




Getting Started: Engaging and Sustaining Relationships with Primary Care

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About Texas Health Institute



OUR COMMITMENT

We are driven by a commitment to **health equity** – ensuring everyone has the opportunities they need, free from barriers, to pursue their best health.

It centers everything we do and how we do it.


VISION


Healthy People,
Healthy Communities


MISSION



To advance the health of all

OUR PRIORITIES


Advancing health systems transformation


Strengthening public health infrastructure



Promoting healthy communities

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Our Strategies

We are **Texas-focused** and **nationally engaged**.
We optimize our role as *the* independent public health institute in the state by:




Leading Through Research and Evaluation

Provide and leverage objective, participatory, and applied research.




Translating Data and Insights Into Impact

Empower communities and stakeholders with trusted and actionable information and tools.





Fostering Collaborative Action

Facilitate dialogue, partnerships and actions for shared priorities



Providing Technical Assistance and Training

Ensure success and sustainability through learning and capacity building.

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What best describes your role at your organization

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Where is your organization identifying a primary care system to integrate into your care?

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Center for Integrated Health Solutions

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	 LEVEL 3 Basic Collaboration Onsite 	 LEVEL 4 Close Collaboration Onsite with Some System Integration 	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice


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Comprehensive Healthcare Integration (CHI) Framework

NATIONAL COUNCIL
for Mental Wellbeing

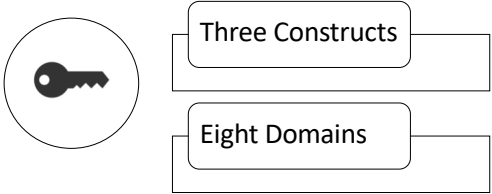
CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing


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COMPONENTS OF THE CHI FRAMEWORK



Three Constructs



Eight Domains


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CHI Framework 3 Domains & 8 Constructs

Three Domains			
	Screening & Enhanced Referral	Care Management with Consultation	Comprehensive Treatment & Population Management
Eight Constructs	1. Screening, Referral and Follow Up		
	2. Prevention & Treatment of Common Conditions		
	3. Continuing Care management		
	4. Self-management Support		
	5. Multidisciplinary Teamwork		
	6. Systematic Measurement and Quality Improvement		
	7. Linkage with Community/Social Services for SDOH		
	8. Financial Sustainability		


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The NEW (CHI) Framework – Domain 1.2

Domains: Integrated Screening, referral to care and follow-up.

Subdomain: Facilitation of referrals and follow-up.

Current State
Our practice makes referrals to external BH or PCP and without systematic f/u.

Progression of Greater Integration

Step 1: Screening and Enhanced Referral	Step 2: Care Management and Consultation	Step 3: Comprehensive Treatment and Population Management
<ul style="list-style-type: none"> Identify PCP (internal or external) for primary care needs. A formal agreement between BH and primary care is needed to facilitate referrals and routinely share progress information. Measurement of referrals to assess show rate and information exchange with the referral source. 	<ul style="list-style-type: none"> Capacity for integrated teamwork A nurse or care coordinator for a BH team, to ensure follow-up and coordination and shared information on treatment plans access to well-coordinated referrals to internal or external PH providers 	<ul style="list-style-type: none"> Systemic collaborative and consulting partnership with PH Meet population needs internally through integrated service delivery and enhanced referral facilitation Automated data sharing and accountability for engagement.

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The NEW (CHI) Framework – Domain 1.2


Step 1: Screening and Enhanced Referral

- Identify PCP (internal or external) for all Primary Care needs.
- A formal agreement between Behavioral Health and primary care is needed to facilitate referrals and routinely share progress information.
- Measurement of referrals to assess show rate and information exchange with the referral source.

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Our organization has already identified a primary care provider to accept referrals.

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CHI – Domain 1.2 – Step 1 – Identify PCP

- Texas Association of Community Health Centers
 - tachc.org - Annual Conference 10/20/24 to 10/23/24 - Ft. Worth
- Texas Association of Charity Clinics
 - texasacc.org - Annual Conference 10/17/24 - 10/18/24 - Houston
- Texas Association of Rural Health Centers
 - tarhc.org - Annual Conference - Spring 2025
- Texas Primary Care Consortium
 - txprimarycareconsortium.org - Conference - fall 2025



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CHI – Domain 1.2 – Step 1 – Agreement

What do you want/need from an agreement with a PCP?

What do you think a PCP would want/need from an agreement with a BHP?

What do you have to offer a PCP?



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CHI – Domain 1.2 – Step 1 – Measurement

What do you want/need to measure?

How quickly do you expect a response or expect to give a response?

What systems do you have in place to share and measure data?



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Next Steps

Operationalizing your agreement internally & externally

What other infrastructure ids needed to operationalize internally?

All collaborations, connections, and MOUs eventually conflict. How will you plan to manage these situations?



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Next Step

• SMART Goal

By, (date), I will do (blank) to ensure that (percent/number increase) access to primary care services based on CHI – Domain 1.2 – Step 1.



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Questions?

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References

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