Case Studies of 6 Safety Net Organizations That Integrate Oral and Mental/Behavioral Health With Primary Care Services

The Oral Health Workforce Research Center
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15th Annual Health Workforce Research Conference
American Association of Medical Colleges
May 2, 2019
Alexandria, Virginia

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Acknowledgements

- The study's funder
  - US Health Resources and Services Administration, National Center for Health Workforce Analysis under a grant for a Cooperative Agreement for A Regional Center for Health Workforce Studies
- Appreciation extended to
  - Co-authors Simona Surdu, MD, PhD, and Nubia Goodwin, MPH
  - To the executive, clinical, and administrative staffs who provided their insights about integration efforts at the FQHCs
- The plan for this study was reviewed and designated exempt by the Institutional Review Board of the New York State Department of Health

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Hypotheses and Objectives

- **Hypotheses**
  - Integration of primary care, oral health, and mental/behavioral health services in a comprehensive health home promotes positive health outcomes for populations with medical comorbidities, mental health conditions, addiction disorders, and poor oral health status.
  - Integration of services is enabled in health care settings where services are co-located and in clinics with organizational missions that encourage integration.
- **Objectives**
  - To describe system components of integration and referral
  - To outline organizational strategies used by safety net providers to integrate services
  - To understand the impact of co-location of services and clinical providers on integration
  - To define the importance of other factors (e.g. integrated electronic health record) to the effectiveness of integration

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Methods

- **Qualitative** – selective case study methodology
- Organizations that provided at least 20% of their patients with each of primary care, oral health, and mental/behavioral health services as described in the Uniform Data System, 2016
- In that year there were approximately 1,400 FQHCs in the US – about 30 met the selection criteria
- Six FQHCs were selected based on provision of higher proportions of services to patients and geography
- Onsite interviews in 2018 at 6 FQHCs
  - Executive and administrative staff, medical and dental clinical professionals, behavioral health providers
  - In individual or group sessions

Health Center	Percent of Total Patients Receiving Services		
	Primary Care	Dental	Mental/ Behavioral
Albuquerque Health Care for the Homeless	70.7%	30.9%	32.8%
HELP/PSI/Brightpoint Health	69.2%	24.6%	40.0%
Colorado Coalition for the Homeless	82.6%	24.3%	29.8%
Compass Health Network	25.5%	51.7%	54.0%
Health Partners of Western Ohio	73.6%	41.0%	24.9%
Whitman-Walker Health	93.9%	23.4%	22.6%

- Formal protocol of questions
  - Importance of service integration
  - Critical elements of processes to achieve integration
  - Characteristics of health centers and their workforce that facilitate integration
- Analyses were accomplished in the context of two already developed structural frameworks describing integrated health care organizations

The FQHCs served Urban, Suburban, and Rural Populations in their Main Health Centers or in Satellite Locations

- Case Study Participants
  - Albuquerque Health Care for the Homeless, Albuquerque, NM
  - HELP/Project Samaritan Services (PSI)/Brightpoint Health, New York, NY
  - Colorado Coalition for the Homeless, Denver, CO
  - Compass Health Network, Clinton, MO
  - Health Partners of Western Ohio, Lima, OH
  - Whitman-Walker Health, Washington, DC

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The Health Centers Served Diverse Patient Groups

Characteristics of the Health Centers	AHCH	BH	CCH	CHN	HPWO	WWHC
Patients						
Adults	X	X	X	X	X	X
Children	X	X	X	X	X	
Economically disadvantaged	X	X	X	X	X	X
Racially/Ethnically diverse	X	X	X	X	X	X
Behavioral health/mental health diagnoses	X	X	X	X	X	X
HIV positive	X	X				X
Homeless	X	X	X			X
Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)	X	X				X
Substance use disorders	X	X	X	X	X	X
Patients who have experienced trauma	X	X	X	X		X
Patients with transportation challenges	X	X	X	X	X	
Patients with unstable food supply	X	X	X		X	X
Publicly insured	X	X	X	X	X	X
Uninsured patients	X	X	X	X	X	X

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And Provided a Broad Array of Health and Other Services

