Behavioral Health Integration Collaborative

“BHI in Action: Fostering Effective Health Plan-Physician Partnerships”

October 28, 2021
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About the BHI Collaborative

The BHI Collaborative was established by several of the nation’s leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients’ mental and behavioral health needs.

TODAY’S SPEAKERS

William Beecroft, MD, DLFAPA
Medical Director Behavioral Health and Strategy and planning
Blue Cross Blue Shield of Michigan/BCN

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Associate Director of Behavioral Health
IHA Health Services Corporation
(Member of Trinity Health)

Corey Dean, MD, FAAP, FACP, CAQSM
Associate Program Director of Ambulatory Medicine, St. Joseph Hospital
IHA Site Medical Director of AIM Center
(Member of Trinity Health)
Collaborative Care model of Behavioral Health Integration

William Beecroft, M.D., D.L.F.A.P.A.
Medical Director
Behavioral Health, Strategy and Planning
The Collaborative Care Model delivers behavioral health care in a primary care setting, expanding the primary care team with a behavioral health care manager and a consulting psychiatrist.

- Frequent contact
- Infrequent contact

* Unique to Collaborative Care

The PCP office bills the collaborative care codes and reimburses the psychiatrist.

* The psychiatrist and care manager talk weekly to review the behavioral health caseload.
Adolescent care team includes additional input:

- Parents
- School
- Therapists
- Other community resources
When it comes to behavioral health, BCBSM believes that…

• Behavioral health is a public health crisis.

• We should ensure our members can access care.

• Health care dollars shouldn’t be spent on inappropriate care, so we ensure our members receive high-value, appropriate care.

• Our members with specific behavioral health needs should be provided with additional support.

• Our members should have self-management tools and resources to overcome issues around stigma, cost and access to care.
A multidisciplinary team of professionals provide care in a coordinated fashion and are empowered to work at the top of their professional training.

Collaborative care treatment demonstrated quicker time to achieve remission than traditional care.
The business case for coordinated care
Collaborating physical and mental health care can reduce overall health care spend

In 2014, Milliman pointed to significant medical cost savings through effective adoption of integrated care.

Fourteen percent of people with insurance were receiving treatment for mental health or substance use disorder.

General medical costs were almost twice as much for treating people with chronic medical illness as well as mental health conditions were higher than those for treating people with physical health conditions only.

Most of the projected reduced spending is associated with facility, hospital and emergency department utilization.

Source: 2014 Milliman Medical Index
The legacy term **IMPACT - Improving Mood and Promoting Access to Collaborative Treatment** is largely synonymous with Collaborative Care. The term originated from the IMPACT study, the first large randomized controlled trial of treatment for depression.

### IMPACT Findings:

- The IMPACT model reflected **savings of $3,365** per patient (sample size 272) for patients receiving primary care over a 4-year period.

- Patients participating in the IMPACT trial of depression collaborative care for older adults had **lower total health care costs** than patients who received usual care over the four-year period.

- The IMPACT study suggested that up to $6 are saved in long term health care costs for patients for every dollar spent on collaborative care, **a return on investment of 6:1**.

- A study that implemented an adapted version of IMPACT for all adults found that the post-study group (n=172) had **lower annualized total health care costs ($7,471) per patient** (excluding pharmacy) than the usual care and intervention groups in the original IMPACT trial.
Barriers to implementation

- Administration buy in/business case development
- Configuration
- Education of a complex practice flow change (team medicine)
- Setting fees that make sense for the practices to change
- Copays and coinsurance issues
- Patient selection
- Patient registry-systematic review tool
- Psychiatrist recruitment
- Incorporation of advice from early adopters/partners
Blue Cross Blue Shield of MI is expanding Collaborative Care to improve access and quality of care

<table>
<thead>
<tr>
<th>Training and incentives</th>
<th>Status and expansion efforts</th>
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<tr>
<td>• Two training partners develop and deliver statewide training and support program to expand use of collaborative care</td>
<td>• Trained 180 practices since August 2020</td>
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<td>• Blue Cross provides robust incentives for provider participation</td>
<td>• 2021 goal: <strong>75</strong> new practices, goal exceeded with <strong>84</strong> new practices</td>
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<td>• Blue Cross continues support with ongoing provider education</td>
<td>• 2022 goal: <strong>125</strong> practices</td>
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<td>• Plans for specialty-specific curriculum</td>
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<td>• Pediatric/adolescent pilot launched <strong>September 2021 in more than 20 practices</strong></td>
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<td>• Increased access to medication-assisted treatment in the emergency room and primary care settings</td>
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How coordinated care is beneficial for our patients/members
The Collaborative Care Model has numerous benefits for members

- **Streamlines** the approach to care
- Enhances **coordination** between specialties
- Builds provider/patient **communications** into treatment planning
- **Maintains patient's relationship** with a trusted provider
- **Eliminates** need to make additional provider appointments
- Reduces **stigma**
- Reduces patient wait time and **improves access**

There are no member out-of-pocket costs for collaborative care programming
Practices believe Coordinated care is where a multidisciplinary team of professionals provide physical and mental health in a coordinated fashion through the primary care setting.

