ILLINOIS ACADEMY OF FAMILY PHYSICIANS
Devoted to Advocacy, Education & Action

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Illinois Department of Healthcare and Family Services
Division of Medical Programs
Bureau of Program and Policy Coordination
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Dear Administration officials:

On behalf of the Illinois Academy of Family Physicians, I'm writing in support of Illinois' application for the Section 1115 Research and Demonstration Waiver.

Twenty years ago, the Institute of Medicine recognized that *"Mental health and primary care are inseparable; any attempts to separate the two leads to inferior care."* Unfortunately, the medical community and policymakers still struggle to integrate behavioral health to this day.

This demonstration application builds on Illinois' existing hard work which identified several priorities for its behavioral health transformation efforts, including the need to reduce silos of behavioral health care to enable a more efficient system with greater integration of physical and behavioral health.

In fact, the following behavioral health integration definition, developed by expert consensus***,** supports Illinois' demonstration application: *The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health, substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, ineffective patterns of health care utilization.* ***Value of Integration: Physical/Behavioral Integration is good health policy and good for health***.

*******Peek, C. J., National Integration Academy Council. (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), AHRQ Publication No.13-IP001-EF.*

Below is the summary of Behavioral Health Integration innovations that their workgroup helped to identify. The report was submitted to Healthy Illinois 2021.

Organization: Access Community Health Network (ACCESS)
Summary of BHI Innovation: ACCESS defines behavioral health to include mental health, substance use disorders, behavior change and the social determinants of health. The organization's integrated model of behavioral and primary care is anchored by a care coordination model.

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ACCESS' Behavioral Health Consultant (BHC) staffing has been significantly expanded over the past year. Today, these LCSWs/LCPCs provide both in-person assessment and treatment for patients and consultation with primary care providers at 25 of the organization's 35 sites throughout the Chicago region. Consultation is available to providers at the other ten sites, and those sites' patients are linked to in-person care at the nearest ACCESS health center. BHCs and providers share a common electronic health record to advance coordinated care. Two ACCESS sites have a fully integrated model of Opioid Maintenance Therapy (OMT), inclusive of staffing by primary care physicians, BHCs, Community Health Specialists, and psychiatry; three other sites are building these practices. Consultative psychiatry is being piloted in one region. Toward adding additional psychiatric resources, ACCESS is partnering with Rush University to build a residency program for Psychiatric Nurse Practitioner students who will both see patients and provide consultation to PCPs. To address the social determinants of health, among strategies that also include a significant workforce of Community Health Specialists, ACCESS is piloting the use of a robust resource to link patients with a wide variety of highly localized services, e.g., housing and job training programs in patients' home communities. They are also working with the Greater Chicago Food Depository; this project is introducing agency-wide screenings for food insecurity and, when appropriate, links to SNAP enrollment support and local resources for emergency food. ACCESS is also screening all patients annually for depression and substance use disorders using the PHQ2/9, Edinburgh, and, via the SBIRT protocol, the AUDIT and DAST screening tools: the GAD-7 is also used broadly to assess for anxiety. Improved scores on screening tools is one key measure of improved mental health.

Organization: Advocate Health Care

Summary of BHI Innovation: They have a mobile Integrated Behavioral Health Hub at Christ hospital. It is staffed by psychiatrists and other BH providers. Nursing staff at all south region hospitals (Christ, Trinity and South Suburban) conducts screening for BH conditions for patients with common chronic medical conditions. The hub then helps the ED or inpatient team manage the patient in a way that has significantly decreased length of stay. They then refer for outpatient BH care. The hub also serves as a resource for "curbside" consultations to primary care physicians affiliated with Advocate to help them more effectively and efficiently care for patients with BH conditions. This innovation has been so successful they are moving it to the north region hospitals this year. In addition, they have two large primary care practices with embedded BH providers that support the co-management of BH and medical conditions. This is in pilot phase and is anticipated to be expanded within the year.

