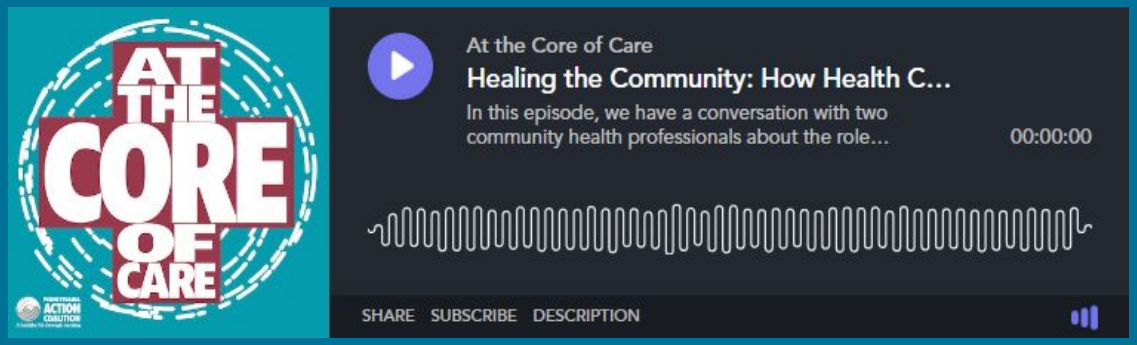
Successful Steps for Holistic Integration of Mental & Behavioral Health in Primary Care

Session 3: Return on Investment Calculation for Integrated Primary Care- November, 16, 2023



HEALTH CENTER RESOURCE CLEARINGHOUSE

Housekeeping

1 Captions

To adjust or remove captions, click the "Live Transcript" button at the bottom of your Zoom window and select "Hide Subtitle" or "Show Subtitle."

Live Transcript

2 Questions

Please add your questions for the speaker and comments for the group into the Chat box.

Chat

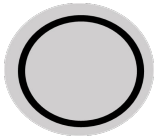
3 Technical Issues

Please raise your hand to let us know or message us in the chat.

Raise Hand

4 Recording

This session will be recorded and available to view on Vimeo



Recording

Disclosures

Accreditation Statement: The National Nurse-Led Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Success Completion Requirements: Nurses completing the entire activity and the evaluation tool may be awarded a maximum of **1.0 contact hours** of nursing continuing professional development (NCPD). **To obtain nursing continuing professional development contact hours, you must participate in the entire activity, participate in audience polling and/or Q&A sessions, and complete the evaluation.**

Relevant Financial Relationships: It is the policy of the National Nurse-Led Care Consortium to require nursing continuing professional development program faculty and planning committee members to disclose any financial relationship with companies providing funding or manufacturers of any commercial products discussed in the educational activity. The program faculty and the planning committee members report they do not have financial relationships with any manufacturer of any commercial products discussed in the activity.

The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

We do this through

- **-training and technical assistance**
- **-public health programing**
- **-consultation**
- **-direct care**

https://nurseledcare.phmc.org/

NNCC NTTAP Team

Jillian Bird
Director of Training and Technical Assistance

Matt Beierschmitt
Senior Program Manager

Fatima Smith
Project Manager

Junie Mertus
Project Intern

Introduction/Welcome
- 5 minutes

Didactic
- 30-40 minutes

Questions & Wrap-Up
- 10-15 Minutes

Today’s Agenda

Meet our speaker:

Dr. Alexander Blount, EdD

Professor Emeritus of Family Medicine and Community Health
Umass Chan Medical School

President, Integrated Primary Care, Inc

Return on Investment Calculation for Integrated Primary Care

Alexander Blount, EdD

Professor Emeritus, Family Medicine and Community Health

UMass Chan Medical School

www.integratedprimarycare.com

If you are just starting, it's Simple

- All you need to know is:
  - What approach(s) to integration
  - At what intensity (BH clinician/PCP)
  - Team or department organization (if a multi-site practice)
  - In what state healthcare payment system
  - In what type of primary care setting (FQHC/ACO/Individual Practice)
  - With what array of payers
  - For what population of patients
  - Delivered by BH clinicians of which discipline(s)
  - With what previous training in primary care BH (BHCs and psychiatrists)
  - In what year of implementation
  - With what degree of support from upper leadership and PCPs

Look at your assumptions.

