Session # 588

Financial Barriers and Solutions to Integrating Behavioral Health and Primary Care: A Qualitative Analysis of Expert Interviews

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify financial barriers to integrated behavioral health.
- Describe potential interim and long-term solutions to financing integrated care.
- Discuss pros and cons of different payment models for integrated behavioral health.

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Bibliography / Reference

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4. Basu, S., Landon, B.E., Williams, J.W., Bitton, A., Song, S., & Phillips, R.S. (2017). Behavioral Health Integration into Primary Care: A Microsimulation of Financial Implications for Practices. Journal of General Internal Medicine,32(12): 1330-1341
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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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A Qualitative Analysis of Expert Interviews

Acknowledgements

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Background

- The Robert Wood Johnson Foundation funded the FHPC to explore and offer recommendations to advance integrated care as a strategy to support a culture of health.

Background

- Despite evidence of cost savings, financing behavioral health and primary care integration is a persistent obstacle
- Integration has been implemented with grant or pilot funding, and maximizing availability of billing codes in FFS
- Proposed alternative payment models (capitated payments, shared savings, pay-for-performance) emphasize the value of care over procedural care

Methods

Data collection

- Semi-structured interviews
- 77 key informants
- Conducted March-August 2015

Analysis

- Data managed in Atlas.ti
- Coded by 3 evaluators using an editing style
- First third of data together in cycles for intercoder agreement
- Immersion-crystallization for broader themes

Key Informant Characteristics

Informant Role	Number (n)	Percent (%)
Primary Care Provider/Educator	26	34
Behavioral Health Provider/Educator	23	30
Payer/Health Plan	9	12
Public/Community Health Expert	12	16
Philanthropist	6	8
Policy Maker/Policy Expert	17	22
Patient Advocate	4	5
Primary Care Administration/Leadership	25	32
Behavioral Health Administration/Leadership	28	36
Researcher	14	18
Healthcare System Design/Technology	3	4

* Number and percentages listed are greater than 77 and 100% as many informants had multiple roles and areas of expertise

Key Takeways

Experts universally identified payment as a significant obstacle to integration

Low baseline payment leaves narrow margins to accommodate risk in moving to new models and separated funding streams stunt collaboration

The current FFS system could be altered in ways to better support integration but these are interim solutions

Major Themes

- Fragmentation of payment and inadequate investment limit movement towards integration
- The evidence base for integration is not well known and requires appropriately structured further study
- FFS limits the movement to integration – an alternative payment system is needed
- There are considerations beyond the specific model of payment, including incentivizing innovation, prevention, and practice transformation support
- Stakeholders need to be engaged to support this process

Fragmentation of payment and inadequate investment limit movement towards integration

- The amount spent on both primary care and mental health is inadequate
- There are not sufficient financial incentives for integrated behavioral health
- Fragmentation of payment and administration for primary care and behavioral health creates significant barriers to integration
- Payment specific to specialty mental health does not apply to integrated behavioral health
- Many providers and practices are not aware of available payment mechanisms

Fragmentation of payment and inadequate investment limit movement towards integration

"Mental health is health. And all of it needs to be brought under one financial umbrella."

"…for Heaven's sake, have 2 people, 2 professionals from different disciplines in the patient's room, on the same day with the same diagnosis… my joke about that is where would we be now if we had anesthesia and surgery and only one of them paid for the case?"

The evidence base for integration is not well known and requires appropriately structured further study

- While there is clearly value added by integration, more evidence is needed and many stakeholders are not aware of the evidence that exists

- Observing the value added by integration requires time; larger, stable populations; a view of the entire system; and a focus on those who need services the most

FFS limits the movement to integration – an alternative payment system is needed

- FFS is inherently flawed
- Interim solutions (better codes for integrated services) building on a FFS model have a role but are short-term solutions
- Payments should allow for different behavioral health provider types
- Ultimate solutions require shifting towards global payment and value-based payment

FFS limits the movement to integration – an alternative payment system is needed

"One of the most difficult things about how we are changing - a fee for service model to a population-based model - is that a lot of people's inclination is to argue to expand the use of Health & Behavior codes. Let more people bill them. But that is fee for service thinking…I think by using the capitation - the population type payment - you've got more flexibility and you don't have to worry about who can go for what services. You simply staff in the way you think is appropriate to take care of your practice."

There are considerations beyond the specific model of payment, including incentivizing innovation, prevention, and practice transformation support

- Changing payment is not enough; practice transformation support is necessary
- Pay for prevention
- Payment solutions need to allow for flexibility and innovation

There are considerations beyond the specific model of payment, including incentivizing innovation, prevention, and practice transformation support

"…one of the issues is being in a very pathology-based system…you get paid to take care of someone with hypertension. But really, there is no incentive to work with people who are borderline, or pre-treat hypertension to keep them from getting that way. If you do that, you don't get paid. So I think it is really shifting the metrics to investing in… at risk, early intervention, prevention, overall wellness, where you could actually reinforce over time, for having a healthier population and not just focusing on people with chronic health conditions."

Stakeholders need to be engaged to support this process

- Broad stakeholder engagement to change policy is needed
- Alignment is needed across payment models and transformation efforts

Stakeholders need to be engaged to support this process

“If we are going to be incentivizing payments or doing things like that, or even having accountability for behavioral health outcomes, we need to have some agreement on what needs to be measured…But it is pretty tough when there is something like 2500 different outcomes, if you look across all the different CMS and AHRQ and this and that. There is just an enormous number of measurement efforts that are taking place. And it really doesn't advance anything.”

Key Takeways

Experts universally identified payment as a significant obstacle to integration

Low baseline payment leaves narrow margins to accommodate risk in moving to new models and separated funding streams stunt collaboration

The current FFS system could be altered in ways to better support integration but these are interim solutions

Implications

Future policy efforts should focus on:

- Stakeholder collaboration
- Multi-payer alignment
- Increasing total investment in behavioral health and primary care
- Moving away from a FFS model toward a global and value-based payment model

Questions?

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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!