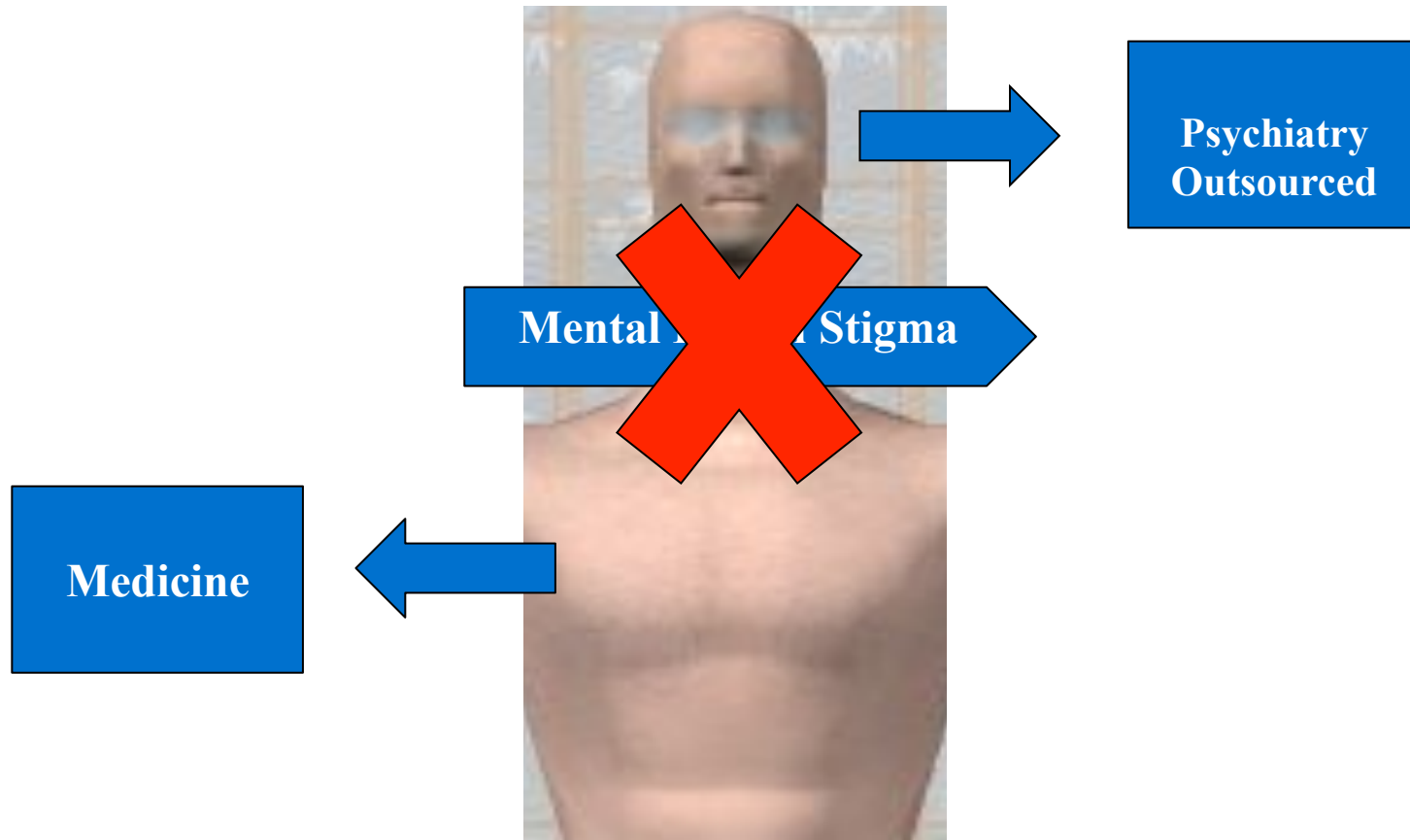


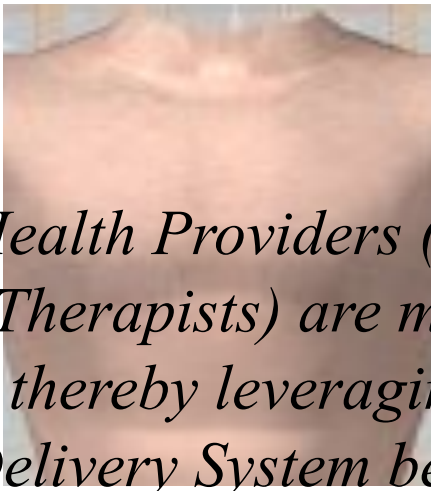
Objectives

1. Establish vision and mission concepts needed to create an integrated care system
2. Define governance, operational, financial and clinical issues to implement a Behaviorally Enhanced Health Care Home
3. Discuss critical sustainability success factors

“The Usual Way”



“The Lone Star Circle of Care Way”



Behavioral Health Providers (Psychiatrists and Counselors/Therapists) are members of LSCC medical team thereby leveraging ALL Integrated Delivery System benefits

Providing holistic care by
diagnosing and treating physical
AND mental conditions



Integrated Care: Why Do It?