Organization: Cook County Health and Hospitals System

Summary of BH Innovation: Illinois residents served by the Cook County Health and Hospitals System (CCHHS), which includes Stroger Hospital, the Provident and Oak Forest regional centers, 16 community based primary care clinics, health centers at Cermak and the Adolescent Detention Centers, and the County Health Department, suffer a disproportionate level of comorbid mental and behavioral health issues. When unmanaged, these behavioral health conditions are associated with excessive rates of chronic disease, acute illness, trauma and violence which result in costly medical and criminal justice services and disparities in life expectancy and life quality. In response, CCHHS has launched a boundary-crossing collaborative improvement process to restructure existing personnel and resources to quickly begin addressing the behavioral health needs of our population of service at every point of care, deploying evidence based processes to identify opportunities to engage the patient in therapeutic services. Once processes and improvements are refined, the project plan calls for expansion of staff and services until the entire population is served. Cost savings are projected to allow for this expansion. While vitally important, building capacity within CCHHS is not enough.

The majority of Cook County's underserved population is receiving health care outside the CCHHS system, often in one of the Federally Qualified Health Centers and community hospitals, where there are many barriers to the comprehensive behavioral health described above. In response, CCHHS has partnered with three FQHC networks whose service areas overlap with one another and CCHHS to develop a "clinically integrated" behavioral health network with CCHHS as the specialty care and workforce training hub. Together, this "consortium" jointly applied for H.R.S.A. behavioral health workforce expansion funding to help accelerate program and staff development.

Organization: DuPage County Health Department

Summary of BHI Innovation: DCHD is using an array of screening tools (Mental Health Assessment, SBIRT, AUDIT, DAST 10, etc.) to appropriately screen for comorbid issues (mental health, physical health, substance abuse) of all DCHD Behavioral health patients so that they can build a population health model for BHI, and so that they can connect patients seeking behavioral health care to medical care and wellness services. Care Coordinators use a "warm handoff" approach when available to help client link to, utilize and follow-up with whole health services. This eliminates the need for patients to make another appointment and gets the patient needed medical, behavioral health, and wellness services faster than using former referral processes.

Organization: Elmhurst Clinic and Linden Oaks Medical Group

Summary of BHI Innovation: The Oak Park family medicine practice has embedded a doctoral level psychologist. She huddles with the family physicians to review their schedules daily to identify patients who may need behavioral intervention. She will often do a brief screening following the family physician's visit and can then either advise the physician, schedule follow-up with the patient or consult a psychiatrist who is part of LOMG. This has saved the physicians a good deal of time, and patients are much more accepting of behavioral health care when it is part of the primary care practice instead of functioning separately. In the near future, data will be presented on their experience thus far. In addition, there are plans to expand this partnership to a second location in the fall. Another site will be added in 2017.

Organization: OSF Healthcare System

Summary of BH Integration: OSF Healthcare conducted a Behavioral Health Needs Assessment in 2012 at all OSFMG Internal Medicine and Family Medicine practices. Access to care for behavioral health treatment was identified as a significant deficiency across the board. Behavioral health diagnosis and counseling was the number one request by respondents for assistance. In response, on August 5, 2014 a pilot was initiated at the Center for Health Internal Medicine in Peoria, with one full-time behavioral health provider placed on-site serving over 12,000 patients with 11 full-time medical providers utilizing 30-minute brief interventions. The medical provider identifies a patient with a behavioral health need and utilizes a warm hand-off to the BHP where a brief assessment and intervention then takes place. For more complex cases, the BHP serves as a consultant to help triage and refer out to traditional care. This has also proved to be successful for the deflection of emergency department visits, as patients have the ability to be seen on the same day or as walk-ins for mental health crises. The program has proven to be working as PHQ and GAD scores have decreased significantly on patients seen; while overall patient and care team satisfaction rates have been high. The initial pilot program has been so successful that a roll-out to other OSFMG practices has begun and a BHP has been placed in both the Morton Center for Health and Ft. Jesse Family Practice in Normal. There are two more scheduled to roll-out in both Rockford and Bloomington. There is an expectation to have further roll-out of BHP's across the OSFMG practices to continue through 2016 and beyond. Care transformation is very important to OSF Healthcare and they are working in many ways to solidify state of the art care.

