Behavioral Health Integration in Primary Care Continuum Based Framework

Ongoing Care Management Process (Information & Data Sharing)

March 17, 2021 | 12-1PM

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Behavioral Health Integration Domains

1	Case finding, screening, and referral to care
2	Decision support for measurement-based stepped care
3	Information exchange among providers
4	**Ongoing care management**
5	Self-management support that is culturally adapted
6	Multi-disciplinary team (including patients) used to provide care
7	Systematic Quality Improvement
8	Linkages with community and social services
9	Sustainability

Meet Our Speaker

Virna Little, PsyD, LCSW

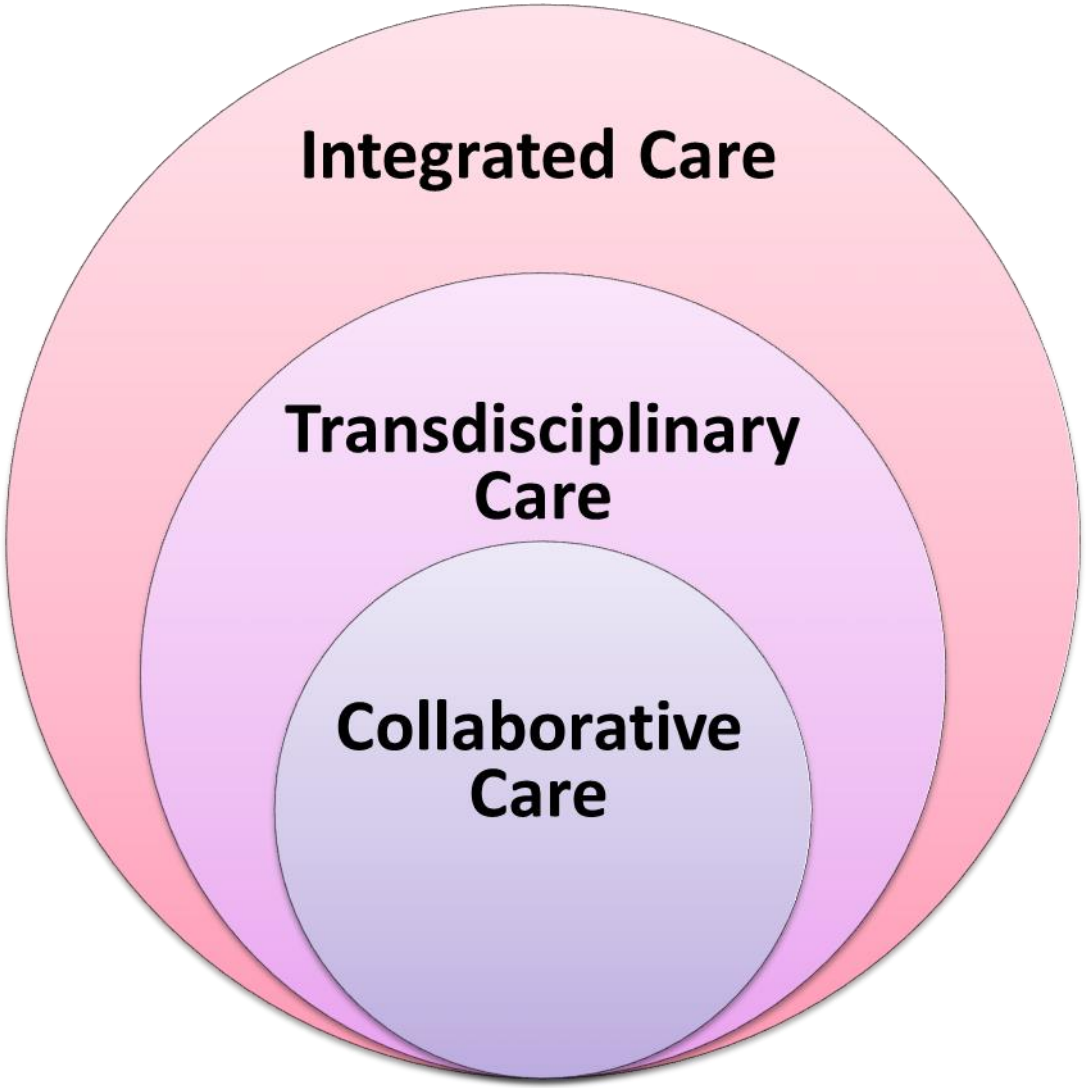
Chief Operating Officer and Co-Founder

Concert Health

Transdisciplinary Care – Building a Good Foundation

- Shared Accountability
- Shared Care Plans
- Cross Training
- Every Problem, Every Visit, Every time

