

Primary Care Perspectives on Integration, the Medical Home, and Leadership

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- Chronic disease
- Multiple comorbidities
- Need for interdependent skills across medical disciplines and teams
- Patient outcomes are interdependent
 - Multiple studies show depression has an independent effect on all-cause mortality (Gallo et al., 2005; Penninx et al., 1999; Bruce and Leaf, 1989)
 - Data from late-life depression trial shows integrated care can decrease mortality (Gallo et al., 2007)

Primary Care Landscape



- “Behavioral health and primary care are inseparable, and any attempts to separate the two lead to suboptimal care.” (Patient-Centered Primary Care Collaborative, 2010)
- Particularly relevant to two joint principles of the medical home:
 - Whole Person Orientation
 - Coordinated/Integrated Care
- “Mental health as particularly important to the context of the whole person” (Robert Graham Center, 2007)

PC-MHI and the Patient-Centered Medical Home





Document Map

- ☐ VHA Summary
 - PC-MHI Program Data
 - PC-MHI Staffing Data
 - PC-MHI Service Utilization**
 - PC-MHI Diagnostic Data
 - Performance Measures



VHA Summary PC-MH Integration



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[Data Definitions](#)

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[Navigate to VISN Summary](#)

Data Current Through:
03/31/2011

Click underlined metric to view VISN Detail
Click underlined fiscal year to view quarter data

PC-MHI SERVICE UTILIZATION	<u>FY08</u>	<u>FY09</u>	<u>FY10</u>	<u>FY11</u>
<u>PC-MHI Uniques</u>	77,041	126,038	190,273	128,131
<u>PC-MHI Encounters</u>	183,048	305,250	507,202	294,322
Individual Encounters (534)	183,048	305,250	483,191	272,544
Group Encounters (539)			24,096	21,778
<u>PC-MHI Average Encounters/ Uniques</u>	2.38	2.42	2.67	2.30
<u>New PC-MHI Patients</u>	77,041	109,306	155,564	84,066
<u>PC-MHI Penetration</u>	2.2 %	3.2 %	4.7 %	5.1 %
	View Penetration Map			
PC-MHI Penetration Numerator	71,933	111,130	162,453	178,301
PC-MHI Penetration Denominator	3,343,497	3,437,942	3,481,222	3,466,360

Service Utilization Data

Service Utilization Data reported from facility DSS Identifier (stop code) usage





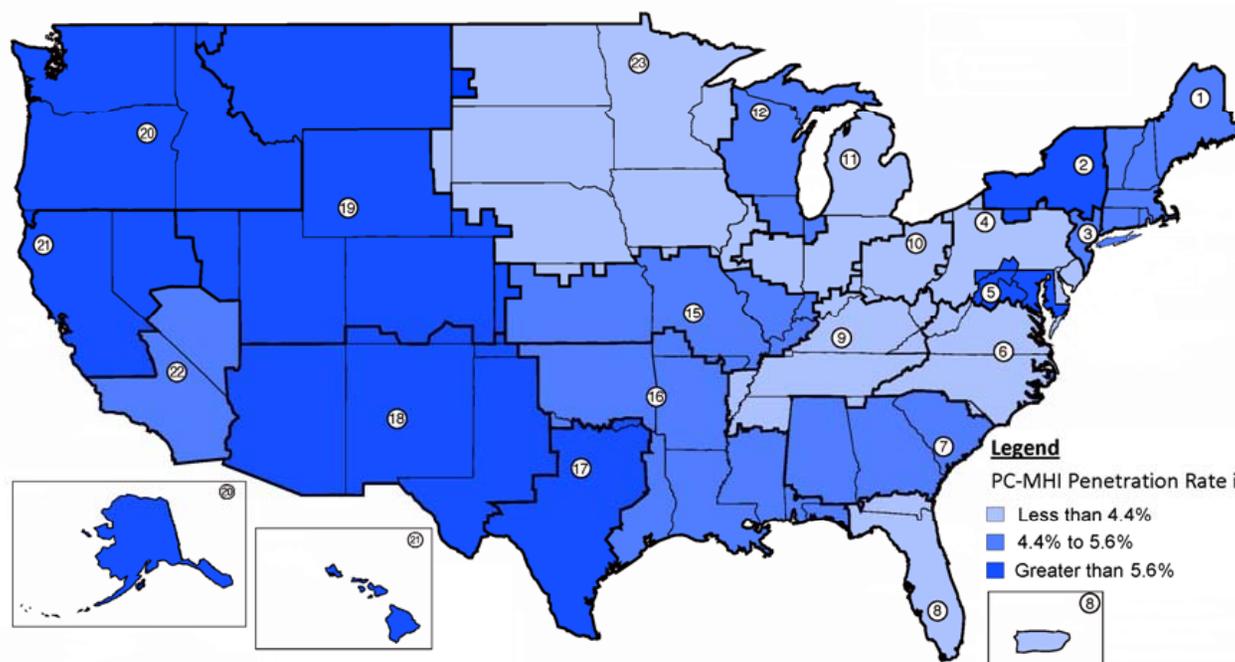
**PC-MH Integration
PC-MHI Penetration Map by VISN**

