

# Maryland Primary Care Program: Behavioral Health Integration

Program Management Office

# What do we mean by Behavioral Health?

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- *Mental health and substance use disorders*
- Focus on most common and most harmful diagnoses in the primary care setting:
  - Mental health – in particular depression and anxiety
  - Substance use disorders – in particular alcohol and opioids

# Why Behavioral Health Integration?

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- Often overlooked
- Frequently worsens co-morbid conditions
- Few existing programs in primary care
- Opioid Crisis- 4<sup>th</sup> leading cause of death in Maryland
- Frequent cause of avoidable ED and Hospital admission
- Emergency room visits in Maryland fell 8 percent from 2013 to 2016, but the number of patients with behavioral health problems jumped 18.5 percent. Such cases now make up roughly **a quarter of all** emergency visits in Maryland.
- Key feature in MDPCP and required to move to track 2

# Overview of Series

1. **Overview- today**
2. Build your team
3. Choose what's best for your practice
4. Establishing workflows for treatment and referral
5. Recruiting Resources
6. Registry and Data
7. Collaborative Care Model
8. SBIRT and MAT
9. Coding and Billing

# BHI Levels of Care

## Screening (universal)

- Registry creation/maintenance
- Risk stratification

## Treatment

- Counseling – Behavioralist
- Medication – Clinician
- Coordination – Care Manager

## Referral (as needed)

- Psychiatry
- Addiction Specialist

- Coding and billing
- Communication across providers
- Quality assurance

# BHI Overview

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# Step 1: Treatment Focus Options

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Substance Use Disorders

Mental Health Disorders

# Step 2: BH Delivery Options

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Onsite

Offsite



# **BH Integration- Onsite**

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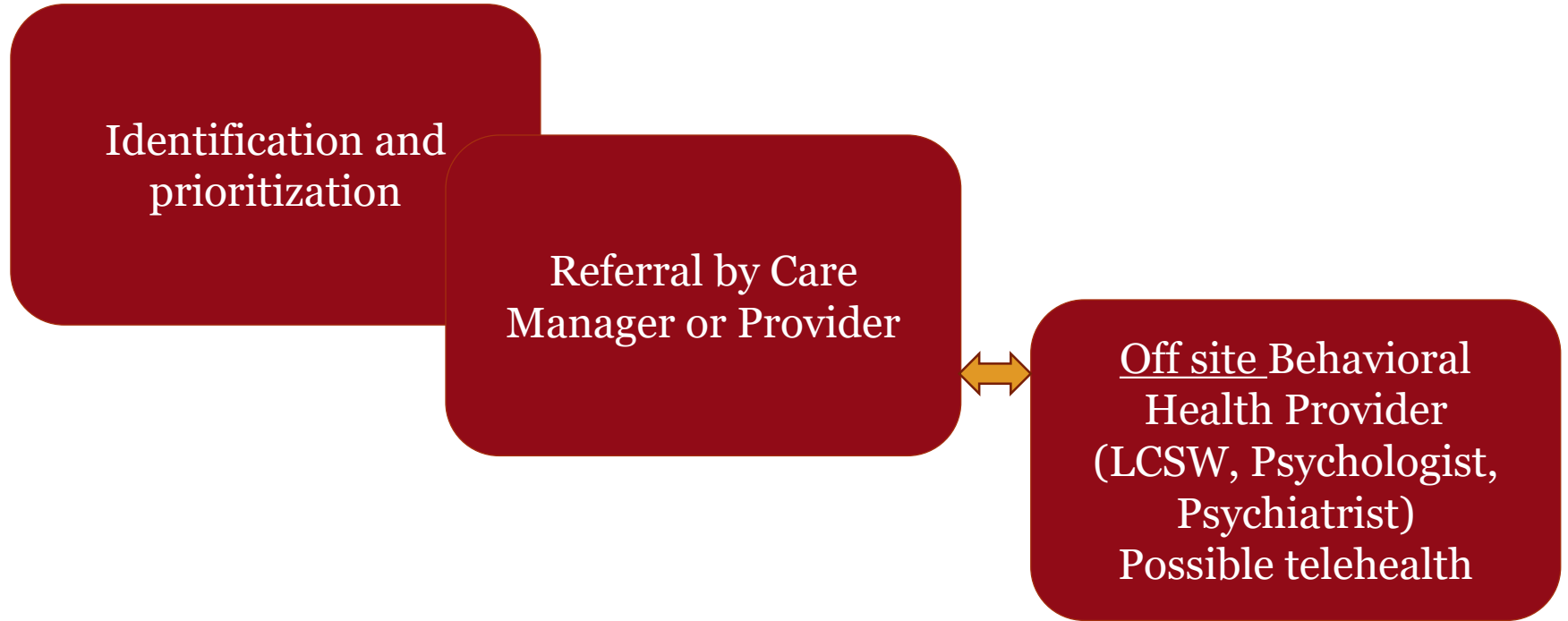
Identification and  
prioritization

