RESOURCES FOR INTEGRATED CARE
Resources for Plans and Providers for Medicare-Medicaid Integration

Disability-Competent Care Webinar Roundtable Series: Training in Disability-Competent Care and Supports

Integrating Behavioral Health Competency within Disability-Competent Teams



Slides

April 8th, 2014

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www.ResourcesForIntegratedCare.com

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Resource List

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Overview

- This is the last session of our eight-part “Disability-Competent Care Webinar Roundtable Series”
- Each session has been interactive (e.g., polls and interactive chat functions), with 20 minutes of presenter-led discussion, followed by 40 minutes of presenter and participant discussions
- Video replay and slide presentation are available after each session at:

http://www.ResourcesForIntegratedCare.com/

Disability-Competent Care Webinar Roundtable Series

What We Have Been Exploring in This Series

- Unique experiences of adults with disabilities and their needs and expectations
- Provision of specific components of Disability-Competent Care and supports
- Approaches to being person-centered in care and interactions
- Achieving the Triple Aim goals of improving the health and participant experience of health care delivery while controlling costs in their work with adults with disabilities

Agenda

- Review models of primary care (PC) and behavioral health (BH) coordination for adults with disabilities
- Review experiences from one clinic with integrated BH competency
- Explore communication strategies to support coordination between PC and BH
- Audience questions

Learning Objectives

- Understand the prevalence of BH needs and the importance of addressing participant's BH needs
- Learn strategies to facilitate timely communication and collaboration between BH providers and Disability-Competent Care teams

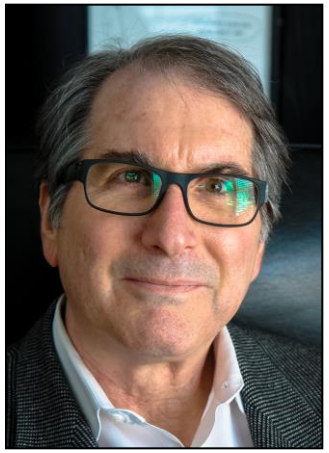
Introductions

Moderator

Christopher Duff
Disability Policy & Practice Consultant

Presenters

Cindy Guddal, LISW, CPRP, CBIS
Manager, Community Based Services
Courage Kenny Rehabilitation Institute



Brian S. Gould, MD
Psychiatry
Courage Kenny Rehabilitation Institute

Prevalence of Behavioral Health Disorders in Medicare-Medicaid Enrollees with Disabilities

Behavioral health concerns among Medicare-Medicaid enrollees:[1]

- Forty percent of Medicare-Medicaid enrollees who are under 65 have a mental health diagnosis
- Higher rates of substance abuse
- High comorbidity of three or more chronic conditions
- Medicare-Medicaid spending is twice as high for individuals with serious mental illness (SMI)

[1]Soper, Enslein 2014

Clinic Models[2]

- **Collaboration** between separate providers: traditional approach
- **Co-location** of primary care and behavioral health clinics
  - Primary care services within behavioral health clinic
  - Behavioral health services within primary care clinic
- **Integration**: Health Care Home Model with integrated primary care and behavioral health care teams with assigned panel of participants

[2]Collins, Hewson, Munger, Wade 2010

Disability-Competent Care Team Model

- Primary care practitioner (MD, NP, PA)
- Behavioral health professional (MD, psychologist, social worker)
- Nursing (RN)
- Long-term services & support (LTSS) specialist

Models of Care

Medical Model: Traditional health care model, focusing on diagnosis and treatment of illness

Person-Centered Model: Independent living model, focusing on the individual's goals, priorities, functional capabilities, and community participation

Recovery Model:[3] A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Includes four dimensions

[3]SAMHSA

Dimensions of the Recovery Model

Four dimensions of the Recovery Model:

- **Health:** Managing one's disease(s) or symptoms, making informed, healthy choices that support physical and emotional wellbeing
- **Home:** A stable and safe place to live
- **Purpose:** Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community:** Relationships and social networks that promote support, and meaningful relationships

Courage Kenny Rehabilitation Institute Advanced Primary Care Clinic

- Certified Health Care Home – started January 2010
- Currently serves 200 patients
- Staffed with physicians (primary care and psychiatry), nurse practitioners, nurse and social work care coordinators, and CMA's. Co-located with physiatrists
- Physically accessible clinic – Hoyer lifts, 5 X 8 high low mats as exam tables, wheelchair accessible scale, exam rooms with turning radius for wheelchair
- Clinical pathways for most common causes of avoidable hospitalizations
- Extended visits:
  - 1 hour for initial visit
  - 1 hour visit with care coordinator and social worker after initial visit
  - 1 hour visits for follow-ups
  - Telemedicine options

Courage Kenny Rehabilitation Institute Advanced Primary Care Clinic

Approach:

- Person centered
- Recovery oriented
- Partnering with the individual and their support network

First-Person Story: Karen

- Lives with Cerebral Palsy
- Recently diagnosed with diabetes
- History of depression, anxiety and personality disorder
- She is creative, artistic and likes to connect with friends
- Receives waiver services and psychiatric rehabilitation

Courage Kenny Rehabilitation Institute Advanced Primary Care Clinic

Results:

- Improved participant perception of health
- Decreased symptoms of depression (measured by PHQ-9)
- Reduced hospital days per person
- Better experience of care

Courage Kenny Rehabilitation Institute Advanced Primary Care Clinic

Challenges:

- Gathering information about long-term care services and supports
- Impacts of social-determinants of health – especially for acquired disabilities
- Connecting participants with limited community resources
- Data privacy concerns present barriers to coordinating care
- Redirecting the care to person centered / recovery based approaches, and away from the familiar medical model approach and language

Courage Kenny Rehabilitation Institute Advanced Primary Care Clinic

Lessons learned:

- Partnering with the participant and his/her support network
- Social determinants of health must be addressed
- Communication is key
- Develop care pathways for common causes of hospitalization and emergency department visits
- Motivational interviewing for behavior change

Summary

- Communication is the key issue in the integration of care – with the participant, across the team, and with other involved persons
- Prepare the participant to take increasing responsibility for communicating his or her needs and priorities is a key strategy to address communication challenges
- Recognize and reinforce the role of the 'lead communicator' from the team of persons working with the individual
- All three models (collaboration, co-location, integration) can work when serving persons with physical and behavioral health disabilities – the challenge is to identify and mitigate the barriers within the context of the application of the model

Audience Questions and Discussion

Speakers

Moderator

Christopher Duff
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Presenters

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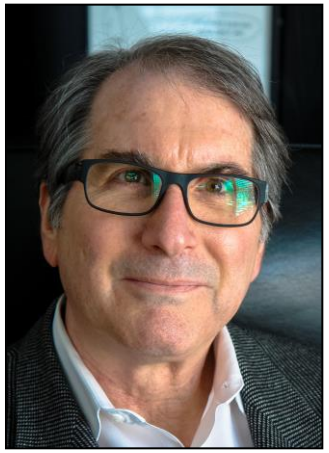

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Send Us Your Feedback

Help us diversify our series content and address current Disability-Competent Care training needs – your input is essential!

Please contact us with your suggestions at

RIC@Lewin.com

What We'd Like from You:

- How best to target future Disability-Competent Care webinars to health care providers and plans involved in all levels of the health care delivery process
- Feedback on these topics as well as ideas for other topics to explore in webinars and additional resources related to Disability-Competent Care

Stay Tuned!

Resources for Integrated Care, along with Community Catalyst, will be launching a new webinar series on:

Meaningful Consumer Engagement

Email announcements will follow, or check:

www.ResourcesForIntegratedCare.com

Thank You for Attending

- For more information contact:
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  - Kerry Branick at kerry.branick@cms.hhs.gov

Resources & References

- Soper & Ensslin (2014) “State Approaches to Integrating Behavioral and Physical Health for Medicare-Medicaid Beneficiaries – Early Insights” Center for Healthcare Strategies Issue Brief, February 2014
- Collins, Hewson, Munger, Wade (2010)“Evolving Models of Behavioral Health Integration in Primary Care” Milband Memorial Fund
- Behavioral Health Integration Capacity Assessment Tool (BHICA): https://www.resourcesforintegratedcare.com/tool/bhica
- SAMHSA mental health recovery statement: http://www.samhsa.gov/newsroom/advisories/1112223420.aspx
- Courage Kenny Rehabilitation Institute Advanced Primary Care Clinic: http://www.couragecenter.org/ContentPages/primarycareclinic.aspx

Resources for Integrated Care Website

We encourage you to explore www.ResourcesforIntegratedCare.com for a wide array of resources related to integrating care for Medicare-Medicaid enrollees:

Resources

Assessment tools
Concept guides
Topic-specific briefs
Educational webinars

Topic Areas

Disability-Competent Care
Self-Management Support
Integrating Primary Care in Behavioral Health
Care Coordination Workforce Development
Navigation Services

