An Introduction into Behavioral Health and Primary Care Integration

October 28, 2022

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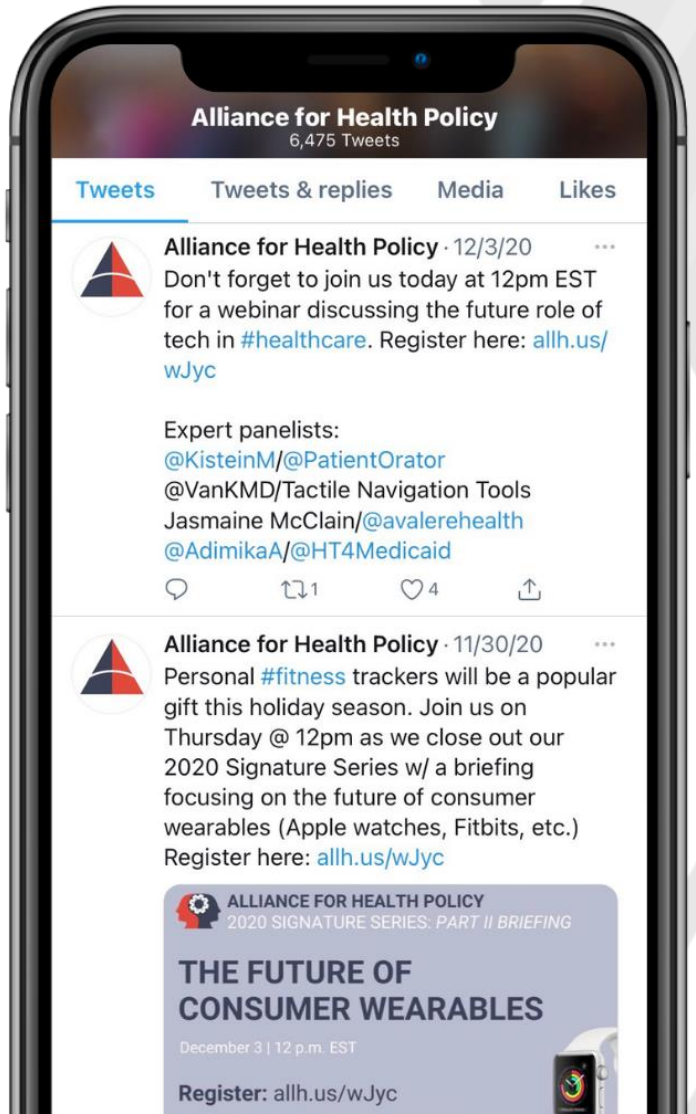

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To ask a question, click the ? icon and enter your question in the chat box below.

@RW_Intl

Reginald D. Williams II

Vice President, International Health Policy and Practice Innovations
The Commonwealth Fund

SPEAKERS

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Moderator

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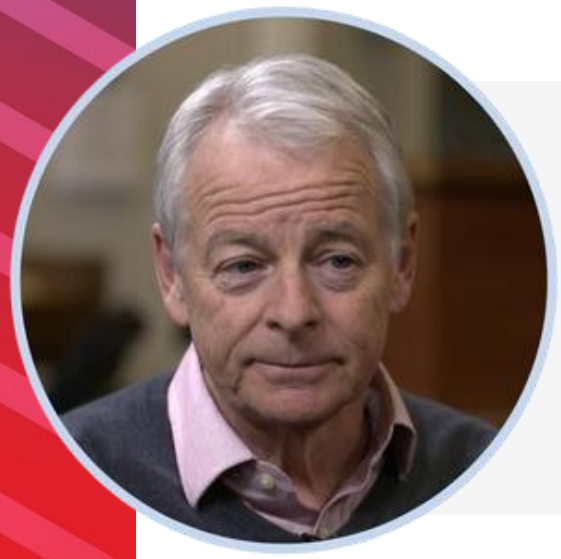

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Professor in the Department of Psychiatry
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Top Issues in Behavioral Health and General Health Integration

Drowning in the Mainstream or Left on the Banks?

