Tuesday, April 16; 11:00am – 12:00pm PT

Person-Centered Equitable Behavioral Health Integration

CalHIVE BHI Commons

Tech Tips

Welcome!

Add your organization to your name

Turn on video (if comfortable and able)

Engaging Today

- Share questions and perspective in the chat or come off mute
- Participate in Zoom polls

Need help?

Direct message Anna Baer if you have any technical issues

California Quality Collaborative

Community Guidelines

- Respect diverse perspectives
- Trust intent. Name impact.
- Use "I" statements
- Listen to learn not to respond
- Take the time you need, knowing others need time as well
- You may pass
- Honor confidentiality

- **Do you have any feedback or reflections?**

CalHIVE BHI Collaborative Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, revise & learn

Our Agenda

Today, we'll:

Reflect on your lived experience within the health care system

Identify how to incorporate health equity in Behavioral Health Integration

Practice how to create equity-focused AIM Statements

CalHIVE BHI Learning Areas

- **Project planning:** project management and quality improvement activities

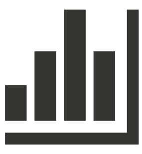
- **Patient family engagement:** feedback from patient and families

- **Workforce:** recruitment, hiring, retention and training

- **Health IT:** electronic health records, registries, privacy and security

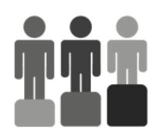
- **Clinical/care model:** operational workflows and clinical decisions

- **Financing**: funding and financial planning



- **Data/reporting:** performance measurement and quality reporting

- **Sustainability:** creating standard work; spreading pilot



- **Health equity:** addressing disparities in care and outcomes

Reflecting on Your Lived Experiences

Take a few minutes to reflect on your lived experiences in life and the health care system.

In a moment we are going to share several questions for you reflect upon. We will enter an anonymous poll.

Reflecting on Your Own Lived Experiences

1. Do you have access to adequate health insurance?
2. Do you have a primary care provider?
3. Has anyone (family member or a member from your community) ever put you down morally and emotionally for obtaining health care services or having a physical or behavioral health condition?
4. Have you ever been cared by a behavioral health provider?
5. Have you had culturally competent behavioral health services?
6. Do you speak English as your preferred language?
7. Do you have access to private and accessible public transportation (e.g., car, bike, etc.)?
8. Do you have a higher education degree (e.g., undergraduate, graduate, etc.)?
9. Do you live in a neighborhood where you feel safe and have access to community parks or open spaces?
10. Do you have access (e.g., driving or walking) to a grocery store within 5 minutes of your home?

Instructions:

- Respond to each question with a 'Yes' or 'No'.
- As we proceed, count the number of times you respond 'No'
- After presenting all 10 questions, you'll respond to a poll, noting the number of questions you responded 'No'

Reflecting on Your Own Lived Experiences

What reflections or reactions do you have to the poll results?

