



Health Quality Innovation Network



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Integrating Behavioral Health to Improve Patient Outcomes

July 30, 2020

Logistics

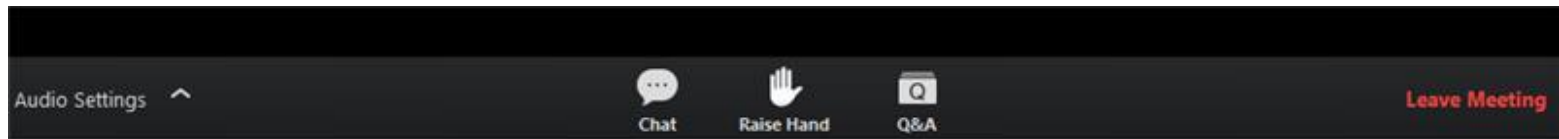
To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.



Integrating Behavioral Health to Improve Patient Outcomes

Presenter



Quality Improvement Advisor

James Bugg, MSA, CHTS-IM

Disclaimer

The following presentation is for informational purposes only. The best practices and strategies shared are not formal recommendations from Health Quality Innovators (HQI) on the medical management of patients. Nor does HQI endorse any products, applications or resources mentioned in this presentation.

Behavioral Health Integration

Today's Agenda

- 1 Behavioral Health Overview
- 2 Benefits/Rationale
- 3 Integration Methods
- 4 Implementation Strategies
- 5 Coding & Billing
- 6 Success Story
- 7 Q&A
- 8 Resources

Behavioral Health Overview

Polling Question

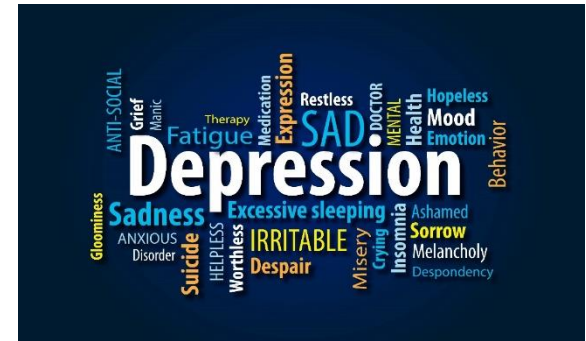
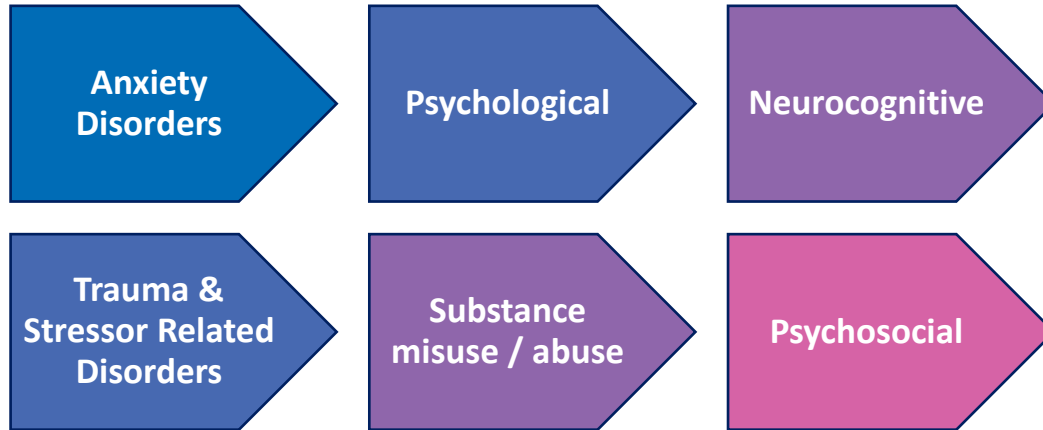
Are you or your practice currently providing any Behavioral Health or Substance Use / Abuse Services?

