# Seamlessly integrating behavioral health

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The take away

- Take care of people by giving them seamless access to behavioral health in primary care
- This means if a patient walks into primary care, there is a team there including behavioral health that can help with mental health, substance abuse conditions, and health behaviors
- This integrated approach can improve outcomes
- This integrated approach can save money
- People like it

Peek, C. J., National Integration Academy Council. (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), *AHRQ Publication No.13-IP001-EF*.
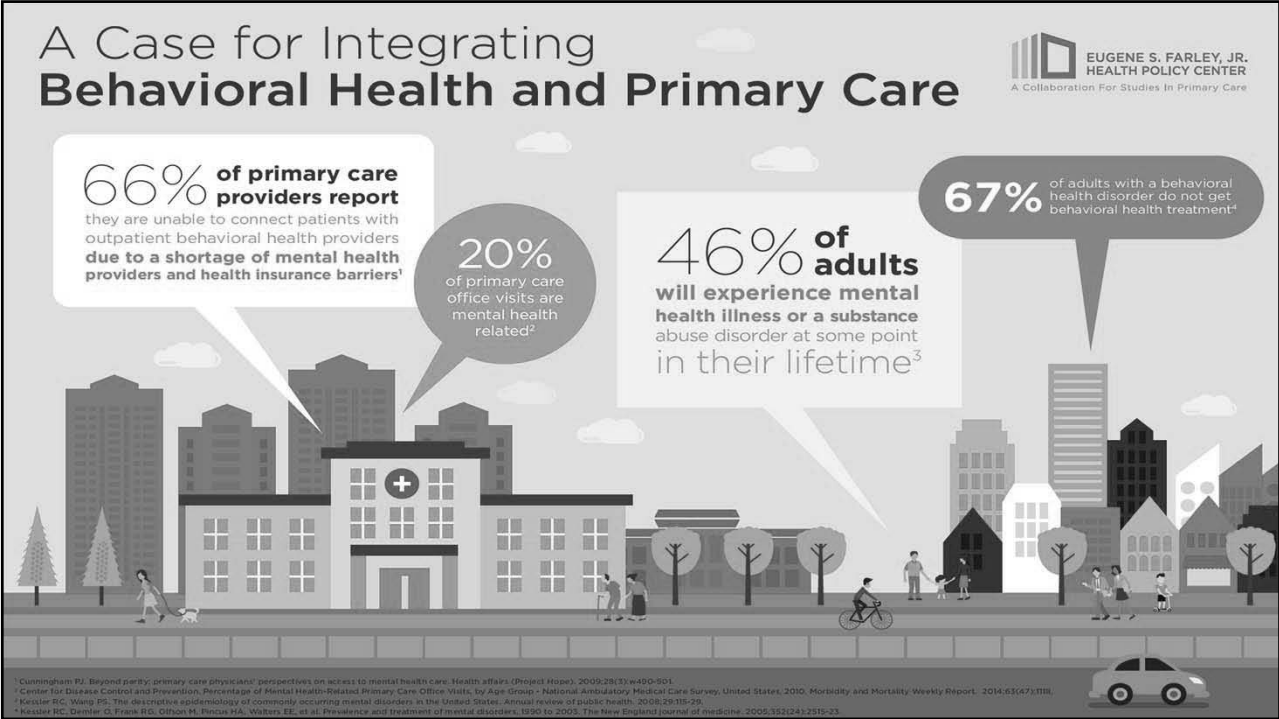
A Tale of Two Approaches

Component of Care	Traditional Approach	Integrated Primary Care
Access	Referral	Point of Primary Care
Scope of Service	Mental Health Diagnoses	Overall Health Function
Scheduling	Separate	Shared
Collaboration of Care	Individual Provider	Team Based
Health Record	Separate	Shared
Administrative Operations	Separate	Shared
Payment	Separate	Global
Communication	Minimal	Frequent & Timely
Focus of Care	Provider-Centric	Patient-Centric
Approach to Care	Case by Case	Population-Based
Efficiency of Delivery Structure	Fragmented & Inconsistent	Coordinated and Aligned

Primary care and behavioral health clinicians use three interpersonal strategies to work together in integrated settings (3Cs)

- Consulting occurs when clinicians seek advice, validate care plans, or corroborate perceptions of a patient's needs with another professional.
- Coordinating involves two professionals working in a parallel or back-and-forth fashion to achieve a common patient care goal, while delivering care separately.
- Collaborating involves two or more professionals interacting in real time to discuss a patient's presenting symptoms, describe their views on treatment, and jointly develop a care plan.

