



Practice Innovation Program  
UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS

Project funded by the Colorado  
Department of Healthcare Policy  
and Finance per House-Bill 22-1302  
Healthcare Practice Transformation



**COLORADO**  
Department of Health Care  
Policy & Financing

# Behavioral Health Integration PTO Training

Behavioral Health Integration PTO Training  
October 17, 2023



Department of  
Family Medicine



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Welcome!

Please put your name, pronouns, role and organization 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.

# AGENDA

Welcome

1302 Overview

Timeline

Contracting

HCPF Updates

Behavioral Health Integration Framework

Plans for Facilitation

Assessments and SPLIT

Learning Community and Subject Matter Experts

# WELCOME & OVERVIEW



# HB 22-1302 Health Care Transformation

## Vision of the legislature

- Coloradans will have enhanced access to Integrated Behavioral Health:
  - Behavioral Health at Primary Care office, or
  - Primary care at their trusted Behavioral Health Provider

## \$34.5 Million

- \$29 Million: grants to Primary Care and BH Clinics
  - 150 sites; average award \$200,000
    - Maximum per site \$400,000
  - \$3.8 Million for Practice Transformation
  - \$2.1 Million to support data sharing and sustainable business operations

# HB 22-1302 Operational Details

## HCPF responsible for:

- awarding the funds to practices
- RFA, Selection, Contracting

## Practices responsible to HCPF to

- Meet their goals
- Report progress /measures
- Submit invoices to HCPF
- Practices ***required*** to participate in practice facilitation



# HB 22-1302 Operational Details

## PIP Responsibilities:

- Manage the practice transformation support to grantees
- Contract with CHES PTOs to provide practice facilitation
- Provide Quality Assurance for the work with the practices
- Provide Clinical Consultants available to Practices
- Contract for Business Operations Support

## PTO responsibility:

- Support practices in achieving their goals
- Support practices with Behavioral Health Integration
- practice facilitation

