

Healthcare Reform and Behavioral Health Integration

Judith Steinberg, MD, MPH

Alexander Blount, EdD

UMass Medical School

April 9, 2014



Agenda

- The Context: Behavioral health integration nationally, regionally and state-based
- MA Healthcare Reform and Behavioral Health Integration Landscape
- Models of behavioral health integration
- Challenges & recommendations
- Summary



SAMHSA/HRSA Center for Integrated Health Solutions

- Created by National Council for Behavioral Health - Organization of Community Mental Health Centers
- Focus on bi-directional integration to serve people with Serious Mental Illness
- TA for the 100 Primary & Behavioral Health Care Integration grantees in the US
- Excellent website, integration resources, especially on issues of confidentiality/sharing
- Well funded and well staffed by Mental Health & Substance Abuse experts.
 - Not as strong on primary care

AHRQ - The Academy

Integrating Behavioral Health and Primary Care

- National Integration Academy Council
- Literature collection on behavioral health Integration
- Lexicon for Behavioral Health and Primary Care Integration
- Atlas of Measures of Integration
- Coming – Competencies displayed in exemplar integrated primary care sites
<http://integrationacademy.ahrq.gov>

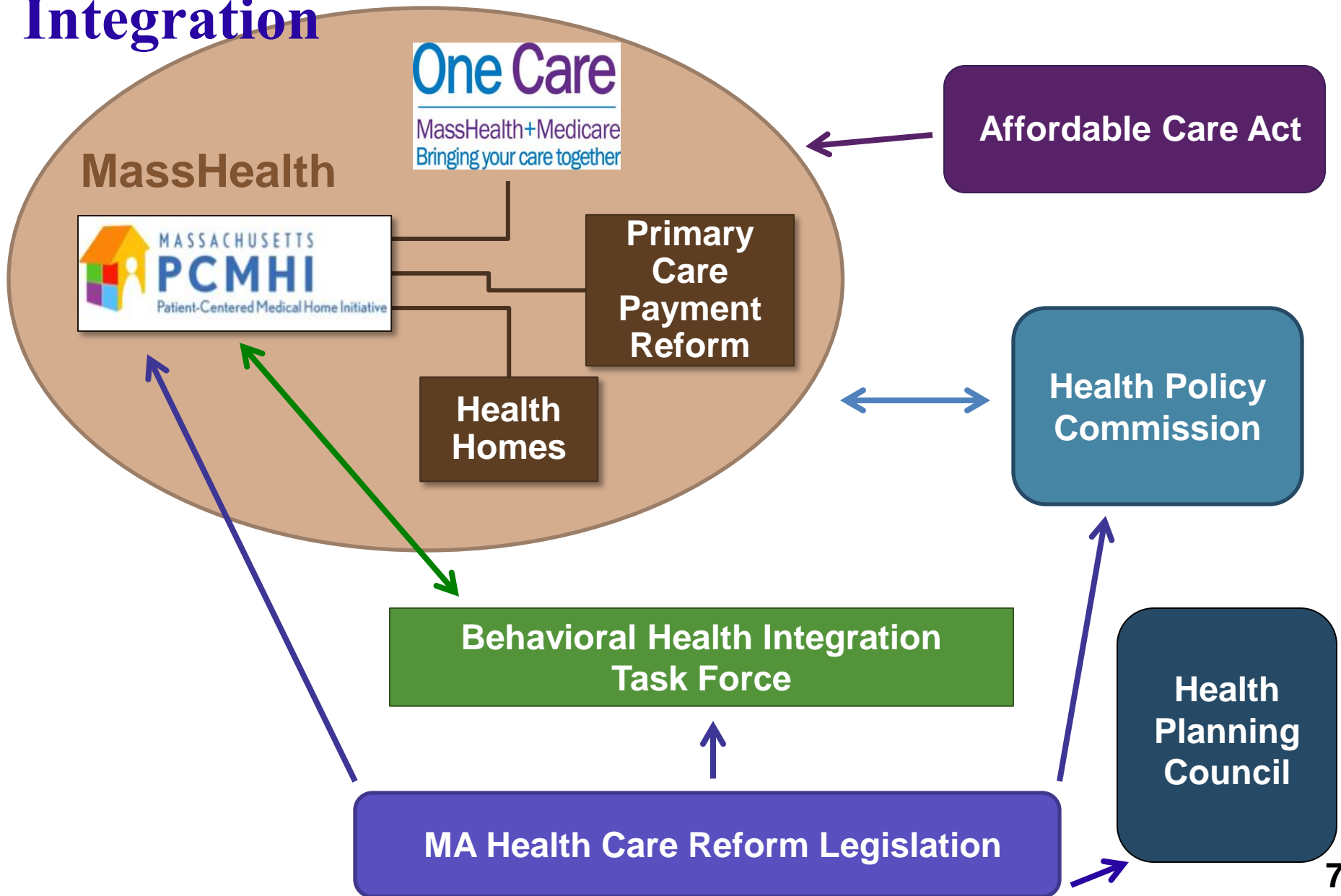
National, Regional & State Behavioral Health Integration Initiatives

