The 2018 Integrated Health Care (IHC) conference will focus on strategies and techniques to put the team in team-based health care. Recognizing that the highest functioning integrated care clinics are those that engage in interdisciplinary collaboration, this conference will focus on innovative approaches to developing the integrated care team.

Presented by:

ASU College of Health Solutions
Arizona State University

With support from:

Mercy Care Plan | mercy maricopa integrated care

Scottsdale, Arizona
— Doubletree Scottsdale Resort —
March 5 – 7, 2018

#1 in the U.S. for innovation
#1 ASU #2 Stanford #3 MIT
As integrated health care models have proliferated and evolved over the past decade, one thing has held constant: the critical importance of high-functioning teams to provide high-quality patient care. Research has shown that team-based approaches to care reduce emergency room visits and costs (Reiss-Brennan, Brunisholz, & Dredge, 2016), diminish provider burn-out (Helfrich et al., 2014), and improve health outcomes (Carter, Rodgers, & Daly, 2009). For these positive results to happen, though, healthcare providers and administrators need to share a vision of how to successfully collaborate and prepare to become part of a high-functioning integrated healthcare team. We are thrilled to have you with us over the next two days to explore more fully the role of the team in integrated health care and look forward to hearing how you use your learning during this conference to transform the teams you work with in your day-to-day practice.

Colleen Cordes Clemency  
Director and Clinical Professor

C.R. Macchi  
Clinical Associate Professor

Doctor of Behavioral Health Program, Master of Integrated Health Care
## Monday, March 5, 2018

<table>
<thead>
<tr>
<th>Time</th>
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<th>Speakers/Panelists</th>
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<tbody>
<tr>
<td>7:30 a.m. - 8:30 a.m.</td>
<td>Registration and Breakfast (Students Only)</td>
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<tr>
<td>8:30 a.m. - 1:30 p.m.</td>
<td>DBH Student Pre-Conference (Students Only)</td>
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<tr>
<td>2:00 p.m. - 5:00 p.m.</td>
<td>Pre-Conference Session (Open to Public) What is Integrated Behavioral Health Care?</td>
<td>Rodger Kessler, PhD, ABPP Kari Stephens, PhD</td>
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<td>9:00 a.m. - 10:30 a.m.</td>
<td>Opening Session and Creating High-Functioning Teams in Primary Care</td>
<td>Michael Parchman, MD, MPH Sponsored by: Health Information Management Systems</td>
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<tr>
<td>10:45 a.m. - 11:30 a.m.</td>
<td>Concurrent Sessions</td>
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<tr>
<td>11:30 a.m. - 12:00 p.m.</td>
<td>Lunch</td>
<td>Maricopa Integrated Health System</td>
</tr>
<tr>
<td>12:00 p.m. - 1:30 p.m.</td>
<td>Toward Integrating Behavioral Health as Part of Population-based Health Care</td>
<td>Mayo Clinic Panel: David K. Katzelnick, MD Michael Bryan, M.D. Kristi Stuckwisch, LCSW, LISAC Moderated by: Rodger Kessler, PhD, ABPP</td>
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<tr>
<td>2:45 p.m. - 4:00 p.m.</td>
<td>Choosing Patient-Reported Outcomes and Measurement Methods for Team Based Health Care</td>
<td>John E. Ware, Jr., PhD</td>
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## Wednesday, March 7, 2018

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<tr>
<td>9:00 a.m. - 10:15 a.m.</td>
<td>Student Health Outreach for Wellness (SHOW) Community Initiative &amp; Integrated Care in Practice</td>
<td>SHOW Provider Team</td>
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<tr>
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<td>Concurrent Sessions</td>
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### Conference Schedule

#### Monday, March 5, 2018

**2:00 p.m. - 5:00 p.m.**

**What is Integrated Behavioral Health Care?** — Kari Stephens, Rodger Kessler

We will present the results of applying Donebedian’s quality of care framework to team-based integrated behavioral health in primary care. We will discuss structure, process, and outcomes that need to be demonstrated within any integrated behavioral health of care in primary care, regardless of the integration model. Participants will be asked to critique our results and to generate strategies to apply them in their own settings.

General Presentation | North Center Ballroom

#### Tuesday, March 6, 2018

**9:00 a.m. - 10:30 a.m.**

**Creating High-Functioning Teams in Primary Care: Learning from Exemplar Ambulatory Practices** — Colleen Clemency Cordes, Michael L. Parchman

HiMS provides better integrated health patient outcomes through transformative care by offering robust and innovative advancements in Electronic Health Record software technology.

