



# Behavioral Health Integration: Westside Family Healthcare's Experience, Progress, and Barriers Faced

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# Westside Family Healthcare

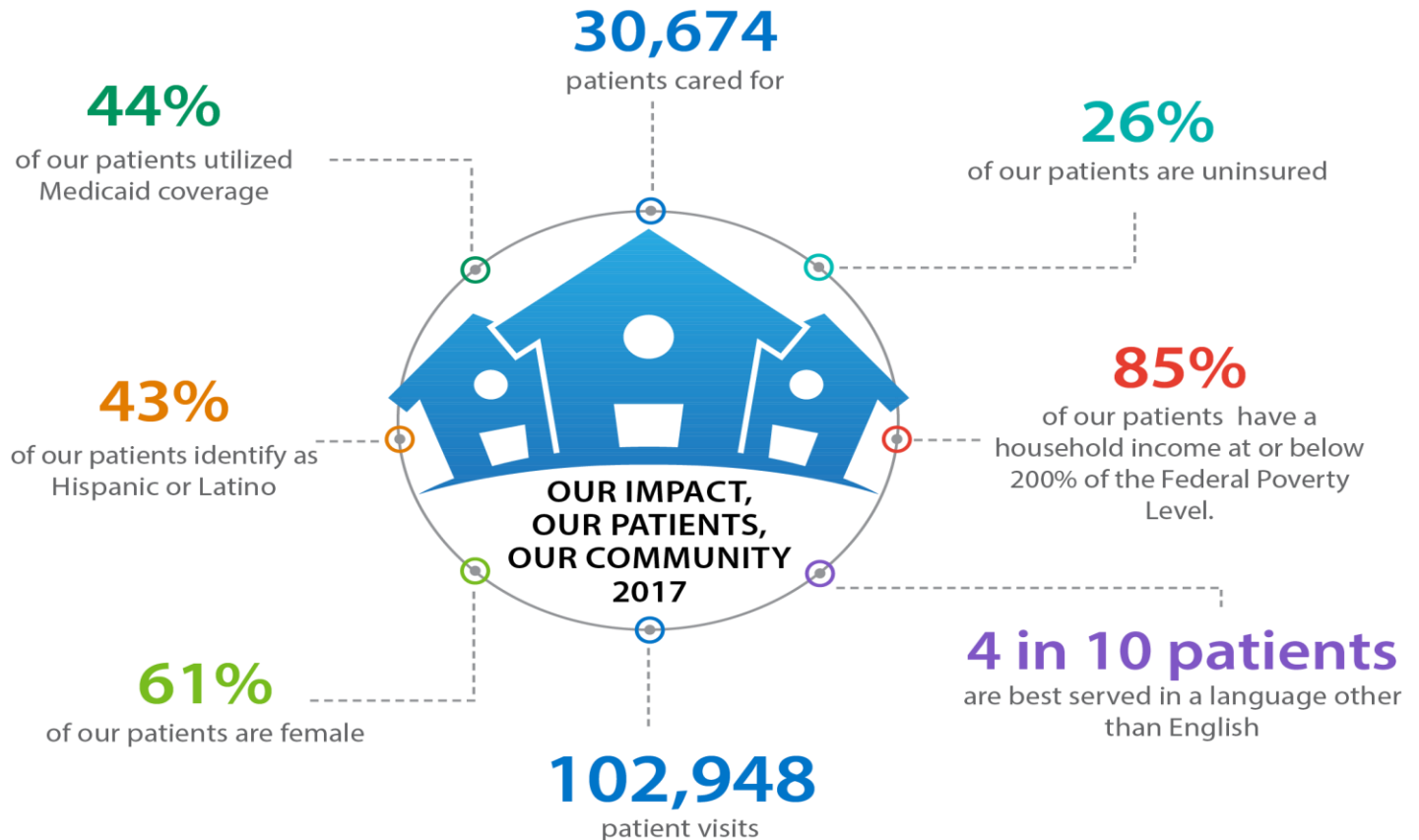
- Delaware's Largest Federally Qualified Health Center
- Our Mission:
  - To improve the health of our communities by providing equal access to quality healthcare, regardless of ability to pay

# Yesterday and Today

- Doors opened in 1988
- 5 health center locations
- Focus on Quality
  - Joint Commission Accredited since 2000
  - Joint Commission Primary Care Medical Home since 2012
  - Member of eBrightHealth ACO



# Who does Westside Serve?



# Delaware's BHI Initiative

- Health Management Associates
  - Practice coaches
    - Lori Raney and Nancy Jaeckels Kamp
  - Learning collaboratives
    - 2 cohorts
  - Knowledge resources (book, website)
  - Registry

# What is Behavioral Health?

- Behavioral Health = MH & SUD
  - Mental Health
    - Depression, Bipolar, Schizophrenia, etc.
  - Substance Use Disorder
    - Alcohol, Opiates, etc.

