



Practice Innovation Program

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

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Department of Healthcare Policy
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Healthcare Practice Transformation



COLORADO
Department of Health Care
Policy & Financing

1302 Behavioral Health Integration Practice Learning Community

January 24, 2024



Department of
Family Medicine



Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

These slides and the recording will be made available on the

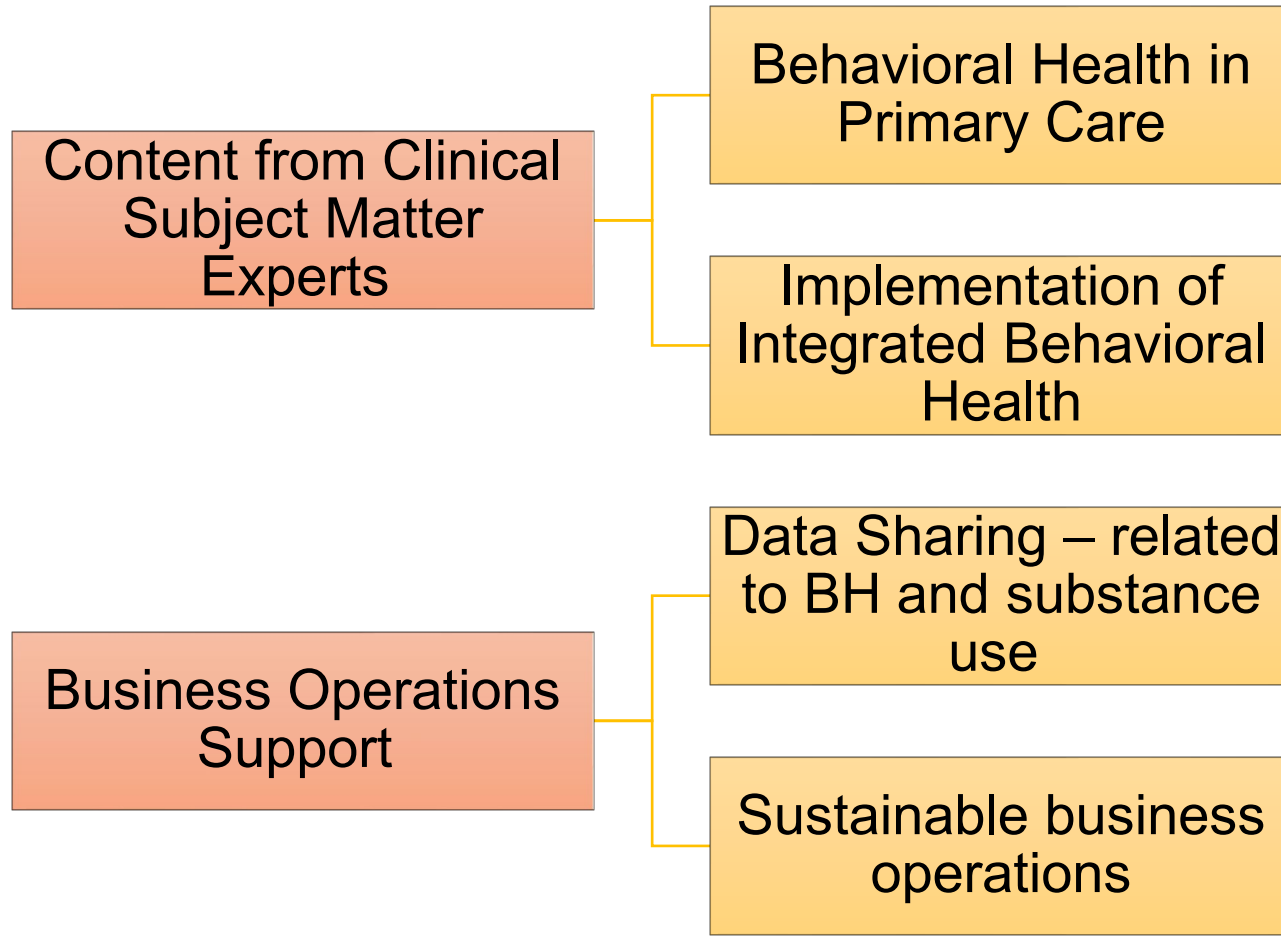
[Practice Innovation Program website.](#)



