Alabama Initiative for Primary Care and Behavioral Health Integrated Care (ALHEALTH)

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• The statements presented in this work are solely the responsibility of the author(s) and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee.
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Historical Context of ALHEALTH

• Ongoing comparative effectiveness research trial (Thorn, PI; PCORI Contract #941; 2013-2016).
• Comparing effectiveness of two curriculum-based behavioral chronic pain self-management group treatments to medical treatment as usual.
• Desire to build dissemination collaborations with CHCs.
Background of Current Project

• 2010 National Association of Community Health Centers (NACHC) survey on behavioral health integration in FQHCS.

• 2011 NACHC follow-up from FQHCs who responded to 2010 survey.
  – Problem: Alabama was not represented.

• **Question:** What is the state of behavioral health integration in Alabama FQHCs?
Definition of Behavioral Health

• Focus on reciprocal relationship between human behavior and well-being of the body.
• Creates different health outcomes by changing behavior (broadly defined).
• Includes behavioral management of chronic illness, prevention programs, outpatient psychotherapy, psychiatric services, emergency and crisis intervention, others.
Definition of Integrated Healthcare

- **Systematic coordination** of physical and behavioral health care.
- Physical and behavioral health problems often occur at the same time.
- **Systematic integration** of physical and behavioral healthcare produces best outcomes.
- **Integrated care** is most acceptable approach for those being served.
Specific Questions for ALHEALTH

• How is behavioral health defined by AL FQHCs?
• Does behavioral health include chronic disease management?
• If evidence-based, and feasible, would FQHCs implement curriculum-based behavioral health programs for chronic disease management?
• If so, how can we assist with training, feasibility, and sustainability?
Finding Answers

• Applied to PCORI’s Eugene Washington Engagement Awards
• Contacted APHCA and shared our proposal
• August 2014 received notification that our proposal was funded
Purpose of ALHEALTH: Engage

- Establish new relationships with most/all Alabama FQHCs
- Determine the extent of current behavioral health integration in primary care setting
- Develop relevant trainings for FQHC and staff focused on behavioral health integration (BHI) and chronic disease management
Aims of ALHEALTH Engagement

1. Interview administrators, providers, and patients at all AL FQHCs.

2. Collect capacities/needs assessment data focused on BHI.

3. Create and disseminate relevant training sessions focused on BHI for FQHCs.
Aim #1: Interviews (completed)

• 40 interviews completed
  – 18 administrators
  – 15 providers (behavioral health and medical providers)
  – 7 patients

• All 15 FQHCs participated
What did we learn from the interviews?

- Patient, provider, and administrator perspectives on the meaning of “Behavioral Health”.
- Perceived barriers to receiving and providing behavioral health services at FQHCs in Alabama.
- Perspectives on the meaning of “Integrated Care” and suggestions for better patient outcomes.
Patient, Provider, Administrator Perspectives on Meaning of “Behavioral Health”

- Mental Health
  - Substance abuse
  - Fixing behaviors that affect health
  - Deep breathing and relaxation
  - Definition of Behavioral Health
  - Patient Education
  - Case management
  - Preventative care
  - Disease Management

Mental Health

Definition of Behavioral Health

Patient Education

Deep breathing and relaxation

Fixing behaviors that affect health

Substance abuse

Case management

Preventative care

Disease Management
Definition of Behavioral Health

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Perceived Barriers to Receiving and Providing Behavioral Health Services at FQHCs in Alabama

- Stigma
- Access
- Transportation
- Geographic location
- Understanding of BH: "If I go talk to that lady, she’s just going to fill my head or [tell me] I'm crazy."

Patient level

System level

- Insurance reimbursement
- AL Healthcare Reform
- Affordable Care Act (AFA)
- Regional Care Organizations: "newly developed policies are not necessarily in the patient's best interest"

Provider level

- Not enough time
- Proper training
- Relationship with the patient
- Motivating patients: "Are patients ready to talk about their problems?"

