

NATIONAL
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CoE-IHS Webinar: Systematic Pathway to Integrated Care

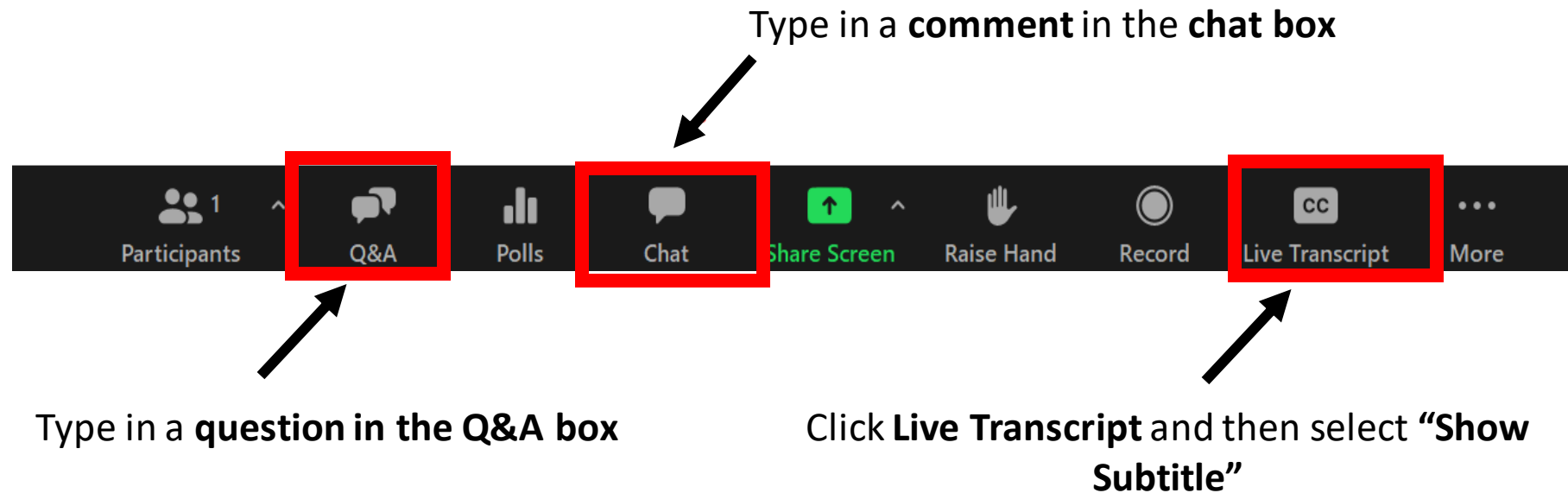
General Health Integration Framework Learning Collaborative
Evaluation Findings

Tuesday, October 31, 2023
12-1pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health
Services Administration

www.samhsa.gov

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Introductions



Henry Chung, M.D.,
Director General
Health Integration
Learning Collaborative,
Professor of Psychiatry,
Albert Einstein College
of Medicine



Ekaterina (Katy) Smali,
M.P.A, M.P.H, PMP, Co-
Director General Health
Integration Learning
Collaborative, Care
Management
Organization, Montefiore



Molly Finnerty, M.D.,
Consultant for Learning Collaborative,
Associate Research
Professor, Department of Child and
Adolescent Psychiatry, NYU Langone
Medical Center and Medical
Director, Office of Population Health
and Evaluation, NYS Office of Mental
Health



Learning Objectives

After this webinar, participants will be able to:

- Understand how a novel evidence-based integration framework may serve as a promising integration planning and implementation tool to support service redesign efforts for behavioral health clinics and state health authorities.
- Learn about clinics' performance using the integrated care metrics aligned with the General Health Integration (GHI) framework from baseline to 12-months throughout a learning collaborative.
- Gain practical implementation guidance and lessons learned for using the GHI framework within behavioral health settings, with a focus on practice and policy improvements.

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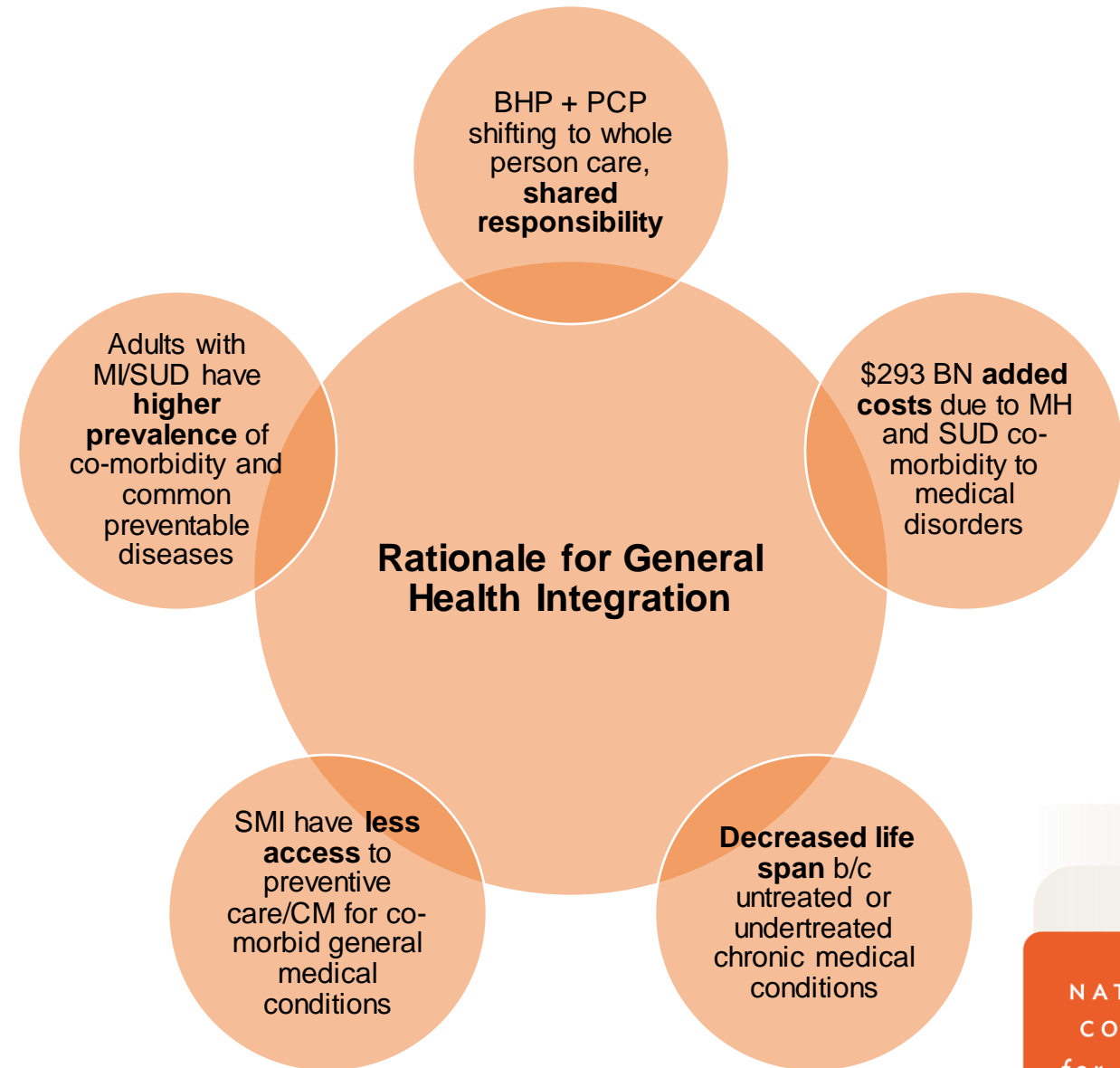


