How to sustain behavioral health care in primary care practice

NOV 30, 2020

Tanya Albert Henry
Contributing News Writer

With careful planning, the integration of behavioral health and primary care services improves patient care and outcomes and can be financially sustainable for practices that rely on fee for service (FFS), value-based care (VBC) payments, or some combination thereof.

Leaders from practices representing FFS and VBC payment models shared their experiences planning for and sustaining the integration of behavior health care at a recent webinar hosted by the Behavioral Health Integration (BHI) Collaborative, a group established by the AMA and seven other leading medical associations to help overcome obstacles to integrating behavioral and mental health care into primary care practices.

Experts shared key strategies for projecting initial financial investments, along with ways practices can review, report and track the overall financial value that behavioral health integration can bring.

“Sustainability … probably should be No. 1 or No. 2 in terms of the roadmap to behavioral health integration,” said Henry Chung, MD, vice president of Care Management Organization of Montefiore Medical Center and associate professor of clinical psychiatry at the Albert Einstein College of Medicine, both in New York.

The overall goal of integrating care is for the patient to receive mental health care within the primary care office, whether from a psychiatrist, other mental health professional or a combination via a team-based care approach. The need to expand services where patients can more easily access care has only become more imperative as the nation’s mental health suffers during the pandemic.

Learn more about AMA efforts to improve behavioral health, amid COVID-19 and after the pandemic has ended.

Copyright 1995 - 2021 American Medical Association. All rights reserved.
Financial feasibility

Data presented during the webinar showed that primary care practices that integrated behavioral health could increase monthly revenues.

Revenue increased not because practices were seeing more patients, but because they were able to code and bill for performing behavioral health screenings—such as the PHQ9, GAD7 and AUDIT—and ultimately for the higher complexity visits to manage their condition that were needed by patients who received a behavioral health diagnosis.

The integration also led practices to have more encounters with a patient, increasing revenue and achieving certain quality-based incentives. And even more important than the financial upside, practices reported seeing improved patient outcomes when care was integrated into the primary care setting.

Gearing up for financial success

As a practice looks to integrate care, it’s important that everyone in a leadership role actively participate as part of the planning team, including the person in the office who is in charge of billing, said Christian Plaza, co-founder and clinical and business director of Cross Valley Health and Medicine, P.C. in Newburgh, N.Y., and an allied health professional at Montefiore’s Saint Cornwall Hospital.

It also is important to make sure the office has the correct version of the Current Procedural Terminology (CPT®) in place, as well as the best workflow, he said.

Dr. Chung offered a framework for what type of billing can be expected with different levels of integration:

- **Preliminary:** Limited ability to bill for screening and treatment, or services supported primarily by grants.
- **Intermediate Level I:** Billing for screening and treatment services (e.g. PHQ screening, BH treatment, care coordination) under fee-for-service, with processes in place for tracking reimbursements.
- **Intermediate Level II:** Fee-for-service billing and revenue from quality incentives related to behavioral health integration.
- **Advanced:** Receipt of global payments that reference achievement of behavioral health and general health outcomes.
More about the BHI Collaborative

Along with the AMA, the American Academy of Family Physicians, American Psychiatric Association, American Academy of Pediatrics, American College of Obstetrics and Gynecology, American College of Physicians, American Osteopathic Association and American Academy of Child and Adolescent Psychiatry comprise the BHI Collaborative.

To help physicians offer mental and behavioral health services their practices, the BHI Collaborative has produced the Overcoming Obstacles webinar series.

By year’s end, the collaborative plans to release a play book that includes a carefully curated wealth of information to help smaller and medium-sized practices integrate behavioral health.