Center for Health Policy and Research
333 South Street, Shrewsbury, MA 01545
508.856.6222 | 800.842.9375
http://commed.umassmed.edu

Whole-Person Care: Implementing Behavioral Health Integration in the Patient-Centered Medical Home

Joshua Twomey, PhD
Joan Johnston, RN, MS, DNP(c)
Judith Steinberg, MD, MPH
Anita Morris, MSN, FNP-BC

AIMS

- **Objective 1:** Use Practice Case Studies to delineate how models of behavioral health integration are being implemented.
- **Objective 2:** Identify challenges in implementing behavioral health integration, utilizing different models.
- **Objective 3:** Identify transformation support solutions for implementing behavioral health integration.

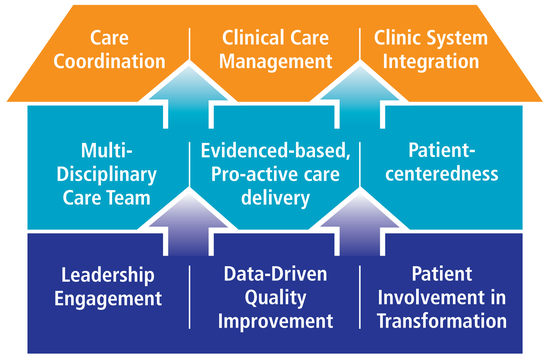
BACKGROUND

Primary Care Payment Reform (PCPR)

Massachusetts Medicaid's (MassHealth) current alternative payment pilot program, that introduces principles of accountable care, behavioral health integration, and Patient-Centered Medical Home (PCMH) in primary care practices.

- **Goals:**
  - To improve access, patient experience, quality, and efficiency through care management and coordination and integration of behavioral health
  - Increase accountability for the total cost of care
- **Start:** March 2014
- **As of March 2015:** 20 participating practice organizations, 63 sites

Patient-Centered Medical Home Model



MassHealth PCPR

Comprehensive Primary Care Payment	• Risk-adjusted capitated payment for **primary care services** • **3 Tiers of payment:** – Patient-Centered Medical Home (PCMH) – Primary Care Behavioral Health (BH) – Specialty Mental Health
Quality Improvement Payment	• **Annual incentive for quality performance, based on primary care performance**
Shared Savings Payment	• Primary care providers share in savings on **non-primary care spend**, including hospital and specialist services

PCMH Joint Principles: Then and Now

2007 - Original	2014 - Integrating Behavioral Health
Personal physician	Home of the team
Whole person orientation	Requires BH service as part of care
Care coordinated	Shared problem and medication lists
Quality and safety	Requires BH on team
Enhanced access	Includes BH for patient, family and provider
Appropriate payment	Funding pooled and flexible

http://www.acponline.org/running_practice/delivery_and_payment_models/pcmh/demonstrations/jointprinc_05_17.pdf
Ann Fam Med 2014; 183-185; Joint Principles from AAFP, ABFM, STFM.
Table adapted from Sandy Blount

IMPLEMENTING BEHAVIORAL HEALTH INTEGRATION IN PCPR PRACTICES

Models of Integrated Care: A Continuum

Blount, A. (2003). Integrated primary care: Organizing the evidence. Families, Systems & Health: 21, 121-134.

Coordinated Model

General Description: Externally employed Behavioral Health Clinicians (BHCs) partner with primary care practice (PCP)

- Unlike traditional coordinated model, BHCs onsite 20–40% of time
- While onsite, BHCs provide consultations, warm hand offs, intakes, and conduct short-term therapy sessions
- While offsite, BHCs provide telephone consultations for PCP and see patients for long-term therapy

Referrals, Follow-up, and Information Sharing:

- PCP refers patient to BHC for offsite therapy (e.g., following positive BH screen)
- Formal agreements, consent and other forms written and agreed upon between PCP and BH clinic
- BHCs utilize forms to send consultation notes, kept appointment records, treatment goals, BH diagnoses, psych meds prescribed, and discharge summary back to PCP
- Traditional psychotherapy notes (i.e., full psychological assessments) are not shared with PCP
- Referral loop is closed when follow-up info is entered into PCP's EMR

Care Planning:

- When possible, BHC attends PCP multidisciplinary care team meetings
- BHC offers insight into care plan and helps to formulate and address patient treatment goals
- If BHC is unable to attend meeting, then BH consultation notes are collected and presented by another care team member

Billing:

- Typically, BHC only bills for traditional psychotherapy visits (e.g., 30-50 min), not for consultations

