Co-occurring Disorders Part 2:

Building Clinical Competencies to Provide Clinical Care

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TRAINING OBJECTIVES

1. Review of co-occurring disorders and integrated care
2. Common barriers to providing care
3. Review the 9 competencies for quality integrated care and exploration of training and supports needed for building integrated care

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REVIEW

CO-OCCURRING DISORDERS

A co-occurring disorder refers to **when one person has two or more mental health disorders or medical illnesses**.

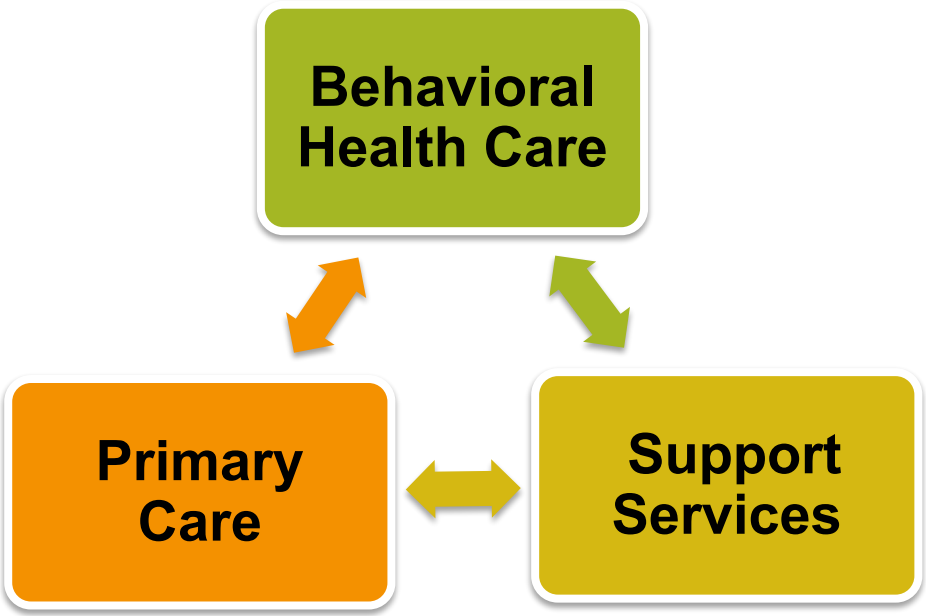
These co-occurring disorders may overlap and begin at the same time, or one may appear before or after the other.

MANY DIFFERENT NAMES - INTEGRATED CARE

There are many ways to integrate care, and they may go by different names, including:

- **Integrated Care/Integrated Healthcare**
- Primary Care Integration
- Collaborative Care
- Health Homes
- Medical Homes
- Collaborative Care

MULTI-DIRECTIONAL



- *Integrative health care can occur in all the different types of settings*
- *The best provider of integrated care are those who see the client the most*

KEY ELEMENTS OF INTEGRATED HEALTHCARE

Comprehensive screening & assessment with Engagement of consumers in self-management & care planning

Identification of a client-centered physical & behavioral health “home” that provides opportunities for collaboration

Shared development and communication of care plans

Care coordination and management to ensure care quality and provide support for consumers & providers

THE INTEGRATED CARE CONTINUUM STANDARD FRAME WORK (SAMHSA-HRSA)

Coordination:
the practice of working across health care settings to exchange the most critical pieces of information about a shared patient and help facilitate their access to care.

Co-Located Care:
The practice of physically locating a behavioral health provider in a primary care or a primary care provider in a mental health or substance use treatment setting.

Integrated Care:
The practice team includes primary care and behavioral health clinicians working with patients and families, using a systematic, seamless and cost-effective approach to provide patient-centered care for a defined population.

