

2016-06-26

## Implementing Behavioral Health Integration in Primary Care

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### Repository Citation

Twomey JP, Steinberg J, Johnston JD, Leary A, Norrman-Harmon A, Carlevale J. (2016). Implementing Behavioral Health Integration in Primary Care. Commonwealth Medicine Publications. <https://doi.org/10.13028/ptf7-1h67>. Retrieved from [https://escholarship.umassmed.edu/commed\\_pubs/169](https://escholarship.umassmed.edu/commed_pubs/169)

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# Implementing Behavioral Health Integration in Primary Care: Measuring Progress, Understanding Challenges

## BACKGROUND

### Primary Care Payment Reform (PCPR)

Massachusetts Medicaid's (MassHealth) current alternative payment pilot program that introduces principles of accountable care, behavioral health integration (BHI), 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

**Enrollment:** 28 provider organizations with 62 practice sites

## MassHealth PCPR

<b>Comprehensive PCPR</b>	<ul style="list-style-type: none"> <li>Risk-adjusted capitated payment for <b>primary care services</b></li> <li><b>3 Tiers of payment:</b> <ul style="list-style-type: none"> <li>PCMH</li> <li>Primary Care Behavioral Health</li> <li>Specialty Mental Health</li> </ul> </li> </ul>
<b>Quality Improvement Payment</b>	Annual incentive for quality performance, based on primary care performance
<b>Shared Savings Payment</b>	Primary care providers share in savings on <b>non-primary care spend</b> , including hospital and specialist services

## Supporting Practice Level Transformation

UMass Medical School contracted to provide technical assistance to help PCPR practices achieve required milestones related to BHI

## Technical Assistance (TA) and Shared Learning (SL): Addressing Barriers

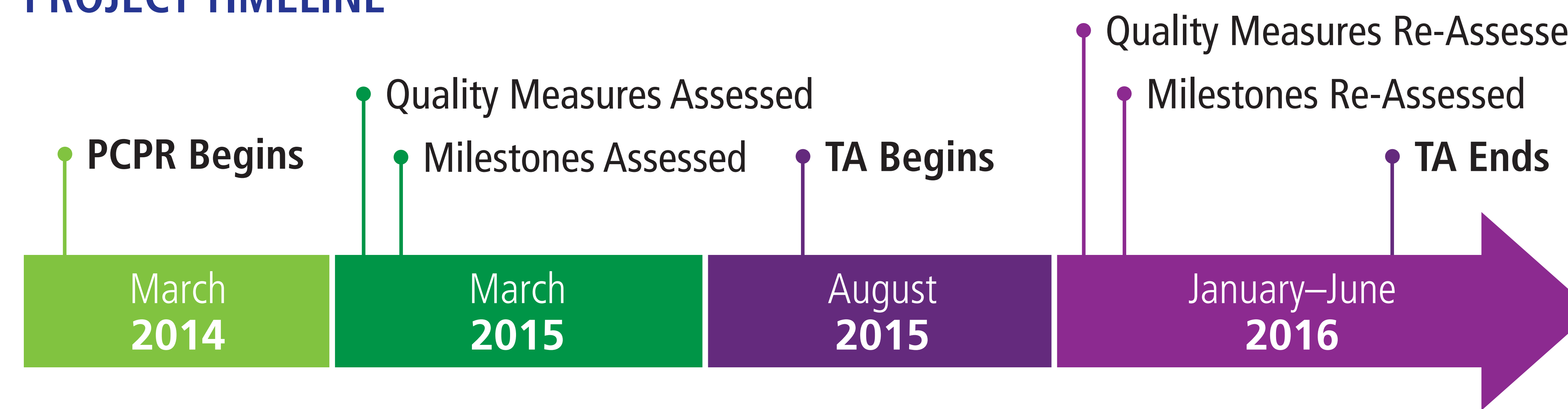
TA/SL focused on addressing shared barriers to BHI among practices.