- **Persons with serious and persistent mental illness die, on average, 25 years earlier than the general population**

(Parke J et. al., Morbidity and Mortality In People With Serious Mental Illness, National Association of State Mental Health Program Directors Medical Directors Council, 2006)

- **60% of premature deaths for those with schizophrenia are due to cardiovascular, pulmonary and infectious diseases**

(Parke J et. al., Morbidity and Mortality In People With Serious Mental Illness, National Association of State Mental Health Program Directors Medical Directors Council, 2006)

- **Treatments of mental illness are effective 60%-80% of the time. This rate meets or exceeds success rates for cutting edge treatment for heart disease.**

Integrated Care: Solution

An Institute of Medicine report in 2005 concluded that the **only way** to achieve true quality (and equality) in the health care system is to **integrate primary care with mental health care and substance abuse services.**

(Institute of Medicine, “Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series”, November 1, 2005.)

How To Do It: Essential Elements

- “Best practice” means providing Primary Care Providers (PCPs) “real time” mental health expertise
- Active screening in medical clinics for behavioral health concerns
- Easy access to clinical information
- Active care coordination/case consultation
- Governance
- Sustainability
- Partners

Integrated Care: Why Primary Care?

- Most people with mental disorders are diagnosed and treated by their Primary Care Physician/Provider:
- Psychoactive Prescriptions: August 2006 to July 2007
 - 472 Million Rx for Psychoactive medications
 - 59% by General Practitioners
 - 23% by Psychiatrists
 - 19% by others

Provide PCPs “real time” Mental Health Expertise

- PCPs problems: Time and Access
- Embedded Behavioral Health Specialists
 - Provides “real time” consultation to medical staff
 - Conducts crisis intervention for patients in the clinic
 - Facilitates and expedites access to psychiatric services
 - Provides brief therapy/counseling services to patients
 - Coordinates care with the patient’s PCP
 - Assists with efficient patient flow
- Providing direct PCP access to child and adult psychiatrists
- Telepsychiatry
- On Call Services

Active BH Screening in Medical Clinics

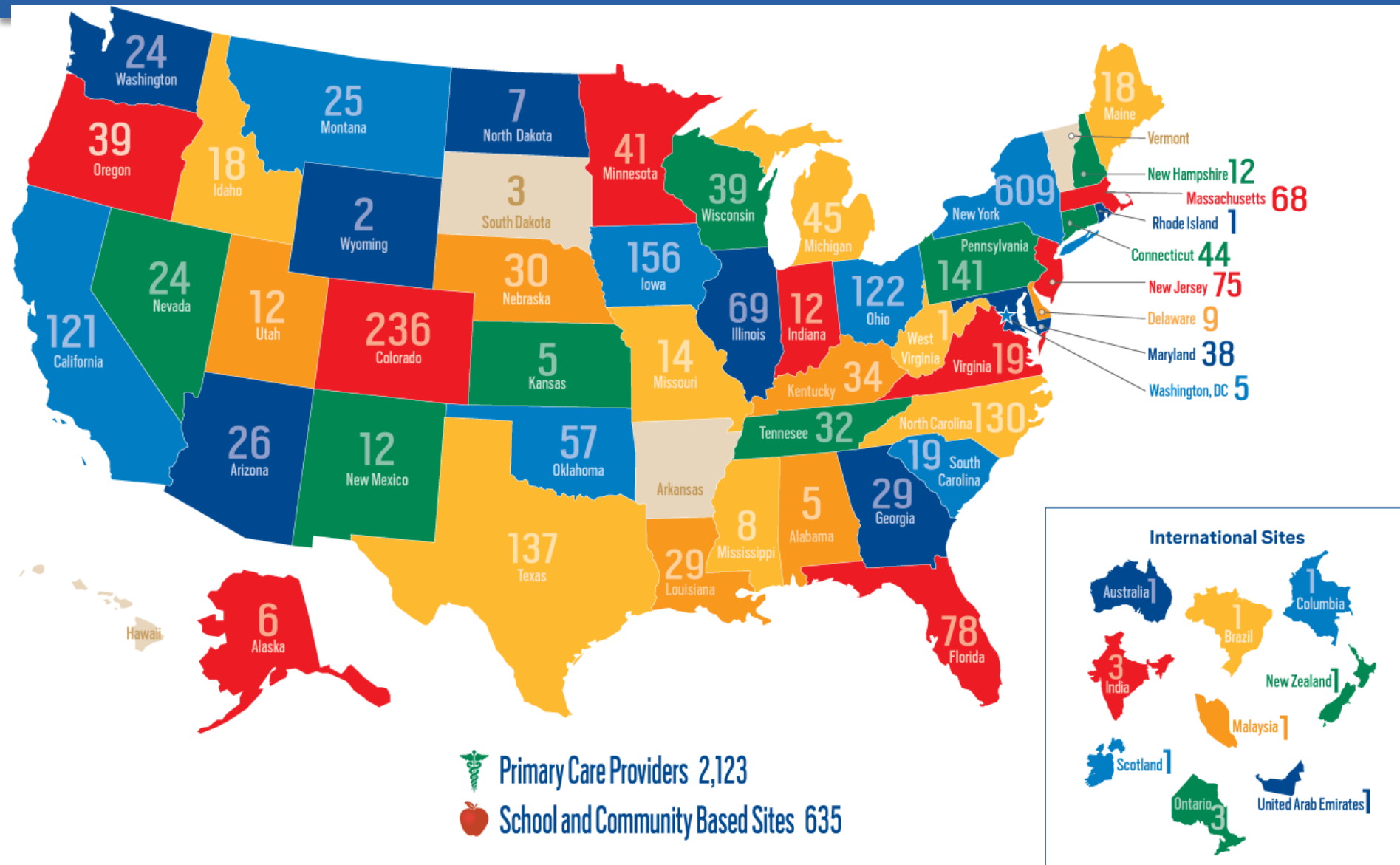
<u>Tool</u>	<u>Population</u>	<u>Frequency</u>	<u>Item</u>	<u>Purpose</u>
TeenScreen	11-17 yo	Intake/Annual	37	Internal, Attention, External, Safety
Vanderbilt	ADHD	Intake/Follow ups	55	ADHD
MCHAT	18-30 mo	Intake		Autism
PHQ 2	18+	Intake/Annual	9	Depression
AD8	65+	Intake/Annual	8	Cognitive impairment
CAGE	18+	Intake/Annual	4	Alcohol
Single Question	18+	Intake/Annual	1	Drugs/Prescriptions
Edinburgh 3	Post Partum	1st post partum visit	3	Depression

