Implementing Behavioral Health Integration in Primary Care

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

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 of behavioral health services
2. Increase accountability for the total cost of care

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

Technical Assistance (TA) and Shared Learning (SL):
- Addressing Barriers
- TA: Focused on addressing shared barriers to BHI among practices
- Barriers include:
  1. Limited access to community mental health services
  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

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
- Shared Savings Payment
- Annual incentive for quality performance, based on primary care spending
- 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 services
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

Minimum assistance is required in the form of consultation with TA/SL providers

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

Project Timeline

<table>
<thead>
<tr>
<th>PCPR Begins</th>
<th>Quality Measures Assessed</th>
<th>Milestones Assessed</th>
<th>TA Begins</th>
<th>Quality Measures Re-Assessed</th>
<th>Milestones Re-Assessed</th>
<th>TA Ends</th>
</tr>
</thead>
</table>

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 (BHI) Milestones
- Medical and BHI 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 and behavioral interviews 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)

CONCLUSIONS & IMPLICATIONS
- Linking achievement of integrated milestones to BH quality outcomes may support higher rates on two depression measures, compared to non-TA
- TA participation showed higher rates on both depression measures, compared to non-TA
- TA practices reported improvements for both depression measures, but a slight decrease 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.

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 decrease for Tobacco Assessment. Non-TA practices showed declines (Adult) or no change (Adolescent) for depression and a slight increase for Tobacco Assessment.
- TA practices showed clear improvements across BH milestones.

57% of milestones were Accomplished or On Track to be accomplished by the end of the TA period (i.e., June 2016)

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