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Launching Regional Learning Communities for Integrating Health Delivery Systems

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Discussion

National and state health care policy, financing and delivery reform directions for public and private “whole healthcare systems” are increasingly requiring the use of EHR’s, the removal of artificial silos and increased provider interoperability across primary, behavioral healthcare “specialty”, and community primary care providers. The goals of achieving better health care outcomes and efficiencies through integrated health care delivery systems is the light at the end of the tunnel for these directions. Our challenge for effective and efficient management and delivery strategies just got a little bit more challenging.

While the discussions about embracing integrated health care delivery systems has recently heated up here in the Land of Lincoln, initiatives to achieve better health care outcomes and efficiencies have been underway in Illinois for some time both statewide under DHFS, and regionally by providers who have been collaborating to achieve:

- Better health care outcomes for consumers
- Effective working relationships between community behavioral health specialty providers and community primary care providers to ensure that physical and mental healthcare are effectively and efficiently coordinated.

Whether you are getting started or planning to take your next steps there is a lot to manage.

Efficient use of expert consultants to produce your “work product” is to your benefit. Learning communities facilitate economies of scale so you save treasury and time as you (re)position your processes in challenging times.

Integrated Care Learning Communities

Friday, March 26, 2010

The Integrated Care Learning Community process is meant to assist you in these challenging times. The circumstances that face consumers, advocates and providers led us to facilitate the exploration of interest across the state to establish *inclusive* learning communities that:

- a) reduce the time for implementing new ideas by eliminating the “re-creation of the wheel”;
- b) become an arena to share successes, raise questions, and identify challenges;
- c) improve collaboration; and
- d) cost effectively utilize expert consultancies.

Our exploration recognized:

- As part of the healthcare reform many **national organizations** that represent consumer and behavioral health care safety net providers identify integrated delivery systems as a direction that merits consideration under both national and state healthcare reform efforts.
- **Some safety net BHC providers have already started integration projects.** Of note is the fact that some safety net BHC and Primary health care providers in Illinois started down the road to integrating behavioral and primary healthcare in their communities several years ago. Their efforts merit attention to the lessons that can be learned about resource requirements, realistic time frames and resource requirements, how to navigate necessary changes, and systemic state department rules and regulation barriers.
- **The choices you face to maintain vital “safety net” behavioral health care are challenging while you champion the need to improve health care outcomes for the consumers you serve.**
- **There are divergent views on the list of opportunities or challenges around integrated delivery systems.**

May You Live in Challenging Times. Some common questions you asked included:

1. How can integrated delivery systems provide increased access for consumers?
2. How do we establish Health Homes and the co-location of Primary Care in BHC?
3. What are the “lessons learned” on the way to developing integrated systems?

Regional Learning Communities are designed to assist the Behavioral Health Care community of consumers, advocates, stakeholders, and Behavioral Health and Primary Care Providers:

- improve quality, effectiveness and efficiencies;
- reduce the time it takes to implement change within the state, regionally and within provider organizations;
- cost effectively utilize expert consultancies; and
- establish an arena to share successes, raise questions, and identify challenges.

Kathy Reynolds is a nationally recognized expert convener of Integrated Care Learning Communities across the country. Through an interactive, participative team approach, Kathy will assist participants this effort in her role as Process Convener.

As Process Convener Kathy:

- Provides project management.
- Provides evidence-informed information on subject matter, application of that subject matter, and methods for process improvement, both during and between Learning Sessions.
- Offers coaching to organizations.
- Provide communication strategies to keep organizations connected to the faculty and to colleagues during the Learning Community.

Kathleen Reynolds, LMSW, ACSW ***Vice President, Health Integration and Wellness Promotion*** ***National Council Community Behavioral Healthcare***

Kathleen Reynolds has a long and distinguished career devoted to improving the lives of persons with mental illness and substance use disorders. Reynolds was executive director of the Washtenaw Community Health Organization in Ypsilanti, Michigan and a leading proponent in integrated health, bringing together primary care and behavioral health services for vulnerable populations.

