

# *Behavioral Health Integration in Primary Care Continuum Based Framework*

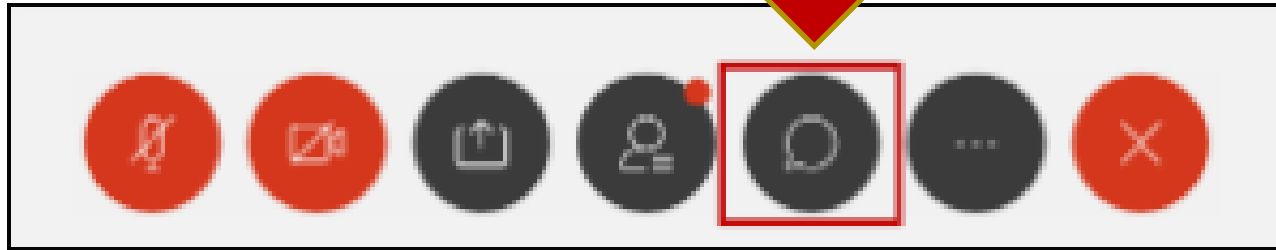
## **Where to Go From Here**

May 26, 2021 | 12-1PM

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## To send a chat message:

1. Open the Chat panel:



1. In the **Send to** or **To** drop-down list, select **Everyone**.
2. Enter your message in the chat text box, then press **Enter** on your keyboard.

# Today's Agenda



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- **Behavioral Health Integration: Where are you in the process?**  
*Open Discussion with Sara DeCarvalho, MS, LMHC*
- **Impact of Behavioral Health Integration in a Primary Care Practice**  
*Presented by Cross Valley Health & Medicine*
- **Open Discussion**  
*Led by Dr. Chung*

# Behavioral Health Integration: Where are you in the process?



**Quality Improvement  
Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



- Healthcentric Advisors
- Qlarant

**Sara DeCarvalho, MS, LMHC**

Director of Behavioral Health

Rhode Island Primary Care  
Physicians Corporation





# **RHODE ISLAND**

## **PHYSICIANS CORPORATION**

# **PRIMARY CARE**

Integrated behavioral health at rhode island primary care physicians corporation

Sara decarvalho, ms, lmhc  
director of behavioral health

# RIPCPC Membership

- Accountable care organization
  - Independent Physician Association
  - Care New England Medical Group
  - South County Medical Group
- 264 individual primary care providers
- 150 practice sites
- Attributed lives
  - 74,051 Blue Cross Blue Shield RI
  - 16,001 Medicare
  - 24,357 Neighborhood Health Plan
  - 2,757 Tufts
  - 42,751 United Health Care



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# Behavioral health strategy



## **Behavioral Health Committee**

Monthly meeting with  
physicians to address BH  
difficulties in their  
practice and brainstorm  
solutions



## **Community Partnerships**

BH providers in the  
community  
Compact relationship



## **On-site Integrated Behavioral Health**

6 Practices since 2019  
2 practices amidst  
implementation 2021



## **Centralized Behavioral Health Team**

Provide services to all  
practices

# Centralized behavioral health team

## Social Work Liaisons

- Support patients in pursuing self-defined goals related to social determinants of health
  - Assistance navigating community resources including financial benefits, state and federal aid applications, child & family resources, utility assistance, housing, etc.
- 5 FT social work liaisons
- 350-400 patients engaged per month

## Clinicians

- Provide brief and solution focused therapy related to depression, anxiety, grief, adjustment, trauma, readiness for treatment, etc.
- 3 FT clinicians
- Average 25-40 ongoing patients

## Referral Coordinators

- Scheduling assistance with outpatient BH providers in the community
- 2 F T referral coordinators
- Average 200 patients outreached per month