Characteristics of the Health Centers	AHCH	BH	CCH	CHN	HPWO	WWHC
Services Offered						
Primary care	X	X	X	X	X	X
Behavioral health	X	X	X	X	X	X
Dental	X	X	X	X	X	X
Pharmacy	X	X	X	X	X	X
Medical and/or dental specialty services	X	X	X		X	X
Psychiatry services	X	X	X	X		X
Women's health services	X	X	X		X	X
Pediatric services		X		X	X	
Pain management		X				
Substance Use/ Medication Assisted Treatment (MAT) Services	X	X	X	X	X	X
Specialized HIV care	X	X				X
Specialized LBGQT services/ Gender affirmation services						X
Art therapy	X					
Other ancillary services (eg Vision)	X	X	X	X	X	X
Triage services (medical or nursing)	X	X	X	Z	X	X
Walk-in/ Urgent care services	X	X	X	X	X	X
Mobile/ portable services	X	X	X	X	X	
Telehealth services			X	X		
Medical respite services	X		X			
Case management services	X	X	X	X	X	
Community outreach services	X	X	X	X	X	X
Individual/Group therapy/Counseling	X	X	X	X	X	X
Peer support services			X	X		X
Social and support services	X	X	X	X	X	X
Housing units/ vouchers	X		X	X		
Transportation services or vouchers	X	X				
Insurance enrollment or re-enrollment services	X	X	X		X	X
Legal services						X

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Analyses

- Literature review to identify models of service integration
  - No study that described integration of primary care, oral health, and mental behavioral health
- Two useful frameworks in the context of primary care
  - Valentijn et al.
    - Valentijn PP, Schepman SM, Opheij W, Bruijmzeels MA. Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. Int J Integr Care. 2013;13:e010
  - SAMSHA-HRSA
    - Heath B, Wise Romero P, Reynolds KA, SAMHSA-HRSA Center for Integrated Health Solutions. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. March 2013. https://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf

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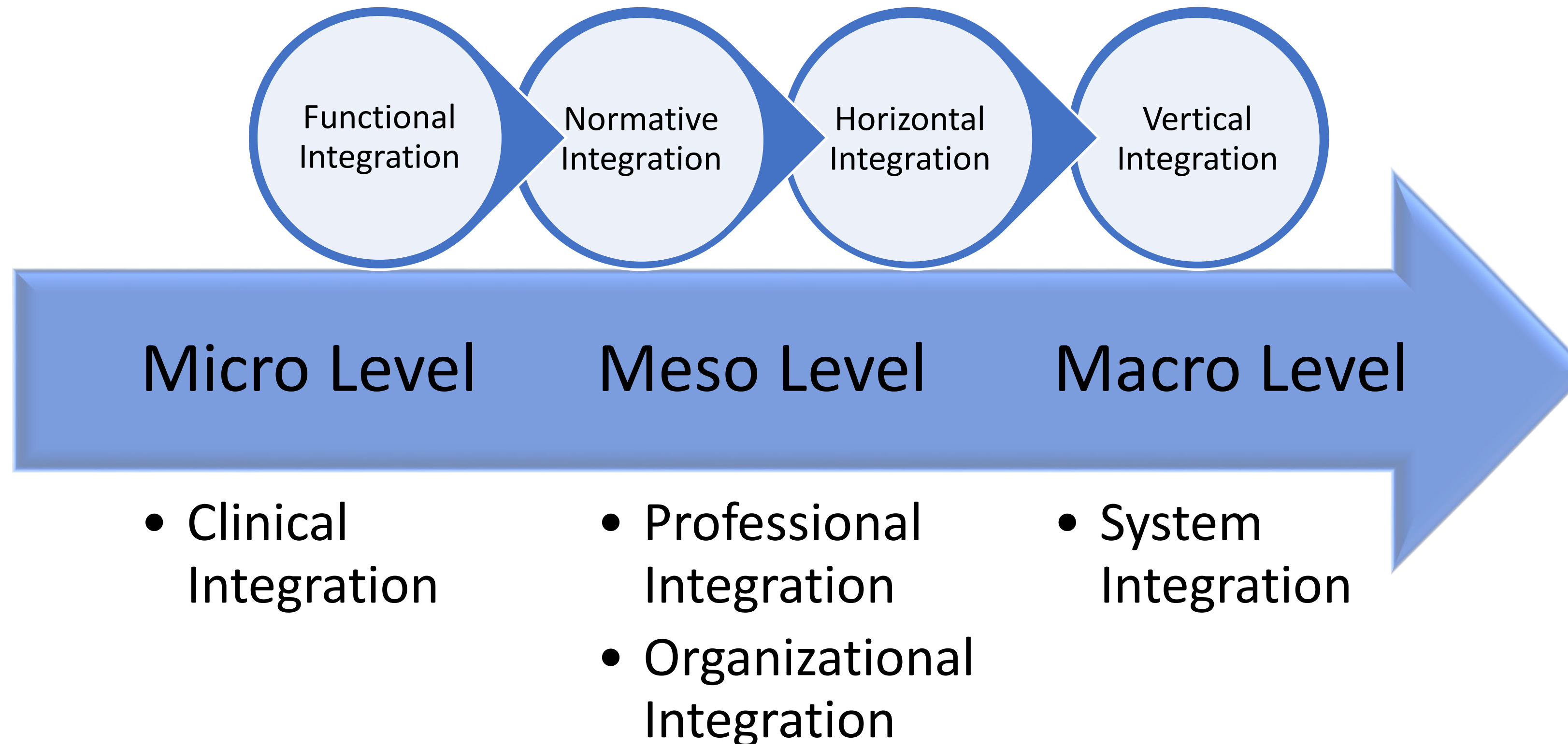
Types of Integration Described by Valentijn et al