Integration



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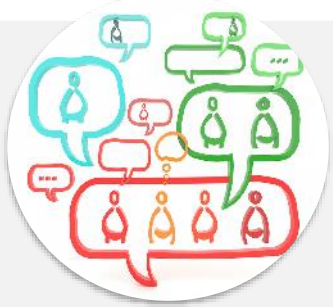
BHI Framework Domains & Subdomains



1. Case finding, screening, referral to care

1.1 Screening, initial assessment, and follow-up for BH conditions

1.2 Facilitation of referrals, feedback

2. Decision support for measurement-based stepped care

2.1 Evidence-based guidelines/ treatment protocols

2.2 Useful psychiatric medication

2.3 Access to evidence-based psychotherapy with BH provider(s)

3. Information exchange among providers

3.1 Sharing treatment information

4. Ongoing care management

4.1 Longitudinal clinical monitoring and engagement

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BHI Framework Domains & Subdomains (Cont'd)

5. Self-management support that is culturally adapted

5.1 Use of tools to promote patient activation and recovery with adaptations for literacy, language, local community norms

6. Multi-disciplinary team (including patients) used to provide care

6.1 Care team

6.2 Systematic multi-disciplinary team-based patient care review processes

7. Systematic Quality Improvement

7.1 Use of quality metrics for program improvement

8. Linkages with community and social services

8.1 Linkages to housing, entitlement, and other social support services

9. Sustainability

9.1 Build process for billing and outcome reporting to support sustainability of integration efforts

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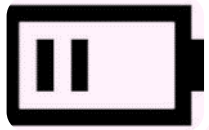
Framework Levels of Integration

- **Domain 4: ongoing care management.**
- **Subdomain 1:** *longitudinal clinical monitoring and engagement.*

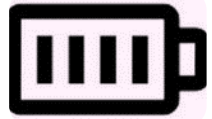
Preliminary

- Limited follow-up of patients provided by office staff



Intermediate

- **Level I:** Proactive follow-up (no less than monthly) to ensure engagement or early response to care
- **Level II:** Use of tracking tool to monitor symptoms over time and proactive follow-up with reminders for outreach



Advanced

- Tracking integrated into EHR, including severity measurement, visits, CM interventions (e.g., relapse prevention techniques, behavioral activation), proactive follow-up; selected medical measures (e.g., blood pressure, A1C) tracked when appropriate

Integration Continuum

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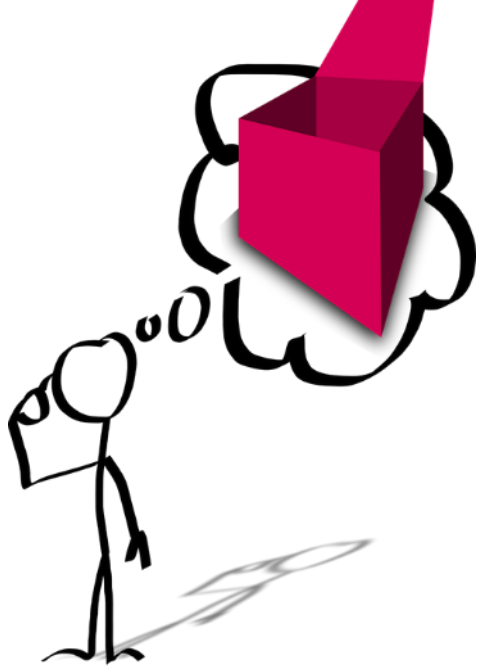
In the Chat . . . .

Which element of care management does your practice perform at least 70% of the time for patients you treat for depression and/or anxiety?