Why Screen for Mental Illness and Suicide Risk?

- Mental illness is treatable and there is ample time to intervene before symptoms escalate to a full blown disorder and before a teen turns to suicide.
- Screening tools that effectively and accurately identify at-risk teens are available.
- Most mentally ill and suicidal youth aren't already being helped.
- No one else is asking teens these questions, but they will give us the answers if we ask.
- **Expert Consensus:** AAP, AAFP, SAHM, IOM and NRC, U.S. Preventive Services Task Force, Health Care Reform, EPSDT



2,758 Active TeenScreen Sites in 47 States



Pediatric Symptom Checklist-Youth

- ✓ Developed at Harvard.
- ✓ Designed to detect behavioral and psychosocial problems.
- ✓ Questions cover internalizing, attention, externalizing problems.
- ✓ Two questions regarding suicidal thinking and behavior added.
- ✓ 5 mins. or less to admin and score.
- ✓ Symbol-coded for problem area.
- ✓ Validated and widely used.
- ✓ Positive score is ≥ 30 or endorsement of either suicide question.
- ✓ Can be scanned into EHRs.
- ✓ Available in a number of languages.

A Survey From Your Healthcare Provider — PSC-Y

TeenScreen[®] Primary Care

Name	Date	ID
Please mark under the heading that best fits you or circle Yes or No		
	Never 0	Sometimes 1
		Often 2
- 1. Complain of aches or pains		
- 2. Spend more time alone		
- 3. Tire easily, little energy		
● 4. Fidgety, unable to sit still		
- 5. Have trouble with teacher		
- 6. Less interested in school		
● 7. Act as if driven by motor		
● 8. Daydream too much		
● 9. Distract easily		
- 10. Are afraid of new situations		
▲ 11. Feel sad, unhappy		
- 12. Are irritable, angry		
▲ 13. Feel hopeless		
● 14. Have trouble concentrating		
- 15. Less interested in friends		
■ 16. Fight with other children		
- 17. Absent from school		
- 18. School grades dropping		
▲ 19. Down on yourself		
- 20. Visit doctor with doctor finding nothing wrong		
- 21. Have trouble sleeping		
▲ 22. Worry a lot		
- 23. Want to be with parent more than before		
- 24. Feel that you are bad		
- 25. Take unnecessary risks		
- 26. Get hurt frequently		
▲ 27. Seem to be having less fun		
- 28. Act younger than children your age		
■ 29. Do not listen to rules		
- 30. Do not show feelings		
■ 31. Do not understand other people's feelings		
■ 32. Tease others		
■ 33. Blame others for your troubles		
■ 34. Take things that do not belong to you		
■ 35. Refuse to share		
◆ 36. During the past three months, have you thought of killing yourself?	Yes	No
◆ 37. Have you ever tried to kill yourself?	Yes	No

