



Welcome!

BHI-CYCLE In-Person Site Visit

Friday, March 7, 2025

Morning Itinerary

TIME	ACTIVITY	LOCATION
9:00 – 9:30 AM	Arrival Window <ul style="list-style-type: none"> Coffee and breakfast are available 	3678 Aero Court Building A, Room #251 San Diego, CA 92123
9:30 – 10:00 AM	Welcome <ul style="list-style-type: none"> Review site visit schedule Introductions 	Aero Court Conference Room #251
10:00 – 11:00 AM	Morning Discussion Session <ul style="list-style-type: none"> Overview of PCMHI PC/Hub sites Discussion and Q&A 	Aero Court Conference Room #251
11:00 – 11:30 AM	Commute to CPCMCG Centre Medical Plaza (CMP)	CPCMCG CMP 865 3 rd Ave, #101 Chula Vista, CA 91911
11:30 AM – 12:00 PM	CMP Walkthrough	CMP
12:00 – 12:30 PM	Commute to Mid-City Hub	Mid-City Hub 4305 University Ave, Conference Room #610 San Diego, CA 92105

Afternoon Itinerary

12:30 – 1:00 PM	Lunch	Mid-City Hub Conference Room #610
1:00 – 1:30 PM	Mid-City Hub Walkthrough	Mid-City Hub Suite #545
1:30 – 2:30 PM	Discussion on Intakes, Registry Conference, Data, and Program Evolution	Mid-City Hub Conference Room #610
2:30 – 3:10 PM	Open Discussion Session and Q&A	Mid-City Hub Conference Room #610
3:10 – 3:30 PM	Wrap-Up <ul style="list-style-type: none">• Site visit takeaways	Mid-City Hub Conference Room #610
3:30 – 4:30 PM	[Optional] Informal Office Hours with MHI Leadership	Mid-City Hub Conference Room #610

Welcome



Charlie Davis, MD
Regional President, San Diego County
Rady Children's Health



Payal Beam, LCSW
Vice President, Mental, Behavioral, and
Developmental Institute
Rady Children's Health



Ben Maxwell, MD
Division Chief, Child and Adolescent
Psychiatry
Una Davis Family Chair in Behavioral Health
Rady Children's Health



Domonique Hensler, MHA
Senior Director, Care Redesign
Rady Children's Health

Speakers and Facilitators



Hilary Bowers, MD, FAAP
Director of Behavioral and Mental
Health Services
Children's Primary Care Medical
Group



Anne Bird, MD
Program Medical Director,
Transforming Mental Health Initiative
Rady Children's Hospital San Diego



Nicole Carr-Lee, PsyD
Director of Clinical Operations and
Integration, Transforming Mental
Health Initiative
Rady Children's Hospital San Diego



Jason Schweitzer, MD
Psychiatrist, Transforming Mental
Health Initiative
Rady Children's Hospital San Diego

BHI-CYCLE Participant Introductions

- Name
- Pronouns
- Organization
- Role
- What do you hope to learn from today's site visit?





Morning Discussion Session

Primary Care Partners

Children's Primary Care Medical Group
(CPCMG)

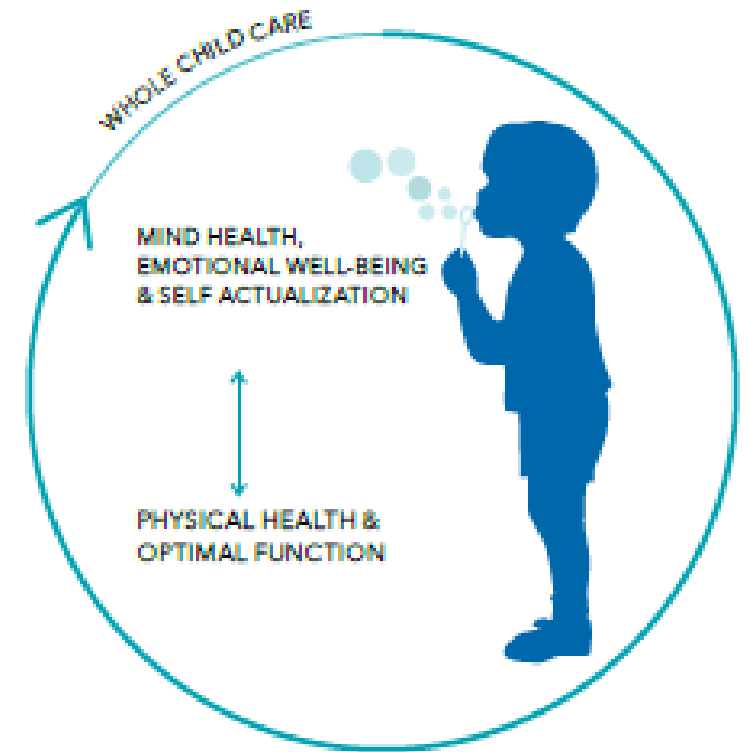


Children's Physicians Medical Group (CPMG),
an Independent Practice Association (IPA)

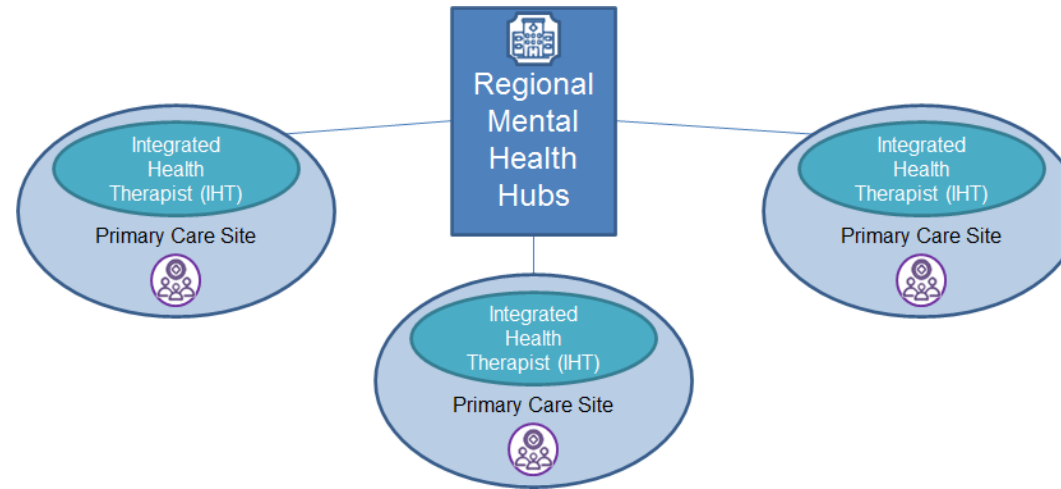


PCMHI Mission

- Promotion of whole child health and wellness
 - Screening
 - Early Identification
 - Effective Intervention
 - Illness Prevention
- Responding to patient's needs via:
 - Warm Hand-Offs (WHO)
 - Evaluations
 - Treatment



PCMHI Hub and Spoke Model



Primary Care Spokes

- Warm Hand Offs
- Assessments
- Brief goal/solution-focused therapy (4-6 visits)
- Care Coordination
- Preventative work and lower complexity
- Co-manage with PCP

Mental Health Integration Hubs



- Brief goal/solution-focused therapy (<12 visits) +/- Groups
- Psychiatric consultations
- Care Coordination
- More complex pathology, higher risk
- Co-manage with PCP

PCMHI Workflow

The PCP remains the primary medical home provider for the patient while in MHI treatment, and we work in collaboration with a shared treatment plan for each child.

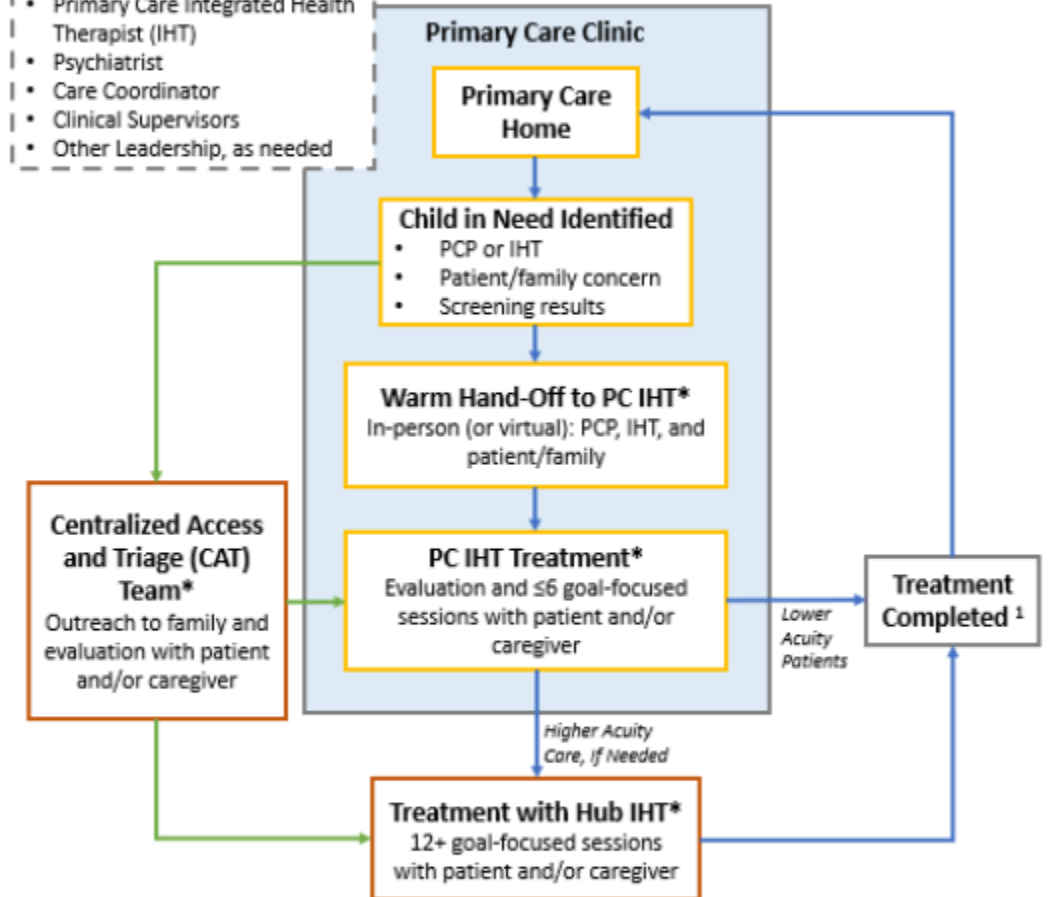
Rady Children's Hospital-San Diego Primary Care Mental Health Integration (MHI) Program MHI Patient Care Pathways

Weekly Registry Conference

- Primary Care Providers (PCPs)
- Primary Care Integrated Health Therapist (IHT)
- Psychiatrist
- Care Coordinator
- Clinical Supervisors
- Other Leadership, as needed

Key

- Primary Patient Therapy Pathway
- Alternative Patient Therapy Pathway
- PCP Clinic-Based Services
- Hub-Based Services



*The primary care integration model is flexible and collaborative. A patient may be referred to any of the below hub-based services at any of these points during the patient path through the program.