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[Data Definitions](#)

Data Current thru:
3/31/11

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Service Utilization Data

The PC-MHI Penetration Rate is the number of unique PC-MHI encounters divided by the number of unique Primary Care encounters

→Please note that there is not a PC-MHI penetration rate performance measure or target





Primary Care-Mental Health Integration Dashboard



[VSSC Help Desk](#)

Review the Data Definitions for information on PC-MHI history, definitions of dashboard metrics and instructions to navigate reports.

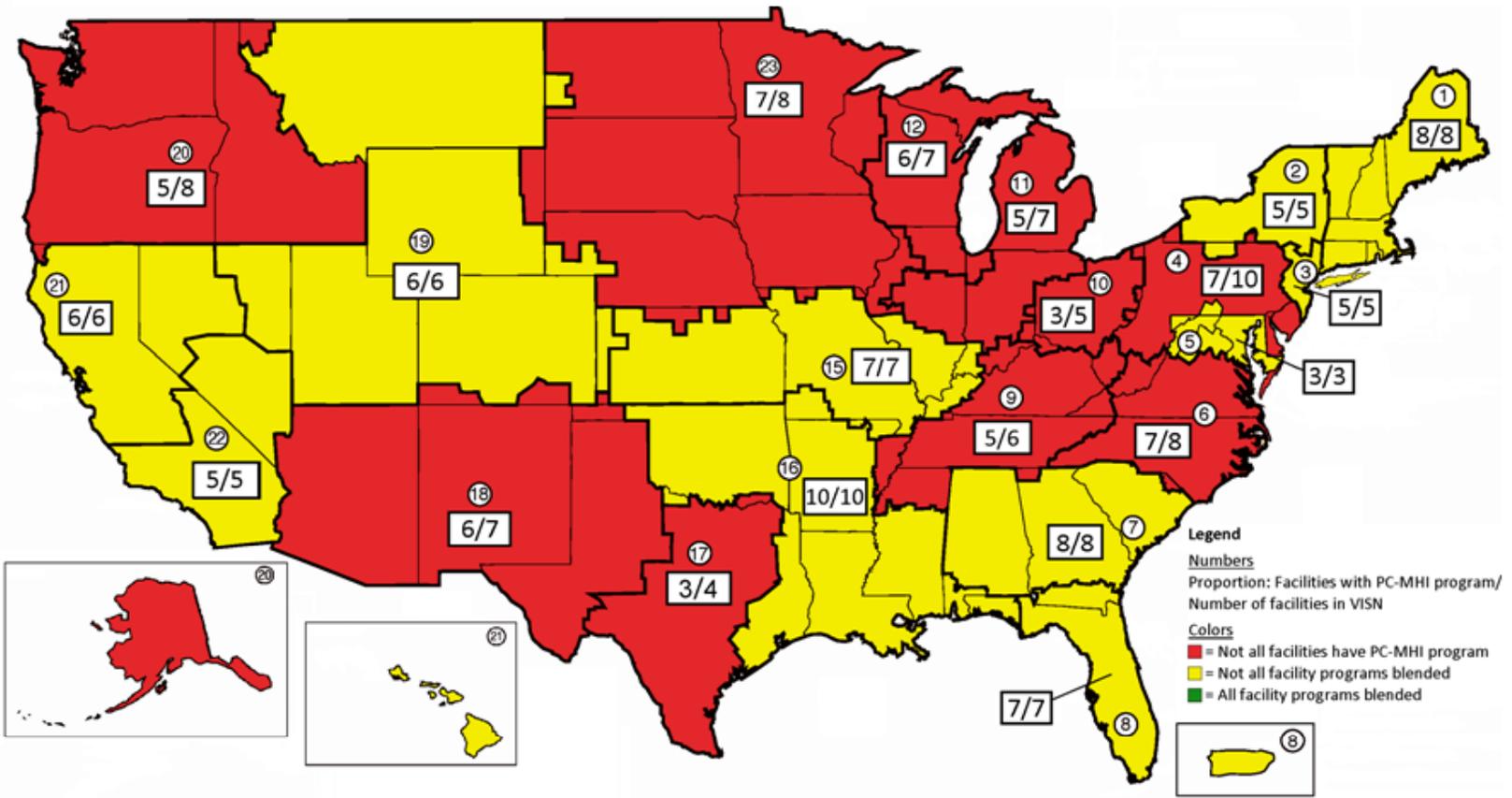
[Data Definitions](#)

