

Behavioral Health Care Integration in Primary Care for Adults and Adolescents Sprint Learning Session #1

March 11, 2026

HealthChoices PCMH Learning Network

Suzanne Cohen, Senior Director of Population Health, Health Federation of Philadelphia

Agenda

9:00 – 9:20 a.m.	Welcome & Presentation of 2026 Sprint	Suzanne Cohen, Health Federation of Philadelphia
9:20 – 9:50 a.m.	Demystifying Implementation Science	Meg Meador, Penn Center for Health Incentives and Behavioral Health Economics
9:50 – 10:20 a.m.	PCMH PDSA discussion	Laura Lina, Health Federation of Philadelphia
10:20 – 10:30 a.m.	Sprint Timeline, Next Steps & Evaluation	Suzanne Cohen, Health Federation of Philadelphia

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and **the American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.5 hours are approved for this course.**

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The PCMH Learning Network

Designed to support the PCMHs and MCOs in:

- ✓ Achieving the shared aims of the HealthChoices PCMH Program
- ✓ Identifying and acting on strategies in response to opportunities for improvement
- ✓ Developing an internal capacity to continuously learn, adapt, and improve

Access today's slides online

GO TO: www.tomorrowshealthcare.org

Your Login: The email address you RSVP'd with
Your Password: Welcome

*To get assistance or access for your colleagues:
email J. at ashenayi@jhf.org*

PCMH Online Community



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Access session materials in "Learning Sessions" Including slides and webinar recording

Look for guides and tools in "Resources"

Learning Objectives for Today

- ✓ Describe strategies that are effective in integrating behavioral health care within primary care.
- ✓ Describe progress in planning quality improvement activities across participating PCMH practices.
- ✓ Identify potential approaches to implement quality improvement interventions.

Metrics and Interventions: Behavioral Health Integration

Behavioral Health Care Integration: Participating Practices

AHN Primary Care Institute
Berks Community Health Center
CHOP
Family First Health
Family Practice Center
Pediatrics of NEPA
Penn Medicine LGH Norlanco
Public Health Management Corporation
Tower Health – St. Christopher’s Hospital for Children
UPMC Central PA
Wayne Memorial CHC
Wright Center

Potential Outcomes for Improvement Projects

Depression screening and follow-up measure:

Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter

Measures of access to behavioral health:

- # of contacts with an integrated behavioral health resource for primary care patients
- # of contacts with IBH resource for certain groups of patients: adolescents, diabetics, etc.

PCMH Areas of Focus in the BHI sprint

1. Improve follow-up on positive depression screens – 4
2. Integrate BH and screening for children and adolescents – 3
3. Standardize and sustain billing practices – 1
4. Utilize BHI to address patients with uncontrolled chronic conditions – 1
5. Scale BHI to more offices – 1
6. Expand care management services within BHI to improve collaboration between primary care and psychiatric services – 1
7. Improve low depression screening rates – 1

Demystifying Implementation Science

Meg Meador, MPH, C-PHI, CPHQ, Penn Medicine Nudge Unit,
Center for Healthcare Transformation and Innovation, Penn Center
for Health Incentives and Behavioral Health



Demystifying Implementation Science

Behavioral Health Use Case

March 2026

Background

|| Million Hearts



|| Agenda

What is Implementation Science?

Why should I care?

A Reach Problem

Core Concepts

Final takeaways

Appendix

What is Implementation Science?

|| Poll

What word or phrase comes to mind when you hear “implementation science”?

Type into the chat!

Implementation Science

The study of methods to increase the uptake of evidence-based innovations in real world settings to improve health.