1. Yes
2. Planning to
3. No
4. Not Sure

Behavioral Health Overview

Definition

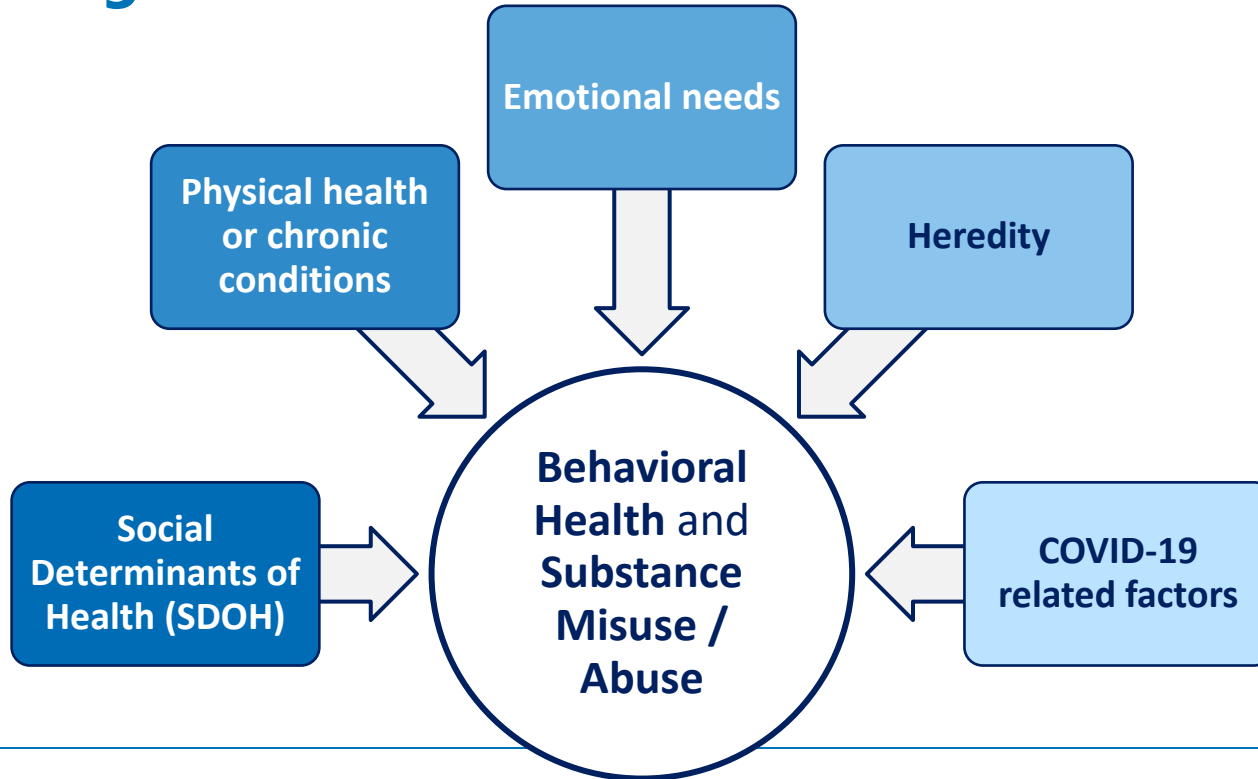
Behavioral Health includes the emotions and behaviors that affect a person's overall wellbeing.



Source: <https://www.cms.gov/behavioral-health>

Behavioral Health Overview

Influencing Factors



Benefits and Rationale

Prevalence



People with behavioral health and substance abuse disorders die many decades earlier than average people.

Psychiatric disorders cause **25%** of all disability worldwide*

10% of Years Lived with Disability (YLD) is from depression alone**

1 in 5 adults suffer from behavioral issues****

3x diabetes,
10x heart disease,
40x cancer**

10.2 million adults have a co-occurring mental health disorder***

In the US, there is **1 suicide** every **14 minutes****

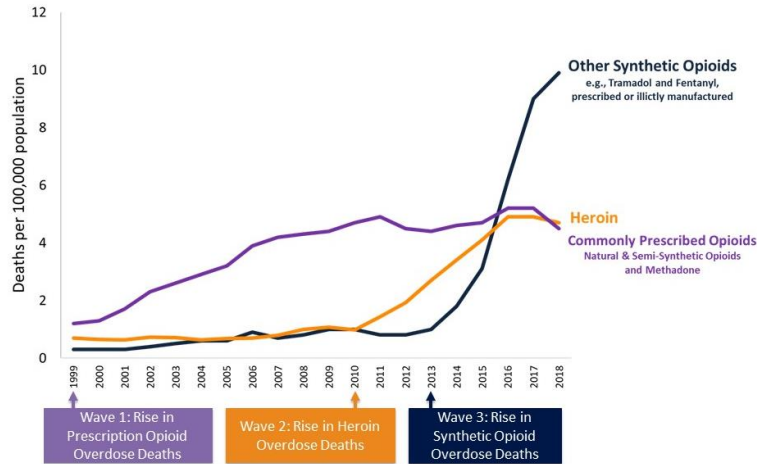
Source: *C.Murray, GBD Study, Lancet 2012 & **APA Applying the integrated care approach: Practical skills for the psychiatric consultant Slide 11 ***Nami.org ****NIMH

Benefits and Rationale

Prevalence



From 1999-2018, **450,000 deaths** were due to prescription and/or illicit opioid overdose. That's **128** opioid overdose deaths per day.