FOR OFFICE USE ONLY

Plan for Follow-up ☐ Annual screening ☐ Return visit w/ PCP ☐ Referred to counselor
☐ Parent declined ☐ Already in treatment ☐ Referred to other professional

TS _____

Q 36 or Q 37=Y ◆ TS ≥ 30



Contact Information

For further information, please contact:

TeenScreen National Center:

www.teenScreen.org / 212-265-4453

TeenScreen Primary Care:

<http://www.teenScreen.org/programs/primary-care/>

TeenScreen Schools and Communities:

<http://www.teenScreen.org/programs/schools-communities/>



Easy Access to Clinical Information: EHR

- Improve Quality of Care
- Reduction of Costs
- Record Keeping and Mobility
- Promote Evidence based Medicine
- Communication
- Ease of Accessing Patient Information/Open Records
- Safety

Governance Issues

- Select the model
 - **Primary and BH health within same organization**
 - Co-location
 - Referral Relationship
 - Contract
- Commit Organizational Resources to Integration
- Leverage the FQHC status to expand access
- Assure Organizational Integration Accountability
 - Mission/Vision Statement
 - Interdisciplinary Policy Level Planning/Decision-Making
 - Tracking and Using Data
 - Staff On-Boarding and Training
- Partnerships/Collaborations

Does your organization provide integrated care?

1. Are the behavioral health providers employees of the same organization as the medical providers?
2. Are the behavioral health and medical providers on the same electronic medical record?
3. Are the behavioral health records fully open to the medical providers?
4. Do the medical providers have immediate access to psychiatrists?
5. Are behavioral health consultants embedded into the medical clinics and immediately available?
6. Does the organization have a single governance structure that develops the integrated services?
7. Do medical clinics actively screen for possible behavioral health problems?
8. Do the psychiatrists actively treat patients vs. playing a primarily consultative role?

If you answered “yes” to **all** questions, your organization is providing a mature model of integrated care to patients.



Lone Star Circle of Care (LSCC)



LSCC Journey: Federally Qualified Health Centers

- LSCC is a federally qualified community health center (FQHC or CHC) with 26 clinics in Central Texas—Bell, Williamson and Travis Counties.
- Official FQHC designation is given by the federal government to organizations that serve low income and medically underserved communities and meet a number of standards and requirements.

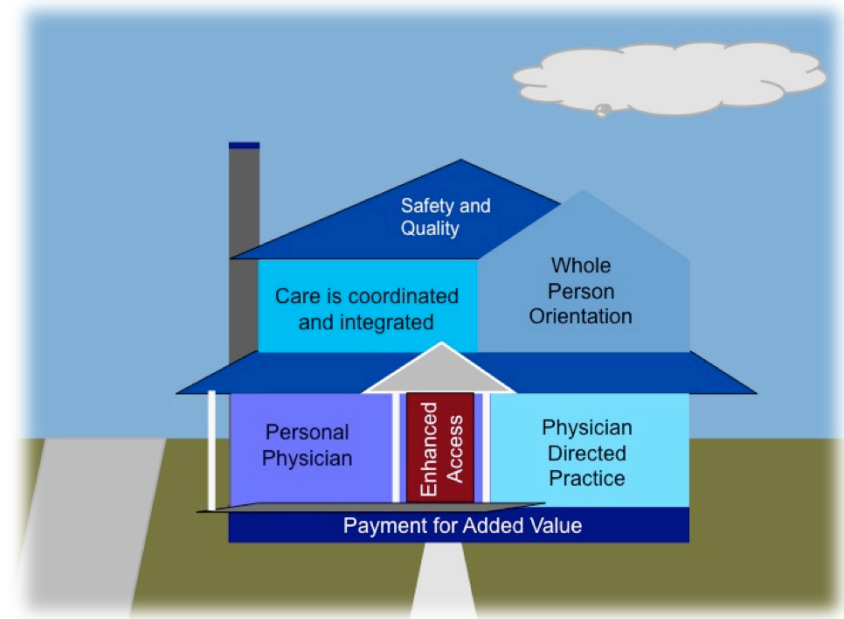
OUR MISSION:

- *Lone Star Circle of Care is committed to the pursuit of community-wide access to a **behaviorally enhanced**, patient-centered health care home that provides accountable care for all patients, focusing on the underserved.*



Patient-Centered Health Care Home

- We believe a Health Care Home is like an ideal home and family: a place where you feel comfortable and secure; a place where you and your health care team know one another and where everyone is working to help you get healthy and stay that way.
- Our integrated model of care provides for holistic care – behavioral and physical conditions treated and monitored within the same health care system.
 - Imbedded BH specialists
 - Screening tools to identify BH needs in medical patients, vice versa
 - Integrated medical records