Treating the whole person at once through collaborative care helps to reduce health care expenditures, improve quality of life and improve outcomes.

The coordinated approach makes it easier for members to receive better care without stigma and improved social determinants of health attention in addition to the care for their entire self.
Introduction to IHA a practice partner

Provider has had a longstanding partnership with BCBSM and BCN thereby already eliminating barriers for innovation.

They have a history of treating the whole person with multiple specialties under one roof.

IHA has focused on ease of access for their patients and addressing all of their needs in a seamless manner.
Resources
Pediatric module
Self harm and suicide increased in 2020 significantly
- 28% increase in self harm
- 11% overall increase in

Self harm and suicide has increased in the 10-14-year and 15-18-year range
- 45% among 10–14-year-olds over 2019
- 20% among 15–18-year-olds over 2019
Adult versus adolescent collaborative care

- BHCM will likely spend more time on each case

- Inter-generational approach is key to success. Time spent assessing the family/guardian/systems.

- Coordination between multiple systems: schools, therapy providers, courts, etc.

- Many of these adolescents will benefit from therapy. Psychiatric consultant can recommend evidence-based psychotherapy.

- Based on anecdotal evidence, a full-time BHCM focused solely on CoCM may manage a caseload of 30-60 adolescents or 60-80 adults.
BHI in Action

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Associate Director for Behavioral Health, IHA

Corey Dean, MD, FAAP, FACP, CAQSM
Associate Program Director of Ambulatory Medicine, St. Joseph Hospital
Site Medical Director, Academic Internal Medicine, IHA
CoCare leverages resources

- What do the providers want? Help with patients’ behavioral health concerns.
- What services are available for patients with behavioral health conditions?
- What is the right level of service to provide?
First, make connections. Payers make good ones.

- Establish experienced partnership
- Take advantage of opportunities
- Show up, do the work
Success is an ongoing process

- Securing provider buy-in and team-based collaboration
- Effectively overcoming challenges
- Remedying barriers to billing
- Gathering and reporting outcome measures
Team-based care means the team is the foundation
Communication keeps the team engaged

- Increase your access by being visible
- Offer consults outside of CoCare
- Communicate clinical and financial value
- Educate about behavioral health topics
Optimizing revenue sustains the work

- Know the billing rules
- Collect it and check it
- Connect with others and advocate
No data without stories. No stories without data.

- Decide what measures are meaningful
- Each office is unique
Outcome data indicate BHCC patients get better.

60% of PHQ-9 scores drop by half in 6 months

63% of GAD-7 scores drop by half in 6 months
I have been taking care of me. I matter.

I am playing more with my grandchildren; before I would not want to get up and do anything.

When I was in high school, I felt suicidal. I never thought I would be this happy. I’m shocked how happy I am right now.

Last summer I couldn’t even get out of bed and had to pay someone to mow my lawn. This summer I bought a lawn mower and I’m doing it myself.

I look forward to doing things, instead of just surviving.
String pearls together for success.

- Collaborative Care works when you work the model
- Keep moving forward
- Teamwork makes the dream work
- The numbers are only part of the story
- The flexible don’t get bent out of shape
Payers make great partners

- Reach out to payers about your shared goals
- Share your outcomes
- Maintain a relationship
BHI Collaborative “On Demand” Webinars

• The Value of Collaboration and Shared Culture in BHI
• Behavioral Health Billing & Coding 101: How to Get Paid
• Implementation Strategies for Virtual BHI
• Financial Planning: Quantifying the Impact of BHI
• Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions & Treatment
• Privacy & Security: Know the Rules for Communication of Behavioral Health Information
• Effective BHI Strategies for Independent Practices
• Advancing Health Equity through BHI
• Bolstering Chronic Care Management with BHI
• How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families

Watch all these webinars and more on the Overcoming Obstacles YouTube playlist now!
Collaborative Resource – *BHI Compendium*

The *BHI Compendium* serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.

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Download Now to learn how to make the best decisions for the mental health of your patients.
Thank you for joining!