Care Coordination
Referral to Community Care

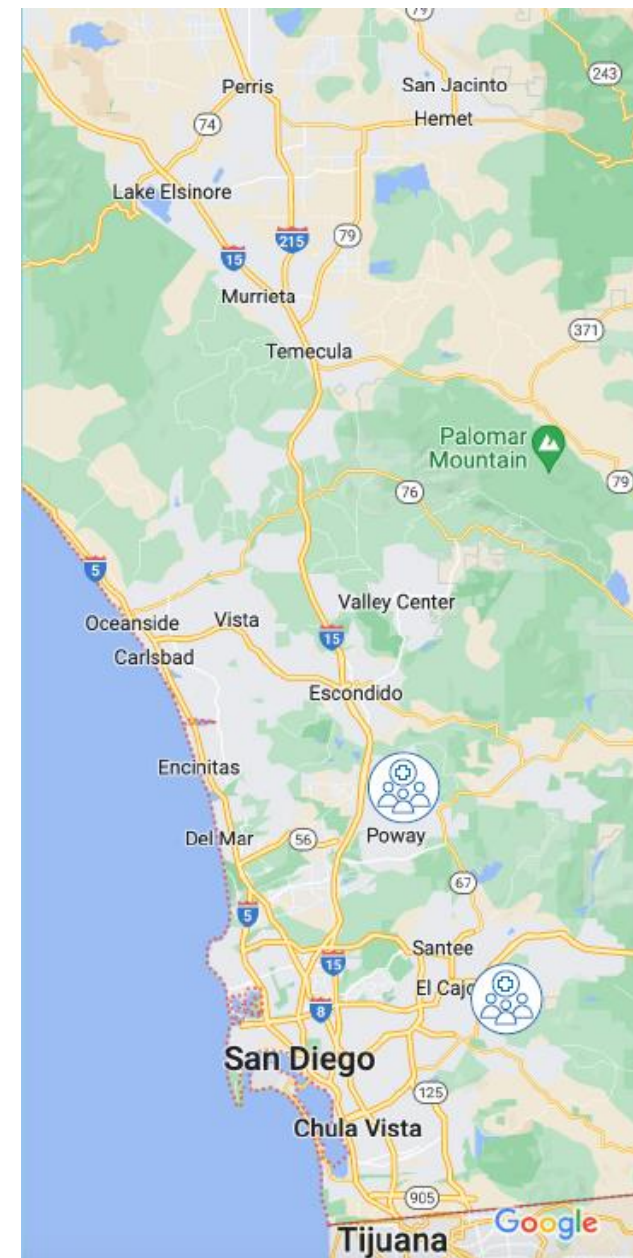
Psychiatry Consultation
12+ consulting sessions
(psychopharmacology)

Groups

¹ Treatment is completed and the MHI program is available for future patient referrals through the patient's PCP in the Primary Care Home.

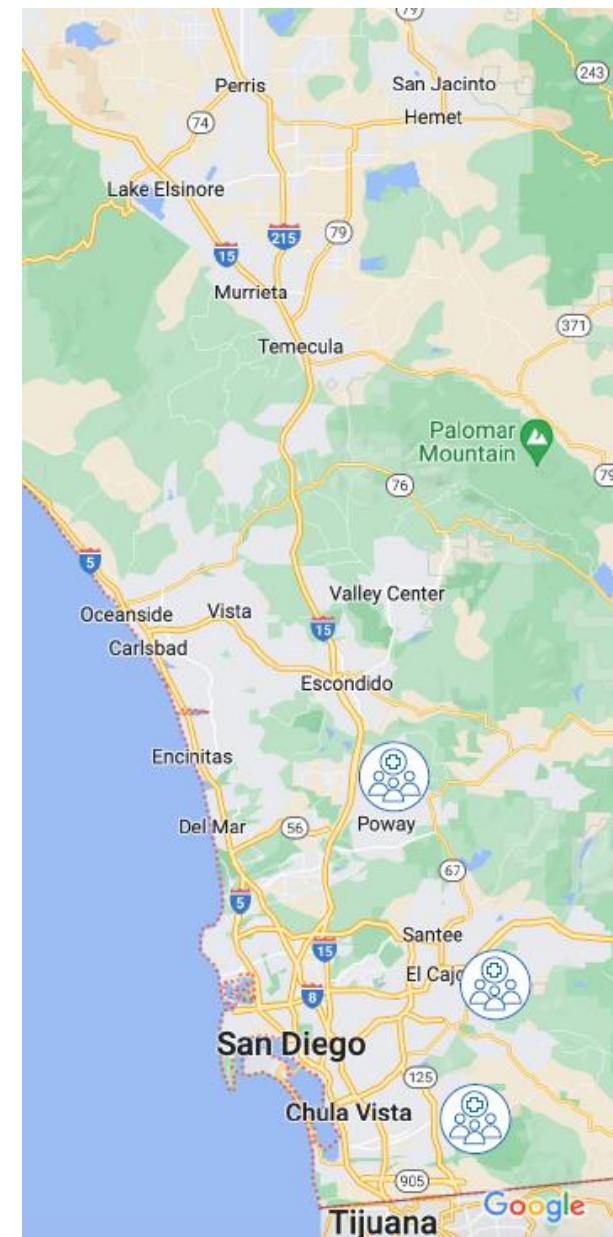
PCMHI Network

- **October 2019: CPCMG Poway**
- **October 2019: CPCMG El Cajon**



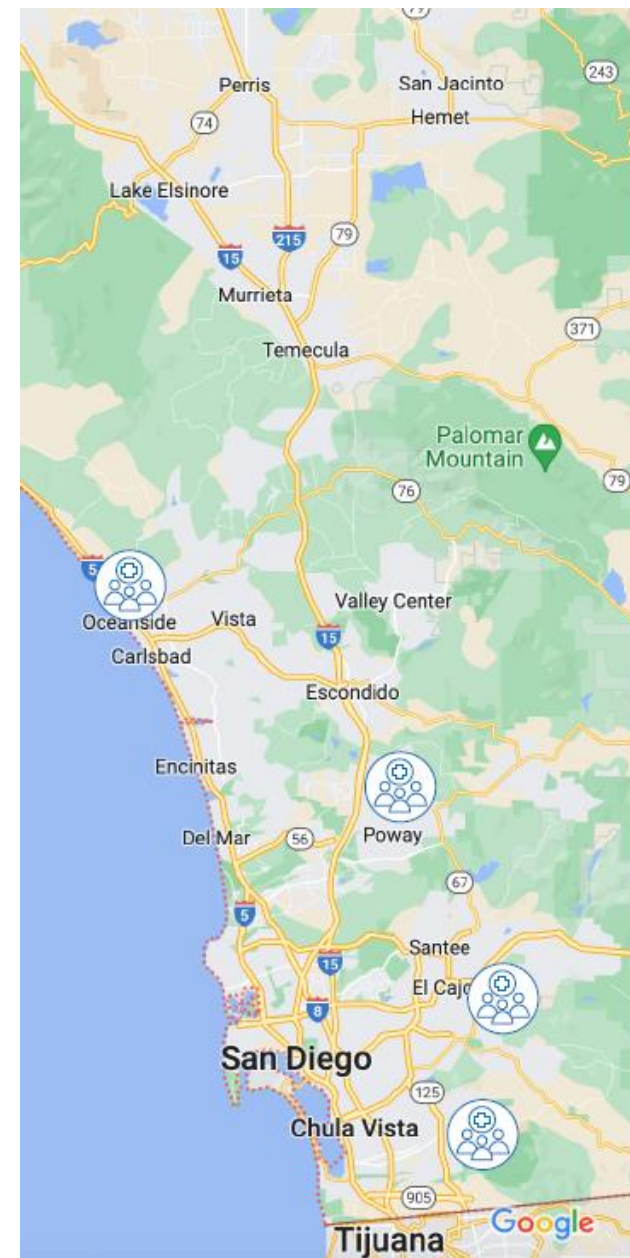
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- **June 2020: CPCMG Centre Medical Plaza**



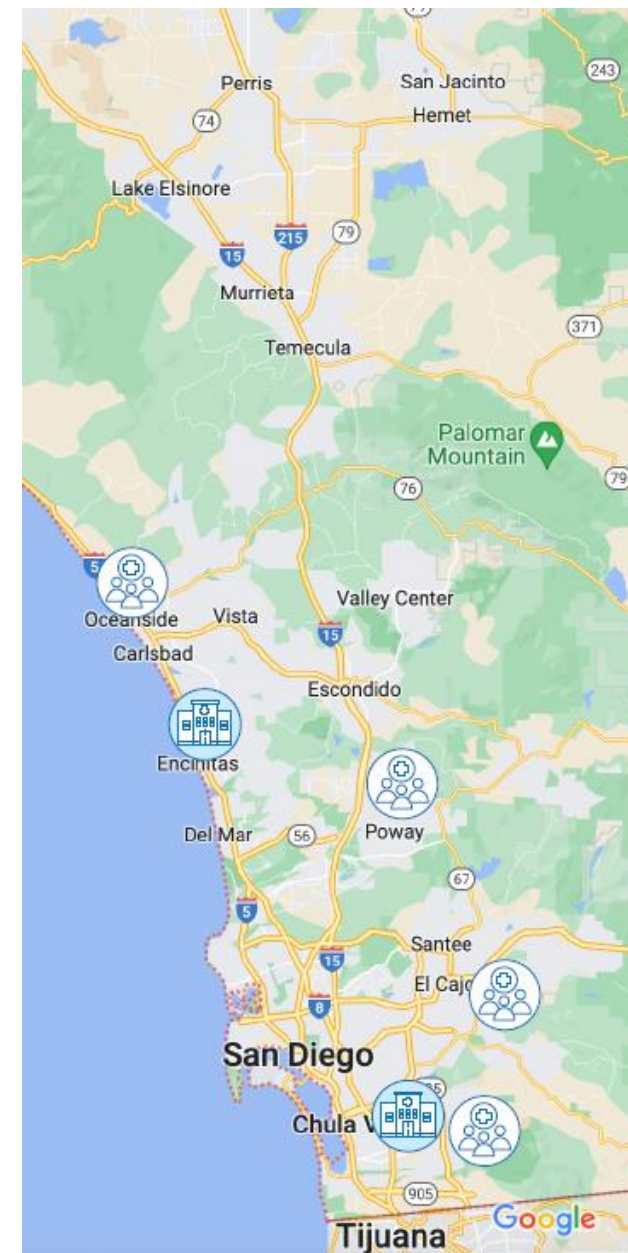
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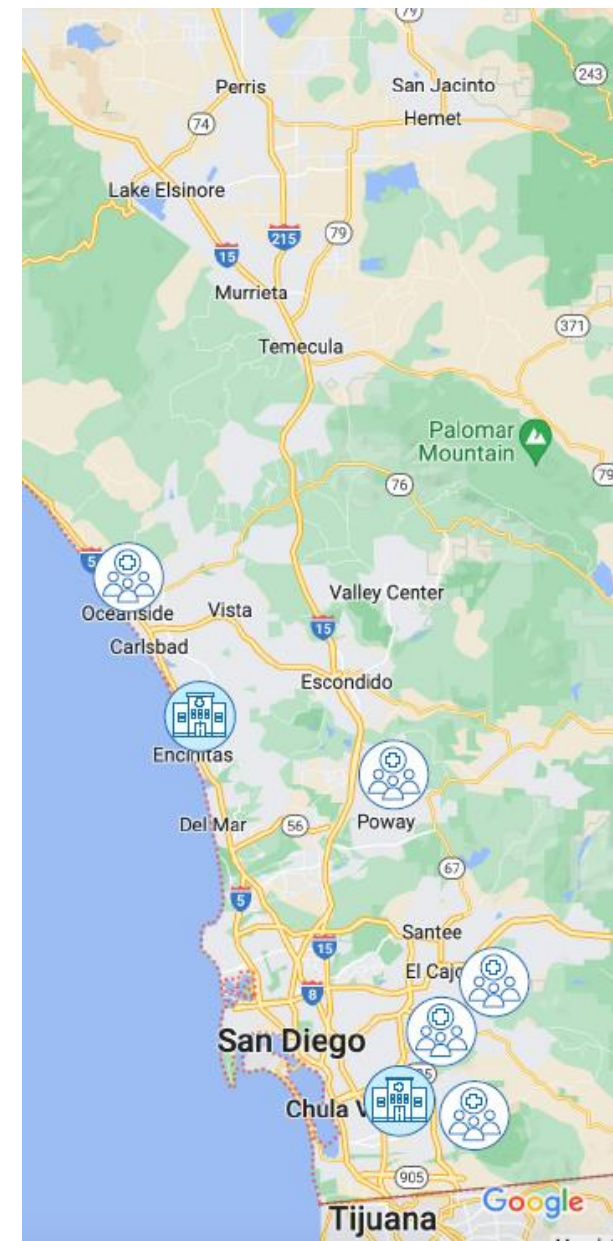
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- **December 2020: South Bay Hub**



