



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

Integrated Care: Models, Screening & Financing

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Screening As A Strategy

Mindful Screening

- **In the early years of efforts to integrate care** screening was encouraged as a means of increasing awareness of behavioral health issues in a population, with the idea being that these needs would then be naturally addressed. This failed miserably and now the recommendation is not to screen unless resources for intervention are reasonably available.
- **Screening** can be thought of as serving three possible functions: patient identification, assessment of progress, tagging patients for tracking purposes

**“Screen only for that which
you have a solution for.”**

—Primary Care Clinicians Everywhere

Screening Tool Utility

- **Identification:**

- Screening tools can identify patients in the population who are symptomatic or may require attention to previously unidentified issues

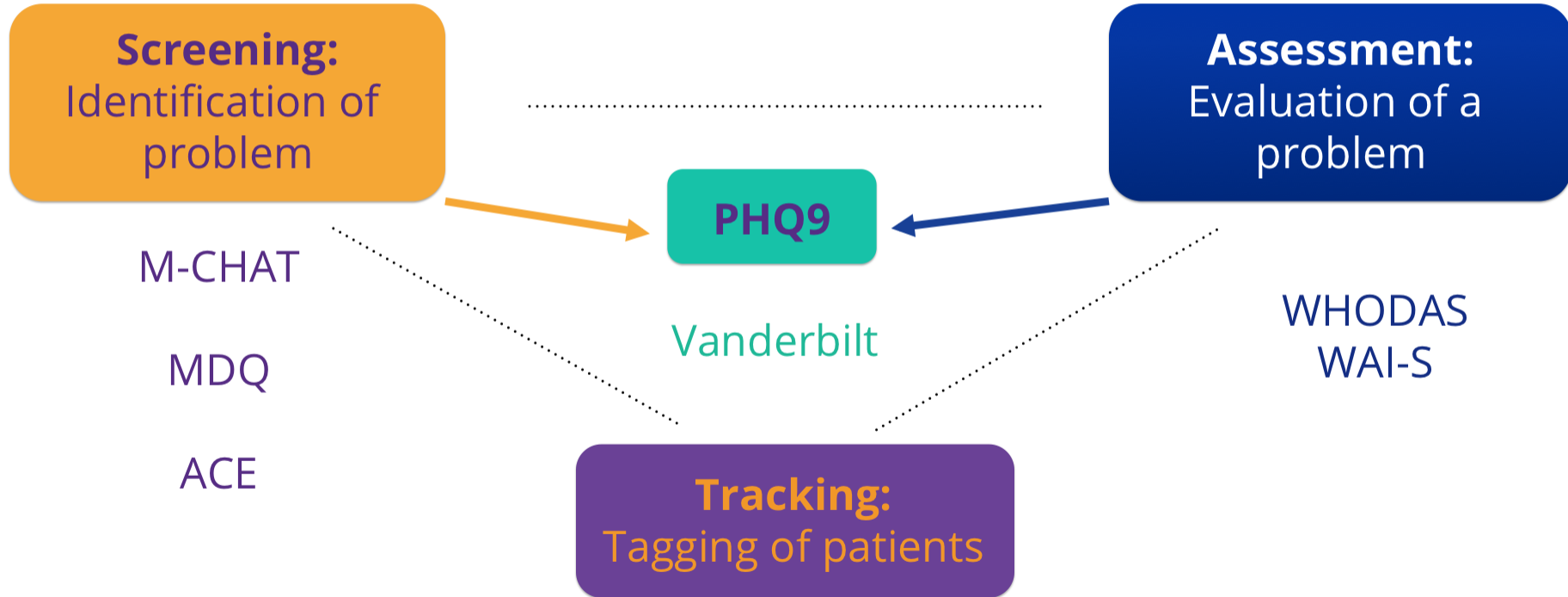
- **Assessment:**

- Screening tools can assess the progress that patients are making towards resolution of their previously identified issues

- **Tagging/Tracking:**

- Screening tool scores can be used to tag and track patients in a registry to ensure that care proceeds along evidence-based pathways

Core Concept

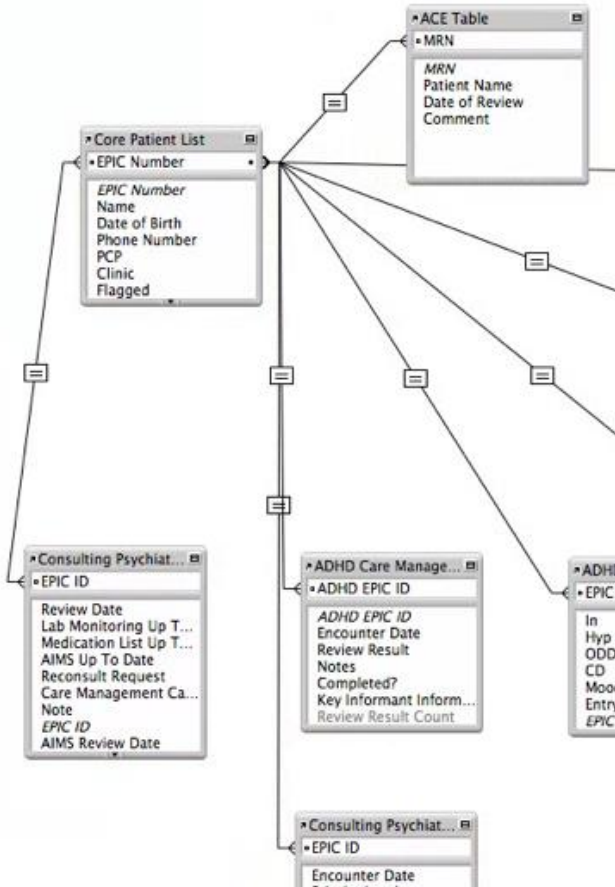


Care Management

- **Care management is a function**, not a position.
- This function allows for the **systematic tracking** of groups of patients to improve engagement and outcomes
- **Registry or patient lists** and some documentation of work done for each patient
- **Protocols can range** from broad and loose to defined and constricting



Primer On



FileMaker Pro File Edit View Insert Format Records Scripts Window Help

ACHC Production (MV-ACHCFM1)

Records 2 / 6108 Found (Unsorted) Show All New Record Delete Record Find Sort

Layout: ACHC Main Database View As: Preview

Access Community Health Centers PCBH Database

01 Test

EPIC Number Name Date of Birth Age Phone Number PCP Clinic

Depression Consulting Psychiatry ADHD General Pediatrics Reports ACE ACE score

Date of Encounter	Review Result	Notes	PHQ9	GAD7	Impairment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Average PHQ9

Average GAD7

of Times Reviewed 0

PHQ/GAD

Scores

Date

Add Encounter Add Record Delete Patient

Date Modified

Flagged

9

How and Where To Document

- In some cases documentation must be duplicated based on the tracking needs and the software capabilities available, but the **EHR should always be a repository of clinical data**
- **Minimizing documentation demands** is key because this activity is by necessity high volume
- **Documentation should be standardized** and for key outcomes or variables, “contained”
- **“Contained” variables** should be relatively easy to input and extract from an EHR



Core Concepts

- **Simplicity** and **speed of administration** is essential
- Purposes should be **clearly defined** with **definable remedies**
- Tagging and tracking strategies should be integrated with **existing documentation strategies**
- **Minimize flow interruption** and maximize point of care utility
- **Don't forget the human factors** that impede the use of tools



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