The Road to Success: Building and Sustaining an Integrated Behavioral Health and Primary Care Model

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Overview

- The Need for Integrated Systems
- Types of Integration Models
- Facility Licensing Structure
- Workforce and Best Skill Level of Behavioral Health Providers
- Reimbursement
- Privacy and Confidentiality
- Practical Takeaways

The Need for Integrated Systems

- 1 in 4 adults (57.7 million) experience a mental health problem in any given year
  - Single episode of depression; 50% will have recurrent episodes
  - About 1/3 with depression have a SUD
  - About 60% with bipolar illness have a SUD
- An estimated 5.2 million adults have co-occurring mental health and substance use disorders

Only 50% with depression receive treatment
<11% of people with a SUD receive treatment

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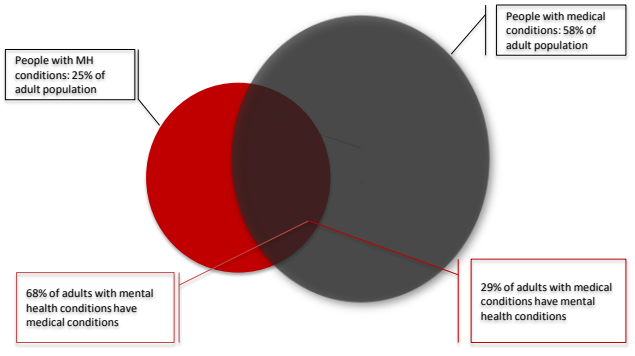
The Need for Integrated Systems



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The Need for Integrated Systems

- Treat the whole person
- Increase access and scope of services
- Achieve better outcomes
- Increase quality of care
- Reduce economic burden to patient
- Reduce stigma and discrimination

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Types of Integrated Care Models

Coordinated	Co-Located	Integrated
Routine behavioral health screening in primary care	Medical and behavioral health in same facility	Medical and behavioral health in same or separate facility
Referral to separate behavioral health setting	Referral to behavioral specialist on-site	ONE treatment plan
Routine exchange of information	Enhanced exchange due to proximity	ONE team
Both sites handle behavioral health separately	Both providers handle behavioral health separately	Team works together to provide behavioral health

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Types of Integrated Care Models

- Integrated care generally includes the elements of both coordinated care and co-located care
- Integration will require consideration of the space where services are provided
- Integration will require consideration be given to areas such as credentialing, paneling, funding sources for uninsured, coding/billing, IT systems, education, after-hours coverage, supervision and liability
- Integration will require consideration of the availability of community resources

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Table 3. Advantages and Weaknesses at Each Level of Collaboration/Integration

COORDINATED		CO-LOCATED		INTEGRATED	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Advantages					
›› Each practice can make timely and autonomous decisions about care ›› Readily understood as a practice model by patients and providers	›› Maintains each practice's basic operating structure, so change is not a disruptive factor ›› Provides some coordination and information-sharing that is helpful to both patients and providers	›› Colocation allows for more direct interaction and communication among professionals to impact patient care ›› Referrals more successful due to proximity ›› Opportunity to develop closer professional relationships	›› Removal of some system barriers, like separate records, allows closer collaboration to occur ›› Both behavioral health and medical providers can become more well-informed about what each can provide ›› Patients are viewed as shared which facilitates more complete treatment plans	›› High level of collaboration leads to more responsive patient care, increasing engagement and adherence to treatment plans ›› Provider flexibility increases as system issues and barriers are resolved ›› Both provider and patient satisfaction may increase	›› Opportunity to truly treat whole person ›› All or almost all system barriers resolved, allowing providers to practice as high functioning team ›› All patient needs addressed as they occur ›› Shared knowledge base of providers increases and allows each professional to respond more broadly and adequately to any issue
Weaknesses					
›› Services may overlap, be duplicated or even work against each other ›› Important aspects of care may not be addressed or take a long time to be diagnosed	›› Sharing of information may not be systematic enough to effect overall patient care ›› No guarantee that information will change plan or strategy of each provider ›› Referrals may fail due to barriers, leading to patient and provider frustration	›› Proximity may not lead to greater collaboration, limiting value ›› Effort is required to develop relationships ›› Limited flexibility, if traditional roles are maintained	›› System issues may limit collaboration ›› Potential for tension and conflicting agendas among providers as practice boundaries loosen	›› Practice changes may create lack of fit for some established providers ›› Time is needed to collaborate at this high level and may affect practice productivity or cadence of care	›› Sustainability issues may stress the practice ›› Few models at this level with enough experience to support value ›› Outcome expectations not yet established

