

Behavioral Health Home Plus

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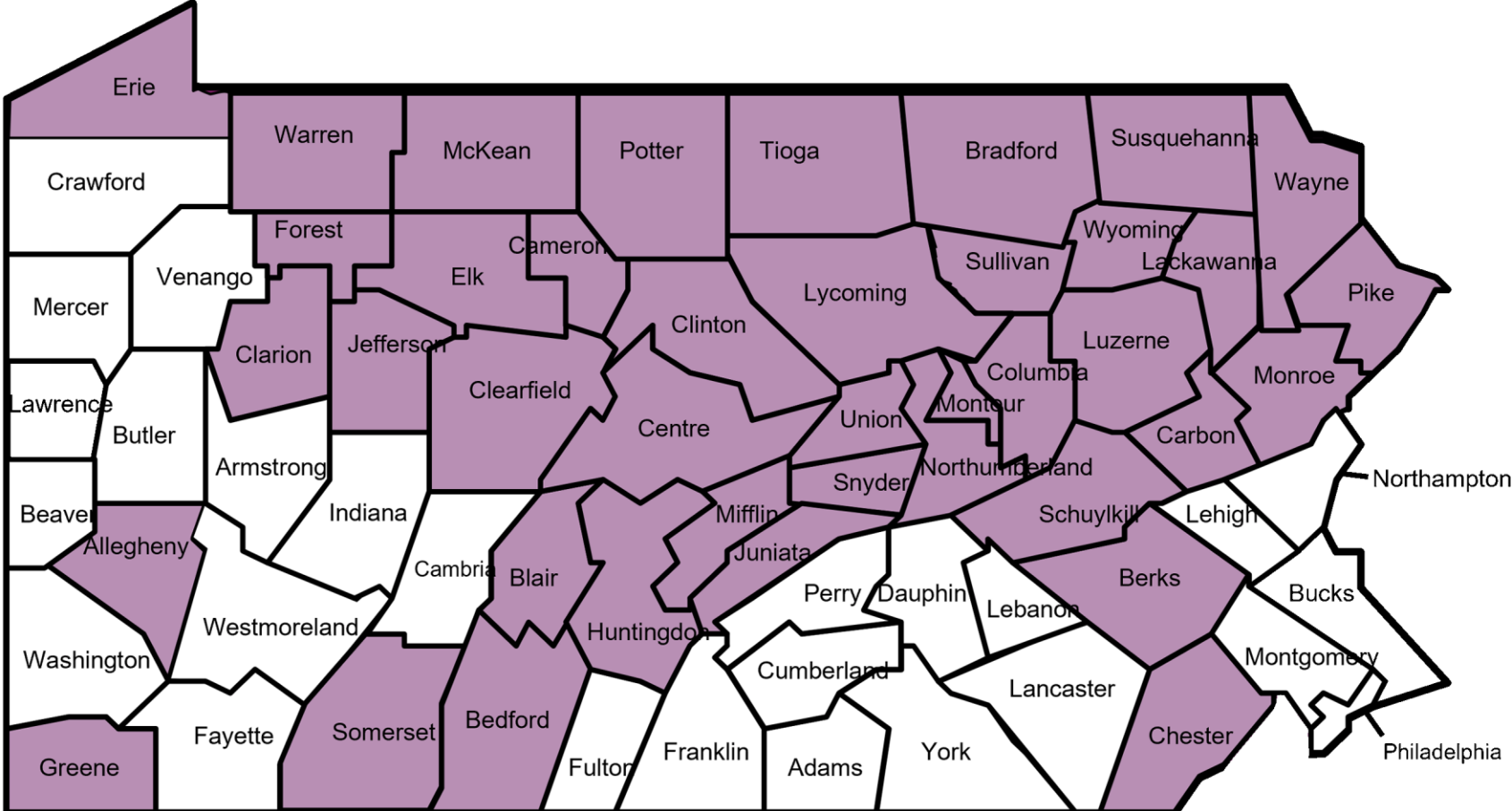
# Using the Learning Collaborative Approach for Implementing and Scaling Innovation