- Clinical – the extent to which care services are coordinated
- Professional – the extent to which professionals coordinate care across disciplines
- Organizational – the extent to which the organization coordinates care across different organizations
- System – the extent to which rules and policies align in a system of care that is population based and person focused
- Functional – the extent to which back office and support functions are coordinated
- Normative – the extent to which mission and work values are shared in system
- Vertical - the extent to which organizational strategies link different levels of specialized care services
- Horizontal – the extent to which organizational strategies link providers at similar levels of care

The Valentijn Model[1]



[1]Valentijn PP, Schepman SM, Opheij W, Bruijnzeels MA. Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. Int J Integr Care. 2013;13:e010

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The Structural Characteristics of the FQHCS Reflected Multiple Aspects of Integrated Organizations Described by Valentijn et al

Characteristics of the Health Centers	AHCH	BH	CCH	CHN	HPWO	WWHC	Valentijn et al. Framework Level
Structural Characteristics							
Co-location of primary medical, behavioral health, and dental clinical services in a health center	X	X	X	X	X	X	F,H,O,V
Designation as a Primary Care Medical Home (PCMH)	X	X	X	X	X	X	H,O
Designation as a Health Home		X		X			H,O
Integrated clinical pods (services in same clinical area)			X	X	X		F,H,O
Dental operatory located in primary care clinic	X		X				F,H,O,V
Multiple clinic locations		X	X	X	X	X	F,H,O,V,S
Open office space/ not discipline specific	X		X		X		F,H,O,V
Common waiting areas	X	X	X	X	X		F,O
Service-specific waiting areas	X		X	X		X	F,O
Near public transportation	X	X	X	X	X	X	F,O
Shower facilities for patients	X						F,O
Computer banks for patients	X						F,O
Engagement with external community-based organizations with mutual patient interests	X	X	X	X	X	X	S,V
Engagement with municipal programs benefitting target population	X	X	X	X		X	S,V

C= Clinical,
F= Functional,
H=Horizontal,
N=Normative,
O=Organizational,
P= Professional,
S= System,
V= Vertical Integration

Training and Orientation of Staff were Described as Critical to Achieving Integrated Service Delivery

Characteristics of the Health Centers	AHCH	BH	CCH	CHN	HPWO	WWHC	Valentijn et al. Framework Level
Process							
Fully or partially integrated electronic health record (EHR)	X	X	X	X	X	X	F,H
Organization-wide case management/treatment plan	X						C,F,H,O
Programs/services to mediate social problems encountered by patients	X	X	X	X	X		F,H,O,S
Resources to address social determinants of health	X	X	X	X			F,H,O,S
Regular staff and/or committee meetings that include clinicians from a variety of disciplines	X		X	X	X	X	N,O,P
Efforts to recruit staff who identify with organizational mission	X	X	X	X	X	X	N,P,S
Orientation training includes training about all services at the FQHC	X	X	X	X	X	X	N,O
Training in the special characteristics of the targeted patient population	X	X	X	X		X	N,O,P
Efforts to introduce staff to differing clinical services		X		X	X	X	N,O,P
Staff training in harm reduction strategies	X	X	X	X		X	N,O,P
Staff training in trauma-informed care	X	X	X	X	X	X	N,O,P
Staff training in topics related to other health disciplines	X			X	X		N,O,P
Staff training in de-escalation techniques/anxiety reduction	X			X	X	X	N,O,P
Ongoing training opportunities	X		X	X	X	X	O
Strategic scheduling (e.g. double-booking appointments, specific consideration of patients' needs)	X	X	X	X	X	X	C,F