Webinar Agenda

- Background and rationale for General Health Integration (GHI) into behavioral health settings
- Continuum-Based Framework for GHI and an overview of the key domains of integrated care
- Learning Collaborative experience and GHI framework evaluation findings



Rationale for GHI in Behavioral Health



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Study: Risk factors for natural cause mortality in a cohort of 1494 persons with serious mental illness

Abstract

Persons with serious mental illness die on average more than 10 years younger than those in the overall population, mostly due to natural causes. Previous studies have identified predictors of natural cause mortality in this population but few have been prospective studies using clinical variables from in-person evaluations. A cohort of 1494 individuals with schizophrenia, bipolar disorder, or major depressive disorder were assessed at baseline and mortality status was determined from the US National Death Index after up to 20 years of follow-up. Analyses included multivariate Cox proportional hazard models to determine independent predictors of natural cause mortality. A total of 125 (8.4%) individuals died of natural causes. In multivariate models, the strongest predictor of mortality after age was tobacco smoking at baseline with a dose-related effect. Having diabetes, a cardiovascular condition, particularly hypertension, and lower cognitive functioning were also significant risks, along with divorced/separated status. The receipt of gabapentin or fluoxetine also significantly increased mortality risk. Premature death can be reduced by smoking cessation and the improved management of conditions such as hypertension and diabetes.



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Advancing General Health Integration

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Developing the Framework

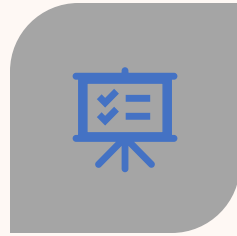
- **Targeted literature review** on models of general health integration into behavioral health to identify evidence-based building blocks
- **Key informant interviews** of behavioral health leadership, behavioral health providers, primary care practitioners, policymakers, and payers
- **Development** of the continuum-based framework for general health integration in behavioral health settings
- This approach was successful in **developing and evaluating** a [Framework for General Health Integration into Behavioral Care Settings](#)
- Led National Council **Learning Collaborative** and published [peer reviewed paper](#)



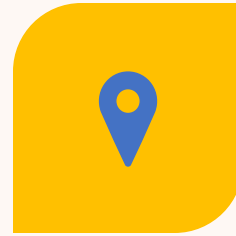
Washington State and the Integrated Care Assessment



WA-ICA IS A COORDINATED EFFORT ACROSS WA STATE, REPLACING PREVIOUS INTEGRATION ASSESSMENTS (SUCH AS THE MEHAF) USED BY ACCOUNTABLE COMMUNITIES OF HEALTH (ACHS) AND MANAGED CARE ORGANIZATIONS (MCOS)



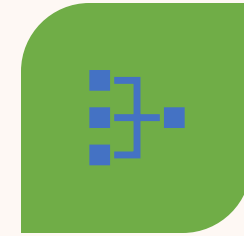
CONTINUUM-BASED MODEL, WITH 9 DOMAINS AND 13 SUBDOMAINS



FOUNDATIONAL DOMAINS ARE THOSE CONSIDERED CORE TO ADVANCING INTEGRATION AND CAN BE AN OPPORTUNITY TO FOCUS IMPROVEMENT WHEN A PRACTICE IS IN THE PRELIMINARY STAGE.



IN ADDITION TO ASSESSING A PRACTICE'S CURRENT LEVEL OF INTEGRATION, THE ASSESSMENT FRAMEWORK SERVES AS A ROAD MAP FOR PROGRESS.



