

AHA Presentation Behavioral Health Model in a Rural Setting

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CEO Introduction

Randy's story

Newaygo County

- Rural county in west Michigan
- About an hour north of Grand Rapids
- Population 50,000
- 5 distinct communities
- Tourism for outdoor recreation
- Ranked 63rd out of 82 on County Health Rankings
- Low access and availability of behavioral health services



Spectrum Health Gerber Memorial

- 25-bed not-for-profit hospital
- ED with 25,000 visits annually
- OB unit with 500 births annually
- Four county wide primary care rural health clinics
- Obstetrics and gynecology practice
- Multi-specialty clinic
- Cancer care center
- Diabetes self-management
- Occupational medicine
- Wellness facility
- Outpatient rehab



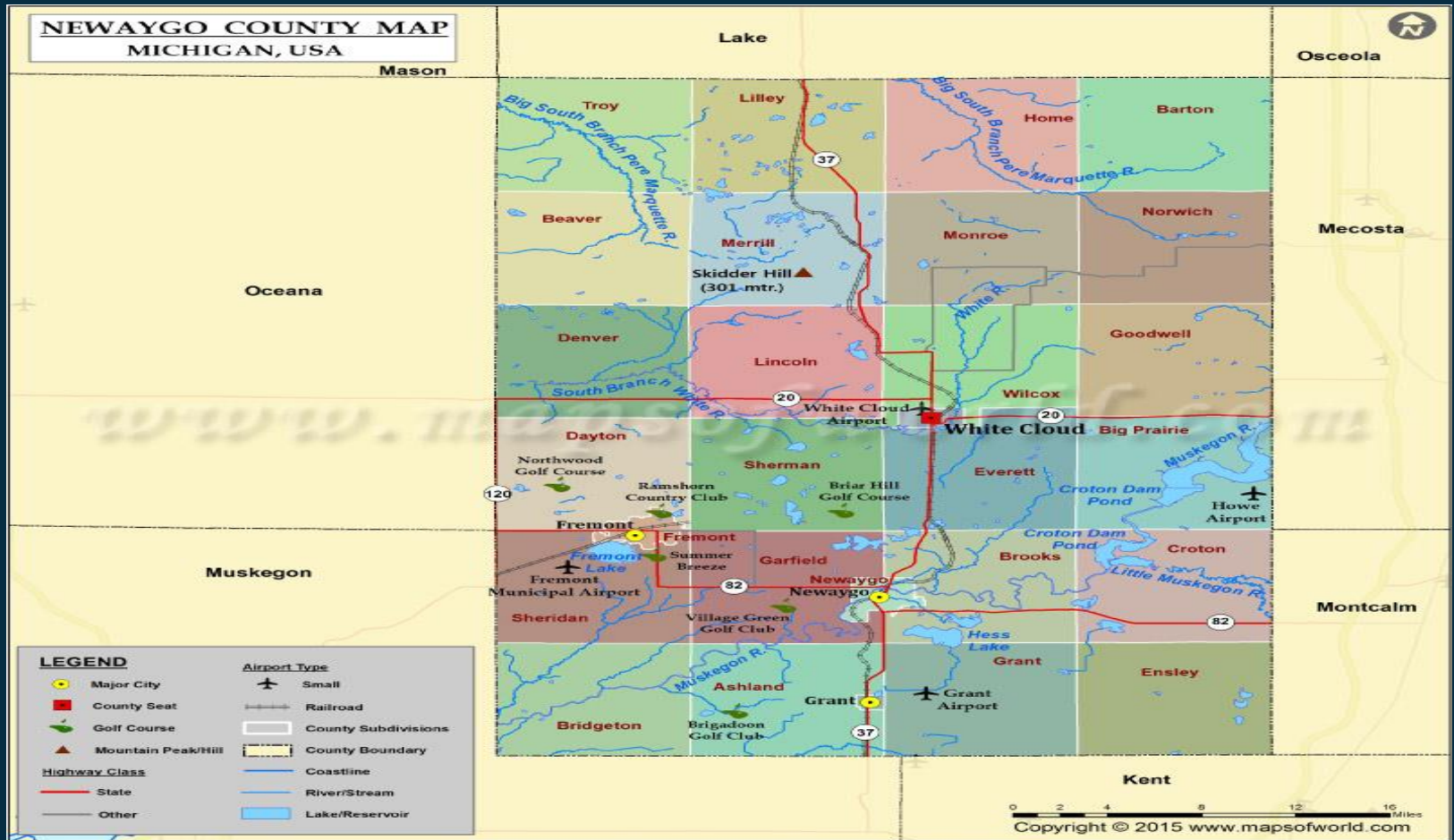
Newaygo County Mental Health

To improve and promote the wellness and recovery of persons with, or at risk of, behavioral healthcare needs and/or intellectual/developmental disabilities, who reside in Newaygo County and surrounding communities, through the provision of integrated, person/family-centered, and trauma-informed services

- Publicly funded with a local board
- Medicaid or self pay
- Group and individual therapy
- Trauma recovery and empowerment
- Crisis intervention
- Case Management
- Substance abuse treatment



Locations



Initial Objectives

- Improve primary care access for patients with mental illness
- Improve behavioral health access for patients in primary care
- Provide appropriate professional intervention for behavioral health issues in primary care offices
- Assure a plan of care as a follow up to emergency room
- Improve health outcomes in specified populations
- Reduce superutilizer visits in the ED
- Improve collaboration with integrated care planning
- Remove transportation barrier

Compliance Questions

- Any space sharing issues?
- HIPAA agreements?
- Business Associate agreements?
- Credentialing?
- Fair market value?
- Billing?

Sustainability Questions

- Can we bill for behavioral health visits?
- What is the reimbursement?
- What are the costs if we hire?
- What are the costs if we contract?
- What are the charges to the patient?

Model Development-Asset Based Approach

Looked at available assets and partners

- Usable clinic space at primary care
- Hospital based rural health clinic designation
- Strong community behavioral health partner
- Openness and desire from staff and providers
- Interested primary care providers and LMSWs
- Ability to bill for behavioral health visits at RHC
- EMR to use for communication and care coordination

