

INTEGRATED PRIMARY CARE, PSYCHOLOGY TRAINEES, AND SERVING AN UNDERSERVED MEDICAID POPULATION

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Convention

Chicago, Illinois

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INTEGRATED PRIMARY CARE, PSYCHOLOGY TRAINEES, AND SERVING AN UNDERSERVED MEDICAID POPULATION



DC MEDICAID PILOT PROJECT

Shirley Ann Higuchi, JD
Associate Executive Director, Legal and Regulatory Affairs
American Psychological Association

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DC MEDICAID PILOT PROJECT – OVERVIEW

- ▶ Innovative pilot project launched in 2018 by APA and the DC Psychological Association
- ▶ Placed supervised psychology trainees in two primary care offices serving the DC Medicaid population (Summer 2018)
- ▶ Supervised services provided by interns and a post-doctoral Fellow were reimbursed by a Medicaid managed care organization (MMCO)
- ▶ Project partners:
 - ▶ Primary care practice serving DC Medicaid beneficiaries
 - ▶ AmeriHealth Caritas DC (the District's largest MMCO)
 - ▶ Argosy University/Mid-Atlantic Internship Consortium

DC MEDICAID PILOT PROJECT – ORIGINS

- Project grew out of pre-existing Medicaid advocacy efforts of APA's Practice and Education Directorates
- Since 2015, Practice and Education have worked together to increase the number of Medicaid programs that:
 - ▶ reimburse for services provided by doctoral psychology interns
 - ▶ allow psychologists and trainees to bill Health & Behavior codes
 - ▶ reimburse independently-practicing psychologists

DC MEDICAID PILOT PROJECT – ORIGINS

- ▶ The goal of these efforts is to:
 - ▶ increase the access of underserved populations to behavioral health care services
 - ▶ build a pipeline of psychologists trained to provide integrated services to those populations
 - ▶ correct the internship imbalance created by several factors, including difficulties in funding training sites and sustaining existing slots

DC MEDICAID PILOT PROJECT – ORIGINS

- Because these were cross-cutting efforts, Education and Practice collaborated to create an APA attorney position in 2015 dedicated to Medicaid advocacy on the issues noted previously.
- Since 2015, ten additional states now permit Medicaid reimbursement for supervised trainees, for a total of 25.
- Each of these 25 states handles trainee reimbursement differently (e.g., reimbursement is setting or facility specific, services are billed through the supervisor, services are billed at a reduced rate, etc.)

DC MEDICAID PILOT PROJECT – IMPLEMENTATION

- DC Medicaid does not reimburse for services provided by interns because they aren't licensed providers. In order to implement the Pilot Project, APA needed to overcome this regulatory hurdle.
- MMCOs often have more flexibility than standard FFS Medicaid, which allows them to test innovative payment strategies, including intern reimbursement.
- So, instead of advocating for changes to DC's Medicaid regulations (a lengthy, bureaucratic process), APA decided to approach AmeriHealth Caritas DC.

DC MEDICAID PILOT PROJECT – IMPLEMENTATION

- Working with outside counsel, APA contacted AmeriHealth executives to “pitch” the Pilot Project and secure the company’s participation.
- AmeriHealth needed to increase the behavioral health care services available to its members. The Pilot Project could help meet that need by providing high-quality psychology trainees to deliver those services in an integrated care setting.
- AmeriHealth agreed to reimburse supervised trainees (interns and a post-doc) and to identify a primary care practice (PCP) with a high volume of AmeriHealth members that was willing to join the Project.

