Welcome!

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Thanks to the Central Oregon Health Council Pain Standards Task Force and the Oregon Health Authority for funding this learning collaborative!
Today’s Objectives

✓ Peer learning and networking for patient-centered primary care homes providing integrated behavioral health care
✓ Learn and share best practices around operational strategies for success
✓ Provide an opportunity for team action planning

Agenda

1. Integrated Behavioral Health In the Patient-Centered Primary Care Home: E. Dawn Creach, MS, Consultant to PacificSource
2. Operational Optimization: Small group breakout discussions
3. Team Discussion & Planning
4. Evaluation, Wrap-up, and Adjourn
Disclosures & Background:
E. Dawn Creach, MS
Principal Consultant
Creach Consulting, LLC

- Current clients include:
  - PacificSource Health Plan
  - Legacy Health
  - Children’s Health Alliance
  - OHA Transformation Center
- Diverse experience in medical home implementation, behavioral health integration, health policy, payment reform, and research & evaluation
- Founding member, Oregon Primary Care Payment Reform Collaborative
- Executive Committee member, Integrated Behavioral Health Alliance of Oregon

A little bit about today…

- Today will be interactive!
- You will get out what you put in!
- Many of the answers are right here in this room!
- This stuff is not easy - Everyone is trying to figure this out!
- It’s a journey, not a destination!
- You will leave with an action plan in hand!
Getting on the same page...

“Behavioral health” is a problematic term for a number of reasons, but until a more widely accepted alternative arises, it will be used here as an umbrella term that includes:

✓ **Mental health & substance abuse disorders** - e.g., anxiety, depression, substance abuse, psychotic disorders, eating disorders, etc.

✓ **Health behavior and psychosocial well-being** e.g., stress, substance use, prevention, habits, functioning, nutrition, exercise, relationships & attachment, resiliency, problem-solving, family factors, Adverse Childhood Experiences/trauma, etc.

✓ **Developmental disorders/disabilities** - e.g., autism, ADHD, learning disabilities, developmental delay, communication & motor disorders, etc.

What does “integrated health care” mean?

From SB832 (2015), As defined in amended ORS 414.025:

Integrated health care means care provided to individuals and their families in a patient centered primary care home or behavioral health home by licensed primary care clinicians, behavioral health clinicians and other care team members, working together to address one or more of the following: (A) Mental illness (B) Substance use disorders (C) Health behaviors that contribute to chronic illness (D) Life stressors and crises (E) Developmental risks and conditions (F) Stress-related physical symptoms (G) Preventive care (H) Ineffective patterns of health care utilization.
Who are “behavioral health clinicians?” (BHC)

As defined in amended ORS 414.025:

“Behavioral health clinician” means: (a) A licensed psychiatrist; (b) A licensed psychologist; (c) A certified nurse practitioner with a specialty in psychiatric mental health; (d) A licensed clinical social worker; (e) A licensed professional counselor or licensed marriage and family therapist; (f) A certified clinical social work associate; (g) An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or (h) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

PacificSource’s Work to Support Integrated Behavioral Health

- Align strategy/efforts across lines of business
- Encourage a population-based delivery model - Align with a fidelity model of integrated care based on the Integrated Behavioral Health Alliance of Oregon’s consensus recommendations & PCPCH standards of care
- Reduce barriers & optimize FFS payments - Approved clinics use an AG-modifier to be reimbursed for integrated behavioral health services without requiring pre-authorization
- Provide technical assistance & resources to help clinics succeed – One-on-one consultation, group learning, and resources available to clinics
- Move towards value-based payments to help support fidelity integrated care
The Tipping Point: Integrated Behavioral Health as a Fundamental Component of the Medical Home

2007 - Joint principles of the patient-centered medical home
• American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association
• Calls for a whole-person orientation; behavioral health is implicit

2014 - JOINT PRINCIPLES: INTEGRATING BEHAVIORAL HEALTH CARE INTO THE PATIENT-CENTERED MEDICAL HOME

“Science has rendered untenable the artificial division of people into parts, particularly mental and physical parts. Given that over one-half of primary care patients have a mental or behavioral diagnosis or symptoms that are significantly disabling, given that every medical problem has a psychosocial dimension, given that most personal care plans require substantial health behavior change—a PCMH would be incomplete without behavioral health care fully incorporated into its fabric. A whole person orientation simply cannot be imagined without including the behavioral together with the physical.”

