Division of TennCare

STATE OF TENNESSEE

Behavioral Health for PCMH and Distinction in Behavioral Health Integration

Presenter: Rick Walker, TN Coach Lead, PCMH CCE

December 13, 2018

Today's Agenda

- 11:00-11:45am (CT)
  - Behavioral Health for PCMH
  - NCQA Distinction in Behavioral Health Integration
- 11:45am-12:00pm (CT)
  - Facilitated Discussion
    - Questions, Best Practices, Challenges and Novel Ideas
  - Wrap-up

Quick Review:
PCMH 2017 Terminology

Today's Concepts:

KM : Knowing and Managing Your Patients

CC: Care Coordination and Care Transitions

TC : Team-Based Care and Practice Organization

Introduction to the Webinar

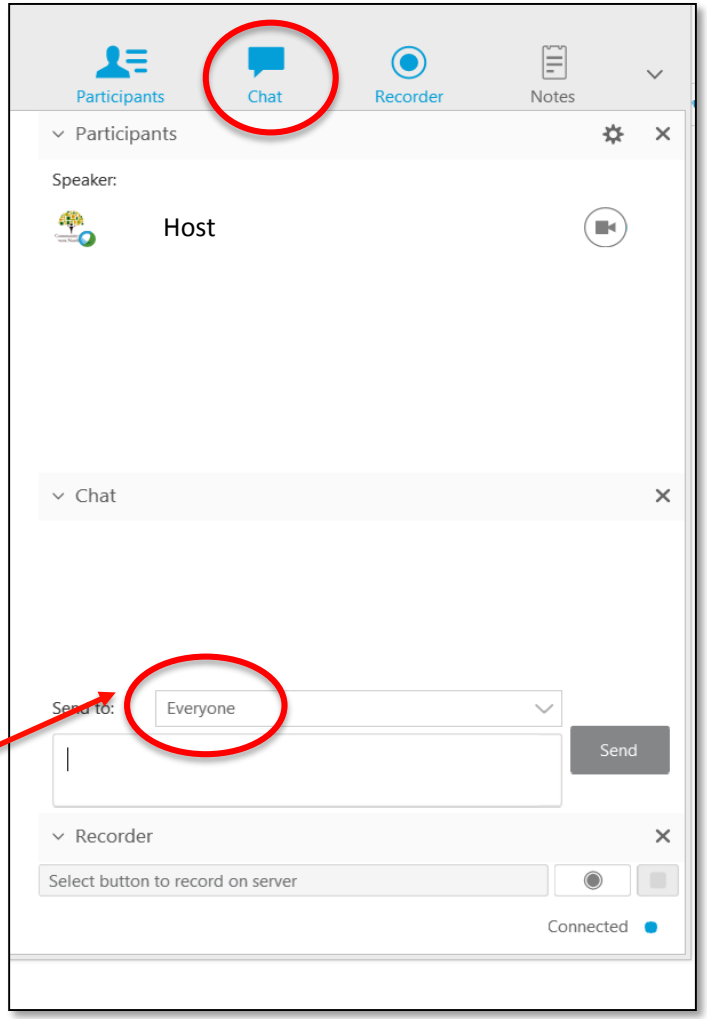
Chat Box During the Presentation

Send:

- Best Practices
- Challenges
- Novel Ideas
- Questions

.

Select “Everyone” and enter your question or comment

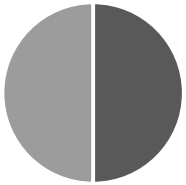


Behavioral Health for PCMH

Behavioral Health Conditions are Highly Prevalent and Many Patients are Untreated or Undertreated

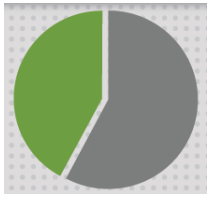
Prevalence of Mental Health Disorders

1 in 4 adults in the United States will experience a mental illness and/or substance misuse and abuse condition



An estimated one-half of lifetime mental illnesses begin by age 14

Treatment Statistics



Approximately 40% of adults with severe mental illness (e.g., schizophrenia, bipolar disorder) and 60% of adults with any mental health disorder did not receive treatment within the last year

Nearly three-fourths of children with mental illness are seen in a primary care setting

