



COLUMBIA UNIVERSITY
MEDICAL CENTER



New Jersey Behavioral Health & Primary Care HIV Integration Project

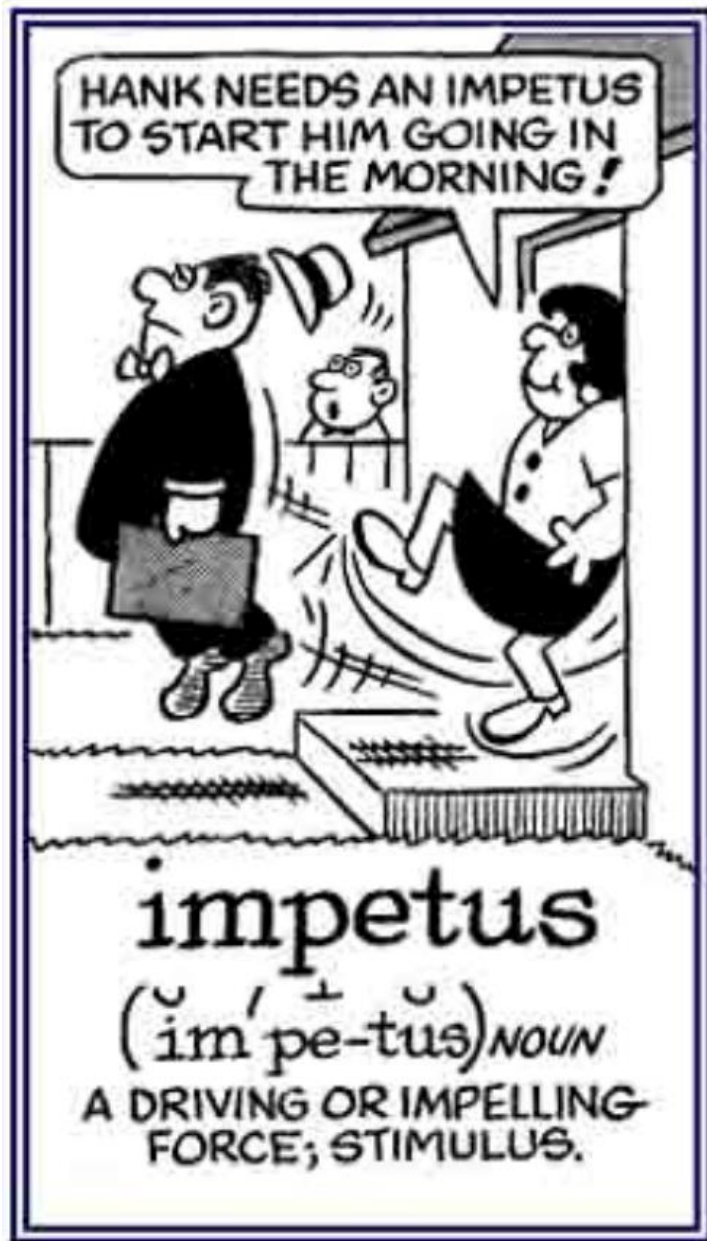
(NJ B-HIP)

Michael Hager, MPH, MA

Objectives

- Provide an overview of the BHIP project
 - Who is involved?
 - What are the activities?
 - What is the BHIP timeline?
- Provide an update on BHIP activities to date



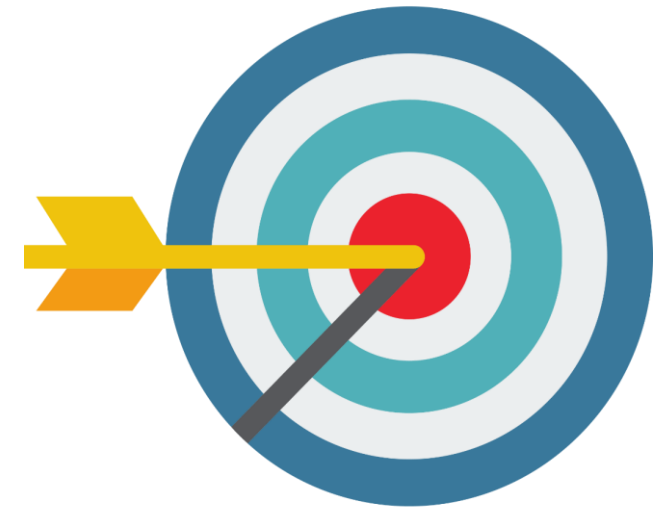


- HIV Cross-Part Care Continuum Collaborative (H4C)
 - Site Drill Downs
- Part B TA Site Visit
- Relationship between NJ Part B Program and South Jersey AETC

