Maryland Primary Care Program: Behavioral Health Integration

Choose What's Best for Your Practice

Program Management Office

What do we mean by Behavioral Health?

- *Mental health* and *substance use disorders*

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

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Why Behavioral Health Integration?

- Often overlooked
- Frequently worsens co-morbid conditions
- Few existing programs in primary care
- Opioid Crisis- 4th 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

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Overview of Series

1. Overview
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

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BHI Levels of Care

Screening (universal)

- Registry creation/maintenance
- Risk stratification

Treatment

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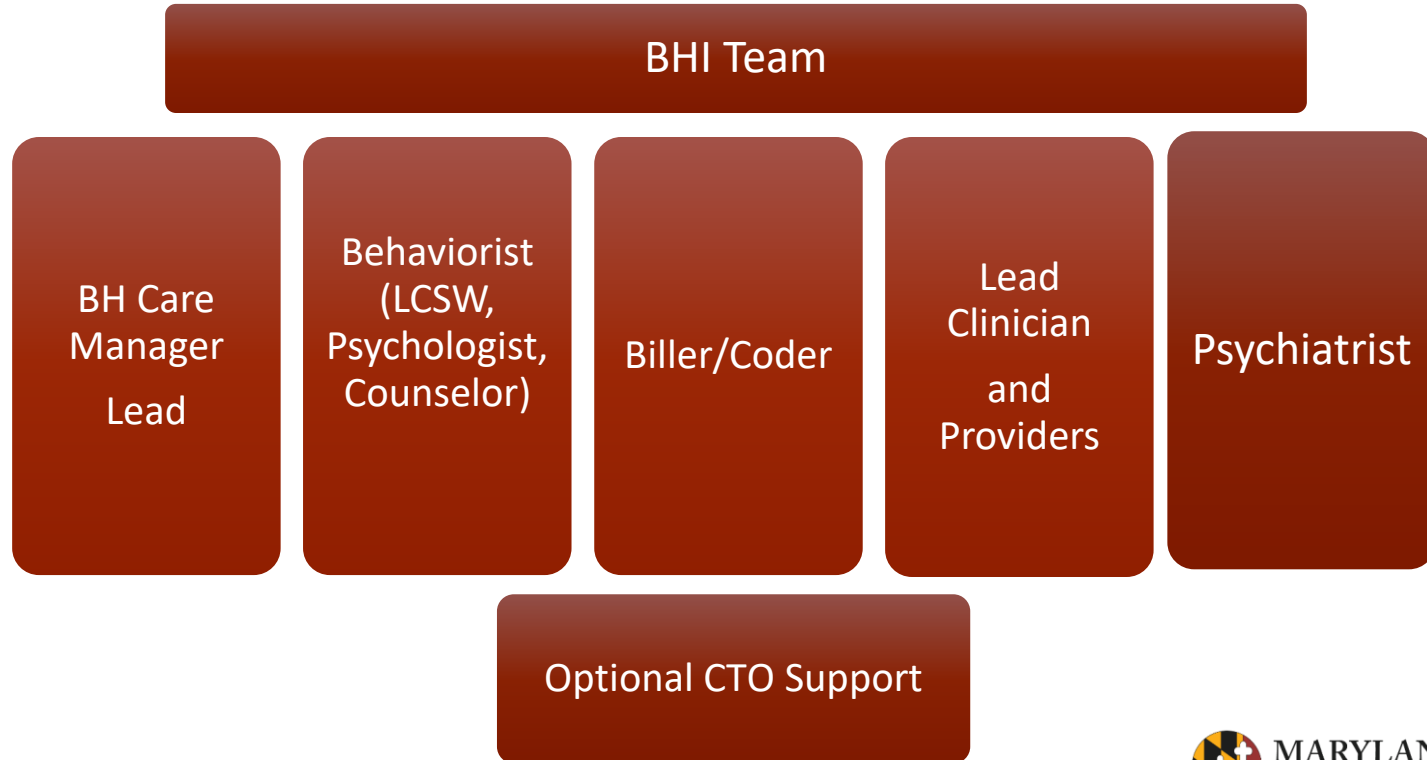- Coordination – Care Manager

Referral (as needed)