The Tipping Point In Oregon: Moving from WHY to HOW

✓ Integrated behavioral health is quickly becoming the norm
✓ Moving from “checking a box” to building out the integrated care delivery model
✓ Incorporated into PCPCH and CPC+ requirements
✓ Payers experimenting with alternative and value-based payments to support integrated care
✓ Payers & other organizations are investing in providing technical assistance, consultation, and learning collaboratives to help primary care clinics be successful
✓ Major area of focus for Oregon’s CCOs & the next procurement process (CCO 2.0)
✓ Area of focus for Oregon’s Primary Care Payment Reform Collaborative
• Behavioral Health Integration subcommittee meets monthly

**HOWEVER, THERE ARE STILL MANY BARRIERS TO PROVIDING INTEGRATED BEHAVIORAL HEALTH CARE**
Primary Care: The “de facto” mental health system

- 1 in 5 adults have a mental health condition, but 56% of American adults do not receive treatment
- >20% of children have a diagnosable mental health or substance use disorder and another 16% have impaired mental health functioning (=32%) BUT only 20% of those receive services in the specialty mental health system
- Leading determinants of overall health are behavioral (40%)
- 50 - 70% of primary care appointments are for problems stemming from psychosocial issues (Gatchel & Oordt, 2003)

Advanced Primary Care: The Integrated Patient-Centered Primary Care Home

Primary Care Clinician Shortage
+ Behavioral Health Clinician Shortage
+ No shortage of patients with behavioral health needs
= We need a new way of thinking about, organizing, and delivering behavioral health services
So what does this new approach look like?

✓ Integrated behavioral health becomes a ROUTINE part of primary care (not considered a specialty service)
✓ Advanced team-based care - Behavioral Health Clinicians practice side-by-side with Primary Care Clinicians and other care team members
✓ Patients are engaged at the point of care when issues are identified (lots of same-day BHC interventions)
✓ Focus on prevention, early intervention, and patients’ overall HEALTH (not just mental health)
✓ Short-term, solution-focused, evidence-based
✓ The team is accountable for the entire panel of patients

Models of Behavioral Health Integration In Primary Care

<table>
<thead>
<tr>
<th>Co-located specialty mental health/ substance use</th>
<th>Collaborative Care</th>
<th>Integrated Care (Primary Care Behavioral Health)</th>
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<tbody>
<tr>
<td>Interventions targeted to a small subset of high needs patients by referral from the PCP</td>
<td>Utilizes a BH care manager and psychiatric consultant on the care team</td>
<td>Integrated BH is a ROUTINE part of primary care; BHC is part of the primary care team and works side-by-side with PCP to manage patients</td>
</tr>
<tr>
<td>BHC treats patients with mental health and/or substance use disorders</td>
<td>Utilizes a registry to focus on more intensive and active treatment for a subset of patients (condition-focused)</td>
<td>BHC provides a wide range of brief, short-term interventions for mental health, substance use, health behaviors, stress, lifestyle issues, care plan adherence, etc.</td>
</tr>
<tr>
<td>Reduced barriers &amp; stigma; increased coordination</td>
<td>Reduced barriers &amp; stigma + increased coordination + outcome focused</td>
<td>Reduced barriers &amp; stigma + increased coordination + increased PCP capacity</td>
</tr>
<tr>
<td>6-8 45-60 minute appointments/day</td>
<td>Systematic follow-up; highly protocolized approach; more intensive management via in-person and phone contacts</td>
<td>8-14 30 minute visits a day; at least 50% of schedule open for same-day access &amp; PCP consultation</td>
</tr>
<tr>
<td>Not population health focused</td>
<td>Shown to be effective for a wide range of common disorders like depression</td>
<td>Focused on improving population health (all patients at the PCPCH)</td>
</tr>
<tr>
<td>Limited access &amp; capacity (caseloads of 60-100 patients); appointments scheduled and may have a long wait to be seen</td>
<td>BH care manager has limited capacity; caseload may become full</td>
<td>Immediate access to BHC for all patients when needs are identified</td>
</tr>
</tbody>
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❖ There are pros and cons to each model
❖ Models are not mutually exclusive
Integrated Behavioral Health Alliance of Oregon (IBHAO) Consensus Minimum Standards

Integrated behavioral health services are provided as part of routine care at the PCPCH including licensed Behavioral Health Clinician(s) delivering an array of services on-site. BHC as defined in ORS 414.025.

Integrated BHC provides a broad array of comprehensive evidence-based behavioral health services.

Integrated BHC provides same-day open access behavioral health services.

Primary care clinicians, staff, and BHC utilize shared medical records and have a mechanism in place for collaborative care planning and co-management of patients.

BHC is an integrated part of the primary care team.

PCPCH utilizes a population-based approach to delivering and coordinating integrated behavioral health services.

The integrated team includes psychiatric consultative resources.

