What is Integrated Behavioral Health Care: A model agnostic view of the core elements

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Research Professor, Department of Biomedical Informatics
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LEARNING OBJECTIVES

At the conclusion of this session, the participant will be able to:

Learning Objective 1: Participants will identify the core elements to do practice based research and evaluation.

Learning Objective 2: Participants will evaluate patient reported outcomes, measures, and methods for collection.

Learning Objective 3: Participants will generate a template for a practice-based project to be developed and implemented over the next year, with consultation from presenters.
Co-Location of IBH

Giant evidence base formed around collaborative care

Based off the lexicon, the PIP was developed to measure integration in practice

Core Elements

The evolution of integrated behavioral health over time

Donabedian

Starfield

Co-Location of IBH

Lexicon defined of IBH

IBH-PC trial

2018 Integrated Health Care Conference
Hosted by Arizona State University’s Doctor of Behavioral Health Program
Purpose

• Making a leap to… enhancing primary care

• Ask yourself: how much is IBH a part of enhancing primary care at your practice?
Starfield’s Model of Enhanced Primary Care

4 Pillars / 4 C’s

Contact
Comprehensive care
Continuity of care over time
Coordination

Barbara Starfield

What are the building blocks of high performing care?

Think about your own practice…

• What are the core elements?
• What needs to be there that isn’t there now?

Write 3 examples of each.
The 10 Building Blocks of High-Performing Primary Care

Bodenheimer et al., 2014

Starfield’s 4 C’s
+ PCMH Recognition Standards
+ Research on Practice Transformation

Donabedian Quality of Care Framework

**Structures**
- All factors that affect the context in which care is delivered
  - Examples:
    - Physical facility
    - Equipment
    - Human resources
    - Staff training
    - Payment methods

**Processes**
- The sum of all evidence-based actions that you do in health care
  - Examples:
    - Diagnosis
    - Treatment
    - Preventive care
    - Patient education
    - How care is delivered

**Health Outcomes**
- Examples:
  - Symptom reduction
  - Quality of life
  - Function improvement
  - Patient satisfaction

Examples from your practice: Structures, Processes, & Outcomes

Write down 2 examples that contribute to OR limit your success at work for the following:

1. Structures
2. Processes
3. Outcomes
Combining behavioral health and primary care

**IBH is about enhanced primary care**

- Evidence based BH interventions continuing to expand
- Using BH interventions in primary care is feasible
- Co-location → full integration spectrum
  - Not able to identify the common operational core elements
  - Not able to empirically test the effectiveness of these elements
Collaborative Care: 80+ trials

“Collaborative care is associated with significant improvement in depression and anxiety outcomes compared with usual care, and represents a useful addition to clinical pathways for adult patients with depression and anxiety.”

**Uptake is limited, hard to implement to fidelity in the real-world and disseminate effectively**

Shared language for IBH is defined...

Lexicon for Behavioral Health and Primary Care Integration
Concepts and Definitions Developed by Expert Consensus

Prepared for:
Agency for Healthcare Research and Quality
5-0 Gaither Rd.
Rockville, MD 20850

AHRQ Grant No. 1R13HS021053-01.

Prepared by:
C.J. Peak, Ph.D., University of Minnesota
and
The National Integration Academy Council

Peek et al. AHRQ 2013.
How integrated is your practice?

Write down 3 things that are well integrated.

Write down 3 things that are absent or need improvement.
Operationalizing the Lexicon: Practice Integration Profile (PIP)

Why?
• Assisting primary care practice and research

What?
• 30-item, electronic self-report measure of processes for IBH
• $N = 1143$ practices
• 6 domains
• <10 mins to administer

"These data suggest that the PIP is useful, has face, content, and internal validity, and distinguishes among types of practices with known variations in integration."