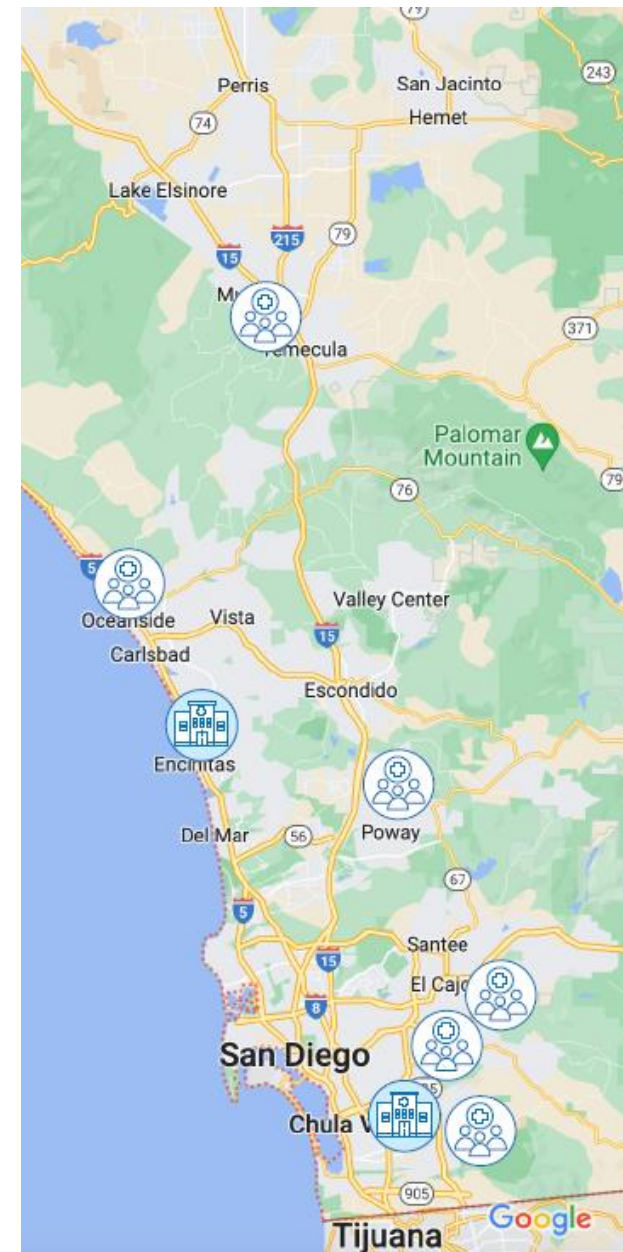
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- **April 2021: CPMGM La Mesa Pediatrics**



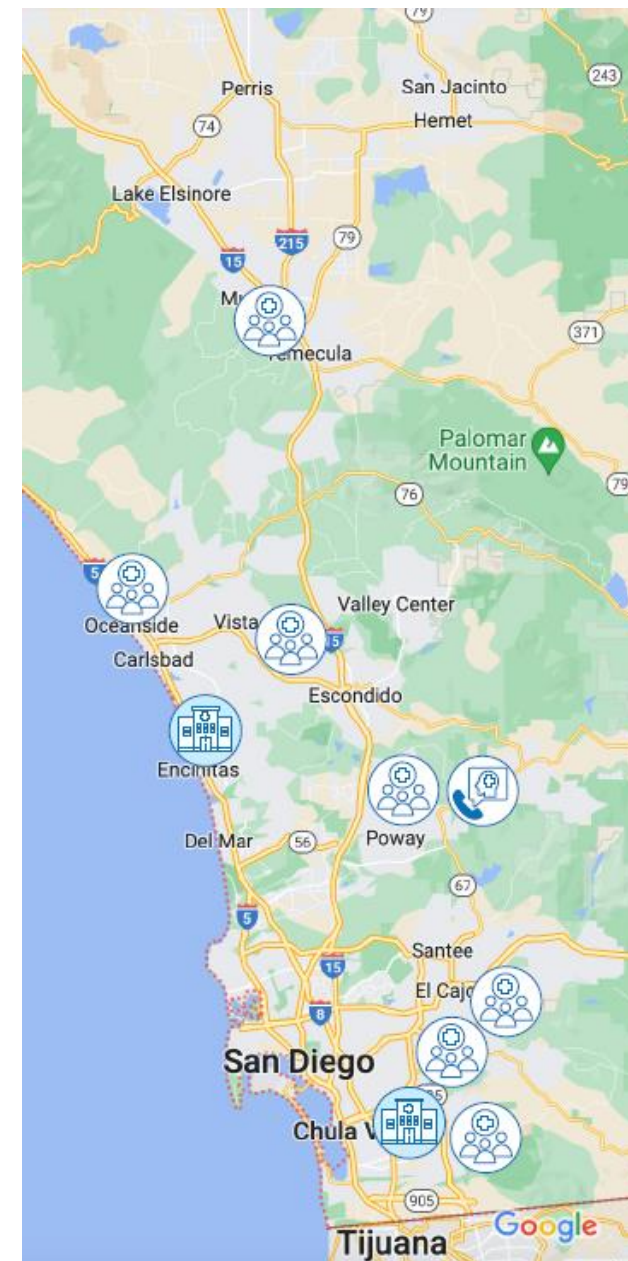
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- **January 2022: CPCMGMG Temecula Parkway**



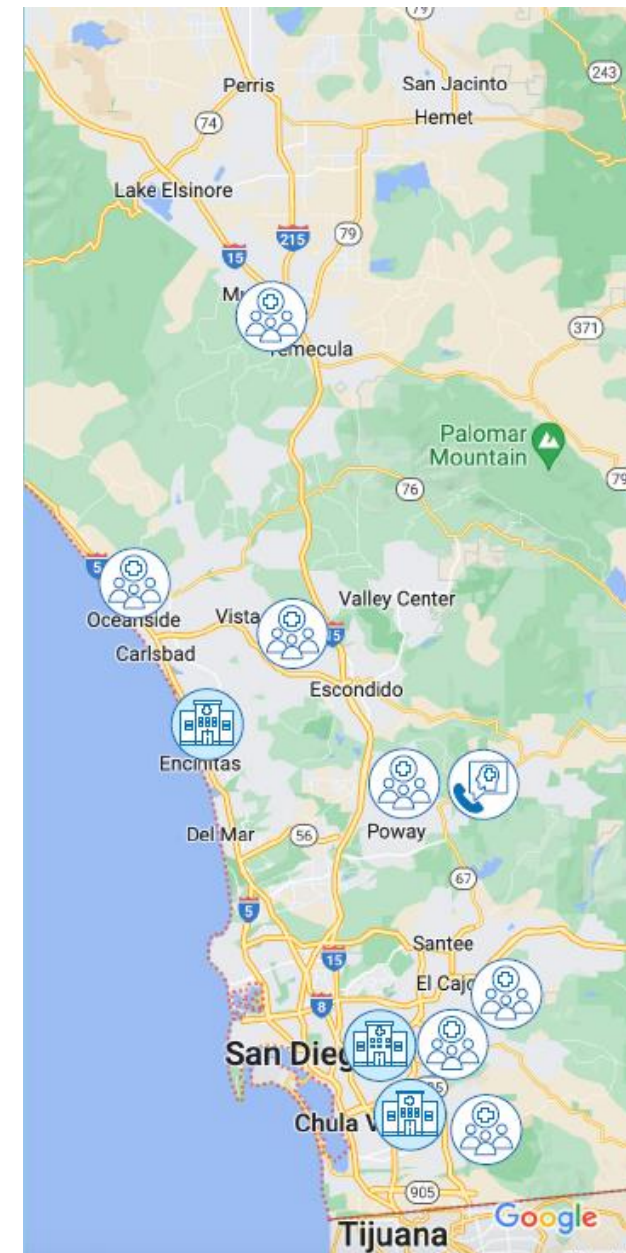
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- January 2022: CPCMG Temecula Parkway
- **March 2022: CPMG Children's Medical Group**
- **March 2022: CPMG Valle Verde Pediatrics**



