

Integration of Behavioral and Physical Health

Jefferson Healthcare

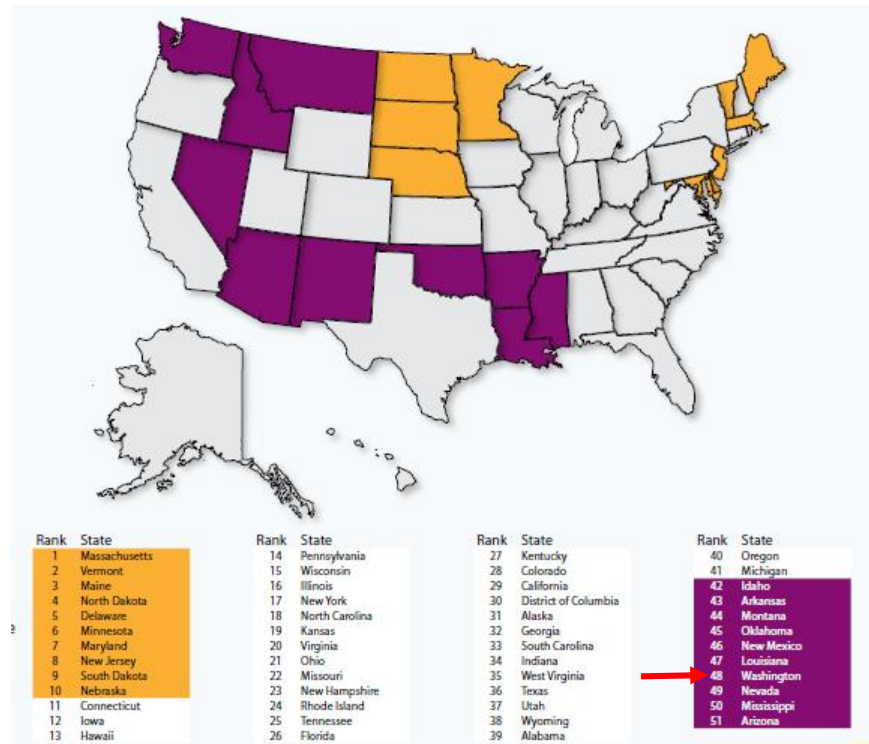
Defining the Problem

Why should we consider behavioral health?