Consulting

Coordinating   Collaborating
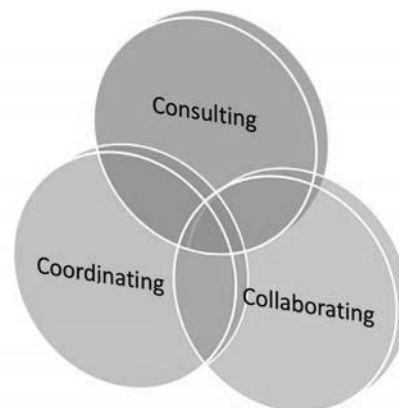
Cohen, D. J., Davis, M., Balasubramanian, B. A., Gunn, R., Hall, J., deGruy, F. V., . . . Miller, B. F. (2015). Integrating Behavioral Health and Primary Care: Consulting, Coordinating and Collaborating Among Professionals. *The Journal of the American Board of Family Medicine, 28*(Supplement 1), S21-S31. doi:10.3122/jabfm.2015.S1.150042

Change the payment, change the care

Policy and financing recommendations

Action items for better behavioral health

- Behavioral health is a critical facet of comprehensive primary care — no different than investments in practice-based care management, measurement and other data use competencies, technology and practice transformation support.
- Global payment based upon defined practice budgets for personnel, interventions and related infrastructure – to create team-based, whole-person care (e.g. CoACH)
- Changing payment allows behavioral health providers to not be trapped in a workflow designed to maximize volume-based payments, or pigeon holed into distinct "physical" and "mental health" coding categories
- Primary care practices "own" their own behavioral health resources and are fully accountable for measured outcomes

http://sustainingintegratedcare.net/
http://farleyhealthpolicycenter.org/cost-assessment-of-collaborative-healthcare/

Payment recommendations

- Make sure the practice is getting paid by keeping the patient healthy, not per patient visit
- If the practice is not getting one payment per patient, make sure there are incentives in place to encourage primary care clinicians to work with behavioral health (e.g. hold them accountable for certain behavioral health conditions)
- Make sure behavioral health providers share in gains, when appropriate

Consider your policy

- Consider what impact carving out behavioral health in all forms and permutations does at all levels and all policy processes
- End legacy "home grown" assessment and reporting processes that drain resources and often lack any basis in evidence
- See the mental health "system" clearly for what it is now (a 'safety net' and a source of 'specialty care') -- and what it CAN be (a very useful vehicle for community based interventions, a much wider array of social determinant supports and population campaigns)
- Dispel any and all myths that "one size fits all" for behavioral health

In closing (the take away redux)

Legacy systems and often antiquated payment policies limit primary care practices ability to provide integrated behavioral health

There should be "no wrong door" for patients in our community when it comes to receiving behavioral health care

All health policies should be measured against the question, "Will this limit my patients' choice in receiving behavioral health where they want?"

Resources

- One stop: http://integrationacademy.ahrq.gov/
- Implementation guide: http://www.safetynetmedicalhome.org/change-concepts/organized-evidence-based-care/behavioral-health
- Policy: http://farleyhealthpolicycenter.org
- Case study: http://www.advancingcaretogether.org/
- Webinars: http://www.youtube.com/CUDFMPolicyChannel
- State example: http://coloradosim.org/
- National organization: http://www.cfha.net/
- More: http://www.pcpcc.org/behavioral-health
- Email: Benjamin.miller@ucdenver.edu