The Clinical Hub concept

- **Lake Aire Medical Center**
- **Texas A&M Health Science Center**
- Provide myriad services in one convenient location:
 - Senior primary care
 - Adult primary care
 - Pediatric primary care
 - OB/GYN (TAMHSC)
 - Psychiatry & behavioral health
 - Dentistry (Lake Aire)
 - Pharmacy
- Clinical hub setting supports LSCC's integrated model of care and encourages patients to see LSCC as a complete health care home
- Both hubs were funded/made possible through the support of partners (GHF & Seton)



Texas A&M Health Science Center



Lake Aire Medical Center

LSCC Clinics

LSCC services offered in each city:

- **Austin**
 - Family Medicine
 - Behavioral Health
- **Belton**
 - Pediatrics
- **Cedar Park**
 - Pediatrics
- **Georgetown**
 - Family Medicine
 - Senior Health
 - Pediatrics
 - Behavioral Health
 - Pharmacy
 - Dental
- **Harker Heights**
 - Pediatrics
 - Behavioral Health (child & adolescent)
- **Hutto**
 - Pediatrics
- **Killeen**
 - Pediatrics
- **Round Rock**
 - Family Medicine
 - OB/GYN
 - Senior Health
 - Pediatrics (also Adolescent)
 - Behavioral Health
 - Pharmacy
- **Taylor**
 - Family Medicine
- **Temple**
 - Family Medicine



Awards & Recognition

- **Joint Commission Accreditation**

- A nationally-recognized “gold seal of approval” for health care providers.
- Signifies that the safety and clinical quality of care provided is exceptional.

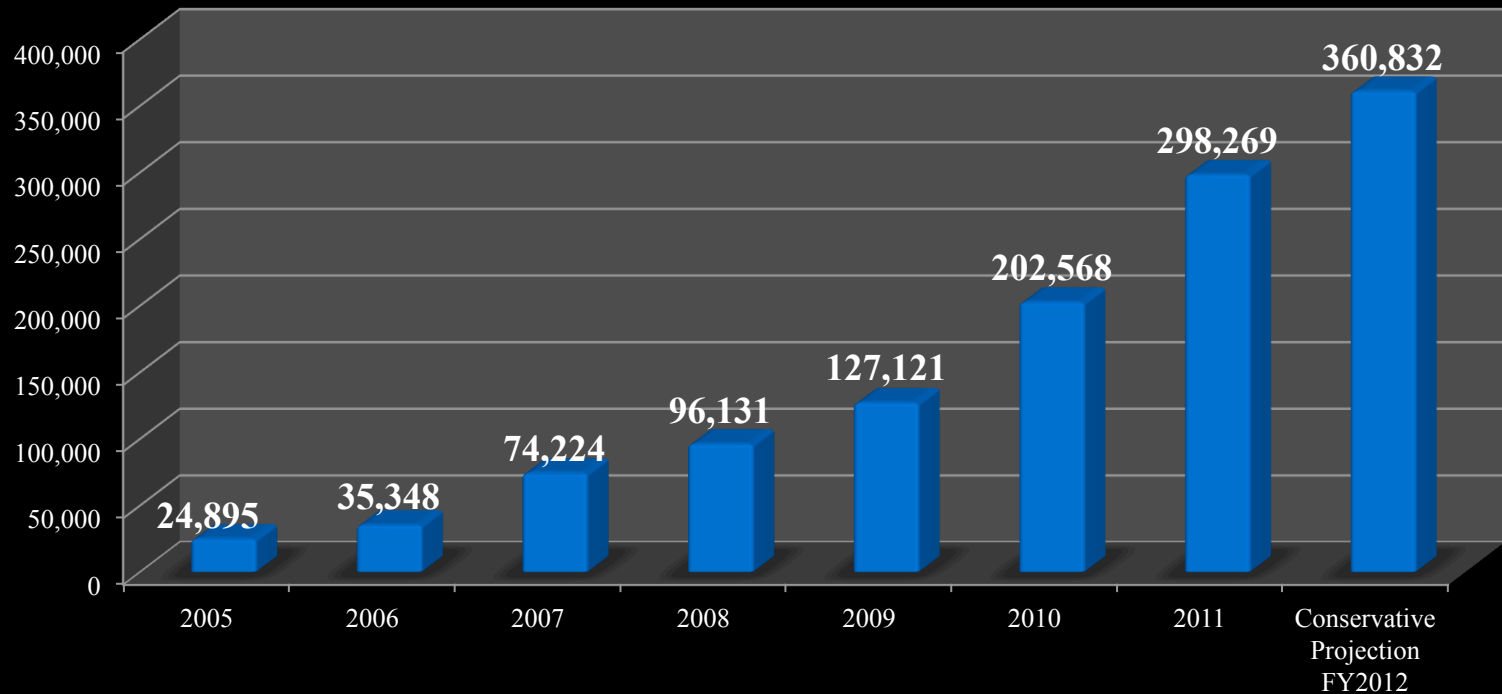
- **Patient-Centered Medical Home (Level 3) recognition**

- A recognition awarded by the National Committee on Quality Assurance
- Less than 0.5% of all primary care providers in the nation have this prestigious designation.