1. Limited follow-up of patients provided by office staff
2. Level I: Proactive follow-up (no less than monthly) to ensure engagement or early response to care
3. Level II: Use of tracking tool to monitor symptoms over time and proactive follow-up with reminders for outreach
4. Tracking integrated into EHR, including severity measurement, visits, CM interventions (e.g., relapse prevention techniques, behavioral activation), proactive follow-up; selected medical measures (e.g., blood pressure, A1C) tracked when appropriate

Thinking About Model Development

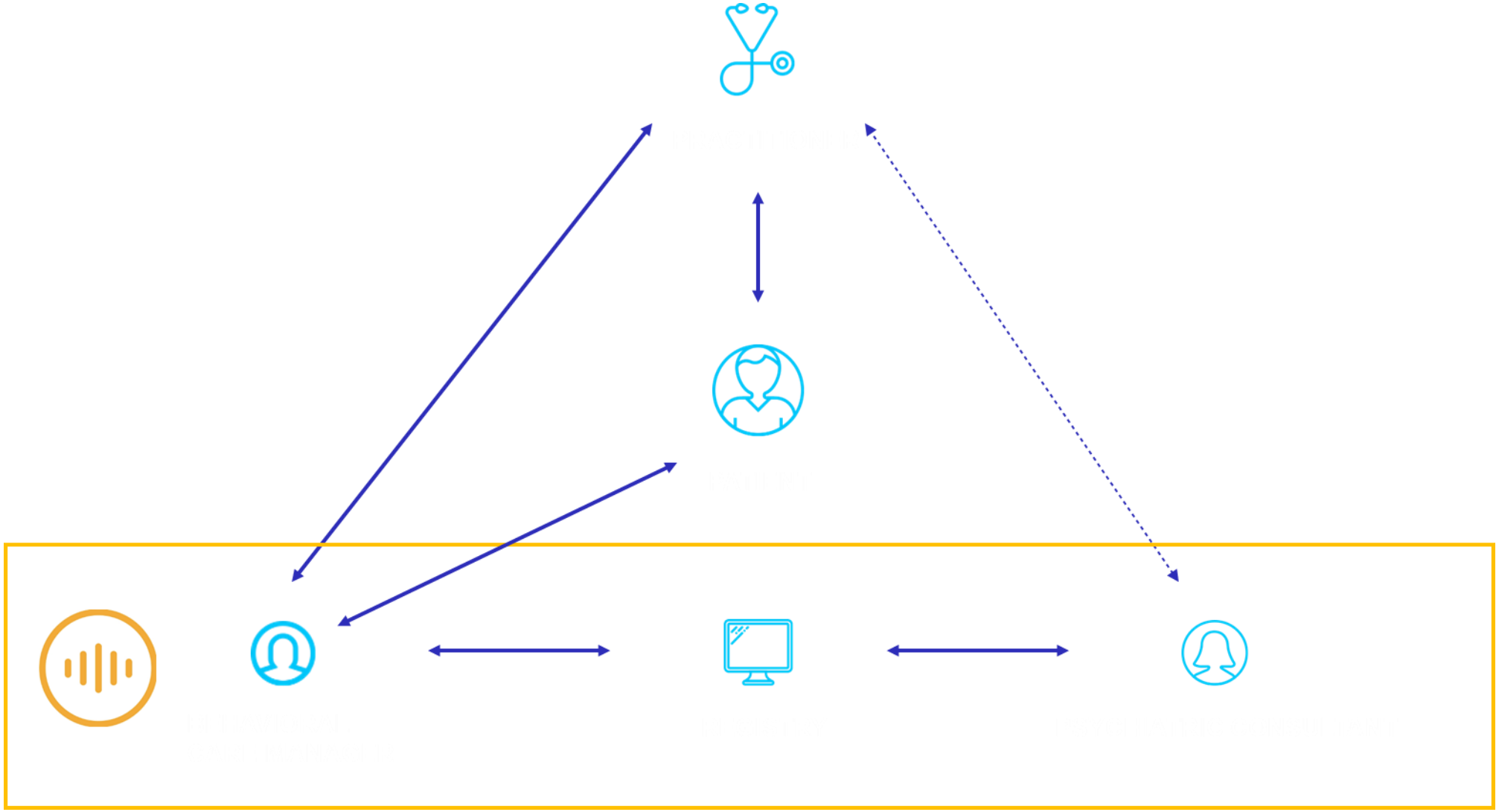


- Population approach to behavioral health
- Outcome measures for all common diagnosis
- Standards of care
- Imbedded with quality , compliance, board, finance , credentialing
- Not short term but effective
- Managing volume, open access, groups , diverse appointments
- Evidence based practice for populations
- Optimize coding