Harold Alan Pincus, MD
Professor and Vice Chair, Department of Psychiatry
Co - Director, Irving Institute for Clinical and Translational Research
National Director, Health and Aging Policy Fellowship
Columbia University
Senior Scientist
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Key Issues in BHI

1. Why the BH/GH interface?
2. What is “Integrated Care”?
3. Barriers: Siloism, Fragmentation
4. Building Models that Work
   - “Measurement-Based” Care
5. Policies to Break Down Silos
   - “Shared Accountability”/Quality Measures/Investment
6. Key Challenges

Importance of the interface

- Beyond Global Disease Burden and Costs
  - Depression #2 disease burden
  - BH 4 of top 5 disability sources
  - 50% higher costs with BH co-morbidity
- 35 year old male with schizophrenia, diabetes, and tobacco dependence
  - Can expect up to 25 year shortened life span, increased medical costs
- 25 year old HIV+ female IV drug user with PTSD
  - Frequent ED visits, non-adherence to medications, increased medical costs
- 65 year old female with diabetes, CHF and depression
  - Frequent (re-) hospitalizations, poor self management and adherence, early candidate for Long Term Care

What is Behavioral Health Integration?

Addressing ~~both~~ All Sides of the Interface?

- Patients in general medical sector with co-morbid BH conditions (e.g., depression, anxiety)
  - Not identified or treated as acute problems with little follow-up
- Patients with severe BH conditions (e.g., schizophrenia, addictions) in BH specialty settings
  - Accessing treatment of co-morbid medical conditions
  - Preventive and wellness care
  - Poor self-care, medications worsen general medical conditions
  - Severe Mental illness as a “Disparities Category”
- Mental Health **and** Substance Use Disorders
- Primary Care? Specialty Care? Palliative Care?

