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Project Description

I wanted to increase access to behavioral health services by: (1) expanding the behavioral health provider (BHP) network, (2) using virtual behavioral health (BH) visits, and (3) adding mobile health (m-health) tools through a partnership with a health service technology vendor that functions as the central hub to facilitate referrals and match patients to the right care pathway.

Problem Statement:

Demand for behavioral health services is high. 1 out of 6 adults suffers from mental illness. 1 out of 14 children has a serious emotional disturbance. 12% of the US population has a co-morbid chronic medical condition and behavioral health problem. There is a national BHP workforce shortage. In CA, it is projected that there will be 41% fewer psychiatrists and 11% fewer psychologists, LMFTs, and LCSWs than needed by 2028. The workforce shortage and different referral and triage processes have led to a chronic access challenge. Limited access results in undertreated behavioral health conditions that drives 50% of total health care cost and utilization.

Discovery:

- I developed an initial business model and interviewed:
- I learned:

Clinical Staff	Clinical Support Staff	Administrators	Industry Leaders
29	18	8	12

PAMF Behavioral Health Workforce

	Psychiatrist	Psychiatric NP	Therapist	Patient Lives
Alameda	3.25	1	4.2	176,314
Camino	1.4	2	1.3	339,918
Mills	0	0	0	109,310
Peninsula				
Palo Alto	8.3	1.4	7.6	262,800
Santa Cruz	2	3	9.5	134,909
Total	14.9	7.4	22.6	1,023,071

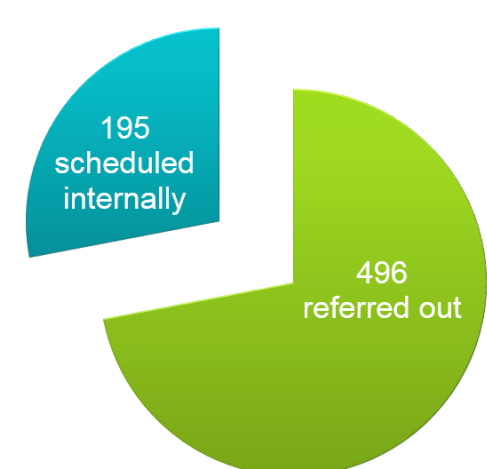
"I don't refer to behavioral health anymore because I know access is so poor. I have a list of resources I give to patients."

PCP

"I can see new patients. The problem is I can't get them back in within a reasonable time for follow-up care."

BHP

72% of referrals are referred out to community providers. Of the 28% served internally, >15 days to be seen



Annual referrals increased by 60% from 2015 to 2018



Goal:

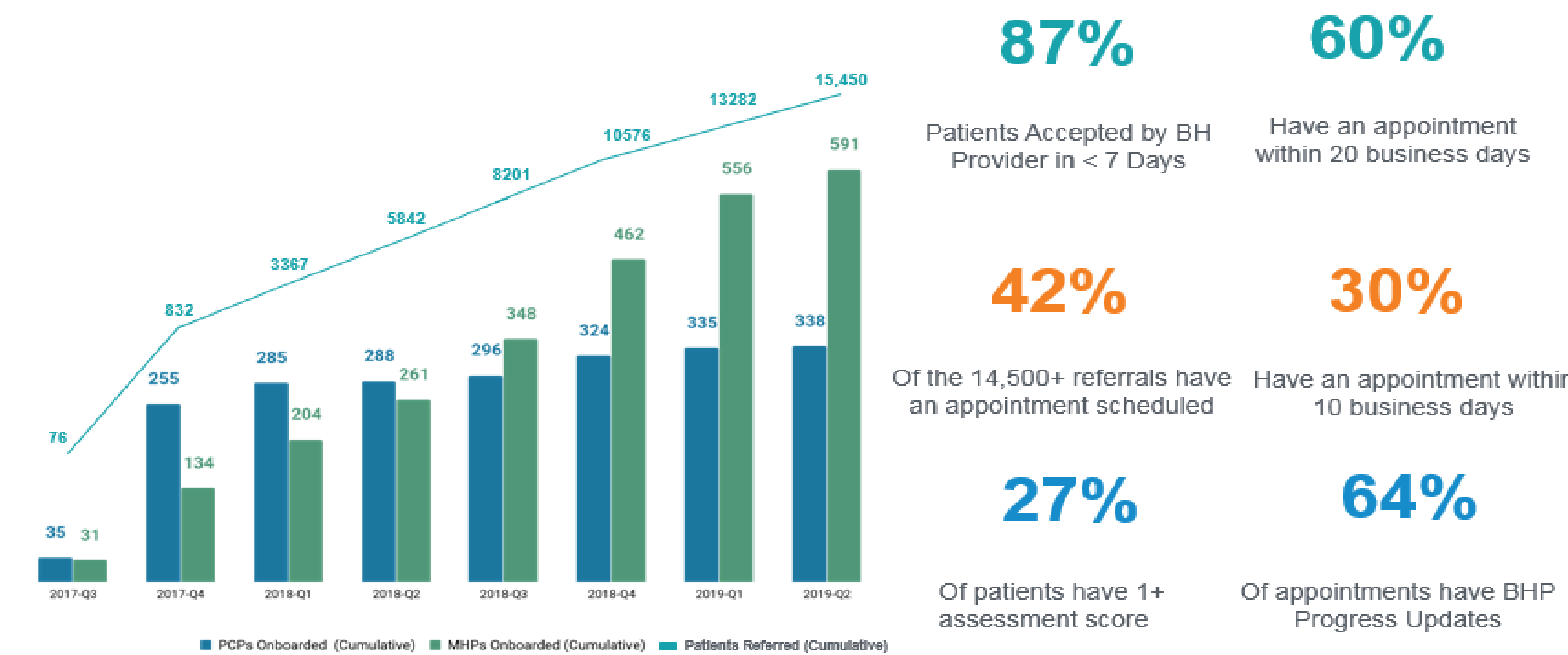
Expand our virtual care team.

