Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Practice Innovation Program
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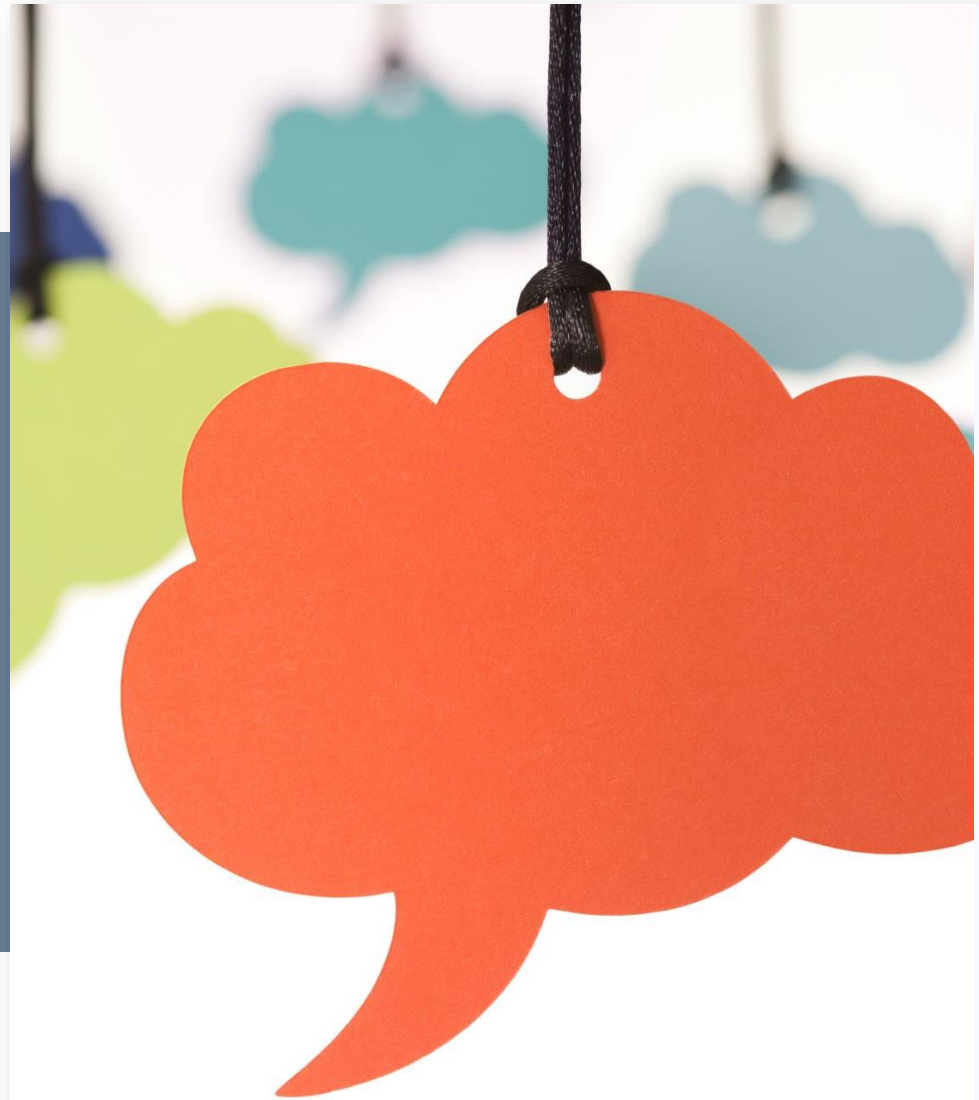
WELL BEING TRUST

The Building Blocks of Behavioral Health Integration

Stephanie Kirchner, RD, MSPH
Perry Dickinson, MD

Along with:
Stephanie Gold, MD
Emma Gilchrist, MPH
Bahroze Rakeen, MA
Larry Green, MD

Acknowledgments: CJ Peek, key informant interviewees, PCC BHI Workgroup



Call Instructions:

Please

- **Mute your phone, microphone, and speakers on your computer/device**
- ***Enter your name, pronouns and organization in the chat box feature***
- ***We encourage active participation via Chat or audio***
  - **Submit questions via the chat box feature**
    - ***Questions will be answered as submitted***
  - ***Unmute yourself to ask question and participate in discussions***

Time to ask questions via audio will be offered for those on the phone

- *6 - Toggle mute/un-mute
- *9 - Toggle raise/lower hand

…the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

Why Create Building Blocks of BHI?

