



How to: Building an integrated practice model

Featured speakers



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Behavioral health integration (BHI) in primary care

Mental Health Care MATTERS

Mental health treatment — therapy, medication, self-care — have made recovery a reality for most people experiencing mental illness. Although taking the first steps can be confusing or difficult, it's important to start exploring options.

The average delay between symptom onset and treatment is

11 YEARS

PEOPLE WHO GET TREATMENT IN A GIVEN YEAR

45% of adults with mental illness

66% of adults with serious mental illness

51% of youth (6-17) with a mental health condition

Adults with a mental health diagnosis who received treatment or counseling in the past year

23% of Asian adults

33% of Black adults

34% of Hispanic or Latinx adults

43% of adults who report mixed/multiracial

49% of lesbian, gay and bisexual adults

50% of white adults

*For therapy to work, you have to be open to change. I'm proud to say that I changed.
Therapy saved my life.*

— NAMI Program Leader

You are NOT ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.



1 in 5 U.S. adults experience mental illness

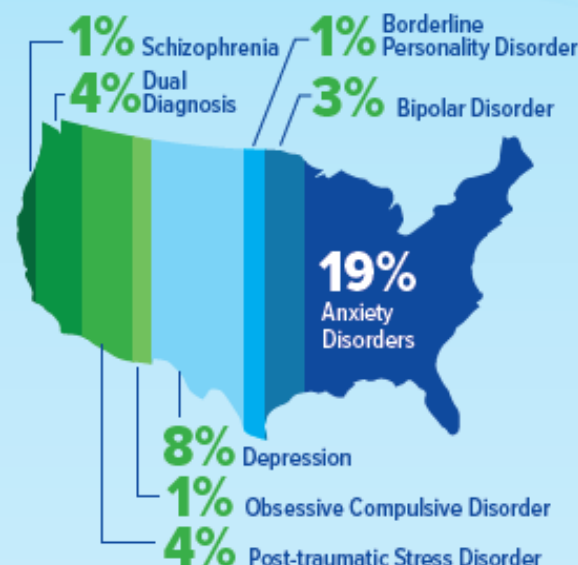
1 in 20

1 in 20 U.S. adults experience serious mental illness

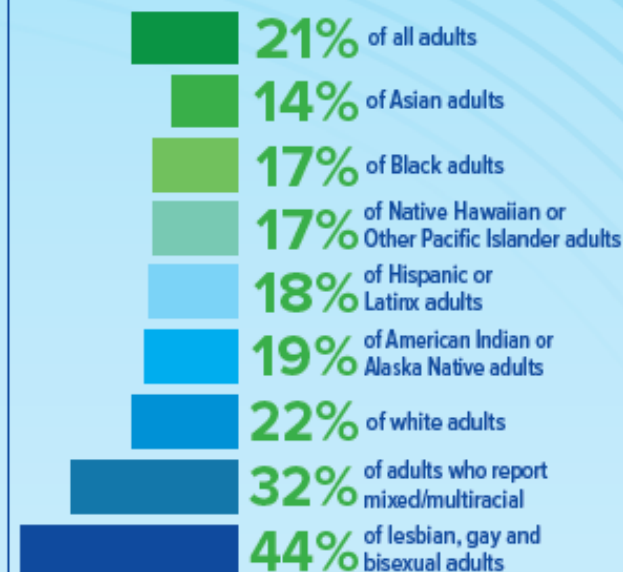
17%

of youth (6-17 years) experience a mental health disorder

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)



12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)



WAYS TO REACH OUT AND GET HELP



Talk with a health care professional



Call the NAMI Helpline at



Connect with friends and family



Join a support group

What is behavioral health integration (BHI)?

Behavioral health integration is an approach and model of delivering care that comprehensively addresses the primary care, behavioral health, specialty care and social support needs of individuals with behavioral health issues in a continuous and family-centered manner.