Wave 1: Prescription opioids in the 1990's

Wave 2: 2010 Heroin

Wave 3: 2013 Synthetic opioids

SOURCE: National Vital Statistics System Mortality File.

Source: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

Benefits and Rationale

Impact of COVID-19 and Civil Injustice

SAMHSA describes individual trauma as resulting from:

- *An event, series of events, or set of circumstances*
- *Experienced by an individual as physically or emotionally harmful or life threatening*
- *Has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*



Benefits and Rationale

COVID-19	Civil Unrest
<ul style="list-style-type: none">• Quarantine Stressors• Limited access to healthcare and treatment• 600% increase in suicide hotline calls• Jails and prisons releasing individuals to prevent spread• Remote access for SUD or mental health treatment• Post quarantine stressors	<ul style="list-style-type: none">• Demonstrators, opposition groups and law enforcement• PTSD rates as high as 41% following riots in some areas• Depression rates can increase following protests• Physical harm due to control measures• Community stress

Benefits and Rationale

Tackling the Triple Aim

Improved integration of behavioral health and substance use services are an excellent way to tackle the **“Triple Aim”** healthcare framework.



Improve the patient experience of care



Improve overall health of your population



Reduce per capita cost of healthcare

Implementation Strategy

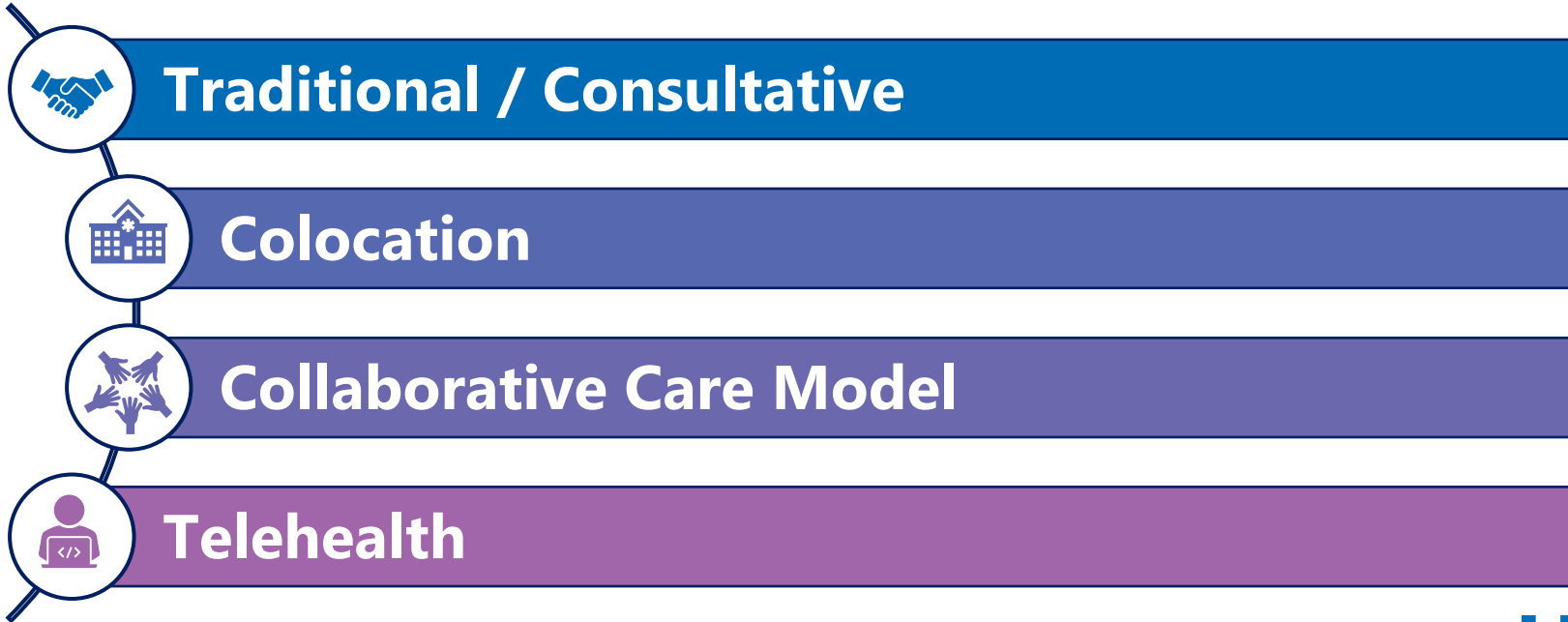
Polling Question

Do you regularly collect and analyze data to improve services, workflows or processes?

