

BHI Collaborative Webinar: *Effective BHI Strategies for Independent Practices*

Q&A Session with Dr. Boylston and Dr. Cupito

February 25, 2021

Model Selection/Implementation

How would we use different therapist levels in BHI? How can we help educate therapists in this type of therapy?

All BHCs would all work in similar roles within the organization. A BHC with more experience could supervise less experienced BHCs. Dr. Cupito has found the Collaborative Family Healthcare Association (CFHA) organization very helpful in training in the PCBH mode CFHA offers many levels of assistance and training to BHC from individual consulting (<https://integratedcareconsultation.com/meet-our-consultants/>) to special interest groups. They have a special interest group for the PCBH and one for those in integrated behavioral health settings.

Are you doing any brief behavioral health interventions? Following a certain model of BHI?

Yes, we are implementing the Primary Care Behavioral Health (PCBH) model. Dr. Cupito will typically see patients for between 1 and 6 visits utilizing evidence based, brief interventions. The PCBH model involves the Behavioral Health Consultant (BHC) working closely with the medical team (e.g., nurses, PCPS and other clinical staff) to deliver services through warm hand-offs (unscheduled visits) and scheduled visits. The goal of the PCBH model is to improve the health of the population as a whole by increasing access to behavioral health services especially for patients with barriers to care and/or health disparities. For more information on the PCBH model please visit:

<https://www.cfha.net/page/PCBHgeneral>

In addition, a number of our providers and staff have [Triple P](#) training and will offer brief interventions for common topics such as tantrums, sleep difficulties. We also have printed handouts ready to share during these encounters. Part of the PCBH model involves the BHC training the PCPs to increase their comfort managing behavioral conditions and utilizing behavioral strategies to improve patient's physical and emotional health.

What types of screenings are you using and for what conditions?

For behavioral health surveys, our clinical providers primarily use the PHQ for depression and GAD for anxiety. For well child screens, we use PEDS, MCHAT, ASQ-SE. For adolescent depression screening, we use the PHQ for all well visits 12 and up.

Staff Recruitment

Finding qualified behavioral health clinicians can be hard. What range of licenses can fill the role as a qualified (trained in integrated care) behavioral health professional?

Our practice has experience with a Master's level psychologist, and Dr. Cupito (PhD level psychologist). Dr. Cupito is able to bill for more extensive services and be reimbursed at a much higher level than our prior Master's level BH provider.

Typically, any licensed mental health provider trained as a generalist can function as a BHC. It is preferred that the person would have specialized training in integrated care. However, there are ways to train providers with an interest in this area. An effective BHC is collaborative and flexible. They are comfortable treating a wide variety of presenting problems and enjoy working in a fast-paced environment.

Licensure: LP-Licensed Psychologist, LCSW-Licensed Clinical Social Worker, LPC - Lic Professional Counselor, LMFT - Lic Marriage/Family Therapist, or LPA - Lic Psychological Associate

Telehealth Utilization

What is your practice doing in telehealth and telemental health services?

Our telehealth platform is doxy.me. This platform was selected for several reasons: 1) price point, 2) simplicity, 3) HIPAA-compliant. We document directly into our EHR (Office Practicum). Currently, approximately 20% of all visits by volume are telehealth visits. Behavioral health visits with our medical providers include established ADHD without weight/ blood pressure concerns, anxiety, and depression (without concerns for suicidal ideation). For the past two months, Dr. Cupito's visits have been limited to strictly telehealth encounters due to increased safety protocols during high rates of community spread of COVID. Dr. Cupito is now back to seeing patients in-person and virtually, at our three office locations.

Referrals Management

How do you handle referral outside of the practice for behavioral health when you cannot meet the demand? Is that detrimental to negotiations with the insurance companies? How do you vet therapists for referrals?

Our referrals department will assist with connecting patients to appropriate community resources. Dr. Cupito has met with a number of local therapists to learn more about their training, clinical interests and area of expertise. We have worked closely with our Medicaid care manager to learn more about referral options that accept Medicaid. However, the most valuable feedback is from patients regarding which therapists they have found particularly helpful vs. which ones have not been a good fit. As far as insurance negotiations, having expertise and policies to judiciously escalate care is seen as a positive component of integrated behavioral care, not a shortcoming.

Does the BH professional and/or the PCP get a closed loop referral if the child is referred outside the practice and does the BH professional also serve as the BH care coordinator?

We would love to gain more feedback from mental health professionals in the community when we refer outside of our practice. We have worked hard to build collaborative relationships with local agencies to increase communication regarding patient care. Unfortunately, although we try to gain

information back from mental health providers outside our practice, we rarely do. We have a Lead Care Coordinator (CMA) who assists with our mental health referrals. She will follow up with the family to ensure they have accessed services. In some cases, Dr. Cupito will have a scheduled visit with a patient to ensure a smooth transition to mental health services especially for patients with barriers to care.

Scheduling/Logistics

How do warm hand-offs work with 3 different offices? How do you see this working in an era of non-COVID times or less telehealth?

