



**Milbank MPC Network April 2021 Virtual Webinar:
*Exploring Approaches to Incorporate Behavioral Health into Care
Programs***

Presentation Background and Q&A

Arkansas Behavioral Health Integration

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Presentation Background

Arkansas Behavioral Health Integration Network (ABHIN)

ABHIN is a regional technical assistance center that provides training and facilitates change for primary care practices seeking to incorporate behavioral health strategies. ABHIN supports organizations and individuals throughout the state of Arkansas as they build capacity for behavioral health services. The organization seeks to operate at the intersection of reducing care cost, satisfying providers and patients, and improving population health. It has succeeded by galvanizing stakeholder support, engaging health systems and practices, and operating as an independent non-profit organization of qualified clinicians.

In recent years, ABHIN has helped rural health primary care teams confidently manage opioid use disorders as well as providing programming to support clinicians on suicide intervention, prevention, and postvention. ABHIN brings national expertise to local clinicians, helps identify training resources and evidence-based practices, provides coaching, and helps bridge the gap across fragmented care. Behavioral health integration is a team-based transformation to primary care, not just the addition of an individual behavioral health clinician to a practice. A survey of CPC+ clinics that implemented behavioral health integration found prominent hurdles included: system or primary care practitioner buy-in and engagement, practice transformation, deficit of behavioral health practitioners, and limited program financing.

ABHIN has identified strong relationships, organizational bridges, and effective cultural change as the key components to seeing continued success in behavioral health integration throughout health practices.

Q&A

How did ABHIN achieve TAC (Technical Assistance Center) designation approval through HRSA (Health Resources and Services Administration)?

- HRSA is an agency of the U.S. Department of Health and Human Services, and it is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable
- Followed guidelines to become a non-profit and received 503-c status
- Started applying for HRSA grants and described intended work efforts

Regarding the two different models for integrations, care management and specialist, how do they operate differently? Do rural practices have fewer options? Do both models ever operate in tandem?

- Debated
- Can be complementary, and practices can do both. May require different teams
- An LCSW can operate as a care manager
- In the Veterans Affairs healthcare administration, it's described as a blended model i.e. having a psychiatrist and behaviorists (e.g. psychologists, social workers,

therapists) with potentially some operating remotely (via telehealth) and some on site

How smoothly has behavioral health integration transitioned throughout the pandemic?

- Internet access is essential to telehealth services. For patients who seek services at primary care practices, practitioners must recognize the value in allocating rooms for behavioral health services (sometimes at the expense of other billable services)
- Proliferation of businesses providing behavioral services remotely
- Rising concern of patients not feeling personally connected to practitioner and consequently resisting continuing treatment

Presentation Background

Care Transformation Collaborative of Rhode Island (CTC-RI)

CTC-RI's vision is to support Rhode Islanders in enjoying excellent health and quality of life. It focuses on using integrated primary care to improve patient experience, cost of care, and overall patient population outcomes. When considering aspects of patient-centered medical homes for further improvement, behavioral health integration stood out to the organization.

When developing their integrated behavioral health (IBH) initiative, CTC-RI had 5 specific goals: 1. achieve universal screening, increase access to brief intervention for select mental health conditions; 2. provide care coordination and 3. interventions for patients with high emergency department utilization; 4. increase patient self-care management skills; 5. create cost savings by reducing hospitalizations. About 1/3 of the primary care practices that CTC-RI works with have participated in their IBH initiative.

The IBH initiative was executed through a pilot program which included the following components: onsite practice facilitation of behavioral health integration (e.g. workflow, culture change); universal screening implementation; embedded IBH clinicians; regular sharing of best practices; and practice incentives. Pilot findings suggest that the IBH was able to successfully reduce emergency department visits and office visits, with modest declines in cost of care and prescription costs. CTC-RI's future efforts seek to address challenges identified in the pilot, such as building a workforce for integrated care, revising billing structure for services so patients do not experience multiple co-pays, and focusing on the implementation needs of small practices. CTC-RI is working on a variety of programs to incorporate IBH into adult and pediatric populations in both onsite and telehealth formats.

