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The County Managed Care Resource

INSIGHT

An Information Resource from COMCARE

Volume 4, Issue 3

Health Care Integration

Less than half of adult with mental health conditions received services in 2019, and nearly 90% of people with substance use disorders did not receive treatment.[1] That is why integrating primary and behavioral health care is necessary and would ensure that individuals with behavioral health conditions and comorbid physical health problems are able to receive high-quality access to care. Certainly, the COVID-19 pandemic has exacerbated behavioral health issues, and highlighted areas where we can work to make improvements.

[1] in 2019, about 1 in 5 adults, or 51.5 million, in the United States had a mental health condition. During the same year, 19.3 million adults experienced a substance use disorder (SUD), and 9.5 million faced a co-occurrence of both substance use and mental health conditions.

INSIGHT is published by COMCARE, a program of the County Commissioner's Association of Pennsylvania (CCAP). If you wish to provide comments or feedback, please forward your comments to Lucy Kitner or Michele Denk at COMCARE at the following email addresses: lkitner@pacounties.org; mdenk@pacounties.org. Thank You.

Experts all agree that integration enhances access to care, improves treatment outcomes, reduces health disparities, and controls cost. *Pennsylvania's Behavioral and Physical HealthChoices program has provided a very strong foundation for the effective delivery of services to our most needy – but for many other states in the nation, the current health care system does not adequately support the integration of primary and behavioral health care services.*

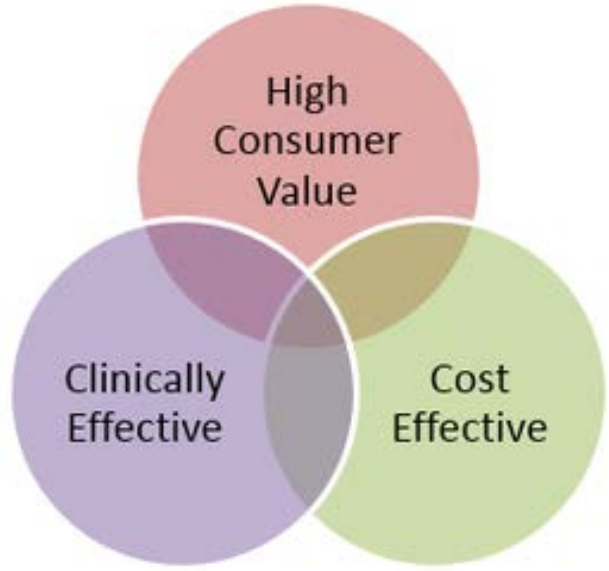
The Bipartisan Policy Center (BPC)[2] has issued a paper entitled "Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration" which includes task force recommendations in March 2021.

Bipartisan Policy Center

At a high level, the BPC provided national legislative and regulatory recommendations that are essential to ensuring successful integration of behavioral health and primary care services:

Establish core, minimum standards essential for integration.

A first step would be for the development of standard definitions of integrated care across private and public health programs as well as core service and quality standards. These would need to be coupled with network adequacy standards to ensure access to providers of integrated care.

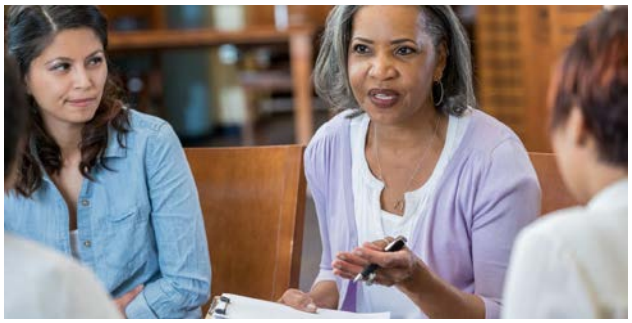


Drive integration in new and existing value-based payment models

Value-based payment models have structural elements that make them an ideal home for integration. Existing payment structures in Medicaid MCOs, Medicare accountable care organizations, and Medicare Advantage plans already have well-defined quality metrics, delivery standards, and payment methodologies through which integration can be applied, enforced, and incentivized.