## **Christian J. Plaza, MBA, MSN, FNP-C** Clinical & Business Director



## **Kyle Russo, MBA** Practice Manager





# The Impact of Behavioral Health Integration in a Primary Care Practice

Christian J. Plaza, MBA,MSN, FNP-C

Kyle Russo, MBA

# Cross Valley Health & Medicine's Profile

- CVHMPC is a primary care and addiction medicine practice located in Newburgh, NY
- CVHMPC founded in 2007 and currently provides outpatient care for over 8500 patients in the Hudson Valley
- Since 2007, CVHMPC has differentiated itself by providing diverse medical services for the diverse communities in an urban setting
  - Outpatient Services: Behavioral Health, OUD MAT Program
    - Inpatient Services: OUD MAT Treatment
- CVHMPC currently consists of 2 providers: Physician and Family Nurse Practitioner
  - Collaborate Approach & Strengths of a MD/NP Team



# Practice Mission and Vision Highlights

- In 2019, the Mission and Vision statements were updated:

*“To transform into a medical practice that provides patients specialized, high quality, primary care services through an innovative and modern model”*

- In 2019, opportunity to collaborate with Montefiore Behavioral Health Integration Program and Participate in the Medicaid’s Collaborative Care Program
  - Increased access to care for patients who otherwise normally experiences barriers
  - Improved communication with specialists and expanded medical management within primary care
- Collaboration provided CVHMPC to innovate, lead, and expand its Behavioral Health and Addiction Medicine services in the community further improving patient retention and patient outcomes
- In 2020, the impact of COVID-19 & Opportunity to implement telemedicine in primary care
  - Expanded behavioral health treatment via telemedicine
  - Expanded ability to continue providing MAT treatment within primary care



# Reasons for Integrating Behavioral Health in CVHMPC

- **Differentiation of services typically not offered in a standard primary care practice**
  - Implementation of Level 1 Outpatient OUD MAT Treatment
  - Standardization of screenings
  - Practice retention while overcoming patient barriers
- **Availability of Resources**
  - Electronic health record system
  - Collaborated with Behavioral Health Services of the Hudson Valley and Montefiore Behavioral Health Integration
  - CVHMPC established BHI program
  - Leadership
- **Within the framework levels of integration**
  - Transition from Level II to an Advanced Integration