Initial Model Structure: ED and Primary Care

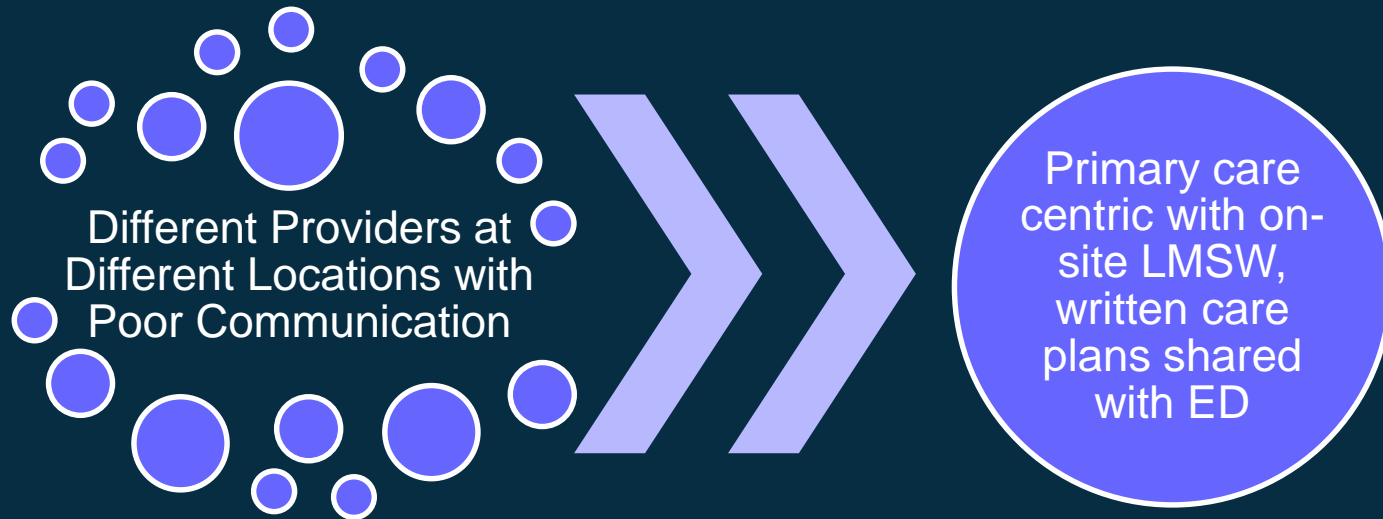
ED track

- **Hospital employed** LMSW assisted behavioral health issues in the ED
- New care plans were developed and shared between the ED and primary care providers

Primary Care track

- **LMSW employed by NCMH** was located in RHC primary care
- Three tiered approach:
 - Real time communication between providers
 - Real time behavioral health visits for crisis
 - Short term follow up counseling sessions on-site at primary care

