

WELCOME!

Advancing Integrated Behavioral Health and Primary Care: Persistent Challenges and Potential Solutions

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*Additional support provided by **Blue Cross and Blue Shield of North Carolina, The Chartis Group, and United Health Group.***



Introduction

NEHI is a national nonprofit, nonpartisan organization composed of stakeholders from across **key sectors of health and health care.**

Our mission: to advance innovations that improve health, enhance the quality of health care, and achieve greater value for the money spent.





- This webinar will be recorded and shared with you via email.
- To post a question or a comment, please use the Q&A feature in Zoom.
- Please refer to the Bio Book in chat to read more about our panelists.

Why We're Here Today: The Lack of Mental Health Care Remains a Major Problem



- An estimated 26% of adults in the U.S. suffers from a diagnosable mental disorder in any given year.
 - Data on children is less reliable. CDC reports that 1 in 6 children between ages 2 to 8 (17%) had a diagnosed mental, behavioral, or developmental disorder. Diagnoses of depression and anxiety increase with age and generally co-occur.
- 57.2% of adults with a mental illness received no treatment in 2020 (26M individuals). Untreated mental illness ranges from 40.7% in VT to 64.8% in CA;
 - 59% of youth with major depression do not receive mental health treatment
- Outcomes worsened during the pandemic, including rising overdose deaths, worsening existing mental health problems, and increased incidence of anxiety and depression.
 - Symptoms of anxiety and depression have quadrupled in adults
- A 2018 Milliman study of claims found that people with mental and behavioral health conditions account for 57% of all health care expenditures and that effectively integrating medical and behavioral health programs can save 9-17% of the total additional spending.

This Webinar's Foundation: Primary Care is an Essential Access Point for Behavioral Health Care



- Half of all care received for common psychiatric disorders is provided by primary care physicians.
 - In 2010, 20% of all visits to PCPs included depression screening, counseling, a behavioral health diagnosis, psychotherapy, or provision of a psychotropic drug.
- More than 50% of counties in the US do not have a licensed behavioral health provider
- **However**, 66% of PCPs report they are unable to connect patients with outpatient behavioral health providers, due to their unavailability or insurance barriers.

