BH task force: COVID-19 drives need for integrated physical, MH, SUD care

The COVID-19 pandemic has undoubtedly highlighted an urgent need to address rising behavioral health needs, and one way of doing that, suggests a task force of key stakeholders, is by integrating primary and behavioral health care. The upshot would be a patient-centered approach that would be cost-effective for payers and providers, reduce health disparities and improve patient outcomes, they stated.

The Bipartisan Policy Center (BPC), a Washington, D.C.–based think tank, assembled the BPC Behavioral Health Integration Task Force, whose members include Charles Curie, principal of The Curie Group LLC, and former administrator of the Substance Abuse and Mental Health Services Administration; Regina Benjamin, M.D., founder and CEO of BayouClinic Inc. and 18th U.S. surgeon general; and task force co-chair, former Rep. Patrick J. Kennedy, founder of The Kennedy Forum.

According to the BPC report, Tackling America’s Mental Health
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Bottom Line…
The Bipartisan Policy Center Behavioral Health Integration Task Force is meeting with policymakers, Congress and the administration to address priorities and ensure successful integration of behavioral health and primary care services.

Medicaid serving as laboratory for state health equity initiatives

Several states are leveraging the opportunity for Medicaid innovation to make inroads in achieving health equity for racial minorities and other marginalized groups, according to a blog entry posted this month in Health Affairs. The post’s lead author told MHW that for such efforts to succeed over the long term, behavioral health integration must become a central component.

“If you’re in the business of achieving equity, you must be reorienting the service system to address the whole person,” said Sophia Tripoli, director of health care innovations at Families USA. “You have to reorient service delivery to improve population health.”

Tripoli and several of her Families USA colleagues co-authored the blog post, in which they suggested that if the Biden administration and Congress want to invest in initiatives to root out systemic racism, they should examine models of equity-focused health reform that have been launched in states such as Oregon and Washington.

Tripoli said state-based efforts in Medicaid health equity are in their early stages and tend to be led by
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Bottom Line…
A newly published blog post cites Oregon and Washington among the states that have made the most progress in using Medicaid reform to address health disparities for marginalized populations.
Critical need

Critical to meeting this country’s need for behavioral health services is increasing primary care capacity, according to the report. Additional primary care physicians (PCPs) would improve screening for mental health and substance use conditions, treatment delivery for mild to moderate behavioral health issues and care coordination for patients who need more substantial services.

“There’s more urgency than ever after COVID-19,” Mary Giliberti, J.D., executive vice president of policy for Mental Health America and task force consultant, told MHW. “We have seen suicide, isolation, depression, anxiety and many other implications.”

The report is timely given the pandemic and comes at a time when policymakers and mental health care advocates are focused on equity, she said. It’s important to “ensure we reach communities of color and diversify the workforce,” Giliberti said. “Different populations lack access to mental health care.”

The BPC is meeting with policymakers, Congress and the administration to help them understand the need to have a comprehensive health care approach that includes integrating primary care. “I am hopeful,” said Giliberti, adding there’s a lot of interest from policymakers and stakeholders. “There’s more work to be done.”

Provider/PCP relationship

Behavioral health providers need to be flexible and look for ways to provide consultations to PCPs, said the director of the Health Project at the BPC. “The goal is to get more people in behavioral health services in the smartest way possible,” Marilyn Serafini told MHW. Currently, where behavioral health integration is happening, there is quite a bit of consultation, especially in value-based systems such as Medicaid managed care organizations (MCOs), she explained.

She added, “When the providers are paid a lump sum to take care of the whole patient, there tends to be more communication and consultation. However, outside of these arrangements, there currently is not much financial incentive for this kind of consultation. Our recommendations would create incentives for these kinds of consultations.”

Serafini also said they would like to see providers and payers’ health plans work together so that providers can be more in-network.

