



Care Management Recognition Awards Best Practice Submission Template

Contact Information:

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Physician Organization Name: HVPA

Practice Name: All

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Describe of care team (number of care team members and their degrees/qualifications, at the time of the best practice activity): MSW Behavioral Health Care Managers, RN Care Managers, MA Care Coordinators

Executive Summary (5-8 bullet points, must include summary of results)

HVPA as a Physician Organization of independent physicians has developed unique adaptation of the AIMS collaborative care model in order to support our independent offices with psychiatric resources.

- Contracting with local hospital systems to lease Psychiatrist time
- Contracting with community psychiatrist to lease time to be used in the collaborative model
- Behavioral Health Care Managers placed into offices to provide brief intervention or clinical evaluation of patients to better meet the mental health needs of patients in the primary care setting.

Category of Submission (see page 1):

Behavioral Health Intervention

Title of Submission:

Behavioral Health Integration for the Independent Providers

When did the intervention start and end? (1-2 sentences)

Our Behavioral Health Initiative began in May 2017 after requests from providers to fill a need for more availability of behavioral health interventions and knowledge. By December 2017 there were agreements signed by St. Joseph Mercy Hospital Ann Arbor and St. Joseph Mercy Hospital Chelsea to share resources and provide psychiatrist support to PCP offices through this Initiative. To date we have three contracted psychiatrist who provide support to four offices and the expectation is that this program will continue to grow to another two- three offices in 2019.

Goal of the Program/Intervention: (1-2 sentences)

The goal of this program is to provide behavioral health and psychiatrist support to as many patients within HVPA network as possible and address the network cost of care by removing the barriers of overlapping mental health and medical conditions. Thus far the offices have verbalized that this initiative has allowed consultation in a streamlined way allowing them to provide the best care to their patients.

The Milliman research report published in January 2018* ([www. Milliman-Report-Economic-Impact-Integrated-Implications-Psychiatry.pdf](http://www.Milliman-Report-Economic-Impact-Integrated-Implications-Psychiatry.pdf)) showed the potential for healthcare expenditure savings through effective integration of behavioral healthcare in regard to medical services.

FIGURE 18: AVERAGE ANNUAL COST SAVINGS AND IMPACT THROUGH EFFECTIVE INTEGRATION, 2017 TOTALS (MILLIONS)

PAYER TYPE	MEMBER MONTHS	TOTAL CLAIMS	VALUE OPPORTUNITY	COST SAVINGS
COMMERCIAL	2,021,000,000	\$1,098,193	\$179,245	\$19,284-\$38,568
MEDICARE	656,000,000	\$561,206	\$51,909	\$5,995-\$11,990
MEDICAID	721,000,000	\$531,324	\$175,172	\$12,320-\$17,248
TOTAL	3,399,000,000	\$2,190,723	\$406,326	\$37,599-\$67,806

Who developed the program/intervention, and how? (2-4 sentences)

HVPA leadership, Quality team and Behavioral Health Care Managers developed this program during collaborative workgroups. Through researching various behavioral health collaborative models, HVPA was able to identify the AIMS model as the best fit for our physicians' organization.

- Teams have one dedicated Monthly grand round hours.
 - Participation is face to face initially, then goes to remote as possible.
 - Providers are present for the discussion with care manager and psychiatrist.
- The PCP / care manager teams select 1-2 patients for discussion.
 - This PCP/care manager sends patient information for review at least 3 business days before the actual grand round session.
- The team reviews the session and develops a multi-disciplinary care plan based on the information and discussion.
 - Care plan is documented on a format by the care manager.
- PCP and Care Manager implement the care plan.
- Patient is reviewed as necessary by the team.

Description of the Program/Intervention (2-3 paragraphs)

The Behavioral Health Initiative is run through the Behavioral Health Program Manager. There are two models that have been used in the last two years.

