Building Integrated Behavioral Health Capacity: Partnering with Psychiatry

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November 1, 2018

Building Capacity for Comprehensive Primary Care

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Objectives

Participants will be able to:

1. Identify options and models for primary care partnering with psychiatry
2. Identify the key elements of the service and the team members and roles involved
3. Define next steps to move forward

Behavioral Health Integration (BHI) in Maine

Who We are….

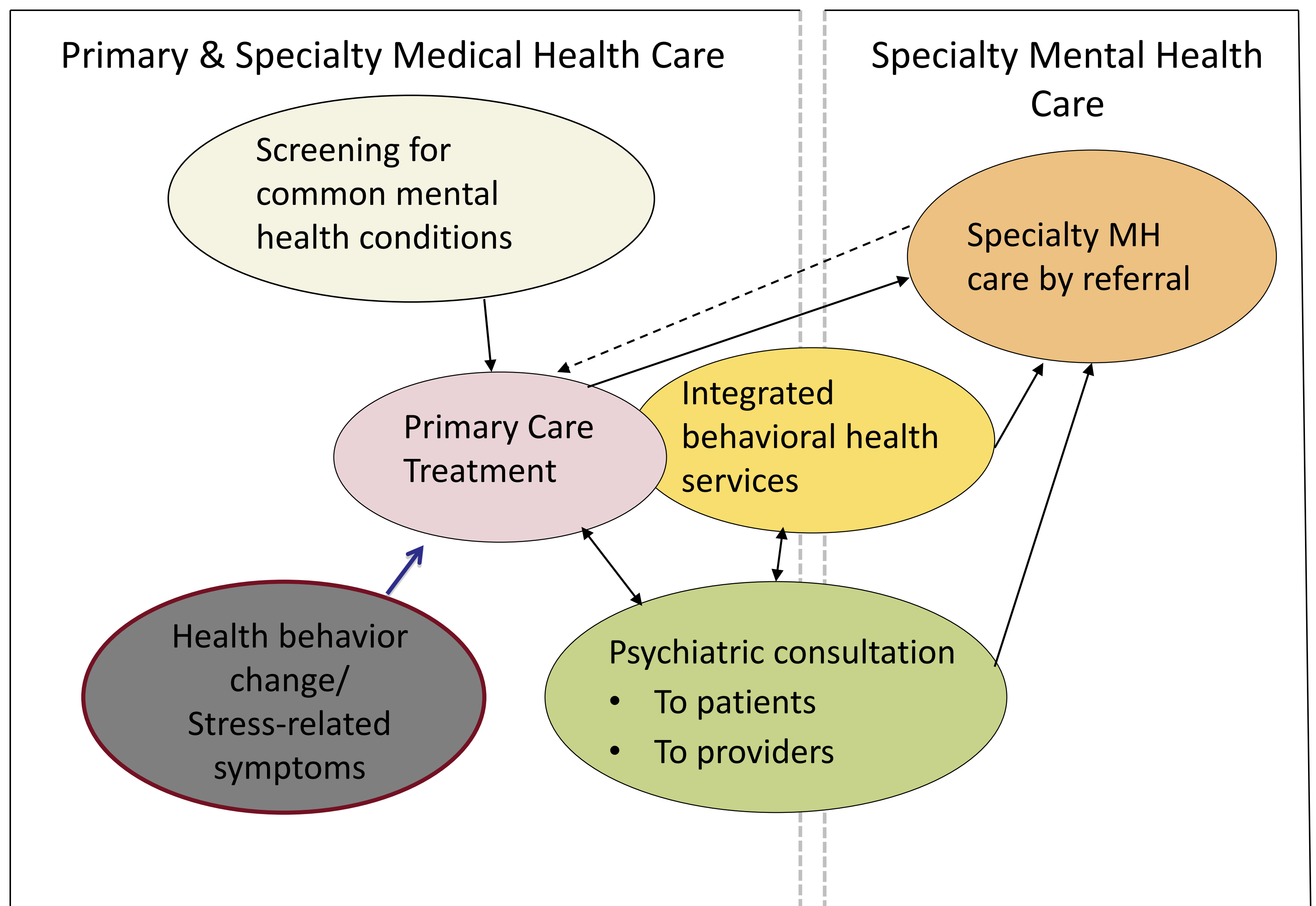
- A non-profit integrated healthcare system with
  - 11 general hospitals-serving 10 Maine counties and 1 NH county
  - Maine's largest behavioral health provider with a 100-bed psychiatric hospital and comprehensive array of outpatient services
- Providers of healthcare for over 250,000 individuals
- Largest integrated healthcare system in northern New England with 1,400 inpatient acute care beds
- ACO with over 1,200 independent and employed physicians and over 300 primary care physicians
- Network of home health care and rehabilitative service organizations linked tightly with acute care services

