THE BHI COLLABORATIVE:

Establishing A Sustainable Path Forward for Equitable Whole-Person Care

Arkansas Behavioral Health Integration Network

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PRESENTER:

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Care Delivery and Payment,
Practice Sustainability

AMA

KEY LEARNING OBJECTIVES

At the conclusion of this webinar, attendees will be able to:

1) Understand ongoing efforts by the BHI Collaborative to accelerate sustainable access to equitable, whole-person care via physician practices
2) Learn about the current state of BHI, including foundational building blocks for success and key areas of need moving forward
3) Identify practical solutions stakeholders across the ecosystem can pursue to address gaps hindering widespread BHI adoption

The BHI Collaborative *(Overview)*

MISSION

Catalyze effective and sustainable integration of behavioral and mental health care into physician practices

VISION

Identification and management of behavioral health conditions (mild/moderate) is a core competency of physician practices, not an exception

New Members (2024)

Current Members *(established in 2020)*

- American Academy of Child and Adolescent Psychiatry
- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Cardiology
- American College of Physicians
- American Gastroenterological Association
- American Medical Association
- American Osteopathic Association
- American Psychiatric Association
- American Society of Clinical Oncology

Overarching Objectives

- Expand education to physicians (and their care teams) on the critical importance of BHI and practical strategies for implementation, particularly for historically marginalized or minoritized populations
- Increase evidence-based solutions to overcoming barriers to timely, equitable whole-person care where the Collaborative has the capability to be a catalyst and have demonstrable impact
- Accelerate the activation of physician practices (and other pertinent partners such as employers and health plans) to adopt sustainable, equitable solutions for closing significant gaps and disparities in integrated behavioral health care delivery and payment
- Improve physician professional satisfaction by enabling a greater sense of joy, meaning and purpose to their careers knowing they can effectively support their patient's pressing behavioral health needs

Activities

I. Educational Programming

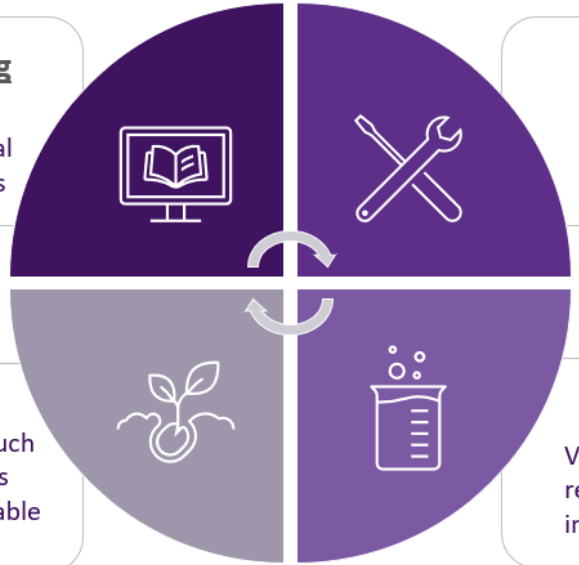
Raise overall awareness of BHI with physician practices and provide practical implementation strategies from experts

- *Overcoming Obstacles Webinar Series*

II. Tools/Resources

Promote existing tools/resources for effective BHI implementation and develop new ones to address gaps in critical areas of need for practices

- *BHI Compendium*
- *AMA Strategic Guides (by topic)*



IV. Sustainability

Work with key industry stakeholders (such as employers & health plans) to address current challenges and identify sustainable solutions

- *Stakeholder Calls-to-Action (Health Affairs Blog - 2022)*

III. Testing/Piloting

Validate the utility and effectiveness of relevant tools/solutions that support BHI in physician practices

- *Technical Assistance (Pilot BHI Immersion Program)*

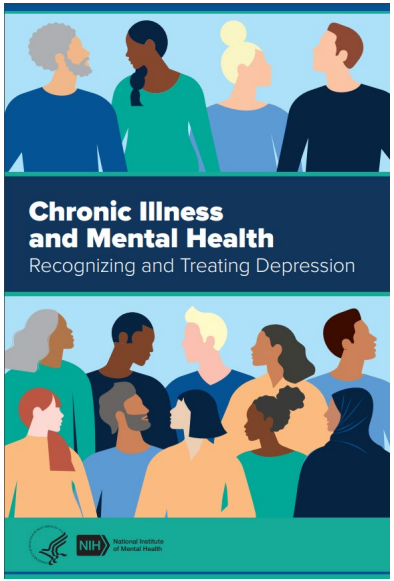
EXPANDING REACH Of COLLABORATIVE:

Non-PCP Specialties

Why BHI in non-primary care specialties?