- CMMI/CMS: Duals demonstration, Patient Centered Medical Home Initiatives, State Innovation Model grants
- Bureau of Primary Health Care – Behavioral Health Expansion grants for Federally Qualified Health Centers
- New England Region BHI Learning Community
- Behavioral Health Integration Network for Medicaid Directors – NESCSO
- California, Minnesota, Missouri initiatives
- Workforce training - Center for Integrated Primary Care, UMass

Measuring Behavioral Health Integration

- Academy Atlas of Measures of Integration and *Integration Assessments*
- National Quality Forum – Behavioral Health Measures Project 2011-2013
 - Screening for BH conditions
 - Prevention among patients with severe and persistent mental illness
 - Care plans after hospitalizations
 - Optimal diagnostic and medical management
- Patient experience measures
- Care coordination measures

MA Healthcare Reform & Behavioral Health Integration

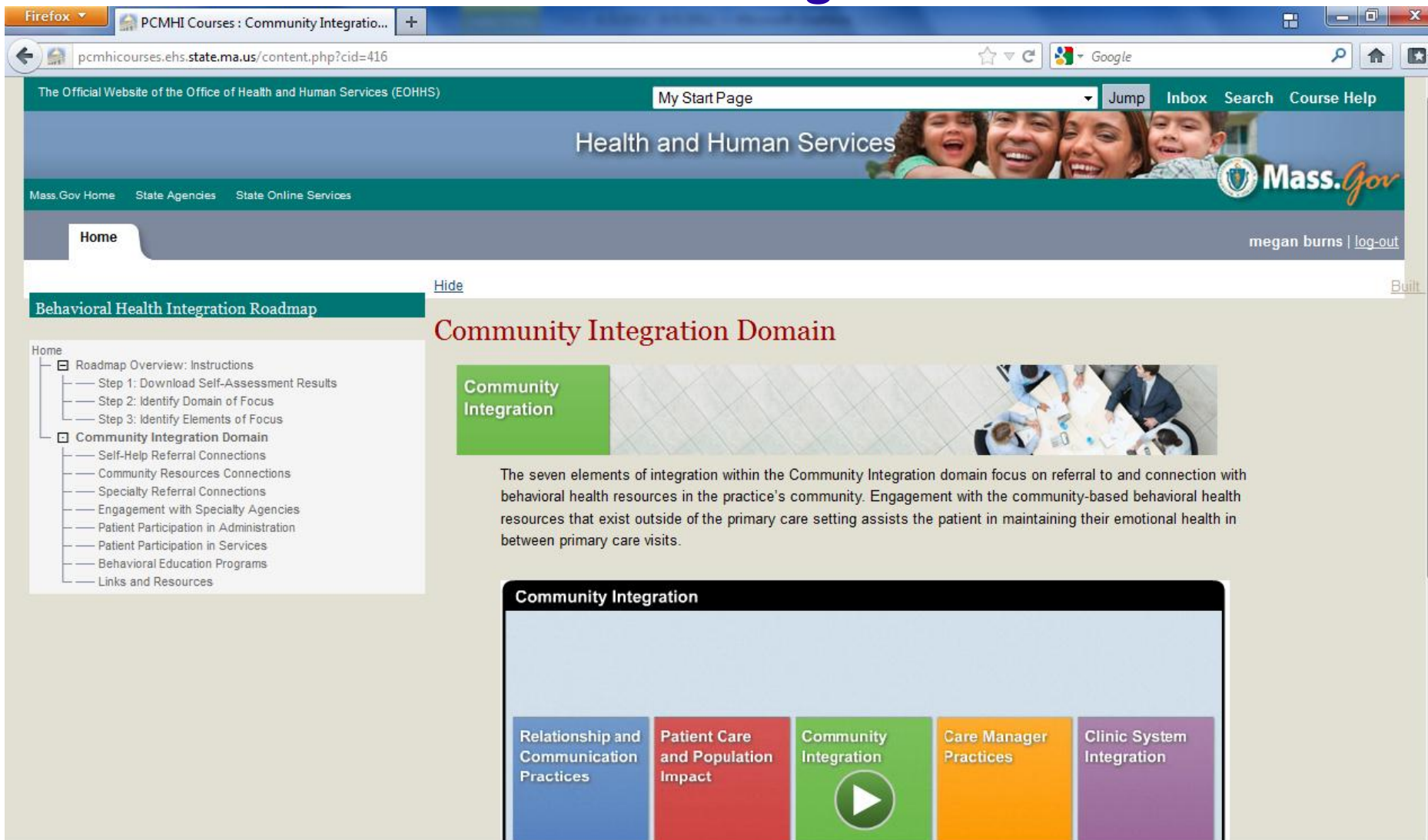


Models of Behavioral Health Integration

Elements of Behavioral Health Integration

Relationship & Communication Practices	Patient Care and Population Impact	Community Integration	Care Management	Clinic System Integration
Triaged access	BH screening and referral	Self help & community resource connections	Coordination of integrated treatment plan	Schedule accessibility
Smooth hand-offs	BH skills used by primary care team	Specialty mental health & substance use referral	Use of behavioral health skills	Program Integration
Team membership	Integrated clinical pathways	Community resources connections	Use of community resources	Health information exchange