STATISTICS

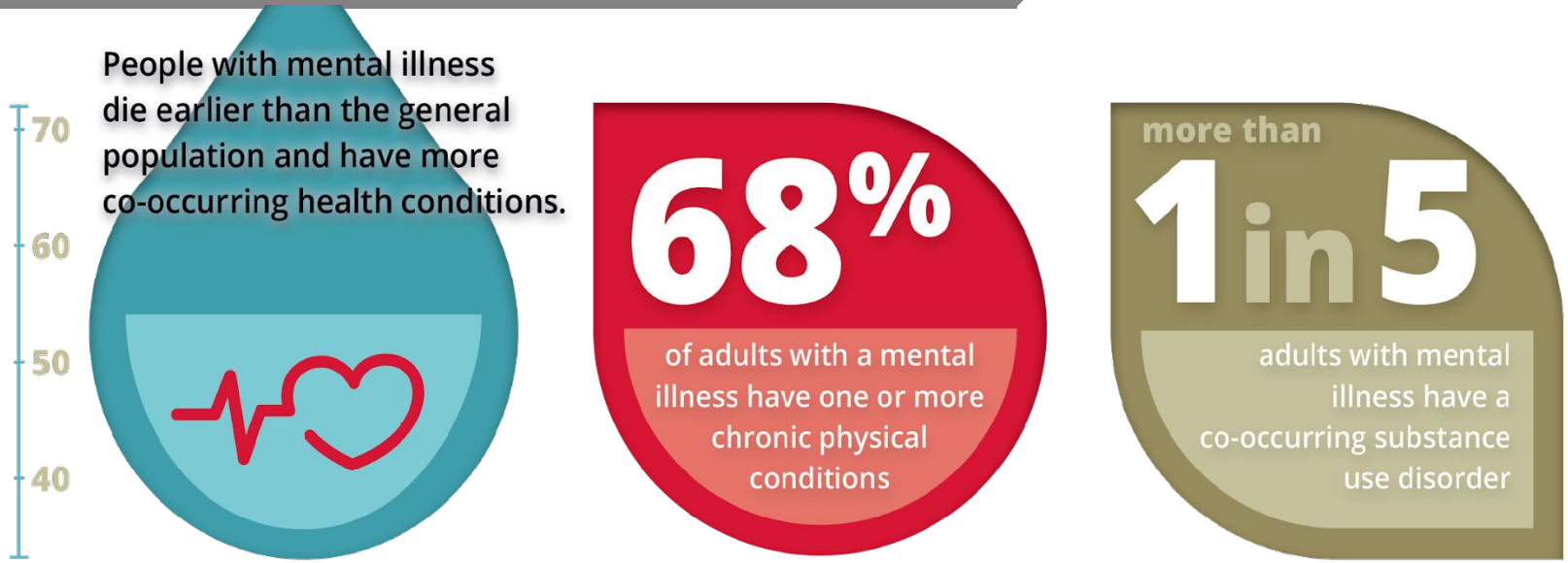


Figure 1: Can We Live Longer?: Integrated Healthcare's Promise (SAMHSA-HRSA, 2015)

Co-occurrence between mental health and other chronic health conditions:

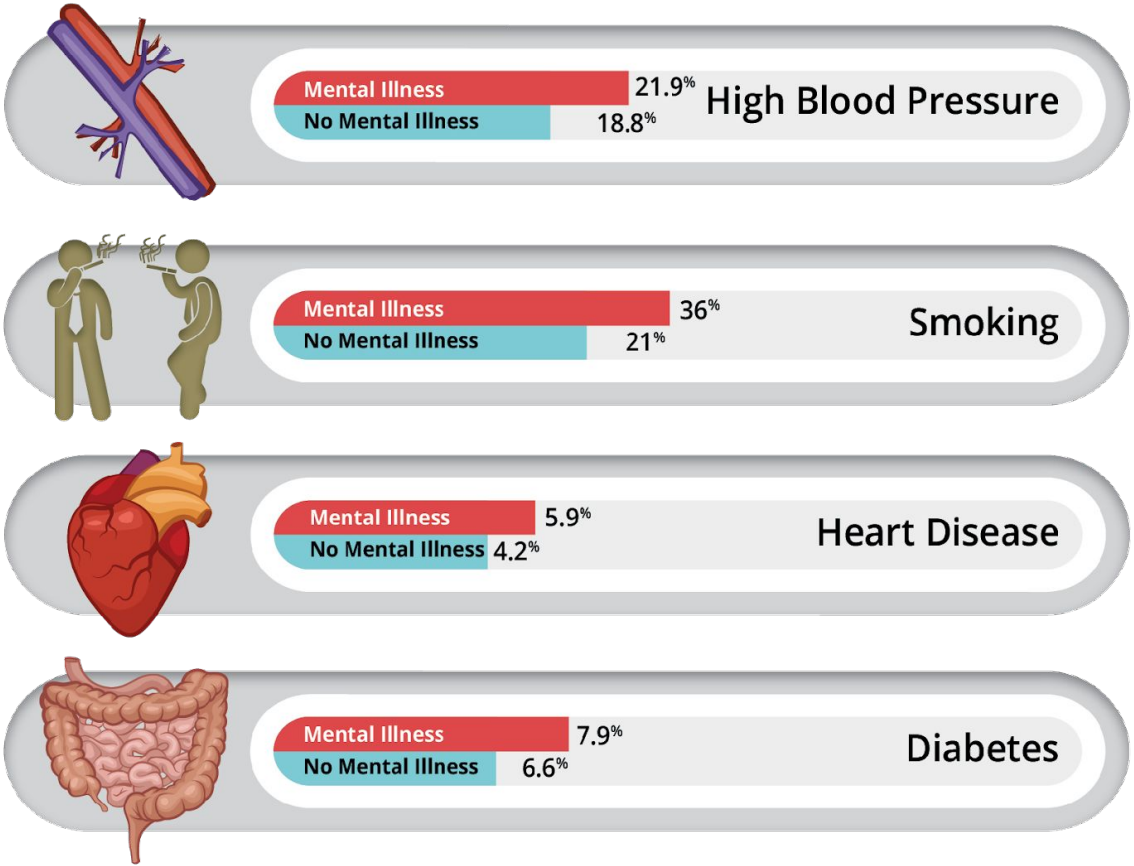
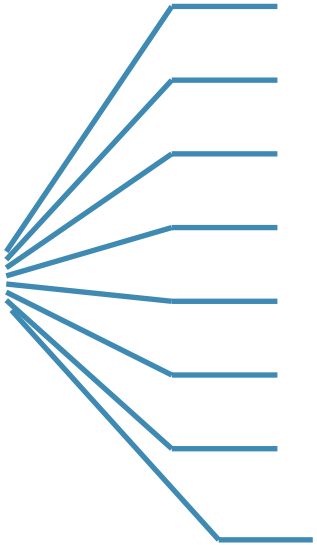