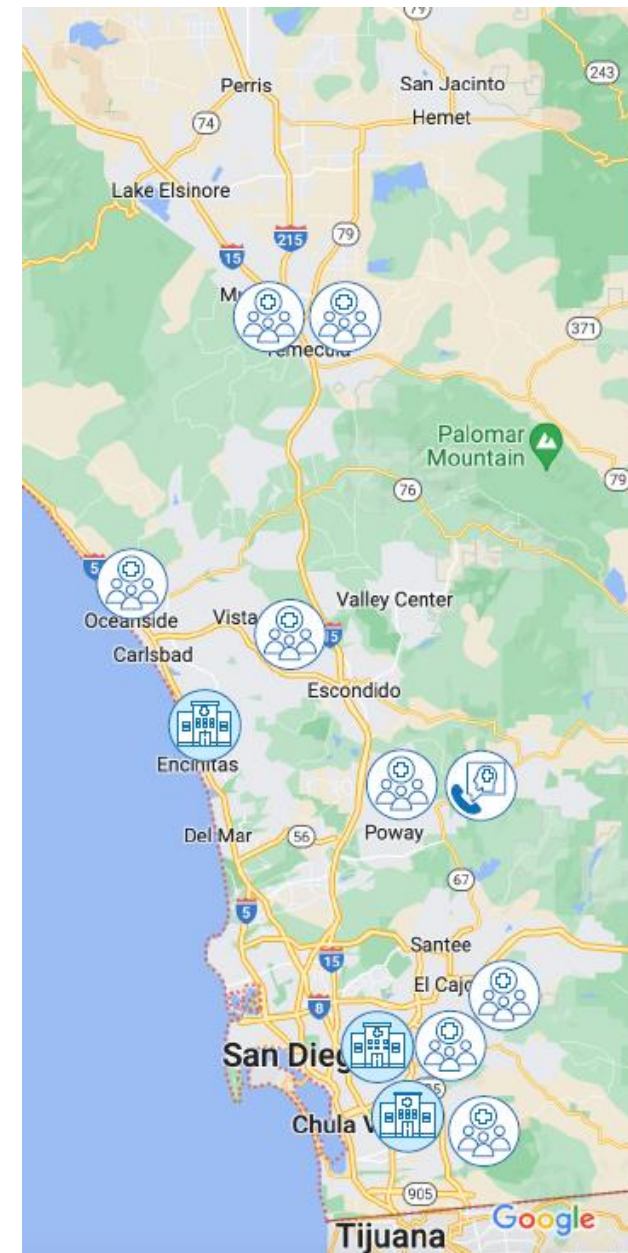
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- **June 2022: Mid-City Hub**



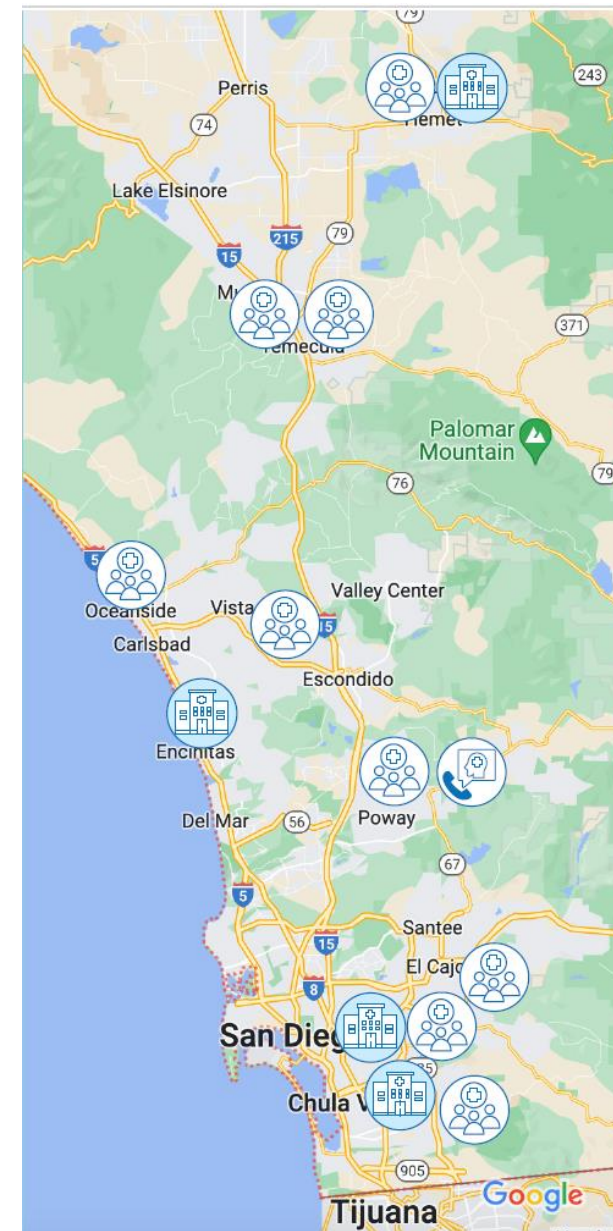
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- June 2022: Mid-City Hub
- **January 2023: CPCMG Jefferson Temecula**



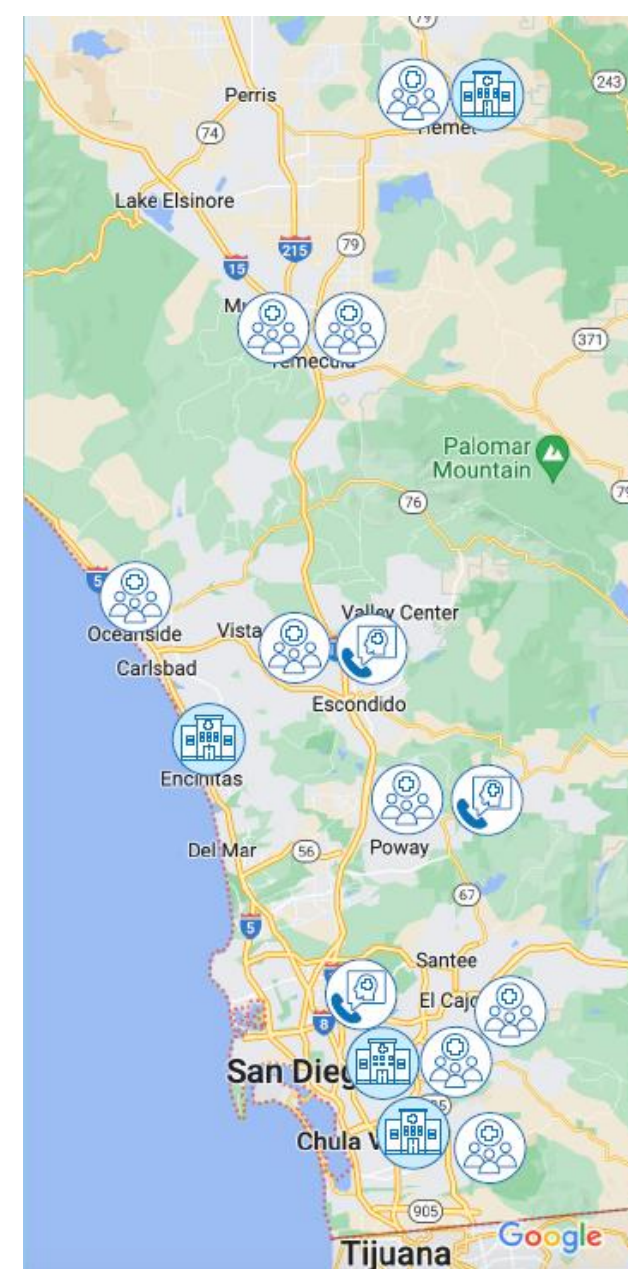
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- March 2022: CPMGMG Children's Medical Group
- March 2022: CPMGMG Valle Verde Pediatrics
- June 2022: Mid-City Hub
- January 2023: CPCMGMG Jefferson Temecula
- **August 2023: Hemet Hub/CPCMGMG Hemet**



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- June 2022: Mid-City Hub
- January 2023: CPCMG Jefferson Temecula
- August 2023: Hemet Hub/CPCMG Hemet
- **October 2024: CPCMG Alvarado**
- **October 2024: CPCMG Citracado**

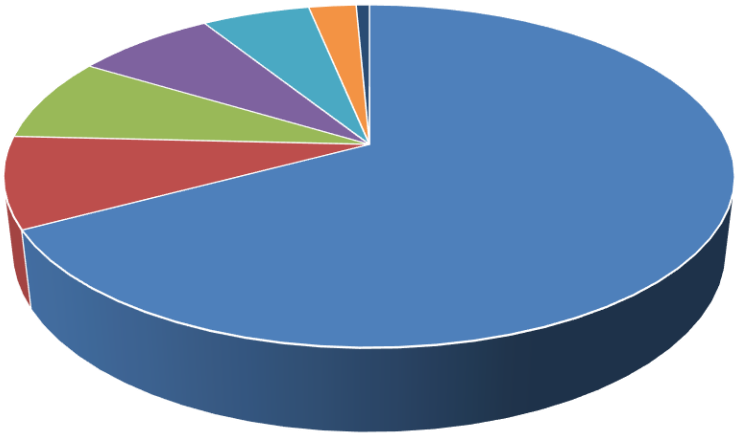


Centre Medical Plaza (CMP) Site Overview

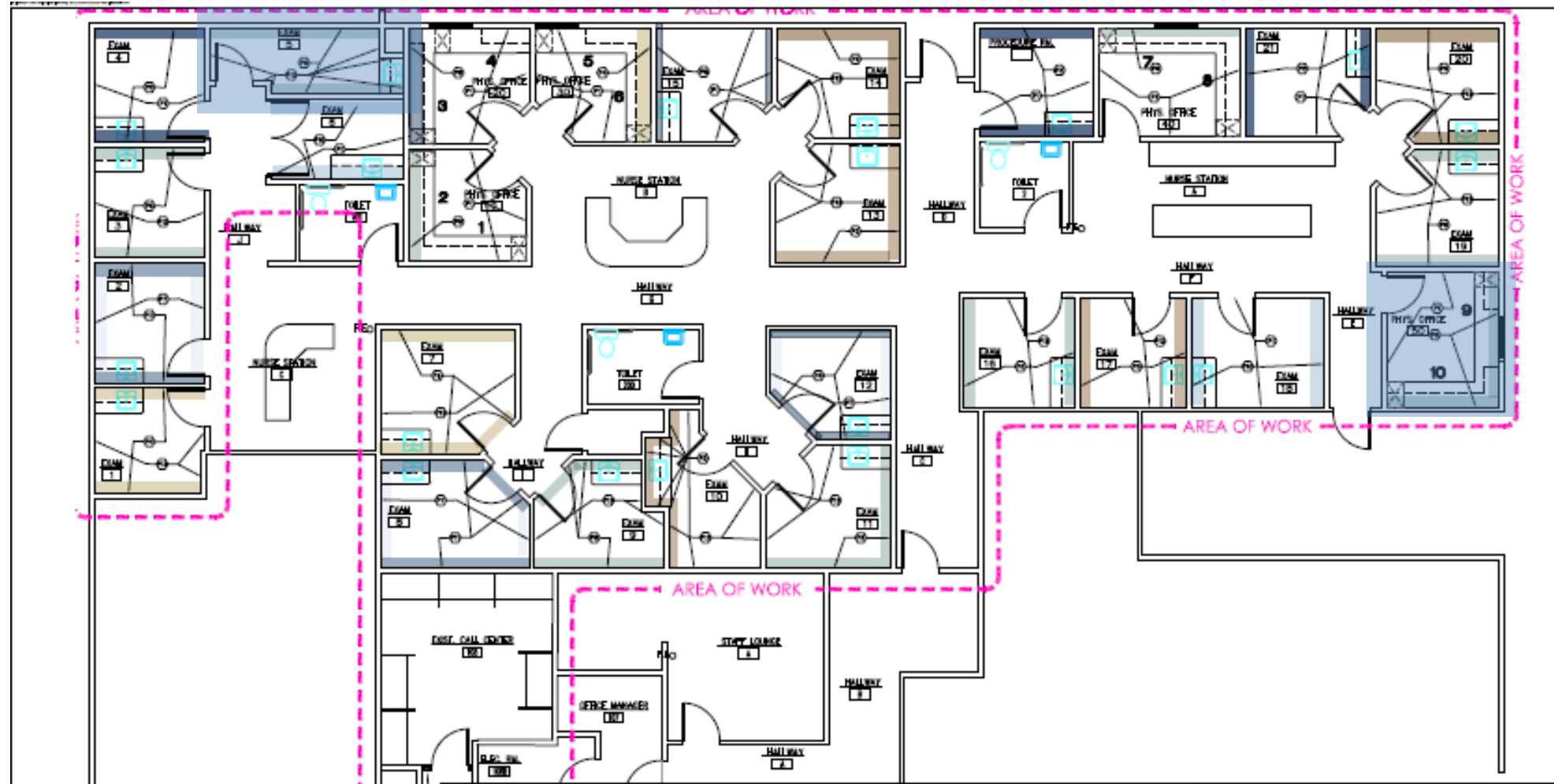


CPCMG, Inc - Centre Medical Plaza
Payor Mix by Visits (billed)
12 Months Ended 12/31/2024 vs FY-23