Sources: NAMI; 2012 National Survey on Drug Use and Health

Behavioral Health In Tennessee

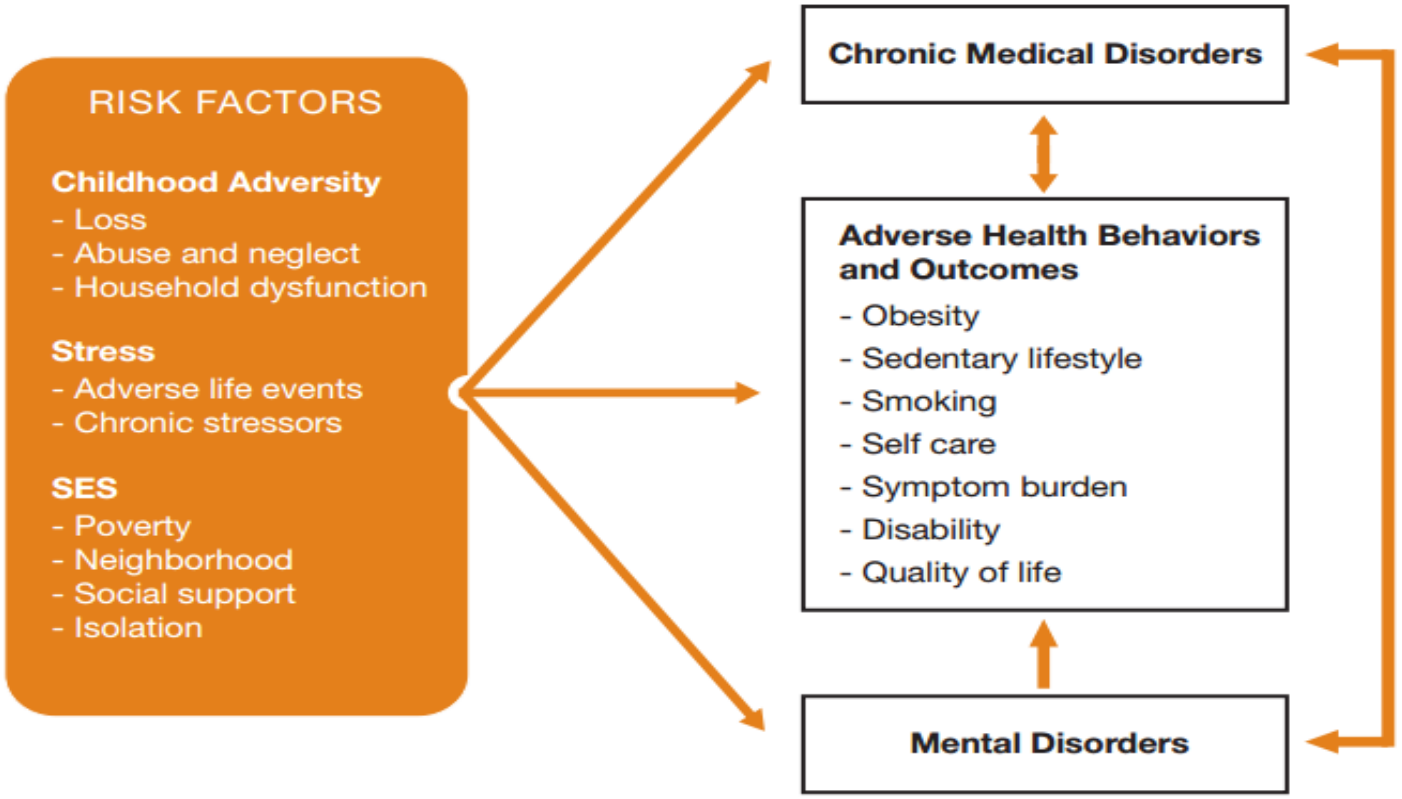
- 20% of Tennesseans experience mental illness
- 4.4% of adults in Tennessee have a serious mental illness
- Suicide is the 10th leading cause of death in Tennessee and the 2nd leading cause of death for Tennesseans aged 10-14
- 4% of adults in Tennessee had serious thoughts of suicide
- The suicide rate has increased by more than 24% in Tennessee from 1999 - 2016

Feedback from Health Link Providers on Primary Care and Behavioral Health Coordination

- Health Link providers comment that some PCPs are not aware of the services that Health Links offer or why its important for Health Link providers to have relationships with PCMHs
- Health Link providers are interested in working with PCMHs to help close gaps in care for their clients
- It can be hard for Health Link providers to identify the correct contact people at PCMHs when trying to schedule primary care appointments for their patients
- Many PCPs are not comfortable serving people with serious mental illness or children with severe emotional disturbances
- The fast-pace of primary care can create challenges for people with behavioral health conditions

Comorbidity: Link Between Behavioral Health and Physical Health Conditions

Approximately **25 percent** of American adults have a diagnosable behavioral health condition and **nearly half** of those report having at least one chronic medical condition.