**James Schuster, MD, MBA**  
**CMO, UPMC Insurance Services Division**

# Community Care Behavioral Health Organization

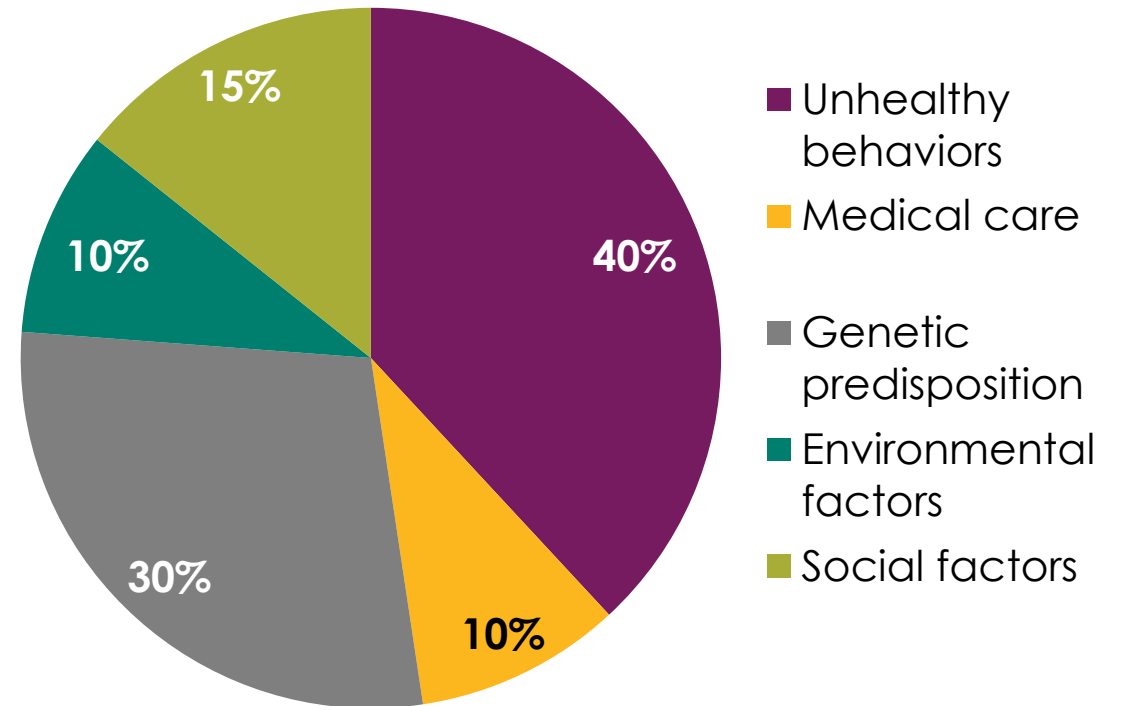
- Community Care Behavioral Health Organization (Community Care)
  - Headquartered in Pittsburgh, Community Care is wholly owned subsidiary of UPMC
    - As part of the UPMC Insurance Services Division, Community Care provides behavioral health coverage for one million Medicaid beneficiaries in 42 Pennsylvania counties.
    - The only provider-owned non-profit Behavioral Health-Managed Care Organization in PA
    - Community Care’s mission is to improve the health and well-being of the community through the delivery of effective, cost-efficient, and accessible behavioral health services

# Community Care County Partners



# Background: Health and Wellness Challenges

- Adults living with serious mental illness (SMI) frequently have unmet medical needs, which place them at risk.
- As a group, individuals with SMI die as much as 15 to 25 years younger than the general population and are at high risk for cardiovascular disease, diabetes, and obesity.
- Wellness coaching can address modifiable risk factors such as body weight, physical inactivity, and tobacco use, attend to preventive care and follow-up care of chronic illness



# Creating Behavioral Health Home Models To Support Integrated Care Delivery For Members With SMI

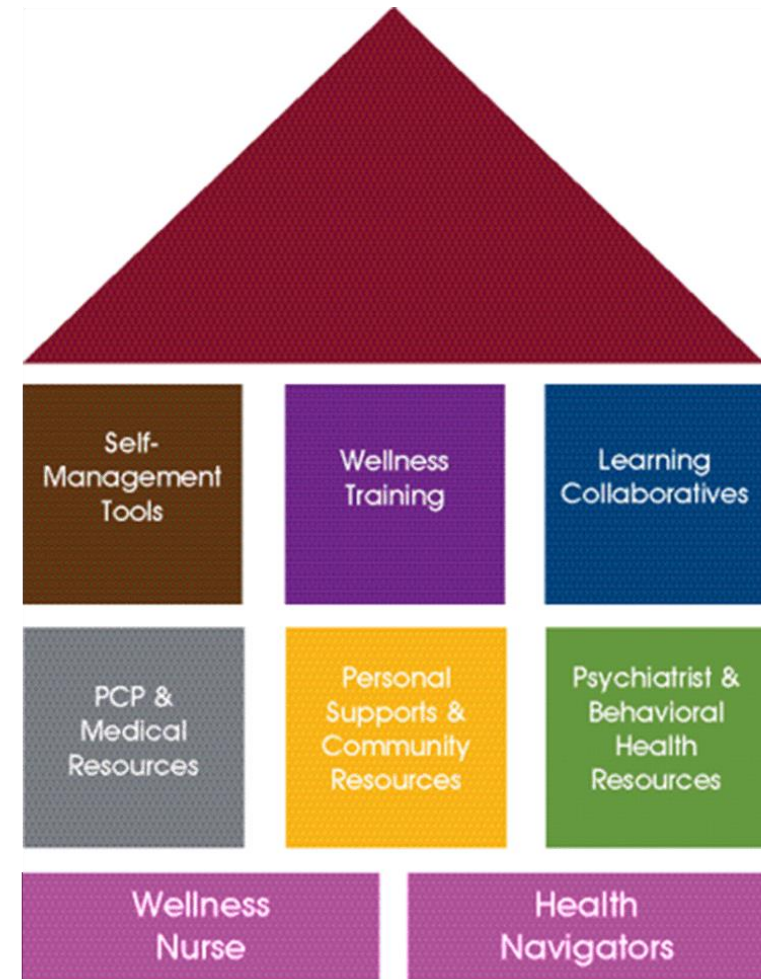
- Community Care, providers, and other stakeholders developed a behavioral health home model in 2010 with a focus on:
  - Enhancing capacity of behavioral health providers to serve as health homes
  - Comprehensive care management
  - Care coordination and health promotion
  - Linkage of service users to community resources
  - Wellness coaching