Stakeholders

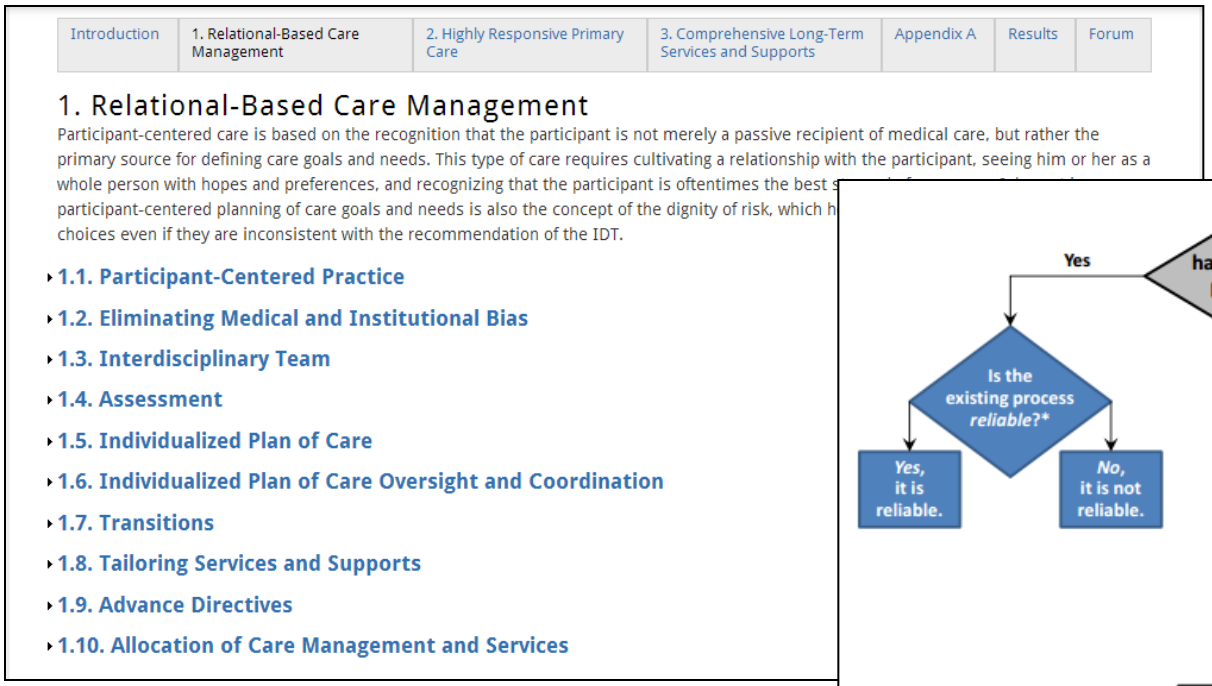
State Medicaid Agencies
Health Plans
Long-Term Services and Supports Providers
Behavioral Health Providers

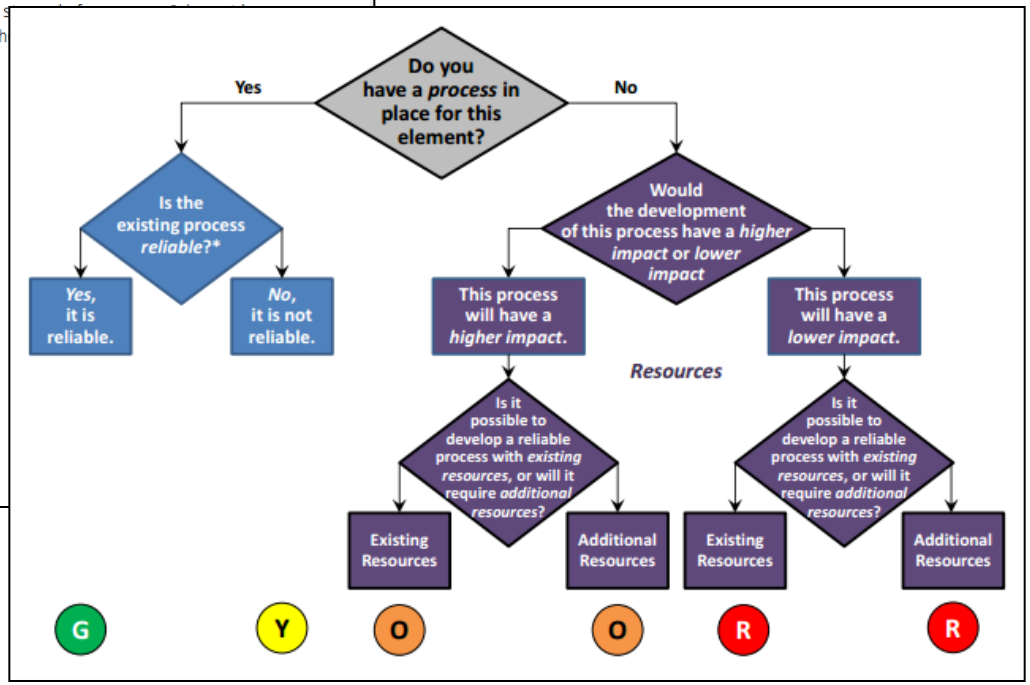
Individuals with…

Intellectual and developmental disabilities
Physical disabilities
Serious mental illness

Sign up for our E-Alerts to receive updates!

Disability-Competent Care Self-Assessment Tool





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