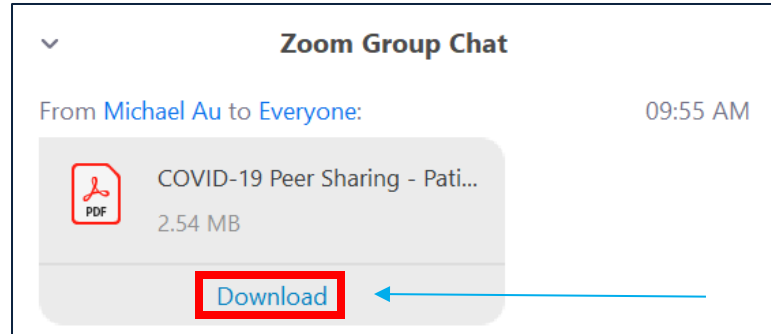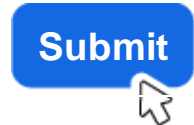Wednesday, November 13 | 12 p.m. – 1 p.m. PT

Behavioral Health Integration: Lessons Learned

Behavioral Health Integration Implementation Webinar Series
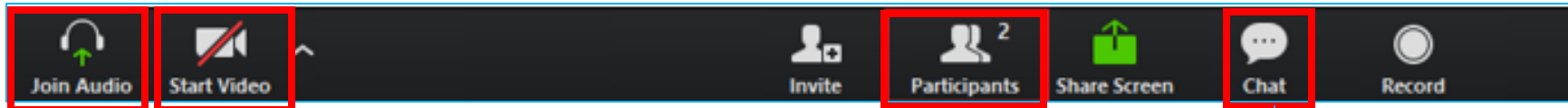
Tech Tips – Zoom Meetings

Click the blue **submit button** to complete polls

Submit

Zoom Group Chat

From Michael Au to Everyone: 09:55 AM

COVID-19 Peer Sharing - Pati...
2.54 MB

Download

Click download in chat for slide deck PDF

Direct message Anna Baer for technical issues

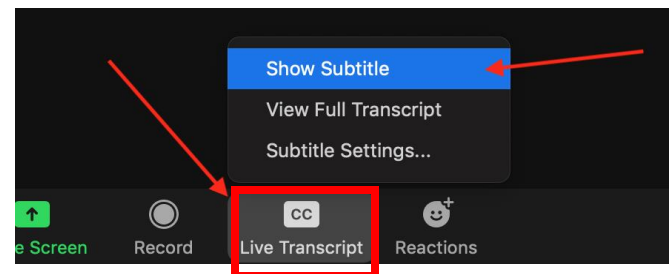Join Audio | Start Video | Invite | Participants | Share Screen | Chat | Record

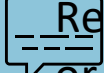Click to join or mute audio

All attendees have video off upon entry

Click to see who else has joined

Ask questions and insert comments

Recording and deck will be shared with attendees

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e Screen | Record | CC Live Transcript | Reactions

Request live closed captioning or view full meeting transcript

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Advancing the quality and efficiency of the outpatient health care delivery system by **creating scalable, measurable improvement.**

Launched in 2007, CQC is a **multi-stakeholder program.** Core funding from health plans sharing a delivery system.

Identifies and spreads best practices across outpatient delivery system in California

Trains 2,000 individuals from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

Sponsors

Anthem Blue Cross · blue california · blue california Promise Health Plan · California Health Care Foundation · CalOptima · Cigna · CVS Health · aetna · health net · KAISER PERMANENTE · L.A. Care Health Plan · MOLINA HEALTHCARE · oscar · United Healthcare · Valley Health Plan

Poll | Reflecting on Your Experience

Have you or a loved one faced challenges in accessing behavioral health support?

Today's Objectives

Review implementation lessons learned from CQC's CalHIVE Behavioral Health Integration program

Examine how to roll-out a behavioral health integration program

Identify how to build engagement and buy-in for behavioral health integration

Welcome!

Kristina Mody
Director, Practice Transformation
California Quality Collaborative

kmody@pbgh.org

Mary Nickel-Nguy
Senior Manager, Behavioral Health Integration
California Quality Collaborative

mnickelnguy@pbgh.org

Daniela Vela Hernandez
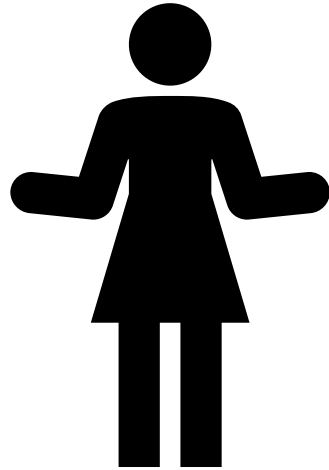*Technical Assistance Associate*
Collaborative Family Healthcare Association

dvhernandez@cfha.net

PBGH California Quality Collaborative

7

California Quality Collaborative (PBGH)

Why Behavioral Health Integration into Primary Care?

A Patient Journey... Current State Seeking Behavioral Health

A patient comes for a primary care visit. She is a single parent of two, works full-time and has been struggling with depression, diabetes and insomnia.

Primary Care Office

May or may not screen all patients for depression or have behavioral health support

Community Therapy

Long wait list

Employee Assistance Program (EAP)

Not connected to primary care team
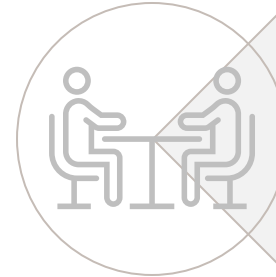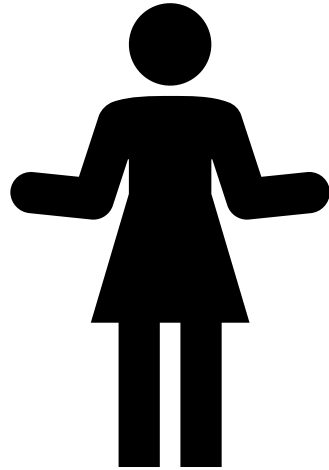
A Patient Journey… Receiving Integrated Care

A patient comes for a primary care visit. She is a single parent of two, works full-time and has been struggling with depression, diabetes and insomnia.