Figure 2: Can We Live Longer?: Integrated Healthcare's Promise (SAMHSA-HRSA, 2015)

RATIONALE FOR INTEGRATING CARE

Studies have shown that integrating mental/behavioral health services into primary care clinics



- Improves client satisfaction
- Improves provider satisfaction
- Increases adherence to medication
- Decreases medical utilization
- Improves client outcomes
- Reduces healthcare costs
- Improves client quality of life
- Decreases Stigma

INTEGRATED CARE ENHANCES TEAMS

- Expanding identification / screening for behavioral health disorders
- Avoiding hospital admissions and readmission
- Reducing emergency room utilization for patients of the primary care practice
- Preparing the practice for value based payment models, case rate and episode-based reimbursement

- Builds personal relationships – the foundation of any enduring arrangement
- Allows more accurate understanding of methods and constraints
- Opportunities for informal consultation
- Single clinical records reduce over all errors!

2

BARRIERS TO INTEGRATING CARE

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Cultural

- ✔ Staff not open to merger of new services or of companies
- ✔ Additional pressure to screen for additional concerns that are new concepts

Financial

- ✔ Billing can be difficult
- ✔ High no show rates when changes occur
- ✔ Psychiatric staff not having support that is needed due to funding

Logistical

- ✔ Clinical locations not already close together
- ✔ Not always able to be in the same building
- ✔ Space limitations
- ✔ Cost of relocation/remodeling

