

# Behavioral Health Integration Collaborative



*“Addressing Behavioral Health in Primary Care: Non-Pharmacological Services & Treatments”*

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January 27, 2022

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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.*

*\*\*American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.*

# TODAY'S SPEAKERS



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Tim & Carolynn Rice Center for Child &  
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## **Efficacious Non-Pharmacological Services & Treatments in Primary Care**

Shruti Simha, MD, MPH

Tim and Carolynn Rice Center for Child and  
Adolescent Health  
Cone Health  
Greensboro, NC

# Overview of Rice Center clinic structure

- Hospital affiliated clinic and part of Cone Health Medical Group.
- Teaching site for UNC Chapel Hill medical students and Pediatric residency program.
- Continuity clinic for Pediatric primary care track residents.
- Payor Mix:
  - Medicare- 0 % - as a pediatric practice we do not typically see patients with Medicare
  - Medicaid- 88 %
  - Private Insurance- 5 %
  - Uninsured- 7 %

# Services

- Birth to age 21
- Same-day visits for sick or injured children
- Immunizations
- Integrated behavioral health care
- Sub-specialty care with Developmental Behavioral Pediatrician & Adolescent Medicine specialist.
- Healthy Tomorrow Alliance – Reduce teen pregnancy rates and increase reproductive health education among teens in Greensboro
- Foster Care Medical Home – provide initial & comprehensive appointments to children in foster care
- Refugee Clinic – refugee families can be seen together to establish care

# Providers in the practice

- Clinic has 12 pediatricians, 1 general pediatrics NP, 1 Developmental & behavior specialist, visiting Adolescent specialist, 2 adolescent NPs, 1 Psychologist, 3 behavior health clinicians & a part time nutritionist.
- Clinic also has 2 parent educators who see high risk families with kids between 0-3 years. They are funded by the Zero to Three program that is a national nonprofit organization.

# BHI Models of care

## **Primary Care Behavioral Health**

- Behavioral Health Providers
- Warm Hand Offs
- One care plan

## **Collaborative Care model**

- Psychiatrist
- Behavioral Health Manager
- Registry

# Components of Integrated Behavior Health

- Healthcare team: Front office staff, Nurses, CMAs, Medical & Behavioral Health Providers
- Universal screening: for early identification & treatment of health issues
- Warm hand-offs: access to behavioral health clinician providing evidence-based interventions
- Consulting psychiatrist (collaborative model): access to psychiatric recommendations

# Role of Behavior Health Clinician

- Working with patients/families to improve their habits, behaviors, and emotions that are impacting their health or functioning
- Work with the team to assist the patient and family to be successful at targeting specific goals or problems
- Education & empowerment, e.g., self management skills