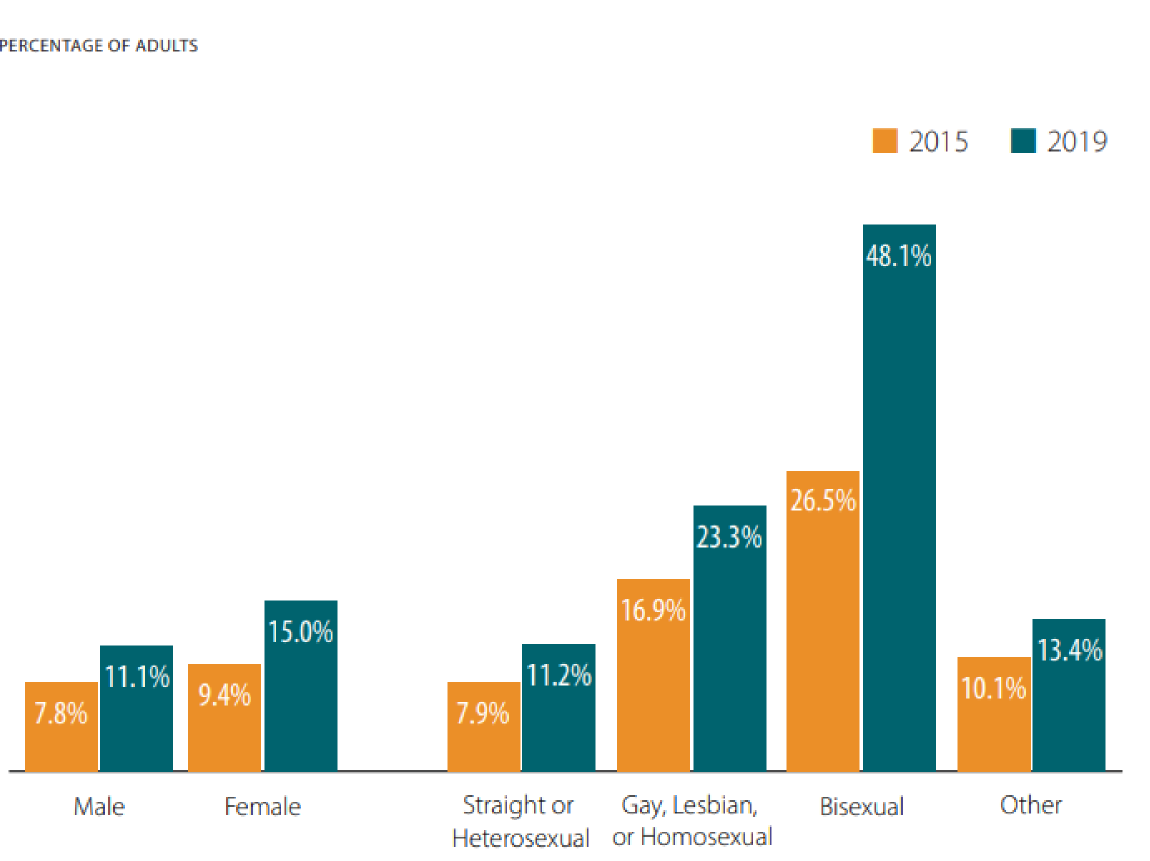
Come off mute or put your thoughts in the chat.

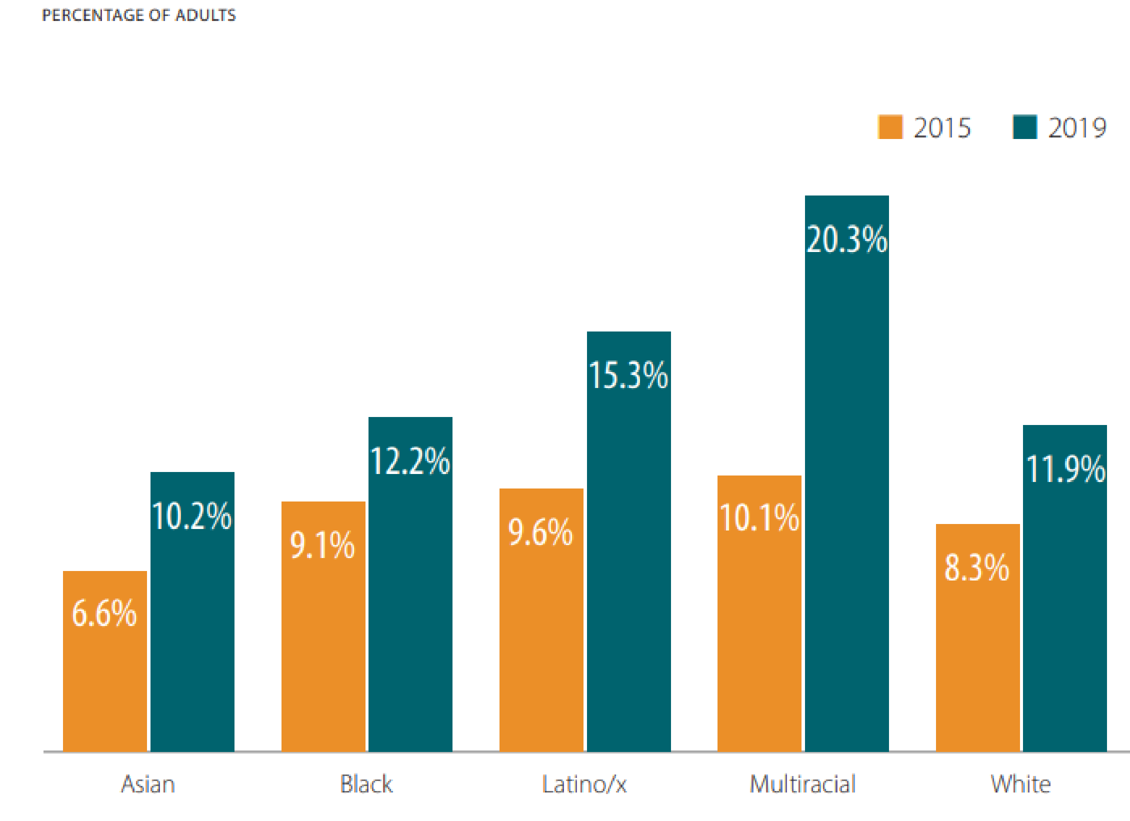
I am grateful that I have access to healthcare and resources in my community