- To promote model scaling, needed to understand how a less resource intensive BHH focusing on disease self-management resources compared to a nurse-supported BHH with a more formalized consultation and care coordination focus

# Behavioral Health Home Plus (BHHP)

- Wellness coaching
- Wellness Nurse & Self-management tools
- Addressing gaps in clinical care and coordinating PH services
- Screening for preventive health conditions and history of significant traumatic stress exposure
- Engaging individuals in recovery in ongoing wellness coaching based on the eight dimensions of wellness, especially physical health



# PCORI-funded Comparative Effectiveness Evaluation

## Optimizing Behavioral Health Homes by Focusing on Outcomes that Matter Most for Adults with Serious Mental Illness (Optimal Health)

- Principal Investigator
  - James M. Schuster, MD, MBA
- Stakeholder Partnership
  - UPMC Center for High-Value Health Care
  - Community Care Behavioral Health Organization
  - University of Pittsburgh
  - Stakeholder Advisory Board
  - Community Mental Health Centers
  - Pennsylvania Counties (BHARP, NC and Chester)



# PCORI-funded Comparative Effectiveness Evaluation

- Study Design & Implementation
  - Cluster-randomized design with mixed methods approach
  - Models implemented in 11 community mental health centers over 2 years starting in 2013
    - Institute for Healthcare Improvement's **Learning Collaborative model used to support implementation**

## Study participants

- 1,229 adult service users
  - Medicaid enrolled, diagnosed with SMI, receiving case management or peer services

## Key Outcomes

- Enhanced member engagement/activation in care
- Effectively moved care from hospital to community settings
- Led to significant reduction in cost (over 20% of total costs)
- **Created culture change in community provider settings**
- **Sustained implementation and practice transformation**