- "Integrated Behavioral Health should pay for itself."
  - Did the last nurse you hired pay for her/himself in billings? It's about better care.
  - How quickly? Usually takes 3-5 years to for whatever you implement to mature. Even then 4/10 chance of break even just from MH billing. (ABE)
- "IBH is an added service like other added services."
  - IBH requires strong support from the top because it will impact every aspect of your organization.
  - In the beginning, it is worth the transformation based on how it helps in achieving your mission. In the long run, IBH has been shown to improve patient engagement and workforce morale and retention.
- "IBH is a service targeting people with MH and SUD diagnoses."
  - Best ROI on interventions to improve care for chronic illnesses and health behaviors. Blount, et al, 2009.

IPC

www.integratedprimarycare.com

You do it for the mission, not the money,
but it can also pay off over time.

Agency for Healthcare Research and Quality (AHRQ)

Draft Comparative Effectiveness Review, *Strategies for Integrating Behavioral Health and Primary Care: A Hybrid Review*.

"There are a wide range of approaches to integration behavioral health and primary care that have been documented and evaluated. . . Research consistently reports positive patient outcomes. This pattern of positive outcomes persists across available patient, practice, and environmental characteristics."

www.integratedprimarycare.com

Types of ROI

Successful programs usually access multiple types of payment.

- Revenue from billing for unique BH services.
  - MH and SUD
- Revenue from other forms of payment
  - BHAI codes (BHAI codes only for psychologists for most payers).
  - Care management IBH codes
  - Value based payments
  - Other short-term funding
- ROI from savings elsewhere
  - Target high-need, high utilizing patients
  - Reduce ER, inpatient, primary care and specialist utilization
- ROI from enhancement of other team members' productivity
  - Free up PCPs to see more patients by addressing time consuming issues with patients.

Billing for Unique MH/SUD Services

Built to support a Specialty Mental Health service. Seems like a natural choice

- Regulations and billing practices comparatively clear.
- Most clinicians trained in delivering specialty MH care.

Without modifications, likelihood of failure with SMH is high.

- Specialty MH practices (long intake process, hour session, long note writing time, closed doors to colleagues, treatment until patient is "finished") lead to slow turn over of patients and few openings.
- Tends to eliminate same day service which is the backbone of expanded access of BHI.
- Few open slots lead to long waiting lists (poor access).
- Long waiting lists lead to high no-show rates, lead to financial stress which is felt by everyone.
- Stresses and productivity pressure leads to high turn over rates for BHCs.
- Lack of access leads to loss of support from PCPs.
- Considering the impact on total medical cost, psychotherapy shows poorest ROI of possible behavioral health interventions. Blount, et al, 2009.

If you only have F-F-S payments, be ready to explore “work arounds.”

- If you are told that something has to be done a certain way, read the regulations. Sometimes you will find that standard billing advice is narrower than what the regulations actually allow.
- Have a small number of people in the billing dept who know the latest about billing and coding possibilities. Clinicians can say what they did, in what amount of time, for what problems/diagnoses. The knowledgeable folks can code it. Hard to keep BHCs up to date.
- How many visits will be paid before a requirement for a long intake assessment is required? 3 visits will fund the majority of your episodes of care.
- Careful reading of the regulations and use of social and medical histories already in the chart can allow the Initial Evaluation requirement to be met.
- Second co-pay can be sometimes be forgiven.
- Find a more mature BHI program in your state and ask for help in what flexibility can be found in the regulations.

