ACU
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

Improving Health Outcomes through Collaborative Care:

Clinical and Financial Opportunities for Health Centers

Association of Clinicians for the Underserved

Wednesday, April 5, 2023

INTRODUCING ACU

A TRANDISCIPLINARY MEMBERSHIP ORGANIZATION

We unite clinicians, advocates, and organizations in the shared mission to:

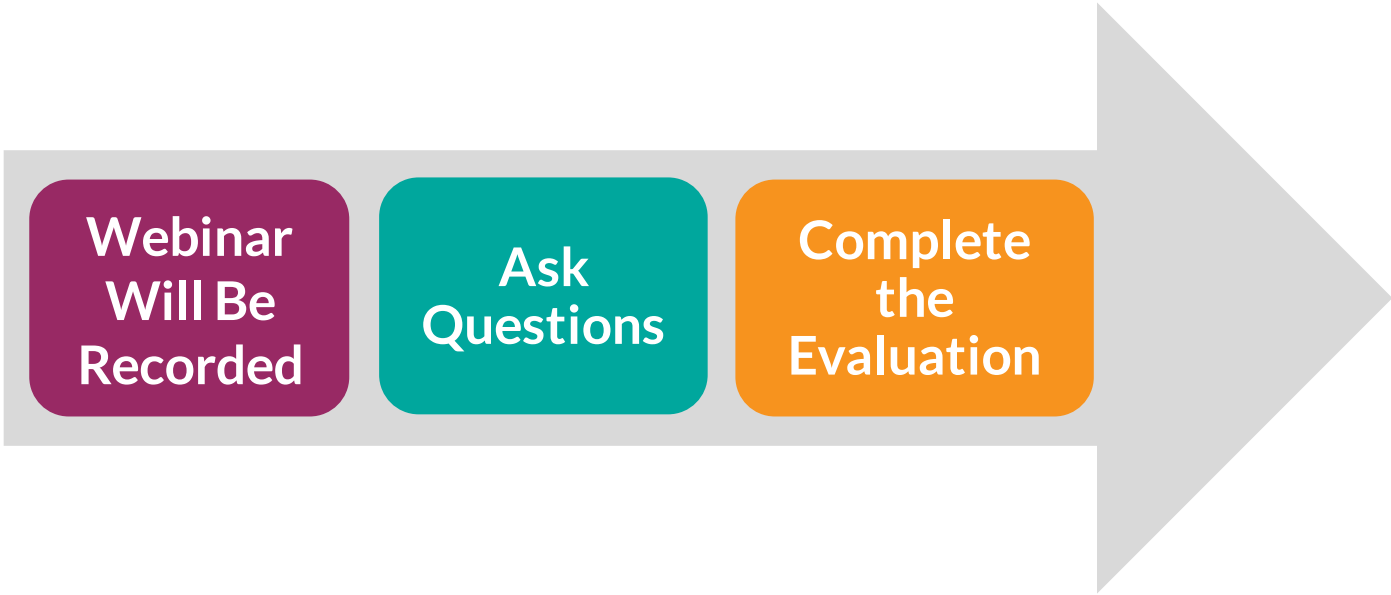
- **Establish a robust and diverse workforce to help transform communities to achieve health equity for all** by
- **Leading advocacy, clinical, operational and equity excellence to develop and support clinicians and the healthcare workforce caring for America's underserved communities.**

ACU
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

www.clinicians.org

WEBINAR HOUSEKEEPING

ACU
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED



concert

Improving Health Outcomes through Collaborative Care:
Clinical and Financial Opportunities for Health Centers

VIRNA LITTLE, PsyD, Concert Health
Co-Founder and CCO

About The Speaker

VIRNA LITTLE, PsyD

- Concert Health Co-Founder, and CCO
- 20 years non-profit leadership, clinical and administrative operations for larger teams
- 20 years building high-performing Collaborative Care teams
- Industry speaker & consultant (AIMS, NCBH, SAMHSA)

The crisis of behavioral health care access in America

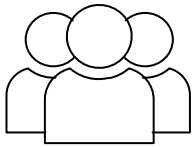
According to the U.S. Department of Health and Human Services, one in five American adults have experienced a mental health diagnosis.

As many as 75% of primary care visits include a behavioral health component, including behavioral health factors related to chronic disease management, behavioral health diagnosis, substance use, smoking or other tobacco use, and the impact of stress, diet and exercise on physical health.