# Learning Collaborative Approach Overview

Structured approach for change

Adopt best practices in multiple settings

Uses adult learning principles & techniques

Time-limited learning process

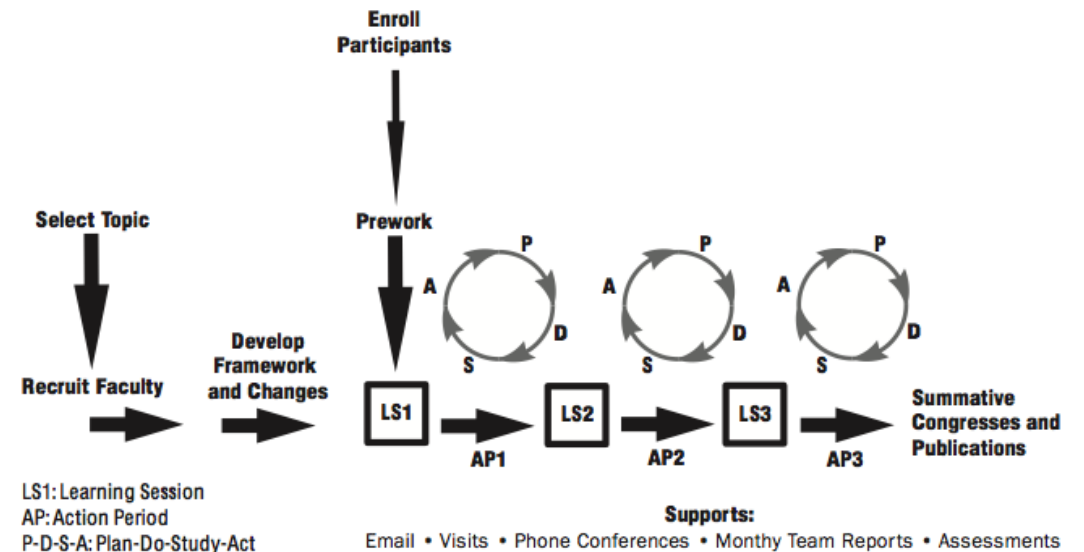
Shared learning & collaboration

# Learning Collaborative Breakthrough Series Model

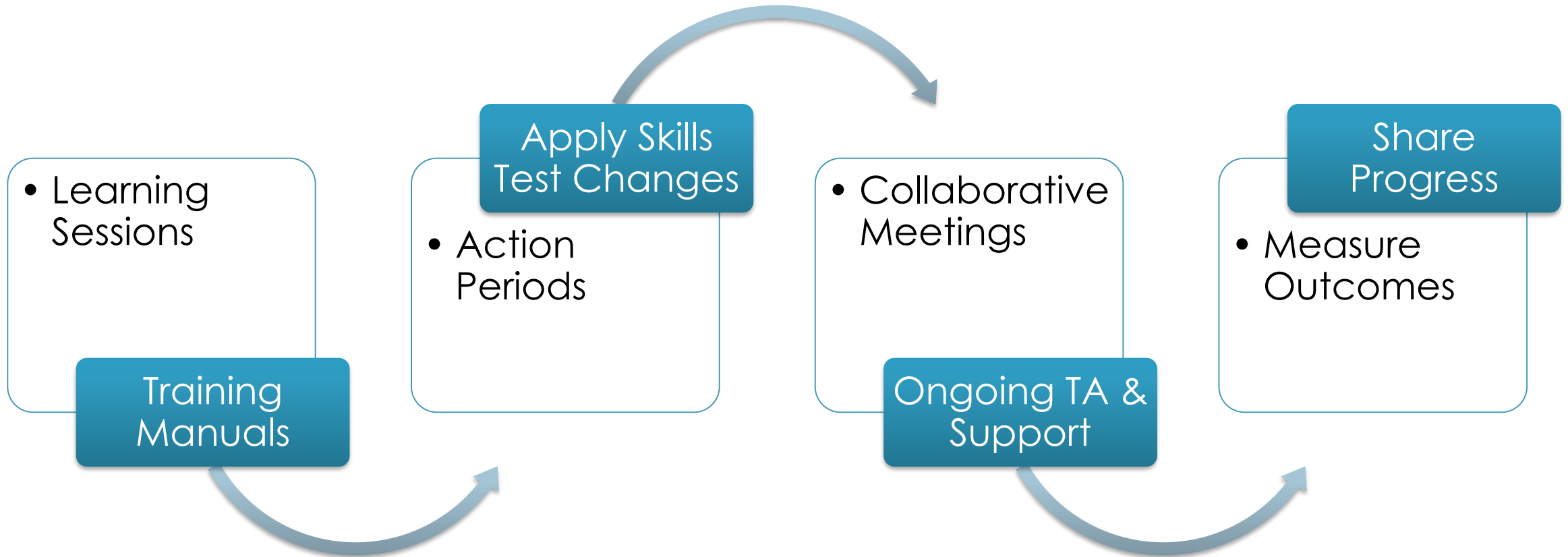
## IHI Breakthrough Series Model

- Developed by the Institute for Healthcare Improvement (IHI)
- Structured approach to implement change in health care organizations
- Adopting, spreading, and adapting best practices and quality improvement activities

Figure 2. Breakthrough Series Model



# Learning Collaborative Approach



# How did we apply our PCORI results?

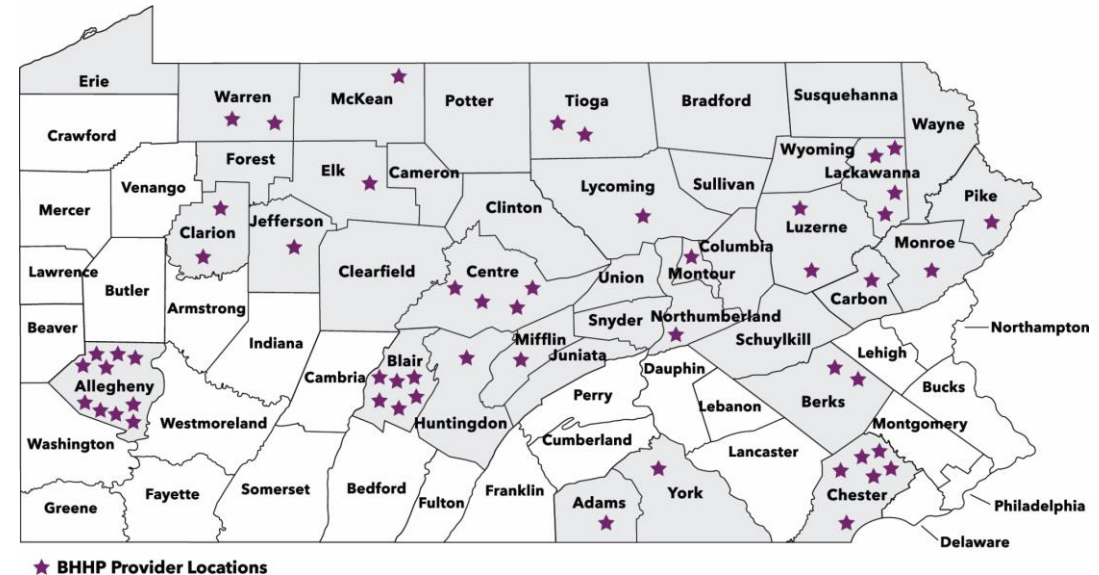
## Expanded the BHHP integrated model to new populations using the Learning Collaborative Approach

- In-person and webinar-based learning sessions with site leadership teams to share implementation successes, challenges, and solutions
  - Learning Collaborative Workbooks
  - Plan-Do-Study-Act cycles completed by sites



# Learning Collaborative Approach and Scaling Success

- **Engagement of providers**
  - Over 60 MH providers implementing across Pennsylvania
- **Continue scaling of model using the LC approach to serve other vulnerable populations**
  - PCORI Dissemination & Implementation Award (March 1, 2018 – September 30, 2020)
    - Psychiatric residential behavioral health treatment facilities for youth
    - Opioid treatment programs