DC MEDICAID PILOT PROJECT – IMPLEMENTATION

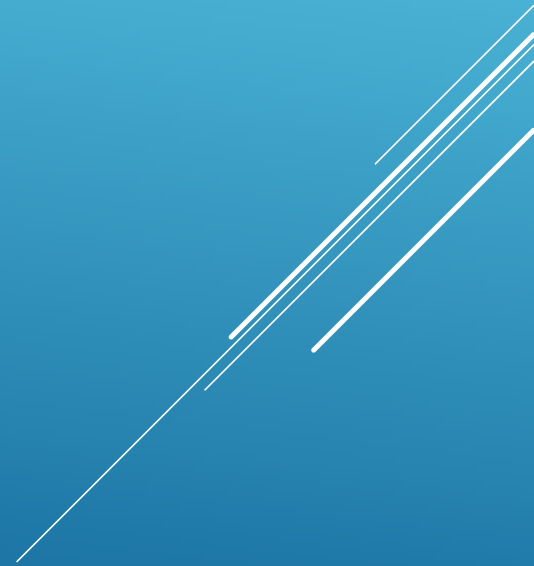
- Argosy University (Northern Virginia) and the Mid-Atlantic Internship Consortium (MAIC), an APA-accredited internship program, provided 11 interns for the Project and a supervisor licensed in DC.
- Beginning in June 2018, the interns were at the PCP one day per week for six weeks, gaining experience in integrated care by providing supervised behavioral health care services in a primary care setting.
- Dr. Winnie Fong, a post-doctoral Fellow, served her post-doc year (May 2018-May 2019) at the PCP and helped facilitate the interns' time there.
- ▶ AmeriHealth reimbursed for services provided by Dr. Fong and the interns.

PHASE II – MORE STATES, MORE PROJECTS

- ▶ DC was the first Pilot Project. We learned a lot through planning and implementing it, and providing support to our Project partners from launch through to completion.
- ▶ Early this year, we began Phase II of our effort, which is to launch similar projects in other states.
- ▶ At Practice Leadership Conference in March, we met with attendees from four “target” states: Delaware, Louisiana, Pennsylvania, and Washington, to discuss launching a project in their states.
- ▶ We’ll provide more detail on Phase II later in this program. (If you’re interested in your state as a possible site for a Phase II project, speak with us after the presentation!)

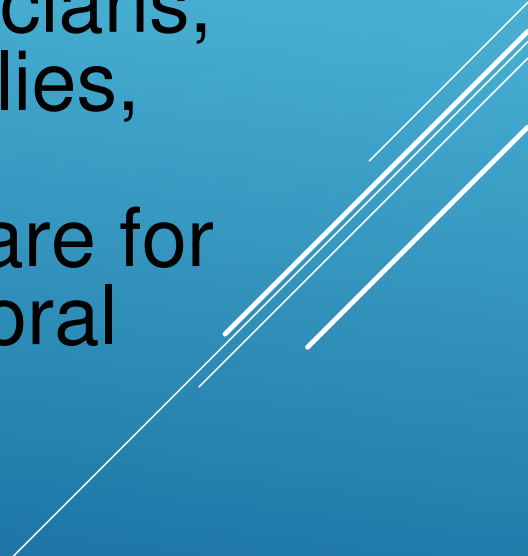
INTEGRATED CARE AND ITS IMPORTANCE IN TRAINING PSYCHOLOGISTS

Catherine L. Grus, PhD
Acting Chief Education Officer
American Psychological Association



WHAT IS INTEGRATED PRIMARY CARE?

“The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population to address behavioral health care.” (Peek 2013)

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WHY INTEGRATE?

Why don't more people receive behavioral health services?

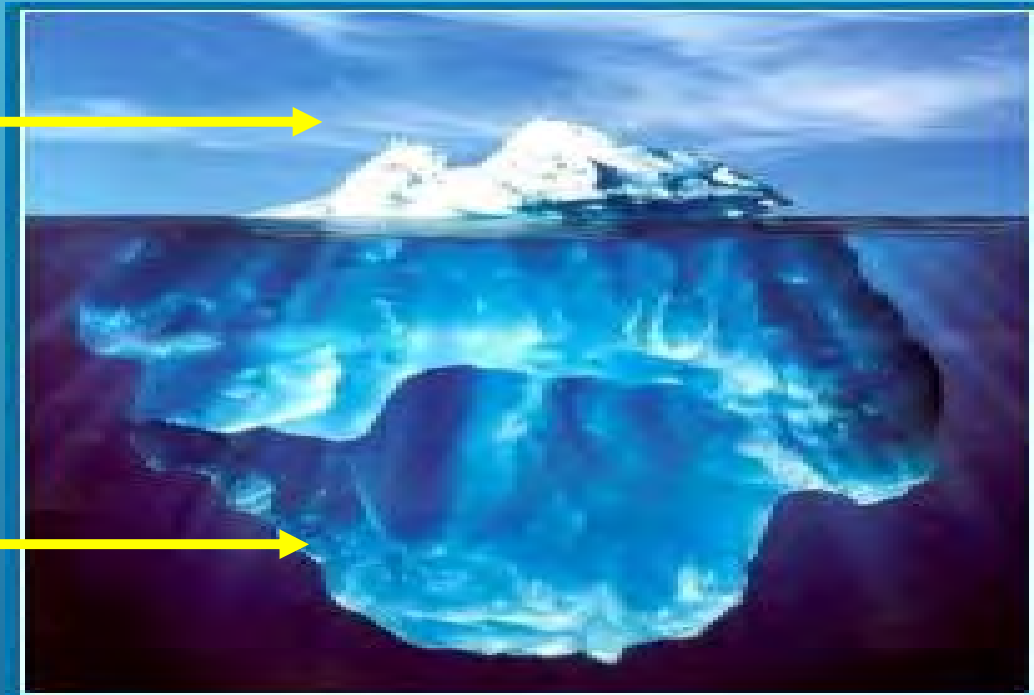
- Stigma
 - Mistrust
 - Time
 - Cost
 - Access
- 
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WHY INTEGRATE?