VISIT [HTTPS://WAPORTAL.ORG/PARTNERS/HOME/WA-ICA](https://waportal.org/partners/home/wa-ica)

GHI Framework Domains and Stepwise Advancement

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GHI Framework Domains & Subdomains



1. Screening, referral to care, and follow-up

- 1.1 Screening and follow-up
- 1.2 Facilitation of referrals



2. Evidence-based care for preventive and general medical conditions

- 2.1 Use of guidelines or treatment protocols
- 2.2 Use of targeted medications by behavioral health prescribers
- 2.3 Trauma informed care



3. Ongoing care management

- 3.1 Longitudinal clinical monitoring and engagement



4. Self-management support adapted to patient

- 4.1 Use of tools to promote patient activation and recovery



GHI Framework Domains & Subdomains (cont'd)



5. Multi-disciplinary team (including patients) with dedicated time

- 5.1 Care team
- 5.2 Sharing of treatment information, case review, care plans and feedback
- 5.3 Integrated care team training



6. Systematic quality improvement

- 6.1 Use of quality metrics for physical health program improvement and/or external reporting



7. Linkages with community and social services

- 7.1 Linkages to housing, entitlement, other social support services

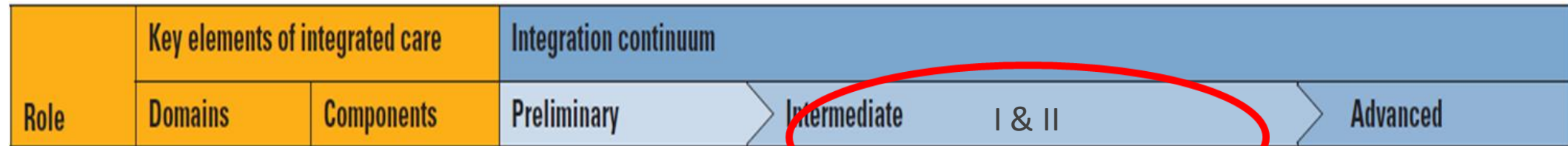


8. Sustainability

- 8.1 process for billing and outcome reporting
- 8.2 process for expanding regulatory and/or licensure opportunities



Continuum-Based Integration



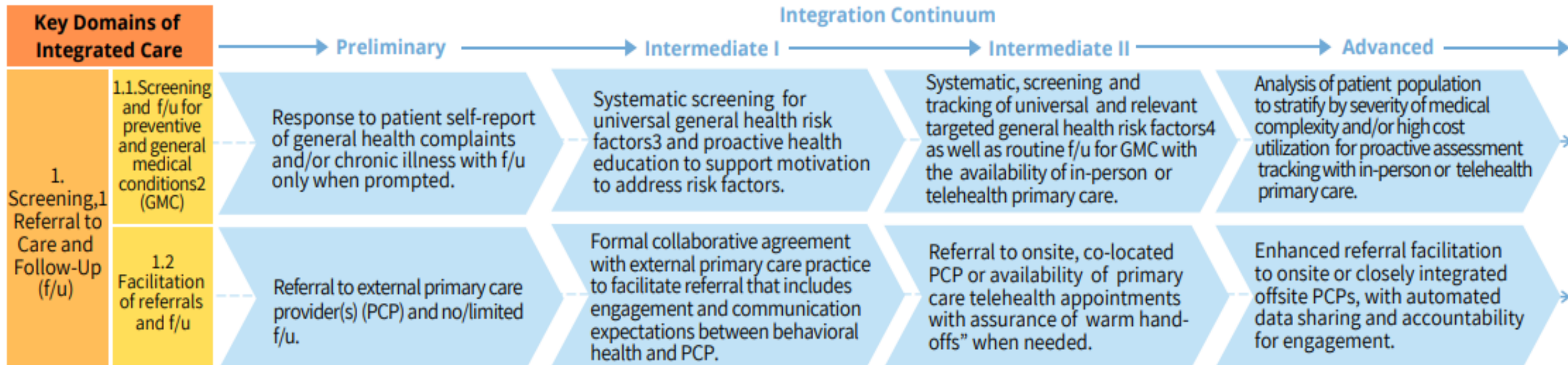
Achievable standard?

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GHI Framework Snapshot:











Domain 1- *Screening, Referral to Care and Follow-Up*



National Learning Collaborative and Framework Evaluation

Timeline: April 2021 - April 2022

Published **Issue Brief** with Revised GHI Framework

				
Collaborative Effort	Nationwide Participation	TTA Structure	Data & Evaluation	Dissemination Findings & Learnings
				
Supported by the CoE-IHS and the New York Community Trust	19 organizations selected across the country (with 4 in NYS)	Two webinars per month, technical assistance (TA), evaluations and monthly performance reporting	Structured qualitative and quantitative data collection	Completed 7-month GHI ECHO with 19 national participants, national presentations and issue brief publication

Learning Collaborative Faculty

Project funding support provided by the CoE-IHS, partnering with the following:

- **Henry Chung, MD**, Director GHI Learning Collaborative, Professor of Psychiatry, Albert Einstein College of Medicine
- **Ekaterina (Katy) Smali, MPH, MPA, PMP**, Co-Director GHI Learning Collaborative, Care Management Organization, Montefiore
- **Molly Finnerty, MD**, Co-Director GHI Learning Collaborative, Department of Child and Adolescent Psychiatry, NYU Langone Medical Center and NYS Office of Mental Health
- **Matthew Goldman, MD, MS**, Medical Director, Comprehensive Crisis Services & Hope SF Community Wellness Program, San Francisco Department of Public Health
- **Rachel Talley, MD**, Assistant Professor of Clinical Psychiatry, Department of Psychiatry, University of Pennsylvania
- **Harold Alan Pincus, MD**, Department of Psychiatry, Columbia University and New York-Presbyterian Hospital
- **David Woodlock**, Consultant, Woodlock & Associates and former President and CEO of the Institute for Community Living

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Learning Collaborative Participants

