Sustaining Healthcare Across Integrated Primary Care Efforts -- The SHAPE Initiative in Colorado

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UPSTREAM

The current payment paradigm is insufficient to support integrated behavioral health

Payment model	Description	Pros	Cons
Fee for Service (FFS)	FFS system uses a retrospective payment where each item of service provided is reimbursed based on certain billing codes that are submitted as a claim to the health insurance company; behavioral health payments primarily come from a separate entity within an insurance company	Behavioral health services can receive compensation for their mental health services	Relegates behavioral health clinicians to deliver more traditional mental health interventions often independent of the team

Financing is consistently listed as the number one barrier to integrating care.

Mental Health

Medical

Kathol, R. G., Butler, M., McAlpine, D. D., & Kane, R. L. (2010). Barriers to Physical and Mental Condition Integrated Service Delivery. *Psychosom Med, 72*(6), 511-518.

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SHAPE
Sustaining Integrated Care

- Sustaining Healthcare Across integrated Primary care Efforts
  - A partnership between Collaborative Family Healthcare Association, Rocky Mountain Health Plans, Colorado Health Foundation, and University of Colorado School of Medicine Department of Family Medicine
  - To evaluate a global payment model to sustain

Payment model	Description	Pros	Cons
Global Payments	A global payment system, or a capitated system, pays a predetermined per person rate to healthcare organizations, regardless of the delivered services	When behavioral health is a part of the service expectations through the global payment, there can be seamless and unfettered access to behavioral health; behavioral health becomes natural extension of primary care team	Challenge associated with assuming risk for patients with behavioral health; practice change and transformation

The set up

- To test a different payment method to financially support and sustain behavioral health in primary care;
- To better understand the costs associated with integration and a global payment methodology for behavioral health and primary care;
- To test the real world application of a novel payment methodologies on novel primary care practices who have integrated behavioral health with the end goal to inform policy.

SHAPE
Sustaining Integrated Care

Sunrise

Mountain Family
MidValley

Foresight
Primary Care
Partners

Axis

Experimental

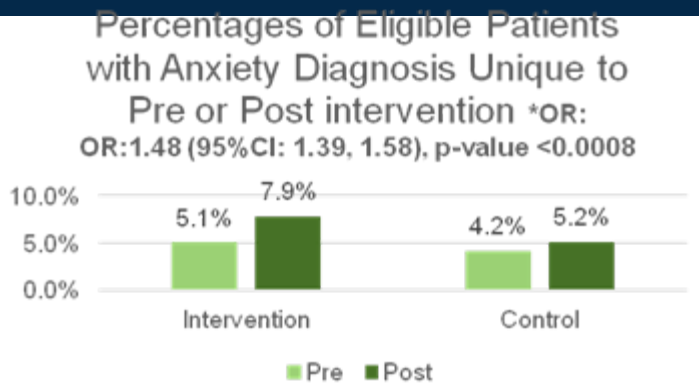
- Foresight
- Mountain Family
- Primary Care Partners