PIP Summaries

Position in the practice (n=1079)

- Managing director: 12%
- Senior behavioral health clinician: 11%
- Practice manager: 4%
- Managing physician: 10%
- Physician: 12%
- Nurse: 4%
- Behavioral health clinician: 14%
- Student intern: 6%
- Other: 11%
- Administration: 16%

Practice location (n=1139)

- Urban: 33%
- Suburban: 24%
- Rural: 27%
- Inner city: 14%
- Frontier: 2%
Self Assess

1. Take 5 minutes to read through the Practice Integration Profile (PIP).

2. Take 5 minutes to fill out and score the PIP across each dimension and the total.

3. Break into groups of 4-5, share your results, and discuss what you discovered in your PIP.

Link to PIP: http://www.uvm.edu/~pip/pip.php
PCORI Pragmatic Trial: IBH-PC

Research Question: Does increased integration of evidence-supported behavioral health and primary care services, compared to simple co-location of providers, improve biomarkers and quality of life?

• Aim 1: Compare co-location and IBH to see which one has better outcomes for patients

• Aim 2: Evaluate whether a structured intervention help practices move from simple co-location of providers to integration of behavioral health

• Aim 3: Explore how type of practice and its characteristics and the local health care system influence how well integration works
IBH-PC trial: 40 Primary Care practice sites
IBH-PC Trial: Intervention

**IBHPC Intervention**

- **Education**: 70 asynchronous modules developed at ASU and U Mass for all members of the clinical team
- **Toolkit**: origins in NIMH funded project to identify processes and procedures
- **Coaching**: complex change process supported by dual expertise in lean and psychology
Your questions

If you were able to identify questions that this trial could answer, what would they be?
Take a 15 minute break

IBH Core Elements next...
Core Elements: Objective

- Based on Donabedian…
- **Processes and Structures** of model agnostic team-based Integrated Behavioral Health in Primary Care
Core Elements: building consensus

Why?
• 20 years of observation → we don’t know which elements drive integration success
• Need model agnostic way to measure elements across all PC practices

What?
• Model agnostic set of core elements of IBH
• Core tasks mapped to IBH principles, mapped to Starfield’s “4 C’s”
• High level descriptions/labels and definitions of each task and principle
• Specific to either IBH only or both IBH and general primary care
• Crosswalk to existing measures (i.e., PIP and NCQA’s PCMH related competencies)
What are the core elements?

1. Split into groups of 4-5
2. Identify at least 3 core elements that your group thinks is crucial to IBH
Core Elements: Methods

Core principle brainstorm
• Small group of national experts

Surveying larger group of experts
• Survey larger group
• Quantitative consensus and qualitative feedback

Focus groups
• IBH-PC annual meeting in summer 2017
• 40 national stakeholders, including patients, providers, policy and research experts

Refine
• Further refine and incorporate feedback from small group of experts

Cross-walk core tasks to metrics and assess gaps
• NCQA PCMH & BH criteria
• Sunflower metrics
• PIP

Surveying larger group of experts
• Survey larger group
• Quantitative consensus
• Gathering existing metrics

Brainstorm missing metrics
• With expert stakeholders

Conduct test of metrics

January 2017

In Progress

Today
# Core Elements: Principles (6) and Tasks

<table>
<thead>
<tr>
<th>Patient-centric Care</th>
<th>Treatment to Target</th>
<th>Use of Evidence-based Behavioral Treatments</th>
<th>Conduct Efficient Team Care</th>
<th>Population Based Care</th>
<th>Structures Needed to Support IBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orient patient</td>
<td>Target health and quality of life</td>
<td>Coordinate evidence-based treatments</td>
<td>Roles and workflow</td>
<td>Resources target those most in need</td>
<td>Financial billing sustainability</td>
</tr>
<tr>
<td>Shared decision making</td>
<td>Stepped care</td>
<td>Use evidence-based treatments</td>
<td>Brief visits</td>
<td>Triage processes</td>
<td>Administrative support and supervision</td>
</tr>
<tr>
<td>Patient autonomy</td>
<td>Goal setting</td>
<td>Psycho-education</td>
<td>Team communication</td>
<td>Quality improvement</td>
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</tr>
<tr>
<td>Changes in symptoms / function</td>
<td>Assessment</td>
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<td>Team trust</td>
<td>EHR</td>
<td>EHR</td>
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<td></td>
<td>Barriers</td>
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<td>Common language</td>
<td>Clinic space</td>
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<td></td>
<td>Outcomes</td>
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<td>Fast and easy access</td>
<td>Behavioral Health Provider</td>
<td>Behavioral Health Provider</td>
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<tr>
<td></td>
<td>Tracking system</td>
<td></td>
<td>Psychiatric consultation / care</td>
<td>Protected time</td>
<td>Protected time</td>
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<td>Caseload management</td>
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<td>Accountability</td>
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**Core Elements:**
- Principles (6)
- Tasks