**WHAT'S DIFFERENT?**  
**Each practice identified their  
own goals and budget**

# PROJECT TIMELINE

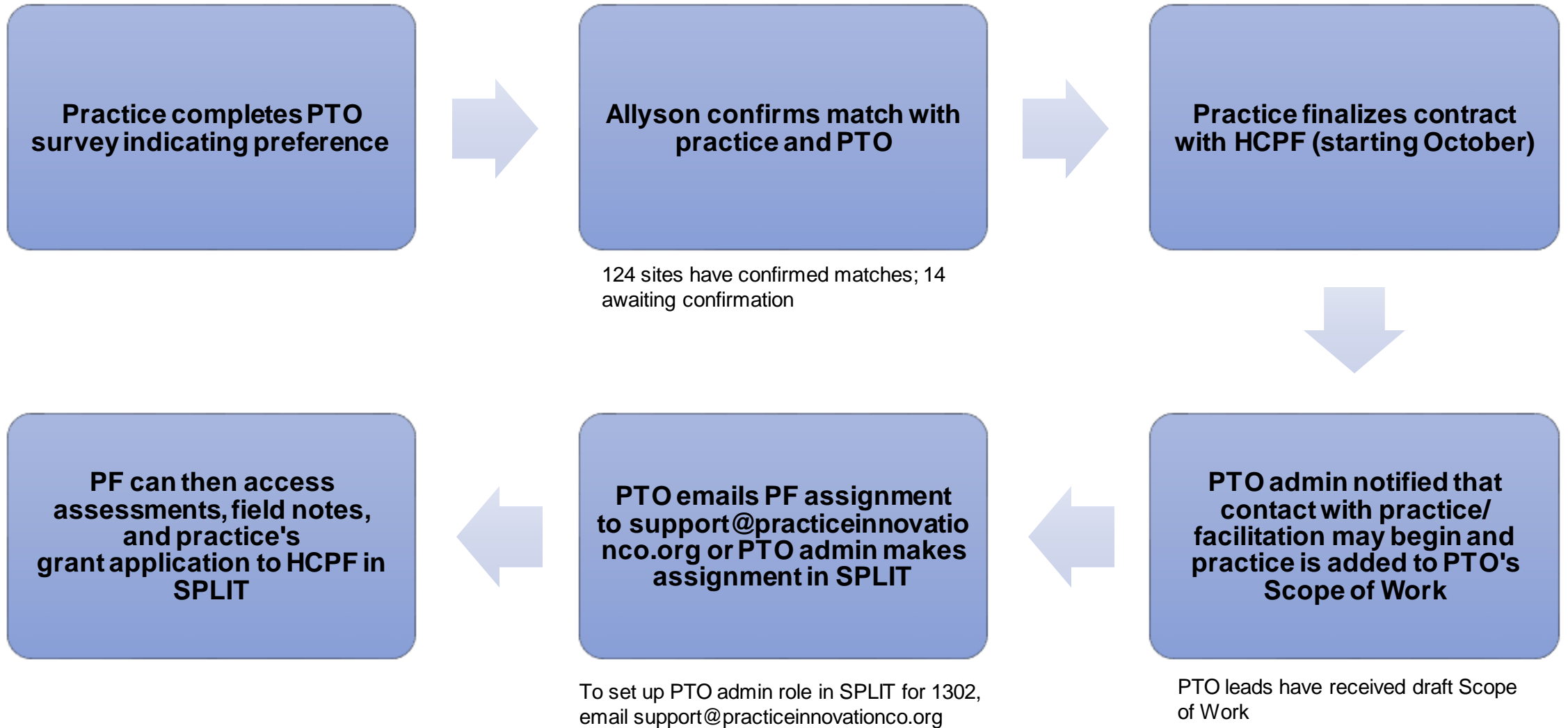


# BHI 1302 Facilitation Timeline



# CONTRACTING

# Contracting and Facilitation Kickoff Process



# Invoicing

- PTOs are welcome to invoice at whatever frequency preferred (monthly, quarterly, yearly) for completed deliverables
- Each invoice *must clearly identify*:
  - purchase order number (unique to PTO for 1302)
  - which deliverables for which practices are included in invoice amount
  - date range work completed
  - unique invoice number (not previously used in another invoice sent to University)
- Invoices should not be combined across different PIP projects (different purchase orders)
- Email invoices to [dfminvoice@ucdenver.edu](mailto:dfminvoice@ucdenver.edu)
- Feel free to reach out to Kristin ([kristin.crispe@cuanschutz.edu](mailto:kristin.crispe@cuanschutz.edu)) with any invoice format questions before submitting invoice

# UPDATES FROM THE HCPF TEAM



# Just the Basics

- Practice [work plans](#) are due back from grantees 30 days after receipt of contract and work plan template.
- The 1302 team created a [Quarterly Report Form](#) where you can review our practice reporting requirements. These will likely change slightly after our data contractor provides their input.

# Questions and Issues

- PTOs should field practice questions to the Integrated Care email when necessary. Our timeline for response is one business day.
- If there are concerns with any site, please contact us through the Integrated Care email as soon as possible.
- [HCPF\\_integratedcare@state.co.us](mailto:HCPF_integratedcare@state.co.us)

# BEHAVIORAL HEALTH INTEGRATION FRAMEWORK







Eugene S. Farley, Jr. Health Policy Center

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# The Building Blocks of Behavioral Health Integration