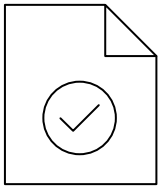
The pandemic has exacerbated the longstanding crisis of behavioral health care access — leaving primary care providers (PCPs) to care for patients they feel unable and unequipped to manage.

Source: https://www.mentalhealth.gov/basics/mental-health-myths-facts, https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-004_Final_508.pdf, https://www.apa.org/health/behavioral-health-services-primary-care.pdf

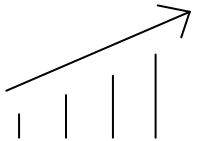
Problems Facing Health Centers



Behavioral Health Workforce



UDS / Quality measures



Revenue Generation Beyond PPS Rate

Levels of behavioral health integration within primary care

PCBH: A PCP "refers" a patient to a behavioral health clinician. The behavioral health clinician takes warm hand offs from providers, provides health and behavioral interventions and brief treatment.

Co-located model: Behavioral providers and PCPs work within the same location or practice. Due to proximity, providers may have occasional communication regarding a shared patient; however, patient care is still siloed to areas of expertise.

Collaborative care: An evidence-based practice to identify and treat patients with depression and anxiety in health care settings.

There are some successful qualities in well coordinated team-based care, or transdisciplinary care, such as shared care planning, shared accountability and cross training. These components are critical to success in integrating behavioral health care and treatment into a practice.

Key components of an effective, evidence-based scalable solution

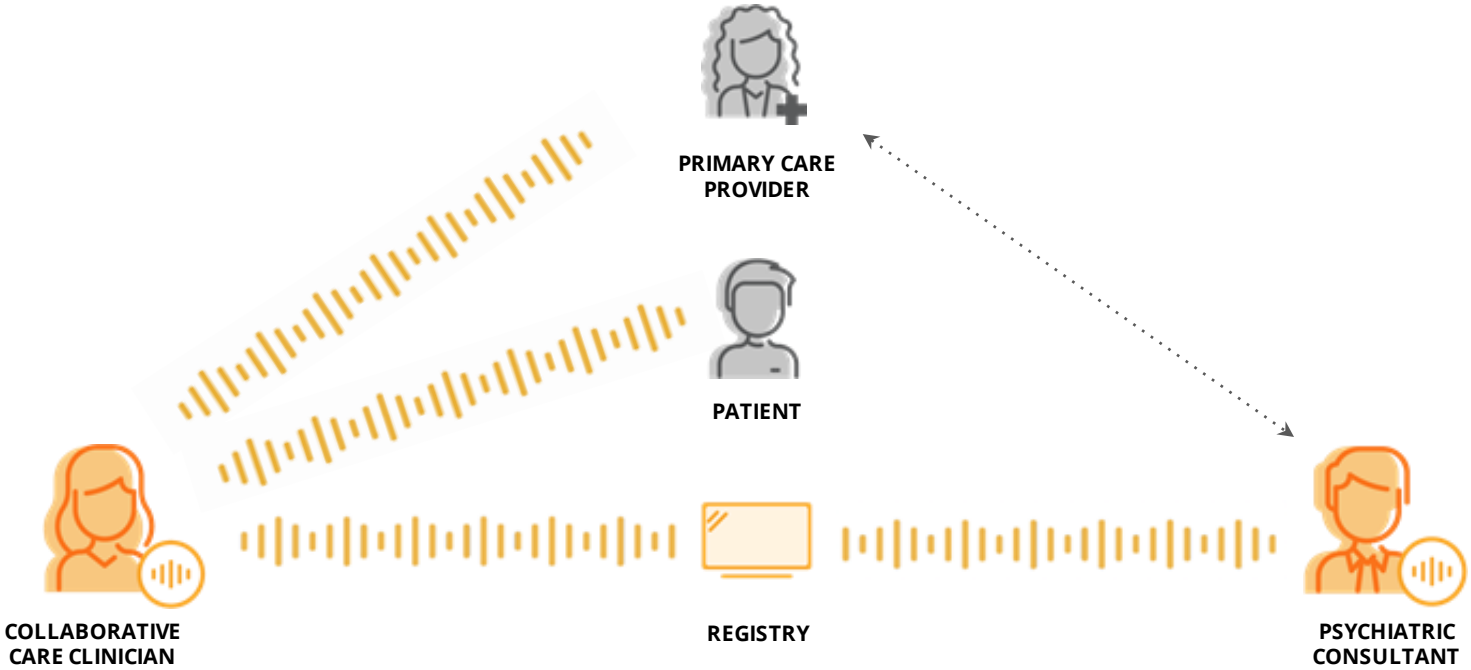
In a recent study completed by the Medical Group Management Association (MGMA), the following factors were identified to be necessary components for a successful behavioral health integration into the primary care setting.