- Behavioral health needs are common
- Primary care and behavioral health are inseparable
- Integrating behavioral health and primary care is effective
- Current payment mechanisms limit the expansion of behavioral health integration
- Payers want demonstrated accountability to standardized care delivery expectations

Behavioral health integration improves outcomes

STUDIES SHOW:

Over half of patients with a PHQ-9 score of ≥10 at baseline had a reduction of **≥ 5-points after receiving integrated care,** a clinically meaningful improvement.[1]

Youth had a 66% probability of having a better behavioral health outcome if they received integrated care.[2]

Adults with depression were **31% more likely** / Adults with anxiety were **41% more likely**

to have improved outcomes with collaborative care in comparison to usual care[3]

1. Balasubramanian BA, Cohen DJ, Jetelina KK, Dickinson LM, Davis M, Gunn R, Gowen K, Miller BF, Green LA. Outcomes of Integrated Behavioral Health with Primary Care. The Journal of the American Board of Family Medicine. 2017 Mar 1;30(2):130-9.
2. Asarnow JR, Rozenman M, Wiblin J, Zeltzer L. Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis. JAMA Pediatr. 2015;169(10):929-937.
3. Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews. 2012;10.

Behavioral health integration saves money

STUDIES SHOW:

Cost savings of 5%-10%
for patients receiving collaborative care
over a 2-4 year period.[1]

Estimated $860 per member per year cost savings
for patients receiving integrated services in one large primary care clinic.[2]

ROI of over $2:1 for investment
in integration in 3 practices after 18 months.[3]

1. Melek SP, Norris DT, Paulus J. Economic impact of integrated medical-behavioral healthcare: Implications for psychiatry. Milliman American Psychiatric Association Report, April 2014.
2. Ross KM, Klein B, Ferro K, McQueeney DA, Gernon R, Miller BF. The cost effectiveness of embedding a behavioral health clinician into an existing primary care practice to facilitate the integration of care: a prospective, case-control program evaluation. Journal of Clinical Psychology in Medical Settings.2018.
3. Ross KM, Gilchrist EC, Melek S, Gordon P, Ruland S, Miller BF. Cost savings associated with an alternative payment model for integrating behavioral health in primary care. Translational Behavioral Medicine. 2018;9(2):274-281.

There is a lack of a framework independent of a particular model of integrated behavioral health care that is designed to allow for flexibility in approach, operationalizing a differential payment structure, and sets minimum standards for care delivery expectations.

Bipartisan Policy Center Behavioral Health Integration Task Force

Recommendation 1: Establish core service and quality standards to improve accountability for integrating care.

Grounding Principles

- Behavioral health and primary care services have both been chronically underfunded and traditionally separated in terms of training, delivery, payment, and administration.