Those receiving
BH care

Those Who Might
Benefit From BH
Services

Those not
receiving
BH care



- ▶ 80% of individuals will visit their Primary Medical Provider at least once per year
- ▶ 50-70% of medical visits have psychosocial basis
- ▶ 50% of primary care patients have clinically elevated anxiety or depressive symptoms
- ▶ 50% of all behavioral health care is delivered by a primary medical provider

WHY INTEGRATE?

WHY INTEGRATE?

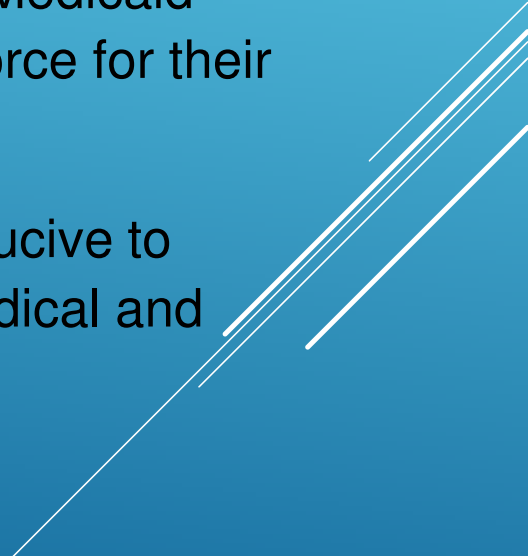
- ▶ Expose a greater proportion of the population to evidence-based behavioral health assessments and interventions
- ▶ Achieve the goals of value-based care
- ▶ Increasing focus on population health
- ▶ Supports the triple/quadruple aim

Essential to train the workforce to meet these aims

IMPORTANCE OF TRAINING FOR INTEGRATED CARE

- APA research shows that trainees stay:
 - In the state where they are trained AND
 - In the clinical setting where they are trained
- This is powerful evidence to show that investing in training psychologists in a particular state will lead to a stronger workforce that will remain there

IMPORTANCE OF TRAINING

- This makes it essential that individuals train and serve Medicaid populations to ensure a uniquely knowledgeable workforce for their particular area.
 - Training in an integrated care setting is especially conducive to serving these populations, who often have complex medical and mental health needs.
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IMPORTANCE OF TRAINING

APA has worked to facilitate training by:

- ▶ Investing in the DC Medicaid project and next steps
- ▶ Developing competencies for psychology practice in primary care
- ▶ Developing educational resources
- ▶ Member of key organizations focused on interprofessional education (*e.g.*, Interprofessional Education Collaborative, Federation of Associations of Schools of the Health Professions)

PRIMARY CARE COMPETENCIES



- Focus of 2012 APA President Suzanne Bennett Johnson
- Chaired by Susan McDaniel
- Six competency domains
 - Science, systems, professionalism, relationships, application, education
- Specific to primary care

Interprofessional Seminar on Integrated Primary Care



- Developed by 2016 APA President Susan McDaniel
- Goal to develop the competencies needed for successful integrated (primary) care practice

Topics: Elements of interprofessional care, Rationale for integrated primary care, Population health, Ethics, Models of Leadership, Quality Improvement, Health Care Financing

Interprofessional Seminar on Integrated Primary Care

Rozensky, R.H., Grus, C.L., Goodie, J. L., Bonin, L., Carpenter, B.D., Miller, B.F., Ross, K.M., Rybarczyk, B.D., Stewart, A., & McDaniel, S.H. (2018). A Curriculum for an Interprofessional Seminar on Integrated Primary Care: Developing Competencies for Interprofessional Collaborative Practice. *Journal of Allied Health, 47*, 61-66.

