



**The Genesee Community Health Center Story of Integrating
Behavioral Health and Primary Care**

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OVERVIEW

The building blocks of an effective recovery system of care within a federally qualified health center. Having a clear vision to an innovative model of care.

Recovery Coach-Health Coaches

Establishing the Huddle-Team Development

Hot spotters. Can we lower medical costs by giving the neediest patients better care?



THE REASON FOR INTEGRATED CARE

Paraphrasing Doug Eby ~

The “primary medical diagnosis” is the individual’s *social situation* – his isolation, his hopelessness, his depression. To *connect* with “what gets him up in the morning” is to set the stage for successfully addressing his chronic conditions – his COPD, his CHF, his diabetes.



FAMOUS QUOTE

My clients don't hit bottom, they live on the bottom. If we wait for them to hit bottom, they will die. The obstacle to their engagement in treatment is not the absence of pain; it is the absence of hope.

(White and Woll, 2006)



EVERYONE HAS A STORY, A CULTURE, AND A HISTORY

- Alex walked away feeling hopeful. One suboxone patients story.



PASSION AND SENSE OF URGENCY

- We envision creating hope by building a recovery system of care that supports individuals to the greatest extent possible to provide them with the connections they need to make recovery and wellness possible.



TEAM DEVELOPMENT

- Hire the right providers. Staff have a passion for the work they do. Have to have flexibility.
- Morning Huddle. Everyone is at the table. There is an interconnectedness.
- Creating clear roles and responsibilities
- Having the right staff allows for greater risk taking and innovation.



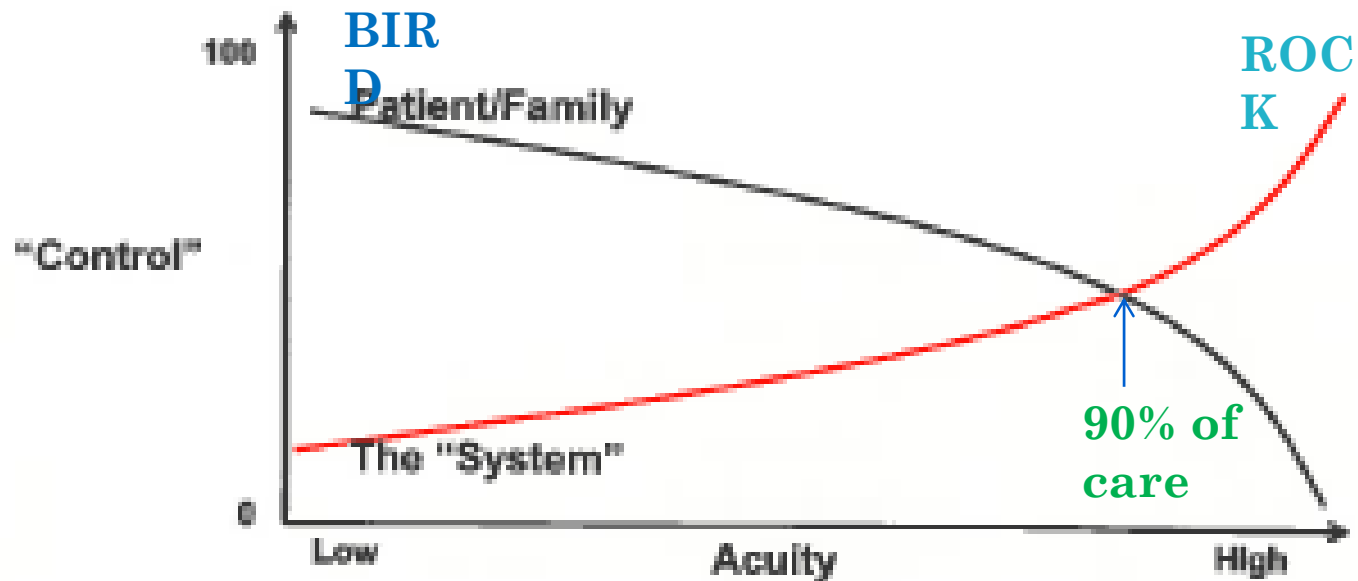
JOB DESCRIPTIONS

- GCHC is established for the purpose of serving a primary population comprised of underserved and vulnerable individuals and families with complex needs. The employee must be committed to the constant pursuit of excellence in improving the health status of this community. The staff behaves in such a manner that consistently demonstrates the value and importance of “walking alongside the individual” in a recovery and wellness-oriented environment of care. Empathy, respect and belief in the individual’s capacity for recovery/wellness are fundamental. The employee is responsible to play a role in creating a safe and trusting “healing” environment. He or she must be willing to interact with individuals by sharing recovery/wellness stories and experiences.



BIRD OR ROCK?

