Three World Concept of Behavioral Health and Primary Care Integration – Part 3 The Clinician Perspective

Colorado Behavioral Health Association

October 3, 2010

Lexicon Part I:

A Family Tree of Related Terms in use in the field of Collaborative Care

C.J. Peek with the CCRN Research Conference Program Committee

This page intended to be printed on 8.5 x 14 paper

Mental Health Care

"Broad array of services & treatments to help people with mental illnesses & those at particular risk of developing them—to suffer less emotional pain and disability and live healthier, longer, more productive lives. A variety of caregivers in diverse, independent, loosely coordinated facilities & services—public and private—often referred to collectively as the de facto MH service system (Regier et al., 1978; Regier et al., 1993).

- *Specialty MH sector:* MH professionals trained specifically to treat people with mental disorders in public or private practices, psychiatric units, general hospitals or tx centers
- *General medical/PC sector:* Healthcare professionals such as physicians and NP's in clinics, hospitals, nursing homes.
- *Human services sector:* Social services, school-based counseling, residential rehab, vocational rehab, criminal justice/prison-based services, religious professional counselors.
- Voluntary support network sector: Self-help groups such as 12-step programs, peer counselors"

SAMHSA,mentalhealth.samhsa.gov/features/surgeongeneralreport/chapter6/sec1.asp

Chemical Dependency / SA Care

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks, and live healthier, longer, more productive lives.

Provided by 1) specialty addictions or substance abuse clinicians or counselors in SA tx clinics or settings, 2) clinicians or counselors in general medical or hospital settings, and 3) human services contexts such as schools, rehabilitation centers, criminal justice system or religious-based counseling and 4) the voluntary support networks such as 12-step programs and peer counselors.

(Adapted from SAMHSA def. for MH Care)

Behavioral Health Care

Care that addresses a client's behavioral issues bearing on health (not only mental illnesses) via clinicians such as psychiatrists, psychologists, social workers, psychiatric nurse practitioners, marriage & family counselors, professional clinical counselors, licensed drug/alcohol abuse counselors & other MH professionals. (McGraw-Hill Concise Dictionary of Modern Medicine, 2002)

Co-located Care

BH and PC providers (i.e. physicians, NP's) delivering care in same practice; describes where services are provided rather than being a specific service. However, co-location employs a referral process, which may begin as medical cases are transferred to BH (Blount, 2003).

Shared Care

Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in a shared system, maintaining 1 treatment plan addressing all patients' health needs in a shared med record (e.g. Craven & Bland, 2006)

Consultation / Liaison

Activities of psychiatry, psychology, or nursing that specialize in the interface between medicine & MH, usually in a hospital or medical setting. Role is to see patients in medical settings by request of medical clinicians as a "consult". (Adapted from Wikipedia)

Coordinated Care*

BH providers and PCPs practice separately within their respective systems. Info regarding mutual patients exchanged as needed, and collaboration is limited outside of the initial referral (Blount, 2003).

Collaborative Care*

An overarching term describing ongoing relationships between clinicians (e.g., BH and PC) over time (Doherty, McDaniel, & Baird, 1996). Not a fixed model, but a larger construct consisting of various components which when combined create models of collaborative care. (Craven & Bland, 2006; Peek, 2007).

Primary Care Behavioral Health

"…Recent term for new relationships emerging between specialty MH services and PC. *Primary behavioral healthcare* refers to at least three related activities: 1) behavioral healthcare delivered by PC clinicians, 2) specialty behavioral healthcare delivered in the PC setting, and 3) innovative programs that integrate elements of PC and specialty behavioral healthcare into new formats…"
(Sabin JE & Borus JF; 2009. Changing Roles in Primary Behavioral Healthcare. Chap in "Textbook of administrative psychiatry: New concepts for a changing behavioral health system"; JA Talbott & RE Hales, Eds)

Integrated Primary Care

Combines medical & BH services for the spectrum of problems that patients bring to primary medical care. Because most patients in PC have a physical ailment affected by stress, problems maintaining healthy lifestyles or a psychological disorder, it is clinically effective & cost-effective to make BH providers part of PC. Patients can feel that for any problem they bring, they have come to the right place. Teamwork of MH & medical providers is an embodiment of the biopsychosocial model. (Blount; www.integratedprimarycare.com)

Integrated Care*

Tightly integrated, on-site teamwork with unified care plan. Often connotes organizational integration as well, perhaps involving social & other services (Blount, 2003; Blount et al., 2007).