<http://www.apa.org/education/grad/curriculum-seminar.aspx>

INTERPROFESSIONAL PROFESSIONALISM (IPP)

Interprofessional Professionalism Collaborative (IPC)



MEMBERS

American Association of Colleges of Nursing (AACN)
American Association of Colleges of Osteopathic Medicine (AACOM)
American Association of Colleges of Pharmacy (AACCP)
American Dental Education Association (ADEA)
American Occupational Therapy Association (AOTA)
American Physical Therapy Association (APTA)
American Psychological Association (APA)
American Speech-Language-Hearing Association (ASHA)
Association of American Medical Colleges (AAMC)
Association of American Veterinary Medical Colleges (AAVMC)
Association of Schools and Colleges of Optometry (ASCO)
National Board of Medical Examiners (NBME)



MISSION

The purpose of the Interprofessional Professionalism Collaborative (IPC) is to develop a valid and reliable assessment instrument for interprofessional professionalism behaviors and related educational resources for use by educators across all health professions.



VISION

Interprofessional professionalism, practiced by all health professionals, transforms relationships to achieve optimal health and wellness.

IPP: "Consistent demonstration of core values evidenced by professionals working together, aspiring to and wisely applying principles of, *altruism and caring, excellence, ethics, respect, communication, accountability* to achieve optimal health and wellness in individuals and communities."

IPP TOOLKIT COMPONENTS



RESULTS

The IPP Tool Kit includes case scenarios (written narrative, videos, role play), instructional guidance for faculty and practitioner use in education and practice, and references. Application of the IPA as a component of the IPP Tool Kit is a valid means for understanding, assessing, and developing interprofessional professionalism.



IPP TOOL KIT COMPONENTS

Interprofessional Professionalism Assessment

- Communication
- Respect
- Altruism and Caring
- Excellence
- Ethics
- Accountability

How to Use the IPA with Case Scenario Videos

- Enable discussion to identify behaviors associated with interprofessional professionalism

About Interprofessional Professionalism

- Learn about the construct of IPP and its relationship to quality care and person/family centered care

IPA Development Milestones

- Timeline to develop the Tool Kit

INTERPROFESSIONAL PROFESSIONALISM ASSESSMENT

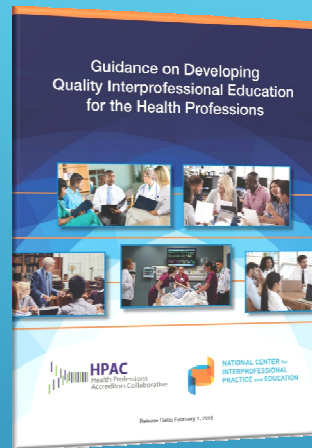
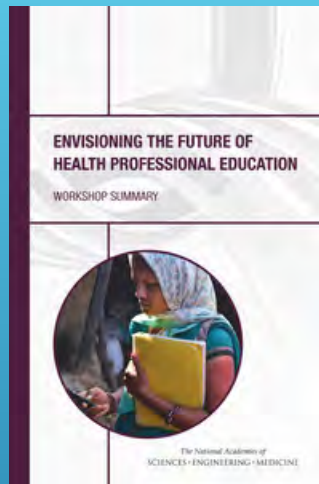
- ▶ 28-item instrument includes 6 domains (communication, respect, altruism and caring, ethics, excellence, accountability)
- ▶ 26-items rated using a 5-point Likert scale; 2 open-ended summative narratives

Ethics

Ethics: Consideration of a social, religious, or civil code of behavior in the moral fitness of a decision of course of action, especially those of a particular group, profession, or individual, as these apply to every day delivery of care.

