

FEATURE ARTICLE 04/18/2018 11:00 pm ET

Adapting To An Integrated Market: Q&A With Peggy Chase, Terros Health



Peggy Chase

What does a successful integration strategy look like? Often, that means adapting to both local and state market changes. We are seeing a fundamental change in the value chain of the health and human service system—often by geographic market—and the most pertinent strategic work means understanding how the system works, and will work in the future.

For more on this, we reached out to Peggy Chase, President and Chief Executive Officer of Terros Health. Terros Health has weathered a changing Arizona market, and managed to grow from a \$32 million behavioral health organization to an \$84 million comprehensive health care organization. The state-level changes driving this included state plans to integrate the Department of Behavioral Health into the Arizona Health Care Cost Containment System (the state Medicaid agency), and move from a behavioral health carve-out to a carve-in through the issuance of an integrated contractors RFP. (For more on that, check out [Planning For Turbulence – A Case Study.](#))

Terros Health recorded 550,000 consumer interactions in 2017, across 20 locations in Maricopa, Pima, Coconino, and Yavapai counties of Arizona—all elements of care are coordinated across the broader health care system, including specialty care, hospitals, home health care, community services and supports. This includes a variety of same-day or



ongoing medical services including physical exams, mental health, chronic disease management, nutritional coaching, immunizations, lab work processing and prescription pick up in one centralized location.

Describe your integrated care model:

Terros Health’s vision is to be a premier behaviorally-led integrated health care company. Our model of integrated care has a strong focus on whole health and follows the principles of the patient-centered medical care home. We believe that treating the mind and body will have the highest success for healthier people and healthier communities. No matter which door the consumer enters, we have a system of care available to treat the whole person.

Our integrated care model provides consumers with primary care, behavioral health, and substance use disorder services under one roof, with a strong care coordination component to ensure that consumers are connected to the services they need, and that medical care information is shared among treating providers. This model affords consumers immediate access to comprehensive care, and provides timely follow-up to a larger number of individuals with complex or chronic co-morbidities that place them at an increased risk of emergency hospitalization.

As a behaviorally-led company, our teams have the expertise to help consumers with health behaviors that may be impacting their overall wellness. The techniques we use for behavior change can assist in making healthy lifestyle choices, prevent health diseases, and impact chronic condition management with many of our consumers. Our multidisciplinary care teams assess and manage conditions effectively through communication, morning care team huddles, and care management approaches.

Terros Health has six integrated sites with both primary care and behavioral health services. Three of our integrated locations are Federally Qualified Health Center Look-Alike sites (FQHC LAL). The FQHC LAL status allows us to serve underserved populations and receive enhanced rates to meet area need. Additionally, we are participating in our Medicaid (AHCCCS) system’s Targeted Investment Program for the Justice population—another underserved population whose health and wellness we hope to affect through integrated care and close collaboration with probation services.

Organization	Terros Health
Address	3003 N. Central Ave., Ste. 200 Phoenix, AZ 85012
Telephone	602-685-6000
Website	http://www.terroshealth.org
Chief Executive	Peggy Chase, President & Chief Executive Officer
Legal Status	Private, non-profit



Patient-Centered Care Management

Patient-Centered Medical Home



53

Is your program sustainable?

Currently, our funding comes from two different separate streams: primary care and behavioral health. Behavioral health has been long-standing sustainable. Today, our primary care is sustainable with some locations profitable, and newer locations moving toward profitability. Constant monitoring and adjusting of processes have improved this dynamic. We have embedded behavioral health consultants in the primary care teams; implemented creative scheduling models; expanded our evening hours; added weekend hours; used engagement and health literacy strategies to engage behavioral health consumers into primary care services; held numerous health fairs and flu shot clinics; and explored new funding opportunities, grants, and payment models.

What was the biggest challenge in moving to an integrated model?