One site's approach to shortening the note writing process. Developed in collaboration with the Compliance Dept.:

IPC

www.integratedprimarycare.com

Hahnemann Family Health Center
Behavioral Health Services
Ambulatory Service Record: _____ Name, DOB, MRN, Date

Diagnosis	Code	Descriptive	Statement
Primary			
Secondary			
Tertiary			

- ☐ Individual Psychotherapy: ____minutes (20-30, 90804)
- ☐ Individual Psychotherapy: ____minutes (45-50, 90806)
- ☐ Family Therapy (90847)
- ☐ Initial Assessment and Intervention (90801)
- ☐ Initial Health & Behavioral Assessment (96150) ____minutes
- ☐ Subseq Health & Behavioral Assessment (96151) ____minutes
- ☐ Indiv Health & Behavioral Intervention (96152) ____minutes
- ☐ Grp 2+ pts Health & Behavioral Intervention (96153) ____minutes
- ☐ Fam Health & Behavioral Intervention w/pt (96154) ____minutes
- ☐ Fam Health & Behavioral Intervention wo/pt (96155) ____minutes

Problems from Treatment Plan:
Problem/Goal 1: _____
Current Status ☐ No Change ☐ Improved _____ ☐ Worse _____
Problem/Goal 2: _____
Current Status ☐ No Change ☐ Improved _____ ☐ Worse _____
Problem/Goal 3: _____
Current Status ☐ No Change ☐ Improved _____ ☐ Worse _____
☐ Medical and social history documented in medical chart and reviewed before first meeting. ☐ Reviewed limits of confidentiality.
Other Problems Discussed, Assessment / Additional Comments: **(narrative portion of note)**

Topics covered in session relating to: ☐ Problem 1 ☐ Problem 2 ☐ Problem 3

Evaluation & Discussion of Problem(s):
- ☐ Frequency / Severity / Other Details
- ☐ Factor Contributing to Problem, Triggers
- ☐ Factors Maintaining Problem, Barriers to Change
- ☐ Past Coping Efforts
- ☐ Other: _____

Treatment Planning, Pt. Education:
- ☐ Psycho-education re: Problem & Treatment
- ☐ Discussion of Treatment Plan & Goals

Strengths, Foundation for Future Growth:
- ☐ Determination to Feel Better
- ☐ Past Coping Success: _____
- ☐ New Behavior Began: _____
- ☐ Other: _____

Life Style Modification:
- ☐ Eating Behavior
- ☐ Sleep Hygiene
- ☐ Management of Stressors
- ☐ Physical Activity
- ☐ Smoking
- ☐ Pleasurable Activities, Self-care
- ☐ Social Support
- ☐ Positive Life Goals
- ☐ Other: _____

Risk Assessment:

HI/SI	☐ Yes	☐ No
Plans	☐ Yes	☐ No
Means	☐ Yes	☐ No
Active	☐ Yes	☐ No
SA	☐ Yes	☐ No
Agitation	☐ Yes	☐ No
History	☐ Yes	☐ No

Cognitive – Behavioral Interventions:
- ☐ Self-monitoring: _____
- ☐ Stimulus Control: _____
- ☐ Relaxation Training
- ☐ Mindfulness / Awareness Skills
- ☐ Identification of Dysfunctional Thoughts / Beliefs
- ☐ Cognitive Restructuring
- ☐ Development of Hierarchy of Treatment Targets
- ☐ Systematic Desensitization
- ☐ Relapse Prevention
- ☐ Application of Skills to Problem Situation / Symptoms
- ☐ Other: _____

Additional Treatment Recourses Discussed:
- ☐ Psychiatric Medications: _____
- ☐ Medical Provider: _____
- ☐ Nutritionist: _____
- ☐ Couples Therapy
- ☐ Group Therapy
- ☐ Reading Material
- ☐ Internet Recourses
- ☐ Self-help (AA, NA, DA)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Homework:
- ☐ Tracking: _____
- ☐ Relaxation Practice
- ☐ Referrals Made: _____
- ☐ Cognitive Restructuring
- ☐ Reading Assignment
- ☐ Other: _____

Plan: ☐ Continue Tx. Plan ☐ Modify Tx. Plan: _____

Signature: _____ Co-Signature (if applicable): _____
Printed Name: _____ Printed Name: _____

Health and Behavior Assessment and Intervention codes

HBAI codes for psychologists only.
https://www.apaservices.org/practice/reimbursement/health-codes/health-behavior