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Stephanie Gold, MD

Emma Gilchrist, MPH

Stephanie Kirchner, RD, MSPH

Bahroze Rakeen, MA

Larry Green, MD

Perry Dickinson, MD

Acknowledgments: CJ Peek, key informant interviewees, PCC BHI Workgroup





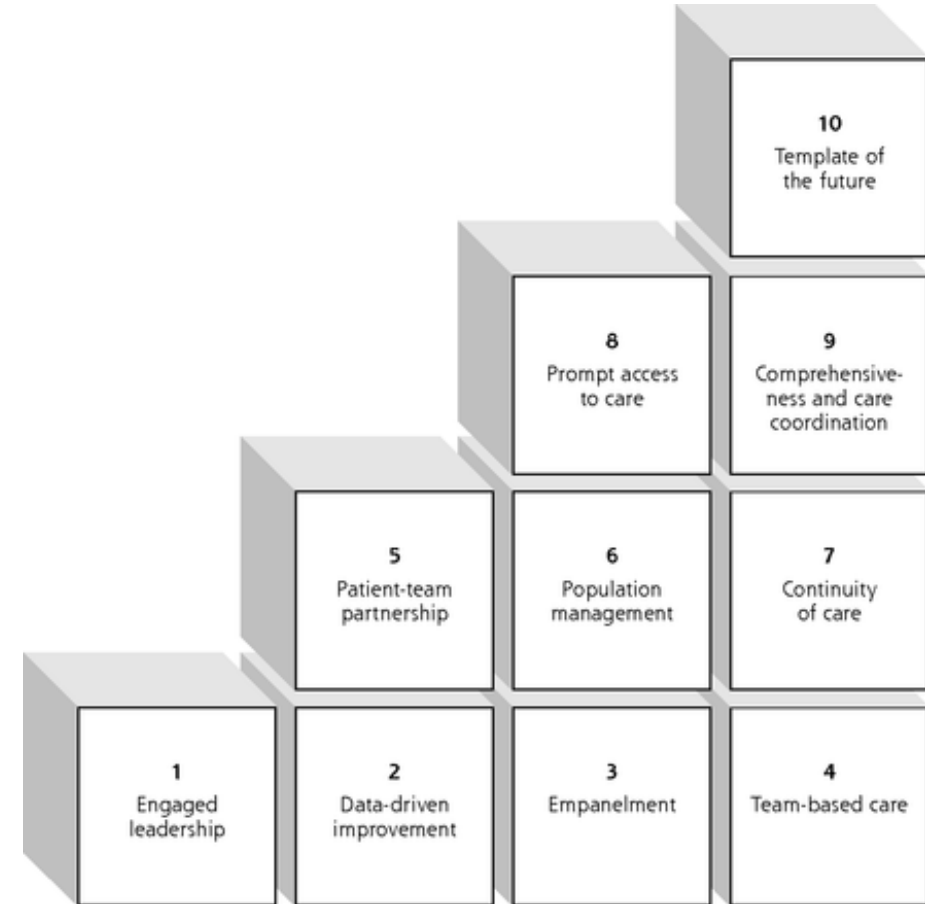
# Grounding Principles

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- Behavioral health and primary care services have both been chronically underfunded and traditionally separated in terms of training, delivery, payment, and administration.
- Integrating behavioral health in primary care is not a small quality improvement project but a transformative undertaking for the entire practice.
- Practices implement integrated behavioral health using a variety of approaches. There is not a single model of integrated behavioral health that will be the right fit for all practices.
- Different approaches to integrated behavioral health will require different levels of resources, including financial support.

# Framework Development

- Selection of a nationally recognized organizing scheme
- Development of behavioral health integration milestones for a statewide demonstration project
- Refinement of behavioral health integration milestones and categorization into different implementation approaches
- Review of other frameworks to identify gaps
- Vetting with key informants and further refinement based on feedback