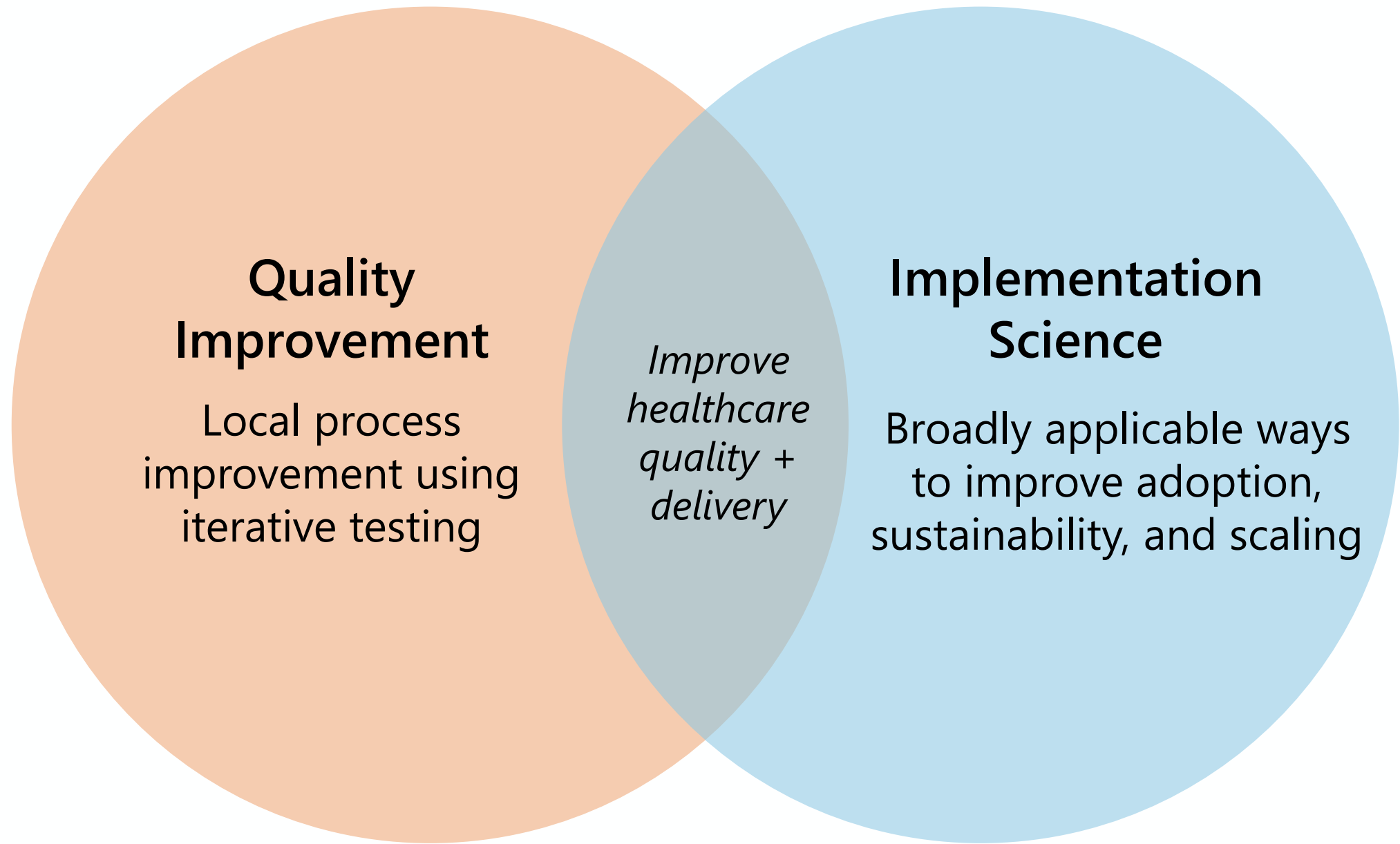
|| The thing

1. The intervention/practice/innovation is ***THE THING***
2. Effectiveness research looks at whether ***THE THING*** works

|| Doing the thing

3. Implementation strategies are the stuff we do to help people/places **DO THE THING**

4. Implementation outcomes are **HOW MUCH** and **HOW WELL** they **DO THE THING**



Sources: Hu F. Implementation science: why should we care?. *J Med Libr Assoc.* 2024;112(3):281-285.

Tyler A, Glasgow RE. Implementing Improvements: Opportunities to Integrate Quality Improvement and Implementation Science. *Hosp Pediatr.* 2021;11(5):536-545.

How they work together

Quality Improvement



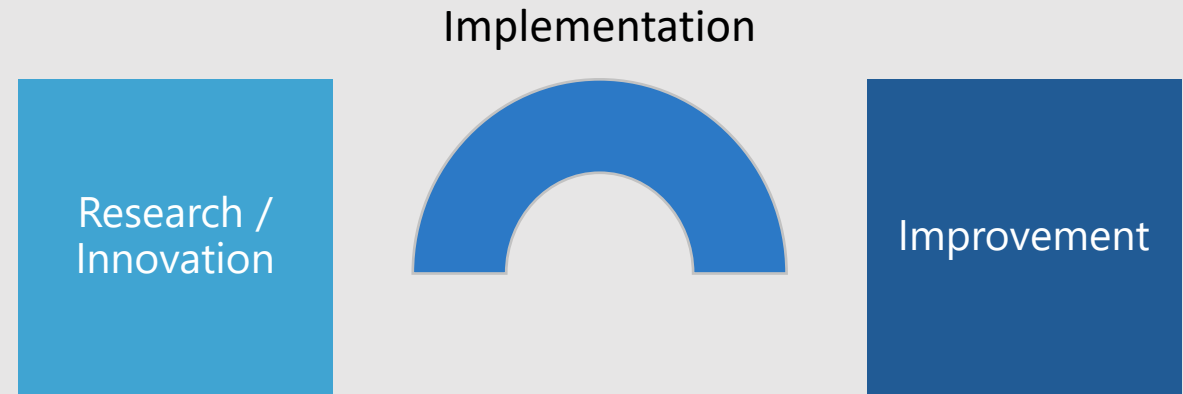
Implementation Science

Source: Adapted from Tyler A, Glasgow RE. Implementing Improvements: Opportunities to Integrate Quality Improvement and Implementation Science. *Hosp Pediatr*. 2021;11(5):536-545.

Why should I care?

|| Why this matters

- Over **50%** of change initiatives fail to deliver expected outcomes
- Evidence-based interventions often don't scale or sustain





Why don't patients engage with behavioral health?