1. Yes
2. Not as much as we would like
3. Not at all
4. Not Sure

Implementation Strategy

Methodologies for integration



Implementation Strategy

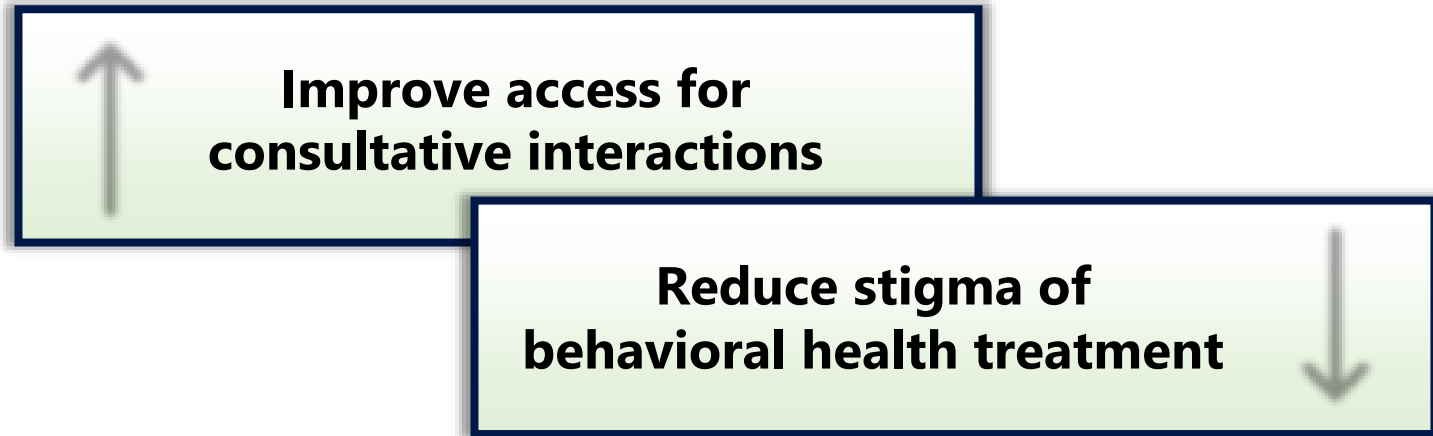
Traditional or Consultative

- Simplest and most common
- Incorporate into work already doing
- Formal agreements / data sharing
- Chronic care management