- Non-primary care specialists manage large cohorts of patients with the chronic illnesses over long periods
- Chronic illnesses* increase the risk of having or developing a mental health condition
- Children and adolescents with chronic illnesses are at higher risk than their healthy peers of developing a mental illness

**Cancer, Heart Disease, Diabetes, Alzheimer's disease, Autoimmune diseases (including systemic lupus erythematosus, rheumatoid arthritis, and psoriasis), Cancer, Coronary heart disease, Epilepsy, HIV/AIDS, Hypothyroidism, Multiple sclerosis, Parkinson's disease, Stroke*



SOURCE: https://www.nimh.nih.gov/sites/default/files/health/publications/chronic-illness-mental-health/recognizing-and-treating-depression.pdf

Priority Specialties

Focused on those providing longitudinal care to patients with the chronic illnesses significantly impacted by co-morbid mental health conditions.

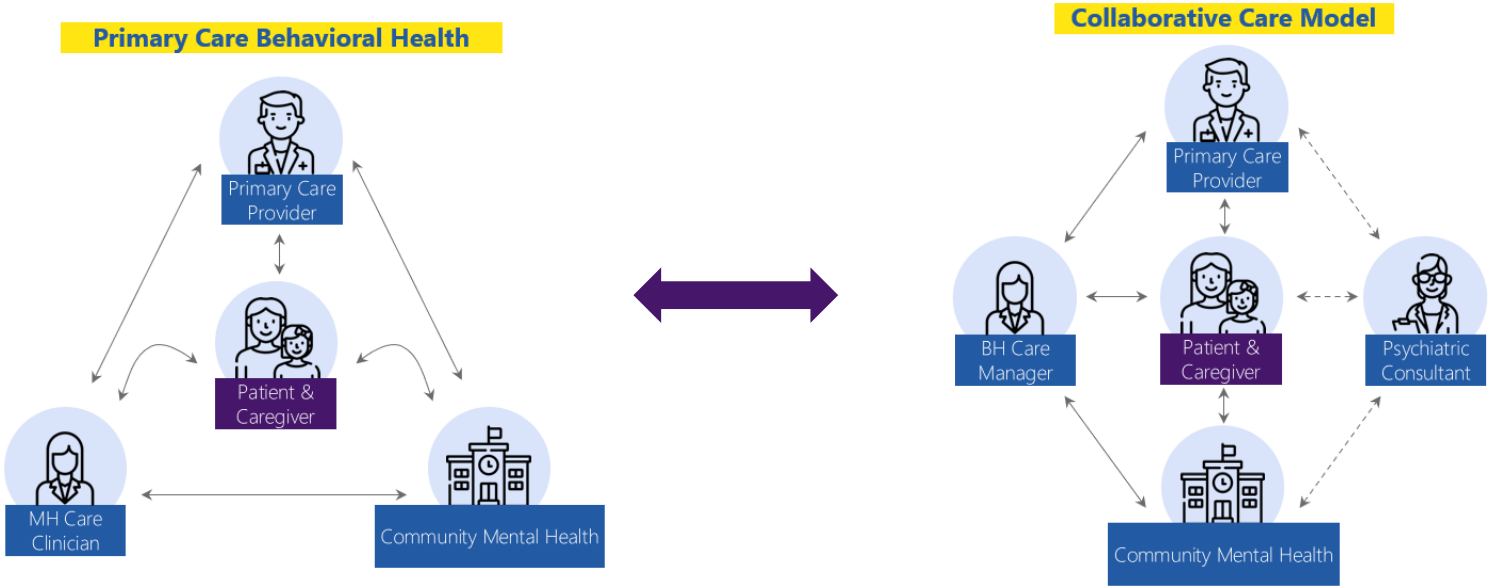
- Cardiology
- Gastroenterology
- Neurology
- Oncology

Key Lessons Learned:

