

A Physician-Health Plan Collaborative Solution for Achieving Primary Care Behavioral Health Integration



In partnership with  Independent Health.

Leading the way to better care

Judith A. Feld, MD, MPH, MMM
DSRIP Learning Symposium
September 17th, 2015

Independent Health

- Not-for-profit regional health plan with nearly 375,000 members serving the 8 counties of WNY
- Received the National Committee for Quality Assurance's (NCQA) highest accreditation status of "Excellent" for its Commercial HMO/POS and Medicare lines of business (17 consecutive years).
- One of the highest-ranked health plans in the nation for all lines of business – Commercial, Medicare and Medicaid – according to the National Committee for Quality Assurance (NCQA).
- Ranked as the top health insurance plan in the New York/New Jersey region for four consecutive years, according to J.D. Power 2010, 2011, 2012 and 2013 Member Health Insurance Plan Study.

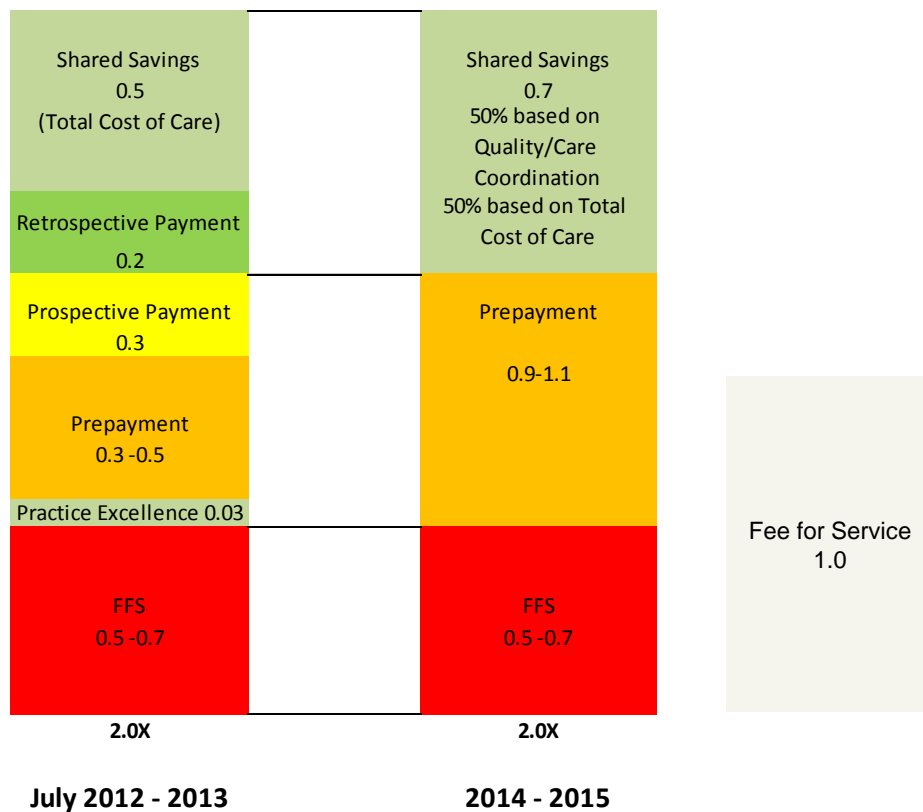


The Primary Connection

- 30 community based practices, 192 physicians, and 127 midlevel providers in a collaborative, shared savings reimbursement model
- Dedicated Physician Leadership Council made up of community physicians and community leaders
- Strong collaboration between primary care physician practices and other health care providers
- Resources and programs to assist in practice transformation and care delivery



Primary Connection Value Based Alternative Reimbursement



Mental Health Integration: Core Principles

- All clients have a person centered health care home
- All clients have a shared care plan that includes behavioral health needs
- Population-based Care:
 - Use a registry to make sure patients don't fall through the cracks.
- Treatment to Target
 - Provide care that works.
- Patient-Centered Integrated Care
 - Closely coordinate primary care and behavioral health care.
- Performance-Based Payment
 - Pay for value, not volume.