Sources: Katon WJ. "Clinical and Health Services Relationships between Major Depression, Depressive Symptoms, and General Medical Illness." Biological Psychiatry, vol. 54, no. 3, 2003.
Kessler RC, Chiu WT, Demler O, Walters EE. "Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication." Archives of General Psychiatry, vol. 62, no. 6, 2005.

Behavioral Health for PCMH – Criteria

- **KM 03 (core):** Conducts depression screenings for adults and adolescents using a standardized tool.
- **KM 04 (1 credit):** Conducts behavioral health screenings and/or assessments using a standardized tool. (implement two or more)
    A. Anxiety
    B. Alcohol Use Disorder
    C. Substance Use Disorder
    D. Pediatric Behavioral Health Screening
    E. Post-Traumatic Stress Disorder
    F. ADHD
    G. Depression Screening

- **CC 09 (2 credits)**: Works with behavioral healthcare providers to whom the practice frequently refers to set expectations for information sharing and patient care.
- **CC 10 (2 credits):** Integrates behavioral healthcare providers into the care delivery system of the practice site.
- **TC 08 (2 credits):** Has at least one care manager qualified to identify and coordinate behavioral health needs.

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

Depression Screening

KM 03 (core): Conducts depression screenings for adults and adolescents using a standardized tool.

- The practice enhances staff capabilities to screen for depression and provide an evidence-based approach to treatment. Training may include the application of validated screening tools such as PHQ-9.

Evidence: Documented process or report **and** evidence of implementation

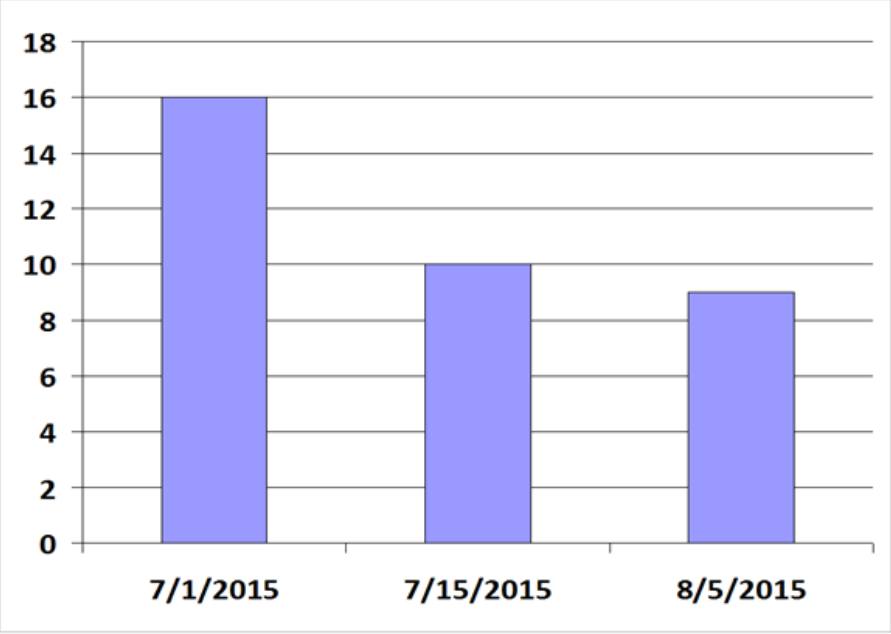
All patients 12+ are given PHQ-9 by clinical staff/ MA → MA scores PHQ-9 and notifies provider of scores 10+ → Provider educates patients about depression and begins treatment/referral

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

Depression Screening

KM 03 (core): Conducts depression screenings for adults and adolescents using a standardized tool.

- PHQ-9, PHQ-9A, Edinburgh
- Best Practice: Collect baseline and follow-up scores and to treat to target
- Score >5 or 50% reduction
- Opportunities: MACRA screening and 6 and 12 month depression remission



Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

Behavioral Health Screening

KM 04 (1): Conducts behavioral health screenings and/or assessments using a standardized tool.

