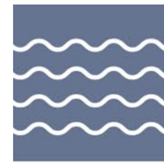
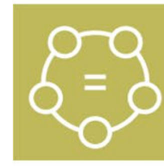
Patient-Centered
Primary Care
COLLABORATIVE

Your Patients are Waiting: Integrated Behavioral Health in Primary Care

PCPCC WEBINAR
JUNE 21, 2019

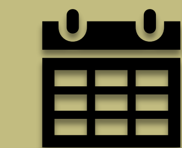
Welcome & Announcements

Welcome – Julie Schilz, Executive Member Board Liaison

Upcoming PCPCC Events

Interested in PCPCC Executive Membership?

Email: Jennifer Renton or visit our website!



PCPCC Annual Conference

Register now: November 4-5, 2019

Webinar Speakers

Moderator:
Julie Schilz, MBA, BSN, Mathematica Policy Research

Stephanie Gold, MD
Dr. Gold is a Scholar at the Farley Center and a family physician at Denver Health

Julie Bailey-Steeno, PhD, LCSW
Director of Behavioral Health, Humana

Crystal Eubanks
Senior Manager of Practice Transformation at the California Quality Collaborative,

Larry Green, MD
Professor and Chair for Innovation in Family Medicine and Primary Care at UC School of Medicine

Lori Raney, MD
Principal, Health Management Associates

Douglas Tynan, PhD, ABPP
Former Director of Integrated Care, American Psychological Association

Your Patients are Waiting: Integrated Behavioral Health in Primary Care

Stephanie B. Gold, MD
Larry A. Green, MD

Patient Centered Primary Care Collaborative Webinar
June 2019

EUGENE S. FARLEY, JR.
HEALTH POLICY CENTER

Disclosure

Drs. Gold and Green have a small financial interest in the book, Integrated Behavioral Health in Primary Care: Your Patients are Waiting and are both employees of the University of Colorado

What is Integrated Behavioral Health?

The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.

This care may address mental health and substance use conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

(CJ Peek and the National Integration Academy Council)

Integration is just better care

A CASE FOR INTEGRATING
Behavioral Health and Primary Care

EUGENE S. FARLEY, JR.
HEALTH POLICY CENTER

46% of adults will experience mental health illness or a substance abuse disorder at some point in their lifetime[1]

67% of adults with a behavioral health disorder do not get behavioral health treatment[2]

20% of primary care office visits are mental health related[3]

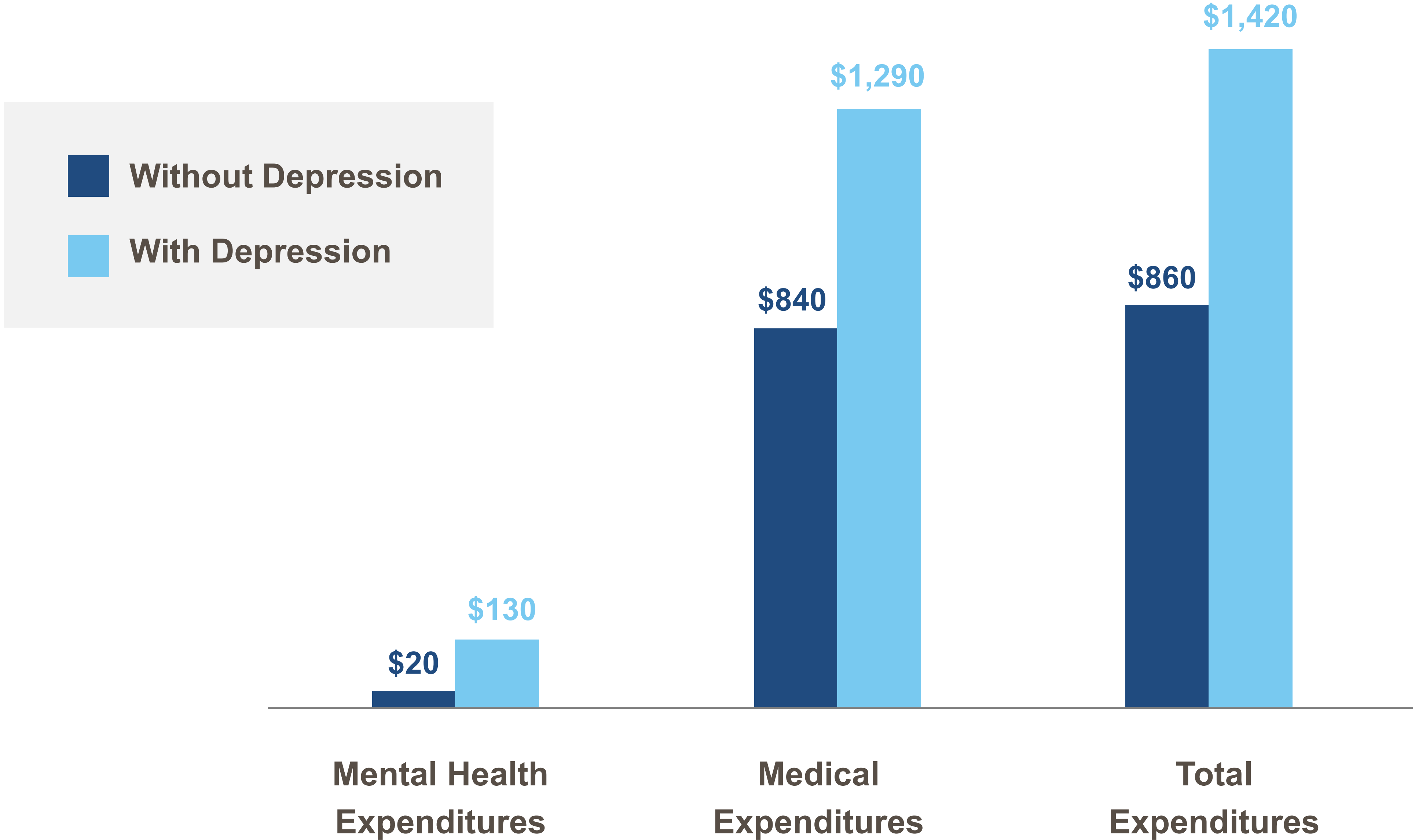
66% of primary care providers report they are unable to connect patients with outpatient behavioral health providers **due to a shortage of mental health providers and health insurance barriers**[4]

