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BEHAVIORAL HEALTH IN SERIOUS ILLNESS CARE

Serious Illness Care Population: Behavioral Health Issues in Serious Illness Care

Categories of Behavioral Health Issues in Serious Illness Care	Clinical Scenarios

• Pre-existing behavioral health conditions
• Newly developed behavioral health problems, including:
  ○ Disorders as a direct manifestation of medical illness
  ○ Disorders as a complication of medical treatment
  ○ Disorders in the context of psychosocial stressors and disability
	Anxiety
	Confusion/Delirium
	Cognitive impairment
	Depression
	Existential/spiritual crisis
	Grief/Complicated grief
	Interpersonal/family conflict
	Personality disorders
	Substance use disorders
	Serious mental illness/Psychosis
	Trauma-related conditions
	Other behavioral health senarios

Model for Behavioral Health Care in Serious Illness Care Settings Based on Four Guiding Principles

1. Person/Family-oriented care reflecting individual values, preferences and goals	2. Interdisciplinary team-based care	3. Coordinated and integrated care	4. Value-based accountable care	5. Equitable care

Key Components			Examples and Elaboration
1. Person/ Family Centered Care Process	Provider/ Person communication	Ensuring shared-decision making that incorporates behavioral health issues	• Pro-active communication to address patients concerns/fears • Infrastructure for robust provider and patient communication across care processes • Communication using familiar style for layperson • Culturally appropriate communication among patients and providers • Continuous alignment with patient's care preferences across all domains, including behavioral health • Telehealth to support remote provider/ patient/ care giver communication • Advanced care planning directives, patient proxy
2. Clinical Functions	Case finding, screening, and referral to care	Providing screening, initial assessment, and follow up	• Screening with standardized behavioral health measures adapted to serious illness settings • Further evaluation by team members with training in behavioral health assessment • Standardized protocols for appropriate and timely follow up and reassessment • Goal-setting and comprehensive advanced care planning to assure care is in concordance with patient goals and preferences
		Facilitating and tracking referral with	• Establish network for behavioral health referral with formalized appointmnet arrangements for "greasing" referral pathways, sharing information pre/post-referral

			• Patient preparation and tracking to assure successful referral connection across different care settings and providers if a referral is needed
	Longitudinal care management	Coordinating, communicating, and following up relentlessly	• Assuring appropriateness and timeliness of behavioral health and other services • Transitional care and care coordination • Prevention of unnecessary emergency department visits/hospitalizations due to untreated behavioral health issues • Mapping patient behavioral health needs over time and across settings
		Managing clinical crises or any severe or sudden change of behavior	• Protocols for managing suicidality • Protocols for managing agitation/delirium • Protocols for assessment of capacity to refuse/consent to treatments or diagnostics • Protocols for managing symptom flares • Protocols for managing disruption of social support
	Integrated evidence-based and measurement-based behavioral health care	Providing access to evidence-based psychopharmacological and evidence-based psychosocial interventions	• Preventive services to reduce occurrence or severity of behavioral health issues • Psychiatric medication management (especially in context of complex co-morbidities) • Psychosocial interventions (e.g., cognitive-behavioral, motivational enhancement, problem solving, trauma-related therapies, palliative care psychotherapies including meaning centered therapy and dignity-conserving therapy) • Complementary treatments (e.g., music therapy, acupuncture) • Treatment of severe mental illness (e.g., schizophrenia, bipolar disorder) • Pain management • Treatment of substance use disorder • Bereavement/Complicated grief interventions
		Supporting decision-making of measurement-based, stepped care	• Incorporate tools and guidelines in clinical workflow/health information technologies • Access to informal ("curbside") consultation with behavioral health specialists
	Self-management support to address behavioral health issues	Promoting patient activation/engagement Promoting health literacy to achieve symptom control and personal goals	• Educational materials and technologies regarding behavioral health • Health coaching • Self-care and caregiver training in behavioral health issues • Support for discussions about goals of care • Peer support
	Caregiver support	Providing tools and interventions to support and educate caregivers	• Formal and informal treatments and supports for caregivers including: - Health coaching/ training to recognize/respond to depression, cognitive deficits, etc. in family members (and themselves) - Informal emotional support; referral to behavioral health provider if indicated - Appropriate toolkits to facilitate goals of care discussions - Home health aides with behavioral health training - Respite care
3. Workforce to Support Clinical Functions	Interdisciplinary teams	Including generalist/specialist/palliative care physicians, psychiatrists, psychologists, nurses, social workers, chaplains, behavioral health care managers,	• Embedded or formalized network relationship with trained prescribers of psychiatric medications • Embedded or formalized network relationship with psychologist, nurse, social worker or other behavioral health specialists • Embedded or formalized network relationship to support care coordination (" lead point of contact on the healthcare team") • Formal/ informal linkage to social support services • Formal/informal linkage to spiritual care providers • Strong organizational structures to support staff satisfaction and reduce staff burnout