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Building the Team in Team-based Integrated Health Care

2018 Integrated Health Care Conference

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<th>High Level Description of IBH Tasks</th>
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<tr>
<td>Ensure patient is well engaged with the entire care team, understands the various roles for themselves and their providers, and are supported and guided to manage their lives, health, and treatment</td>
<td>Orient patient to integrated care culture</td>
<td>IBH team knows their <strong>roles and responsibilities</strong> on the integrated behavioral health team; they <strong>orient patient to integrated care team</strong> (e.g., explains to patient what the roles of each IBH team member are, standardized brief role descriptions for each IBH team member; scope of care, common clinic activities, documentation standards, coordinated team (both IBH as well as rest of primary care team) based clinic behaviors desired)</td>
</tr>
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<td>Patient participates in making decisions related to care plan and treatment</td>
<td>IBH team get feedback from the patient about the care plan to make sure the patient is well engaged, in agreement with the plan, and that they use <strong>shared decision making</strong> (e.g., standardized protocol based on best current evidence, that lists specific questions/concerns and documentation for each team member to be used to ensure patient is engaged in care plan decisions, shared care plan is documented)</td>
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<td></td>
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<td>Promote patient autonomy</td>
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<td></td>
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<td>Patient reports changes in health, symptoms, function over time</td>
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## Core Elements: Treatment to Target

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<tr>
<td>Ensure clear goals and measures are defined to guide and track care</td>
<td>Provide care focused on improving overall health and quality of life</td>
<td>IBH team makes sure to target patient centered goals that address overall health, function, and quality of life related outcomes (e.g., employment, family conflicts, spiritual health, etc.)</td>
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<td>Provide stepped care with intensity based on outcome data</td>
<td>IBH team monitors patient outcome data (including patient reported outcomes measured at baseline and follow-up) for improvement, if improvement is not occurring (e.g., measure scores are not improving), then steps up care (e.g., intensifies treatment course, refers to specialists, refers to outside mental health provider if needed care is beyond the scope of primary care (e.g., psychiatric hospitalization needed) and adjusts treatment plan)</td>
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<tr>
<td></td>
<td>Focus on small changes through patient-centric goal setting or priorities, emphasizing function</td>
<td>IBH team sets achievable goals (e.g., using SMART format) with patients, documented in the care plan to ensure success at assessing and monitoring small changes, working towards larger goals, with emphasis on improving or maintaining function</td>
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<td></td>
<td>Conduct accurate assessment</td>
<td>IBH team conducts appropriate assessments (e.g., screeners administered, assessment interviews tease out appropriate differential diagnoses) of medical (e.g., assessment of physical drivers affecting mood and function like anemia, thyroid function, sleep apnea, etc.) and psychosocial issues (e.g., psychiatric diagnoses, social stressors/needs, trauma and developmental history, substance use, etc.) to guide care</td>
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<tr>
<td></td>
<td>Address barriers when goals are not being met</td>
<td>IBH team actively investigates and works together to resolve any barriers to care (e.g., deliberately assess and address cultural and logistical barriers to care, patient-provider relationship issues that may limit engagement in care)</td>
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<tr>
<td>Ensure clear goals and measures are defined to guide and track care</td>
<td>Define desired outcomes of care</td>
<td>Based on medical and psychosocial issues and patient's goals/preferences, the IBH team sets <em>measurable targets</em> (symptoms/function within a given time frame) for care</td>
</tr>
<tr>
<td>Measure desired outcomes of care - continuous monitoring (use a tracking system)</td>
<td>IBH team uses a <em>tracking system</em> (e.g., electronic health record system, registry, spreadsheet) to: measure outcomes regularly (e.g., at each visit as appropriate), support clinical decision making over time (e.g., measures tracking triggers stepping up care as patients are noted as not improving), and support management of their patient panel (e.g., doing outreach to patients who are not showing for care, removing patients regularly to ensure caseloads have population reach in the clinic)</td>
<td></td>
</tr>
<tr>
<td>Conduct patient caseload management</td>
<td>IBH team does <em>outreach regularly to patients</em> on their panel (including phone and letters if necessary) who have not shown for care regularly (e.g., missed two or more consecutive appointments); IBH team helps <em>coordinate care</em> within the clinic (e.g., regular communication between behavioral health and primary care providers to ensure care plans are both in synergy with patient goals and feasible for patients) and with referrals inside and outside of the clinic; IBH team uses <em>systematic tracking</em> (e.g., weekly caseload review to identify patients who are not improving or falling through the cracks to proactively step up care) to inform clinical decision making overtime</td>
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## Core Elements: Evidence-based behavioral treatments