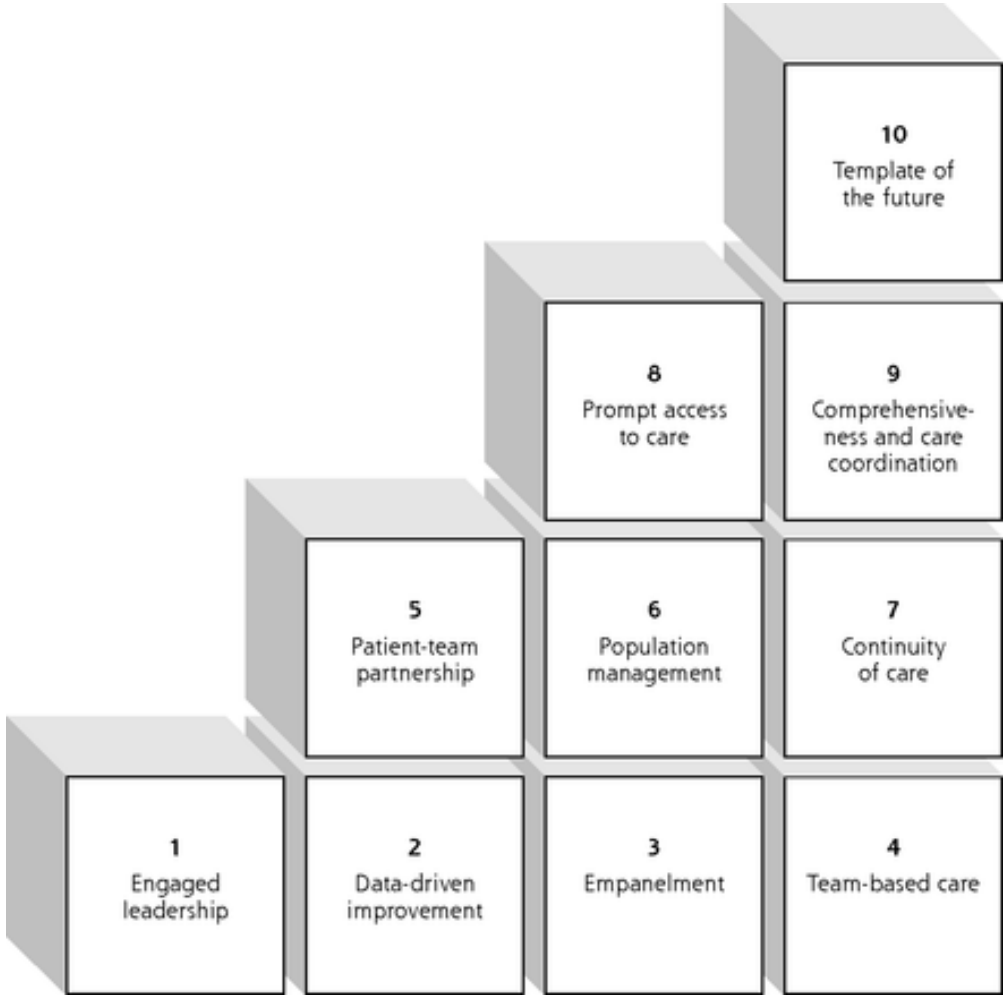
- Integrating behavioral health in primary care is not a small quality improvement project but a transformative undertaking for the entire practice.

- Practices implement integrated behavioral health using a variety of approaches. There is not a single model of integrated behavioral health that will be the right fit for all practices.

- Different approaches to integrated behavioral health will require different levels of resources, including financial support.

Framework Development

- Selection of a nationally recognized organizing scheme
- Development of behavioral health integration milestones for Colorado SIM
- Refinement of behavioral health integration milestones and categorization into different implementation approaches
- Review of other frameworks to identify gaps
- Vetting with multiple key informants from Colorado and nationally and further refinement based on feedback



The Building Blocks of Behavioral Health Integration

Components of Behavioral Health Integration

Foundational Care Delivery Expectations: requirements for any practice integrating behavioral health.