- Psychiatry
- Addiction Specialist

- Coding and billing
- Communication across providers
- Quality assurance

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BHI Overview

Identification Of Focus Area

Prioritization In workflow

Screening Process and tool

Registry creation and maintenance

Risk stratification Based on scores

Communication Across providers

Behavioral Health Clinical Care Team

Priorities for CQI initiatives

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Build the Team

Options for Behavioral Health Integration ("the menu")

Select what's best for your practice and patients:

1. **Pick a focus:** mental health, substance use, or both

2. **Select screening tools**

3. **Choose a model for counseling:**
   1. Onsite/offsite behavioral health specialist
   2. Collaborative Care Model with off-site psychiatrist

4. **Choose a model for medications:** When do providers prescribe on-site, when do they refer off-site?
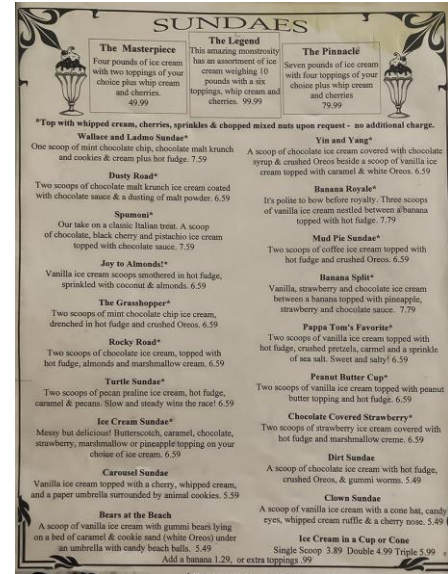
This will drive your practice workflows

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1. Pick a focus

Mental health disorders

- Depression

- Anxiety

And/Or

Substance use disorders

- Alcohol

- Opioids

Or others based on clinic population and capacity

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2. Select Screening Tools

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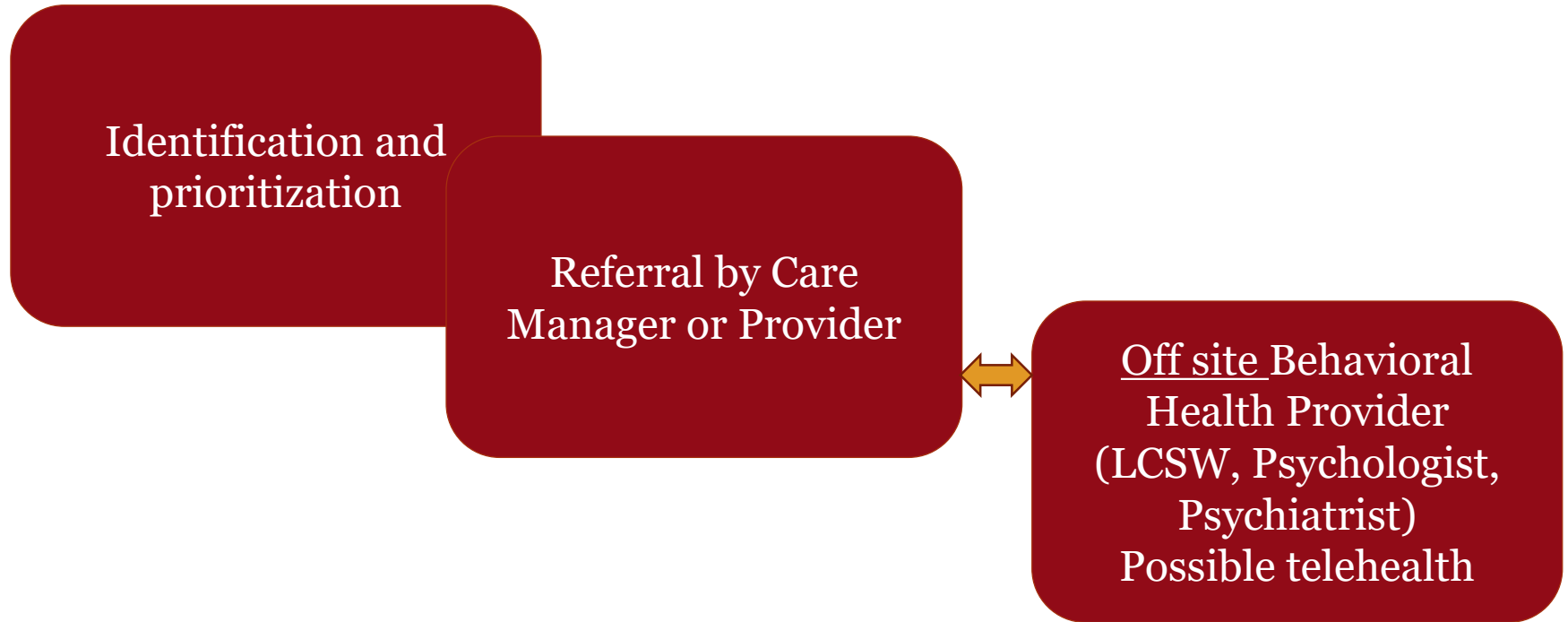- Data Capture Important- Initial and Longitudinal

