



Wednesday, May 25, 2022; 1:00pm PT

Behavioral Health Integration

Telehealth

Promising Practices



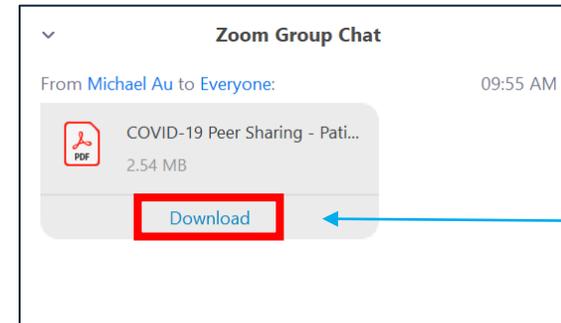
California Quality
Collaborative

Tech Tips – Zoom Meetings

For polls, click the blue **submit button** to complete



Direct message Erika Lind if you have any technical issues



Click **Download** in Chat for PDF of slide deck



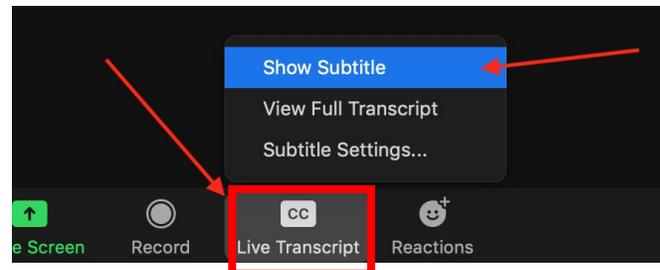
Click to join or mute audio

All attendees have video off upon entry

Click to see who else has joined

Ask questions and insert comments

Recording & deck will be shared with attendees



Request live closed captioning or view full meeting transcript

Poll: Who's in the (virtual) room?

Where are you dialing in from?

- Northern California
- Southern California
- Other West Coast
- East Coast
- Midwest
- Southwest

What type of organization do you represent?

- Patient
- Provider/Practice
- Health Plan
- Government Agency
- Technical Assistance Org
- Research Agency
- Other [Chat in]



California Quality Collaborative

Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder program**.
Core funding from health plans sharing a delivery system

Identifies and spreads best practices across outpatient delivery system in California

Trains 2,000 individuals from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

Health Plan Sponsors



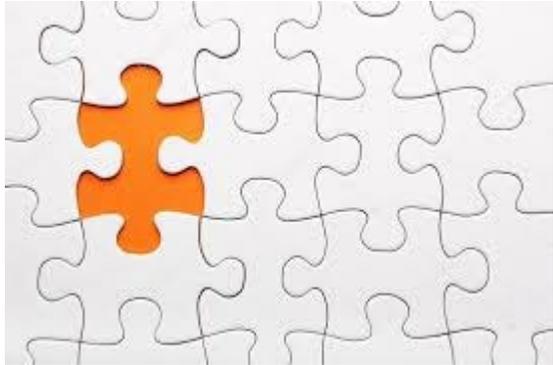
Today's Speaker



Ellie Lopez
Director of Integrated Health
Services at Borrego Health

Our Agenda

Today, we'll:



Hear successful practices and challenges from one organization's journey toward behavioral health integration into primary care



Understand considerations for effectively using telehealth to meet patients' behavioral health needs



Prioritize what small/medium practices and provider organization can do in the near future to start integration



Review technical assistance resources and upcoming opportunities supporting behavioral health integration

Behavioral Health Integration into Primary Care

The need, and the solution.



Behavioral health (BH) needs keep rising across the state.*

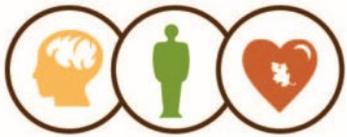
- Across California patients face limited access when seeking behavioral health treatment.
- Needs have increased for mental health conditions & substance use since COVID-19 pandemic.

Behavioral health integration (BHI) into primary care **improves health across clinical domains.**

- Integration improves patient outcomes and quality of life while increasing access to mental health and substance use disorder treatment services.