- Embedded Behavioral Health Care Manager
 - The BHCM provides the direct consultation with a psychiatrist. The BHCM would also provide the patients with brief interventions, feedback related to medication changes and facilitate communication between the psychiatrist and the providers.
- Embedded Pharmacist Care Manager
 - The Pharmacist Care Manager provides direct consultation with the psychiatrist with the additional support of a behavioral health care manager. The pharmacist communicates directly with the patients and the provider while receiving support from a behavioral health team member. The pharmacist care manager would follow for medication changes and run the monthly team meetings for the providers and psychiatrist to talk.

How were patients identified for the program/intervention? (1-2 paragraphs)

Patients are identified by providers, PHQ-9 scores or by targeted patient lists. Patients who have failed medication trials are also eligible for this program based on availability and provider referral. In addition, patients with multiple medical and mental health complexities who have been tried on various medications may be appropriate for the program if their primary diagnosis includes depression, anxiety, PTSD or bipolar.

How was success measured? Please delineate whether metrics were process-based or outcome-based (2-3 paragraphs)

In the Behavioral Health Initiative, the success of the program was initially meant to be measured by PHQ-9 and GAD-7 scores. The goal was to reduce the PHQ-9 score by 50% or obtain a score of less than 9. The pilot office was measured in this way and found to be successful however due to the office closing there were several patients who did not meet their outcome-based goal.

As the Behavioral Health initiative has grown, we continue measuring the PHQ-9 and GAD-7 data however we also have learned to value the process outcomes as well. We have seen a significant increase in patient being willing to try psychiatric medication, follow through with psychiatric medication or be compliant with recommendation for behavioral health interventions in the community.

What were the program results? Include qualitative data/graphs (2-3 paragraphs)

A total of 57 patients participated in the Behavioral Health Care Management Program at one office over the course of 12 months. 66% of this population completed at least 2 PHQ-9's over the course of their involvement with Care Management. 55% of this population had a decrease of more than 30% in their PHQ-9 self report.

A total of 46 patients participated in the Behavioral Health Care Management Program in one pediatric office over the course of 11 months. Of these 46 patients 78% completed at least 2 PHQ-9's over the course of their involvement in the collaborative and 58% completed at least two GAD-7's. 63% of this population had a decrease of more than 30% in their PHQ-9 self report.

Were any new tools, processes, or resources developed to aid in the implementation of the program/intervention? (1-2 paragraphs) to support the growth of the

Prior to May 2017 HVPA did not have a process for Behavioral Health. Therefore, Behavioral Health Initiative was implemented with all new processes. The Quality Director created workflow and contracts to be used in this Initiative along with the budgets and workflows. Over the last two years the workflows have been adapted to the needs of the program.

The initial program was set up using resources provided for free from the AIMS model including their database. The AIMS model now charges up to \$6,000 for a license to use their database. HVPA has continued to use the original version of the database. HVPA has their own data base; Health Focus that incorporates the PHQ-9 and GAD-7 scores which can be easily tracked by care managers and providers.

What are you proudest of regarding this submission? Why does this work matter? (1-2 paragraphs)

HVPA thinks that this is one of the first Behavioral Health Initiative programs successfully implemented within an independent physician's organization. The feedback from patients and providers has been overwhelmingly positive. This initiative would not be possible without the collaboration of many community resources and providers who understand that mental health is a complex treatment process that is vital to the success of many health outcomes for patients.

The work matters because behavioral health is one of the more difficult areas to access for patients and by patients. Having a collaborative such as this one allows patients to get specialized care right in their primary care office without the stigma and long wait times. HVPA believes that providing mental health support will aid patients in taking better care of their health; ultimately improving overall quality and cost of care for our population.

How will your organization use the funds if your submission wins? (1 paragraph)

The funds will be used to financially support behavioral health care management time as well as contracted psychiatrist hours in order to continue our behavioral health collaborative at no cost to patients in our network. The collaborative has been designed so far to ensure that the patients don't carry an additional financial burden for receiving the specialized care that they need through support of behavioral health care manager and when appropriate consultation with a psychiatrist. The funds may also be used as support for additional behavioral health care manager positions depending on the growth of the program, additional training for Behavioral Health Care Managers and a license for a behavioral health database through the AIMS model.