I'm grateful, because I have lived in countries where this is not the same.

Health Equity & Social Drivers of Health in Behavioral Health Integration

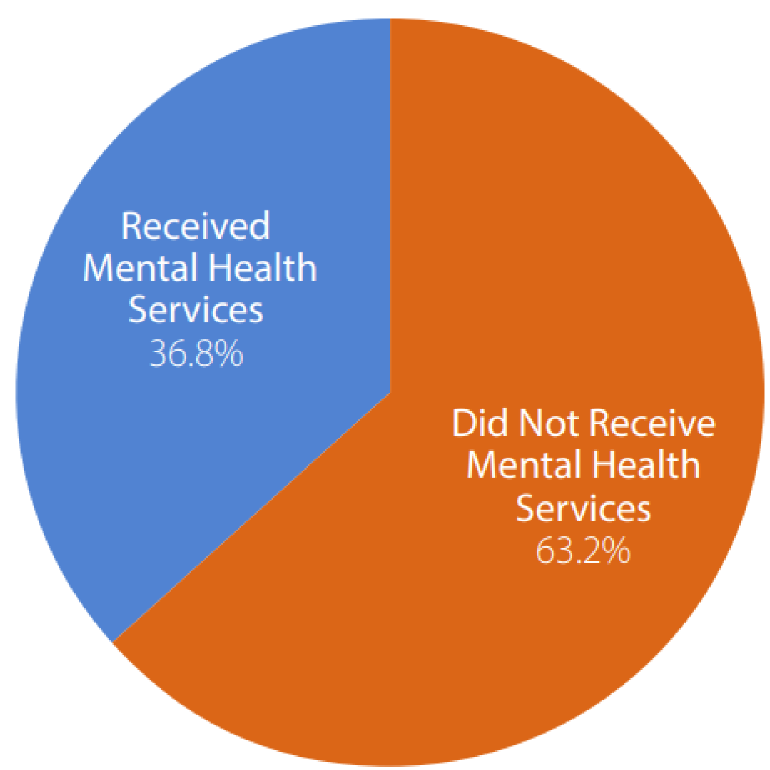
CA: Mental Health Prevalence





California Health Care Foundation – Mental Health in California

CA: Adults Accessing Mental Health Services



- Between 2017 to 2019, only one third of Californians with any mental illness received mental health services.
- Barriers to mental health services:
  - Lack of insurance, underinsurance
  - **Mental illness stigma**, often greater among minority populations
  - Lack of diversity among mental health care providers
  - Lack of culturally competent providers
  - Language barriers
  - Distrust in the health care system

California Health Care Foundation – Mental Health in California

Types of Stigma

- **Behavioral health stigma** refers to the negative attitudes, beliefs, and stereotypes that society holds about individuals who experience behavioral health conditions.

Types of Stigma	Public	Self	Institutional
Stereotypes and Prejudices	People with mental illness are dangerous, incompetent, to blame for their disorder, unpredictable	I am dangerous, incompetent, to blame	Stereotypes are embodied in laws and other institutions
Discrimination	Therefore, employers may not hire them, landlords may not rent to them, the health care system may offer a lower standard of care	These thoughts lead to lowered self-esteem and self-efficacy: "Why try? Someone like me is not worthy of good health."	Intended and unintended loss of opportunity

Sources:

- American Psychiatric Association – Stigma, Prejudice and Discrimination Against People with Mental Illness
- National Alliance on Mental Illness

How Can We Make Health Care Accessible?