An Access Problem

Referral to External Mental Health

- Specialty mental health intake: 4 – 12 weeks
- Transportation, time, and stigma barriers
- No one owns follow-up care – PCP/BH records not integrated
- Insurance and cost barriers
- Patient no-show rates for external MH: 30–50%

Integrated Behavioral Health (IBH) Model

- Same-day or next-visit access for warm handoffs
- BH clinician co-located in primary care
- Follow-up loop closed in the EHR
- Reduces stigma; improves follow-through

|| A cautionary tale

Even if 100% effective, an intervention is only as good as whether it is:

1. Delivered
2. Reaches recipients
3. Adopted widely
4. Implemented (fidelity)
5. Maintained

$70\%^5 = 17\%$ impact

Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Am J Public Health. 1999;89(9):1322-1327. doi:10.2105/ajph.89.9.1322



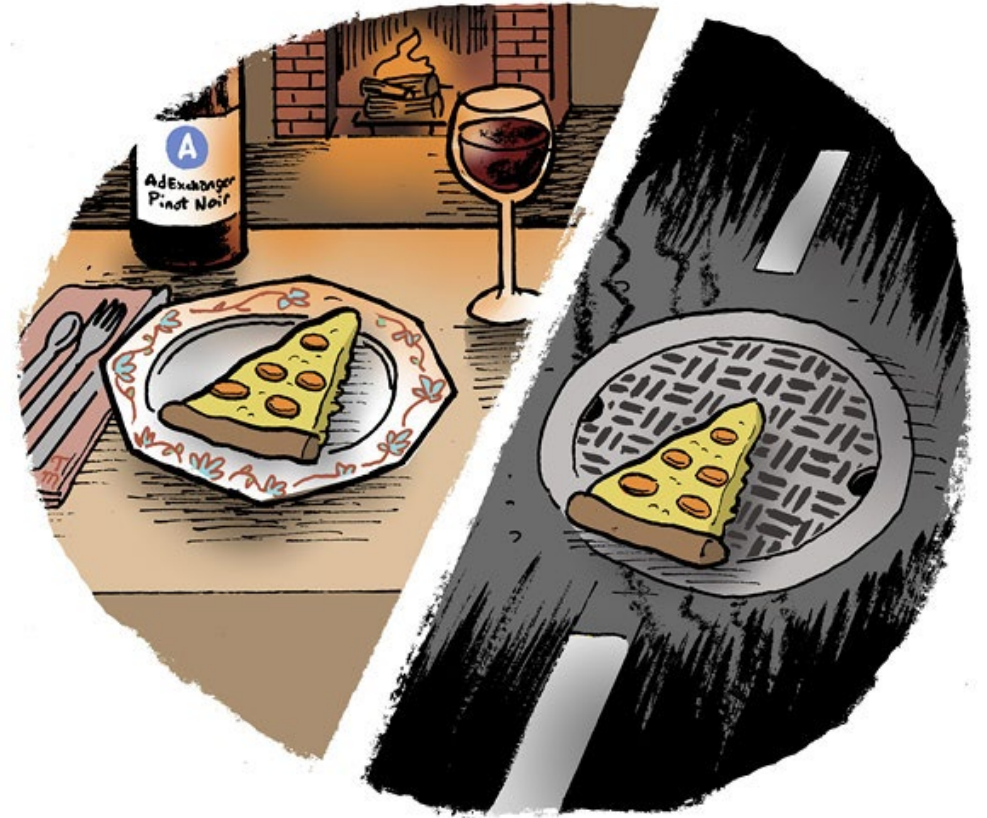
Efficacy + Degree of Implementation = **Impact**

Reach, Adoption, Implementation (fidelity), Maintenance

Core concepts

|| Core implementation concepts

- Context matters
- Assessing barriers + facilitators
- Matching strategies
- Measuring outcomes



Context Matters

|| Selecting strategies

STEP 1: Determine who needs to do what, differently





STEP 2: Determine which barriers to address

STEP 3: Match implementation strategies

STEP 4: Use implementation measures

STEP 1- Who needs to do what differently?

