say **FRAGILE, HANDLE WITH CARE.**

His ear fills up with breathing.

He hears the hum of a boy's dream  
deep inside him.

We're not going to be able to live in this world if we're not willing to do what he's doing  
with one another.

The road will only be wide. The rain will never stop falling.



# Questions | Discussion

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[jennifer@jenclancy.com](mailto:jennifer@jenclancy.com)



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