Referral by Care  
Manager or Provider

Onsite Behavioral  
Health Provider  
(LCSW, Psychologist,  
Psychiatrist)  
Possible telehealth

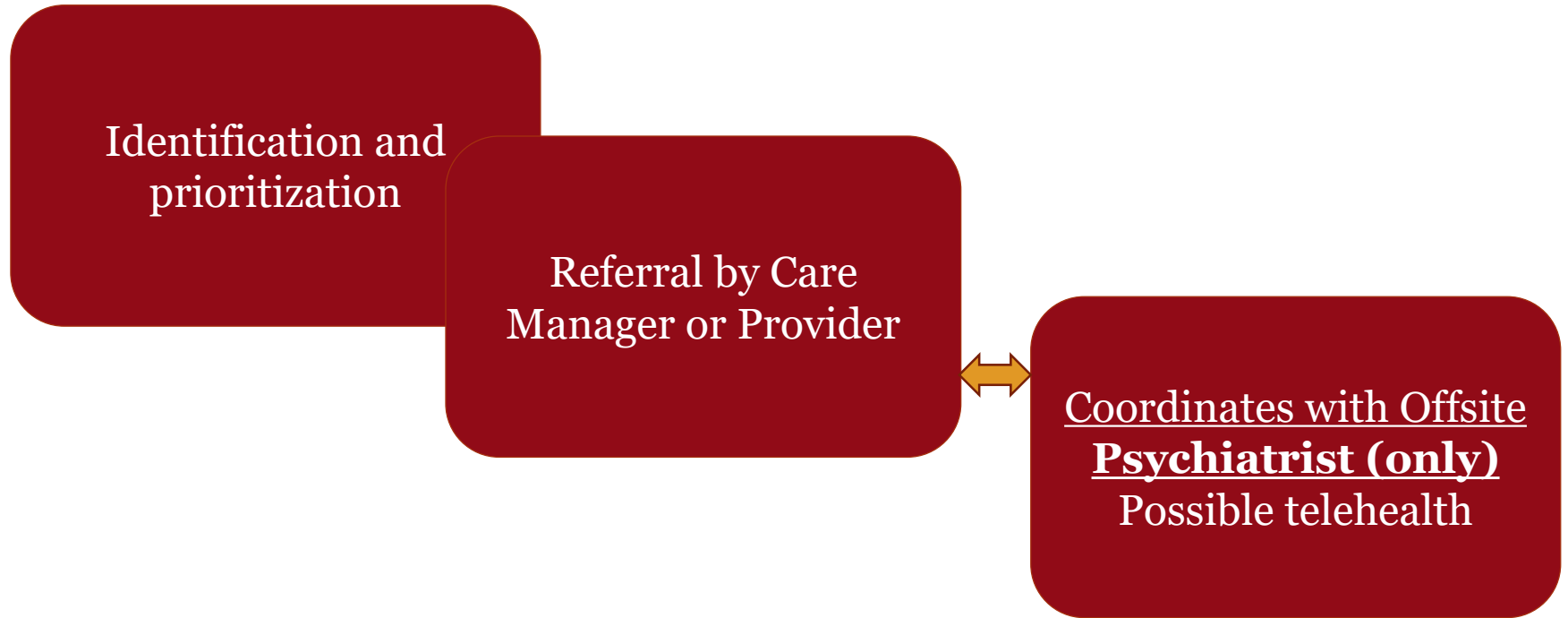
# BH Integration- Offsite

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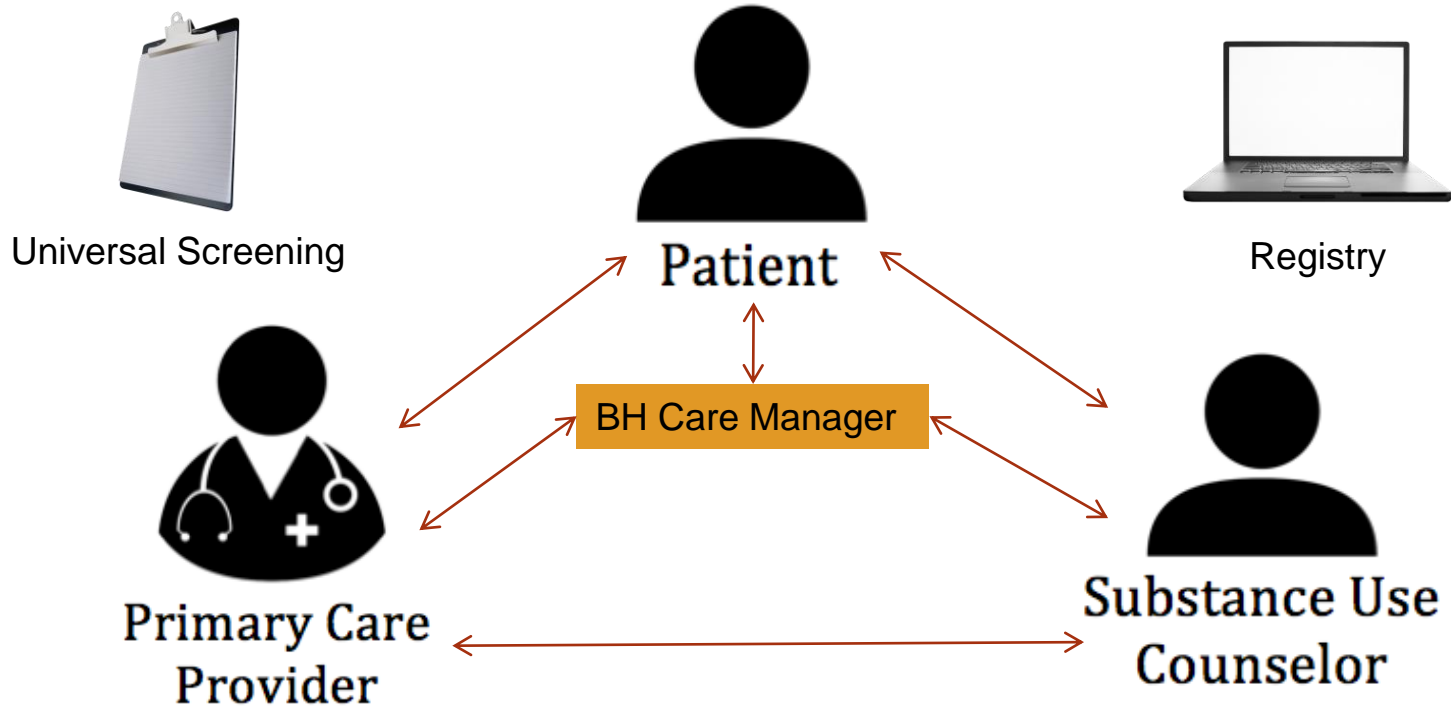