Our biggest challenge was probably both employee and consumer buy-in. Our company history is based in behavioral health care; first, as a substance use treatment provider, then adding mental health and co-occurring services. Our employees struggled to understand how to integrate primary care into the services they had been providing. They saw these as two distinct types of services

and found it hard to correlate that physical health can impact behavioral health and vice versa. Our employees, both physical and behavioral health, saw integration as out of their scope and had concerns with discussing integrated services.

Consequently, this equated to resistance and slowed our forward progress which resulted in lower consumer volume in primary care and lost revenue. Steadily we are improving our consumer volume as employees see the benefits of whole person care as consumers reach their health goals. Improvement continues as we measure progress on consumer health outcomes, assess service quality metrics, and impact lives. As we share stories of integration—our employees are motivated to help more consumers achieve success in their whole health goals.

Do you have plans to expand this model?

Currently, we plan to open one more integrated site during 2018. We have a strong and strategic geographic footprint across the county. As we identify needs in the state we would consider bringing our approach of behaviorally-led integrated care elsewhere in Arizona, if fiscally viable.

Why did you decide to integrate?

Terros Health saw opportunities to bring additional needed services to our communities to improve health one individual at a time and to impact an entire community. Integration allows us to deliver the levels and types of services to increase consumer access to treatment with a continuum of services at one location.

Arizona has an innovative Medicaid Director who supports and encourages integration at all levels to improve the consumer experience in receiving the care they need. He has developed a full integrated system of care at the state, payer, and provider levels for improved consumer care and costs.

As we move toward value-based contracts and payments, our integration efforts allow us to compete and be a viable entity in a “carved in” market.

What is the future of integrated care?

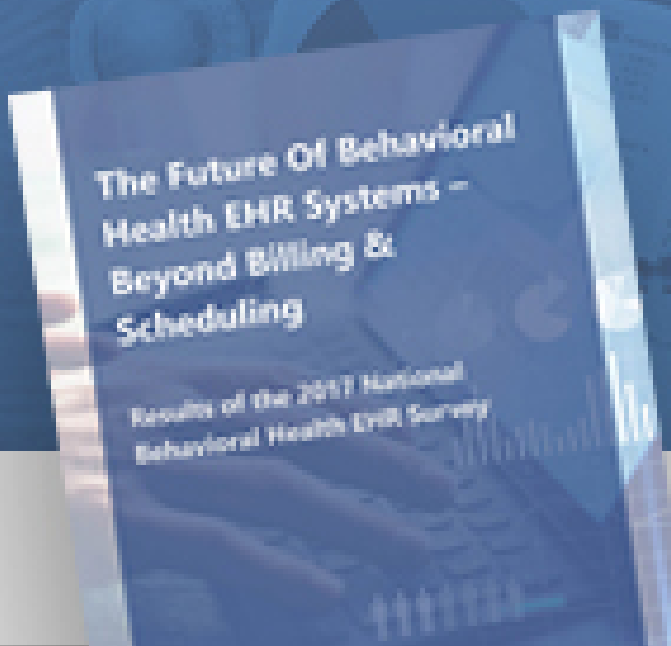
Integrated care is likely to continue evolving and may take many forms as we move into the future. Today we are primarily facility, community, and telehealth based. The future holds many options including many tech opportunities to further impact care.

Focusing on the whole health of consumers has long been known to improve health outcomes, change health behaviors, lower costs, and helps the consumers achieve and sustain wellness. Integration is here to stay!