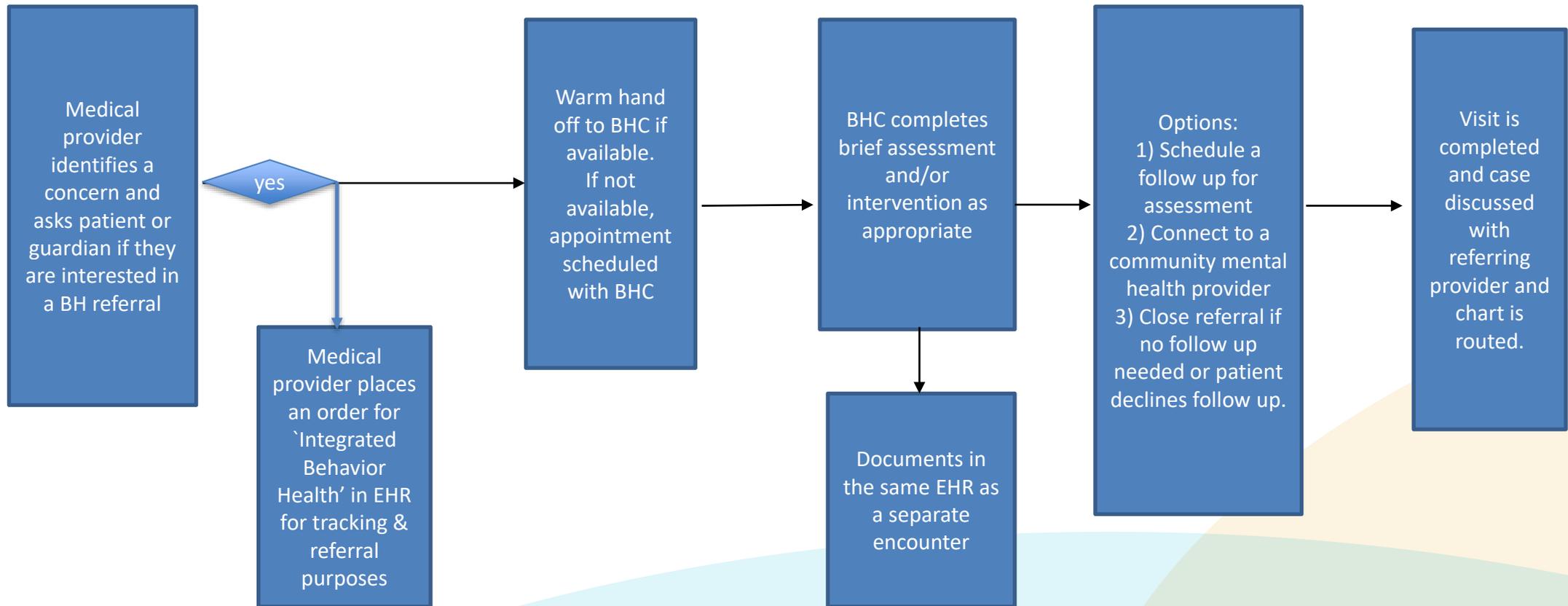
# Benefits

- Decreased costly crisis management
- Decreased work absences for parents (consolidated appointments)
- Reimbursement: care coordination, therapeutic interventions & screening – assessment tools
- Increased access to & completion of BH referrals
- Increased patient & provider satisfaction
- Increased availability of medical providers for visits, phone calls & documentation

# Challenges

- Education on Integrated Behavioral Health & the role of the Behavioral Health Clinician
- Normalizing team access to Behavioral Health progress note
- Screens/Assessment Tools – Documenting them & Results
- Adolescent Health Care & Confidentiality
- Costs and reimbursement issues

# Workflow at Rice Center



# Assessment Tools

- Edinburgh post partum depression screen
- ASQ
- PSC
- RAAPS
- PHQ9
- GAD7
- ADHD Vanderbilt rating scale
- SCARED Child and parent
- CAGE-AID
- EAT-26

# Behavioral Health Interventions

- Health Promotion
- Assessment Tools (PHQ9, GAD7, ADHD Vanderbilt, etc.)
- Psycho Education
- Motivational Interviewing
- Behavioral Activation
- Mindfulness/Relaxation Activities
- Brief Cognitive Behavioral Therapy (CBT)
- Brief Solution Focused Therapy
- Parent Education – Parenting Skills

# Case 1

- 13-year-old adolescent seen for well visit.
- Patient has h/o rapid weight gain, prediabetes and positive screen for mood issues on PHQ-9.
- Provider contacts the BHC for warm hand off for relaxation strategies.
- Patient reported to the BHC that he had difficulty going to school and was depressed. He was also very anxious about COVID. He had suicidal ideations in the past year but is not actively suicidal. BHC did a brief intervention session for 20 minutes and scheduled a follow up.
- Patient was also referred for ongoing therapy to an outside agency.

## Case 2

- Provider is seeing a 2-month-old for well visit. The mom completes an Edinburgh screen for post partum depression.
- The provider notes that the screen is positive for post partum depression and mom is experiencing significant mood issues and difficulty with caring for the baby. She also has missed her post partum check with her OBGYN.
- Provider contacts BHC in clinic who is available for a warm hand off.
- BHC meets with mom and introduces herself and available services. Mom does not have time for BHC appointment but is able to schedule a visit later during the week. BHC also provided mom with community resources and information on support groups.
- BHC discussed plan with provider & routes the chart via EHR once follow up visit is completed.

# Example of a brief intervention

## Mindfulness

### **Anxiety about COVID**

- Possible goals:  
Focus on using all your senses

### **Intervention**

- Mindfulness – Focusing on the present without judgement
- Using your senses to notice the present moment  
Body scan to increase awareness on how you're feeling  
<https://www.therapistaid.com/worksheets/mindfulness-exercises.pdf>
- Keep it Simple Plan: At each meal, I will use my senses for my first bite. I'll look at it before I put in my mouth, notice how it smells, focus on the texture when I eat it and what it tastes like

# Other Behavioral Health Interventions

## Brief Assessment

### Behaviors

- Assess sleep hygiene & patterns
- Attention seeking behaviors

### School Problems

- Assess for learning difference
- Assess for depression and/or anxiety sx
- Assess for ADHD

## Interventions:

- Education on sleep hygiene
- Positive Parenting Skills – specific praise & 5 min of special time
- Learning differences – written request for testing at school
- Further assessment for depression & ADHD using screening tools
- Mindfulness (Focus) & Relaxation Strategies

How do you pay for integrated behavior health services???