<http://carmensbookadventure.blogspot.com>

B-HIP Aim

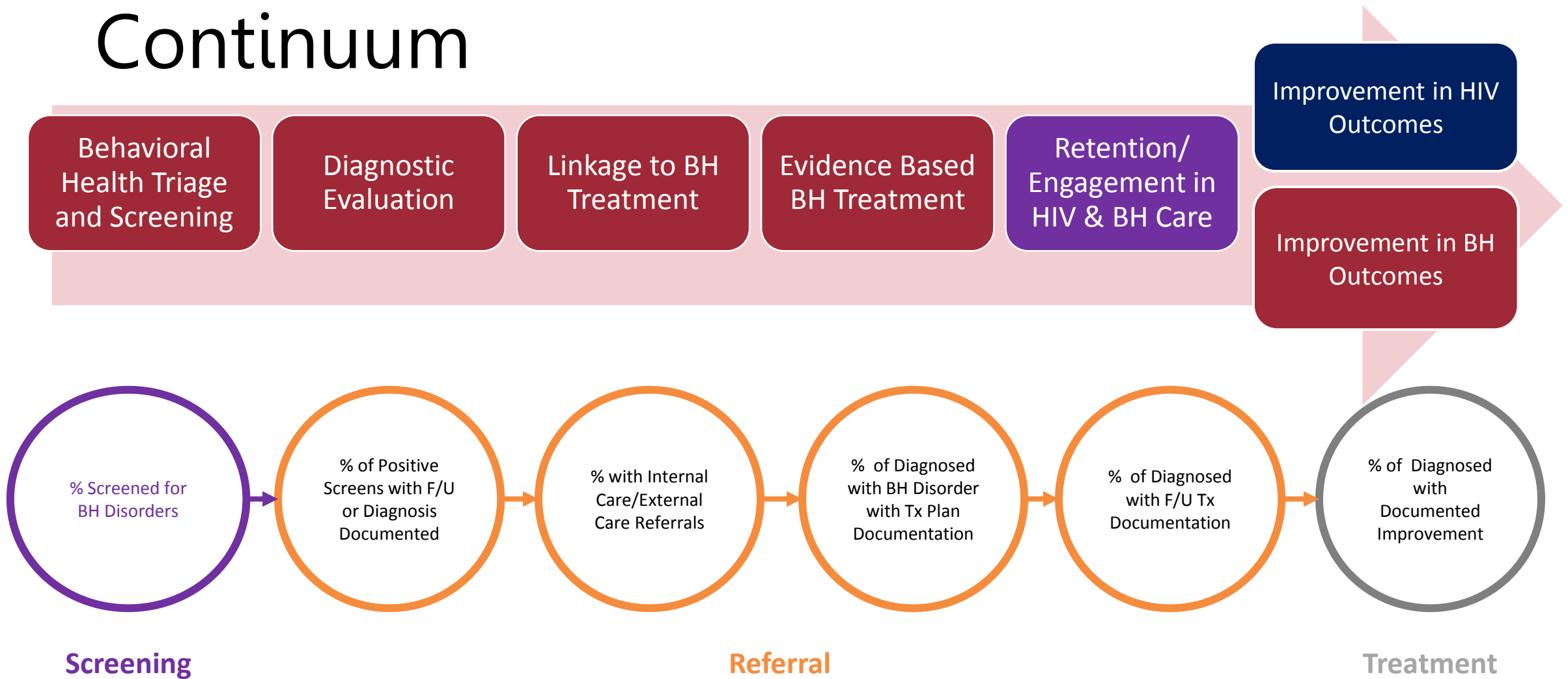
Develop a system of care in New Jersey that integrates behavioral health and HIV primary care services to improve system and patient outcomes.