- Services in support of behavioral care for medical diagnoses.
  - Adherence, health behaviors, stress reduction, sleep, pain, and many more
- Some companies pay for medical services to patients who also have BH diagnoses, some don't want to.
- Supports the development of a rapid response generalist BH vs structured program for a diagnosis

Care Management Codes

- Payment for time other than direct contact.
- Requires sophisticated time tracking system
- CoCM showed best payment outcomes in rigorous simulation.
  - Basu S, Landon BE, Williams JW, Bitton A, Song Z, Phillips RS. Behavioral Health Integration into Primary Care: a Microsimulation of Financial Implications for Practices. Journal Of General Internal Medicine 2017;32:1330-1341.
- Wider applicability of the population approach than some classic CoCM descriptions would suggest is possible, eg., high utilizers.
- New care management code for PCBH-type programs

https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/behavioral-health-integration-coding.html

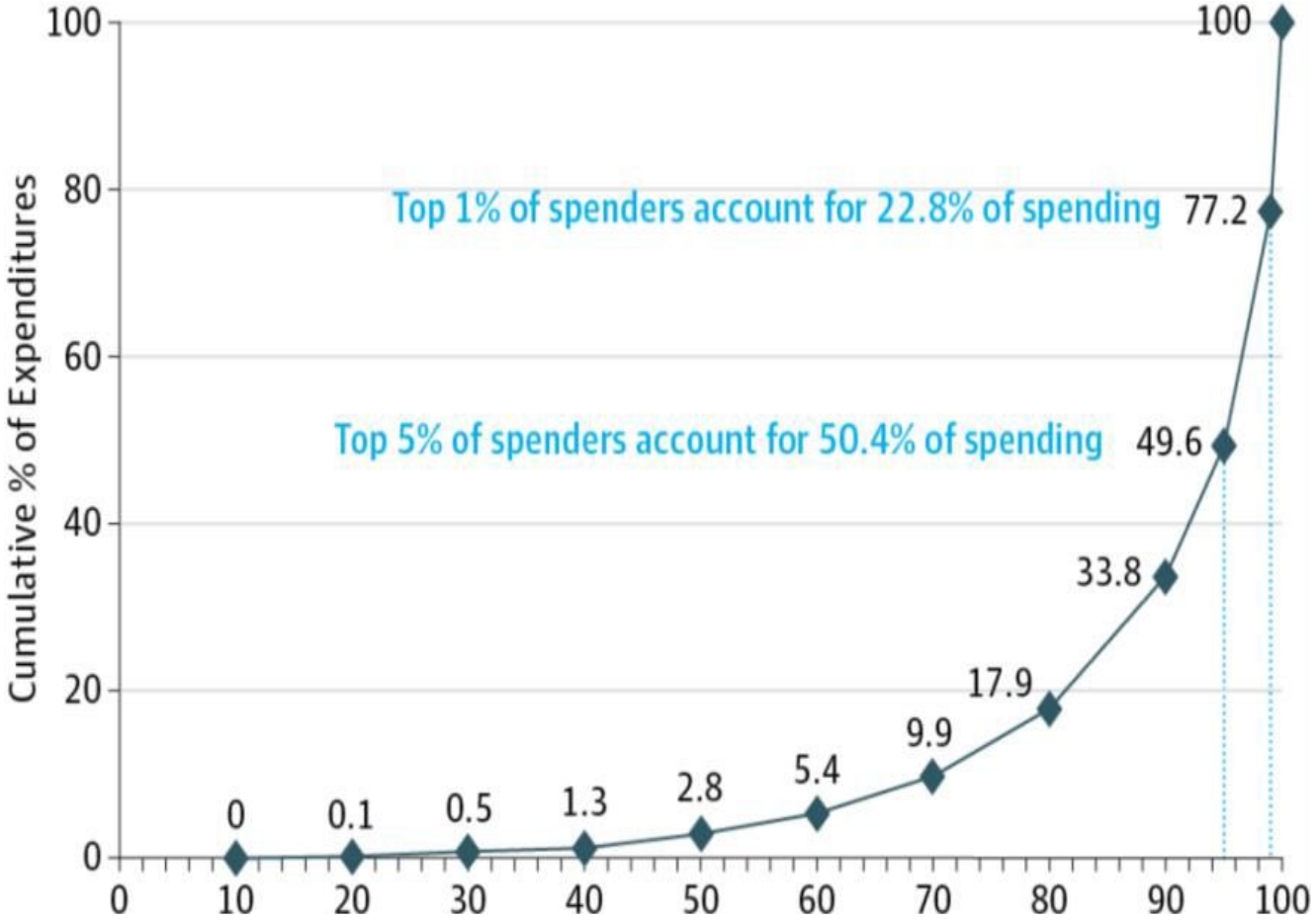
Revenue from other forms of payment

- Other alternative payment schemes (Start up funds, grants, Per Member Per Month) Ross KM, Gilchrist EC, Melek SP, Gordon PD, Ruland SL, Miller BF. Cost savings associated with an alternative payment model for integrating behavioral health in primary care. Translational Behavioral Medicine 2018:274-281

- Value based payments – Said to be the future. Payment for keeping patients healthy and meeting their needs. Designed to lower total medical costs.
  - Requires new data on quality to receive payments