Improving Access to Mental Health Care through Behavioral Health Integration

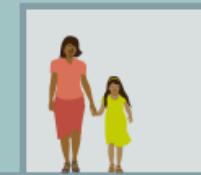
Behavioral Health Integration (BHI) is an approach to delivering mental health care that makes it easier for primary care providers to include mental and behavioral health screening, treatment, and specialty care into their practice. It can take different forms, but BHI always involves collaborations between primary care providers and specialized care providers for mental health.

Phone consultation

The primary care provider can receive consultation by phone about a diagnosis and treatment plan from the care provider for mental health.



CLINIC



BHI can result in

- Better outcomes for children and youth
- More efficient and coordinated care
- Higher treatment rates
- Reduced parental stress
- Improved consumer satisfaction

Practicing together

The primary care practice has a care provider for mental health practicing on-site who is responsible for screening and referrals and may provide therapy. This is often called co-location.



Improving referrals and communication

A care coordinator manages referrals to care providers for mental health and needed social services, and maintains communication between the primary care practice and care providers for mental health.

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Learn more at www.cdc.gov/childrensmentalhealth/access.html




Collaborative care model (CCM)

Collaborative care programs are one approach to integration in which primary care providers, case managers and psychiatric consultants work together to provide care and monitor patients' progress.

These programs have been shown to be both clinically-effective and cost-effective for a variety of mental health conditions, in a variety of settings, using several different payment mechanisms.

Many Children Lack Access to Mental Health Care





Nearly **1 in 5** U.S. children are diagnosed with a mental disorder. **20%** of those with a mental disorder receive care from a specialized care provider for mental health.

Barriers to pediatric mental health specialty care

- Parents may be reluctant to seek professional help
- Cost
- Not enough mental health providers to meet demand
- Lack of access to specialized providers
- Long waiting lists
- Lack of insurance coverage

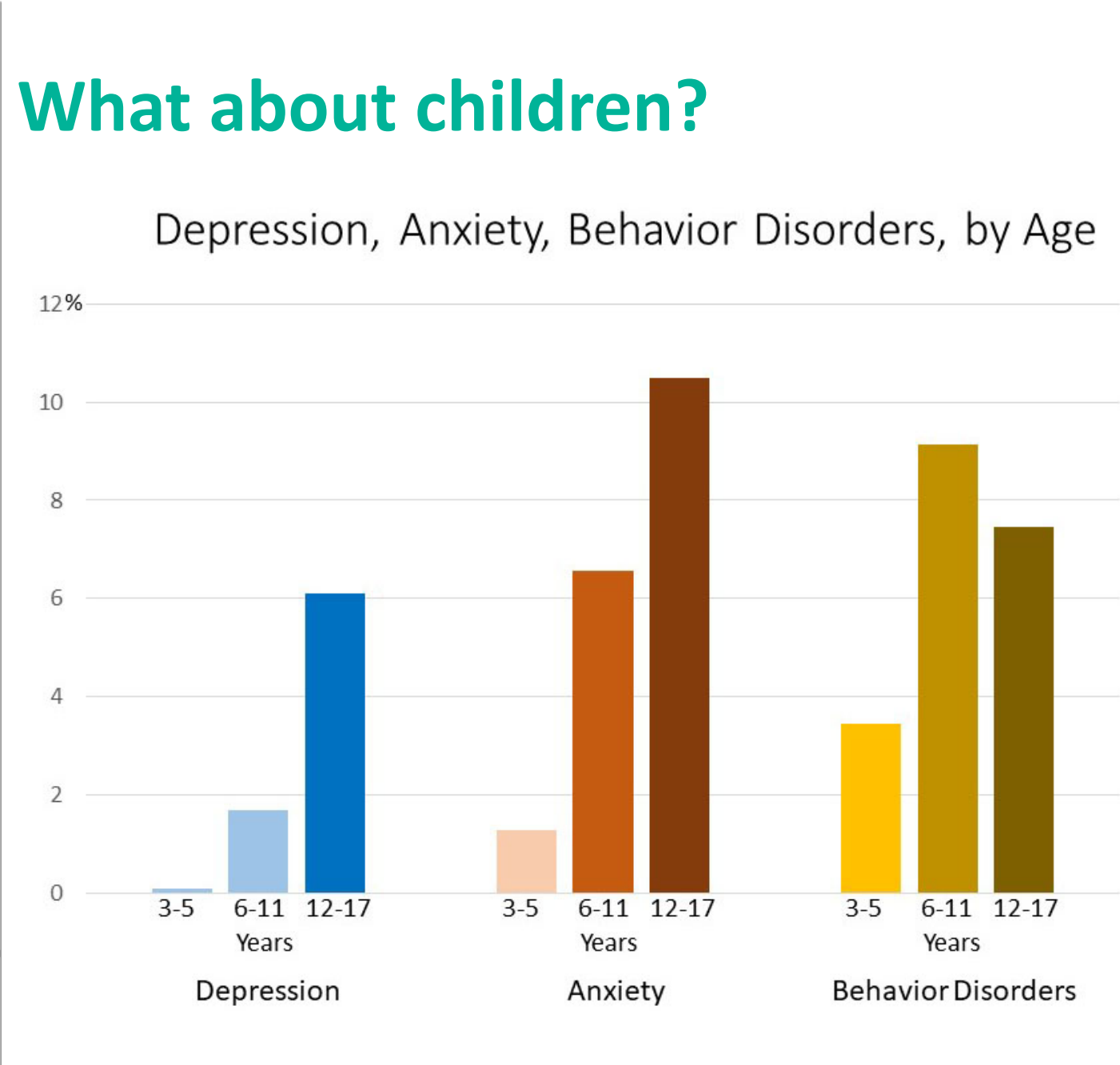
Pediatric primary care:
9 in 10 children receive regular medical care from a primary care provider, but **1 in 3** pediatricians report that they have sufficient training to diagnose and treat children with mental disorders.

