Whole-Person Care: Implementing Behavioral Health Integration in the Patient-Centered Medical Home

Joshua P. Twomey  
University of Massachusetts Medical School

Joan Johnston  
University of Massachusetts Medical School

Judith L. Steinberg  
judith.steinberg@umassmed.edu

Follow this and additional works at: https://escholarship.umassmed.edu/commed_pubs

Part of the Health Economics Commons, Health Law and Policy Commons, Health Policy Commons, Health Services Administration Commons, Health Services Research Commons, Primary Care Commons, and the Psychiatry and Psychology Commons

Recommended Citation
Twomey, Joshua P.; Johnston, Joan; Steinberg, Judith L.; and Morris, Anita, "Whole-Person Care: Implementing Behavioral Health Integration in the Patient-Centered Medical Home" (2016). Commonwealth Medicine Publications. 164.  
https://escholarship.umassmed.edu/commed_pubs/164

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Commonwealth Medicine Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Whole-Person Care: Implementing Behavioral Health Integration in the Patient-Centered Medical Home

Authors
Joshua P. Twomey, Joan Johnston, Judith L. Steinberg, and Anita Morris

Keywords
Primary Care Payment Reform, behavioral health, health care reform, Medicaid, payment reform, practice transformation, care coordination, training

Comments
Presented at the Institute for Healthcare Improvement annual International Summit on Improving Patient Care in the Office Practice and the Community.

Client/Partner: MassHealth

This poster is available at eScholarship@UMMS: https://escholarship.umassmed.edu/commed_pubs/164
Whole-Person Care: Implementing Behavioral Health Integration in the Patient-Centered Medical Home

IMPLEMENTING BEHAVIORAL HEALTH INTEGRATION IN PCP PRactices

Models of Integrated Care: A Continuum

Coordinated

- General Description: Externally employed Behavioral Health Clinicians (BHCs) partner with primary care practice (PCP)
- Referrals, Follow-up, and Information Sharing:
  - PCPs refer patient to BHCs for offsite therapy (e.g., following positive BH screen)
  - Formal agreements, consent and other forms written and agreed upon between PCPs and BHCs
  - BHCs utilize forms to send consultation notes, keep appointment records, treatment goals, BH diagnoses, psych meds prescribed, and discharge summary back to PCP
  - Traditional psychotherapy notes (i.e., full psychological assessments) are not shared with PCP
  - Referral loop is closed when follow-up info is entered into PCP's EMR

Co-located

- General Description: BHC is onsite and provides BH to selected patients using traditional psychotherapy model
- Referrals, Follow-up, and Information Sharing:
  - Located in same physical location, but in separate department or in unconnected physical space
  - 50 minute one-on-one patient appointments
  - Complete comprehensive BH EMR-based templated intake form

Integrated

- General Description: BHC is full-time provider within primary care practice
- Referrals, Follow-up, and Information Sharing:
  - BHs provides consultations, warm hand off, conducts short-term therapy sessions and psycho-educational groups for patients (e.g., pain management group)
  - BH trains medical and front office staff on the principles of integrated work
  - BH drafts workflows on BH screening and follow-up
  - BH participates in daily huddle
  - Utilizes same physical space to see patients, including exam rooms
  - Monitors medication experience and makes psychpharm recommendations (within scope of practice)

Co-located Model

- General Description: BHC is onsite and provides BH to selected patients using traditional psychotherapy model
- Referrals, Follow-up, and Information Sharing:
  - BHC receives internal referral using standard internal referral processes
  - Not typically available for same day access, but may be, depending on no-shows
  - Chart in restricted part of the EMR, may document in problem list
  - Unrestricted access to medical EMR
  - Shared treatment goals, diagnosis and communicates larger context themes that may impact care
  - Excludes detailed psychotherapy notes

Care Planning:

- When possible, BHC attends PCP multidisciplinary care team meetings
- BHC offers insight into care plan and helps to formulate and address patient treatment goals
- If BHC is unable to attend meeting, then BH consultation notes are collected and presented by another care team member

Billing:

- Typically, BHC only bills for traditional psychotherapy visits (e.g., 30-50 min), not for consultations

