Implementing Behavioral Health Integration in Primary Care

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*Et al.*

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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 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

PROJECT TIMELINE
- PCPR Begins
- Quality Measures Assessed
- Milestones Assessed
- TA Begins
- Quality Measures Re-Assessed
- Milestones Re-Assessed
- TA Ends

March 2014
March 2015
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 practiced 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 BH 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 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 assigned 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. - 57% 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 BH. 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.
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Supporting Practice Level Transformation
(iMass Medical School contracted to provide technical assistance to help PCPR practices achieve required milestones related to BH)

Technical Assistance (TA) and Shared Learning (SL): Addressing Barriers
TASL focused on addressing shared barriers to BH 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 providers.
TA constituted of on-site consultation with all practices, SL consisted of webinar based trainings and resource sharing.

MassHealth PCPR
- Comprehensive PCPR
- MassHealth PCPR
- Technical Assistance (TA) and Shared Learning (SL): Addressing Barriers
- Project Timeline
- RESEARCH OBJECTIVES
- Definition of Terms
- Behavioral Health (BH) Milestones
- Study Design
- PRINCIPAL FINDINGS
- CONCLUSIONS & IMPLICATIONS
- Supporting Practice Level Transformation
- Technical Assistance (TA) and Shared Learning (SL): Addressing Barriers
- MassHealth PCPR
- BA
- BA
- PhD
- RN, MS, DNP
- BA
- MS
- BA
- MD, MPH
- RN, BSN