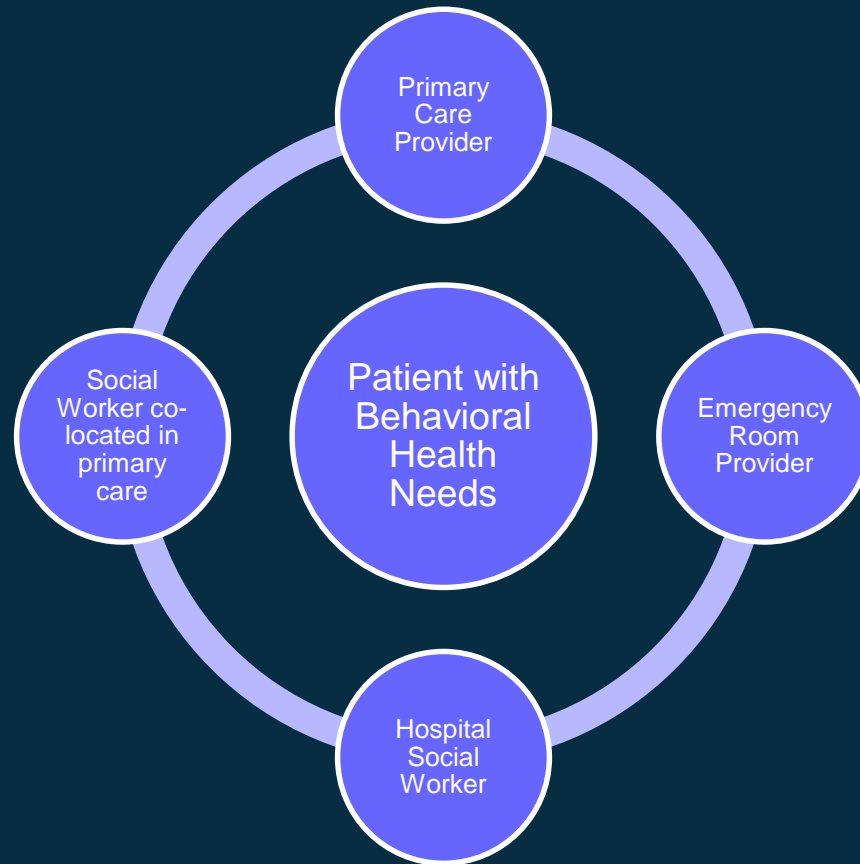
New Model



Previous State

Current State

Wrap Around, No Wrong Door Approach



Foundations of the Agreement for Primary Care

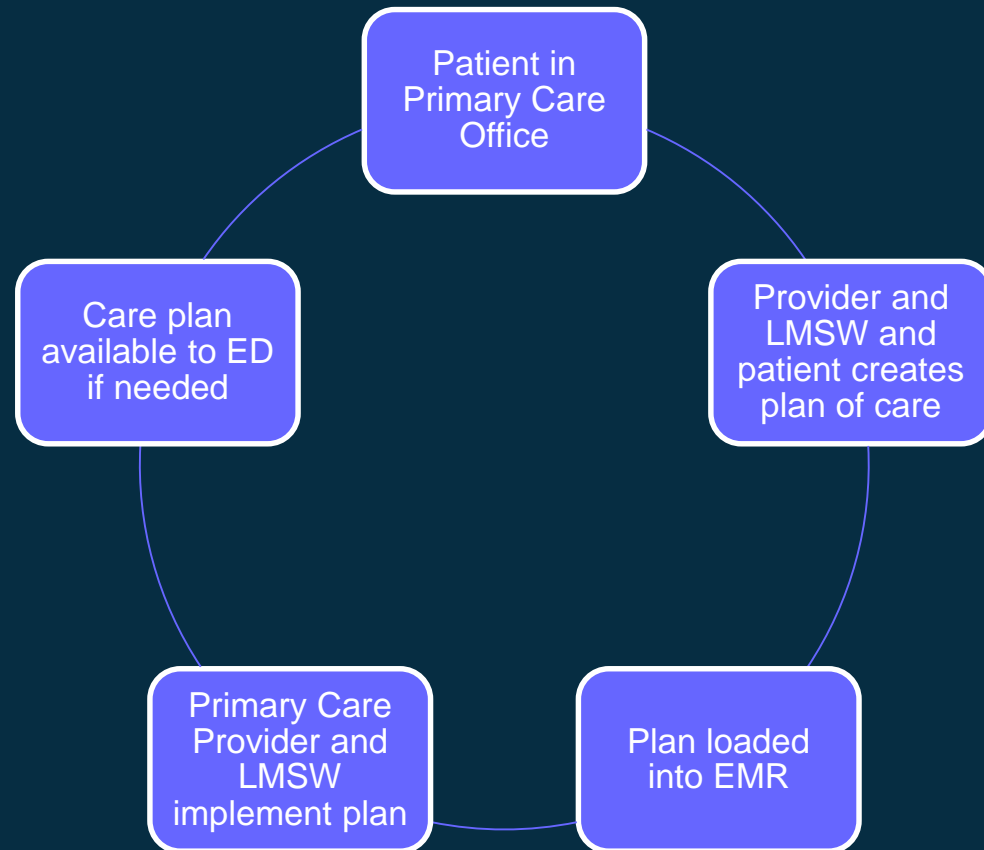
- Engaged as community partners before this project
- Community Mental Health (CMH) was highly experienced
 - Experience working directly in this model
 - CMH had the available trained staff
- Both partners were committed to care partners in the local community
- Decided to partner with CMH LMSW for primary care
- Billing codes 90711, 90804-90809, 90834
- Initial contract was for a minimum of 20 hours per week

Primary Care Format

Program designed within primary care clinic:

- Provider determines there is an immediate crisis
- Provider contacts LMSW in clinic to see patient in exam room
- LMSW sees patient and develops care plan
- Documentation and care coordination through EMR
- LMSW train staff on trauma informed care
- Immediate real time, face to face communication between behavioral and primary care providers
- CMH team regularly participate in team meetings