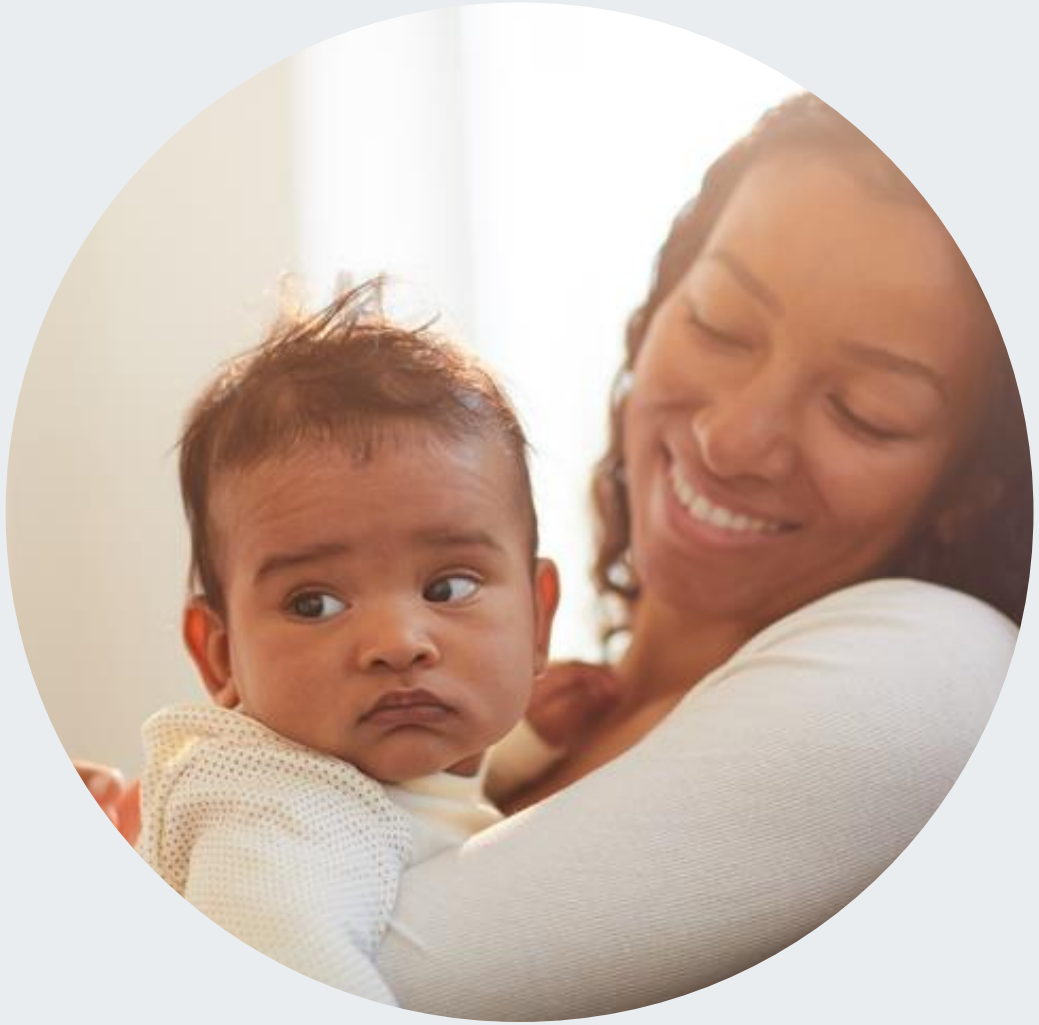
Additional care delivery expectations by components:

- **Advanced Coordination and Care Management**
- **Integrated Behavioral Health Professional**
- **Psychiatry Collaboration**
- **Advanced Care of Substance Use Disorders**

Components of Behavioral Health Integration

Foundational Care Delivery Expectations:

- Patients who will benefit from services identified through universal screening
- Behavioral health care provided within the practice and/or patients are linked to outside resources
- Careful follow-up of patients, whether receiving care in the practice or referred to outside services
- Measures specific to behavioral health integration are tracked and reviewed regularly



Components of Behavioral Health Integration

Advanced Coordination and Care Management:

- Practice develops shared expectations and exchanges information with behavioral health providers
- Practice manages a registry of patients with target behavioral health condition(s)
- Practice screens for social needs and links patients and families to services

Components of Behavioral Health Integration

Integrated Behavioral Health Professional:

- An integrated behavioral health professional (which could be a psychologist, licensed clinical social worker or other licensed professional) works as part of the primary care team.
- The integrated behavioral health professional provides counseling, diagnostic support, crisis management, and behavior change support in partnership with the primary care provider.
- Services can be provided in person or via telehealth. Tele-integration models are emerging.
- For smaller, independent and/or rural practices, a behavioral health professional may be shared across practice sites.

Components of Behavioral Health Integration

Psychiatry Collaboration:

- They may provide direct patient care either in person or via telehealth.
- Or, a psychiatrist can support complex diagnostic evaluation and medication management, providing consultation to the primary care provider.
- Key part of the collaborative care model – regular interactions between a psychiatrist and a care manager or clinician from the practice to review treatment plans and patient response and modify regimens as needed

Components of Behavioral Health Integration

Advanced Care of Substance Use Disorders:

- Added services for substance use disorder are increasingly important and worth dealing with beyond other integrated services
- The primary care provider prescribes medication for substance use disorders including tobacco use disorder, alcohol use disorder, and opioid use disorder.
- Counseling related to substance use disorders is provided in the practice or coordinated with resources outside of the practice.