Our programs

- Behavioral Health Integration (BHI) program:
  - BHI in 95% of primary care practices across the system: Most LCSW's; some LCPC or psychologist. (60+ clinicians working in 70+ practices)
  - Primary care and specialty practices: including Family Med, Internal Med, Pediatrics, Ob/Gyn, Diabetes center, Virology, Neurology, Oncology, Bariatric center, Pain Clinics, Burn Unit, Cardiology, Weight and Wellness
  - Focused and episodic treatment for: mental health, substance use treatment, behavioral aspects of physical health problems
- Psychiatry programs: IP, IOP, Partial, OP Psychiatry in 9 locations across the system
- **Consulting psychiatrists: 6 primary care, 1 specialty medical practices, 1 women's health, 1 peds., 1 substance use treatment in ambulatory settings**

Assumptions

- There aren't enough psychiatrists
- Primary care may not be viewed as a part of the mental health treatment continuum
- But, a large portion of behavioral health work is done in primary care
- PCP's could use more training and support in managing behavioral health issues
- Care teams now include more behavioral health clinicians and support
- Some psychiatrists are ready for a change
- And.....
- Stepped Care including primary care as part of the continuum of care is an answer


Primary & Specialty Medical Health Care
Specialty Mental Health Care
Screening for common mental health conditions
Specialty MH care by referral
Primary Care Treatment
Integrated behavioral health services
Health behavior change/ Stress-related symptoms
Psychiatric consultation
• To patients
• To providers

Levels of Integration for Psychiatry and Primary Care

		Level	Attributes	Role of Psychiatry	Primary Care Facility Ramifications
Coordinated	Minimal Collaboration	I	Separate site & systems Minimal communication	• Fee-for-service model • Hand-off patients between PCP and Psychiatry • Separate record	None
	Basic Collaboration at a distance	II	Active referral linkages Some regular communication	• Fee-for-service model • Hand-off patients between PCP and Psychiatry • Phone contact to discuss shared patients as needed. • Some coordinated care planning • Access to PCP record, but separate records • Could allow Collaborative Care model	None
Co-Located	Basic Collaboration on site	III	Shared site; separate systems Regular communication	• Treat pts in fee-for-service model • Hand-off patients between PCP and Psychiatry • Phone and in person contact to discuss shared patients as needed. • Some coordinated care planning • Access to and communication in PCP record • Could allow Collaborative Care model	• Separate space in facility • Self-contained psych space • Could include group space
	Close Collaboration Onsite	IV	Shared site, some shared systems Routine communication and coordination	• Treat pts in fee-for-service model • "Share" patients between PCP and Psychiatry • Phone and in person contact to discuss shared patients. • Coordinated care planning • Access to and communication in PCP record • Could allow Collaborative Care model	• Separate space in facility • Self-contained psych space • Shared Consult space in PCP area • Shared waiting room in PCP area • Access to group room

Integrated	Close Collaborative Approaching Integrated Practice	V	Shared site; shared systems Coordinated treatment plans Regular communication	• Fee for service within medical practice • Shared patients with PCP • In-person communication • Shared care planning • Shared record • Could allow Collaborative Care model	• Space within PCP practice • Same scheduling, wait space, EMR, medical supports as other providers • Access to group room
	Full Collaboration in a Transformed Integrated Practice	VI	Shared site, vision, systems Shared treatment plans Regular team meetings Population based behavioral health	• Fee for service within medical practice • Shared patients with PCP • In-person communication • Shared care planning • Shared record • Collaborative Care model • Included in med staff meetings	• Space within PCP practice • Same scheduling, wait space, EMR, medical supports as other providers • Access to group room

Adapted from: A

Standard Framework for Levels of Integrated Healthcare. National Council for Community Behavioral Healthcare

What Levels of Psychiatry Integration do you presently have? What are you aiming for?