Thus Far

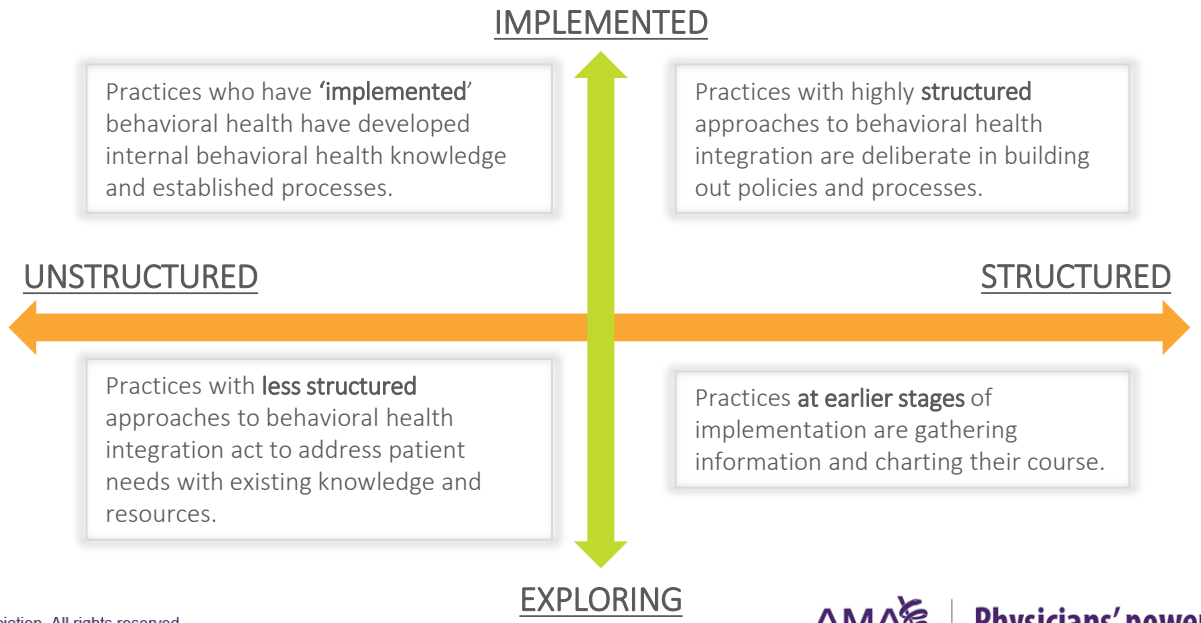
Evidence-Based Model Spectrum

- Different combinations of roles can be leveraged to deliver team-based care



Numerous Approaches

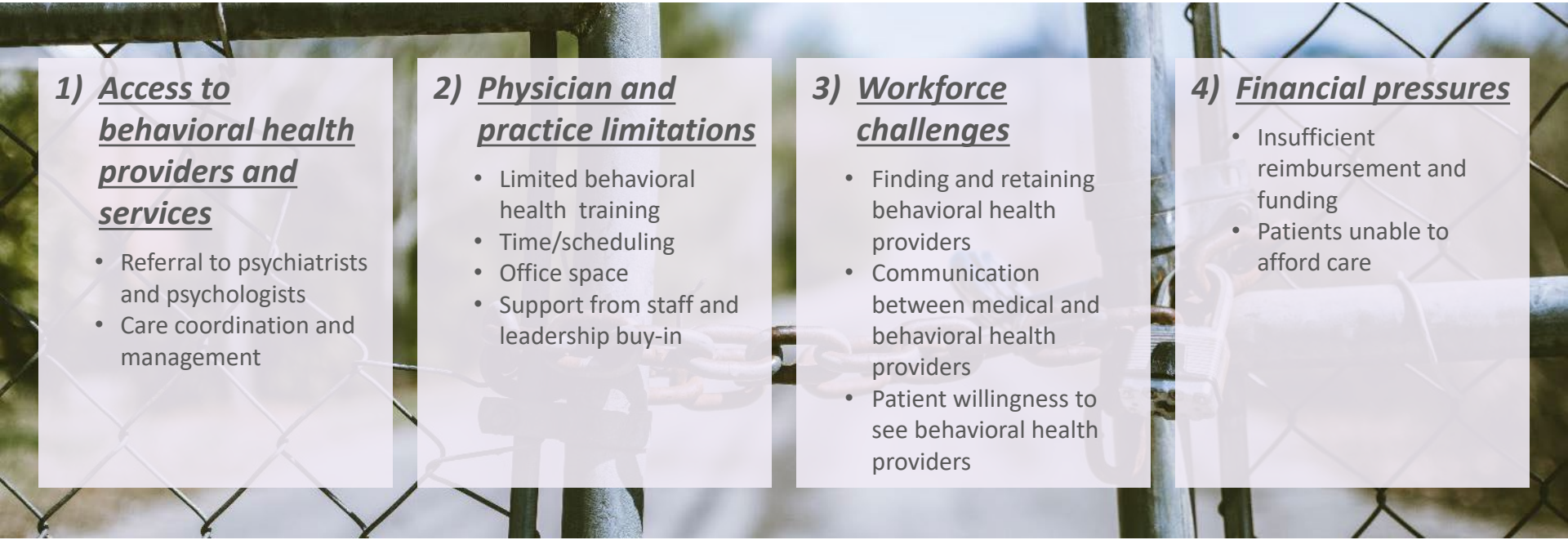
- Practices are at varying stages of their journeys – starting with the initial stages of exploration to refining fully implemented programs.