- Primary care office care team screens for depression
- Behavioral health provider on site
- PCP does warm handoff
- Behavioral health provider available for same-day visit
- PCP and behavioral health provider share a care plan with collaborative follow-up

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Behavioral Health Integrated into Primary Care

Behavioral health integration (BHI) **fortifies primary care** by bringing together primary care and behavioral health providers working with patients and families.

↑
- Patient outcomes
- Patient/family engagement
- Provider care/team satisfaction
- Quality measures (e.g., depression screening)

↓
- Total cost of care
- Utilization
- Administrative coordination
- Provider care/team burnout
- Wasted employee time
- Stigma

BHI can support patients with:

- **BH conditions**: depression, anxiety, insomnia

- **Chronic conditions:** diabetes, hypertension

- **Life stressors:** relationship, life changes, social, financial, employment, academic

BHI Impacting Shared California Quality Measures

This measure set is used in:
- [California Advanced Primary Care Initiative](#) payment model demonstration project.
- [Advanced Primary Care Measurement Pilot](#) results
- Covered California and CalPERS [contracts](#)
- PBGH purchaser APC standards and toolkits ([Common Purchaser Agreement](#))

* Equity sensitive measures tied to quality initiatives lead by Covered California, CalPERS, NCQA and others.

1 Integrated Healthcare Association. Align. Measure. Perform. Commercial HMO (Measurement Year 2024)
2 California Department of Health Care Services. Medi-Cal Managed Care Accountability Set (Measurement Year 2024)
3 CMS Universal Foundation Measure Set (2023)
4 DMHC Health Equity and Quality Measure Set (2023)

Quality Domain	Measure	NQF ID	Population	Industry Alignment			
				Commercial[1]	Medi-Cal[2]	CMS[3]	DMHC[4]
Health Outcomes & Prevention	Asthma Medication Ratio	1800	Pediatric/Adult	●	●	●	●
	Childhood Immunization Status (Combo 10)*	0038	Pediatric	●	●	●	●
	Colorectal Cancer Screening*	0034	Adult	●	●	●	●
	Controlling High Blood Pressure*	0018	Adult	●	●	●	●
	Diabetes HbA1c Control*	0059/0575	Adult	●	●	●	●
	Immunizations for Adolescents	1407	Pediatric	●	●	●	●
Patient Reported Outcomes	Depression Screening and Follow-Up for Adolescents and Adults (DSF)	–	Pediatric/Adult	●	●		●
	Depression Remission or Response for Adolescents and Adults (DRR-E) *phased approach*	–	Pediatric/Adult		●		●
Patient Safety							
Patient Experience	Patient Experience (CG-CAHPS)	0005	Pediatric/Adult	●	●	●	●
High Value Care	Emergency Department Visits	–	Pediatric/Adult	●			
	Inpatient/Acute Hospital Utilization	–	Pediatric/Adult	●			
	Total Cost of Care	1604	Pediatric/Adult	●			

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CalHIVE Behavioral Health Integration | Program Overview

12 months

PREPARE

18 months

IMPLEMENT

WE ARE HERE

6 months

SCALE

Jul 2023 — Jan 2024 — Jul 2024 — Jan 2025 — Jul 2025 — Jan 2026 — Jun 2026
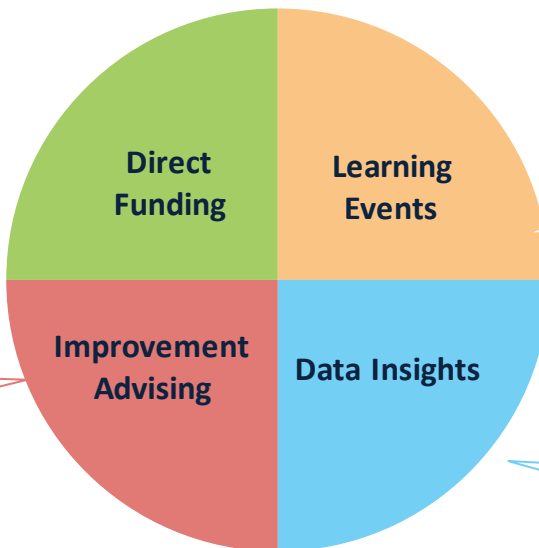
- 5 payments available up to $100,000 ($80,000 core, $20,000 incentive)

- Biweekly direct coaching for implementation planning

Direct Funding

Learning Events

Improvement Advising

Data Insights

- Monthly webinars (content, peer-sharing); annual in-person meeting
- CFHA membership and California integrated peer group