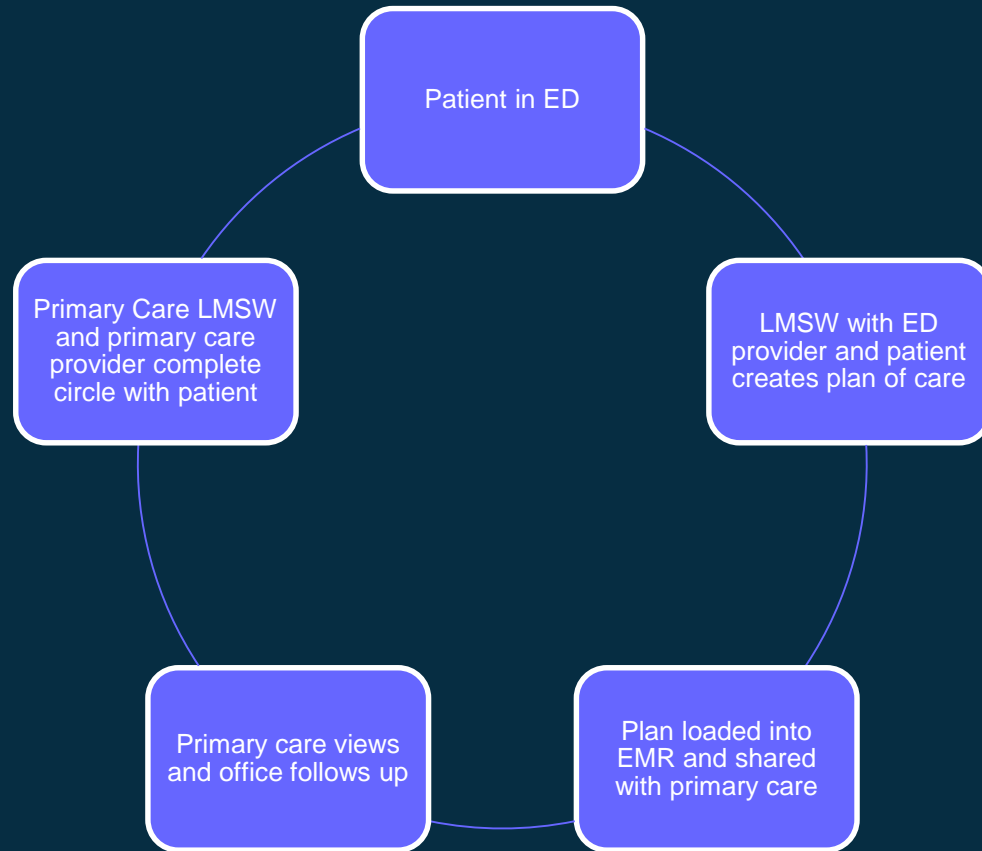
Continuous Circle of Care from Primary Care



ED Format

- Patient with behavioral health issues identified by ED provider
- Hospital LMSW contacted for evaluation
- Plan of care created between provider, LMSW and patient
- Plan entered into EMR for care continuation
- Primary care provider contacted with care plan

Continuous Circle of Care from ED



Staff Educational Needs

- Emergency department (ED)
 - staff were educated on the plan of care
 - ED providers were educated on model, power plans and pain medication management
- Primary care
 - Clinic staff were educated on model, referral process, crisis management, and resources.
- Informal approach to staff training in trauma sensitive care on a case by case basis depending upon the patient