- Coordinated?
- Co-located?
- Integrated?

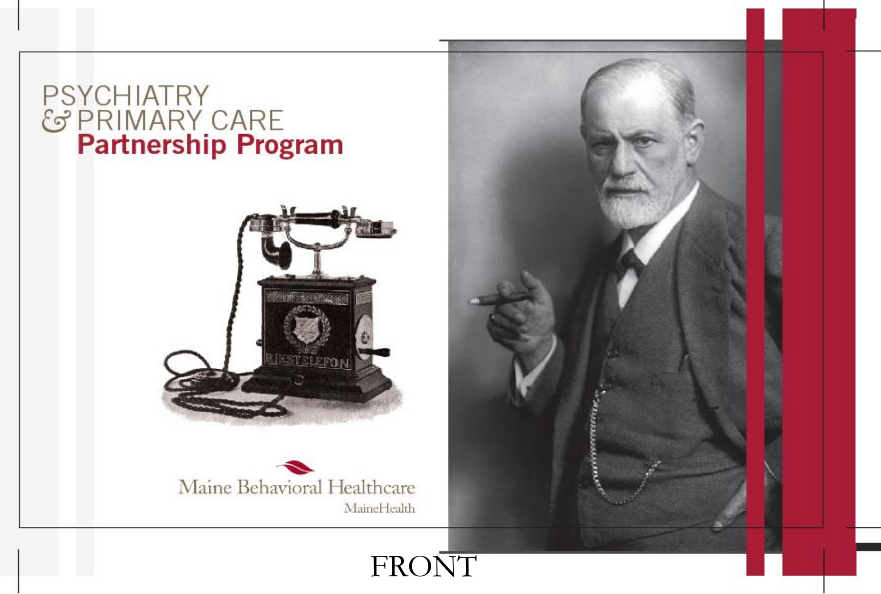
Coordinated Psychiatry

- In Maine – the Psychiatry and Primary Care Partnership Program – PPCP
- In Massachusetts – the MCPAP program
- In Rhode Island – the pediatric psychiatry program
- Others?

PPCP functions and intent

- Telephonic psychiatric consultation to primary care around specific clinical concerns
- Education through "lunch and learns", and informal discussion
- Streamlined assess to the psychiatrist re: available community resources
- Coordination with integrated behavioral health clinician

Preliminary activities



FRONT

PPCP postcard designed by MBH Marketing & Communications team

We're only a phone call away!

MaineHealth

Psychiatric Consultation is now available in primary care.

The Psychiatry and Primary Care Partnership (PPCP) program will increase linkages between Maine Behavioral Healthcare (MBH) psychiatrists and primary care providers in order to assist PCPs in diagnosing and treating patients with behavioral health conditions.

What is included?

- Telephone consultation with a psychiatrist
- Ongoing education about behavioral health issues through Lunch and Learns and/or case consultation
- Confidential e-mail response to questions
- Direct face-to-face consultation for patients with difficult treatment issues, as needed
- Coordination with behavioral health clinicians
- Process to return patients to primary care and improve access to psychiatry

Through a better utilization of psychiatry resources and services, the PPCP will provide PCPs with increased confidence in managing the behavioral health concerns and psychotropic medications for their patients.

Call your psychiatric consultant today:

<Insert 1" x 2 5/8" label with doctor name, telephone and e-mail>

<Insert 1" x 2 5/8" label with admin support name, telephone and e-mail>

Front: Sigmund Freud (1856-1939), doctor, neurologist, professor, and the father of psychoanalysis.