# Components of Behavioral Health Integration

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

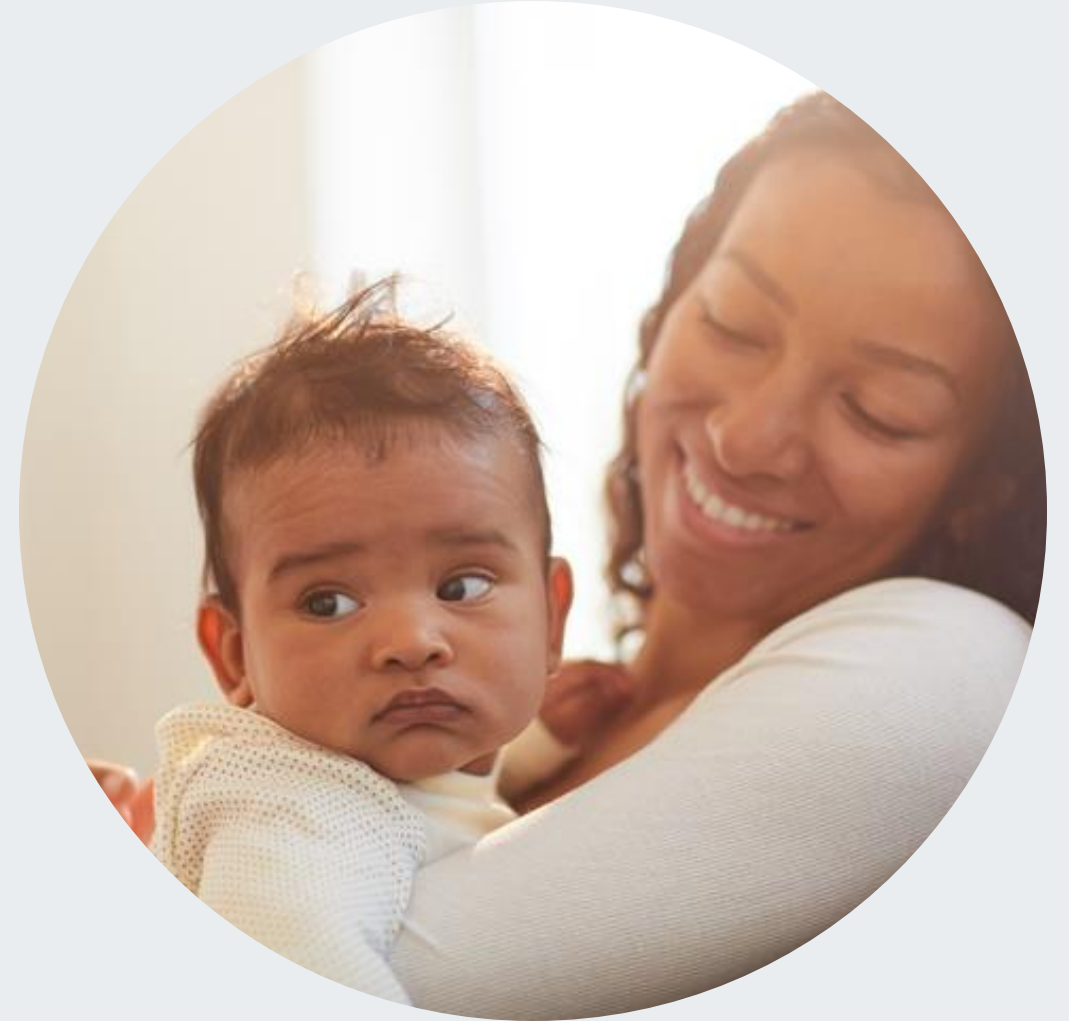
Additional care delivery expectations by components:

- **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.



# Framework Excerpt



<b>Building Block</b>	<b>Foundational Care Delivery Expectations</b> <i>Recommended requirements for any practice integrating behavioral health</i>	<b>Additional Care Expectations by Selected Components of BHI</b>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>Practice has defined mission and vision related to meeting behavioral health needs and a defined behavioral health champion or team.</li> <li>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.</li> </ul>	<p><i>No component-specific expectations.</i></p>
<b>Data Driven Quality Improvement</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li><b>Advanced Coordination and Care Management</b>—Includes tracking rates of follow up after behavioral health related emergency department visits or hospitalizations.</li> <li><b>Integrated Behavioral Health Professional</b>—Includes tracking adequate FTE and availability of appointments with behavioral health provider.</li> <li><b>Psychiatry</b>—Includes tracking adequate FTE and availability of consultation with psychiatrist.</li> <li><b>Advanced Care of Substance Use Disorders</b>—Includes tracking of outcomes related to patient initiation and engagement in substance use disorder treatment and follow up after substance use disorder-related hospitalizations.</li> </ul>