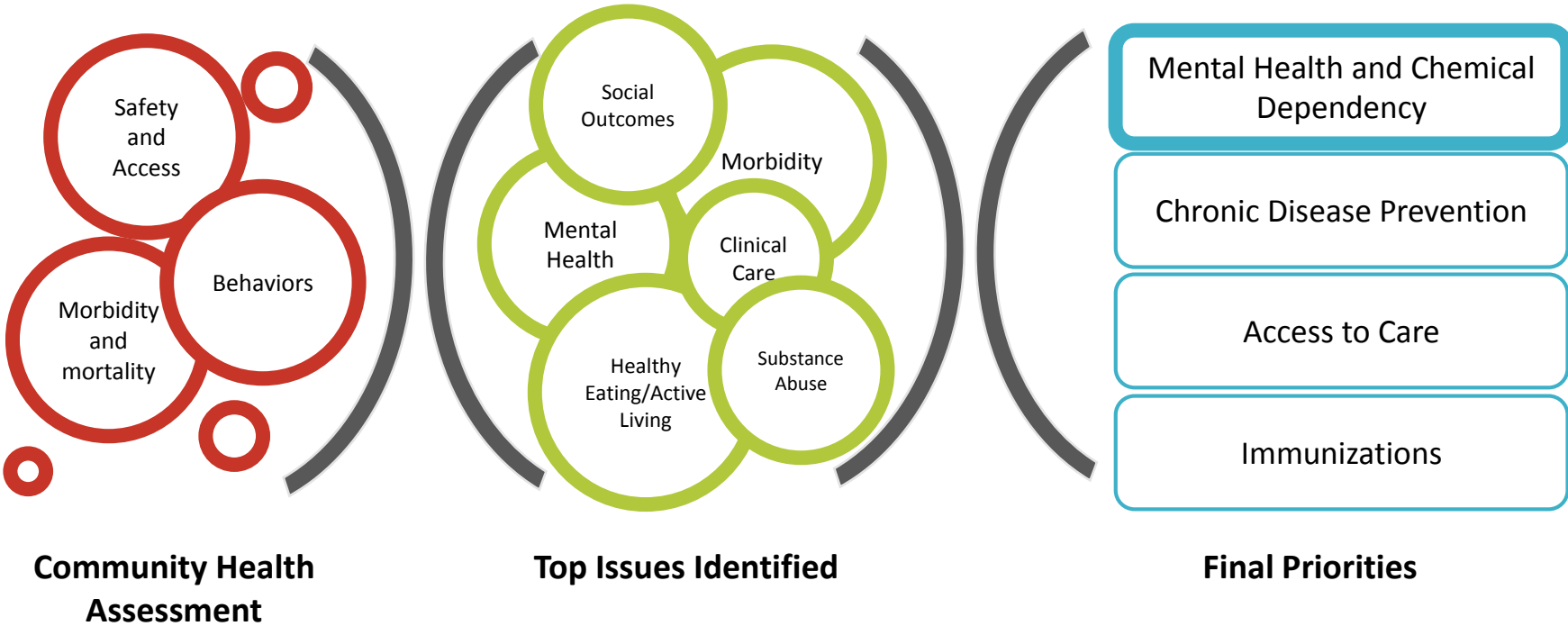
Washington State

National Ranking:
Highest prevalence of
mental illness and lowest
rates of access to care.

*Parity or Disparity: State of Mental Health
in America
Mental Health America 2015*




Community Health Assessment and Priorities




Leadership and the Board

Engaging and receiving the support from senior leaders and our board of commissioners.