Organization	State	Organization	State
Abbe Center for Community Mental Health*	IA	Institute for Community Living, Inc.*	NY
BestSelf Behavioral Health*	NY	Lutheran Family Services*	NE
Center for Human Development*	MA	Mid-South Health Systems, Inc. / Arisa Health*	AR
Centerstone of Tennessee*	TN	Northeast Treatment Centers*	PA
Centerstone of Indiana*	IN	Sabine Valley Regional MHMR dba Community Healthcore*	TX
FMRS Health Systems, Inc.*	WV	Saginaw County Community Mental Health Authority*	MI
Four County*	IN	Washington Heights Community Services, New York State Psychiatric Institute	NY
Gandara Center*	MA	Westchester Jewish Community Services*	NY
Hegira Health, Inc.*	MI		
Hamilton Center, Inc.*	IN		
High Point Treatment Center*	MA		

* indicates *Certified Community Behavioral Health Clinic (CCBHC)* status

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Team Composition for Practice Assessment and Advancement

Assess Current Practice and
Workflow Process Occurring at
least 70% of the time



Baseline State of GHI among Motivated CCBHC and BH Clinics

Subdomains with the majority of clinics in the preliminary phase of integration

Evidence-based guidelines/ treatment protocols for preventive interventions

Medication management

Care team composition

Sharing of treatment information

Integrated care team training

Sustainability

Subdomains with the majority of clinics in the intermediate phases of integration

Screening, referral to care and follow-ups

Evidence-based guidelines/ treatment protocols for common general medical conditions

Trauma-informed care

Ongoing care management

Self-management supports

Systematic quality improvement

Linkages to social services

Subdomains with the majority of clinics in the advanced phase of integration

No domains or subdomains in the advanced category were endorsed by a majority of the clinics.

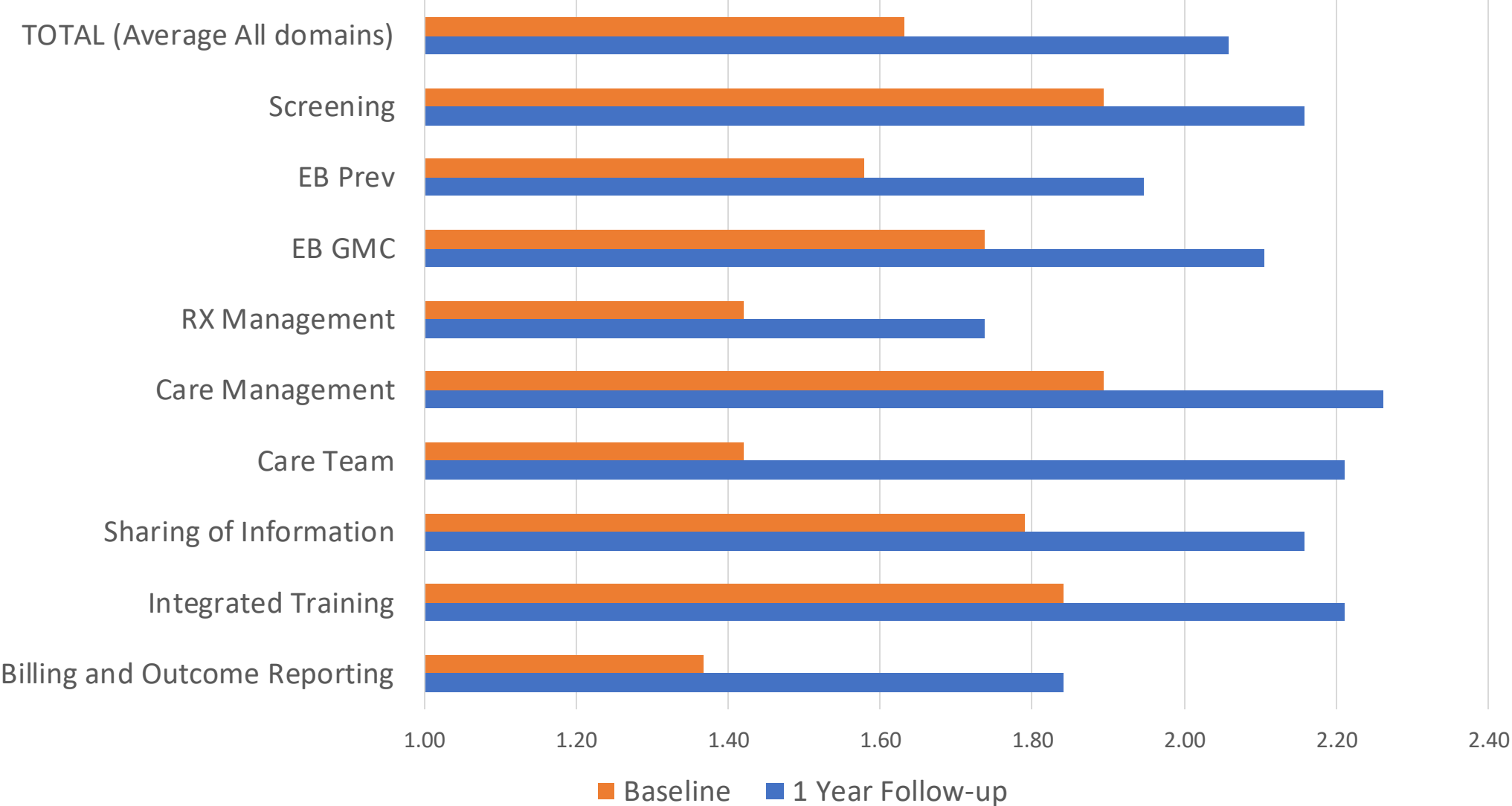
Quality Performance of GHI Learning Collaborative:

Baseline to 12-Month Follow Up
(April 2021 - April 2022)