[VHA Dashboard](#)

[VISN Dashboard](#)

[Facility Dashboard](#)

[Division Dashboard](#)



Legend
Numbers
 Proportion: Facilities with PC-MHI program / Number of facilities in VISN
Colors
 ■ = Not all facilities have PC-MHI program
 ■ = Not all facility programs blended
 ■ = All facility programs blended

- PACT = PC-MHI = HPDP
- Building a system of Veteran-centered care that efficiently provides excellent access, optimal chronic disease management and prevention--through the application of evidence- and measurement-based care and data-driven quality improvement
- QI literature emphasizes the prepared practice

Different Names, Same Thing



Primary care provider (PCP)

- PACT initiative prepares the community of ambulatory practice for collaborative care
- PCPs principally see patients and demonstrate leadership through broad collaboration within the practice venue

**Be prepared to leave the silos behind:
roles and responsibilities**



PC-MHI provider

- PC-MHI program prepares the integrated, collaborative MH/BH function
- PC-MHI supports primary care in addressing common mental health concerns
- PC-MHI providers principally see patients and demonstrate leadership through PC-MHI team collaboration in building a stepped, measurement-based system of care--blending co-located collaborative practice and care management

**Be prepared to leave the silos behind:
roles and responsibilities**



HBC and HPDP program manager

- HPDP program prepares the collaborative clinical environment for high performance on prevention and supporting Veterans in health behavior change
- BOTH the HBC and HPDP program manager are principally educators and change agents, not principally providers of direct clinical care
- Their *primary* roles are to demonstrate leadership

**Be prepared to leave the silos behind:
roles and responsibilities**



- Bureaucratic threats to collaborative care
 - Everyone's job, no one's job
 - Tyranny of the present
 - Confusing requirements, implementation management, and clinical evidence
- Someone's doing it, why can't we?
 - Predetermine day-to-day interfaces
 - Complementarity over exclusivity
 - Communicate, measure and iterate
- Have you ever seen anyone innovating who was not having fun?

**A world without silos is not a muddle,
unless...**