Barriers: Dualism, Stigma and Fragmentation


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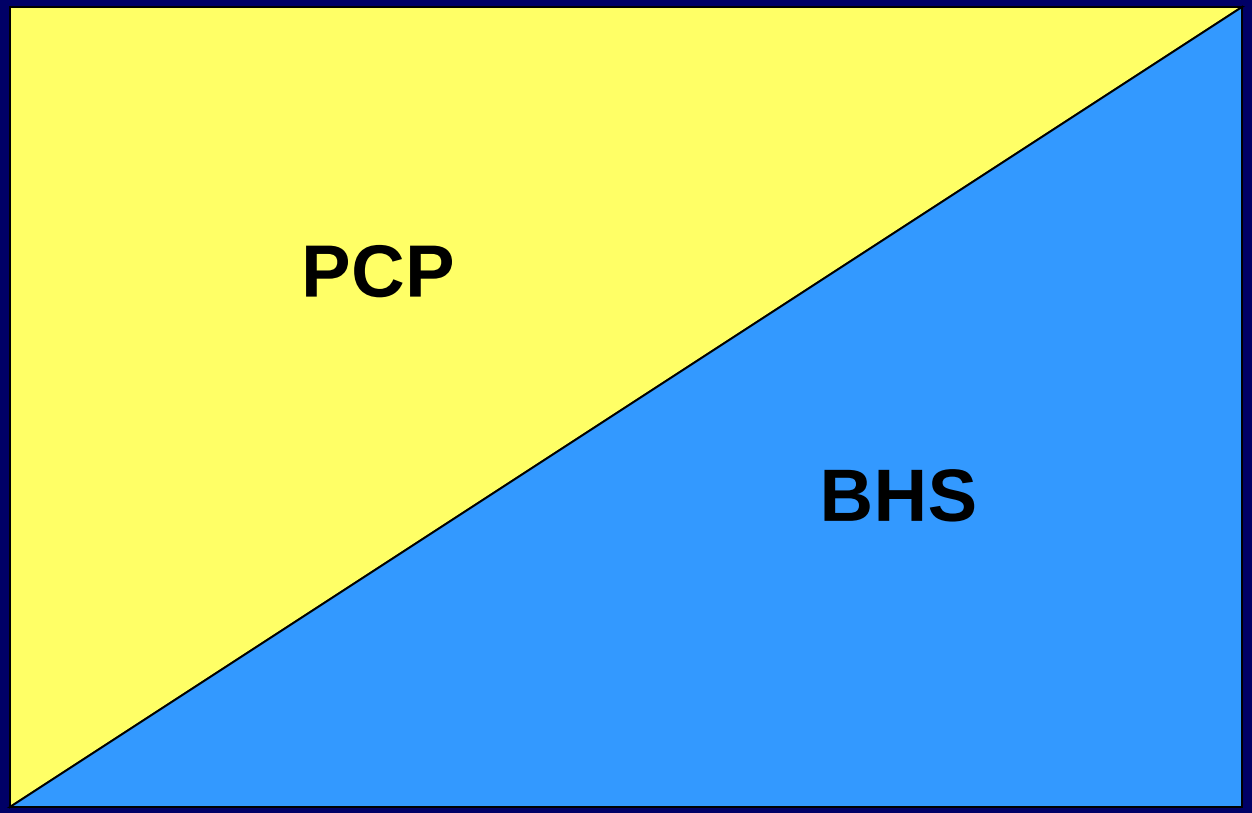
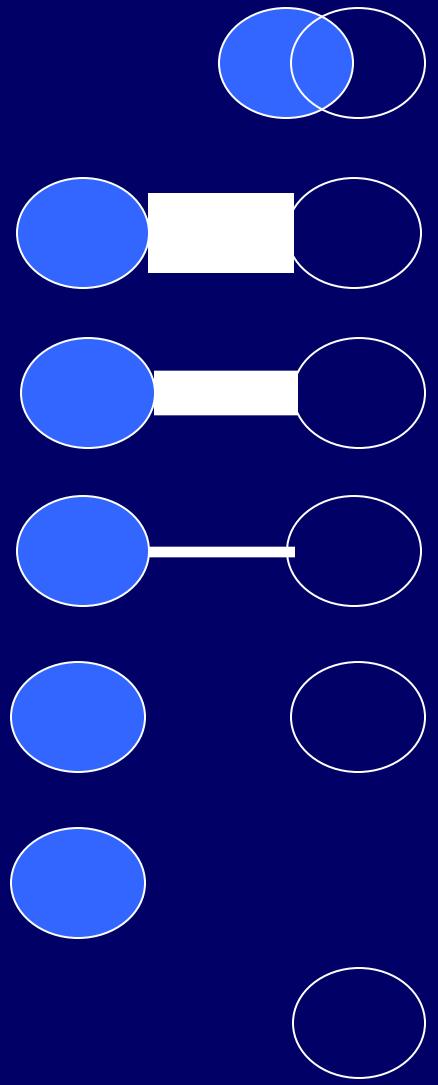
Who Is responsible for care?



How are providers connected?



Integrated Team

Collaborative Care

Consultative Care

Referral

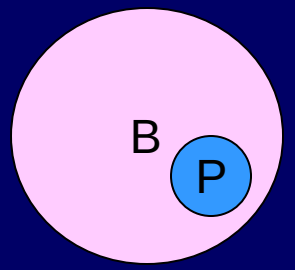
Independent

Autonomous (PCP)

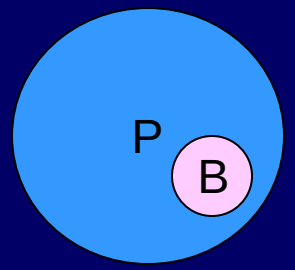
Autonomous (MHS)

Key Question 3: WHERE?

