



Behavioral Health / Primary Care Integration

What does it mean for the practicing
PCP?

Image Credits

Creator: Mathieu, Stevie (GOV)

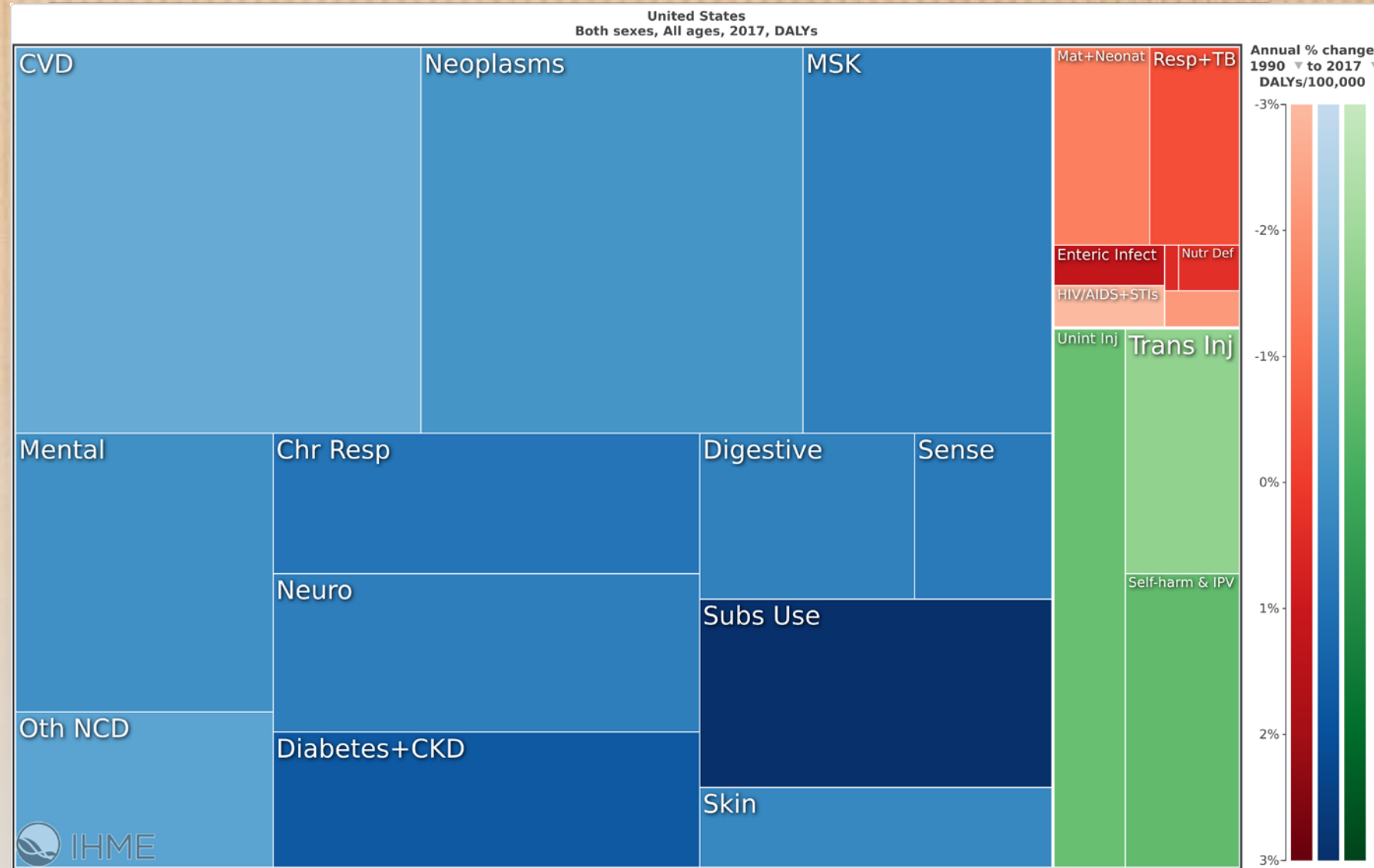
New law takes
major step in
transforming
behavioral
health care



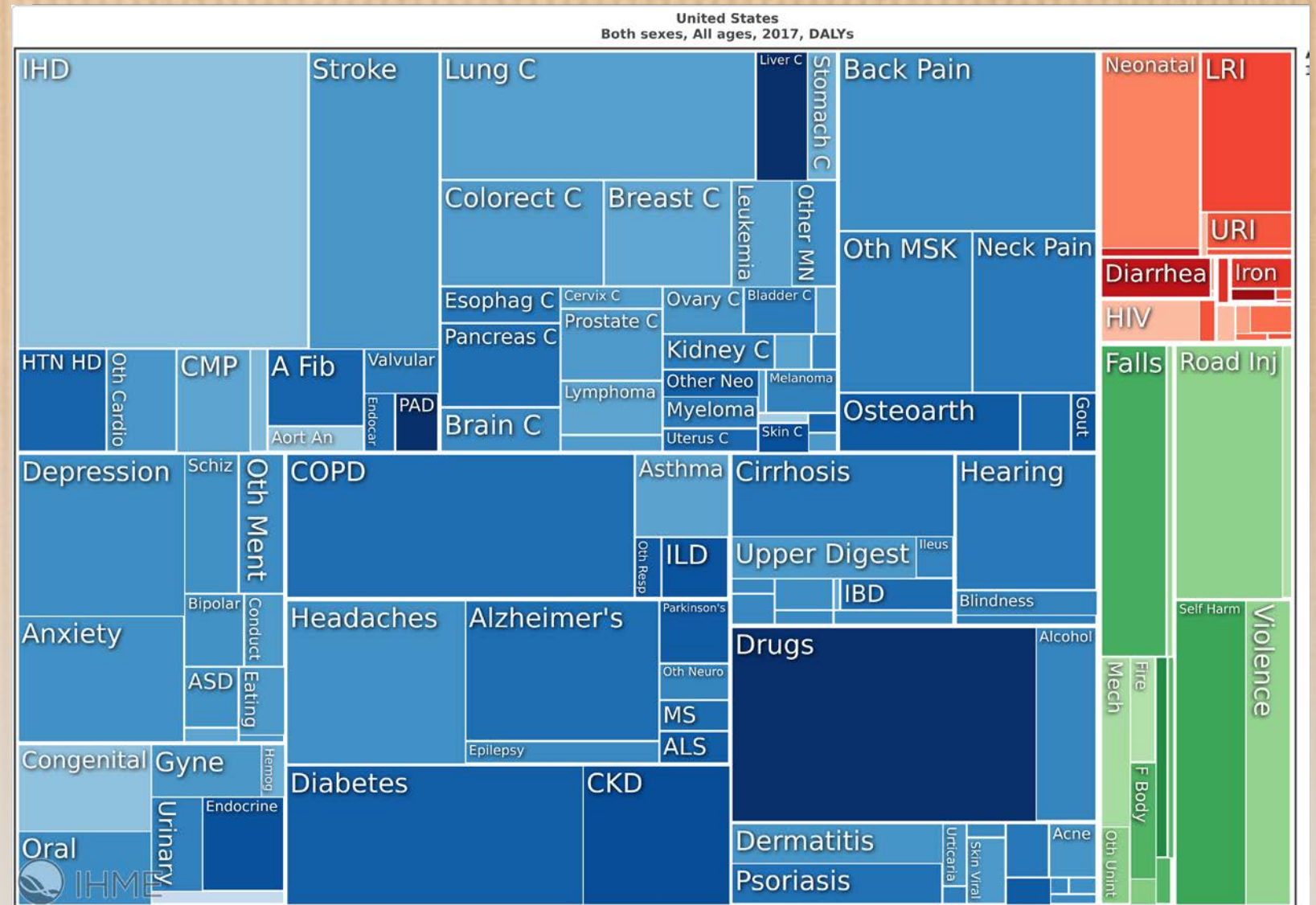


<https://medium.com/wagovernor/new-law-takes-major-step-in-transforming-behavioral-health-care-9cc989c793b0>

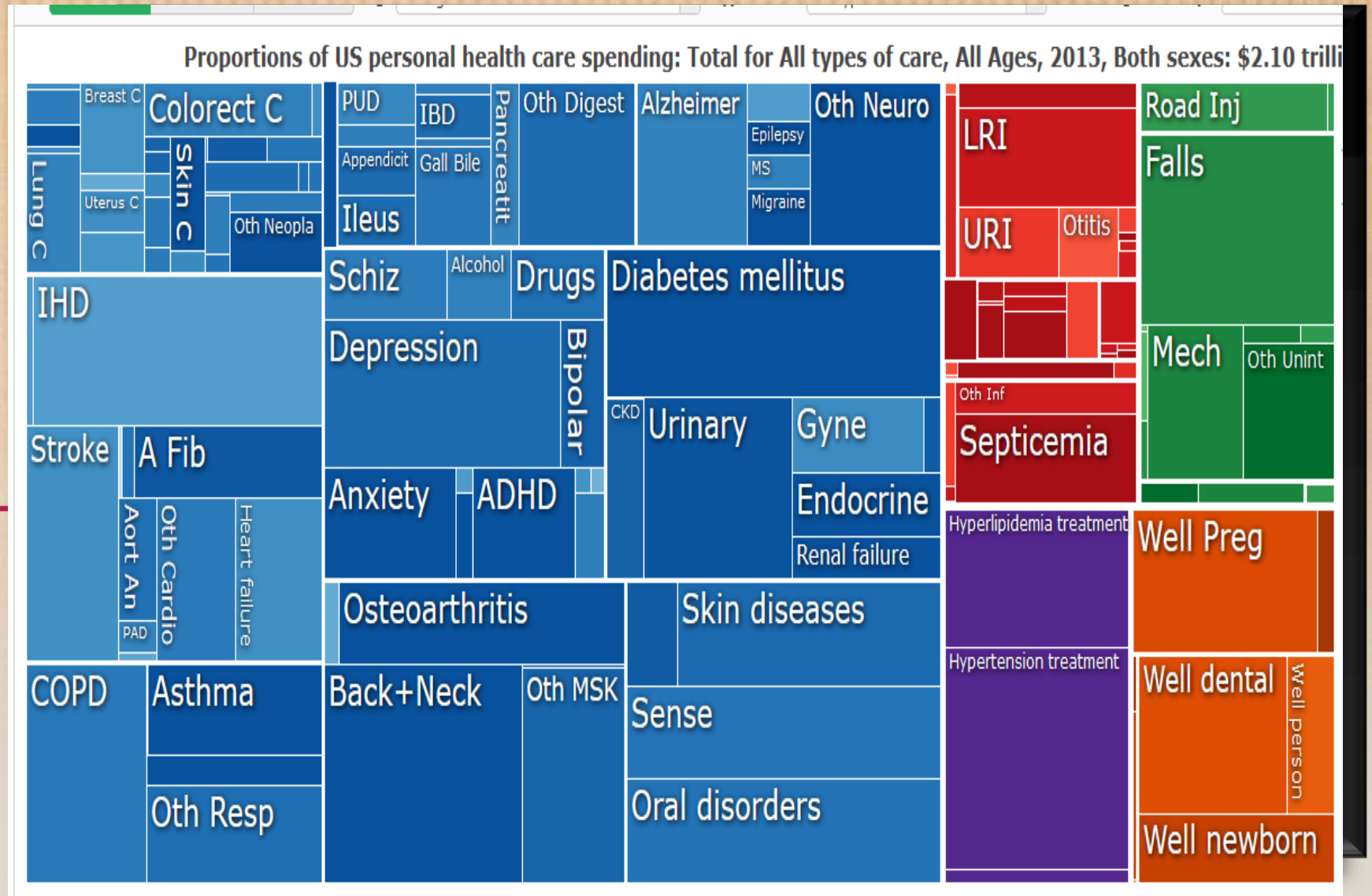
WHAT'S THE PROBLEM?



WHAT'S THE PROBLEM?



WHAT'S THE PROBLEM?



WHAT'S THE PROBLEM?

Cost of Unmet Needs Continued

- Healthcare use/costs twice as high in diabetes and heart disease patients with depression¹

	Annual Cost – those without MH condition	Annual Cost – those with MH condition
Heart Condition	\$4,697	\$6,919
High Blood Pressure	\$3,481	\$5,492
Asthma	\$2,908	\$4,028
Diabetes	\$4,172	\$5,559

- Untreated mental disorders in chronic illness is projected to cost commercial and Medicare purchasers between \$130 and \$350 billion annually²
- Approximately 217 million days of work are lost annually to related mental illness and substance use disorders (costing employers \$17 billion/year)²

1. Original source data is the U.S. Dept of HHS the 2002 and 2003 MEPS. AHRQ as cited in Petterson et al. "Why there must be room for mental health in the medical home (Graham Center One-Pager)

2. Hertz RP, Baker CL. The impact of mental disorders on work. *Pfizer Outcomes Research*. Publication No P0002981. Pfizer; 2002.

WHY INTEGRATE BEHAVIORAL HEALTH WITH PRIMARY CARE?

MENTAL HEALTH TREATMENT PATHWAYS



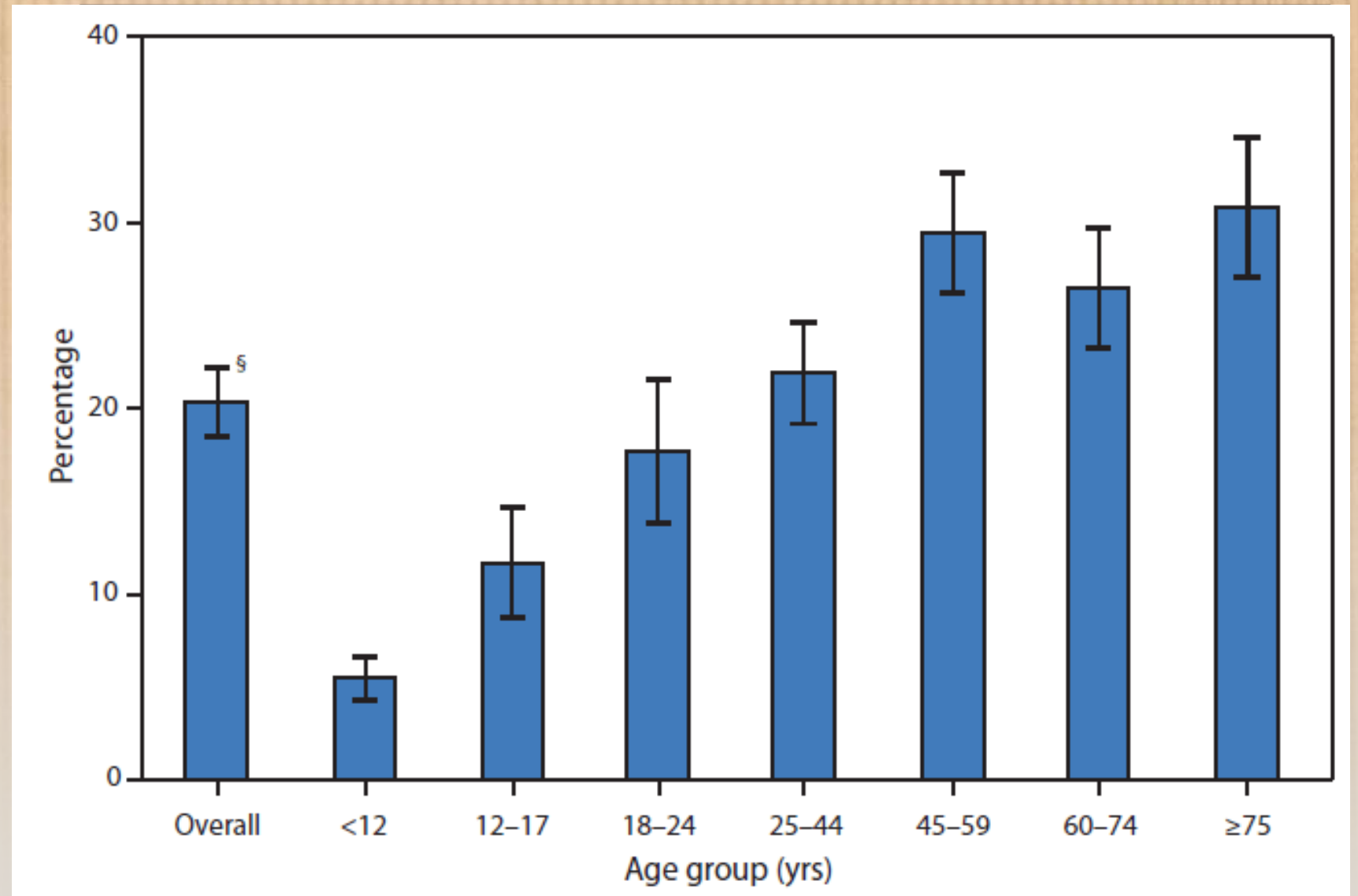
Visits for Individuals with Poor Mental Health



Findings from
109,593
respondents to the
2002-2009 Medical Expenditure
Panel Surveys (MEPS)

Peterson, S., Miller, B., Payne-Murphy, J., & Phillips, R. (2014). Mental health treatment in the primary care setting: patterns and pathways. *Family, Systems, & Health*.

WHY INTEGRATE BEHAVIORAL HEALTH WITH PRIMARY CARE?



WHY INTEGRATE BEHAVIORAL HEALTH & PRIMARY CARE?

- Access
- Stigma
- Opportunity to rule out medical etiology
- Address the impact of concurrent chronic medical conditions and behavioral health conditions
- We are already doing it!



OK ... SO

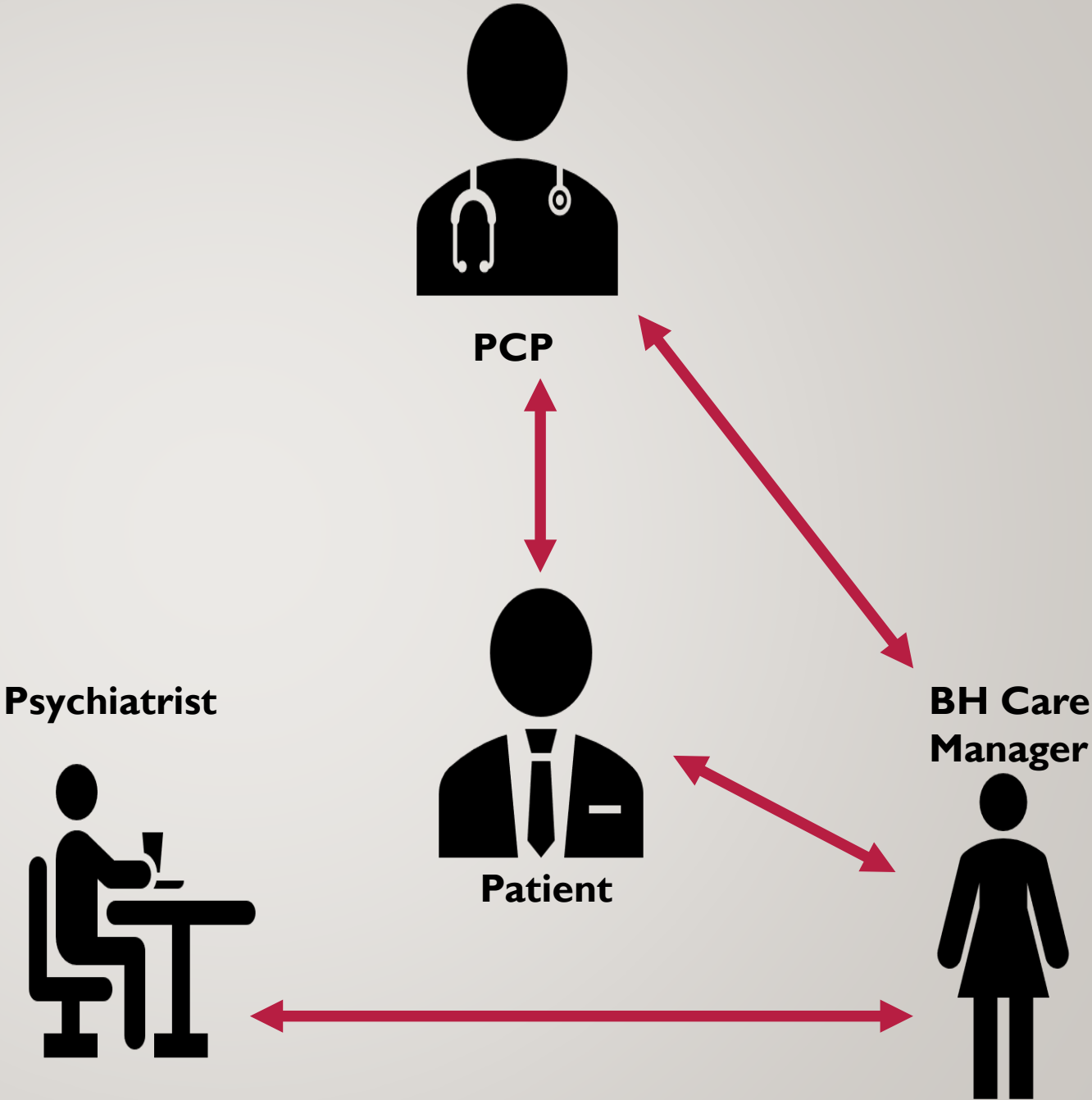
WHAT IS NEW?

1. Opportunities to collaborate with Behavioral Health Organizations
2. Expectations to move from coordinated behavioral health to co-located behavioral health to integrated behavioral health.
3. Improved payment models

COLLABORATIVE CARE MODEL

- Uses a team to provide behavioral health care
 - PCP
 - Behavioral Health Professional
 - Consulting psychiatrist
- Builds a registry of patients that is integrated with the EHR
- Use a validated rating scale to track treatment outcomes
- Defines a plan of care and identifies treatment goals

COLLABORATIVE CARE MODEL



COLLABORATIVE CARE MODEL



Authors' conclusions:

Collaborative care is associated with significant improvement in depression and anxiety outcomes compared with usual care and represents a useful addition to clinical pathways for adult patients with depression and anxiety.

https://www.cochrane.org/CD006525/DEPRESSN_collaborative-care-for-people-with-depression-and-anxiety Accessed 5/16/19

COLLABORATIVE CARE MODEL

CPT code	Description and time requirement	Medicare rate	WA Medicaid rate
99492	70 min/month Initial CoCM mgmt	\$161.28	\$142.84
99493	60 min/month Subsqnt CoCM mgmt	\$128.88	\$126.33
99494	Each additional 30min/ mon	\$66.60	\$66.04
99213	Est patient. Mod complexity	\$77.31	\$39.83

GENERAL BEHAVIORAL HEALTH INTEGRATION

- Initial visit is separately billed
- Systematic assessment and monitoring using validated scales
- Care planning by the primary team with the patient
- Facilitation and coordination of treatment
- continuous relationship with designated team member
- Not required to have a psychiatric consultant or case manager
- Meant to bridge to CoCM to develop workflows without hiring a new team member

COLLABORATIVE CARE MODEL

CPT code	Description and time requirement	Medicare rate	WA Medicaid rate
99492	70 min/month Initial CoCM mgmt	\$161.28	\$142.84
99493	60 min/month Subsqnt CoCM mgmt	\$128.88	\$126.33
99494	Each additional 30min/month CoCM	\$66.60	\$66.04
99484	General BHI	\$48.65	N/A
99213	Est patient. Mod complexity	\$77.31	\$39.83

SBIRT

(SCREENING, BRIEF INTERVENTION, AND REFERRAL TO SERVICES)

- Patient is given a standardized screening tool (AUDIT or DAST) at check in
- The provider engages patients who screen positive in a brief conversation (example 5 A's)
- If the provider has concerns, she refers or provides therapy.
- Time required to bill is 15 minutes

WHERE TO START?

- Readiness scales – Where is your clinic along the transformation pathway
- https://www.integration.samhsa.gov/MeHAF_Site_self_assessment_tool.pdf

RESOURCES

- Institute for Health Metrics and Evaluation Global Burden of Disease viztool
- University of Washington AIMS center -- <https://aims.uw.edu/>
- Medicare fee schedule 2019
- Washington State Medicaid fee schedule 2019-- <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#billing-guides-fee-schedules>
- WA State Governor's Office-- <https://medium.com/wagovernor>
- WA State Medicaid transformation grant
- Bree Collaborative March 2017 Behavioral Health Integration Report and Recommendations -- <http://www.breecollaborative.org/wp-content/uploads/Behavioral-Health-Integration-Final-Recommendations-2017-03.pdf>

-
- PC-BHI has been in the news a lot
 - Headlines include new hospital, moving BH/CD services into the HCA rather than ...
 - What does it mean for PC – we treat most anx, depress,
 - More opportunities to collaborate with BHO's and consultant psychiatrists
 - Opportunities to hire LICSW's able to bill BH codes on same day
 - New billing codes through Medicaid/medicare for those
 - CoCM
 - BHI