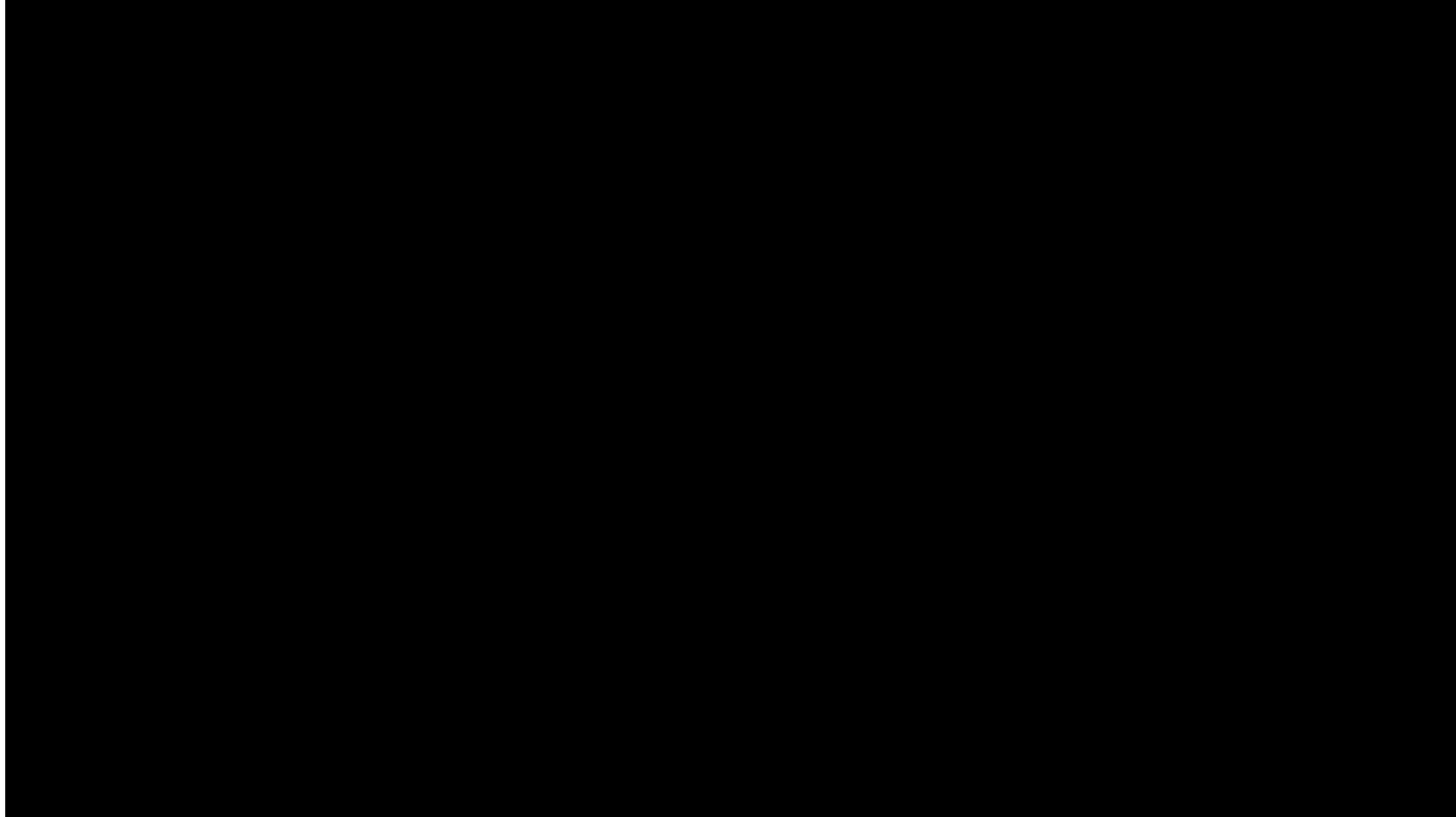
Control: Who really makes the decisions



1. Control – who makes the final decision influencing outcome?
2. Influences – family, friends, co-workers, religion, values, money
3. Real opportunity to influence health costs/outcomes – influence on the choices made – behavioral change
4. Current model – tests, diagnosis, treatment (meds or procedures)



HOW DO WE DEVELOP THE RELATIONSHIP?
IT'S ALL ABOUT BIRDS, NOT ROCKS



WHO IS ON THE TEAM?

- NP's and MD
- Medical Assistants
- Front desk staff
- Social workers
- RN
- Recovery Coaches/Health Coaches



TEAM PROCESS AND OUTCOMES

- Must have effective communication
- What are our goals for the clinic and guiding elements
- There is lots of laughter.
- It takes a lot of time.



IT'S THE RIGHT TIME

- GCHC opens its doors in 2011. It's the result of a vision of Genesee Health System (GHS), a community mental health provider. GCHC is the primary care arm of GHS.
- GCHC becomes an internship site for Recovery Coaches in 2012. We now have 8 Recovery Coaches and ready to expand.
- GCHC now the home of a “hot spotter” project to reduce ER visits
- GCHC starts a Suboxone program 2014. The first FQHC in Michigan.
- GCHC starts a Vivitrol Program 2015, again the first FQHC in Michigan.



COMMITMENT TO A PHILOSOPHY OF CARE

- You have to have leadership “buy in” at the top.
- Clear vision that behavioral health and primary care are focused on at the same time
- Understood that within this model there may be some services that are not billable
- Allocating time is crucial to team development. Need to take a leap of faith.



SO WHAT ABOUT THE HISPANIC AND LATINO POPULATION?

- Currently our FQHC serves about 3% Hispanics and Latinos. Our county is made up of about 3% Hispanic and Latinos.
- Recently began a partnership with the local Hispanic Tech Center. Fear of enrollment for healthcare coverage.
- That's where Health Coaches come in. We have a ways to go.



CHALLENGES AND BARRIERS

- Innovation and program development has many growing pains
- Not everyone buys into your vision. There are naysayers.
- Getting paid.



PUTTING IT ALL TOGETHER

Learning from the “downs” and viewing them as opportunities for improvement

Take it one step at a time.

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