The integration must:

- Increase availability of behavioral health services within the medical model
- Provide support to the PCP in addressing patients' behavioral health needs
- Mitigate negative impacts on physical health
- Improve patient clinical outcomes and increase overall satisfaction with care through the integrated care model.

Source: https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health, https://www.mgma.com/resources/quality-patient-experience/integrated-behavioral-health-in-a-clinical-primary

Turnkey approach to Collaborative Care



Source: Diagram adapted from the AIMS Center at the University of Washington's visual representation of the Collaborative Care Protocol

Core principles of Collaborative Care

Patient-Centered Care: Primary care and mental health providers collaborate effectively using shared cared plans.

Crisis Access and Expertise: Concert's team is trained in suicide safer-care techniques. Phone tree to provide you real-time support when you don't feel safe letting your patients leave the clinic.

Population-Based Care: A defined group of patients is tracked in a registry so that no one falls through the cracks.

Treatment to Target: Progress is measured regularly and treatments are actively changed until clinical goals are achieved.

Evidence-Based Care: Providers use treatments that have research evidence for effectiveness.

Accountable Care: Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care.

Treatment Choices

Evidence-Based Practices

All choices are clinical interventions, and they can happen repeatedly!

Talk Treatment/Therapy

Cognitive behavioral interventions, problem solving treatment, dialectical behavioral approaches, etc.

Behavioral Activation

Increase adaptive behaviors, re-establish routines, troubleshoot barriers

Medication Adherence

Support patients with prescription regimen

Symptom Monitoring

Tracking thoughts, feelings, screening scores

Q: What clients are appropriate for referral to Collaborative Care?

A: Any client with a PHQ-9/GAD-7 greater than 9

- Depressive diagnoses
- Anxiety diagnoses (including Generalized Anxiety Disorder, Specific Phobias, Social Anxiety Disorder, and Panic Disorder)
- Trauma-related disorders (including Acute Stress Disorder and Post Traumatic Stress Disorder)
- Clients ages 12 and over
- Substance use disorders

Why Collaborative Care?

Collaborative Care is more effective than care as usual

(over 90 randomized controlled trials)

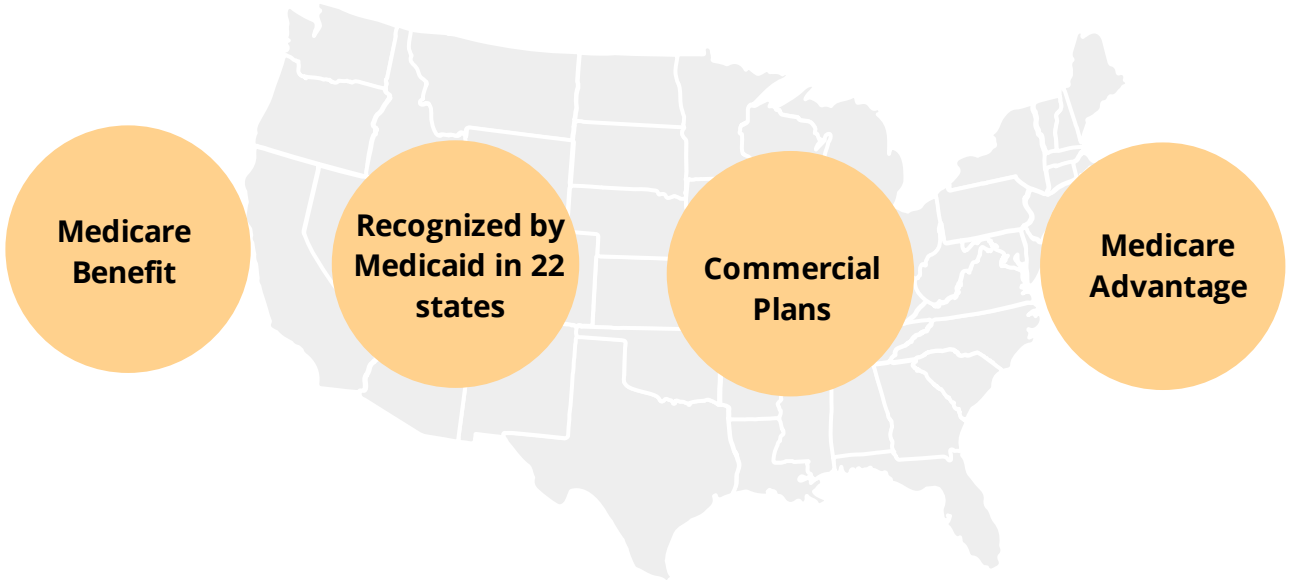
- Expands access to mental health services
  - 60% of patients referred for mental health treatment never receive care.
  - 50% of first-time patients to a mental health specialist do not return.
  - Primary care physicians prescribe more than 75% of psychotropic medications.
- Provides support to primary care physicians (family medicine, pediatrics, OB-GYN)

