

In The Weeds

**With Porter Starke and
HealthLinc (Part 1)**

Bob Franko and Beth Wrobel

*With recognition of Dr. Dennis Freeman, CEO of Cherokee
Health Systems for his contribution to this presentation*

June 17, 2009



HealthLinc

HISTORY

1996- Free Clinic started by Project Neighbors
Volunteer Physicians run by NP

2001- State Funded Community Health Center
Added Dental Clinic 7/2001

2001- Becomes separate corporation from Hilltop Neighborhood House

September 2003- FQHC Look Alike

Jan 2006 – Section 330 FQHC

Feb 1, 2008 Michigan City Site

*Service Area includes Porter, Starke, Jasper and LaPorte Counties-
patients from 9 counties!*

March 1, 2008 Porter Starke Services

August 1, 2008 Knox IN



Porter Starke Services

History

1975 – Founded by a group of concerned Porter County citizens

1990 – Transitioned to outpatient focus from inpatient based

1998 – Began relationship with Hilltop Neighborhood House

2000 – Began offering Psych Associates services in
Chesterton and Aberdeen satellite sites

2006 – Began offering psychiatric services at Hilltop Community
Health Center

2007 – With Hilltop, chosen as one of eight national sites for
integration of behavioral health and primary care by the
National Council of Community Behavioral Health

2008 – Opened methadone treatment center

2009- building new facility in Portage



“This is the greatest error of our day in the treatment of the human body, that physicians separate the soul from the body.”

Hippocrates (460-377 BC)

“Oft times it is better to know what kind of patient has a disease than what kind of disease the patient has.”

Sir William Osler (1849-1919)





HealthLinc
YOUR COMMUNITY HEALTH CENTER

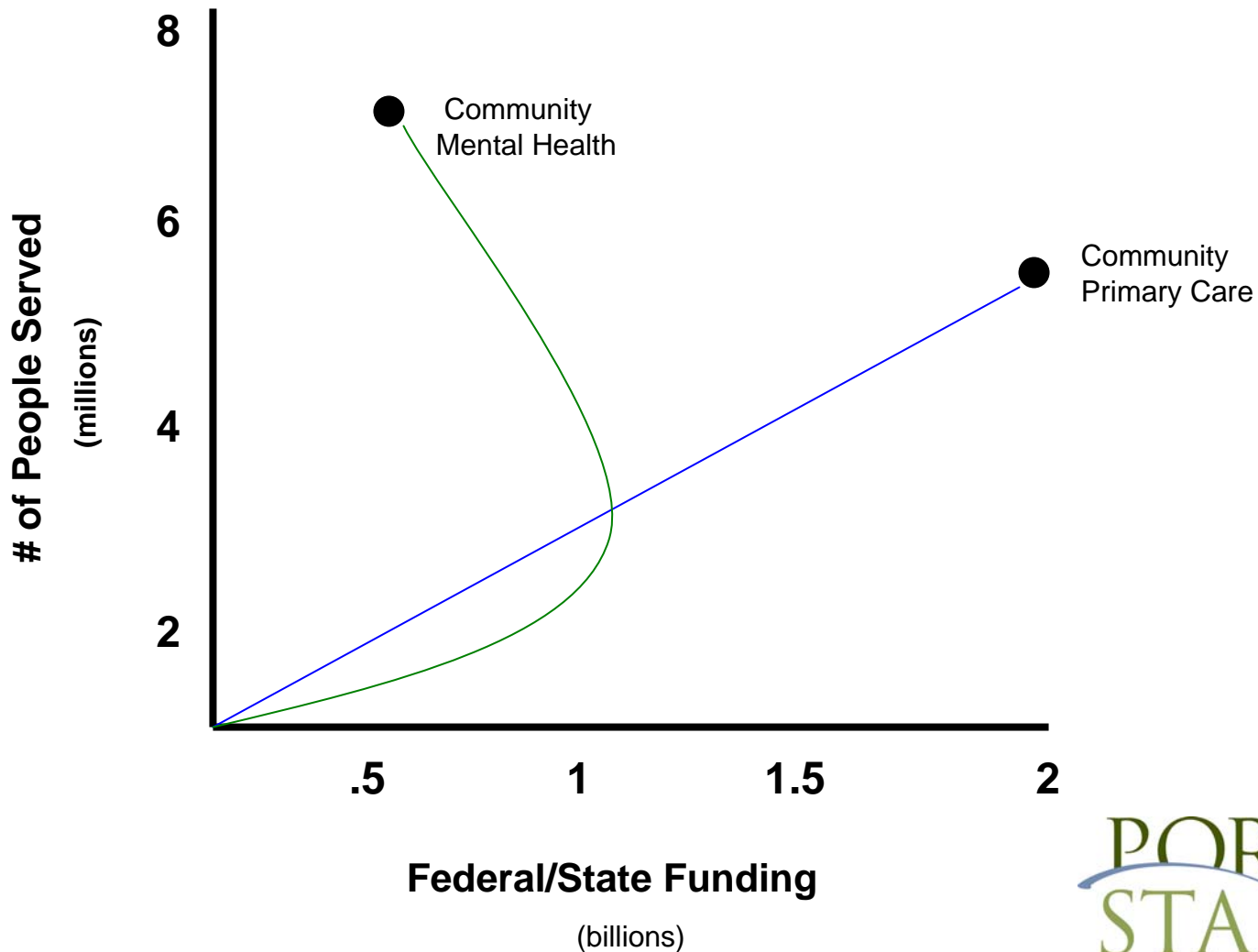
**PORTER
STARKE**
SERVICES
Health • Balance • Hope