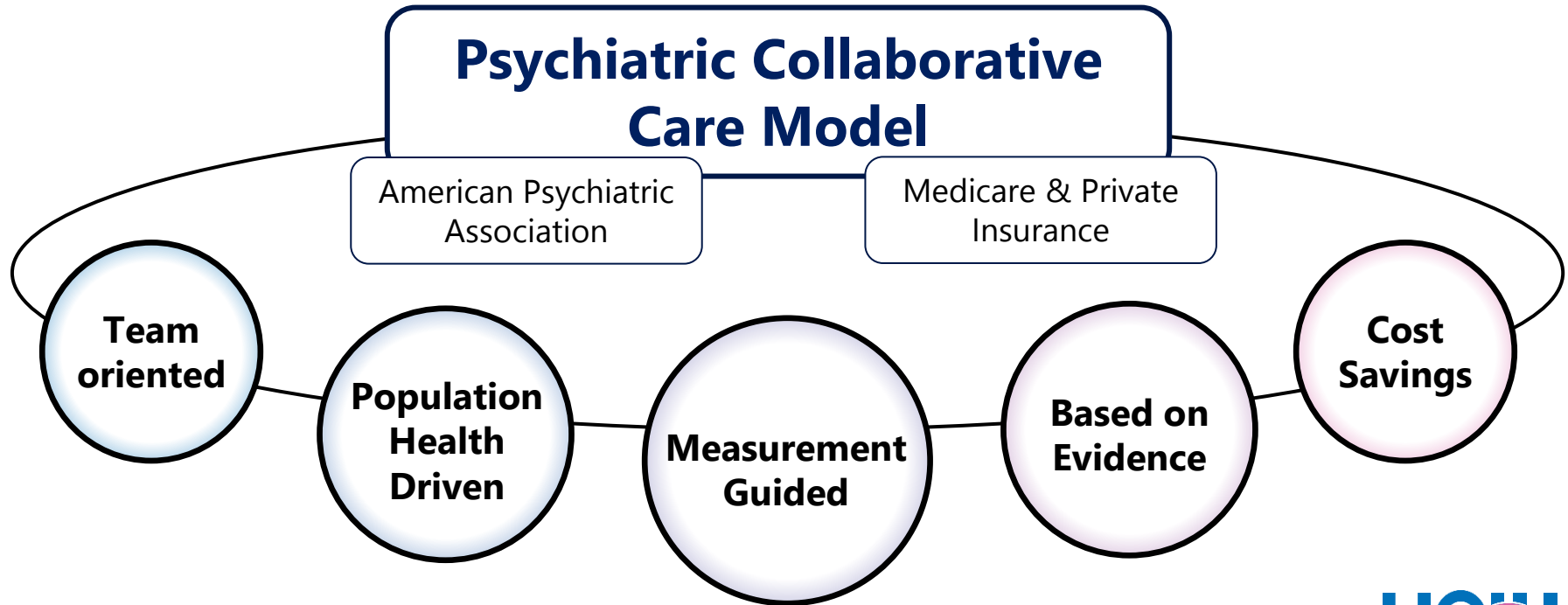
Implementation Strategy

Colocation

Colocation refers to multiple services provided in same facility but not necessarily in the same space.



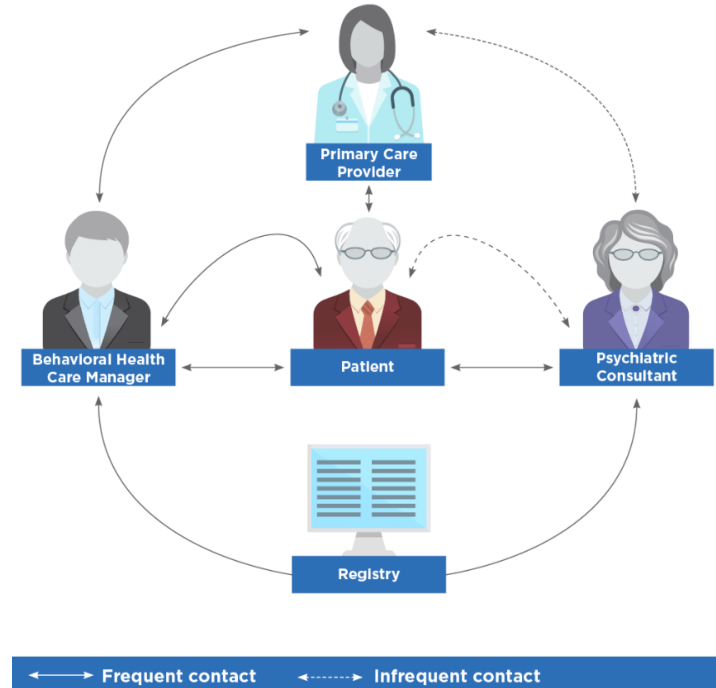
Implementation Strategy



Implementation Strategy

PCCM Team Roles

- Primary Care Provider
- Patient
- Behavioral Health Care Manager
- Psychiatric Consultant