Increasing Access

**Lone Star Circle of Care Visits
FY2005 - FY2012 (Projected)**





LSCC Integrated Behavioral Health



Vision

Every Central Texan who needs access to psychiatry and therapy will have access to a fully integrated, behaviorally enhanced, healthcare home



LSCC Behavioral Health: Mission

- To provide behaviorally enhanced healthcare services to patients who have LSCC as their medical home
- To provide behavioral health access to patients from the communities we serve

LSCC's Integrated Care Model

Providing holistic care by diagnosing and treating physical **AND** mental conditions ... *together*



Embedding BH providers using open access

Providing PCPs direct access to psychiatrists

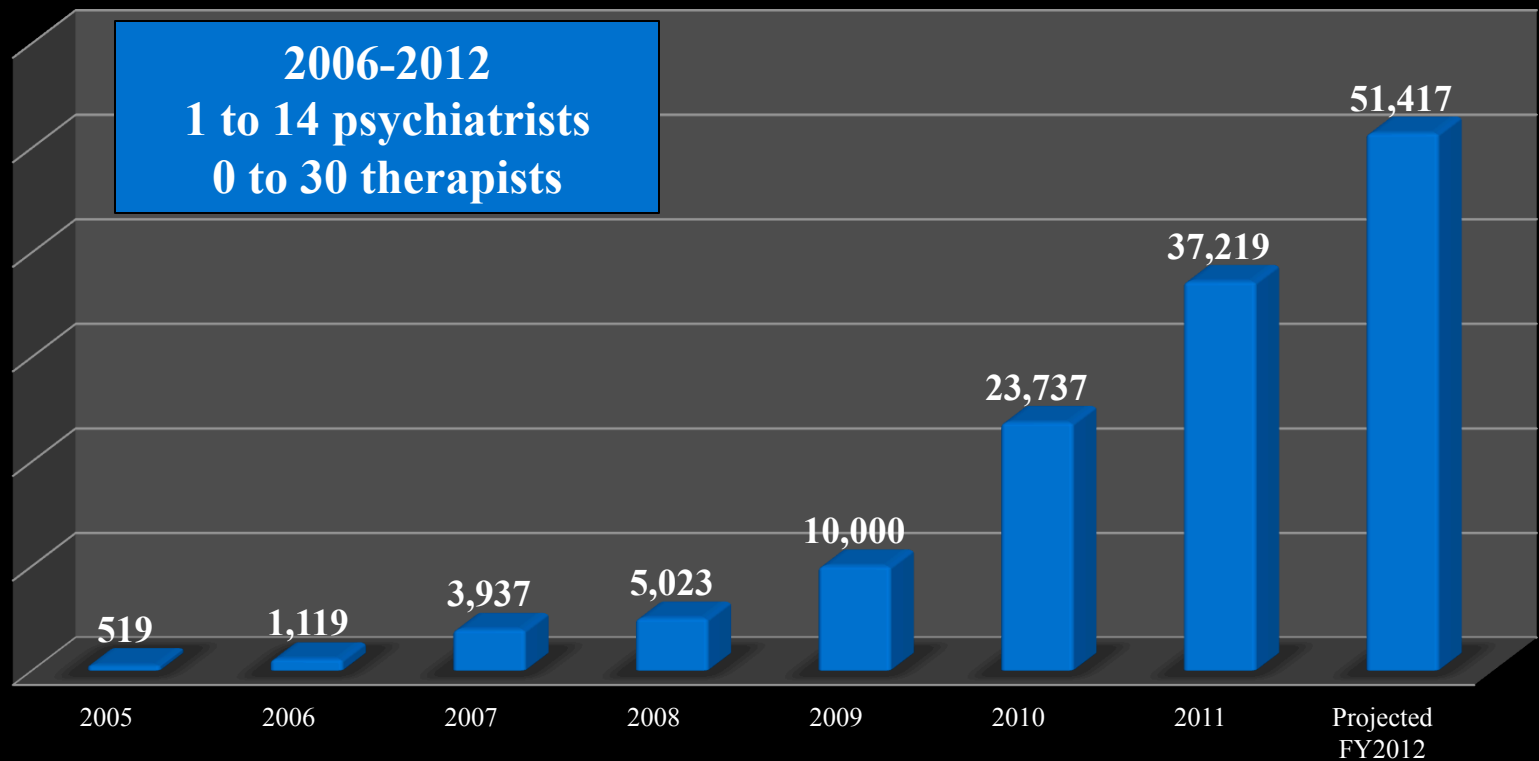
BH screening in medical clinics

Interdisciplinary collaboration

Electronic health record

Increasing Access

**Lone Star Circle of Care Behavioral Health Visits
FY2005 - FY2012 (Projected)**



Partnerships: New Initiatives in Behavioral Health



- Georgetown Independent School system
- Bluebonnet Trails Community Services
- Austin Independent School District
- Family Drug Treatment Court
- Foundation Communities
- LifeWorks
- Behavioral Health Training Partners
 - Seton/UT Southwestern Psychiatry Residents
 - Texas A&M Health Science Center
 - UT School of Social Work
 - UT School of Educational Psychology
 - UT College of Nursing