From CTC-RI's pilot program learnings, IBH in primary care improves patient access to care and the care experience, while also lowering costs. Successful practice adoption of IBH is driven by onsite facilitation by subject matter experiences and effective culture change. Alternative payment models can further enhance program success in the future.

Q&A

How were behavioral health integration efforts affected by the COVID-19 pandemic?

- The initiative focused on telehealth-driven funding to address needs arising during the pandemic
- CTC-RI continues to listen to members of their patient-centered medical homes to identify needs as they form

Can IBH practice facilitators serve in the behavioral health workforce? What are important attributes to consider when hiring to build up the integrated health workforce?

- All IBH practice facilitators have clinical licenses and clinical experience

- While some facilitators are interested in continuing to provide direct clinical services, others prefer to work in a consultative capacity for practices
- Important to recruit for counselors who have a dedicated interest in behavioral health
- Accredited schools will need to expand their role in training for behavioral health counselors

Presentation Background

Horizon Blue Cross Blue Shield of New Jersey Behavioral Health

Horizon built the foundation of its behavioral health (BH) program in 2018, when it formed an integrated systems of care group, piloted a collaborative care model, and launched several additional care pilots. In 2019, Horizon formalized its BH continuum of services and launched an integrated system of care model nationally. Horizon continued its BH efforts in 2020, when the organization created a partnership with the NJ Department of Health Services and formally insourced its commercial and Medicaid BH services (no longer using a vendor). Its BH function presently focuses on completing the BH insourcing process across its product lines, improving its continuum of care programs, and establishing integrated systems of care (ISC).

Horizon's continuum of BH services ranges from guided patient self-management to formal, structured programs. The organization offers trainings and other online resources, self-directed cognitive behavioral therapy, virtual therapy and telehealth services, behavioral health integrated primary care services, medication-assisted treatment, and team-based ISC for high-need patients. The ISC program is a core behavioral health offering and focuses on coordinating care among patients with serious mental illness and substance use disorder by utilizing primary care practitioners and outpatient behavioral health centers. At the outpatient centers, patients receive behavioral treatment plans, wellness exams, and services to social needs (e.g. food, transportation, etc.). The outpatient center and primary care practitioners engage in active bidirectional communication on patient status.

The ISC pilot featured promising patient reported outcomes: 80% reduction in hospital admissions, 75% reduction in emergency room visits, 65% decline in alcohol use, 90% decline in illicit drug use, and 72% improvement in quality of life indicators. Horizon used claims data to identify changes to the hospital admissions rate and emergency room visits.

Q&A

What is the GPRA (Government Performance Results Act) tool?

- GPRA is used in federal demonstration projects as an outcome monitoring tool
- Not appropriate to use on an ongoing basis in a therapy setting

Have you run into barriers with regard to what information behavioral health centers can share with primary care practitioners? Is patient consent required?

- Utilized patient consent in order to share information with primary care practices
- Horizon has a proprietary electronic health data exchange which facilitates data access, and all Horizon partners are able to access through internal permissions

Have you implemented value-based performance measures for the ISC pilot?

- Yes, Horizon is engaged in a value-based contract with ISC vendors

- Measures include: priority access following hospitalizations and emergency room visits, medication assisted treatment engagement, primary care engagement, and readmissions to hospitals and emergency rooms,
- Clinicians are on a case rate and receive an annual performance incentive

Are ISC providers conducting care management or directly providing mental health services?

- ISC providers work with primary care practices, deliver therapy, and conduct case management (multiple roles)

How does the ISC team interact with housing given housing insecurity issues that patients face?

- ISC providers have experience working with community-based organizations that help patients access housing or shelter vouchers and support placement into low-income housing
- Some providers have begun leasing and renting units independently to patient tenants