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

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Facility Licensing

Integrated Models can be provided in a variety of facility settings:

- **Primary Care Practice** – operates under the license of individual providers
- **Community Mental Health Centers ("CMHC")** – licensed by state agencies ~ funded by Medicaid contracts/grants. CMHC may need to go through the credentialing process to become a licensed medical provider
- **Federally Qualified Health Centers** – outpatient clinics ~ receive bundle payments through CMS prospective payment system
- **Substance Use Disorder Treatment Facility** – licensed by state agencies
- **Hospital-Based Outpatient Programs** – may require a specific license separate from the hospital to operate the Integrated Model
- **Inpatient/Residential Programs** – licensed by state agencies

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Best Skill Level of Providers

- Workforce development is essential to integrated care; key components that should be considered for this unique labor force include:
  - Team Members
  - Recruitment and Retention
  - Education & Training
  - Supervision
  - Partnerships
  - Leadership

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Best Skill Level of Providers

Determining the Skill Level Needed:

- Review state scope of practice requirements for licensed behavioral health professionals:
  - State scope of practice laws varies, some behavioral health providers' services are not reimbursable by certain payers
  - Review providers that you currently have on staff, i.e. psychiatrists, psychologists, social workers, marriage and family therapists/counselors, advanced practice psychiatric nurses, addiction counselors, mental health counselors, psychiatric rehabilitation specialists, psychiatric aides and technicians
- Can these individuals qualify for credentialing under government & commercial payer contracts?

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Best Skill Level of Providers

Determine Clinical Skills Needed:

- Understanding of both Psychiatric and Physical Conditions
- Good Diagnostically
- Brief Interventions with Best Practices
- Generalist AND Specialist
- Innovative
- Clinical Approach: Motivational Interviewing, Mindfulness, Trauma Lens, Exposure, and Substance Use Disorders
- Case Management

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Best Skill Level of Providers

Create an Integrated Culture:

- Integration requires a shift in how primary care and behavioral health providers traditionally function
- Develop Core Competencies
- Develop Robust Orientation and Onboarding
- Ensure Ongoing Communication and Collaboration with PCP Providers and Staff
- Provide Ongoing Clinical Support with Program Evaluation and Quality Improvement

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Reimbursement

- Effective Integration Models must be structured to create economic value
- Mental Health Parity & Addiction Equity Act of 2008 and 21st Century Cures Act of 2016 are efforts by Congress to:
  - Improve coordination of behavioral health and primary care
  - Reduce lack of coverage for behavioral health services
  - Offer behavioral health patients equal access to services
- Successful integrated systems know the integration incentives available through state and federal programs

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Reimbursement

Billing Codes

- Successful Integration Models will know and understand all reimbursement codes that are available for mental and behavioral health services for their facility, regardless of the payer
- Ensure your Medicaid and Medicare numbers are appropriately linked to the service provided
- Assess your workflow and identify who can pay for each step of your process – with your clinical and billing staff at the same time
- If partnering with an FQHC or CMHC, ensure you understand billing rules and regulations

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Reimbursement

Billing Codes

- January 1, 2017, Medicare began making separate payments to physicians and non-physician practitioners for Behavioral Health Integration Services furnished under the Psychiatric Collaborative Care Model ("CoCM"). 4 new Part B codes: *G0502, G0503, G0504, G0507*
- CMS Mental Health Services Codes: 99201 – 99340
- Medicine Section CPT Codes:
  - Psychiatry Codes – (90801 – 90899)
  - Health Behavioral Assessment & Intervention (HBAI) Codes – (96150 – 96155)