Practice Learning Community



Practice Learning Community Topics



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TODAY'S TOPICS

- Building Blocks of Behavioral Health Integration
Stephanie Gold, MD, FAAFP
- Trauma-Informed Care
Marisa Kostiuik, PhD, Licensed Psychologist

Building Blocks of Behavioral Health Integration

Stephanie Gold, MD



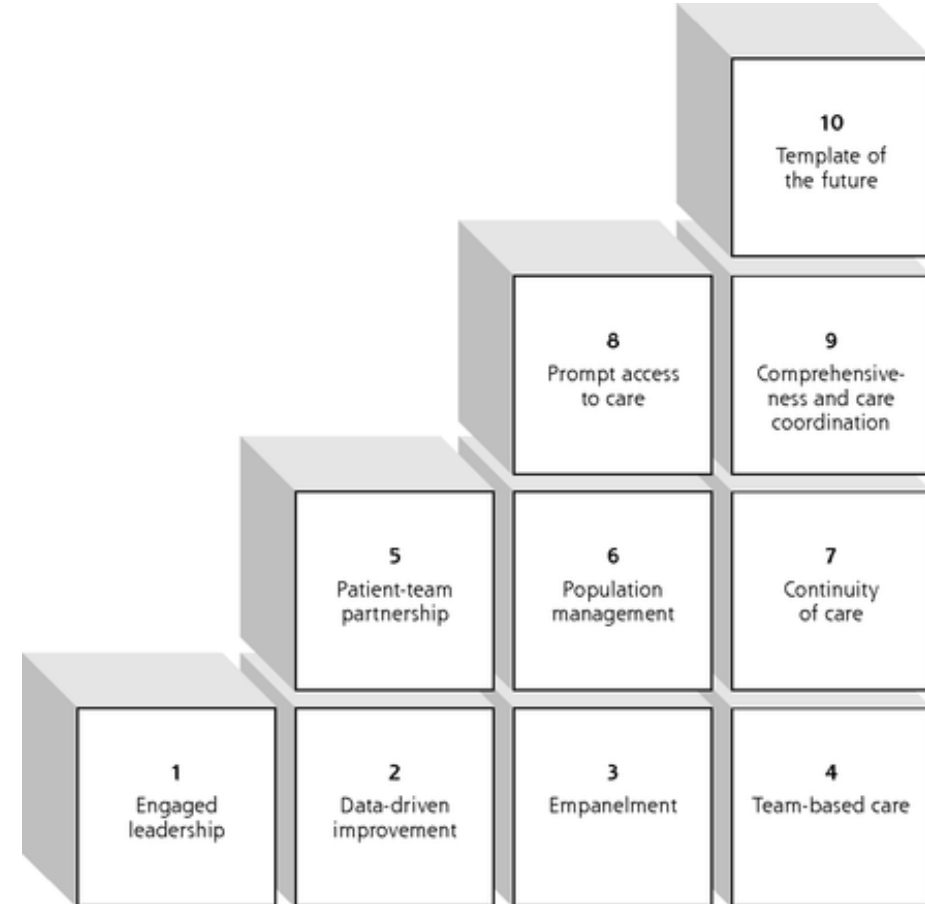


How the Building Blocks of BHI were developed



SIM

State Innovation Model





The Building Blocks of Behavioral Health Integration



Components of Behavioral Health Integration

Foundational Care Delivery Expectations: for any practice integrating behavioral health.