Implement two or more:

A. Anxiety – GAD-7
B. Alcohol Use Disorder – AUDIT
C. Substance Use Disorder – DAST
D. Pediatric Behavioral Health Screening – PSC
E. Post-Traumatic Stress Disorder – PCL-5 Posttraumatic Stress Disorder Checklist
F. ADHD – Vanderbilt, Conners
G. Postpartum Depression - Edinburgh

Evidence: Documented process and evidence of implementation

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

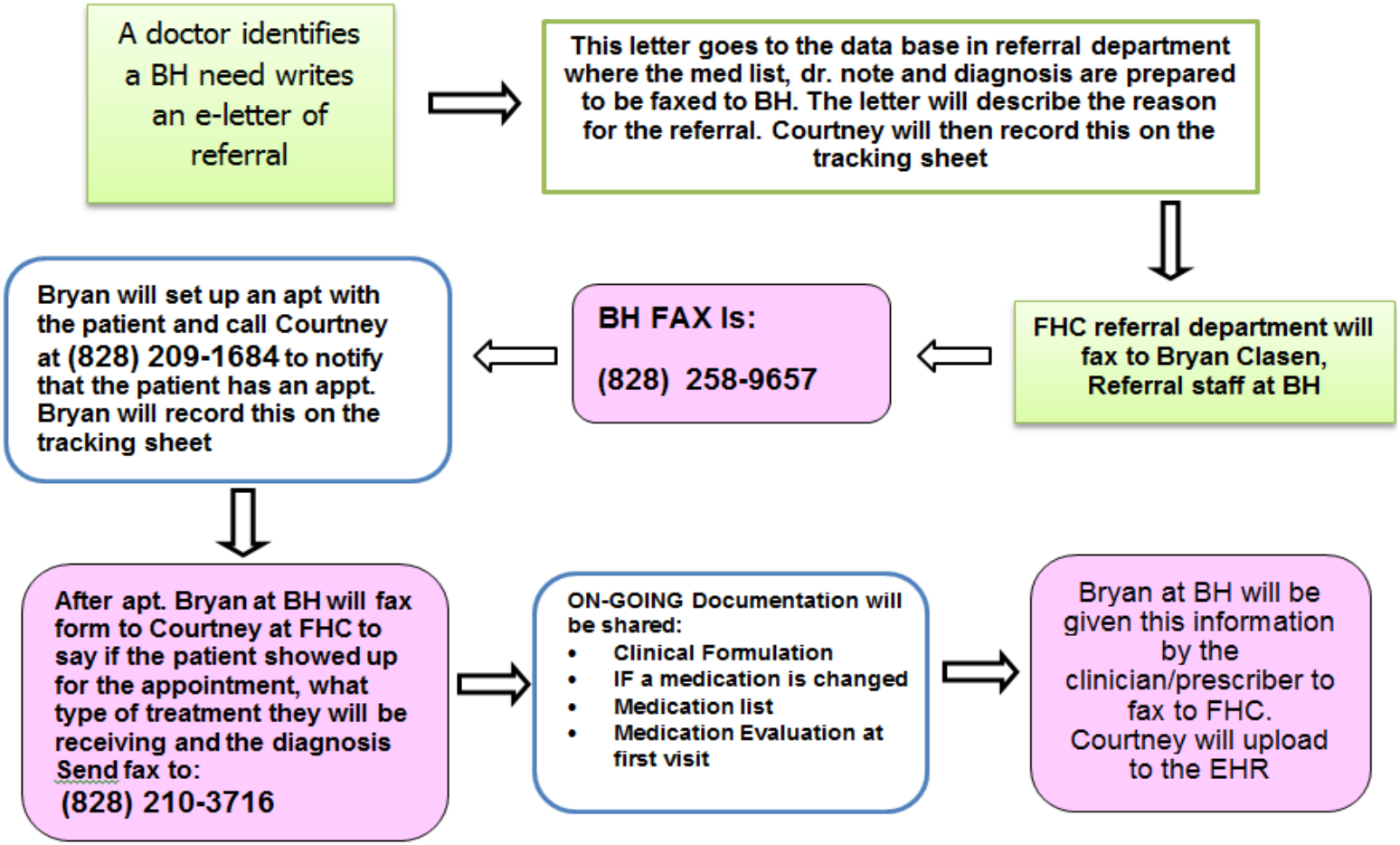
Behavioral Health Referral Expectations

CC 09 (1): Works with behavioral healthcare providers to whom the practice frequently refers to set expectations for information sharing and patient care.

