Integrating physical and behavioral health care: A team-based collaborative care model

There is an increasing recognition that the health of an individual includes both physical and behavioral components that are best treated holistically in a physician-led, team-based primary care setting. The American Medical Association supports access to and payment for integrated physical and behavioral health care, as well as standards that encourage medically appropriate treatment of physical disorders in psychiatric patients and of psychiatric disorders in patients receiving medical and surgical services. The AMA encourages the development of clinical approaches designed to improve outcomes for patients with mental illnesses who are seen in general medical settings.

Need for integrated health care
Individuals with coexisting physical and behavioral health conditions experience an increased risk of adverse health outcomes, which can be addressed with integrated health care.

Less than half of the 43 million adults identified with a mental illness and the 6 million children identified as suffering from an emotional, behavioral or developmental issue receive treatment. Mortality rates for individuals with behavioral health conditions are estimated to be twice as high as in the population as a whole. Of individuals diagnosed with behavioral health conditions, 68 percent have at least one coexisting physical health condition, such as cardiovascular disease, high blood pressure, diabetes, arthritis or asthma. Providing integrated health care for individuals with coexisting health conditions has been found to improve disease control.

Providing integrated physical and behavioral health care in team-based primary care settings is supported by the following clinical and financial factors:

- Majority of behavioral health care takes place in primary care settings
- Individuals with behavioral health conditions benefit from coordinated care
- Low percentage of patients adhere to referrals for behavioral health services
- Effective integration estimated to save approximately $26–$48 billion annually

Continuum of integrated health care
Practicing physicians should seek out continuing medical education opportunities on integrated health care to determine the best clinical and delivery approaches for their patient populations. Providing integrated physical and behavioral health care increases in intensity from coordinated screenings to the collaborative care model, as follows:

- Coordinated care involves routinely screening patients for both physical and behavioral health conditions and providing necessary treatment.
- Psychiatric consultations provide primary care physicians with access to the expertise of psychiatrists who are not physically located in the practice setting.
- Co-location allows behavioral health and primary care providers to collaborate on patients’ care in a shared physical space.
- Embedding behavioral health providers into primary care teams addresses patients’ coexisting health needs using a shared medical record.
- Collaborative care models consist of patient-centered teams providing evidence-based treatment for a defined population and measures disease activity to adjust care to optimize outcomes.

Providing integrated care specifically delivered by a collaborative care team has been shown to successfully manage coexisting diseases, such as improving depression-related outcomes and blood glucose levels for diabetic patients.
Payment for and access to integrated health care

Key barriers to providing and receiving integrated care include a lack of payment from public and private insurers, provider uncertainty on how to bill for such services and a lack of sustainable payment.

CPT® codes

The same physician can provide both a medical evaluation and management (E/M) service on the same day as a psychotherapy service by using E/M codes in conjunction with specific add-on codes for psychotherapy. To report both E/M and psychotherapy, the two services must be significant and separately identifiable. All private health insurers should recognize these CPT® codes and allow primary care physicians to bill and receive payment for physical and behavioral health care services provided on the same day.

Medicaid

While Medicaid is experimenting with different approaches to better integrate physical and behavioral health care, not all state Medicaid programs pay for same-day physical and behavioral health care services, which they should. The inability to receive both services on the same day is a significant barrier to integrated treatment for Medicaid beneficiaries. Medicaid programs should also include payment for behavioral health care services in school settings in order to provide comprehensive services to our nation’s children as early as possible.

Medicare

The Medicare fee-for-service program pays for integrated physical and behavioral health care services when provided to a patient on the same day by the same provider. In addition, primary care physicians can bill for chronic care management services, such as reviewing lab reports or talking with families and patients by phone, provided to their Medicare fee-for-service patients with two or more chronic conditions, including depression and anxiety.

Lack of sustainable payment models

In order to provide integrated physical and behavioral health care services, many practices rely on short-term funding, such as grants. While grant-funding can help start an integrated program, it does not ensure the financing needed to provide services long term. The development of sustainable payment models is needed to fund necessary services inherent in integrating physical and behavioral health care.

The future of integrated care

The Affordable Care Act (ACA) included a provision for state Medicaid programs to create health homes for individuals with chronic health conditions, including for behavioral health. An initial review of this initiative found that a common best practice among successful health homes is the integration of physical and behavioral health care for Medicaid enrollees.

Given documented success of the collaborative care model, the Centers for Medicare and Medicaid Services is considering refinements to CPT codes to improve the accuracy of payments to physicians working in this delivery model. The AMA CPT Editorial Panel and the Relative Value Scale Update Committee, which is frequently referred to as the “RUC,” are working with specialty societies on specific coding and valuation issues for collaborative care payments.

To learn more about this topic, view the AMA Council on Medical Service Report “Integrating Physical and Behavioral Health Care.” Visit ama-assn.org/go/physicianledteams to view additional resources in the AMA’s team-based care series.

Some delivery models integrate primary care providers and services into behavioral health care settings. The Substance Abuse and Mental Health Services Administration provides grants to support this model through its “Primary and Behavioral Health Care Integration” grant program.