Common Pitfalls

- Low volume
- Waiting lists
- Not sustainable
- Coding optimization (90839/40)
- Accurate capacity and productivity-together

Turnkey Approach to Collaborative Care



Source: The AIMS Center at the University of Washington developed this visual representation of the Collaborative Care Protocol

Core Principles of Collaborative Care

Patient-Centered Care. Primary care and mental health providers collaborate effectively using shared care plans.

Population-Based Care. A defined group of patients is tracked in a registry so that no one falls through the cracks.

Treatment to Target. Progress is measured regularly and treatments are actively changed until clinical goals are achieved.

Evidence-Based Care. Providers use treatments that have research evidence for effectiveness.

Accountable Care. Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care.

BHI Coding Summary non Medicare

BHI Code	Behavioral Health Care Manager or Clinical Staff Threshold Time	Activities Include
CoCM First Month (CPT 99492)	First 70 minutes per calendar month	• Initial Assessment • Outreach/engagement • Entering patients in registry • Psychiatric consultation • Brief intervention
CoCM Subsequent Months (CPT 99493)	60 minutes per calendar month	• Tracking + Follow-up • Caseload Review • Collaboration of care team • Brief intervention • Ongoing screening/monitoring • Relapse Prevention Planning
Add-on CoCM (Any month) (CPT 99494)	Each additional 30 minutes per calendar month	• Same as Above
General BHI (CPT 99484)	At least 20 minutes per calendar month	• Assessment + Follow-up • Treatment/care planning • Facilitating and coordinating treatment • Continuity of care

FQHC Medicare

- G511, G512
- No CCM in addition
- No additional codes
- Same monthly reimbursement

Time Based Inclusions

- Psychiatric consultation
- Discussions, case reviews with primary care
- Registry management
- Telephonic work
- Discussions with collaterals
- In person visits (to be continued)
- If its not documented its not done !
- Case management/concrete services carved out
- 90% attached to billable event (10% capacity)
- 90% of events billable (may mean not including items)

Key Points Around Collaborative Care

- Review staffing for optimization at the START
- Understand differences between CoCm staffing requirements and behavioral health staffing requirements
- Dedicate staff
- Understand remote services
- Determine individual billing
- Care pathways and workflows
- Build in with other incentives and regulatory requirements

The 99484 Code

- The “other” behavioral health code
- Cannot be used by FQHC providers for Medicare
- Can be used when you don’t make the time for a month- as example the first month
- “fall back” to ensure billable months
- Billable by psychiatry
- Occasionally carved out or under behavioral health

Common Problems with Implementation

- Not understanding entire population
- Depending on provider referral
- Living in the land of “ perpetual launch”
- Incorrect billing, claim forms and monthly case rates
- Primary care initiative, engaging medical leadership

Depression Screening Simplified

Behavioral Health Screening Utilization: Depression	
Code	**Description**
G8431 (with HD modifier)	# of individuals screening for clinical depression is documented as being positive and a follow-up plan is documented.
G8510 (with HD modifier, replaces 99420)	# of individuals screening for clinical depression is documented as negative, a follow-up plan is not required
CPT code 96127	# of individuals screened with a brief emotional/behavioral assessment with scoring and documentation, per standardized instrument
G0444	# individuals receiving annual depression screening, 15 minutes
CPT 96161	Administration of caregiver-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument - Maternal depression screening during well-child visit, billed using child's ID number.

Discussion

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We welcome your questions and comments!