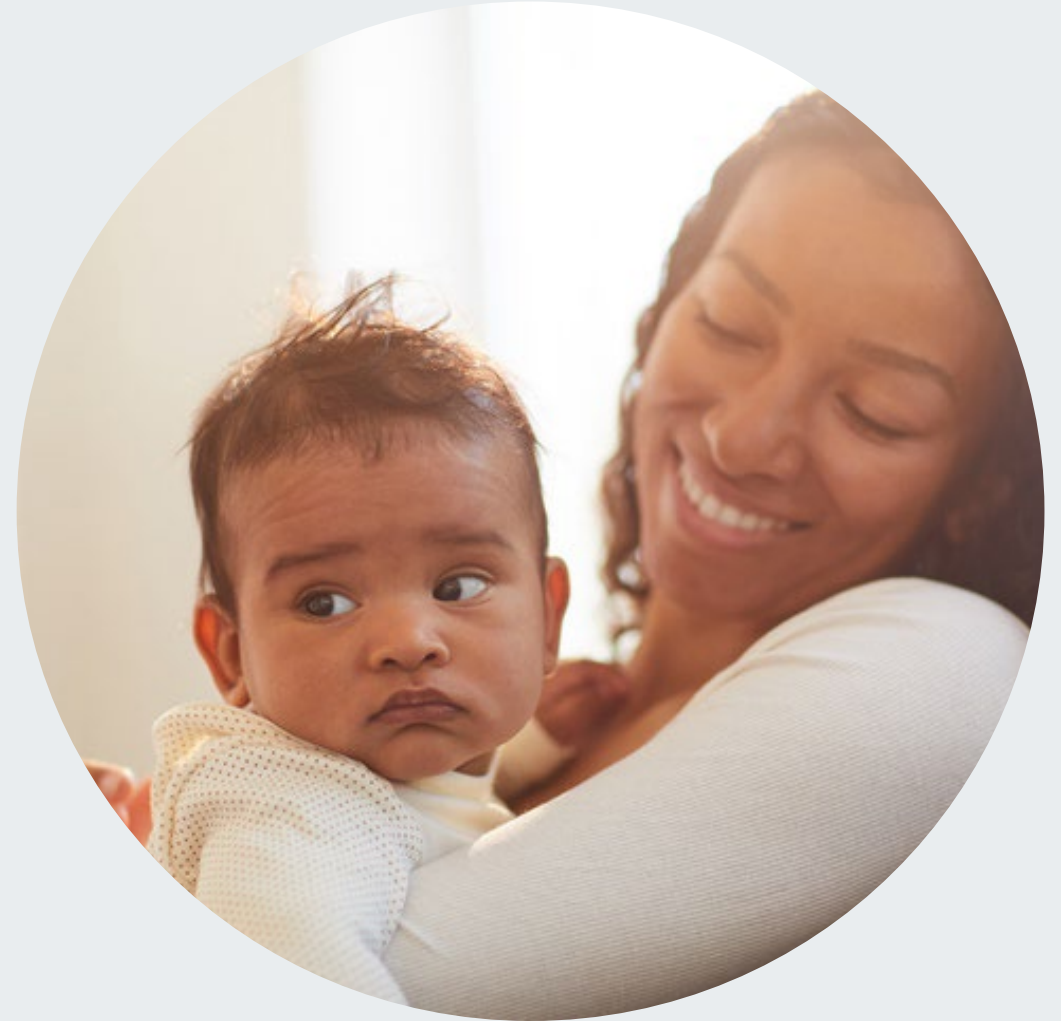
Additional care delivery expectations by components:

- **Advanced Coordination and Care Management**
- **Integrated Behavioral Health Professional**
- **Psychiatry**
- **Advanced Care of Substance Use Disorders**

Components of Behavioral Health Integration

Foundational Care Delivery Expectations:

- Patients who will benefit from services identified through universal screening
- Behavioral health care provided within the practice and/or patients are linked to care
- Follow up tracked for patients referred to outside services
- Measures specific to behavioral health integration are tracked and reviewed regularly



Components of Behavioral Health Integration

Advanced Coordination and Care Management:

- Practice develops shared expectations and exchanges information with behavioral health providers
- Practice manages a registry of patients with target behavioral health condition(s)
- Practice screens for social needs and links patients and families to services





Components of Behavioral Health Integration

Integrated Behavioral Health Professional:

- An integrated behavioral health professional (which could be a psychologist, licensed clinical social worker or other licensed professional) works as part of the primary care team.
- The integrated behavioral health professional provides counseling, diagnostic support, crisis management, and behavior change support in partnership with the primary care provider.
- Services can be provided in person or via telehealth.
- For smaller, independent and/or rural practices, a behavioral health professional may be shared across practice sites.





Components of Behavioral Health Integration

Psychiatry:

- A psychiatrist supports complex diagnostic evaluation and medication management, providing consultation to the primary care provider.
- They may provide direct patient care either in person or via telehealth.