Program leadership	Health care team leader			Coordinated scheduling and same day visits
Sharing expertise	Family focused care			
	Patient safety practices			
	Patient feedback			
	Supporting health behavior change			

Behavioral Health Integration Toolkit



Firefox

PCMH Courses : Community Integratio... +

pcmhicourses.ehs.state.ma.us/content.php?cid=416

The Official Website of the Office of Health and Human Services (EOHHS)

My Start Page Jump Inbox Search Course Help

Health and Human Services

Mass.gov Home State Agencies State Online Services

Home megan burns | log-out

Hide

Behavioral Health Integration Roadmap

Home

- [-] Roadmap Overview: Instructions
 - Step 1: Download Self-Assessment Results
 - Step 2: Identify Domain of Focus
 - Step 3: Identify Elements of Focus
- [-] **Community Integration Domain**
 - Self-Help Referral Connections
 - Community Resources Connections
 - Specialty Referral Connections
 - Engagement with Specialty Agencies
 - Patient Participation in Administration
 - Patient Participation in Services
 - Behavioral Education Programs
 - Links and Resources

Community Integration Domain

Community Integration

The seven elements of integration within the Community Integration domain focus on referral to and connection with behavioral health resources in the practice's community. Engagement with the community-based behavioral health resources that exist outside of the primary care setting assists the patient in maintaining their emotional health in between primary care visits.

