Consensus Recommendations on Behavioral Health and Primary Care

Patient-Centered Primary Care COLLABORATIVE

In 2018, PCPCC issued Consensus Recommendation on Primary Care Investment encouraging greater investment in primary care to meet specific public health and patient-serving goals. A key recommendation was that additional primary care investments must strengthen the ability of primary care to achieve the quadruple aim and embody the Shared Principles of Primary Care, though targeted strategies that support comprehensive care and address unmet patient needs, such as behavioral health integration.[i]

America's behavioral health delivery system is overwhelmed. Increasing suicide rates, and the opioid crisis are indicators of a much larger patient population who need services and cannot access them, even when insured. We will only be able to address such pressing national need through team-based care that relies on an enhanced primary care workforce and infrastructure that includes behavioral health integration. These primary care clinicians, with strong, ongoing patient-relationships, are uniquely able to identify behavioral health concerns, triage challenges, and help patients find the right setting and level of care. By leveraging the full healthcare team, we can most appropriately leverage behavioral health professionals to help those in need of services.

The PCPCC shares the following recommendations with state leaders, recognizing that states have current potential to serve as a leading example for many other states grappling with behavioral health challenges, limited workforces, and inadequate primary care infrastructure to meet the challenges of today.

Recommendation One: Conduct a Primary Care Behavioral Health Capacity Assessment to Guide a Tailored Strategy

- Current delivery system: The existing primary care and behavioral health infrastructure should be examined for its readiness for transformation.
    - For example, are there strong Patient-Centered Medical Home or other advanced care models ready to support the inclusion of additional services? Have there been specific investments in strengthening behavioral and mental health delivery that can be leveraged? Has there been additional training to help these practices address substance use disorders, including opioid addiction?

- Workforce: Leaders considering investments to strengthen primary care and behavioral health integration must engage with clinicians and other professionals to ensure that care team designs are feasible, effective and take advantage of the skills and knowledge of the existing workforce.
    - Examine the geographic distribution of primary care and behavioral health workforce. Based on these findings, additional considerations may be necessary to facilitate electronic consultations and telehealth options.
    - Primary care clinicians are providing mental health services, they require greater training, support and consultation access.

- Loan relief programs should also be carefully tailored to meet mental health workforce shortages and patient demand.

- Needs of the population: While pressing behavioral health needs are similar nationally, action at the state level requires an analysis of specific challenges in addressing the social determinants of health and other population health variables.
  - Nearly half of the population suffers from chronic diseases such as diabetes, heart disease and pulmonary conditions which is often co-morbid with anxiety, depression and substance misuse, complicating their treatment.
  - What are the most prevalent clinical and behavioral health conditions in and what are the leading Social Determinants of Health facing the population?

- Possible partners: What partners can be leveraged in an effort to improve behavioral health access, services, and support?
  - Are there leading community, employer, health, or academic organizations that should have a key role in supporting implementation of care delivery transformation?
  - Are there potential resources and programmatic supports within Community-Based and Faith-Based Organizations?
  - Are there innovative partnerships that can be formed with industry leaders, manufacturers, payers, or systems to appropriately leverage expertise and resources to achieve key objectives?

Recommendation Two: Provide Support for Practice Transformation that Hews to the Following Transformation Principles

To ensure sustainability, these principles must be incorporated into systematic processes that support consistent, high-performing care that can be measured. Behavioral health integration should be part of a system that effectively identifies and addresses behavioral health conditions and supports the health of the whole person.

- Implement- Patient Centered Behavioral Health Integration: Take into account the needs of the patient population and the individual people served in order to prioritize the necessary behavioral health services that are delivered.[ii]
  - Actively identify the presence of behavioral symptoms that commonly impact patients in the primary care setting
  - Provide integrated care planning and care delivery that incorporates behavioral and somatic interventions
  - Promote patient self-management to achieve all health goals.
  - Behavioral health transformation should leverage a wide spectrum of health professionals, as well as supporting staff.[iii]

- Empower the team: A key tool to addressing workforce shortages and better managing patients are efforts to empower all members of the care team and to consider new members of the team. This should include strong collaboration across the care team and efforts to ensure

members are able to practice at the top of their license in accordance with applicable state law. Practices should also seek to leverage supporting community resources when appropriate.
    - Training is needed to empower primary care to recognize behavioral health challenges.
    - Training and care workflows should also encourage stronger relationships between BH specialists and primary care.

