

Integration of Substance Abuse and Primary
Care in FQHCs NACHC/NIATx Collaborative

Two Projects



PALLADIA SERVICES
PROJECT SAMARITAN HEALTH CENTER
THE DAILY PLANET
THE HEALING PLACE

Integration of Substance Abuse and Primary Care in FQHCs NACHC/NIATx Collaborative



Giving community health centers and their substance abuse treatment organization partners, the tools and technical assistance needed to integrate substance abuse treatment services into their operations.

Integration of Substance Abuse and Primary Care in FQHCs NACHC/NIATx Collaborative



- **Goals**

Participants in the NACHC/NIATx Learning Collaborative receive technical assistance on:

1. Strategies to contract for substance abuse treatment services; and
2. How to apply the evidence-based practice, “Screening, Brief Intervention, and Referral to Treatment”.

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- **Key features**

- Two day kick off event held in October, 2010
- Networking and continued learning phase: on-going interaction between the participants, faculty, and coaches, via teleconference and webinars
- Individual coach site visit and teleconference coaching
- Prototype Sharing & Promising Practices Demonstration Event: July 2011, Boston
- Travel stipends to attend face to face meetings provided by CSAT

Participating Organizations

FQHC	Substance Abuse Treatment Provider	Initial Aim
Contra Costa County, California	Richmond Health Center, Richmond, California	Place behavioral health specialist in the FQHC to conduct brief interventions and outpatient therapy
Greater Prince William Community Health Center, Woodbridge, Virginia	Prince William Behavioral Health Services	Implement CRAFFT/AUDIT screening tools in FQHC Improve patient show and continuation rates of referrals to specialty care Reduce wait time to specialty care
Ohio North East Systems, Inc. Youngstown, Ohio	Ohio Health	Begin to send the primary care mobile van to residential sites Place behavioral health specialists in FQHC Specialty clinic is building a new site and plans to include space for a primary care clinic

Participating Organizations

FQHC	Substance Abuse Treatment Provider	Initial Aim
The Daily Planet Richmond, Virginia	The Healing Place	Increase referrals to specialty care Begin to track outcomes related to ER visits and patient retention Begin to provide recovery support services to FQHC population
Project Samaritan Health Center, Bronx, New York	Palladia Services	Reduce the considerable no-show rate for referrals made from specialty care to FQHC for primary care services and psychiatric evaluations by reengineering the referral process

Why Are We Talking About This?



- We know that substance abuse is a chronic condition that often includes medical co-morbidities
- Many primary care patient (about 22%) can be diagnosed with substance abuse conditions
- About 90% of the people that have a substance abuse problem do not receive treatment
- The costs of substance abuse are huge and include emergency room use, hospital costs, crime and auto accidents
- Integration of primary medical and substance abuse identification and treatment can help us improve health and decrease costs

Goals of Integration of Substance Abuse and Primary Care



- ▶ **Improve identification of substance abuse problems within the primary care environment**
- ▶ **Make brief interventions available to more people, more quickly so that they have an opportunity to begin to change behavior/recover**
- ▶ **Provide addictions interventions to groups of individuals that otherwise may not have access to treatment**
- ▶ **Reduce health disparities**
- ▶ **Change (Improve, create) the working relationship between primary medical and specialty behavioral health**

The Challenges of Integration



- **Structural:** This includes contractual relationships between providers, establishing roles and workflows that coordinate services between organizations as seamlessly as possible
- **Clinical:** This includes changes in pace, philosophy, inclusion of new processes/services (e.g. SBIRT, other behavioral health screenings, Medication Assisted Treatment), melding of cultures, training of all staff in new relationships and roles, resolution of problems in access to specialty behavioral health, medical records decisions
- **Financial:** Knowing which organization can bill for what services, are the services intended to be delivered billable and are the payments sufficient to sustain the integration

The Reality of Integration: How Do You Really Make it Happen



- How do you get started?
- How do you get staff enthusiasm?
- How do you work across organizations and cultures?
- How is it managed on a daily basis?
- How do you pay for it?
- How long does it take to make it happen?
- How do you keep it going forward?
- How do you know if it is making a difference?