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<thead>
<tr>
<th>Definition of Core Principle #3: Use Evidence-based Behavioral Treatments</th>
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<tr>
<td>Ensure the best evidence based care is used across medical and mental/behavioral care</td>
<td>Deliver care that maximizes evidence based treatment</td>
<td>Health conditions are treated with a combination of all available evidence based treatments (e.g., behavioral, pharmacological, surgical, etc.) in a coordinated fashion (i.e., coordinate behavioral interventions with medication treatments, care plan is developed and updated regularly) - routine consideration of behavioral health treatments in context of other treatments within the context of patient preference</td>
</tr>
<tr>
<td></td>
<td>Provide evidence-based behavioral treatments that are reinforced across the team</td>
<td>IBH team provides evidence based behavioral health interventions (e.g., behavioral activation, questioning unhelpful thinking, problem solving, communication skills training, relaxation training, health behavior change for obesity, physical activity, insomnia, tobacco use, substance misuse, chronic pain, etc) by licensure/training, tailored case management (e.g., housing applications, community resource linkages, etc.), and coordinates psychotropic medications and physical medicine across the team, integrating psychiatric consultation as needed; IBH providers use appropriate interventions to common primary care issues (e.g., diabetes, obesity, chronic pain, tobacco use, chronic conditions, substance misuse, insomnia, depression, anxiety, personal conflict, etc.); IBH providers help patients learn strategies to minimize symptoms and improve function that can be used by the patient outside of the primary care clinic (e.g., skills for self management strategies that address health and quality of life improvements, engaging family and support as appropriate); IBH providers support medication adherence and relapse prevention planning</td>
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<tr>
<td></td>
<td>Provide psychoeducation: Team provides education to the patient about the benefits and details of relevant behavioral health interventions</td>
<td>IBH providers share evidence concerning core elements of treatment (e.g., brief behavioral strategies that can address chronic pain, depression, lifestyle change, etc.) to achieve behavioral health related outcomes; this includes cross-sharing information with the patient and between disciplines of providers</td>
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</tbody>
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## Core Elements: Conduct Efficient Team Care