35% of children receiving outpatient care for mental health conditions only saw their primary care providers[5]

[1] Cunningham PJ. Beyond parity: primary care physicians' perspectives on access to mental health care. Health affairs (Project Hope). 2009;28(3):w490-501.
[2] Center for Disease Control and Prevention. Percentage of Mental Health-Related Primary Care Office Visits, by Age Group - National Ambulatory Medical Care Survey, United States, 2010. Morbidity and Mortality Weekly Report. 2014;63(47):1118.
[3] Kessler RC, Wang PS. The descriptive epidemiology of commonly occurring mental disorders in the United States. Annual review of public health. 2008;29:115-29.
[4] Kessler RC, Demler O, Frank RG, Olfson M, Pincus HA, Walters EE, et al. Prevalence and treatment of mental disorders, 1990 to 2003. The New England journal of medicine. 2005;352(24):2515-23.
[5] Anderson LE, Chen ML, Perrin JM, Van Cleave J. Outpatient Visits and Medication Prescribing for US Children With Mental Health Conditions. *Pediatrics*. 2015.

Costs of Care are Higher with Comorbid Behavioral Health Conditions

Patients with a chronic physical health condition with and without depression:



Melek S, Norris D. Chronic Conditions and Comorbid Psychological Disorders. Seattle, WA: Milliman; 2008.

Kathol RG, Kunkel EJ, Weiner JS, et al. Psychiatrists for medically complex patients: bringing value at the physical health and mental health/substance-use disorder interface. Psychosomatics. 2009; 50(2):93-107.

Integrated Care Saves Money

STUDIES SHOW:

Cost savings of 5%-10%
for patients receiving collaborative care
over a 2-4 year period.[1]

Estimated $500,000 in cost savings over 3 years,
or $66,667 annual net savings,
for integrated services in a safety-net clinic.[2]

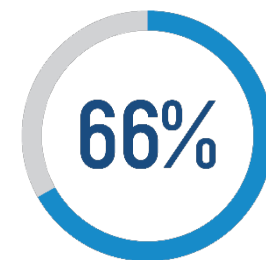
ROI of over $2:1 for investment
in integration in 3 practices after 18 months.[3]

1. Melek SP, Norris DT, Paulus J. Economic impact of integrated medical-behavioral healthcare: Implications for psychiatry. Milliman American Psychiatric Association Report, April 2014.
2. Lanoye A, Stewart KE, Rybarczyk BD, et al. The impact of integrated psychological services in a safety net primary care clinic on medical utilization. J Clin Psychol. 2017;73:681-692.
3. Ross KM, Gilchrist EC, Melek S, Gordon P, Ruland S, Miller BF. Cost savings associated with an alternative payment model for integrating behavioral health in primary care. Translational Behavioral Medicine. 2019;9(2):274-281.