# PCORI Dissemination & Implementation Award Aims

**Aim 1:** Build provider capacity for the consistent and sustained delivery of BHHP

- Implement and assess the feasibility of using a Learning Collaborative approach to support RTF and OTP teams to deliver BHHP
- Assess barriers and facilitators to Learning Collaborative participation and success

**Aim 2:** Increase service user involvement and confidence in managing their physical health/wellness

**Aim 3:** Examine change/trends over time with BHHP implementation on engagement in primary/specialty care and unplanned healthcare utilization

# Train-the-Trainer and Learning Collaborative Participants

## RTF Provider Sites

- 2-day train-the-trainer: 10 champions
- Wellness coaching training: 171 staff
- LC participants included: Leadership, nurses, quality improvement specialists, information technology staff, psychiatrists, and family members of service users

## OTP Provider Sites

- 2-day train-the-trainer: 13 champions
- Wellness coaching training: 108 staff
- LC participants included: Leadership, nurses, quality improvement specialists, information technology staff, and individuals in service, families, peers/alumni

## High LC engagement

- 96% and 97% of LC sessions were attended by each RTF and OTP team, respectively
- 88% of RTF and 99% of OTP teams completed workbook monthly

# Qualitative Interviews on the Learning Collaborative

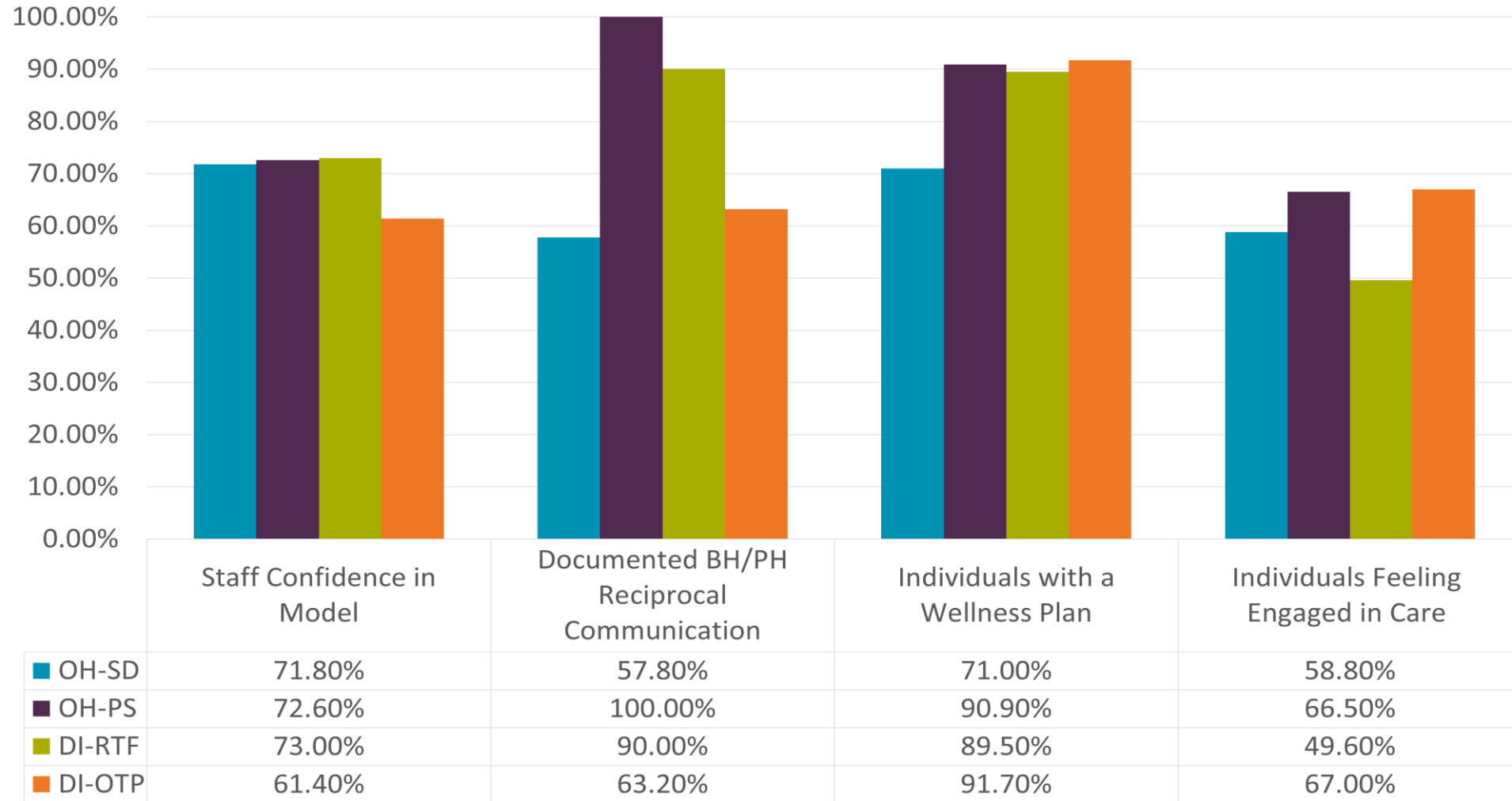
## Positives

- Multiple support opportunities
  - Monthly calls to brainstorm and shared learning
  - Educational sessions
  - Biweekly leadership meetings
- In-person LC meetings
  - Networking
  - Q&A
- Workbooks
  - Progress tracking and Plan-Do-Study-Act cycles
- Tangible resources
- Availability of LC facilitators for immediate questions