Framework Excerpt

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Leadership	• Practice has defined mission and vision related to meeting behavioral health needs and a defined behavioral health champion or team. • Practice has budget with allocated resources for transformation and quality improvement work related to behavioral health, including behavioral health professional(s) if part of the care team, that incorporates planning for sustainability of services.	*No component-specific expectations.*
Data Driven Quality Improvement	• Practice, including any behavioral health professionals, meets regularly (minimum monthly) to review data and processes for quality improvement including those related to behavioral health efforts. Where available, practice reviews data disaggregated by subpopulations to identify and address disparities. • Practice collects and reports on measures specific to behavioral health efforts and tracks performance relative to targets. This includes tracking reach (level 1–proportion of target population screened; level 2–proportion of positive screens that are addressed) and outcomes with validated measures such as the PHQ-9, GAD-7, and Edinburgh maternal depression scale. In practices caring for children, this includes developmental screening. • Practice collects and reports on holistic patient-reported measures of experience of care, access to care, and/or patient-reported functioning or quality of life.	• **Advanced Coordination and Care Management**—Includes tracking rates of follow up after behavioral health related emergency department visits or hospitalizations. • **Integrated Behavioral Health Professional**—Includes tracking adequate FTE and availability of appointments with behavioral health provider. • **Psychiatry**—Includes tracking adequate FTE and availability of consultation with psychiatrist. • **Advanced Care of Substance Use Disorders**—Includes tracking of outcomes related to patient initiation and engagement in substance use disorder treatment and follow up after substance use disorder-related hospitalizations.

How this framework is different

1. Components of different approaches to integrated behavioral health are separated so that:
   - Practices can flexibly choose their approach depending on their resources and patient needs
   - Levels of financial support can be designed to match the selected approach
2. Not specific to a certain model of behavioral health integration
3. Not particular to a specific behavioral health diagnosis, reflects the wide spectrum of behavioral health services that can be provided in primary care
4. A core set of foundational expectations are established
5. Driven by practice-based evidence and experience and refined through input from key informants of diverse roles and backgrounds
6. The use of the building blocks as the overall organizing scheme allows for these behavioral health care delivery expectations to be overlaid on other work to advance primary care practice

Practice Examples

Practice A

Small independent primary care practice in a rural area

Priority: high rates of substance use disorder (SUD)

Chooses to implement the advanced care of substance use disorders

All patients > 12 screened for SUDs, and those with needs are offered treatment within the practice.

Establishes relationship with local community-based peer support organization for coordinating referrals

Practice B

Midsize primary care practice

Priority: most patients referred to behavioral health not getting connected

Chooses to implement integrated behavioral health professional and advanced coordination and care management components

All patients screened for depression and anxiety, and those with needs are offered treatment with both medication and counseling within the practice.

Behavioral health professional also available for counseling for other needs that do not fit a diagnosis (eg lifestyle counseling, medication adherence)

Care compact established with local mental health center to develop expectations for mutual patients

Practice C

Large urban primary care practice

Priority: large population of patients with serious mental illness as well as medical co-morbidities that prefer to receive their care in one place.

Chooses to implement the psychiatry component

Psychiatrist comes to the practice twice a month to provide direct patient care, available during the rest of the month for electronic consultations on initiating and adjusting psychiatric medications.

Once a month when the psychiatrist is at the practice, the providers meet together over lunch for a case conference to review particularly challenging cases.

Application to Payment Models

Support for upfront transformation

- Forgivable loans
- Support for practice facilitation

Prospective payment for ongoing costs

- PMPM or calculated lump sum payments
- For entire population
- Risk-adjusted

Accountability

Attestation

- Signed declaration of practice capacities
- Site visits for auditing

Measure outcomes

- Reach
- Patient experience
- Access
- Monitoring progress – patient outcomes

Thank you!

