Integrating Behavioral Health into Primary Care to Improve Value by Leveraging Resources Across States

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National Pay for Performance Summit

March 20, 2012

Partners in Integrated Care

Patients, Payers, Providers, Primary Care, Purchasers

Partners in Integrated Care (PIC) – Spreading Through Collaboration

Partners in Integrated Care
Patients, Payers, Providers, Primary Care, Purchasers

Pittsburgh Regional Health Initiative
Spreading Quality, Containing Costs.

WCHQ
Wisconsin Collaborative for Healthcare Quality

Wisconsin Initiative to Promote Healthy Lifestyles

nrhi Network for Regional Healthcare Improvement

ICSI Institute for Clinical Systems Improvement

Awarded funding from the Agency for Healthcare Research and Quality (AHRQ) to disseminate and implement a combined model of **IMPACT** and **SBIRT** in primary care settings between Oct. 2010 and Sept. 2013.

Dissemination Research

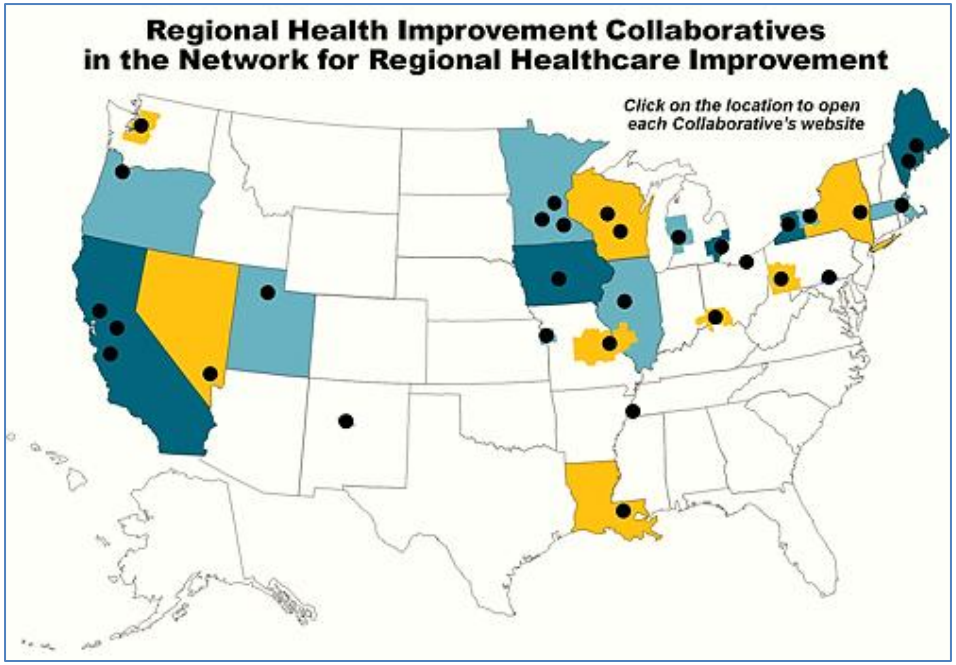
- Builds upon validated RCTs
- Seeks to identify faster ways to stage and test large-scale care delivery innovations
  - Natural experiments
  - Mixed methods research
  - Explore positive deviance
- Leverages community-based networks

Pittsburgh Regional Health Initiative

- Not-for-profit Regional Health Improvement Collaborative (RHIC)
- Founded 1997 : 42 hospitals, 4 insurance plans, corporate and civic leadership
- **Ongoing Projects:**
  - *Perfecting Patient Care* University℠ (Lean Toyota training)
  - *Tomorrow's HealthCare*™ (online QI project management)
  - Safety-Net Medical Home Initiative (PCMH transformation)
  - Pittsburgh Accountable Care Network
  - *Closure*℠ (End-of-Life training)
  - Regional Extension Center (REC) for Western Pennsylvania
- **Collaborations:**
  - Network for Regional Healthcare Improvement (NRHI)
  - Center for Healthcare Quality and Payment Reform
  - Consumer Health Coalition

PRHI
Spreading Quality, Containing Costs.

Network for Regional Healthcare Improvement (NRHI)



nrhi Network for Regional Healthcare Improvement

- Coalition of 50 non-profit regional health improvement collabortives (RHICs).
- Neutral, trusted mechanism for key healthcare stakeholders to plan, facilitate, and coordinate activities.
- Shared mission:
  - Performance measurement
  - Payment and delivery system reform
  - Performance improvement
  - Patient education and engagement
  - Strategic planning and coordination
- Virtual forum for exchanging ideas in real-time.

“Integrated Care”

- Colloquially refers to integration of behavioral health professionals into primary care practice
- “Warm hand-offs"
- Distinct from co-located care and referrals
- Seeks to compensate for:
  - PCP workflow (and training) constraints
  - Limited availability of BH consultants
  - Patient stigma of pursuing BH services
- Improves physical health outcomes and lowers costs

The Need to Integrate Physical and Behavioral Health into Primary Care

- 75% of depression is treated by PCPs (Kessler 2003).
- Half of primary care patients with clinically significant depression go unrecognized (Spitzer 1994).
- Less than half of patients with recognized depression receive effective treatment (Cunningham 2009).
- People with alcohol dependence receive evidence-based care only 10% of time (McGlynn 2003).
- 20-50% of adults with chronic disease have co-existing depression (Grypma 2006).

Challenges of Addressing Behavioral Health in Primary Care

- Time constraints: ***7.4 hours per day to provide all USPSTF services***
- Insufficient training & reimbursement
- Discomfort asking "intrusive" questions
- It can be difficult to make referrals to behavioral health services

CASA, 2000; Friedman, J Gent Int Med, 2000; D'Amico, Medical Care, 2005; Unutzer, Psychiatr Services, 2006; Yoast, J Addictive Diseases, 2008; Yarnall, Am J Public Health, 2003; McCormick, J Gen Int Med, 2006; Cunningham, Health Affairs, 2009

IMPACT for Depression in Primary Care

Improving Mood and Promoting Access to Collaborative Treatment

- **Collaborative care** is the cornerstone
- **Assessment, measurement, and tracking** with PHQ-9 and registry
- **Stepped care** approach to adjust treatment in consultation with team based on outcomes and evidence-based algorithms
- New Roles
  - **Depression Care Manager**: educates; supports antidepressant therapy and coaches in behavioral activation or offers 6-8 problem-solving treatment sessions; monitors symptoms; and completes relapse prevention plan with patients.
  - **Consulting Psychiatrist**: provides caseload consultation

Unutzer, JAMA, 2002; Hunkeler, British Med J, 2006; Callahan, J American Geriatric Society, 2004; Katon, Diabetes Care, 2006; Unutzer, American J Manag Care, 2008; Grypma, Gen Hosp Psychiatry, 2006

PHQ-9

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
oughts that you would be better off dead, of hurting yourself in some way	0	1	2	3
add columns:		3	+ 4	+ 6
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)		**TOTAL:**	13	