# What is BH Integration?

Increasing Integration



Coordinated		Co-Located		Integrated	
Key = Communication		Key = Physical Proximity		Key = Practice Change	
Minimal Collaboration	Basic Collaboration at a Distance	Basic Collaboration Onsite	Close Collaboration Onsite with Some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in a Transformed/ Merged Integrated Practice

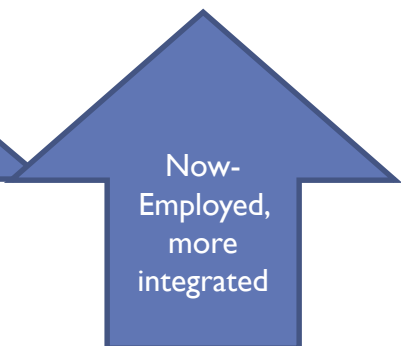
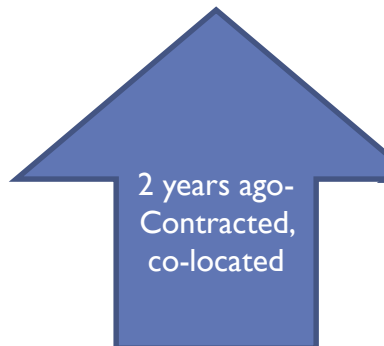
Source: SAMHSA

[https://www.integration.samhsa.gov/integrated-care-models/CIHS\\_Framework\\_Final\\_charts.pdf](https://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf)

# Westside's BH Journey



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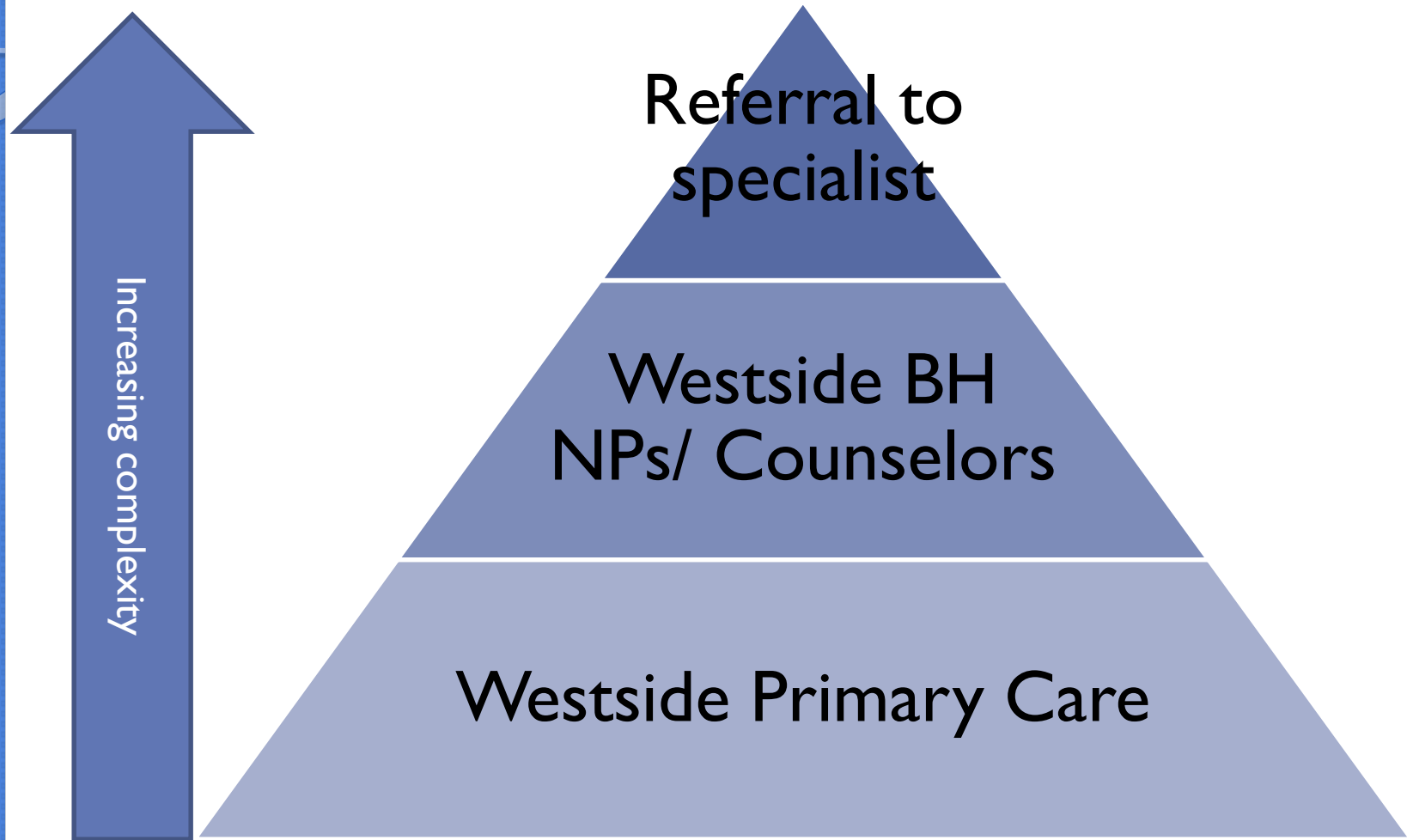