Sponsored by: Health Information Management Systems

General Presentation | North Center Ballroom

**10:45 a.m. - 11:30 a.m.**

**Metrics for Evaluating Integrated Care: Learnings from Three Metric Focused Projects** — Kari Stephens, Rodger Kessler

The field has suffered from a lack of methods to evaluate the effectiveness of team-based integrated care. This workshop will evaluate three different projects that incorporate metrics to measure integrated behavioral healthcare in primary care. Namely, we will review the following efforts: 1) Practice Integration Profile (PIP) - results from 1,000 administrations, 2) Sunflower Foundation in Kansas integration metrics project - defining core metrics of integration, with a focus on process, outcomes, and cost measurement, and 3) Integrated Behavioral Health in Primary Care (IBH-PC) trial - sharing results of the first two years of a five year pragmatic trial across 40 national primary care clinics aimed at improving integrated behavioral health.

Concurrent Sessions | Sedona

**Metrics for Evaluating Integrated Care: Learnings from Three Metric Focused Projects** — Elizabeth Banks, Matthew Martin

The success of collaborative care hinges on appropriate workforce development. There is a lack of evidence - and competency-based curriculum that prepares physicians to work with behavioral health clinicians in primary care. The aim of the project is to identify core competencies for physicians practicing integrated behavioral health, design a curriculum based on those competencies, and evaluate the effectiveness of the curriculum at multiple sites nationwide. The purpose of this presentation is to introduce audience members to the initial project findings, highlighting the main core competencies for physicians working with behavioral health clinicians. We will review these study results, introduce the curriculum we designed as a result of the study results, and then discuss the next steps for implementing and evaluating the curriculum at various sites.

Concurrent Sessions | Coronado
10:45 a.m. - 11:30 a.m. **Metrics for Evaluating Integrated Care: Learnings from Three Metric Focused Projects** — Amy Mendoza, Beth Newhouse, Nicole Huggett

The period immediately following discharge from inpatient care is recognized as a time of increased vulnerability. Increasing patient contact by bridging gaps in care after crisis utilization contributes to decreases in over-utilization of these services. Preventable hospitalizations account for a considerable portion of potential cost-savings that can be garnered from improved care management and increased patient contact. Evidence-based guidelines for discharge instruction, when successfully administered, reduce readmission rates in high-risk patients, leading to improved quality of care, more positive health outcomes, and, ultimately, healthcare savings. To improve quality of care, CODAC Health, Recovery, and Wellness adopted a strategy to transport patients directly from an inpatient setting to an outpatient setting to meet with a provider, bridging gaps in care and ensuring a safe transition. CODAC has demonstrated increased compliance with outpatient 7-30 day NCQA HEDIS Measures. Preliminary findings suggest that increased patient/provider contact on the day of discharge without gaps in care results in decreases in unnecessary inpatient utilization. Aims: Implementing direct patient contact same-day of discharge from a crisis setting in preventing unnecessary inpatient readmission.

Concurrent Sessions | Palomas

11:30 a.m. - 12:00 p.m. **Lunch**

Sponsored by: Maricopa Integrated Health System

North Center Ballroom

12:00 p.m. - 1:30 p.m. **Toward Integrating Behavioral Health as Part of Population-based Health Care** — David Katzelnick, Michael Bryan, Kristi Stuckwisch

The panel will describe the Mayo Model of Community Care (MMoCC), initiative, the integrated behavioral care model, and the integrated pilot project at the outpatient clinic in Scottsdale. The panelists will then explore the facilitators and barriers to integrating behavioral health and the MMoCC program across the national Mayo system. Their experiences can offer guidance to the audience independent of the site and location of their own integration efforts.

General Presentation | North Center Ballroom

1:45 p.m. - 2:30 p.m. **Building the Integrated Behavioral Health Team through Teamwork: A Structured Lean Problem-Solving App** — Constance Connie Van Eeghan

No team arises without a meaningful performance challenge. Building a team requires a strong performance discipline, within the team and the organization, reflecting needs of customers and employees and creating accountability for results (Katzenbach and Smith 1993). The “wisdom of teams” applies to healthcare team development as well. Tactics to improve quality in care are insufficient; teamwork training generates a dose-response relationship to reductions in mortality and other patient outcomes (Pronovost and Freischlag; Neily 2010).