Pennsylvania's Behavioral HealthChoices is has been employing this model through approved value-based purchasing (VBP) arrangements – agreements which links provider payments for services to the value of services provided and to relevant quality measures that are indicative of health outcomes. Related payment strategies are then used to pay providers for performance-based contracting, and the possible evaluation of shared savings, shared risk, and payment types.

[2] The Bipartisan Policy Center (BPC) is a Washington, D.C.-based think tank that actively fosters bipartisanship by combining the best ideas from both parties to promote health, security, and opportunity for all Americans. Our policy solutions are the product of informed deliberations by former elected and appointed officials, business and labor leaders, and academics and advocates who represent both ends of the political spectrum. bipartisanpolicy.org

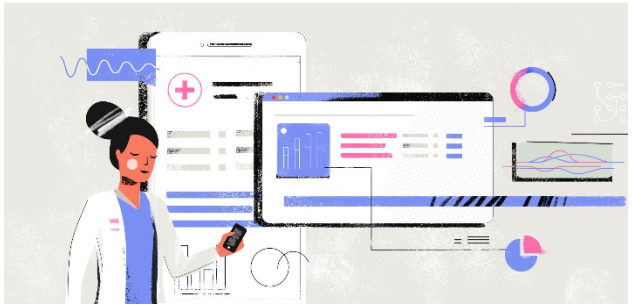


Expand, train, and diversify the workforce for integrated care teams.

BPC research has identified a lack of access to behavioral health care providers by primary care. Primary care clinicians already handle some behavioral health care needs of their patients, but they report feeling overwhelmed, ill-equipped, and underpaid. To incentivize and enable primary care clinicians to take on a greater role in providing behavioral health care to their patients, they will need training, technical assistance, and access to a larger pool of behavioral health providers for both consultations and referrals.

Recruitment and retention of qualified staff is both the physical and behavioral health settings continue to be a challenge nationwide. Both physical and behavioral health plans are facing the challenge for providers to receive the training necessary to deliver integrated care and participate in value-based payment models.

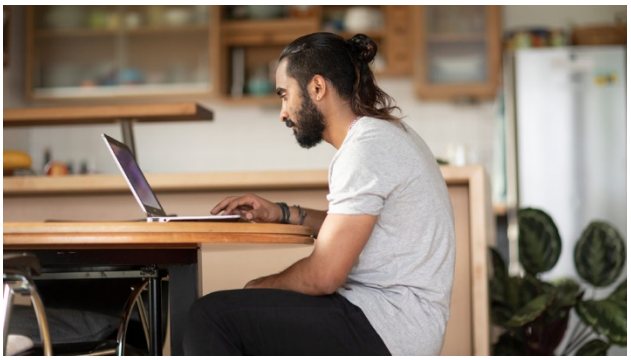
A national strategy would be to expand Medicare coverage to additional behavioral health provider types to deliver services within integrated care settings and increase scholarship opportunities and pipeline programs to diversify and broaden the workforce.



Promote the use of electronic health records, telehealth, and other technology to support integrated care.

There are many barriers to using health technology for improving our nation's health care system, yet it is essential for successful integration. For example, telehealth can increase access to providers and services, and electronic health records (EHR) enable coordination across care teams. While policymakers have eased some telehealth requirements during the pandemic, most changes are temporary. Moreover, behavioral health providers have not fully benefited from a technology-supported practice because of marginal EHR uptake.

It is surprising that with the clear need of leveraging health technology, many providers have avoided adopting EHRs and upgraded their operational capabilities. There is a common rational that costs are prohibitive – but an equally common (and often unmeasured) rational of the costs of NOT upgrading to the use of technology.



Information and documentation needs, information exchange, telehealth that eliminates access disparities have all advanced exponentially due to the pandemic. Providers who were positioned with the latest technology supports had a clear advantage. The speed and security / privacy demands of integrated service delivery demand the use of the latest technologies.

Excerpt: Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration; Bipartisan Policy Center; March 2021.