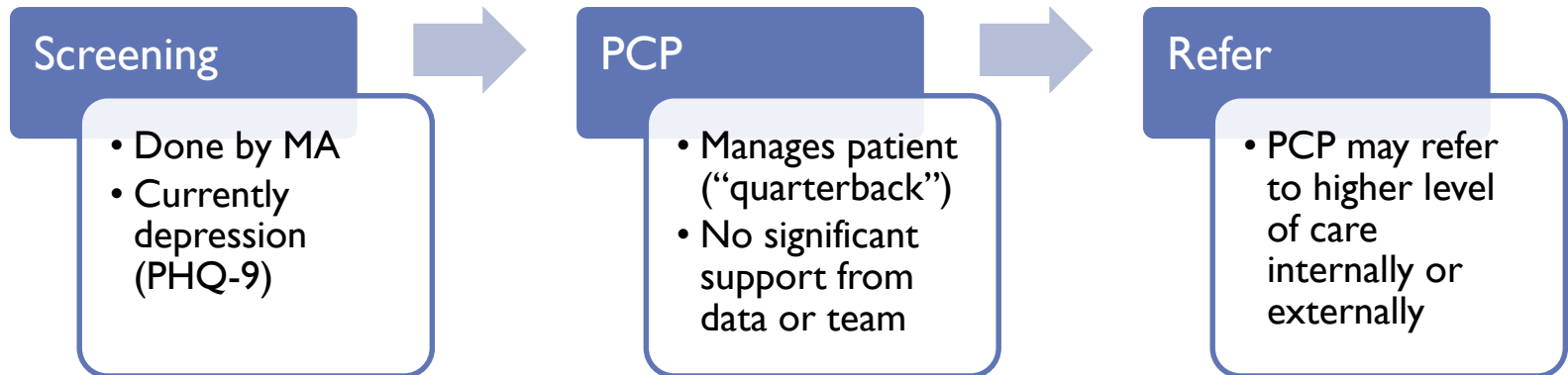
# Westside's BH Team

- Primary Care Providers
- Mental Health Counselors (3 total)
  - LCSW, LPCMH, MSW
- Behavioral Health NPs (1 current, 1 FNP completing add'l training)