Behavioral health integration is a **key component of advanced primary care** – if providers haven't begun integration work, they need to start today.

- BH screening is an [Advanced Primary Care measure](#), and increasingly incentivized by plans.



Poll



Where is your organization on implementing behavioral health integration into primary care?

- Haven't started planning
- Planning
- Just started
- On our way
- Integrated for at least 6 months
- N/A (not a delivery system)

Behavioral Health Integration: Telehealth Promising Practices

**Ellie Lopez, MSA - Director of
Integrated Health Services**

Borrego Health

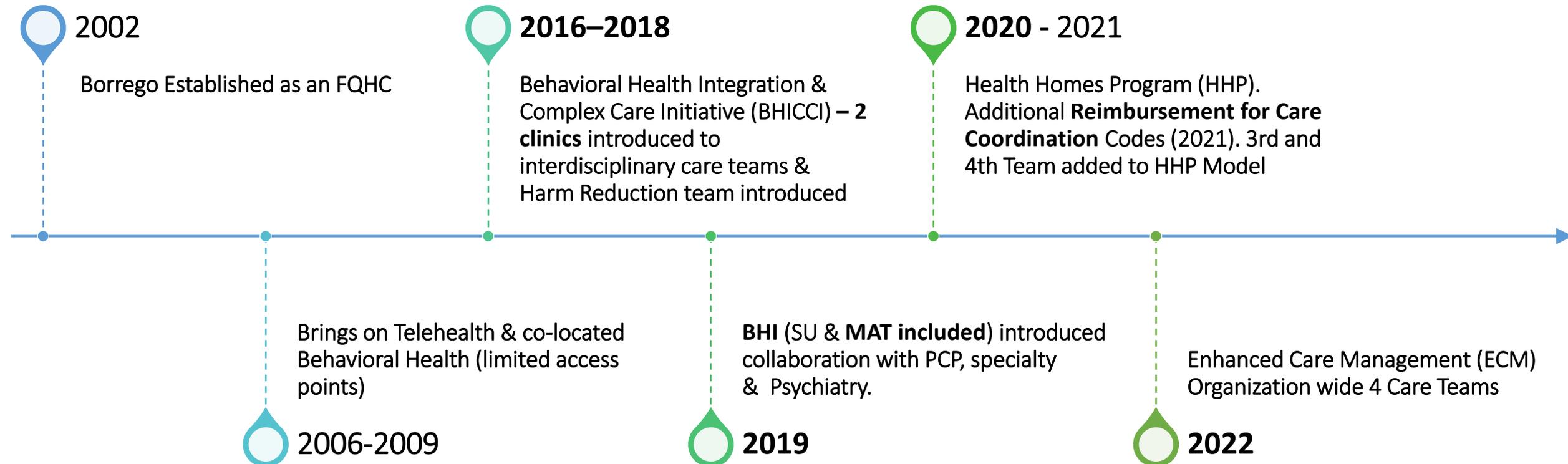


What is Behavioral Health Integration?

- Improve whole health of individuals with complex conditions by building population-based health homes, using integration as a core strategy
- **Behavioral Health Integration includes:**
- Integrating mental health and substance use treatment into primary care and primary care into behavioral health clinics
- Promoting healthy behaviors
- Enhancing team-based organizational culture



Borrego's Journey to BHI w/Telehealth



Telehealth at Borrego Health

Borrego Health has utilized telehealth since 2006

- Started with a unique telehealth model: internal site-to-site visits and upgraded equipment in 2009 for Behavioral Health access
- Today, Teams platform used across the board

At the beginning of the pandemic, "all hands-on deck" approach - all departments helped telehealth scale-up