Practice Experiences

- Positive effects include an increased sense of providing high-quality patient care and recognition that BHI is the “right thing” to do for their patients
- Strategies fall on a continuum (i.e., co-location, consultation, collaboration)
  - Current evidence-based models (e.g., CoCM and PCBH) provide a “north star”
  - Many implement a hybrid approach tailoring efforts to their patients’ needs, available practice resources and underlying financial incentives
  - Implementation evolves over time offering increased learning opportunities for practices

Persistent Barriers



1) Access to behavioral health providers and services

- Referral to psychiatrists and psychologists
- Care coordination and management

2) Physician and practice limitations

- Limited behavioral health training
- Time/scheduling
- Office space
- Support from staff and leadership buy-in

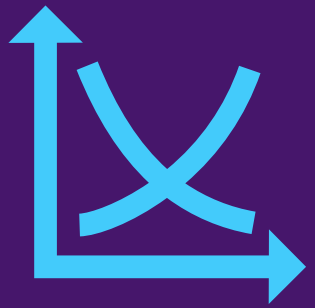
3) Workforce challenges

- Finding and retaining behavioral health providers
- Communication between medical and behavioral health providers
- Patient willingness to see behavioral health providers

4) Financial pressures

- Insufficient reimbursement and funding
- Patients unable to afford care

Financial Sustainability



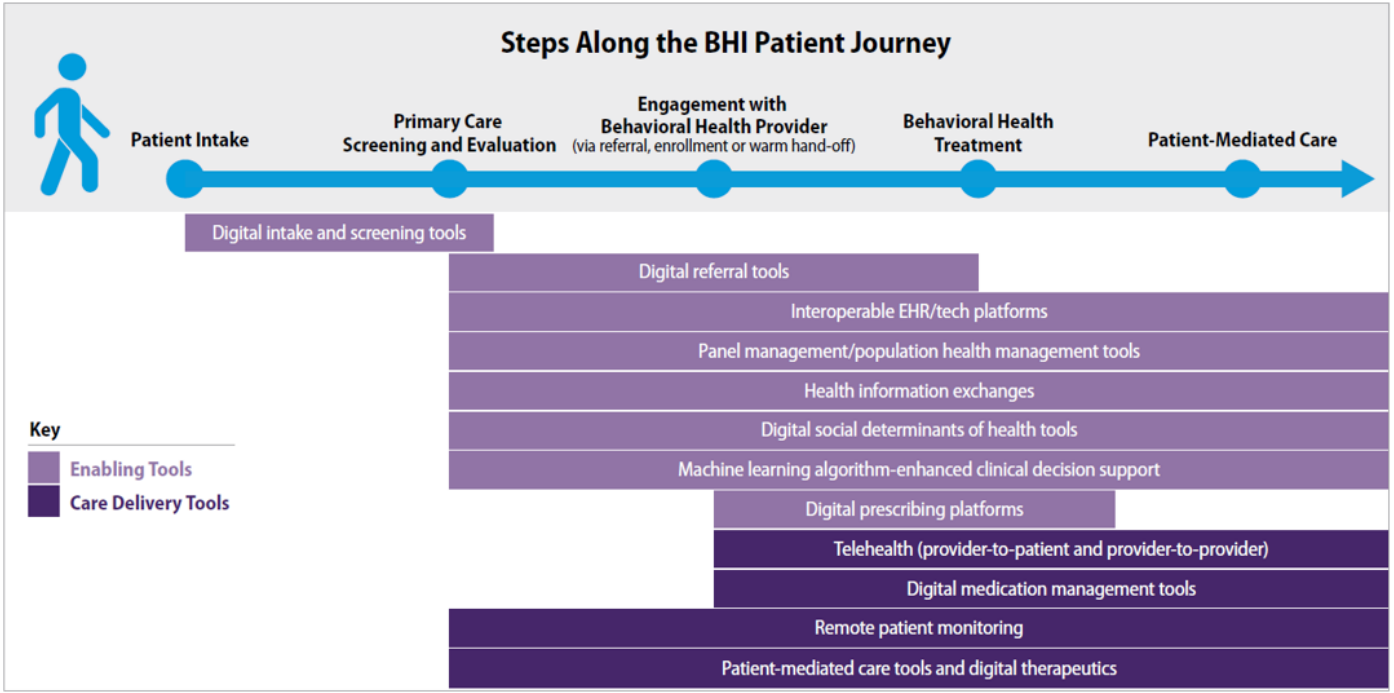
- No one-size-fits-all payment approach used to support BHI efforts
- Many practices primarily support their BHI efforts through fee-for-service (FFS) billing alone, utilizing relevant BHI codes and working directly with their state/federal coverage programs, local commercial health plans and/or self-insured employers.
- Others leverage their participation in value-based care (VBC) arrangements to support their BHI efforts.
- Current financial models can be limiting, with overall financial sustainability continuing to be a pervasive concern — both with FFS and VBCs
  - FFS billing can be viewed as too complex/burdensome, and even unfamiliar to some
  - Those in VBCs report difficulty in quantifying the exact portion of benefits/successes that can be attributed to BHI since other simultaneous