- Engaged and Empowered Insurance Commissioner: One key lesson that has been learned from other leading states on healthcare transformation, such as Rhode Island and Maryland, is the importance of an engaged and empowered state insurance commissioner to influence key stakeholders and support movements to higher-value care and transformations that benefit consumers of that state.

Recommendation Three: Data Infrastructure to Support Measurement-Based Care, Innovative Payment Models, and Best Practice Sharing

- Measurement-based Care: As noted in PCPCC's Consensus Recommendations on Primary Care Investment, long-term systemic change requires a commitment to implement assessment and reassessment using standardized tools that can be evaluated against cost and quality outcomes.
    - Standardized tools can facilitate identification of patients with behavioral health conditions, far more effectively than usual care delivered in primary care.
    - Proper assessment is a necessary step for delivery of effective treatment
    - This is particularly important for new states working towards this, as other states will seek to emulate the leadership shown here – and data will help demonstrate the patient and financial outcomes of primary care investment and behavioral health integration.

- Evidence-based: Behavioral health integration approaches should be supported by research showing they are proven treatments within an individual clinical context to achieve outcomes. Evidence-based care incorporates data from systematic research into the clinical decision-making process while tailoring general disease management strategies to the individual.[iv]

- Public and private payer and incentive alignment: As in most health models, payments supporting behavioral health integration must be aligned to support patient-serving outcomes. Aligned payments are much more likely to have a transformative impact on the delivery system, because the signals are clear and consistent.
    - Payment structures should be developed, modeled, and tested in the marketplace to provide a financial incentive to advance primary care integration with and transformation of behavioral health services, capturing and paying for work services necessary to improve patient outcomes.
    - They must also recognize the ongoing shift from fee-for-service to value-based payment. Any payment adjustments that support behavioral health should be designed to help transition primary care and behavioral health providers to an outcomes-based payment system in the long-run. This will ensure that any changes are viable over time and continue to help the behavioral health delivery system evolve and expand capacity.

[i] *Behavioral health used as an umbrella term, with the understanding that mental health, substance use disorders, and health behaviors are all behavioral health. We seek to address those with mental health diagnoses and substance abuse disorders, include health behaviors (smoking, poor diet, sedentary behavior), and risk-taking behaviors with implications for health.*

[ii] *The following resources are key for understanding the person-centered integrated care model:*

- *Raney, L. E., Lasky, G. B., & Scott, C. (Eds.). (2017). Integrated care: A guide for effective implementation. American Psychiatric Pub. Page 5.*
- *Corso, K. A., Hunter, C. L., Dahl, O., Kallenberg, G. A., & Manson, L. (2016). Integrating behavioral health into the medical home: A rapid implementation guide. Greenbranch Publishing.*
- *Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at: http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf.*

[iii] *One approach for the interaction of a wide spectrum of health professionals is shown by the Unutzer's 'stepped model' Unützer, J. (2016). All hands on deck. Psychiatric News, 51(1). https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2016.3a28*

[iv] *Definition of evidence-based will vary depending on specific model implemented. Useful resources for analyzing behavioral intervention evidence include:*

- *Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., ... & Coventry, P. (2012). Collaborative care for depression and anxiety problems.*
- *Asarnow, J. R., Rozenman, M., Wiblin, J., & Zeltzer, L. (2015). Integrated medical-behavioral care compared with usual primary care for child and adolescent behavioral health: a meta-analysis. JAMA pediatrics, 169(10), 929-937.*
- *Kennedy Forum (2015). Fixing Behavioral Health Care in Amer ica A National Call for Integrating and Coordinating Specialty Behavioral Health Care with the Medical System*
- *Coventry, PA, Hudson JL et al. (2014) Characteristics of Effective Collaborative Care Treatment of Depression: A Systematic Review and Meta-Regression of 74 Randomised Controlled Trials. PLOS One: 9(9): e108114. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4180075/)*
- *Ratliff A, Unützer J, Katon W, Stephens KA (2016). **Integrated Care: Creating Effective Mental and Primary Health Care Teams**. Wiley (https://www.wiley.com/en-us/Integrated+Care%3A+Creating+Effective+Mental+and+Primary+Health+Care+Teams-p-9781118900024).*