BACK

Labels for Psychiatry Champion and Admin Assistant

PSYCHIATRY
& PRIMARY CARE
Partnership Program

Expected outcomes

- Utilization of service: Numbers of phone contacts. Numbers of patients directly affected
- PCP perceptions of:
  - Increased confidence in managing behavioral health concerns
  - Increased confidence in prescribing psychotropic medications
  - Increased knowledge of psychiatric conditions
- Positive patient experience
- Number of patients returning to primary care from specialty psychiatry
- Improved access to specialty psychiatry

Provider Survey

Baseline PCP Survey for PPCP Program

Number of Responses*

Survey Statement	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
There is adequate access to psychiatry for my patients.	19	27	0	5	0
I feel that I am usually able to meet the needs of patients with psychiatric problems.	5	22	2	21	1
When a patient has a psychiatric problem, I am able to request psychiatry advice via phone or email in a timely manner.	11	17	9	13	1
When I want to arrange a psychiatry consultation for a patient, I am able to schedule one in a timely manner.	17	26	4	4	0
I am comfortable diagnosing common mental and behavioral health problems in my patients.	1	2	4	42	2
I am comfortable treating common mental and behavioral health problems in my patients.	1	1	3	44	2

* 52 surveys completed so far

Co-located Psychiatry

- Intended to improve flow between primary care and psychiatry services
- Actual benefits: works well for patients, supports relationship building between psychiatry and primary care, some streamlined processes
- Actual barriers we have found:

  1. Failure to define the co-located services as different from OP Psych
  2. The work and flow doesn't really change – access problems remain
  3. Trouble narrowing the referral base, i.e. "community" vs. "health system patient"
  4. Separate records and glitches in coordination care

Integrated Psychiatry

- Psychiatrist on site, visible
- Scheduled consults, but interruptible
- Warm hand-offs
- Flexible schedule to accommodate curbsides, warm hand-offs
- Shared EHR, schedules
- Attends team meetings
- Provides education via lunch and learns
- Teaches residents!

**Information provided by Cindy Boyack, MD, Integrated Psychiatrist at MaineHealth

Connection to BHC

- Group supervision monthly for BHC with consulting psychiatrist
- Ad hoc “supervision” and case discussion
- Triage pts for consult through coordination and assessment by BHC and psychiatrist
  - Save consult slots for complex patients
- Frequent communication in person, and via EHR

Value to patient

- Timely access to effective treatment
  - Evidence based treatment
  - Initiation of treatment while awaiting mental health services
- Consults in primary care setting, more consistent with medical home model
- Coordinated care with BHC
- Efficient referral, when needed, to mental health clinic
- Improved confidence in returning to primary care for ongoing treatment once stable

Value to providers and staff

- Psychiatrist and BHC are integral members of the team
- Access to expertise and recommendations in the moment
- Access to comprehensive evaluation and recommendations for treatment, support as treatment progresses
- Access to smoother referral to mental health clinic when needed
- Improved knowledge and clinical skills re: diagnosis, treatment, patient management
- Improved confidence in managing mental health issues by all

How is practice different for psychiatrist?