  - Allows flexibility about program design so many services that are “therapeutic” but are not “therapy” can be offered by non-licensed staff. (Care managers, Community Health Workers, navigators, health coaches.)

Distribution of Personal Health Care Spending in the US Civilian Non-institutionalized Population.

Dzau et al., 2017.



Delivery Features of Successful Care Models

(AHRQ Hybrid Review found more complex integrated programs are more effective)

Teamwork. Multidisciplinary care teams with a single, trained care coordinator as the communication hub and leader

Coordination. Extensive outreach and interaction among patient, care coordinator, and care team, with an emphasis on face-to-face encounters among all parties and collocation of teams

Responsiveness. Speedy provider responsiveness to patients and 24/7 availability

Feedback. Timely clinician feedback and data for remote patient monitoring

Medication management. Careful medication management and reconciliation, particularly in the home setting

Outreach. The extension of care to the community and home

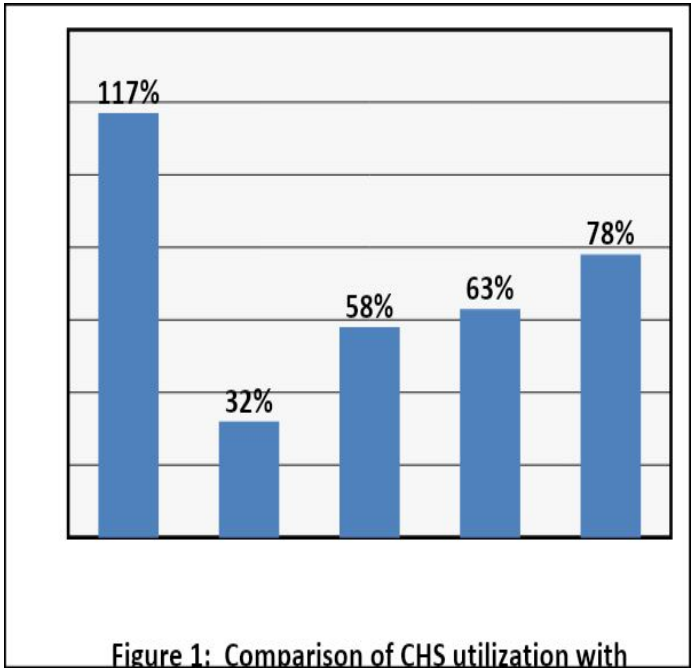
Integration. Linkage to social services

Follow-up. Prompt outpatient follow-up after hospital stays and the implementation of standard discharge protocols

Long, P., Abrams, M., Milstein, A., et.al. (2017). Effective Care for High-Need Patients. National Academy of Medicine, Washington: NAM.edu

Examples of Mature IBH Programs

Cherokee Health Systems, Tennessee
Earned payment flexibility from payors by savings in total cost



Health Center of Central Washington
https://www.chcw.org/

Behavioral Health Services contribute $400K to the bottom line After All Expenses.