Lean provides a structured approach to team development. This presentation will review the structure of the Integrated Behavioral Health and Primary Care Toolkit, features of each development stage, and examples of its use. The results of this work demonstrate greater team performance and the potential for improved patient outcomes.

Concurrent Sessions | Sedona
Conference Schedule

Tuesday, March 6, 2018 (cont’d)

1:45 p.m. - 2:30 p.m.  Turn the Chair Around—the Art of Integration — Sophia Murphy, Kristen Ray

Work done by an interdisciplinary team is comprised of a process in which staff of different backgrounds and training come together to share knowledge and individual skillsets to provide patient care (Nancarrow et al., 2013). While this definition appears simplistic enough, what is the process of implementation? What makes a great team great and even further; what makes a great team effective? It’s been argued that in comparison to individuals, teams make less mistakes. Paradoxically, research also demonstrates that most teams operate as a collection of separate entities. This is argued to be a result of healthcare professionals being majorly educated as individuals and trained separately within their fields of study (Miller, Riley, & Davis, 2009). Thannhauser, Russell-Mayhew, & Scott (2010) argue that “saying one is involved in interprofessional collaboration (IPC) and actually engaging in collaborative practice are two different experiences,” (p. 336). This presentation will review current literature on the topic of interdisciplinary teams (IDTs) in healthcare while providing personal insight and experience from two Doctorate of Behavioral Health alumni who have envisioned, implemented and sustained IDTs in a successful integrated healthcare practice in Phoenix, Arizona. Lecture participants will be actively engaged in experiential examples of problem-solving as a team. An actual care study from the integrated healthcare practice of the two lecturers will be presented, and pros/cons of the IDT approach will be examined.

Concurrent Sessions | Coronado

Behavioral Health in Surgical Settings — Christine Borst, Greg Borst

Overview of research done on facets of behavioral health and the impact on surgical outcomes; call for integrated behavioral healthcare professionals and surgical professionals to collaborate for better patient care.

Concurrent Sessions | Palomas

2:45 p.m. - 3:30 p.m.  Integrated Care Strategies for Patients with Opioid Use Disorder — Daniel Mullin

The increase in patients with opioid use disorders (OUD) presenting to primary care has broadened the role medical and behavioral health providers have in providing care for this population. This session will highlight provider and practice-based challenges and successes in treating patients with OUD in integrated primary care settings. This presentation will draw on existing evidence that supports the treatment of OUD in primary care as a chronic condition best addressed by teams of behavioral and medical providers. Evidence and strategies for including families in the care of patients with OUD will also be presented. The critical role of harm reduction in caring for patients with OUD will be explored within the context of interdisciplinary team-based care.

Concurrent Sessions | Sedona

Integration from an Interdisciplinary Team Perspective — Christian Moher, Steven Herron, Robin Glicksman, Scott Couch, Joddi Jacobson

Community Partners Inc./Assurance Health and Wellness panel includes Dr. Christian Moher, Chief Medical Officer, Dr. Steve Herron, Medical Director, Robin Porter, Intake and Assessment Supervisor, Scott Couch, Population Health Administrator, and Joddi Jacobson, Director of Individual and Family Affairs. Panelists will present on knowledge and experience in developing and implementing a successfully integrated healthcare clinic in Arizona for adults and children. CPI/AHW provides evidenced-based practices with services including: primary care, psychiatry, pharmacology, nutrition, peer support, case management, therapy (individual and group), and a wellness program. Panelists will emphasize healthcare management topics through discussion on benefits of a shared electronic health record, clinical use and...
Tuesday, March 6, 2018 (cont'd)

2:45 p.m. - 3:30 p.m.  
application of data from population health perspective (chronic disease management), clinical workflows and training, program development, and the business model of an integrated clinic.  
Concurrent Sessions | Coronado

**Medically Unexplained Symptoms: An Integrated Approach**  — David Clarke

30% of primary care patients suffer from chronic pain or other symptoms with no explanation after diagnostic testing. Successful diagnosis and treatment can be achieved by evaluating for specific sources of psychosocial stress including adverse childhood experiences and physical presentations of certain mental health diagnoses. Collaboration between medical and behavioral clinicians leads to substantial improvement in outcomes for this otherwise frustrating group of patients.