Factors Prompting our Integrative Efforts

- Access to mental health services
- Diminishing scope of CMHCs
- Behavioral health nature of primary care
- Failure in referral processes
- Medical co-morbidities and premature mortality of the SMI (25 years worse than general population)

Current State of Federal Funding and Persons Served

(2007 OMB)



So what can we do?







Behavioral Health Consultant

- **Management of psychosocial aspects of chronic and acute diseases**
- **Application of behavioral principles to address lifestyle and health risk issues**
- **Emphasis on prevention and partnering with patients to encourage personal responsibility of health**
- **Consultation and co-management in treatment of behavioral and mental health issues**



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Primary Care Physician

- Diagnosing/treatment of primary medical care issues
- Recognition of mental health signs/symptoms
- Consultation with behavioral health professionals on treatment of mental health issues
- Ongoing care/consultation of psychiatric medications

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Psychiatrist

- *Consultation with primary care provider on mental health referral/treatment
- *Initial diagnosis and evaluation of people needing psychiatric medication
- *Grand-Round format staffing with provider team

2008 – BHC Starts

**2007 – Cherokee
Training**

**2006 – Dr. Popli Starts
at HCHC**

2001 – Case Manager

1998 -Communication

Integration

BKD Finalist

NCCBH Award

Co-location

UWPC Grant

***Preferred
Referral***



\$50,000 Start-Up Grant

Program Site
Primary Care MD
BHC
Administration



Healthcare 2.0
The Integration Project

NCCCBH
Technical Assistance

Psychiatrist
BHC
Administration



Data Collection
Analysis

Service Codes

FSSA





OUTCOMES

- Percentage of patients screened annually for depression
- Percentage of patients screened with PHQ-9 at 6, 12 and 36 weeks
- Percentage of patients treated for depression screened for manic and hypomanic behaviors
- Percentage of patients diagnosed with depression/bipolar screened for suicide risk
- Percentage of patients diagnosed with dep/bipolar with evidence of a screening of current/past alcohol or substance abuse
- Percentage of individuals requiring specialized mental health
- Percentage of mental health patients who attend initial visit
- Percentage of patients with bipolar who have weight monitored within 12 weeks of starting antipsychotic agent
- Percentage of patients with bipolar who have lipid profile completed within 12 weeks of starting antipsychotic agent