# Reasons for Integrating Behavioral Health in CVHMPC Count.

- **Financial incentive**

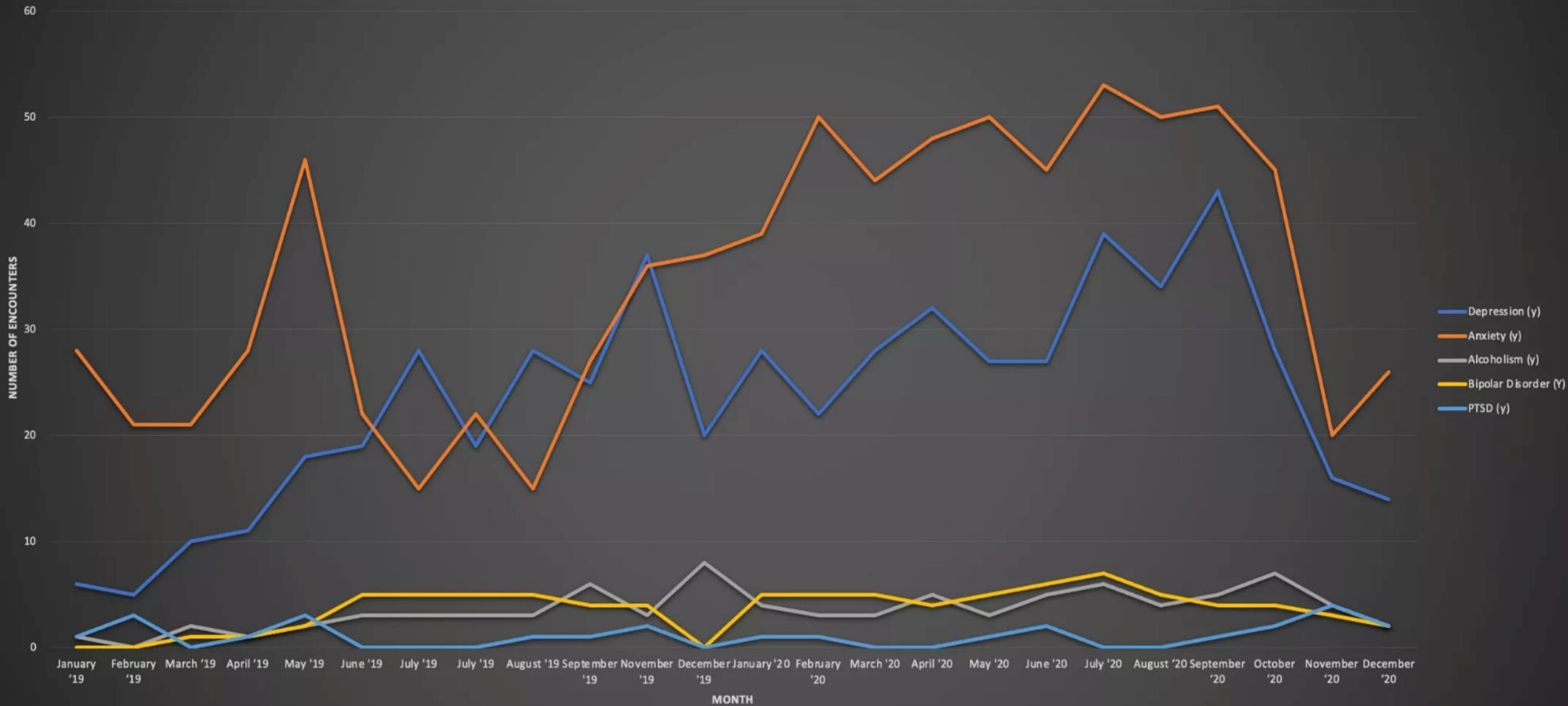
- In NYS, participating in a Collaborate Care Model will give an additional payment on top of a fee-for-service encounter
- Increasing frequency of encounters produce in primary care
- Achieve quality-based incentives with PHQ9/GAD7/AUDIT Screenings
- Complex plan of care justifies higher level coding

- **Improved patient outcomes**

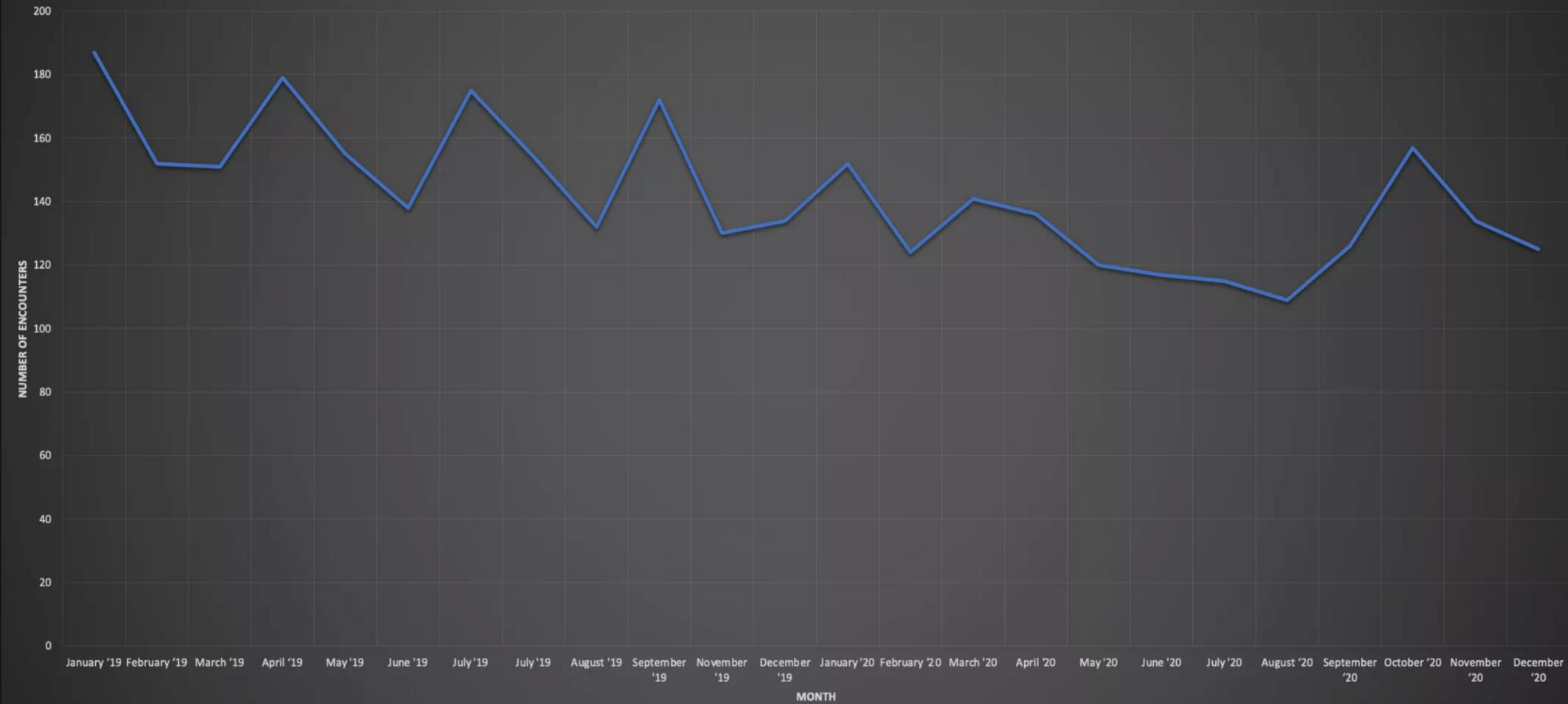
- Patient more likely to adhere to recommendations, treatment and follow up