PacificSource Integrated Care Self-Assessment Tool

- PacificSource moved from using the IPAT to the IBHAO standards to measure a minimum level of fidelity integration
- To be considered “integrated” clinics must score a 5 or higher on all of the IBHAO standards
- Must also meet PCPCH standard 3.C.2 (coordination with outside specialty mental health, substance use, and developmental providers)
- Clinic self-attestation is verified via site review (using the assessment tool)
Integrated Behavioral Health Metrics

- No/limited standard metrics that measure integrated care outcomes
- IBHAO released some preliminary metric recommendations in 2016; will continue to refine
- Recognition that measuring outcomes requires a glide path:
  Process measures $\rightarrow$ intermediate outcomes $\rightarrow$ Outcomes
- Some CCOs incorporated IBHAO metrics into integrated care payment programs
- PacificSource metrics are aligned with IBHAO recommendations and other CCOs in Oregon

PacificSource Integrated Behavioral Health Metrics

- **Metric #1: Population Penetration of Integrated Behavioral Health**: Percentage of unique PacificSource members seen by a BHC during the reporting period.
- **Metric #2: Fidelity to the IBHAO Standards: Access to Same-Day Behavioral Health Services**: Percentage of BHC encounters that are same-day during the reporting period.
- **Metric #3: Identification & Intervention with a Target Sub-Population**: Percentage of PacificSource members who screened positive for depression and had a BHC encounter during the reporting period.
Strategies for increasing population reach

✓ Standardized workflows to involve the BHC with priority subpopulations (e.g., positive PHQ-9 scores, patients with chronic pain, diabetes, obesity, etc.)
  ✓ Make integrated behavioral health “routine” instead of relying on PCP referral
  ✓ Identify patients for the BHC to see by scrubbing the charts & conducting pre-visit planning (tip: train an MA or front office staff)
  ✓ Use a registry to identify patients with certain conditions
  ✓ Automatically schedule joint appointments with the PCP and BHC for certain subgroups of patients
  ✓ Group visits
  ✓ What else?

First Quarter Metrics: Reflections & Questions
Building a sustainable integrated care model...

Remove Structural Barriers


Optimize FFS revenue


Take Into Account Cost Offsets


APM/VBPs

Sustainability...

TYPICAL INTEGRATED PRIMARY CARE: BEHAVIORAL HEALTH CLINICAL ACTIVITIES

- Screening/Prevention
- Collaboration and coordination
- Health behavior interventions
- Patient and family engagement
- Care coordination
- Crisis management
- Chronic care management
- Adult care management
- Adoption of mental health concepts
Some commonly used CPT codes

- **Health & Behavior:**
  - 96150-96154

- **Screening**
  - 96110, 96127, 96160 - 96161

- **Mental Health**
  - 90791, 96101, 90832, 90834, 90837, 90846, 90847, 90853

- **Preventive medicine counseling**
  - 99401-99404

- **Alcohol & Substance Services**
  - 99408 (15-30), 99409 (>30)

- **Care management of psychological, behavioral, emotional, and social concerns**
  - 99492-99494, 99484, T1016

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Optimizing Billable Clinical Time

- Make sure your licensed BHCs are credentialed with all your health plans
- Optimize your FFS revenue by utilizing a wide variety of CPT codes for as many services as possible
- Track denials from health plans and advocate for consistent payment
- Increase # of patients BHC sees (8-12 patients/day)
- Have clear expectations for clinical vs non-clinical time
- What else?
Small Group Breakout Discussions

- Small group discussions around specific topics:
  - Focus on sharing across practices
- Clinic team members are encouraged to participate in different topics (though not required)
  - Be prepared to report back to your team what you learned!
- Designate one scribe/facilitator for each group
- Use the worksheet with guiding questions to facilitate conversation

Small Group Breakout Topics

1. BHC scheduling templates & workflows: maintaining 50% open access
2. Optimizing same-day BHC interventions: best practices for warm hand-offs from PCPs to BHCs (scripting, patient engagement resources, etc.)
3. Increasing population reach/penetration: standardized workflows for the BHC, using a registry to identify patients, pre-visit planning, huddles, etc.
4. Optimizing billing/coding for integrated care
5. Other?
Action Time!
Team planning

✓ Meet with your clinic team
✓ Designate a scribe
✓ Discuss what you have learned today
✓ Identify ONE THING you plan to implement at your clinic based on what you learned today
✓ Use the worksheet to create an action plan!
✓ Be prepared to report out to the larger group

Report Out

What does your clinic plan to change/implement as a result of something you learned today?
Future learning opportunities

- June 5th, 2018 from 7:00-9:00am in Bend - Medication Assisted Treatment
- Billing for Integrated Behavioral Health: HealthInsight Webinar - June 6th from 11:30am - 1:00pm
- Save the Date! Central Oregon Integrated Care Collaborative
  September 18th: BHC’s role in chronic disease care
- December 2018 topic – Implementing the Collaborative Care model
- Other topics for future collaboratives?

Thank You!

Please complete your evaluation form before you leave today!