Dr. Cupito will rotate between the 3 offices throughout the week. She tries to be at the same office on the same day of the week. This way, providers can try to schedule patients that potentially may need a warm-hand-off on the same day she is at that particular office. Dr. Cupito will position herself in the clinic in a place that is easily accessible to the PCPs. If she is free, the PCPs can easily engage in a “curbside consultation” about a patient or inquire whether she can see a patient for a warm-hand-off. We will occasionally use telehealth to do a warm-hand-off from another office. In this case, the patient will pull up our telehealth platform from their cell phone in the office. However, most patients that are presenting with behavioral health concerns will then be scheduled with Dr. Cupito at a future time.

How many patients does your BHS see per week?

Dr. Cupito will typically see around 10 patients per day. The number of patients will typically range from 8 to 14 on clinical days. She also has some time in her schedule allotted for administrative duties including program development projects, coordinating care for patients, and communicating with providers.

How frequently do the pediatricians meet with Dr. Cupito?

All three of our offices have shared office settings, so we get to interact with Dr. Cupito meaningfully at least one day a week. We use this opportunity to update one another regarding shared patients or take part in broader discussions. We also just started a bimonthly Behavioral Health Case Presentation and Discussion. This is conducted via zoom over a lunch hour. A medical provider presents a recent patient, and providers, Dr. Cupito, and MoRhonda (our lead care coordinator), all contribute to an interdisciplinary discussion. In addition, PCPs can send Dr. Cupito messages with patient questions in the EMR or contact her by phone from another office.

Did treating each visit as a behavioral health visit increase the duration of the visit?

One of the benefits of the warm hand off is to save the PCP time. If early in the visit the PCP can identify that there is a behavioral health concern, then they can briefly address it and indicate that the BHC will discuss it more extensively with them.

Working together with the staff, providers, and behavioral specialist to determine workflows is especially helpful in creating sustainable practices. For example, we have a protocol that for all “positive” ASQ-SE screens, the nurse will send a task to the Care Team, who then will reach out to the family to initiate further evaluation or intervention, based on the nature of concerns. The clinical

provider can then briefly discuss the results with the parents and let them know that we'd like to discuss their concerns, and the family will be contacted by our Care Team, who can also help.

Payer Negotiations

Can you share the names of any reputable consultants that provide services to assist with fee schedule negotiations?

Our practice has worked with three different consulting firms over the past 10 years. In general, we've found that "you get what you pay for," with varying fees, as well as outcomes. We have a positive experience with our most recent consulting firm, [ECG Management Consulting](#). They were very thorough and presented us with an insightful situational assessment for our practice, as well as helpful information about regional payment benchmarks.

Billing & Coding Tactics

How are you billing for behavioral health services and what are the most common codes the BH professional bills for? Are you billing for Collaborative Care codes? What are the counseling codes you use? Have you been successful billing the HBAI codes same day as the E/M visit?

Typically, Dr. Cupito will bill psychotherapy codes when the patient has a DSM-5 psychological diagnosis. When Dr. Cupito is working with a patient to help manage a physical health problem and/or make healthy lifestyle changes, she will bill Health Behavioral Assessment and Intervention codes (96156, 96158, 96159, 96167, 96168, 96170 & 96171). The most common psychotherapy code used is the 90832 (30-minute psychotherapy) Dr. Cupito will also use other psychotherapy codes as needed (90834, 90846). Most insurances will allow the 90832 to be billed up to 6 times before having to complete a psychological diagnostic evaluation (90791).

We have had mixed success using the HBAI codes. Some insurance companies are covering them and others are not. We are not sure if it is related to billing on the same day as the E/M codes in general. We were told there is no problem billing E/M the same day as psychotherapy codes as the PCP and Dr. Cupito are different specialties.

Is your practice on Office Practicum? Do you integrate with an additional software for the behavioral health side?

Yes, our EHR is [Office Practicum](#). We do not use any other clinical platforms.

Grant Funding Opportunities

Where might one look for behavioral health integration-related grant opportunities?

Government agencies, such as state health and human services, the federal Substance and Mental Health Services Administration ([SAMHSA](#)), and professional medical organizations are good places to inquire and start. Our Project LAUNCH grant was funded through a SAMHSA grant awarded to the state

of NC. We also applied for the I-SCRN grant to improved use of screening tools through the American Academy of Pediatrics. Unfortunately, many grants available through health or community foundations are restricted to non-profit organizations. Insurance providers may also have grants available through their various foundations.

Marketing Strategies

What steps did you take to market your behavioral health program to patients?

We've featured Dr. Cupito on our social media platform, but the most effective marketing is when our providers recommend a consultation with Dr. Cupito and offer to put the patient and family in touch with her and the care team. We also created a behavioral health brochure to describe our program to patients and families.

Links Referenced During the Webinar

- <https://www.thereachinstitute.org/>
- <https://ipmh.duke.edu/ncpal>
- <https://ncpal.org/>