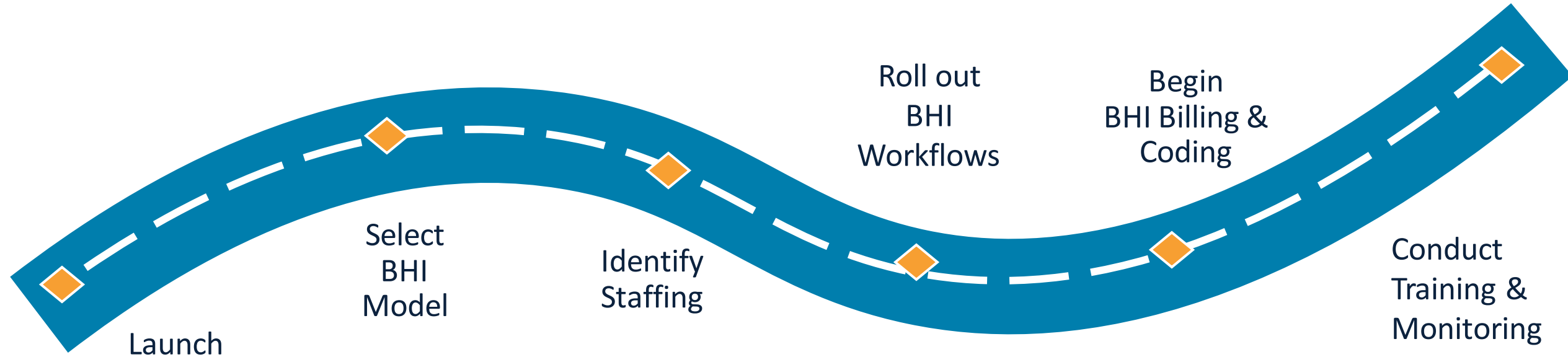- ~Quarterly data submission on global measures and pilot site measures

COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION
CFHA

Integrated Technical Assistance

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Behavioral Health Integration Implementation Lessons Learned

BHI Implementation | Roadmap

Launch

Select
BHI
Model

Identify
Staffing

Roll out
BHI
Workflows

Begin
BHI Billing &
Coding

Conduct
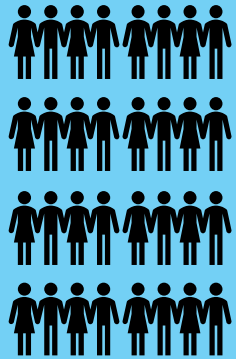Training &
Monitoring

Lessons Learned

Industry Opportunity

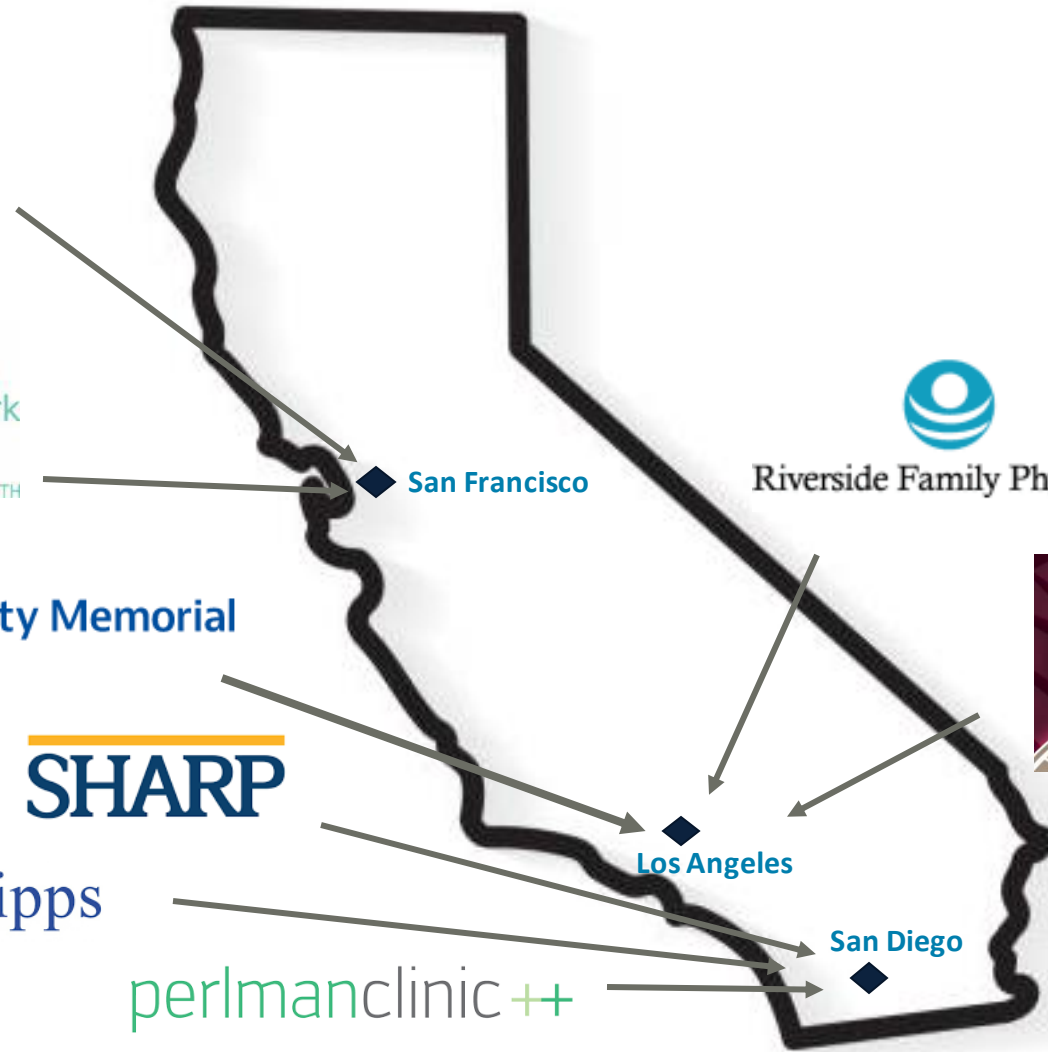Recommended Resources
(See: Appendix)

BHI Implementation | Launch

CalHIVE BHI participants provide care to over 730,000 Californians across all major payers (commercial, Medicare, Medi-Cal)

CHINESE HOSPITAL

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Community Memorial HEALTHCARE

SHARP

Scripps

perlmanclinic ++

Riverside Family Physicians

PVHMC

San Francisco

Los Angeles

San Diego

BHI Implementation | Launch Reflection

Lessons Learned

- **Strong population management capabilities** are foundational for BHI readiness; some providers lacked internal infrastructure and/or bandwidth to commit to BHI.
- **Multi-disciplinary team** is most effective to support increased buy-in and engagement.
- Teams should **conduct readiness assessments** to realistically plan BHI implementation (clinical, operational, financial).
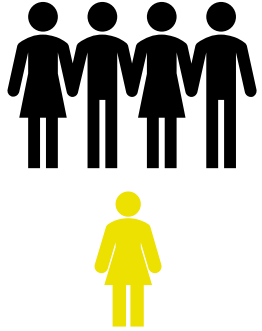- BHI can be expedited when **behavioral health staff already hired.**

Industry Opportunity

- ❏ **Plans and Providers:** Continue to support and/or engage in practice transformation for transitioning to Advanced Primary Care.

