

WELCOME!

to Greater Columbia ACH's

Learning Collaborative on Interagency Communication & Community Building



Please be sure to log your name and organization into the chat box!
Please leave webcams off to allow those with low broadband to be able to enjoy the Learning Collaborative.



The presentations, minutes, and meeting recording will be posted on our website at www.gcach.org and the CSI portal

The convening will begin shortly. Thank you for joining us!

Today's Agenda

Welcome & Introductions <i>by Sam Werdel, GCACH</i>	1:00-1:05
Collaborative Care Presentation <i>by Martin Sanchez, GCACH</i>	1:05-1:35
Guest Speakers <i>CHCW, MERIT & Lourdes</i>	1:35-2:30
Break	2:30-2:35
Breakout Groups/Whiteboard <i>by Martin Sanchez, GCACH</i>	2:35-2:45
Closing Discussion <i>by Diane Halo</i>	2:45-3:00

Presented by:

Sam Werdel

*Director of Practice
Transformation*



Diane Halo

Program Director



Martin Sanchez

*Senior Practice Transformation
Navigator*

Collaborative Care Benefits

- Team member empowerment
 - Able to offer recommendations in treatment for better patient outcomes
- Helps close gap communications
 - Vital patient information can be lost
- Minimizes readmission rates
 - Patients can be more properly diagnosed
- Promotes teamwork and team mentality
 - Able to provide support to each other and rely on their expertise



Collaborative Care Benefits

- Collaborative care results in patient-centered care
 - Contribute equally to patient's care, thus the patient truly shines as the unifying cause for care
- Helps identify mental health issues before they become severe
 - About 60% of patient's visit their PCP for mental health treatment.
- Reduces overall costs of medical care
 - Medicaid outpatients who frequently visited their physicians and received both physical and mental healthcare achieved a 21 percent reduction in medical costs after 18 months, while those who only received physical care had a 22 percent increase in their use of medical services.



Barriers to Collaborative Care

Clinical barriers

- Lack of provider knowledge of treatment guidelines and measurement-based care
- Distinguishing physical symptoms from complaints related to mood
- Not engaging patient in discussion of treatment options, including honest, open communication about meds and their alternatives
- Stigmatizing attitudes about treatment and poor communication between patients and providers



Barriers to Collaborative Care

Organizational barriers

- Imposed limits on PCP on time allowed for a comprehensive mental health evaluation
- Historical protection of privacy and fears of violation of privacy
 - 42 CFR Pt. 2
 - HIPAA
- Confusion between PCPs and BH/SUD providers about the responsibility for a patient's care
- Workforce shortages of professionals trained in evidence-based interventions



Barriers to Collaborative Care

Financial barriers

- Funding and reimbursement issues for both PCP and BH/SUD providers
 - VBP contracting
- Lack of reimbursement for the treatment of mental health for services such as depression screening, psychiatric consultation and care management
 - Identification of high-risk patients
- Billing restrictions for a medical and a mental health visit on the same day



Opportunities for Collaborative Care

- Changes in healthcare policy and reimbursement models
 - VBP contracting that focuses on value of care
- Health information technology
 - Implementation of ONC certified EHRs
- Meaningful Use
 - Improves quality, safety, more efficiency, and reduces health disparities
- Talking with new and existing patients about advantages of collaborative care



Opportunities for Collaborative Care

- Educate patients about release of information
- Help patient find PCP or BH/SUD if they do not have one
- Establish collaborative care plans
- Establish communication with BH/SUD and PCPs as a routine part of service



Connecting Medical and Behavioral Health



Break

10 minutes

Guest Speakers



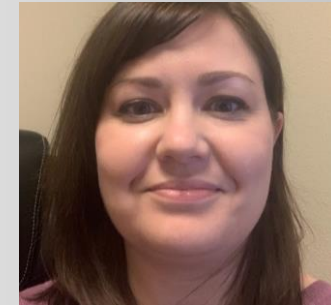
**Becky Starnes, Connect
Program Director**

Becky Starnes, MSW, is the Connect (MOUD) Program Director at Community Health of Central Washington. She graduated from Eastern Washington University with a Master's degree in Social Work and has over 20 years' experience working in not-for-profit organizations, including 12 years FQHC experience. She has been in her current role since the beginning of the program in 2016. Becky is passionate about the patients that she serves and feels honored to hear their stories and help them along their journey to recovery. In her spare time, Becky enjoys traveling (especially to the beach), camping, hiking and biking.



**Michael Clement, Clinical
Supervisor**

MS, MAC, SUDP

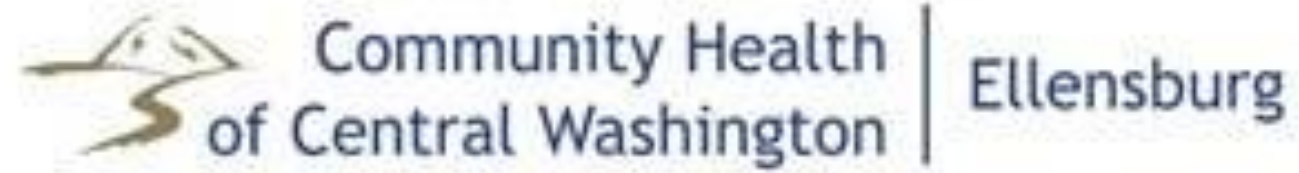


**Armelia Buzzini, LMHCA
Behavioral Health
Specialist**

In April of 2021, I was hired by Lourdes West Pasco Family Medicine as a Behavioral Health Specialist. My job includes providing preventative counseling services and coordinating care between the patients, psychiatric consultant, and primary care providers. This is all part of a collaborative care program designed to provide integrative care for both medical and mental health needs in one primary setting, with the goal to promote better outcomes and improved continuity of care.

My educational background includes a B.S. in psychology and a M.S. in Clinical Mental Health Counseling. I have worked 10+ years in the mental health field and other helping professions. I am licensed in the State of Washington as a LMHCA and nationally certified by the NBCC.

Becky Starnes



Michael Clement



Armelia Buzzini



Brainstorm – Breakout groups

- 1) How can Primary Care and BH/SUD entities work together? Other ideas for partnering together?
- 2) What are some issues you have? How do we address long wait lists for behavioral health, primary care, and substance use? How do we address stigma of the need for SUD/BH with primary care?
- 3) How to find resources and organization that treat younger populations for BH/SUD?



Resources

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5221542/>
- https://www.magellanofvirginia.com/media/2323/faq-coordination_of_care_between_bh_and_pcps.pdf
- <https://www.insynchcs.com/blog/the-top-8-benefits-of-collaborative-care-for-providers-and-patients>



Next Learning Collaborative

Next learning collaborative is:

Thursday April 28th

1:00-3:00 pm

Topic:

The Role of Peer Supports in Providing Care

Please take our survey.....[link](#) in the chat



Contact Us!

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GREATER COLUMBIA

ACCOUNTABLE COMMUNITY OF HEALTH

THANK YOU