

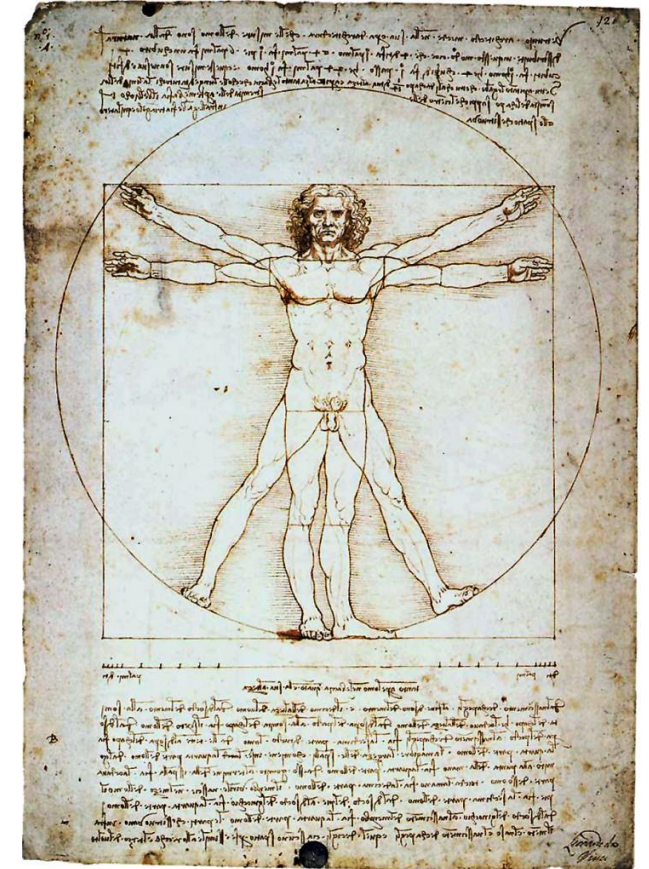
Introduction to Integrated Care NCIOM Task Force on Mental Health and Substance Use Disorders

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Whole-person Care

- ▶ The majority of people have comorbid mental health and medical problems but do not receive care consistent with established practice guidelines (Institute of Medicine, 2006).
- ▶ Developing an interdisciplinary team of healthcare and behavioral health providers who work with patients and their loved ones can ensure that whole-person, evidence-based care is the standard of care (Kaslow et al., 2007).




Integrated Care



- ▶ “Care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.”

(Peek, 2013)

Defining Integrated Care

- ▶ Mental health and medical care providers working together to address both the physical and mental health needs of their patients.
 - ▶ Evidence-based, strategic framework that addresses the whole person, no matter which “door” the person enters.
 - ▶ Assumes that health is a shared community responsibility and can be achieved through the dissolution of barriers that result in silo-style service provision (Mauer & Jarvis, 2010).
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Defining IC in NC

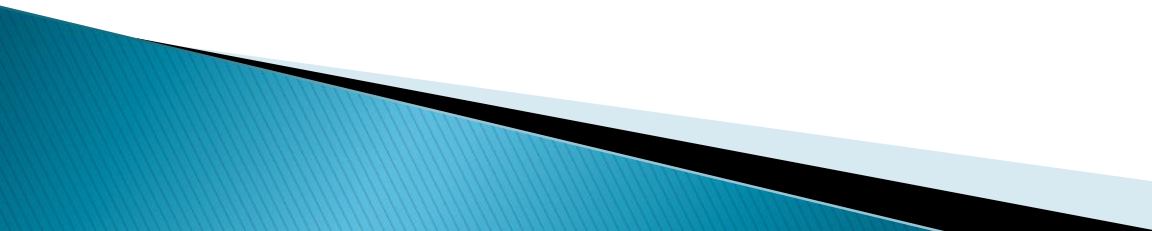
The NC Integrated Care Steering Committee defined IC as both an orientation to as well as a model of providing healthcare that encompasses the goals of the Triple Aim.

Core Concepts that must be present:

- Person-centered and team-based,
- Coordinated across systems of care and professions,
- Comprised of shared information systems,
- Longitudinal and evolves to meet patient needs
- Evidence-based,
- Comprehensive, and
- Cost-effective.



