American Hospital Association™
Advancing Health in America

Integrating Physical and Behavioral Health: The Time is Now

Unparalleled workforce shortages, negative margins and increasing labor expenses are creating multiple challenges for hospitals and health systems — but integrating physical and behavioral health services can reduce the total cost of care, improve outcomes and improve workforce satisfaction. Integrated care can decrease the impact of these and other challenges. There are at least six positive impacts of integrated care:

- Improved patient outcomes
- Reduced total cost of care
- Increased access to behavioral health services
- Enhanced patient satisfaction
- Better workforce productivity and satisfaction
- Reduced health care disparities and stigma

Improved patient outcomes

Integrating physical and behavioral health allows for a comprehensive approach to patient care. Whole-person care is critical to allow all individuals to reach their highest potential for health. In fact, almost 70% of patients with behavioral health disorders have a medical co-morbidity, while at least 30% of adults with a medical condition (often chronic conditions such as diabetes) also have a behavioral health disorder. Integrated care delivery is associated with broad improvements in symptoms, functioning and well-being, as well as improved management of chronic conditions, decreased hospitalizations and ER visits, and improved overall quality of life for patients.[1] The Collaborative Care Model (CoCM) and the Primary Care Behavioral Health (PCBH) model, are two primary integrated health care models currently recognized by the Center for Medicare and Medicaid Services.

To help increase and scale the provision of integrated care, the American Medical Association and seven other leading medical associations have established the Behavioral Health Integration (BHI) Collaborative, a group dedicated to catalyzing effective and sustainable integration of behavioral and mental health care into physician practices. The goal of the BHI is to provide best-in-class support to physicians working to combine mental and physical health services in their medical practices. For example, the Collaborative created behavioral health how-to guides, providing physician practices and health systems with actionable, evidence-based strategies and thus inspiring and enabling physicians to initiate and implement integration within their own primary care practices.

Behavioral health disorders include both mental illness and substance use disorders. Mental illnesses are specific, diagnosable disorders characterized by intense alterations in thinking, mood and/ or behavior over time. Substance use disorders are conditions resulting from the inappropriate use of alcohol or drugs, including medications. Persons with behavioral health care needs may suffer from either or both types of conditions as well as physical co-morbidities.

Source: www.aha.org/system/files/media/file/2019/05/aha-trendwatch-behavioral-health-2019.pdf

Reduced total cost of care

Even pre-pandemic, one out of every four admissions[2] to a general acute care hospital involved a co-morbid behavioral health disorder, and one in every eight emergency department visits[3] in the U.S. is related to a behavioral disorder. Research shows total health care costs are 75% higher for people with both behavioral health and other common chronic conditions, such as diabetes and cardiovascular disease. Because the increased cost for those with co-morbid physical and behavioral conditions,

Integrated behavioral health care blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being. Integrated behavioral health care, a part of "whole-person care," is a rapidly emerging shift in the practice of high-quality health care. It is a core function of the "advanced patient-centered medical home."

©2023 American Hospital Association | September 2023

American Hospital Association™
Advancing Health in America

Psychiatric CoCM typically is provided by a primary care team consisting of a primary care physician and a care manager who work in collaboration with a psychiatric consultant, such as a psychiatrist.

Source: www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/Integrated-Care/APA-CoCM-and-Gen-BHI-FAQs.pdf

there is a big opportunity for medical cost savings through integration.

Multiple studies have shown the positive economic impact of integration for hospital inpatients and emergency room services, as well as the costs borne by health plans. At Yale New Haven,[4] research found the implementation of a particular inpatient integrated behavioral health model resulted in a 159% ROI, with every dollar invested in the program returning $1.70 to the organization. A Western New York study of six primary care practices[5] found integration reduced ED visits by 14.2%. With the average cost[6] of an ED visit in America estimated to be $1,917, integration can bend the cost curve while also improving outcomes. Furthermore, a study[7] by New Directions Behavioral Health demonstrated that integrating behavioral health services was associated with $860.16 per member per year savings or 10.8% savings in costs for patients covered by Blue Cross Blue Shield of Kansas.

