IBH Core Elements

Presenting A New Framework

Montana Healthcare Foundation | 2022

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Core Elements & Comprehensive Healthcare Integration (CHI)

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Integrated Behavioral Health Core Elements Session

- Introduction
- Where we are
- Where we are going
- Crosswalk: Core Elements & CHI Framework
- Table talk questions
- What's next

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Where We Are

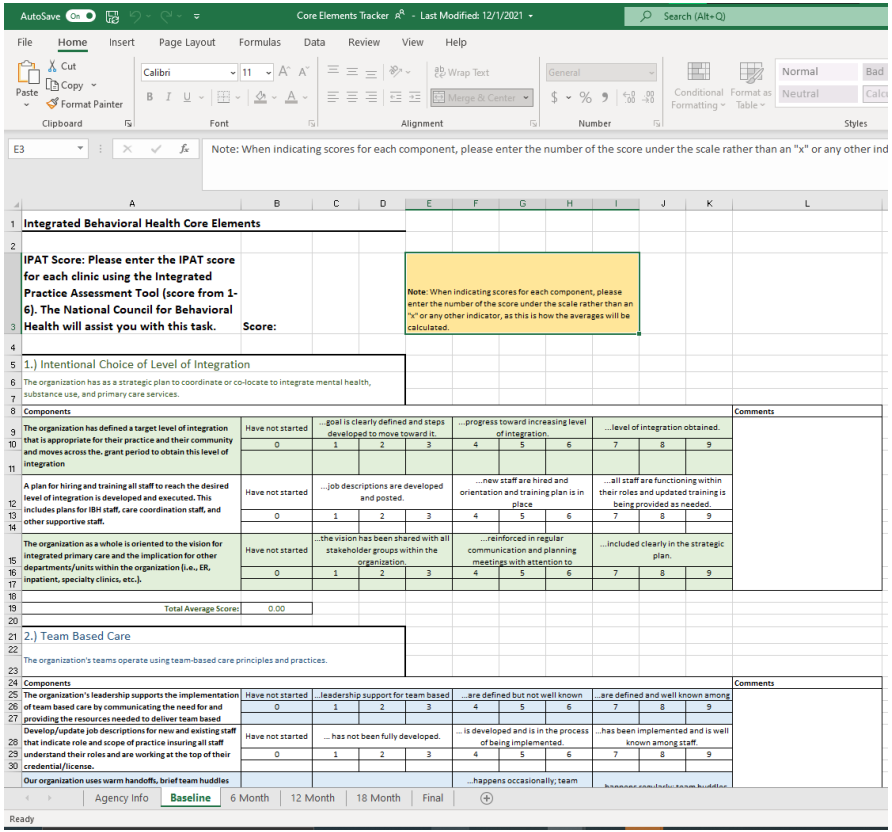
CORE ELEMENTS DEVELOPMENT & JOURNEY

- The Montana Integrated Behavioral Health Steering Committee, comprised of stakeholders from the state health department, behavioral and primary care providers, and state and national associations, reached a consensus on eight core elements of IBH to support statewide integrated care.
- MHCF has engaged in continuous quality improvement throughout the IBH initiative to ensure that grant-making, technical assistance, and data support are helping achieve the IBH goals.
- We have revised the core elements multiple times over the past six years.

IBH Core Elements

- Intentional choice of level of integration
- Team-based care
- Evidence-based clinical models
- Data-driven systems
- Clear leadership
- Defined continuum of care
- Care coordination
- Psychiatric consultation

Core Elements Tracker



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E3

Note: When indicating scores for each component, please enter the number of the score under the scale rather than an "x" or any other ind

Integrated Behavioral Health Core Elements

IPAT Score: Please enter the IPAT score for each clinic using the Integrated Practice Assessment Tool (score from 1-6). The National Council for Behavioral Health will assist you with this task. **Score:**

Note: When indicating scores for each component, please enter the number of the score under the scale rather than an "x" or any other indicator, as this is how the averages will be calculated.

1.) Intentional Choice of Level of Integration

The organization has as a strategic plan to coordinate or co-locate to integrate mental health, substance use, and primary care services.

Components											Comments
The organization has defined a target level of integration that is appropriate for their practice and their community and moves across the. grant period to obtain this level of integration	Have not started		...goal is clearly defined and steps developed to move toward it.			...progress toward increasing level of integration.			...level of integration obtained.		
	0	1	2	3	4	5	6	7	8	9	
A plan for hiring and training all staff to reach the desired level of integration is developed and executed. This includes plans for IBH staff, care coordination staff, and other supportive staff.	Have not started		...job descriptions are developed and posted.			...new staff are hired and orientation and training plan is in place			...all staff are functioning within their roles and updated training is being provided as needed.		
	0	1	2	3	4	5	6	7	8	9	
The organization as a whole is oriented to the vision for integrated primary care and the implication for other departments/units within the organization (i.e., ER, inpatient, specialty clinics, etc.).	Have not started		...the vision has been shared with all stakeholder groups within the organization.			...reinforced in regular communication and planning meetings with attention to			...included clearly in the strategic plan.		
	0	1	2	3	4	5	6	7	8	9	

Total Average Score: 0.00

2.) Team Based Care

The organization's teams operate using team-based care principles and practices.