# **BH Integration- Psychiatric Collaborative Care Model (CoCM)**

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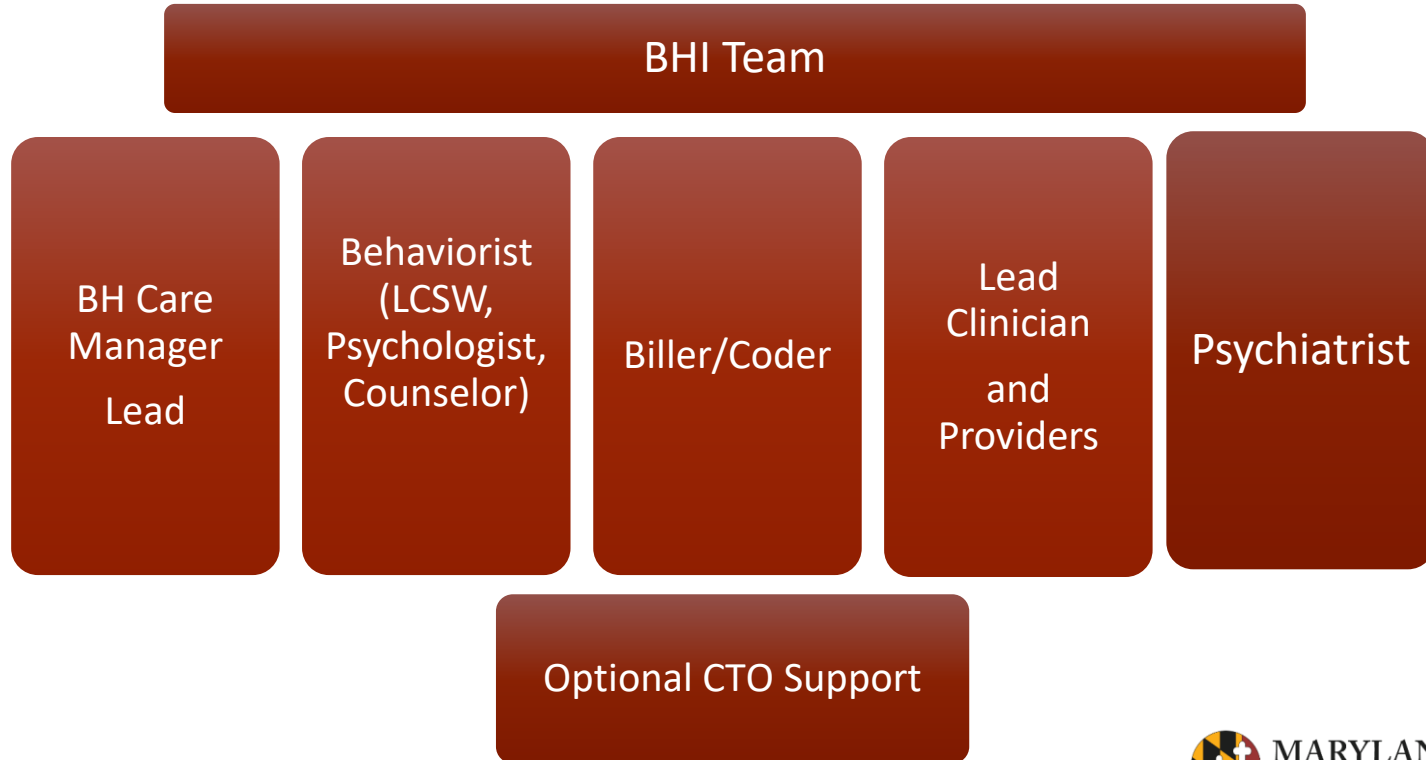


# Substance Use Integration



# Step 3: Build the Team

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## **Step 4: Select Behavioral Health Screening and Identification**

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- Mental health:
  - PHQ-2, PHQ-9, GAD-7
- Substance use disorders (the “S” in SBIRT):
  - AUDIT-C, NIDA Quick Screen
- Other screening options
- Intuition
- Data Capture Important- Initial and Longitudinal