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3. BH Integration- Onsite

Identification and prioritization

Referral by Care Manager or Provider

<u>Onsite</u> Behavioral Health Provider (LCSW, Psychologist, Psychiatrist) Possible telehealth

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3. BH Integration- Offsite

Identification and prioritization

Referral by Care Manager or Provider

Off site Behavioral Health Provider (LCSW, Psychologist, Psychiatrist) Possible telehealth

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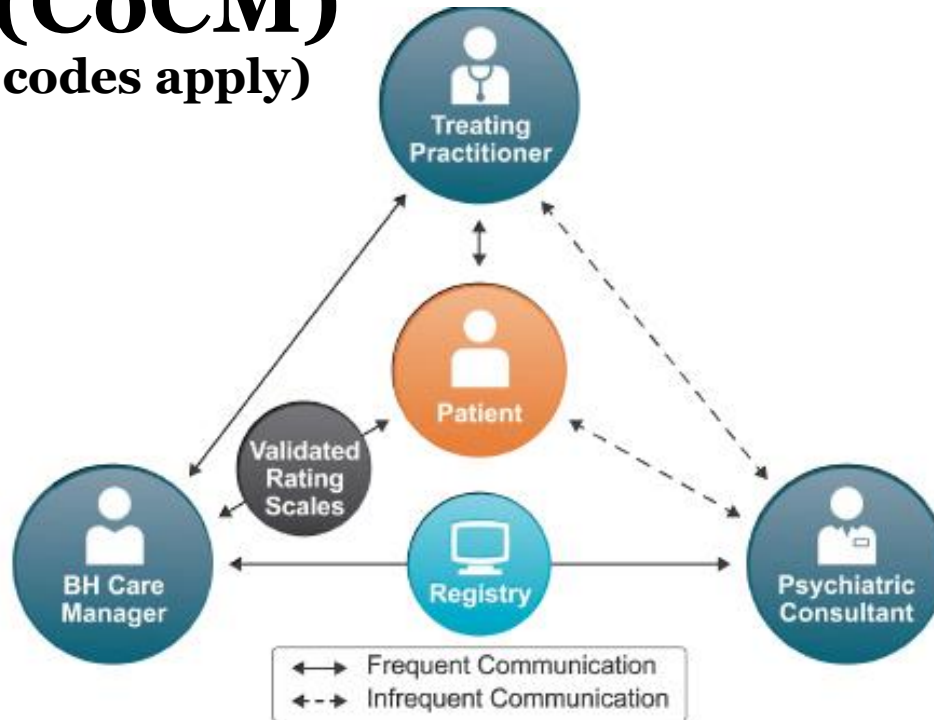
3. BH Integration- Psychiatric Collaborative Care Model (CoCM)