# Billing for Primary Care Behavioral Health

- 99484 General BHI Services (Billed under PCP)
    - Medicare Only
    - Care Mgmt Services, min 20 min
  - Psychotherapy CPT Codes (Billed under Licensed Clinician through LME-MCO, Most common CPT but not comprehensive list)
    - 90832 16-37 min
    - 90834 38-52 min
    - 90837 53 +
    - 90846 Family Therapy w/out Pt Present
    - 90847 Family Therapy with Pt Present
- \*\*\*No CCA needed w/Medicaid until 7th visit

# Billing for Collaborative Care Services

All billed under the PCP

- 99492 Initial Psych Care Mgmt -70 min/month
- 99493 Subsequent Psych Care Mgmt -60 min/month
- 99494 Initial/Subsequent Psych Care Mgmt -Additional 30 min

# Key Takeaways

- Incorporating behavior health services in primary care settings adds value to care and increases patient and provider satisfaction. Value based medicine is the future.
- Providers save valuable time in clinic settings when able to consult a BHC for further assessment and intervention.
- BHC visits are reimbursable.
- Integrated behavior health reduces the stigma of accessing mental health services.
- There is a need to build system-wide consensus about collaborative care and advocate for reimbursements.

Thank you!

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**Acknowledgements:**

Jasmine P. Williams, MSW, LCSW



Penn Medicine

# Non-Pharmacological Interventions in Behavioral Health Integration: University of Pennsylvania Collaborative Care Behavioral Health

Jeffrey R. Jaeger, MD, FACP  
Professor of Clinical Medicine  
Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania  
Philadelphia, PA

November 2021



# Case presentation:

## ▶ MK:

- 50 yo male with a history of closed head injury/brain trauma
- Subsequent volatility and executive function disorder
- Had been on long-term high dose benzos but tapered over time
- Was on SSRI for mood but stopped on his own
- Presented for primary care after long ICU stay for sepsis complicated by alcohol withdrawal
- Now in AA but still very depressed, lashing out at family
- Not interested in another trial of SSRI's and not interested in "seeing a shrink"
- What can I offer him?



# Collaborative Care Behavioral Health (CCBH) at Penn Medicine

- ▶ Three elements:
  - Intake/triage
  - E-consult access to psychiatry
  - On-site Behavioral Health Specialists (BHS)
- ▶ Crafted in partnership with Electronic Health Record (EHR) staff **and** billing/coding experts to make use of Collaborative Care Billing Codes:
  - Billing at end of month based on total minutes of face to face care **plus** collaboration (Primary Care Provider [PCP]/BHS and PCP/psychiatry)
  - Accepted by Medicare, and negotiated with nearly all other insurers in our market

# Intake/Triage

- ▶ Standardized assessment (including evidence-based screening tools) by off-site staff for all referred patients (regardless of insurance)
- ▶ Patients can call to arrange, but staff will call patients if they do not call themselves
- ▶ Screening for suicidality with protocols for warm handoff for + answers
- ▶ Algorithms end with either referral to “specialty mental healthcare” (psychiatry, addiction treatment programs, intensive outpatient), counseling, or on-site BHS
- ▶ Referrals determined by results of assessment plus insurance (as not all insurers cover on-site care)

# Case: Pt. MK (cont.)

- ▶ Intake call completed within 5 days of order
- ▶ PHQ-9 = 11
- ▶ GAD-7 = 13
- ▶ PCL-5 = 8
- ▶ Recommended to in-office BHS care

## DRUGS OF ABUSE AND MEDICATION MISUSE

The patient was asked about lifetime and current use (past 3 months) and reported the following:

Cannabis: Past Use  
Cocaine: No History  
Amphetamine type stimulants: No History  
Inhalants: No History  
Sedatives/sleeping pills not prescribed to patient: No History  
Hallucinogens: No History  
Opioids not prescribed to patient: No History  
Other drugs of abuse: No History

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## PSYCHOPHARMACOLOGY

The patient reports that he is prescribed a psychotropic medication.

Side Effects and Adherence:  
In last week, he reports taking the medication as prescribed.

The patient does not report symptoms suggestive of adverse effects of medication.

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## MANIA SCREEN

The patient screened negative for lifetime history of mania.

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## PSYCHOSIS SCREEN

The patient did not report current hallucinations or delusions.