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Workforce Placement and Clinical Activities Focused on Facilitating Integration Enabled Seamless Patient Services

Characteristics of the Health Centers	AHCH	BH	CCH	CHN	HPWO	WWHC	Valentijn et al. Framework Level
Clinical Providers							
Behavioral health specialist embedded on clinical team	X		X	X	X	X	C,H,P
Oral health professional embedded on clinical team	X		X				C,H,P
Clinical pharmacists on site	X	X	X	X	X	X	C,H,P
Leadership involvement in integration activities	X	X	X	X	X	X	N,O,P
Medical history review by dentist	X	X	X	X	X	X	C,H,O,P
Medical services in dental clinic (eg, A1C testing)	X		X	X	X		C,H,O,P
Oral health assessment by primary care clinician	X	X	X	X		X	C,H,O,P
Primary care providers managing medication-assisted treatment (MAT)	X	X	X	X	X	X	C,H,O,P
Primary care providers prescribing drugs for depression or anxiety	X	X	X	X	X	X	C,H,O,P
Access to staff psychiatrist for clinical consultations	X	X	X	X		X	C,O,P,V
Other Staff							
All staff is oriented to services available in the organization	X	X		X	X	X	F,N,O
Peer support workers or patient navigators on staff	X		X	X		X	F,N,O
Case management personnel on staff	X	X	X	X	X	X	F,N,O
Insurance navigators in health center	X	X	X	X	X	X	F,N,O

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The SAMHSA-HRSA Center For Integrated Health Solutions Also Built a Framework to Describe Integrated Practice[2]

The Six Levels of Integration in the SAMHSA-HRSA Framework

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice

[2]Heath B, Wise Romero P, Reynolds KA, SAMHSA-HRSA Center for Integrated Health Solutions. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. March 2013. https://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf

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All Case Study Organizations Fell at Level 5 or Level 6 of This Framework

SAMHSA-HRSA Key Element in Coordinated Care: Communication

Common Theme from the Case Studies:

- An integrated electronic health record is an essential formal communication tool to assure that clinicians have access to the necessary information to provide comprehensive patient care and to communicate with other members of the care team about patient needs.
- The "language of integration" is evolving. The primacy of informal communication between providers from various disciplines is emerging as a key feature of successful efforts at integration.

SAMHSA-HRSA Key Element in Co-Located Care: Physical Proximity

Common Theme from these Case Studies:

- The philosophy of integrated service delivery is reflected in the physical design of the health centers, in the institutionalized patient management and administrative processes, and in the formal and informal interactions among organizational staff.

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Both Formal and Informal Communication Are Critical to Achieving Integrated Service Delivery

SAMHSA-HRSA Key Element in Integrated Care: Practice Change

Common Themes from the Case Studies:

- Integration of health services requires evolving processes and programs that are responsive to individual patient need.
- Meeting the complex needs of patients in these FQHCs requires the engagement of skilled staff including medical and dental clinicians, social service and behavioral health providers, and other support professionals
- Service delivery must be team based; teams must utilize the full competencies of all members and team members must be open to new learning.

Staff Training in Specialized Approaches to Service Delivery and Engagement with Team Based Care are Essential to Successful Integration

SAMHSA-HRSA Key Element in Integrated Care: Practice Change

Common Themes from the Case Studies:

- The characteristics of the patient population sometimes require staff training in specialized approaches to care delivery.
- Providers encounter various degrees of difficulty with integrating health services; difficulty increases when there are embedded structural barriers to bridge.
- Engagement with other community based organizations and inpatient or specialty health care providers to meet the needs of their patients increases the collective impact of an integrated organization.

Some of the Major Conclusions of the Study

- Inclusion of service integration must be a primary organizational goal
- Leadership engagement with the goal and practical implementation processes related to integration are essential to success
- Service integration is a patient specific endeavor that changes ingrained practice patterns
- Hiring employees who identify with the organizational mission is a primary strategy
- Providing opportunities for training in specialized approaches to care delivery affects the quality of service delivery
- Service integration is more difficult when there are structural barriers to bridge
- Formal communication processes that enable referral and information sharing are fundamental
- An environment that encourages innovation and frequent informal communication is a catalyst for coordinated care
- Organizational engagement with a community of internal and external providers increases the collective impact on patient care processes and outcomes

Thank You

Questions?

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