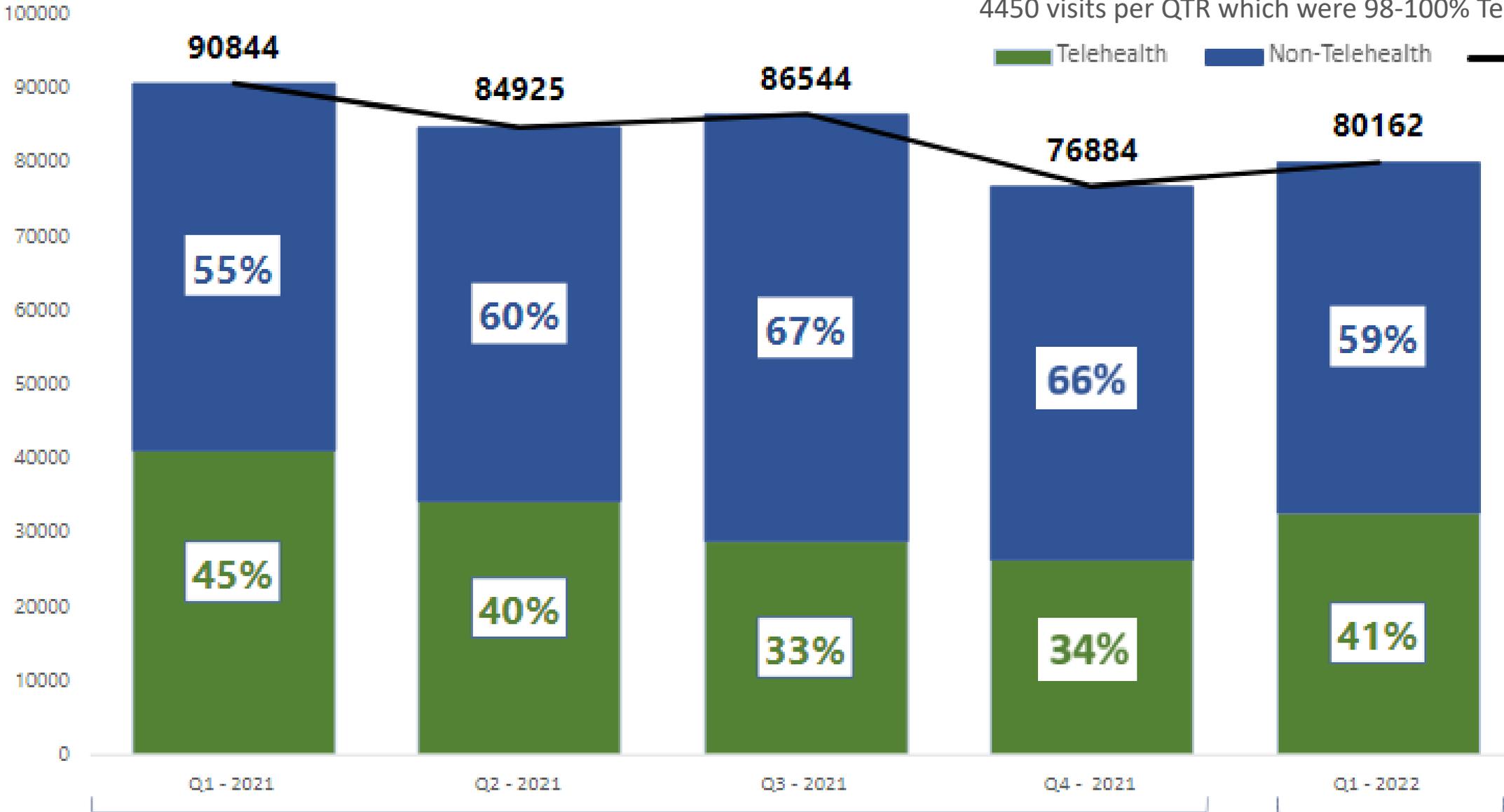
- Telehealth site "liaisons", Patient Trainer Team
- Psychiatry and Psychology were 100% Remote

Currently: telehealth-focused operational and IT team

- Platform pilot with Greenway (Integrated into E.H.R)
- Behavioral Health Psychology 100% Remote, Psychiatry is a hybrid model of care on-site & remote.



Note: Behavioral Health accounted for an average of 4450 visits per QTR which were 98-100% Telehealth



Proportion of **Telehealth** and **Non-Telehealth** Occurred Appointments 13

How We've Adapted to Maintain BHI in a Virtual World?