Outcome-oriented Objective:

- Enhance the community behavioral health provider network in the first 6 months.
- Connect 50% of referrals to a community behavioral health provider in the network within 7 business days.

Results

Served over 15,400 patient referrals to outpatient BH services in the Sacramento region.



87%

Patients Accepted by BH Provider in < 7 Days

60%

Have an appointment within 20 business days

42%

Of the 14,500+ referrals have an appointment scheduled

30%

Have an appointment within 10 business days

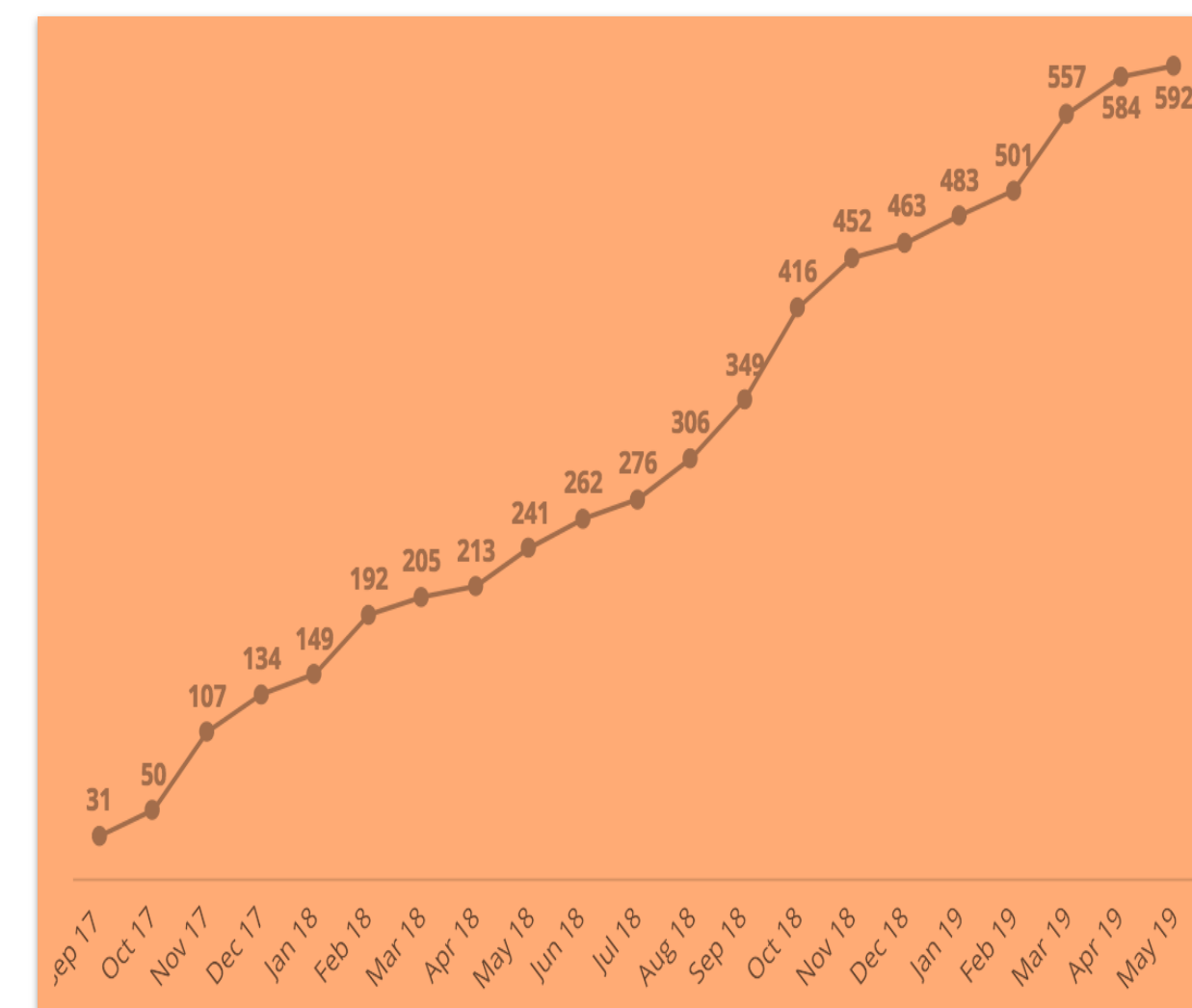
27%

Of patients have 1+ assessment score

64%

Of appointments have BHP Progress Updates

Built a 600+ provider network of BHPs. The network grows and evolves to fit changing patient needs and PCP referral patterns.



Patients are empowered to provide feedback that shapes how the program evolves.

- 75% rated their matched mental health provider 3, 4, or 5 stars on a scale of 1-5
- 69% intend to continue treatment with the same mental health provider
- 74% attend an initial appointment and engage in treatment

Lessons Learned

- Sacramento behavioral health landscape is different from the Bay area.
- Maintain a realistic timeline and deliverable expectations.
- Integration with EMR increased provider engagement.
- Opportunity for paradigm shift to expand definition of BH care team.

Next Steps:

- Develop an implementation plan for market launch at PAMF in the Bay area.

- Ingest and analyze data.

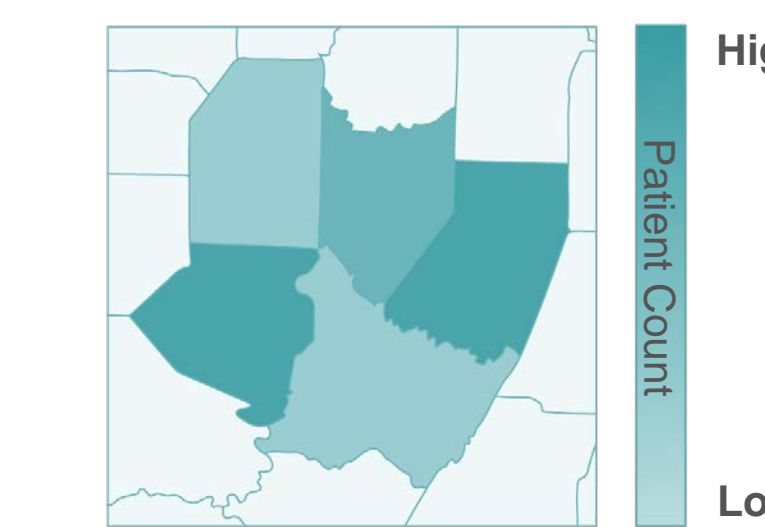
Data Sharing: PAMF shares information about patients and providers in-scope. This information includes:

- Referring provider data
- Patient data for providers in scope
- Future state: ACO data (member claims, prescription claims)