Increased access to behavioral health services

Integrated care is vital for expanding access to behavioral health services. With 160 million people living in a HRSA-designated Mental Health Professional Shortage Area,[8] many people seek behavioral health treatment from their primary care providers (PCPs). Co-locating, embedding or even providing access to behavioral health clinicians via telehealth (including by phone) in a PCPs office improves timely access to behavioral health care, while wider accessibility may also contribute to reducing the stigma of seeking behavioral health services. Telehealth improves access to effective integrated behavioral health care in a variety of care settings such as nursing homes and other long term care facilities.

Adoption of integration in primary care began to increase in 2018 when Medicare and many commercial payers started reimbursing for care delivered through the CoCM. Currently, about half of state Medicaid programs also support behavioral health integration through the CoCM codes and through other approaches, including reimbursement for general BHI care management services. Adding billing codes and coverage for integrating behavioral health into primary and other care settings improves access to behavioral health care.[9] Many health care providers have wanted to provide integrated care but faced the reality that unreimbursed care can threaten the clinic's financial stability. Creating codes for collaborative care allows providers to provide comprehensive, whole-person care, improve patient outcomes and get paid for the services provided. Key findings from a recent report by American's Health Insurance Plans (AHIP):

- Together, employer-provided coverage and individual market plans increased payments for the CoCM and BHI codes in 2018-2021 by an average of 18%, and
- Providers' use of these codes in these commercial markets increased significantly from 2018 to 2021 — on average, they were used 19 times more frequently in 2021.

Enhanced patient satisfaction

According to the Agency for Healthcare Research and Quality (AHRQ) patients like the convenience of "one-stop shopping."[10] There can be less stigma surrounding seeking care for stress, psychiatric and/or substance use disorders via a PCP than in looking for a specialist. It's also easier to access behavioral health care treatment in a setting a patient is familiar with, rather than going to a separate, designated behavioral health hospital or

The **PCBH model** includes a licensed behavioral health professional—a psychologist, clinical social worker or counselor—as a core member of the primary care team. This model involves a systematic approach to addressing not only mental health and substance use disorders, but also the many behavioral factors affecting all health conditions. PCBH does so through a wide range of evidence-based primary care behavioral health services that address such issues as stress and pain management, medication and treatment adherence, and health promotion and disease prevention for all patients.

Source: www.apa.org/health/behavioral-health-services-primary-care.pdf

provider. Moreover, when behavioral health clinicians are embedded in the primary care clinics, it allows for an in-person handoff between two members of the health care team.[11]

For instance, one study showed that 41% of patients preferred to have behavioral health concerns addressed within primary care, versus 7.5% of patients preferring a referral to a specialist.[12] A Duke University study showed a high level of patient satisfaction and gratitude for the time and attention received for conditions that affected patients' overall health, with "more than half of the patients reporting that they wouldn't otherwise have sought behavioral health services."[13]

Better workforce productivity and satisfaction

Since 2020, one in five health care workers have quit their jobs, and surveys suggest that up to 47% of health care workers plan to leave their positions by 2025.[14] Given this stark reality, health care leaders are seeking ways to improve workforce satisfaction and employee retention — and integration can help.

The University of Michigan's Behavioral Health Workforce Research Center found[15] that integrated care can have a positive impact on the workforce by increasing employee productivity, boosting employee satisfaction, and stabilizing primary care physicians' workload, enabling them to easily refer patients to other specialties where they might lack expertise. A 2022 study of the CoCM of integration showed increased provider satisfaction and increased provider confidence in managing behavioral health problems.[16] In the face of sky-high turnover rates and escalating stress, health care organizations must provide environments that consistently support meaningful work and nurture relationship building to reinspire workers to find the joy, satisfaction and purpose that drew them to health care in the first place.[17] Implemented integrated care can play an essential role in providing such an environment.