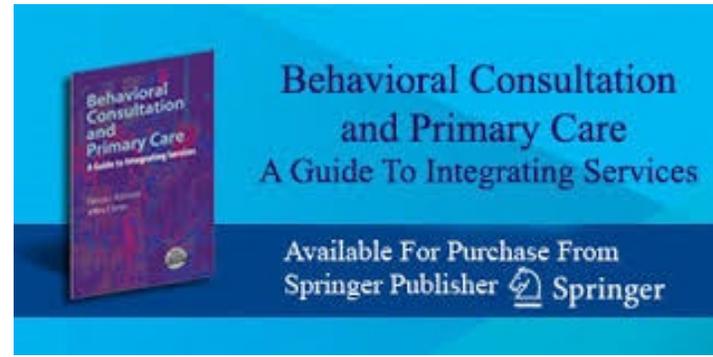
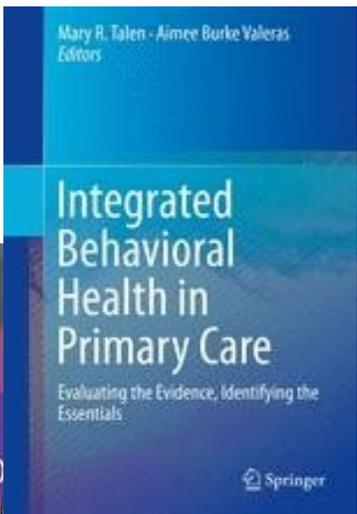
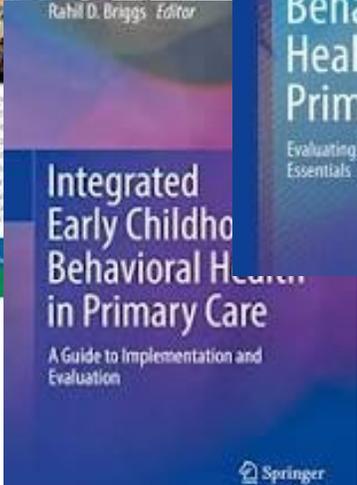
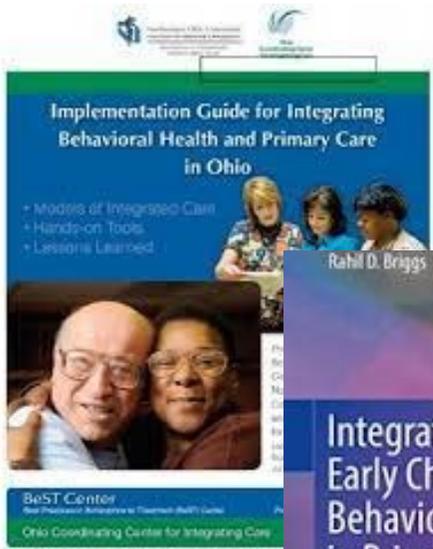
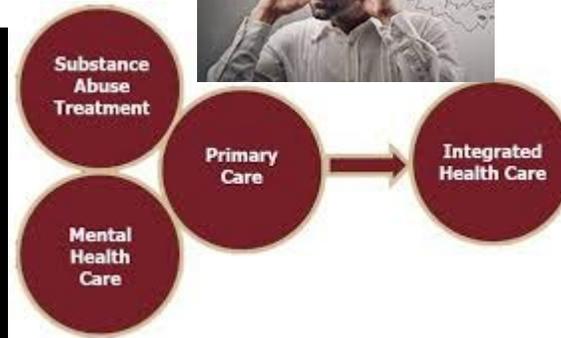
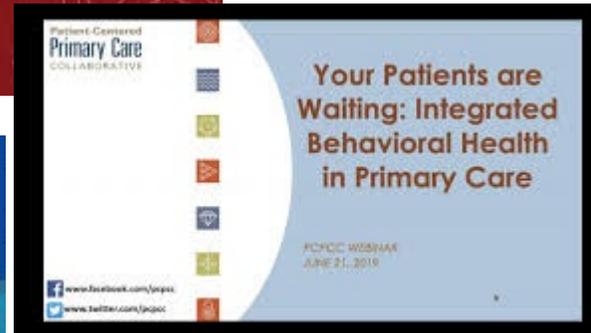
This Webinar's Foundation: Integrating Behavioral Health and Primary Care Works

- The Evidence is Strong
 - “Collaborative Care originated in a research culture and has now been tested in more than 80 randomized controlled trials in the US and abroad. Several recent meta-analyses make it clear that Collaborative Care ...leads to better patient outcomes, better patient and provider satisfaction, improved functioning, and reductions in health care costs, achieving the Triple Aim of health care reform.” (AIMS Center <https://aims.uw.edu/collaborative-care>)
 - “The Lexicon for Behavioral Health and Primary Care Integration (Lexicon) is a set of concepts and definitions developed by experts to provide a practical definition of behavioral health integration as implemented in practice settings. This consensus Lexicon enables clear communication and action among clinicians, care systems, health plans, payers, researchers, policymakers, business modelers, and patients working for effective, widespread implementation on a meaningful scale Agency for Healthcare Research and Quality, <https://integrationacademy.ahrq.gov/products/lexicon>
- But most primary care practices have not implemented integrated behavioral health care

A Working Definition? Essential Elements



- Systematic screening for behavioral health conditions; referral for complex patients
- Ongoing care management between patients and providers
- Multidisciplinary team-based care between behavioral health and primary care providers
- Measurement-based care, using evidence-based tools to monitor behavioral health symptoms and make treatment adjustments
- Culturally adapted self-management tools
- Tracking and exchange of patient information among providers
- Social needs assessment and links to service
- Systematic quality improvement using established quality metrics



Multiple playbooks, implementation guides, and policy recommendations produced over the last decade attest to energy, determination and frustration with the pace of adoption

So, Today's Goals

- Bring further clarity to what successful integration entails.
- Improve stakeholders' understanding of pathways to integrate primary and behavioral healthcare
 - Can we better match circumstance to pathway?
- Develop points of collaboration around priorities to advance adoption and sustained implementation.
 - How much consensus is there on the required elements of integrated behavioral health care? Where does this consensus collide with the need to customize solutions based on practice circumstance?
 - Are our recommendations keeping pace with technological changes and new models of primary care?
 - *What policies and practices enable primary care practices to incorporate behavioral health as part of the care they provide?*