Implementation Strategy

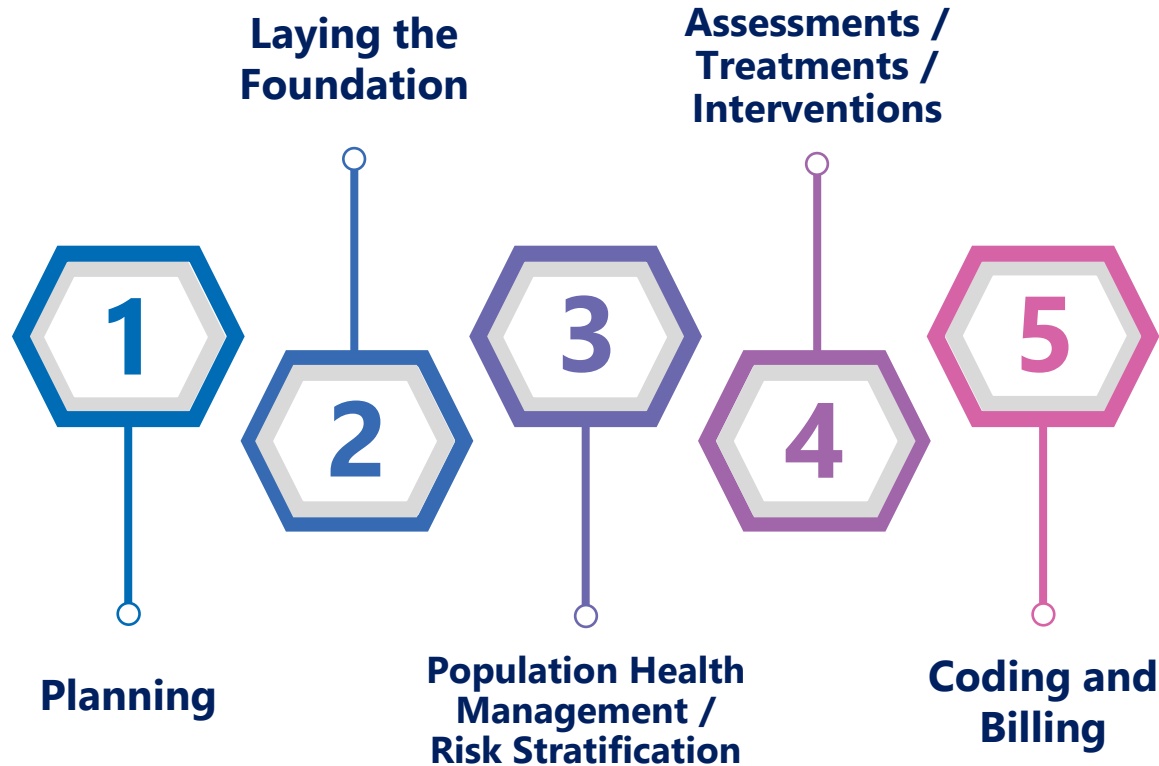
Telehealth

Consider the strategic use of Telehealth in some of these methodologies.*



*Psychiatric Collaborative Care Model can't bill using telehealth

Implementation Steps

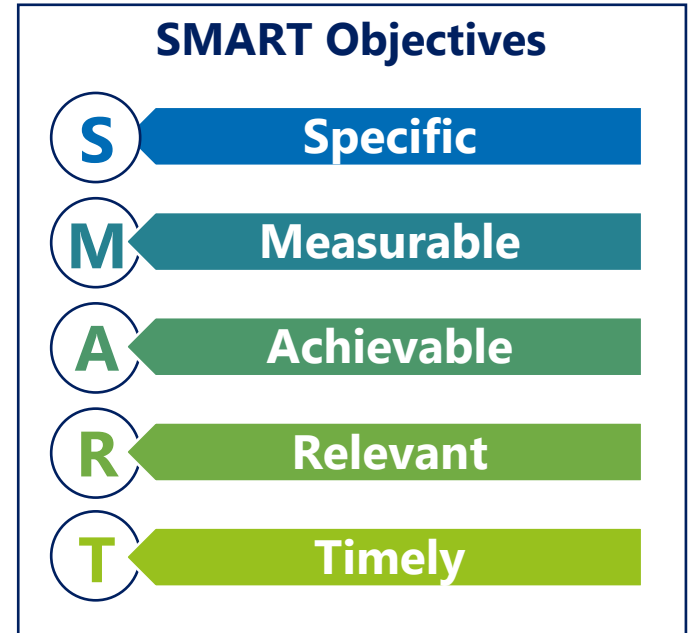


Implementation Steps



Planning

- Leadership
- Communication
- Workflow analysis
- Testing and training



Implementation Steps

Planning

Laying the Foundation

Pop Health Management / Risk Stratification

Assessments / Treatments / Interventions

Coding and Billing

Laying the Foundation

- Brainstorm your current reality
- Principles and goals
- Workforce needs/training
- Billing requirements
- Technology & physical space needs
- Marketing opportunities

Implementation Steps



Population Health Management and Risk Stratification

- Identifying individuals who benefits the most
- Target patient education about condition(s)
- Surround with care team and person-centered planning
- Regular data reporting to measure outcomes and progress

Implementation Steps



Assessments

Depression

- AWW
- PHQ 2
- PHQ 9

Social Determinants of Health

- PRAPARE Tool
- HRSN Screening Tool

Opioids / Substance Misuse

- SOAPP
- SBIRT
- Opioid Risk Tool

Cognitive

- AWW
- Dementia Screenings

Implementation Steps



Treatment Planning

- Comprehensive care planning
- Patient is center of the care team
- Account for social determinates of health

Implementation Steps



Service Delivery Methods

- Electronic treatment plans in EHR
- Health information exchange with community partners
- Maximize patient portal utilization when possible
- Utilize Prescription Drug Monitoring Program
- Streamline coordination with community partners