-Urgen Junutzer, 2011



Choosing an Integration Approach

- Collaborative Care (IMPACT)/ Behavioral health Consultation (BHC)/ Co-location
 - BHC model widely used by public and safety net providers (VA, US Airforce, FQHCs)
- Pilot study with 4 PCMH practices using collaborative care model (2012)
 - Improved awareness, improved follow-up
 - Reimbursement challenges, single condition focus
- Study with pediatric practice (Amherst Pediatrics) adopting BHC model
 - Hired LMHC in Feb. 2012- screening, earlier identification of behavioral health needs, onsite counseling, and referrals to services for further treatment.

Amherst Pediatrics -Study Methodology

- Collaboration in 2013 to study utilization patterns within the practice as well as other outcomes that may have been influenced by integrating a behavioral health consultant.
- Analytic timeframe: Time 1 – 02/01/2011 to 09/30/2011; Time 2 – 02/01/2012 to 09/30/2012
- Sample was restricted to members with assigned or imputed PCP at Amherst Pediatrics.
 - 3,956 members with coverage for at least part of one or both time periods were included.
- Utilization patterns compared for the two time periods to see if the integrated BHC may have influenced outcomes.



Results

- Clinical results
 - Reduction in referrals to BH specialists
 - Biggest decline was in visits to psychiatrists, which decreased from 71.21 per 1000 MM to 43.20 per MM in 2012
 - Reduction in use of ED for BH needs
 - Slight increase in pharmaceutical usage
- Financial results
 - Estimated to reduce BH claims of \$16,400 associated with IHA members
 - Return on Investment estimated at 2.18 to 1 during the pilot period (9 mos.)
 - Potential to positively impact shared savings
- Practice experience / satisfaction
- Patient experience / satisfaction



Behavioral Health Consultation Model

Development

- Developed business case/model and awarded \$736,000 in funding from the John R. Oishei and The Peter and Elizabeth C. Tower Foundations (2014)
- Funding supports training, educational support, 50-76% of the PBHC salary and evaluation/minimal FFS billing
- Recruit and train local licensed mental health counselors (LMHCs)/ licensed social workers (LMSWs) as Primary Behavioral Health Consultants (PBHCs)
- PBHCs hired by 9 participating pediatric and family /adult primary care practices that have earned NCQA Level 3 recognition.
- Psychiatric consultation for PBHC and practices
- In kind plan support for project management



Components of the BHC Model

- Training for PBHCs is both didactic and experiential
- Address a variety of Primary Care concerns
 - Mood and anxiety, pain, substance use and abuse, obesity, smoking , sleep, medication adherence, self-management of chronic conditions
- PBHCs work alongside primary care provider as a consultant
 - PCP retains full responsibility for patient care decisions –
 - Curbside and in-exam room consults, “warm hand-offs”
 - Shared records/ evidence-based assessment tools/ registries
 - Proactive follow up
 - Problem-focused short-term interventions (1-4 visits) and referrals to specialty/community based services
 - Continuous Improvement: PDSA cycles

Evaluation

- Patient, Primary Care practice and BHC satisfaction
 - Surveys/interviews/focus groups
- BHC time study/hospital and ER diversions/ referrals
 - Activity Roster
- Utilization Metrics: Inpatient, ED, Referrals to specialty, Psychopharmacology
 - Claims
- Chronic Condition influence for patients with co-morbidities: DM, Asthma
 - HEDIS measures
- Clinical tool utilization : PHQ-9, PSC, global screening

Early Lessons Learned

- Integration is best accomplished in advanced primary care practices
- There may be more acceptance when starting with a single condition (such as depression)
- Reimbursement model is the foundation for the success of the intervention.
- Readiness assessment and change management support is key.
 - Office infrastructure (EMR, physical space, practice environment, community)
 - Population demographics (safety net populations:BHC ~ 2,000:1 ratio)
- Mental health professionals need training in primary care culture and practice
- Primary Care practices need operational, process flow and clinical support/training