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Organization: PrimeCare Community Health

Summary of BHI Innovation: PrimeCare is in the process of implementing a program for:

- Population-based screening for depression in patients age 12 and older on an annual basis.
- Guideline-based treatment of persons diagnosed with depressive disorders in three treatment branches--medication only, therapy only or medications and therapy. The therapy arm of the program involves a phased Problem Solving Therapy treatment plan.
- Care management of persons diagnosed with depressive disorders, ensuring reassessment of response to treatment at scheduled intervals, identification of adherence issues associated with medication treatment and escalation/modification of treatment plan for patients who fail to improve or who have worsening symptoms.
- Patients with monopolar major depression are entered into a care management program whereby regular follow-up and monitoring is provided by nurse care managers or behavioral health consultants. They have approved medication guidelines for treatment of depression and we have approved guidelines for caring for adolescents with depression.

Next year, they hope to add a part-time psychiatrist to their behavioral health team. They are hopeful that they will receive grant funding for this. The psychiatrist would see complex patients and would provide education for the care teams. They are also hopeful to expand behavioral health through a federal grant from HRSA. This grant will implement SBIRT throughout the organization, much like they have done for depression screening. In conjunction with Cook County Health and Hospitals Systems, the grant will also fund Medication Assisted Treatment of opioid addiction (and other addictions). A CCHHS psychiatrist and LCSW will be on site part-time for initiation of treatment and for complex patients. They will hire an LCSW and train two family physicians in prescribing buprenorphine. They will focus on maintenance treatment. A care coordinator will also oversee SBIRT and the treatment program.

Organization: Regional Mental Health Center, Merrillville, IN

Summary of BHI Innovation: A team of LCSWs was created to provide BHI at North Shore Health Center, a nearby FQHC. A consultant psychiatrist handles the complex cases and has provided process algorithms to allow the primary care providers to handle the less complex cases. The FQHC has 40,000 patients and 0.1 FTE psychiatrist. He works one half day a week doing 3 hours of face to face patient visits. Every day the psychiatrist is on call for the PCPs at the FQHC. He averages 3-4 calls per day, about 5 minutes per call. Overall this takes about 5 hours each week. The behavioral health caseload is about 2,000 of the 40,000 patients. He works with 3 mid-levels who are social workers. He gets called by them for about 1 in 8 cases. The University of Chicago psychiatric residency is now training its residents using this model as they work in FQHCs.

Organization: University of Chicago Medicine & Biological Sciences, Chicago (UCM)

Summary of BHI Innovation: They have:

- Integrated two psychiatric clinics per month into a primary care group and
- Hired a social worker and behavioral health post-doctoral student to screen, provide behavioral health services individually and in groups to selected populations in primary care.
- Begun testing a computer-based screening for depression for all patients in this population.
- Developed and circulated brief instructions to primary care providers on who to refer for BH services based on screening scores.

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- Introduced medication protocols for primary care to help guide PCP to properly use psychotropic medications
- Integrated a behavioral health psychologist and a psychiatrist into the adult oncology programs
- Launched a behavioral health clinic in the pain clinic on January 1, 2016
- Hired a full-time health psychologist in the endocrinology program to work with patients with diabetes
- Plans to hire a full-time faculty member as Director of Collaborative Care for UCM

Organization: Southern Illinois University School of Medicine, Department of Family and Community Medicine

Summary of Behavioral Health Integration: SIU has four residency training program sites across the central and southern part of the state: Springfield, Quincy, Carbondale and Decatur. Each site has uniquely integrated behavioral and mental health services within their NCQA accredited patient centered medical homes.

