

Practice Transformers: Caring for Communities through Collaboration and Partnership Development

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Qualis Health

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Omak, WA**



Mid Valley Clinic Omak, WA

- 95 MILES FROM WENATCHEE
- 140 MILES FROM SPOKANE





What do you need?

- Timely Behavioral Health Services
- BH Services close to home
- BH Services for all insurance plans



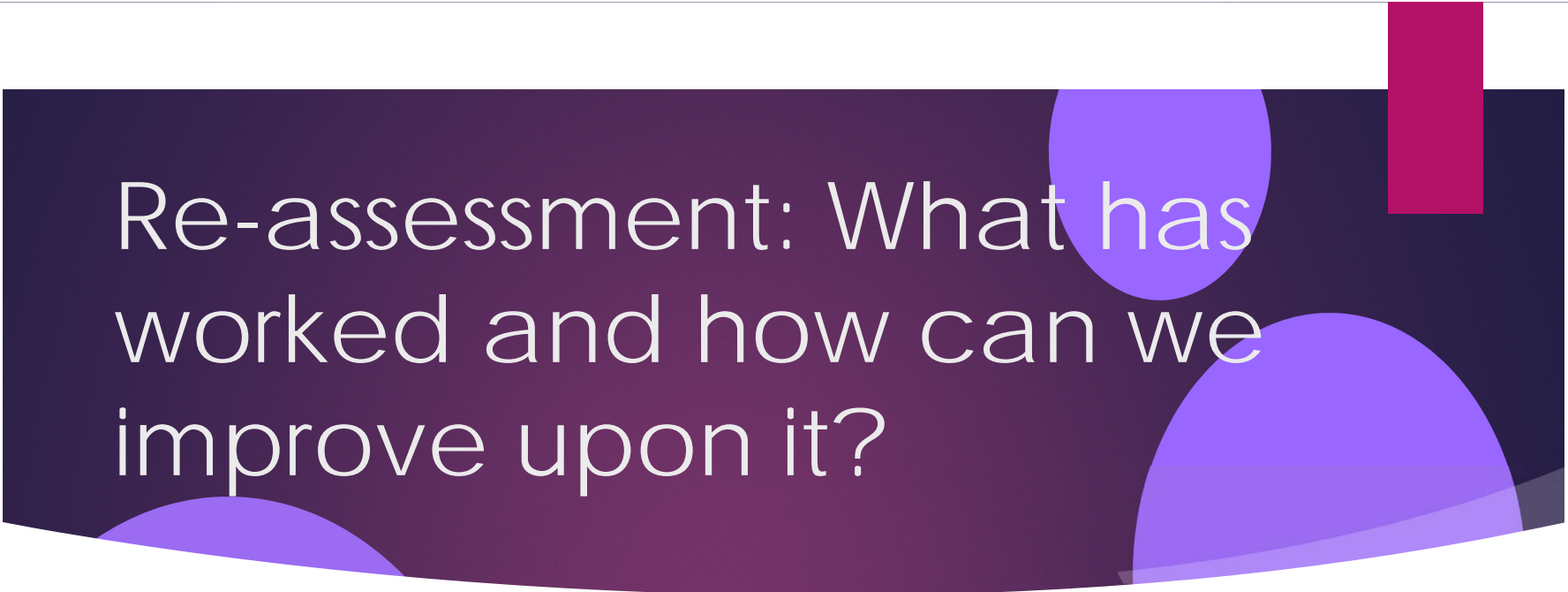
What do you need to provide BH services?

- Qualified BH Provider(s)
- Current Primary Care Staff Support
- Staffing to implement BH services
- Insurance/Payer Participation



What did we try first?

- Psychiatric Nurse Practitioner
 - Location
 - Staffing
 - Financial Feasibility



Re-assessment: What has worked and how can we improve upon it?

➤ PhD Psychologist Referrals



What do we need to implement tele-behavioral health services?

- Willingness and buy-in from Provider and clinical staff
- Space and Equipment
- Staffing to schedule and room patients
- Financial viability
 - Patients billed by Tele-Behavioral Health Provider directly
 - Insurance coverage

How did you implement tele-behavioral Health?

- Start with Terri Greer, PhD
- Space
- Equipment
- Staffing
- Research BH Services





How has it been working?