How does it work?

- ▶ Medical and behavioral health providers partner to coordinate the detection, treatment, and follow-up of the patient's behavioral and physical conditions.
 - ▶ The patients' entry into services drives the model: Behavioral health into the healthcare setting, healthcare into the behavioral healthcare setting, and other models (e.g. school-based, tertiary care settings).
 - ▶ The level of integration is on a continuum -- from minimal collaboration to fully integrated, whole person care.
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Working toward Unified IC in NC

- ▶ Developing state-wide accountability for quality metrics to encourage greater coordination between physical and behavioral health -- Outcome measures workgroup through DHHS.
- ▶ Redefining IC – IC Steering Committee that emerged from the IC Policy Summit.
- ▶ Identifying IC policy and practice barriers – Workgroups to make recommendations/changes to the current system and policies.



IC Outcome Measures

DHHS Outcome Measures Benchmarking Task Force

- ▶ Six subcommittees
 - Recommendations for Adult and Child Sub populations
- ▶ Three criteria for selection
 - Measurable (could be extracted from claims data)
 - Evidenced-based
 - Developmental measures (quality of care to watch)

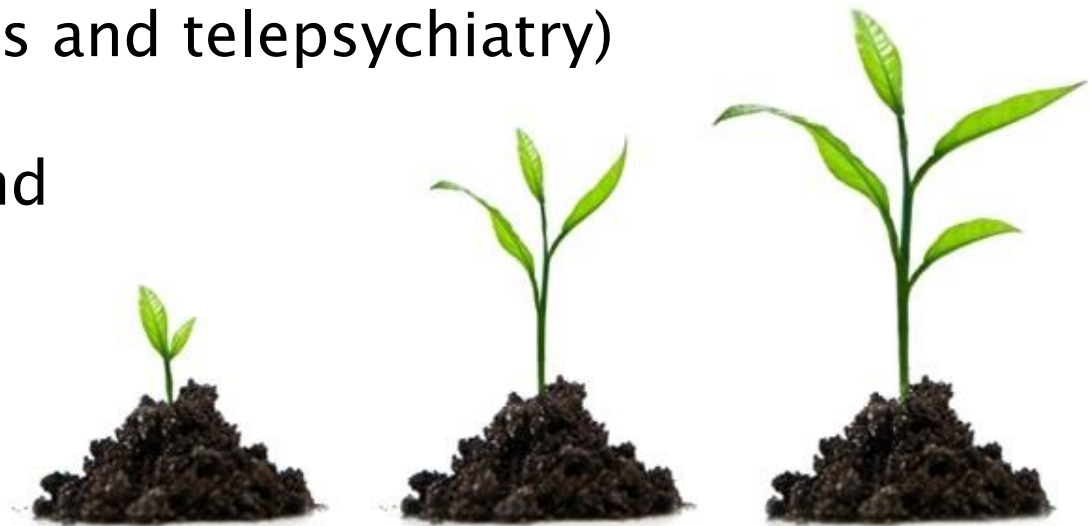
Policy and Systems Barriers

- ▶ Payment model/reimbursement
- ▶ Lack of NC data to support IC
- ▶ Licensure/competencies/ethics
- ▶ Workforce deficits
- ▶ Uninsured
- ▶ Lack of consistent policy/laws interpretation
- ▶ Lack of Communication – HIE
- ▶ Historical systems issues



Brief Review of Integrated Care in NC

- ▶ ICARE project
 - Built the foundation for IC in NC
 - Made Policy Recommendations
 - Developed multidisciplinary partnerships that are still going on today
- ▶ Funded IC Projects
 - Kate B. Reynolds Charitable Trust (multiple projects over the last decade for populations across the lifespan; Chronic Pain)
 - The Duke Endowment (pediatrics and telepsychiatry)
 - Federal PCMH grants
 - Other regionally, community, and State-funded projects



Federally-funded IC Projects

Just a few that promote Integrated Care concepts and models

- ▶ CHIPRA,
- ▶ Project LAUNCH,
- ▶ HRSA Grant awarded to UNC to increase the number of Psychiatric Nurse Practitioners,
- ▶ 2014 HRSA PCMH grant awarded to 18 community health centers,
- ▶ SAMHSA/HRSA 2014 Workforce Training grant awarded to 4 universities
- ▶ SBIRT
- ▶ Federally-funded Chronic Pain Initiative at MAHEC

