Session # E3

Lessons Learned from a Large Organization's Path to Integration: Collaborative Care at UW Health

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- List the most important components that support success in implementation of a new care model
- Identify common pitfalls implementing integrated care in a matrixed environment
- Discuss how to effectively apply learning from a pilot

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Learning Assessment

- What does the evidence and experience tell us is some of the most important components of model fidelity?
- What does research and experience tell us is the most important things to consider for successful implementation of an integrated model?
- What does research and experience tell us are the most common pitfalls of implementation?

*We will highlight our findings that are corroborated by research in burnt orange

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Who is UW Health?

UW Health is the integrated health system of the University of Wisconsin-Madison. Governed by the UW Hospitals and Clinics Authority, UW Health partners with the UW School of Medicine and Public Health to fulfill its patient care, research, education and community service missions.

More than 600,000 patients from the Upper Midwest and beyond are served annually by 1,500 physicians and 15,000 staff at seven hospitals and 87 outpatient clinics.

UW Health

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON

Madison Hospitals
- University Hospital
- American Family Children's Hospital
- UnityPoint Health-Meriter*
- UW Health at The American Center
- UW Health Rehabilitation Hospital

Regional Hospitals
- SwedishAmerican Hospital, Rockford, IL
- Belvidere Medical Center, Belvidere, IL

UW Health Clinics
UnityPoint Health-Meriter Clinics*
Throughout Wisconsin and Northern Illinois

UW Medical Foundation
UW faculty physician practice

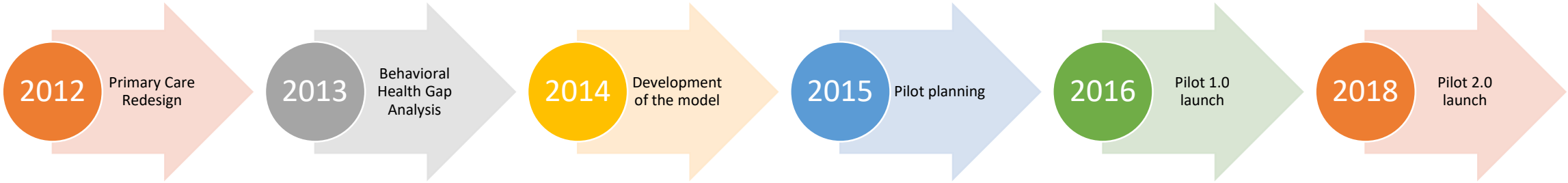
UW Carbone Cancer Center
Only Comprehensive Cancer Center in WI designated by the National Cancer Institute (NCI)

Quartz Health Solutions, Inc.
Health insurance products of Unity Health Insurance, Gundersen Health Plan and Physicians Plus

University Health Care
Regional relationships and contracting

Joint Ventures and Affiliations
Cancer centers, surgery centers, dialysis programs, home health, infusion and many other programs and services including a *Joint Operating Agreement with UnityPoint Health-Meriter

Timeline



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Pilot 1.0

- In 2014, UW convened a group of 25 different stakeholders from different departments and groups within the organization to discuss integrated care
  - The group came up with 5 key features they wanted from a model
    - Evidence based/cost effective
    - Patient-centered
    - Access for all populations
    - Integrates basic levels of behavioral health services (ie: diagnosing, medication recommendations, psychotherapy)
    - Meets the Triple Aim
  - From there, several different models were considered (Co-location, SBIRT, PCBH and Collaborative Care)
  - Created a combination of IMPACT and TEAMCare using both RNCCs and BHCCs