Take a minute and see the pictures

1. Which picture describes equity and why?
2. What other reflections do you have?

Please share in the chat or come off mute

Source: *Tony Ruth's Illustration in Design in Tech Report, 2019*

What we saw and Other Perspectives

Inequality
Unequal access to opportunities

Equity
Custom tools that identify and address inequality

Equality?
Evenly distributed tools and assistance

Justice
Fixing the system to offer equal access to both tools and opportunities

Source: *Tony Ruth's Illustration in Design in Tech Report, 2019*

Defining Health Equity

Health Equity:

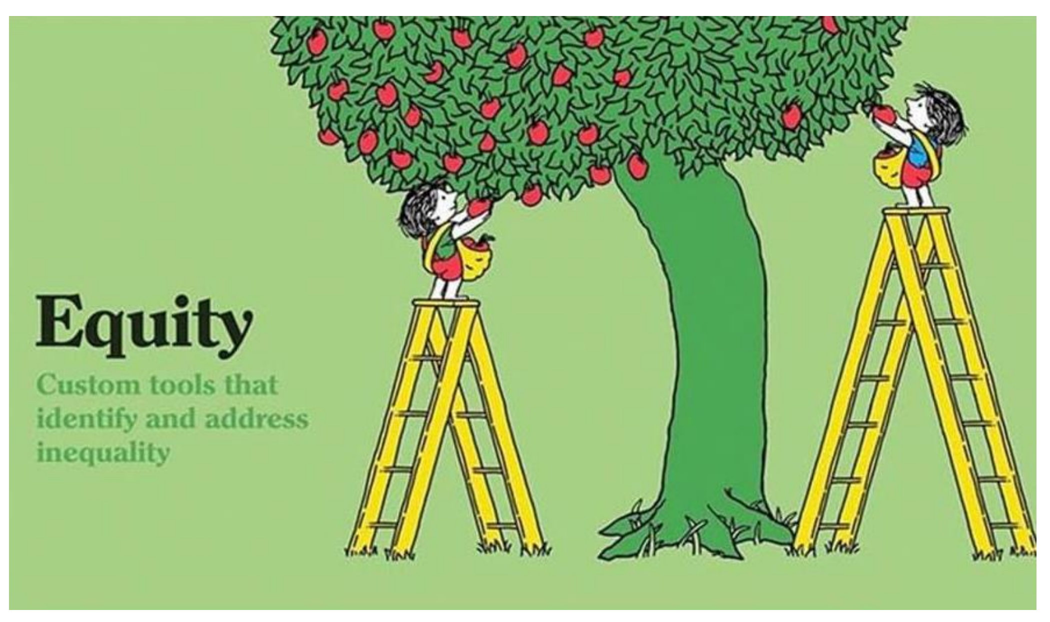
- Achieved when everyone has the opportunities and resources they need to be as healthy as possible, and no one is disadvantaged due to **social drivers** or policies. Because structural racism has systematically denied opportunities and resources based on race, health equity is inextricably linked to racial equity.

Health Disparities:

- Differences in health status rates between population groups.

Health Inequities

- Health disparities that are due to differences in access to social, economic, environmental, or health care resources. Simply put, health inequities are health disparities that are unfair and unjust.



Sources:

1. Rishi Manchanda, Roza Do, and Nasaura Miles. A Toolkit to Advance Racial Health Equity in Primary Care Improvement. California Improvement Network, California Health Care Foundation, Healthforce Center at UCSF, April 2022

