



Delaware Center for  
Health Innovation

# Statewide Approach to Behavioral Health Integration – Delaware's perspective

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## Delaware's SIM initiative: how we started

- In 2013, the Delaware Health Care Commission convened stakeholders across the state to build a strategy that would **improve each element of the Triple Aim**: better health, improved healthcare quality and patient experience, and lower growth in healthcare costs
- This resulted in obtaining a CMMI SIM grant which helped establish the **Delaware Center for Health Innovation (DCHI)** a consensus-driven multi-stakeholder organization formed to ensure successful implementation of Delaware's strategy
  - Public/private partnership with diverse representation across the state
  - Consensus-based approach with input from broad set of stakeholders
- DCHI has **ambitious goals** for the SIM effort
  - One of five healthiest states
  - Top five state in healthcare quality and patient experience
  - Bring healthcare cost growth in line with GDP
- Due to the large number of primary care practices in Delaware and high percentage of self-insured plans, DCHI's has heavily focused its initiatives (e.g., Practice Transformation, value-based payment expansion, Common Scorecard) on **primary care practices**
- Step 2 was to focus on **integration of behavioral health services**

# Behavioral Health Integration

## Why is behavioral health integration important?

- ~15-30% of the U.S. population currently have a behavioral health diagnosis
- ~70% of adults with behavioral health conditions also have medical conditions
- Uncoordinated treatment of behavioral health and primary care conditions leads to poor outcomes and increased costs

## Why is behavioral health integration challenging?

- Operational and structural barriers
- Uncertainty around economic sustainability for practices and patient affordability
- Lack of access to behavioral health providers
- Lack of training on working in integrated teams

## Initial support offered in Delaware

- **EMR incentive program** was offered to improve broad connectivity between behavioral health providers and primary care physicians-little uptake
- **DCHI's Behavioral Health Integration stakeholder meetings** were held to identify potential local barriers

# Some of the barriers to Behavioral Health Integration we faced in Delaware

## Align reimbursement environment

- Varied medical policies and reimbursement practices across payers increases confusion
- BH services billed by PCPs may require extra legwork to get reimbursed, even when covered under policy
- Higher volumes of referrals required to compensate for higher rate 1<sup>st</sup> time no-shows



## Identify partner(s)

- Potential lack of urgency among PCPs
- No facilitated channel to connect BHPs and PCPs interested in integration
- Shortage of BHPs could make partnership more difficult
- Smaller PCPs' panel size may not merit full-time BHP



## Develop operational processes

- BHI requires addressing e.g., workflows, office space, billing systems, medical records
- Supportive services exist to address above issues, but securing support and coordinating across issues may be challenging for small practices



## Formalize partnership

- Limited awareness of partnership models and steps needed to formalize (e.g., PCP contracts for block of BH provider time or PCP pays per patient)
- PC and BH practices may have cultural barriers that make formal integration challenging



**Small practices, in particular, find it difficult to identify partners and make up-front investments (e.g., modify schedules/workflows, contract for BH services), especially when reimbursements are uncertain**

## Delaware's approach to address the barriers

- With the new administration in 2017, the SIM grant management and delivery under the Delaware Health Care Commission was awarded to **consultants** with DCHI offering advisory support.
- Through this award, in November of 2017, Health Management Associates (HMA) lead a statewide initiative to develop and promote integration of primary care and behavioral health.
  - Methods used:
    - Practice Coaches
    - Learning Collaboratives
    - BHI payment workgroup
    - Establishing **pilots** along the continuum of behavioral health integration
      - enhanced referrals
      - co-location
      - full integration through the collaborative care model
      - integration of primary care into behavioral health

## What we have learned in Delaware

- **Make the value proposition clear to all stakeholders** and be comfortable asking for short term fixes while true reform happens
  - For the long term-
    - **Connect behavioral health integration with other value-based initiatives** occurring in the state (e.g., value-based payment models, practice transformation efforts) specifically we looked at collaborative care codes and advance payment models
    - **Keep it at the forefront for legislators-** DCHI and BH Consortium serves
  - For the short term-
    - assist practices with **building their business case** using economic models (AIMS financial worksheet)  
<https://docs.google.com/spreadsheets/d/1Nnr1GUkLdwUqg4CPgWeNIV-NcYKEy3yx3i1NK4yis8/edit#gid=1871635108>
    - Important to **engage major payers early** and explore codes that may help defray costs now (screening, care coordination, consults fees)

**Don't be afraid to take on the mountain!!**



**It will be fun she said!!!!**