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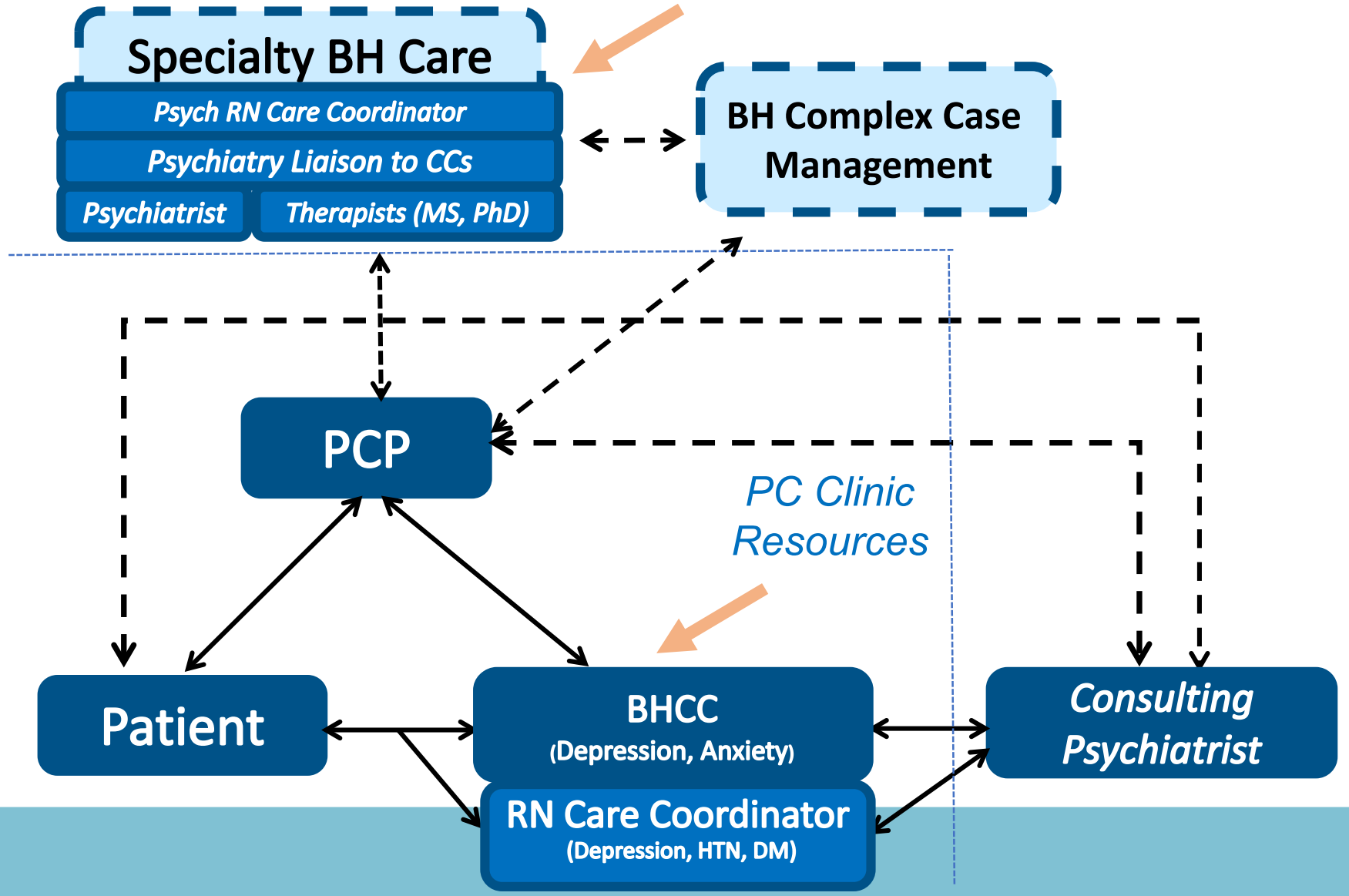
UW Health Collaborative Care Model v1