2. Tony Ruth's Illustration in Design in Tech Report, 2019

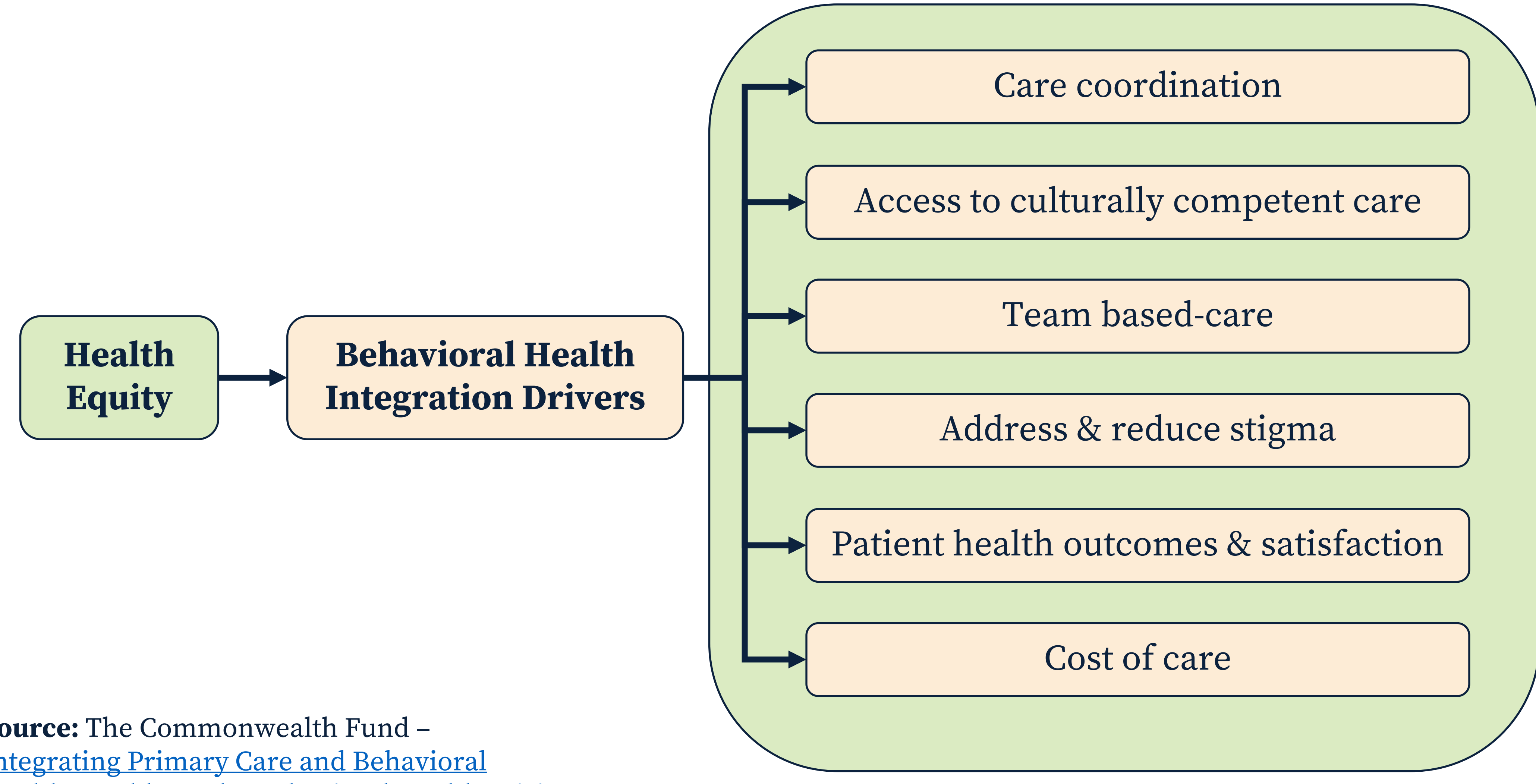
What are Social Drivers of Health?

Social Drivers of Health (SDOH)

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Healthy People 2030

BHI Drivers to Promote Health Equity



Source: The Commonwealth Fund – Integrating Primary Care and Behavioral Health to Address the Behavioral Health Crisis

Examples of Advancing Health Equity through BHI

- Care coordination
- Access to culturally competent care
- Team based-care
- Address & reduce stigma
- Patient health outcomes & satisfaction
- Cost of care

Screening and Follow-up	
	• Utilizing screening tools that **addresses the preferred language and age of patients.**
	• Proactively asking about **transportation accommodations when arranging follow-up** (flexible f/u times, scheduling PCP/BHC/CoCM f/u on the same day, telehealth f/u, etc.).

Responsive, tailored care & support	
	• **Extra validation/appreciation/flexibility** when working with people of color and underserved populations.
	• Having **culturally appropriate/specific community referral resources** for behavioral health and social connection.
	• **LGBTQ+ signage** near Integrated behavioral health provider pod/office.
	• **Sliding scale options** for economically disadvantaged (writing off BHI visits, or f/u by phone vs. in-person visit to decrease costs).