## Areas for Improvement

- Further tailoring of materials for youth population
- Increasing site leadership support
- Increasing workbook navigation training

# Results: 12-Month Learning Collaborative Comparison to Optimal Health



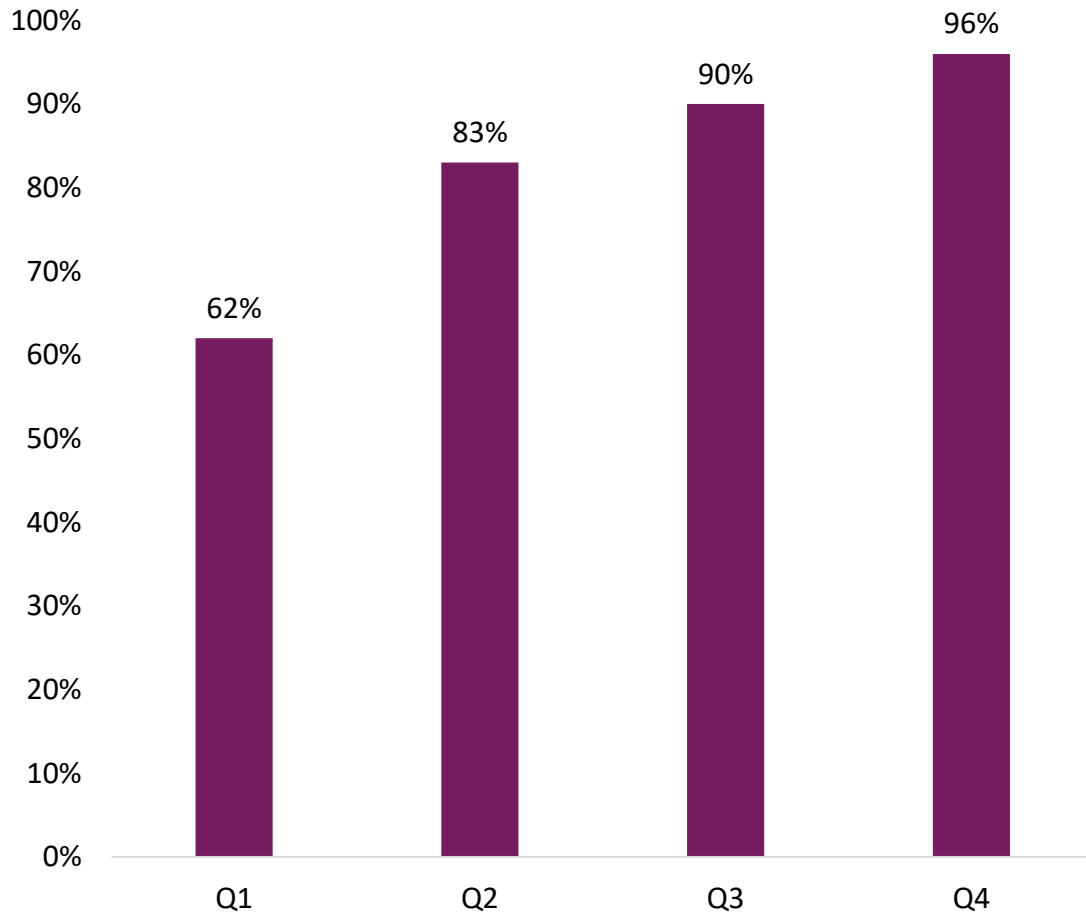
# Additional Applications: BHHP Population Health Management Learning Collaboratives

Population Health focused learning collaboratives using wellness coaching and health home processes to improve health outcomes for specific populations.