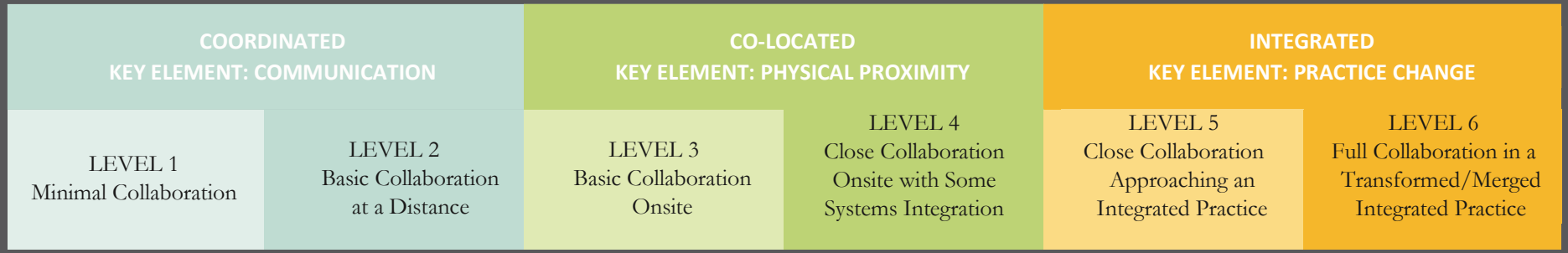
Components											Comments
The organization's leadership supports the implementation of team based care by communicating the need for and providing the resources needed to deliver team based	Have not started		...leadership support for team based			...are defined but not well known			...are defined and well known among		
	0	1	2	3	4	5	6	7	8	9	
Develop/update job descriptions for new and existing staff that indicate role and scope of practice insuring all staff understand their roles and are working at the top of their credential/license.	Have not started		... has not been fully developed.			... is developed and is in the process of being implemented.			...has been implemented and is well known among staff.		
	0	1	2	3	4	5	6	7	8	9	
Our organization uses warm handoffs, brief team huddles						...happens occasionally; team					

Agency Info | Baseline | 6 Month | 12 Month | 18 Month | Final

Ready

Integrated Practice Assessment Tool (IPAT)

We previously used the IPAT to measure whether an organization "successfully" implemented IBH by the conclusion of a grant, but it falls short of fully capturing the level of integration.



Where We Are Going

- In 2023, the Montana Healthcare Foundation will revise our IBH Core Elements to reflect a new framework
- The Comprehensive Healthcare Integration (CHI) framework supports primary care practices across Montana to achieve a level of integration congruent with their organization's:
    - resource capacity
    - population needs
    - payer incentives
    - regulatory requirements
- The CHI framework is based on national consensus and updates the Integrated Practice Assessment Tool (IPAT)

CHI Framework Objectives

- Adopt best practices and align with the goals of our initiative.
- Ensure we are demonstrating outcomes and ultimately improving health through the IBH initiative.
- Provide appropriate technical assistance to MHCF grantees that reflects the readiness and capacity of the organization and measures the level of integration.
- Evaluate current initiative metrics and reporting system to establish new (if applicable) quantitative data collection and qualitative measures that are attainable for sites, provide information for effective grant management/TA work, and allow MHCF to evaluate the success of the initiative.

CHI Domains

1. Integrated Screening, Referral to Care, and Follow-Up
2. Evidence-based (EB) care for prevention/intervention for common PH and/or BH conditions
3. Ongoing care coordination and care management
4. Self-management support that is adapted to culture, socio-economic, and life experiences of patients
5. Multi-disciplinary team (including patients) with dedicated time to providing PH/BH care
6. Systematic quality improvement (QI)
7. Linkages with community and social services that improve PH and BH and/or mitigate environmental risk factors
8. Sustainability

CHI Sub-Domains

1.1 Screening and follow-up for co-occurring behavioral health (MH, SUD, nicotine), PH conditions and preventive risk factors

1.2 Facilitation of referrals and f/u

2.1 EB guidelines or protocols for preventive interventions such as health risk screenings, suicide risk screening, opioid risk screening, and developmental screening.

2.2 EB guidelines or treatment protocols for common PH or BH conditions (as well as for addressing relevant health behaviors that affect the conditions being addressed).