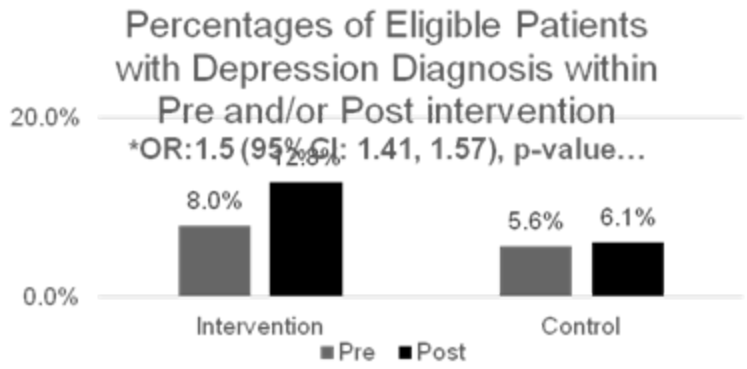
Intervention

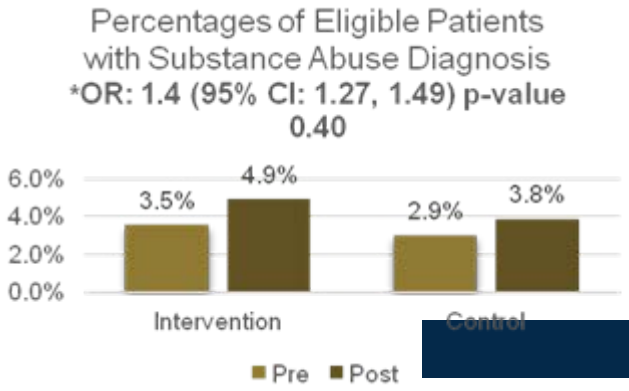
- MidValley
- Axis
- Sunrise

Results

	Raw frequencies (n)	Patients (n)	
		pre	post
Intervention	Foresight	5064	5926
	Mountain Family**	6674	10141
	Primary Care Partners^	5422	7316
	Intervention	17160	23383
Control	MidValley	1183	1023
	Axis	207	378
	Sunrise**	10149	12543
	Control	11539	13944

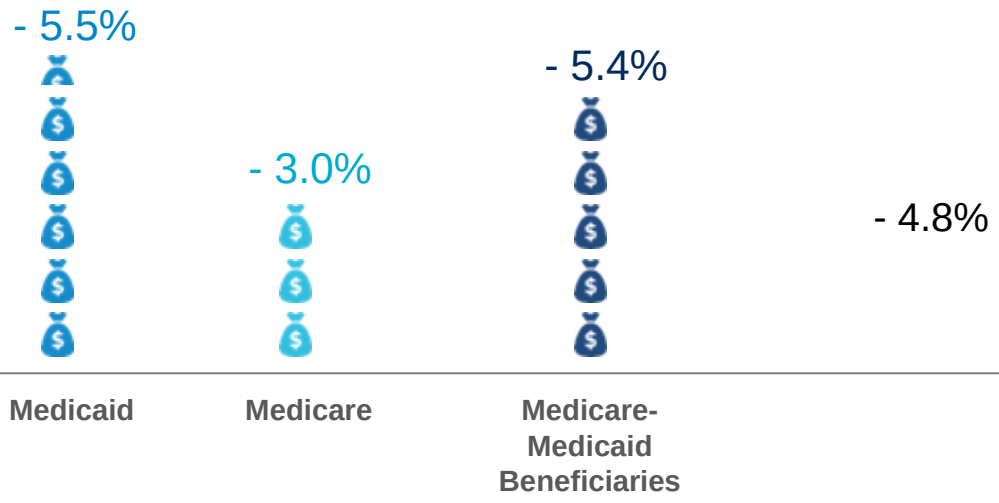






Comprehensive Care = Cost Savings

- Substantial, independently evaluated total cost of care differentials
- Normalized for differences in population, demographics, risk and price



Real world implications

- See behavioral health as a critical facet of comprehensive health care — no different than investments in practice-based care management, measurement and other data use competencies, technology and practice transformation support.
- Create global payments based upon defined practice budgets for personnel, interventions and related infrastructure – to create team-based, whole-person care (e.g. CoACH)
- Change payments to allow for behavioral health providers to not be trapped in a workflow designed to maximize volume-based payments, or pigeon holed into distinct “physical” and “mental health” coding categories
- Allow for primary care practices to “own” their behavioral health resources and be fully accountable for measured outcomes

http://sustainingintegratedcare.net/
http://farleyhealthpolicycenter.org/cost-assessment-of-collaborative-healthcare/

Payment recommendations

- This is not about changing the way we pay for behavioral health; this is about changing the way pay for primary care that includes behavioral health
- Make sure the delivery setting is getting paid by keeping the patient healthy, not per patient visit (e.g. move as quickly as possible away from fee for service)
- Make sure there are incentives in place to encourage primary care clinicians to work with behavioral health (e.g. hold them accountable for certain behavioral health conditions)

Policy implications

- Legacy systems and often antiquated payment policies limit primary care practices ability to provide integrated behavioral health
- All health policies should be measured against the question, "Will this limit my patients' choice in receiving behavioral health where they want?"
- Consider what impact carving out behavioral health in all forms and permutations does at all levels and all policy processes