"Altitudes" of integration (SAMHSA):

- *Integrated treatment:* Interactions between clinicians to address pt. needs combining interventions for MH disorders in a primary treatment relationship or service setting.
- *Integrated program:* An organizational structure that ensures staff & linkages with other programs to address all patient needs.
- *Integrated system:* Organizational structure that supports array of programs for individuals with different needs through funding, credentialing, licensing, data collection/reporting, needs assessment, planning, and other operational functions.

Behavioral Medicine

"An interdisciplinary field of medicine concerned with the development and integration of psychosocial, behavioral and biomedical knowledge relevant to health and illness. (Wikipedia)

Care Management*

Specific type of service, often disease specific (e.g. depression, congestive heart failure) whereby a BH clinician, usually a nurse or other non-physician, provides assessment, intervention, care facilitation, and follow up (e.g., Belnap et al., 2006).

Patient-Centered Medical Home

"An approach to comprehensive PC for children, youth and adults—a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family". (Joint Princ of PCMH, 2007)

Family-Centered Medical Home

Family-centered version of "medical home"; emphasize parents and families who play a large role in child health and mental health and who are also "the client" in child / pediatric settings.

Person-Centered Health Care Home

Variation emphasizing BH in PC and PC in specialty MH settings (Mauer-NCCBH)

Patient-Centered Care

"Care that is respectful of and responsive to individual patient preferences, needs, and guides all clinical decisions" (Institute of Medicine, 2001)

* A special case or subset of a much larger concept in use across the larger field of healthcare.

Three World Model

- C. J. Peek suggests that in order to impact healthcare, three worlds must be addressed simultaneously
  - Clinical – What do we do?
  - Operational – How do we do it and support it?
  - Financial – What is the return on investment and cost?

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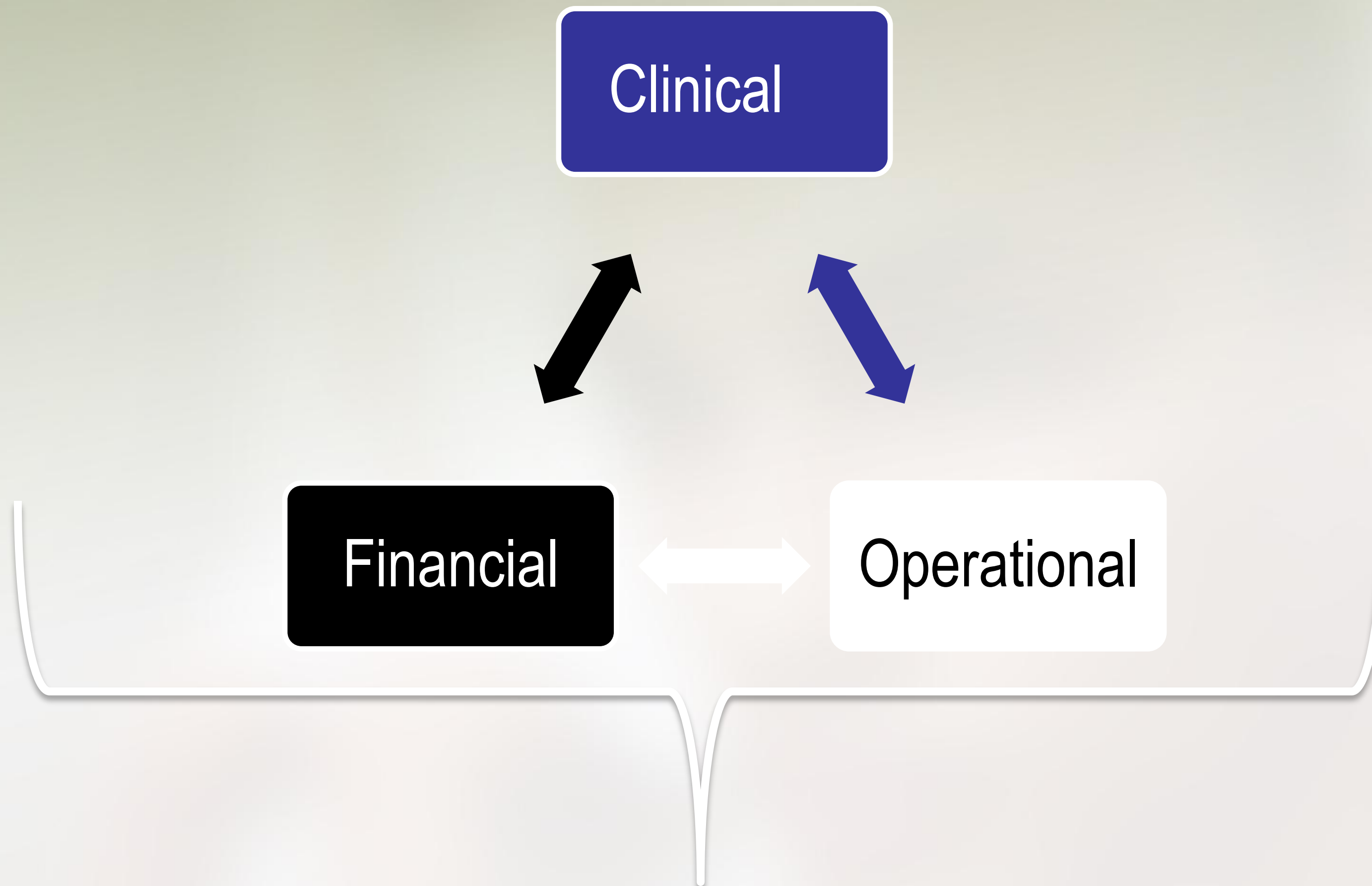


