

IBHA Standard	Current (2015) Specifications	Proposed 2021 Specifications
<p>1) Integrated behavioral health services are provided as part of routine care at the Primary Care Home including licensed Behavioral Health Clinician(s)¹ delivering an array of services on-site. BHC as defined in ORS 414.025.</p>	<p>BHC(s) provides care at the PCPCH with a ratio of 1 FTE BHC for every 6 FTE of Primary Care Clinicians (PCC). For example, a practice with 4 FTE PCC would need to have .67 FTE of a BHC (approximately 26.5 hours/week). For rural practices with behavioral health clinician shortages, integrated services may be provided virtually as long as other standards are met.</p>	<p>BHC(s) provides care at the Primary Care Home with a <u>minimum</u> staffing ratio of 1 FTE BHC for every 6 FTE of Primary Care Clinicians (PCC)². For example, a Primary Care Home with 4 FTE PCC would need to have .67 FTE of a BHC (approximately 26.5 hours /week). Note: Primary Care Homes may utilize telehealth³ services to meet the staffing ratio as long as all other standards are met.</p>
<p>2) Integrated BHC provides a broad array of comprehensive evidence-based behavioral health services.</p>	<p>BHC services should be applicable to the PCPCH patient population served, including care for: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risks and conditions, stress-related physical symptoms, preventive care, and ineffective patterns of health care utilization per ORS 414.025.</p>	<p>BHC services should be evidence-based⁴ and applicable to the patient population served including care for: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risks and conditions, stress-related physical symptoms, preventive care, and ineffective patterns of health care utilization per ORS 414.025.</p>
<p>3) Integrated BHC provides same-day open access behavioral health services</p>	<p>Same-day open access services include warm hand-offs, brief assessments and interventions for patient and families, consultations to primary care clinicians and other care team members, and participation in pre-visit planning and daily huddles. Same-day open</p>	<p>Same-day open access services are provided in real-time at the point of care when behavioral health issues are identified at the Primary Care Home. To ensure timely access to behavioral health care, <u>at least half of the BHC's hours</u> (on average) at the practice each week must be available for same-day</p>

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	<p>access services are provided in real-time at the point of care when behavioral health issues are identified at the PCPCH.</p> <p>On average, at least half of the BHC’s hours at the practice each week must be available for same-day open access services.</p>	<p>open access services⁵.</p> <p>Same-day open access services are defined by the time during which the BHC does not have pre-scheduled appointments. The BHC is available in the clinic for a variety of high-value activities including: warm hand-offs, brief assessments and interventions for patients and families, consultations to PCCs and other care team members, and participation in pre-visit planning and daily huddles.</p>
<p>4) Primary care clinicians, staff, and BHC utilize a single shared medical record and have a mechanism in place for collaborative care planning and co-management of patients.</p>	<p>Primary care clinicians, staff, and BHC document clinically relevant patient information in the same medical record system and participate in collaborative treatment planning and co-management via case conferences, consults, pre-visit planning and/or daily huddles.</p>	<p>Primary care clinicians, staff, and BHC document clinically relevant patient information in the same medical record system and participate in collaborative treatment planning and co-management via case conferences, consults, pre-visit planning and/or daily huddles⁶.</p>
<p>5) BHC is an integrated part of the primary care team.</p>	<p>Primary care clinicians, staff, and BHC utilize shared physical space and the BHC participates in practice activities such as team meetings, daily huddles, pre-visit planning, and quality improvement projects.</p>	<p>Primary care clinicians, staff, and BHC utilize shared physical space and the BHC participates in practice activities such as provider and team meetings, daily huddles, pre-visit planning, and quality improvement projects, team meetings, daily huddles, pre-visit planning, and quality improvement projects.</p>
<p>6) Primary Care Home utilizes a population-based approach to routinely</p>	<p>PCPCH utilizes universal behavioral health screening, care coordination, and panel management to monitor the behavioral health</p>	<p>Primary Care Home utilizes data to track and manage the behavioral health needs of the entire patient population including screening, intervention</p>

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<p>deliver and coordinate integrated behavioral health services.</p>	<p>needs and outcomes of the PCPCH patient population. PCPCH utilizes written protocols for referrals to appropriate specialist(s) and hospitalization if clinically indicated.</p>	<p>and clinical outcomes, and care coordination. Primary Care Home utilizes written protocols for a stepped care approach to assess patients' level of need and coordinates transitions of care including tracking referrals.</p>
<p>7) The integrated team includes psychiatry consultative resources.</p>	<p>PCPCH identifies the psychiatric care needs of their population, determines viable psychiatric consultation strategies and provider options, and develops a care model that includes these services.</p>	<p>Primary Care Home identifies the psychiatry care needs of their population, determines viable psychiatry consultation strategies and provider options, and develops a care model that includes these services. Examples include: routinely using the Oregon Psychiatric Access Line (OPAL), on-site psychiatry services, e-consults, telepsychiatry services, and/or the Collaborative Care Model⁷.</p>

