



NATIONAL
RURAL HEALTH
RESOURCE CENTER

Innovation Highlights in Behavioral and Mental Health

Sally Buck

Chief Executive Officer

July 21, 2016

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

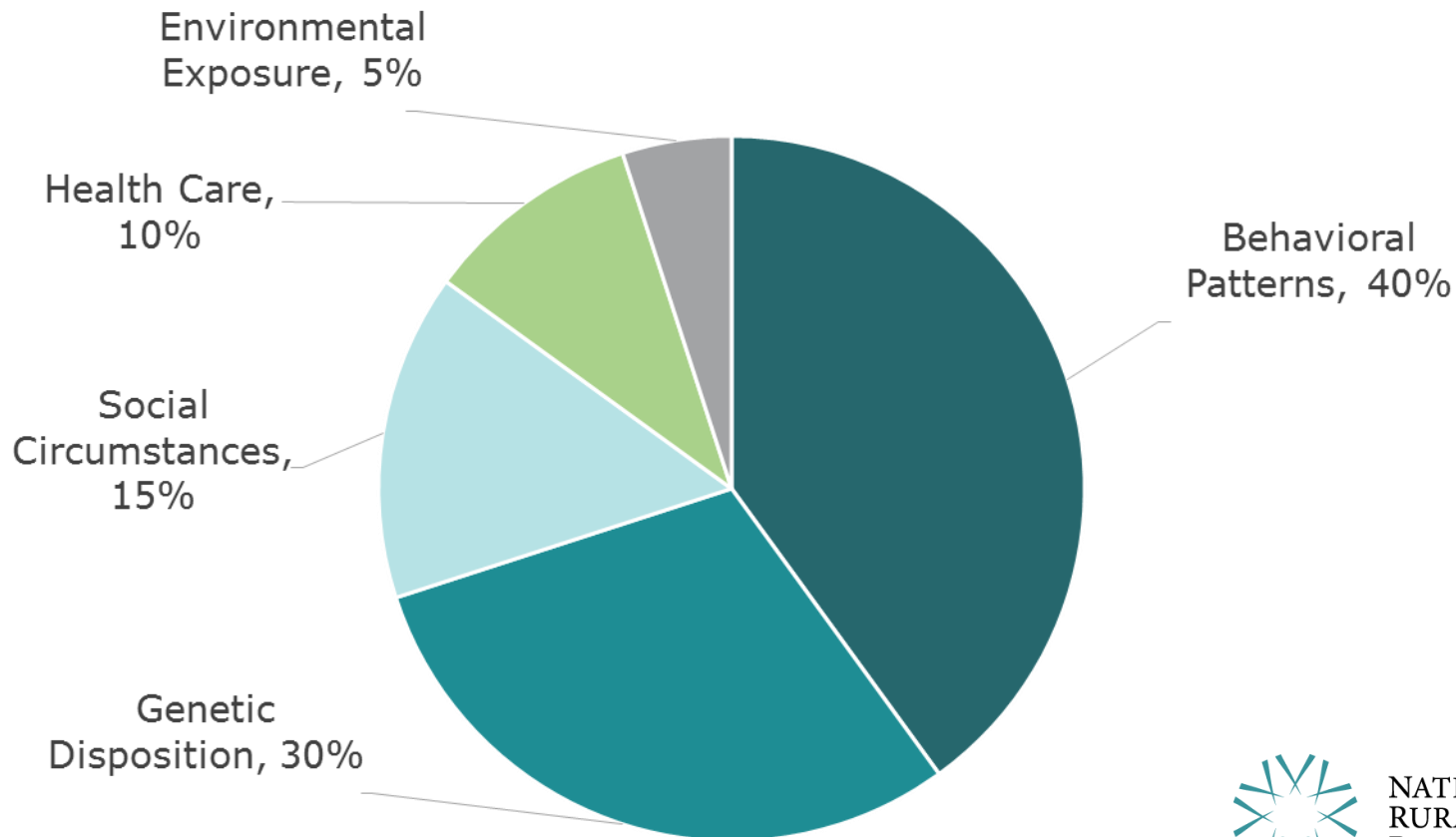
- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce



Predictors of Health Status

Health care providers cannot change the US health outcomes alone

Proportional Contribution to Premature Death



Emergence of a New Model



Image source: Commons Health, Touchstone Mental Health ppt



Why Integrate Behavioral Health?