- ❏ **Providers:** Engage with peer BHI implementers to apply lessons learned.

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BHI Implementation | Models, Pathways, Perspectives

"The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives"

PCBH

Collaborative Care

Models

SBIRT

Medication Assisted Treatment

Clinical Pathways

Medical Family Therapy

Trauma Informed Care

Patient Centered Medical Home

ACEs

Chronic Disease Management

Medically Unexplained Symptoms

Triple/ Quadruple AIM

Population Health

Biopsychosocial Model

Social Determinants

Health Psychology

Perspectives

Collaborative Family Healthcare Association, What is Integrated Care?
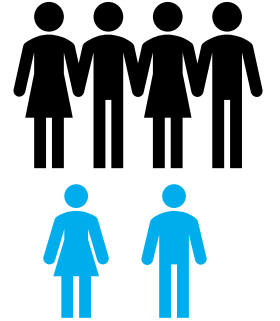
BHI Implementation | Select BHI Model

Primary Care Behavioral Health Model (PCBH)

- Available for primary care population for any behaviorally influenced concern
- Adds licensed behavioral health professional as behavioral health consultant
- Often billed under behavioral health benefits, directly by BH provider

Collaborative Care Model (CoCM)

- Targets specific population (mild-to- moderate depression) using registry and PHQ-9 and psychotropic medication
- Adds psychiatric consultant and behavioral health care manager
- Often billed under medical benefits, "incident to" PCP

BHI Implementation | Select BHI Model Reflection
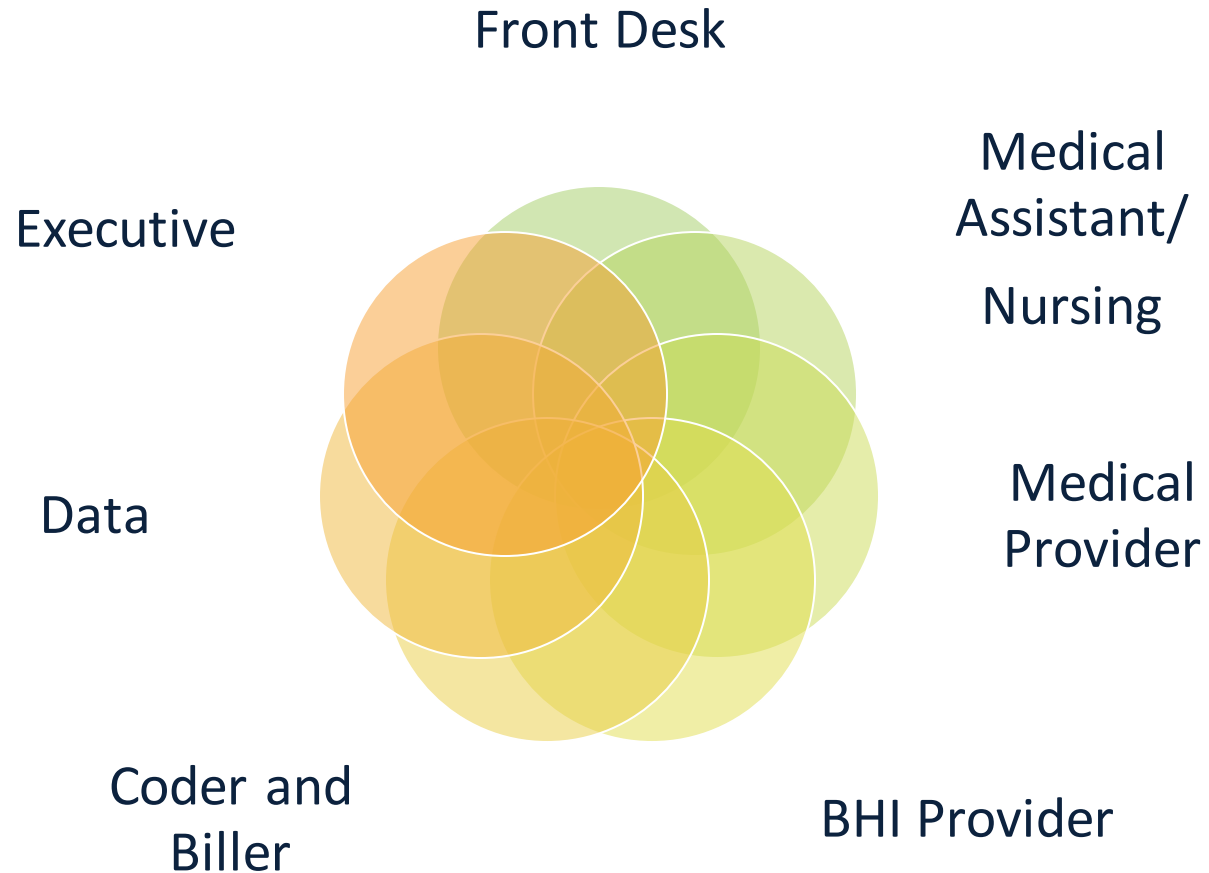
Lessons Learned

- Implementation team should **understand differences in BHI model** components before selecting model.
- Preparation activities include **mapping target patient population, staffing model and success metrics** (outcomes, process).
- Providers need **flexibility to evolve** models.
- **Project planning and team accountability** are essential to keep activities on track.