For more information, contact: Perry.Dickinson@cuanschutz.edu, Stephanie.Kirchner@cuanschutz.edu, or Stephanie.Gold@cuanschutz.edu

Appendix: Complete framework

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Leadership	• Practice has defined mission and vision related to meeting behavioral health needs and a defined behavioral health champion or team. • Practice has budget with allocated resources for transformation and quality improvement work related to behavioral health, including behavioral health professional(s) if part of the care team, that incorporates planning for sustainability of services.	*No component-specific expectations.*
Data Driven Quality Improvement	• Practice, including any behavioral health professionals, meets regularly (minimum monthly) to review data and processes for quality improvement including those related to behavioral health efforts. Where available, practice reviews data disaggregated by subpopulations to identify and address disparities. • Practice collects and reports on measures specific to behavioral health efforts and tracks performance relative to targets. This includes tracking reach (level 1–proportion of target population screened; level 2–proportion of positive screens that are addressed) and outcomes with validated measures such as the PHQ-9, GAD-7, and Edinburgh maternal depression scale. In practices caring for children, this includes developmental screening.	• **Advanced Coordination and Care Management**—Includes tracking rates of follow up after behavioral health related emergency department visits or hospitalizations. • **Integrated Behavioral Health Professional**—Includes tracking adequate FTE and availability of appointments with behavioral health provider.

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Data Driven Quality Improvement *Continued.*	• Practice collects and reports on holistic patient-reported measures of experience of care, access to care, and/or patient-reported functioning or quality of life.	• **Psychiatry**—Includes tracking adequate FTE and availability of consultation with psychiatrist. • **Advanced Care of Substance Use Disorders**—Includes tracking of outcomes related to patient initiation and engagement in substance use disorder treatment and follow up after substance use disorder-related hospitalizations.
Team-Based Care	• Practice has clearly defined roles, responsibilities, and workflows related to behavioral health services. • Practice incorporates behavioral health training into onboarding and ongoing professional development efforts, including for primary care providers and all clinic staff.	• **Advanced Coordination and Care Management**—Includes roles, responsibilities, and workflows related to registry management, planned approach to communication and shared care plans.

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Team-Based Care *Continued.*		**Integrated Behavioral Health Professional** • In addition to defined roles and responsibilities, practice develops planned approach to communication and development of shared care plans. • The behavioral health provider shares integrated workspace within the practice if providing in-person services. • Schedules for behavioral health providers allow for warm handoffs and real-time consultations in addition to appointments. • Integrated behavioral health providers support and participate in educational efforts for primary care providers and clinic staff. • **Psychiatry**—In addition to defined roles and responsibilities, practice develops planned approach to communication (delineation of asynchronous vs real time communication) and shared care plans.

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Patient and Family Engagement	• Practice educates patients and family members/ caregivers on availability of behavioral health services, including substance use disorder services. • Practice obtains feedback from patients and/or caregivers/family members on behavioral health services. Feedback may be obtained through patient experience surveys, Patient and Family Advisory Councils (PFACs), or focus groups. If establishing a PFAC, practice takes steps to ensure those participating reflect the diversity of the practice population. • Practice routinely provides self-management support (including caregiver/family support) and/or incorporates principles of shared decision making for patients with behavioral health issues as well as those without identified behavioral health issues to work towards goals that support wellness and prevention of illness.	*No component-specific expectations.*

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Population Management	• Practice identifies patients who need or would benefit from behavioral health services, including through universal screening for at least one priority mental health condition, one priority substance use condition, and one lifestyle behavior. • Practice ensures positive screens are offered treatment within the practice or referred to appropriate services outside of the practice. • Practice reassesses symptoms, side effects, complications, and treatment adherence at regular intervals and utilizes evidence-based stepped care guidelines in adjusting treatment plans if patients are not improving as expected. Practice considers individual patient barriers to treatment.	**Advanced Coordination and Care Management** • Practice maintains registry of patients with target behavioral health condition(s). • Practice conducts proactive outreach to reassess symptoms and ensure follow-up for patients that are not improving. • Practice risk-stratification processes incorporate behavioral health diagnoses and health-related social needs.

