Integrated Behavioral Health embedded in a Population Health Approach

Mayo Clinic AZ Primary Care

Kristi Stuckwisch, LCSW LISAC
Challenges

- **Vision:** Clarity in program development that “fits” the needs of the medical practice; Communicated to all involved
- **Flexibility:** Cultivating a Growth Mindset that aims to shift “Care as Usual” by creating a team mentality, to include usable workflows that deliver standardized care effectively
- **Acceptance:** Buy-in from Medical Teams, which impacts fidelity to program, drives appropriate referrals for service and identifies level of need for BH or MH training
- **Integrity:** Maintaining true IBH vs. Specialty mental health practice inserted inside PC
Mayo Clinic IBH

- Integrated Care Model
  - Reaching the greatest # and variety of patients with evidence based assessments and interventions
  - Multidisciplinary resources for chronic condition management
  - Supportive of Mind-Body approach towards patient care

- Normalized the need for BH and provided support that would likely not have been attained or sought out

- Population Health approach provided additional means for referrals to IBH services, with clearly defined outcomes
Focal Points for IBH Practitioner

**Behavioral Health**
- Depression & Insomnia
- Anxiety, Panic, OCD
- Stress Management & Lifestyle issues
- Chronic Pain
- Smoking Cessation
- Substance use & Eating Issues
- Chronic Health Mngm DM2, t: Autoimmune, COPD, HTN

**Resource Appropriation**
- Use of Time/Services
  - Crisis/ Warm Hand-offs
  - Brief Treatment
  - Resources/Comm. Referrals
- Referral Pipelines
  - Direct: PCP Request
  - Indirect: SPR/SCR
- Appropriate Patient Referral
Successes & QI Efforts

- Assistance in Population Health Outcome efforts in areas of Depression, DM2 & HTN

- Communication with PCP and treatment team on pt. successes and challenges was developed to fit the need of the clinic

- Projects for clinic improvement (ICAN) and population health improvement (Depression and DM2)