Health Plans & Employers:
What we've heard

- Health plans, just like practices, have a wide range of experiences with integration and opinions on the best path forward (i.e., model [CoCM], payment [FFS vs VBC])
  - Promotion of measurement-based care (model agnostic)
  - Effective use of technology (e.g., telehealth)
  - Viable financing methods (i.e., FFS [CoCM] vs VBC)

- Employers continue to be frustrated by lack of integration of mental and physical health along with the overall complexity of the mental health system (and related benefits)
  - Expanded provider networks
  - Modified plan designs (reduce barriers, particularly cost)
  - Supplemental digital BH solutions (e.g., Ginger, Lyra, Spring Health, etc.)

Tech That Can Support & Add Value



SOURCE: AMA-Manatt Health "Accelerating and Enhancing Behavioral Health Integration through Digitally Enabled Care: Opportunities and Challenges (link)

[Pilot] 2022-23 Immersion Program

24 Health Care Organizations Participated
(100+ applications)

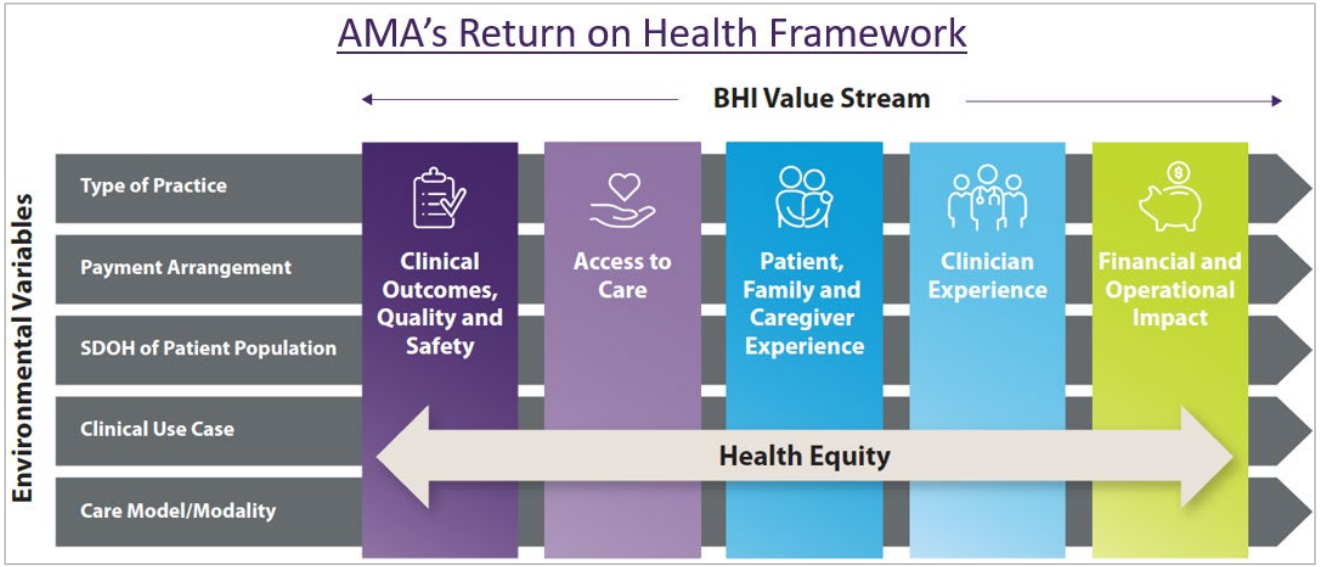
- 12 month, primarily virtual curriculum launched Fall '22 designed and taught by 20+ industry experts on how to effectively implement BHI.
  - Program unique in that it was model agnostic (rather than focusing on one specific part of the BHI model spectrum)
- Supported health care organizations (e.g., independent physician practices, integrated health systems, hospitals, FQHCs, etc.) who have:
  - Never implemented BHI;
  - Previously abandoned efforts to implement BHI; OR
  - Very early stages of implementing BHI.
- Practices were assigned to one of two "tracks":
  I. TRACK 1 - Child/adolescent patient care
  II. TRACK 2 - Adult patient care