Score	Interpretation
0-4	No Depression
5-9	Mild Depression
10-14	Moderate Depression
≥ 15	Severe Depression

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

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SBIRT for Substance Abuse in Primary Care

Screening

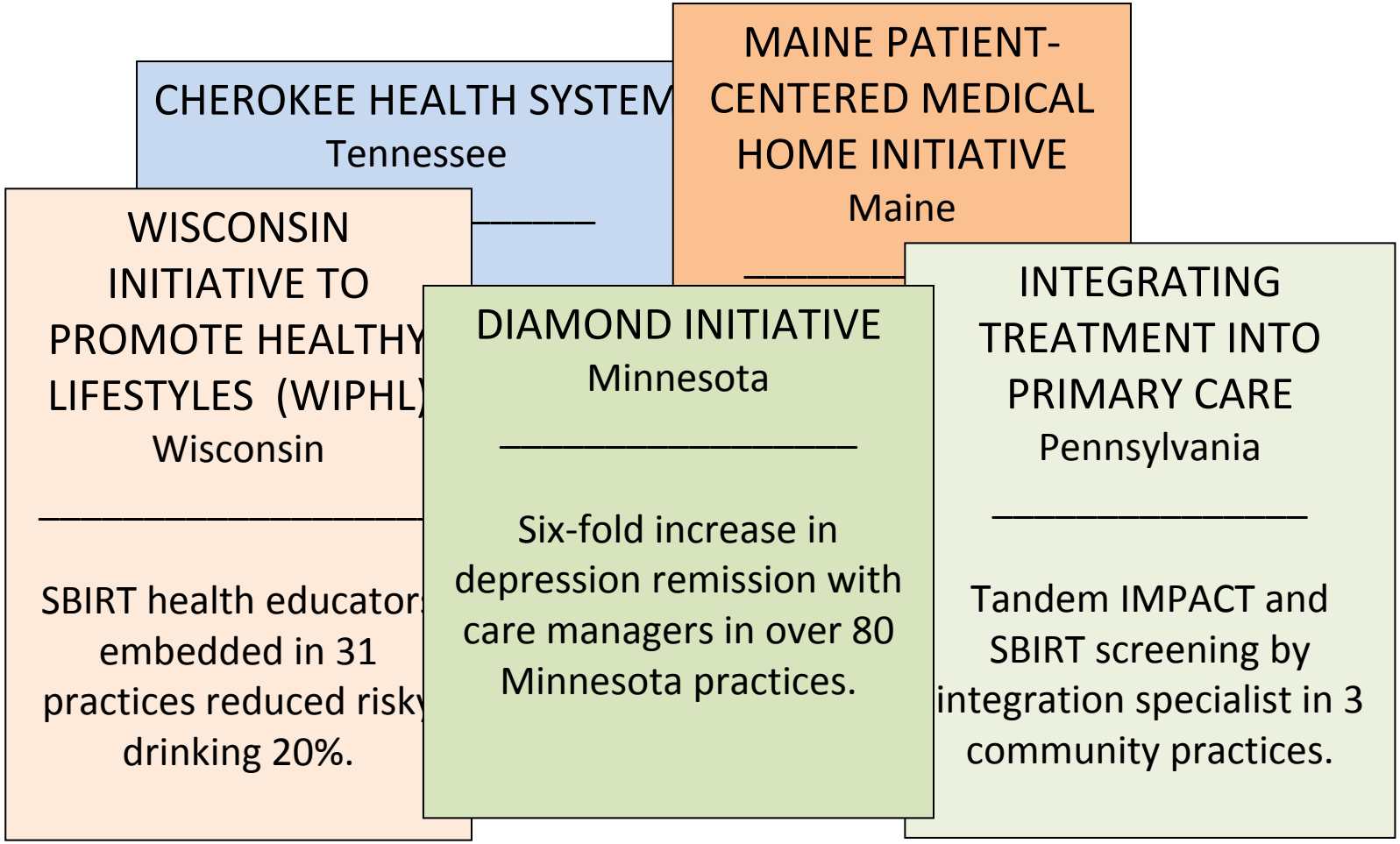
Brief Intervention

Referral to Treatment

- **Screening** – provides information and feedback to patient.
- **Brief Intervention** – time-limited (< 20 minutes) strategy to increase insight and awareness, educate/motivate to change risky behavior.
- **Referral to Treatment** – assist patients in need of specialized care, ensure safe transition.
- Designed to be administered by non-credentialed providers ("health educators").

- Multiple literature reviews validate method for both alcohol and drugs.
- Federal study: decrease in alcohol use 39%, illicit drug use 68%, at 6 mo. (Madras *Drug and Alcohol Dep.* 2009)

Many Successful Examples of Integrated Care



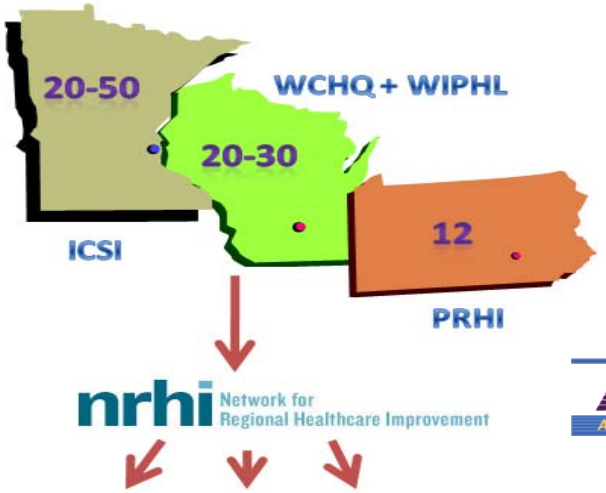
- Presenters in PRHI's Champions in Integrating Care webinar series.

ICSI (Minnesota)	WCHQ / WIPHL (Wisconsin)	PRHI (Pennsylvania)
Improving Mood and Promoting Access to Treatment (IMPACT) *For Depression*	Screening, Brief Intervention, and Referral to Treatment (SBIRT) *For Unhealthy Substance Abuse*	Integrating Treatment in Primary Care (ITPC) *Combined IMPACT and SBIRT screening and intervention*

Partners in Integrated Care

Implementation Toolkit
Registry
Universal Screening
Consulting Psychiatrist
Dissemination

Roll PIC Model out to **90 Primary Care Practices** within 2 years



Wisconsin Initiative to Promote Healthy Lifestyles

ICSI Institute for Clinical Systems Improvement

Pittsburgh Regional Health Initiative
Spreading Quality, Containing Costs.

WCHQ Wisconsin Collaborative for Healthcare Quality

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Partners in Integrated Care
Patients, Payers, Providers, Primary Care, Purchasers

Goals of PIC

1. **Year One**: Develop a streamlined method for implementing Integrated Care in primary care practices.
2. **Year Two**: Test dissemination protocol in 90 practices in 3 states.
3. **Year Three**: Successfully export methodology to 1 or more new states through NRHI.
4. **By Grant's End (September 2013)**: Position all sites for self-sustaining payment reform.