Challenges:

- Most BHCs have limited or no experience working in primary care settings and may not be comfortable with the faster paced environment or how best to apply BH skillset to "medical problems"
- BHCs do not have login to EMR. so gaining access to patient information can be cumbersome
- Many BHCs possess licenses (e.g., LMHCs) that limit scope of practice or billing capacity within medical settings

Co-Located Model

General Description: BHC is onsite and provides BH to selected patients using traditional psychotherapy model

- Located in same physical location, but in separate department or in unconnected physical space
- 50 minute one-on-one patient appointments.
- Complete comprehensive BH EMR-based templated intake form

Referrals, Follow-up, and Information Sharing:

- BHC receives internal referral using standard internal referral processes
- Not typically available for same day access, but may be, depending on no-shows
- Chart in restricted part of the EMR; may document in problem list
- Unrestricted access to medical EMR
- Shares general treatment goals, diagnosis and communicates larger life context themes that may impact care
- Excludes detailed psychotherapy notes

Care Planning:

- May participate in Multidisciplinary Care Team meetings

Medical:

- Assesses ability to manage adherence to medications as part of functional assessment

Billing:

- Bills independently for psychotherapy consultation

Challenges:

- Co-location may provide improved access but not full integration of care
- Lack of shared physical space is a barrier to communication and coordination
- Fully scheduled BHC does not allow for same day/warm hand offs to occur
- Information sharing may be impacted by privacy regulations and separate BH EMR
- Potential loss of revenue associated with decrease in number of billable visits associated with fee for service model

Full Integration Model

General Description: BHC full time provider within primary care practice

- BHC provides consultations, warm hand offs, and conducts short-term therapy sessions and psycho-educational groups for patients (e.g., pain management group)
- BHC trains medical and front office staff on the principles of integrated work
- BHC drafts workflows on BH screening and follow-up
- BHC participates in daily huddle
- Utilizes same physical space to see patients, including exam rooms
- Monitors medication experience and makes psychopharm recommendations (within scope of practice)

Referrals, Follow-up, and Information Sharing:

- BHC receives warm hand off in real time
- Paged by other members of medical team as needed
- Unrestricted access to EMR
- Documents using free text and practice-specific template
- Notations are typically far briefer than traditional psychotherapy notes. EMR has ability to 'lock' some BH notations from other providers.

Care Planning:

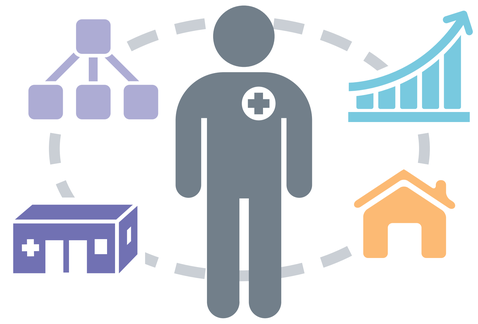
- BHC is full member of Multidisciplinary Care Team
- May be designated team leader based on patient needs
- BHC offers insight into care plan and helps to formulate, address, and update patient treatment goals
- Provides guidance to team on patient needs and strengths, as well as patient capacity to engage in self care

Billing:

- Bills for psychotherapy, consultations, warm hand offs

Challenges:

- Variable buy-in from PCPs regarding the importance of integrated care
- BHC adjusting to brief appointments that may be interrupted, assessment with triage, orienting patients to new model of care



RESULTS
Transformation Support Solutions

Focus on:

- **Workflow design, test and implementation**
- **Metric development**
- **Data collecting, organizing, reporting and interpreting**
- **Basic QI methodology and skill building**
- **Education to help team members adjust to new care delivery models**
- **Scripts, diagrams, and tools that advance implementation**
- **Financial optimization through billing and alternative payment models**

Examples:

- Onsite consultation, observation, and immediate feedback
- Group learning and sharing via webinars
- Resource design and development
  - Telephone scripts for staff
  - Checklists and templates appropriate for customization
- Design workflow and documentation templates to advance billable medication visit

CONCLUSIONS

- BH Integration is a necessary component of whole person care
- BH Integration is a complex, yet highly accomplishable task
- BH integration models form a continuum that leads to full integration
- BH models provide guidelines for integration, but can be customized to meet the specific needs of the practice
- Numerous transformation strategies can support the clinical, financial, and cultural challenges to integration
- Alternative payment models remain essential to supporting sustainable, expandable, and successful BH services within primary care