Implementing Behavioral Health Integration in Primary Care

Joshua P. Twomey
University of Massachusetts Medical School

Judith Steinberg
University of Massachusetts Medical School

Joan D. Johnston
University of Massachusetts Medical School

See next page for additional authors

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Implementing Behavioral Health Integration in Primary Care

Authors
Joshua P. Twomey, Judith Steinberg, Joan D. Johnston, Amy Leary, Amy Norrman-Harmon, and Jean Carlevale

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MassHealth PCPR

- Comprehensive PCPR
  - Risk-adjusted capitated payment for primary care services
  - 3 tiers of payment:
    - PCMH
    - Primary Care Behavioral Health
    - Specialty Mental Health
- Quality Improvement Agenda
  - Annual incentive for quality performance, based on primary care performance
- Shared Savings Payment
  - Primary care providers share in savings on non-primary care spend, including hospital and specialist services

Supporting Practice Level Transformation

iMasses Medical School contracted to provide technical assistance to help PCPR practices achieve required milestones related to BHI

Technical Assistance (TA) and Shared Learning (SL): Addressing Barriers

TA/SL focused on addressing shared barriers to BHI among practices.

Barriers include:
1. Limited access to community mental health
2. Communication and cultural differences among medical and behavioral providers
3. Lack of physical and electronic infrastructure to support communication among medical and behavioral providers

TA consisted of onsite consultation with all practices. SL consisted of webinar based trainings and resource sharing.

Implementing Behavioral Health Integration in Primary Care: Measuring Progress, Understanding Challenges

### PROJECT TIMELINE

- **PCPR Begins**
  - March 2014

- **Quality Measures Assessed**
  - Milestones Assessed
  - TA Begins
  - March 2015

- **Quality Measures Re-Assessed**
  - Milestones Re-Assessed
  - TA Ends
  - August 2015

- **January-June 2016**

### RESEARCH OBJECTIVES

- Assess the progress and challenges of BHI implementation within PCPR practices
- Correlate achievement of milestones with performance on BH quality measures

### Definition of Terms

**BHI Related Quality Measures** – National Quality Forum endorsed process measures including:
1. Adult Depression Screening (ages 18+)
2. Adolescent Depression Screening (ages 12-18)
3. Tobacco Assessment and Cessation

**BHI Milestones** – Set of contractual requirements practices agreed to implement related to integration

### Behavioral Health (BHI) Milestones

- Medical and BH leadership meet regularly to discuss current and proposed integrated services
- Policies and procedures in place for seeking BH consultations
- Access to a BH provider for consultation to discuss care for adult and pediatric patients
- Policies and procedures in place for sharing BH between medical and BH providers
- Care coordinators/manager tracks BH referrals
- Care manager contacts patients/families for follow-up care following a BH-related hospital admission or emergency department visit
- BH-provider is part of the treatment planning team for patients with complex behavioral and medical health conditions
- Training is provided to staff on BH conditions and general principles of integration

### STUDY DESIGN

- Mixed methods
- Qualitative assessment of practice achievement of contractual milestones (conducted via medical records from start of PCPR initiative and on quarterly basis thereafter)
- Quantitative assessment of BH Quality measures (submitted monthly by practices, rates calculated quarterly)
- PCPR practices falling below median performance on the 12 month milestone audit were selected for TA
  - TA Practices (n=28)
- Non-TA Practices (n=34)

### PRINCIPAL FINDINGS

- All baseline, non-TA practices reported higher rates on all three BH quality measures compared to TA.
- During a re-assessment phase (one year later), the TA practices reported higher rates on the two depression measures, compared to non-TA.
- TA practices reported improvements for both depression measures, but a slight decline for Tobacco Assessment. Non-TA practices showed declines (Adult) or no change (Adolescent) for depression and a slight increase for Tobacco Assessment.
- At re-assessment, TA practices showed clear improvements across BH milestones. Non-TA practices reported improvements on all.

### CONCLUSIONS & IMPLICATIONS

- Each practice presents its own set of needs and challenges as it relates to BHI. Transformation consultants help practices address these challenges.
- TA participants showed higher rates of quality improvement on two thirds of BH measures, however, the extent to which this is a causal relationship (if at all) is unclear.
- TA practices reported improvements for both depression measures, but a slight decline for Tobacco Assessment. Non-TA practices showed declines (Adult) or no change (Adolescent) for depression and a slight increase for Tobacco Assessment.
- At re-assessment, TA practices showed clear improvements across BH milestones. Non-TA practices reported improvements on all.