Executive Summary

Background

While a growing body of evidence demonstrates the effectiveness of integrated medical and behavioral health care models, many health care providers, including pediatric practices, find the integration process to be daunting. Practices like these need a pathway to integration and a payer reimbursement system that sustains this model. At present, philanthropic organizations continue to hold the burden of supporting integrated health care in lieu of permanent financial support from the government and payers.

Children with undetected physical and mental health issues are more likely to become adults with extensive and expensive physical and mental health issues. Research has shown that early mental health intervention can lead to better outcomes.[i] Given a lack of adequate funding for mental health professionals trained to treat children, pediatricians are often the *de facto* health care providers for children's behavioral health issues, whether or not they have the training or resources to do so effectively.

Starfish Family Services (SFS), a recognized leader in integrated health care, transformed two large practices that serve children and families in Wayne County -- Integrated Healthcare Associates Pediatric Healthcare and the Pediatric Department of the Henry Ford Health System – using the Pediatric Integrated Health Care (PIHC) model, a model that integrates behavioral and medical care for children and deploys a behavioral health consultant (BHC).

SFS partnered with the Center for Health and Research Transformation (CHRT) to:

1. Assess the integration of the practices and document staff and workflow changes made during the PIHC transformation process
2. Evaluate the ways in which detection and early intervention of behavioral health needs in an appropriate setting impacts the physical and behavioral health of patients
3. Examine the cost effectiveness of the PIHC model
4. Provide payer systems with the data they would need to determine the value of making PIHC the standard of practice.

Methods

Multiple approaches were used to evaluate the work of the PIHC initiative and the role of the BHCs in their respective clinics.

1. **Clinic-level evaluation:** Interviews and questionnaires with care team members at three time points over the course of the project (pre-implementation/baseline, one-year, and two-year). Individual interviews were conducted with BHCs at the end of year one and year two.
2. **Patient-level evaluation:** Surveys with patients during their initial visit (baseline) and follow-up visits six to twelve months later. The survey contained questions related to the patient's overall health, physical and behavioral health (in the form of number of unhealthy days), health care utilization, and experiences with health care providers. The analysis of survey data focused on comparing baseline and follow up values.
3. **Economic evaluation:** A financial analysis that explores the potential impacts of integrated health care for clinics. Data sources included: 1) Assessments of local impact of the PIHC intervention from the sites, 2) Potential billing amounts from publicly-available insurance reimbursement levels, and 3) Data on the

broader system-wide effectiveness of improved behavioral health from the medical and public health literatures.

Key Findings

- PIHC can successfully integrate behavioral and medical care for children by deploying behavioral health consultants (BHCs).
- The PIHC model and deployment of BHCs can make clinic processes more efficient, offloading tasks from other care team members and improving physician throughput (efficiency).
- Care team members at both clinics indicated that the PIHC model improved the overall quality of care for children with behavioral health needs. Care team members also reported an improvement in the clinic's ability to identify behavioral health needs and provide appropriate care to patients.
- Both providers and patients were highly satisfied with the BHC and integrated care model.
- Patient outcomes improved in a variety of areas including reported improvements in overall health, reductions in the number of unhealthy days, and reductions in the number of days with lost productivity. Parent outcomes showed some improvement, but were not statistically significant.
- Aside from salary and benefits, BHCs do not require many resources to do their work; usually just a laptop, phone, place to chart to make calls to patients, and space for follow up consultations with patients. Many use empty exam rooms or meeting rooms effectively.
- One clinic chose to sustain a position similar to the BHC beyond the project funding period.

Recommendations for Sustainability

Clinics need payment model changes to sustain the PIHC model. Integrated care and deployment of a BHC can be financially sustainable, but would require increased fee-for-service payments, a properly-funded collaborative care model, or other payments for the system-wide longer-term benefits due to improved care of mental health issues.

Integrated BHCs may not be financially sustainable if:

- BHCs cannot bill for their services or have a system of reimbursement for their services such as value based payments
- BHCs are in very small clinics with few patients, and/or
- The clinic's financial model does not recognize the system-wide benefits of improved behavioral health care

However, Integrated BHCs are likely to be financially sustainable if:

- BHCs can bill/receive reimbursement for all services
- BHCs are in moderately-sized-to-large clinics with higher patient volumes, and/or
- The clinic's financial model can recognize the system-wide benefits of improved behavioral health care

Business models must be in place to support integrated care. Pediatric integration is an important change in the overall health service delivery to children. It is not a stretch to say that children with undetected and untreated health needs will become adults with more extensive and expensive health needs. By embedding a BHC onto the primary care team, more children's behavioral health needs will be identified and more children will receive intervention for behavioral and physical health needs. Detection and early intervention will improve the overall health outcomes for

children as they mature, thus impacting the overall health and wellness of our communities. In addition, the broader health system may see longer-term benefits from increased access to mental health care, leading to longer-term health cost savings. If a pediatrician believes their patients will benefit from having a BHC on the medical team there should be clear answers as to how to financially support this and the method for sustainability should be constructed in a manner that values the contribution of the BHC to medical team and patient care.

In order to ensure that integrated care is sustainable, we recommend:

1. **For fee-for-service:** BHC is credentialed under the medical clinic (regardless of who employs the BHC: the clinic directly or a partner mental health provider) and bills for one code that encompasses all BHC activities delivered for co-managing patients with the pediatrician. The code would have to pay approximately $40, which is lower than a traditional outpatient session payment of a Medicaid health plan.
2. **For third-party insurance:** Only one co-pay should be required of patients for a physician visit when a BHC is utilized. A patient in a clinic who is offered a BHC visit but with a separate co-pay will likely decline. The goal is to pay for these integrated services under the physical health care benefits rather than as a separate mental health visit. In integrated health care health is health – we should not silo behavioral health benefits away from other physical health care benefits.
3. **For a value-based payment:** BHC is credentialed under the medical clinic; clinic creates an upcode or modifier for the physician when using a BHC for co-management of patient care that would encompass all BHC co-management activities.