- 40 million US adults (18-54) have an anxiety disorder in any given year
- 35% of patients with a chronic illness have a mental illness
- 26% of Americans 18 years + suffer from a diagnosable mental disorder
- Unmanaged patients with mental illnesses cost payers 2x more to manage chronic conditions
- 28% of patient re-admissions are due to mental illness
- Global disease burden for mental illnesses due to disability is \$3 trillion

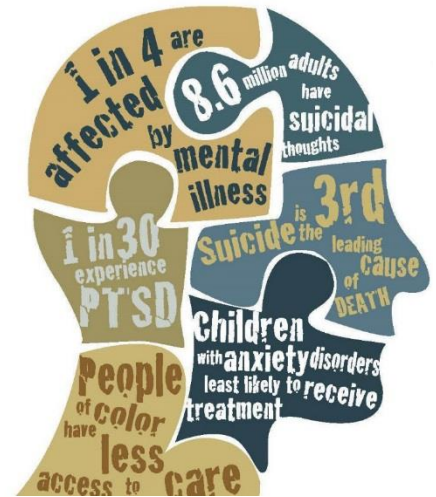


Image source:
Charterforcompassion.org



Mental Health Impacts Clinical Conditions

Physical Diagnosis



29% 
of adults with medical
conditions also have
mental health conditions

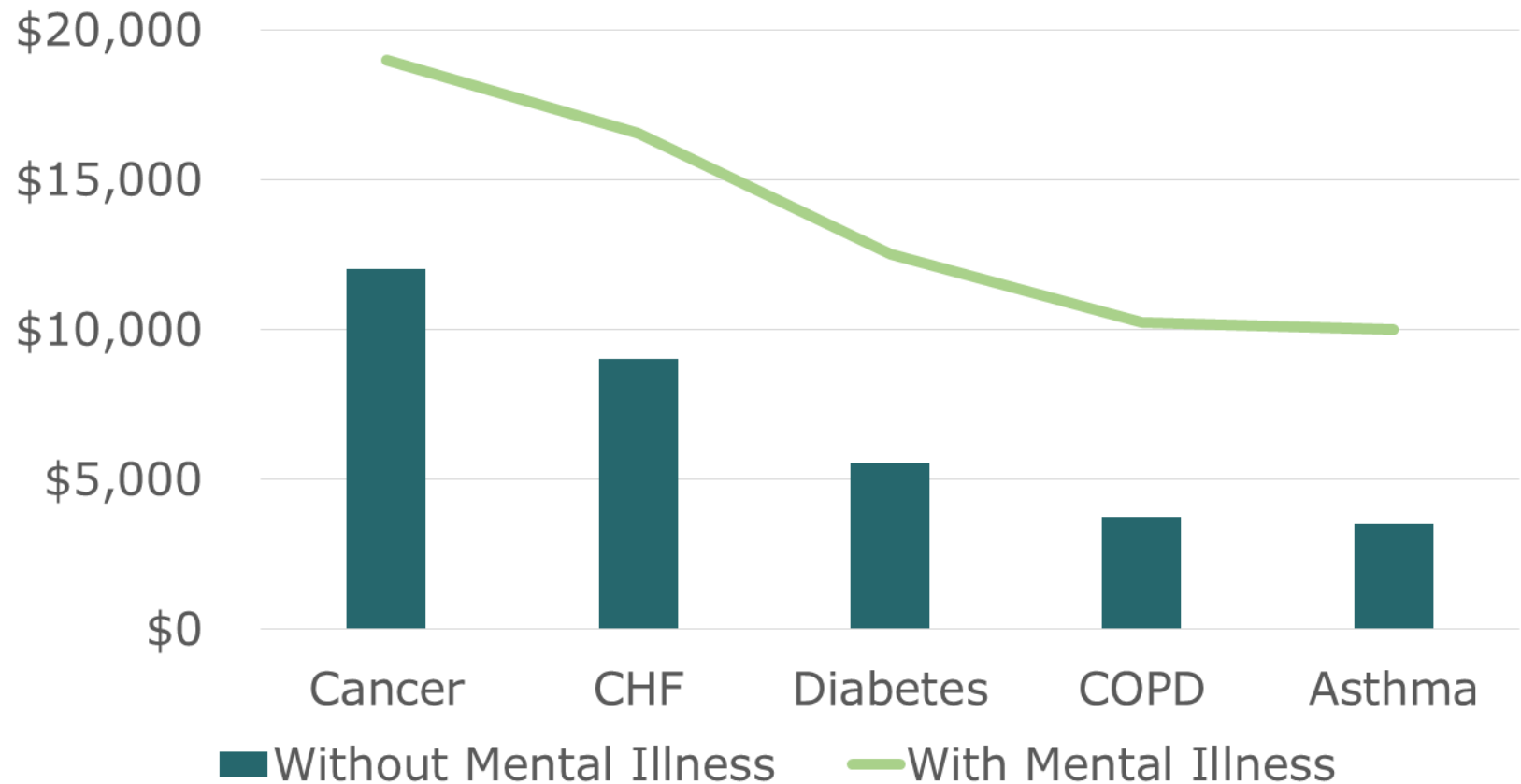
Mental Diagnosis



68% 
of adults with mental
health conditions
also have medical
conditions

Data source Epstein Becker Green

Costs of Chronic Medical Conditions with Comorbid Mental Illness



Data Source: Cartesian Solutions, consolidated health claims data

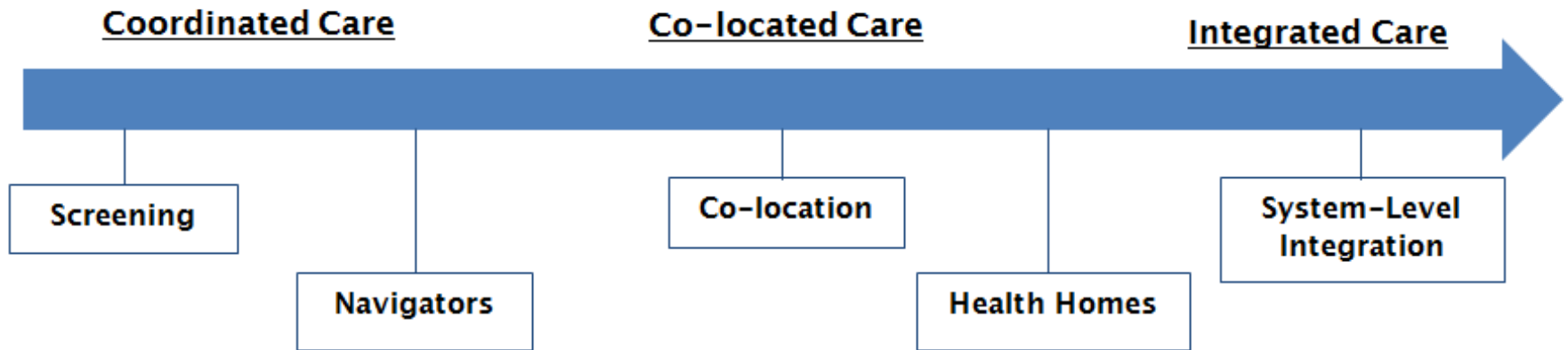
What is Integrated Care?

“The systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse and primary services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.”

- SAMSHA- HRSA Center for Integrated Health Solutions

Planning for Integration

Continuum of Physical and Behavioral Health Care Integration



Data source: Epstein Becker Green



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Get to know us better:

<http://www.ruralcenter.org>



An Introduction to Integrating Behavioral Health in Minnesota

**Judy Bergh, Flex Coordinator
Office of Rural Health and Primary Care
Minnesota Department of Rural Health**

Integrative Behavioral Health Curriculum

- Communities establish an Advisory Council
- Administer a statewide Critical Access Hospital (CAH) Readiness Assessment for integrating behavioral health
- Identify 6 CAHs to provide customized technical assistance on organizational and operational management processes per year (2 years)
- Create a toolkit of strategies for integrating behavioral health
- Promote best practices and lessons learned

CAH Readiness Assessment