2.3 Use of medications by prescribers for common PH and/or BH conditions, including tobacco cessation.

2.4 EB or consensus approaches to addressing trauma and providing trauma-informed care.

3.1 Longitudinal clinical monitoring and engagement for addressing prevention and intervention for co-occurring PH and/or BH conditions.

4.1 Use of tools to promote patient activation and recovery from co-occurring PH and/or BH conditions with adaptations for literacy, economic status, language, and cultural norms.

5.1 Care team.

5.2 Sharing of treatment information, case review, care plans and feedback.

5.3 Integrated care team training and competency development.

6.1 Use of quality metrics for PH/BH integration improvement and/or external reporting. Ability to measure baselines for processes and outcomes and apply QI activities to demonstrate improvements for one or more co-occurring PH and/or BH domains.

7.1 Linkages to housing, employment, education, DD/BI, child/adult protective, domestic violence, financial entitlement, home care, immigration, and other social support services.

8.1 Build process for billing and – where applicable – process and outcome reporting to support financial sustainability of integration efforts.

8.2 Build process for expanding regulatory and/or licensure opportunities.

Construct 1 - BH Setting

Screening rates for cardiovascular disease or diabetes in people with serious mental illness (per ADA/APA guidelines and HEDIS).

Demonstration of at least one care compact or MOU with a PH provider to provide PH care and percent with a completed referral (clinical documentation of lab, notes) received from referral organization.

Construct 1 - PH Setting

Screening rates for select groups - depression in adults and adolescents, attention deficit disorder in children and adolescents, anxiety disorders in children, adolescents and adults, substance use disorders in adults and adolescents (SBIRT approach).

Demonstrations of at least one Care Compact or MOU with a BH provider to provide BH care

Percent with a completed referral (clinical documentation of notes) from referral organization

Construct 2 - BH Setting

Percentage of child and adolescent patients with elevated BMI offered nutritional counseling.

The percentage of patients with OUD prescribed MAT with 6, 12, 18 months (could be in PH or BH column)

Percentage of patients with SMI and diabetes demonstrating control (A1c < 9).

Construct 2 - PH Setting

Percentage of patients (adult and adolescent) diagnosed with depression with a 50% reduction in depression symptoms utilizing a validated tool (PHQ9 for example) at 6 and 12 months (NQF 1884 and 1885).

Percentage of the above that reach remission by 6 and 12 months (NQF 710 and 711).

Includes Metrics from Construct 1

Construct 3 - BH & PH Setting

Reduced utilization of ED and inpatient

Improved follow-up post ED and inpatient

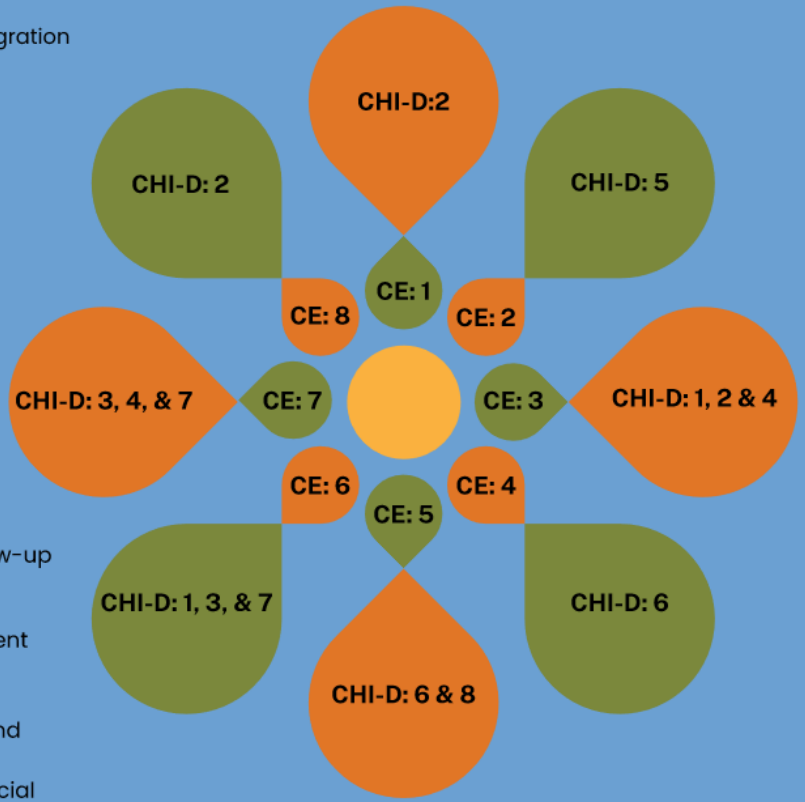
Reduction in 30-day readmissions

Total cost of care

Includes Metrics from Construct 1 & 2

Core Elements and CHI-D Crosswalk

CE: 1-Intentional Choice of Level of Integration
CE: 2-Team Based Care
CE: 3-Evidence-Based Clinical Models
CE: 4-Data Drive Systems
CE: 5-Leadership
CE: 6-Defined Continuum of Care
CE: 7-Care Coordination
CE: 8-Psychiatric Consultation