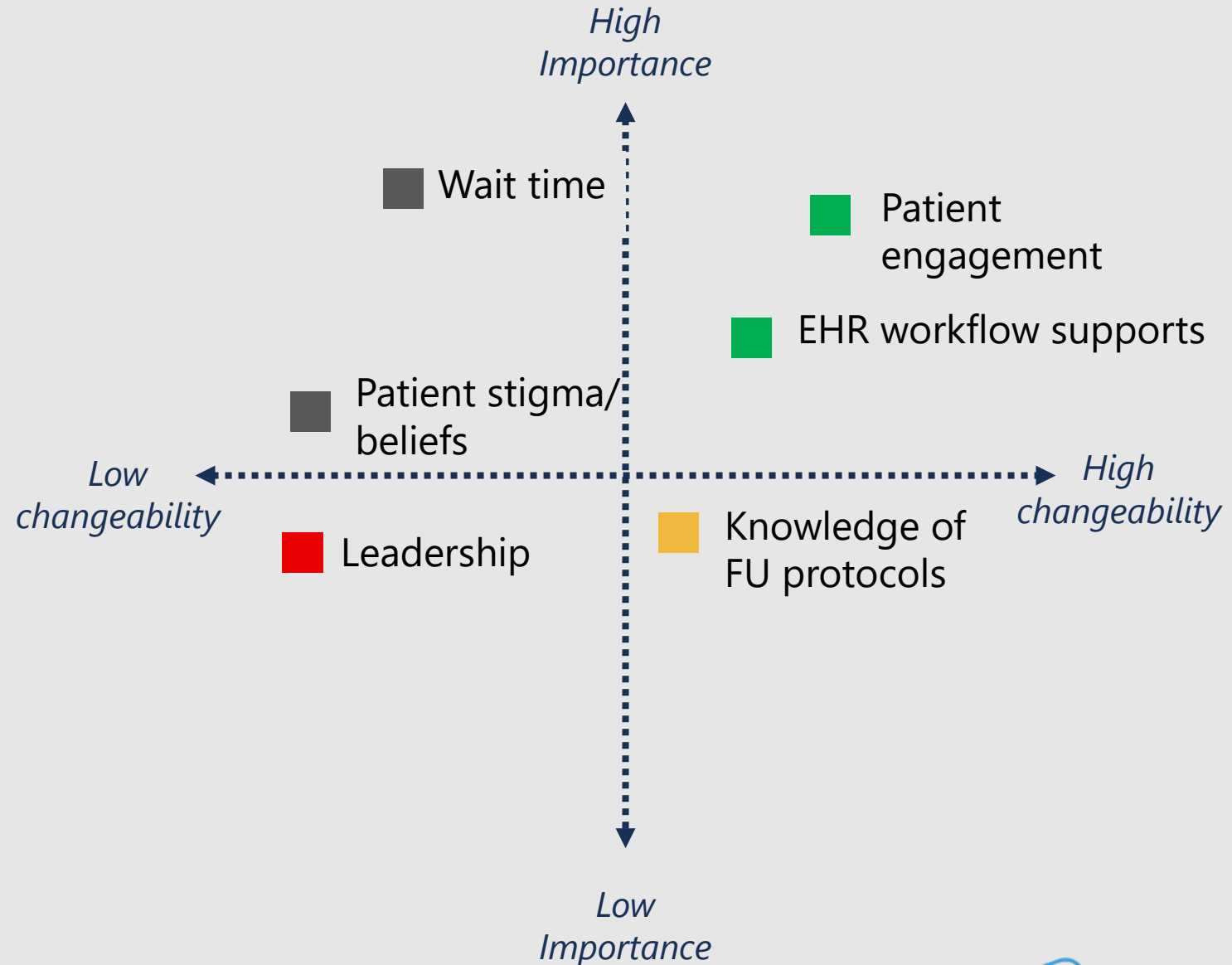
Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all	Several days	More than half the days	Nearly every day
			

Practice Gap: Untreated depression/anxiety








THING: Improve depression/anxiety follow-up after positive screens

STEP 2 – Determine barriers to address



|| STEP 3 – Match implementation Strategies

Rule of Thumb

BARRIER TYPE	RECOMMENDED STRATEGIES
Knowledge Gaps	 Education,  Feedback
Access Gaps	 Service Redesign,  Equipment,  Partnerships
Workflow Gaps	 EHR Tools,  Standing Orders

STEP 3 – Match implementation strategies

Improvement goal	Implementation strategies (HOW)	Potentially related barriers
Improve depression/ anxiety follow-up	Train staff on follow-up protocols	Knowledge
	Optimize EHR workflow for tracking positive screens and BH encounters	EHR workflow support
	Increase network of external BH providers	Wait time
	Develop integrated BH referral and same-day access process	Wait time
	Care coordinator outreach after positive screens	Patient engagement
	Warm handoff to BH clinician	Patient engagement
	Adopt a clinician/staff training policy on IBH coding and billing	Leadership
	Normalize BH screening: address stigma with patients and staff	Patient stigma/beliefs

|| STEP 4: Use measures

Pre-implementation measures

- Acceptability
 - Appropriateness
 - Feasibility
-
- Cost
 - Reach

Start with fit,
not ambition.

Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health*. 2011;38(2):65-76.
doi:10.1007/s10488-010-0319-7

Acceptability Factors

Will this feel helpful, not burdensome?

- Reduces extra steps for care teams
- Fits naturally into the workflow
- Makes the “right thing” easier

Appropriateness

Does this actually solve our problem?

- Targets the main barriers: (knowledge, access, or workflow)
- Fits patient population or setting

