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

Benjamin F. Miller, PsyD (@miller7)
Farley Health Policy Center
University of Colorado School of Medicine
MENTAL HEALTH TREATMENT PATHWAYS

Visits for Individuals with Poor Mental Health

49% Primary Care Only
18% No Visit
14% Primary Care + Mental Health
14% Other Combo
5% Mental Health Only

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.

Only 20% of these receive needed services.

16% have impaired MH functioning and do not meet criteria for a disorder.


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

- **24%** School Setting
- **23%** Specialty Mental Health Setting
- **10%** Medical Setting*

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

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

<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Medicare-Medicaid Beneficiaries</th>
<th>Combined cost savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 5.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 3.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 5.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 4.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
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 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

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
Welcome to the Academy

Core Measures

C1. Assessment of Chronic Illness Care
C2. Behavioral Health Integration Checklist®
C3. Competency Assessment Instrument Measures
C4. Consumer Assessment of Healthcare Providers and System
C5. Consumer Assessment of Healthcare Providers and System
C6. Level of Integration Measures™
C7. Mental Health Integration Program
C8. Self-Report Assessment Evaluation Tool®
C9. Young Adult Health Care Survey Measures

Additional Measures

Find a Measure

There are three ways to find measures on this site:

1. Browse categories: You can search the site by keyword or by category.
2. Search by keyword: You can type in a keyword to find specific measures.
3. Access measures: If you know the HHS numbers, you can access the measures directly.

For more information on how to find measures, please refer to the "Find Measures" section on the main page.

The Academy is a resource for integrating behavioral health into primary care. It offers tools and resources to help healthcare providers and organizations improve the quality of care for patients with behavioral health needs.
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
RESOURCES

One stop
integrationacademy.ahrq.gov

Policy
farleyhealthpolicycenter.org

Case study
advancingcarethertogether.org

State example
coloradosim.org

National organization
cfha.net

Email
Benjamin.miller@ucdenver.edu