Springfield – The Springfield program, a federally qualified health center and residency training program, has on-site behavioral health consultants – LCPC or LCSW – that see patients as part of the team. Rather than referring patients for evaluation or services elsewhere, the patients are seen within the medical home where they are more comfortable. If specific needs are noted at the time of a medical visit, the BHC can see the patient immediately for a brief intervention and schedule a more in-depth services as appropriate. In addition, the BHC and provider may huddle prior to clinics to target specific patients who may benefit from services. The BHCs may address behavioral issues such as smoking cessation or pain management as well as more specific mental health issues such as anxiety or depression. As part of BHI grant funding, a process was initiated for all patients to undergo depression and substance abuse screening with immediate referral as indicated. Additionally, as part of the MOSAIC project for children in Springfield, all children are screened for social and emotional needs from birth to age 18. This unique project including community mental health, the school district, community health workers and primary care has targeted early prevention, screening and recognition of mental and behavioral health issues in children with positive outcomes, including improved engagement in therapy and improved school attendance. Lastly, the Center has on-site psychiatry services – both adult and child – for consultation, diagnostic evaluation and treatment as part of the interdisciplinary team. The key objective is not only service to patients but also ***training future providers*** in a model that may be adopted for their future practice. There is a collaboration between the SIU Center for Family Medicine FQHC and the Mental Health Centers of Central Illinois (community mental health center) around a SAMSHA grant supporting a reverse integration clinic where primary care is integrated into the mental health center for medical care of the more severely mentally ill.

Quincy – PEDSCARE is a program that the SIU Quincy Residency Program (an FQHC) adopted as part of an Illinois Children's Healthcare Foundation grant. They have onsite behaviorists as well as a psychiatrist, similar to the Springfield program. In addition, they have multiple group educational/therapy sessions available for children and adolescents with mental or behavioral health needs, within the medical home.

Carbondale – The Carbondale program purchased a mobile Care-A-Van to bring medical and behavioral health services to four area high schools in the region using a medical provider and behaviorist. This highly successful program is through a partnership with IDPH. The residency program also partners with the graduate program in psychology at SIU-Carbondale to provide services with PhD psychology interns on site in the medical home.

Decatur – The Decatur program has an onsite behaviorist who provides traditional behavioral health services within the medical home.

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Concluding remarks: We believe the above innovations validate the integral role primary care plays in behavioral health integration. These initiatives reduce fragmentation of service, reduce total cost of care, improve behavioral and physical health outcomes, and promote patient-centered care. These innovations were specific in breadth and scope to help those with behavioral health issues and not reach beyond the task at hand nor dilute the capacity to deliver behavioral health. These exemplary behavioral health integration interventions are project or grant funded, so that clinicians can be paid to provide the new services or new service combinations. Unfortunately, once the project is over or the special grant ends, the funding ends, and the behavioral health integration intervention ends. We now have enough evidence with these and other BHI projects nationwide that these meet the test of the Quadruple Aim: better access, better care, lower costs and happier clinicians.

Such work should be supported through the 1115 waiver in order to further provide payers and providers resources to develop the infrastructure, technology, and provider capabilities required to implement health homes. IAFP urges that funds be allocated from the 1115 waiver grant to provide payment for behavioral health integration in the same manner as the special projects and grants that are now supported. Over the five years of the 1115 waiver, pathways to value-based payments for behavioral health integration can be achieved.

As every innovation requires broad education and adaptation, IAFP stands ready to provide educational tools to help physicians understand and implement these health homes as we have assisted in a myriad of medical education to date, including tobacco cessation, obesity, opioid management, and chronic care coordination, to name a few.

Please consider these credible resources as well as our offer to work with you to attain valuable behavioral health integration which ***is good health policy and good for health***.

For additional details or any further information, please contact:

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