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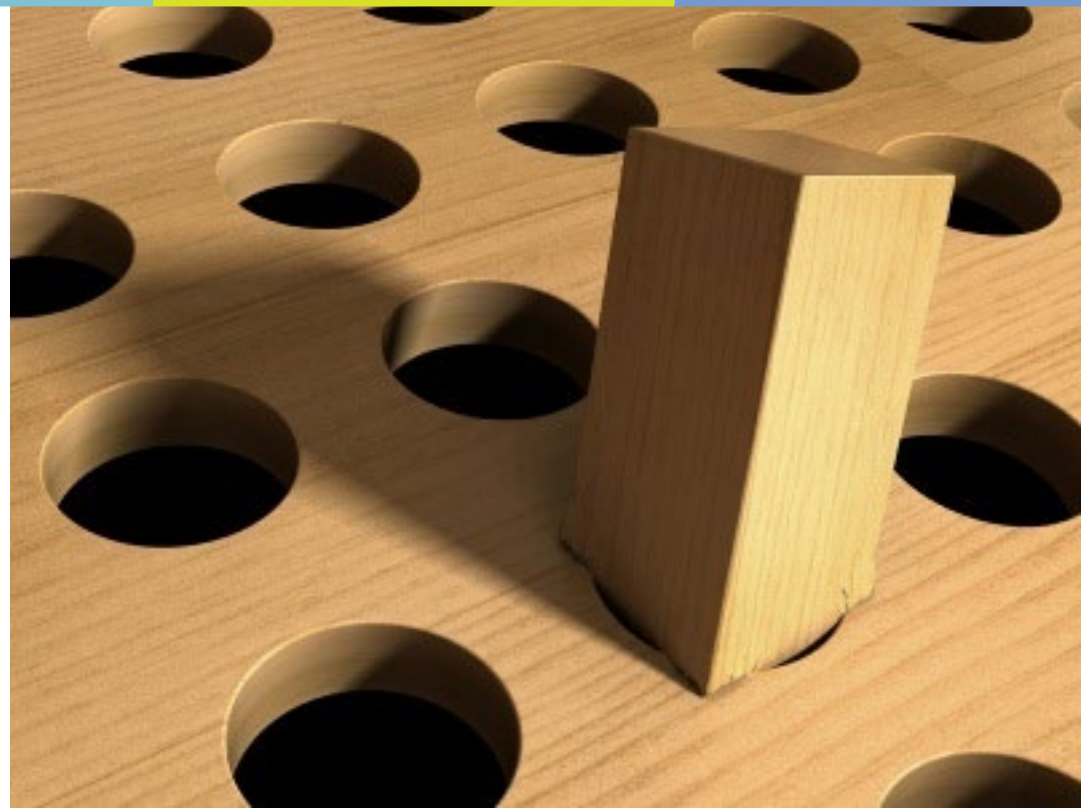
Pilot 1.0

- Issues
  - Problems with the RNCC role
  - Overall role confusion
  - Dissatisfaction with Problem Solving Treatment training
  - People were quitting
  - Job descriptions weren't specific enough and people didn't know what they were applying for



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Role differentiation is key

Lesson Learned

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Half of the battle is hiring the right people

Lesson Learned

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Use your experts!