# In-office Behavioral Health Specialists:

- ▶ Licensed Clinical Social Workers
- ▶ Supervised and trained through Penn “Primary Care Service Line” + Penn Psychiatry
- ▶ Weekly meetings with supervising psychiatrist
- ▶ Episodes of care
- ▶ Collaborative by design:
  - BHS on site in primary care
  - Circulates for ad-hoc conversations
  - Attends provider meetings
- ▶ Low-level, short-term issues:
  - Anxiety
  - Adjustment disorder
  - Grief
  - Mild-moderate depression
  - Mild alcohol use disorder
  - Insomnia
- ▶ Not: thought disorders, severe depression, bipolar disorder, moderate to severe substance use disorder



# Case: Pt. MK (cont.)

## ▶ Worked closely with in-office BHS

- Combo of in-person and virtual
- Treatment focused on excessive worry using tools of Cognitive Behavioral Therapy
- As episode neared a close, patient's wife expressed concern about backsliding and asked that we reconsider medication
- Patient asked for connection to psychiatry close to home: Re-ordered a triage call
- Patient agreeable to a trial of meds: E-consult psychiatry



# E-consult to psychiatry

- ▶ Penn CCBH supports 0.1 FTE psychiatry per 1 BHS to answer PCP questions about management\*
  - Usual questions:
    - When to switch from counseling alone, to counseling + psychiatry, or counseling + meds
    - Med choice
    - Med dosing
  - 24-hour turnaround
  - Official chart notes

\*And for weekly consultation with BHS

## Case: Pt. MK (cont.)

- ▶ Psychiatry reviewed patient's chart including past med trials
  - Suggested trial of Wellbutrin and offered advice re: dosing
  - Suggested short term meds for sleep while up-titrating meds
  - Patient eventually connected to psychiatry in his community

# What works about Penn Medicine CCBH?

- ▶ On-site\*, integrated, collaborative
- ▶ Warm handoffs and “curbsides” with BHS
- ▶ Bypasses regional shortage of mental health providers
- ▶ Pays for itself when BHS has a full roster of patients (~3 months)
  - Covered now by most insurers
- ▶ Supports practice screening standards
- ▶ Reduces stigma associated with mental health care

# Pitfalls:

- ▶ Costly to set up
- ▶ Space
- ▶ Rollout, set-up and continuation relied/relies heavily on:
  - A cooperative Department of Psychiatry
  - A skilled group of billing and IT people
  - ...which might not be available to all
- ▶ EHR build was a heavy lift

# What I wish I knew at the outset:

- ▶ Demand will be greater than anyone imagines
- ▶ Build in the understanding that integrated mental healthcare is going to have to be delivered in time-limited “episodes” (to accommodate demand)
- ▶ Expect turnover in BHS
- ▶ Build in provider and BHS time for collaborative care
- ▶ Partner with EHR team early (to facilitate use of the billing codes that will eventually support this)

# Thank you!

- ▶ Jeffrey Jaeger, MD
- ▶ [jaegerj@uphs.upenn.edu](mailto:jaegerj@uphs.upenn.edu)
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## Links:

- ▶ <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-paid>
- ▶ <https://aims.uw.edu/collaborative-care/team-structure>



# BHI Collaborative “On Demand” Webinars

Check out other webinars from the Overcoming Obstacles series such as:

- BHI in Practice: Establishing Efficient Workflows
- How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families
- Bolstering Chronic Care Management with Behavioral Health Integration

