MEDTAPP Collective White Paper on Co-located, Collaborative Behavioral Health in Primary Care

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Grantee Experiences

ALL GRANTEES STRUGGLED WITH THE QUICK TURN AROUND AND THE COMPLEX RULES AROUND THE MEDTAPP GRANT IN THE CONTEXT OF THE SEPARATE SILOS CREATED AROUND BEHAVIORAL AND MEDICAL SERVICES

IMPACTED THE FOLLOWING:
PROGRAM CREATION
SHARED CHARTING
SUPERVISION OF TRAINEES
COLLABORATIVE STYLES OF LEARNING/CARE
BILLING AND CLAIMS, WHERE APPLICABLE
BEST Practices

• Warm Handoffs, in patient presence
• Shared Patient Narrative and summarized patient challenges and strengths
• Anecdotal improved participation in education and satisfaction of providers in Medicine and Behavioral Health – Formal study needed
• Trends towards improvement in No Show rates suggest that Primary care and collaboration improves MH compliance with visits
• Enhanced Access noted with decreased wait times for MH services
• Collaboration in one arena increased interest in other MH services
  • Family Medicine Resident who helped start bidirectional care at community MH clinic
BEST Practices

• Training MH and medical providers together had several impacts
  • Increased acceptance, collaboration and bidirectional respect and cooperation
  • Trainees in MH showed cost efficacy of MH providers in clinics and increased value, resulted in hiring of more MH providers in system
  • Team training improved interprofessional interactions and utilization
  • Co-location increased utilization of other collaborative uses of MH professionalism, i.e., in patients with more mild disease, those struggling with health behavior change and those who developed MH disease as a result of chronic health diseases (as opposed to those with severe, persistent mental illness.)
A White Paper is being generated to promote Collaborative, Co-Located and integrated Behavioral health in Primary Care based on the collective experiences of the multiple groups/grantees who have engaged in this process.

Areas of Focus include:

- Best Practices
- Mis-steps to avoid
- Rules need to be addressed to improve utilization and compliance
  - Records,
  - Collaboration,
  - Claims, Billing and
  - Supervision
NEXT STEPS
Research on:

- Patient Outcomes
- Provider Outcomes
- Costs and Value

Addressing:
- Payment and Parity Issues
- Issues of Supervision
- Common EHR
- Shared Space Designs for future PCMH
- Shared training models
- Inclusion of MH in population health and community engagement models
- Improved engagement with Government and NGO
BIBLIOGRAPHY