Commented [SB(1]: Add EB-telehealth as a separate new subdomain either to the second or third column

		patients, caregivers/peers, etc.	• Access to appropriate physical and mental health services for all SIC providers
	Competencies	Providing training, supervision and assessment to assure competencies in evidence-based practices	• Training and supervision for general medical/palliative care providers to develop behavioral health competencies • Training and supervision for behavioral health providers to develop competencies in serious illness care including advance care planning and basic symptom management • Training and supervision in facilitating end-of-life conversations and maintaining patient treatment alliance • Training and supervision in effective methods to facilitate communication across medical silos between general medical and behavioral health providers • Knowledge and competencies in social services and other needs for patiets and connecting patients to those services • Just-in-time training to meet unexpected needs and allow for greater fluidity of roles
4. Structures to Support Clinical Functions	Health information technologies and other technology support	Commissioning and maintaining systematic tracking of clinical information and exchange among team members across settings	• Incorporating behavioral health concepts and terms in HIT systems • Integrated electronic medical records for behavioral health and serious illnesses • Electronic health records with registry functionality to support longitudinal care management for behavioral health issues • Data sharing platform including secure mobile devices to connect all care team members • Policies and support to guide discussions with patients about privacy and sharing of information among providers • Telemedicine capacity to assure access to behavioral health care for patients with limited mobility • Adaptation of telehealth delivery models and self-management apps for SIC • Easy access to co-located psychosocial information in electronic health records
	Linkages with community/social services	Initiating and maintaining formal arrangements with housing, entitlement, and other social support services tailored to patients' behavioral health needs (especially severe mental illness)	• Home Safety and Access Adaptations through home maintenance and modification programs • Housing support services • Transportation • Meals on Wheels • Home maker services • Personal care (e.g., assistance for dependence) • Physical and financial abuse assessment and response • Social care plan (e.g., social/cultural network contacts, financial security, other social/legal needs)
	Systematic quality improvement	Using quality metrics and other improvement strategies targeted to behavioral health care	• Formal quality improvement efforts targeting behavioral health care through: - Implementing quality measures for monitoring and evaluation - Continuous assessment of variation in evidence based processes and clinical outcomes - Behavioral health workforce with competencies in quality improvement tools and techniques
5. Policies to Enhance and Incentivize Effective Integrated Care	Accountability	Sharing responsibility among team members to meet performance standards for all care, including behavioral health	• Development of validated behavioral health quality measures specifically designed to encourage integration and improvement in serious illness context: - Structure measures - Process measures - Outcomes measures (symptom management , personalized goal achievement, longitudinal care) - Patient/caregiver/staff experience measures - Efficiency measure - Cross-cutting measures across disparity categories (e.g., race/ ethnicity, income, and mental health) • Create a shared-accountability model between physical and and behavioral health providers to monitor and assure access and quality

	Payment	Incorporating behavioral health- related costs in payment models that encourage efficiency and quality	• Development of sustainability strategies to support behavioral health services: - Capitated payment - Value-based payment models - Fee-for-service environments