Palladia and Project Samaritan



- **Palladia Services is a not for profit multi service agency in New York City that provides a wide range of services including substance abuse treatment, residential services for recovering substance abusers**
- **Project Samaritan Health Services, federally qualified health centers that provide primary care, psychiatric, specialty and dental services including a clinic located within a Palladia substance abuse residential facility – Star Hill. The in-house location of primary care is unusual and provides strength to the partnership.**

Working Together



- Palladia and Project Samaritan have a long history of working together and joint recognition of the need to provide integrated care.
- There is support for integration at the leadership levels in both organizations
- The Project Samaritan Health Clinic is located in a Palladia residential addictions treatment facility - Star Hill

The Current Project



- **Challenge – A high percentage (about 44%) of residents at Star Hill have co-occurring mental illness and substance abuse diagnoses. Many are also just recently released from incarceration.**
- **Challenge – New arrivals at Star Hill need a psychiatric evaluation**
- **Challenge – There was a high no-show rate (34 to 38%) at the initial psychiatric evaluation appointment with the psychiatric specialist at Project Samaritan**
- **Challenge – Systems to support attendance at psychiatric appointments needed strengthening**
- **Goal – Decrease the No-Show rate to 25% by June 1, 2011**

How Did We Get Started, Keep it Going?



- **Determination of the Issues:** Baseline data on attendance for psychiatric appointments was established and a flow chart of the appointment system was reviewed.
- **Create Understanding and Buy In from Staff:** A change team of participants from both organizations was established and other key staff were included in the Change Team as needed
- **Managing the Process:** A Health Expeditor position at Project Samaritan was filled and changes in the appointment reminder systems were implemented
- **Knowing if the Changes are Making a Difference:** Data on changes in the no-show rate were collected

Did the Changes Work?

