Successful Approaches to Integrated Care: Learning from Innovation 1

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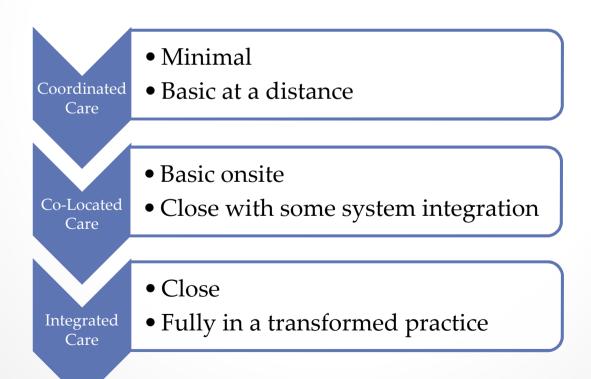
Integrated Care Models

- Integrated Clinic Model (ICM)
- Integrated Mobile Health Team (IMHT)
- Integrated Services Management (ISM) for Underserved Ethnic Populations
 - o African/African American
 - o Native American
 - o Asian Pacific Islander
 - o Latino
 - o Middle Eastern/Eastern European

SAMHSA Center for Integrated Health

Solutions (CIHS) Framework

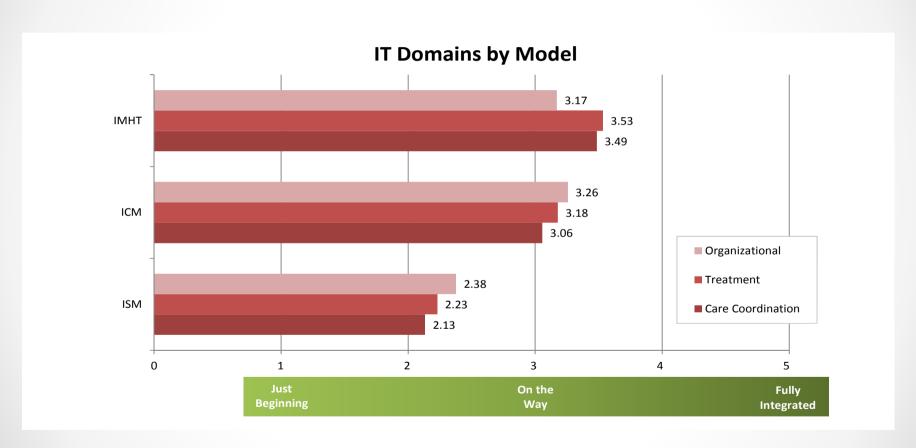
6 levels from minimal collaboration to close collaboration in a fully integrated system, sharing a location, vision and a system.



Measuring Level of Service Integration

- Integrated Treatment Tool (ITT)
 - o 3 Domains
 - Organizational
 - Treatment
 - Care Coordination
 - o Semi-structured interview conducted via a site visit
 - Utilizes a 5 point Likert scale
 - Measured during the first year of the project and with a phone interview 1 year after the initial site visit

Integrated Treatment Tool: Ratings by Model



- Organizational characteristics
 - o Executive leadership involvement
 - o Interoperable information systems
 - Organizational policies and procedures
 - o Multidisciplinary approach, including peers
 - o Patient access and scheduling

Treatment characteristics

- o Comprehensive screening, including making the first encounter count
- o Integrated care plan
- Integrated stage appropriate treatment
- Stepped care
- o Self-management skill development
- o Involvement of social support network
- Culturally relevant engagement strategies

- Care Coordination: The deliberate organization of the following aspects of a client's treatment:
 - o Lab tests and results
 - Medication reconciliation
 - o Appointment reminders
 - o Transitions between levels of care/settings
 - Assessing the effectiveness/quality of care received

Measuring Level of Service Integration

- Social Network Analysis
 - Network density: The number of connections between individuals within a treatment team
 - o Centrality: The degree of connectedness of individual team members

SNA Findings

- IMHT providers had denser networks than ICM and ISM providers
- Trend toward more integrated programs had denser networks*
- Medical providers were more central in integrated and co-located programs than in coordinated programs
- Increasing team communication (density) can potentially foster integrated care

^{*} non-significant due to low statistical power

What we Learned

- Build on existing models of care (Assertive Community Treatment)
- Emphasize the collection and use of outcome measures and promote data driven management
- Strategic use of data improved over time
- Establish a culture of learning and support
 - Establish concrete learning structures that facilitate communication and experimentation
 - o Engage in active, collaborative problem solving
 - o Promote synergistic learning
 - Utilize outcome data to ground learning
- Fund infrastructure development to support integrated care
- Fund care coordination, including shared care planning and review

Provider Learning and Recommendations

- Integrated Mobile Health Team Tara Reed, Psy.D.,
 Mental Health America Los Angeles
- Integrated Mobile Health Team and Integrated Clinic Model, Lezlie Murch, M.A., L.P.C.C., Exodus Recovery
- Integrated Services Management Model- Lorraine Ragosta, LMFT, Tarzana Treatment Center

Partnerships: Through the lense of the Provider:

- Establish intentional partnerships, clear purpose and service expectations
- Partnership development as a longer term strategy or investment to develop integrated care
- Utilize team meetings as a way to initiate or enhance integrated care
- Establish a culture of collective investment in clients

Partnerships: Through the lense of DMH:

- Conduct regular implementation team meetings to ensure strong communication, problem-solve and involve the evaluator
- Establish a balanced role between provider monitoring (compliance) and facilitating partnerships and learning