➤ Terri Greer, PhD

- Expanded Services to include billing Medicare and providing chemical dependency counseling
 - Preparing to bill Psychiatric Collaborative Care Model Services (CoCM) G0512
 - Already bill for general BHI and CCM services under G0511
- ## ➤ Other Tele-behavioral health providers



Leslie Robison, PhD

Clinical Psychologist, Pullman Family Medicine
Pullman, WA





Pullman
Regional
Hospital &
Palouse
Medical

Staffing: Leslie Robison, PhD (Clinical health psychology)

Funding: Pullman Regional Hospital/Insurance billing

1. Hospital health psychology

- Screening of ALL patients: PHQ-9, GAD-7, Edinburgh Postnatal Depression Screen
- Staff referrals

2. Palouse Medical (Primary Care)

- 2 different types of service
 - Co-located care - weekly appointments/same day
 - Integrated care with internal medicine – joint care of PCP and MH



Bridget Beachy

Director of Behavioral Health
Community Health of Central WA



Community Health of Central Washington

- Federally Qualified Health Center
- 60 primary care clinicians
 - Family physicians
 - Pediatricians
 - Internists
 - Physician assistants/nurse practitioners
 - BHCs
 - Dental providers
- Serve 30,000 people in Central Washington
- 65% + on Medicaid or Medicare



CHCW

- Five clinics
 - Central Washington Family Medicine
 - “mother ship”
 - Houses residency
 - Serves almost 19,000 patients
 - Yakima Pediatrics
 - Serves almost 12,000 patients
 - Ellensburg
 - Serves almost 8,000 patients
 - Naches Medical Clinic
 - Serves over 3,000 patients
 - Highland Clinic
 - Serves about 500 patients



CHCW's why?

- The leadership believed it was clear the majority of driving forces in health problems was BEHAVIORAL HEALTH
- On demand access
- Broaden behavioral health beyond mental health and substance use – any behaviorally based problem
- “If you build it, they will come.”

CHCW BHC Program

- 2006
 - 1 psychologist (CWFM)
 - ½ FTE contracted master's level (YP)
- 2011
 - 1 psychologist (CWFM)
 - ½ FTE contracted master's level (YP)
 - 1 embedded BHC from community mental health setting (E-Burg)
- 2014
 - 3 psychologists (CWFM)
 - 2 full time master's level (CWFM + YP)
 - ½ FTE contracted master's level (YP)
 - 1 embedded BHC from community mental health setting (E-Burg)
- 2016
 - Appointment of Director of Behavioral Health
 - Behavioral Health Education Director
- 2018
 - 4 psychologists (CWFM)
 - 2.5 FTE master's level (YP, CWFM)
 - Full time BHCs split time at NMC and HC
 - 2 open positions at E-Burg for master's level
 - 1 post doc at E-Burg
 - 2 interns (CWFM, YP, NMC)
- 2019
 - Increasing from 2 to 3 interns

Need a Vision

- Start with the end in mind
- Chipping away in increments
- Strategic about onboarding new BHCs, PCPs, orientation for all staff
- Embedding self in medical culture – from hiring process to onboarding to a “seat at the table” organizationally

Who to hire?

- Well trained
- Bright
- Likes the team concept
- Flexible
- Spontaneous
- High energy
- Innovative

Barriers and Battles

- Yes...so many!
- Don't take it personal
- Part of the change/transformation process
- Be patient, yet persistent
- Know where your non negotiables are

2017 Metrics

- CWFPM Penetration rate = 19%
- CHCW Penetration rate = 15%
- Productivity: 4.1 visits/clinic (clinic is ½ day)
 - Goal 4-5
- Same-day vs scheduled: 51%
 - Goal 50%
- Initial vs follow-up: 45% Initial (3-6 mos)
 - Goal 40-50%

Metrics

- Visits in 2017
 - 7,738
- Warm hand offs
 - 2,830

Recommended Readings

- Robinson, P., & Reiter, J. (2016). *Behavioral consultation and primary care: A guide to integrating services* (2nd ed.). Springer: New York.
- Robinson, P. & Strosahl, K. (2009). The Primary Care Behavioral Health model: Lessons learned. *Journal of Clinical Psychology in Medical Settings*, 16, 58-71.
- Serrano, N. (Ed.) (2014). *The Implementer's Guide To Primary Care Behavioral Health*. Retrieved from:
 - <https://itunes.apple.com/us/book/implementers-guide-toprimary/id833906873?mt=11>



For More Information



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Healthier Washington Practice Transformation
Support Hub Web sites:

- Healthier Washington: www.hca.wa.gov/hw/
- Qualis Health: www.QualisHealth.org/hub
- Hub Resource Portal: www.waportal.org

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Questions?



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