Nancy Jaeckels

DEVELOPMENT OF THE PIC MODEL: INTEGRATION OF IMPACT+SBIRT

Institute for Clinical Systems Improvement (ICSI)

- A non-profit, regional health improvement collaborative
  - Brings together diverse groups to transform health care so that it delivers patient-centered and value-driven care.
- Comprised of 55 medical groups
- Sponsored by 5 Minnesota and Wisconsin health plans

ICSI's DIAMOND Model

- Four Processes
  - Consistent assessment/monitoring (PHQ-9)
  - Presence of tracking system
  - Stepped care approach to intensify/modify treatment
  - Relapse prevention
- Two Roles:
  - Care manager for follow-up, support, coordination
  - Consulting psychiatrist for caseload review

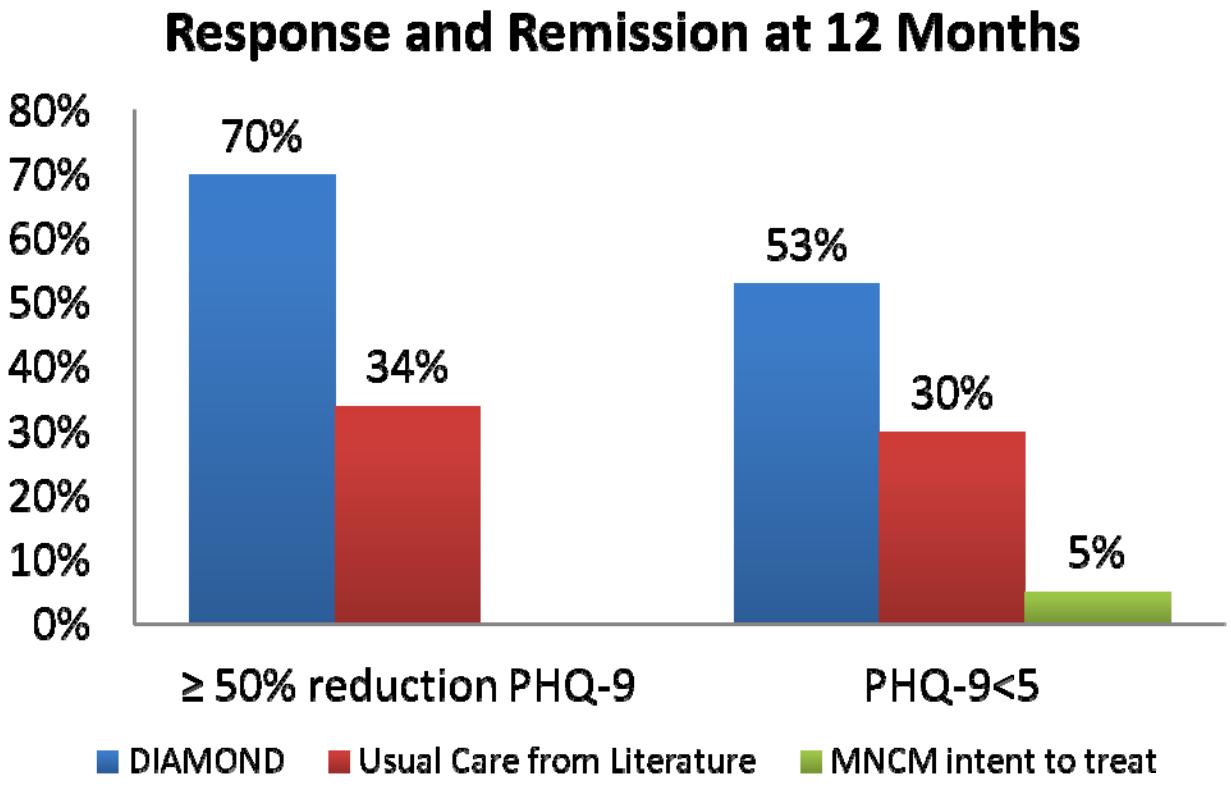
Depression Improvement Across Minnesota- Offering a New Direction (DIAMOND)

IMPACT + Chronic Care Model

Korsen, Psychology in Med Settings, 2009; Solberg, Medical Care, 2010

DIAMOND Outcomes

Implemented DIAMOND in 86 Practices, and enrolled >8,300 patients



Minnesota Community Measurement (MNCM); Publicly Reported Measure

Steps to integrate 2 models:

- Review and familiarize with both models
- Form sub-groups with reps from all states to work on integration
  - Best practices sub-group
    - Review work flows
    - Create crosswalk of components
    - Review tools and integrate where it crosses
    - Integrate training materials for dissemination
  - Eval/msmt sub-group
    - Determine std registry components
    - Develop std measurement set with specs to compare
    - DUA for sharing data and learnings

Integration of SBIRT and DIAMOND

Activity	SBIRT	IMPACT/DIAMOND
Screening	✓	✓
Feedback/Education	✓	✓
Recommendation	✓	✓
Healthcare Specialist	✓	✓
Change Plan or Behavioral Activation	✓	✓
Problem Solving Treatment (PRN)		✓
Follow-up and monitoring	✓ (interventions, PRN)	✓
Pharmacotherapy (PRN) and Stepped Care		✓
Referral (PRN)	✓	✓
Consulting Psychiatrist		✓

PIC Model Core Components

Screening for depression and unhealthy AOD use

Dedicated role in primary care for:

- Patient engagement, brief interventions, monitoring, and facilitation of team-based collaborative care

Brief Interventions

Caseload review by consulting psychiatrist

Systematic follow-up and tracking

Stepped care approach

Lessons Learned from Model Integration

- Within the first few weeks of a multi-organization initiative, time and resources must be set aside to train each other in their philosophies, implementation best practices, and models.
- When combining disease-specific evidence-based models to address disease clusters, it is important for one of the organizations in the consortium to have experience or at least an in-depth knowledge of both models.