Q & A

Equity Focused AIM Statements

What Are We Trying to Accomplish?

Advancing Health Equity through your AIM Statement

When designing you AIM Statement(s) delineate health equity as part of your clear, shared vision with aligned incentives, resources and buy-in.

- **Engage stakeholders** relevant to the work.
  - Patients directly impacted, practice staff, QI team, providers, leadership, DEIB committee etc.
- **Assess the organization's readiness** to make changes and provide training around health equity if necessary
- **Include data-informed planning** of desired outcomes and how those may impact organizational structures, policies, procedures and patient populations.
- **Determine and implement strategies to get buy-in and funding** from leadership, providers, staff and patients

Source: AHRQ – [Health Equity and Behavioral Health Integration]

Include SMARTIE Characteristics in your AIM Statements

Specific	Measurable	Ambitious	Relevant	Time-Bound	Inclusive	Equitable
S	M	A	R	T	I	E

Adapted from: The Management Center – SMARTIE Goals Worksheet

Utilize Existing Health Equity Data for your AIM Statements

Health equity data: Quantitative and Qualitative information that enables the examination of health differences between populations and their causes across access, cost, and quality of care. (e.g., race, ethnicity and language (REaL), sexual orientation and gender (SOGI), etc.)

Leveraging health equity data allow us to:

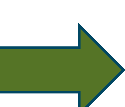
- Stratify measure performance data
- Identify if disparities and inequities exist among different patient populations
- Prioritize patient population(s) with the most need to address and monitor progress to close gaps in care and achieve better patient health outcomes.

Source:

CMS – The Path Forward: Improving Data to Advance Health Equity Solutions

Develop an Equity-Focused AIM Statement

Original AIM Statement	Updated AIM Statement	Equity-focused AIM Statement
Seaside Clinic will improve depression screening rates for all patients.	By December 31, 2025, Seaside Clinic will decrease (by 80%) the gap between patients who have been screened by a PHQ-9 or PHQ-2, while improving depression screening rates for all patients (to 60%).	By December 31, 2025, Seaside Clinic will decrease (by 80%) the gap between (Hispanic and Non-Hispanic White) patients between the ages of 20 -50 years who have been screened by a PHQ-9 or PHQ-2, while improving depression screening rates for all patients (to 60%).
No **SMARTIE** Characteristics	**SMART** Characteristics	**SMARTIE** Characteristics



Breakout Activity: Develop a SMARTIE AIM Statement

In Mixed Breakout Groups:

13 mins - Develop a SMARTIE AIM Statement based on the following criteria:

- **Salud 4 All Clinic** is in the city of Los Angeles and wants to improve depression screening from 63% to 80% by Sep. 30, 2024.
- Care Team wants to focus on patients with hypertension that have not been screened for depression **(look at the tables).**
- Patients with hypertension will be handed a PHQ-9 upon registration during their wellness visit or any other visit

Depression Screening Performance		
Denominator	Numerator	Rate (4/1/2024)
1,200	760	63%

Depression Screening Performance for Patients with Hypertension		
Denominator	Numerator	Rate (4/1/2024)
400	200	50%

Depression Screening Performance for Patients with Hypertension Stratified by Race/Ethnicity			
Race/Ethnicity	Denominator	Numerator	Rate (4/1/2024)
Black or African American	150	150	100%
White	50	50	100%
Multiracial	150	0	0%
Native American	50	0	0%

Devolving SMARTIE AIM Statement will be the Beginning in Supporting Patients like Mr. J

"I really hope I don't have to share my citizenship status with my BH provider, or I wonder if I would be okay with sharing?

"I have some chest pain since my last visit. I'm sure I am fine; staff from my clinic would have reminded me already for my wellness check. Regardless, I can't miss work."

"When I see my provider, time goes by quickly and have little time to address all my concerns. It is hard to explain my concerns as English is not my first language"

"My chest pain increased. I will have to go to the ER."

"I wish my clinic would have the behavioral health services that I need. It will take me a commute of 1 hour and a half to see my psychologist.

Mr. J

"I will need to get another job to be able to pay for what my health insurance doesn't cover."