Feasibility Considerations

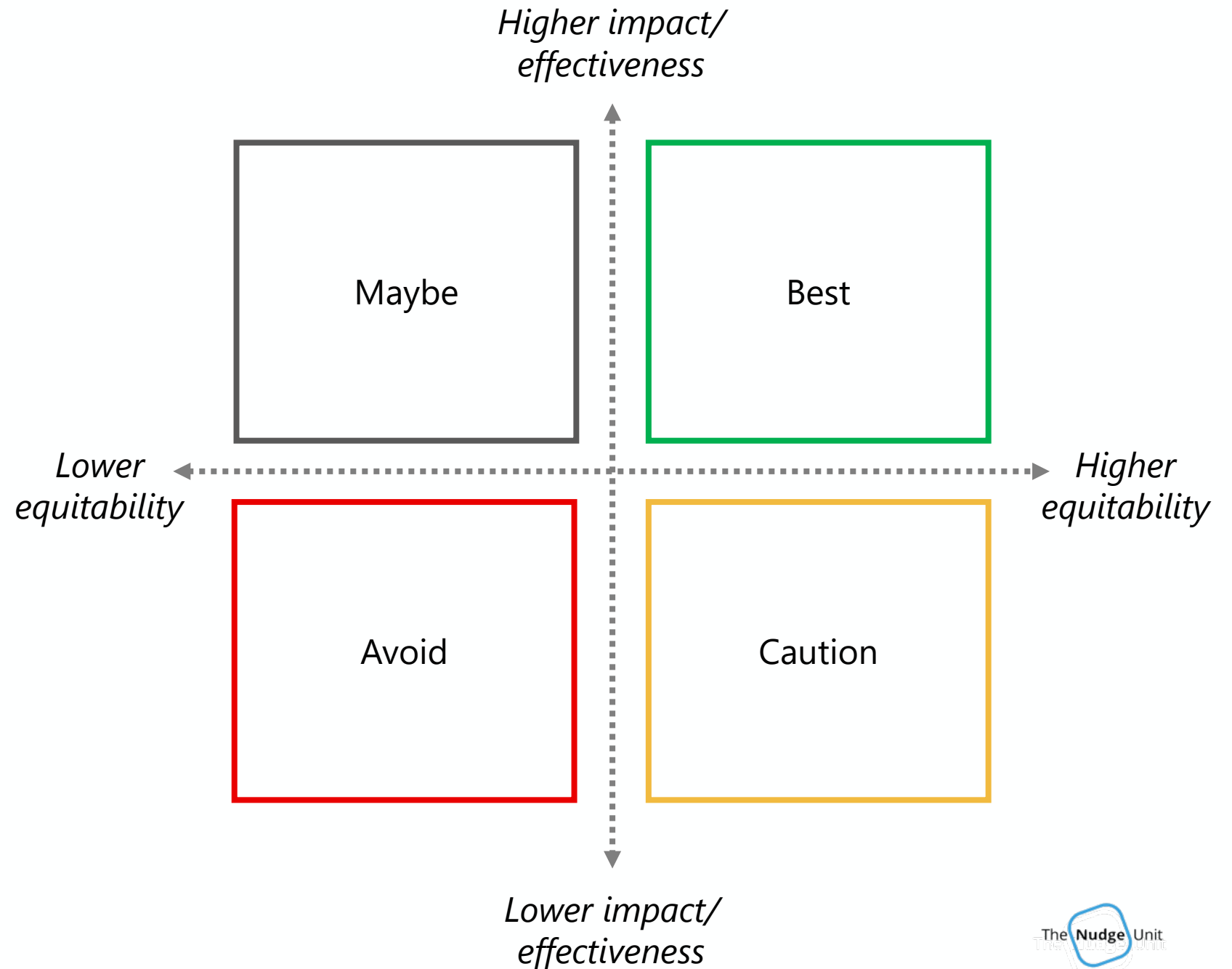
Can we do this with what we have?

- Staffing capacity
- Technology infrastructure
- Available time during visits
- Lab/space/other workflow constraints