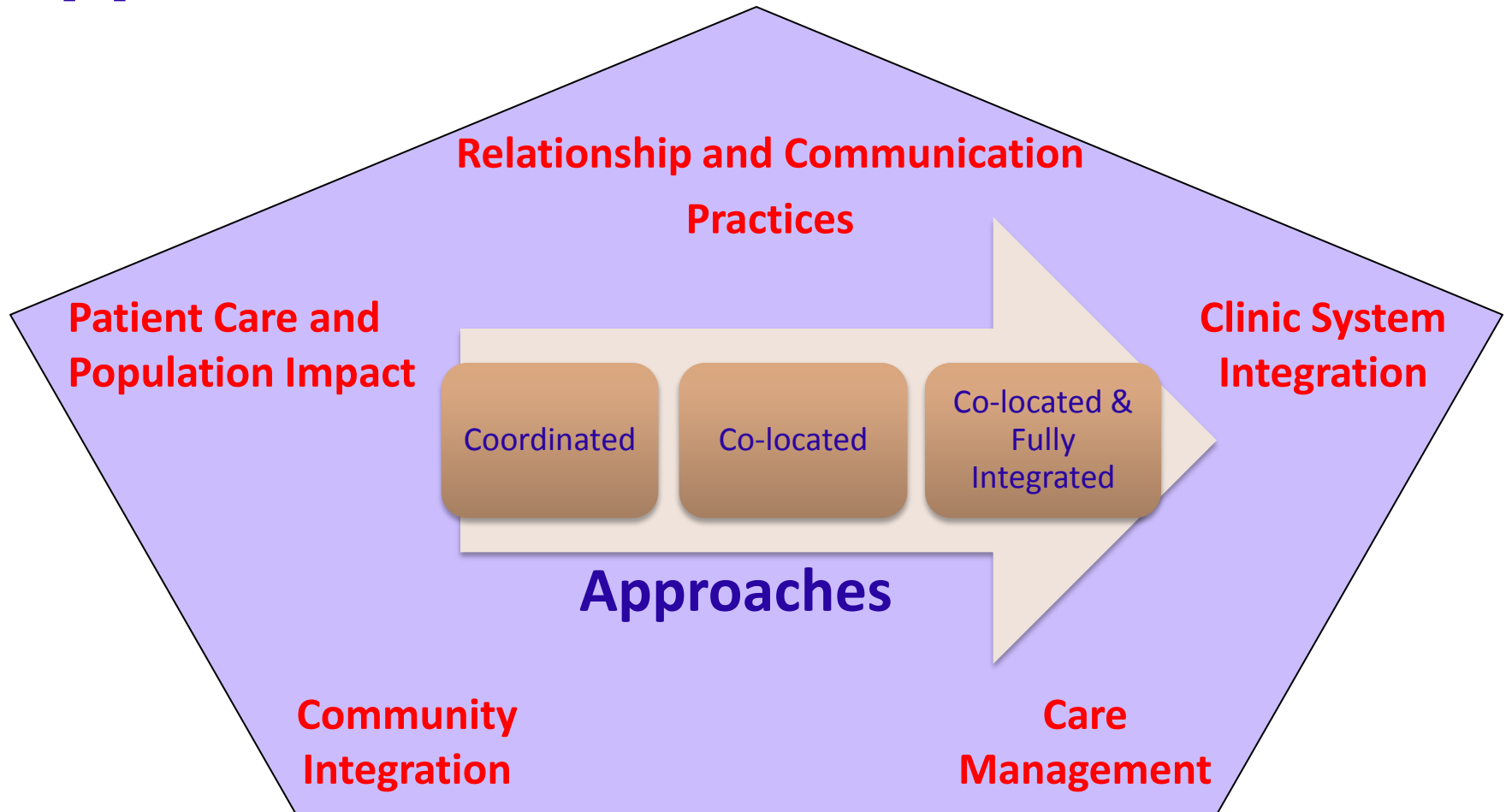
Community Integration

Relationship and Communication Practices	Patient Care and Population Impact	Community Integration	Care Manager Practices	Clinic System Integration
--	------------------------------------	-----------------------	------------------------	---------------------------

<http://pcmhlearning.ehs.state.ma.us>

UMASS MEDICAL SCHOOL | COMMONWEALTH MEDICINE

Behavioral Health Integration: Approaches and **Elements**



Coordinated Care

Primary care and behavioral health in separate locations

- Coordinated care elements:
 - Appointment arrival notification
 - Clinical information exchange protocols
 - Coordinated treatment planning and problem solving for complex patients
- Original model advocated for PCMH – a specialty care model
- Massachusetts Child Psychiatry Access Project
 - Built on a consultative model
 - Back up psychiatry consultation needs to be part of the specialty/PC relationship
- Riverside Community Care