FREE White Paper

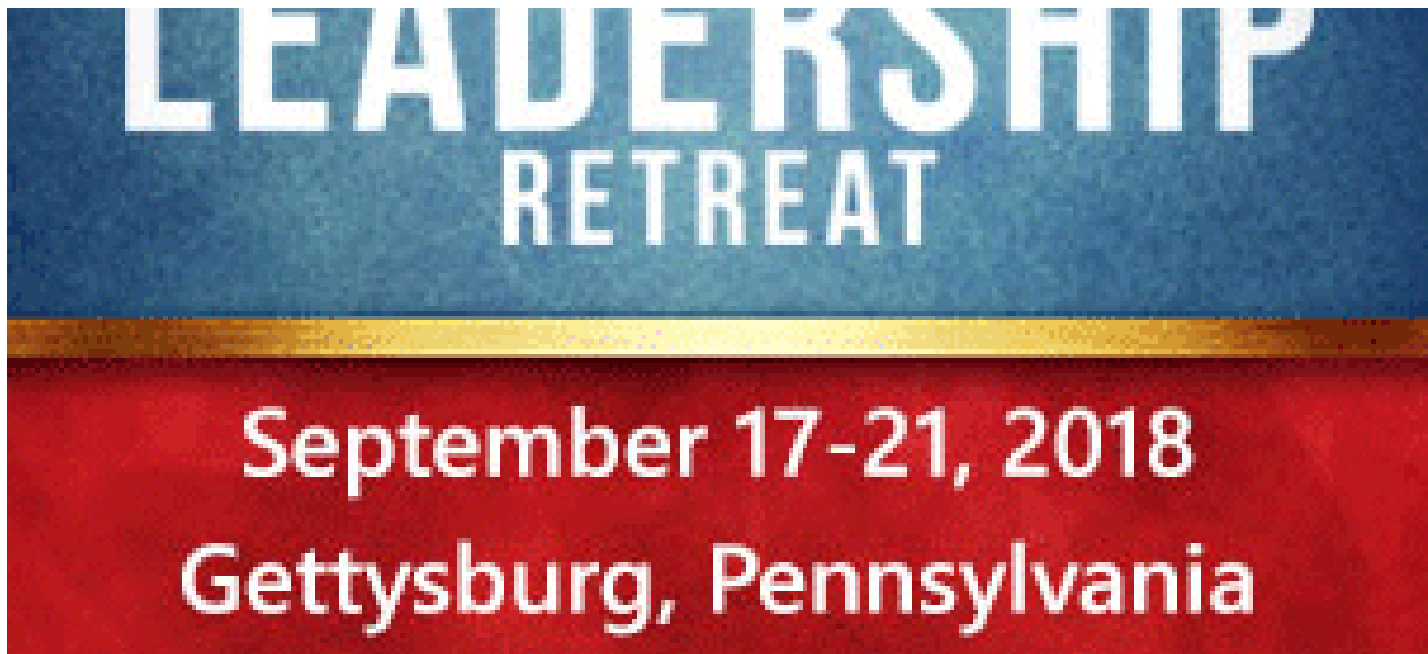
The Future Of Behavioral Health EHR Systems: Beyond Billing & Scheduling



DOWNLOAD

CREDIBLE
Behavioral Healthcare Software

THE 2018 OPEN MINDS
EXECUTIVE
LEADERSHIP



RELATED ARTICLES

[Integration—Strategic Threat \(& Opportunity\) For Specialists](#)

[Integrated Service Delivery: Q&A With Dennis Freeman Ph.D., Cherokee Health Systems](#)

[95% Of Children With Autism Have At Least One Common Co-Occurring Condition](#)

[Addressing The Specific Needs Of Women With Co-Occurring Disorders In The Criminal Justice System](#)

[Integration At An FQHC: Q&A With Donna Torrisi, Family Practice & Counseling Network](#)



[in LinkedIn](#)

[Twitter](#)

[f Facebook](#)

Contact

[15 Lincoln Square
Gettysburg, PA 17325-1933](#)

[877-350-6463](#)

[717-334-0538](#)

[info@openminds.com](#)

Corporate

[About Us](#)

[Meet Our Team](#)

[Careers](#)

[Partners](#)

[Press Releases](#)

Helpful Links

[Contact Us](#)

[Customer Support](#)

[Sitemap](#)

Legal

[Terms Of Use](#)

[Privacy Policy](#)

[Reprint Policy](#)