

Lessons Learned: Integrating Primary and Behavioral Health Care

Promoting Integration of Primary and Behavioral Health Care (PIPBHC) in Iowa³

Background

The Promoting the Integration of Primary and Behavioral Health Care Grant’s (PIPBHC), also known as Iowa’s Integration Project, goal was to improve primary and behavioral health outcomes for individuals with substance use disorders. The PIPBHC grant was implemented by the Iowa Department of Health and Human Services and funded by the Substance Abuse and Mental Health Services Administration Center (SAMHSA). Using the care coordination model, team-based care was provided through co-located team members between the three participating health centers and their community partner for behavioral health services:



- Primary Health Care, Inc. & Community and Family Resources
- Siouxland Community Health Center & Rosecrance Jackson Centers
- Community Health Care, Inc. & Centers for Alcohol and Drug Services

This model also included a special population focus for our soldiers which was facilitated between the Iowa Army National Guard & two behavioral health service providers - House of Mercy and UCS Healthcare. This partnership ensured that soldiers received screening, brief interventions and referrals to treatment as needed. It also funded the coordination of primary and behavioral healthcare for soldiers.

Oversight of the PIPBHC grant was provided by the Iowa Department of Health and Human Services, who provided subject matter expertise, facilitated technical assistance and led data collection between the health centers and behavioral health organizations.

Implementation Approach

- Promoting integrated healthcare services through a bidirectional model utilizing an integrated care team approach.
- Supporting the improvement of integrated health services provided to individuals with SUD, serious mental illness (SMI), and co-occurring health conditions.
- Increasing the number of integrated healthcare services provided to individuals with SUD, SMI, and co-occurring health conditions.
- Implementing an innovative and comprehensive care team approach between the Iowa Army National Guard (IANG) and co-located substance use/mental health professionals.

Grant Activities that Supported Success

- Weekly **care team care coordination** meetings and **monthly provider calls** to identify and discuss challenges as well as facilitate communication between organizations and providers to improve coordination of care.
- Annual **site visits** to assess barriers to implementation and define and determine sustainability goals.
- Frequent **data collection and analysis** to monitor progress towards program goals.
 - Monthly: training of PIPBHC funded staff in evidence-based practices, number of services provided, inpatient hospitalization data
 - Quarterly: number of integrated health care services provided, volume of prevention and recovery services, and wellness and health promotion activities
 - Annually: overall outcomes and impacts on physical health

Patients Received Focused Attention to Support Whole-Person Care Through:



Consultation and dedicated time to work with the ICT



Collaboration with Recovery Peer Coaches



Incentives for completing follow-up interviews



Recovery Support Services including but not limited to childcare, education, transportation, and recovery peer coaching



Wellness activities focused on nutrition, exercise, and whole health management

Program Strengths

- Creation of Iowa Health and Human Services, which aligned the Iowa Department of Human Services (housed mental health services) and Iowa Department of Public Health (housed substance use services) to support shared integrated care goals.
- Maximized partnership with the Iowa Primary Care Association to expand collaborative efforts between the two networks (health centers and behavioral health organizations).
- Leveraged data and opportunities for collaboration to increase stakeholder engagement and satisfaction.

Outcomes

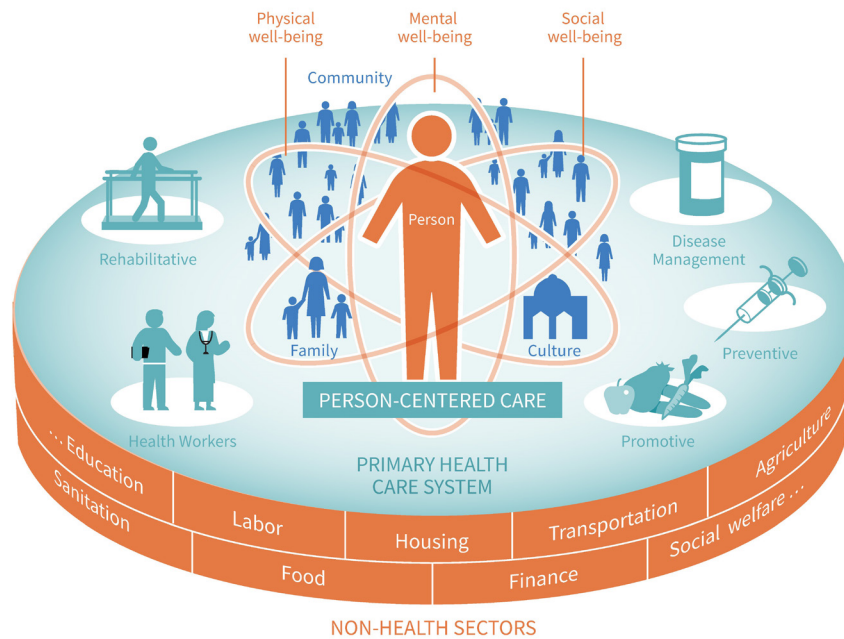
All three health centers & SUD partnerships & Iowa National Guard partnership successfully served and met the majority of project work plan requirements. Across all project years (2018-2023), there were:

- 211,298 documented pre-screenings
- 23,515 screenings
- 3,190 brief interventions
- 3,111 brief treatments
- 627 referrals to treatment
- 796 integrated care admissions

During FY23 (year five), the number of screenings reached a project high of 6,260.