■ Cap-MCal: 67.1%	■ Cap-Commercial: 8.6%
■ Tri-Care (IDS): 7.9%	■ FFS-Commercial (IDS): 7.4%
■ FFS-MCal: 5.7%	■ FFS-Commercial: 2.5%
■ Self-Pay: 0.7%	■ MediCare: 0%



Centre Medical Plaza (CMP) Floorplan



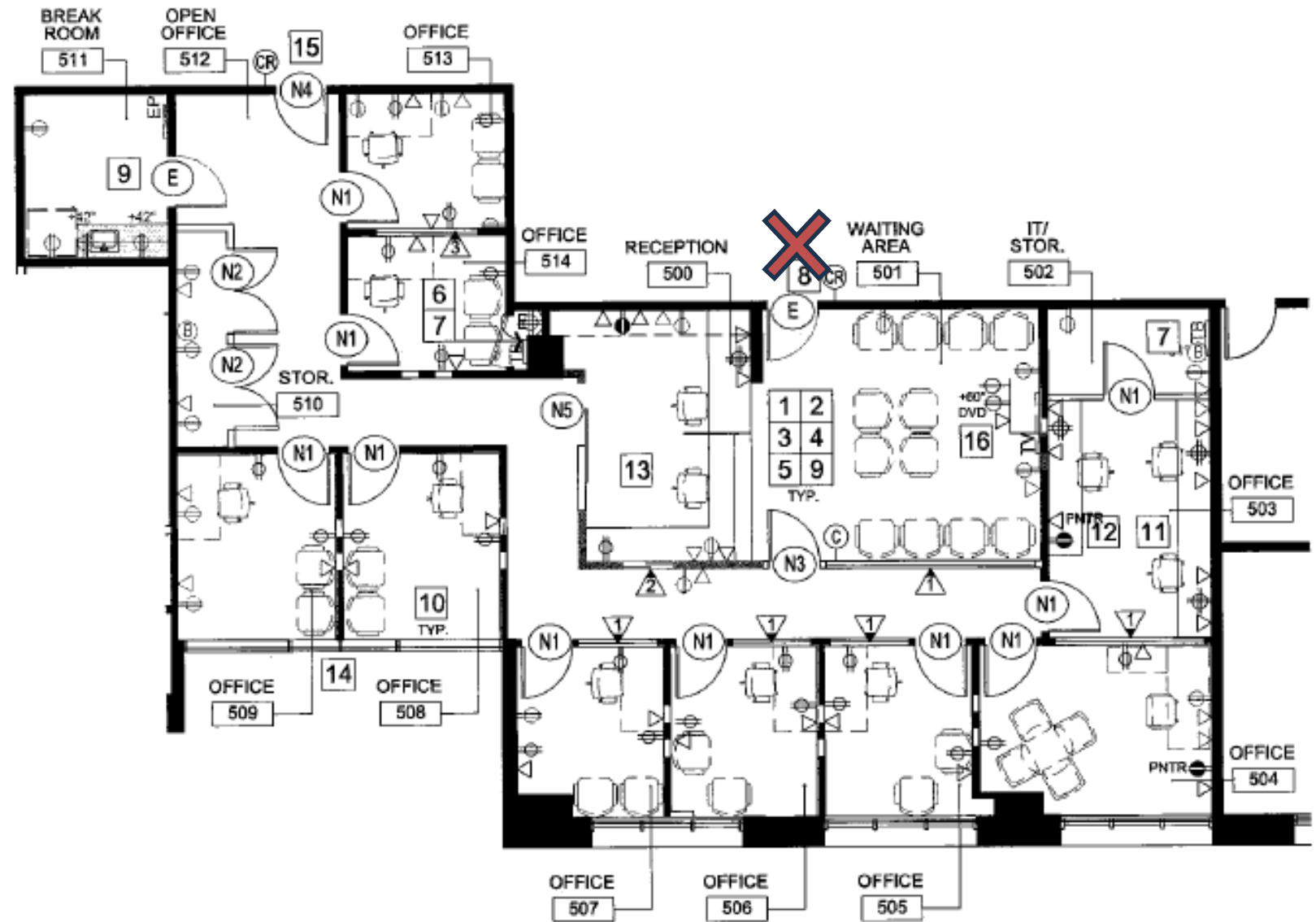
Warm Handoff and Our CHATS Framework

<p>C</p> <p>Convene</p>	<p>The guardian, patient, primary care provider (PCP), and integrated health therapist (IHT) meet together during the visit to provide an introduction and discussion of the Primary Care Mental Health Integration Program (PCMHI).</p>
<p>H</p> <p>History</p>	<p>The PCP gives the background of the patient's history including relevant social history and mental health concerns. This should be done in front of the patient and guardian the majority of the time, with minimal discussion outside of the room.</p>
<p>A</p> <p>Assessment</p>	<p>The primary care provider openly discusses their assessment of the patient's presentation and how they feel patient could benefit from integrated care involvement and expectations for treatment course. The PCP may exit if they chose to do so once all information is conveyed.</p>
<p>T</p> <p>Triage</p>	<p>The IHT triages care for patient including a discussion of whether it is expected the PCMHI length of treatment should suffice and if outside referrals are necessary.</p>
<p>S</p> <p>Safety Supplementals Schedule</p>	<p>The IHT performs a safety assessment if applicable. If it is decided that safety planning cannot be completed during limited warm hand off time escalation of care including emergency services should be considered.</p> <p>The IHT may provide supplemental information including crisis resources, initial therapeutic assignments prior to formal evaluation, and any other applicable psychoeducation.</p> <p>The IHT helps facilitate scheduling of initial evaluation prior to patient leaving the office or provides best number for scheduling.</p>