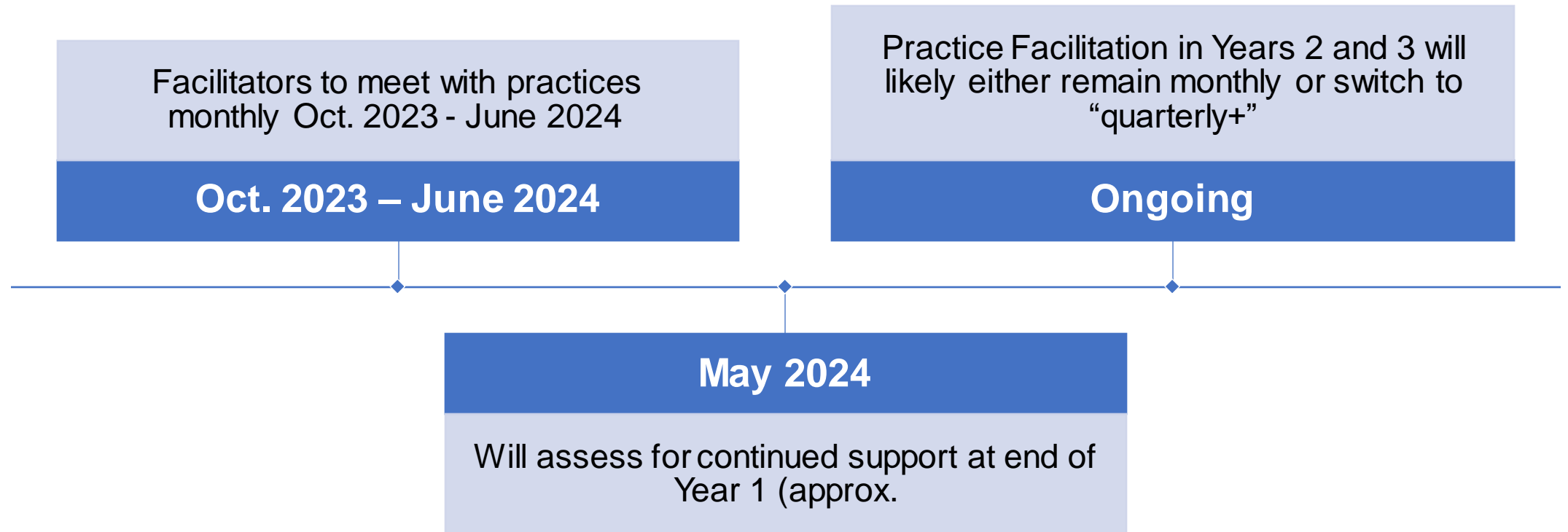
# How this framework is different

1. Components of different approaches to integrated behavioral health are separated so that:
  - Practices can flexibly choose their approach
  - Levels of financial support can be designed to match the selected approach
2. Not specific to a certain model of behavioral health integration
3. Not particular to a specific behavioral health diagnosis, reflects the wide spectrum of behavioral health services that can be provided in primary care
4. A core set of foundational expectations are established
5. Driven by practice-based evidence and experience and refined through input from key informants of diverse roles and backgrounds
6. The use of the building blocks as the overall organizing scheme allows for these behavioral health care delivery expectations to be overlaid on other work to advance primary care practice