Next Steps

Readiness Assessment

- Be on the look out for an email with a link to the assessment
- Complete by April 30, 2021

Bi-weekly Learning Circles from 12-1PM

- March 31 – Evidence-Based Care & Self-Management
- April 14 – Community and Social Services Linkages
- April 28 – Coding for Behavioral Health Services
- May 26 – Where to Go From Here

Publications

- Read the resources shared during the sessions

Next Session

Evidence-Based Care & Self-Management

March 31, 2021
12-1PM EDT

REGISTER

Henry Chung, M.D.
Senior Medical Director, Behavioral Health Integration Strategy, Care Management Organization (CMO), Montefiore Health System
Professor of Psychiatry, Albert Einstein College of Medicine

Your SWEEP Team

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Have a Question? Contact Us!

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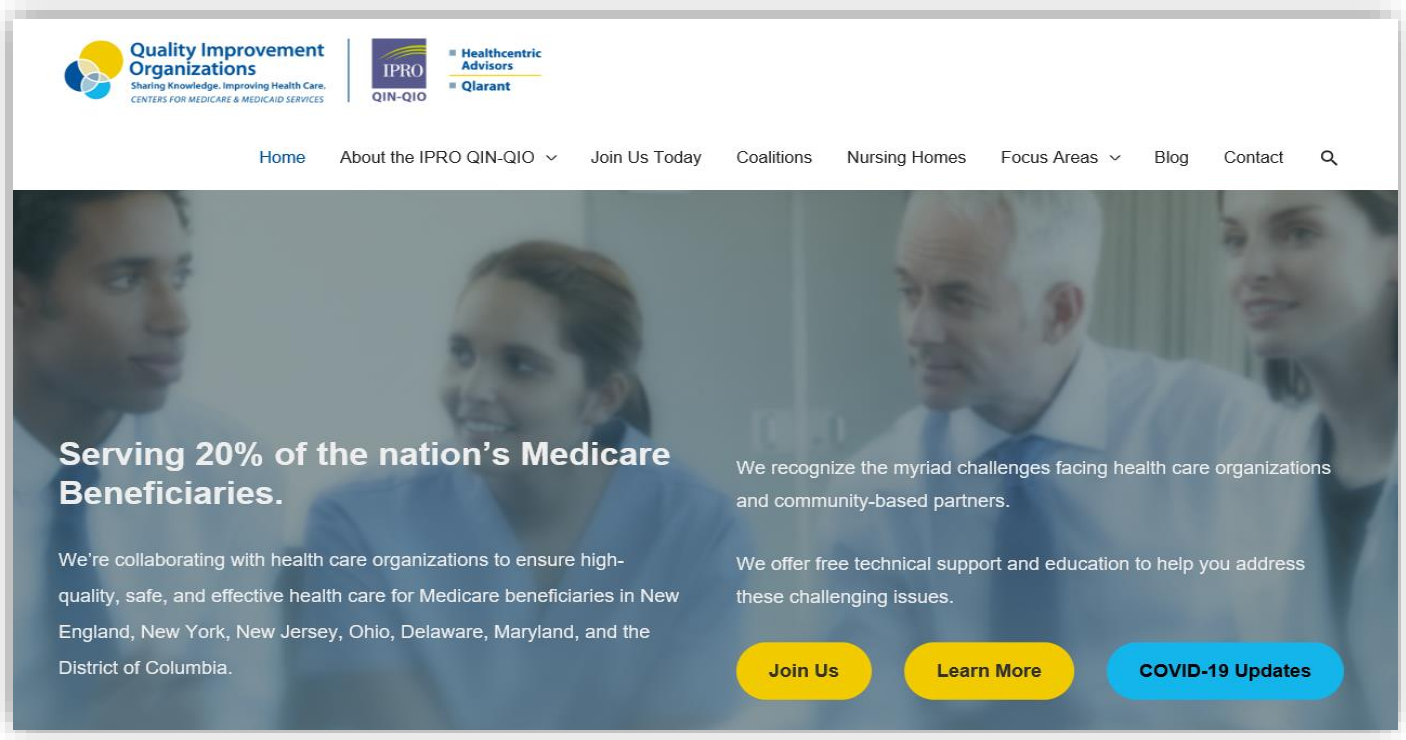
Integrating Behavioral Health with Primary Care: Series Information & Materials

Learn More & Stay Connected

https://qi.ipro.org/



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