

SQAC Quality Priority Proposal

Proposed Priority Area: Behavioral Health Integration with Primary Care

Description of the priority area: Integration of behavioral health with primary care allows for an individual to receive integrated care for all health conditions within a primary care practice that is supported by behavioral health clinicians. This care may address both physical and behavioral health including mental health and substance abuse issues, health behaviors and their relationship to chronic conditions, life stressors and ineffective care utilization.¹

Reasons it is being highlighted: Integration of care is an important step in assuring access to behavioral health services and in providing whole person care which focuses on all physical and mental health care needs, leading to improved health outcomes. Behavioral health problems are reported to be 2 to 3 times higher in people with chronic conditions like diabetes, heart disease, back pain, headache and other conditions.² While behavioral health integration is a best practice, there are a number of challenges to widespread implementation, including:

- reimbursement issues,
- outdated regulations that are based on separate systems for physical and behavioral health,
- difficulty accessing behavioral health treatment,
- the need for cross training of primary care and behavioral health providers,
- the lack of interoperability and connection to electronic health records for behavioral health providers, and
- real or perceived issues of privacy.

From a reimbursement perspective there is a concern among behavioral health providers that they may suffer under pay-for-performance systems because there are not strong outcome measures for behavioral health. Privacy concerns can impede care coordination by creating a barrier to the sharing of important medication, discharge and other behavioral health treatment with primary care providers.

Ways that quality may be improved: Increased integration of behavioral health with primary care has the potential to improve quality in a number of ways, including improving access to

¹ Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at: <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>

² Katon, Wayne, Clinical and Health Services Relationships between Major Depression, Depressive Symptoms, and General Medical Illness, *Society of Biological Psychiatry*, 2003;54:216-226; Katon, W. Lin, EH, and Kroenke, K. The association of depression and anxiety with medical symptom burden in patients with chronic medical illness. *Gen. Hosp. Psychiatry*. 2007; 29:147-155.

behavioral health services leading to earlier detection and/or intervention of behavioral health issues. Treating behavioral health issues concurrently with medical issues, such as diabetes, may also lead to improvements in those conditions.

Ways that quality could be measured: Currently NQF has endorsed 611 measures of which only 31 focus on mental health or substance abuse and among those only 4 directly target behavioral and physical health integration.³ There are a number of ongoing efforts to develop quality measures focused on behavioral health integration. AHRQ's Atlas of Integrated Behavioral Health Care Quality Measures is currently under development and most of those measures look at delivery system design and patient experience rather than outcomes.⁴

NCQA has included behavioral health integration as part of its patient centered medical home accreditation process. As part of the Behavioral Task Force on Data and Long Terms Stays, the Task Force recommended that one measure of behavioral health integration be included to measure progress in increasing integration over time. Specifically, the measure would annually look at the number of primary care practices that offer integrated behavioral health services. This measure requires a specification and a definition for what integrated behavioral health services include. Instead, the SQAC may want to leverage work by the Health Policy Commission and report on the number of providers with integrated behavioral health services through the HPC's PCMH certification process.

Other potential measures of behavioral health integration may include:

- the number of behavioral health practices that offer integrated primary care services;
- measures that look at the number of patients with behavioral health issues that are screened for medical issues (e.g., cholesterol, blood pressure, body mass index (BMI), AICs, as appropriate). There are three measures within the SQMS which do this:
 - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (NQF #1932)
 - Diabetes Monitoring for People with Diabetes and Schizophrenia (NQF #1934)
 - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (NQF #1933)

³ <http://www.commonwealthfund.org/publications/in-brief/2015/jun/physical-and-behavioral-health-care-integration> Goldman ML, Spaeth-Rublee B, Pincus H. Quality Indicators for Physical and Behavioral Health Care Integration. JAMA. 2015; 314(8):769-770. doi:10.1001/jama.2015.6447.

⁴ <http://integrationacademy.ahrq.gov/measures>

- measures that look at patients with medical health issues that are screened for behavioral health issues in the primary care setting (e.g., depression, substance use, suicidal ideation).

In addition to the SQMS measures included above, there are a number of other SQMS measures related to behavioral health, that can be stratified to show whether services are provided in a primary care setting, including:

- Depression Utilization of the PHQ-9 Tool (NQF #712)
- Maternal Depression Screening (NQ F#1401)
- Depression screening by 18 years of age (NQF #1515)
- Antidepressant medication management (NQF #105)
- Unhealthy Alcohol Use: Screening & Brief Counseling

Cross Cutting Dimensions

The SQAC believes that it is important to consider behavioral health integration with primary care across a number of different dimensions including disparities, transparency, care coordination and patient experience/activation.

Ways that disparities could be measured and improved: Measures regarding the numbers of practices that integrate behavioral health care into primary care, or primary care into behavioral health care, can be stratified by geography. Other measures focused on screenings for behavioral health issues for those seen in primary care, or screening for physical health issues for those with certain mental health issues could be stratified by race/ethnicity, income, geography, age and commercial insurance vs MassHealth.

Improving transparency: Increased measurement of the ability to access behavioral health services in primary care settings, or primary care services in behavioral health settings, will provide consumers with more information on practices where they can seek integrated care. In addition, increased measurement of screenings related to particular medical or behavioral health conditions may bring increased awareness of the potential links and/or impacts that certain conditions may have on others.

Link to care coordination: A primary goal of integration of behavioral health care with primary care is to improve the coordination of care. Given that much of the integration of behavioral health with primary care is happening today within the PCMH setting, care coordination is closely linked with behavioral health integration. There are not current measures of care coordination, but the Massachusetts Child Health Quality Coalition has developed a Care

Coordination Framework which provides one way to view care coordination. The framework consists of a number of key elements organized in the following domains⁵:

1. Needs assessment for care coordination and continuing care coordination engagement
2. Care planning and communication
3. Facilitating care transitions (inpatient, ambulatory)
4. Connecting with community resources and schools
5. Transitioning to adult care

Patient experience/patient activation: Providing an individual with the ability to access behavioral health and primary care services in the same setting is aim at improving the patient experience and engaging the patient in his or her care.

State Actors Who Are Working in this Area: BSAS, CHIA, DMH, HPC, MassHealth

⁵ <http://www.masschildhealthquality.org/wp-content/uploads/2014/06/care-coordination-framework.pdf>