Organizational level

- Staffing
- Referral process
- Delayed care
- Electronic Health Records: "working on the same clinical platform"
- Not enough time
- Proper training
- Relationship with the patient
- Motivating patients: "Are patients ready to talk about their problems?"
- Understanding of BH and the benefits to patients
Perspectives on The Meaning of “Integrative Care” and Suggestions for Better Patient Outcomes

Integrative Care:
Integration with Mental Health Services

- Full psychosocial assessment
- More patient education
- On-site mental health provider
- Electronic medical records
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• **Systematic integration** of physical and behavioral healthcare produces best outcomes.

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Behavioral Health Integration

How do patient’s define BHI?

Let’s watch a video clip of a patient’s statement on BHI
Patient-Centered Model of Integrated Care in Alabama FQHCs

1. Patient
2. Clinical Staff
3. Organizational
4. Community/Culture
5. Systems
Aim #2: Quantitative Survey

• Developed from interview results
• Assessing:
  – Current practices
  – Barriers
  – Interest level
  – Priorities
• Distributing to all 15 FQHCs
  – First section combines data from all service delivery sites within CHC
  – 2nd section assesses individual service delivery sites
  – Honorarium of $1,000 to each CHC
Aim #3: Curriculum-Based Behavioral Health Training

• We will provide trainings related to behavioral health integration in primary care settings.
  – Specifically, Curriculum-based behavioral chronic pain management groups.
  – Adapted to reduced cognitive and literacy demands
  – Evidence base for these interventions

• Presenting at APHCA Clinical Summit 2016
Example of Ongoing Effort in Coastal Alabama:

Mental & Behavioral Health Capacity Project
Gulf Region Health Outreach Program (GRHOP)

Dr. Jennifer Langhinrichsen-Rohling (or Dr. L-R)
Director, Gulf Coast Behavioral Health and Resiliency Center
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Historical Context of & Mental & Behavioral Health Capacity Project

• Gulf Region Health Outreach Program (GROPP) - enhancing health capacity in 17 Gulf Coast parishes/counties most impacted by BP oil spill.

• Integrated health projects designed to strengthen healthcare in Gulf Coast region.

• Targeting FQHCs/other safety net clinics
Aims of Mental & Behavioral Health Capacity Project (MBHCP-AL)

- Facilitate & accelerate integration of behavioral health into primary care services at Alabama FQHCs
- 3-stage process of facilitation: E$^3$ Model - Engage, Establish, Embed (Langhinrichsen-Rohling, 2014)
• Assessed current level of integration & needs
• Sought to understand culture & competing priorities of FQHC
• Created buy-in via administration, PCPs, existing social service providers
• Chose two patient populations pathways:
  – Those screening positive for depression
  – Those with chronic illness (e.g., diabetes, hypertension, chronic pain)
Establish Behavioral Health Providers (BHP) Within the Clinic

- Hiring, setting up, & launching BHPs
- Moving BHPs into workflow/creating patient access pathway
  - PHQ-9 pathway
  - Chronic disease pathway
- Establishing clinic-wide buy-in
- Establishing screening/assessment process
- Establishing ongoing training & supervision of BHPs
Embed Change Within FQHC System

- Within Administrative Structures & Clinic Mission
- Within Electronic Health Records
- Making BHI financially viable
  - Directly, via billing using current counseling/behavioral health codes
  - Indirectly, via freeing up PCP’s time
  - Improves overall wellness, better measurable outcomes
Challenges & Opportunities

• Recent talk by Becky Tate – Health System Administrator at USA

• 3 key priorities in changing landscape
  – Positive Patient Engagement
  – Positive Patient Outcomes
  – Lowest Possible Cost

• USA Health System Values
  – Teamwork, Patient-Centered, High Quality, Respectful, Good Service

• Behavioral Health central to the mission (see evidence from Colorado etc.)