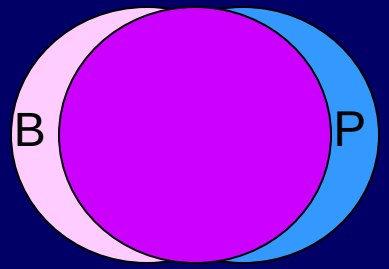
Embedded PCP in BHS



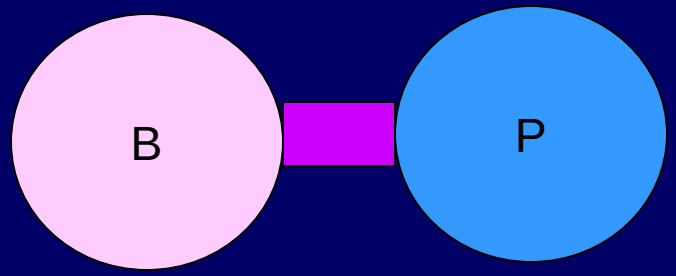
Co-location of BHS in PC



Unified



Coordination / Collaboration



In the “Cloud”?

When is care provided?

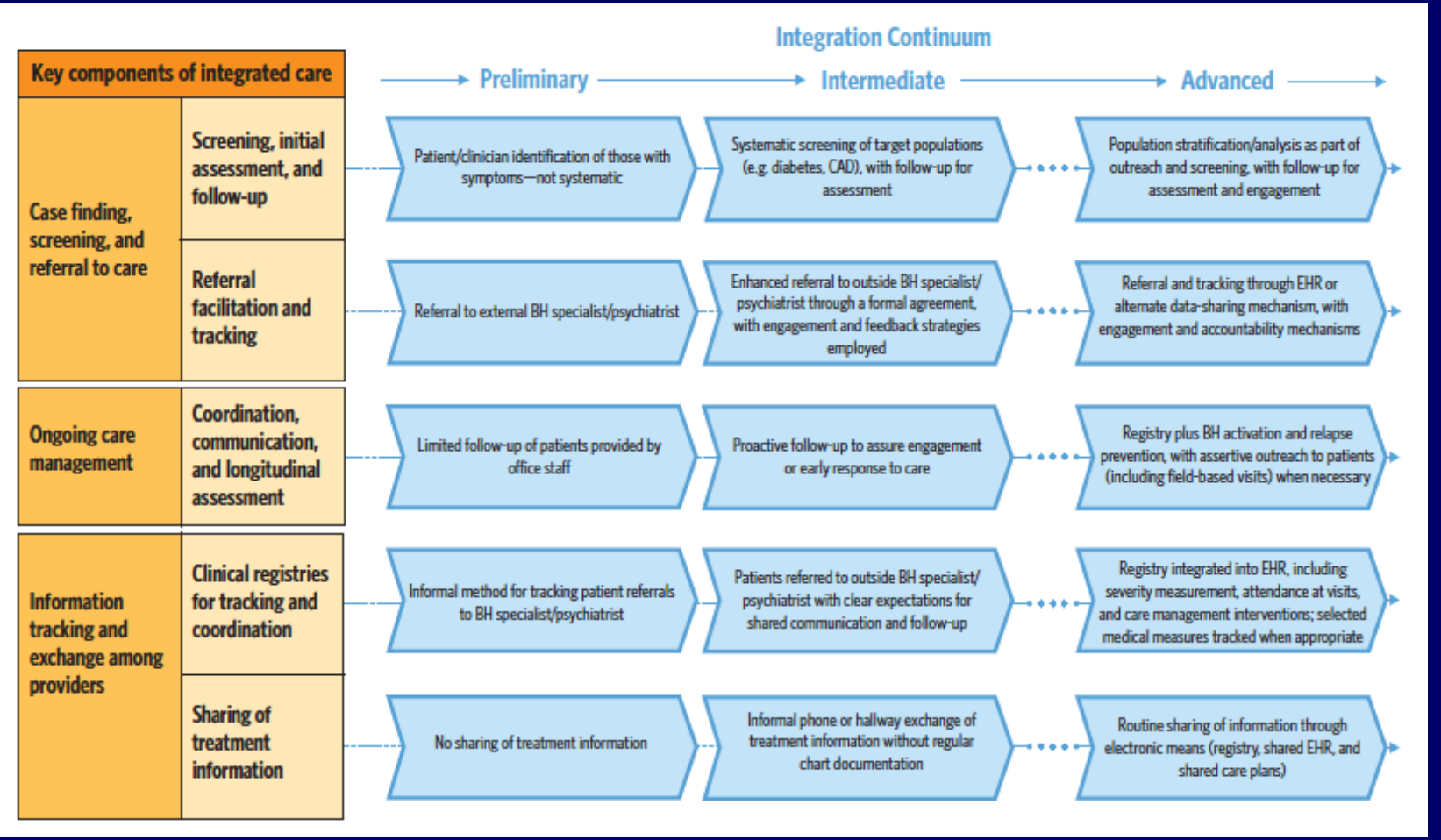
Risk Factor Identification/ Prevention	Diagnosis/ Assessment	Short-term Management	Continuing Care

