



Wheeler

Innovative Care. Positive Change.

# **Integration of Primary Care & Behavioral Health – Shifting to a Person-Centered Model of Care**

**Sabrina Trocchi, PhD, MPA**

Chief Operating Officer

# About Wheeler



- Founded in 1968
- Community need shaped our mission
- Developed in the 1970s with deinstitutionalization of individuals with serious and persistent mental illness
- Strong community collaborations and partnerships
- Innovative, highly respected, influential leader in primary care and behavioral health
- Designated as a Federally Qualified Health Center in 2015 and Person-Centered Medical Home in 2016
- \$76 million revenue, 1,000 employees, 34 locations, over 100 programs
- Over 24,000 individuals and families served annually



# Wheeler

**Mission:** Wheeler provides equitable access to innovative care that improves health, recovery and growth at all stages of life.

**Vision:** All people will have the opportunity to grow, change and live healthier, productive lives.



Wheeler

Innovative Care. Positive Change.

# Why Focus on Integrating Care?

Up to 60 percent of Wheeler's adult behavioral health patients reported:

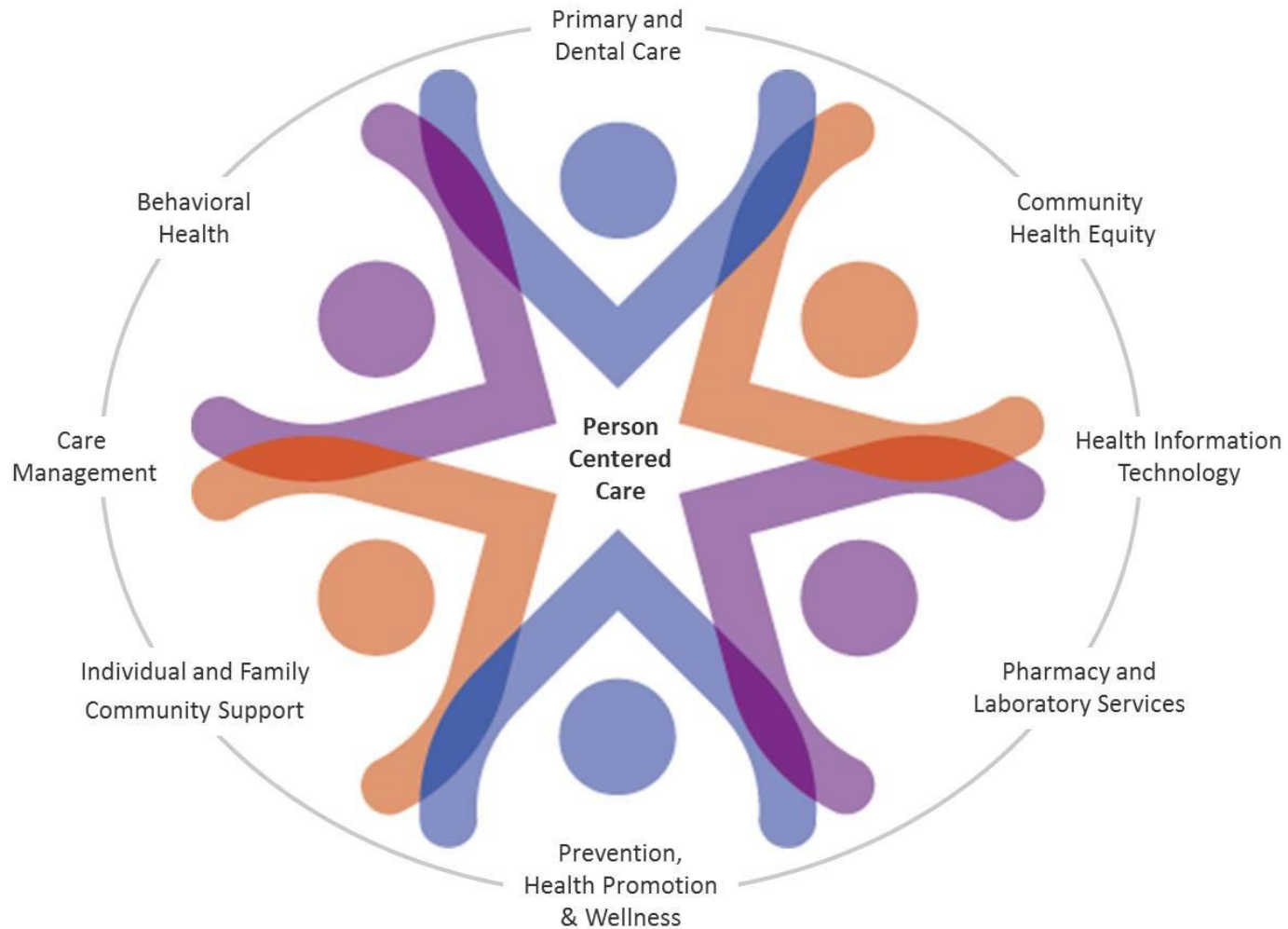
- ✓ Not being connected to primary care
- ✓ At least one chronic health condition
- ✓ Use of emergency rooms for medical care

