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

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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 Medicaid’s (MassHealth) current alternative payment pilot program, 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

IMPLEMENTING BEHAVIORAL HEALTH INTEGRATION IN PCPR PRACTICES

Models of Integrated Care: A Continuum

Coordinated Model

- General Description: Externally employed Behavioral Health Clinicians (BHCs) partner with primary care practice (PCP)
- Unlike traditional coordinated model, BHCs onsite 20–40% of time
- While onsite, BHCs provide consultations, warm hand offs, intakes, and conduct short-term therapy sessions
- While offsite, BHCs provide telephone consultations for PCP and see patients for long-term therapy
- Care Planning: Referrals, follow-up
- 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 skillset to “medical problems”

Co-located Model

- General Description: BHC is onsite and provides BH to selected patients using traditional psychotherapy model
- 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
- 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 EMR, may document in problem list
- Unrestricted access to medical EMR
- Shares general treatment goals, diagnosis and communicates larger context themes that may impact care
- Excludes detailed psychotherapy notes
- Care Planning: May participate in Multidisciplinary Care Team meetings
- Challenges: Lack of shared physical space is a barrier to communication and coordination

Integrated Model

Full Integration Model

REFERRALS, FOLLOW-UP, AND INFORMATION SHARING

- General Description: BHC full time provider within primary care practice
- Referrals, follow-up, and Information Sharing: BHC receives warm hand off in real time
- Pagd by other members of medical team as needed
- Unrestricted access to EMR
- Documents using free text and practice-specific template
- Notations are typically far briefer than traditional psychotherapy notes. EMR has ability to ‘lock’ some BH notations from other providers.
- Care Planning: BHC is full member of Multidisciplinary Care Team
- Billing: Bills for psychotherapy, consultations, warm hand offs

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