Implementation Steps



Revenue Opportunities

- Revenue generation opportunities
- Estimate return on investment opportunities
- Identify different payer requirements and rates
- Determine requirements based on methodology used
- Quality assurance reviews

Implementation Steps

Planning

Laying the Foundation

Pop Health Management / Risk Stratification

Assessments / Treatments / Interventions

Coding and Billing

Revenue Opportunities

Review your payer mix

- Identify which payers will reimburse for BH services
 - by payer
 - by covered service
 - by provider type
- Review credential requirements for services
- Review payer contracts
- Does payer have programs for certain conditions

Commonly used CPT codes for Medicare MH & Opioid Services (Non-Exhaustive)

Description	CPT	2020 National PFS Non-Facility price	Telehealth Allowed	Can Audio-only Interaction Meet the Requirements?
Group psychotherapy	90853	\$28.26	●	●
Annual Depression Screening	G0444	\$18.41	●	●
Annual Alcohol Screening	G0442	\$18.41	●	●
Brief Alcohol Misuse Counseling	G0443	\$26.71	●	●
Office-based OUD Tx at least 70 minutes in the first calendar month	G2086	\$413.23	●	●
Office-based OUD Tx, at least 60 minutes in a subsequent calendar month	G2087	\$386.47	●	●
Office-based OUD Tx, each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure)	G2088	\$70.01	●	●









<https://www.cms.gov/files/document/medicare-mental-health-mln1986542-print-friendly.pdf>

Commonly used CPT codes for Medicare MH & Opioid Services (Non-Exhaustive)

Description	CPT	2020 National PFS Non-Facility price	Telehealth Allowed	Can Audio-only Interaction Meet the Requirements?
Psychiatric or psychological intake interview without medical services	90791	\$145.44	●	●
Psychiatric intake interview with medical services	90792	\$160.96	●	●
Thirty minutes of individual psychotherapy	90832	\$71.10	●	●
Forty-five minutes of individual psychotherapy	90834	\$94.55	●	●
Sixty minutes of individual psychotherapy	90837	\$141.47	●	●
Patient in crisis add-on—Sixty minutes	90839	\$147.61	●	●
Family psychotherapy without the patient present	90846	\$103.58	●	●
Family psychotherapy with the patient present	90847	\$107.19	●	●










<https://www.cms.gov/files/document/medicare-mental-health-mln1986542-print-friendly.pdf>

Behavioral Assessment and Intervention Codes 2020

Description	2019	2020 CPT	2020 National PFS Non-Facility price	Telehealth Allowed	Can Audio-only Interaction Meet the Requirements?
Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	96154	96167	\$73.26		
Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)		+ 96168	\$25.98		
Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	96155	96170	Non-Covered Service	 PHE Temporary	
Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)		+ 96171	Non-Covered Service	 PHE Temporary	

<https://files.constantcontact.com/75fd615f001/7fe420eb-2d40-49e1-bcbf-2e9d9dba47bb.pdf>

Behavioral Assessment and Intervention Codes 2020

Description	2019	2020 CPT	2020 National PFS Non-Facility price	Telehealth Allowed	Can Audio-only Interaction Meet the Requirements?
Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making)	96150	96156	\$99.97		
	96151				
Health behavior intervention, individual, face-to-face; initial 30 minutes	96152	96158	\$68.21	 PHE Temporary	
Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)		+ 96159	\$23.82		
Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	96153	96164	\$10.11		
Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)		+ 96165	\$4.69		

<https://files.constantcontact.com/75fd615f001/7fe420eb-2d40-49e1-bcbf-2e9d9dba47bb.pdf>

Psychiatric Collaborative Care Model (PCCM)

Description	CPT	2020 National PFS Non-Facility price	Telehealth Allowed	Can Audio-only Interaction Meet the Requirements?
Initial PCCM	99492	\$156.99	●	●
Subsequent PCCCM	99493	\$126.31	●	●
Initial or subsequent PCCM	99494	\$63.88	●	●

