How payers can help practices integrate behavioral health care

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If you are thinking about integrating behavioral health care into your practice, establishing an effective, collaborative partnership with a health insurer can be a helpful step to bring that goal to fruition.

Experts from Blue Cross Blue Shield of Michigan (BCBSM) and Integrated Health Associates (IHA) shared their experience working together to launch and maintain a behavioral health integration (BHI) program, which incorporates behavioral health services into the primary care setting.

Experts addressed the advantages of such a relationship for patients, physicians and payers and outlined how others can approach a similar relationship as part of a webinar, “BHI in Action: Fostering Health Plan-Physician Partnerships,” which is a segment in the “Overcoming Obstacles” webinar series.

“Both physician organizations and payers have ideas about integrating behavioral health. We found common interest and common ground,” Kristyn A. Spangler, LMSW, associate director of behavioral health program manager at IHA—a member of Trinity Health—said during the webinar. “As we did the work, we saw the impact on patients as well as providers. And sharing our successes and challenges with Blue Cross provided value and opened opportunities.”

For example, Spangler said, the partnership with BCBSM helped IHA sustain the behavioral health program financially and they were introduced to others doing the same work. BCBSM also helped shape overall expectations for the program along with and identifying a singular point of contact for when questions arose over reimbursement.

The impact on patients

IHA patients who received integrated behavioral health care showed improvements in PHQ-9 and
GAD-7 scores. The data showed that 60% of PHQ-9 scores and 63% of GAD-7 scores dropped by half in six months.

“One thing that I reflect on in the process of doing this for the past six-plus years is: What was it like before and what is it like now after? … This has been a dramatic paradigm shift for us in a good way,” said Corey Dean, MD, the associate program director of ambulatory medicine at St. Joseph Hospital and IHA site medical director for the AIMS Center.

Psychiatrist William Beecroft, MD, is responsible for the medical administration of BCBSM’s behavioral health strategy and planning. He told webinar viewers that the collaborative care model has numerous benefits for its members, many of which physicians also see in their patients.

From BCBSM’s perspective, BHI can help:

- Streamline the approach to care.
- Enhance coordination between specialties.
- Eliminate the need to make additional appointments.
- Reduce stigma.
- Reduce patient wait time and improve access.

Dr. Beecroft also noted that as a psychiatrist, he could see about 600 to 800 patients at any one point in time—but with integrated health care, a psychiatrist can influence the care of roughly 2,500 patients.

“We look for a practice that is ready to make this transition. That they believe coordinated care is a way to go and a way to look at people holistically and want to practice in a coordinated fashion,” Dr. Beecroft said.

**Making it work financially**

According to Dr. Beecroft, BCBSM provides “robust incentives” for physicians and other health professionals to participate along with ongoing education to support doctors and their care teams.

By the start of 2023, BCBSM expects it will have trained about 1,400 doctors and other health professionals through their partnership with the University of Michigan and the Michigan Center for Clinical Systems Improvement.

The AMA established the BHI Collaborative with seven other leading medical associations to help physicians create practices that are able to help treat the whole patient.

This includes the Behavioral Health Integration Compendium, which provides health care organizations with a proven pathway for delivering integrated behavioral care and ensuring they have

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the most recent, actionable information at their disposal.