Methodology: Distribute an online assessment tool to all CAHs

Purpose: Assess all CAHs readiness for integrating behavioral health and provide a foundation for scoring applicants to be chosen to receive technical assistance

Goal: 75% response rate

Readiness Assessment Includes:

- Organizational structure (leadership)
- Operational structure (internal processes)
- Identification of technical assistance needs
- Option to complete an application for receiving technical assistance

Expectations of CAH Participants

The success of a Critical Access Hospital's (CAH) integration of behavioral health within its community depends on the mutual commitment and collaborative efforts of the technical assistance facilitator and the participating hospitals and identified partners through a Participation Agreement.

Technical Assistance Activities

Technical assistance is provided on organizational and operational management and includes the following activities:

- One in-person kick-off event per cohort
- One on-site visit
- Quarterly webinars
- Bi-monthly + ad hoc 1:1 calls with subject matter experts
- Recommended Adoption Progress (RAP) report evaluation

Technical Assistance Curriculum

The following topics are included in the customized Technical Assistance (TA) Curriculum:

Organizational Processes

- Utilizing a Performance Excellence Framework and Balanced Scorecard
- Building leadership capacity
- Fostering a work culture of collaboration and change

Operational Processes

- Implementing process improvements
- Providing compassionate, resilient care
- Coordinating care
- Conducting screenings

Critical Access Hospitals' Target Populations for Integrating Behavioral Health

- Aurora- Individuals 65+ with acute stay hospital
- Luverne- Individuals in behavioral health or social crisis
- Mahnomen- Acute inpatient adults
- Mora- Individuals under 65 years with comorbidity & 2 or more emergency room (ER) visits within 6 months
- Olivia- Individuals in the ER with serious and persistent mental illness (SPMI) diagnosis
- Roseau- Individuals at-risk for inpatient mental health placement