Industry Opportunity

- ❑ **Providers:** Ensure BHI model plan addresses equitable care delivery (e.g., supporting non-English speaking patients, under-served populations).

- ❑ **Industry:** Share information about PCBH and CoCM models across delivery systems and partners.

- ❑ **Industry:** Adapt BHI models for independent clinicians with limited staff.

BHI Implementation | Team Approach

Front Desk

Medical Assistant/ Nursing

Medical Provider

BHI Provider

Coder and Biller

Data

Executive

Build a bilateral and trusting relationship across the team.

BHI Implementation | Identify Staffing Reflection

Lessons Learned

- Collaborative culture should build **engagement and trust between medical and behavioral health providers.**
- **Clearly defined roles and responsibilities** support workflow implementation.
- **Leveraging clinic staff** like Community Health Workers (CHWs) and Medical Assistants (MAs) extends BHI provider capacity.

Industry Opportunity

- ☐ **Providers:** Prioritize hiring for BHI experience; develop training to build BHI expertise internally.

- ☐ **Educators:** Develop courses on behavioral health integration for medical and behavioral health students.

- ☐ **Industry:** Establish clearer pathways for hiring and training other roles (e.g., CHWs and MA) to address BH access and workforce shortages.

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BHI Implementation| Roll Out BHI Workflows Checklist

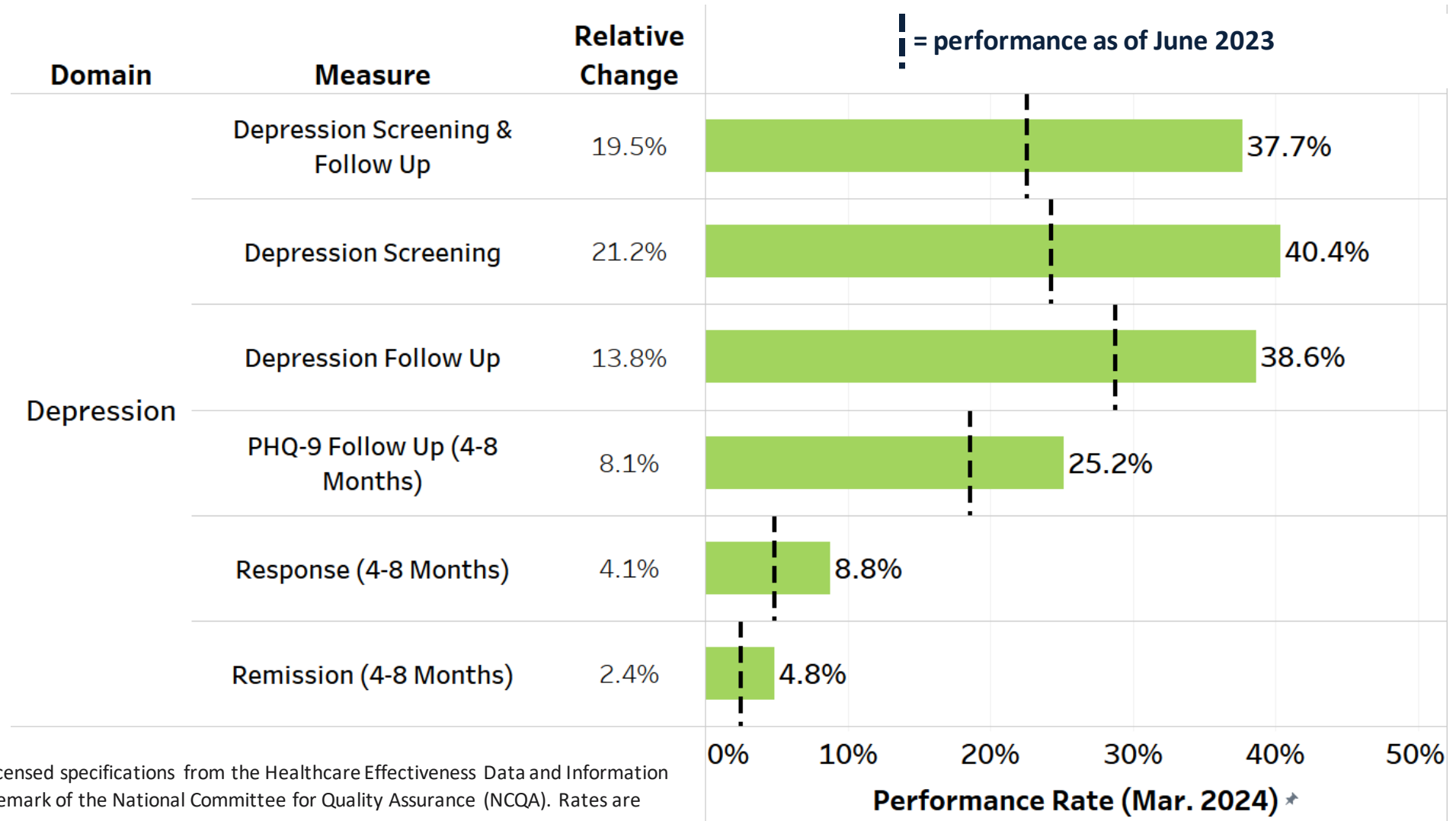| Screening | Warm-Handoff and Initiation of Care | Initial Assessment | Follow-Up Care | Patient Re-engagement |

❑Could this be absorbed in the current workflow? (Y/N)

If no…

❑Who owns the workflow?
❑What is the target patient population for this workflow?
❑How will BHI workflows align with other workflows?
❑Who is implementing the workflow?
    ❑What clinical staff are involved in each step?
    ❑Is each step clear to everyone based on roles?
❑What are the steps needed for this workflow?
❑How does the patient experience the workflow?
    ❑Are there considerations around specific patient needs (e.g. language, literacy, digital access)?
❑Technology
    ❑What technology changes are needed?
    ❑What are documentation templates to be developed?
❑Finance
    ❑Does the finance team need to be involved?