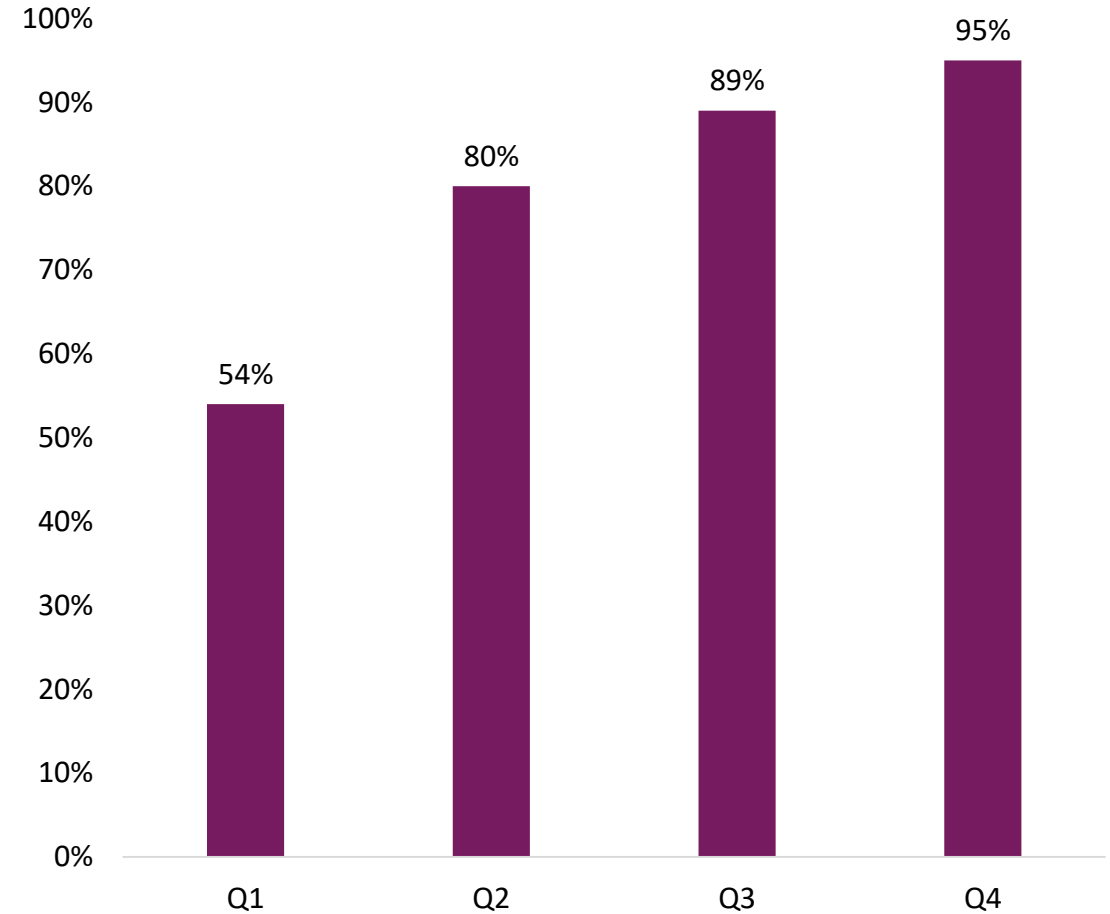
- Individuals at risk for or diagnosed with Diabetes
- Individuals diagnosed with Hypertension
- Tobacco Users