Webinar Structure

- The Context: history of efforts to integrate BH and primary care, definitions (set level playing field), evidence of effectiveness, delineation of persistent barriers and current adoption status
- Panel Discussions: Practices and Payors
 - Approaches to Integration: Problems and Solutions
 - Are your solutions scalable?
- *Audience Questions*
- Panel Discussion: Innovation in the Market
 - What is your model? How does it work?
 - What limitations to scale exist? Can we remove these?
- *Audience Questions*
- Synthesis and Commentary
- Panelists' Rapid Rejoinder
 - Potential Opportunities for Collaboration

Agenda:

Orientation: Setting the Context (1:40-2:00)

- Ben Miller, Well Being Trust
- Diane Powers, University of Washington AIMS Center

Primary Care Implementation (2:00-2:20)

- Matthew Press, University of Pennsylvania
- Ann Greiner, Primary Care Collaborative

Moderator: Mark Wenneker

Payer Perspectives (2:20-2:40)

- Hyong Un, Aetna/CVS Health
- Katherine Knutson, United Health Group
- Nora Dennis, BCBS of North Carolina

Moderator: Wendy Warring

Audience Questions (10 mins)

Market Solutions (2:50-3:15)

- Lindsay Henderson, Amwell
- Joshua Israel, Aledade, Inc.
- Virna Little, Concert Health
- Christopher Molaro, NeuroFlow

Moderator: Mark Wenneker

Audience Questions (15 mins)

Commentary/Closing Remarks: (3:30-3:55)

- Carol Alter, Dell Medical School, University of Texas
- All Panelists

CONTEXT:

Evidence is clear, but implementation is challenging

- Effective Strategies:
 1. Participate in access program, if available
 2. Comprehensive measurement driven triage program-if pop health or other risk management activities are available
 3. BH Provider integrated in primary care, using MBC
 1. Add BH care manager/navigator-if population health or other risk management activities are available;
 4. Implement Collaborative Care
- Beneficial (but no evidence of improving outcomes for BH conditions)
 - Universal screening for depression and other conditions, and referral
 - BH care management/navigation alone

- How do providers make the decision to invest, to implement etc?
 - Incentives: primary care transformation programs, participation in risk programs; competitive market advantage?
 - Penalties/disincentives to not implementing: Risk bearing (applies to few)
 - Awareness of lack of access to behavioral health
- **Health systems** play an important role-
 - Risk?
 - Revenues?
 - Opportunities? (PCP+/MDPCP etc)

- **Payers** can play an important role in developing and fostering innovation (but not at the expense of covering evidence based practices)
- Role of **purchasers** in developing benefit design
 - Employers increasingly engaged and aware of evidence supporting BH care delivered in primary care settings.

MARKET INNOVATION

- Innovators can be flexible, quick-
 - Best in smaller settings
 - AND innovating to create a “layer” of capability over existing infrastructure
- Challenge is large system, EHR’s etc, existing infrastructure-
 - Opportunity is in pop health-organizations that are managing risk; being able to help with larger population demands (inpatient, transitions of care etc)
 - Critical for primary care to advocate for these services, as part of health care!

- Legislative and regulatory actions:
 - CoCM CPT codes: Optimize current codes, consider coverage determination
 - Payment for MBC
 - "enable" investments, through incentives (Full APM payments ONLY if providing full services)
- Accreditation and Performance Measurement
 - Accreditation standards that incorporate substantive requirements for BH care in primary care delivery
 - Include mental health outcome reporting in accountability (quality measurement) programs

Other steps:

- Primary care transformation: is there a payment mechanism sufficient to support primary care implementation?
 - TA center?
- Supporters/Message

THANK YOU FOR JOINING US

Keep an eye out for registration for our next webinar,

Innovations in Behavioral Health

Psychedelic Medicine: Old Compounds, New Beginnings

Wednesday, June 23 – 1:00pm ET

For more information, please contact:

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