- | | | | | | | |
|---|-----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|------------------------------|
| 19. Interacts with members of other health professions in an honest and trustworthy manner. | <input type="checkbox"/> SD | <input type="checkbox"/> D | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> SA | <input type="checkbox"/> N/O |
| 20. Works collaboratively with members of other health professions to resolve conflicts that arise in the context of caring for patients/clients. | <input type="checkbox"/> SD | <input type="checkbox"/> D | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> SA | <input type="checkbox"/> N/O |
| 21. Discusses with members of other health professions any ethical implications of healthcare decisions. | <input type="checkbox"/> SD | <input type="checkbox"/> D | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> SA | <input type="checkbox"/> N/O |
| 22. Reports or addresses unprofessional and unethical behaviors when working with members of other health professions. | <input type="checkbox"/> SD | <input type="checkbox"/> D | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> SA | <input type="checkbox"/> N/O |

Provide comments related to the behaviors associated with Ethics, including those that are positive and those needing improvement.



COLLABORATIONS

DC MEDICAID PILOT PROJECT: POST-DOCTORAL FELLOW'S EXPERIENCE

Winnie Fong, PsyD

CREDENTIALS AND EXPERIENCE

- ▶ Biola University, BA in Psychology
- ▶ The Chicago School of Professional Psychology, PsyD in Forensic Psychology
- ▶ Clinical Practice: school counselor, private practice neuropsychological assessments, multi-discipline mental health practice
- ▶ Dissertation: The Relationship Between Ethnicity and Dual Diagnosis to Received Outpatient Treatment on a National Level (2016)


PCP PROJECT PARTNER – LOCATION & WORKFORCE

- ▶ Located in Southeast DC (two sites)
- ▶ 1 adult full-time PA
- ▶ 2 part-time NPs
- ▶ 2 part-time Pediatricians
- ▶ 2 Medical Assistants
- ▶ 1 Dietician
- ▶ 1 Psychology Associate / Behavioral Health Consultant (BHC)

PCP PROJECT PARTNER – PATIENT POPULATION & WORK FLOW

- ▶ 10,150 patients since 2010
- ▶ 97% Medicaid
- ▶ 50% no-show rate
- ▶ Typical week:
 - ▶ 220 medical appointments for children and adults
 - ▶ 12-15 psychotherapy appointments
 - ▶ 10-15 integrated Behavioral Health Consultation appointments

PATIENT POPULATION – DEMOGRAPHICS & HEALTH ISSUES

- ▶ Age range: newborn - 90 years old
 - ▶ Predominantly African-American
 - ▶ Health issues:
 - ▶ Diabetes & Hypertension
 - ▶ Asthma
 - ▶ Sleep issues
 - ▶ Pain management
 - ▶ Over-diagnosed/self-diagnosed major mental illness
 - ▶ Stress, circumstances, anger, depression, anxiety
- 

TYPES OF DOCTOR'S VISITS

- ▶ Annual physicals
 - ▶ Consultations
 - ▶ Hospital and Labs Follow-up
 - ▶ Sick visits
 - ▶ Women's care
 - ▶ Psychotherapy
- 
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DAY-TO-DAY BEHAVIORAL HEALTH

- ▶ Annual physicals
 - ▶ ACT, PHQ-9, GAD-7, DASS21, SDQ
- ▶ Consultation (H & B codes)
 - ▶ Pre-Diabetes or Diabetes Management
 - ▶ Asthma Management
 - ▶ New diagnosis/adjustment stress management


PATIENT VIGNETTE

- ▶ 14-year-old male
- ▶ Seen by pediatrician after annual physical and lab follow-up, found to be pre-diabetic
- ▶ Discussed his eating habits; mother noted picky eating
- ▶ Was eating McDonald's 3 out of 5 days of the week, with frappes and unhealthy snacks
- ▶ Commitment: reduce to 1 frappe a week, pack healthy snacks (e.g., nuts, cucumbers)

INTERNS' EXPERIENCE AT THE PCP

- ▶ Once a week for 6 weeks, as a group of 11
- ▶ Half of interns “on call” experience for BHC with supervision
- ▶ Half of interns planning/organizing a behavioral health wellness day
- ▶ Switched halfway through work-day
- ▶ Coached and “sat in” on post-doc’s BHC sessions
- ▶ Administered and collected surveys for attitudes toward behavioral health treatment – providers, patients, interns/post-doc