# Step 5: Establish Workflow for Treatment and Referral

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- Team involvement
- Straw man diagram
- Tasks, resources, and responsible parties
- Timeline
- Staff education
- Go live
- Celebrate success
- Evaluation

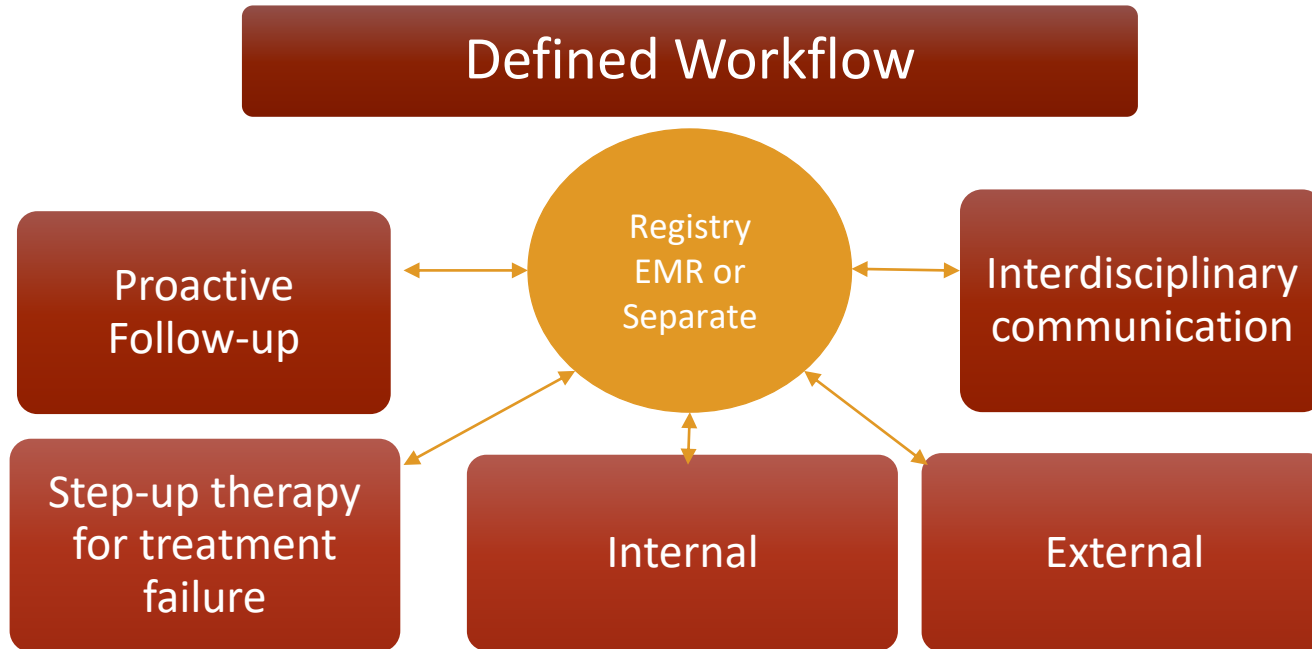
# Step 6: Establish Registry

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- Patient Identification
- Screening score
- Referral
- Intervention
- Longitudinal follow up
- Care team members
- Primary provider

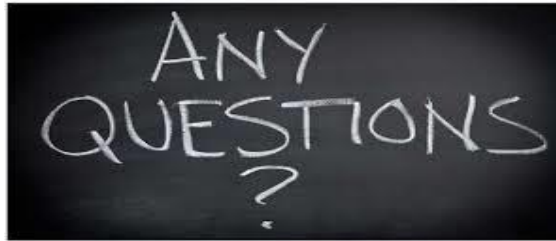


# BHI Workflows – Central Registry



**Thank you!**

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**Updates and More Information:**

<https://health.maryland.gov/MDPCP>

Questions: email [mdh.pcmode@Maryland.gov](mailto:mdh.pcmode@Maryland.gov)