Operational World

- How is care organized? Where is it provided?
  - Patient Centered Health Care Home
  - Levels of Collaboration

The Patient Centered Medical/Healthcare Home

- American Academy of Family Physicians Definition: “A place that integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes”. (http://www.aafp.org/online/en/home/policy/policies/p/patientcenteredmedhome.html
- National Council Definition Adds: use of the word “healthcare” home to insure that behavioral health is included

Function	Minimal Collaboration	Basic Collaboration from a Distance	Basic Collaboration On-Site	Close Collaboration/ Partly Integrated	Fully Integrated/Merged
THE CONSUMER and STAFF PERSPECTIVE/EXPERIENCE					
Access	Two front doors; consumers go to separate sites and organizations for services	Two front doors; cross system conversations on individual cases with signed releases of information	Separate reception, but accessible at same site; easier collaboration at time of service	Same reception; some joint service provided with two providers with some overlap	One reception area where appointments are scheduled; usually one health record, one visit to address all needs; integrated provider model
Services	Separate and distinct services and treatment plans; two physicians prescribing	Separate and distinct services with occasional sharing of treatment plans for Q4 consumers	Two physicians prescribing with consultation; two treatment plans but routine sharing on individual plans, probably in all quadrants;	Q1 and Q3 one physician prescribing, with consultation; Q2 & 4 two physicians prescribing some treatment plan integration, but not consistently with all consumers	One treatment plan with all consumers, one site for all services; ongoing consultation and involvement in services; one physician prescribing for Q1, 2, 3, and some 4; two physicians for some Q4: one set of lab work
Funding	Separate systems and funding sources, no sharing of resources	Separate funding systems; both may contribute to one project	Separate funding, but sharing of some on-site expenses	Separate funding with shared on-site expenses, shared staffing costs and infrastructure	Integrated funding, with resources shared across needs; maximization of billing and support staff; potential new flexibility
Governance	Separate systems with little of no collaboration; consumer is left to navigate the chasm	Two governing Boards; line staff work together on individual cases	Two governing Boards with Executive Director collaboration on services for groups of consumers, probably Q4	Two governing Boards that meet together periodically to discuss mutual issues	One Board with equal representation from each partner
EBP	Individual EBP's implemented in each system;	Two providers, some sharing of information but responsibility for care cited in one clinic or the other	Some sharing of EBP's around high utilizers (Q4) ; some sharing of knowledge across disciplines	Sharing of EBP's across systems; joint monitoring of health conditions for more quadrants	EBP's like PHQ9; IDDT, diabetes management; cardiac care provider across populations in all quadrants
Data	Separate systems, often paper based, little if any sharing of data	Separate data sets, some discussion with each other of what data shares	Separate data sets; some collaboration on individual cases	Separate data sets, some collaboration around some individual cases; maybe some aggregate data sharing on population groups	Fully integrated, (electronic) health record with information available to all practitioners on need to know basis; data collection from one source