Co-Located Behavioral Health

Behavioral health in the same space with primary care

Involvement by referral

Separate behavioral health and medical treatment plans

Advantages

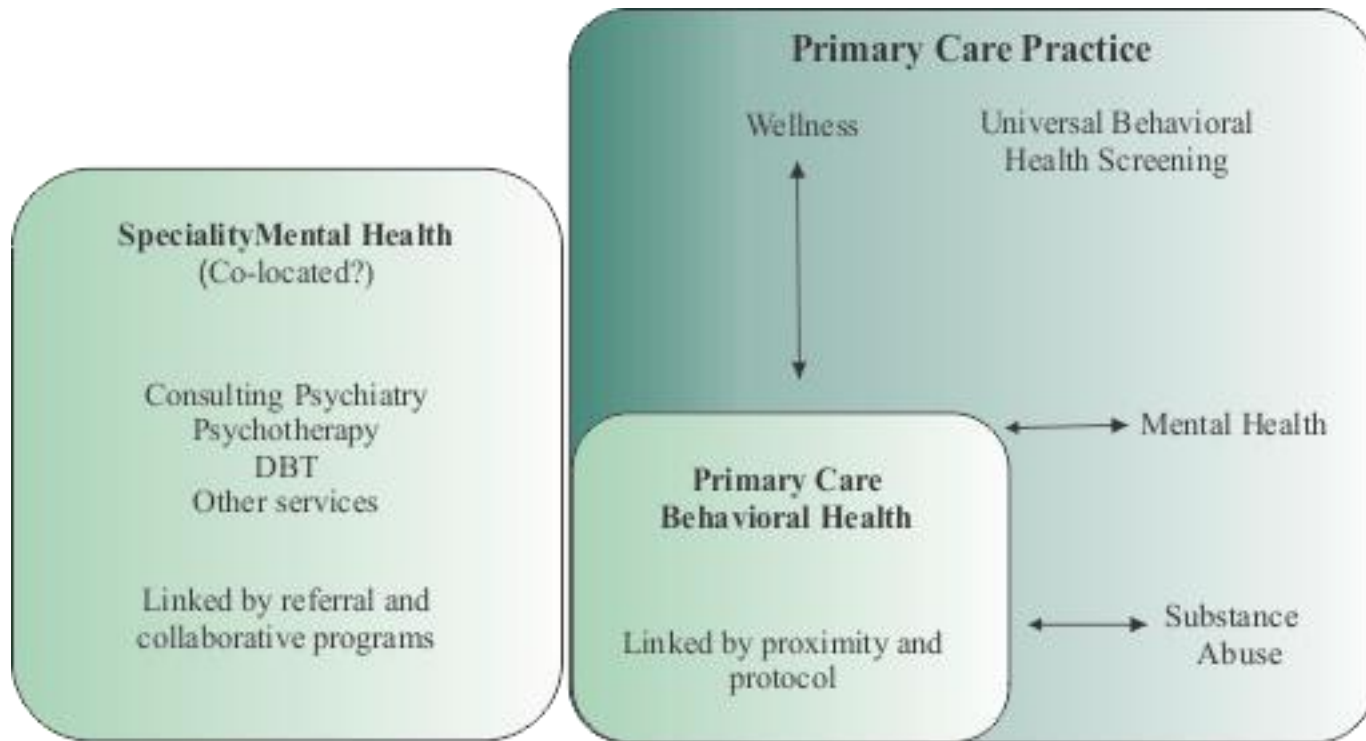
- Access
- Referrals don't show
- Improved patient & provider satisfaction
- Cost effective
- Improved clinical outcomes

