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

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BACKGROUND

Primary Care Payment Reform (PCPR)

Massachusetts Medicaid's (MassHealth) current alternative payment pilot program that introduces principles of accountable care, behavioral health integration (BHI), and patient-centered medical home (PCMH) in primary care practices.

Goals:

1. To improve access, patient experience, quality, and efficiency through care management and coordination and integration of behavioral health
2. Increase accountability for the total cost of care

Start: March 2014
Enrollment: 28 provider organizations with 62 practice sites

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 Payment	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

UMass 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

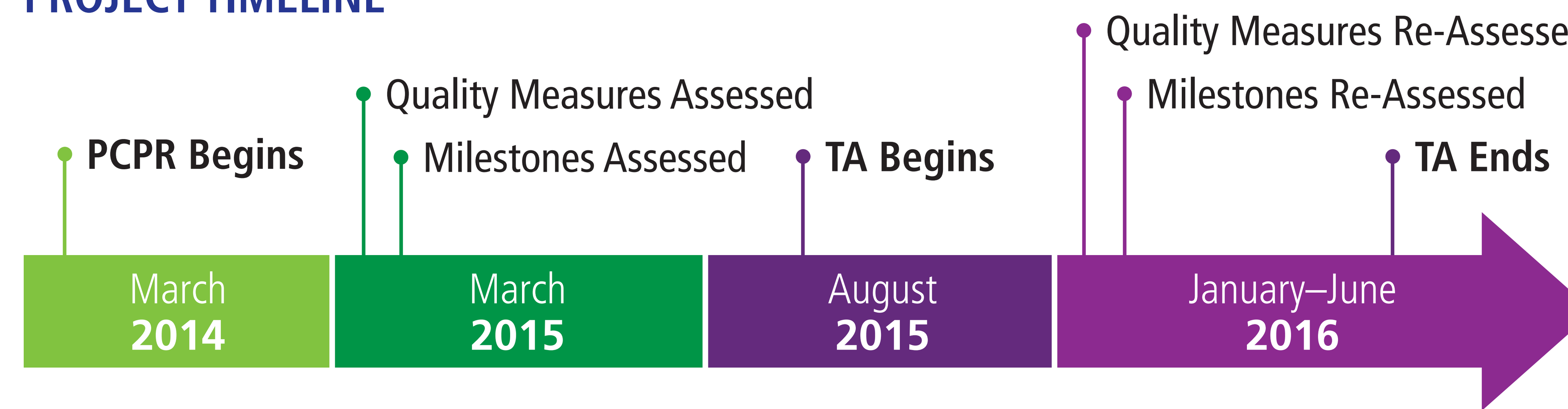
TA/SL focused on addressing shared barriers to BHI among practices.

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**.

PROJECT TIMELINE



RESEARCH OBJECTIVES

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

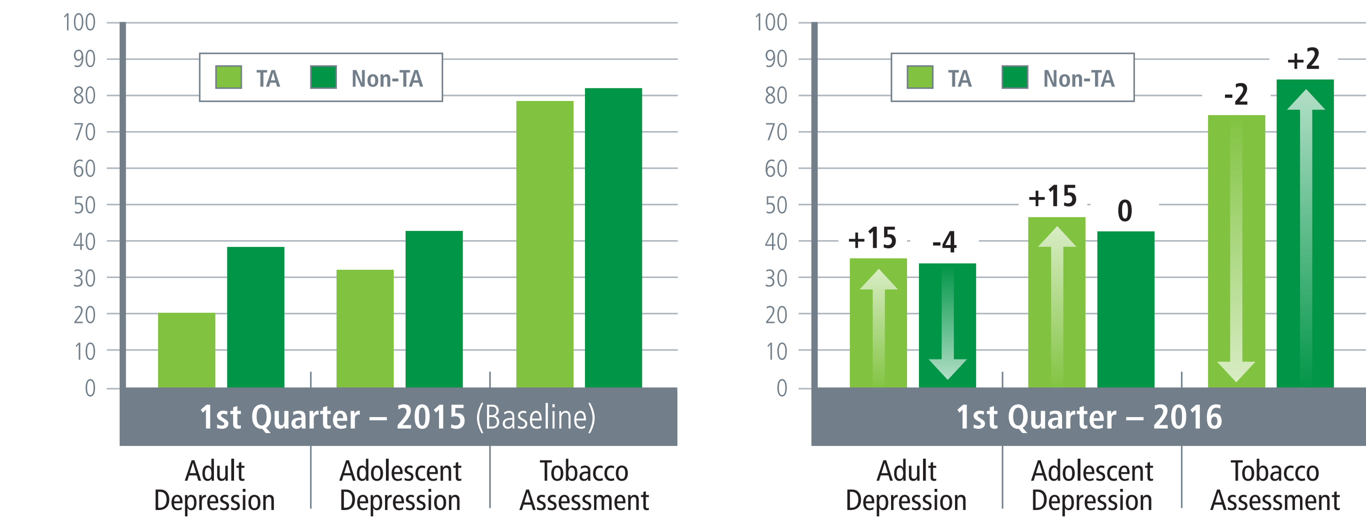
Behavioral Health (BH) Milestones

- 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 PHI between medical and BH providers
- Care coordinator/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

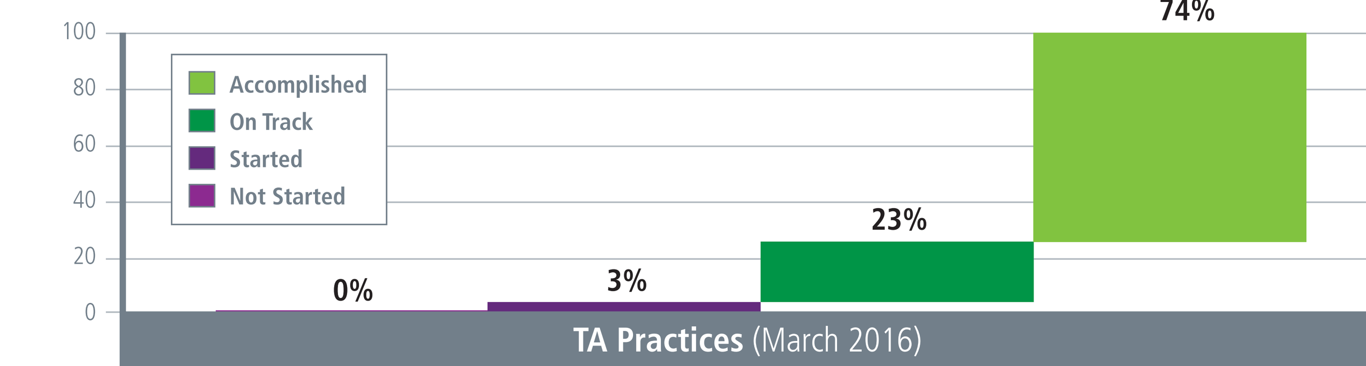
STUDY DESIGN

- Mixed methods
- Qualitative assessment of practice achievement of contractual milestones (conducted via audit 12 months from start of PCPR initiative and on quarterly basis thereafter)
- Quantitative assessment of BHI 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)

BH Quality Measure Rates (%)



BH Milestone Progress (%)



PRINCIPAL FINDINGS

- At 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.
  – **97% of milestones** were Accomplished or On Track to be accomplished by the end of the TA period (i.e., June 2016)

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.
- Linking achievement of integrated milestones to BH quality outcomes may support the effectiveness of integration as a whole, as well as demonstrate the importance of transformation consultation efforts in large scale primary care reform.

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