Transition of Care	
Mutual Agreement	
• Maintain accurate and up-to-date clinical records. • When available and clinically practical, agree to standardized demographic and clinical information format such as the Continuity of Care Record [CCR] or Continuity of Care Document [CCD] • **Ensure safe and timely transfer of care of a prepared patient*.**	
Expectations	
Primary Care	Behavioral Health Care
☐ PCP maintains complete and up-to-date and complete clinical records.	☐ Appropriate staff determine and/or confirm insurance eligibility

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

Behavioral Health Referral Expectations (continued)



Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

Behavioral Health Referral Expectations (continued)

- An **essential** function for any healthcare agency
  - Can be strengthened through relationships which build trust and understanding between providers, staff, AND THEIR SHARED PATIENTS

Challenge: Time intensive
Idea: Determine which behavioral health providers share your patients

- Can be formal or informal:
  - Identified referral workflows/pathways
  - Agreements on exchanges of records
  - Thresholds for referral, consultation, treatment, stability, and return to PCP
  - Shared registry
  - Medication lists and lab-work
  - Treatment plans acknowledging shared care

Evidence: An Agreement or Documented Process and evidence of implementation

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

Behavioral Health Care Manager

Common question:
How do I know who would be qualified?

TC 08 (2): Has at least one care manager qualified to identify and coordinate behavioral health needs.

- The practice **identifies the behavioral health care manager** and provides their qualifications. The care manager has **the training to support behavioral healthcare needs** in the primary care office and **coordinates referrals to specialty behavioral health services** outside the practice.

- The practice demonstrates that it is working to **provide meaningful behavioral healthcare services to its patients** by employing a care manager who is **qualified** to address patients' behavioral health needs.

Evidence: Identified Behavioral Health Care Manager

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

Behavioral Health Integration

CC 10 (2): Integrates behavioral healthcare providers into the care delivery system of the practice site.

Coordinated - services exist in different settings, separate records, treatment plans, minimal contact between providers

Co-located - both services provided in the same location, may share chart but different treatment plans and minimal to moderate contact between providers

Integrated - services have medical and behavioral health (and possibly other) components within one treatment plan for a specific patient or population of patients, share chart, coordinate treatment plans, frequent contact

Blount (2003)

Behavioral Health Integration (continued)

CC 10 (2): Integrates behavioral healthcare providers into the care delivery system of the practice site.

This is more involved than co-location of practices, because all providers work together to integrate patients' primary care and behavioral health needs, have shared accountability and collaborative treatment and workflow strategies.

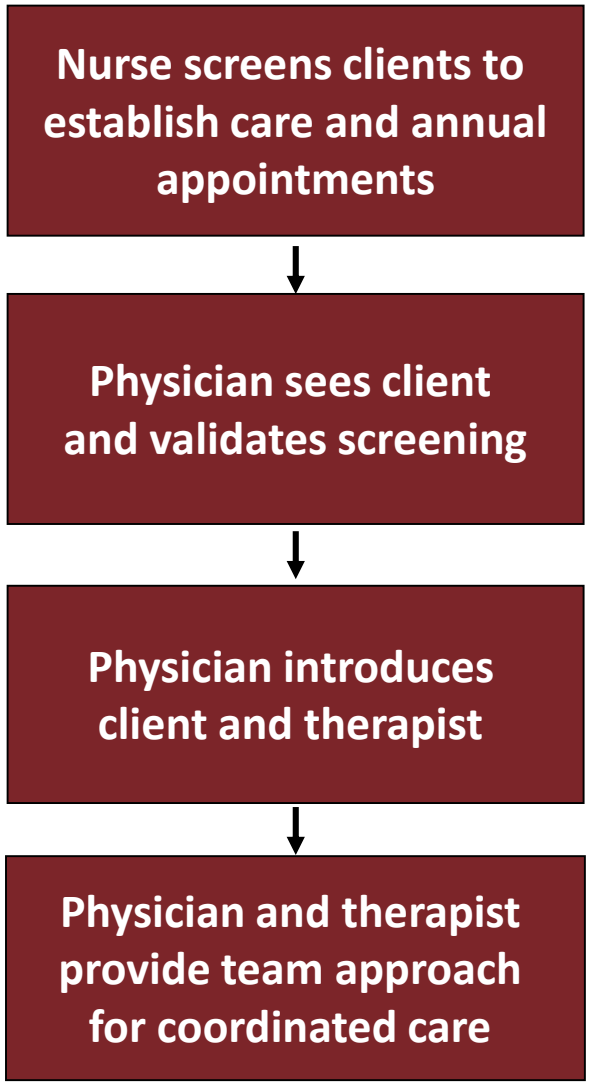
Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018