Concurrent Sessions | Palomas

| 3:30 p.m. - 4:30 p.m. | Break/Career Fair |
| 4:30 p.m. - 6:00 p.m. | Opening Reception — Diamond Pool |

Wednesday, March 7, 2018

| 9:00 a.m. - 10:15 a.m. | **Student Health Outreach for Wellness (SHOW) Community Initiative & Integrated Care in Practice** |
| The Student Health and Outreach for Wellness (SHOW) clinic has a unique approach to integrated primary care in practice. As a student run, completely volunteer clinic, the make-up of the interprofessional team depends on the professionals available. The healthcare professionals at SHOW work together to ensure patient needs are met by the professional best suited to meet their needs. For this session, the SHOW team will provide an overview of how the clinic is run, with examples of patient scenarios and Interprofessional contributions. |
| Plenary Session | North Center Ballroom |

| 10:30 a.m. - 11:15 a.m. | **Everything is Awesome When You're Part of a Team: Behavioral Health Providers as Team Facilitators**  — Matthew Martin |
| Primary care teams are complex groups that require tuning and general maintenance over time. Common team problems (e.g., staff turnover, interpersonal conflict, and unclear roles and responsibilities) can disrupt behavioral health integration and create stress for all team members. Successful team performance requires leadership, workforce development, and ongoing instrumental and emotional support. The behavioral health provider is a trained mental health professional who can monitor team functioning and intervene with psychology-related strategies. In this presentation, we will emphasize the importance of team-based care, evaluate specific principles and strategies for improving team functioning, and practice applying principles to problems commonly seen in team-based primary care. Participants will leave the presentation with clear ideas for how behavioral health providers can help care teams magnify their potential. |
| Concurrent Sessions | Sedona |

**Vermont Blueprint for Health: Community Health Teams**  — Betsy Fowler

The Vermont Blueprint for Health (VBH) is Vermont’s mechanism for healthcare reform based on the patient-centered medical home (PCMH) model. Core tenets include local leadership to identify gaps in resources, and utilize funding to fit the needs of each community. Initially...
piloted by two communities, the VBH has expanded to all hospital service areas in the state. Community Health Teams (CHT) are a key component to providing interdisciplinary, wrap around services to improve the health of individuals, improve population health, and decrease costs. The VBH has demonstrated decreased expenditures in healthcare costs by reducing emergency room visits and inpatient stays. The CHTs are also an integral component for increasing the quality of life for those most in need.

Concurrent Sessions | Coronado

**First Episode of Psychosis—Early Intervention** — Vicki Staples

In healthcare, if a person is diagnosed with cancer, they receive a serious response from healthcare providers in a quick manner. In contrast, youth who experience psychosis rarely receive a serious response or timely treatment. It does not have to be this way! Early intervention programs for psychosis have proven to be highly effective at changing the tide of recovery for people with schizophrenia. We will review the history, research and programs that have proven to be effective for intervening early in psychosis. We will also discuss the importance of appropriate coordination with primary care to address the needs of youth who experience their first episode of psychosis.

Concurrent Sessions | Palomas

**Integrating Specialty Behavioral Health Care into the Patient Aligned Care Team (PACT) Model** — Angela Giles

This session will provide an overview of the Veterans Health Administration’s (VA) major initiative to transform primary care delivery through the implementation of Patient Aligned Care Teams (PACTs). Team-based care, is one of the four components of the VA PACT. PACT utilizes a team-based approach, in which the Veteran is the center of the care team. Healthcare professionals work with the Veteran to coordinate a wide variety of health care resources. The care is personalized, proactive and patient-driven. This session will include a discussion of innovative strategies to integrate behavioral health consultants into Specialty Patient Aligned Care Teams.

Concurrent Sessions | Coronado
12:45 p.m. - 1:30 p.m.  **“Sowing seeds” to grow your own integrated care workforce** — David Bauman, Bridget Beachy

A scarce workforce in conjunction with insufficient program management prevents healthcare organizations from delivering truly revolutionary team-based care. We will discuss training methods and strategies for “growing your own” interdisciplinary primary care team. Specific methods of training (e.g., core competencies) for BHCs, medical providers (i.e., physicians, advanced practice clinicians, and residents), and nursing staff will be discussed. Strategies for increasing interdisciplinary presence in interviewing and hiring practices, orientation and on-boarding, and incentivizing same day hand offs between team members will be presented. Program evaluation metrics, including staple BHC metrics (e.g., patients per day, percent of initial visits, percent of warm handoffs, penetration rates, etc.) from a federally qualified health center will be used to demonstrate how to “track” the level of integration.