Mid-City Hub Site Overview



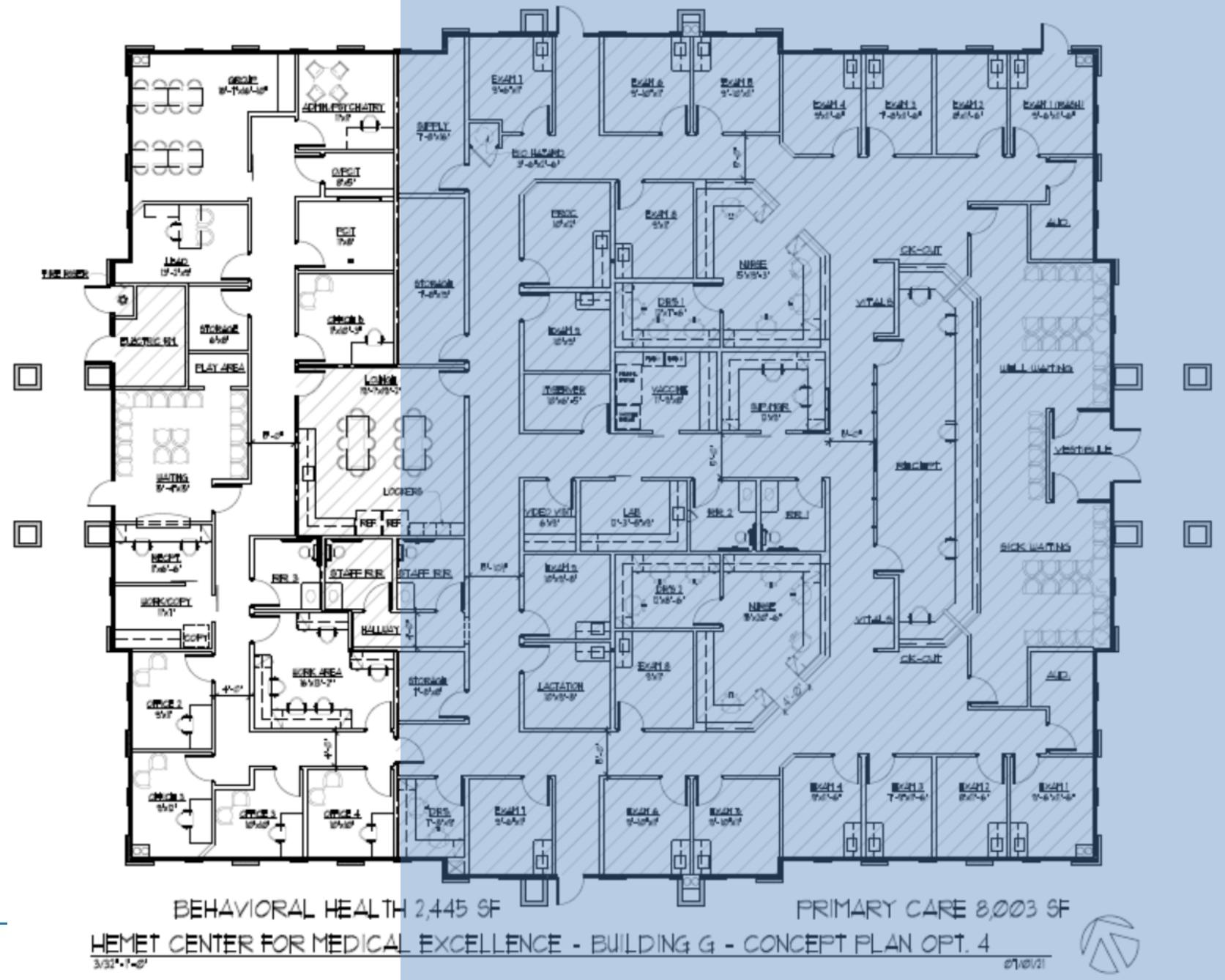
Mid-City Hub Floorplan



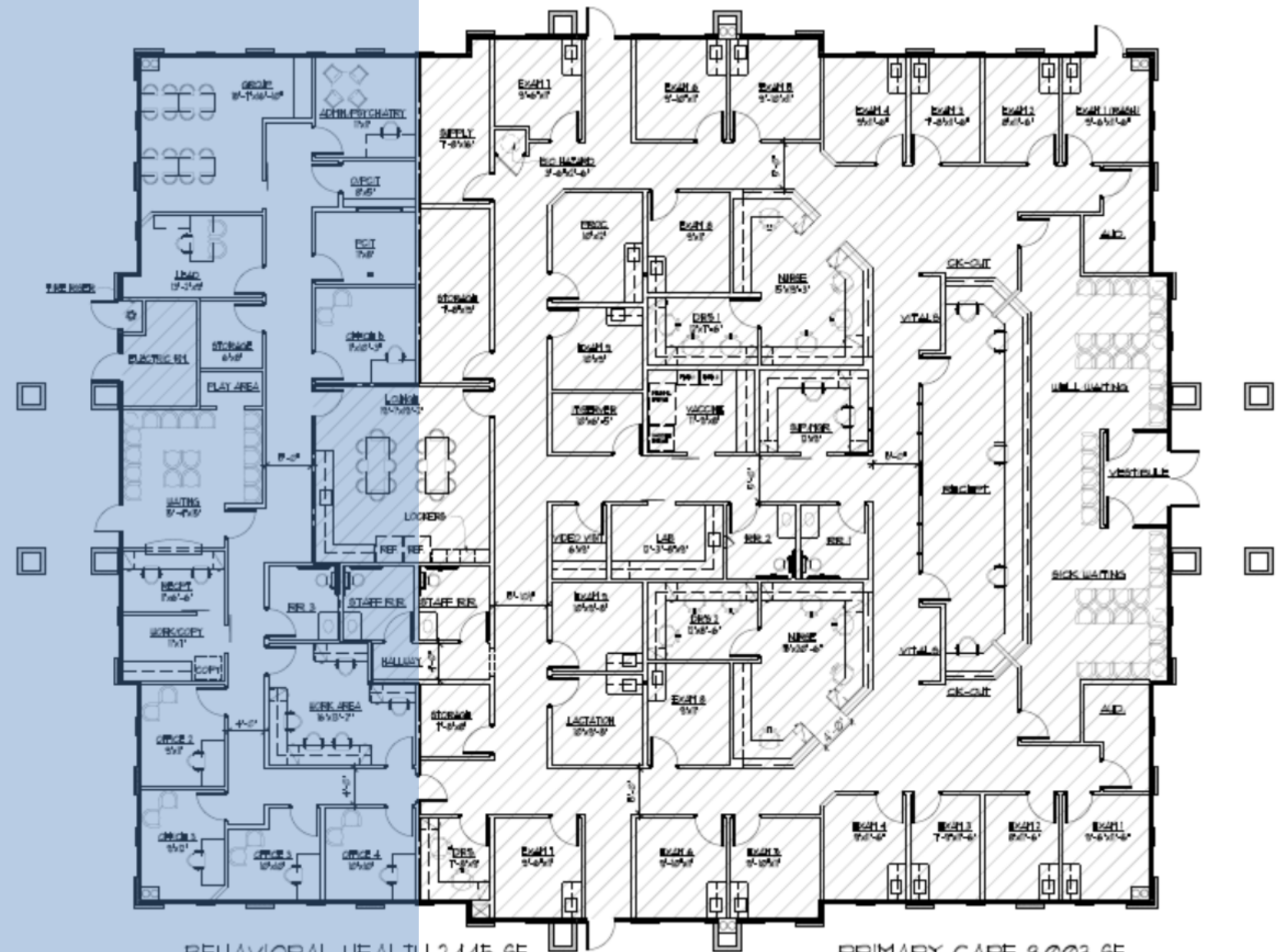
Hemet Hub Site Overview



Hemet Hub Suite A



Hemet Hub Suite B



BEHAVIORAL HEALTH 2,445 SF
PRIMARY CARE 8,003 SF
HEMET CENTER FOR MEDICAL EXCELLENCE - BUILDING G - CONCEPT PLAN OPT. 4
3/31/21 2/10/21

BEHAVIORAL HEALTH 2.4.15.65

PRIMARY CARE 2.203.65

PRIMARY CARE 8,003 SF

07/01/21



Integrated Space Takeaways

- IHT-PCP physical proximity matters
- Identify common areas to foster interaction and collaboration
- Structure integrated spaces to support workflows
- Make it work with the space you have



Open Discussion and Q & A



- How does the PCMHI program's set up align with your program's set up?
- Are there things you will be looking for during today's PC and Hub site walkthroughs?

Commute to CMP...



Patient Care Space Reminders

- No photography
- Keep voices low
- Stay with the group; do not enter any rooms unattended or without permission



Intakes, Registry Conference, Data, and Program Evolution

Integrated Care Brief Intakes

- PC setting: 30 min
- Hub setting: 45 min
- Focus areas: reason for referral relevant to care/treatment