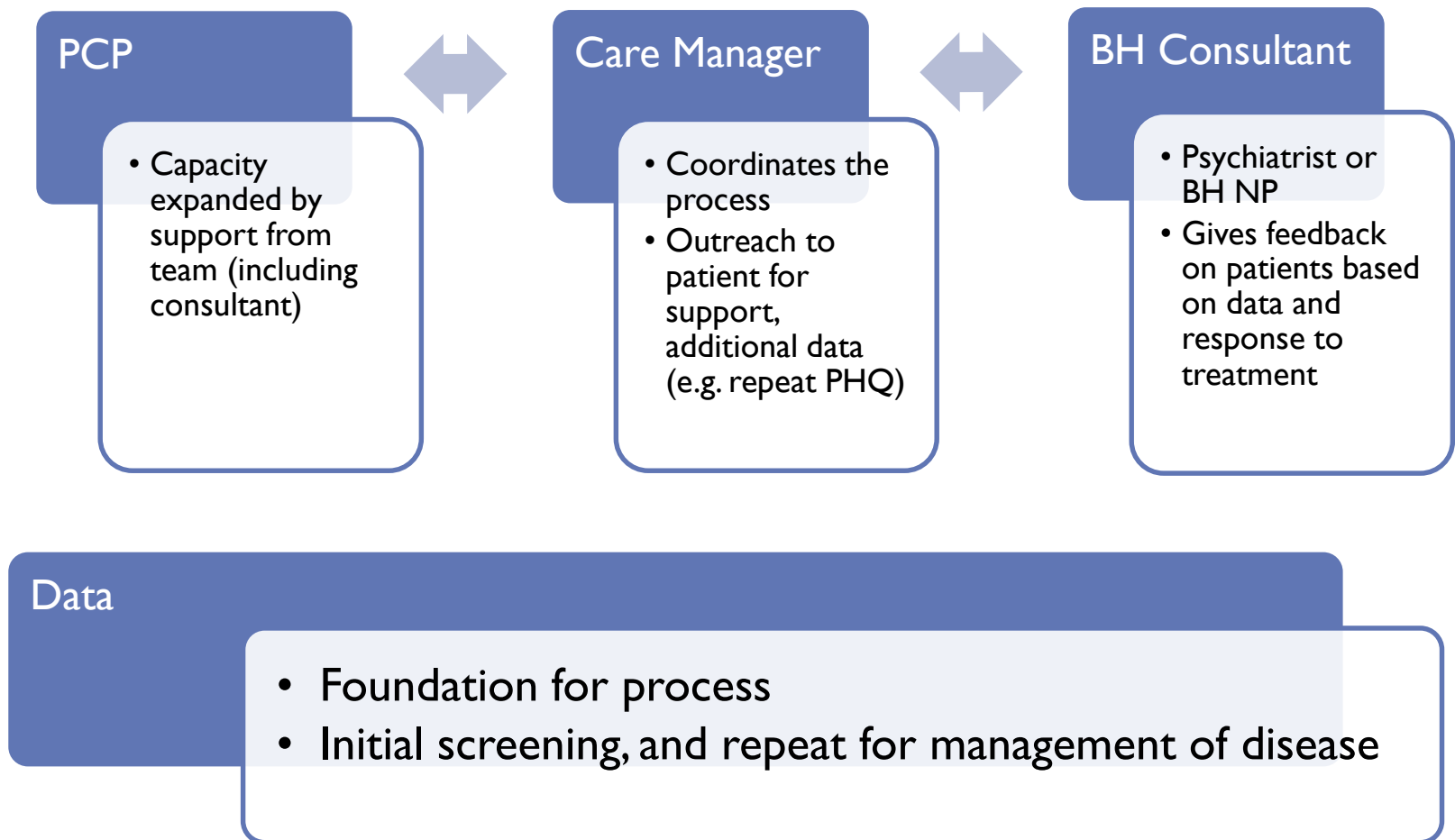
# Westside's BH Process



# Westside's Current Model



# Collaborative Care Model



# From visits to value

- Current model is reimbursed based on visits
  - Fee-for-service
  - Medicaid Prospective Payment System (PPS)
- Care management occurs between visits
  - Registry to track patients
  - Outreach to check on patients
  - Avoid exacerbations, ED visits, hospitalizations
  - The problem: reimbursement!

# Funding care management

- Medicare- Jan 2018
  - CMS recognized that care management is not business as usual and requires separate funding
  - Began payment for Care Management Services
    - General Care Management
    - Psychiatric Collaborative Care Mgmt
  - Reimbursement based on TIME
  - Medicare only accounts for 9% of total patient revenue

# Funding care management (cont.)

- Medicaid
  - Accounts for 63% of Westside's patient revenue
  - Medicaid does not reimburse FQHCs for care mgmt.

# Other Barriers

- Workflows (and work “habits”)
- Information Sharing
  - BH lack of use of EHR, DHIN
- Workforce
  - Including recruiting and staff turnover



# Westside's experience

- Practice transformation is hard
- Knowledge/coaching helps
  - HMA has provided excellent coaching, but significant barriers other than knowledge exist
- Transformation without reimbursement doesn't happen or isn't sustained

# Where are we going?

- Continued expansion of BH team
  - As funding and reimbursement permits
- Increased use of registry/data for care management
  - I2i population health tool
- SUD identification and treatment
  - Routine screening for SUD
  - Medication-Assisted Treatment (MAT)

# What do we need for success?

- Reimbursement for CCM (medical)/ CoCM (BH) from all payors (especially Medicaid)
  - Must not be considered to be part of current FQHC PPS rate
  - This is additional work that is outside of visits
- Workforce development support
- Support for BH specialists utilizing EHR technology



# Thank you for your support!

- Questions?