Building Blocks

- 8 elements that may fall on a spectrum from practice to practice but are integral to providing BHI

Defining & Demonstrating Value

- Each practice should define what value looks like for them (and their patients) and tailor their model approach accordingly



SOURCE: AMA-Manatt Health "Accelerating and Enhancing Behavioral Health Integration through Digitally Enabled Care: Opportunities and Challenges (link)

Clinical Outcomes, Quality and Safety	• Diagnostic assessment tools (PHQ-9, AUDIT-C, etc.) • Patient assessment scores (PHQ-2, PHQ-9, Columbia-Suicide Severity Rating Scale (C-SSRS), GAD-7, MHQoL - (Mental Health Quality of Life) Questionnaire) • National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) Measures • Emergency Department (ED) visits • Hospital admissions • Medication adherence
Access to Care	• Risk-adjusted time to next available appointment • Referral completion percentage • Median travel time to care • Out-of-pocket costs as a percentage of household income
Patient, Family and Caregiver Experience	• Net promoter score • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) • Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)

Clinician Experience	• Ease of use of technology • Engagement and satisfaction with work • Burnout (e.g., Mini-Z) • Care team turnover rates
Financial and Operational Impact	• Appointment adherence • Professional fee revenue • Claims approvals or denials rate • Savings under Value-Based Payment arrangements • Patient retention rate • Clinician panel size
Health Equity	• Disparities in clinical outcomes, quality, and safety • Disparities in access to care • Disparities in patient, family, and caregiver experience • Disparities in clinician experience • Disparities in financial and operational impact

Sustainable Solutions:

Moving forward

Physician Practice Sustainability:
Key Areas of Need

1. **Education/Training:** Access to more dedicated resources and specific training (exacerbated by national shortage of both primary care specialists and behavioral health clinicians)

2. **Operational/Administrative Requirements:** Too many complex and burdensome operational/administrative requirements within benefit plans, particularly in FFS products, that are creating impediments to patients' timely access to care

3. **Coverage/Payment:** There must be adequate coverage and payment (with fair margin) for services (including upfront investments)

Coverage and Payment Solutions

Key Gaps identified in the Collaborative's 2022 Health Affairs Blog Post:

- Lack of coverage/payment for providers utilizing CoCM and other BHI models to provide BHI services.
- Lack of funding/resources to adopt BHI
- Out-of-pocket patient costs serve as a barrier to patient access
- Narrow networks impede patient access to timely care
- Workforce shortage of BH providers

BHI's Alignment with Value-based Care

2020 AMA-RAND STUDY

"……payment models that improve the business case for practices may enhance the dissemination and long-term sustainability of behavioral health integration."

"Philosophically, this [behavioral health integration] model is not meant to succeed in fee-for-service. . . . The traditional [financial accounting] measures don't apply. . . ."

- Physician Practice Interviewee

Actionable Solutions to Gaps Hindering Widespread Adoption

For more details, view full report on AMA website

Practices & Health Systems

- Increase diagnosis/treatment rates by incorporating evidence-based digital solution into standard workflows
- Implement technologies that facilitate care coordination and enable highly collaborative care

Health Plans & Coverage Programs

- Expand coverage and fair payment with a margin for all stakeholders utilizing BHI models.
- Evaluate how and when to apply cost-sharing for integrated services (whether delivered in person or via telehealth)
- Minimize and/or eliminate utilization management practices for BHI services

Federal and State Policymakers

- Work with health plans and coverage programs to limit utilization management review practices, enforce behavioral health parity laws, and strengthen network adequacy regulations
- Increase federal funding with the aim of growing the behavioral health workforce especially for those who practice in underserved areas

Employers

- Launch whole-person, employer-based behavioral health programs with intentional culture-focused work to destigmatize behavioral health

Behavioral Health Companies

- Evolve current and develop new businesses to support BHI, address patient and physician needs, complement in-person care, support comprehensive care delivery, and enable asynchronous communication among patients and providers

Practice Resources:

Actionable insights based on "real world" practice experiences

BHI Compendium

Serves as a tool for practices to learn about BHI along with an implementation framework for how to make it effective for their practice and patients.