# Overarching Strategic Area of Focus

Wheeler's Strategic Plan identified Health Disparities and Health Integration as one of the organizational areas of focus

***Strategic Goal:*** Reduce disparities in health care availability and access for vulnerable populations and provide collaborative, integrated primary and behavioral healthcare resulting in improved overall health and wellness outcomes.

# Person-Centered Care



# What is Integration?

“The care that results from a practice ***team*** of primary care and behavioral health clinicians, ***working together*** with patients and families, using a systematic and ***cost-effective*** approach to provide ***patient-centered care*** for ***a defined population***. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress related physical symptoms, and ineffective patterns of health care utilization.”

Peek CJ and the National Integration Academy Council. Executive Summary -Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-1-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013.  
<http://integrationacademy.ahrq.gov>

# Integrating Care for Patients

## Overarching goals:

- All patients receive a comprehensive health assessments, are educated about primary care, behavioral health and wellness, and are engaged in primary care with emphasis on preventive care.
- Focus on sustaining change for patients by reducing fragmentation in care and providing a stable health and/or medical home.





# Re-engineering Integrated Care

- Primary care access point for all healthcare, including behavioral health conditions
- For many patients, it's the principal setting for treatment of behavioral health conditions
- Focus on the complex and bidirectional interplay between medical, behavioral health disorders, health behaviors, and social determinants of health
- Functions of care delivery shared across team
- Access to BH expertise wherever behavioral issues present

Leads to:

- ✓ Improved communication
- ✓ Improved care coordination
- ✓ Expanded health management support
- ✓ Supported patient engagement

# Understanding and Addressing Disparities to Accessing

- Looking at primary healthcare connection by location, gender, race and ethnicity
- Asking about reasons for patients not pursuing connection to primary care
- Exploring most effective leverage points to effectively promote client engagement with primary care



# Establishment of Integrated Primary/BH Care Centers

Recognizing the need to enhance health equity for low-income and vulnerable populations with serious behavioral health disorders and co-occurring chronic primary care conditions, Wheeler established Health & Wellness Centers:

- Hartford
- Bristol
- New Britain
- Waterbury (*New*)

Designated as a federally qualified health center in August 2015

# Wheeler's Health & Wellness Centers

Supported by multidisciplinary health teams to reduce disparities in care, enhance health equity and achieve improvement in health, reduction of costs & increase quality

- ✓ Primary care providers (internist, pediatricians, FNP)
- ✓ Psychiatric providers (Psychiatrist, Psych APRN)
- ✓ Behavioral Health Clinicians
- ✓ Behavioral Health Consultants (Psychologist, LCSW)
- ✓ Care Management team comprised of RNs, community health workers, outreach engagement specialist, peer specialists

# Wheeler Health & Wellness Centers

## **Behavioral Health Consultant on Primary Care team**

- Embedded within primary care team
- Shared patient panel and population health goals

## **Shared physical space and clinical flow**



## **Behavioral Health access and collaboration at point of primary care**

- Team based co-management and care coordination
- Shared clinical documentation, communication, and treatment planning
- Patient contact via hand off
- Brief behavioral health interventions
- Flexible schedule

# Behavioral Health Consultant Model

Reserved

- Based on the Cherokee Health Systems (Tennessee) Blended Behavioral Health and Primary Care Clinical Model
- Embedded Behavioral Health Consultant on the Primary Care Team
- Real time behavioral and psychiatric consultation available to Primary Care
- Focused behavioral intervention in primary care

# Behavioral Health Consultant Model

- Behavioral medicine scope of practice
  - ✓ Encourage patient responsibility for healthful living
- A behaviorally enhanced Healthcare Home
  - ✓ Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues
  - ✓ Consultation and co-management in the treatment of mental disorders and psychosocial issues