HOW: "Measurement-Based" Care

- Systematically apply appropriate clinical measures
  - e.g. HA1c, PHQ-9, Vanderbilt Assessment Scales
  - Create a measurement tool kit
- Assure consistent, longitudinal assessment
  - "Ruthless" Follow-Up/Care Management
- Use action-oriented menu of evidence-based options
  - Treatment intensification/"Stepped Care"
- Establish practice-based infrastructure
  - Build IT/Registry Capacity
- Enhance Clinical Connectivity among Systems
  - MH/PC/SUD/Social Services/Education

Continuum-Based Framework
(Chung, Rostanski, Glassberg, Pincus: UHF, 2016)

Illustration of integration continuum for condensed version of the framework



Policies to Break Down Silos
Shared Accountability

- Relatively simple concept
- Applies to all participants caring for a patient
- For example, PCP is jointly responsible for assuring quality for both GH and BH care
- BHS is jointly responsible for assuring quality for both BH and GH care
- The same applies to Med/Surg Health Plan and BH Carveout
- Instantiated in training, practice, contracts, performance incentives……

……..And, ultimately, culture

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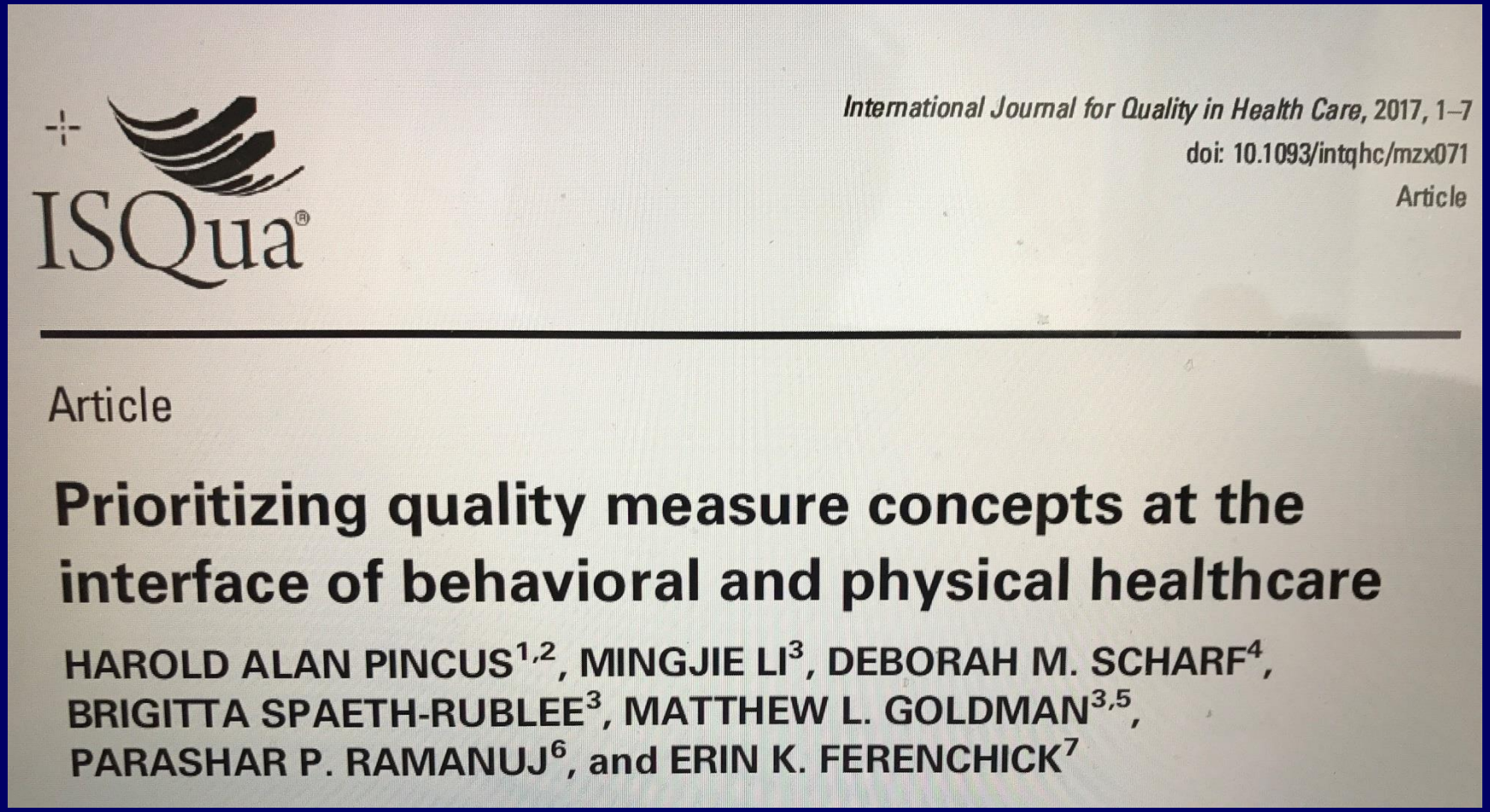
Agenda for Quality Measurement for Supporting Shared Accountability



ISQua®

International Journal for Quality in Health Care, 2017, 1–7