Components of Behavioral Health Integration

Advanced Care of Substance Use Disorders:

- The primary care provider prescribes medication for substance use disorders including tobacco use disorder, alcohol use disorder, and opioid use disorder.
- Counseling related to substance use disorders is provided in the practice or coordinated with resources outside of the practice.





Components of Behavioral Health Integration

Foundational Care Delivery Expectations: for any practice integrating behavioral health.

Additional care delivery expectations by components:

- **Advanced Coordination and Care Management**
- **Integrated Behavioral Health Professional**
- **Psychiatry**
- **Advanced Care of Substance Use Disorders**

Framework Excerpt



| Building Block | Foundational Care Delivery Expectations <i>Recommended requirements for any practice integrating behavioral health</i> | Additional Care Expectations by Selected Components of BHI |
|--|--|--|
| Leadership | <ul style="list-style-type: none"> Practice has defined mission and vision related to meeting behavioral health needs and a defined behavioral health champion or team. Practice has budget with allocated resources for transformation and quality improvement work related to behavioral health, including behavioral health professional(s) if part of the care team, that incorporates planning for sustainability of services. | <p><i>No component-specific expectations.</i></p> |
| Data Driven Quality Improvement | <ul style="list-style-type: none"> Practice, including any behavioral health professionals, meets regularly (minimum monthly) to review data and processes for quality improvement including those related to behavioral health efforts. Where available, practice reviews data disaggregated by subpopulations to identify and address disparities. Practice collects and reports on measures specific to behavioral health efforts and tracks performance relative to targets. This includes tracking reach (level 1–proportion of target population screened; level 2–proportion of positive screens that are addressed) and outcomes with validated measures such as the PHQ-9, GAD-7, and Edinburgh maternal depression scale. In practices caring for children, this includes developmental screening. Practice collects and reports on holistic patient-reported measures of experience of care, access to care, and/or patient-reported functioning or quality of life. | <ul style="list-style-type: none"> Advanced Coordination and Care Management—Includes tracking rates of follow up after behavioral health related emergency department visits or hospitalizations. Integrated Behavioral Health Professional—Includes tracking adequate FTE and availability of appointments with behavioral health provider. Psychiatry—Includes tracking adequate FTE and availability of consultation with psychiatrist. Advanced Care of Substance Use Disorders—Includes tracking of outcomes related to patient initiation and engagement in substance use disorder treatment and follow up after substance use disorder-related hospitalizations. |



Practice Examples

Practice A

Small independent PC practice

Priority: high rates of substance use disorder (SUD)

Chooses to implement the advanced care of substance use disorders

All patients > 12 screened for SUDs, and those with needs are offered treatment within the practice.

Establishes relationship with local community-based peer support organization for coordinating referrals

Practice B

Midsized PC practice

Priority: most patients referred to behavioral health not getting connected

Chooses to implement integrated BHP and advanced coordination and care management components

All patients screened for depression and anxiety, and those with needs are offered treatment with both medication and counseling within the practice.

BHP also available for counseling for other needs that do not fit a diagnosis (eg lifestyle counseling)

Care compact established with local mental health center to develop expectations for mutual patients

Practice C

Large urban PC practice

Priority: large population of patients with serious mental illness as well as medical co-morbidities that prefer to receive their care in one place.

Chooses to implement the psychiatry component

Psychiatrist comes to the practice twice a month to provide direct patient care, available during the rest of the month for electronic consultations on initiating and adjusting psychiatric medications.

Once a month when the psychiatrist is at the practice, the providers meet together over lunch for a case conference to review particularly challenging cases.

Thank you!

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Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Trauma-Informed Care

Marisa Kostiuik, PhD
Licensed Psychologist



Why focus on trauma-informed care?

- Trauma-informed care is written into the legislation for this bill to ensure that practices understand it and are utilizing it.
- Using a trauma-informed care lens supports patients receiving strengths-based service delivery.
- Treatment services are evidence-based that focus on prevention and intervention.

Elements of a Trauma-Informed Approach

Three key elements

1. *Realizing* the prevalence of trauma.
2. *Recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce.
3. *Responding* by putting this knowledge into practice.