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BHI Implementation| Roll Out BHI Workflows
Depression Screening Data & Impact

Domain	Measure	Relative Change	Performance Rate (Mar. 2024)
Depression	Depression Screening & Follow Up	19.5%	37.7%
	Depression Screening	21.2%	40.4%
	Depression Follow Up	13.8%	38.6%
	PHQ-9 Follow Up (4-8 Months)	8.1%	25.2%
	Response (4-8 Months)	4.1%	8.8%
	Remission (4-8 Months)	2.4%	4.8%

⌐ = performance as of June 2023

Performance Rate (Mar. 2024)

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BHI Implementation | Roll Out BHI Workflows Reflection

Lessons Learned

- Practices/clinics should **build on current workflows**.
- **Leverage technology** (e.g. EHR templates, best practice alerts), **standardization and checklists** when adapting and building workflows to fit clinic needs.
- Teams should identify **owners of BHI workflows**.
- **Map connections** between screenings completed, initiation of BHI care and follow-up.

Industry Opportunity

- ❑ **EHR developers:** Improve "off-the-shelf" BHI EHR templates and reports.

- ❑ **Industry:** Align patient-facing screening practices (e.g., depression, anxiety, ACES).

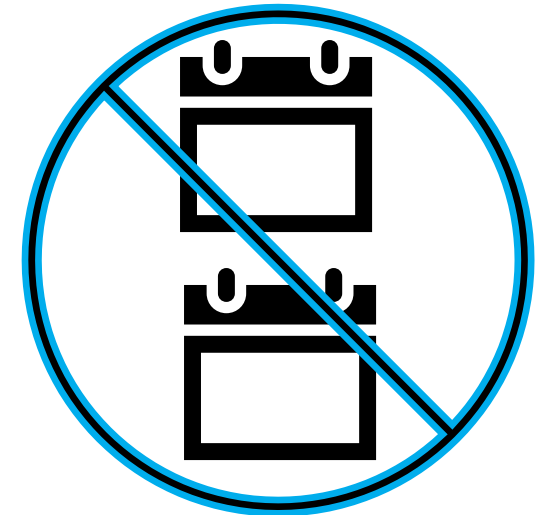# BHI Implementation | Begin BHI Billing & Coding Context in CA
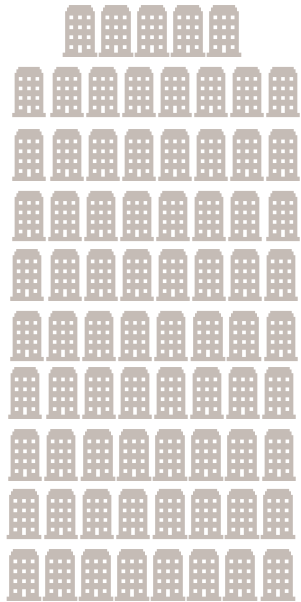
93 different payers
(health plans and delegated provider organizations)

Physical health — BH

Capitated contracts — BH
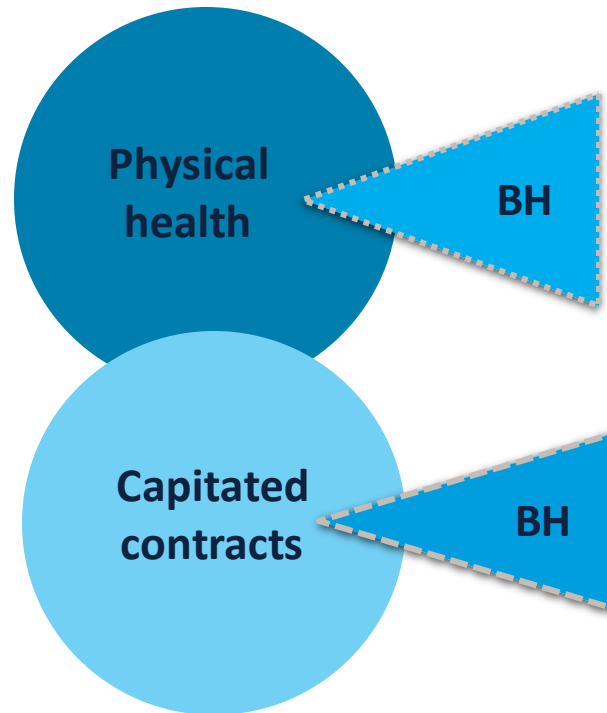
Two (often overlapping) carve-outs
- Mental health benefits
- Capitated arrangements

Same day billing prohibited for medical and behavioral visit for FQHCs

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BHI Implementation | Begin BHI Billing and Coding Example

BHI Implementation | BHI Billing and Coding Reflection

Lessons Learned

- **BHI billing and financing must support overall goal** of BHI program.
- It takes at least **one year post implementation** for BHI programs to break even.
- Invest in **internal BHI revenue cycle** to implement BHI codes and monitor claims.
- Providers may need to make changes to **risk arrangements and contracts.**