doi: 10.1093/intqhc/mzx071
Article

Article

Prioritizing quality measure concepts at the interface of behavioral and physical healthcare

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Key Challenges

- Changing Cultures
  - Mind/Body Dualism
  - Federal/State/Private Roles
- Establishing Shared Accountability
- Building a Quality Measurement Infrastructure
  - Stewardship and Resources
- Developing Sustainable Payment Models/Incentives
- Bridging Technology Gaps/Registries/Ontologies/Informatics
- Linking with Social Services/Criminal Justice/Education/etc.
- Dealing with "Cost Effectiveness Conundrums"
- Work Force Needs
  - Developing New Models for Training and Education
  - The “Interstitial” Workforce

René Descartes

Alliance for Health Policy

Back-Up Slides

Top Ten Reasons Why Value-Based Payment Doesn't Work for Behavioral Health (Yet?) …

1. VBP not well understood
2. Lousy BH quality measures
3. Lack of investment in measure development
4. Siloed Data sources/ Interoperability Challenges
5. EHR disconnect
6. Limited capacity for valid/non-gameable risk adjustment
7. Siloed "action agents" – 6P's
8. BH workforce limitations
9. Incentives too small (Cheaper to take penalty than fix problem)
10. Overly optimistic assumptions re direct healthcare cost reduction

