

Implementation of Essential Components of Care in Primary Care Settings

The National Academies of Sciences, Engineering and Medicine Forum on Mental and Substance Use Disorders Second Panel Discussion

July 29, 2020

Presented by Suzanne Snyder, L.C.S.W.,
ACCESS Director of Behavioral Health



ACCESS COMMUNITY HEALTH NETWORK:
WHO WE SERVE

More than 175,000 patients served each year.

76,365 served in suburban Cook and DuPage counties alone.

35 health centers across Cook and DuPage counties

28%
AFRICAN-AMERICAN

53%
HISPANIC



6 OUT OF 10
are on Medicaid

OUR PATIENTS

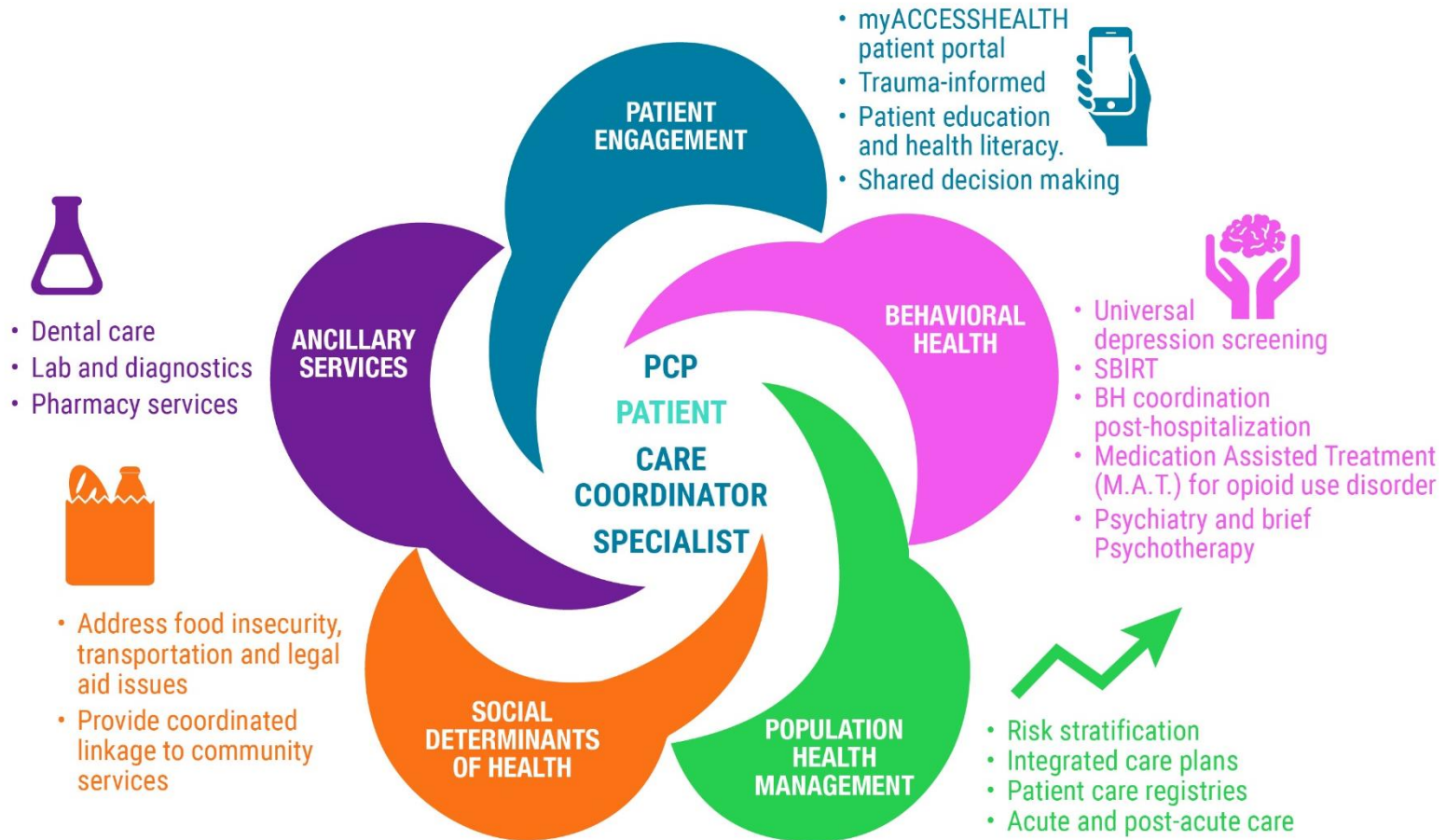
We serve
16 OF THE 20
underserved communities in Chicago

