Healthcare Integration: Challenges and Solutions

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Objectives

- Identify key challenges that impact physical healthcare integration in Orange County
- Discuss solutions to these key challenges
- Illustrate physical healthcare integration in Orange County
Key Challenges

- Information and Data Sharing

- Affordable Care Act: Accessing Medi-Cal

- Provider level
  - Primary Care – integration can be burdensome
  - Behavioral Health – coordinating with primary care takes effort and time
**Integrated Community Services (ICS)**

- HCA Innovations Programs: research effectiveness of new approaches in behavioral health.
  - ICS project: piloting primary and behavioral health integration in community clinics and behavioral health locations.
    - ICS Community Home
      - Behavioral Health in community health clinics
    - ICS County Home
      - Primary medical care at outpatient behavioral health sites
Information and Data Sharing

- Sharing of personal health information is needed to ensure coordination of care and assisting in overall patient management.

- Sharing aggregate data helps identify community needs and reduce overall risks.
Information and Data Sharing

- **Primary Challenge:**
  - Compliance and regulatory requirements
    - Multiple interpretations of guidelines hinders achieving timely, acceptable Agreements (i.e. MOUs)

- **Solution:**
  - Rework statutes to reflect what works best
Information and Data Sharing

- **Challenge:**
  - Varying data systems between entities hinders accessing information and data

- **Solution:**
  - EHRs
  - ICS: Participant Data Registry
ACA: Accessing Medi-Cal

- **Challenge:**
  - Access to Medi-Cal benefits
    - Backlog of applications for existing members
    - Continuing stream of new applicants
    - Renewal of eligibility

- **Solution:**
  - ICS Program – hired peer staff to assist with enrollment
Provider Level Implementation

- **Challenge:**
  - Integration can be burdensome
    - Primary care
      - “Scope of Practice” – concerns about lack of skills/competence to screen and assess
      - More screening required
      - Additional time and resources are needed to conduct assessments and provide referrals
    - Behavioral Health
      - Coordination of care takes effort and time
        - Shared care planning and medication reconciliation with providers outside of behavioral health is new
      - Navigating access to a large system of care
Provider Level Implementation

Solution:

- Cross-train medical and behavioral health staff
- Offer consultation
- Collaborate in treatment team meetings on planning care
- Use of brief and efficient screening tools
  - Modified version of the SBIRT screening tool
- Assist with quick and efficient access to behavioral health resources
  - NO WRONG DOOR ACCESS to specialty mental health
  - Expanded MH benefit for beneficiaries as of 1/1/14
  - Bi-directional movement between the HP and the MHP as recovery progresses