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30 YEARS

An Introduction into Behavioral Health and Primary Care Integration

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Alliance for Health Policy
October 28, 2022
Virtual Webinar

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Primary Behavioral Health
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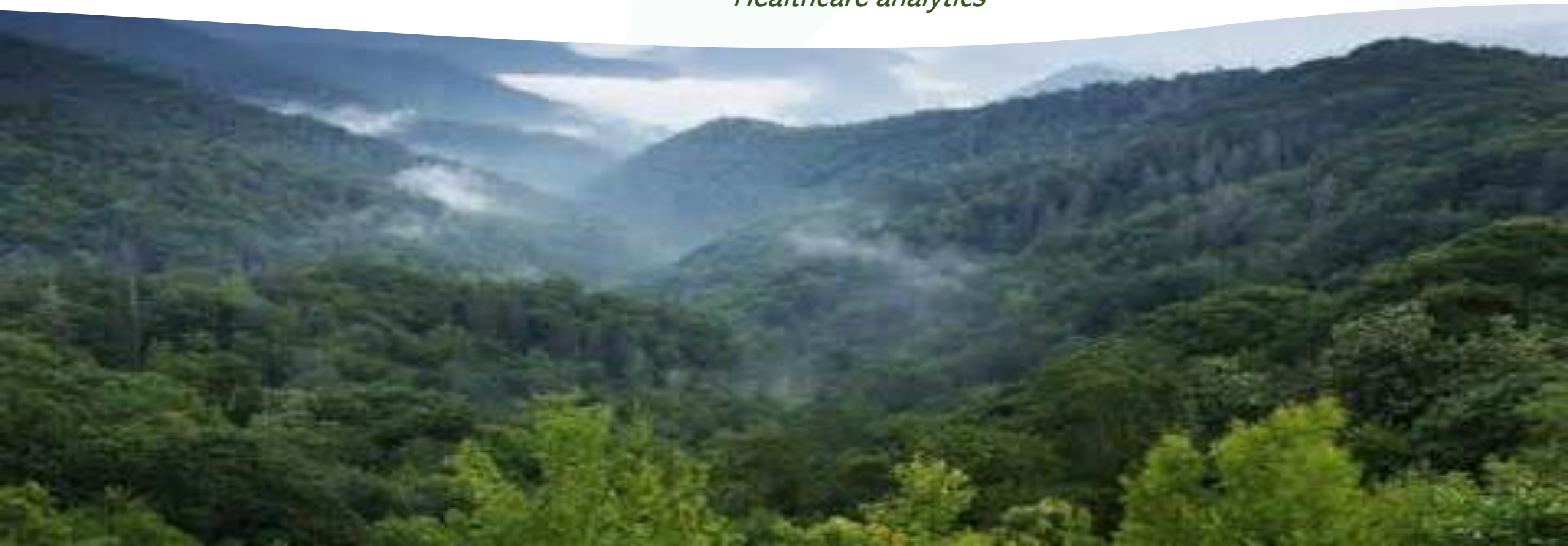
CHS Mission

To improve the quality of life for our patients through the blending of primary care and behavioral health.

- *Blended behavioral and primary care*
- *Health Equity*
- *Outreach and Engagement*
- *Virtual Health*
- *Training and Education*
- *Healthcare analytics*



CHS' Behaviorally Enhanced Healthcare Home

- Behaviorist, Psychiatrist, CHC on PC team
- Shared patient panel and care plan
- Integrated health record
- Shared support staff, physical space, and clinical flow
- Access and collaboration at point of care
- Team based co-management and care coordination
- Continuum of specialty mental health services

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Points of Influence: Opportunities

Facilitators

- Patient engagement & acceptance
- Leadership
- Federal/State/Local agency support
- Alignment with practice transformation initiatives
- Evidence base
- Learning community