BARRIERS TO INTEGRATED CARE

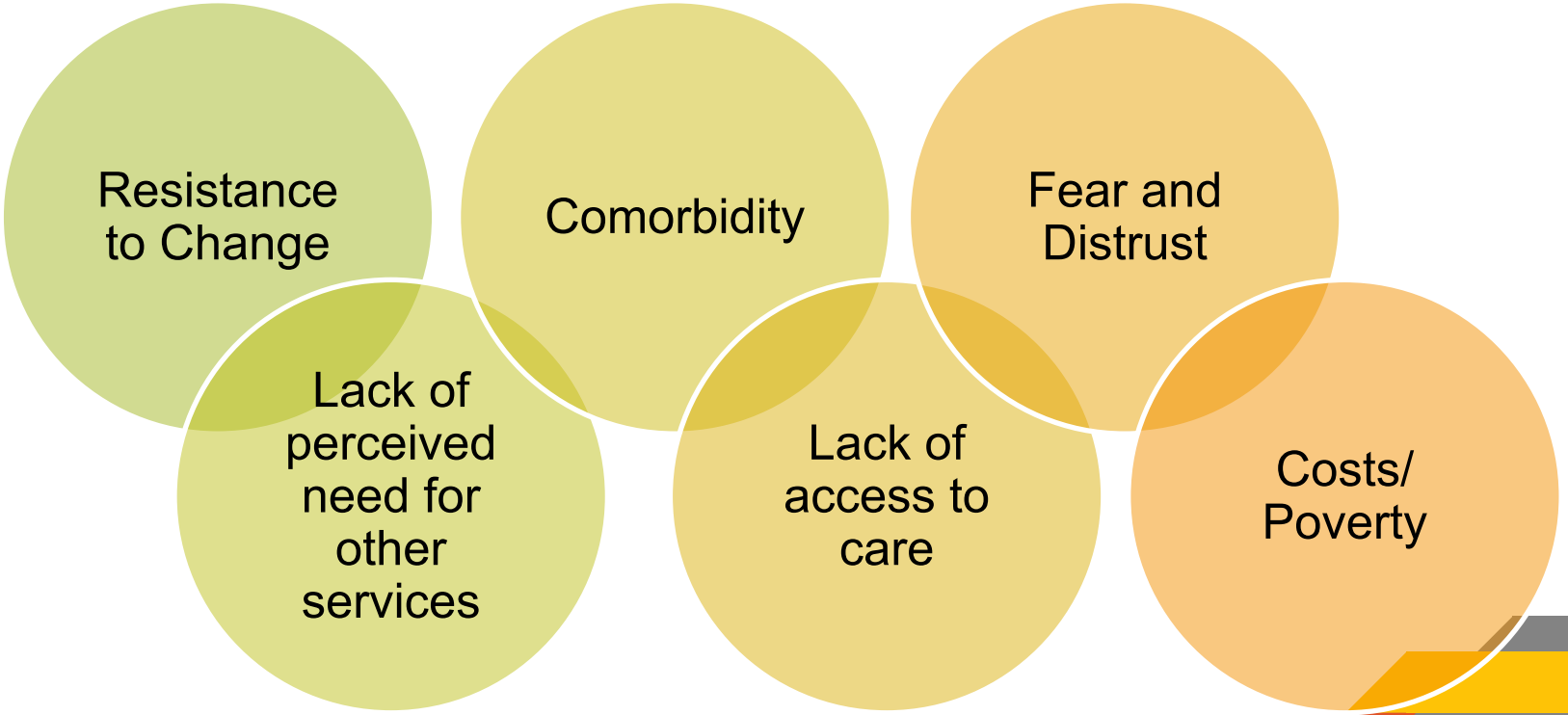
Motivational

- ✔ Lack of perceived need for integration
- ✔ Change is often met with resistance
- ✔ Lack of motivation to do something new/additional from staff

Organizational

- ✔ Devoting space, time and money
- ✔ Specialized training
- ✔ Different Languages/vocabulary
- ✔ Issues with EMR's between behavioral health and medical records
- ✔ No Guarantees!

BARRIERS TO INTEGRATED HEALTHCARE- CLIENT LEVEL



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Competencies for Direct Care Workers

THE ROLES ARE CHANGING

Integrated care requires revisions and additions to the traditional way in which health care providers are educated and trained to practice.

This applies to all forms of clinical care, including family practice, primary care, and behavioral health.

Providers need to refine some skills with minor adjustments, and they need to learn new interventions to assist in whole person healthcare.

CORE COMPETENCIES FOR INTEGRATED CARE

SAMHSA-HRSA and The National Council for Behavioral Health

- Interpersonal Communication
- Collaboration & Teamwork
- Screening & Assessment
- Care Planning & Care Coordination
- Interventions
- Cultural Competence & Adaptation
- Systems Oriented Practice
- Practice Based Learning & Quality Improvement
- Informatics

https://www.integration.samhsa.gov/workforce/integration_competencies_final.pdf

1. INTERPERSONAL COMMUNICATION

The ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.

Examples include:

- active listening;
- conveying information in a jargon-free,
- non-judgmental manner;
- using terminology common to the setting in which care is delivered; and adapting to the preferred mode of communication of the consumers and families served.

LEARNING IDEAS:

-Shared Vocabulary

-Study Motivational Interviewing

2. COLLABORATION & TEAMWORK

The ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.

- Examples include: understanding and valuing the roles and responsibilities of other team members
- expressing professional opinions and resolving differences of opinion quickly
- providing and seeking consultation
- and fostering shared decision-making.

LEARNING IDEAS:

-Fostering an environment of trust through team building

-Seeking support from community partners

-Joining learning cohorts

3. SCREENING AND ASSESSMENT

The ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated

Examples include screening and assessment for:

- risky, harmful or dependent use of substances;
- cognitive impairment;
- mental health problems;
- behaviors that compromise health;
- harm to self or others;
- and abuse, neglect, and domestic violence.