Identifying the Problem



Treatment in
our Primary
Care Clinics

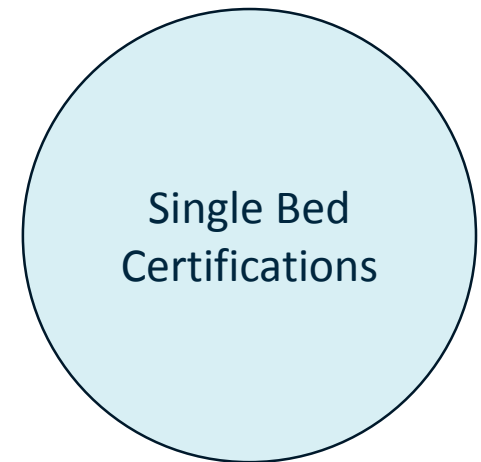


Experience in
the
Emergency
Department



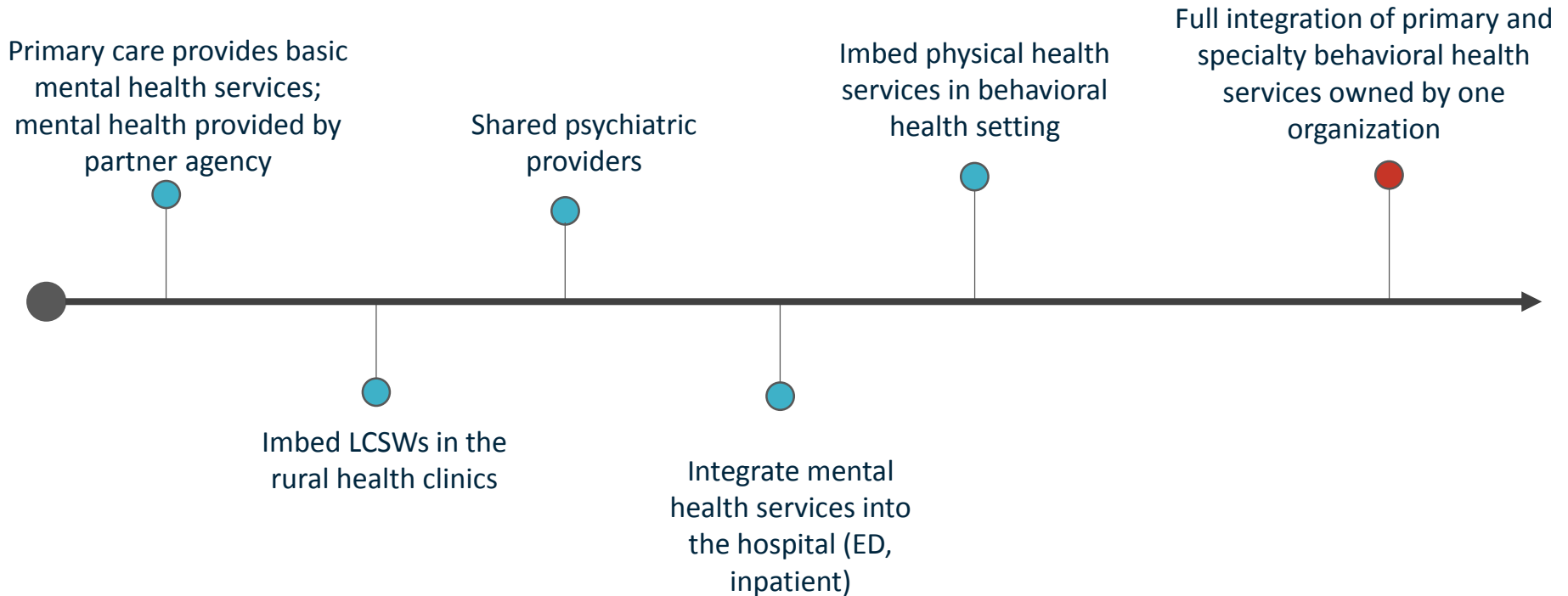
Single Bed
Certifications

Identifying the Problem



Realization: The head is attached to the body.

Continuum of Integration



~~Problems~~
Opportunities

What is clinical integration, anyway?

Staffing

Shared psychiatrist position between Jefferson Healthcare and Discovery Behavioral Healthcare (Dr. Sue Ehrlich).

Shared psychiatric ARNP with substance use expertise (Alethea Fournier).

Contracted with InSight, a national telepsych provider, to provide 24/7 psychiatric consultation and medical management.

Primary Care Clinics

Integration of LCSWs into our rural health clinics.

Social workers provide individual therapy and are engaged in case conferences with primary care providers.

Inpatient and Emergency Department

Emergency department safe rooms designed in the ED upgrade.

Inpatient psychiatric bed developed that meets all requirements for psych inpatient.