Snapshot: An Integrated Care Program

Behavioral Health Services integrated with Primary Health Care:

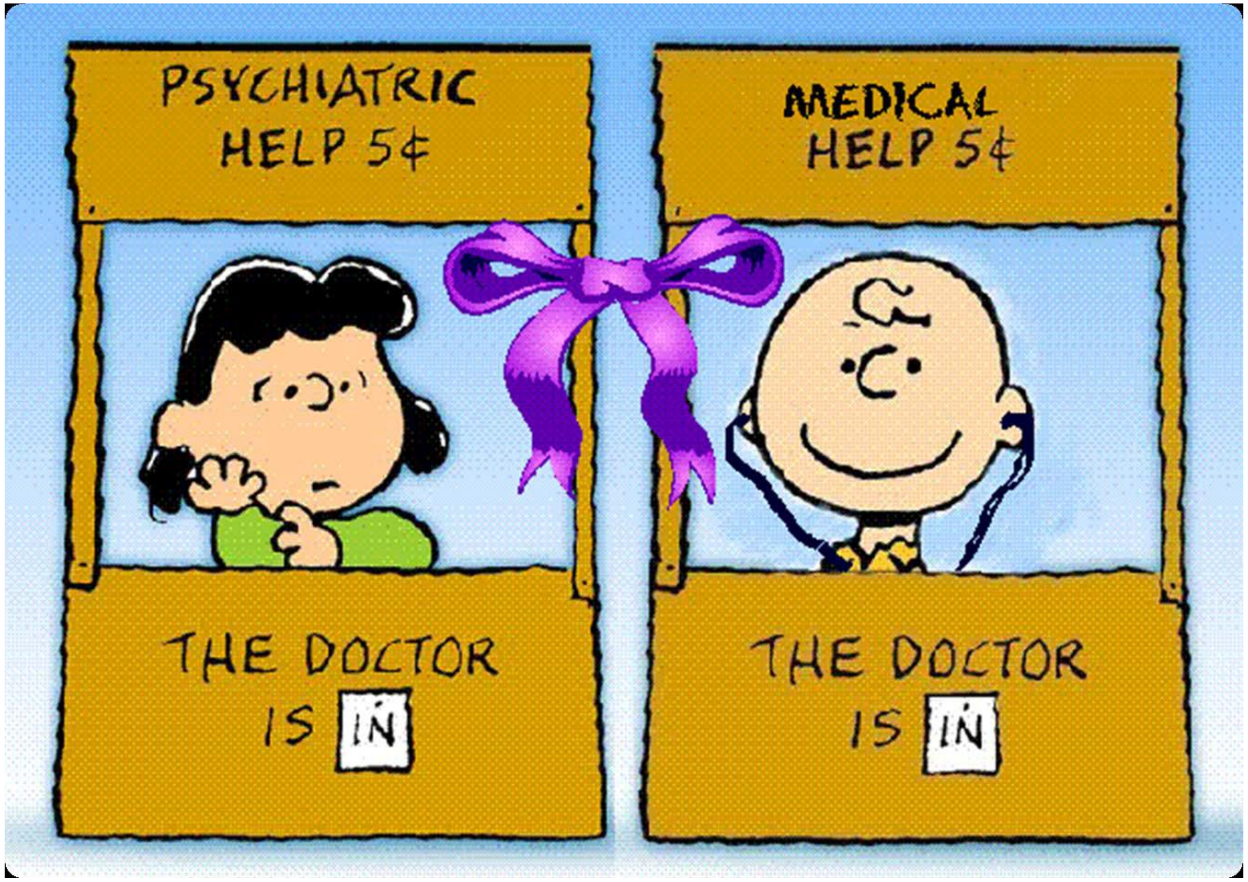
- Screening
- Assessment
- Brief supportive counseling
- Therapy
- Case management
- Medication monitoring
- Coordinated team care