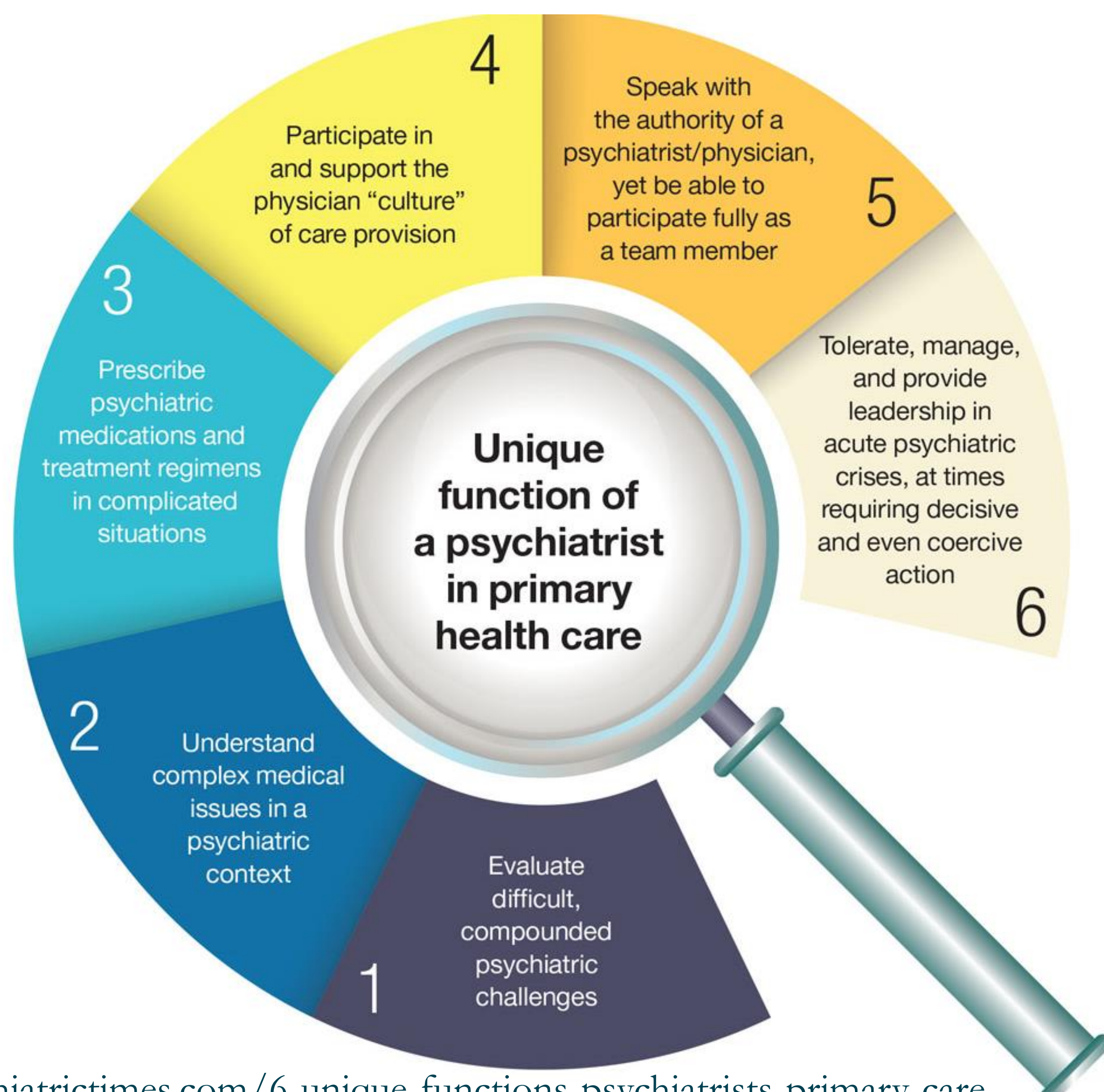
- Increased flexibility in managing day
- Comfort level in making recommendations without seeing a patient, develop trust in PCP colleagues
- Availability when not in practice to address questions
- Coordination with BHC is key, true partners
- Comfort level in clarifying diagnosis and treatment recommendations in one visit
- Different relationship with patient- treatment happens in consult! Can be a life changing experience for patient
- Shared decision making with patient before making final recommendations to PCP

Characteristics of a consultation psychiatrist

- Flexibility
- Openness
- Affinity for teaching
- Team player
- Clinical skills to be effective in brief interventions, establish rapport quickly
- Ideal if psychiatrist splits time between mental health clinic and primary care- liaison both

Value to psychiatrist

- It's fun!!!
- Satisfaction
- Valued and appreciated
- Opportunity to teach colleagues
- Diversity in clinical practice
- Appreciation of the realities of primary care



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Challenges and Culture Shift

- Community Mental Health
- Psychiatry only care
- Patients with no PCP
- Long-term patients
- Serve the larger community

Specialty Behavioral Health within Healthcare system

Team based care

Holistic care partnering with primary care

Patients transition to primary care with episodic psychiatry as needed

Target a specific population

At any level – aim for:

- Team approach to care
- Support for Psychiatry and PCP partnership
- Same medical record
- Meet at location (either co-located, integrated, tele-video, other?)
- Curbside within Epic or other EHR
- Consultation and re-consultation
- Facilitated referral to Psychiatry (by BHC)
- Ability for patients to flow smoothly between PCP and Psychiatry and back
- Support to PCP for difficult patients

How do you pay for it?

