



PCMH PRIME CERTIFICATION: INTEGRATING BEHAVIORAL HEALTH, IMPROVING PATIENT CARE

Information for Patients and Providers

The under-diagnosis and under-treatment of behavioral health conditions (mental illness and substance use disorders) is a serious public health problem.

Almost 50 percent of adults will develop at least one mental illness during their lifetime.¹ Among Massachusetts residents reporting a mental illness or substance abuse disorder, 51% and 86%, respectively, did not receive treatment or counseling.² This number is likely to be an underestimate; behavioral health conditions are often undiagnosed in the primary care setting.³

The presence of a behavioral health condition can exacerbate a chronic medical condition, increase total health care costs, and complicate disease management.⁴ For example, Medicaid patients diagnosed with major depression and diabetes have more than twice the overall health care costs as those without depression.⁵

Integration of behavioral health into primary care may improve quality and close the treatment gap for individuals with behavioral health conditions.

This alarming gap in care for behavioral health conditions requires action. Most behavioral health conditions are diagnosable within a primary care setting. Integrating appropriate screenings, treatment, and care coordination for behavioral health conditions into primary care visits may help reduce the need for higher-cost behavioral health care and additional medical care, and lead to better health outcomes.

Additionally, moving toward behavioral health integration will help primary care practices adapt to new alternative payment models. Because primary care providers often serve as patients' first access point to health care, alternative payment methods are increasingly tying primary care payments to health cost and quality.

The PCMH PRIME Certification program supports and recognizes primary care practices that integrate behavioral health.

Primary care practices in Massachusetts that build and demonstrate capabilities in behavioral health integration have an opportunity to be formally recognized with PCMH PRIME Certification. Developed by the Massachusetts Health Policy

Commission (HPC), in collaboration with the National Committee for Quality Assurance (NCQA), the PCMH PRIME program promotes the delivery of comprehensive care that addresses the emotional, psychological, and medical needs of the patient in a coordinated way. To achieve certification, providers must meet 7 of 13 behavioral health integration criteria layered on top of NCQA PCMH Recognition.

PCMH PRIME Certification is complementary to and builds on NCQA PCMH Recognition. Practices may apply for PCMH PRIME at the same time as NCQA Recognition, or as a separate add-on at any time. There is no fee to practices for applying for PCMH PRIME Certification. Beginning in January 2017, the HPC will offer a technical assistance program to primary care practices to develop behavioral health capabilities. Practices committed to pursuing PCMH PRIME will be eligible to participate in training opportunities such as learning collaboratives, practice coaching, and webinars.

For additional information on PCMH PRIME Certification please visit the HPC website (<http://bit.ly/PCMHPRIME-Home>) or contact the HPC at HPC-Certification@state.ma.us.

- 1 Centers for Disease Control and Prevention (CDC). *Fact Sheet: Mental Illness Surveillance Among Adults in the United States. Updated 12/2/2011*. http://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html
- 2 Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Massachusetts, 2013*. HHS Publication No. SMA-13-4796MA. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. http://www.samhsa.gov/data/sites/default/files/Massachusetts_BHBarometer.pdf
- 3 Druss, Benjamin and Walker, Elizabeth. "Mental disorders and medical comorbidity". Robert Wood Johnson Foundation. February 2011. http://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf
- 4 Mental Health Financing in the United States, A Primer, April 2011. The Kaiser Commission on Medicaid and the Uninsured. Data based on SAMHSA Spending Estimates Project, 2010. <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8182.pdf>
- 5 Unutzer, Jurgen et al. *The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes*. Health Home: Information Resource Center. Brief May 2013. <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/HH-IRC-Collaborative-5-13.pdf>