"The front desk staff is a friend from my family. I don't want them to know that I asked for BH services.

What did I learn today?

What was your takeaway from today's webinar?

- 2 min – Think and type your answer (**don't hit the submit button!**)
- Once I say **"GO" submit your answers!**

This was another layer to take into consideration as we design our implementation that we have not actively discussed. Great food for thought!

Think creatively and don't assume.

I like the distinction between equity and justice

the importance of ensuring that all stakeholders are engaged/somehow represented in SMARTIE goals/aim statement. in collaboration, goals can be adjusted so they're both achievable and aspirational!

Aim Statement – What's Next

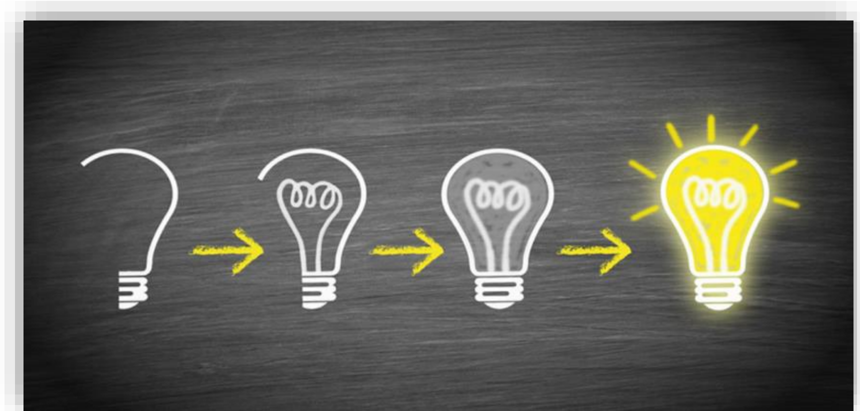
- **All organizations** – working to submit an Aim Statement for the CalHIVE BHI Program **by Tues. 4/30**

AIM Statement and Measurement Plan:

- **Q:** How does the Aim Statement align with my Measurement Plan for our pilot site?
- **A:** The Measurement Plan is focused on pilot site progress.
  - You can include measure(s) from your measurement plan in your AIM Statement to make it Measurable.
  - Your Aim Statement will focus on project, system-level success (**BHI in your pilot site**)

Feedback please!

1. Today's webinar was useful for me and my work *[select one]*
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*

   - Reflect on your lived experience within the health care system
   - Identify how to incorporate health equity in Behavioral Health Integration
   - Practice how to create equity-focused AIM Statements

Q2 2024 Sprint: Implement, Improve, Impact

APRIL

Improvement Advising
- Conduct IMAT 2 of 4
- Collaborate on and finalize Aim statement & Convening Pre-Work

Thurs. 4/4 (12-1) – Data Office Hours

Fri. 4/12– Baseline Data due

Tues. 4/16 (11-12)
CalHIVE BHI Commons – Person Centered Equitable BHI
- Review health equity opportunities in BHI care
- Understand opportunities to reduce stigma in patient populations

Tues. 4/30 (11-12)
[OPT] Webinar – Model for Improvement Fundamentals (Webinar 2 of 2)
- Plan how to incorporate quality improvement and data-driven decisions

By Tues. 4/30
Aim Statement & Convening Pre-Work Due
- Create goal with measurable objectives for end of program (including a disparity analysis)
- Finalize pre-work for May in-person convening

MAY

Improvement Advising
- Review baseline data trends
- Conduct IMAT 2 of 4

Tues. 5/7 (11-11:30)
[OPT] CalHIVE BHI Webinar – Convening Prep
- Prepare for annual in person meeting

Tues. 5/21- Wed. 5/22
CalHIVE BHI Convening 2024: Implement, Improve, Impact
- Day 1: BHI workflows
- Day 2: Reflect on pilot site integration progress and capture improvements; analyze individual and cohort data trends and Aim Statements; identify patient engagement opportunities

By Fri. 5/31
Implementation Milestone Tool (#2 of 4)
Final scores documented

JUNE

Improvement Advising
- Review baseline data trends
- Complete BHI Implementation plan

Tues. 6/11 (11-12)
CalHIVE BHI Commons – BHI Workflows: Barrier Busting
- Reflect on BHI workflow development: challenges, real-life progress and solutions

Thurs. 6/13 – Data Webinar: Cycle 1

Tues. 6/25 (11-12)
[OPT] Pilot Site Evaluation & Engagement Office Hours
- Review themes, recommendations & resources

By Fri. 6/28
BHI Implementation Plan: Section 7 – BHI Workflows
- Due to IA

Improvement Advising
Webinars
In Person Events
Data / Reporting
Assignments

Thank you!

