

Reverse Integration Project at Lehigh Valley Health Network

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Reverse Integration Project at Lehigh Valley Health Network

A SAMHSA-funded project

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Who We Are

- 5 Campuses
- 1 Children's Hospital
- 140+ Physician Practices
- 17 Community Clinics
- 13 Health Centers
- 11 ExpressCARE Locations
- 80 Testing and Imaging Locations
- 13,100 Employees
- 1,340 Physicians
- 582 Advanced Practice Clinicians
- 3,700 Registered Nurses
- 60,585 Admissions
- 208,700 ED visits
- 1,161 Acute Care Beds

Quality Milestones

2010

- America's Best Hospitals for geriatrics-U.S. News & World Report
- No. 1 in PA and No. 2 in the Nation for Heart Attack Results-Centers for Medicare and Medicaid Services (CMS)
- Top 5 Academic Medical Centers in U.S.-University HealthSystem Consortium (UHC)
- NCI Community Cancer Centers Program-National Cancer Institute, U.S.
- 100 Most Wired and 25 Most Wireless Hospitals-Hospitals & Health Networks
- Top 100 Integrated Health Networks-SDI
- Leapfrog Top Hospital-The Leapfrog Group
- One of the 30 Best Hospitals in America-Becker's Hospital Review
- 100 Best Places to Work in Healthcare-Becker's Hospital Review
- Carolyn Boone Lewis Living the Vision-American Hospital Association (AHA)



American Hospital Association

2011

- America's Best Hospitals for endocrinology, gastroenterology and geriatrics-U.S. News & World Report
- No. 1 and No. 2 Hospitals in the Region-U.S. News & World Report
- Magnet Hospital redesignation for nursing excellence-American Nursing Credentialing Center
- Top Performer on Key Quality Measures-Joint Commission
- Architecture and Design Award for environmentally friendly health care-GreenCare
- Top 100 Integrated Health Networks-Verispan
- 100 Most Wired Hospitals-Hospitals & Health Networks
- 100 Best Places to Work in Healthcare-Becker's Hospital Review



2012

- America's Best Hospitals for gastroenterology, orthopedics and pulmonology-U.S. News & World Report
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group
- Accredited Chest Pain Centers-Society of Cardiovascular Patient Care
- 100 Most Wired Hospitals-Hospitals & Health Networks
- NCI Community Cancer Centers Program (NCCCP) redesignation-National Cancer Institute, U.S. National Institutes of Health
- 100 Best Places to Work in Healthcare-Becker's Hospital Review
- Computerworld Honors Laureate-Computerworld Magazine
- VHA Leadership Award for Supply Chain Management Excellence-VHA
- HealthGrades Emergency Medicine Excellence Awards (LVH and LVH-Muhlenberg)-HealthGrades
- Certified Comprehensive Stroke Center-Joint Commission



American Heart Association
American Stroke Association
Certification
Comprehensive Stroke Center

2013

- America's Best Hospitals in 7 specialties-U.S. News & World Report
- Magnet Prize®-American Nursing Credentialing Center
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group
- America's Safest Hospitals - AARP
- Most Wired-Hospitals & Health Networks
- Integrated Health System to Know-Becker's Hospital Review
- 100 Best Places to Work in IT-Computerworld Magazine



American Heart Association
American Stroke Association
Certification
Comprehensive Stroke Center

2014-2015

- America's Best Hospitals in 7 specialties-U.S. News & World Report - 2015
- America's Best Hospitals in 10 specialties-U.S. News & World Report - 2014
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group
- Circle of Life for Palliative Care-American Hospital Association
- Most Wired Hospitals-Hospitals & Health Networks
- "Above Average" In Aortic Valve Replacement-Consumer Reports
- Re-certified Comprehensive Stroke Center-Joint Commission

FM and Psych Collaboration

- Family Medicine and Psychiatry Departments long history of collaboration
 - FM Resident Training
 - Embedded Counselors
 - 7 primary care, 10 specialty, 3 community, 12 CCTs covering 24 practices
 - Mindfulness Programs, Balint, other
- SAMHSA Opportunity for Reverse Integration
 - PBHCI (Primary and Behavioral Health Care Integration) Grant

LVHN Muhlenberg Mental Health Clinic

- Established clinic (1970) – 1,600 patient panel
- 73%+ unipolar/bipolar major mood disorder; 18% psychotic disorder; 5% anxiety disorder (high SMI population)
- 64% at least one major medical comorbid condition; 34% at least one additional
- Most prevalent – hypertension, hyperlipidemia, diabetes, cardiovascular disease, asthma, COPD

LVHN Muhlenberg MHC continued

- 59% pts no designated PCP (91% with health insurance)
- High reporting of problems accessing primary care, despite service area rate 86% for ease of seeing a doctor
- Striking disparity in access to care for SMI population
- 49% expressed interest in primary care integration at MHC – many see MHC as their medical home