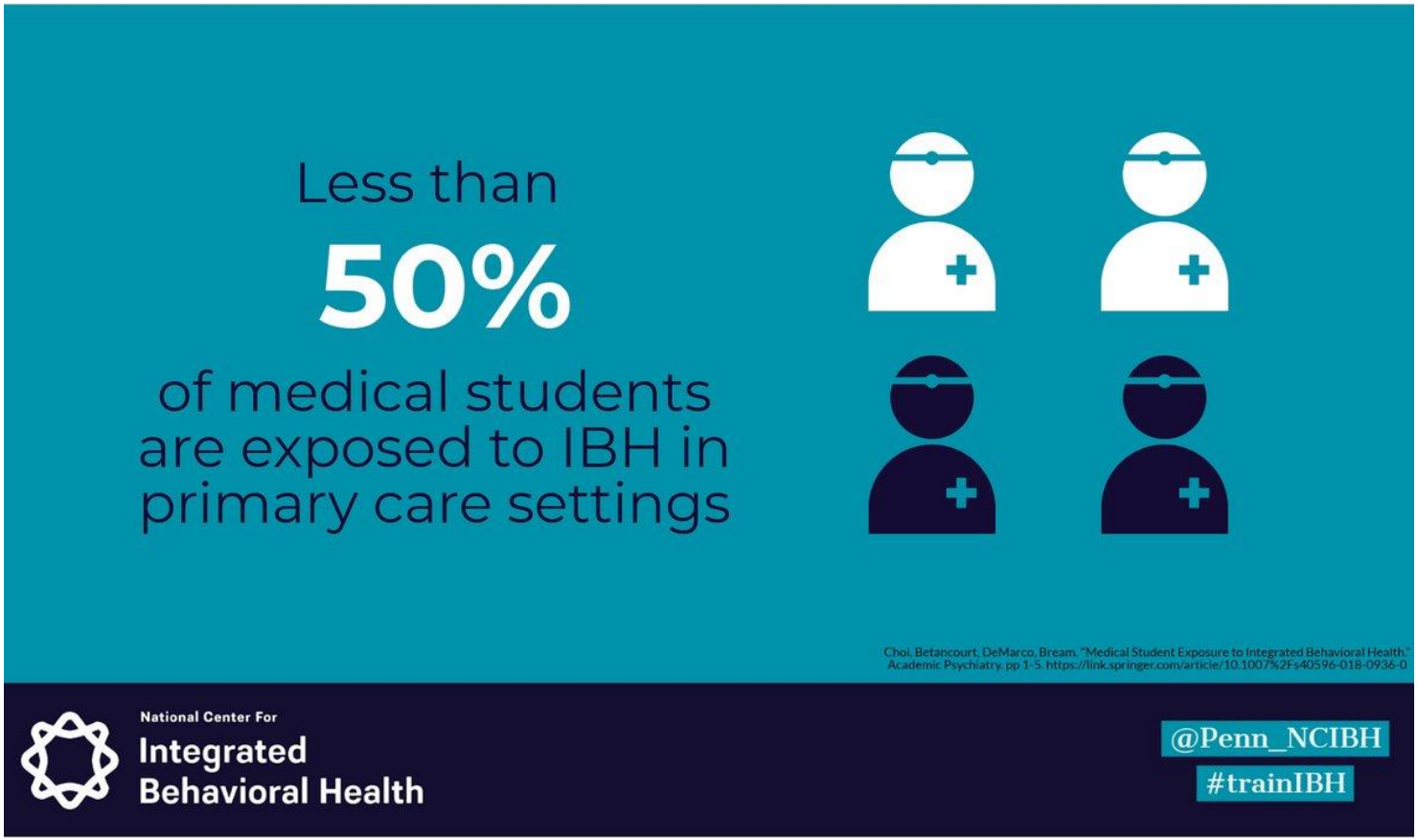
Evidence: Documented process and evidence of implementation



Source: Adapted from Mendenhall, Lamson, & Hodgson, 2010

Integrated Care




Less than
50%
of medical students
are exposed to IBH in
primary care settings
Choi, Betancourt, DeMarco, Bream. "Medical Student Exposure to Integrated Behavioral Health."
Academic Psychiatry. pp 1-5. https://link.springer.com/article/10.1007%2Fs40596-018-0936-0
National Center For
Integrated
Behavioral Health
@Penn_NCIBH
#trainIBH

Integrated Care

Who benefits?