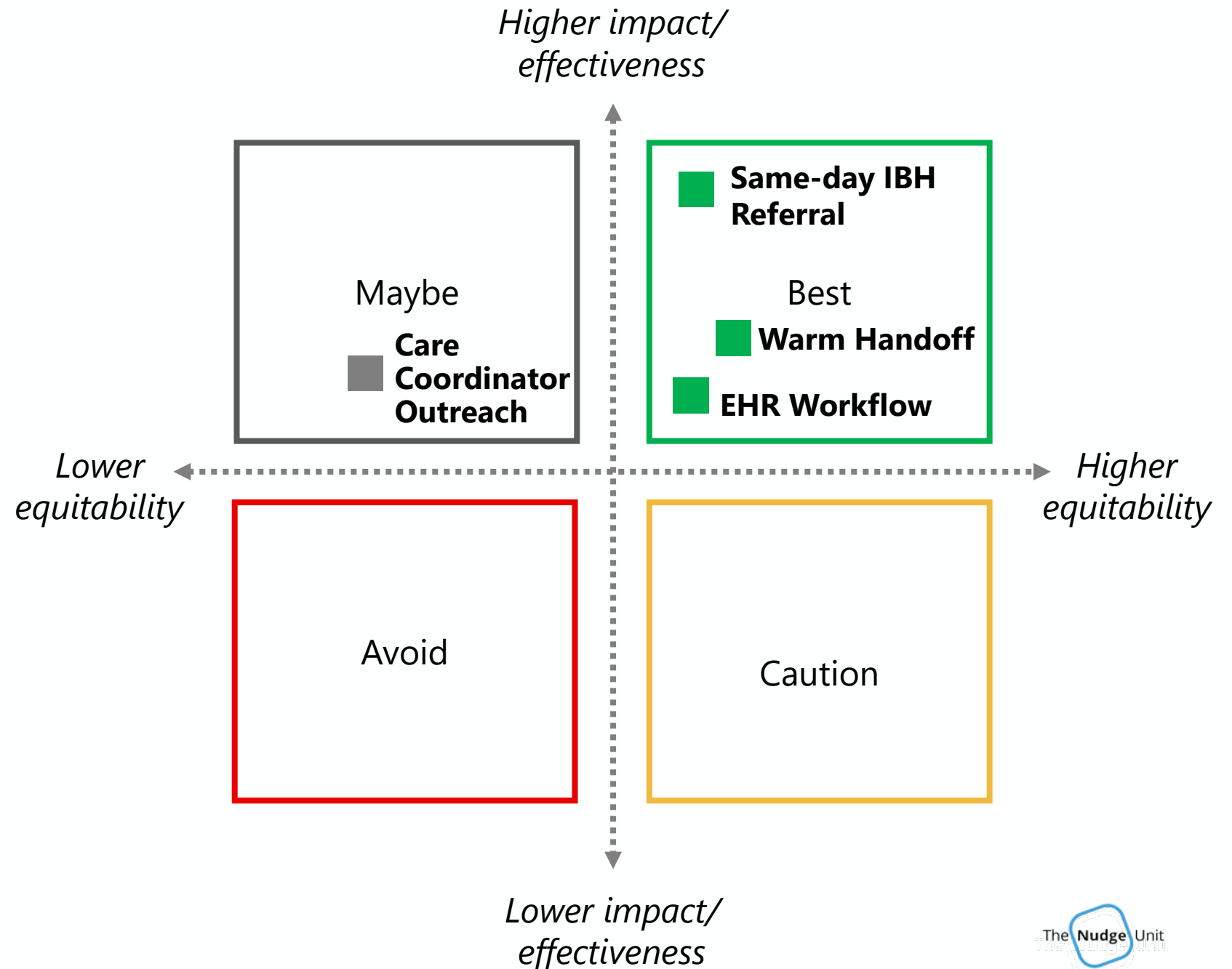
Pre-implementation outcome assessment

Pre-Implementation outcome	Increase network of BH providers	Care coordinator outreach	Optimize EHR workflow-tracking	IBH warm handoff	Same-day IBH referral
Acceptability	Yes	Yes	Yes	Yes	Yes
Appropriateness	Yes	Yes	Yes	Yes	Yes
Feasibility	No	Yes	Yes	Maybe	Maybe

Select for equitability



Select for equitability



|| STEP 4: Use measures

Post-implementation measures (RE-AIM)

- Reach
- Effectiveness
- Adoption
- Implementation (fidelity)
- Maintenance

-
- Acceptability
 - Appropriateness
 - Feasibility
 - Cost

Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health*. 2011;38(2):65-76.
doi:10.1007/s10488-010-0319-7

Final takeaways

|| Takeaways

1. Implementation science complements + strengthens quality improvement.
2. It provides tools for successful implementation and scaling.
3. Even small implementation science components can improve project success.



Thank you!

Appendix

AIM, IAM, FIM Tools

Acceptability of Intervention Measure (AIM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. (INSERT INTERVENTION) meets my approval.	①	②	③	④	⑤
2. (INSERT INTERVENTION) is appealing to me.	①	②	③	④	⑤
3. I like (INSERT INTERVENTION).	①	②	③	④	⑤
4. I welcome (INSERT INTERVENTION).	①	②	③	④	⑤

Intervention Appropriateness Measure (IAM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. (INSERT INTERVENTION) seems fitting.	①	②	③	④	⑤
2. (INSERT INTERVENTION) seems suitable.	①	②	③	④	⑤
3. (INSERT INTERVENTION) seems applicable.	①	②	③	④	⑤
4. (INSERT INTERVENTION) seems like a good match.	①	②	③	④	⑤

AIM, IAM, FIM Tools (cont'd)

Feasibility of Intervention Measure (FIM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. (INSERT INTERVENTION) seems implementable.	①	②	③	④	⑤
2. (INSERT INTERVENTION) seems possible.	①	②	③	④	⑤
3. (INSERT INTERVENTION) seems doable.	①	②	③	④	⑤
4. (INSERT INTERVENTION) seems easy to use.	①	②	③	④	⑤

No specialized training is needed to administer, score, or interpret the measures.

Average scores; higher scores indicate greater acceptability, appropriateness, or feasibility.

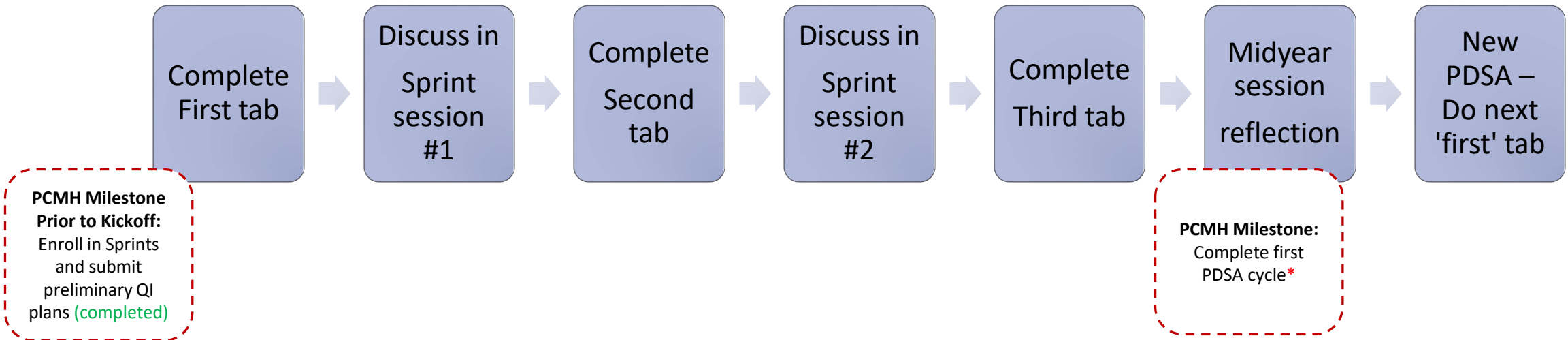
There is no cost to use these measures.