B-HIP Goals

1. **INTEGRATION** of behavioral health and HIV care
2. Improved **ACCESS** to behavioral health care
3. Improved **PATIENT OUTCOMES**
4. **SYSTEM CHANGE** in behavioral health capacity for the NJ HIV care system

Combined Behavioral Health and HIV Continuum



Standard Framework of Integration

COORDINATION

We discuss patients, exchange information if needed. Collaboration from a distance

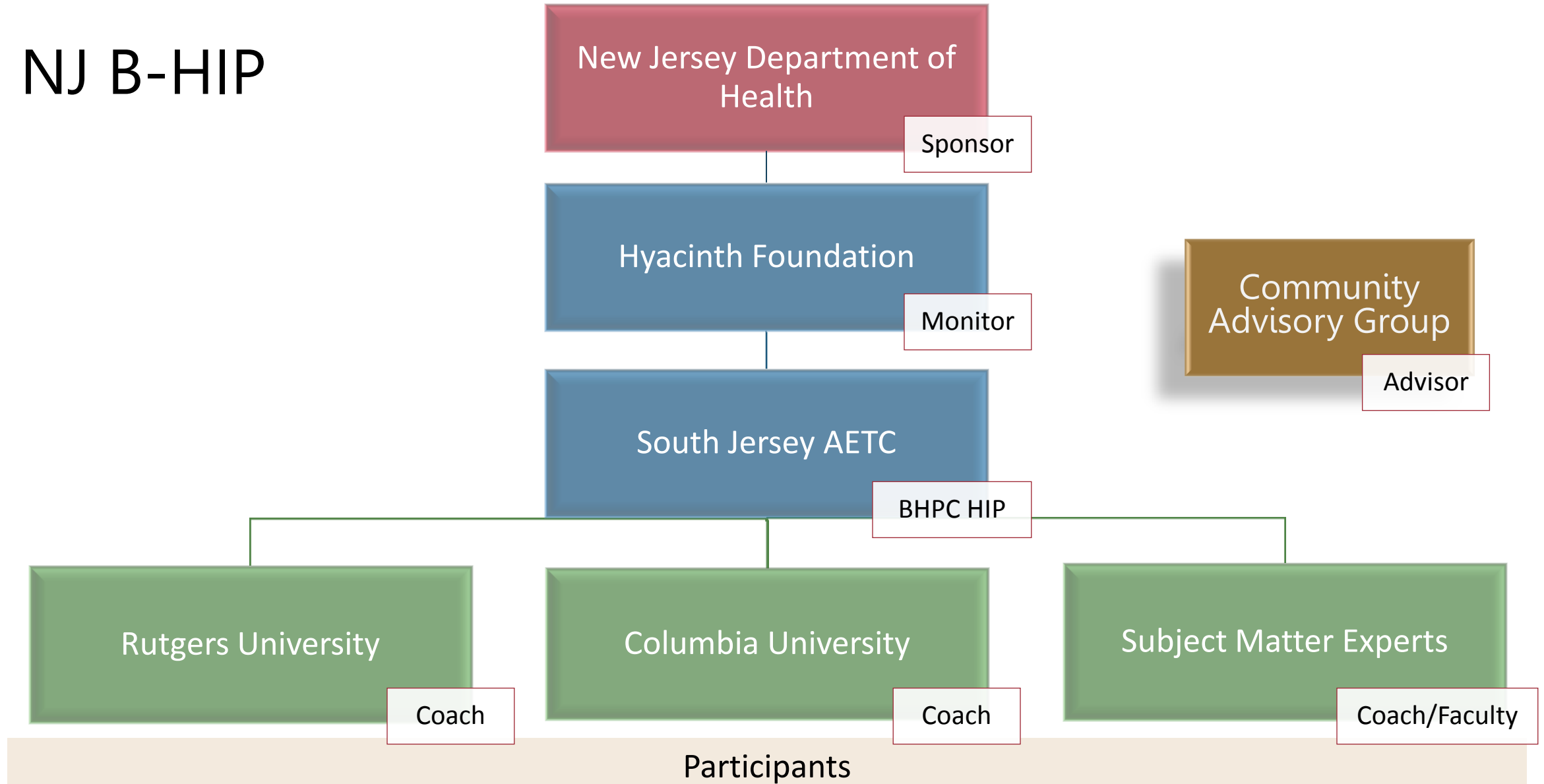
CO-LOCATION

We are in the same facility, may share some functions/ staffing, discuss patients