Challenges

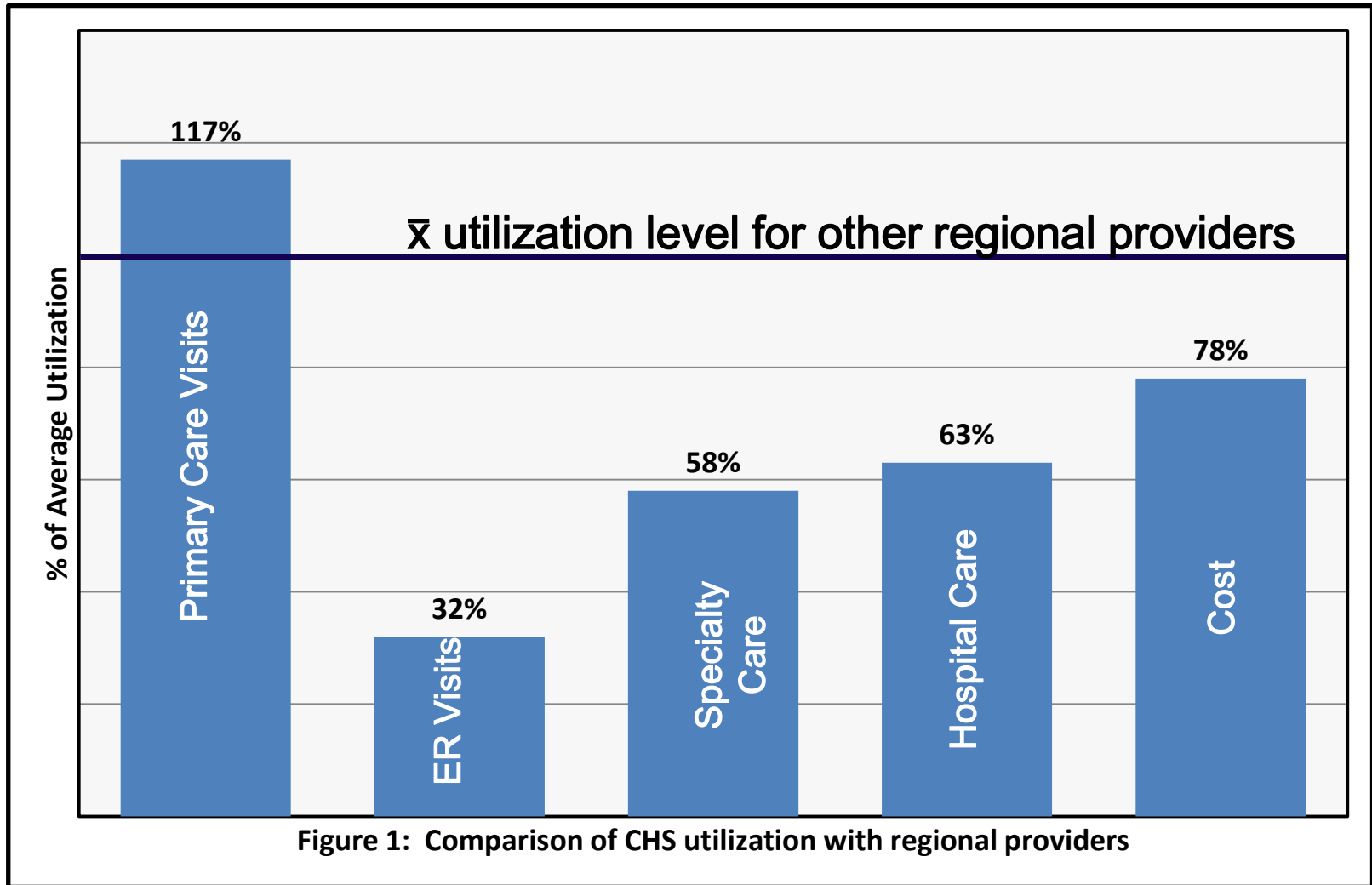
- Referrals don't show
- Case-loads fill up
- Slow PCP learning curve

Fully Integrated Primary Care

One treatment plan with medical and behavioral elements



Cherokee Health Systems Utilization vs Regional Providers



Payment Models for Behavioral Health Integration

- Fee for Service, \pm Health Behavior Codes
- Bundled payments
- Case rates
- Supplemental payments, eg, care management
- Pay for Performance
- Shared Savings

Challenges and Recommendations

Behavioral Health Integration Taskforce: Barriers to Integration

- Reimbursement issues
- Outdated regulations, based on separate systems of care
- Difficulty accessing behavioral treatment
- Need for significant training/education for PCPS and BH providers
- Lack of interoperability and connection of BH system to Electronic records
- Privacy concerns, real and perceived

<http://www.mass.gov/anf/docs/hpc/quipp/behavioral-health-integration-task-force-final-report-and-recommendations-july-2013.pdf>

Taskforce Recommendations

- Delivery Model
- Reimbursement
- Privacy
- Education and Training
- Workforce Development

Summary:

Behavioral Health Integration

- Behavioral Health Integration is a focus of national, regional and state healthcare reform efforts
- Prompted, supported by ACA and MA Healthcare Reform Legislation
- Practice transformation comes hard – requires committed leadership and time to develop mature, exemplar programs
- Payment reform is an important, but not sufficient driver of transformation
- Need for systemic change highlighted by Taskforce

Discussion

Contact Information:

Judith Steinberg, MD, MPH

Deputy Chief Medical Officer

Commonwealth Medicine, UMass Medical School

Judith.Steinberg@umassmed.edu

Alexander Blount, EdD

Director, Center for Integrated Primary Care

Professor of Family Medicine and Psychiatry

UMass Medical School

Alexander.Blount@umassmemorial.org