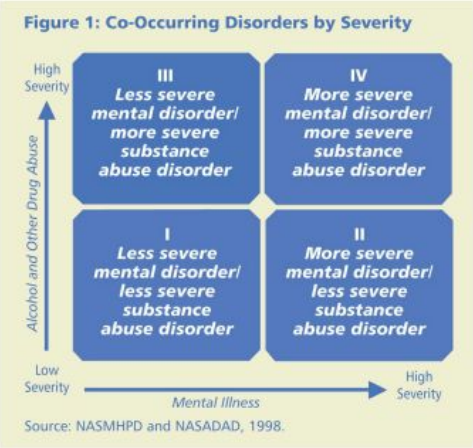
LEARNING IDEAS:
-Expand knowledge of SUD/medical/etc.

-Complete a Health Literacy training

-Learn about screening tools and assessments used by primary care physicians

4. CARE PLANNING & CARE COORDINATION

The ability to create and implement integrated care plans, ensuring access to an array of linked services, and the exchange of information among consumers, family members, and providers.



Examples include:

- assisting in the development of care plans, whole health, and wellness recovery plans;
- matching the type and intensity of services to consumers' needs;
- providing patient navigation services;
- and implementing disease management programs.

LEARNING IDEAS:

-Create a list of community resources

-Utilize the Four Quadrant Clinical Integration Model

5. INTERVENTIONS

The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses

Examples include:

- harm reduction
- health education,
- crisis intervention,
- brief treatments for mental health and substance use problems,
- and medication assisted treatments.

LEARNING IDEAS:

- Complete a training on Solution Focused Brief Therapy

-Expand education of psychopharmacology, including Medication Assisted Treatment for SUD

-Complete a training on de-escalation

6. CULTURAL COMPETENCE & ADAPTATION

The ability to provide services that are relevant to the culture of the consumer and their family

Examples include:

- identifying and addressing disparities in healthcare access and quality,
- adapting services to language preferences and cultural norms,
- and promoting diversity among the providers working in interprofessional teams.

LEARNING IDEAS:

-Develop collaborative relationships with providers of services tailored to the needs of culturally diverse clients.

-Provide and utilize interpretation services

- Be a catalyst of continued education and cultural exploration

7. SYSTEMS ORIENTED PRACTICE

The ability to function effectively within the organizational and financial structures of the local system of healthcare

Examples include:

- understanding and educating consumers about healthcare benefits,
- navigating utilization management processes,
- and adjusting the delivery of care to emerging healthcare reforms.

LEARNING IDEAS:

-Keep up to date on changes in legislation

- Read and stay informed on regulation charges

- ADVOCATE! Write letters, send email, sign up for action alerts, visit Capitol Hill!

8. PRACTICE-BASED LEARNING & QUALITY IMPROVEMENT

The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team

Examples include:

- identifying and implementing evidence-based practices,
- assessing treatment fidelity,
- measuring consumer satisfaction and healthcare outcomes,
- recognizing and rapidly addressing errors in care,
- and collaborating with other team members on service improvement

LEARNING IDEAS:

-Become certified to use an Evidence Based Practice

-Follow the EBP model to ensure treatment fidelity

-Collect research to expand knowledge of outcomes

-Stay updated by reading the newest research

9. INFORMATICS

The ability to use information technology to support and improve integrated healthcare

Examples include:

- using electronic health records efficiently and effectively;
- employing computer and web-based screening, assessment, and intervention tools;
- utilizing telehealth applications;
- and safeguarding privacy and confidentiality.

LEARNING IDEAS:

-Learn collaborative documentation

-Stay up to date on privacy and confidentiality

- Regular and required on HIPAA compliance training

INTRODUCTION TO INTEGRATION – WEBSITE RESOURCES

- SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) - https://www.integration.samhsa.gov/
- National Council for Behavioral Health - https://www.thenationalcouncil.org/topics/health-integration-and-wellness/
- National Institute of Mental Health - https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml
- American Psychological Association - https://www.apa.org/health/integrated-health-care

SO WHAT IS NEXT?

- Continued research is needed
- Advocacy for integrated care and increased reimbursement rates
- Changes in educational curriculums across all the helping professions
- Continued partnerships with community organizations
- Expansion of transformational leadership and transactional leadership of company heads

THANK YOU!

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