Challenges:

- Most BHCs have limited or no experience working in primary care settings and may not be comfortable with the faster paced environment or how best to apply BH skill set to “medical problems”
- BHCs do not have login to EMR, so gaining access to patient information can be cumbersome
- Many BHCs possess licenses (e.g., LMHCs) that limit scope of practice or billing capacity within medical settings

Full Integration Model

- General Description: BHC full time provider within primary care practice
- Referrals, Follow-up, and Information Sharing:
  - BHs provides consultations, warm hand off in real time
  - Paged by other members of medical team as needed
  - Unrestricted access to EMR
  - Documents using free text and practice-specific template

Care Planning:

- BHC is full member of Multidisciplinary Care Team
- May be designated team leader based on patient needs
- BHC offers insight into care plan and helps to formulate, address, and update patient treatment goals
- Provides guidance to team on patient needs and strengths, as well as patient capacity to engage in self care

Billing:

- Bills for psychotherapy consultations, warm hand off

Challenges:

- Variable buy-in from PCPs regarding the importance of integrated care
- BHC adjusting to brief appointments that may be interrupted, assessment with triage, orienting patients to new model of care

AIMS

- Objective 1: Use Practice Case Studies to delineate how models of behavioral health integration are being implemented.
- Objective 2: Identify challenges in implementing behavioral health integration, utilizing different models.
- Objective 3: Identify transformation support solutions for implementing behavioral health integration.

BACKGROUND

Primary Care Payment Reform (PCPR)
Massachusetts Medical’s (MassHealth) current alternative payment model, that introduces principles of accountable care, behavioral health integration, and Patient-Centered Medical Home (PCMH) in primary care practices.

Goals:

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

Start:

- March 2014
- As of March 2015: 20 participating practice organizations, 63 sites

Patient-Centered Medical Home Model

- Care Coordination
- Clinical Care Management
- Clinic System Integration
- Multi-Disciplinary Care Team
- Evidenced-based, Pro-active care delivery
- Leadership Engagement
- Data-Driven Quality Improvement
- Patient-centeredness
- Patient Involvement in Transformation

MassHealth PCPR

- Comprehensive Primary Care Payment
  - Risk-adjusted capitated payment for primary care services
  - 3 Tiers of payment:
    - Patient-Centered Medical Home (PCMH)
    - Primary Care Behavioral Health (BH)
    - 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

PCMH Joint Principles: Then and Now

- 2007 - Original
- 2014 - Integrating Behavioral Health

2007 - Original

- Personal physician
- Home of the team
- Whole person orientation
- Requires BH service as part of care
- Care coordinated
- Shared problem and medication lists
- Quality and safety
- Requires BH on team
- Enhanced access
- Includes BH for patient, family and provider
- Appropriate payment
- Funding pooled and flexible

2014 - Integrating Behavioral Health

- Whole person orientation
- Requires BH service as part of care
- Care coordinated
- Shared problem and medication lists
- Quality and safety
- Requires BH on team
- Enhanced access
- Includes BH for patient, family and provider
- Appropriate payment
- Funding pooled and flexible

RESULTS

Transformation Support Solutions

Focus on:

- Workflow design, test and implementation
- Metric development
- Data collecting, organizing, reporting and interpreting
- Basic QI methodology and skill building
- Education to help team members adapt to new care delivery models
- Scripts, diagrams, and tools that advance implementation
- Financial optimization through billing and alternative payment models

Examples:

- Onsite consultation, observation, and immediate feedback
- Group learning and sharing via webinars
- Resource design and development
  - Telephone scripts for staff
  - Checklists and templates appropriate for customization
  - Design workflow and documentation templates to advance billable medication visit

CONCLUSIONS

- BH Integration is a necessary component of whole person care
- BH Integration is a complex, yet highly accomplishable task
- BH integration models form a continuum that leads to full integration
- BH models provide guidelines for integration, but can be customized to meet the specific needs of the practice
- Numerous transformation strategies can support the clinical, financial, and cultural challenges to integration
- Alternative payment models remain essential to supporting sustainable, expandable, and successful BH services within primary care