In-house Referrals for Behavioral Health

- Clinician Communication Forms and shared E.H.R
 - Patient information, Diagnosis, Appointment date, referrals, labs
 - Treatment plan, goals, objectives & concerns
- Patient consent that explains integration and shared information in-house with PCP.

Systematic Case Review (where the Magic Happens!)

- Interdisciplinary teams join for 1-hour to focus on 10-15 patient cases
- An action list will be documented for each patient that addresses the problem, how we will intervene, who will do it and when it will occur.

Warm handoffs & Collaboration

- E.H.R Tasks (i.e. Harm Reduction Team), Phone calls, Teams meetings, video conferences

Why the Push for Hybrid Models of Care?

-
- Traditional models of care that were clinic-based have now changed to video visits, telephone visits, and remote patient monitoring with devices that are sent to patient homes.
 - Patients have become accustomed to accessing care in more convenient methods that reduce barriers to accessing care (e.g. gas money, bus fare, missed work, childcare needs).
 - **The need to meet our patients where they are!**
 - Opportunity to increase quality of care
 - Increased opportunity for screenings, patient compliance, check-ins
 - Decreased wait-times, hospitalizations, ER visits & cost when paired with appropriate utilization
 - Reduces overhead costs for the Healthcare system while increasing resource utilization
 - Staff shortages, space limitations, limited PPE

= Doing More with Less, without impacting Quality

So What are Some Best Practices?

Piloting with a multidisciplinary team

- Introduce your BH Clinicians to your PCP's, MA's, Front line staff and Community Health Workers. Work with leadership to build in time (i.e. 1-hour a month or quarter for collaboration).

Know that it won't be Perfect – that does not mean it's not working

- Small improvements overtime = success

Healthcare providers' now need to work towards sustaining their telehealth models and integrate them with in-person care.

- Take a look at scheduling templates to maximize provider satisfaction, build in time for warm-handoffs or a rotation of on-site providers
- Adopt recurring technical trainings – this is not a once and done thing

Focus on the needs you have from your Telehealth Solution & E.H.R's

- As Healthcare technology matures, our needs become more complex. Having a Solution that does more than 1-thing.
- **It's okay to change your telehealth solution ...if it needs an upgrade, invest in it!**



Barriers to Keep in Mind

1. System Requirements
 - Patients having to download apps
2. Burn Out
 - Patients, staff, providers
3. Digital literacy
 - Patients & Providers
4. Reluctance in using video
 - Patients & Providers



Who is Involved in Hybrid Model of Care?

- Providers and care teams
 - Care team: Medical Assistants (MAs), Clinical Scribes, RNs, & LVNs
- Front-line staff
 - Customer Service Representatives (CSRs)
 - Schedulers (Call Center)
- Operational
 - Executive leadership
 - IT – tech support & EHR support
- Patients
 - Including extended family support

Where's a Good Place to Start?

01

Identify a Provider
Champion from Primary
Care & Behavioral Health

- Comfort with telehealth
- providers who have already established good working relationships across disciplines

02

Pilot & Document Feedback
loops to continue
improvements (PDSA's) –
ENGAGE ALL LEVELS OF
STAFF!

03

Set Goals & Expectations &
Celebrate the small wins
& Share patient stories!

- It's okay if it isn't perfect right out the door, small improvements over time will lead to a successful & sustainable program

Contact Information:

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Collaborative

Behavioral Health Integrated into Primary Care

Technical Assistance Opportunities

Resource: Behavioral Health Integration (BHI) Improvement Collaborative Curriculum

Guide organizations through direct technical assistance to adopt and scale BHI for screening and treatment of mild to moderate behavioral health conditions

- [BHI Curriculum](#): Online resource guiding teams through 20 months of work across 7 project phases to start or improve behavioral health integration into primary care
 - Self-directed virtual learning activities and curated resources
 - Improvement Collaborative design for guided assistance
 - Includes patient engagement, workforce, health IT, clinical/care models, data, financing, health equity and sustainability