Summary

- Take a proactive approach to developing a program that will serve the needs of your patient population.
- Avoid adopting productivity expectations you see from mature programs.
- Offer BHI targeted to primary care, not specialty mental health.
- Take the same proactive approach to researching payment sources and flexibility in the regulations in your payment environment.
- Make it a full organization endeavor, with billing and coding staff in regular communication with clinical staff.
- Set a multi-year ROI horizon.
- BHI will likely be a contributor to your organizational bottom line.

For more help in building a successful IBH program,

you can contact:

Alexander Blount, EdD

President, IntegratedPrimaryCare.com

ABlountEdD@gmail.com

Text 508 864-5032

IPC

www.integratedprimarycare.com

DISCUSSION

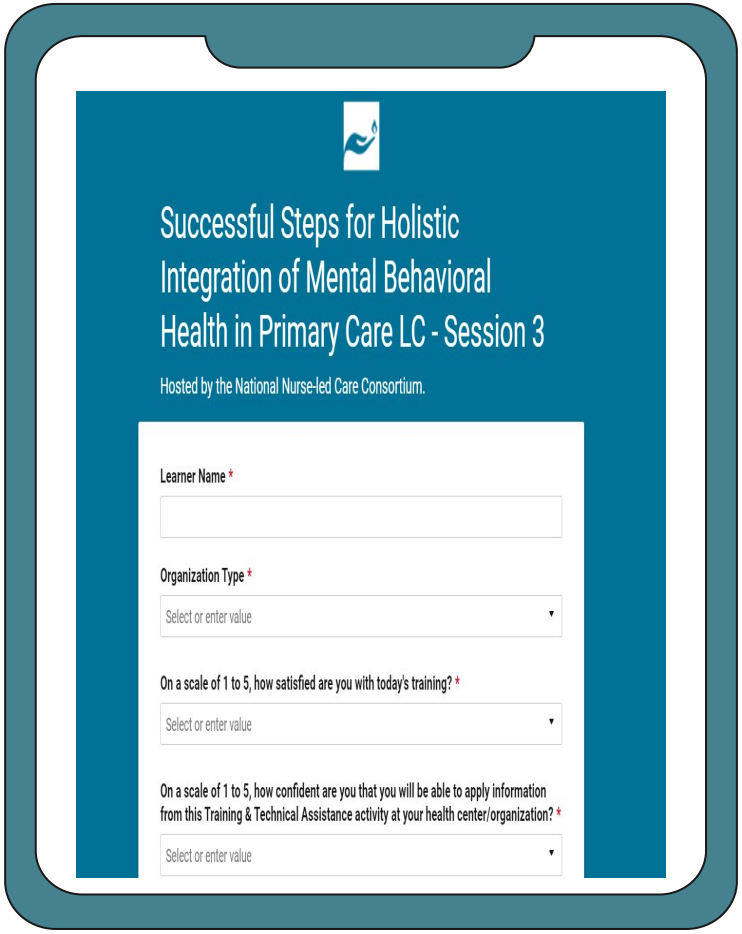
QUESTIONS

COMMENTS

Resources


NATIONAL
NURSE-LED CARE
CONSORTIUM
a PHMC affiliate
National Health Center Week 2018
Celebrating Health Centers: Home
of America's Health Care Heroes
03:02

Evaluation Survey



Access T/TA Resources

HEALTH CENTER RESOURCE CLEARINGHOUSE

Upcoming Trainings

Future Trainings

- **Successful Steps for Holistic Integration of Mental and Behavioral Health in Primary Care-November 30 @ 1 PM EST**
- **Title:** *Using Quality Improvement Techniques to Support Integrated Care Implementation*
- This segment delves into various quality improvement techniques. Participants will learn how to effectively apply the Plan-Do-Study-Act (PDSA) cycle to bring about meaningful change within their healthcare settings. Practical tools and real-world examples will guide participants in identifying areas for improvement and implementing evidence-based strategies.

Registration: https://uso2web.zoom.us/webinar/register/WN_Sa-mTgAMTYKywm9ERUq7v9#/registration

Thank You!

If you have any further questions or concerns please reach out to Fatima Smith fasmith@phmc.org.