Reynolds received the National Council's Lifetime Achievement Award in 2008 and is the co-author of *Raising the Bar: Moving Toward the Integration of Healthcare*.

As a member of the Michigan Association of Community Mental Health Boards, Reynolds did much to help shape state policy in support of behavioral health. She serves as adjunct faculty at Eastern Michigan University and previously taught at Madonna University and the University of Michigan, where she received a master's degree in Social Work in 1982.

The Regional Learning Community process will include the following six steps:

STEP 1: The Problem Statement

STEP 2: The Mission Statement

STEP 3: Target Populations

STEP 4: Learning Communities Goals

STEP 5: Learning Communities Expectations

Some of the expectations will be consistent across all learning communities. For conveners of the process general expectations include to:

- Provide project management.
- Provide evidence-informed information on subject matter, application of that subject matter, and methods for process improvement, both during and between Learning Sessions.
- Offer coaching to organizations.
- Provide communication strategies to keep organizations connected to the faculty and to colleagues during the Learning Community.

General expectations of all participants include the learning community members understand, contribute and comply with:

- Performing pre-work activities to prepare for the Learning Session.
- Connecting the goals of the Learning Community work to a strategic initiative in the organization.
- Providing a senior leader to serve as sponsor for the team, serve as champion for spread of the changes in practice within the systems, and attend at least the first learning session.
- Sending a team to all Learning Sessions; Learning sessions may be in-person, on the phone or via teleconferencing. The decisions on how the sessions are provided will be decided in and by the learning community.
- Providing resources to support their team including resources necessary for Learning Sessions, time to devote to testing and implementing changes in the practice.
- Providing expert staff (Financial, Information System, and Clinical Policy Development) to the team on an as needed basis.
- Performing tests of changes in the organization as a result of the Learning Community.
- Participating, in the second learning cycle by collecting agreed upon data for developing implementation manuals and fidelity instruments.
- Taking part in regular LC evaluations (either mutual or as a group) to assess effectiveness.

STEP 6: Topic Areas for Learning Community Discussions:

Each Learning Community identifies the key target areas that will be topics of discussion. The work product for each regional learning community would be decided before proceeding.

Integrated Care Learning Communities Organizational Participation Fee

Were we landed:

Leadership to facilitate a Learning Community process designed to support ready and willing organizations

- The launch of a twelve month Integrated Care Learning Community process is March 26th at the Chicago Fairmont.
- A limited of number of participating organizations will be accommodated in the integrated learning community process. Each organization's participating fee for the Learning Community will accommodate up to two credentialed participants.
- Pricing for the regional learning community is for the organization and assumes two credentialed participants for the 12 month Learning Community process (see page 3-4). Your initial payment includes the registration for the named two credentialed participants at the March 26th "Launch" of the Learning Communities at the Fairmont. (Participant #1 - \$195/\$225 member*/non-member); Participant #2 - \$95/\$125 member*non-member)
- For you to receive credentials for your two designated participants your initial payment, plus a pledge for the remaining approximate balance of \$750/\$950 (member*/non-member), must be received prior to the Integrated Care Learning Community Launch.
- We have scheduled a Q&A session for organizations who would like to chat a bit further. This teleconference is scheduled for Thursday, March 11th, at 12:00pm. Please RSVP your attendance to sturpin@cbha.net.

As you read the materials on the concept and direction of the Integrated Care Learning Communities, you will note that the participating organizations, along with Kathy Reynolds, will determine the level of needed resources. The approximate participating fee may vary slightly based on those decisions. As stated in Step 6 on the previous page, full, informed consent of each Learning Community will be decided before proceeding.

The Integrated Care Learning Communities is a product "of" the participating agencies, making this opportunity unique and groundbreaking to drive the future direction of our industry. We hope you will take advantage of this initiative and be "at the table" while your future is determined.

* Member category is inclusive of CBHA, the Association of Community Mental Health Authorities and the National Council of Behavioral Healthcare Agencies.