# PLANS FOR FACILITATION



# Facilitation Structure



# ASSESSMENTS & SPLIT



# Assessments

- **Building Block Assessment**: Looks at where practice stands in comparison to the Behavioral Health Framework (Baseline)
- **Baseline Goal Collection**: Practice Facilitator works with practice to document the main goals the practice will work on over the course of the project. (These will feed into the Field Note and the Quarterly Snapshot survey tools) This should tie into or be the same as the goals that the practice documents on HCPF's Work Plan Template. (Baseline)
- **Monthly Field Note**: Opportunity for Practice Facilitator to briefly describe the work they did with the practice around the practice goals that month. (Monthly)
- **Quarterly Snapshot**: In depth documentation of the work Practice Facilitator is doing with the practice around practice goals. Opportunity to document the progress, successes, struggles, and sustainability of the practice goals. (Quarterly)



# SPLIT

SHARED PRACTICE LEARNING  
AND IMPROVEMENT TOOL



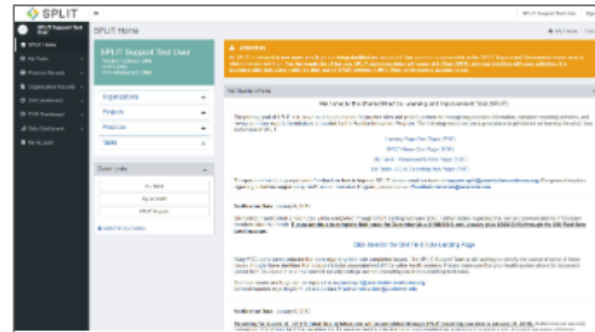
Practice  
Innovation  
Program



Submit  
Help Desk  
Ticket



SPLIT  
Support  
Resources



## Welcome to SPLIT!

Welcome to the Shared Practice Learning & Improvement Tool. SPLIT keeps track of how well healthcare teams perform on key building blocks of advanced healthcare delivery. The tool is designed to help healthcare teams identify their strengths, recognize areas of need, and prioritize their work in practice transformation and quality improvement.



## Welcome to SPLIT

Login

Forgot Password  
Request SPLIT Access



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# Assessment Schedule

- Building Block Assessment (BBA) due the end of the month after first visit with practice.
  - (ex. Nov. 21st, due Dec. 31st.) & approx. every 6 months
- Baseline Goal Collection due the end of the month after first visit with practice.
  - (ex. Nov. 21st, due Dec. 31st.)
- Monthly Field notes due the 8th after month end.
  - (Oct. FN due Nov. 8th.)
- Quarterly Snapshot due the end of the month following the end of the Quarter.
  - (Q4 Snapshot due January 31st)

# LEARNING COMMUNITY OPPORTUNITIES



# Learning Community



## PTO Learning Community

monthly to start to support onboarding, programmatic essentials, training as needed