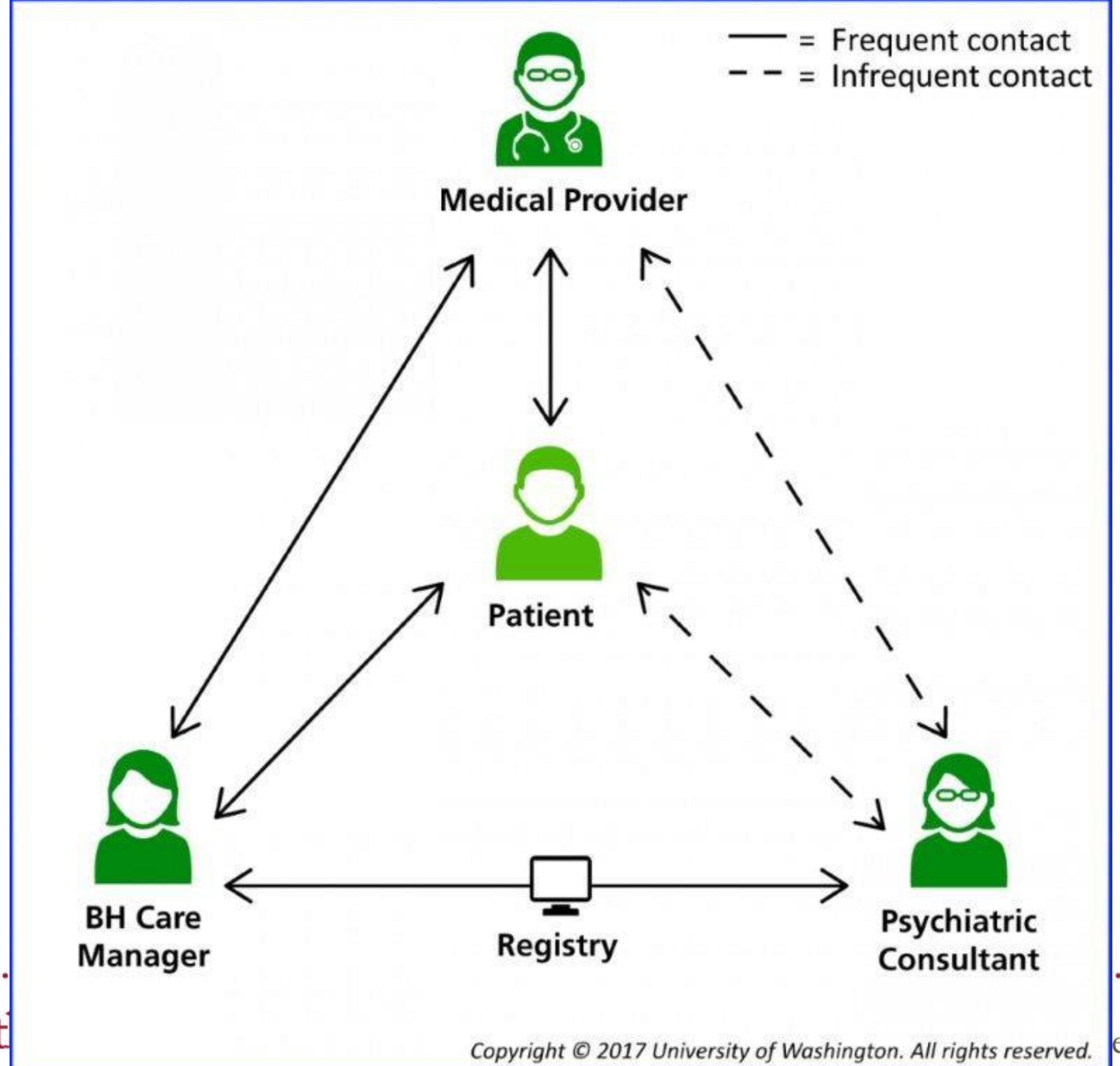
Comparison of Employment Arrangements for Co-located and Integrated Practice				
Level of Collaboration	**Psych covers all expenses**	**Practice offers space**	**Practice offers space and scheduling**	**Practice employs**
Co-located Practice **Level 3 and 4**	**Psych bills** Psych schedules Separate records Separate service	**Psych bills** Psych schedules Separate records Some communication with releases	**Psych bills** Separate records Streamlined referral and scheduling process Communication with releases	**Practice bills** Same record Shared responsibility for schedule Streamlined processes Communication without need for releases
Partially Integrated **Level 5**			**Psych bills** Separate record Coordinated care Streamlined referral and scheduling process Releases part of routine Connected to primary care team	**Practice bills** Same record Shared responsibility Streamlined processes Improved coordination and communication Working toward becoming part of primary care team
Fully Integrated **Level 6**				**Practice bills** Same record Shared responsibility Streamlined processes Solid communication and coordination Part of primary care team