Specialized care providers for mental health

- Child and Adolescent Psychiatrists
- Child Psychologists
- Behavioral Therapists

Improving Access to Mental Health Care through Behavioral Health Integration



Barrier mitigation

Barriers to behavioral health care

- Reluctance to seek professional help
- Not enough mental health providers to meet demand
- Lack of access to specialized providers
- Long waiting lists
- Stigma

Benefits of behavioral health integration

- Better outcomes for adults, children and youth
- More efficient and coordinated care
- Higher treatment rates
- Reduced parental and family stress
- Improved patient satisfaction

RBHA specialty integrated health models

Specialty integrated health models

Integrated health homes (IHH)

- Physical and behavioral health services delivered and coordinated onsite, including addressing social factors

Virtual health homes (VHH)

- Partnership between physical and behavioral health providers and health coach liaisons with shared clinical protocols for care coordination, including addressing social factors.

ACT with PCP partnership

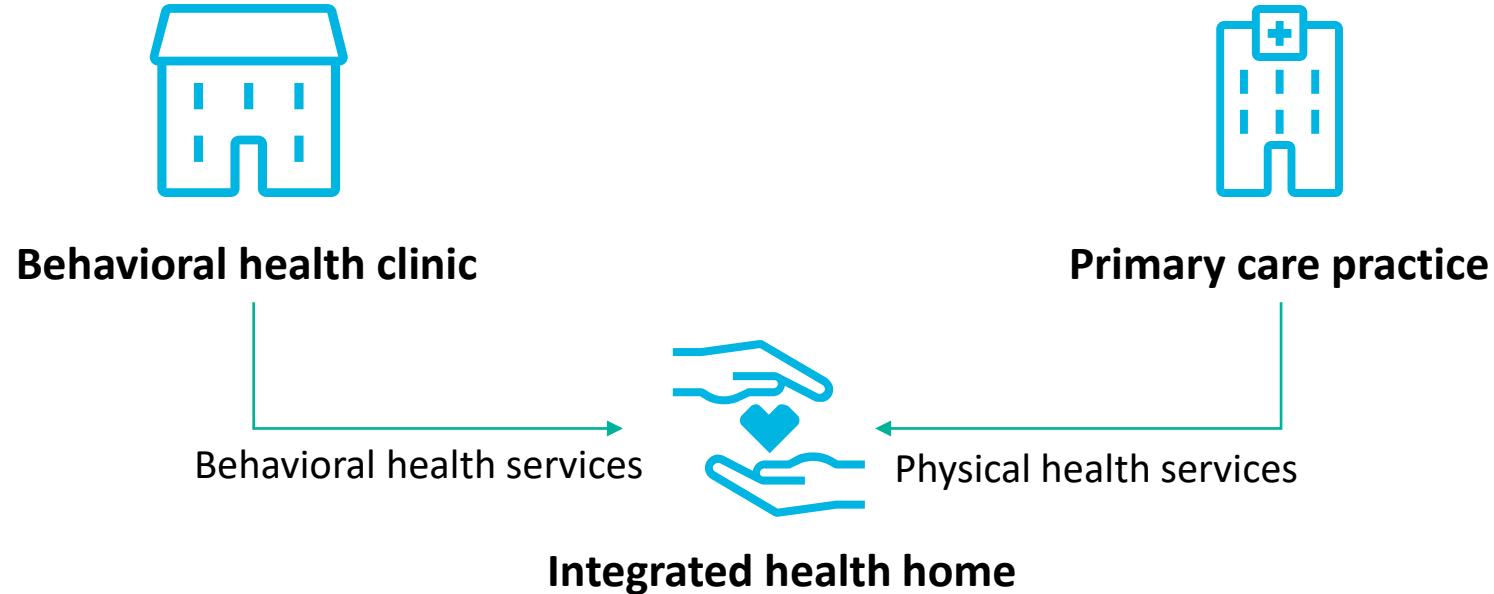
- Teams with a co-located PCP for members with the most complex conditions, including addressing social factors

Medical assertive community treatment (MACT) team

- Team focus on members with complex medical needs, working closely with the member's medical providers

Integrated health home (IHH) model

Each initial practice type adds the missing components to create an integrated health home model



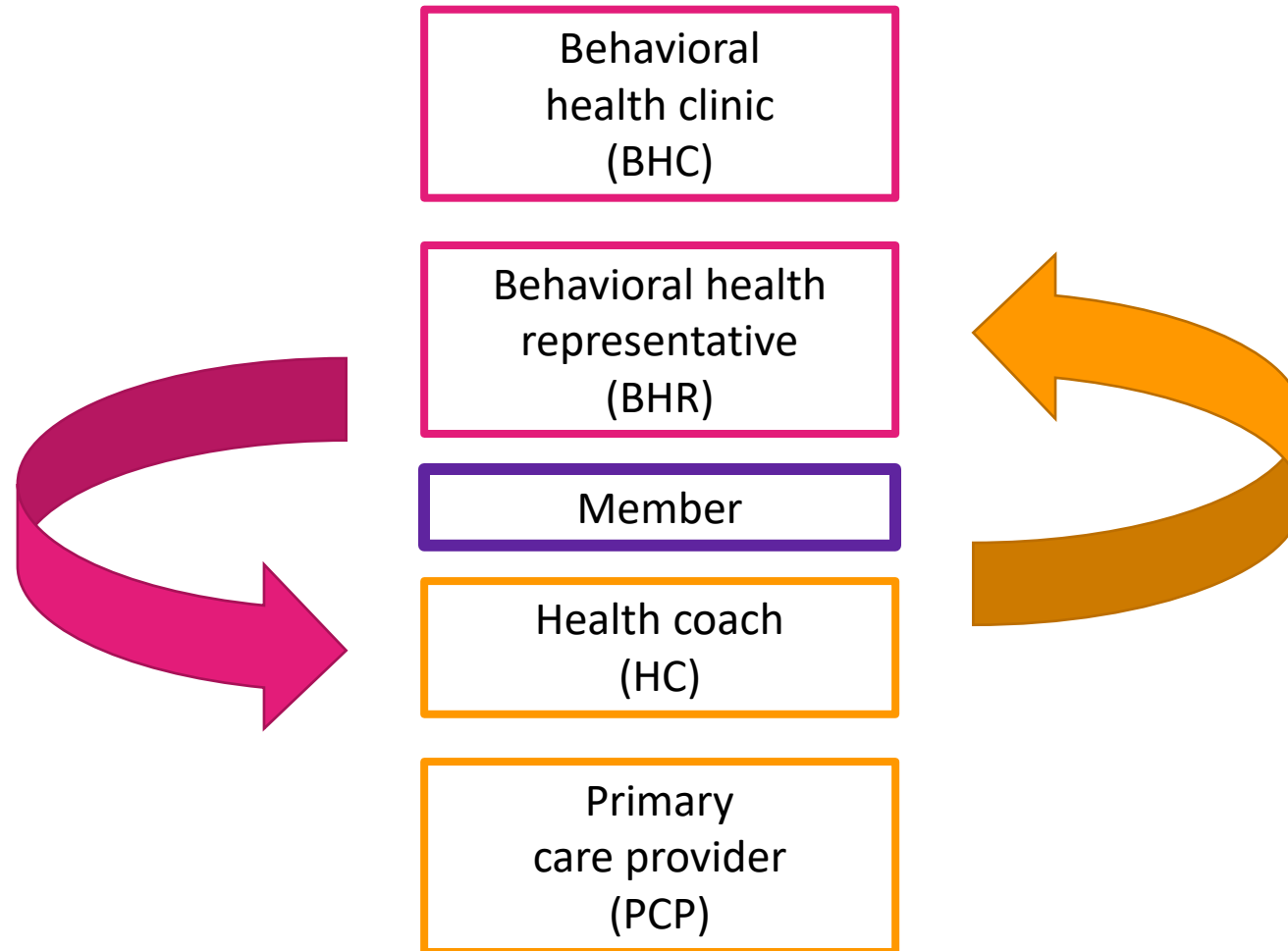
Integrated health home (IHH)