SPREADING ACROSS REGIONS: WORKFORCE DEVELOPMENT

Spreading and Implementing Across Regions and Cultures

PA	WI	MN
11 new sites recruited -Started with groups not having either model in place	5 new sites recruited - Focus on SBIRT and then added the depression model	22 *DIAMOND* sites recruited - Focus on depression (DIAMOND) and then added the SBIRT model

- Recruiting
  - Having existing relationships and building the case for the integration
- Implementation
  - Variation in training and implementation methods may be necessary for fit within regional differences
  - Leverage expert trainers across organizations
  - Incorporate the models into other day to day work
  - Involve patient advisory councils and consumer coalitions

Richard Brown, MD, MPH

WISCONSIN INITIATIVE TO PROMOTE HEALTHY LIFESTYLES (WIPHL)

WIPHL

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON

- Established in 2006 with SAMHSA SBIRT grant - $12.6 million over 5 years
- Mission - Promote delivery of evidence-based, cost-saving BSI in Wisconsin healthcare settings
- Current grants
  - Depression pilot - SMPH/ICTR
  - AHRQ/Partners in Integrated Care subcontract
  - Train health education faculty & students at UW-L
  - Plan to implement BSI in SE Wisconsin high schools

Behavioral Screening & Intervention (BSI)

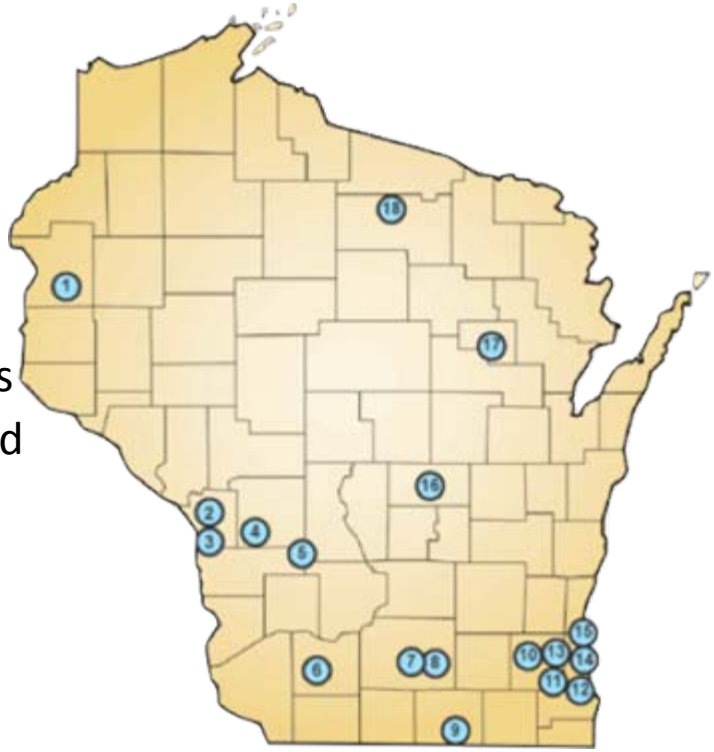
WIPHL's SAMHSA Grant

Making SBIRT standard of care throughout WI

31 Clinical sites

Bachelor's-level Health Educators received

- 60+ hours of training
- Weekly conference calls
- Feedback on audiotaped sessions with patients
- Software to guide and track service delivery



3/15/07 – 5/14/11:

- 117,580 screens
- 26,336 brief interventions

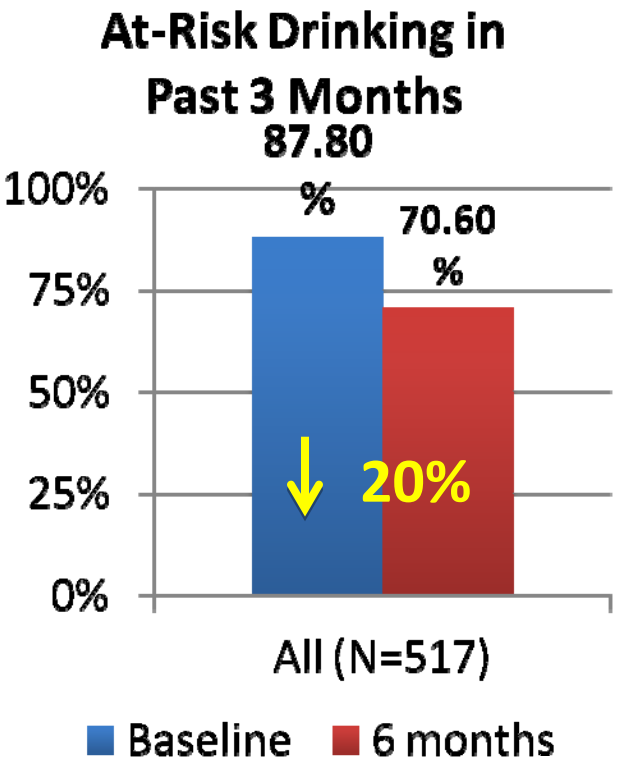
High patient satisfaction (4.24-4.45 on a 5.0 scale)

Reimbursement by Wisconsin Medicaid and 13 commercial payers

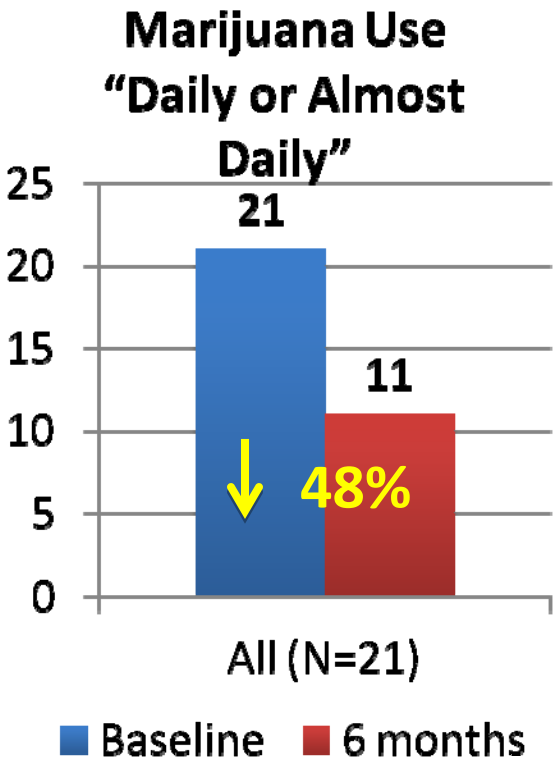
$12.6 million from SAMHSA September 2006 to August 2011