89% LIVE AT OR BELOW the 200 percent of the Federal Poverty Level

Sources: 2018 UDS Data



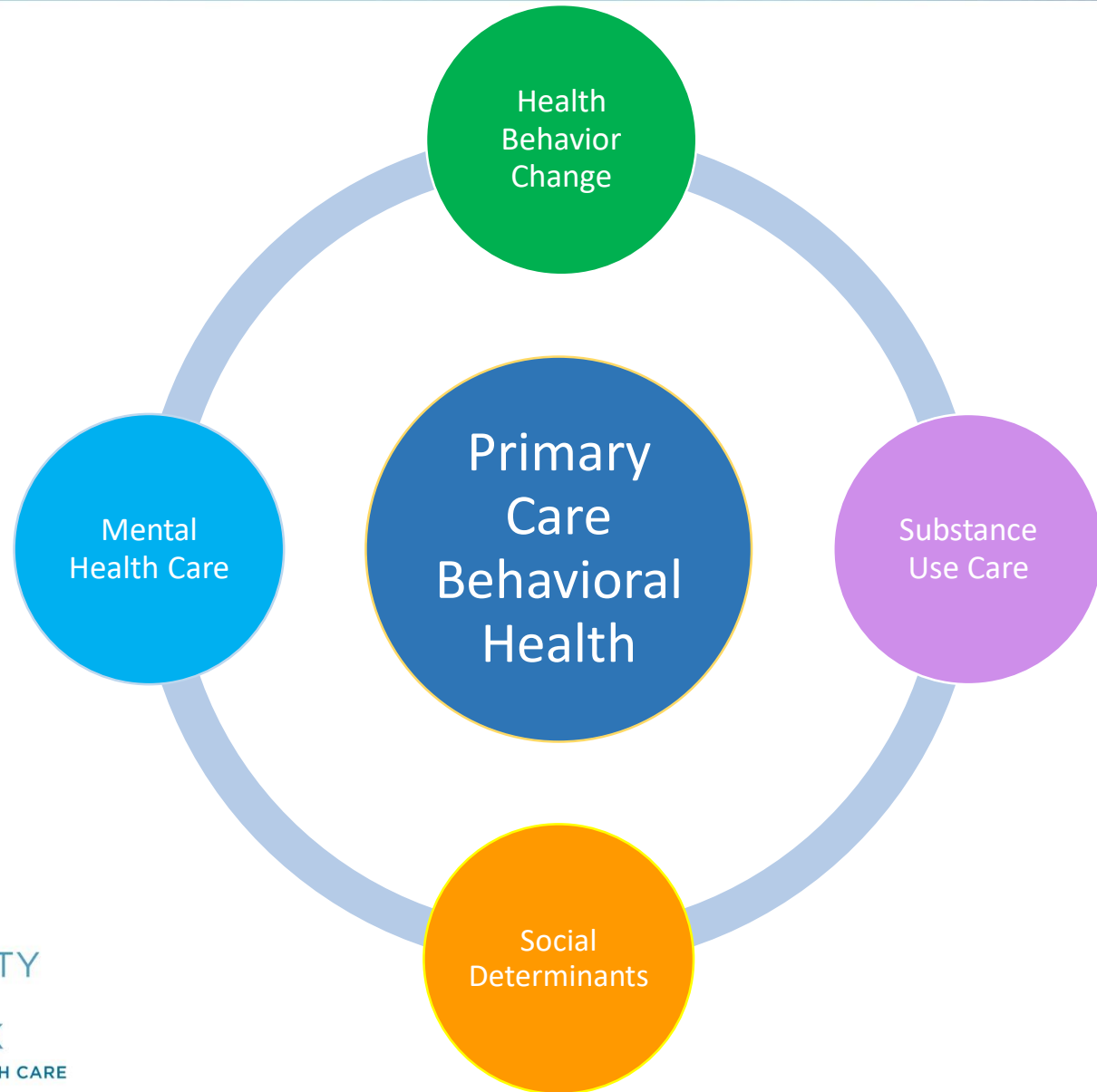
Our Integrated Approach to Care



Why Practice Integrated Primary Care Behavioral Health?

- Improves overall health outcomes
 - Often by addressing previously unidentified/unmet patient needs
- Meets the Triple Aim, including measurable ROI over time
- Aligns with integration and quality requirements
 - From health plan partners, national and state guidelines/regulations, and accrediting entities
- “Every Door is the Right Door” - increases accessibility and improves patient satisfaction

Elements of Integrated Primary Care Behavioral Health



Key Components of an Integrated Care Model

- Trauma-Informed patient-centered collaborative care with clear role definitions and workflows
- Evidenced-based best practice tools and interventions with established quality metrics
- Integrated EHR
- Ongoing sustainability planning and management

Challenges

- Provider and resource shortages along the continuum
- Patient health information sharing, particularly with SUD care
- Reimbursement systems that more fully support integration including providers, care coordination, and community support to patients
- Bridging differences between care models and clinical paradigms
- Time and timing
- Managing new/different vicarious trauma loads

Resources

- Baird, M., et al. “Joint Principles: Integrating Behavioral Health Care Into The Patient-Centered Medical Home.” *The Annals of Family Medicine*, vol. 12, no. 2, 2014, pp. 183–185., doi:10.1370/afm.1633.
- “Collaborative Care.” *Collaborative Care | University of Washington AIMS Center*, aims.uw.edu/collaborative-care.
- “Core Competencies for Integrated Behavioral Health and Primary Care” https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Integration_Competerencies_Final.pdf?daf=375ateTbd56
- <https://www.samhsa.gov/integrated-health-solutions>
- Miller, William R., and Stephen Rollnick. *Motivational Interviewing: Helping People Change*. The Guilford Press, 2013.
- “SAMHSA’s Concept of Trauma and Guidelines for a Trauma-Informed Approach” <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
- “The Triple Aim or the Quadruple Aim? Four Points to Help Set Your Strategy.” *Institute for Healthcare Improvement*, www.ihl.org/communities/blogs/the-triple-aim-or-the-quadruple-aim-four-points-to-help-set-your-strateg

Suzanne Snyder, L.C.S.W.

Director of Behavioral Health

Suzanne.Snyder@achn.net

312.526.2358

connect with us



www.achn.net