Contact Information

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<http://www.health.state.mn.us/divs/orhpc/flex/index.html>



University of Nevada School of Medicine
PROJECTECHO
CONNECTING NEVADA'S COMMUNITIES TO SPECIALTY CARE



Project ECHO Nevada: A Flex Program Partnership That Makes Sense

Chris Marchand, MPH

Office of Statewide Initiatives,
University of Nevada, Reno School of Medicine

July 21st, 2016

ECHO vs. Telemedicine

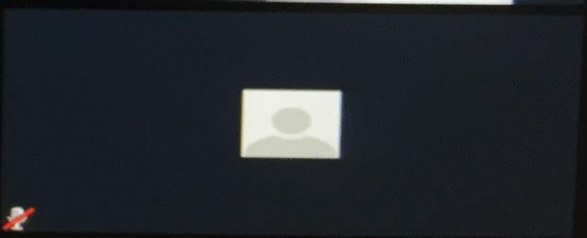
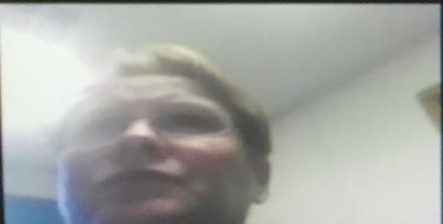
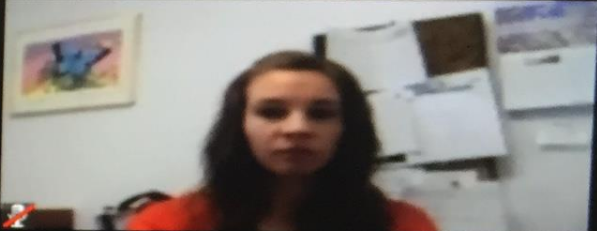
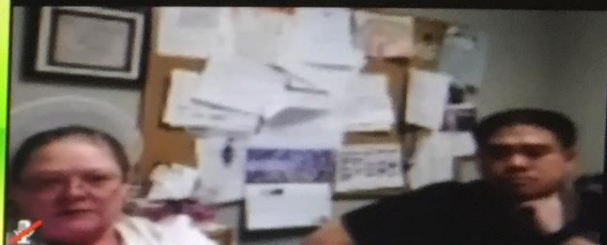


Traditional
Telemedicine



Specialist Manages Patient Remotely





Project ECHO Nevada Background

- Planning began in late 2010
- Rural road trips/site visits/needs assessment during July and August 2011
- First clinic launched April 2012 – Diabetes ECHO
- Received \$500,000 appropriation from the 2015 legislature
- Currently, 12 active ECHO clinics + 3 inactive

Project ECHO Nevada Clinics for Primary Care Providers

- Sports Medicine*
- Gastroenterology
- Public Health
- Behavioral Health in Primary Care*
- Pain Management*
- Diabetes/General Endocrine*
- Antibiotic Stewardship
- Rheumatology
- Hepatitis C
- Geriatrics*

*behavioral health specialist(s) on interdisciplinary team

Project ECHO Nevada Clinics for Behavioral Health Providers

- Mental Health Professional Development Group (Junior Clinicians)
- Mental Health Professional Development Group (Experienced Clinicians)
- Psychology Internship Supervision Group
- Marriage and Family Therapist Internship Supervision Group

What Does ECHO Have to do with Flex?

- Works with a broad range of rural providers, including all 13 Critical Access Hospitals in Nevada
- ECHO and Flex Program goals are aligned
 - Improved population health
 - Improved recruitment and retention of health workforce
 - Both programs are guided by ongoing health care needs assessments and evaluation
 - Well-aligned with transition to value-based models
- Technology increases efficiency for providers

Recruitment and Retention

Physician and Primary Care Workforce – 2014 Number per 100,000 Population

Profession	Rural & Frontier	Urban	Nevada
Allopathic Physicians (MD)	72.8	183.4	172.3
Adv Practitioners of Nursing (APN)	19.7	33.2	31.9
Osteopathic Physicians (DO)	15.8	21.6	21.0
Physician Assistants (PA)	14.1	20.9	20.2
Primary Care Physicians (MD & DO)	49.6	90.4	86.3

Source: Nevada Rural and Frontier Health Data Book, 7th Edition. University of Nevada School of Medicine (2015).

Impact and Outcomes of Project ECHO Nevada

- Build the capacity of rural and frontier primary care workforce
- Reduce professional isolation and improve primary care recruitment and retention
- FREE CME and nursing CEU credits for rural physicians, P.A.s, nurses, and pharmacists
- Improve reimbursement to participating rural hospitals, clinics, and providers

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