Integrated Behavioral Health Sustainability and Scalability

- Provider Mix
 - Psychiatrists AND therapists with same employer as medical providers
- Payer Mix
 - Leverage FQHC to increase access to mission patients
- Productivity
 - Goals by provider type



Outcomes & Scalable Results

Strategic Partnerships Plan Launched

Evidence-Based Quality Initiatives

Enhanced technology to virtually
connect new sites/expanded
services

Patient Centered Medical Home/
ACO Evolution

Quality / Access

- 2008: NextGen EMR/EPM
- 2008: Upgrade General Ledger to MS Dynamics
- 2009: Credentialing Software
- 2009: Call Center (now Member Navigation)
- 2010: Integrated HRIS System for Talent Management
- 2010: HCCN & HIE Development

Technology

- 2010: Joint Commission
- 2010: NCQA Level 3
- Scott & White Specialty Referrals for LSCC patients
- Provider-led clinical initiatives and councils
- Increased role of nurses - efficiency and new patient appointments for new patients
- 2011: Continuity of Care Initiative

- Seton – Clinic start-up funding, all services lines
- Central Health-MAP contractor
- TX A&M – “Hub” on medical school campus; enhanced provider training and recruiting
- Scott & White –Family & Pedi
- St. David's Healthcare –Family medicine with IBH in Travis County & OB in Williamson
- St. David's Foundation–BH, Uninsured, and Family Planning
- Georgetown Health Foundation

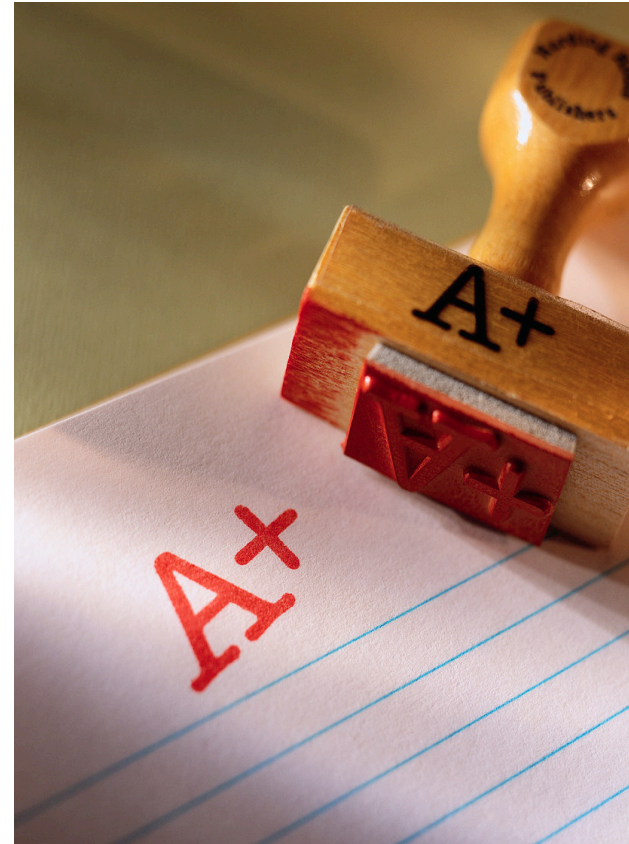
Partnership

Serve the Mission

- Healthcare “Hub” concept
- Comprehensive primary care
- OB/GYN
- Integrated Behavioral Health
- Senior Clinics
- Vision Services
- General Dental Services
- Class A Pharmacies
- True access to specialty services through referral network
- Member Navigation Services

Integrated Behavioral Health Outcomes & Scalable Results

- Quality Metrics
 - Symptom reduction
 - Functional improvement (future)
 - Access
 - Assess safety at each visit
- Operational Metrics
 - Volume
 - Productivity
- Satisfaction Metrics
 - Patient satisfaction data



Teaching the next generation

- Our doctors help train the next generation of health care professionals (medical students, social work students, nursing students, MA's, etc.)
- Teaching partnerships include:
 - Texas A&M Health Science Center
 - UT Southwestern (psych residents)
 - UT Austin School of Social Work
 - Texas State School of Nursing
 - UT nurse practitioner students
 - ACC and other local CMA programs
- Students learn in a community health center setting
- Unique partnership allows LSCC to recruit highly skilled, experienced and sought-after doctors and clinical staff.