Identification and prioritization

Referral by Care Manager or Provider

Coordinates with Offsite **Psychiatrist (only)** Possible telehealth

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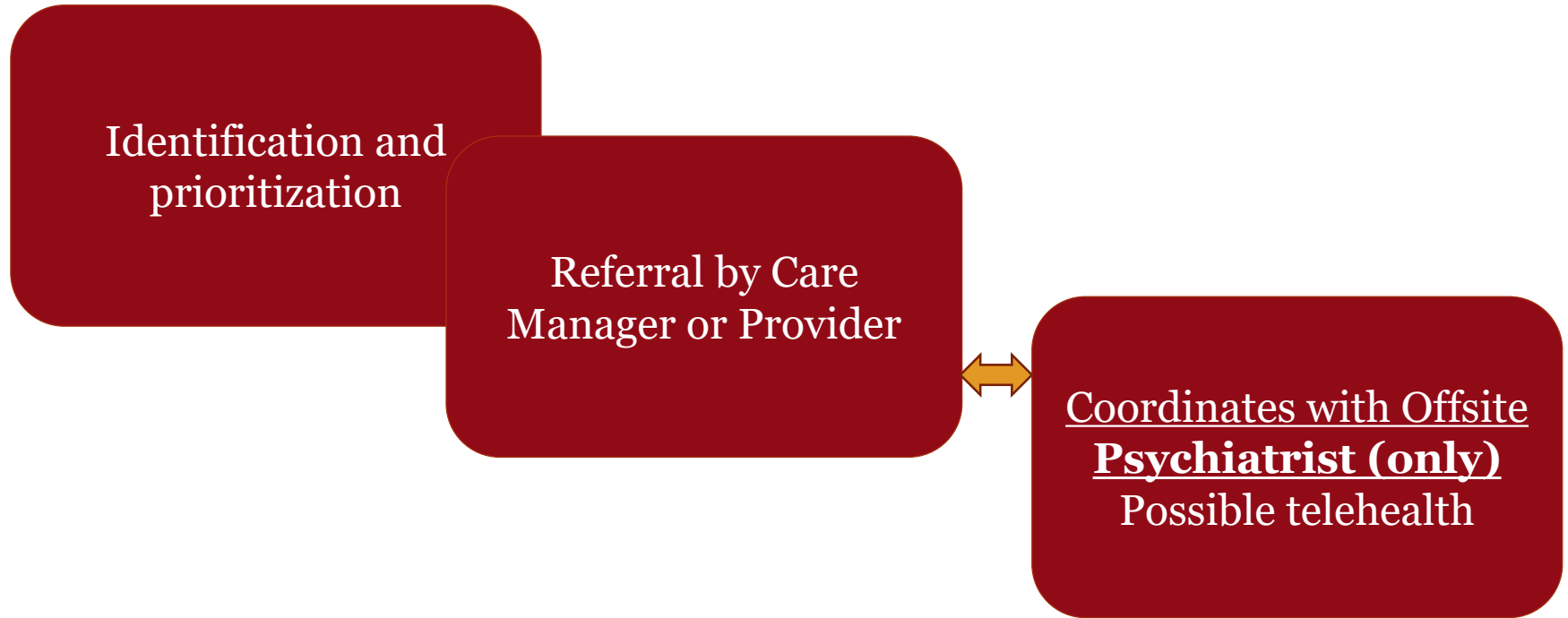
Psychiatric Collaborative Care Model (CoCM)
(CMS billing codes apply)

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4. Models for Medication

Mental health diagnoses

Substance use disorders

Lead clinician prescribes medications

Referral to psychiatry (off-site/on-site) for complex cases

Lead clinician prescribes medications

Referral to addiction specialist if not waivered or for complex cases

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Models for SUD

Focus on alcohol:

- SBIRT: Screening, Brief Intervention, Referral for Treatment
  - Evidence-based protocol
  - Completing 3-4 simple questions will take 1-2 minutes.
  - For 15-25% of patients who screen positive, the full screen and brief intervention will take between 5 - 20 minutes to complete.
- Referral to counseling and peer support --> Behavioralist on-site or off-site

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Models for SUD

Focus on opioid use disorder (OUD):

- Medications are essential: Buprenorphine & methadone save lives independent of counseling
  - Buprenorphine by on-site MD/NP/PA with waiver (we can get your providers waivered!)
  - Referral to off-site buprenorphine clinic
  - Referral to methadone clinic
- Your practice can build on the SBIRT model to incorporate medications as part of treatment

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Thank you!

Updates and More Information:

https://health.maryland.gov/MDPCP

Questions: email mdh.pcmodel@Maryland.gov

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Select References

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