Prioritize BH status & utilization patterns: Stratify patients by potential impact of BH intervention to:

- Identify Recommended Patients: Determine highest impact population, focusing on patients with chronic health conditions and latent mental health conditions
- Identify BH needs: Determine clinical needs to inform go-to-market approach

Map highest impact patients to PCPs and use to inform market roll-out as needed



- Recruit and optimize BHP network.
- Rollout to providers.
- Govern, manage, and report out.

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> PAMF Sutter System MH Health Technology vendor 	Key Activities <ul style="list-style-type: none"> Increase patient access to behavioral health services from 4-6 weeks to 5-7 days Reduce time on administrative tasks for BHP and increase available time for seeing patients by 20%. 	Value Propositions <ul style="list-style-type: none"> Review pilot data Leadership support Develop bay area implementation plan Develop/provide training Develop decision support algorithms 	Buy-in & Support <ul style="list-style-type: none"> Executive leadership BH providers BH clinical support team 	Beneficiaries <ul style="list-style-type: none"> Patients BH Providers Primary Care Providers Health care system
Key Resources <ul style="list-style-type: none"> Funding IT Support Data Analytics Project manager 		Deployment <ul style="list-style-type: none"> Referral to BH placed in EPIC 		
Mission Budget/Cost <ul style="list-style-type: none"> Service Provider/Technology Vendor contract cost 			Mission Achievement/Impact Factors <ul style="list-style-type: none"> Expand access to behavioral health care services for patients and improve support for primary care providers. 	