The Bipartisan Policy Center created a task force to provide an outline of recommendations to building better care by integration of primary and behavioral health services. The task force recommendations reflect the need to both incentivize primary care and behavioral health providers to participate in integration and to also hold them accountable for meeting key quality and performance metrics. The following goals for integrated care will advance health care's triple aim of improving access to care, improving the health care experience, including patient satisfaction and quality, and reducing costs. The outline of their recommendations is provided below:

Transform payment and delivery to advance value-based integrated care.	**Establish core behavioral health integration essentials.** • *Establish a strong foundation for integration.* **Build upon existing alternative payment platforms to drive large-volume integration.** • *Incentivize behavioral health and primary care integration in Medicaid managed care contracting.* • *Incentivize behavioral health integration in the Medicare Shared Savings Program* • *Incentivize behavioral health integration in Medicare Advantage.* **Drive integration at the practice level** • *Incentivize individual providers to participate in integration.* • *Improve collaboration within traditional Medicare and Medicaid.* **Advance integration through Certified Community Behavioral Health Clinics and Federally Qualified Health Centers** • *Incentivize coordination and integration among Certified Community Behavioral Health Clinics and Federally Qualified Health Centers* **Enforce and expand mental health and addiction parity laws** • *Ensure equal access to mental health, substance use disorder, and medical/surgical benefits.* **Require agency coordination.** • *Promote strategic coordination among HHS agencies on behavioral health integration – Require that the Centers for Medicaid & Medicare Services (CMS), the Health Resources Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) advance the integration of physical and behavioral health services through a strategic plan for greater coordination between the agencies.*
Expand and train the integrated workforce	**Increase coverage of behavioral health providers in Medicare** • *Increase the pool of behavioral health providers by reducing barriers to reimbursement* **Expand access to the currently available workforce** • *Decrease barriers to integrated, team-based care* **Improve training, recruitment, and retention** • *Accelerate integration by increasing access to prerequisite training for the current workforce* • *Improve integrated care education for new primary care and behavioral health providers* • *Expand and diversify the behavioral health workforce*
Promote technology and telehealth to support integrated care	**Optimize health information technology for behavioral health integration** • *Enable greater integration by increasing the utilization of EHRs among behavioral health providers* • *Leverage mobile health for patient engagement within integrated care settings* **Expand telehealth access** • *Address barriers to technology-assisted communication as a component of behavioral health integration*

Table Summary (above) from: Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration; Bipartisan Policy Center; March 2021.

Improve Quality of Care

Improved quality of care can only be successfully achieved when done in conjunction (balancing out all of the conditions and demands) with improved patient access to care and cost containment or reduction. Regarding integrated care, primary care must increase identification of mental health and substance use conditions and establish along with behavioral health provider resources the ability to treat behavioral health conditions. These will also promote health equity and greater continuity of care.

More specifically regarding improved quality, key considerations are:

- ***Manage behavioral health symptoms by tracking progress.*** *A key ingredient to integration is the use of measurement-based care. Both primary care and behavioral health providers should implement measurement-based care by administering symptom rating scales regularly and adjusting treatment accordingly.*
- ***Improve patient experience, including culturally competent and trauma-informed care.*** *Providers should implement a patient-centered approach to engage patients and caregivers through culturally competent and* ***trauma-informed strategies*** *(see six key principles fundamental to trauma-informed approach below) to help patients understand and manage health conditions and provide connections to social and community services when appropriate. Quality metrics should be designed to capture patient experience and satisfaction.*

  The six key principles fundamental to a trauma-informed approach include:[3]

  1. **Safety:** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.
  2. **Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.
  3. **Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term "Peers" refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic

[3] SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach; prepared by SAMHSA's Trauma and Justice Strategic Initiative; July 2014.

events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."

4. **Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: "one does not have to be a therapist to be therapeutic."
5. **Empowerment, Voice and Choice:** Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/ or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery.34 Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.
6. **Cultural, Historical, and Gender Issues:** The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

Final Thoughts…

Integrated care requires health information technology (IT) systems that support enhanced communication and data sharing between behavioral health and primary care providers to facilitate integrated care plan development and track health outcomes and quality metrics. However, as of 2012, approximately 20% of behavioral health providers were using electronic health records (EHR), compared to 97% of hospitals and 74% of physicians in 2014. Behavioral health providers in solo or small practices tend to be less reliant on standard medical EHR functionality and have not been offered federal financial incentives to update technology. In addition, telehealth has emerged as an important technological tool for expanding access to care during the COVID-19 emergency.

Excerpt: Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration; Bipartisan Policy Center; March 2021, Page 21.