# All Diagnosis Except Opioid Use Disorder 2019 - 2020



## Opioid Use Disorder Encounters 2019 - 2020





BHI Revenue May 2019 to October 2020



Code		Description	Medicare Reimbursement Rate	Real World NYS Medicaid Managed Care Plan (MVP Medicaid)
	99213	E&M Level 3 Primary Care Visit	\$81.63	\$56.75
	99214	E&M Level 4 Primary Care Visit	\$118.08	\$84.69
	99215	E&M Level 5 Primary Care Visit	\$158.41	\$111.74
	99492	Initial Case Management Visit – Behavioral Health Care Management	\$168.22	\$165.06
	99493	Subsequent Case Management Visit – Behavioral Health Care Management	\$134.99	\$89.54
	99494	Additional Case Management Visit – Behavioral Health Care Management	\$68.22	\$47.99
	99484 T2022	Generic Case Management Visit – Behavioral Health Care Management	\$51.45	\$35.08
	96127	Behavioral Health Assessment – Monthly/Annual (Medicare)	\$5.63	\$3.82
	G0442	Alcohol Screening - Annual	\$19.73	-
	G0444	Depression Screening - Annual	\$19.73	\$12.35
	99406	Smoking Cessation Screening - Annual	\$16.59	\$11.51
	99407	Smoking Cessation Screening - Annual	\$31.70	\$26.13
	H0049	Alcohol Drug Screening - Annual	-	\$8.83

# Financial Sustainability of Behavioral Health in CVHMPC

- Expand treatment and management of behavioral health (includes Bipolar Disorder and Binge Eating Disorder)
- Partner with other virtual collaborate partners supporting the Collaborative Care Model
- Continue performing routine behavioral health screenings
- Embrace additional behavioral healthcare training
- Compromise in pursuit of financial models/incentives available
- Balance behavior health alongside chronic disease conditions



# Innovation

- COVID impacted BHI services
- CVHMPC establishing our own BHI Program with external partners
- Creation of the CVHMPC Behavioral Health Integration Primary Care (BHIPC) Program
- In-house Psych Nurse Practitioner