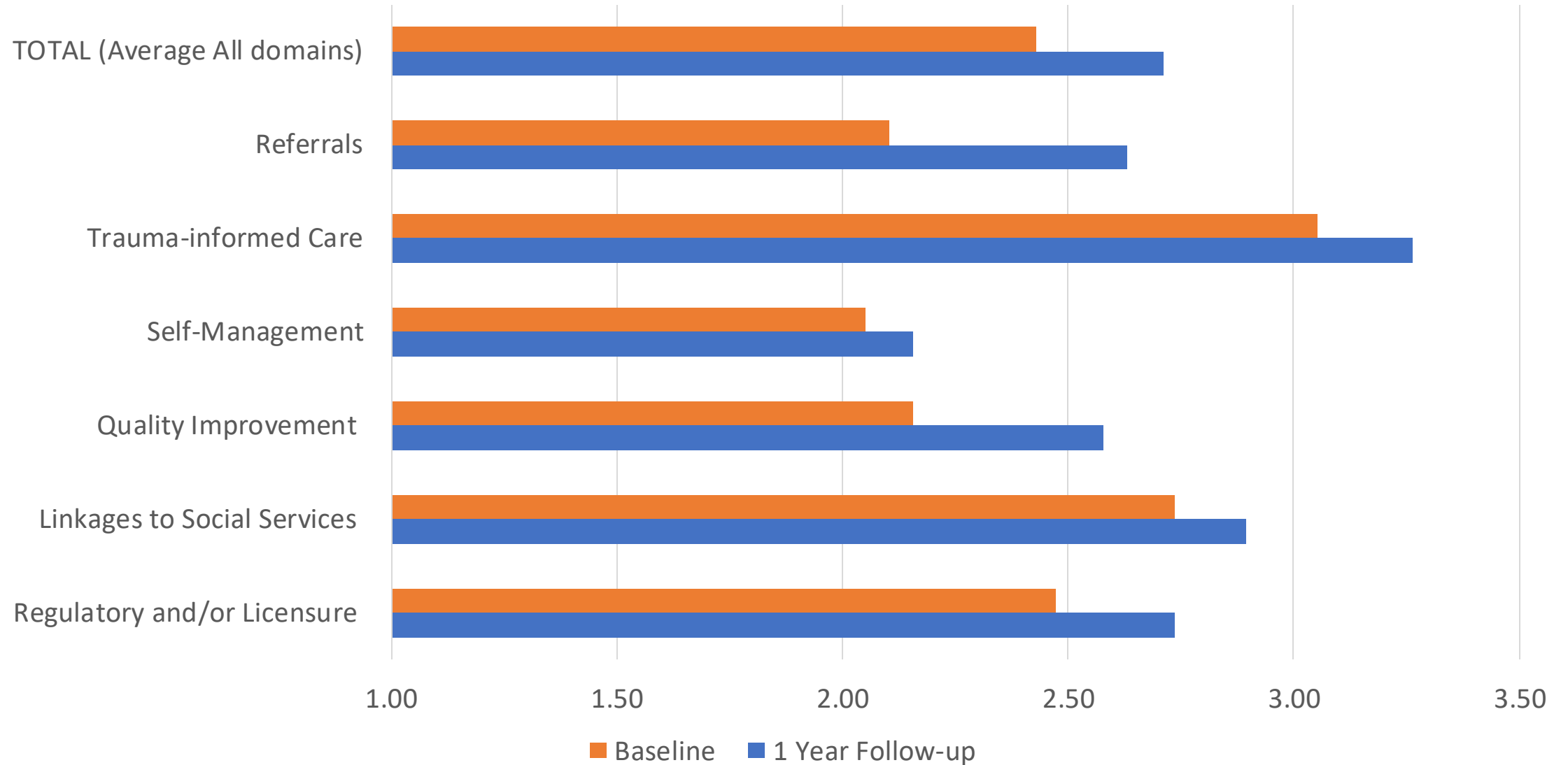
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Average Baseline and 1 Year Follow-up GHI Framework Scores for Domains and Sub-Domains in Early Stages of Integration at Baseline



Average Baseline and 1 Year Follow-up GHI Framework Scores for Domains and Sub-Domains at Intermediate Integration at Baseline



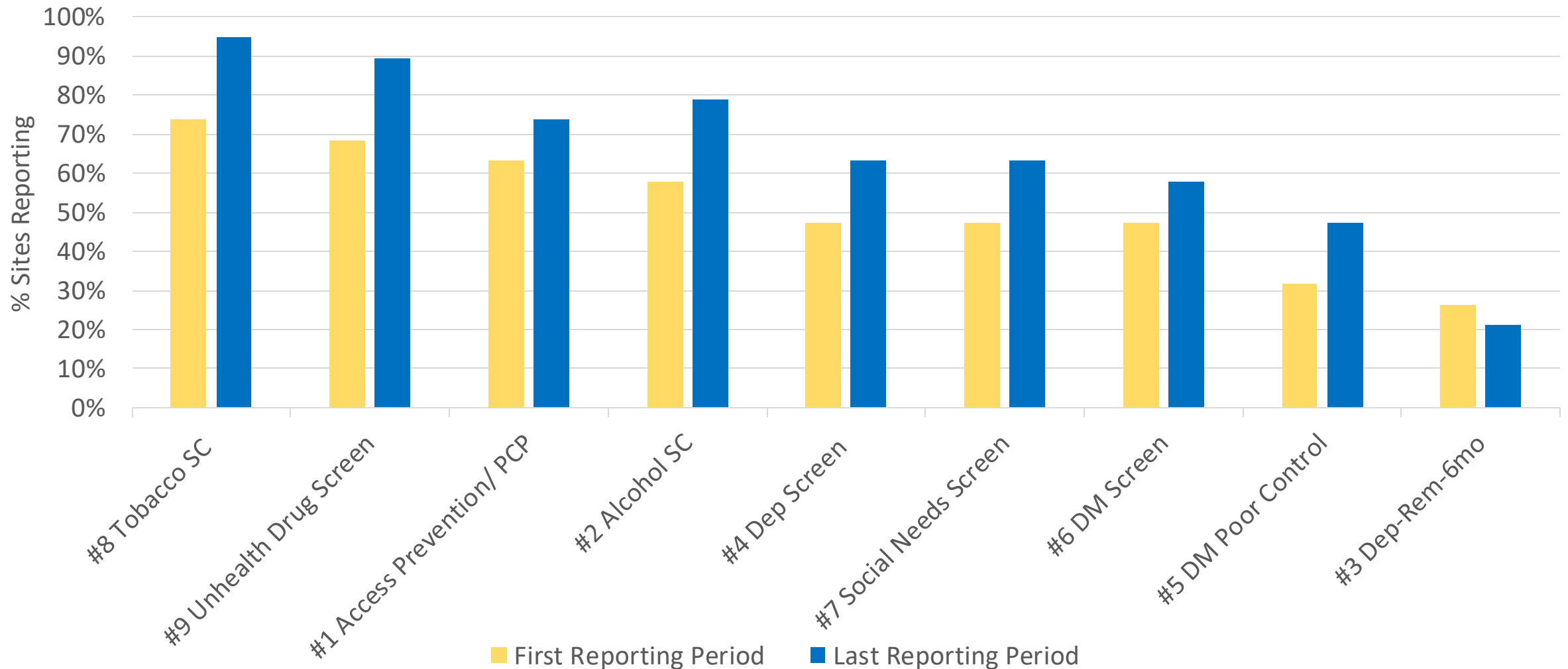
GHI LC Process & Outcome Quality Metrics