- The benefits of an integrated health care approach extend to:
  - Patients
  - Caregivers
  - Providers
  - The larger health care system

- Coordinated care also:
  - Reduces depressive symptoms
  - Enhances access to services
  - Improves quality of care
  - Lowers overall health care costs

Importance of Meeting Behavioral Health-Related Criteria

- If behavioral health problems are not identified, or are not treated, it is more challenging for primary care practices to help address physical health problems
- By integrating behavioral health providers into care delivery, it's possible to improve outcomes for both physical health and behavioral health conditions
- Integrating behavioral health in primary care has also been shown to be good for business:
  - Improve staff satisfaction
  - Improve clinic workflow and efficiency
  - Provide more support to providers in caring for complex patients

Source: Safety Net Medical Home Initiative. "Organized, Evidence-Based Care: Behavioral Health Integration," October 2014

PCMH Distinction in Behavioral Health Integration

PCMH Distinction in Behavioral Health Integration

What is the PCMH Distinction in Behavioral Health Integration recognition?

- Recognizes PCPs
- Enhances level of care in a PCP and improves:
  - Access
  - Clinical outcomes
  - Patient experience

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Which practices are eligible for the recognition?

- All qualifying new and existing NCQA PCMH Recognized practices

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

What are the requirements for a practice to achieve this distinction?

- The distinction includes 18 criteria across 4 competencies related to behavioral health integration
  - Meet all 11 core and two elective criteria
  - 7 core criteria are included in the PCMH recognition standards

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Is there a fee for practices to receive the added distinction?

- There are no additional fees if included as part of the initial PCMH recognition transformation process
- The pricing for the distinction is 50% of the initial per-clinician fee paid by the practice for recognition
    - *For more information on fees: Distinction in Behavioral Health Integration*

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

What are the benefits to earning the distinction?

- Stand out
- Improve outcomes
- Deliver whole-person care

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Would you go into more detail regarding the requirements?

- 18 criteria in the module
- Seven included in PCMH recognition standards
- Receive credit in both PCMH and Behavioral Health Distinction modules
- Four competencies
- Must meet all core criteria and two elective credits

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Four Competencies

A. Behavioral Health Workforce
B. Integrated Information Sharing
C. Evidence-Based Care
D. Measuring and Monitoring

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Competency A: Behavioral Health Workforce

- The practice incorporates behavioral health providers at the site
- Utilizes behavioral health providers outside the practice
- Trains the care team to address the mental health and substance use concerns of patients
  - BH 01 - 06
  - BH 01 = TC 08
  - BH 05 = CC 09

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Competency B: Information Sharing

- The practice shares patient information within and outside the practice to support an integrated/ coordinated patient treatment plan.
  - BH 07 - 10
  - BH 10 = KM 18

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Competency C: Evidence-Based Care

- The practice uses evidence-based protocols to identify and address the behavioral health needs of patients.
  - BH 11 - 14
    - BH 11 = KM 03
    - BH 12 = KM 04
    - BH 13 = KM 20A
    - BH 14 = KM 20B

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Competency D: Measuring and Monitoring

- The practice utilizes quality measures to monitor the care of patients with behavioral health needs.
  - BH 15 - 18

Source: NCQA PCMH Standards and Guidelines (2017 Edition, Version 3) July 24, 2018; appendix 4

PCMH Distinction in Behavioral Health Integration

Resources:

- Distinction in Behavioral Health Integration
- Tennessee Chapter of the American Academy of Pediatrics (TNAAP) Behavioral Health Screening Tools
- Substance Abuse and Mental Health Services Administration's Center for Integrated Care Solutions

Questions?

Collaborative Discussion: Behavioral Health

- Best Practices
- Challenges
- Novel Ideas
- Questions

Housekeeping

- Select “Everyone” and enter your question or comment
- The host will read comments from the chat box

Next Session

PCMH Documentation 1:

Documented Processes and Evidence

January 30, 2019

11am-12pm CT / 12-1pm ET

Contact Info

rwalker@ccwnc.org