“LSCC’s clinics provide an excellent training ground . . . because the experience gives students exposure to the real-world social and economic issues that impact patients.”

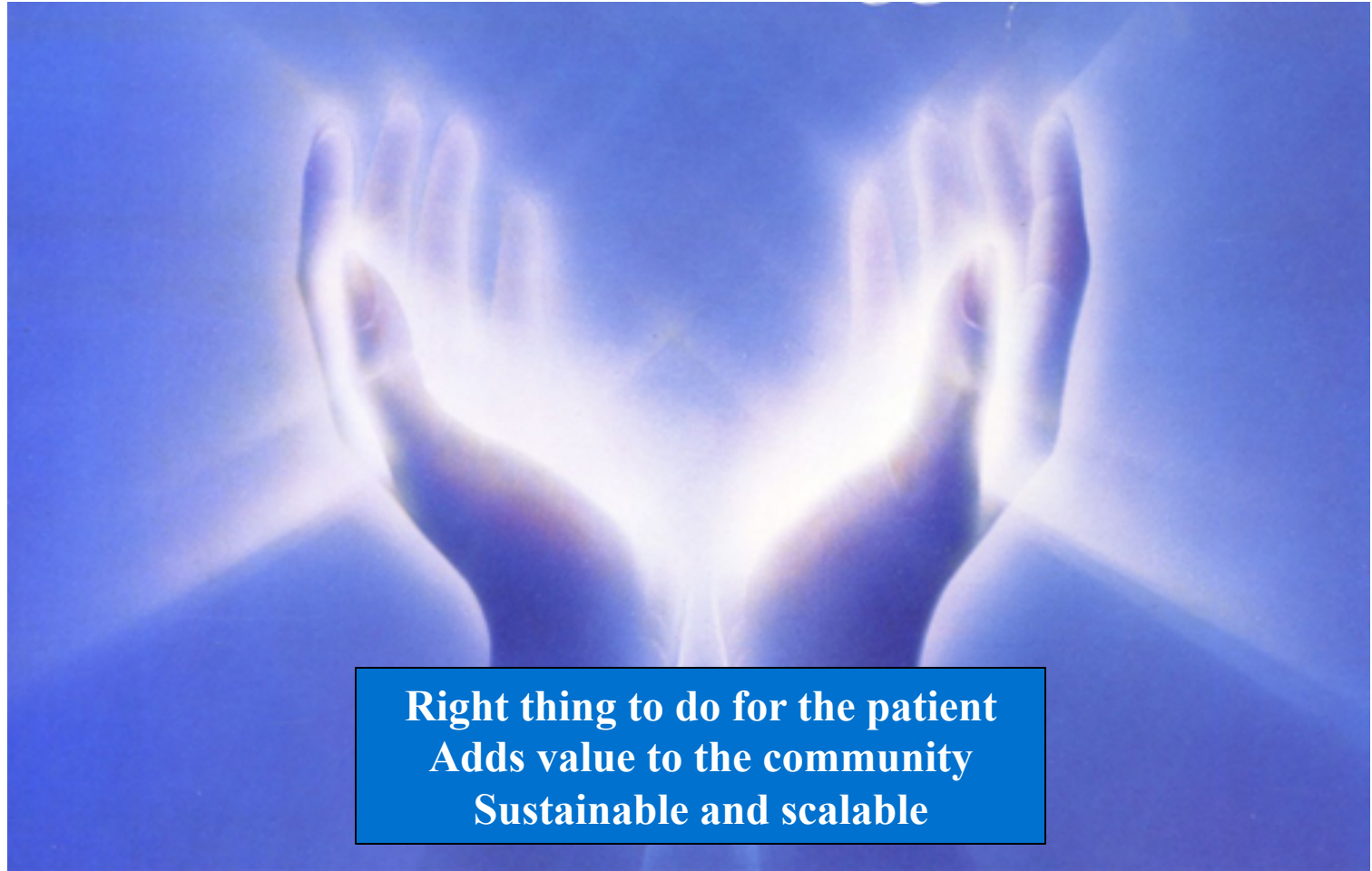
--Dr. Steven Prenzlaue

Integrated Care: What Differentiates LSCC's Model

- ✓ BH and medical providers employed by LSCC
- ✓ BH and medical providers on the same HER
- ✓ LSCC treats ALL psychiatric groups
- ✓ BH records fully open to the medical providers
- ✓ Medical providers have immediate access to psychiatrists
- ✓ BH specialists embedded into the medical clinics
- ✓ Single governance structure that develops the integrated services
- ✓ Active mental health screening in medical clinics
- ✓ Psychiatrists actively treating patients vs. consultant



The Bottom Line...Shared Care is Best Care



Right thing to do for the patient
Adds value to the community
Sustainable and scalable