Primary Care and Behavioral Health Integration: An Imperative for Health Centers

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Cherokee Health Systems

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Primary Care and Behavioral Health Integration
An Imperative for Health Centers

• Widespread acceptance of the “concept” of integration
• Tantalizing outcome studies are beginning to appear
• Increased appreciation of behavioral factors in chronic disease management
  • Diminished scope of CMHC’s
• Concept of the Patient-Centered Healthcare Home
Trends in Locus of Mental Health Services for Underserved Populations

- Restricted scope of CMHC’s has led to diminished access.
- 71% of FQHCs provide behavioral health services.
- Four-fold increase in behavioral health at FQHCs 1998 to 2003.
  - Druss, American Journal of Public Health, 2006
- 870,000 patients received nearly 5 million behavioral health services from 3,600 behavioral health professionals at FQHCs last year.
- Depression is the third most common condition at FQHCs.
- Are FQHC’s becoming the nation’s community mental health system?
New Paradigms Sweeping Across the Safety Net

Paradigm Shift at the Systems Level
- Primary Care is a locus of mental health intervention
- Increased mental health service capacity at FQHCs
- FQHC/CMHC collaborations

Paradigm Shift at the Clinical Level
- Primary Care Provider focus on behavioral factors
- Mental Health Provider focus on general health status
- New service role for Behaviorists in primary care
Primary Care in the United States: The *de facto* Mental Healthcare System

- More mental health interventions occur in primary care than in specialty mental health settings. (Wang, et al., 2005)

- Primary care providers prescribe 70% of all psychotropic medication, including 80% of anti-depressants. (Strosahl, 2001)

- Over one-third of the patients in most primary practices have a psychiatric disorder. (Spitzer, et al., 1994; Mauksch, et al., 2001)

- 50% of Cherokee medical patients reported complaints on the SF36 supporting a diagnosis of depression.
Primary Care IS Behavioral Healthcare

• Psychological distress drives primary care utilization.

• A variety of studies have concluded that 70% of all healthcare visits have primarily a psychosocial basis. (Strosahl, 1998; Fries, et. al., 1993; Shapiro, et. al., 1985)

• Every primary care presentation has a behavioral component.

• The highest utilizers of healthcare commonly have untreated/unresolved behavioral health needs. (Von Korff, et. al., 1992; Katon, et. al., 2003)
Factors Compelling FQHCs to Integrate Behavioral Health

- Primary Care Is Behavioral Healthcare
- Chronic Disease Management
- Efficiency of Operations
- Synergy with Patient Centered Medical Home
A Few Nagging Questions About Integration

• What is it?
• How do we do it?
• Who can do it?
• How do we pay for it?
• What are the results?
Can Better Access to Health Care Really Lower Costs? Concierge medicine vs patient-centered medical homes: Debating access to care

Insurance Company Bets on Benefits of Integration

Paying From One Pot

Integrated Primary Care and Behavioral Health: A Case Study Report

Over 700,000 New Vets Seek Health Care, Half with Mental Problems

Hogg Foundation Grants More Than $700K to Advance Integrated Health Care in Texas

A New Vision for Health Care? Connect Health shifts to “upstream medicine.”

Integrating Behavioral Health and Primary Care: The Person Centered Healthcare Home

San Antonio Express-News

Arizona Department of Health and Primary Care: Recovery through whole health
## Integration vs. Co-Location

<table>
<thead>
<tr>
<th>Integrated Care</th>
<th>Co-Located Mental Health</th>
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<tbody>
<tr>
<td>• Embedded member of primary care team</td>
<td>• Ancillary service provider</td>
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<tr>
<td>• Patient contact via hand off</td>
<td>• Patient contact via referral</td>
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<tr>
<td>• Verbal communication predominate</td>
<td>• Written communication predominate</td>
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<tr>
<td>• Brief, aperiodic interventions</td>
<td>• Regular schedule of sessions</td>
</tr>
<tr>
<td>• Flexible schedule</td>
<td>• Fixed schedule</td>
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<tr>
<td>• Generalist orientation</td>
<td>• Specialty orientation</td>
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<tr>
<td>• Behavior medicine scope</td>
<td>• Psychiatric disorders scope</td>
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Our Mission...

To improve the quality of life for our patients through the integration of primary care, behavioral health and substance abuse treatment and prevention programs.