Integrated Care Improves Health

STUDIES SHOW:

Over half of patients with a PHQ-9 score of ≥10 at baseline had a reduction of ≥ 5-points after receiving integrated care, a clinically meaningful improvement.[1]



Youth had a 66% probability of having a better behavioral health outcome if they received integrated care.[2]

Adults with depression were 31% more likely / Adults with anxiety were 41% more likely

to have improved outcomes with collaborative care in comparison to usual care[3]

1. Balasubramanian BA, Cohen DJ, Jetelina KK, Dickinson LM, Davis M, Gunn R, Gowen K, Miller BF, Green LA. Outcomes of Integrated Behavioral Health with Primary Care. The Journal of the American Board of Family Medicine. 2017 Mar 1;30(2):130-9.
2. Asarnow JR, Rozenman M, Wiblin J, Zeltzer L. Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis. JAMA Pediatr. 2015;169(10):929-937.
3. Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews. 2012;10.

The story behind the book

Gold · Green *Eds.*

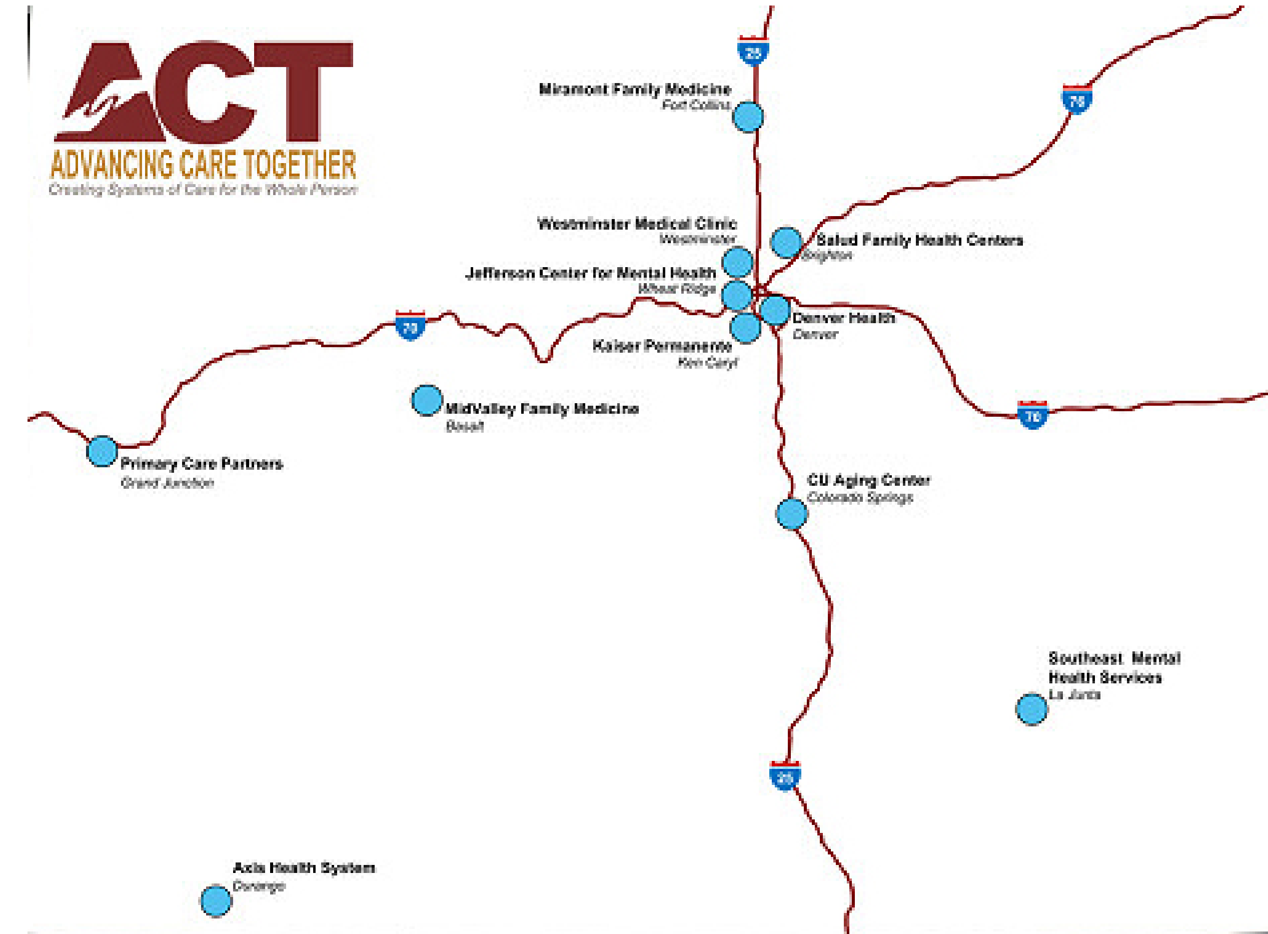
Integrated Behavioral Health in Primary Care

Stephanie B. Gold
Larry A. Green *Editors*

Integrated Behavioral Health in Primary Care

Your Patients Are Waiting

Springer



Lessons learned by early innovators on how to integrate care in your practice: relationships between main themes captured from participants in the Advancing Care Together study at their closing meeting, September 2014.