<https://www.fda.gov/oc/2011/02/Coding110217>

Coding and Billing

Planning

Laying the Foundation

Pop Health Management / Risk Stratification

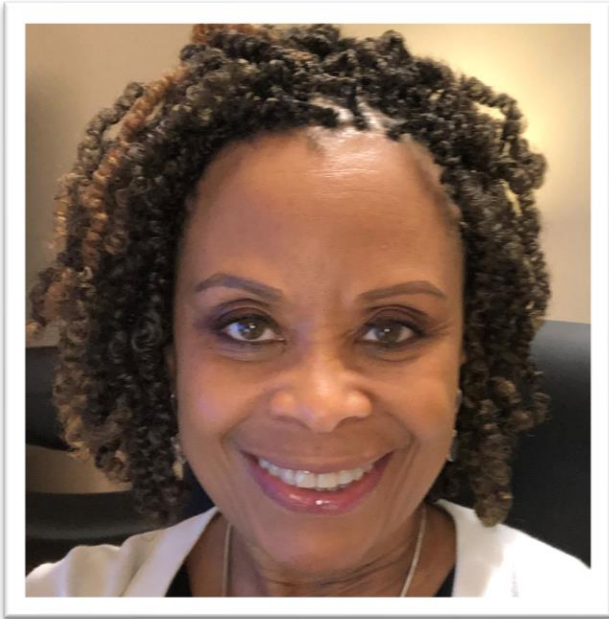
Assessments / Treatments / Interventions

Coding and Billing

Documentation Specificity

- Mitigates loss of revenue
- Supports complexity and medical necessity for services provided
- Risk Adjusted HCC scoring
- Higher confidence in data / reporting
- Optimizes improving health outcomes
- Supports population health strategies and operational sustainability

Daily Planet Health Services Success Story



Charlotte Watts, PhD LCP
Behavioral Health Director
Daily Planet Health Services



Charlotte Watts, PhD, Director of Behavioral Health

Adapted from a presentation by
Amira Turner, MS, MSW and Clare Tiarsmith, MSW

Medication Assisted Treatment at DPHS



DPHS Approach to Treatment

Patient Care is a team approach.

Clinics consist of:





Connecting The Dots For Those In Need

DPHS Responds to A New Normal



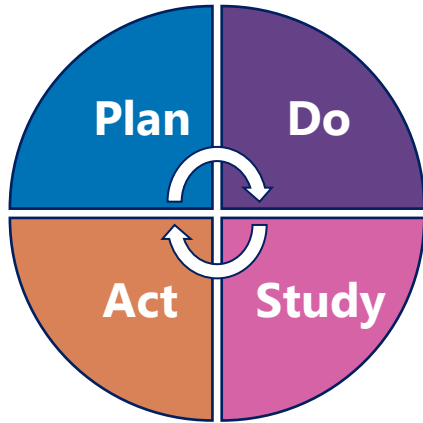


Always Forward yet ...

Lead with Compassion

Summary

What does it take to be successful and sustainable?



- Planning, goal setting and measurable outcomes
- Regular monitoring and data collection
- Feedback from stakeholders
- Continuous quality improvement

Thank You!

Q&A

Clinical References and Resources

[AAFP: Screening for Depression and Screening Tools Review](#)

[AAP: Pediatrics Mental Health Tools](#)

[ACOG: Depression Resources](#)

[AHA: Triple Aim Strategies to Improve Behavioral Health](#)

[AHRQ: Behavioral Health Integration Playbook](#)

[APA: Diversity & Health Equity Education](#)

[ATTC: Minority to Priority: Evidenced Based Strategies](#)

[CDC NCHS: Depression Page](#)

[CDC: Social Determinants of Health](#)

[CHCS: SDOH Screening Tools](#)

[CMS: Triple Aim Framework](#)

[CMS: Behavioral Health Integration Services](#)

[CMS: Health-Related Social Needs Screening Tool](#)



Clinical References and Resources

[CQAIMH: PHQ9 Toolkit](#)

[CSI.org: Major Depression in Adults in Primary Care](#)

[NACHC: PRAPARE Assessment Tool](#)

[NHRI: Addressing BH Issues in Primary Care Module 1](#)

[NIMH: Brochures and Fact Sheets](#)

[Pfizer: PHQ Screening Tools](#)

[Robert Wood Johnson Foundation: Race, Racism and Health](#)

[SAMHSA: IBHP Partners in Health Toolkit](#)

[SAMHSA: Integrating Mental and Pediatric Care Guide](#)

[SMART Objectives](#)

[USPTF: Clinical Summary Adults](#)

Patient & Family Focused Resources

[ADA: Patient resources by condition](#)

[CDC: Managing Stress & Anxiety](#)

[Depression And Bipolar Support Alliance](#)

[Mental Health America](#)

[NAMI: Family Experience with Primary Care MHA](#)

[NAMI: National Alliance for Mental Illness](#)

[NAMI: Physicians and Staff](#)

[NIMH: Brochures and Fact Sheets](#)

[NIMH: Depression Overview](#)

[Office on Women's Health](#)



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