Comprehensive Health Integration (CHI) Framework²



The CHI Framework provides guidance on implementing the integration of physical health and behavioral health to help providers, payers and population managers:

- Measure progress and facilitate improvement in organizing delivery of integrated services
- Demonstrate the value produced by progress in integrated service delivery
- Provide initial and sustainable financing for integrated service delivery

Characteristics of the CHI Framework

- Broad application to both PH and BH settings, and adult and child populations
- Evidence-based domains of integration
- Measurable standards for integration
- Flexibility of achieving successful progress in integration
- Connection of progress in integration to metrics demonstrating value
- Connection of payment methodologies to improving value by improving and sustaining integration
- Self-Assessment Tool

Eight Domains of Integration



Screening, Referral,
and Follow-Up



Prevention and Treatment
of Common Conditions



Continuing Care
Management



Self-Management
Support



Interdisciplinary
Teamwork



Systematic Measurement and
Quality Improvement

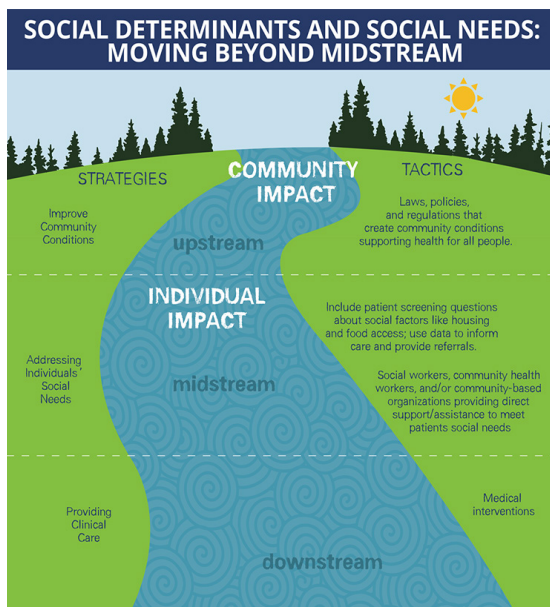


Linkage with Community and
Social Services



Sustainability

Equity in Action^{1,4}



Source: <https://www.healthaffairs.org/content/forefront/meeting-individual-social-needs-falls-short-addressing-social-determinants-health>

To move beyond midstream and ensure the advancement of health equity in the integrated care space, consider:

1. Updating your organizational mission and goals to include health equity
2. Implementing policies and training to eliminate bias, discrimination, and racism
3. Screening for social determinants of health, and creating plans for follow-up
4. Monitoring and evaluating health equity on a regular basis

Key Takeaways



Leadership support and engagement with partnering agencies has been the catalyst to support the commitment to integrated care.



Integrated care is multi-faceted and it's critical to encourage communication and collaboration between partnering organizations to create a shared common language around integrated care definitions and expectations.



High-levels of integration will take time and partnering organizations should strive to remain flexible.



Funding nuances associated with Substance Use Disorder agencies (fee-for-service) and the Federally Qualified Health Center Prospective Payment System impacted integration efforts and posed challenges in planning for financial sustainability.



The creation of the Iowa Primary Care Association Behavioral Health ECHO and partnership with the Integrated Provider Network (IPN is the statewide network of substance use disorder treatment providers funded by the state of Iowa) will support continued education and growth towards care that is more integrated.

References

1. (2021). Social Determinants and Social Needs: Moving Beyond Midstream [Photograph]. Rhode Island Executive Office of Health and Human Services (Cranston, RI).
<https://integrationacademy.ahrq.gov/products/topic-briefs/health-equity>
2. (2022, April 22). The Comprehensive Healthcare Integration Framework. National Council for Mental Wellbeing.
<https://www.thenationalcouncil.org/resources/the-comprehensive-healthcare-integration-framework/>
3. (n.d.). Health Equity and Behavioral Health Integration. Agency for Healthcare Research and Quality.
<https://integrationacademy.ahrq.gov/products/topic-briefs/health-equity>
4. (n.d.). Whole Person Health: What You Need to Know. U.S. DHHS National Center for Complementary and Integrative Health. <https://www.nccih.nih.gov/health/whole-person-health-what-you-need-to-know>
5. Peek, C. (2013, April 1). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. Agency for Healthcare Research and Quality.
<https://integrationacademy.ahrq.gov/sites/default/files/2020-06/Lexicon.pdf>

Resources

[Iowa Health and Human Services: Promoting the Integration of Primary and Behavioral Health Care](#)

[Iowa Primary Care Association Behavioral Health ECHO](#)

[The CoE-IHS Homepage](#)

[The Comprehensive Health Integration Framework](#)