Metrics for Primary Care

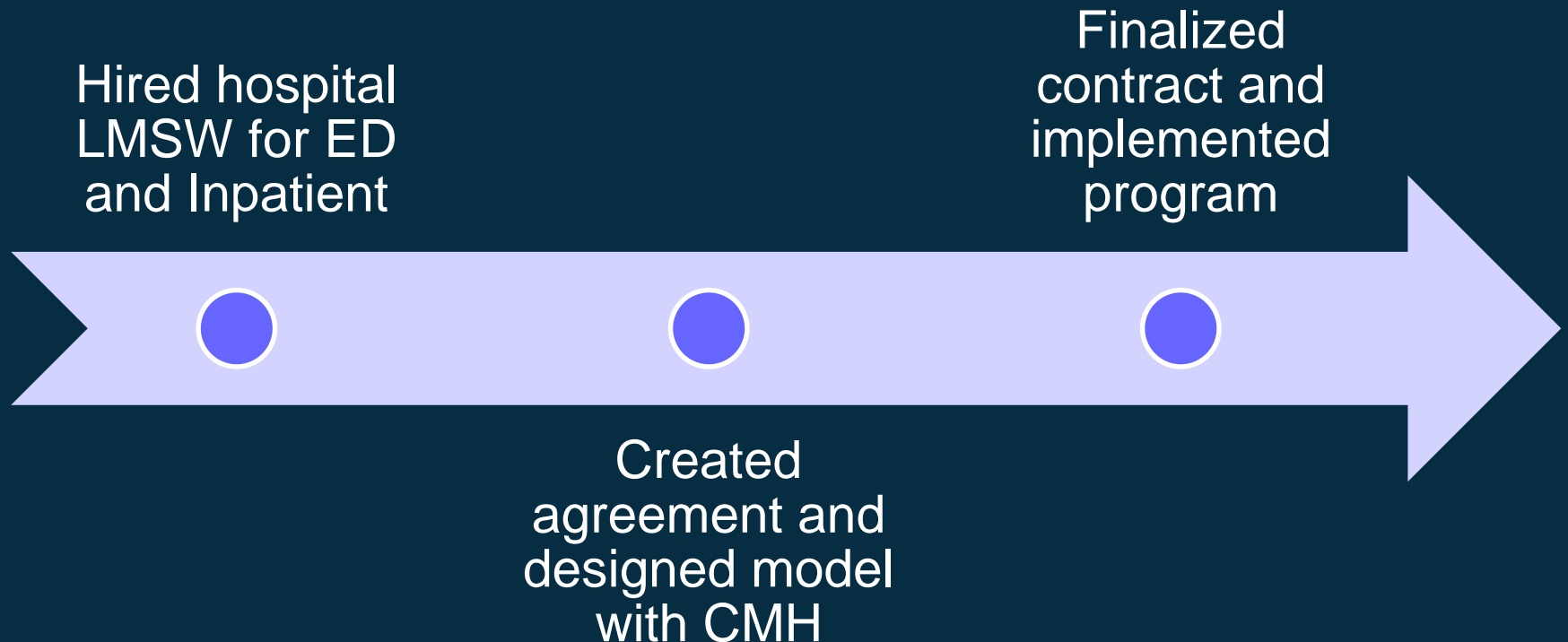
How do we know if this is successful?

- Initial patients for intervention in 2 groups:
 - Those with depression without improvement
 - Young mother's with a history of significant childhood trauma

Metrics for Primary Care

- Developing quantitative outcome metrics
 - PHQ2/9 scores
 - Trauma informed care implementation
 - Improved health outcomes
 - Reduction in visits to specialists
 - Developing patient satisfaction survey

Order of Implementation



Sustainability

- Tracking revenue and expenses
- Positive margin in first year
- Program is self sustaining in current structure
- Model has received positive feedback from staff and patients
- Anecdotal patient success stories
- Anecdotal staff success stories

A Success Example

- Young mom with a history of trauma with a child with medical needs
- Known in clinic as a high demand and difficult patient
- LMSW trained clinic staff on trauma informed care
- LMSW worked with mom to address issues and healthcare
- Team and mom relationship improved
- Child went from 12 visits in past year to 2
- Mom's phone call volume to clinic was significantly reduced

Primary Care Evolution

- NCMH LMSW specializes in young mom's with a history of trauma.
- As model evolved, moved this practitioner to OB/GYN clinic to visit and assess every new mother
- Goal is to help pregnant women address previous trauma, depression and anxiety during pregnancy to improve birth outcomes
- OB clinic model is based on the research conducted by Julia Seng, Phd, University of Michigan and her coworker, Mickey Sperlich, MSW, Phd.
- Hospital LMSW now rounds on OB unit and connects with OB clinic LMSW for appropriate patients

Continued Evolution

- Now merging with Spectrum Health system's new telehealth psychiatric program in the past 3 months
- This model also includes an on-site social worker (different locations)
- Plan to merge the two models into one
- Both have a similar structure and are complementary

Gaps

- New codes needed
- More hours needed
- Close continuum of care for new moms post delivery
- Quantitative outcome measures
- Access to a psychiatrist
- IP to OP handoffs

Future State

- Expand model to other clinic sites
- Increase behavioral health staff hours
- Add psychiatry using telemedicine
- Develop robust outcome metrics
- Merge program with Spectrum Health's new telepsych model
- Expand team to further disciplines for a team based approach