¹ Behavioral health clinicians (BHC), as defined by ORS 414.025, include: A licensed psychiatrist; A licensed psychologist; A certified nurse practitioner with a specialty in psychiatric mental health; A licensed clinical social worker; A licensed professional counselor or licensed marriage and family therapist; A certified clinical social work associate; An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field.

² Staffing guidelines are based on several factors, the most important being the health and characteristics of the population served. For example, for clinics serving homeless populations, a ratio of BHCs to PCCs may be 1:1. In community health centers, the ratio may be 1 BHC for 3,500-5,000 patients. The United States Air Force uses the following staffing guidelines: 1 BHC for 3,500 patients and 1 BHC Facilitator (RN) for 7,500 patients. Organizations with multiple sites, if using centralized remote BHC telehealth services, must still meet minimum staffing ratio when PCC and BHC FTE is totaled across integrated sites.

For clinics implementing the Collaborative Care Model (CoCM), the AIMS Center provides the following guidance for caseload sizes:

<https://aims.uw.edu/resource-library/caseload-size-guidance-bh-care-managers>

https://www.pcpcci.org/sites/default/files/resources/PCBH%20Implementation%20Kit_FINAL.pdf

Ray-Sannerud BN, Dolan DC, Morrow CE, Corso KA, Kanzler KE, Corso ML, Bryan CJ. Longitudinal outcomes after brief behavioral health intervention in an integrated primary care clinic. *Fam Syst Health*. 2012 Mar;30(1):60-71.

Davis MM, Balasubramanian BA, Cifuentes M, Hall J, Gunn R, Fernald D, et al. Clinician Staffing, Scheduling, and Engagement Strategies Among Primary Care Practices Delivering Integrated Care. *J Am Board Fam Med*. 2015 SepOct;28 Suppl 1:S32-40

³ See current federal and state definitions/regulations of telehealth.

<https://www.americantelemed.org/>

https://telehealth.hhs.gov/providers/?gclid=Cj0KCQiA3NX_BRDQARIsALA3fJHUmUx5DRf6dvUn-ICkcN-0_iN7_NcmUus7awcMUFPeCOCq1qkbzcaAu-DEALw_wcB

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

<https://www.oregon.gov/oha/HSD/OHP/Announcements/Oregon%20Health%20Plan%20coverage%20of%20telemedicine%20services.pdf>

⁴ Evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (American Psychological Association (APA) by the APA Council of Representatives during its August 2005 meeting; <https://www.apa.org/practice/guidelines/evidence-based-statement>)

<https://www.samhsa.gov/resource-search/ebp#collapse-issuesconditionsdisorders>

<https://www.ahrq.gov/research/findings/evidence-based-reports/search.html>

⁵ Examples of open access strategies that clinics have found successful include:

- Block an entire day or half a day of the BHC’s schedule for open access time. This allows a large focus of the day to be on same-day availability, focusing on converting warm-hand offs into same day appointments as the BHC has time to sit with patients and complete an assessment. BHCs must be tasked with managing their time to assure that productivity remains high and that they are doing “rounds” throughout the clinic. Scrubbing charts ahead of daily visits and care team huddles are important for proactively identifying patients who could benefit from BHC services while they are at the clinic.
- Alternate appointments between scheduled and available, typically using 30-minute blocks. BHCs are never booked for appointments back-to-back and therefore always have time in between appointments for consultation and warm hand-offs. BHCs are tasked with good appointment management to start/end their appointments on time so that they do not go into their open-access block of time.
- Split open-access time among BHC staff. Allow staff to have focused work and/or appointment time while others have open-access time when they are on-point for consultations and warm-hand offs. The clinic will always have someone available for open-access hours, but it may vary which BHC is available. BHCs are tasked with good communication and coordination so PCCs always know who is available and how to easily find them.

⁶ Primary care clinicians, staff, and BHC document clinically relevant patient information in a single shared medical record without any additional confidentiality (e.g., “break the glass”) in order facilitate whole-person care, collaborative treatment planning and co-management via pre-visit planning, daily huddles, messaging in the EHR, curbside consultation, and case conferences.

⁷ AIMS Center <https://aims.uw.edu/collaborative-care>