Barriers

- Workforce shortage
- Paradigm Shift
- Training silos
- Limited resources (time, money, space)
- Reimbursement & payment limitations
- Regulatory restrictions
- Restrictions on telehealth

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Improve the health of a population

- Reduce healthcare disparities
- Improve access
- Wellness and prevention
- Person and Family Centered care
- Evidence informed clinical and program decision making

Integration is a means to an end…

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Managing Director, Medicare

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30 YEARS

Federal Policies to Address Behavioral Health Integration

Amy Bassano
Managing Director, Medicare

October 28, 2022

HHS Roadmap for Behavioral Health Integration

September 2022

Strengthen System Capacity

- 988 Suicide and Crisis Lifeline through SAMHSA
- HRSA funds graduate medical education for primary care medical residency programs that include psychiatrists
- Certified Community Behavioral Health Clinic Model
- Medicare pay for behavioral health integration into primary care practices
- ONC support Health Information Technologies to support the integration of behavioral health care with other settings

Connect to Care

- Medicare Physician Fee Schedule changes to increase access to behavioral health practitioners.
- Medicaid Bulletin to remind states Medicaid agencies about "Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.
- HRSA's Pediatric Mental Health Care Access grants
- Administration for Community Living established National Resource and Technical Assistance Center for People with Co-Occurring Intellectual and Developmental Disabilities and Mental Health Disabilities

Creating Health Environments

- National Institute of Health funding for research to advance Mental, Emotional and Behavioral Health Preventive Interventions in Schools
- CDC What Works in Schools Program
- HRSA's Bright Futures Program for guidelines to improve infants, children and adolescents.

https://aspe.hhs.gov/sites/default/files/documents/84a701e0878bc26b2812a074aa22a3e2/roadmap-behavioral-health-integration.pdf

Medicare Payment Issues

In the 2023 Physician Fee Schedule proposed rule, CMS proposed a suite of policies to address Behavioral Health Integration.

- **Beginning in 2023 CMS plans to update reimbursement policies to support integrated care.**
  - Would allow payment to CPs and CSWs for behavioral health integration (BHI) services on their own or when they are part of a primary care team.
- **CMS plans to update direct supervision requirement under its "incident to" rules.**
  - Change to supervision requirement will allow marriage and family therapists, licensed professional counselors, addiction counselors and others to provide behavioral health services without a doctor or nurse practitioner physically on site (so long as they have general access to them).
- **Strengthen whole-person capabilities of ACOs (via non-demonstration Medicare Shared Savings Program).**
  - Makes advanced shared savings payments to new, smaller ACOs. Individual ACOs could use the funds upfront to hire behavioral health practitioners and address the social needs of people with Medicare, such as food and housing**.**
  - Other value-based arrangements provide similar incentives to use shared savings to invest in whole person care.
- **Proposed rule includes statutory language that telehealth services can be furnished in any geographic area and in any originating site (including the beneficiary's home) as well as on an audio-only basis for behavioral health, counseling and educational services.**

Federal Legislative Activities – Congress is also looking at these issues

- **In September the House Ways & Means Committee approved a package of bills that would do the following:**
  - Direct HHS to revise Medicare's inpatient psychiatric facility payment system
  - Add intensive outpatient services for beneficiaries with behavioral health conditions who need at least 9 hours of services per week but do not require hospitalization
  - Require Medicare coverage for marriage and family therapists and mental health counselor services directly, which is stronger language than the proposal CMS included in the physician fee schedule rule
  - Direct HHS to conduct two outreach campaigns related to opioid treatment programs and behavioral health integration codes
- **The Senate Finance Committee has been working on its own set of legislative proposals, including**
  - Support for greater access to and use of telehealth, which could mean making permanent additional flexibilities

TAKE OUR SURVEY

Please fill out the evaluation survey you will receive immediately after this presentation, or via email this afternoon!

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