CHALLENGES OF INTEGRATED BEHAVIORAL HEALTH

- ▶ Stigma – Bulk of session spent informing patients of the importance of their mental state, apart from the severe mental illness
 - ▶ Matching models – Integrating into practice between psychotherapy and consultation
 - ▶ Billing – Determining what consultation is billable
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TRAINING AS AN EARLY CAREER PSYCHOLOGIST


- ▶ Gain familiarity with Medicaid population and program
 - ▶ How consultation and therapy is different than in other settings
- ▶ Acculturating with the medical model and educating staff on mental health model
- ▶ Developing consultation skills for working with medical professionals
- ▶ Responding quickly, as needed, to escalating patients that require de-stressing

PROGRAM EVALUATION

- ▶ Primary care services and their structure are looking to be effective in:
 1. Basic health care services provided by a variety of professionals including behavioral health
 2. A team that can deliver at least 70% of the necessary medical and health-related social services to the population it serves
 3. Health care access that has maximum flexibility for customizing health care to the needs of patients, families, and providers, and
 4. Coordinated and cooperative interactions with hospital, community services, and other specialty care related to the health care management of their patients (Hunter et al., 2017).

PROGRAM EVALUATION


Three levels of change are required for a successful integration program:

- ▶ Administration procedures
 - ▶ Clinical procedures
 - ▶ Referral procedures
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ADMINISTRATIVE & CLINICAL PROCEDURES

- ▶ Checking in patients becomes a short mental status, monitoring stress level
- ▶ Adding Behavioral Health paperwork with medical paperwork
 - ▶ Most questionnaires are in the public domain
- ▶ Triaging patients becomes “How are you?” rather than “What are you here for?”

ADMINISTRATIVE & CLINICAL PROCEDURES

- ▶ Utilizing Behavioral Health Consultant
 - ▶ Where does BHC fall in rotation (before or after provider?)
 - ▶ Is the patient in a crisis?
 - ▶ Warm hand-off
 - ▶ Consultation with clinical staff
- 

REFERRAL PROCEDURES

- ▶ Building reliable referral sources
 - ▶ Psychiatry
 - ▶ Speech and Language
 - ▶ Psychotherapy
 - ▶ Occupational Therapy
 - ▶ Psychological Testing
 - ▶ Yoga classes/fitness classes
 - ▶ Nutrition
- 

STATE/ADMINISTRATIVE PERSPECTIVES

Pete Liggett, Ph.D., Licensed Psychologist
Deputy Director, Long Term Living & Behavioral Health
South Carolina Dept of Health & Human Services

KEY INGREDIENTS

- ▶ Does your State have the appropriate Medicaid authorities?
 - ▶ Are unlicensed, predoctoral clinicians approved providers in the state plan for common behavioral health services?
 - ▶ Are the desired CPT codes (e.g., Collaborative Care Codes – 99492, 99493 & 99494) covered in the state plan?
 - ▶ Can you take advantage of special authorities the state has had approved by CMS (e.g., Health Homes)?
- ▶ Do you have a Medicaid Managed Care plan (or two) willing to contract with providers who use predoctoral interns?
- ▶ Demonstrate integrated care value for Medicaid beneficiaries & Managed Care Plan members
 - ▶ What's the value proposition?

PHASE II PILOT PROJECTS

Alan Nessman, JD


Senior Special Counsel

Legal and Regulatory Affairs, Practice

American Psychological Association

OVERVIEW OF PHASE II

In exploring states and partners for Phase II, we built on lessons from seminal DC Pilot. Optimal to have:

- ▶ **Established, stable APA-accredited internship program**
 - ▶ **Interested, innovative MMCOs, or with whom we have connections**
 - ▶ **Larger entities with robust infrastructure, e.g., strong billing department and IT**
- 

OPTIMAL CHARACTERISTICS CONT'D

- ▶ **Integrated internship program/service delivery site**
 - ▶ Also helps with supervision requirements - supervisors are typically already at the site
- ▶ **Partners who are already doing integration**
- ▶ **Multiple options for some components, e.g., multiple service delivery sites**
 - ▶ Huge effort in DC to build integration from scratch
- ▶ **State association partner very interested + State leaders directly invested in project**

We also looked to reach additional populations and test the model in new settings, e.g., hospital based, rural

