Persons with mental and substance use disorders have historically faced limits on health insurance coverage that have restricted their access to treatment.

77% of U.S. counties had a severe shortage of either psychiatrists or other mental health specialists.

One study reported nearly half of psychiatrists do not accept insurance – other behavioral health specialists also do not accept insurance.

Parity requirements do not apply to approximately 3 million disabled adults – about one third of whom have a severe mental illness—in the Medicaid fee-for-service program.

Percentage of *office-based* physicians who accept insurance by specialty type in 2009-2010

Exceptions: CMHCs, FQHCs

Reducing the costs to physicians of serving the Medicaid population. This would include reducing the costs of participating in Medicaid by

- simplifying administrative processes (for example, those related to billing, audits, and documentation and other paperwork)
- speeding up reimbursement
- reducing the costs of providing care to Medicaid patients

Sharon K. Long Health Aff 2013;32:1560-1567
Core Principles for Behavioral Health APMs

- Increase access, improve quality of care and outcomes for individuals with MH/SUDs – as well as reigning in overall costs.
- Designed specifically for care of individuals with MH/SUDs. Support individual treatment options to meet diverse needs of heterogeneous patient population.
- Developed with input from psychiatrists and other BH providers.
- Participation is voluntary, not mandatory.
- Provide adequate reimbursement to psychiatrists and other BH professionals.
- Adjust for lack of EHR systems for BH and limited resources for CEHRT.
- Support delivery of services via telepsychiatry.
Psychiatrists per 100,000 US Residents in Hospital Referral Regions

From 2003-2013, the median number of psychiatrists per 100k residents decreased by 10.2%

Telepsychiatry: remove barriers!

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Tara F. Bishop et al. Health Aff 2016;35:1271-1277
Work Smarter: Collaborative Care

Effective Collaboration

Informed, Activated Patient

PCP supported by Behavioral Care Manager

Practice Support

Measurement-based Care

Psychiatric Consultation

Registry review

Training
Psychiatric Consultants Supporting Teams

Care Manager 1

Care Manager 2

Care Manager 3

Care Manager 4

60-80 patients/caseload
2 hrs psych/week/care manager
= a lot of patients getting care
G0502 - $143
G0503 - $126
G0504 - $66

Billed once a month by the PCP

- Outreach and engagement by BHP
- Initial assessment of the patient, including administration of validated rating scales
- Entering patient data in a registry and tracking patient follow-up and progress
- Participation in weekly caseload review with the psychiatric consultant
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Allow These Codes for Medicaid
Support Technology to Expand Capacity

TECHNOLOGY ENABLED BEHAVIORAL HEALTH IN PRIMARY CARE

**Patient Facing Technology**
- Apps and Web Services
- Text Messaging and Apps
- Digital Therapeutics

**Build PCP Capacity to Treat**
- Decision Supports
- e-Consult
- Project ECHO®
- Remote Tele-Hub
- Telepsychiatry

**Virtual Visit**
- Self Management
  - self-help, fitness, affirmitive prompts, relaxation, steps, personal exploration
- Practice Extenders
  - remote monitoring, reminders, follow up assessments, reduce phone tag
- Practice Extenders
  - variety of approaches including online therapies (like CBT) and coaching modules
- Embedded in EHR
  - treatment pathways, clinical formulation, prescribing and treatment algorithms
- Consultation Platform
  - primary care to specialist, all cases with consultation input, education
- Telementoring and Education
  - didactics and case presentations, “hub” and “spokes”, collaborative learning
- Collaborative Care
  - curbsides, outreach and treatment, registry review, Child Access Projects
- Direct Evaluation
  - evaluation by specialist, documentation, asychronous model, teletherapy

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