GHI Collaborative Metrics	NQF or NQCA Identifier	CCBHC Reporting	Metric Type	DOMAIN 1: Screening	DOMAIN 2: EBP	DOMAIN 3: Ongoing Care	DOMAIN 4: Self-management	DOMAIN 7: Linkages
Access to Prevention/ Ambulatory Health Care	NCQA AAP	HEDIS	Process	X				
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	NQF 1932	CCBHC - State	Process	X				
Tobacco Use Screening and Cessation Intervention	NQF 0028	CCBHC - Clinic	Process	X	X			
Unhealthy Alcohol Use Screening and Brief Counseling	NQF 2152	CCBHC	Process	X	X			
Unhealthy Drug Use	USPSTF		Process	X	X			
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	NQF 2607	HEDIS	Outcome	X	X	X	X	
Depression remission at 6 & 12 months	NQF 0710	CCBHC	Outcome	X	X	X	X	
Screening for social needs		NOMS	Process	X				X

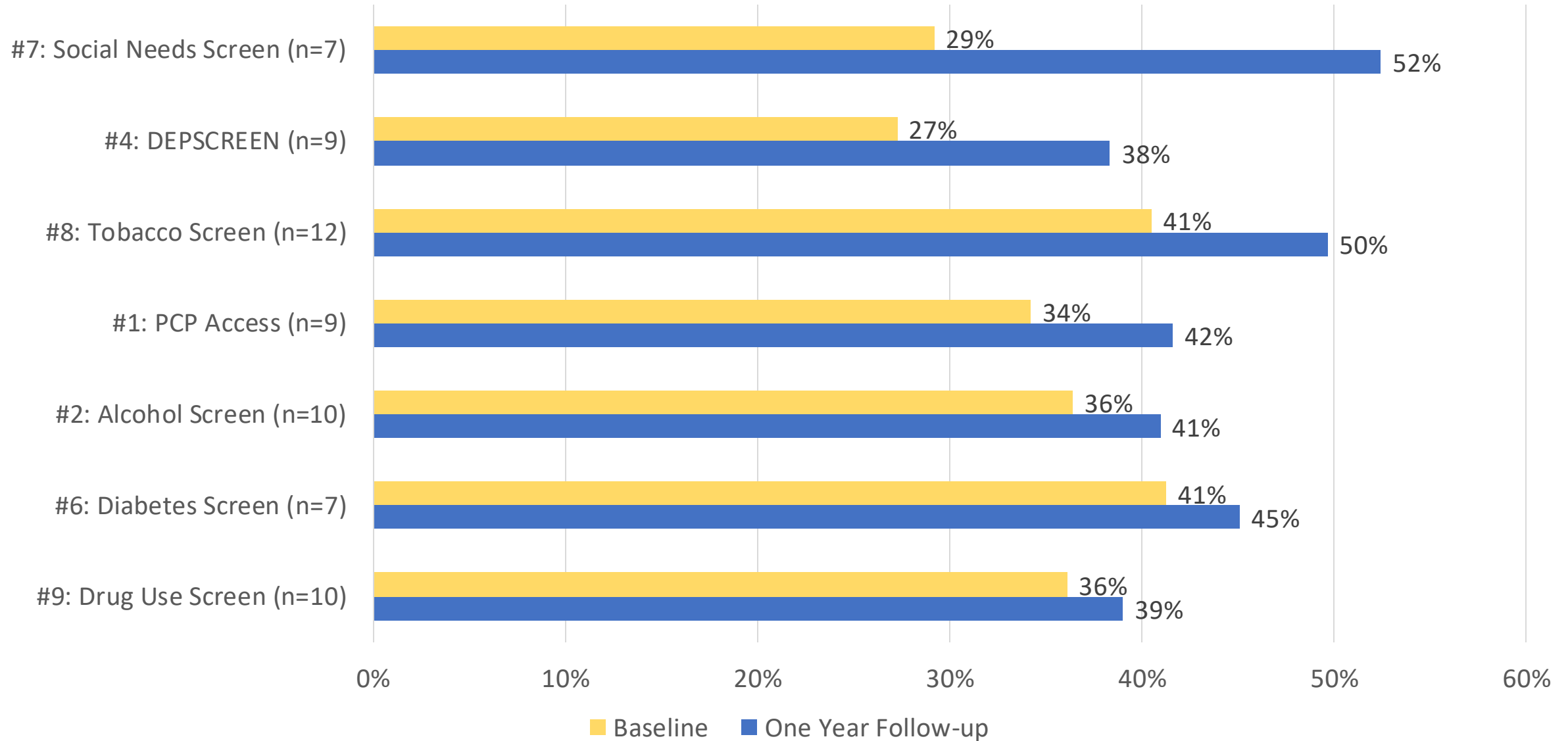
- *Most are selected from national measures of quality, endorsed by NQF, USPSTF, HEDIS, or CMS and required CCBHCs clinic or state reporting measure*
- *Reporting requires client level numerators and denominators*