Workforce issues

According to the report, the workforce shortage among behavioral health providers has negatively affected integration efforts. Workforce shortages are even more pronounced in rural areas, where more than 60% of nonmetropolitan counties do not have a psychiatrist, and almost half of nonmetropolitan counties do not have a psychologist, compared to 27% of urban counties without a psychiatrist and 19% without a psychologist. The overall shortage of behavioral health providers has contributed to primary care physicians providing half of all care for common psychiatric conditions. The report also states that the current workforce is not sufficient to meet the needs of the population.

Behavioral health care is an essential part of overall health care, and the report emphasizes the need for increased integration between primary care and behavioral health services. The report also highlights the importance of improving screening and treatment for mental health and substance use conditions, as well as care coordination for patients who require more substantial services.

Mental Health Weekly

April 26, 2021

Marilyn Serafini, executive director of the BPC, told Behavioral Health Weekly that the report is timely given the pandemic and comes at a time when policymakers and mental health care advocates are focused on equity. She added that there’s a lot of interest from policymakers and stakeholders, and there’s more work to be done.

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disorders and prescribing more medications for depression and anxiety than psychiatrists do, the report stated.

Meanwhile, many behavioral health providers are not taking new patients because they simply don’t have the capacity, Serafini stated. “Also, because many behavioral health providers don’t participate in health plan networks, that makes those providers who do participate in insurance particularly busy,” she said. “However, even those who don’t participate in insurance are generally booked.”

Key areas
The report’s recommendations focus on four key areas: (1) establishing core, minimum standards essential for integration; (2) driving integration in new and existing value-based payment structures in Medicaid and Medicare; (3) expanding, training and diversifying the workforce for integrated care teams; and (4) promoting the use of electronic health records, telehealth and other technology to support integrated care.

The task force recommends the establishment of a strong foundation for integration, such as working with stakeholders to identify a set of standardized quality and performance metrics for practices integrating behavioral health for use across all programs.

To incentivize behavioral health and primary care integration in Medicaid managed care contracting, among its recommendations, the task force suggested providing early guidance and technical assistance to states and MCOs to help them prepare for upcoming FY 2024 congressionally mandated reporting requirements on Medicaid core measurement sets. The mandatory core set of behavioral health measures should include measures of behavioral health integration.

Another recommendation would be to incentivize individual providers to participate in integration. The task force suggests creating a novel payment model that allows PCPs to cover the full range of primary care and mild/moderate behavioral health services under enhanced risk-adjusted capitated payments in traditional Medicare.

Telehealth
Telehealth can help in a big way and given how its use “exploded” during the pandemic, said Serafini. “It helped create new relationships with PCPs and behavioral health providers that we haven’t seen to this extent before,” she said. “Let’s get behavioral health providers connected to technology and providing consultation to PCPs.”

She added, “We’ve seen behavioral health providers move telehealth and virtual care during the pandemic, and anecdotally it’s been quite successful. We would like behavioral health providers to continue to have technology.”

Behavioral health providers currently do not have electronic health records, she said. When Congress passed the HITECH Act, it provided financial incentives for health care providers to help meet upfront costs. Behavioral health providers were excluded, said Serafini. “Our task force recommends that funding be made available to behavioral health providers to help with upfront costs,” she said. Many providers work in small practices, she added.

The task force has urged the Biden administration and the 117th Congress to carefully consider the task force’s recommendations. Noting the significant barriers to primary and behavioral health integration, the task force asserts that the time has come to remove those barriers to integration to tackle the health care issues that have existed and been exacerbated by COVID-19.

To review Tackling America’s Mental Health and Addiction Crisis Through Primary Care Integration, visit https://bipartisanpolicy.org/wp-content/uploads/2021/03/BPC_Behavioral-Health-Integration-report_R02.pdf.

NABH white paper calls attention to residential treatment

Intensive outpatient and partial hospitalization or day treatment programs can provide more intensive levels of care with multiple types of therapy, more frequent sessions with mental health professionals, and clinically informed care coordination and case management. This observation on residential treatment is included in a new white paper released this month by the National Association for Behavioral HealthCare (NABH).

“We know the pandemic has had the biggest impact on youth and

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