Despite their diverse nature, the Phase II Pilot Projects have the same core goals as the first one in DC:

- ▶ **Expand services to underserved Medicaid populations**
- ▶ **Provide reimbursement for intern work to keep internship programs viable**
- ▶ **Demonstrate value of these interventions by trainees**
- ▶ **Build a pipeline of psychologists trained in serving the Medicaid population**

CORE GOALS

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- ▶ **Have been exploring four states intensively: PA, LA, WA and DE**
- ▶ **Recently also looking at NC and VA**
- ▶ **Recognizing from DC experience that unanticipated roadblocks may arise → good to have several states as options**
- ▶ **When we have several Pilot Projects running in parallel → cross fertilization of innovation & solutions between Projects**

STATES EXPLORED & CONSIDERED

- ▶ **Initial interest was from Children's Hospital of Philadelphia (CHOP)**
 - ▶ **Prestigious Philadelphia hospital system with APA-accredited internship program and intern program/delivery sites under one roof**
- ▶ **Already has interns providing integrated services, as well as traditional MH, but no Medicaid reimbursement**
- ▶ **Pennsylvania Psychological Association is a great partner – we have worked with them on different projects over the years**

PENNSYLVANIA PHASE II PROJECT

- ▶ **MMCOs: PA Medicaid has complex system - MH and physical health split between different companies, and each county has a different set of companies**
 - ▶ CHOP serves Philadelphia and surrounding counties
 - ▶ But Keystone and Community Behavioral Health seem to be big MMCOs
- ▶ **Goals: 1) getting MMCOs to reimburse for services that CHOP is already providing → so they can expand services**
- ▶ **2) Getting H&B codes reimbursed for interns and supervising psychologists (currently PA Medicaid only reimburses MDs for these codes designed for psychologists)**

PENNSYLVANIA PHASE II PROJECT CONT'D

- ▶ **Likely partner: Christiana Healthcare, one of the largest health care entities in DE**
- ▶ **Internship program & service delivery sites under one roof**
- ▶ **APA accreditation for internship program is in process**
- ▶ **Services: Integrated care and possibly ob/gyn, which would be new for our Pilot Projects**
- ▶ **MMCOs: Highmark BCBS (have worked well with them on resolving some traditional insurance issues)**
 - ▶ **Maybe also AmeriHealth (leveraging contacts we gained via DC Project)**
- ▶ **May have the same H&B issues as PA – Medicaid not covering psychologists**

DELAWARE PHASE II PILOT PROJECT

- ▶ **Partnering with Louisiana State University & Tulane University – both have APA-accredited internship programs**
- ▶ **Different from other Phase II Pilot Projects in that interns would be providing just be traditional MH services**
 - ▶ **But this fits with the City of New Orleans' current push to focus on trauma**
- ▶ **Primary clinic sites: Tulane Health Sciences Center / Metropolitan Human Services District**
- ▶ **MMCOs – several (including AmeriHealth)**

LOUISIANA PHASE II PROJECT

- ▶ **Partner: Columbia Valley Community Health in Central WA – Wenatchee. Has operated with an integrated care model for 15 years.**
- ▶ **Small city/rural population; large Latinx population working in the region's agriculture**
- ▶ **Another potential partner is the state's other integrated care training site: Health Point, which has multiple locations in the Seattle area.**

WASHINGTON PHASE II PILOT PROJECT

- ▶ **MMCOs: focusing first on Molina, which psychology programs find easiest to work with, and which is a major payer. Has expressed interest in Pilot Project**
- ▶ **There appear to be two routes for getting internship services reimbursed in WA Medicaid, but there are issues and confusion with each**
- ▶ **May approach state Medicaid agency for clarity and reimbursement alternatives**
- ▶ **Project goals align with state's recent focus on behavioral health workforce shortage**

WASHINGTON PHASE II PILOT PROJECT

CONT'D

QUESTIONS



- ▶ Integrated care models can add value to Medicaid primary care programs
- ▶ Psychology trainees including interns and postdoctoral fellows can benefit from integrated care training at Medicaid sites
- ▶ Overcoming regulatory barriers is an important advocacy role for APA and state psychological associations
- ▶ Innovative training models such as the DC Pilot project improve behavioral healthcare access for underserved populations

CONCLUSIONS