Collaboration

(Doherty, 1995; Doherty, McDaniel, & Baird, 1996)

5 — "seamless web of biopsychosocial services" providers and pt view team approach to care

4 — shared site; some systems in common (e.g. charting, scheduling)

3 — regular communication about shared patients (occasionally face to face – mostly letters, phone)

2 — separate systems/sites (telephone, letters) – communication driven by patient issues

1 — minimal collaboration – BH and MD work in separate facilities, systems, rarely communicate

The Clinical World

Evidence Based Practices In Behavioral Health

- Care Management Case Management
  - More emphasis on physical health issues in our work
  - Health Navigator Role
    - Include health issues in treatment plan – shared care plan (diabetes, weight loss, smoking, obesity, blood pressure)
    - Assist with monitoring these health issues
    - Plan for health prevention activities (exercise, screenings)
    - Assist with getting and taking physical health care needs
    - Disease Management Protocols in Behavioral Health
    - Registries

Challenges for Case Managers/Care Managers

- Learning/training in health issues
- Adding this function into already full days
- Will electronic systems support this work?
- Will this work be paid for?
- How well do we take care of ourselves?

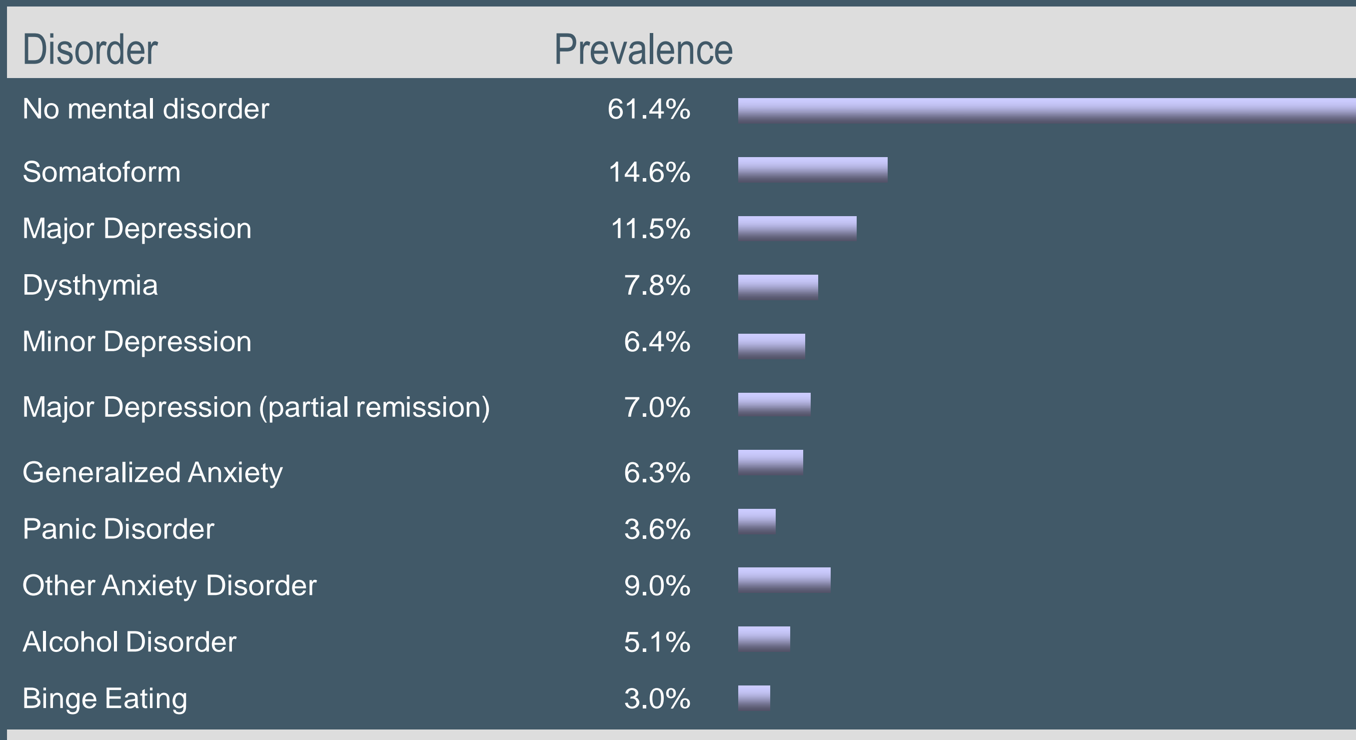
Why are we doing this?

