

Challenges, Workarounds, and
Solutions

Integrated Behavioral Health Program Development At a Rural Tribal Health Center





Rocky Boy Health Center

Rocky Boy Health Center (RBHC) strives to provide holistic care by ensuring the availability of all necessary healthcare services, which support of the wellness of all tribal members.

RBHC implemented integrated behavioral health (IBH) in primary care to meet grant requirements (BH2I/ZSI).

Subsequent benefits of implementation include increased availability, accessibility, affordability, and acceptability of behavioral health care for their patients.

RBHC is required to become a Patient Centered Medical Home (PCMH).

Integrated behavioral health and PCMH standards will benefit community members through increased focus on partnering with patients, increasing access to care, improving care coordination, and enhancing team-based care (Weir, et al., 2015).


Background

Like other rural populations Rocky Boy community members have fewer resources than their urban counterparts. Yet, often present with the same complexity (Peterson, Turgesen, Fisk, & McCarthy, 2017).


For many community members primary care is the first point of contact for patients with trauma and other mental health concerns (Hiratsuka, et al., 2016).

Implementation

Rocky Boy Health Center implemented behavioral health integration in the primary care setting on November 4th, 2018. Though implementation began in November the health center was already over a year into a three year 1.5 million-dollar BH2I grant through IHS.



RBHC's initial attempt to integrate the primary care setting was largely unsuccessful. Lack administrative vision, staff training, and minimal provider buy-in led to a low degree of integration.



On-site behavioral health providers would see referred patients for behavioral health issues. The care provided by the behavioral health consultants was largely independent of the primary care providers, although the co-located providers did consult with each other ("Organized, Evidence-Based Care," 2014).

Implementation



RBHC reintroduced behavioral health integration on March 11th, 2019, following several staff becoming trained in the Cherokee integrated model. The IBH team focused on the development of integration procedures, and workflow with the goal of implementing the program with fidelity.



With increased efforts to implement IBH with fidelity, two primary care providers and a behavioral health provider formed one integrated care team and actively partnered together to share accountability for the total health care needs and outcomes of their panel of patients ("Organized, Evidence-Based Care," 2014).



The current IBH team consists of two primary care providers, one fulltime licensed behavioral health consultant (BHC) embedded as part of the primary care team. The team also has two fulltime case managers and two registered nurses.

Challenges



A lack clear vision for what the health center hoped to achieve through integration and how it connects to the organization's vision and strategic priorities.



Facility is not conducive for integration. Each department is in a wing of the building which makes interprofessional collaboration difficult. The primary care department is unable to accommodate integrated team pods.



Current electronic health record system does not support integration.



Lack of program understanding by RBHC staff, the community, and tribal government.



Senior primary care providers and nursing staff had limited program buy-in.



Psychiatric provider not available for referral or consultation with PCP.



Most who seek services are walk-in patients. This creates challenges for pre-visit planning and empaneling patients with the integrated team.

Workarounds

A project charter was developed to guide program development and to compensate for the lack of strategic plan.

A microsystem change was implemented to assess program viability and work through any problems prior to implementing integrated behavioral health throughout primary care.

In order to increase provider buy in two PCP's were chosen to champion the model and work as a part of an integrated team.

Case managers were initially hired to compensate for nursing staff's refusal to administer screening tools. The goal is to move case managers to more of a patient navigator role based on the Nuka Model of IBH.

The IBH team tracks pertinent patient data using spreadsheets. This includes target population outcome data, patient referrals, output data, and patient tracking. The data is saved on encrypted hard drives and stored in a locking cabinet to protect patient privacy.

Brochures describing IBH were created to help the community better understand the program.

Solutions

To address EHR limitations RBHC has contracted with Greenway Health to develop and implement a new electronic health records system. The expected go live date is February 6, 2020.

Greenway Health will complete onsite workflow evaluations in October and November 2019. Greenway will partner with the IBH team to develop an IBH program specific EHR patch.

RBHC partnered with Regroup an organization that provides psychiatric services via telemedicine.

RBHC arranged an onsite training for all staff. Representatives from Cherokee health systems were brought in to educate the staff on the primary themes of integrated behavioral health.

To increase nurse buy in RBHC is moving away from extensive screening tools (PHQ-9, AUDIT-C, DAST-10, PC-PTSD-5) and incorporating brief depression and SUD screening tools (PHQ-2 and NIDA). The brief screening tools will act as behavioral health vitals completed at each visit by the RN's.

A planning committee will be formed by October 1, 2019 to guide the implementation of IBH throughout the medical department. The committee will also guide the process of integrating other departments.

References

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Questions

Thank you for listening!

Any Questions?