Lesson Learned

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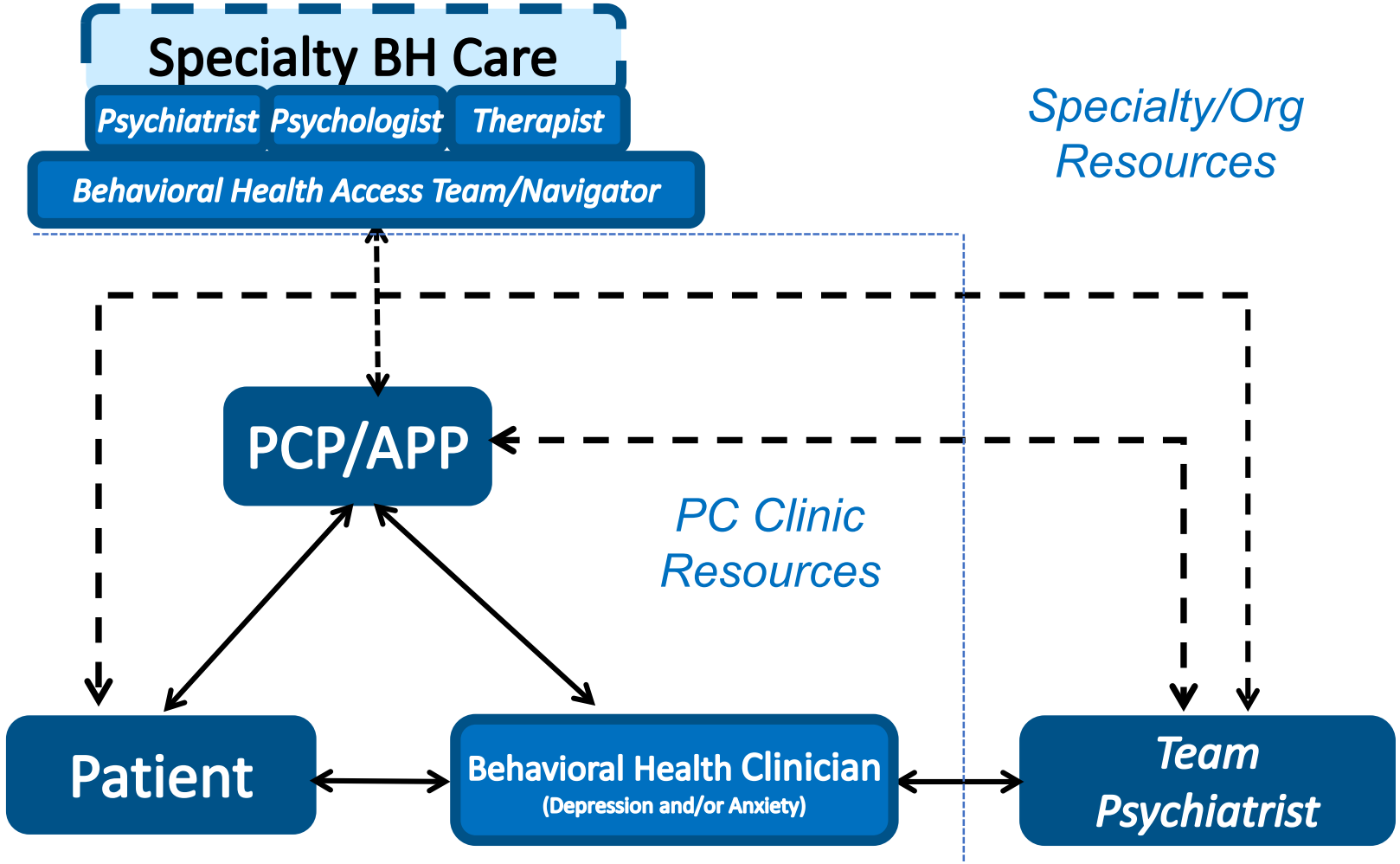
Pilot 2.0

- Implementation was incomplete and needed a reboot
- We cleaned things up
  - Honed workflows
  - Created templates for notes
  - Added a more formal supervisor role
  - Changed the process of referring to specialty care
  - Hired people based on specific, desirable criteria
  - Involved BHC feedback in the changes we made
  - Figured out staffing ratios

UW Health Collaborative Care Model v2



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Adapted from University of Washington, 2013

You need a plan for patients you can't see

Lesson Learned

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Make the model relevant for your organization but don't reinvent the wheel

Lesson Learned

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Pilot 2.0

- Nuts and bolts
  - Created a Core Team
    - Administrative lead, Ambulatory Ops lead, Physician lead for Primary Care, Physician lead for Psychiatry, BHC supervisor, RN clinical staff educator
  - Developed protocols and workflows
    - Workflows for EVERYONE in the clinic, from front desk staff to Team Psychiatrists
    - However, during all of this we lost Project Management support
  - Billing
    - Decided to add in billing component using CPT codes for face to face visits
    - We also created an Incident To workflow so that our MA level providers could bill Medicare through the PCPs
  - Training
    - Created rigorous training for staff, Medical providers, and BHCs