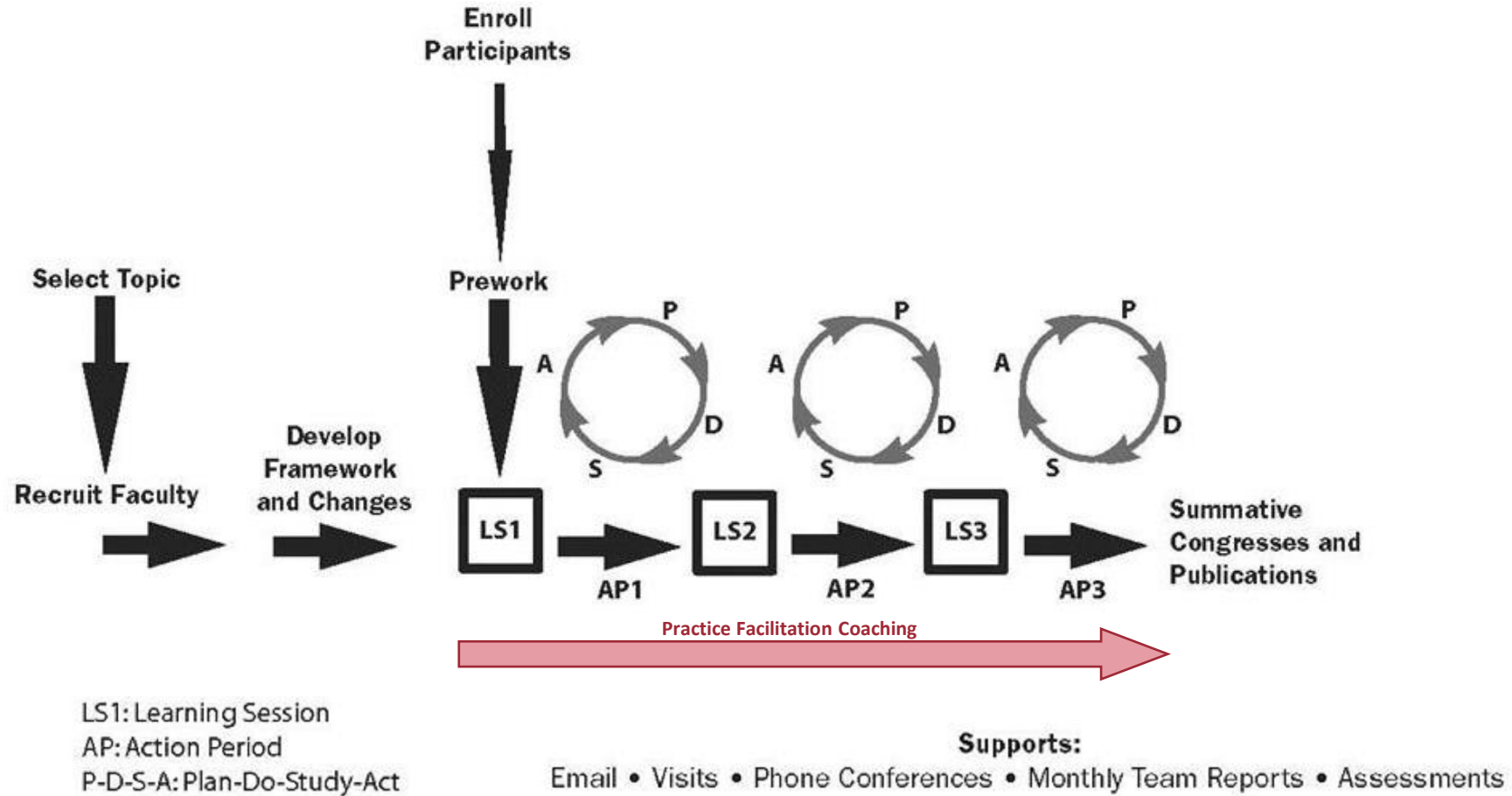
INTEGRATION

System-wide transformation, merged practice, frequent communication as a team

NJ B-HIP



Breakthrough Series Model, adapted



B-HIP Toolbox



Networking



Learning Sessions
& Training



Webinars



Coaching



Twinning

Essential Evaluation Questions

- 1. INTEGRATION:** Did BH integration happen?
- 2. BH SERVICES:** Did access to BH treatment/services improve as a result of the program?
- 3. PATIENT OUTCOMES:** Did patient clinical outcomes improve as a result of the program?
- 4. SYSTEM:** Did the “landscape” of BH treatment/services change in NJ?