Incorporates a whole-health, person-centered approach utilizing interdisciplinary care plans and evidence-based programming

- Members receive both primary care and behavioral health services
- RBHA currently has 23 integrated health homes
- 18% of members with an SMI determination receive integrated services from an IHH



Virtual integrated health home model



Virtual health home (VHH) model

- Behavioral health homes have a direct relationship with the primary care provider, or accountable care organization (ACO), located at a different office. They coordinate care virtually to provide comprehensive behavioral and physical health services.
- VHH are member-centric
- Each member is assigned a health coach who works with the member to:
 - Help define their goals
 - Improve understanding of health conditions and self-management
 - Support behavioral health changes
 - Provide health promotion/prevention education
 - Navigate social and medical systems
 - Assist with post-visit concerns

Assertive Community Treatment (ACT) with PCP partnership

Enhanced SAMHSA ACT model with integration of physical health providers

- Member has opportunity to select a PCP aligned with the ACT Team
- There is increased coordination between PCP and psychiatrist
- Ability to have unified electronic health record (EHR) for physical health and behavioral health
- Mercy Care's network currently has 21 ACT teams with PCPs, including MACT
- The teams have specialty positions address social determinant of health (SDOH) needs, such as housing, employment, peer support.

Medical Assertive Community Treatment (MACT)

MACT is a SAMHSA ACT model with PCP as an active staff member of the team

A member eligible for MACT has:

- Medical conditions that are poorly controlled
- Medical conditions that have not been stabilized despite intensive management (ACT team)
- Poor control of medical diagnosis directly attributable to member's acute mental health symptoms
- Traditional ACT admission criteria in addition to the following:
 - Chronic obstructive pulmonary disease (COPD)
 - Diabetes (Type I or II)
 - Cardiovascular disease
 - Other chronic health conditions that require medical monitoring
 - Morbid obesity (35+) and one of the conditions listed above

Mercy Care's network currently has one MACT team

Integrated health home (IHH) overview

Elements of an IHH:

- Behavioral, physical health and wellness services
- Interdisciplinary team
- Integrated care coordination
- Person centered
- Integrated individual service plan (IISP)
- Address full health needs
- Evidence-based practice
- Integrated electronic health record (EHR)
- Health literacy
- Inter-professional practice
- Data collection instrument measures health outcomes

Service array:

- Primary care
- Behavioral health
- Integrated case management/care navigation
- Crisis coordination and planning
- Substance use disorder, including medication assisted treatment (MAT)
- Wellness
- Prevention
- Rehab support
- Peer support
- Housing support
- Outreach and engagement

ACC integrated care (PCP and IHH)

Primary care providers (PCPs) and behavioral health

- PCPs can provide medication management services
- PCPs can prescribe in combination with counseling and behavioral therapies for the treatment of substance use disorders.
- For opioid use disorders (OUD), it is recommended that PCPs:
 - Refer members to a behavioral health provider for the psychological and/or behavioral therapy component of the medication assisted treatment (MAT) model
 - Coordinate care with the behavioral health provider

PCPs and behavioral health (con't)

- Advantages of having a PCP prescribe for these conditions would include integration of care and continuity of care.
- Mercy Care is responsible for having psychotropic medications on their formularies (step therapy) for treating depression, anxiety and ADHD and opioid use disorder (OUD)
- When necessary, PCPs are required to provide care coordination which includes the referral and/or transition of a member to behavioral health care

Transfer of care to a behavioral health provider

PCPs should refer and transition care to a behavioral health provider for members who:

- Do not respond to treatment and need additional behavioral health services
- Present with a behavioral health disorder or dual behavioral health diagnosis other than anxiety, depression, ADD/ADHD, or autism spectrum disorder (ASD)
- Have experienced a sentinel event (such as attempted suicide) or an inpatient hospitalization for a behavioral health diagnosis
- Are at risk of harm to self/others
- Require services outside the PCP's scope of expertise

Additional PCP responsibilities for coordination of care

- Coordinating the medical care of the Mercy Care members assigned to them, including, at a minimum:
 - Oversight of drug regimens to prevent negative interactive effects
 - Follow-up for all emergency services
 - Coordination of inpatient care
 - Coordination of services provided on a referral basis, and
 - Assurance that care rendered by specialty providers is appropriate and consistent with each member's health care needs

ACC referral to behavioral health

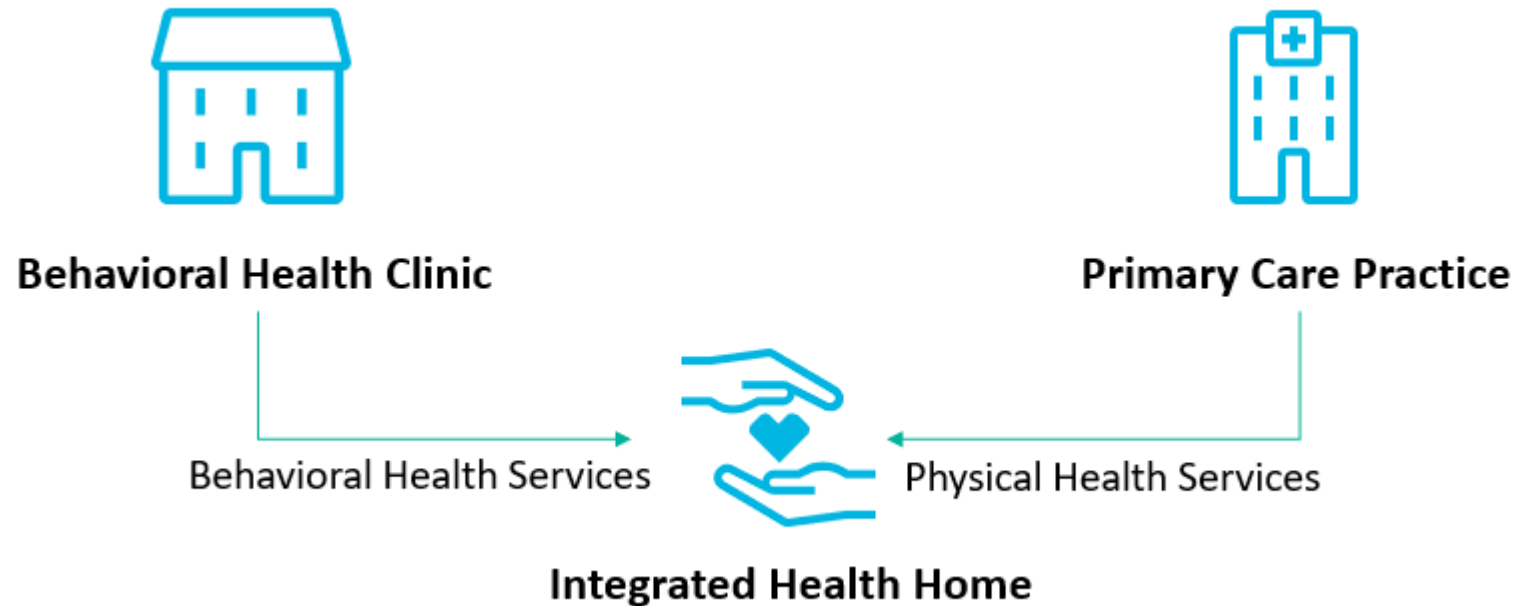
Behavioral health referrals for AHCCCS Complete Care (ACC) members, including Children's Rehabilitative Services (CRS) referrals, can be completed by:

- The member calling Mercy Care at **1-800-624-3879**
- Or the member can call a behavioral health provider directly (information on behavioral health providers can be found at **www.MercyCareAZ.org**)

Note: No referral form is necessary to access behavioral health services.

Integrated health homes (IHH)

Physical and behavioral health services delivered and coordinated onsite, including addressing social factors



Transfer of care to a behavioral health provider

Primary care providers (PCP) must make sure they give the member enough of his/her psychotropic medication to last through the transition so that there is no interruption in the medication regimen

Getting an appointment for a member to see a behavioral health prescriber may take 30 days or longer. Therefore, the PCP's continued oversight is very important.

Network Management

Adding integrated services to your Mercy Care agreement

It's easy!



If you are adding new provider types to your existing agreement, reach out to your Network Relations representative or the Network Management email box (MercyCareNetworkManagement@mercycareaz.org) and we will take you through this process.

In most instances, no changes are needed to your existing agreement; however, if changes are required, we will guide you through the necessary steps

AHCCCS behavioral health services matrix

<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

Learn more about coronavirus (COVID-19)



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AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?

Home / Plans & Providers / This Page

AHCCCS Online

Health Plans

AHCCCS Provider Enrollment Portal (APEP)

Other Provider Programs and Initiatives

Data Access

EHR Incentive Program
(now called Promoting Interoperability Program)

Guides - Manuals - Policies

Rates and Billing

Pharmacy

Medical Coding Resources

Demographics, Social Determinants and Outcomes

Medical Coding Resources

Medical Coding Resources are intended for use by AHCCCS MCO's and Providers.

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc.

COVID-19 Medical Coding and Billing Information Updated 10/14/2021

News and Updates Updated 9/30/2021

Reference Table Review and Update Requests

Behavioral Health Services Matrix Updated 08/31/2021

Behavioral Health Services Matrix (formerly called the B2 Matrix) - 8/31/2021

Behavioral Health Services Matrix questions, changes and updates must be submitted via the Reference Table Review and Update (RTRU) Form

Reference Extracts Updated 07/15/2021

Coding Related Exhibits and Policy Reference Updated 11/03/2021

Dental Coding Updated 09/30/2021

FAQ'S

Guest speakers – panel discussion

Guest Speakers



Dr. Roy Jedeiken
Medical Director, Phoenix
Children's Care Network
(PCCN)



Dr. Seth Dubry
Arizona Market Medical
Director, Equality Health

Q&A

Reminders and upcoming sessions

We'll send a post survey to all participants. We hope you'll take a few minutes to provide your feedback.

November 17

- The Great Resignation: A Collaborative Conversation
 - 10:30 – 11 a.m.
- Home and Community Based Settings (HCBS) Rules
 - 11:30 a.m. – 12 p.m.
- Welcome to Mercy Care: Back to Basics
 - 12:30 – 1:30 p.m.
- DCS CHP: Where we are and where we are going
 - 2 – 2:30 p.m.

Follow us
@MercyCareAZ



Thank you