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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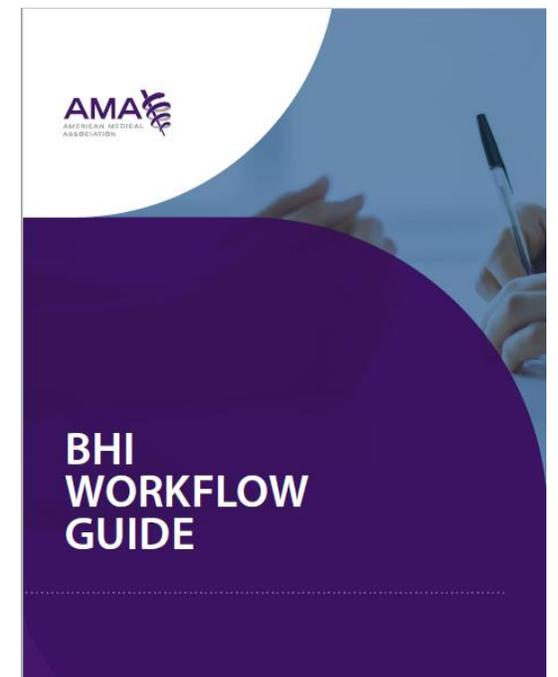
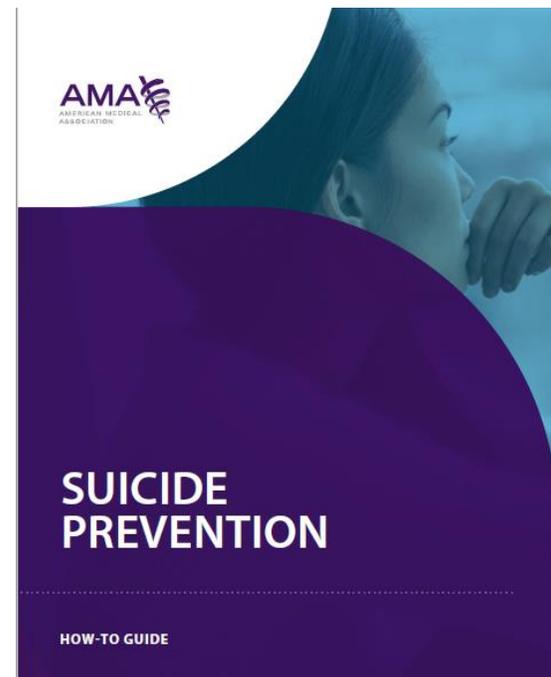
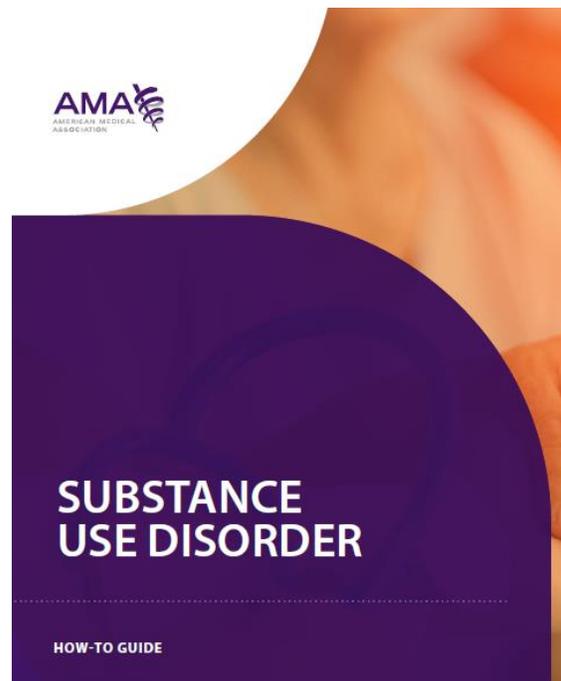
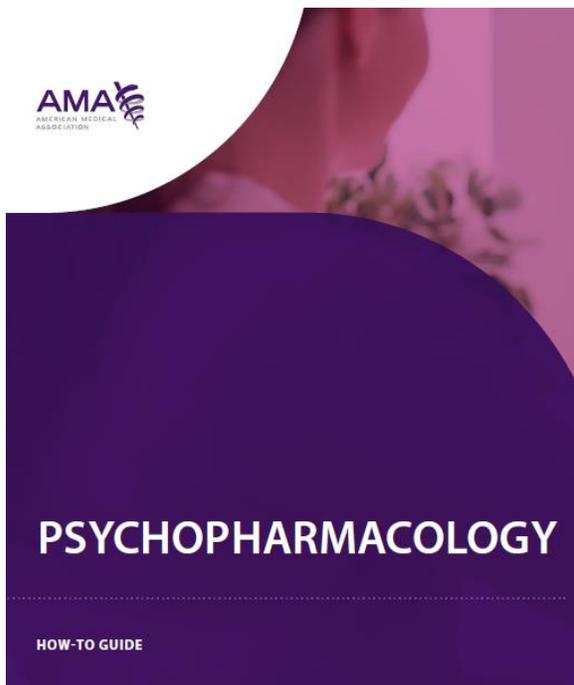
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[Download Now](#)

to learn how to make the best decisions for the mental health of your patients.

# AMA Resources – How-To Guides

Access AMA's BHI practice guides for practical strategies, actionable steps and evidence-based resources on four specific areas of effective integrated care: [pharmacological treatment](#), [substance use disorder](#), [suicide prevention](#), and [workflow design](#).



The background features a complex network of glowing nodes and connecting lines, resembling a molecular or network structure. The nodes are primarily white and light blue, with some red and orange nodes interspersed. The lines are thin and translucent, creating a sense of depth and connectivity. The overall color palette is a mix of cool blues and purples, contrasted with warm reds and oranges. The background is slightly blurred, giving it a bokeh-like appearance.

Thank you for joining!