<table>
<thead>
<tr>
<th>Definition of Core Principle #4: Conduct Efficient Team Care</th>
<th>High Level Description of IBH Tasks</th>
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</thead>
<tbody>
<tr>
<td>Ensure integrated behavioral healthcare is efficient and comprehensive, supported by appropriate policies and procedures</td>
<td>Establish and maintain clear team roles and workflow</td>
<td>Define and support the roles and responsibilities of the IBH team in the practice (e.g., establish policies and procedures, define and implement triage strategies to IBH teams)</td>
</tr>
<tr>
<td>Conduct brief visits as appropriate</td>
<td>IBH providers see patients as needed, keeping treatment focused if possible (e.g., 1-6, 15-30 minute appointments for the majority of patients), and refers out for more intensive treatment (e.g., Cognitive Processing Therapy for PTSD to a specialty outpatient psychologist, community mental health) if focused treatment does not produce the expected results</td>
<td></td>
</tr>
<tr>
<td>Maintain strong team communication</td>
<td>IBH team uses clear and consistent communication (e.g., team meetings/huddles, EHR charting, etc.), particularly related to psychosocial issues across the team to facilitate care coordination (note that clear communication does not necessarily ensure care coordination, but is a foundational component needed if it is going to be done well and consistently)</td>
<td></td>
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<tr>
<td>Develop mutual trust among team</td>
<td>IBH team identify and respond to problems in teamwork and collaboration (e.g., address team frustrations), and further develop team functions (e.g., clarify triage and coordination practices as teams mature) to help improve bonds and development of shared goals and tasks with patients</td>
<td></td>
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# Core Elements: Conduct Efficient Team Care

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<tr>
<td>Ensure integrated behavioral healthcare is efficient and comprehensive, supported by appropriate policies and procedures</td>
<td>Use a common medical/behavioral language</td>
<td>IBH team uses descriptions of care and shared language that help patients engage each providers' role and care (e.g., brief descriptions of different providers' roles with no jargon)</td>
</tr>
<tr>
<td>Perform routine suicide/homicide risk assessment, management, and referrals</td>
<td>IBH team uses consistent steps and strategies (e.g., by following established policies and procedures) to assess, manage, and refer patients to higher level of care at risk for suicide/homicide (i.e., any serious risk to self or others) as indicated by level of evidence based standards of risk</td>
<td></td>
</tr>
<tr>
<td>Provide fast and easy access to behavioral health providers</td>
<td>Patients are seen quickly and easily, ideally at the point of primary care when a psychosocial issue is identified (e.g., same day appointments prior to or after the patient is seen by a primary care provider or within 24-48 hours per patient desire and availability), and follows up with the IBH team as needed in a timely fashion based on symptom and function severity and patient desire (e.g., as quickly as possible, typically within a week or two, based on the patient’s availability and the urgency of the care)</td>
<td></td>
</tr>
<tr>
<td>Provide patient access and integrated care team consultation to psychiatry</td>
<td>Use psychiatric consultation and care as needed (e.g., consultation on new or non-improving patients with mental health issues) for psychotropic medication care recommendations, differential diagnoses, and treatment for co-morbid psychiatric issues</td>
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## Core Elements: Population-based care

<table>
<thead>
<tr>
<th>Definition of Core Principle #5: Population-based Care</th>
<th>High Level Description of IBH Tasks</th>
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<tbody>
<tr>
<td>Ensure limited services reach the most patients while targeting the patients most in need</td>
<td>Use BHP resources for patients most in need</td>
<td>Focus use of BHP services to address the behavioral health care needs across the spectrum of primary care patients, including prevention, early at risk, and complex and high risk patients who could benefit most from combination of behavioral health and medical services (i.e., the practice selects target populations for care and defines strategies to identify and engagement); including engagement of disadvantaged and disparity affected populations</td>
</tr>
<tr>
<td>Use appropriate assessment of key indicators to triage patients to behavioral health resources</td>
<td>The clinic uses a <em>deliberate process to triage priority patients</em> into IBH team based care (e.g., clinic uses defined care paths and screening strategies for engaging patients in behavioral health services)</td>
<td></td>
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# Core Elements: Structures to support IBH