Wisconsin Initiative to Promote Healthy Lifestyles

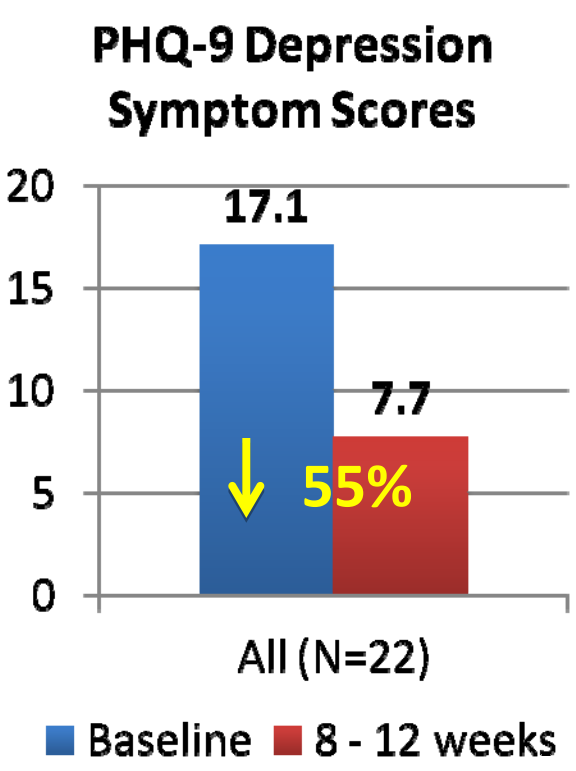
WIPHL Outcomes



Chi-square test; p<0.001



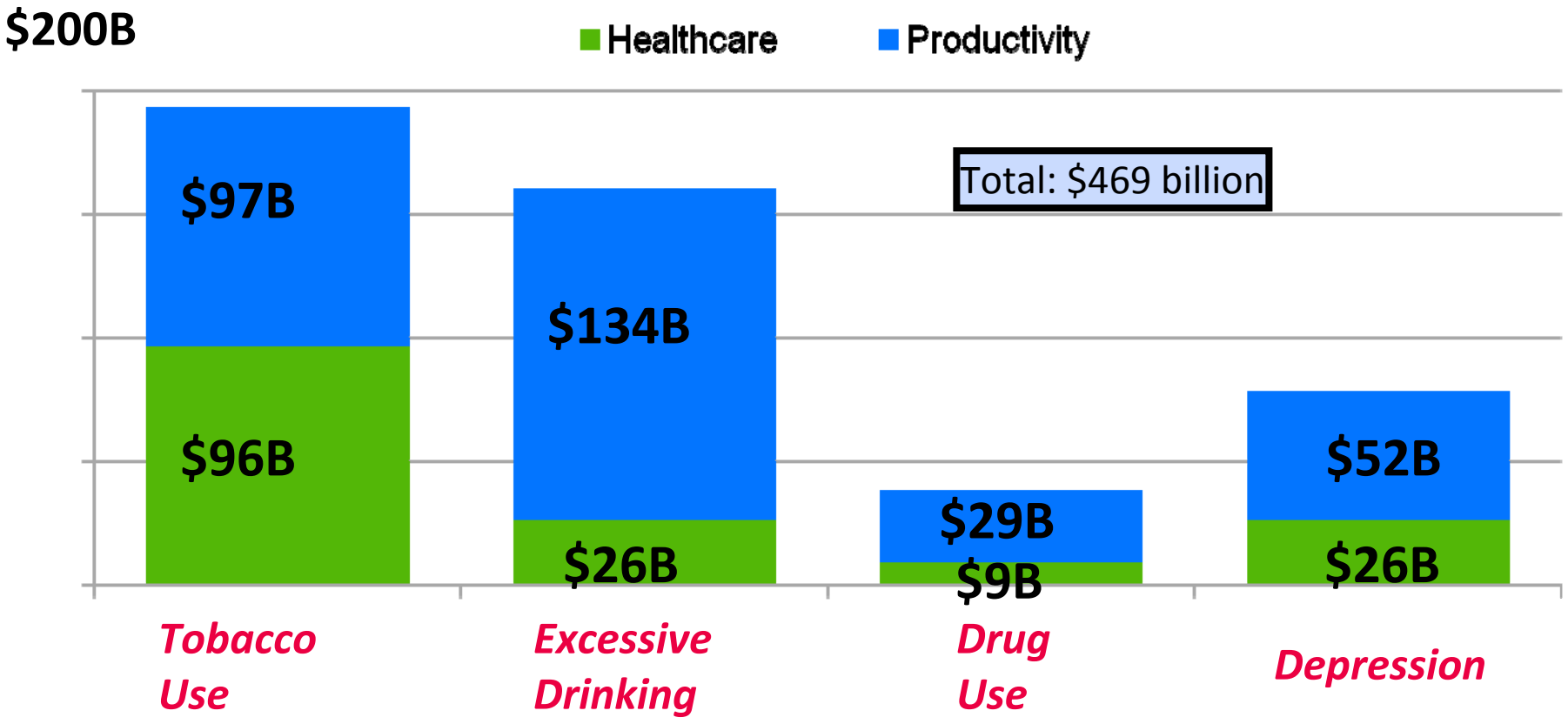
Fisher's exact test; p<0.001



Paired t-test; p<0.001

BUSINESS CASE

Economic Costs of Behavioral Conditions – US Adults –



http://www.cdc.gov/nchs/data/nhis/earlyrelease/200812_08.pdf; http://www.oas.samhsa.gov/NSDUH/2K6NSDUH/2K6results.cfm#Ch3; http://www.cdc.gov/NCCDPHP/publications/aag/osh.htm; www.ensuringsolutions.org; http://www.drugabuse.gov/NIDA_notes/NNVol13N4/Abusecosts.html

US Preventive Services Task Force (USPSTF) Recommendations

Alcohol – Grade B

Screening and behavioral interventions to reduce misuse by adults in primary care

Depression – Grade B

Screening when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up

USPSTF, Screening for Depression in Adults, 2009; USPSTF, Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, 2004.

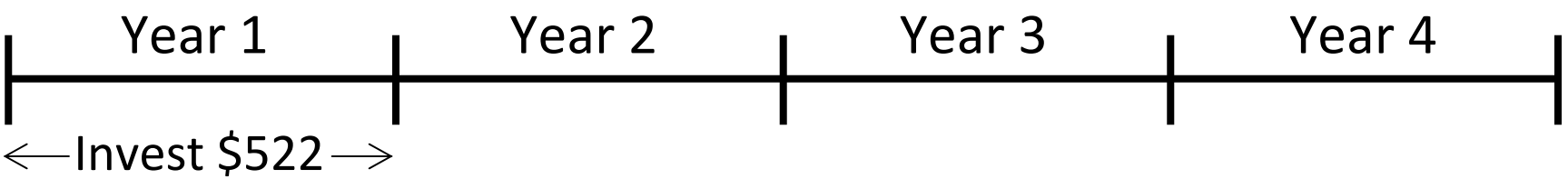
Economic Studies of BSI for Alcohol

- Fleming - Project TrEAT - Wisconsin primary care clinics - 400% ROI in 1 year - Hosp & ED visits - Savings persist through at least 4 years
- Gentilello - Patients with alcohol-related injury - EDs and trauma centers - 381% ROI in 1 year
- Estee - Dual-eligibles - Seattle-area EDs - $4,392 reduction in healthcare costs in next year
- Quanbeck - Wisconsin employers save $771 per employee who receives an alcohol intervention

Fleming, Medical Care, 2000; Gentilello, Annals of Surgery, 2005;
Estee, Medical Care, 2010; Quanbeck, Wisconsin Medical Journal, 2010

Economic Studies of Collaborative Care for Depression

In a study from 1999 to 2003:



Savings accrue in many categories: Inpatient medical, outpatient medical, pharmacy, and mental health specialty care

Adjusted for inflation and taking into account more recent cost estimates:
$1,300 investment → $5,200 net cost savings over 4 years