Frame integrated care as a necessary paradigm shift to patient-centered, whole-person health care

→

Initialize – define relationships and protocols up-front, understanding they will evolve

→

Build inclusive, empowered teams as the foundation for integration

Develop a change management strategy of continuous evaluation and course-correction

Use targeted data collection pertinent to integrated care to drive improvement and impart accountability

Key Takeaways

Frame integrated care as a necessary paradigm shift to patient-centered, whole-person health care

a) Eliminate the division between physical and mental health at the clinical and organizational level to better meet patient needs

b) Treat integration as the conceptual and operational framework for the entire organization rather than a separate initiative

Elevator speech

Discussion

Initialize – define relationships and protocols up-front, understanding they will evolve

a) Create a shared vision using common language that everyone understands

Integration as a mini-vision within your practice vision

b) Create and verify consensus regarding what partnerships entail

Care Compacts

c) Establish standard processes and infrastructure necessary for your integrated care approach: workflows, protocols for scheduling and staffing, documentation procedures, and an integrated EHR

80/20 Rule

d) Determine the practice's risk tolerance, pursue funding opportunities, and commit to your integration approach

Consider non-economic gains

Build inclusive, empowered teams as the foundation for integration

a) Create inclusive care teams, centered around the patient and their needs, where all members have an equal voice

Situation
Skill set
Relationship
Indicators

b) Invest in relationship- and trust-building among team by scheduling regular multidisciplinary, interprofessional communication

Huddles

c) Find the right people for the team with the necessary skillsets, experience, and mentality

Integrated experience – or the right mindset

d) Identify leaders at all levels

Develop a change management strategy of continuous evaluation and course-correction

a) Create a culture open to learning from failure

b) Cultivate support for change within and outside of the practice

c) Encourage a broader-scale call for integration by engaging patients early and often

Adaptive Leadership

Use targeted data collection pertinent to integrated care to drive improvement and impart accountability

a) Collect data on defined, priority outcomes to measure your progress toward integrated care and also to demonstrate the value of integrated care to external stakeholders

Don't need to measure everything, but you can't fix what you can't see

b) Create feedback loops for data to inform quality improvement efforts

Reach
Effectiveness
Adoption
Implementation
Maintenance

c) Report data internally both at the level of the practice for shared accountability *and* at the individual provider level to motivate change

Discussion

Working within the current policy environment

Working within your policy environment: Payment

Working within Current Constraints	• Examine your current payment situation, including establishing a prospective budget for integration • Maximize use of available fee-for-service codes • Seek out grant funding for start-up costs • Bring your business case to payers to advocate for alternative payment models more supportive of integrated behavioral health
Opportunities for Policy Change (i.e., what to ask of policymakers)	• Eliminate carve-outs of behavioral health services • Allow for same-day billing of physical and behavioral health services where fee-for-service is still the predominant payment method • Use risk-adjusted global budgets or other prospective payment methodologies to fund comprehensive primary care services • Include in global payment models specific incentives for inclusion of behavioral health services

Working within your policy environment: Workforce

Working within Current Constraints	• Consider creating a behavioral health clinician training program to "grow your own" • Hire behavioral health clinicians with integrated care experience or, if not available, take advantage of available integrated training programs or technical assistance • In rural areas, use telehealth to bring behavioral health services to your patients where they are not otherwise available
Opportunities for Policy Change (i.e., what to ask of policymakers)	• Develop a workforce assessment strategy including what data elements will be assessed, how it will be reported, and what entity will be responsible for setting and meeting goals • Fund programs for scholarships or loan repayment for behavioral health clinicians in underserved areas • Create fee-for-service billing codes for telehealth services that do not occur in real-time with the patient present

Working within your policy environment: Privacy

Working within Current Constraints	• Familiarize yourself with local privacy laws in addition to federal/national laws • Update your patient consent and authorization forms with information regarding sharing behavioral health information across team members; consider adapting existing consent forms and/or consulting legal counsel
Opportunities for Policy Change (i.e., what to ask of policymakers)	• Eliminate requirements under 42 CFR Part 2 or other laws to obtain written patient consent for each disclosure of PHI when for the purposes of treatment, payment, or healthcare operations

Your Patients are Waiting

- There is no sense in treating the mind and body separately
- To maximize the impact of health care on health, we need whole person, integrated care
- Integration is an imperative for patient care

Thank you!

Stephanie.Gold@ucdenver.edu

Discussion