#### Barriers include:

- Limited access to community mental health
- Communication and cultural differences among medical and behavioral providers
- Lack of physical and electronic infrastructure to support communication among medical and behavioral providers

TA consisted of **onsite consultation** with all practices. SL consisted of **webinar based trainings** and **resource sharing**.

## PROJECT TIMELINE



## RESEARCH OBJECTIVES

- Assess the progress and challenges of BHI implementation within PCPR practices
- Correlate achievement of milestones with performance on BHI quality measures

## Definition of Terms

**BHI Related Quality Measures** – National Quality Forum endorsed process measures including:

- Adult Depression Screening (ages 18+)
- Adolescent Depression Screening (ages 12-18)
- Tobacco Assessment and Cessation

**BHI Milestones** – Set of contractual requirements practices agreed to implement related to integration

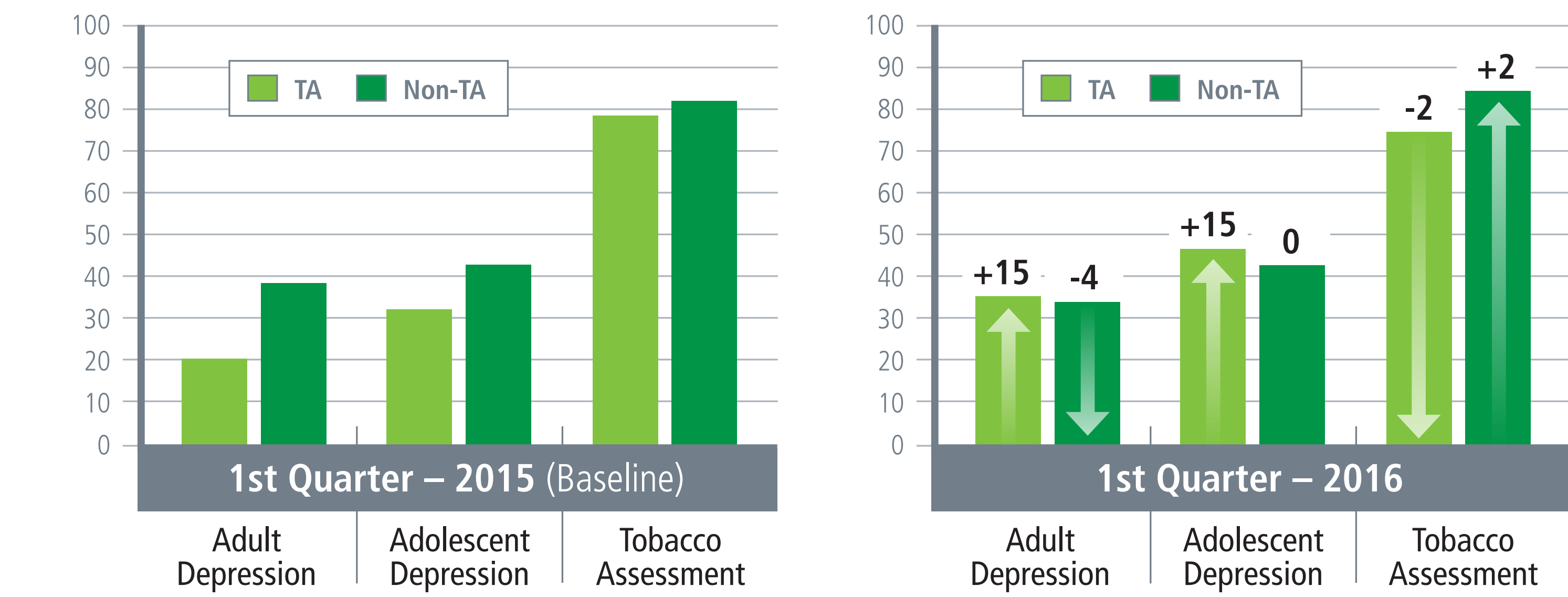
## Behavioral Health (BH) Milestones

- Medical and BH leadership meet regularly to discuss current and proposed integrated services
- Policies and procedures in place for seeking BH consultations
- Access to a BH provider for consultation to discuss care for adult and pediatric patients
- Policies and procedures in place for sharing PHI between medical and BH providers
- Care coordinator/manager tracks BH referrals
- Care manager contacts patients/families for follow-up care following a BH-related hospital admission or emergency department visit
- BH provider is part of the treatment planning team for patients with complex behavioral and medical health conditions
- Training is provided to staff on BH conditions and general principles of integration