Unutzer, American Journal of Managed Care, 2008; Brief for CMS meeting:
http://uwaims.org/integrationroadmap/docs/CMS_Brief_on_Collaborative_Care_4Aug11.pdf

Rankings of 25 Preventive Services Recommended by USPSTF

The National Commission on Prevention Priorities ranked services by:

How much disease, injury, and death would be prevented if services were delivered to all targeted individuals? **Preventable Burden**

How many dollars would be saved for each dollar spent? **Return on Investment**

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008; http://www.prevent.org/National-Commission-on-Prevention-Priorities/Rankings-of-Preventive-Services-for-the-US-Population.aspx

Rankings of 25 Preventive Services Recommended by USPSTF

#	Service	Preventable Benefit	ROI
1	Aspirin to prevent heart attack & stroke	5	5
2	Child hood immunizations	5	5
3	Smoking cessation	5	5
4	**Alcohol screening & intervention**	**4**	**5**

PB & ROI scoring: 1 = lowest; 5 = highest

Ranked higher than:

- Screening for high BP or cholesterol
- Screening for breast, cervical, or colon cancer
- Adult flu, pneumonia, or tetanus immunization

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008;
http://www.prevent.org/National-Commission-on-Prevention-Priorities/Rankings-of-Preventive-Services-for-the-US-Population.aspx

Rankings of 25 Preventive Services Recommended by USPSTF

Depression Screening & Intervention #18

Ranked higher than:

- Osteoporosis screening for elderly women
- Cholesterol screening for at-risk young adults
- Diabetes screening for at-risk adults
- Tetanus-diptheria boosters

If impact on workplace productivity were considered, ranking would be similar to mammograms and pap smears

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008; http://www.prevent.org/National-Commission-on-Prevention-Priorities/Rankings-of-Preventive-Services-for-the-US-Population.aspx

IMPLICATIONS OF HEALTHCARE REFORM

PPACA Reimbursement Requirements for Grade A & B USPSTF Services

Sep 23 2010	All new commercial health plans.
Jan 1 2011	Medicare
Jan 1 2013	All Medicaid programs
Jan 1 2014	All commercial plans in exchanges

Health Affairs, Dec. 28, 2010

DHHS' National Strategy

- 2010-15 Strategic Plan – Goal 1, Objective C
  - *Ensure the delivery of recommended evidence-based preventive screenings and services with no copayment, through all public and private health plans*
- DHHS National Strategy for QI

Priorities	Goals	Illustrative Measures
Prevention & treatment of leading causes of mortality	Increase provision of clinical preventive services	% of patients screened for depression and receiving a follow-up plan
	Increase adoption of evidence-based interventions to improve health	% of adults screened for risky alcohol use and, if positive, received brief counseling

The Joint Commission
HELPING HEALTH CARE ORGANIZATIONS HELP PATIENTS

New Optional Quality Measures - Published in July 2011

For Inpatients - Ages 12+	Tobacco	Alcohol
Universal screening	✓	✓
Intervention	✓	✓
Referral	✓	✓
Behavior change and/or receipt of services 2 weeks after discharge	✓	✓

NCQA Patient-Centered Medical Home Criteria

6 standards, 27 elements, 149 factors

- Access & continuity
- Manage populations
- Plan and manage care
- Provide self-care & community support
- Track and coordinate care
- Measure and improve performance

Level	Points
1	35-59
2	60-84
3	85-100

* Must pass 6 required elements

New requirement:
Population health management for a behavioral focus

6 of 33 Required Quality Measures

– Medicare ACO Final Rule –

- Tobacco assessment and intervention
- Depression screening
- Diabetes patients - tobacco non-use
- Diabetes patients with HgbA1C < 8
- Diabetes patients with HgbA1C < 9
- Hypertension - BP control

PAYMENT PARADIGMS

"Effective Fee-For-Service Reimbursement"

#	Criteria	BC+	PPACA	Medicare
1	Reimbursement under special billing codes: Alc/Drugs: 99408, 99409, H0049, H0050, G0396, G0397; Tobacco: 99406, 99407	✓	✓	✓
2	No out-of-pocket expenditures by patients	✓	✓	✓
3	Reimbursement for paraprofessional-administered BSI	✓	not required	POS 11 only
4	Reimbursement for paraprofessional-administered BSI & other services at the same visit	✓	not required	no

Billing for collaborative care for depression?

Badger Care Plus (BC +)

Billing Codes and Reimbursement

	Alcohol & Drugs		Tobacco	
H-codes	**H0049** Full screen	**H0050** Per 15 min intervention		
Medicaid*	**$35.35**	**$20.23**		
CPT codes	**99408** 15 to 30 min Full screen & intervention	**99409** >30 min Full screen & intervention	**99406** 3 to 10 min intervention	**99407** >10 min intervention
Comm.†	**$33.41**	**$65.51**	**$13.00**	**$30.00**

* Wisconsin Medicaid: https://www.forwardhealth.wi.gov/kw/pdf/2009-96.pdf
† SAMHSA estimate

Medicaid Only - Wisconsin

Per workday:

- 6 alc/drug assessments (20 questions) @ $35 .... $210
- 2 alc/drug interventions (15 - 29 min) @ $20 ..... $40
- Daily revenue $250

Workdays per year 240

Revenue per year $60,000

Health educator compensation per year $60,000

Time spent delivering the above services ..... 2 hours

Time left for other service delivery, admin, etc. ... 6 hours

https://www.forwardhealth.wi.gov/kw/pdf/2009-96.pdf

Commercial/Medicaid Practices

Service (min)	Code	Min. spent	# per day	Hrs. spent	$ per code	$ per day
A/D Assessment	H0049	10	5	0.83	35	175
A/D Intervention	H0050	20	2	0.67	20	40
A/D A/I 15-30	99408	20	3	1.00	33	99
A/D A/I 30+	99409	40	1	0.67	65	65
Tob 3-10	99406	7	5	0.58	20	100
Tob 10+	99407	15	5	1.25	40	200
Total			**21**	**5.00**		**724**

$724/day x 240 workdays/year = **$149,380 per year**

Progress, but …

- Most Medicaid programs have not opened the FFS codes.
- There are no billing codes or reimbursement requirements for collaborative care
- Medicare does not reimburse for most paraprofessional-administered BSI
- PPACA does not require reimbursement for paraprofessional-administered BSI
- Medicare and some commercial plans exclude same-day services

Billing for Depression Collaborative Care in MN: Development of a PMPM Billing Paradigm

- 9 participating non-profit health plans
- PMPM Bundled Payment for certified sites
- Services covered for DIAMOND Practices
  - Patient tracking
  - Care manager's contacts with patients
  - Care manager's use of screening tools
  - Relapse prevention plan visits
  - Psychiatrist weekly consultation and review
  - Ongoing communication with PCP

Billing for Integrated Care in Southwestern PA: Creation of a "Reimbursement Quilt"

Code	Who pays?	Services	Most Common Authorized Providers
G0396-7; G0442-3; 99408-9; H0049-50	Medicare and Commercial (three plans)	SBIRT	PCP and non-physicians (NP and PA)
96150-3	Medicare & Commercial (limited)	Addressing psychosocial related to PH	Psychiatrists and Clinical Psychologists
99201-5 and 99211-5 at higher level	Medicare, Medicaid, Commercial	Medical office visits for E&M	PCP and non-physicians
99241-45	Medicaid and Commercial (varies)	Office consultation for E&M visit	PCP
90801 and 90804-7	Medicare, Medicaid, Commercial (most)	Counseling (plus E&M for some)	Psychiatrists and BH practitioners
98966-8 and 99441-3	Commercial (limited)	Telephone E&M	PCP and non-physicians
99366-8	Medicare and Commercial (limited)	Medical team conference	Physicians and qualified non-phys.