- People are dying because we aren't doing it – we need to improve **health outcomes**
  - Issues with referrals
  - Stigma
- Mental Health is Health – Whole Health focus in Colorado
- Patient Centered Health Care Home Concept Nationally

Integration as Core Part of Recovery

- Where do most individuals get help for mental issues?
- Public Mental Health System is ***specialty care***
- Self Management is key in all healthcare – recovery is based on self management
- Its hard to recover from schizophrenia if you've died of a heart attack!

Prevalence of Psychiatric Disorders in Primary Care

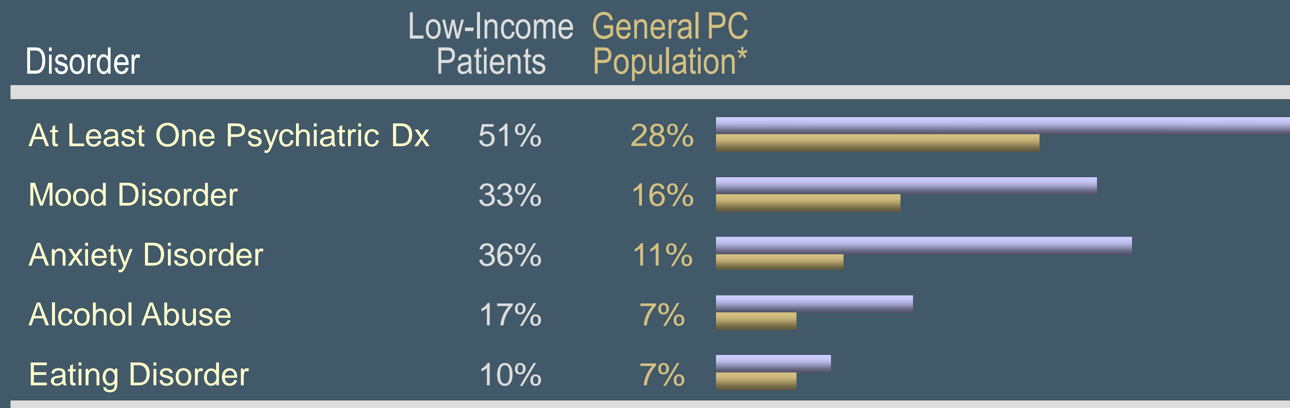


Disorder	Prevalence
No mental disorder	61.4%
Somatoform	14.6%
Major Depression	11.5%
Dysthymia	7.8%
Minor Depression	6.4%
Major Depression (partial remission)	7.0%
Generalized Anxiety	6.3%
Panic Disorder	3.6%
Other Anxiety Disorder	9.0%
Alcohol Disorder	5.1%
Binge Eating	3.0%

Source: Spitzer RL, Williams JBW, Kroenke K, *et al*. Utility of a New Procedure for Diagnosing Mental Disorders in Primary Care: The PRIME-MD 1000 Study. *Journal of the American Medical Association,* 272:1749, 1994.

Prevalence of Psychiatric Disorders in Low-income Primary Care Patients

- 35% of low-income patients with a psychiatric diagnosis saw their PCP in the past 3 months
- 90% of patients preferred integrated care
- Based on findings, authors argue for system change



Disorder	Low-Income Patients	General PC Population*
At Least One Psychiatric Dx	51%	28%
Mood Disorder	33%	16%
Anxiety Disorder	36%	11%
Alcohol Abuse	17%	7%
Eating Disorder	10%	7%

Source: Mauksch LB, et. Al. Mental Illness, Functional Impairment, and Patient Preferences for Collaborative Care in an Uninsured, Primary Care Population. *The Journal of Family Practice*, 50(1):41-47, 2001.

Evidence Based Practices in Primary Care

- IMPACT Model for the Treatment of Depression in Primary Care
- Disease Management Programs for Diabetes (American Association of Diabetes), COPD, Cardiac Care
- Short Term Solution Focused Therapy
- Robinson/Stroshal Behavioral Health Consultation Model

Cultural Differences

Traditional Thinking

- The primary care provider is THE leader of the team
- Pace of work
- Documentation
- Long term approach to services

New Approach

- The patient is the leader of the team; non-medical staff can consult
- Behavioral health adjusts to the PC pace
- BH documentation in the PC record
- Short term solution focused therapy

Role of the Physicians

Primary Care Physician

- Shared responsibility for consumer care
- Prescribing for BH as comfort develops
- One treatment plan
- One record for documenting

Psychiatrist

- Consulting role
  - Curbside consults
  - Case conferences
  - Available all hours clinic is open
  - Some (fewer) evaluations
- Training
  - Support Primary Care Physician in prescribing behavioral health meds
  - Combined Grand Rounds/Training

Role of the Behavioral Health Consultant in Primary Care

Systems Services

- Primary customers are the primary care provider
- Most breakdowns originate from a systems problem
- Address systems thinking
- Easy access to public BH system

Individual Services

- Short term solution focused therapy
- 1-3 Sessions
- Always available
- Consultation to the primary care provider
- Dually trained in MH and SA EBP’s

Keys to Successful Integration

- Use of consulting psychiatrist
- Care Management/Case Management Role
- Prescribing by the primary care provider

Reference: Gilbody, et. al., Archives of General Medicine: 2006.

What's Financing Got to Do With It?

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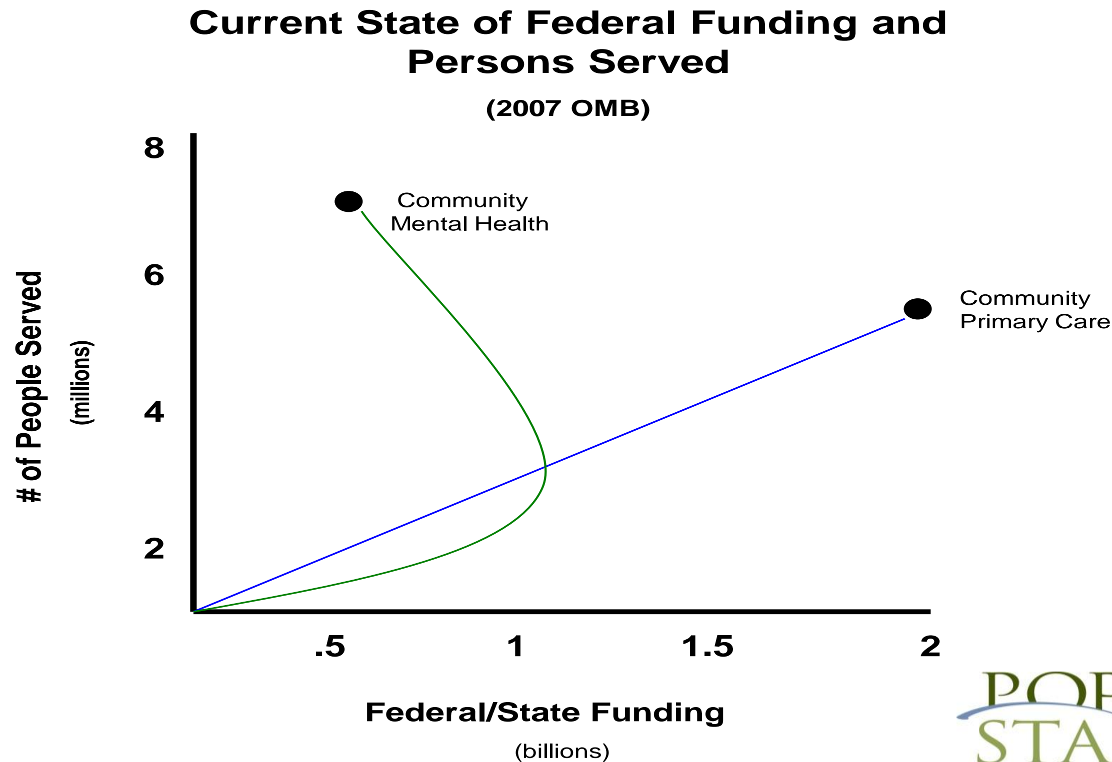
The State of Federal Financing



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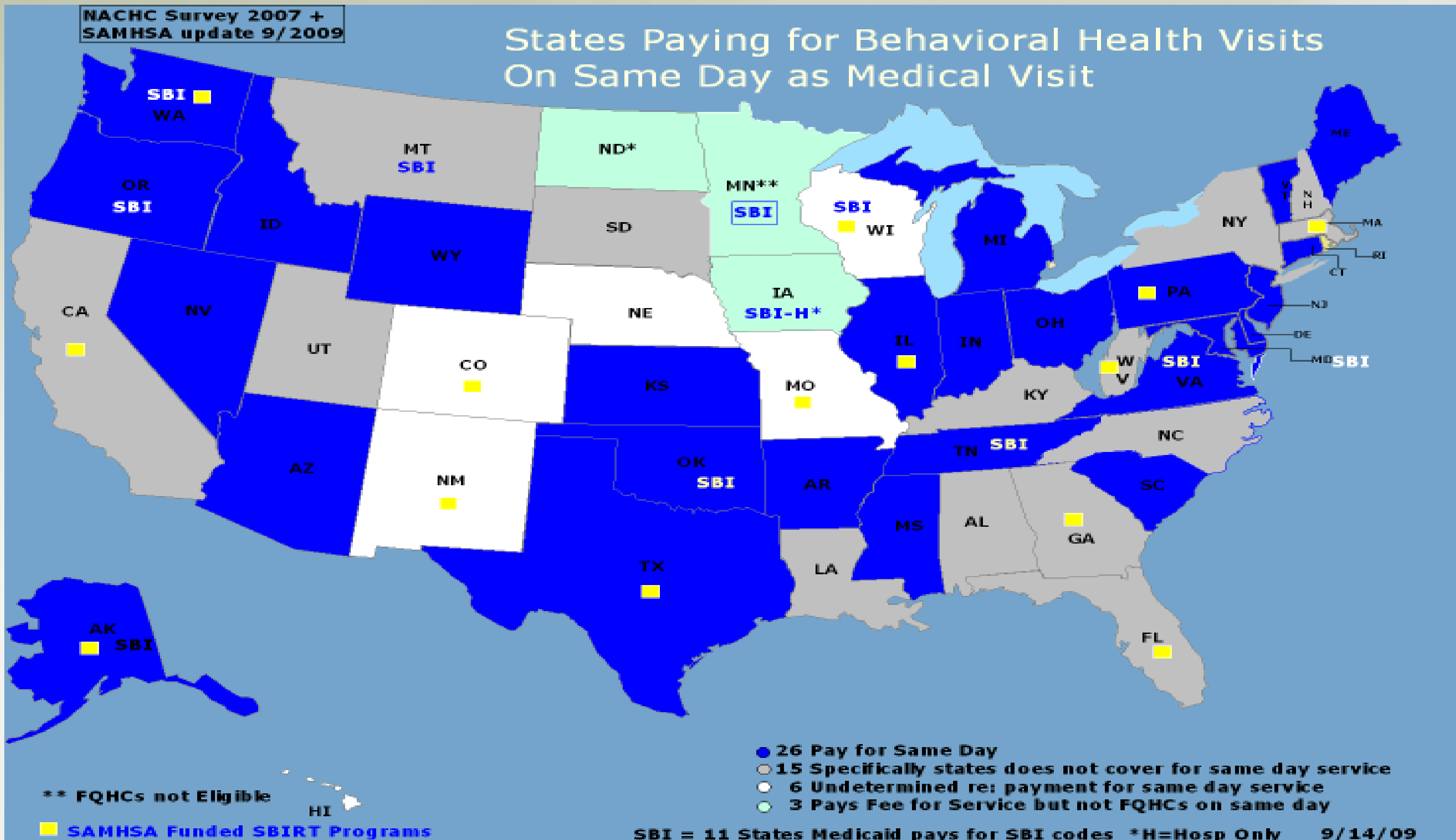
Two Services in One Day and SBIRT



SBIRT

Commercial Insurance	**CPT 99408**	**Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes**	**$33.41**
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$57.69
Medicaid	H0049	Alcohol and/or drug screening	$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	$48.00