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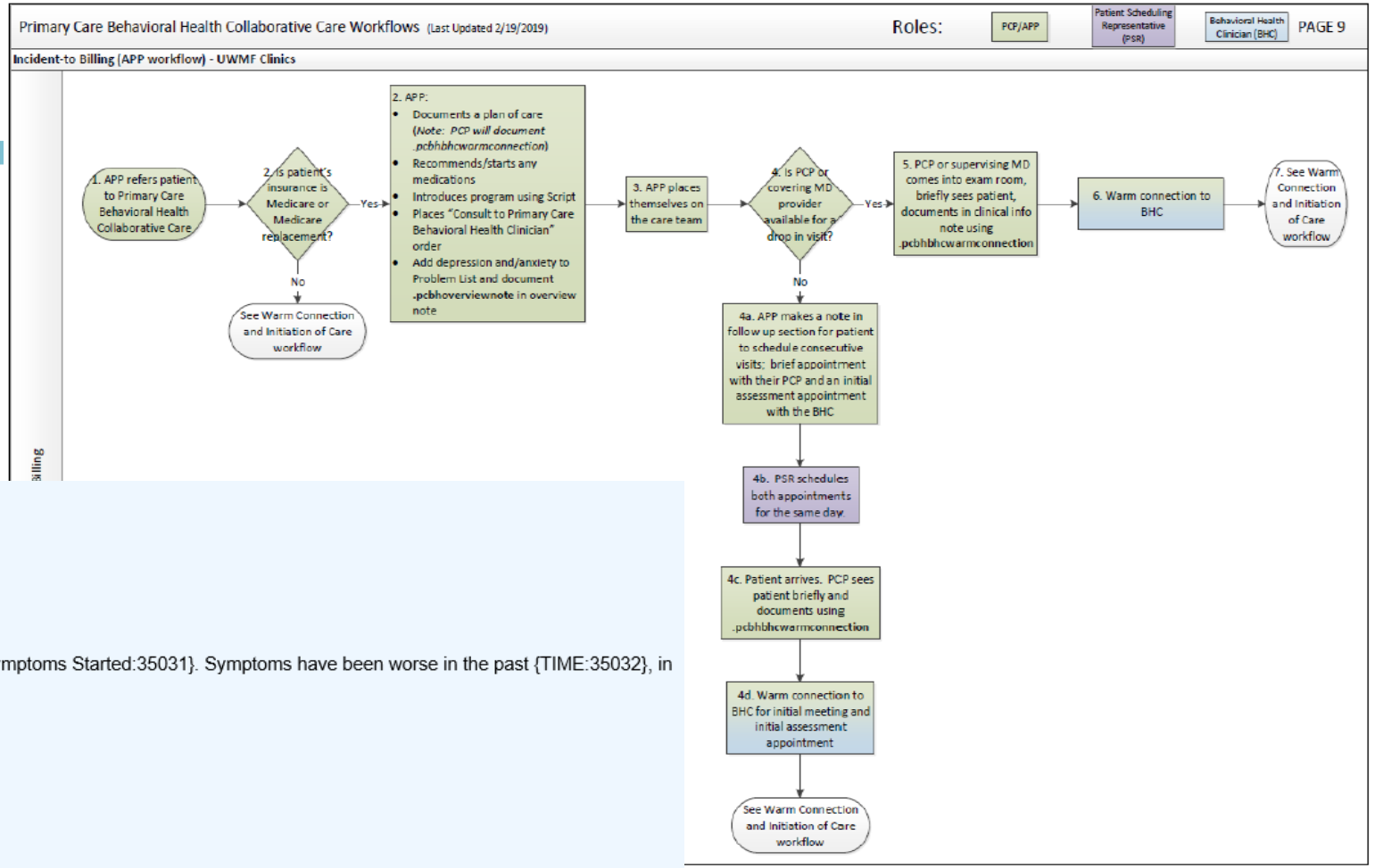
Pilot 2.0