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Reimbursement

Payer Contracts

- Successful Integrated Models should regularly review payer contracts to:
  - Understand which licensed professionals can be credentialed for reimbursement
  - Know what billing codes are relevant for mental/behavioral health under all payer contracts
  - Understand how services furnished by non-credentialed providers under supervision of credentialed providers will be reimbursed
  - Use claims data to make a business case to payers for new reimbursement methodology

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Practical Takeaways - Reimbursement

- ✓ Review facility licensure requirements
  - Is the licensure and reimbursement structure optimal for your Integrated Care Model?
- ✓ Review state scope of practice requirements for licensed professionals
  - Can these individuals qualify for credentialing under government and commercial payer contracts?
- ✓ Know mental and behavioral health billing codes for government AND commercial payers
- ✓ Review claims data to determine best approach for negotiating credentials and requesting mental and behavioral health billing codes

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Privacy and Confidentiality

- Successful Integrated Models must effectively balance the need to share information for effective patient outcomes with the need to comply with privacy and confidentiality laws
- Health Insurance Portability & Accountability Act of 1996 ("HIPAA")
- Health Information Technology for Economic & Clinical Health Act ("HITECH")
- Confidentiality of Substance Use Disorder Patient Records – Title 42 of Code of Federal Regulation ~ Part 2 ("Part 2")
- State privacy and confidentiality laws

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Privacy and Confidentiality

HIPAA & HITECH

- Integrated Models must take into consideration how privacy, security and breach notification policies and procedures will be impacted

Modifications may need to be made to:

- Notice of privacy practices
- Patient rights policies and procedures
- Business Associate Agreements
- Authorization to release information
- Protection of psychotherapy notes
- Access to electronic protected health information
- Security Risk Analysis

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Privacy and Confidentiality

HIPAA and HITECH

- Integrated Models comprised of multiple covered entities should have clearly/explicitly defined roles in their arrangements
- Close attention should be paid to HIPAA & HITECH obligations with regards to the breach notification rule

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42 CFR Part 2

42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records

- Final Rule updated in 2017 and 2018
- The Final Rule revised 14 provisions of Part 2 intended to update and modernize the regulations
- Revisions include enhancements to health services research, integrated treatment, quality assurance and health information exchange activities

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42 CFR Part 2

Part 2 Programs Compliance

- Update consent forms to reflect the Final Rule. Consents obtained by Part 2 programs after the effective date must comply with the Final Rule
- Update policies and procedures, including staff training policies, consent procedures and procedures addressing physical and electronic security for records covered by Part 2
- Develop a process for adding general designations to the consent form
- Additional changes proposed by SAMHSA on August 26, 2019

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42 CFR Part 2

- Integrated Models subject to the Part 2 regulations will need to develop policies and procedures to ensure compliance with Part 2
- Update existing policies and procedures to comply with the final rule
- No "Treatment, Payment and Health Care Operation" exception—implementation will require a careful analysis to ensure compliance

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State Privacy & Confidentiality Laws

- States often impose stricter privacy considerations on use and disclosure of mental health records
- Evaluate types of communications/relations that are protected by state confidentiality laws
- Determine which records qualify as mental health records
- State duty to warn laws should be considered when adjusting policies and procedures

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Privacy and Confidentiality

Information Sharing:

- Integrated Models must develop procedures to ensure that each provider has quick access to the necessary information to treat the patient and at the same time ensure that privacy and confidentiality laws are followed
- Electronic Medical Records must include the appropriate security measures
- Participating in a Health Information Exchange requires a careful analysis of how behavioral health information can compliantly be included

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Practical Takeaways - Privacy

- ✓ Perform HIPAA audit for Integrated Model implementation
- ✓ Perform Part 2 analysis for Integrated Model implementation
- ✓ Ensure consent forms, processes and procedures are updated to comply with Part 2 Final Rule
- ✓ Evaluate state laws to ensure privacy/confidentiality restrictions are in place

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Sustainability

- Sustaining integrated care over time is a significant concern for most providers of behavioral health and primary care services.
- Sustainability requires organizations to imbed both organizational practices and expectations for integrated care in the fiber of its operations and to maximize every possible revenue source.
- Every area of the integrated model including: the environment, leadership, administrative and clinical policies, billing, technology, skills and quality improvement must be assessed regularly.

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