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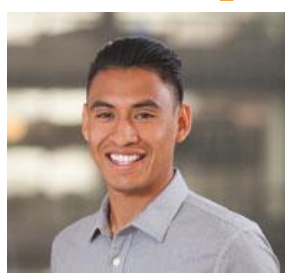
Data Reporting



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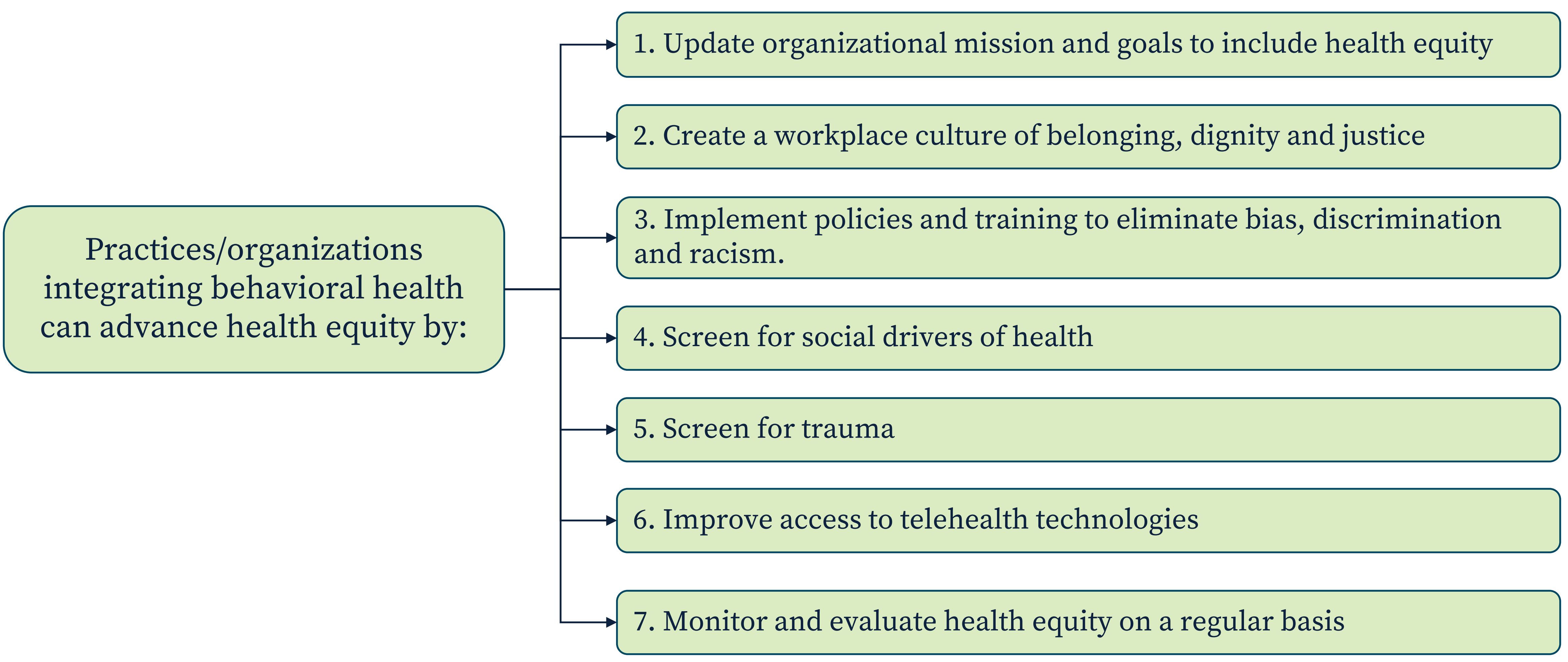
Appendix: Advance Health Equity through BHI Efforts?



Source: AHRQ – Health Equity and Behavioral Health Integration