Time to complete: less than 5 minutes per measure.

The IAM items could be modified to specify a referent organization, situation, or population (e.g., my clients).

PCMH PDSA Discussion

PDSA Plan Development



**If your PCMH does not reach the milestone or is at risk of not meeting the milestone, request TA from the PCMH Learning Network.*

PDSA due dates are designed to prepare PCMHs for each session.

	A	B	C	D	E	F	G	H
1								
2		PCMH Practice	Enter PCMH Practice Name here	Your contact Info				
3		Sprint		Name				
4		PDSA Submission by 2.27	DUE: 2/27/2026	Degree(s)				
5				Title				
6		Does the PCMH Learning Network have your PCMHs' approval to share this PDSA plan with your affiliated MCOs for alignment, coordination, and quality improvement purposes?		Organization				
7				Email Address				
8				Phone Number				
9								
10								
11								
12								
13		Problem Statement	Please describe the problem that your team is working to improve and why this is important to your PCMH?					
14								
15		QI Team	Who on your team is assigned to improve this problem?					
16								
17		Current Understanding	Please describe your team's understanding of the current process and causes of the problem?					
18								

	A	B	C	D	E	F	G	H	I	J	K	L	M
19		QI Goal	What is your measurable goal to address this problem and improve the process?										
20													
21		Proposed Change	What are you planning to change in the process to achieve this goal?										
22													
23		Measures to Track Change	What measures are you planning to use to track whether the change was implemented as intended (e.g., a process measure) and whether this new process is moving towards your goal (e.g., an outcome measure)?										
24													
25		Action Plan	Who is doing what on your team by when to test this change and track the measures you described above?										
26													
27		Studying	When your PDSA cycle is in the first Study phase, what are the initial results from the data you are tracking? What are you learning?										
28													
29		Acting	When your PDSA cycle is in the first Act phase, what adjustments is your team planning to make? What are your next steps?										
30													
31		Comments	Please include any comments, questions, or suggestions for the 2026 PCMH Learning Network?										

Today's Discussion

Please share:

- The cause(s) of the problem you are working to address,
- Your PDSA goal and how you chose it
- What you will implement to try to improve the current process related to this goal in the PDSA OR the intervention or improvement you plan to test.

Consider the systems, tools, clinical protocols, or processes that might support your goal.

Sprint Timeline, Next Steps & Evaluation

2026 PCMH Learning Network 1st and 2nd Sprint Session

Sprint Session 1

- **LN** provides Tactical how-to information related to PCMHs' QI plans
- **PCMHs** share PDSA Planning progress through facilitated peer-to-peer learning
- **LN** provides guidance for the next PDSA phase (e.g., completing the Plan and preparing for "Do")