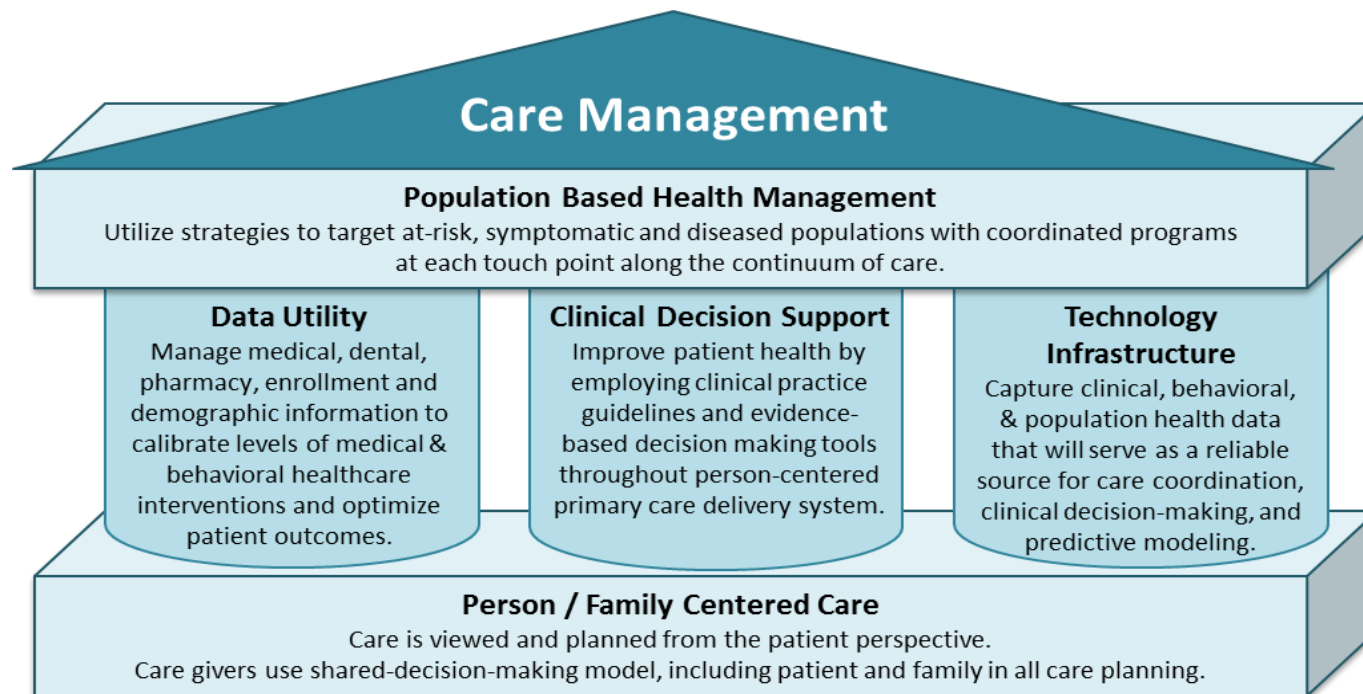
# Staff Communication & Coordination

- Daily “Huddles”
- Weekly Multidisciplinary Care Team meetings
- Informal face-to-face pod connections
- Brief consultations
- Integrated Charts



# EHR & IT Optimization

- Single integrated medical record
- Population Health Management



# Workforce Development & Training

- Education about Whole Person Care
- Education about co-morbidity of behavioral health concerns, including substance use disorders, and health conditions
- Endorsing the vision that behavioral health clinicians can promote better outcomes for patients by promoting whole person wellness
- Communication with primary care
- Helping patients understand mind-body connection
- Understanding negative consequences of not having routine, preventative health care
- Reassurance that behavioral health clinicians are not expecting to practice medicine but to recognize and coordinate potential co-morbidity
- Emphasis on engagement and teaming
- Launching Psychology Doctoral Internship (Fall 2019)

# Benefits of Integrated Care

- ✓ Shared decision-making responsibilities
- ✓ Reduced frustration for patients
- ✓ Increased coordination and communication
- ✓ Patients are empowered to treat their own illness and manage their recovery
- ✓ Greater satisfaction with care
- ✓ Reductions in disparities and timely access to care
- ✓ Reaching patients who may not access specialty behavioral health care

# Conclusion

- ✓ Understanding whole person health to promote better outcomes
- ✓ Behavioral health IS primary care
- ✓ Communicating that good health, wellness and recovery go together
  - Healthy Body AND Healthy Mind

THANK YOU