1. *Realizing the prevalence of trauma*

- The experience of traumatic events among the general population is more common than was originally thought.
- The National Epidemiological Survey on Alcohol and Related Conditions found 71.6% of the sample reported witnessing trauma, 30.7% experienced a trauma that resulted in injury, and 17.3% experienced a psychological trauma.
- Approximately 64% of US adults reported at least one adverse childhood experiences (ACE); 17.3% reported four or more ACEs.
- About 5% of people will have a diagnosis of PTSD per year. In 2020, about 13 million Americans had PTSD.


2. *Recognizing the impact of trauma*

- An individual's experience of trauma can impact one's receptivity to and engagement with services, interactions with staff and clients, and responsiveness to program guidelines, practices and interventions.
- Trauma-informed perspective views trauma-related symptoms and behaviors as an individual's best and most resilient attempt to manage or cope with their experience of trauma.





3. *Responding by putting this knowledge into practice*

- Honest and compassionate communication that conveys a sense of safety.
 - Create provider-client relationships that are collaborative.
 - Demonstrate organizational and administrative commitment to trauma-informed care.
 - Workplaces that support supervision and practices that educate all direct service staff on trauma-related content, provide professional development opportunities, and learning opportunities on secondary trauma prevention.
 - Familiarize patients with trauma-informed services.
- 

Screening & Treatment

Implementing trauma-informed services can utilize screening and assessment processes, treatment planning, and placement while also decreasing the risk for retraumatization.

Screening for Trauma

- Defining your assessment needs
 - Who is your population (e.g., pediatrics, adults, veterans)?
 - Who should do the screening?
 - When should the screening be done?
 - What is the screening meant to accomplish?
- Do you need a standardized instrument for screening?
- The screening tool should be psychometrically adequate for the clinical setting.
- Having the ability to address a positive screen.

Clinical Services for Trauma

- The majority of treatment for PTSD involve elements of cognitive behavioral therapy.
- The strongest evidence-based treatments for trauma include prolonged exposure therapy (PE), cognitive processing therapy (CPT), and eye movement desensitization and reprocessing therapy (EMDR).
- Written exposure therapy (WET)

Considerations for primary care:

- Manualized treatments for trauma are often not well-suited for primary care and need to be adapted
- What type of treatment will be available in this setting?
- Who will be providing treatment? Shared understanding of what is available to patients?

Resources

- PTSD: National Center for PTSD

<https://www.ptsd.va.gov/professional/treat/txessentials/index.asp>

<https://www.ptsd.va.gov/professional/treat/care/toolkits/rural/managingptsdprimarycare.asp>

- National Alliance on Mental Health

<https://www.nami.org/home>

- ACEs Aware

<https://www.acesaware.org/>

- SAMHSA Trauma-Informed Care Behavioral Health Services

<https://store.samhsa.gov/product/tip-57-trauma-informed-care-behavioral-health-services/sma14-4816>

QUESTIONS?

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Upcoming 1302 Practice Learning Community Opportunities

Learning Community Calls

February 28, 2024, 12:00 – 1:00

Hiring for a Behavioral Health Professionals

Stacy Said, University of Denver, School of Social Work

Billing & Coding to Launch and Sustain Integrated Behavioral Health

Pamela Ballou-Nelson, RN, MSPH, FMC, CMPE, PhD,
Healthcare Consulting Inc.

March 12, 2024, 12:00 -1:00

Establishing Best Practices for WHO's? Warm handoffs and more!

Courtney Legge, PsyD, Licensed Psychologist

Collaborative Learning Sessions

April 18, 2024

Anschutz Medical Campus

Aurora, Colorado

April 30, 2024

Double Tree Hotel

Grand Junction, Colorado

Please save the date!

Agenda and registration coming soon.



Where to Direct Your Questions

Dept. of Health Care Policy & Financing

- Contracting with practices
- Practice payments
- Metrics identification & collection from practices
- Practice accountability and reporting
- Steering committee

HCPF_integratedcare@state.co.us

Practice Innovation Program

- PTO matching with practices
- Contracting/payments to PTOs
- Facilitation management and quality assurance
- Practice assessments
- Management of learning community, including kick off meeting and collaborative learning sessions
- Contracting with subject matter experts and value-based payment consultants

PIP Contacts

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THANK YOU!