UW Health PCBH Collaborative Care
Individual Psychotherapy Note

Patient Name: @NAME@ **MRN:** @MRN@

Chief Complaint:***

Background
@NAME@ is a @AGEREF@ @SEX@ presents with @DIAGPRIM@. Symptoms first started in {Symptoms Started:35031}. Symptoms have been worse in the past {TIME:35032}, in the context of ***.

@FNAME@ was {PCBH Contact:27402} for individual psychotherapy.

Subjective
General Behavioral Health Updates/Current Symptoms:
***
Suicidal Ideation: {YES NO WITHOUT DEFAULTS:22591}

Medication:
Is patient currently prescribed medications for behavioral health?: {PCBH Yes, No, Meds:27383}
How often is patient forgetting to take meds?{PCBH Meds Frequency:36087}
Side effects: {YES NO WITHOUT DEFAULTS:22591}

Summary of Goals:
@REVFSREFRESH(653:1)@
@GOALSGROUPEDEDITED@

Objective
@REVFSREFRESH(171)@

Mental Status Exam:

Appearance/Behavior:

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Project management is needed for success

Lesson Learned

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You need to bill effectively and creatively

Lesson Learned

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Pilot 2.0

- We are still doing Collaborative Care
  - Therapeutic goals
    - 50% improvement in PHQ-9, GAD-7 scores in 8-12 Weeks
    - PHQ-9 and GAD-7 less than 10
    - Remission PHQ-9 or GAD-7 score less than 5 or determined by primary care providers
  - 50% of patients are getting 50% better in 6 .5months
  - 20-30% of patients reach remission in 6.5 months
  - Warm handoff makes people 80% more likely to show up in our system