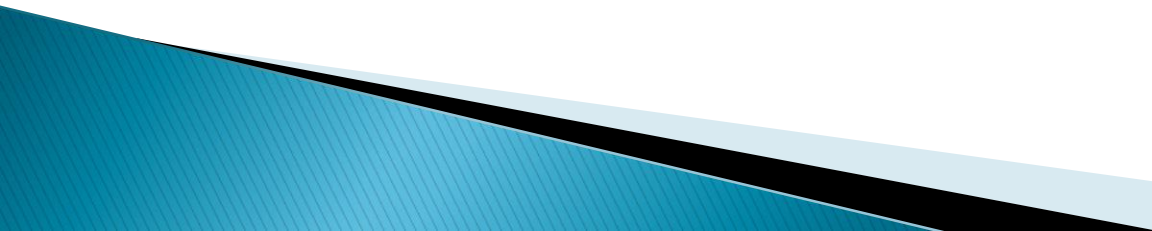
Models in NC

- ▶ IC programs being creative and making it work
 - Collaborating with other providers and systems
 - Communicating with policy and lawmakers
- ▶ Models of IC – meeting people where they are and seek help
 - Primary Care/Medical Home
 - Mental Health/Substance Abuse Bidirectional Sites
 - School-based IC Health Centers
 - Faith-based, Community Centers
 - Health Departments
 - University-based Health Centers
 - Private Practices
 - Specialty Medical Care
 - Tertiary Care
 - Hospitals and Emergency Departments
 - Residential Settings



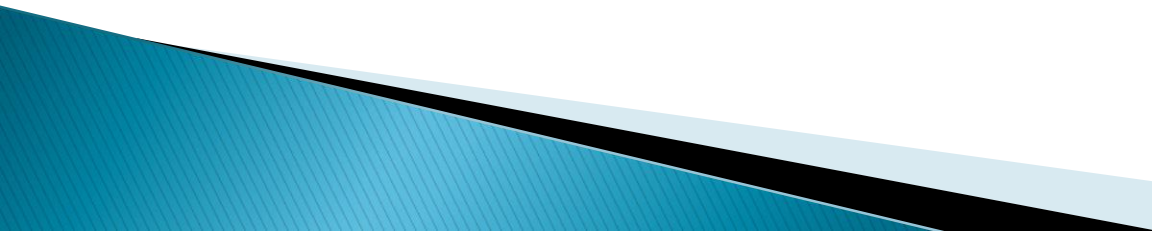
NCIOM Task Force on Rural Health

Action Plan: 6 Key Strategies

- Expand Jobs and Economic Security
 - Early Care, Parenting Supports, and Education
 - Healthy Eating and Active Living
 - Behavioral Health Services in Primary Care Settings
 - Insurance Coverage and Safety Net Programs
 - Recruitment and Retention of Healthcare Professionals in Rural Settings
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Who Needs Integrated Care in NC

Providers addressing and treating

- ▶ children and adolescents in conjunction with their families
 - ▶ the growing number of older adults with complex medical and behavioral health needs
 - ▶ the IDD population
 - ▶ all populations with chronic pain and substance use disorders, and
 - ▶ the mild-to-moderate who do not need traditional, long-term mental health treatment but who have behavioral health issues affecting their health outcomes
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Institute of Medicine. 2006. *Improving the quality of health care for mental and substance-use conditions*. Washington, DC: National Academies Press.

Kaslow, N. J., Bollini, A. M., Druss, B., Glueckauf, R. L., Goldfrank, L. R., Kelleher, K. J., ... Zeltzer, L. (2007). Health care for the whole person: Research update. *Professional Psychology: Research and Practice*, 38(3), 278.

Peek, C.J., & the National Integration Academy Council (2013). Lexicon for behavioral health and primary care integration: Concepts and definitions developed by expert consensus. AHRQ Publication No.13-IP001-1-EF. Rockville, MD: Agency for Healthcare Research and Quality. Available at: <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon>