



# Defragmenting health: Integrating care through payment, policy, and provision

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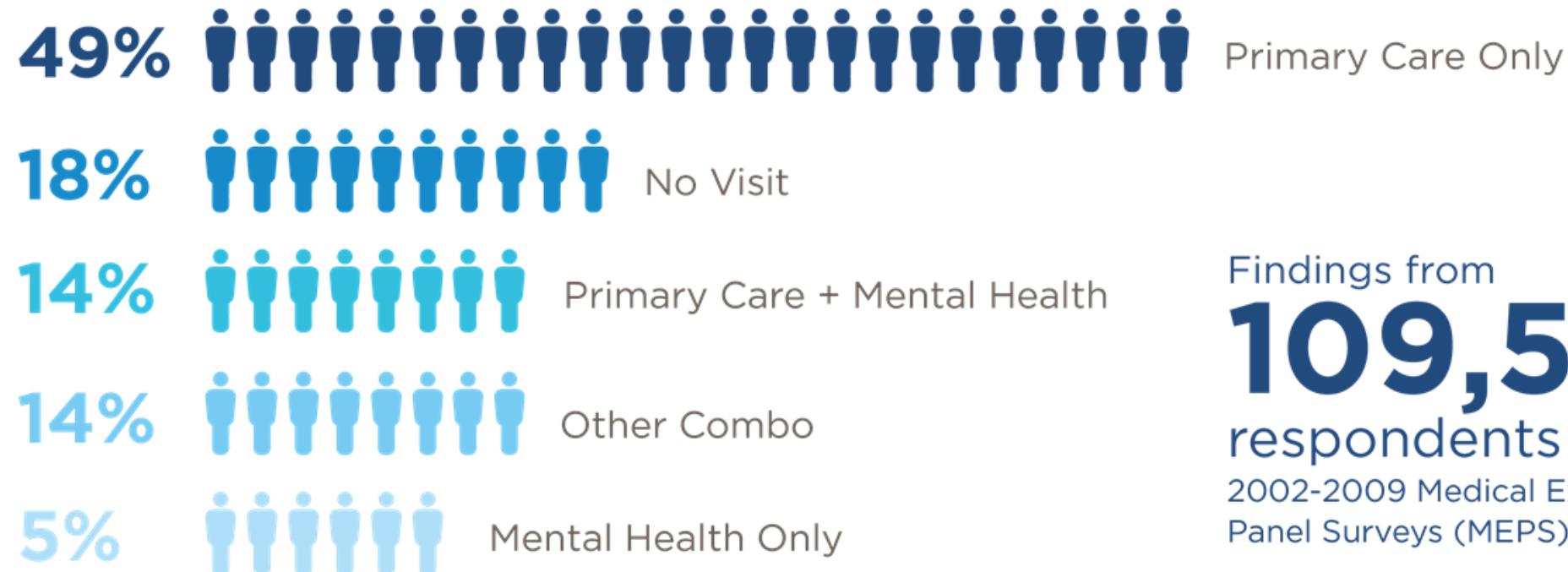
University of Colorado School of Medicine



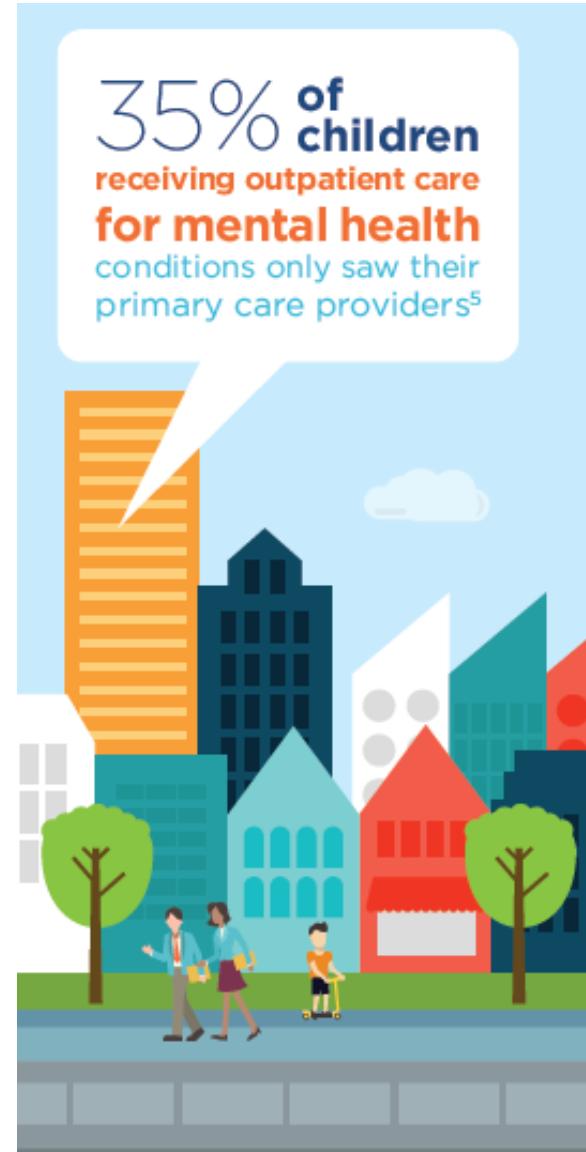
# MENTAL HEALTH TREATMENT PATHWAYS



## Visits for Individuals with Poor Mental Health



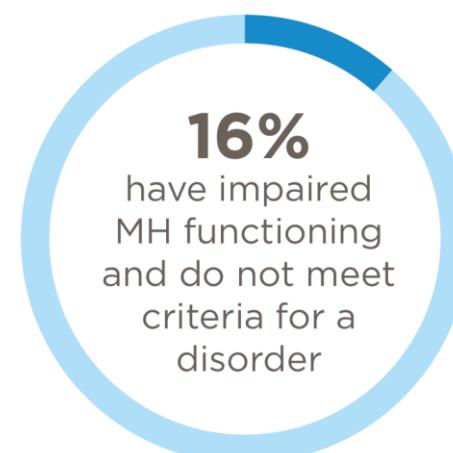
Findings from  
**109,593**  
respondents to the  
2002-2009 Medical Expenditure  
Panel Surveys (MEPS)



# Child & Adolescent BH



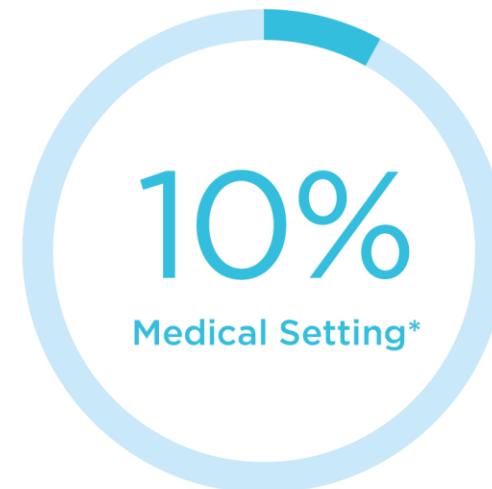
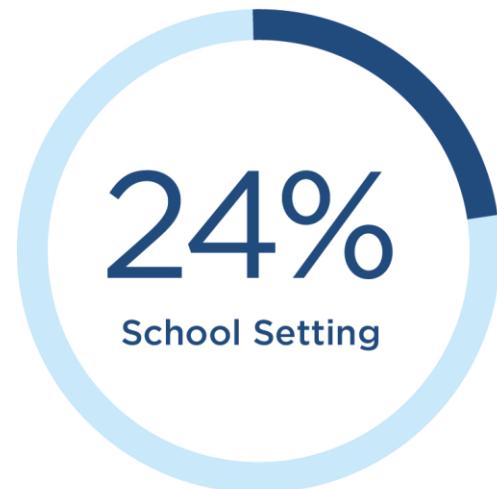
**Approximately 21%**  
of US children and adolescents  
meet diagnostic criteria for a  
mental health or substance abuse disorder  
with impaired functioning



Shaffer D, Fisher P, Dulcan MK, et al. The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): description, acceptability, prevalence rates, and performance in MECA study. Methods for the Epidemiology of Child and Adolescent Mental Disorders Study. J Am Academy Child Adolescent Psychiatry. 1996;35(7):865-877

# Child & Adolescent BH

Adolescents with mental health disorders are most likely to receive mental health services



\*Except for youth of color (welfare or juvenile justice where MH care received)



# CREATING A CULTURE OF WHOLE HEALTH

Recommendations for Integrating Behavioral Health and Primary Care



**Multi-Method Findings Aligning the Literature, Interviews,  
Focus Groups, and a National Leader Summit**

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**EUGENE S. FARLEY, JR.  
HEALTH POLICY CENTER**



Integration and payment

**CHANGE THE PAYMENT, CHANGE THE CARE**

# Comprehensive Care = Cost Savings

- Substantial, independently evaluated total cost of care differentials
- Normalized for differences in population, demographics, risk and price

- 5.5%



- 3.0%



- 5.4%



- 4.8%



Medicaid

Medicare

Medicare-Medicaid  
Beneficiaries

Combined cost  
savings



## Payment recommendations

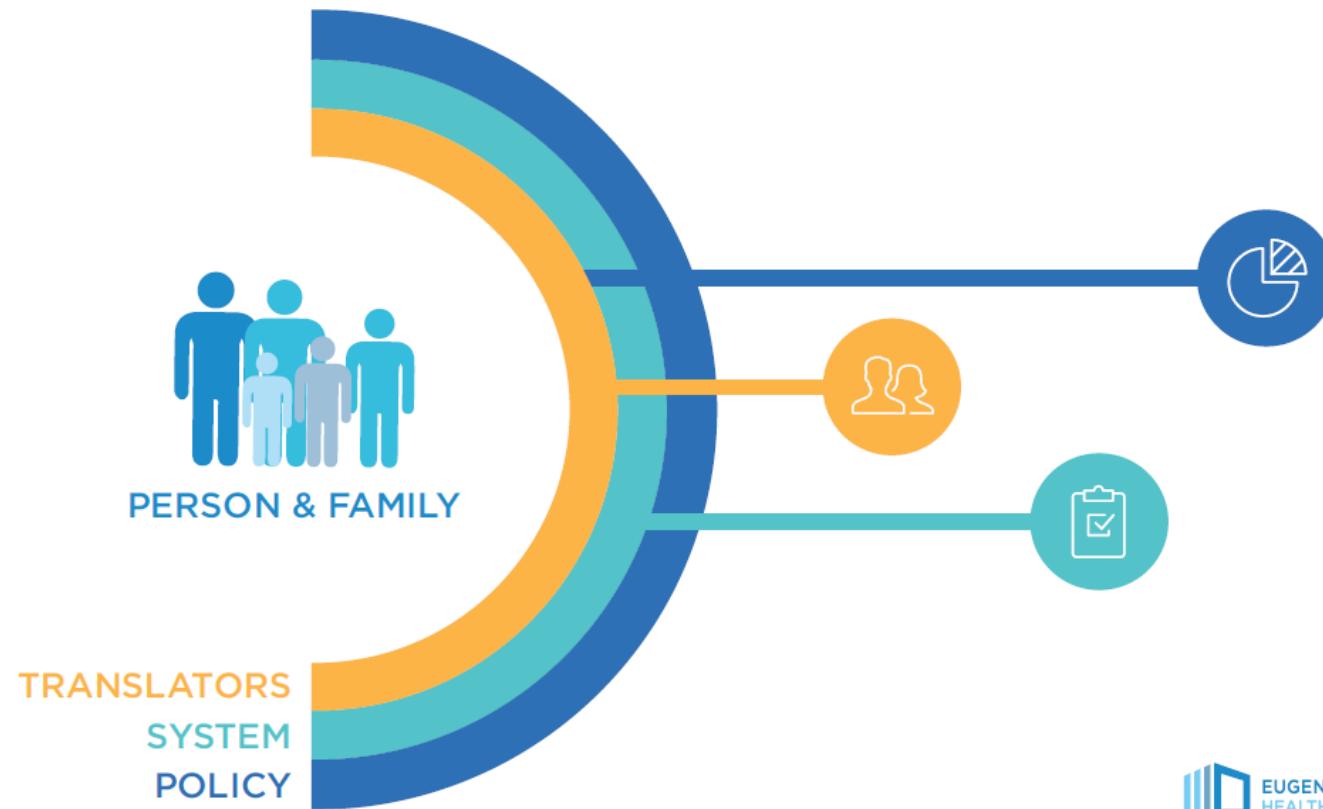
- This is not about changing the way we pay for behavioral health  
this is about changing the way we pay for health
- Behavioral health should be seen as a critical facet of comprehensive primary care and no different than other investments in high quality comprehensive primary care, such as practice-based care management, measurement and other data use competencies, technology, and practice transformation support
- Global payments for behavioral health services should support team-based care and provide compensations for personnel, interventions, and related infrastructure specific to individual practices (Volume-based reimbursement models may limit the role of the behavioral health provider to patient services and other team-based activities that can be coded for payment)



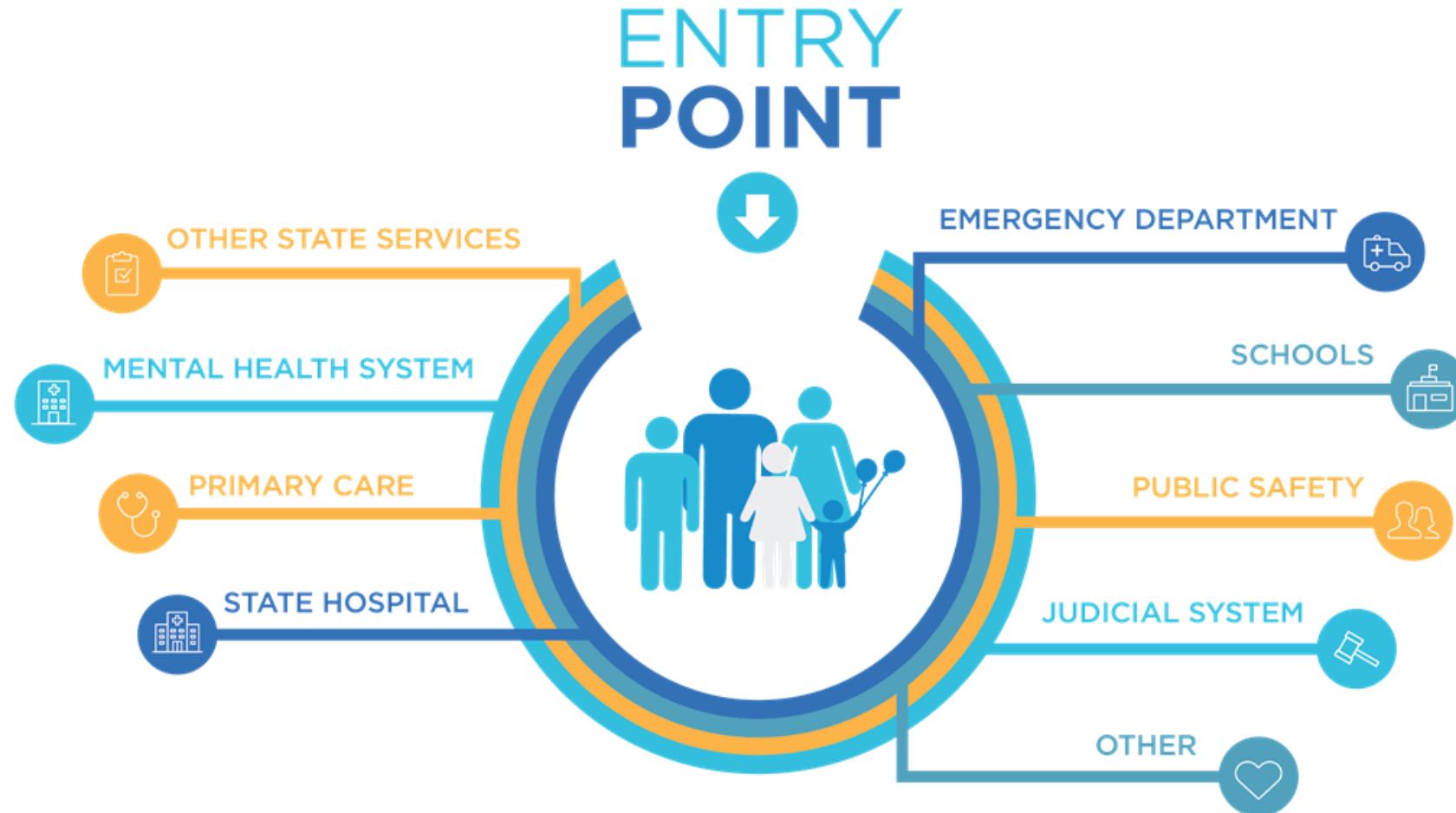
Integration and policy

## DIVISIONS DIVIDE

## CONCEPTUAL FRAMEWORK



# Is no wrong door a possibility?



## Policy recommendations

- Assess how policies limit what treatment options are offered to patients? Do the policies limit where the treatment is offered?
- Make sure there are incentives in place to encourage primary care clinicians to work with behavioral health (e.g. hold them accountable for certain behavioral health conditions)
- Carving out the behavioral health benefit may have unintended consequences on increasing access and allowing for better integrated care
- Fragmentation at the administrative level may limit integration at the delivery level



Integration and provision

# **CREATING THE WORKFORCE FOR THE SYSTEM YOU WANT, NOT THE ONE YOU HAVE**



## A Colorado Consensus Conference:

Establishing Core Competencies for Behavioral  
Health Providers Working in Primary Care



The Colorado  
Health Foundation™



State Innovation Model



CARING for  
COLORADO  
FOUNDATION  
A Health Grantmaker



The Ben and Lucy Ana Walton Fund of the  
WALTON FAMILY  
FOUNDATION



ROSE  
COMMUNITY FOUNDATION



THE PITON  
FOUNDATION  
at Gary Community  
Investments



## The big 8

1. Identify and assess behavioral health needs in primary care settings
2. Engage patients in participating in integrated care in the primary care setting
3. Treat behavioral health problems and factors as part of primary care plans and teams
4. Participate in team-based care and collaboration
5. Communicate frequently with other clinicians and patients
6. Manage your provider time in the primary care culture
7. Provide whole-person care with cultural competence
8. Apply professional values and attitudes in daily work

## Clarifying the goal

- What is and what is not integration? (see AHRQ Lexicon)
- Clarifying specialty behavioral health from integrated behavioral health (differentiating populations and needs)
- Specifying at what level the measures are for (e.g. clinical, process)
- Structure of data
- Data quality