Simple, Sustainable Economic Model

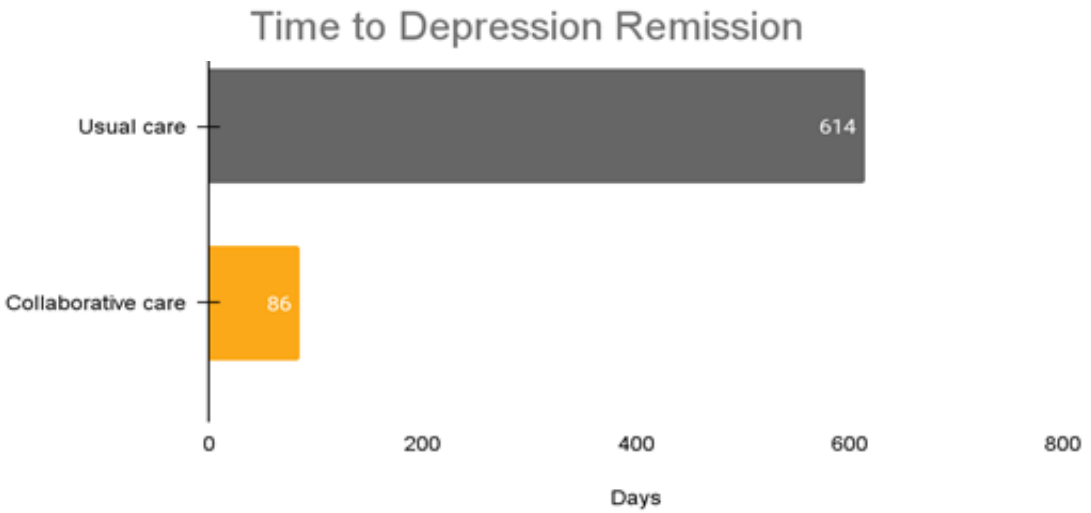
- Reimbursed by Medicare, Commercial Plans, and Medicaid
- Billed under the PCP – use your contracts. Less co-pay for patients for commerical populations
- Reduces healthcare costs by $6 for every $1 spent in Collaborative Care

Source: Unützer J, Katon WJ, Fan M-Y, Schoenbaum MC, Lin EHB, Della Penna RD, et al. Long-term cost effects of collaborative care for late-life depression. Am J Manag Care. 2008 Feb;14(2):95-100., How do individuals with behavioral health conditions contribute to physical and total healthcare spending?," by Davenport S, Gray T, and Melek SP. Copyright 2020 by Milliman, Inc.

Collaborative Care Reimbursement



Time to remission for depression with Collaborative Care Management



Research indicates that Collaborative Care reduces time to remission for depression

Source: Garrison GM, Angstman KB, O'Connor SS, Williams MD, Lineberry TW. Time to remission for depression with Collaborative Care Management (CCM) in primary care. J Am Board Fam Med. 2016 Feb;29(1):10-17.

Collaborative Care - build vs partner

Build:

- **Staffing:** expands workforce pool given CMS requirements , remote capability
- **Tracking:** many EMRs do not meet registry criteria or capability
- **New Service Line**: up front staffing costs

Partner:

- **Speed:** Partnering with the right organizations can truly scale
- **Costs:** Requires smaller capital outlays compared to in-house builds
- **Advanced Technology and Registry:** Streamline the ability to track care time, billing, risk flagging, and outcomes data. This improves care coordination, streamlines administrative tasks, and provides real-time insights into patient outcomes.
- **Community MHC:** may not be able to accommodate new model, traditional care

Q&A

concert

Thank you.

Virna Little
Virna@concerthealth.io