

# Previous Bree Work



## Behavioral Health

- Addiction and Dependence
- Behavioral Health Integration in Primary Care
- Opioid Use Disorder
- Pediatric Psychotropic Prescribing
- Risk of Violence to Others
- Suicide Care

<https://www.qualityhealth.org/bree/topic-areas/bh/>

## Obstetrics and Reproductive Health

- Maternity Care
- Perinatal Bundle
- Reproductive and Sexual Health
- Hysterectomy

<https://www.qualityhealth.org/bree/topic-areas/obstetrics-and-reproductive-health/>

# Eight Key Elements



## National Standards

- SAMHSA
- AHRQ
- Oregon PCPC

## Local Standards

- UW AIMS Center
- Qualis Health

1. Integrated Care Team
2. Patient Access to Behavioral Health as a Routine Part of Care
3. Accessibility and Sharing of Patient Information
4. Practice Access to Psychiatric Services
5. Operational Systems and Workflows to Support Population-Based Care
6. Evidence-Based Treatments
7. Patient Involvement in Care
8. Data for Quality Improvement

# Patient at the Center of Care



1. I can see how my care team takes my concerns into consideration when making treatment decisions and can talk to members of my integrated care team about any of my concerns, including feeling low or depressed, or concerns about my drinking. The team will be able to answer my questions and help me get treatment if I choose to.
2. I am offered the option to have an in-person visit, speak with a behavioral health care provider during my primary care visit, or have a follow-up phone call from a member of the integrated care team. I can elect to receive services in-person, by phone, or via other mechanisms that are most convenient for me.
3. I have access to my own care plan if I want to see it. When I call the clinic, they always know who I am and what my needs are. My health care team communicates well, has access to the same information, and it feels like they are all on the “same page” about my health goals.
4. My integrated care team is able to consult with specialists to make sure that my treatment is going to help me. If I need higher levels of care, I am able to see a specialist directly as needed.
5. I am asked about behavioral health concerns (e.g., depression, anxiety, alcohol, substance use) at my first visit and at least annually thereafter. If my screening results suggest that I may have behavioral health concerns or screen positive I am introduced to someone on the team that is trained to help me. I receive the type of treatment that is best suited to me.
6. My provider asks me about my symptoms and treatment goals and incorporates them into my individualized treatment plan. I can track my own progress over time in much the same way that I keep track of my blood pressure. My health care team helps me understand my choices about the type of treatment I elect to receive and the reasons for the type of treatment.
7. I have an active involvement in my care planning and am encouraged and supported to be involved in my own wellness as much as possible. My providers have talked to me about what integrated care means for me and have asked me what I think about access and quality. I am asked about my social support and other needs I may have.
8. The practice asks for my feedback about my experience at the clinic. We frequently assess and reassess my health goals together to see how I am improving and where I need support or advice. It feels like the practice is getting better at serving my needs.

# A Roadmap to Behavioral Integrated Care



- Team-based care
- Whole-person oriented
- Addresses wide range of diagnoses

	Element	Specifications	Patient Perspective	Operational Details for Integrating Behavioral Health Care into Primary Care
1	<b>Integrated Care Team</b>	Each member of the integrated care team has clearly defined roles for both physical and behavioral health services. Team members, including clinicians and non-licensed staff, understand their roles and participate in typical practice activities in-person or virtually such as team meetings, daily huddles, pre-visit planning, and quality improvement.	<i>I can see how my care team takes my concerns into consideration when making treatment decisions and can talk to members of my integrated care team about any of my concerns, including feeling low or depressed, or concerns about my drinking. The team will be able to answer my questions and help me get treatment if I choose to.</i>	<p><b>Usual Care:</b> Behavioral health support is provided by the primary care provider, who may not feel adequately supported or adequately trained in managing all behavioral health conditions in his/her patient panel.</p> <p><b>Steps Toward Integration:</b> Behavioral health professionals are onsite or available remotely but do not participate in clinic-level workflows and are not part of the usual patient care. Behavioral health may closely coordinate and follow up with the primary care provider on all patients that are referred to them for treatment.</p> <p><b>Integrated Care:</b> Practices are committed to developing and maintaining a culture of integration and teamwork including both engaging providers in integrated approaches to care proven to help patients get better and achieve their treatment goals and cross-training providers on behavioral health and primary care. The integrated care team utilizes shared workflows to systematically screen and treat common behavioral health conditions and uses measurement-based behavioral health scales and tools to screen and track patient progress toward treatment goals. Behavioral health professionals participate in primary care workflows. Behavioral health professionals may be practice-based, (i.e., located in the same physical space as the integrated care team) or telemedicine-based (i.e., available to the practice onsite on a regular but not daily basis, and available by phone, pager or videoconference) to assist primary care providers and patients during practice hours when they are not onsite.</p>

# OB COAP Maternal Mental Health Data



	Not in record/Null	Results			
Depression screening	19%	81% screened @ some point during preg/pp	24% of those screened were done @ 1 <sup>st</sup> prenatal visit	66% of those screened were done post-partum	17% of those screened were done @ another time during pregnancy
Intimate partner violence screening	57%	43% screened	2% of those screened were +	98% of those screened were -	
Mental health screening at 1 <sup>st</sup> post-partum visit	75%	25% screened			
Pre-pregnancy diagnosis=mental illness	83% no/no documentation/null	17% yes			
Complications of pregnancy=mental health issue	88% no/no documentation/null	12% yes			
history depression in previous pregnancy	98% no/no documentation/null	2% yes			

Exposure

Pregnancy

Birth

Miscarriage/  
Stillbirth

Non gestational parent of newborn or infant up to one year

Screen

Anxiety

Depression

Substance use disorder

Adjustment disorder

Psychosis

etc

Intervention

Medication

CBT

Hospitalization

Screen

Screen

Screen

Screen