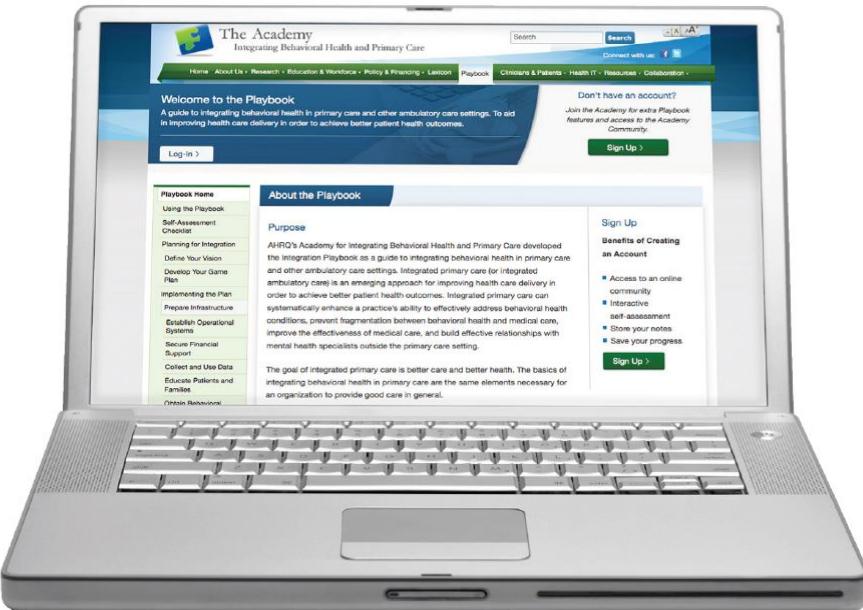
## A free, Web-based guide to integrating behavioral health in primary care and other ambulatory care settings.

### What topics are covered?

- Planning for integration
- Preparing the infrastructure
- Establishing protocols and clinical workflows
- Developing processes for tracking patients, monitoring outcomes, and maintaining engagement

Available at

[integrationacademy.ahrq.gov/  
playbook](http://integrationacademy.ahrq.gov/playbook)



**The Academy**  
Integrating Behavioral Health  
and Primary Care



### What's inside?



Tips, resources, and real-world examples of how others are doing it



“North Star” goals toward an ideal integrated behavioral health and ambulatory care setting



What not to do, or the pitfalls to avoid when integrating behavioral health



An interactive integration self-assessment checklist with immediate feedback linked to guidance



Access to the Academy Community, an online forum for peer-to-peer networking and sharing



**U.S. Department of Health & Human Services** [www.hhs.gov](http://www.hhs.gov)

**AHRQ** Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care

**The Academy**  
Integrating Behavioral Health and Primary Care

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**The National Integration Academy Council (NIAC)**  
Meet the panel of experts on integration who guide the work of the Academy.

[Learn More About the NIAC](#)

## Welcome to the Academy

The AHRQ Academy web portal offers you **resources to behavioral health and primary care**, and fosters a **collaborative dialogue** and discussion among relevant thought leaders.

**New Atlas of Integrated Behavioral Health Care Quality Measures**  
A new **Atlas** can help primary care organizations measure whether they are providing high quality integrated behavioral health care.

**New & Notable**

- Fri, 02/28/14 Rural Women Miss Out on Mental Health Care
- Fri, 02/28/14 Global Focus on Comorbidity of Depression and Chronic Medical Illness
- Fri, 02/28/14 Get Your Latest News Via the Academy
- Wed, 02/19/14 Pediatric PCPs Hesitate to Prescribe Antidepressants
- Wed, 02/19/14 Coming Soon to the Academy Portal: New Interactive Features

**Featured Products**

[Atlas of Integrated Behavioral Health Care Quality Measures](#)

For additional measures that apply to a specific instrument, go to [Overview of Measures](#) — Add to My Measures

**NIAC Videos:** Featuring National Integration Academy Council members

**Neil Korsen, MD, MSc**  
The Academy for Integrating Behavioral Health in Primary Care sponsored by the Agency for Healthcare Research and Quality (AHRQ) is an important online tool for those interested in changing health care. View video description

New & Notable items include highlights of current activities of The Academy for Integrating Behavioral Health and Primary Care, as well as new research findings, Federal initiatives and other