Proportion of Sites Reporting by Metric During the First and Last Reporting Period (N=19)

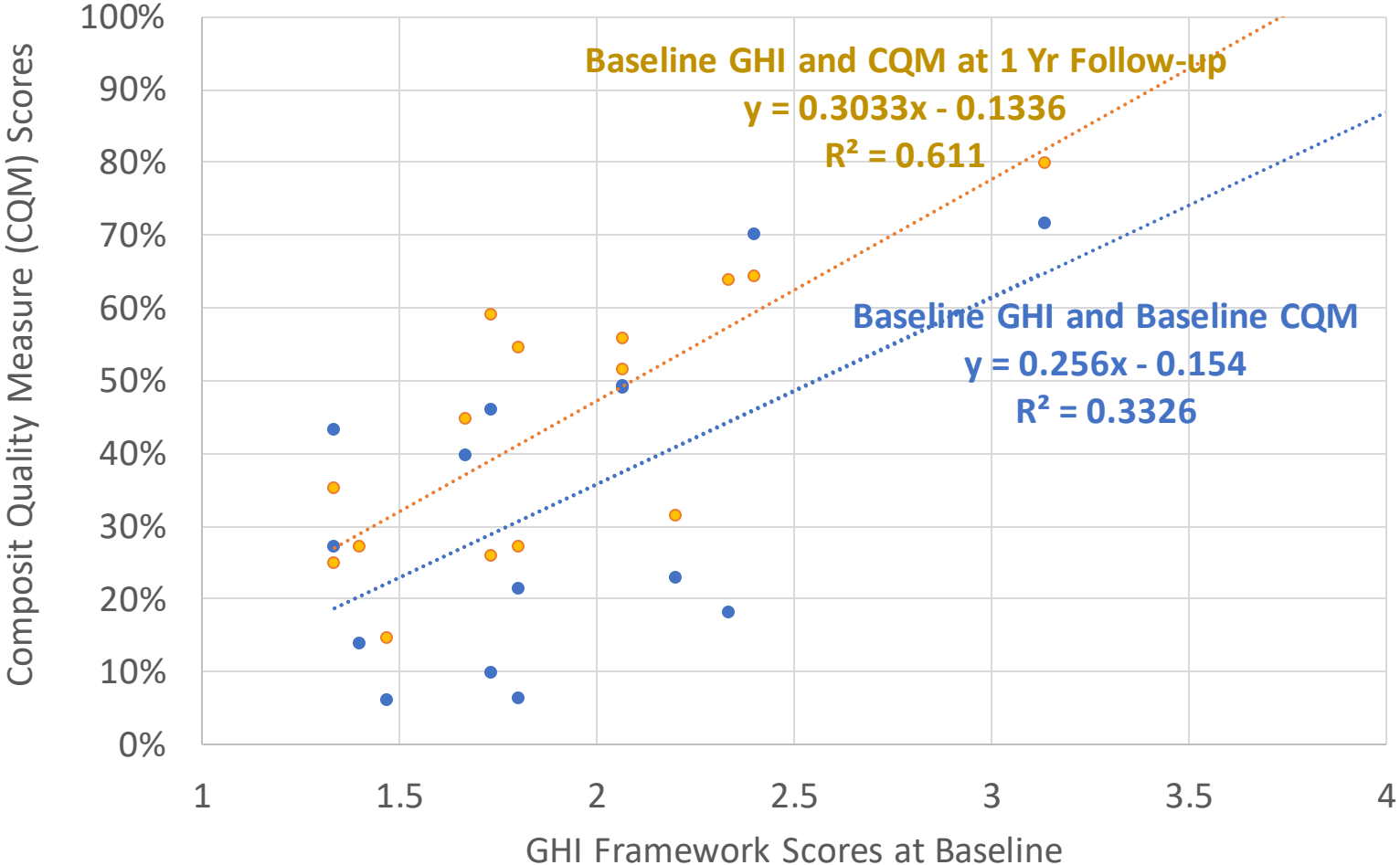
Proportion of Sites Reporting by QI Metric



Average QI Measure Performance by Metric At Baseline and One Year (N =19)



Relationship between participating site scores on GHI Framework at baseline and Composite Quality Measure (CQM) performance at baseline and one year follow-up



● CQM Baseline ● CQM 1 Year Linear (CQM Baseline) Linear (CQM 1 Year)

Key Workflows and Implementation (n=19)

GHI STRUCTURAL METRICS	Baseline	8-month Re-Assessment	Percent Change (%)
Integration of established: <ul style="list-style-type: none"> • Collaborative Agreement to formalize external primary care partnership, or • Policy And Procedure to formalize partnership with co-located primary care 	11	16	+ 45%
Use of follow-up tracking tools for: <ul style="list-style-type: none"> • Preventive care services (e.g., annual PCP visit, immunizations, mammogram), and/or • General medical conditions (e.g., monitoring HbA1C, blood pressure/hypertension) 	2	12	+ 500%
Provision of self-management support education, handouts and/or action plans to clients on: <ul style="list-style-type: none"> • Preventive care services (e.g., annual PCP visit, flu/COVID immunizations, mammogram) and/or • General medical conditions (e.g., diabetes, asthma) 	13	19	+ 46%
Team-based training on GHI for clinical staff	11	11	0%
Trauma-informed care training to clinical staff	16	16	0%
Clinics administering social needs screenings (e.g., food, housing, financial, childcare)	15	16	+ 7%
CPT billing for general health integration services	6	6	0%

Participating Clinic Feedback Spotlight



The monthly measures helped us highlight challenges and establish improvements with quality measurement and benchmarking. The data provided us with an opportunity to further identify the needs of our consumers e.g., primary care, documentation of A1C testing etc.”