Industry Opportunity
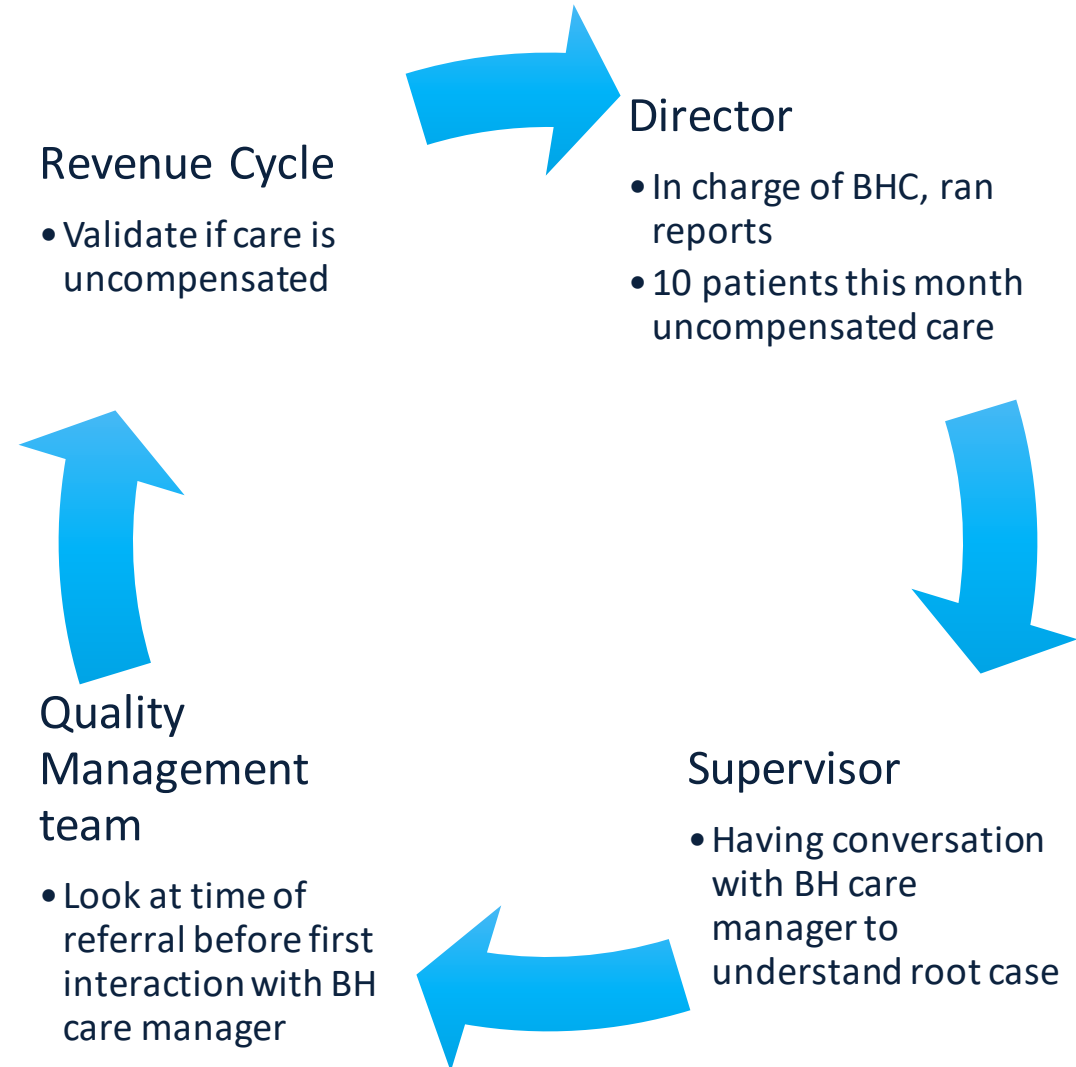
- ❑ **Plans:** Champion BHI in internal access and quality strategy with a BHI contact and 'BHI Implementation Quick Guide.'

- ❑ **Purchasers:** Include behavioral health integration in benefits strategy/roadmap.

Mody, K., & Nickel-Nguy, M. (2024, October). *Sustainable Behavioral Health Integration Financing: Successful Practices and Opportunities.*

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BHI Implementation | Conduct Training & Monitoring Measures

Category – Definition	Examples
Outcome – impact of the health care service or intervention on patients' health	• Depression Remission or Response for Adolescents and Adults • HbA1c Poor Control for Patients with Diabetes (> 9%)
Process – if steps in the system are performing as planned	• Depression Screening and Follow-Up for Adolescents and Adults • Screening Rates • Patients Seen
Patient Experience – patient perceptions across continuum of care	• Measures • Surveys (add BHI question)
Workforce – experience from providers and care team members, workload, collaboration	• Surveys and Interviews • Collaboration: Provider Huddles, Team Meetings, consultations
Financial – direct and indirect costs and revenue	• Revenue Generation: Screening Codes and Visits • Quarterly Profit & Loss Reports • Claims processing

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BHI Implementation | Conduct Training & Monitoring Approach

Revenue Cycle

- Validate if care is uncompensated

Director

- In charge of BHC, ran reports
- 10 patients this month uncompensated care

Quality Management team

- Look at time of referral before first interaction with BH care manager

Supervisor

- Having conversation with BH care manager to understand root case

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BHI Implementation | Conduct Training and Monitoring Reflection

Lessons Learned

- **Weave BHI training and monitoring into pre-existing systems**.
- **Leverage data (**clinician, operational, observational) into training and monitoring.
- Expect a learning curve and **provide ongoing training.**
- Anticipate resistance, maintain engagement, **celebrate wins.**

Industry Opportunity

- ☐ **Providers:** Track standardized BHI measures across multiple domains.

- ☐ **Providers and Plans:** Collaborate to create strategies enhancing behavioral health access and quality, supporting integration into primary care.

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Key Recommendations
Building Engagement and Buy-In

- **Stakeholder Involvement:** Engage early, maintain regular communication and foster collaboration across the team.

- **Clear Vision and Goals:** Define clear objectives; tie to organization goals.

- **Patient/Family Engagement:** Involve patients and families in feedback; utilize person-centered resources and approaches.

- **Feedback and Improvement:** Implement a continuous feedback loop, consistently seek improvements and celebrate wins.

