

**Behavioral Health Services
Into
The Primary Care Setting**



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**What Does It Mean To Say
“Integrated”**



- Collaborative Approach – a contractual relationship between the RHC and a mental health or substance abuse agency whereas access to traditional outpatient mental health and/or substance abuse treatment has few barriers and communication between the PCP and the outside agency is consistent and comprehensive.

**What Does It Mean To Say
“Integrated”**



- Co – Located Approach – The actual placement of a mental health and/or substance abuse therapist inside the RHC to offer traditional outpatient mental health or substance abuse therapy.
 - This person is either hired by the RHC or through a contractual relationship with an outside mental health or substance abuse agency (i.e. Community Mental Health).

**What Does It Mean To Say
“Integrated”**



- Integrated Behavior Health Approach – A behavior health provider is a part of the primary care team whose role is to help PCP's manage the psychosocial needs of their patients.
- Holistic patient centered care is provided

**What Does Integrated Behavioral Health Care
Look Like?**



- * Management of psychosocial aspects of chronic and acute medical diseases
- * Build resiliency and encourage personal responsibility for their own health

**What Does Integrated Behavioral Health Care
Look Like?**



- * Focus is on functional restoration efforts rather than symptom elimination
- * Provides a “triage” for access into traditional mental health/substance abuse professional services

Goals of Integrated Behavioral Health Care



- Service is integrated within the primary care setting, is medically oriented, and matches in the pace and focus of the primary medical care visit
- Behavioral health is an integral, seamless part of primary care
- The Behavior Health provider works as a member of the health care team, not as a traditional counselor/therapist

Goal of Integrated Behavioral Health Care



- Provides timely access
- Improved satisfaction of patients and health care providers with medical cost offsets
- Simultaneous focus on health and behavioral health issues

Goals of Integrated Behavioral Health Care



- Improve patient adherence
 - Educate patients in self management skills
 - Patient “buys into” life management goals by accepting responsibility for their health
 - BH time spent offering behavioral strategies supplements the words often heard by the PCP of having a more healthy lifestyle (diet, exercise, stop smoking, loose weight, etc.
- Medication adherence

Why Integrated Behavioral Health Care is Needed



- Four fold increase in patients treated for mental health/substance abuse issues at FQHC's between 1998-2003 (Druss, Am J of Pub Health, 2006)
- Only 30% of primary care visits are for an identifiable medical condition (Strosahl, 1998)

Why We Need Integrated Behavioral Health Care



- 60-70% of most common complaints have no organic basis and are indicators of somatized stress or emotional distress
- 50% of "frequent consumers" have MH or SA disorders
- Distressed patients use two times the health care yearly compared to the non-distressed

Why We Need Integrated Behavioral Health Care



- Only 1 in 4 patients referred to "specialty" MH or SA treatment make their first appointment
- 67% of psychoactive medications are prescribed by the PCP
- 80% of antidepressants are prescribed by PCP
- 50-60% non-adherence to psychoactive medications within the first 4 weeks

Benefits Of Integrated Behavioral Health



- Improved total patient care
- Maximize positive initial response, reduce acuity of behavioral health issues, prevent relapse
- Improved clinical outcomes
 - Improved consumer/provider satisfaction
 - Patients are more likely to use their psychoactive medication with upfront education/benefits and monitoring

Benefits Of Integrated Behavioral Health



- Medical Cost Savings
 - Increase in patient care value (cost effectiveness)
- Less work pace hindrance from the time management of mild MH or SA problems or acute/crisis intervention problems

Target Patient Populations



- Chronic Pain
- Sleep Problems
- Well Child Visits (Positive Parenting Strategies)
- Chronic Physical Conditions
 - Diabetes, Obesity, Smoking, Cancer
- Adult and Child Violence/Abuse
 - Co-Morbid Mood Disorders/Substance Abuse Disorders

Implementing Integrated Behavioral Health Services



- Access:
 - Referred by PCP or another member of the health care team
 - Use of a screening tool based on identified target population
 - Self referrals

Implementing Integrated Behavioral Health Services



- Service Delivery:
 - Face to face based around the PCP visit
 - Voluntary, with patient permission
 - 10-15 minute "warm handoff"
 - 10-20 minute follow up consult at the patients next PCP visit to monitor change (as well as show concern)
 - Use of patient education model (vs. therapy)

Implementing Integrated Behavioral Health Services



- Crisis Intervention/Acute Emotional Needs:
 - Traditional assessment of acute mental health and/or substance abuse concerns
 - Disposition planning
 - Assistance with securing placement, as needed
 - Follow up/case management coordination of referrals for ongoing traditional counseling

Implementing Integrated Behavioral Health Services



- Referrals:
 - Ideally - Made to an "in house" (co-located) counselor with an appointment established prior to leaving the health center
 - Realistically – Made to a local mental health or substance abuse agency. Access to Community Mental Health agencies for more severe, persistent mental illness
 - Made to CPS, Domestic Violence Shelter, or Law Enforcement agency as appropriate

Implementing Integrated Behavioral Health Services



- Documentation:
 - Succinct, behavioral strategy focused consultation note included in the medical record
 - Captures mental status and behavioral intervention not the social history and/or clinical assessment documentation consistent with a traditional mental health/substance abuse intake assessment/session
 - BH intervention is referenced in the PCP's office visit documentation as part of their patient care plan.

Implementing Integrated Behavioral Health Services



- Staffing:
 - Master's degree in the field of mental health, substance abuse or behavioral health
 - FQHC requirement for billing
 - Level of training needed to meet acute mental health or substance needs
 - Knowledge of medical care preferred

Implementing Integrated Behavioral Health Services



- Billing:
 - Integrated Behavioral Health Services billed under medical care, not mental health care
 - Use ICD codes, not DSM-IV codes
 - Use of 96150 CPT codes
 - Co-Located Mental Health/Substance Abuse Services or situations where traditional mental health assessment/care is rendered
 - Use DSM-IV codes
 - Use of 908xx CPT codes (90801, 90804, 90806)

QUESTIONS ?