Monthly reporting forced us to look at our data on a regular basis instead of on a yearly basis like we had done in the past. it was also the reason that we were able to spend money on creating dashboards which has tremendously affected our data.”

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Summary of Impact Findings

- The GHI Framework, in combination with the learning collaborative and technical assistance, was effective at helping community behavioral health practices advance their stages of integration and improve quality reporting and performance.
- The quality analysis demonstrated that framework practice assessment is correlated with capacity to report on standard quality measures at baseline and strongly correlated with both the number of quality reporting measures and the performance of these measures at endpoint.
- GHI framework also has strong potential as a planning tool. Most sites advanced their integration status during the learning collaborative and specifically advanced in domains and subdomains that necessitated multiple workflow improvements.

Recommendations and Conclusion

GHI Framework Validity

2020

- Completed a cross sectional face validity assessment of the GHI framework's ability to measure the current state of readiness for GHI at with 11 behavioral health clinics (NYS mental health and substance use certified clinics in the NYC metro area).
- Our results indicated that even among behavioral health clinics with integration experience, there are still significant opportunities for advancement. Dissemination and adoption of the GHI Framework provides a more pragmatic roadmap for integration, adoption and practical models for value-based payment that can be sustained.

2021-2022

- Learning Collaborative evaluated the GHI Framework at 19 behavioral health clinics across the US demonstrating it to be an effective clinic self-assessment and planning tool for advancing integration.
- The clinics' stage of integration on the Framework was strongly and significantly correlated with quality performance at baseline and over time, i.e., the GHI Framework demonstrated reasonable concurrent and predictive validity.

GHI Framework Strategies for Advancement

Assets for Success

BH Clinics Focused on Trauma-informed Care

Access to QI Teams and/or Data Analyst Provides Strengthens Data Analysis

Opportunities for Improvement

Lack of buy-in or familiarity with GHI concepts

Undefined policies and procedures to address medical conditions

Weak external referral partnerships and internal communication

Inconsistent patient follow-up

Insufficient funds or workflow structures for peer and/or care manager

Limited access to labs, EHR shortfalls and inadequate support for data collection and analysis

Participating Clinic Feedback Spotlight



We have an increased awareness in areas to improve upon to support health integration. [We have] a larger understanding on how to integrate general health metrics into our care. Participating in the initiative has increased awareness and our culture is shifting toward implementing the necessary changes. [We] recognize the complexity of culture shifts and the time it takes to adopt the changes in service delivery to whole person health. [During this project, we] identified our need to improve billing processes to make services more sustainable.”



The GHI initiative was extremely beneficial to us and will 100% help us over the next 12 months. Although the initiative has formally ended, we are still meeting regularly and focusing on the framework and our goals. We plan to continue this. Hearing from experts and other providers was extremely helpful to us in our growth. Hearing both success stories and barriers- especially barriers.”

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Conclusion

- Certified Community Behavioral Health Clinics (CCBHCs) and other community behavioral health clinics have a critical opportunity to support and provide whole person care that is meaningful to patient morbidity, mortality and quality of life.
- Challenges to integration in behavioral health settings include limited use of general health screening, staffing shortages, inadequate training on general health prevention and chronic illness management, inconsistent relationships between BH and primary care providers (PCP), and lack of routine data collection and analysis.
- The Continuum Based GHI Framework for Practice Self Assessment and Developing an Operational Strategic Plan supporting evidence based general health interventions can be an important facilitator for GHI advancement.
- Data infrastructure for measurement of Process and Clinical Outcomes tied to standard state and payor quality measures are instrumental to demonstrating value.
- Advocacy for GHI sustainability must be supported through incentives and payment reform.





Questions and Discussion



[TheNationalCouncil.org/Interated-Health-CoE](https://www.thenationalcouncil.org/interated-health-coe)

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End-of-Session Poll Questions

See pop up box for **poll questions**.



Resources

GHI Related Publications

- [Evaluation of a GHI Framework: Findings and Recommendations](#)
- Utilizing an Evidence-based Framework to Advance Integration of General Health in Mental Health and Substance Use Treatment Settings – [Blog post](#)
- Advancing Integration of General Health in Behavioral Health Settings – [Issue Brief](#)
- Smali, E et al. A Continuum-Based Framework as a Practice Assessment Tool for Integration of General Health in Behavioral Health Care. Sept 2021; Psychiatric Services Journal – [Publication](#)

National Council for Mental Wellbeing

- Center of Excellence for Integrated Health Solutions – [Resource Home Page](#)
- High-Functioning Team-Based Care – [Toolkit](#)

Other

- Agency for Healthcare Research & Quality –Implementing a Team-Based Model in Primary Care – [Learning Guide](#)
- Behavioral Health Integration into Primary Care – [Framework](#)



Upcoming Events



Nov.

16

from 1-2pm ET

CoE-IHS Equity in Action: Preserving Cultural Identity and Traditions in Native American Heritage

[Register Here](#)

Nov.

30

from 2-3:30pm ET

CoE-IHS Webinar: Pediatric Webinar Series- Session #1

[Register Here](#)

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Relias On-Demand Training

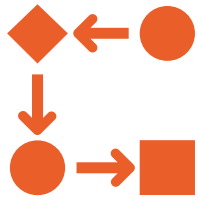
[Learn More](#)

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CHAT WITH AN EXPERT!

Schedule a free call with an integrated care expert to discuss:



**Implementing
Models of
Integrated Care**



**Health Equity
through Integrated
Care**



**Population Health
in Integrated Care**



**Workforce
Development**



**Integrated Care
Financing &
Operations**

Diversity, Equity and Inclusion

Ongoing Impacts of COVID-19 Pandemic

Submit a Request!

Thank You

Questions?

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