- **Learn from Integrated Peers:** Connect with other California integrated leaders.
  - Cal-IN Group, December 4 @ 12:00 p.m. - 1:00 p.m. PT

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Q&A and Closing

Q & A

Kristina Mody
Director, Practice Transformation
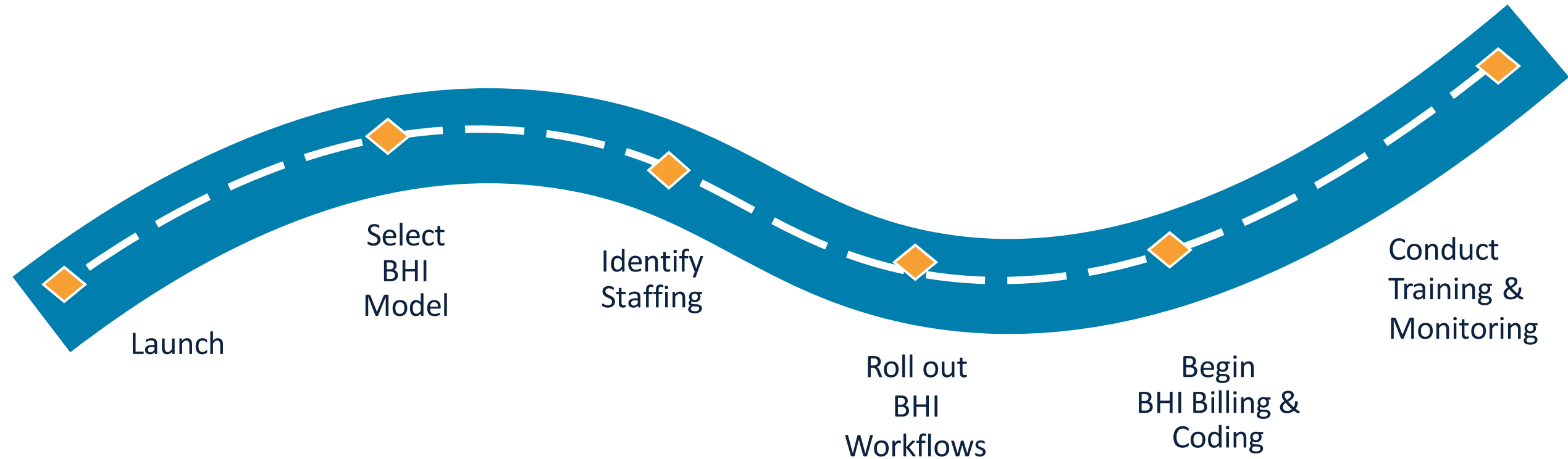California Quality Collaborative

Mary Nickel-Nguy
Senior Manager, Behavioral Health Integration
California Quality Collaborative

Daniela Vela Hernandez
Technical Assistance Associate
Collaborative Family Healthcare Association

California Quality Collaborative

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Takeaway

What is one area you can take more action in to support BHI?

Launch

Select BHI Model

Identify Staffing

Roll out BHI Workflows

Begin BHI Billing & Coding

Conduct Training & Monitoring

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Poll | Webinar Feedback

1. **The content of this webinar was helpful**
   - Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Str Disagree

2. **Where are you dialing in from?**
   - Northern California, Southern California, Other West Coast, East Coast, Midwest, Southwest

3. **What type of organization do you represent?**
   - Patient, Provider/Practice, Health Plan, Government Agency, Technical Assistance Org, Research Agency, Other

How did we do?

We'd like to know...

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CQC BHI Implementation Webinar Series

✓ Wednesday, September 11 (11 a.m. – 12 p.m. PT)

Readiness for Behavioral Health Integration

✓ Wednesday, November 13 (12 p.m. – 1 p.m. PT)

Behavioral Health Integration Lessons Learned

❑ Wednesday, January 8, 2025 (12 p.m. – 1 p.m. PT)

Behavioral Health Integration Spread & Sustain
([registration link](#))

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Stay Connected to CQC

- **Visit** our (new!) website to access webinar materials and register for other upcoming events

- **Sign-up** to receive the CQC Newsletter

- **Sign-up** to receive the BHI Quarterly Implementation Update

- **Follow us** to join in on the conversation:

  LinkedIn | X

- **Email us** with questions or feedback

Recommended Resources | BHI Implementation

Launch	▪ [Webinar: Readiness for BHI](#) (CQC, Sept. 2024) ▪ [BHI Team Description Worksheet](#) (CQC, [BHI Curriculum](#)) ▪ [BHI Self-Assessment](#) (Maine Health Access Foundation)
Select BHI Model	▪ [BHI Implementation Plan](#) (CQC) ▪ [BHI Implementation Snapshot: Selecting an Integration Model](#) (CQC) ▪ [Webinar: BHI Concepts & Models](#) (CQC, June 2023)
Identify Staffing Reflection	▪ [Training and Workforce Development](#) (Collaborative Family Healthcare Association) ▪ [Hiring and Onboarding Integrated Behavioral Health Providers in Primary Care](#) (Rocky Mountain Health Plan) ▪ [Team Building and Workflow Guide](#) (AIMS Center)

Recommended Resources | BHI Implementation

BHI Workflow	- BHI Workflow Guide (American Medical Association [AMA]) - BHI Workflow Example (AMA) - BHI Workflow Plan Resource (AMA)
BHI Billing and Coding	- Sustainable Behavioral Health Integration Financing: Successful Practices and Opportunities (CQC Issue Brief, Oct. 2024) - CQC BHI Billing and Payment Codes (CQC, 2024)
Training and Monitoring	- STEPS Forward Behavioral Health Integration Into Primary Care (AMA) - Practice Integration Profile (UMass Center for Integrated Primary Care) - Behavioral Health Observation Rating Scale (ORS) (CFHA)