Members in ACTION

CASE STUDY

PRIMARY CARE-BEHAVIORAL HEALTH INTEGRATION

Cambridge Health Alliance | Somerville, MA

Overview

Cambridge Health Alliance (CHA), an academic community health system serving Cambridge, Somerville and Boston's metro-north region, has been engaged in primary care-behavioral health integration for the last 30 years. However, nearly four years ago, the organization began implementing a formal system of integration based on the IMPACT (Improving Mood—Promoting Access to Collaborative Treatment) or Collaborative Care model, beginning with a pilot program at one clinic in fiscal year 2014 and then spreading the model throughout the CHA system.

As a result, all 12 of CHA's primary care centers recently received the Patient-Centered Medical Home PRIME Certification from the Massachusetts Health Policy Commission. Only 25 clinics across Massachusetts have received this certification to date.

CHA's Primary Care Behavioral Health Integration program includes a system of screening for common behavioral health disorders, a registry to keep track of patients who screen positive, active care management with proactive follow-up, education of primary care providers on behavioral health disorders, and algorithm-driven treatment. The algorithm includes a stepped system of care for behavioral health patients. All primary care patients with behavioral health concerns are categorized into steps 0 through 4 based on the severity and complexity of their needs. To accomplish this work and bolster primary care team members' skills, CHA added an unlicensed mental health care partner (to perform brief coaching and coordination functions) as well as licensed therapists and psychiatrists into every primary care practice.

"We set up a two-step screening process for mental health which relies on paper forms," says Emily Benedetto, MSW, LCSW, program manager, Primary Care Behavioral Health Integration for CHA. "So, for example, if patients screen positive on the two-question item for depression (PHQ-2), they receive the longer assessment (PHQ-9). We conduct all our screenings using paper forms, and follow-up gets documented through handwritten checkboxes that the medical assistant then documents in the medical record."

Low-acuity patients (or steps 0, 1, or 2 according to a Stepped Model of Care) can be treated in the primary care clinic, with the enhanced behavioral health staffing noted above.

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> **Emily Benedetto, MSW, LCSW,** program manager, Primary Care Behavioral Health Integration, Cambridge Health Alliance

"We have therapists, social workers, psychiatrists, and behavioral care managers embedded in the clinics for brief treatment or consultation," Benedetto says. "Patients with more acuity or greater need are referred to CHA's specialty mental health programs or other community behavioral health providers."

Impact

Over the last three years, CHA has seen significant increases in primary care physicians' knowledge of behavioral health diagnoses and treatment. In addition, they express increased confidence that their patients are getting the appropriate behavioral health treatment in a timely way. Meanwhile, patients with depression who are being treated under the current,

integrated program are reporting better results than those who were treated previously.

Lessons Learned

CHA has taken great care to track the lessons learned during this process:

- **Leadership** – Overall agreement among primary care and behavioral health leaders on the basics of the model was critical, but "each clinic has its own unique population and culture, so it's important not to take a one-size-fits-all approach to leadership," Benedetto says. "Also, it has been valuable to hold meetings with all of the site directors so we can troubleshoot together and share what is working well."
- **Teams and Staffing** – It is critical that staff embrace the team approach. "The clinics are Patient-Centered Medical Homes, so it's not just about mental health services or just primary care," Benedetto says. "It's a culture change to think about mental health as part of patients' overall health. It's not sustainable to refer every patient who has any mental health concern, so we need to take it on as a team."

  She adds that organizations need to consider the physical space when implementing team-based care. "We need mental health providers and primary care providers to have easy access to each other, but that wasn't always possible in the space," she says. "In some clinics, we had to get creative."
- **EMR/IT Optimizations** – CHA's IT department built decision support related to the behavioral health screenings into the electronic medical records system. In addition, the organization is looking into options to eliminate the paper screening forms and move to electronic: "This was the best we could do with resources available at the time, but it uses a lot of paper, puts a strain on a short visit, and leaves room for human error," Benedetto says. "We are now exploring more optimizations where possible, including automated distribution and electronic data entry."
- **Ongoing Training** – CHA has found that integrated behavioral health training, provided by behavioral health providers on a day-to-day basis, has worked far better than more formal didactic training in ensuring that physicians remain updated on evidence-based models for depression care and substance use disorder treatment.

Future Goals

Because the program has been so effective for adult patients, CHA is developing a similar program for children and adolescents.

"There isn't the same level of evidence-based research for children, but behavioral health care for young patients is essential," Benedetto says.

They are also working on safe prescribing of opioids, with prompts in the electronic medical records system to provide reminders. In addition, one site is developing a consultation service for patients with chronic pain or other concerns that can lead to opioid misuse.

Additionally, CHA is collaborating with the specialty psychiatry department to optimize referrals.

"We want to improve access to these services across the system and build more community partnerships to make sure patients are getting the behavioral health care they need," Benedetto says.

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