

Integrated Behavioral Health embedded in a Population Health Approach

Mayo Clinic AZ Primary Care

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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 MngmDM2, 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)