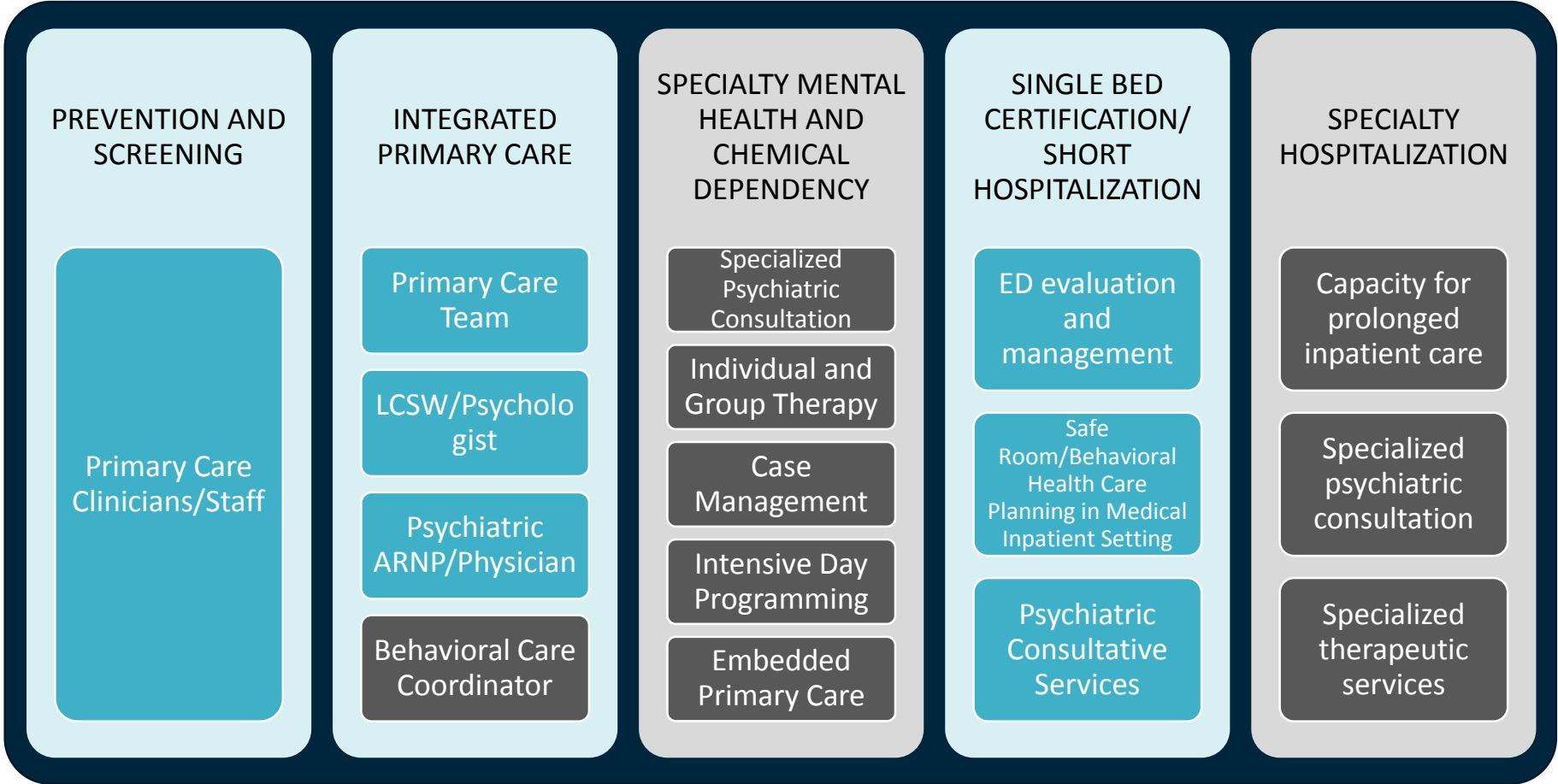
EMR

Extended electronic medical record access to key Discovery Behavioral Healthcare staff to improve inter-agency communication.

Working with partners to understand the behavioral health module that Epic is developing.



Current range of services.



~~Problems~~ Opportunities

What is clinical integration, anyway?

**Electronic Medical Records: The easy, the hard,
and the very very hard.**

Can't we just use Epic?

You cannot achieve full integration without an accompanying EMR, and you cannot get an EMR that is fully integrated.



~~Problems~~ Opportunities

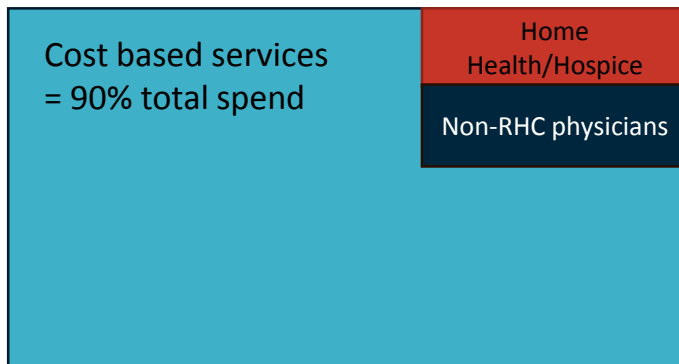
What is clinical integration, anyway?

Electronic Medical Records: The easy, the hard, and the very very hard.

Taking care of patients...without going broke.

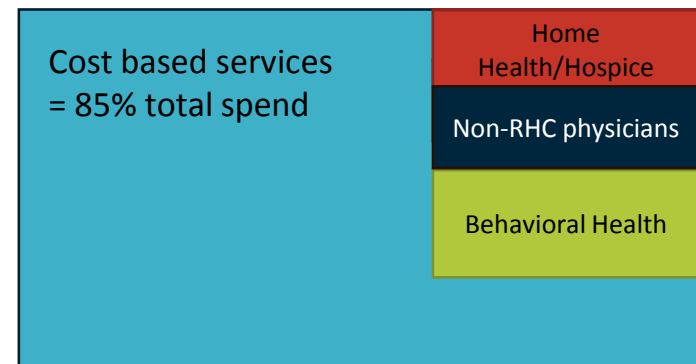
Wait – how do we do this in a cost based reimbursement world?

Current state



\$30 million overhead
x 90% cost based
x 55% average overhead cost-based reimbursement
= \$14.85 million reimbursement for overhead

If non-cost based reimbursed department added



\$30 million overhead
x 85% cost based
x 55% average overhead cost-based reimbursement
= \$14 million reimbursement for overhead

\$850,000 reduction in reimbursement for 5% allocation

Integrating Culture = Hidden Cost

When you integrate cultures it can bring up financial implications that weren't expected.

Plan for those.



Next Steps

1. Increasing the behavioral health presence in the primary care clinics.

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2. Evaluating steps required to enter into the world of substance use disorder treatment.

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3. Understanding the services required to manage acutely ill, outpatient mental health patients.

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1. Increasing the behavioral health presence in the primary care clinics.
2. Evaluating steps required to enter into the world of substance use disorder treatment.
3. Understanding the services required to manage acutely ill, outpatient mental health patients.
4. Working with our community mental health agency, Discovery Behavioral Healthcare, to identify continued areas of overlap and integration.

February 2017:

Mike Glenn presents to the Hospital District Board of Commissioners

“This is a really big deal.”



Support

- Health Facilities Planning & Development.
- Healthier Washington Practice Transformation Support Hub.
- UW AIMS Center Bi-Direction Integration Learning Cohort for Primary Care Organizations.
- WSHA.
- Washington Rural Health Collaborative Hospital Partners.



Discussion