# Population Health Management Learning Collaborative Outcomes

## Improved Screening Rates for Tobacco Use

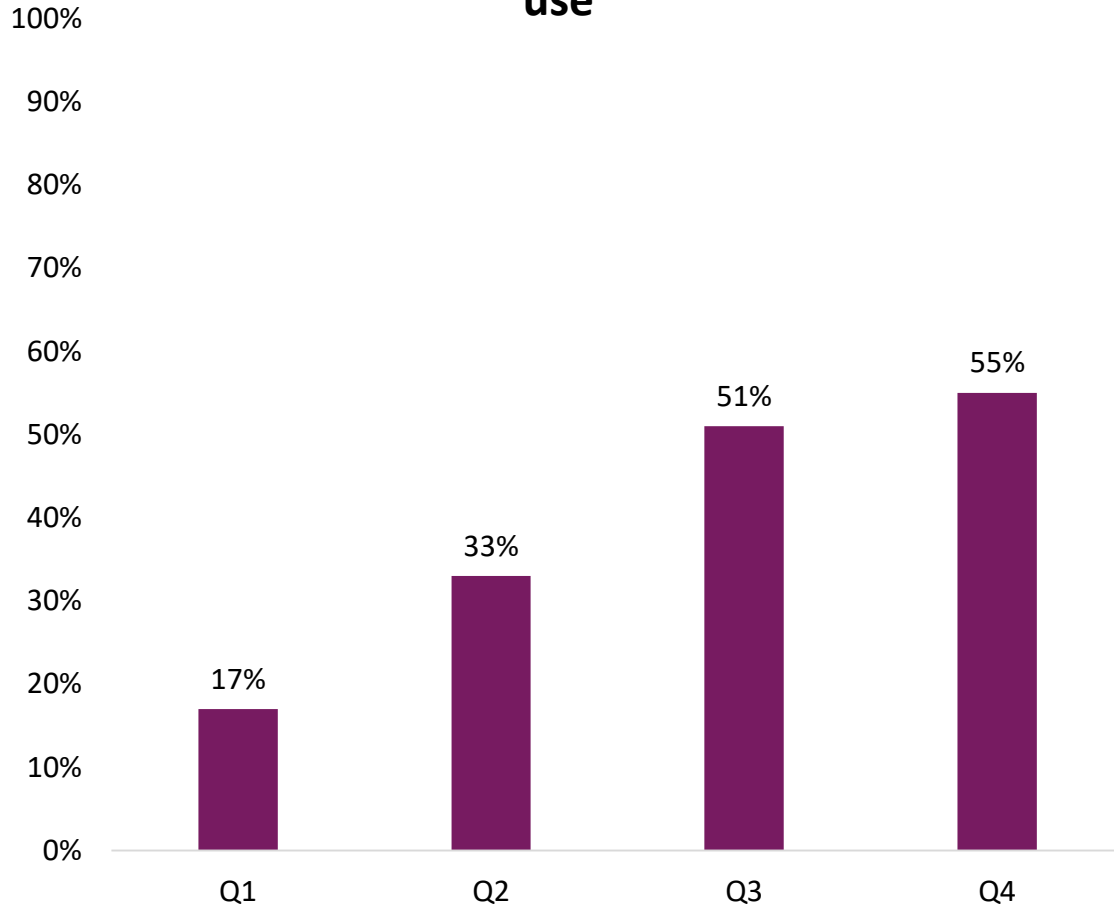


## Improved Screening Rates for Hypertension

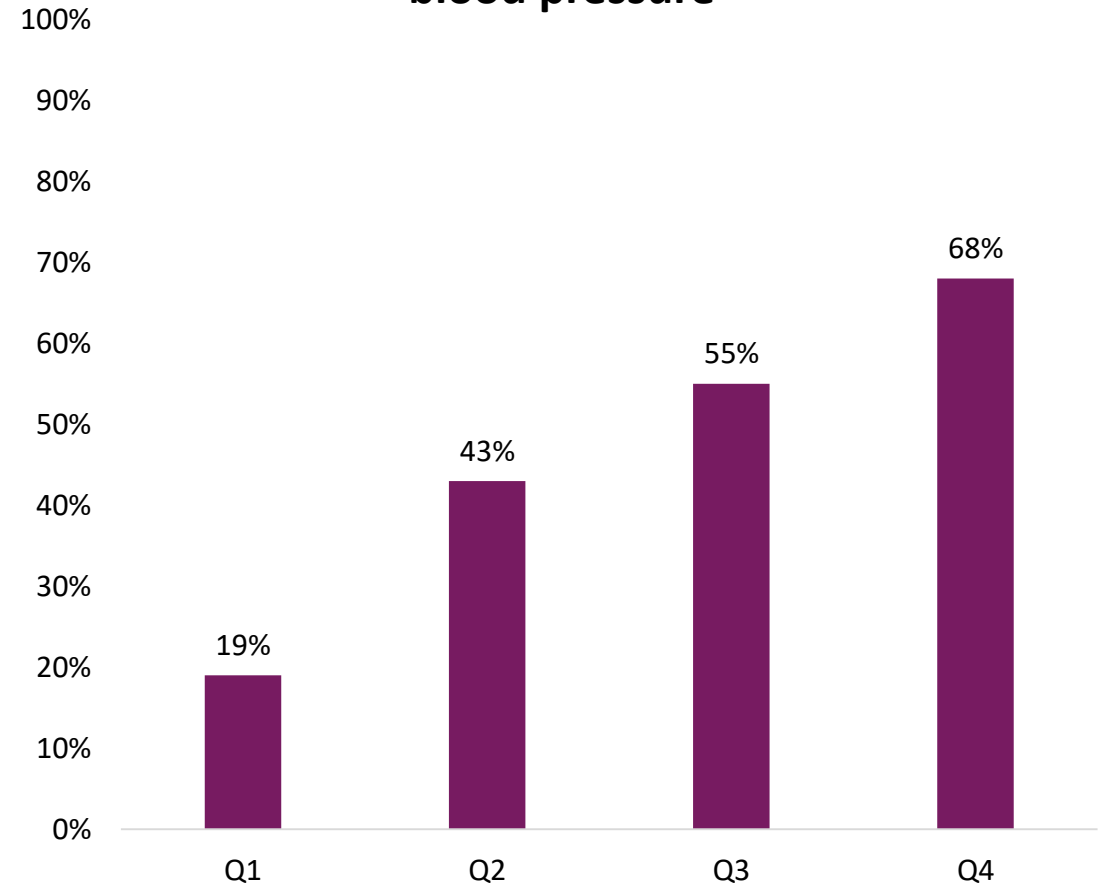


# Population Health Management Learning Collaborative Outcomes

**55% of smokers report decreased tobacco use**



**68% with hypertension see decreased blood pressure**



# Successful Examples

Community Care has a successful history of using Learning Collaboratives to support various program improvement efforts and large-scale implementations of emerging best practices and evidence-based approaches in partnership with stakeholders.

- Behavioral health homes
- Recovery practices
- Engagement and retention in substance use disorder services
- Recovery-Oriented Systems of Care transformation
- Children's community-based services program implementation
- Early Childhood Wellness Service Innovation
- Psychiatric Residential Treatment Facility Transformation
- Advanced care planning
- SBIRT person-centered, recovery-focused models of care



# Learning Collaborative Accomplishments



Engaged providers in ongoing and sustained change in care delivery



Supported implementation of person-centered, recovery focused models of care



“Best practice” quality improvement strategies resulting in enhanced services and outcomes

# Key Facilitators and Takeaways

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Structured approach to scale innovation

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Leadership support and participation in the Quality Improvement Team is essential

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Define and monitor key milestones, process and outcome measures

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Use Plan-Do-Study-Act cycles (provide training)

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Shared learning is key (create a safe, supportive environment)

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Celebrate successes!