2024 (Spring) Updates

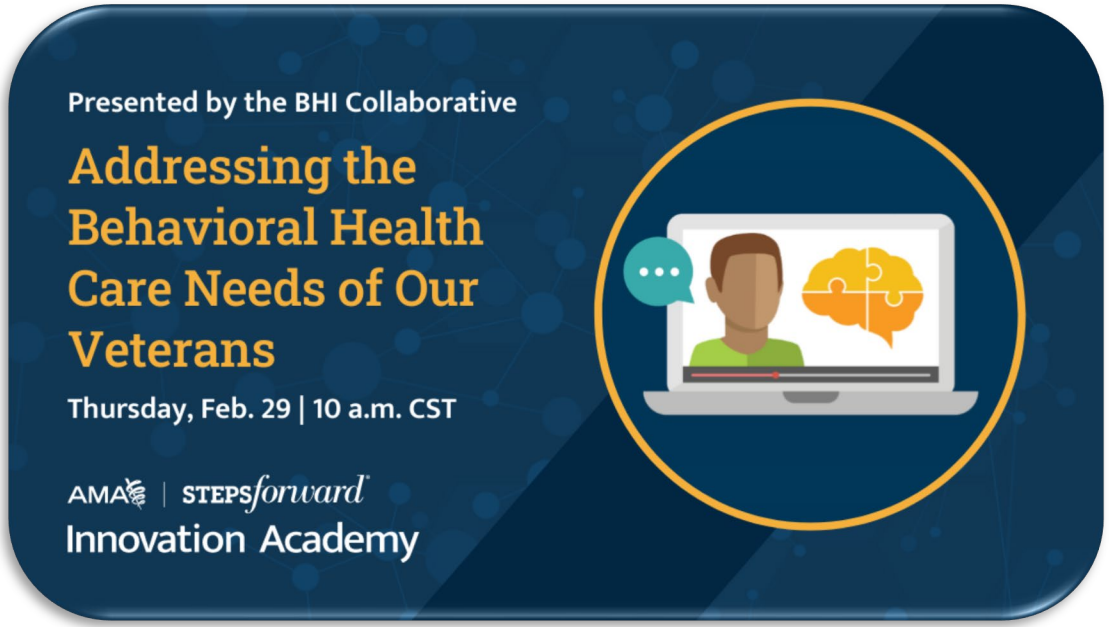
- **Key BHI Immersion Program Learnings**
- **Additional Resource Links**
- **Expanded Practice Examples/Case Studies**

“On Demand” Webinars

Launched in Fall 2020, the “Overcoming Obstacles” series is focused on equipping practices with actionable insights and best practices.

***25+ topics* including:**

- Billing & Coding
- Burnout
- Health Equity
- Health Plan Engagement
- Private Practices
- Psychopharmacology
- Suicidal Ideation
- Telehealth

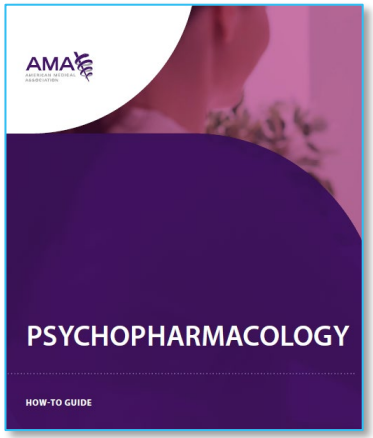


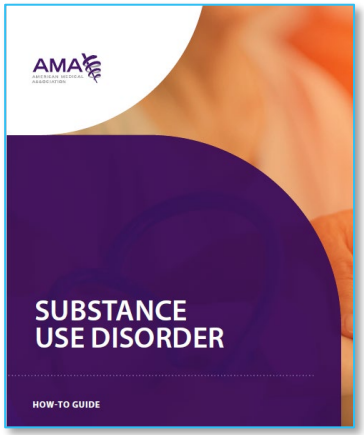
[Register Here]

