Integrated Behavioral Health Services: A Case Study in Kansas

Recently, a team of Coleman Chispas were on-site in Kansas. This Rapid Cycle Improvement work, which Coleman calls its Rapid DPI™ not only produced amazing results for the client, including a 20-min lower overall cycle time (or throughput time), a 25% increase in productivity, and greater access for patients; it also allowed the team to work with a truly integrated Behavioral Health Team and advance their workflows to benefit patient care, patient experience, and overall staff satisfaction.

A Brief Overview: This Federally Qualified Health Center (FQHC) has a ratio of one behavioral health (BH) provider for every two primary care providers. The BH team joins daily Patient Care Team (PCT) huddles and is co-located within the medical pod. The BH team's goal is to see 12 patients per day per BH provider; this number includes a few unique pre-scheduled appointments, but primarily consists of patients on the PCP's schedule, either through brief intervention, warm handoffs, or 30-45 minute therapy visits. The goal is for both Medical Staff and Behavioral Health staff to complete all chart documentation by end of day.

How did it work in Kansas? At this organization, the BH providers prep for each day by reviewing the schedule of the two PCPs they work with. They look for patients they share or patients they think could benefit from BH services. The main categories they focus on are patients with diagnosed BH conditions, patients with substance or opioid addiction disorders, or patients with uncontrolled chronic diseases, such as diabetes or hypertension. In the Patient Care Team huddle (or sometimes even during the pre-visit preparation aka visit prep), the team identifies patients who could benefit from seeing a mental health provider that day. The team collaborates on flagging high priority patients who need subsequent appointments and could benefit from a warm handoff or brief intervention. Additionally, the team creates a plan regarding which PCT member should see the patient first.

Workflow Adjustments: While Coleman was on site, the Patient Care Teams were struggling to coordinate the time of both the BH provider and the medical provider. Frankly, they had a significant number of patients who needed behavioral health services, and they were struggling to address everyone's needs without a prioritization system and methodology for decision-making. Before workflow adjustments, the outcome included long cycle times that made the medical team run behind, and dissatisfied patients who were waiting for their visits to start, all of which ultimately made the Patient Care Team finish late each day, decreasing job satisfaction.

We helped to improve coordination of the different resources using the Sheep/Shepherd model and a Flow Coordinator. The Flow Coordinator's job was to watch the schedule in real-time, know where all PCPs and BHs were at any given moment, and decide who should go where next. Depending on the patient schedule and who was available, the BH provider, medical provider, and MA or nurse would QuickStart the appointment. If the BH provider was the only one free, he or she would room the patient first. A BH provider would greet the patient in the waiting room and start the visit. The provider would even stop to grab a quick weight at the

scale prior to entering the exam room. If two patients were in the building at once, a BH provider would get one patient while the medical provider would QuickStart the other patient. Once in the room, the BH provider would perform a robust intake, asking questions that normally an MA would ask, but adding specific questions or an intake to address the patient's behavioral patterns. After the intake, the BH provider would either hand off the patient to the PCP for medication management or, depending on flow, hand the patient over to the MA, who would complete the intake. The flow would depend on the new Flow Coordinator's judgment, the timing of the PCP, and whether the next patient in the schedule was identified in the huddle as a candidate for behavioral health.

What about billing? In Kansas, if a LCSW saw the patient—in addition to the medical provider—for over 16 minutes, the practice could bill for the behavioral health care service as well as bill for the medical visit. The goal was to see patients for 16-30 minutes for a brief intervention. When necessary and possible, they would provide a co-visit or therapy session for 30-45 minutes. Sometimes, the LCSWs just received a warm handoff and met with the patient to establish rapport and plan for the next scheduled appointment in less than 16 minutes. With a goal of serving 12 patients per day and increasing the total number of patients in the community they were serving, brief interventions and shorter than traditional therapy sessions were important to their model. The overall value here is better quantified in quality outcomes, which sets up this practice for Value Based Payment (VBP) even if the provider couldn't bill for the brief BH encounter.

What about charting?
12 patients a day? That seems like a lot of documentation for BH providers, right? Right. Before we arrived, charting was a real problem area for BH providers and medical providers. They'd leave their charting until the end of the day or worse, the following day(s). After going through the Rapid DPI™ and receiving strong Shepherding from the MA or Flow Coordinator on the team, BH providers AND medical providers were finishing their notes BEFORE moving on to their next patient. This increased accurate billing, reduced liability for patients, and perhaps most importantly, greatly improved satisfaction for providers at the site. Now they can end their day with their work done.

In conclusion, an integrated model for Behavioral Health is better for patients and better for staff. This model in Kansas not only provides immediate benefits to patients who need the specialized support of a BH provider, it also provides longer-term benefits for the organization that is preparing for Payment Reform and moving toward care that will provider greater reimbursement through Value Based Payment. A one-stop-shop that includes medical care, behavioral care, and labs in one visit? YES, please! What patient wouldn't want that?