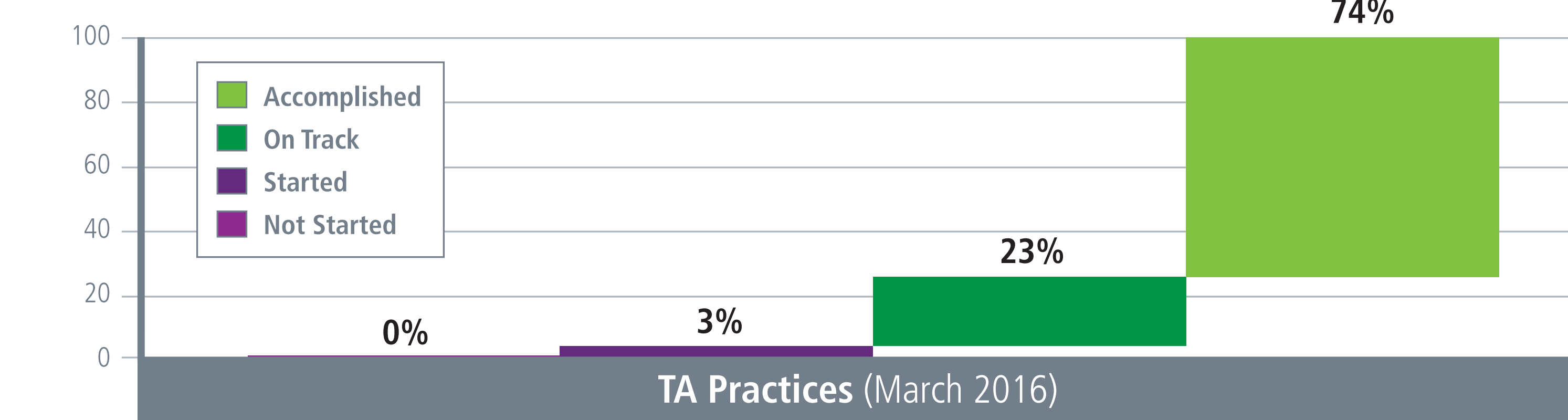
## STUDY DESIGN

- Mixed methods
- Qualitative assessment of practice achievement of contractual milestones (conducted via audit 12 months from start of PCPR initiative and on quarterly basis thereafter)
- Quantitative assessment of BHI Quality measures (submitted monthly by practices; rates calculated quarterly)
- PCPR practices falling below median performance on the 12 month milestone audit were selected for TA
- TA Practices (n=28)
- Non-TA Practices (n=34)

## BH Quality Measure Rates (%)



## BH Milestone Progress (%)



## PRINCIPAL FINDINGS

- At baseline, non-TA practices reported higher rates on all three BH quality measures compared to TA.
- During a re-assessment phase (one year later), the TA practices reported higher rates on the two depression measures, compared to non-TA.
- TA practices reported improvements for both depression measures, but a slight decline for Tobacco Assessment. Non-TA practices showed declines (Adult) or no change (Adolescent) for depression and a slight increase for Tobacco Assessment.
- At re-assessment, TA practices showed clear improvements across BH milestones.
  - 97% of milestones** were Accomplished or On Track to be accomplished by the end of the TA period (i.e., June 2016)

## CONCLUSIONS & IMPLICATIONS

- Each practice presents its own set of needs and challenges as it relates to BHI. Transformation consultants help practices address these challenges.
- TA participants showed higher rates of quality improvement on two thirds of BH measures, however, the extent to which this is a causal relationship (if at all) is unclear.
- Linking achievement of integrated milestones to BH quality outcomes may support the effectiveness of integration as a whole, as well as demonstrate the importance of transformation consultation efforts in large scale primary care reform.