# THANK YOU



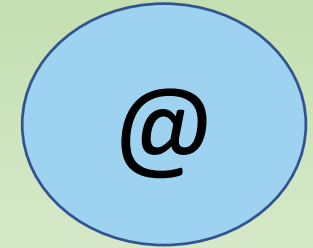
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**Connect with us!**

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# Behavioral Health Integration Open Discussion



- Healthcentric Advisors
- Qlarant

## Henry Chung, MD

Senior Medical Director,  
Montefiore Care Management  
Organization

Professor of Psychiatry,  
Albert Einstein College of Medicine



# Your SWEEP Team



- Healthcentric Advisors
- Qlarant

## Have a question? Contact us!

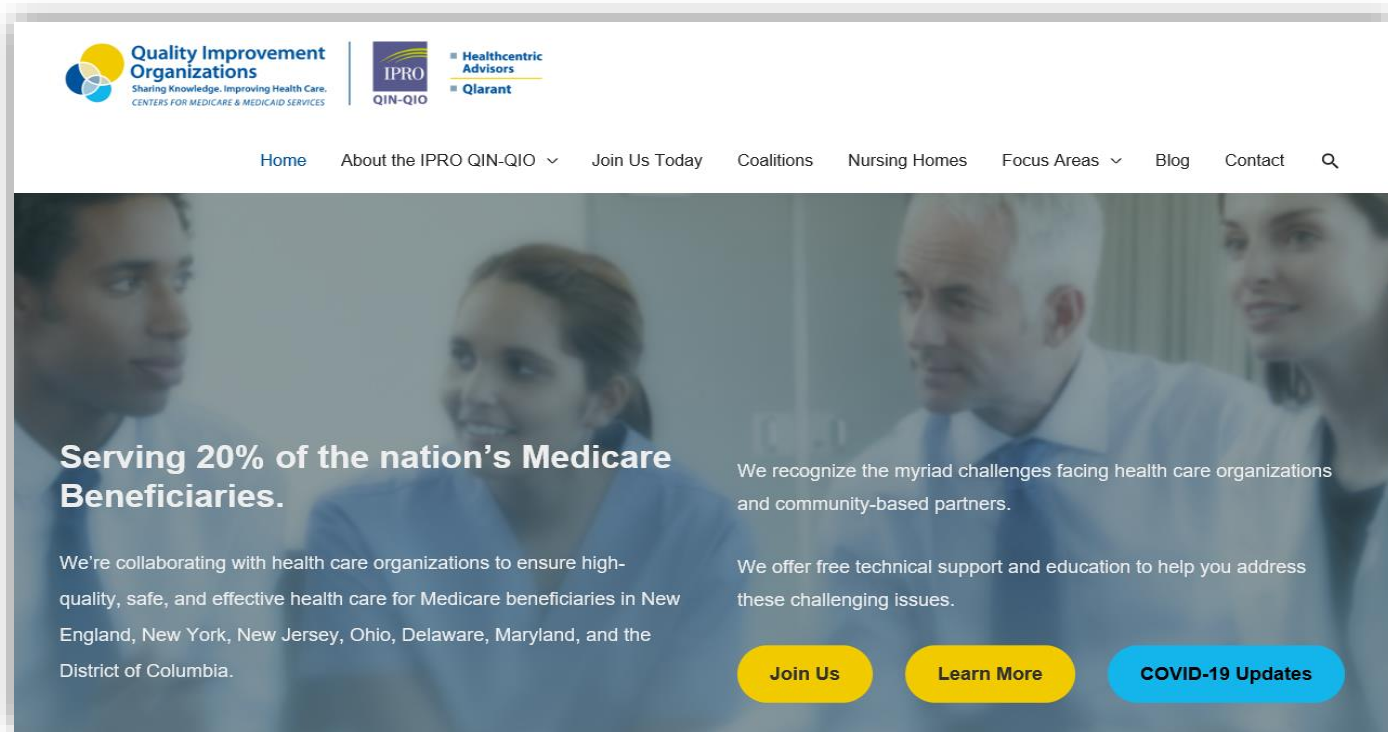
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