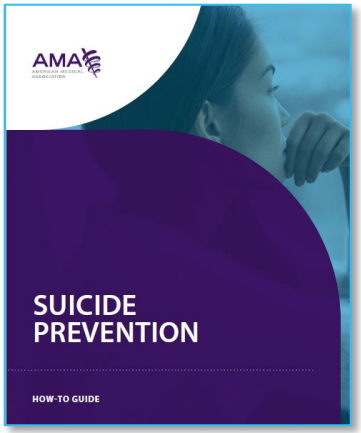
AMA Supplemental “How to” Guides

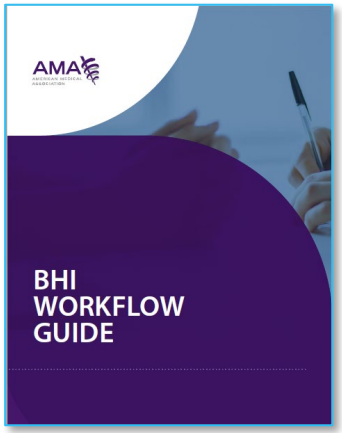
Provides practices with practical strategies, actionable steps and evidence-based resources on four specific areas of effective integrated care:

pharmacological treatment, substance use disorder, suicide prevention, and workflow design.





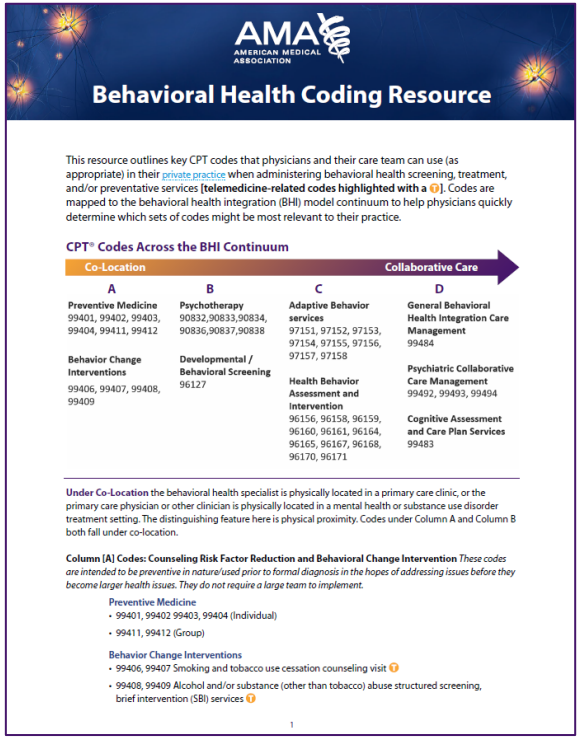




AMA BH Coding Guide

Outlines key CPT codes practices can use when administering behavioral health treatment and/or preventative services.

Codes are mapped to the BHI model continuum to help physicians quickly determine which codes might be most relevant to their practice.



AMA AMERICAN MEDICAL ASSOCIATION

Behavioral Health Coding Resource

This resource outlines key CPT codes that physicians and their care team can use (as appropriate) in their private practice when administering behavioral health screening, treatment, and/or preventative services **[telemedicine-related codes highlighted with a]**. Codes are mapped to the behavioral health integration (BHI) model continuum to help physicians quickly determine which sets of codes might be most relevant to their practice.

CPT® Codes Across the BHI Continuum

Co-Location → Collaborative Care

A	B	C	D
Preventive Medicine 99401, 99402, 99403, 99404, 99411, 99412	**Psychotherapy** 90832,90833,90834, 90836,90837,90838	**Adaptive Behavior services** 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	**General Behavioral Health Integration Care Management** 99484
Behavior Change Interventions 99406, 99407, 99408, 99409	**Developmental / Behavioral Screening** 96127	**Health Behavior Assessment and Intervention** 96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171	**Psychiatric Collaborative Care Management** 99492, 99493, 99494
			Cognitive Assessment and Care Plan Services 99483

Under Co-Location the behavioral health specialist is physically located in a primary care clinic, or the primary care physician or other clinician is physically located in a mental health or substance use disorder treatment setting. The distinguishing feature here is physical proximity. Codes under Column A and Column B both fall under co-location.

Column [A] Codes: Counseling Risk Factor Reduction and Behavioral Change Intervention *These codes are intended to be preventive in nature/used prior to formal diagnosis in the hopes of addressing issues before they become larger health issues. They do not require a large team to implement.*

Preventive Medicine
- 99401, 99402 99403, 99404 (Individual)
- 99411, 99412 (Group)

Behavior Change Interventions
- 99406, 99407 Smoking and tobacco use cessation counseling visit
- 99408, 99409 Alcohol and/or substance (other than tobacco) abuse structured screening, brief intervention (SBI) services

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Thank you!

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Physicians' powerful ally in patient care