Together...Enhancing Life
Cherokee Health Systems
FY 2012 Services

45 Clinical Locations in 14 East Tennessee Counties

Number of Patients: 63,800 unduplicated individuals

New Patients: 18,108

Patient Services: 493,490
Cherokee Health Systems

Number of Employees: 634

Provider Staff:

- Psychologists – 43
- Primary Care Physicians – 27
- NP/PA (Primary Care) – 31
- Master’s level Clinicians - 73
- Psychiatrists – 10
- NP (Psych) – 12
- Case Managers - 34
- Pharmacists – 10
- Dentists - 2
Strategic Emphases

• Integration of Behavioral Health and Primary Care
  • Outreach to Underserved Populations
    • Training Health Care Providers
    • School-Based Health Services
      • Telehealth Applications
      • Safety Net Preservation
Blending Behavioral Health into Primary Care

Cherokee Health Systems’ Clinical Model
Real-World Model

Real-World Experience

Real-World Training

Primary Behavioral Care Integration Training Academy
November 14-15, 2013

Behavioral Health Consultant Training Academy
January 30-31, 2014

Cherokee Health Systems, Knoxville, Tennessee
Behaviorists on the Primary Team
The Behavioral Health Consultant (BHC) is an embedded, full-time member of the primary care team. The BHC is a licensed Health Service Provider in Psychology. Psychiatric consultation is available to PCPs and BHCs.

Service Description
The BHC provides brief, targeted, real-time assessments/interventions to address the psychosocial aspects of primary care.

Typical Service Scenario
The Primary Care Provider (PCP) determines that psychosocial factors underlie the patient’s presenting complaints or are adversely impacting the response to treatment. During the visit the PCP “hands off” the patient to the BHC for assessment or intervention.
The Behavioral Health Consultant (BHC) in Primary Care

- Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues
- Emphasis on prevention and self-help approaches, partnering with patients in a treatment approach that builds resiliency and encourages personal responsibility for health
- Consultation and co-management in the treatment of mental disorders and psychosocial issues
Considerations for PCP “Hand-offs” for Behavioral Health Consultation Services

HEALTH BEHAVIOR / DISEASE MANAGEMENT

- Medication Adherence
- Weight Management
- Chronic Pain Management
  - Smoking Cessation
- Insomnia / Sleep Hygiene
- Psychosocial and Behavioral Aspects of Chronic Disease
- Any Health Behavior Change
- Management of High Medical Utilization
Considerations for PCP “Hand-offs” for Behavioral Health Consultation Services

• Diagnostic clarification and intervention planning
• Facilitate consultation with psychiatry regarding psychotropic medications
  • Behavior and mood management
  • Suicidal/homicidal risk assessment
• Substance abuse assessment and intervention
  • Panic/Anxiety management
• Interim check of psychotropic medication response
  • Co-management of somaticizing patients
    • Parenting skills
    • Stress and anger management
The Behavioral Health Consultant in Primary Care
Characteristics, Skills and Orientation to Practice

Characteristics
• Flexible, high energy level
• Team Player
• Interest in health and fitness

Skills
• Finely honed clinical assessment skills
• Behavioral medicine knowledge base
• Cognitive behavioral intervention skills
Orientation to Practice

• Action-oriented, directive, focus on patient functioning
• Emphasis on prevention and building resiliency
• Utilizes clinical protocols and pathways
• Invested in educating patients, health literacy
The Integrated Care Psychiatrist

- Access and Population-Based Care
- Enhance the Skills of Primary Care Colleagues
  - Treatment Team Meetings
  - Telepsychiatry
- Stabilize Patients and Return to Primary Care
  - Co-Management of Care
Communication Model

Face to Face Verbal Feedback

Electronic Health Record

Treatment Team

Telehealth Consultation
Payment Policy Disincentives for the Integration Paradigm

• Mental health carve-outs

• Excessive documentation requirements

• Same day billing prohibition

• Encounter-based reimbursement

• Antiquated coding requirements
Financing Structure for Integration of BHCs into Healthcare Homes

• Health and Behavior Assessment/Intervention
  CPT Codes 96150-55

• Same day billing by PCP and BHC

• Valuing consultation and case coordination

• Global funding streams

• Value-based contracting
Integrated Care Standards

- Weekly multidisciplinary care team meeting
- Behavioral health provider embedded on primary care team
- Real-time psychiatric consultation available
- Behavioral health screening of primary care patient
- Integrated clinical record & treatment plan
- Teleconference capability to import providers, as needed
Key Components of the PCMH

- Ongoing relationship with a personal physician who is trained to provide first contact, continuous and comprehensive care
  - An informed and activated patient
    - Whole person orientation
  - Care is co-managed by a team who collectively take responsibility to provide or arrange for care
    - Levels of care include acute, chronic and preventive
      - Span of life care
    - Care interfaces with family and community context as appropriate
Fostering the Informed and Activated Patient

• Assess readiness to change.
• Mutually establish behavioral goals and behavior change strategies.
• Employ motivational interviewing and problem focused interventions.
• Support patient self-management and self-regulation skills.
• Foster resiliency and personal responsibility for health.
Cherokee’s Patient-Centered Healthcare Home

- Embedded Behavioral Health Consultant on the Primary Care Team
- Real time behavioral and psychiatric consultation available to PCP
  - Focused behavioral intervention in primary care
  - Behavioral medicine scope of practice
- Encourage patient responsibility for healthful living
  - A behaviorally enhanced Healthcare Home
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