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Integrated Care Management

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Collaborative Health Philosophy

- Centerstone envisions a health care system that integrates behavioral and physical healthcare and improve the quality, experience, efficiency, and accessibility to improve the health of the populations we serve. This system will deliver valuable care that is comprehensive and patient-centered.

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Collaborative Health Program Goals

- Improve the overall physical health status of service participants, ultimately improving overall quality of life.
- Health Home services:
  - Provide coordination of care between behavioral and physical health services, by ensuring the necessary partnerships and infrastructure needed to harmonize and integrate care.
  - Enhance the participants' experience of care thereby encouraging long-term commitment to accessing services centered on whole health.
  - Encourage the self-management of participant's heath conditions focusing on health literacy, modifiable risk factors, behavioral activation, and collaboratively setting measurable, achievable, realistic, and positive health related goals with participants.

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Behavioral Health Integration Key Elements

- Understanding of complex health needs for individuals experiencing mental health and addiction
- Access to both primary and behavioral health care
- Interdisciplinary communication
- Effective screening and referral to care
- Notification of emergent care access
- Discharge planning

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Behavioral Health Complex Needs

- Additional barriers to accessing preventative and physical health care include:
  - Symptoms of mental health condition or substance use disorder inhibit ability for the individual to organize and access care effectively
  - Symptoms additionally place challenges in understanding necessary follow up or discharge instructions
  - Prevention and high quality care is impacted by the aforementioned barriers thus leading to high chronicity and acuity in all health conditions
  - High rates of nicotine and other substance use that impacts overall health
  - Inconsistent engagement in all areas of health due to symptoms related to mental health condition or substance use disorder

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Access to Care

- Resource shortage for both primary and behavioral health care
  - National shortage of psychiatry and other mental health professionals
  - National and community shortage to primary care practitioners
- Need exceeds the resource in both behavioral health and primary care
  - Lack of resource leads to necessary triage of acuity that in turn requires the system to be reactive towards crisis versus preventative

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Interdisciplinary Communication

- Understanding of cultural differences between systems and points of care
- Differences in electronic health records, staffing levels, discharge planning, HIPPA requirements, and coordination of care
- Importance of collaborative relationships and key contacts
- Complexities of various systems
- Differing points of access and referral

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Effective Screening and Referral

- Necessity of screening for behavioral health needs in primary care and other specialty settings
- Necessity of screening for physical health needs in behavioral health setting
- Universal screening and referral to treatment when indicated supports a preventative and holistic/wellness based health care system
- Higher quality and more effective care when screening and referral is provided at all health care access points

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Notification of Emergent Needs

- Alerts from multiple hospitals, delivered by HealthLINC, allow for notification to specialty behavioral health care providers to intervene on discharge planning and prevention of further hospitalizations
  - Root cause analyses as frame work for intervention from behavioral health clinicians
- Communication and collaboration at time of behavioral health or physical health emergencies leads to safer and more effective intervention

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Discharge/Coordination of Care Planning

- Communication of necessary behavioral health and physical health needs upon discharge from the hospital to ensure appropriate follow up is key to success for individuals with complex health needs
- Discharge planning and coordination of care must be through a holistic lens that accounts for both behavioral health and physical health needs
- Identification of distinct roles for those in behavioral health care setting in care follow up

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Centerstone Initiatives and Success

- Indiana Health Home CARF accreditation and PBHCI SAMHSA Grant to support care integration and access to holistic, person centered care
- ADT hospital alerts for shared patients that interface IU Health Bloomington Hospital
- Health coaches who are trained to navigate the complexity of cases and health care system
- Universal screening for cholesterol, blood pressure, weight, waist circumference, A1C, and triglycerides for each individual enrolled in Indiana Health Home
- Enhanced communication and relationships among partners and other care providers within the communities we serve
- Increasing access by growing programs and recruitment of key clinical staff

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Comments and Questions?

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