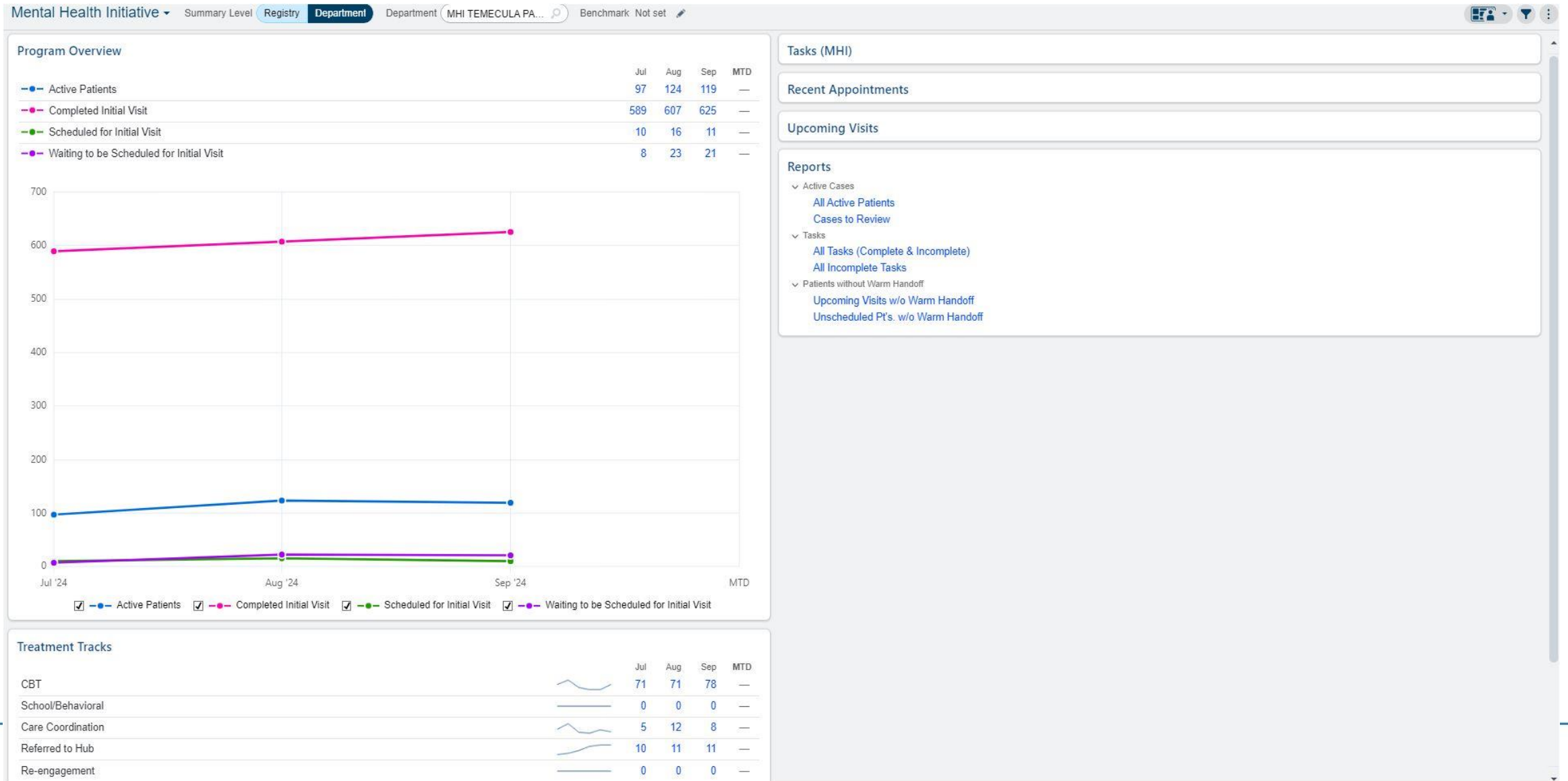
Intake Demo

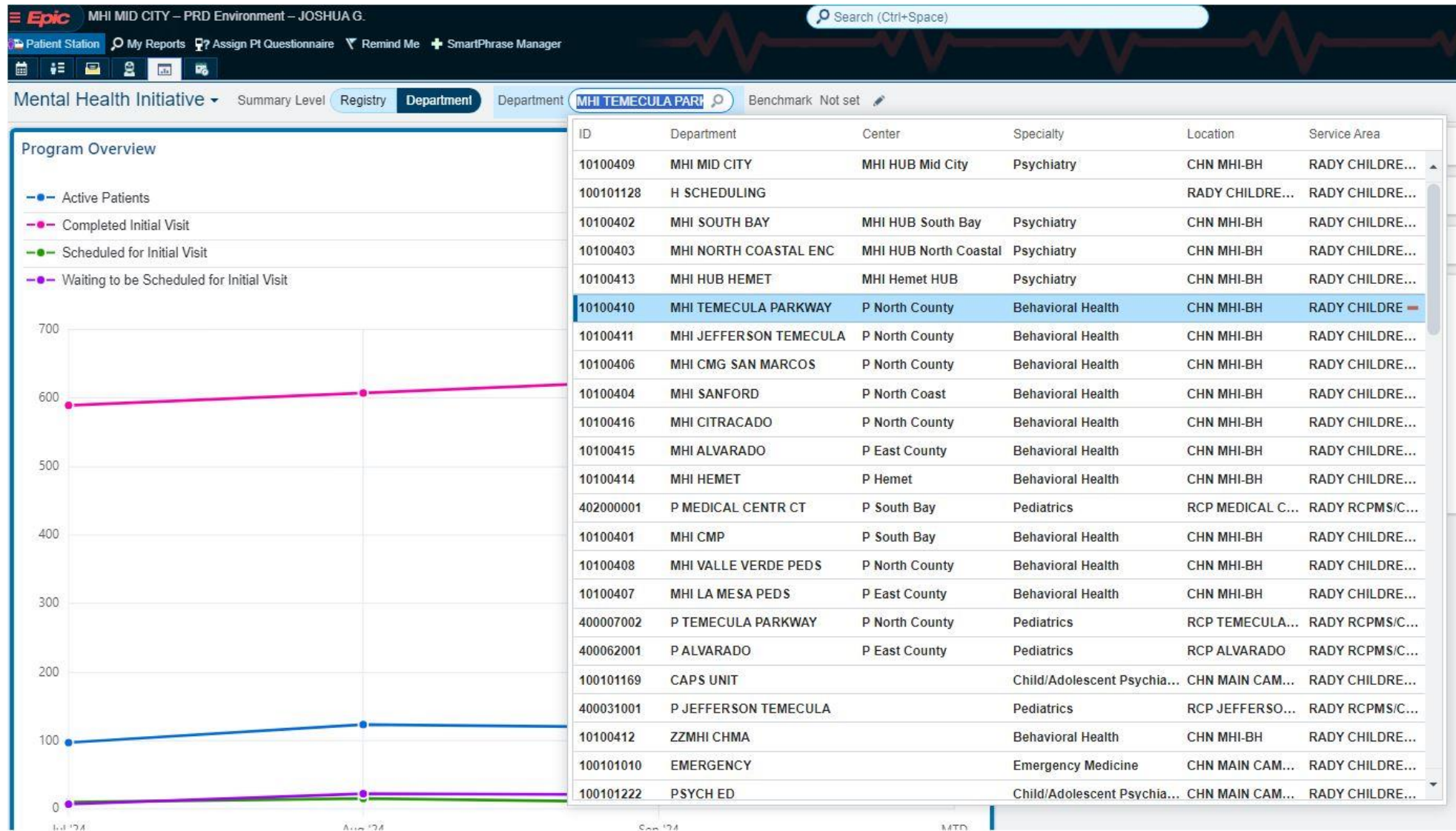
Engaging Through Registry Conference

- IHT, CCs, Psychiatrist, PCPs, Clinical Leads
- Supports co-management of patients
 - Team-based review, resource collaboration, and multi-directional education
- Specific layout of meetings to ensure team stays organized and efficient



Use of Data Registry





Mock Registry Conference

MPM MHI: All Active Patients (Department) [13810190] as of Sat 10/19/2024 8:25 AM

Chart Encounter Apts Communication Track Pt Outreach HM Modifiers Add Team Member Questionnaire Series Open Smartform Episodes of Care Care Team Send Multi-Patient Message

Detail List Explore Referring MD Summary

Filter Refresh Selected Select All

MRN	Patient	Age	Review	Last Reviewed	Referral Date	Reason for Referral	Referring MD	Treatment Track	Last WHO	Last MHI Visit	Next MHI Visit	Plan	Psychiatry	Care Team: Care Navigator	IHT Therapist	Hub Therapist
00000	Wicked, Elphaba	9	<input checked="" type="checkbox"/>		2/1/25	Disruptive behavior	Dr. Bowers	Therapy + Psychiatry	2/1/25	3/3/25	3/11/25		Dr. Schweitzer	Dr. Bird	Dr. Carr-Lee	
00012	Lightyear, Buzz	13	<input checked="" type="checkbox"/>		1/26/25	Anxiety	Dr. Bowers	Therapy	1/26/25	3/5/25	3/13/25		Dr. Schweitzer		Dr. Carr-Lee	

Mental Health Case Review Registry Summary Patient Tasks Social Risk Score Depression Screening (PHQ) Anxiety Screening (GAD 7) Substance Abuse Screening (CRAFT) Screening for Child Anxiety Related Disorders (SCARED) Pediatric Symptom Checklist Care Gap Score

Data Collection Methods



- EPIC
- Dashboard
- By Hand
- Hospital Survey

Our Dashboard

Referrals



Location Comparison



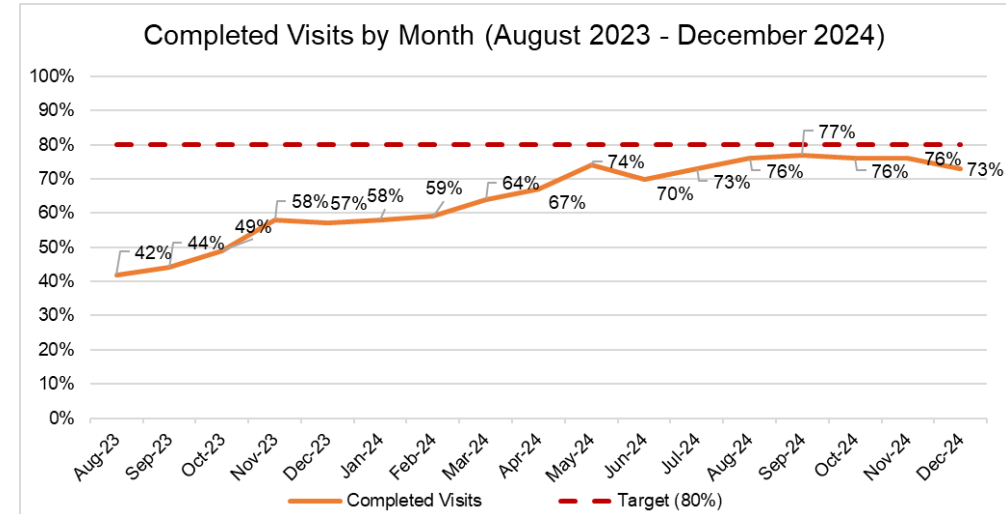
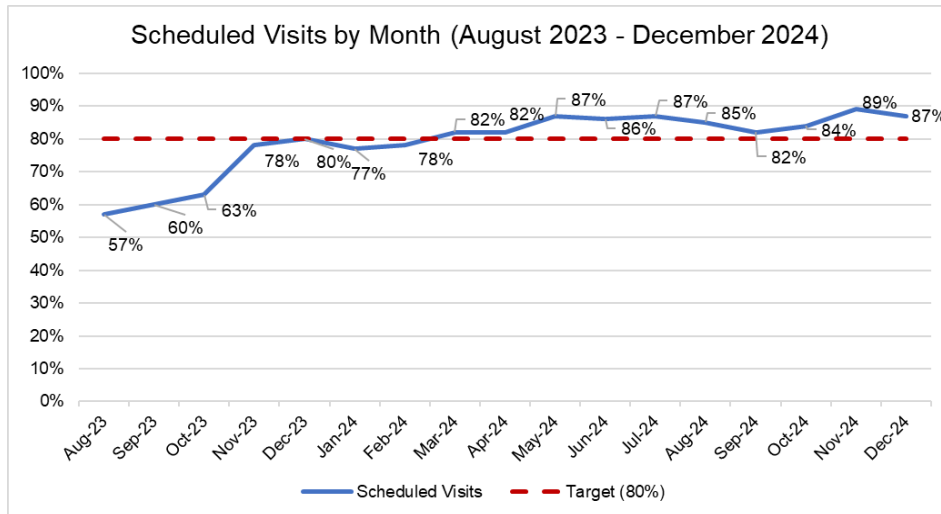
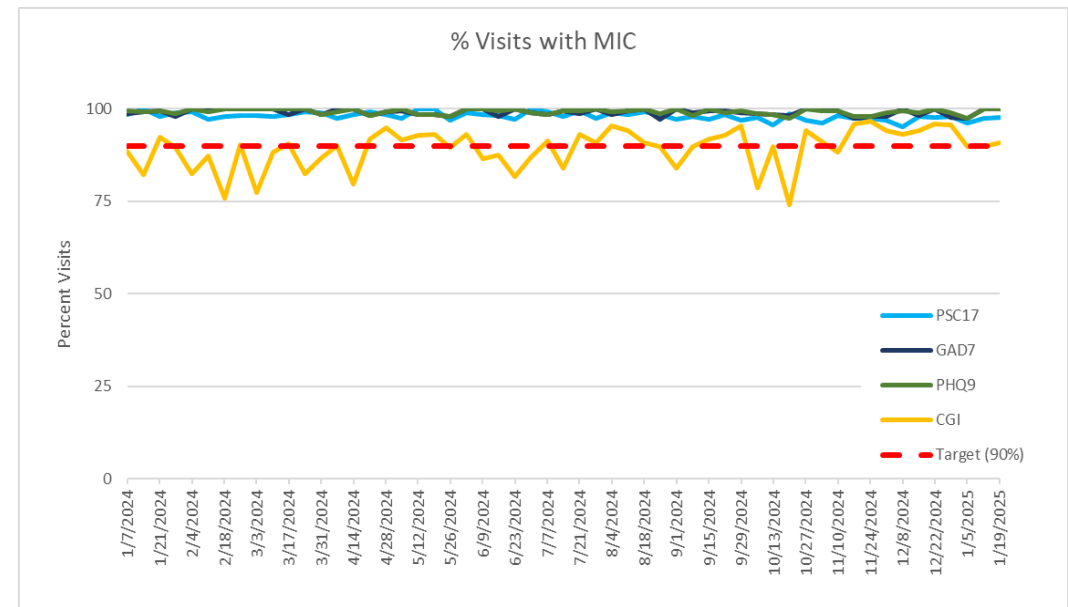
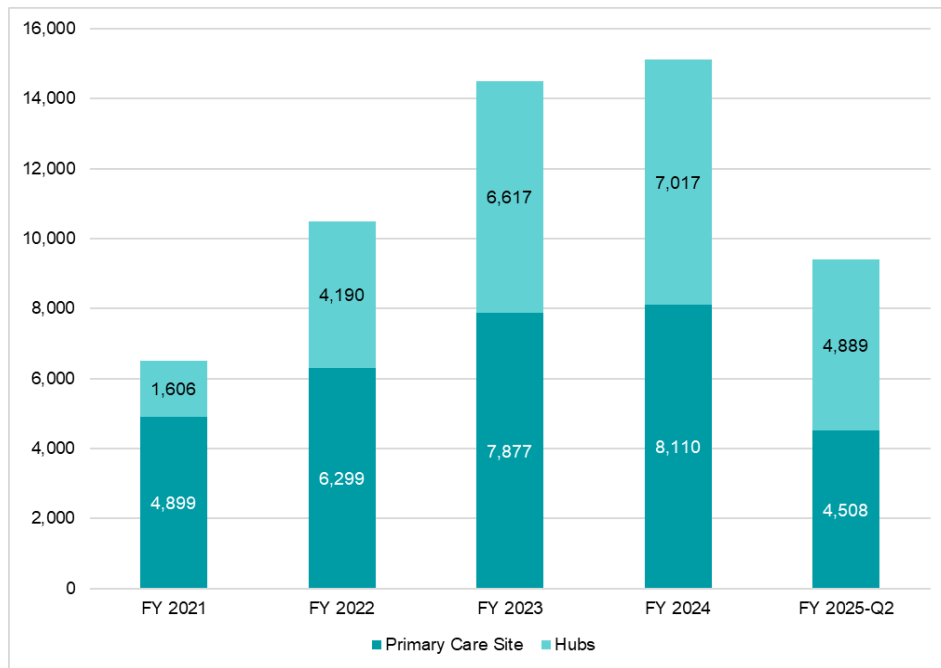
Appointments Overview