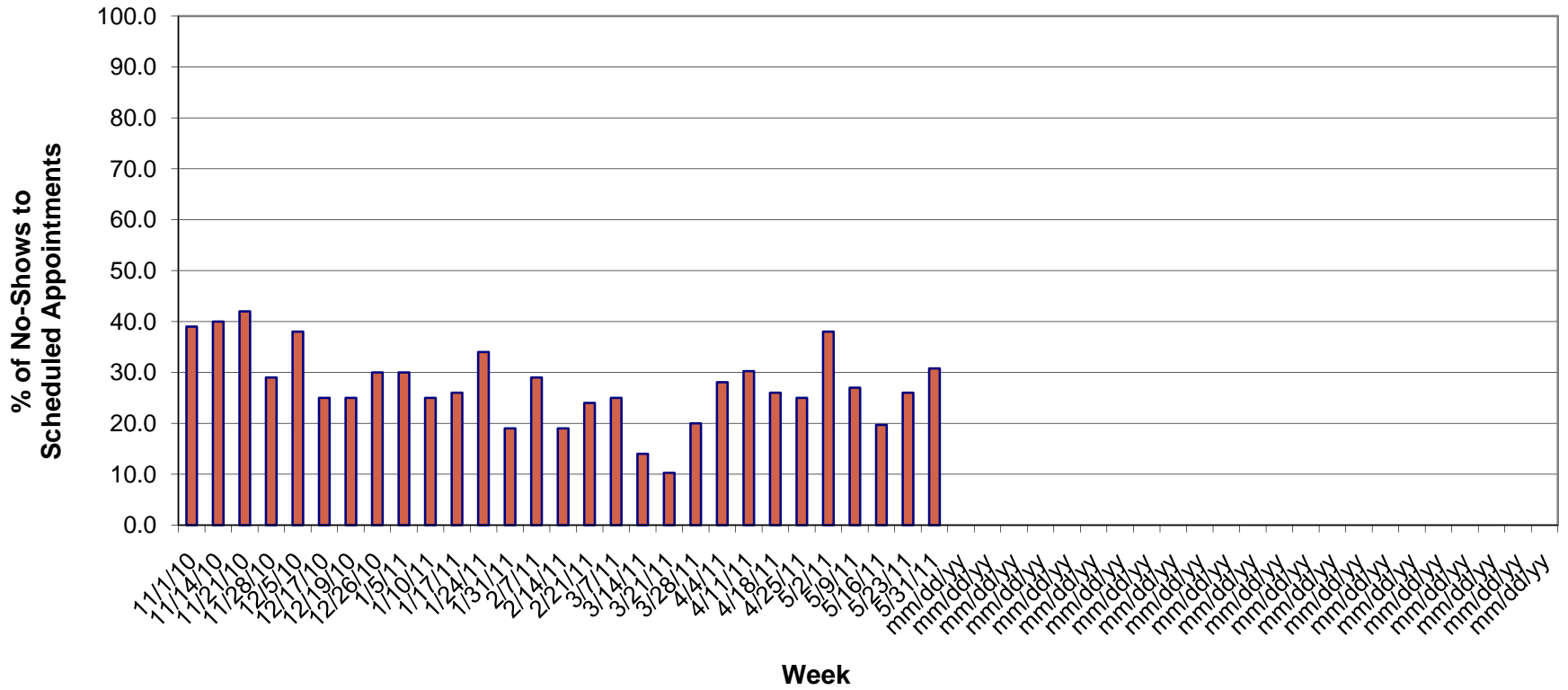


- **Yes:** The no-show rate dropped to a low of 19% in early February and has been maintained below the target percentage of 25% until warm weather when the no-show percentage again increased to a high of 32% at the end of May
- **No:** with the advent of summer no-show rates began to increase and continue to do so

The Results



AGENCY: Palladia Inc. No-show Rate for Psychiatric Appointments



The Future



- The Change Team is committed to bringing the No-Show rate down and determining how to sustain that improvement.
- The Change Team can provide an opportunity to discuss more than just the task at hand but also other health care improvement opportunities
- Integration requires continuous monitoring and determination of actions that may need to be taken to sustain and improve outcomes

The Daily Planet and The Healing Place



- The Daily Planet is a FQHC in Richmond offering primary health, behavioral health, dental, and vision care along with case management as necessary to the Central VA uninsured and homeless population. All services are provided regardless of one's ability to pay.
- The Healing Place of Richmond is a nonprofit organization established to provide shelter for the homeless and a long term residential recovery program for those who are chemically dependent. Services are provided at no cost to the client.

The Current Project



Goal: Improve The Daily Planet's primary and behavioral care integrative process both internally as well at The Healing Place. Identify barriers to integration and opportunities for better coordination.

Goal: Improve access and render brief treatment strategies to the identified population—homeless, uninsured, and underinsured individuals who have substance abuse and/or co-occurring disorders.

Challenge: Staff buy-in for integration at both The Daily Planet and The Healing Place

Working Together



The Healing Place

- Development of a Memorandum Of Agreement for primary health services between The Daily Planet and The Healing Place

The Daily Planet

- Survey of primary health/behavioral health internal integration at The Daily Planet
- Collection of referral data began June 2011

The Current Project



The Healing Place

- Enhanced health services
- Nutritional infrastructure change

The Daily Planet

- Behavioral health agreement to offer “brief intervention”
- Improved primary health referral to behavioral health services

The Results



The Healing Place

- Increased referrals from primary health to The Daily Planet for behavioral health
- Improved internal processes and patient centered care

The Daily Planet

- Increased referrals from primary health to behavioral health
- Increased billings from third-party payers for primary health patients
- Increased billings from third-party payers for behavioral health patients
- Improved internal processes and patient centered care

Panel Discussion



- **Zoleka Adams, Palladia**
- **Maureen Neal, The Daily Planet**

- **Questions?**