<table>
<thead>
<tr>
<th>Definition of Core Principle #6: Structures needed to support IBH</th>
<th>High Level Description of IBH Tasks</th>
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<tbody>
<tr>
<td>Clinic structures necessary for supporting IBH in the practice</td>
<td>Financial billing strategies that net sustainability of staff and providers on the IBH team</td>
<td>The clinic has effective fiscal strategies for sustaining IBH provider and staff time</td>
</tr>
<tr>
<td>Administrative support and supervision for IBH team</td>
<td>The clinic provides administrative support and supervision to all IBH providers and staff as needed (e.g., clinical supervision for nurses, mid-level providers providing behavioral interventions and medication adherence support)</td>
<td></td>
</tr>
<tr>
<td>Routine examination of provider and clinic outcomes for quality improvement</td>
<td>The clinic regularly (e.g., quarterly) reviews provider and clinic level outcomes to improve care as needed (e.g., via quality improvement initiatives)</td>
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</tr>
<tr>
<td>Interoperable EHR access for all of the IBH team</td>
<td>IBH team providers share access across the electronic health record systems in the practice</td>
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## Core Elements: Structures to support IBH

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<tr>
<td>Clinic structures necessary for supporting IBH in the practice</td>
<td>IBH team has available and appropriate space</td>
<td>IBH team providers have <strong>reasonable and appropriate work space</strong> allocated within the practice that supports productive work space and collaboration</td>
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<tr>
<td></td>
<td>Behavioral health provider (BHP) available to the clinic</td>
<td>IBH includes a <strong>qualified behavioral health provider (BHP)</strong> licensed / trained to provide evidence based behavioral interventions</td>
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<tr>
<td></td>
<td>BHP team has protected time to do outreach and follow-ups as needed</td>
<td>BHP team has <strong>protected time to review and manage the caseload</strong>, conduct outreach and follow-ups as needed (e.g., identifying cases at risk, triage to the right level of care / intensify treatment, do outreach)</td>
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<tr>
<td></td>
<td>BHP team has accountability for access and outcomes</td>
<td><strong>Patient panels are monitored</strong> for timely access to care and outcomes are evaluated to drive care improvements</td>
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<td></td>
<td>Tracking system for panel management</td>
<td><strong>Clinic tools</strong> (e.g., registry, real time reports) are in place to support identifying, tracking, and monitoring IBH related cases</td>
</tr>
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</table>
Core elements: Crosswalk

- PIP
- NCQA PCMH and BH Distinction
## Core elements: Alignment Summary

<table>
<thead>
<tr>
<th>Core Elements (28 items)</th>
<th>PIP</th>
<th>Sunflower Metrics</th>
<th>NCQA</th>
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<tbody>
<tr>
<td></td>
<td>• Alignment on 18 of 28 measures</td>
<td>• Alignment on 15 of 28 measures</td>
<td>• Alignment on 23 of 28 measures</td>
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<td>• <strong>Strong alignment on 11 of 28</strong></td>
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<td><strong>Treatment to Target</strong></td>
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<tr>
<td><strong>Use Evidence-based Behavioral Treatments</strong></td>
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### Key
- Green = Strong Alignment
- Yellow = Weak Alignment
- Red = No Alignment

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## Core elements: Alignment Summary

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<tr>
<th>Core Principle #6</th>
<th>PIP</th>
<th>NCQA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structures Needed to Support IBH</td>
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</tbody>
</table>

### Key
- **Green** = Strong Alignment
- **Yellow** = Weak Alignment
- **Red** = No Alignment
Next steps

• Working with NCQA/Sarah Scholle and Deb Cohen (OHSU) to define metrics to test
• Designing metrics for each core element task
• Testing metrics across different models of integration to validate the core elements necessary for successful IBH
  • Develop a unified IBH measurement approach
  • Create an aggregated dataset derived multiple models
  • Develop a study to validate the structure and process measures in relationship to patient outcomes
Brainstorm

1. Think about all you’ve just learned and thought about…
2. Identify 2 ideas or activities that you will take away from the workshop to think more about or implement in your practice.