Additional data

- Reported high ED usage – 587 pts had 1,458 ED visits for minor issues related to chronic diseases
- Diabetes, coronary artery disease and COPD significant impact on psych readmissions
- LOS higher
- Report of superutilizers' top reasons for hospital admissions -mental health disorder, followed by heart failure and septicemia

Major Factors Critical to Improving Medical Care for Persons with SMI (Druss & Newcomer, 2007)

- Geographical – co-locate with MHC
- Financial – right care at right place and time
- Organizational – shared EMR; shared treatment protocols
- Cultural – shared identity as healers focused on the recovery and enhancement of quality of life of the whole person

SAMHSA 4-year Grant

- Embed primary care practice in existing MHC
- Integrated clinic “Whole Health Connection” (WHC)
- Focus on improving health indicators related to chronic medical comorbidities in the SMI by providing mental and primary health care in one location
- Integrated Care Team -mental health and primary care clinicians, care managers and social supports
- Use of scheduled, collaborative and communicative approach
- Award \$1,592,380 over 4 years

8 Program Objectives

- 1a. Improve access to and utilization of primary care
- 1b. Improve access to important services for persons with SMI and improve coordination of care
- 1c. Increase use of comprehensive screening by both PC and MH staff
- 1d. Increase utilization of wellness groups and community engagement activities by SMI pts
- 2. Improve health and quality of life for WHC consumers
- 3. Improve consumer and family experience
- 4. Reduce/control cost of overall medical care
- 5. Enhance integration and coordination of care between behavioral health and primary care clinicians

First Steps

- Renovations
- Hire Staff
 - Clinicians, Integrated Care Manager, Nurse Care Coordinator, Peer Wellness Educator, Practice Coach (PT), Pharmacist (PT), MA
- Recruit Patients
- Create PCP practice – billing, EMR, supplies and equipment, training front desk (practice vs hospital based)
- Address merging cultures

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- ▶ Wellness activities
- ▶ Peer support
- ▶ Easy access to community resources

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enrollment instructions.

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Next Steps

- Inclusion of evidence based clinical practices (EBP)
- Self-management and lifestyle change activities
 - Smoking cessation
 - Solutions for Wellness
 - Yoga
 - Stress management
 - Diabetic education
 - Walking group
 - Healthy cooking classes
 - Mindfulness programs
- Group medical visits
- Flu Clinic
- Collaboration on standard workflows for both practices

Challenges

- Culture clashes
 - Need for common language
 - Need for understanding of differing care models
 - Means for enhancing communication
 - Need for physician champions on both ends
 - Resistance to communication
 - Corporate structure – different reporting relationships
 - Lack of understanding of what each practice does and how they are structured
 - Scheduling differences
- Space – renovations/space for wellness programs (one year)
- Billing – practice, wellness programs
- Hiring Peer Support Specialist
- Time for treatment team members to meet

Actions/successes

- Unified front by management staff
- Persistence through change
- Patient success stories

Progress To Date

- 191 consumers have been touched by the WHC as of 1/31/17
- 165 consumers have enrolled in program services as of 1/31/17
- Every 6 months consumers enrolled in grant-funded services are interviewed using SAMHSA's National Outcome Measures (NOMs) to track client-level outcomes around education, employment, drug and alcohol use, housing stability, perceptions of care, and other social needs.
- To meet grant requirements and track progress in physical health outcomes, the following biomarkers are collected in WHC consumers:
 - Blood pressure
 - BMI
 - Waist circumference
 - Carbon monoxide output
 - Glucose
 - Lipids

Source: SAMHSA, Center for Mental Health Services (2015). Retrieved from: [http://www.integration.samhsa.gov/pbhci-learning-community/NOMs Interview Tool Guidance Document -updated November 2015-.pdf](http://www.integration.samhsa.gov/pbhci-learning-community/NOMs%20Interview%20Tool%20Guidance%20Document%20-%20updated%20November%202015-.pdf).

Progress To Date

- Integrated Practice Assessment Tool (IPAT) was implemented to determine level of collaboration and integration.
 - IPAT ranges from level 1 (minimal collaboration) to level 6 (full collaboration in a transformed integrated practice)
- Vermont Integration Profile (VIP) is a measure of integrated care processes.
 - VIP scores range from 0 through 100, with greater scores indicating higher levels of integration

Integrated Practice Assessment Tool (IPAT)

November 2015	Level 1 – Minimal Collaboration
November 2016	Level 4 – Close Collaboration Onsite with Some Systems Integration

Vermont Integration Profile (VIP)

November 2015	57
November 2016	64

Sources: Kessler, R. (2015). Evaluating the process of mental health and primary care integration: The Vermont Integration Profile. *Family Medicine and Community Health*, 3(1), 63-65. Retrieved from <http://www.uvm.edu/~pip/KesslerCHINApaper2015.pdf>;
 Waxmonsky, J., et al. (2014). IPAT: Integrated Practice Assessment Tool. Retrieved from http://www.integration.samhsa.gov/operations-administration/IPAT_v_2.0_FINAL.pdf.

Questions?

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