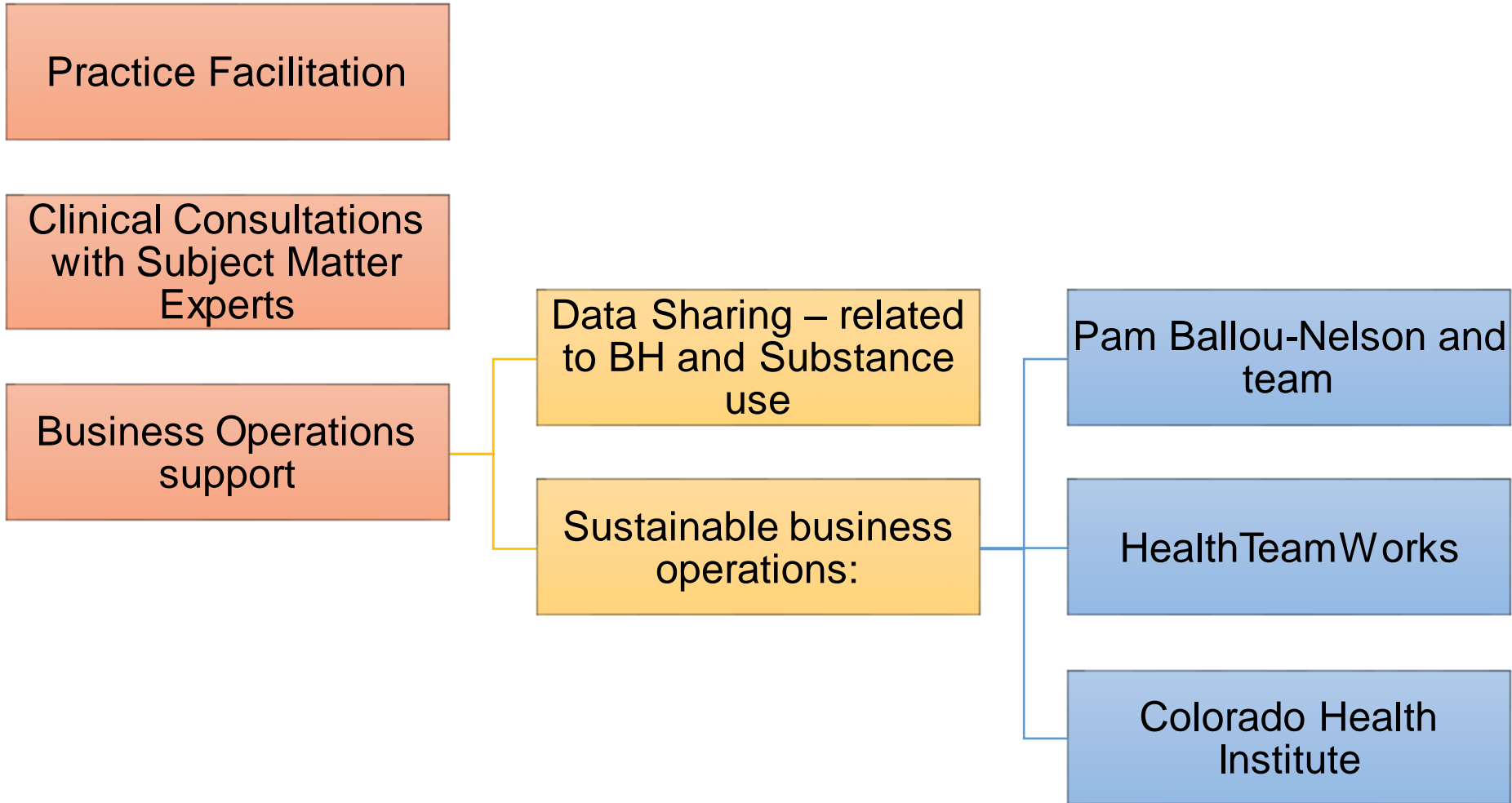


## Practice and PTO Learning Community

SMEs to cover topics of interest, models of BHI

First offering  
November/December

# Practice Supports



# Brief Survey About Implementation Guides

**Join at [menti.com](https://menti.com)**  
**Enter 1309 8883**  
**Or scan the QR code**



# QUESTIONS?

Please complete the evaluation



# Where to Direct Your Questions

## Dept. of Health Care Policy & Financing

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

## Practice Innovation Program

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



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## Contacts

- Allyson Gottsman –CHES Program Manager  
[Allyson.Gottsman@cuanschutz.edu](mailto:Allyson.Gottsman@cuanschutz.edu)
- Stephanie Kirchner – Practice Transformation Program Manager  
[Stephanie.Kirchner@cuanschutz.edu](mailto:Stephanie.Kirchner@cuanschutz.edu)
- Kristin Crispe – Practice Innovation Project Manager  
[Kristin.crispe@cuanschutz.edu](mailto:Kristin.crispe@cuanschutz.edu)
- Rachel Shuck – HCPF Section Manager  
[HCPF\\_integratedcare@state.co.us](mailto:HCPF_integratedcare@state.co.us)