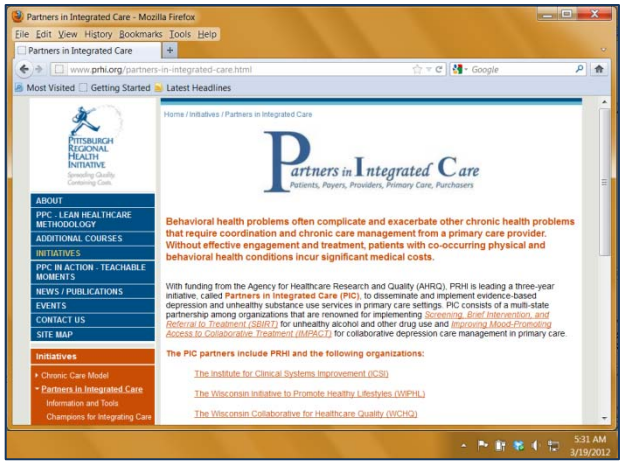
Conclusion: Existing financing system strategies are trumped by limited health center resources, site-specific nuances, and restrictions on each billing code.

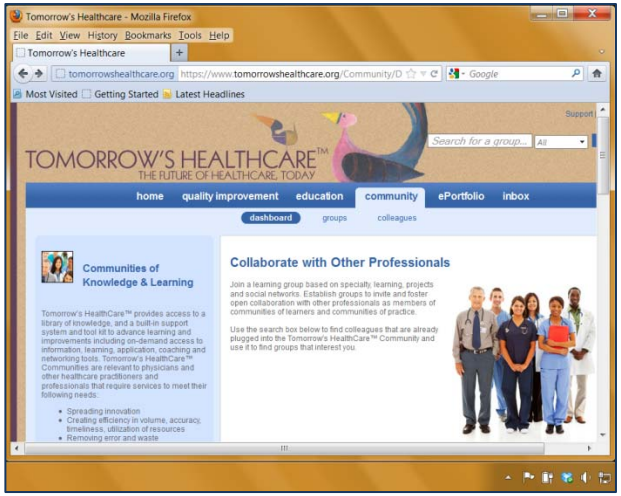
Keith T. Kanel, MD, MHCM, FACP

THE CHALLENGE OF DISSEMINATION

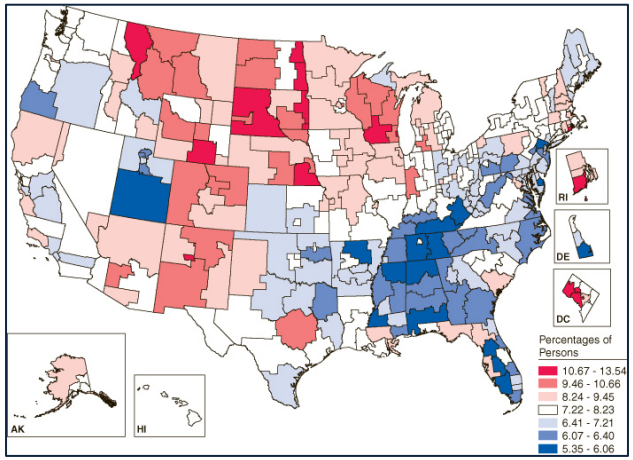
The PIC Toolbox

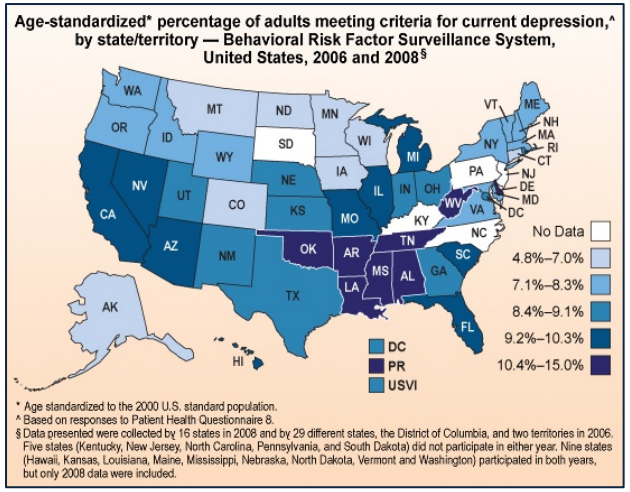
- Training materials
- Communications packets
- Website
- Online Learning Community
- Lean Office Workflow Redesign assistance
- Learning Collaboratives
- Electronic Registry