MaineHealth

Methods of paying for psychiatry services

- Offer space in practice. Maintain separate systems
- Charge rent in practice. Ensure patient referrals
- Consider payers – Provider based and facility fee
- Plan to contract for psychiatry (or employ psychiatry) –
  - Define functions – e.g. direct service, consultation, connection to team, patients to be seen, care team coordination
  - Create proforma – cost vs. service delivery and productivity expectation
  - Consider Collaborative Care Codes and payment for psychiatry services

Or you could use....Collaborative Care Codes



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99492 Initial Psychiatric Collaborative Care Management

70 minutes in the first calendar month

- Outreach to and engagement in treatment of a patient
- Initial assessment of the patient using validated rating scales
- Development of an individualized treatment plan
  - **Psychiatric consultant review & modifications**
- Registry for tracking patient follow-up and progress with appropriate documentation
- **Weekly caseload consultation with the psychiatric consultant**
- Brief interventions using evidence-based techniques
  - Such as behavioral activation, motivational interviewing, and other focused treatment strategies.

99493

Subsequent psychiatric collaborative care management

First 60 minutes in a subsequent month of behavioral health care manager activities.

Must include:

- Tracking patient follow-up and progress
- **Weekly caseload review with psychiatric consultant**
- Coordination with PCP and any other treating provider
- **Psychiatric consultant review & modifications**
- Brief interventions using evidence based treatments
- Monitoring of patient outcomes using validated rating scales
- Relapse prevention planning
- Preparation for discharge from active treatment

Psychiatrist (or Psych NP)

- Employed by or contracted to the PCP
  - *Does not necessarily have to be a Medicare provider*
- Advises regarding:
  - Diagnosis
  - Recommendations to improve or adjust treatment
  - Interactions between behavioral health care and medical care
- Facilitate referral for direct psychiatric care when indicated
- Can deliver face to face service with patient
- Consultation can be delivered remotely

Codes and Times

Behavioral Health Integration Coding Summary				
BHI Code	**Behavioral Health Care Manager or Clinical Staff Threshold Time**	**Assumed Billing Practitioner Time**	**Payment/Pt (Non-Fac) Primary Care Settings**	**Payment/Pt (Fac) Hospitals and Facilities**
CoCM First Month (99492)	70 minutes per calendar month	30 min	$142.84	$90.08
CoCM Subsequent Months (99493)	60 minutes per calendar month	26 min	$126.33	$81.11
Add-On CoCM (Any month) (99494)	Each additional 30 minutes per calendar month	13 min	$66.04	$43.43
General BHI (99484)	At least 20 minutes per calendar month	15 min	$47.73	$32.30
BHI Initiating Visit (AWV, IPPE, TCM or other qualifying E/M)	N/A	Usual work for the visit code	Usual	Usual

Billing

- Billing is by calendar month
- Billing can happen any time during month
  - Once minimum time has been spent on collaborative care
- Medical provider must see patients not seen within a year of service
  - Could be month preceding start of Collaborative Care
  - Do not need to see patient during ongoing months of Collaborative Care
- Co-pay is required, but could be covered by Medigap plan

Implementing the Integrated Care Model - AIMS Center

- Lay the foundation
- Plan for the Clinical Practice Change
- Build your Clinical Skills
- Launch your care
- Nurture your Care

Questions and Contact Information

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Presentation offered through the Collaborative Family Healthcare Association

www.cfha.net