Data Collected

- Visit Volume
- Template Utilization, Completed Visits, RVUs
- Access: Time to Next Appt
- No Show/Late cancellation
- Measurement Informed Care
- Patient Satisfaction





Monthly AQU Report

Monthly Target

Target is 5.6 visits per day for HUB and 7 visits per day for PC

6 (HUB days) * 5.6 = 33.6

7.5 (PC days) * 7 = 52.5

(OOO: 12/3- ½ day, 12/6, 12/9- ½ day, 12/13- ½ day, 12/23- ½ day, 12/24-12/27, 12/30- ½ day, 12/31)

Target = 33.6 + 52.5 = 86.1 visits for December

81 (completed visits) / 86.1

Average: 6 visits per day

94% to target

18 dyadic codes dropped out of 18 WHOs

*target includes dyadic codes

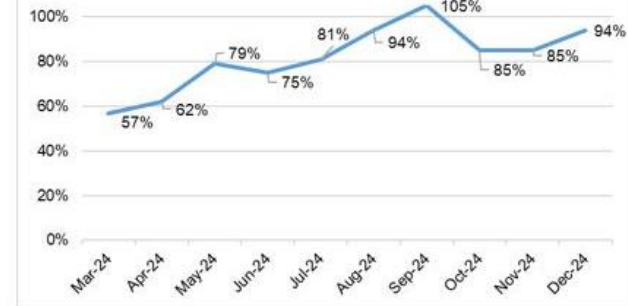
Template Utilization

Completed Visits	75% (63/84) Hybrid Average: (61/101) Team Average: 63%
Scheduled Visits	90% (76/84) Team Average: 87%
Of those scheduled, Kept:	83% (63/76) Team Average: 72%

*template utilization does not include dyadic codes

- **Completed Visits:** Total number of visits completed out of total available templated slots
- **Scheduled Visits:** Total number of visits scheduled out of total available templated slots for the following week
- **Kept Visits:** Total number of visits completed out of total number of scheduled visits
- **Hybrid Average:** Average of completed visits for all HUB providers (completed visits/templated slots)

Percent to Target (March 2024-December 2024)



MIC

Measure	Percentage Completed
CGI	100%
PSC-17	100%
GAD-7	100%
PHQ-9	100%

*MIC: Measurement Informed Care

Tracking and Reports Generated

- Weekly email review with leadership team
- Monthly verbal review with leadership team
- AQU Reports, monthly for team
- For donor/advocacy/media
- Volume projections for strategic growth



Future Data

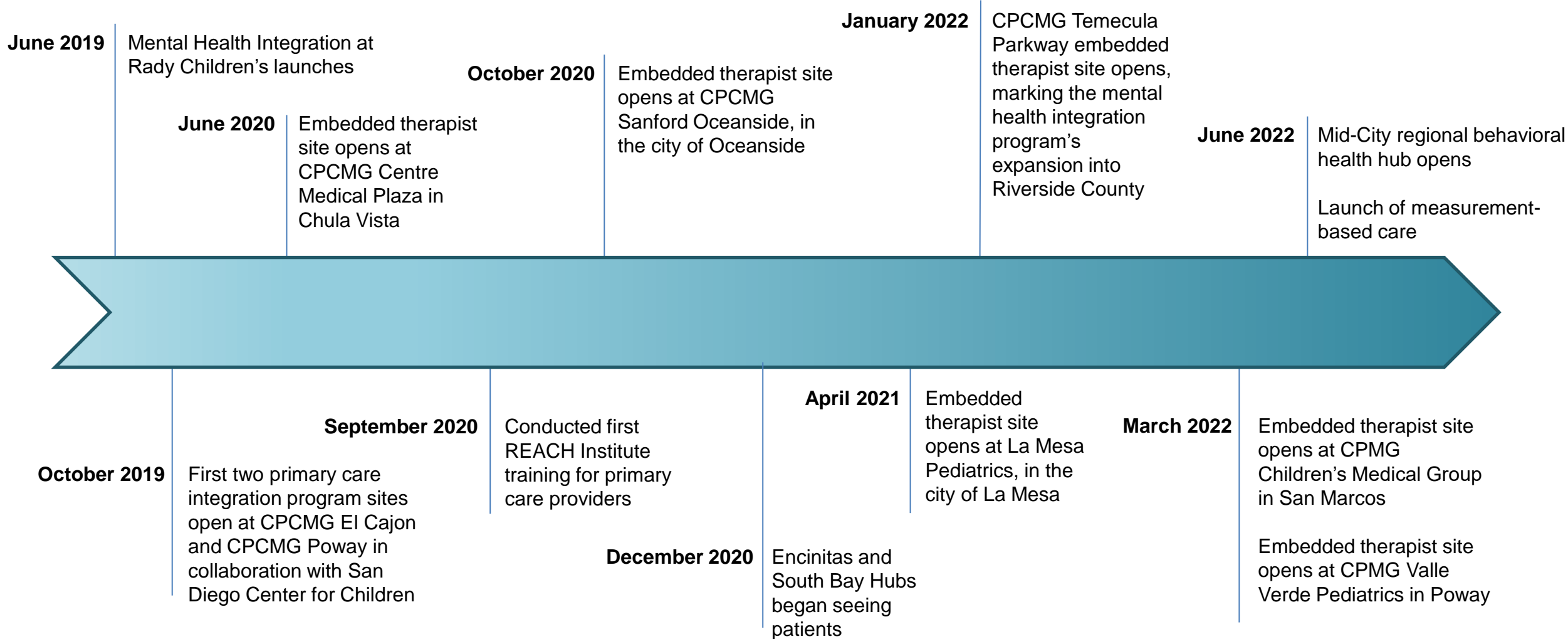


- Decreased ER/inpatient visits
- Sick visits, school attendance
- Access for Warm Handoff (WHO) vs. Central Access Triage (CAT)*
- Provider satisfaction

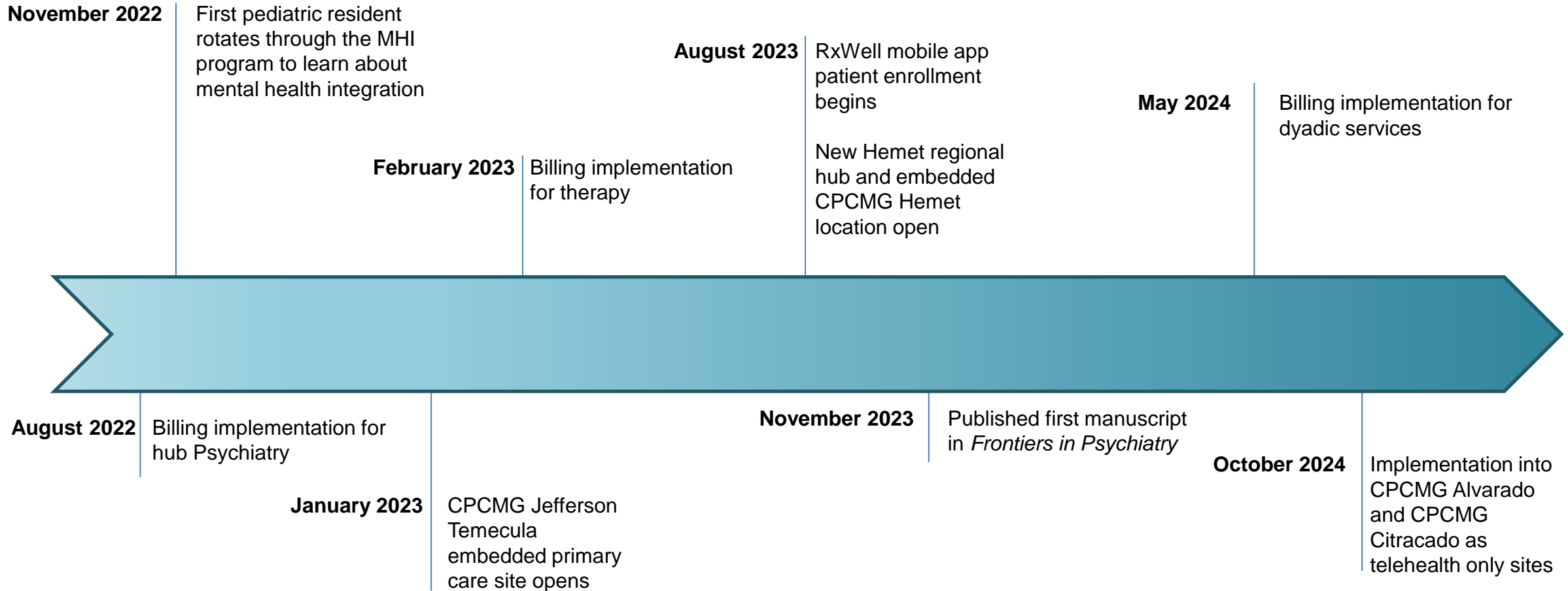


*Virtual triage appointments, or CATs, occur when warm handoffs (WHOs) are not possible. During virtual triages, IHTs meet the patient, assess their concerns, and determine next steps for treatment.

Program Evolution



Program Evolution cont.



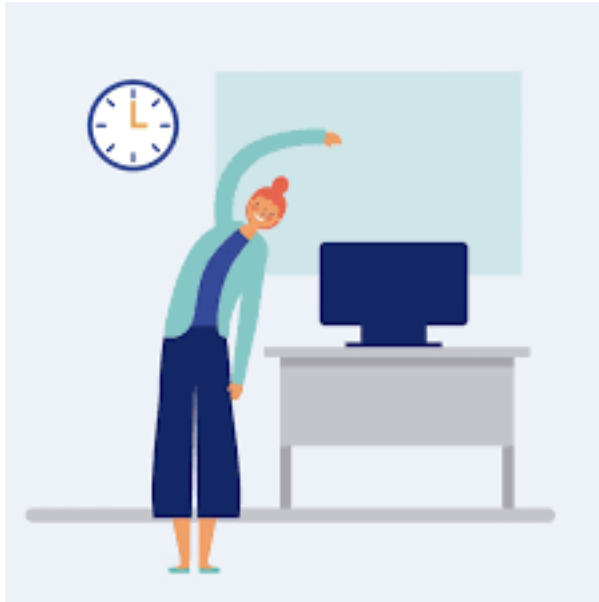
Continuous Quality Improvements



Program Evolution

- Culture shift
- Resignations and Recruitment
- Leadership discussions on our evolving mission, model and scope





Stretch Break



Afternoon Discussion Session

Hot Topics

- Recruitment and retention
- In-person versus virtual care
- Scalability and Sustainability



Wrap-Up



- **Participants:** What are your takeaways from today's site visit that you plan to bring back to your organization?
- **Rady Children's:** What advice do you hope people share with their teams at home?



Thank you!