CHI-D: 1-Screening, Referral and Follow-up
CHI-D: 2-Prevention and Treatment of Common Conditions
CHI-D: 3-Continuing Care management
CHI-D: 4-Self-Management Support
CHI-D: 5-Multidisciplinary Teamwork
CHI-D: 6-Systematic Measurement and Quality Improvement
CHI-D: 7-Linkage with Community/Social Services for Social Determinants of Health
CHI-D: 8-Financial Sustainability

IBH Grantee Reporting

OUTCOMES

- Defining “successful” IBH implementation as:
  - universal screening for depression, anxiety, substance use, and suicide risk
  - team-based care
  - care coordination
  - sustainability
- Measured by TA provider assessment (qualitative) for low to medium capacity sites and/or JG screening & improvement data (quantitative) for higher capacity sites

Examples by Level of Integration

CONSTRUCT 1, 2 & 3

- Universal screening for depression, anxiety, substance use, suicide risk
  - Construct 1: To what extent are you screening all adult patients annually for (depression, anxiety, SUD)?
    a. Universal, all or nearly all adults are screened annually (90-100%)
    b. Mostly, some patients don't receive a screen (70-90%)
    c. Somewhat, varies across organization (50-70%)
    d. Not much, screening is still sporadic (30-50%)
    e. No change from historical practice
  - Construct 2 & 3: screening and improvement rates for sites able to report data

Examples by Level of Integration

CONSTRUCT 1, 2 & 3

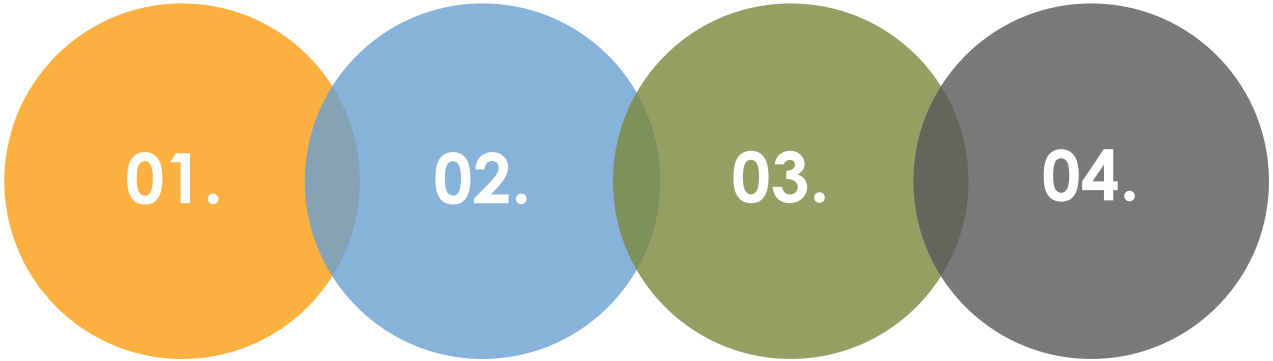
- Team-based care including treatment for BH conditions
  - All sites: drop-down menu of how site has integrated BH services
- Care coordination for SDOH
  - Construct 1: screening for SDOH using EB tool
  - Construct 2: monitoring and follow-up on referrals
  - Construct 3: resolution of identified SDOH
- Sustainability
  - All sites: Based on your current revenue generated, is this project self-sustainable? How will you achieve or maintain sustainability?

Let’s Talk!

What Are You Thinking?

1. How do you see the IBH Core Elements relating to the 8 domains of the Comprehensive Healthcare Integration (CHI) framework?
2. How do the CHI constructs help your organization assess its current level of integration?
3. Identify one metric associated with your organization's current level of integration.

What's Next?



Update the IBH Core Elements to the 8 Domains of Comprehensive Healthcare Integration.

Adopt three CHI constructs of IBH to measure the level of integration (replacing IPAT and core elements tracker).

Develop a timeline for current grantees and migration of new “measurement” tools.

Develop materials for technical assistance.

Learn More

NATIONAL COUNCIL FOR MENTAL WELLBEING

[Training & Events - National Council for Mental Wellbeing (thenationalcouncil.org)]

CoE-IHS Webinar: CHI Part 1 – Introducing a New Framework

CoE-IHS Webinar: CHI Part 2 – Domains & Constructs

CoE-IHS Webinar: CHI Part 3 – Measuring Integration and Choosing Metrics

CoE-IHS Webinar: CHI Part 4 – Payment Models for Comprehensive Health Integration

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