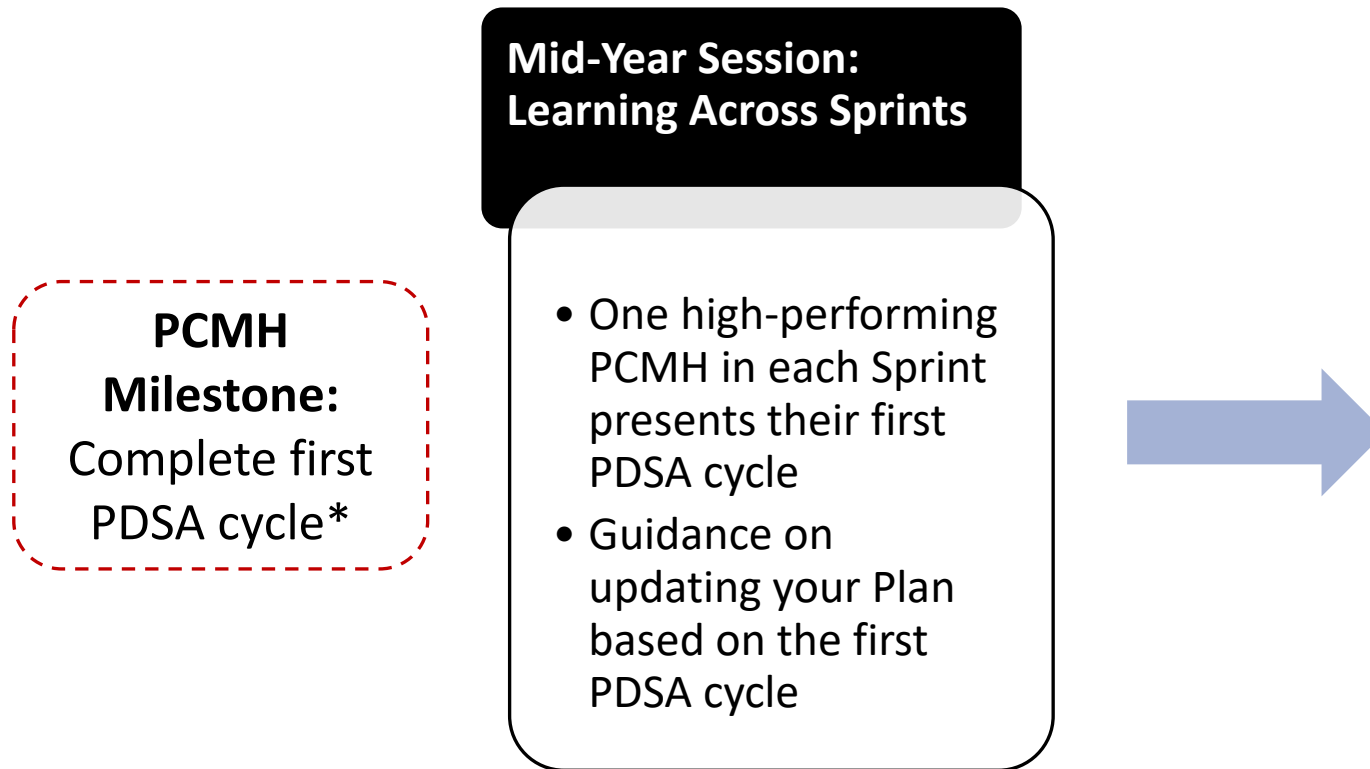
Sprint Session 2

Tuesday, April 21st at 1 – 2:30 pm

- **LN** provides Tactical how-to information related to PCMHs' QI plans
- **PCMHs** share how their preparation for the Do PDSA phase through facilitated peer-to-peer learning
- **LN** provides Guidance for Do and Study



2026 PCMH Learning Network
Mid-Year Session June 2 9am to 10:30am



2026 PCMH Learning Network 3rd and 4th Sprint Session

Sprint Session 3

Thursday, July 9th at 9 – 10:30 am

- **LN** provides Tactical how-to information related to PCMHs' QI plans
- **PCMHs** share PDSA 2nd Cycle "Plan" through facilitated peer-to-peer learning
- **LN** provides guidance for completing 2nd cycle of Study and Act



Sprint Session 4

Tuesday, October 6th at 1 – 2:30 pm

- **LN** provides Tactical how-to information related to PCMHs' QI plans
- **PCMHs** share 2nd Cycle of "Study" and "Act" through facilitated peer-to-peer learning
- **LN** provides guidance on completing PDSA cycles (e.g., standardizing and scaling improvements) and preparing for the final session



2026 PCMH Learning Network

Final In-Person Session November 10 8:30 a.m. to 3:00 p.m.

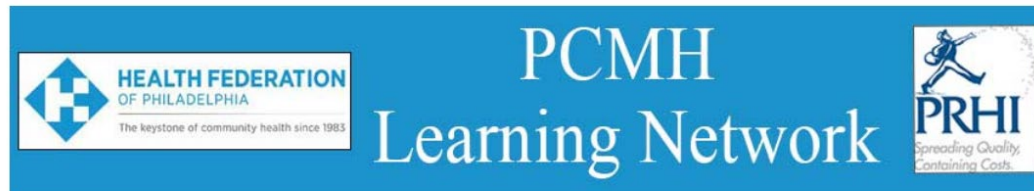
Final In-Person Session

**PCMH
Milestone:**
Complete at
least 2 PDSA
cycles and share
at the in-person
event*

- **PCMHs** share their completed PDSA cycles
- **LN** recognizes PCMHs with greatest improvements
- **LN** announces 2027 Sprints

PCMH Online Community

<https://www.tomorrowshealthcare.org/>



Members of your PCMH's multi-disciplinary learning team will receive log-ins

- Access the session materials in “Learning Sessions”
- Look for guides and tools in “Resources”

CEU Process

You will receive a follow up email with links to:

Complete the survey at: <https://www.surveymonkey.com/r/WB77PDQ> by **3/18/2026**



1. Please be sure to designate which CEU credits you are requesting **CME, CNE, Social Worker or Certificate of Attendance**. If you already have an account with the UPMC Center for Continuing Education, **please be sure the email you enter on the survey matches the UPMC CCE account email that you create.**
2. The UPMC Center for Continuing Education will follow up with you via email after **3/18/2026** with instructions on how to claim your credits.
 - To prepare, we recommend you create an account with UPMC CCE via this website <https://cce.upmc.com>.

Upcoming Sessions

Next Sprint Virtual Session #2:

April 21, 2026
1:00 pm – 2:30 pm

Statewide Midyear Virtual Session:

June 2, 2026
9:00 am – 10:30 am

Virtual Sprint Session #3

July 9, 2026
9:00 am – 10:30 am

Virtual Sprint Session #4

October 6, 2026
1:00 pm – 2:30 pm

Statewide End of Year **In-Person** Session:

November 10, 2026
8:00 am – 3:00 pm

Thank You!
