Integrated Primary and Behavioral Health: Collaborating to Meet the Needs of Patients in the Foothills Region of North Carolina

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Poster Objectives
1. Discuss the imperative for integrated primary and behavioral health care.
2. Describe the services and progress of Burke Integrated Health, an innovative program providing whole-person care in Burke County.
3. Discuss Impact Health Iredell, a collaborative effort to provide integrated and coordinated same day whole person care in Iredell County.
4. Describe the role of care management and care coordination.
5. Identify the features of the six levels of integration and tips for building an integrated care organization.

Burke Integrated Health, “the Hub”

- CCNC Medical Home to 279 patients

Features of a Fully Integrated System

The AccessCare Primary Care Manager and Partners Behavioral Health Management Care Coordinator work collaboratively to assist patients with concurrent and treatment-resistant physical and mental illness to reach an optimal level of wellness and functional capacity.

AccessCare Care Management

- Utilizing CCNC risk stratification model, identify patients in need of care management
- Assess biopsychosocial needs
- Develop a person centered care plan and participate in development of interdisciplinary treatment plans for high risk patients
- Care Management Interventions:
  - Care Coordination
  - Medication Reconciliation
  - Self Management support
  - Transitional Care
  - Link to community resources

Partners Behavioral Health Management Care Coordination

- Identify patients within the ALPHA system who are open to behavioral care management
- Complete assessment
- Participate in the development of interdisciplinary treatment plans for high risk patients
- Provide care coordination post inpatient psychiatric hospitalization to assure patient is active in behavioral health treatment and linked to supports
- Serve as liaison between behavioral health providers
- Link patients with unmet physical needs to provider

AccessCare has received NCQA care management accreditation for our complex case management program

Co-Occurrence of Mental Illness and Other Chronic Conditions

- CCNC Medical Home to 279 patients

Care Coordination

- CCNC Risk Stratification Model
- Identify high risk patients
- Link patients with unmet physical needs
- Serve as liaison between behavioral health providers
- Link patients with unmet physical needs

Imperative for Integrated Care

- CCNC Medical Home to 279 patients

Partners:
- A Caring Alternative
- Catawba Valley Healthcare
- The Cognitive Connection
- AccessCare (CCNC)
- Partners Behavioral Health Management
- Burke Primary Care

Services:
- Primary Care
- Individual, Family and Group therapy
- Substance Abuse Services
- Psychiatric Care & Medication Management
- Assertive Community Treatment Team
- Supported employment
- Subsistence Treatment
- Peer Support
- Care Coordination and Care Management
- Referrals
- Mobile Crisis Services
- Pharmacy Support

Impact Health Iredell

Future site Impact Health Iredell

Partners:
- Piedmont HealthCare
- Children’s Hope Alliance
- Daymark Recovery Services
- PQA Healthcare
- Turning Point Family Services
- AccessCare (CCNC)
- Partners Behavioral Health Management

Tips for Building an Integrated Care Organization

- Get key stakeholders at the table and create a shared vision.
- All team members need to understand the concept of integrated care (SAMHSA is a great resource).
- Develop a nonhierarchical team structure; understand each team member’s skill set and expertise.
- To create a true hub approach, make sure providers at the table represent every aspect of behavioral health and primary care (adult and children’s providers, psycho-social rehabilitation, detoxification, crisis services, care management).
- Maintain a philosophy of patient centeredness and quality.
- Establish early on what the roles and responsibilities will be for specific providers.
- Research how others have achieved integration, while respecting the unique needs and landscape of the area you serve.
- Define team meeting schedule with organized agenda. Need efficient team leader to facilitate meetings.
- Remain open-minded; each entity has unique perspectives.
- Physical and Behavioral Health have different languages. Need common language that facilitates communication internally and externally

REFERENCES