**U.S. Department of Health & Human Services** [www.hhs.gov](http://www.hhs.gov)

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**IBHC Measures Atlas** [Expert Insight](#) [Latest News](#) [News Archives](#) [Guidelines](#) [Tools](#) [Organizations](#) [Evidence-Based Practices](#)

**Find a Measure** [What is IBHC?](#) [Integration Framework](#) [Overview of Measures](#) [Guide to Using the IBHC Atlas](#) [Methodological Details](#)

[Academy Home](#) > [Resources](#) > [IBHC Measures Atlas](#) > [Find a Measure](#)

**VIEW BY:** [CORE MEASURES](#) [FUNCTIONAL DOMAINS](#) [GUIDE ME TO A MEASURE](#)

**C2. Behavioral Health Integration Checklist\***

[View the measure](#)

**Purpose:**  
To help organizations planning an integrated care implementation to identify the key components of a successful program and to determine which of these they have and which need to be (further) developed. To help assess the level of implementation of integrated care for a given population.

**Developer:**  
Advancing Integrated Mental Health Solutions (AIMS) Center, University of Washington

**Date:**  
2011

**Relevant submeasures:**  
Not applicable

**Format/data source:**  
Organizational checklist

**Development and testing:**  
Developed by the AIMS Center in collaboration with a national group of experts.

**Past or validated applications:**

- Setting: Primary care and behavioral health
- Population: Organizations looking to integrate
- Level of evaluation: Individual or groups of health care professionals

**Sources:**  
AIMS Center, University of Washington

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**Patient-Centered Integrated Behavioral Health Care Principles & Tasks**

**About This Tool**  
This checklist was developed in consultation with a group of national experts (<http://bit.ly/IMHC-experts>) in integrated behavioral health care with support from The John A. Hartford Foundation, The Robert Wood Johnson Foundation, Agency for Healthcare Research and Quality, and California HealthCare Foundation. For more information, visit: [http://bit.ly/IMHC\\_principles](http://bit.ly/IMHC_principles).

**The core principles** of effective integrated behavioral health care include a patient-centered care team providing evidence-based treatments for a defined population of patients using a measurement-based treat-to-target approach.

**Principles of Care**

	None	Some	Most
<b>1. Patient-Centered Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care and behavioral health providers collaborate effectively using shared care plans.			
<b>2. Population-Based Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care team shares a defined group of patients tracked in a registry. Practices track and reach out to patients who are not improving and mental health specialists provide caseload-focused consultation, not just ad-hoc advice.			
<b>3. Measurement-Based Treatment to Target</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each patient's treatment plan clearly articulates personal goals and clinical outcomes that are routinely measured. Treatments are adjusted if patients are not improving as expected.			
<b>4. Evidence-Based Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients are offered treatments for which there is credible research evidence to support their efficacy in treating the target condition.			
<b>5. Accountable Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers are accountable and reimbursed for quality care and outcomes.			

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## The take away

- Define or be defined
  - How can you measure what's not been defined?
- Begin to consider parsimonious measures and **measure alignment** (and consider the multitude of federal, state, and local programs)
- **Consider how payment and measurement are uniquely connected** and often perpetuate fragmentation
- Leverage alternative payment models in **support of the team**

A wide-angle landscape photograph of a fjord. The foreground is dominated by the dark, rocky, and craggy peaks of the Lysefjord. A deep blue fjord stretches into the distance, framed by more mountain ranges. The sky is filled with large, white, billowing clouds. The overall scene is rugged and natural.

UPSTREAM

# RESOURCES



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## **One stop**

[integrationacademy.ahrq.gov](http://integrationacademy.ahrq.gov)

## **Policy**

[farleyhealthpolicycenter.org](http://farleyhealthpolicycenter.org)

## **Case study**

[advancingcaretogether.org](http://advancingcaretogether.org)

## **State example**

[coloradosim.org](http://coloradosim.org)

## **National organization**

[cfha.net](http://cfha.net)

## **Email**

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