Phase 1

Launch the journey Month 1



Quick links: [Table of Contents](#) | [Phase 1](#) | [Phase 2](#) | [Phase 3](#) | [Phase 4](#) | [Phase 5](#) | [Phase 6](#) | [Phase 7](#)

Learning Objectives	Virtual Improvement Collaborative & Self-Paced Learners (On-Demand)	Virtual Improvement Collaborative (Live Sessions & Peer Network)
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1.1 Identify project team and orient learners to the program Ⓟ

<ul style="list-style-type: none">• Assemble an appropriately staffed project team, including an executive sponsor, project lead, clinical leader, administrative champions, IT specialists, quality improvement and front-line staff• Convene teams to review collaborative materials and to identify each team members' role, project capacity and goals• Understand expectations and timing for collaborative activities	<ul style="list-style-type: none">• CQC Resource: Curriculum Overview (CQC; link)• CQC: Team Description Worksheet (1 page; link)• Science of Improvement: Forming the Team (Institute for Healthcare Improvement (IHI); 3 pages; link)	<ul style="list-style-type: none">• Improvement Collaborative Materials<ul style="list-style-type: none">• Welcome orientation video• Collaborative calendar with learning activity objectives and facilitator guide• Webinar
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CQC Behavioral Health Integration Initiative

Timing: 2022 – 2027

Technical Assistance

1. BHI Improvement Collaborative targeting small, independent providers and underserved geographies, including:
 - ◆ Preparatory “boot camp”
 - ◆ Learning events
 - ◆ Individualized coaching
 - ◆ Data reporting & insights
 - ◆ Provider grants/incentives
2. Public Trainings
3. Expanded patient experience surveying (BH, telehealth)
4. Common Standards for Privacy, Consent, Data Sharing



Recruitment to start Q4 2022 for 2023 program launch



Interested in staying in the loop about recruitment & program news?

Sign up here

<https://www.pbgh.org/cqc-behavioral-health-initiative-collaborative-sign-up-form/>

Questions

1. Can you address the value of telehealth services for your organization?
2. How do the PCP and BH provider communicate?
3. Are there best practices for maintaining engagement for patients remotely and empowering patients with depression to engage in care?
4. How to best manage referring internally to a behavioral health specialist, and is this a model best suited for short term care?
5. Given that mental/behavioral health are carve outs in most commercial health plan contracts, how can we implement this practice?
6. What can payers (public purchasers or commercial insurers) do to support this integration?



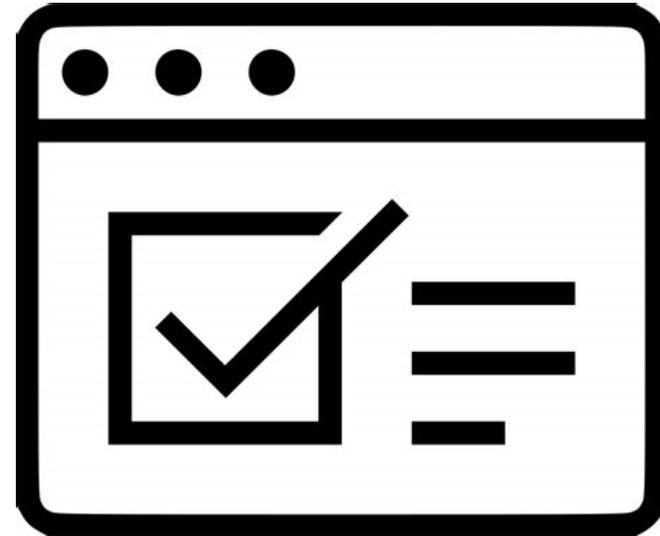
Ellie Lopez

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Poll: Webinar feedback

The content of this webinar was helpful

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree



Stay Connected to CQC



BHI Resources

- [Sign up for news about CQC's Behavioral Health Integration Initiative](#)
- [Online curriculum](#)



Additional Resources

- [California Quality Collaborative](#)
- [Resilient Primary Care Webinar Series](#)



- Sign up for our [newsletter](#)
- For questions, email us cqcinfo@pbgh.org

Thank you!