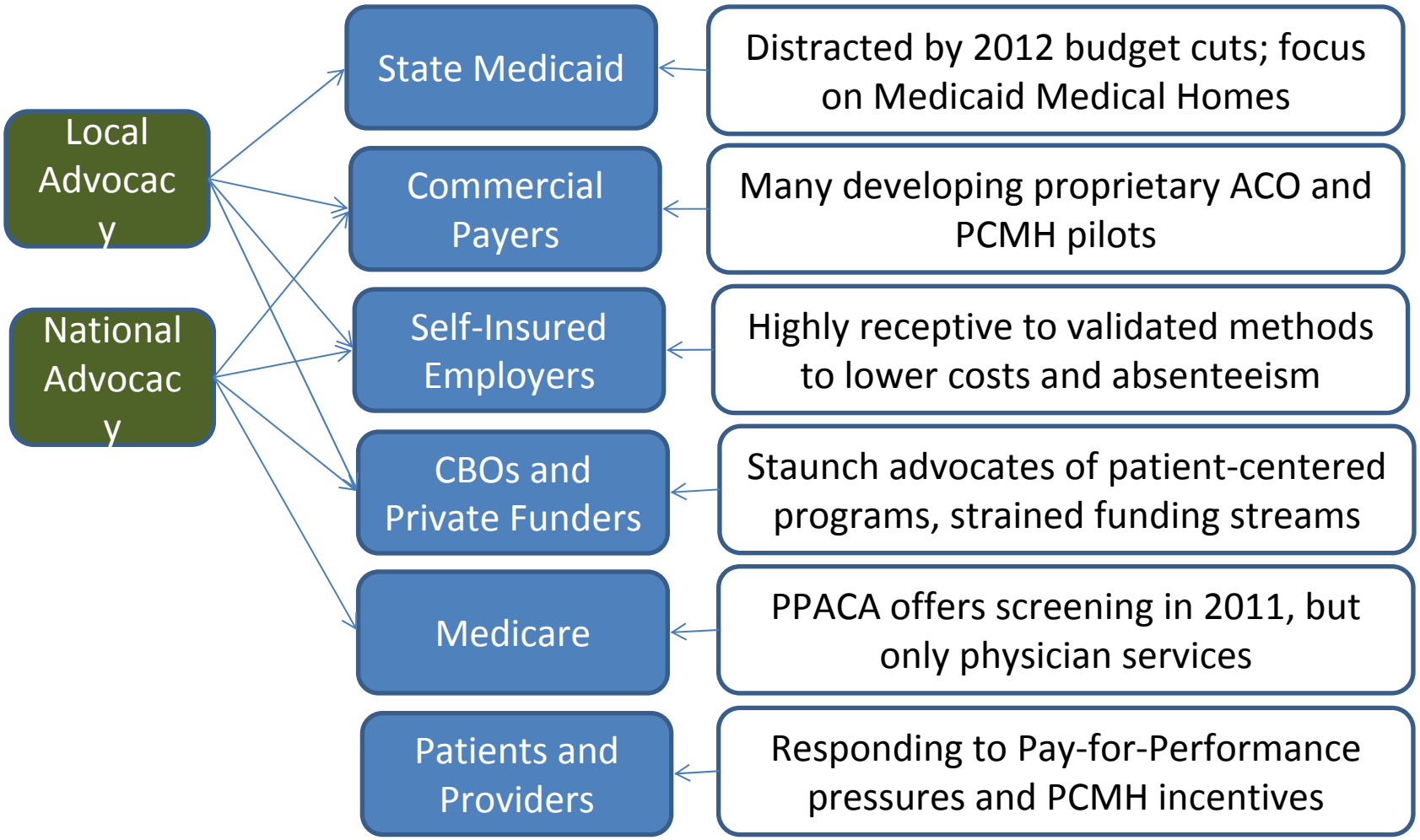


Applying Models to Diverse Healthcare Settings





Advancing Integrated Care Requires both a Local and National Advocacy Approach in 2012



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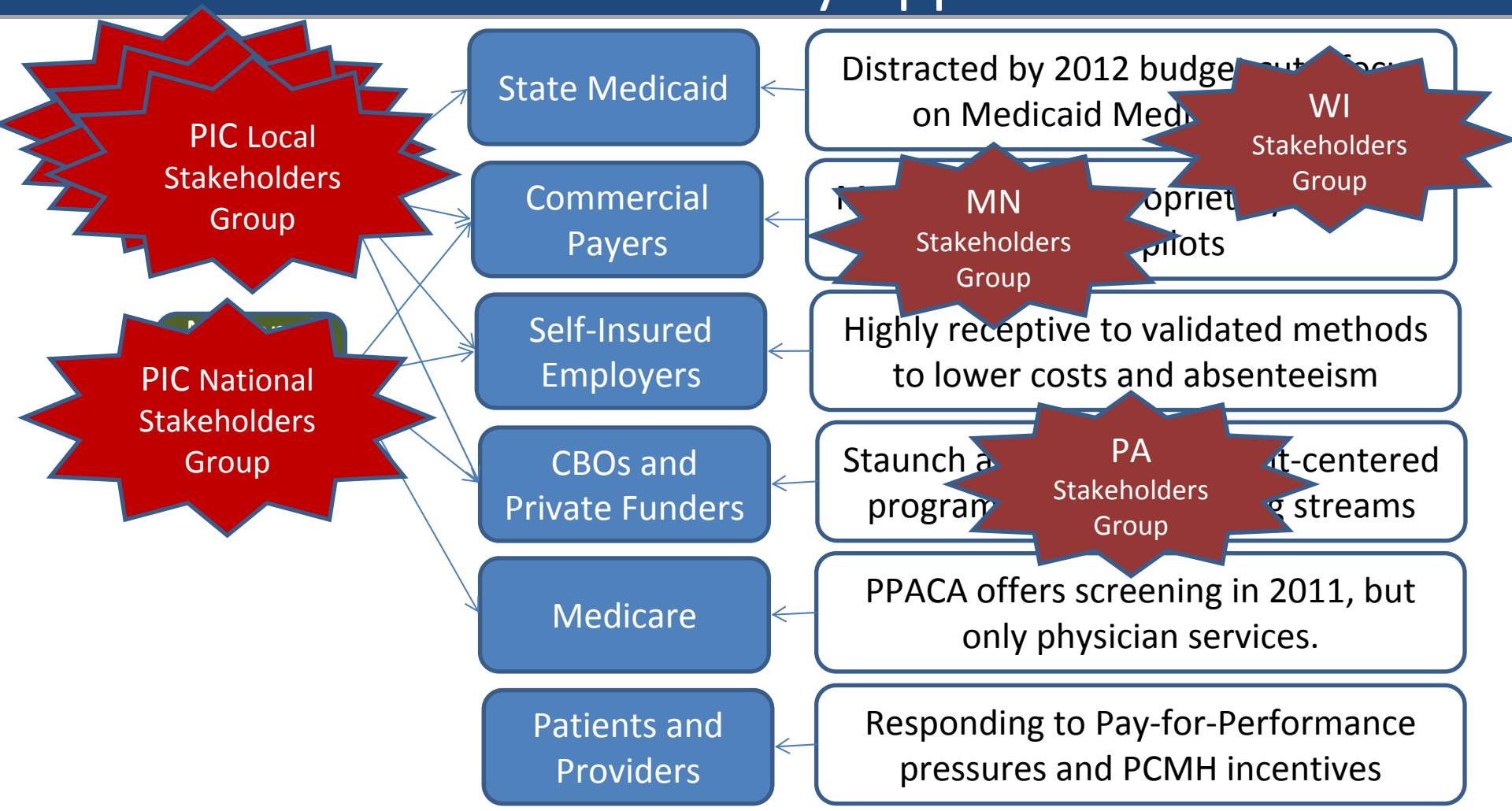

Partners in Integrated Care
Patients, Payers, Providers, Primary Care, Purchasers

FFS or Bundled Payments?

Wisconsin

- Opened unique fee-for-service billing codes for SBIRT with all public and many private payers.
- Codes available to only "certified" providers (licensed and unlicensed).
- Example: Medicaid pays $35.35 for screening (H0049) and $20.23 for 15 minutes for intervention (H0050)

Minnesota

- Negotiated care-management bundle payments for IMPACT services with 9 participating commercial health plans.
- Example: Default rate of $50-60 PMPM, covers screening, care managers, psychiatrist oversight, communications.
- Still negotiating a public option.

Questions?