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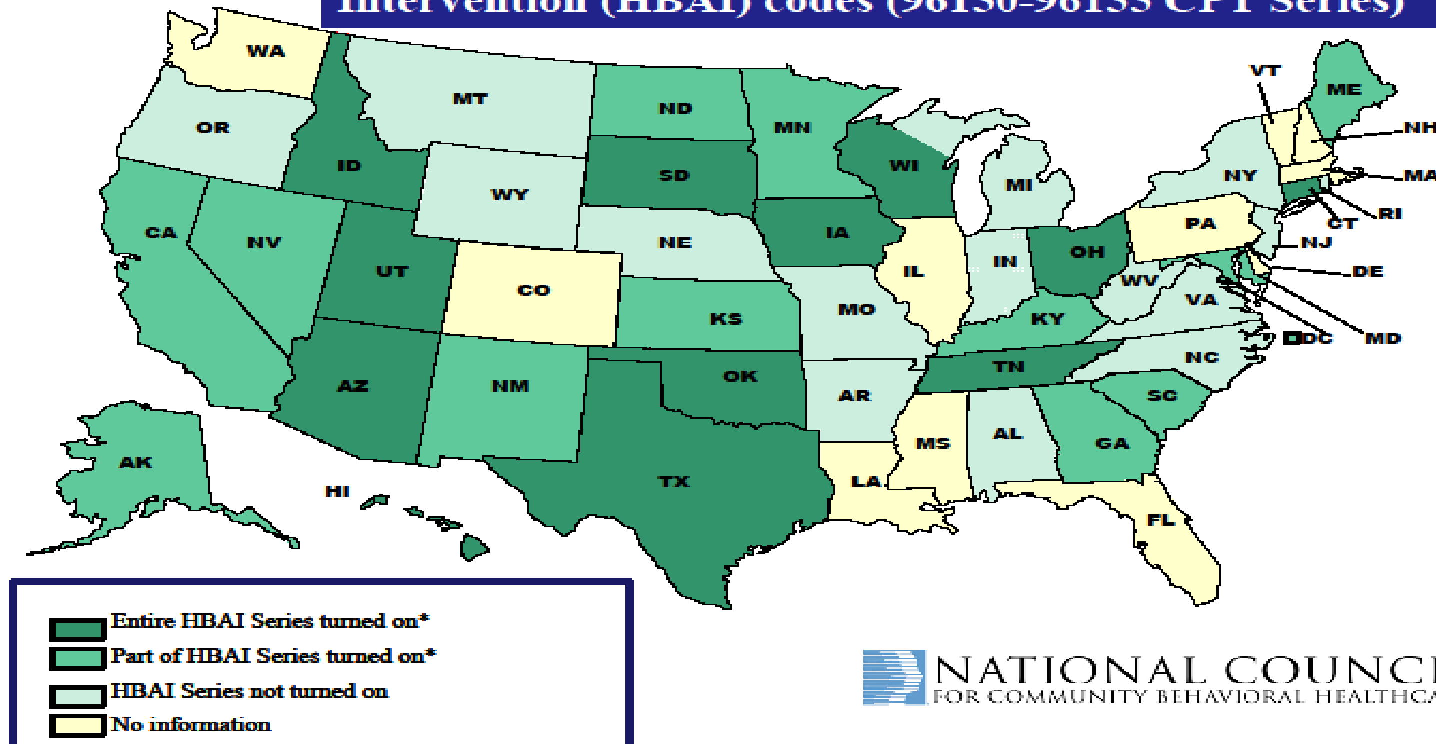
Health and Behavior Assessment Codes



Code Descriptions

Health and Behavior Assessment/Intervention (96150-96155)

Health and Behavior Assessment procedures are used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical health problems.

96150 – Initial Health and Behavior Assessment – each 15 minutes face-to-face with patient

96151 – Re-assessment – 15 minutes

96152 – Health and Behavior Intervention – each 15 minutes face-to-face with patient

96153 – Group (2 or more patients)

96154 – Family (with patient present)

96155 – Family (without patient present)

Additional FQHC Billing Options

- Encounters – regardless of length of time
- Enhanced Medicaid rate – wrap around rate
- Billing for BH staff is at encounter rate
- Federal Tort Liability insurance
- Expansion Grants for BH services
- Change of Scope for bringing primary care into behavioral health

Additional Information

- **Visit www.TheNationalCouncil.org/ResourceCenter for**
  - Practical resources including administrative, policy, and
  - clinical documents
  - News on the latest integration and collaboration research
  - Strategies for community engagement and policymaking
  - Information on available trainings and partner resources
  - Opportunities for online dialogue with primary care and behavioral health providers who are also exploring integration and collaboration efforts.

Contact Information

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