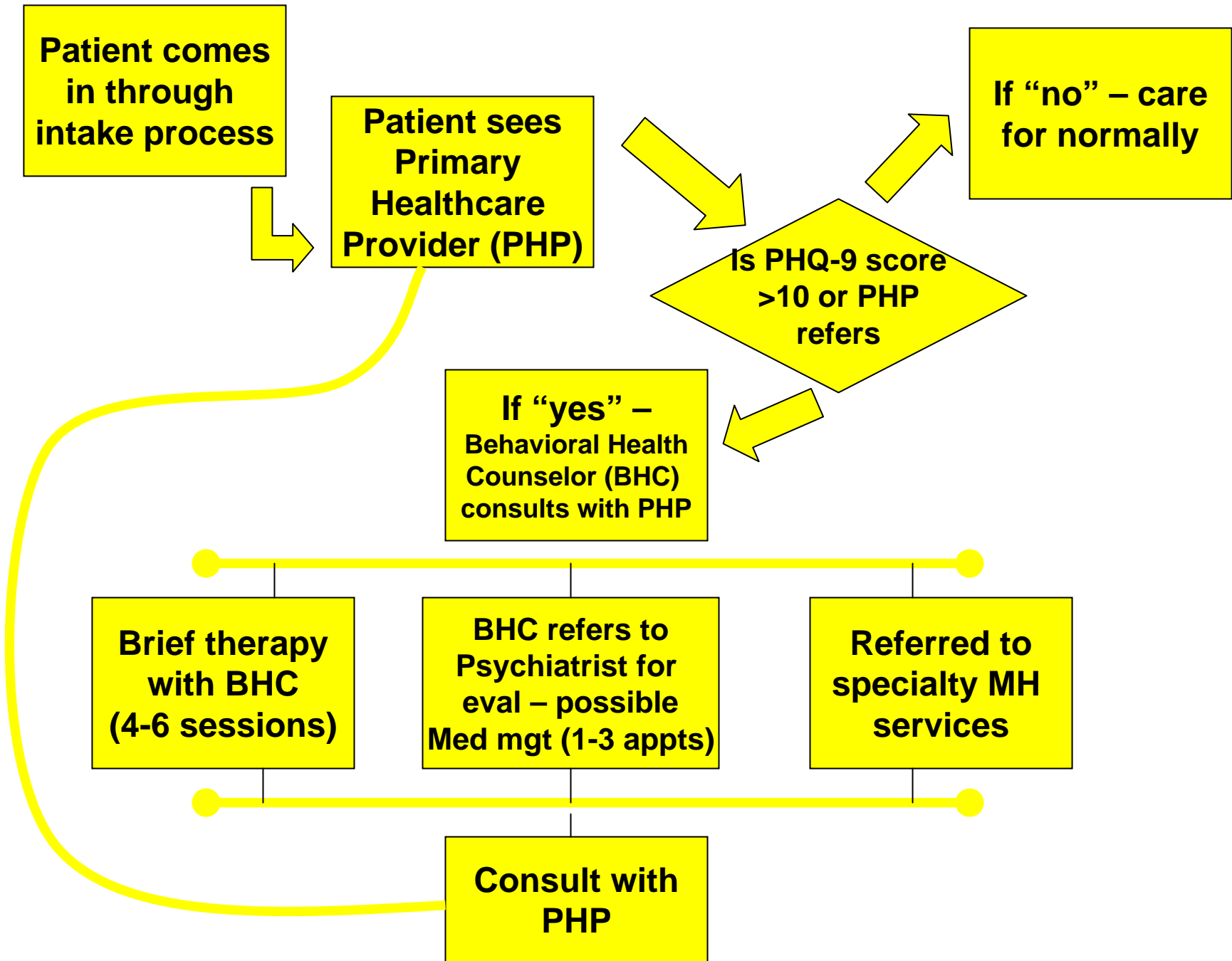
A few important points to remember:

- This is our service model...we have to work hard to erase the distinction between mental health and primary care services**
- For example – we shouldn't ask our patients at the time of registration if they're here for “mental or physical” services**
- There is no health without mental health!**
- As always, privacy and confidentiality is of the utmost importance**
- We've actually been providing mental health care all along – we're just formalizing it now!**

Inform and train

Getting Buy in of

- Board
- CEO and Senior leadership
- All staff
- Practitioner
- Patients



Patient comes in through intake process

Patient sees Primary Healthcare Provider (PHP)

If "no" - care for normally

Is PHQ-9 score >10 or PHP refers

If "yes" - Behavioral Health Counselor (BHC) consults with PHP

Brief therapy with BHC (4-6 sessions)

BHC refers to Psychiatrist for eval - possible Med mgt (1-3 appts)

Referred to specialty MH services

Consult with PHP

Issues to figure out

- Who is going to do this? BHC and Psych

Hint : Start small one provider/BHC

Details in Part 2

- Where are you going to start

Hint : Location ? OB? Adults?

- How are you going to handle peds

ith parent

Issues (cont)

- **Patient Explanation**

Hint : Written – Integrated care-one stop shopping

- **PHQ 9-are you going to use them**

Hint :If so how are you going to track

Issues (cont)

- **Admin Meetings**

Hint : Essential – Who is going to attend

- **Practitioner Learning needs – are they comfortable with psych. Diagnosis and drugs.**

Hint :Survey



Issues (cont)

- **BHC Learning needs – are they comfortable with the medical side and the fast pace of Primary Care**

Hint :UMASS training

- **Outcomes**

Hint : access, PHQ-9s, Quality of Life,

?

Billing and Credentialing

Psychiatrist

98101-98104

BHC

96150 Series

Bill under medical/MCO

No treatment plan



Let's get specific

In the Weeds Part 2

Dr Tim Ames

Medical Director, HealthLinc

Jim Kirk, LCSW

BHC, PSS



**This will not happen
over night**

Take baby steps



Getting Started

- **Start small – 1 day, 1 MD and one BHC**
- **Use the best clinicians**
- **Train-UMASS**
- **Flexibility**



Getting Started

- **Cultural differences between CMHC and FQHC**
- **15 minute visits versus traditional 50**
- **Practitioners need to be dissatisfied with the way behavioral health is traditionally provided**
- **BHC needs to “patient mind”**

Enjoy the Ride

**You are making a difference in your
patient lives!**