Concurrent Sessions | Palomas

1:45 p.m. - 2:30 p.m.  **Workshop on Methods of Evaluating Cost Effectiveness in Team Based Integrated Healthcare Settings** — Jennifer Rolfes

There has been a significant growth in the interest of team based integrated healthcare models in recent years. By integrating behavioral health into primary and specialty care clinics, medical practitioners can better address mental health disorders, that may be the primary medical issue or are concurrent with other medical conditions. Showing that team based integrated services can not only bring additional resources to patients, but can be fiscally beneficial, will allow the field to continue to grow. Statistical methodology for the estimation of mean healthcare costs and the cost effectiveness ratio models will be presented. A frequently used biomedical software program, Stata, will be used to demonstrate the mean healthcare costs by utilizing a user-written command hcost. Examples will also be developed to demonstrate the utility of this methodology.

Concurrent Sessions | Sedona

**Confronting the Myth of the “Non-Adherent” Patient: How Overcoming “Victim Blaming” in Healthcare Can Lead to Better Patient Outcomes** — Kathy Trujillo

This workshop will challenge the myth of the “non-adherent” patient, focusing on the assessment of patient socio-medical acuity. Participants will be provided an assessment framework for evaluating patient barriers to adherence, focusing on the role of social issues and social services professionals in the medical management model. The session will discuss the financial impact of integrated healthcare care, and provide participants with an opportunity to apply assessment principles to real-life case scenarios, using the framework provided. The session will illustrate how greater collaboration between social services professionals and medical experts can lead to better health outcomes for patients, as well as greater financial outcomes for healthcare entities.

Concurrent Sessions | Coronado

**The role of Psychiatric Nursing in understanding the need for Team-based and Integrated Healthcare in Thailand: Lessons learned from a Global development needs-based assessment** — Ronald O'Donnell, Breanna Reeser, Mohamed Abdalla

Non-Communicable Diseases (NCDs) are on the rise in developing countries (Gebrihet, et. al., 2017). As developing countries start to recognize this trend, healthcare priorities and funding streams begin to shift toward the emerging epidemics of NCDs and related multimorbidities (Oni et al. 2014). In Thailand and Southeast Asia, the importance of preventing and managing chronic, non-communicable disease (NCD's) in primary care is increasingly recognized...
by government health agencies, leaders, and practitioners, in part due to the United Nation’s release of Sustainable Development goals, which includes addressing NCD’s in addition to mental health co-morbidities (United Nations, 2017). The primary care system in Thailand is characterized by a lack of resources to support the Integrated Healthcare model (Bolton, et al. 2014). However, Psychiatric Nurses in Chiang Mai are already working as a team with physicians and assuming some duties similar to Behavioral Health Consultants (BHC). Research is currently underway (and will be complete before the conference) for a need- based assessment in Integrated Healthcare in Southeast Asia that may provide additional opportunities for grant funded studies to pilot the Integrated Healthcare model in these areas.

Concurrent Sessions | Palomas

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2:45 p.m. - 4:00 p.m.  

**Choosing Patient-Reported Outcomes and Measurement Methods for Team Based Health Care** — John E. Ware, Jr.

Greater understanding of the concept of patient-reported outcomes (PRO) and advances in survey measurement methods are making it practical to screen and monitor health from the patient point-of-view and are making results more timely and useful to the health care team. Conceptually, the summary measures of physical and emotional health and profiles of their underlying domains provide a blueprint for focusing the goals of patient care. Understanding of the value of multiple behavioral, subjective and evaluative indicators of goal attainment is at an all-time high. Methodologically, more practical adaptive surveys reduce respondent burden substantially while standardizing metrics for meaningful comparisons of results. These methods also enable the amount of measurement, and thus score precision, to be better matched to the different requirements of group- and individual-level data. In addition, measurement algorithms that automatically adapt to the complexity of multiple chronic conditions enable a more comprehensive picture of a patient’s total health. Technology enables better integration of disease-specific and generic data in a dashboard display that allows health care teams to zoom in and out for information most useful in treatment decision-making and for evaluating effectiveness in the terms that matter most to patients. The time is right to identify concepts worthy of quantification in a PRO core, to choose metrics worthy of standardization across health care settings, and to present PRO data in a way that minimizes distractions and makes results more actionable.

Closing Plenary Session | North Center Ballroom
## Save the date

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2019

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