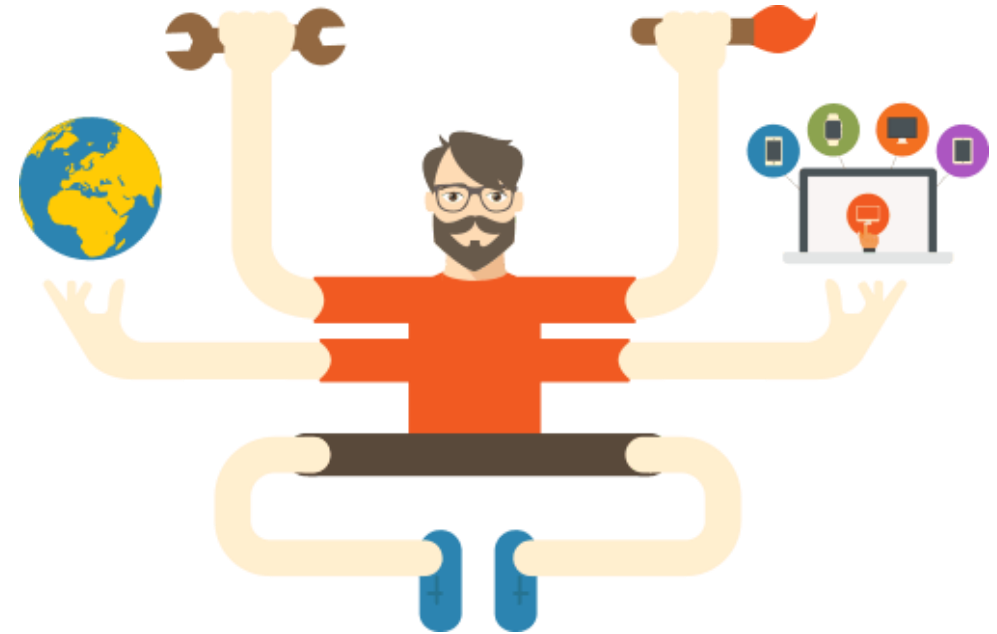
Participating Organizations

- NJ Part B
 - Statewide subrecipients funded for ambulatory care or behavioral health services
 - CAREWare system integration
 - 19 participating subrecipient organizations
- Middlesex-Hunterdon-Somerset Part A TGA
 - 3 participating subrecipient organizations
- Newark Part A EMA
 - CHAMP system integration



Activities to Date

- Face-to-Face Meetings
 - Vanguard
 - Learning Session 1 (and a make-up session!)
 - Learning Session 2
- Recorded Webinars
 - Kickoff
 - Psychiatric First Aid
 - Common Behavioral Health Diagnoses



Activities to Date Continued

➤ Performance Measurement

- 2 rounds of data submission completed
- Coaching sites on data submission and other technical assistance
- Coordinating with NJ DOH to create a synthesis tool in CAREWare

➤ Action Periods

- AP1 – form teams, baseline analysis, generate aim statements
- AP2 – conduct root cause analysis, generate and begin testing change ideas to improve integration of behavioral health and HIV primary care

Timeline

Year 1

Establish infrastructure

Develop charter

Implement Vanguard meeting

Conduct LS1

Initiate coaching

Outline evaluation plan & begin implementation

Years 2-3

Implement LSs 2-6

Utilize Twinning sites

Provide coaching

Analyze data

Draft implementation manual

Implement evaluation plan

Year 4

Finalize implementation manual

Develop language for funding opportunities

Prepare evaluation report

Showcase work

Disseminate findings

Questions and Discussion





Michael Hager, MPH, MA
NJ B-HIP Faculty and Coach
michaelhagernyc@gmail.com
617-359-6074