

BEHAVIORAL HEALTH-PRIMARY CARE INTEGRATION

LEARNING COLLABORATIVE

OUR MISSION

In the fall of 2015, Health & Medicine initiated a Behavioral Health-Primary Care Integration Learning Collaborative, a team-based approach to improve access to quality care, encourage practice change, and drive system-level reform. The Learning Collaborative brings together providers, payers, and consumers to share their experiences, participate in learning events, and test evidence-based interventions that can be replicated and continuously improved based on systematic tracking of processes and outcomes.

ACTIVITY AND ACCOMPLISHMENTS

The Six Criteria

The Learning Collaborative began by breaking down our concept of “integration” into its component parts, carefully articulating six criteria:

*An integrated practice must be **person-centered**, **evidence-based**, and **financially sustainable** and provide comprehensive **core services** with clear **workforce** and **technology standards**.*

Rather than prescribing a strict set of practices that may only work in specific conditions, we focused our work on developing the resources needed to operationalize these basic principles of integration. Implied in this flexible approach is that there are many models that fulfill the criteria for integration, and that weak points in one model can be strengthened by borrowing practices from others, and carefully incorporating them into the existing framework of service delivery.

Feasibility Studies

The Learning Collaborative identified two key operational challenges for integrated care: coordinating transitions back to the community following a psychiatric hospitalization, and maintaining a financially sustainable model that integrates primary care and behavioral health services. Keeping true to our commitment to pursue actionable research that can be translated into real-world results, we chose to conduct feasibility studies to help tackle these challenges. A feasibility study is an iterative, adaptive research method that focuses on *process*. The study designs of the Learning Collaborative’s **Hospital Transitions** and **Financial Sustainability Workgroups** are essentially designed to answer the question, “Can it work?” We expect that the answers these studies yield will become practical lessons that can help others fill operational gaps in their own integrated practice.

Policy Research

The Learning Collaborative also recognized that barriers to data exchange present a major challenge to integrating primary care and behavioral health. The **Data Exchange Workgroup** is taking on questions of interoperability, privacy and confidentiality, and the impact of data exchange on outcomes by examining our members’ own experience, consulting with outside experts, and engaging with policy makers.

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FORUM ON INNOVATIVE SOLUTIONS TO INTEGRATED CARE

After two years of building a close-knit team prepared to contribute to the advancement of integrated care, the Learning Collaborative is hosting today's public forum to:

- Engage audiences around the lessons learned in two years of the Collaborative
- Advance the discourse around state-wide mental health and Medicaid reforms
- Magnify the voice of people with disclosed mental health and substance use conditions

Workgroup Presentations

- **Data Exchange:** How can we improve information sharing between hospitals, primary care, and behavioral health providers to reduce fragmentation in services?
- **Hospital Transitional Care:** Can a behavioral health provider embedded in a hospital successfully transition care to a primary care provider for an individual who admits with a behavioral health diagnosis?
- **Financial Sustainability:** What does it cost to design, start, and run an integrated model using a behavioral health organization in a major urban setting, with primary care embedded, and how do we maximize integrated funding streams between the behavioral health organization and the primary care provider?

Voice of Consumers of Mental Health Services

When policy makers, practitioners, and researchers talk about behavioral health integration, we are always talking about *people* with mental illness, substance use disorders, and complex health needs. At this forum we want to meaningfully include those voices in the conversation, and have intentionally invited people with disclosed mental illness as panelists and audience members. We want to hear their voices today and we also seek to demonstrate the value and feasibility of including people with lived experience in every level of practice change and policy making, recognizing that they have a specialized expertise that is necessary to achieve the goal that brings us all together today: to improve access to quality, integrated health services.

LEARNING COLLABORATIVE MEMBERS

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| Blue Cross Blue Shield of Illinois | Lutheran Social Services of Illinois |
| Clayton Residential Home | Ron Otto (representing self-advocates) |
| Community Behavioral Healthcare Association | Sinai Health System |
| Erie Family Health Center | Thresholds |
| Grand Prairie Services | Trilogy |
| Heartland Health Centers | Turning Point |
| Heartland Health Outreach | |



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