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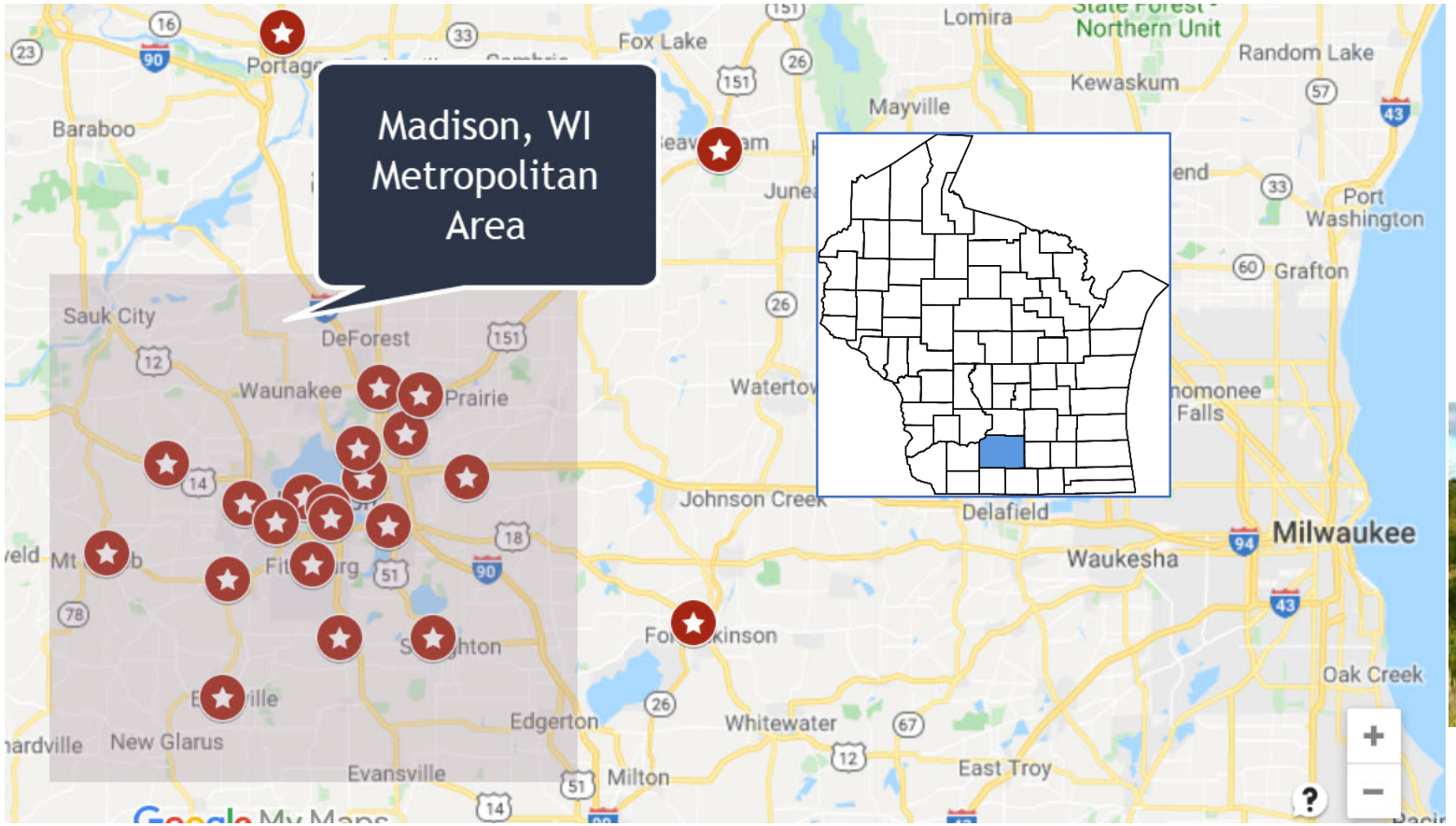
Rollout



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"This is the best I've felt in over 15 years" - Patient

"It really works, it meets the patients at the ground level, and it gives them strategies to actually get better. I think its worked tremendously." - Gretchen, Behavioral Health Clinician

"This is one of the biggest improvements in patient care I've seen in my career."
Primary Care Provider

"The model works and reduces stigma."
Primary Care Provider

"Its rewarding to see the impact on patients."
Primary Care Provider

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Current State

- Strong organizational buy in!
  - Data is essential
- Discovered the importance of personalizing training and creating ongoing systems of monitoring fidelity
  - You've only ever seen 1 clinic
  - Navigating Residency clinics
- Now, we have the luxury of focusing on process improvement
  - The workgroup for "death by a million clicks"
  - Self-assessments for each role

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Current State

UW Health

Collaborative Care Primary Care BHC Self-Evaluation

8. My follow up visits are 30 minutes long.	1	2	3
9. If patients are not improving in 2-3 months time, I am actively working on changing treatment.	1	2	3
10. I complete notes within 48 hours.	1	2	3
11. I provide feedback to the medical providers in a regular and timely fashion.	1	2	3
12. In the handoff, I discuss billing.	1	2	3
13. During the handoff, I explain the Collaborative Care team and the brief nature of the work.	1	2	3

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Every clinic has its own needs and culture

Lesson Learned

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Future state

- We will be adding a Pediatric Integration Pilot in 2020
- We will adding our version of a Hub and Spoke model to address SUD issues and Medication Assisted Treatment for opioid disorders
  - MAT, Peer support specialists, RNCM
- A Home-based Primary care pilot starting this winter will include a Behavioral Health Clinician

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Timeline

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The stigma against AODA issues is real and alive

Lesson Learned

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Q&A

- What does the evidence and experience tell us is some of the most important components of model fidelity?
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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!