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Access	• The practice ensures physical spaces and services are accessible and responsive to patients' and families' disability status, sexual orientation and gender identity, racial and ethnic backgrounds, cultural health beliefs and practices, preferred languages, and health literacy. • Patients are able to receive behavioral health services by either audio-only or audio-visual telehealth and communicate asynchronously with providers. Video visits are not a requirement.	• **Integrated Behavioral Health Professional**—Practice assesses access to behavioral health services for its patients through availability of appointments. Practice ensures availability of urgent (within 1 week) behavioral health appointments. • **Psychiatry**—If providing on-site or telepsychiatry direct patient services, practice assesses access to behavioral health services for its patients through availability of appointments. • **Advanced Care of Substance Use Disorders**—Practice assesses access to substance use treatment services through availability of appointments.

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Comprehensiveness and Care Coordination	• The primary care provider diagnoses and offers medication management for mild to moderate behavioral health conditions and links patients to therapy and/or specialty mental health settings as indicated. • Practice has referral pathways for patients with behavioral health conditions including potential referral sources for populations with specific needs (e.g. LGBTQIA+ friendly). • Practice ensures primary referral sources have appointment availability and are accepting new patients. • Practice tracks proportion of behavioral health referrals where patients successfully complete an initial appointment. • Practice provides crisis resources and referrals as indicated. • In pediatric practices, the practice has developed protocols for care transitions to adult behavioral health services.	**Advanced Coordination and Care Management** • Practice provides brief interventions (such as problem-solving treatment) in parallel with population health management. • Practice contacts patients within 3 business days of behavioral health-related emergency department visits or hospitalizations. • Practice has care compact or other collaborative agreement in place with at least one behavioral health group or practice which covers timely access, communication, and coordination of services. • Practice routinely assesses patients for social needs and links them (or offers links) to appropriate community resources, including those that support behavioral health and wellness.

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Comprehensiveness and Care Coordination *Continued.*		**Advanced Coordination and Care Management** *Continued.* • Practice partners with at least one community organization or local agency (e.g. social services providers, schools, child welfare) to improve bidirectional communication regarding patient population needs. • Behavioral health care management is documented in a shared EHR or other mechanism to share care plans and patient information.

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Comprehensiveness and Care Coordination *Continued.*		**Integrated Behavioral Health Professional** • Behavioral health providers deliver therapy, diagnostic support, crisis management, and behavioral change management support for any patient in the practice. This care may address mental health and substance use conditions, health behaviors, life stressors and crises, stress-related physical symptoms, developmental transitions, and ineffective patterns of health care utilization. • Behavioral health and primary care providers use a shared EHR or other mechanism to document shared care plans and patient information. Care plans include patient goals, treatment plans, and relapse prevention plans, where relevant.

Continues.

Building Block	Foundational Care Delivery Expectations *Recommended requirements for any practice integrating behavioral health*	Additional Care Expectations by Selected Components of BHI
Comprehensiveness and Care Coordination *Continued.*		**Psychiatry** • Psychiatrists support complex medication management and diagnostic support. If implementing the Collaborative Care Model, the psychiatrist regularly reviews the behavioral health registry and provides recommendations. • Behavioral health and primary care providers use a shared EHR or other mechanism to document shared care plans and patient information. Care plans include patient goals, treatment plans, and relapse prevention plans, where relevant. **Advanced Care of Substance Use Disorders** • Practice provides medication management for tobacco use disorder, opioid use disorder, and alcohol use disorder, which may include outpatient management of alcohol withdrawal. • Practice provides or refers patients to substance use disorder counseling. Practice provides resources on peer support groups.

PF/PTO Opportunities

ISP Practice Highlights

- We have an opportunity to showcase the value of ISP and practice facilitation to HCPF so we're looking for great practice stories to highlight, particularly showing the value of the work to Medicaid populations (but this isn't required). They can be from any year of ISP. Please contact Kristin Crispe at KRISTIN.CRISPE@CUANSCHUTZ.EDU

April 12th ISP PTO topic: "Staff and Provider (dis)Engagement – working to solve the Great Resignation" with Pam Ballou Nelson

- Looking for at least 2 PTO volunteers working on or planning to work on staff and provider engagement activities OR know of practices currently working on these issues
- Pam would like to partner with you to discuss this work – she will contact you directly to sort out additional details