Reduced health care disparities and stigma

Social drivers of health, such as racial and ethnic identity and socioeconomic status, in conjunction with cultural stigma, significantly affect the way patients access behavioral health treatment. Black and Latino people in the United States are less likely than white people to receive mental health or substance use services and are more likely than white people to delay seeking care.[18]

Even when Black and Latino patients do receive mental health/substance use services, they are more likely than white patients to obtain inaccurate diagnoses[19] or leave treatment early.[20]

Integrated behavioral health services have demonstrated effectiveness in improving outcomes among racially and ethnically diverse patient populations. There is strong evidence[21] that collaborative care is effective for improving depression outcomes in racial and ethnic minority populations. Moreover, many clinicians' experience[22] illustrates that "incorporating mental health into primary care removes cultural barriers and stigma." Quite simply, integration of behavioral health into primary and specialty care, emergency rooms and even acute hospitalizations reduces stigma and improves access to care for all.

Payment trends for integration

Policymakers have recognized the value of incorporating coverage for integrated behavioral health service into government health coverage programs since at least 2008. The Mental Health Parity and Addiction Equity Act prevents certain insurers from imposing stricter benefit limitations on behavioral health services than on medical and surgical services. The Affordable Care Act also includes several provisions supportive of these strategies by ensuring that certain behavioral health services are covered by public payers. Since then, both the Medicare and Medicaid programs have adopted additional provisions that, together, are coalescing to produce an environment where it is more financially feasible to offer integrated services. These provisions include, but are not limited to:

- **Collaborative Care Model (CoCM)** billing codes, which allow providers to bill for certain behavioral health services in primary care settings.
- **Comprehensive Primary Care Plus (CPC+)** model, which allows participants to co-locate behavioral health services in primary care clinics.
- **Behavioral Health Integration** billing codes, which provide payment for planning services for individuals with behavioral health disorders.
- Coverage for select groups of behavioral health practitioners, like licensed marriage and family therapists and mental health counselors.
- 1115 Demonstration Waivers under Medicaid that promote integrated behavioral health services.

Moreover, commercial payors are engaging in integrated care initiatives, such as:

- **Value-based purchasing (VBP)**: Highmark Blue Cross Blue Shield of Western New York's[23] VBP has reimbursement tied to performance on behavioral health metrics such as adherence to antipsychotic medication and follow-up, rather than traditional fee-for-service payment. And Anthem's Behavioral Health Provider Collaboration[24] VBP leverages the Healthcare Effectiveness Data and Information Set (HEDIS®) to measure the quality of care that patients receive. Indeed VBC has grown to represent more than 40% of alternative payment models in use.[25]

- **Co-location**: Some payers are creating centers where commonly needed services are all in one place. A recent example of such work is Blue Cross and Blue Shield of Kansas City's Spira Care™.[26] Spira Care Teams practice family medicine, with a focus on overall health and well-being. Care includes diagnosis and treatment of acute and chronic illnesses, including psychiatric and substance use disorders.

- **Technology**: Many payers are using technology to provide patients with access to integrated care when they have physical and behavioral health needs. Indeed, Blue Cross and Blue Shield of North Carolina is working[27] with Quartet Health, a leading mental health care technology company, to build a system that treats behavioral and physical health together. While some[28] of United Healthcare's plans improve access to behavioral health through online education, self-help apps or coaching help, equipping employees with the tools they need to manage stress, burnout and anxiety.

- **Behavioral home care**: A growing number[29] of home health agencies are offering behavioral health services, and the Centers for Medicare and Medicaid Services now requires them to screen for depression and cognition deficits during patient assessments.

The push for integrated care is not new, but the time to act is now. Government and commercial payers are increasing coverage and consumers are demanding more timely access to behavioral health care. Integration improves outcomes, reduces the total cost of care and enhances workforce satisfaction. The AHA's vision is of a just society of healthy communities, where all individuals reach their highest potential for health. Integration of physical and behavioral health services can help us move closer to achieving the vision.

For more information on the value of integration and best practices of current hospitals and health systems go to: www.aha.org/behavioral-health-physical-behavioral-health-integration-resources.

Endnotes

1. www.aha.org/system/files/media/file/2019/05/aha-trendwatch-behavioral-health-2019.pdf
2. www.aha.org/system/files/media/file/2019/05/aha-trendwatch-behavioral-health-2019.pdf
3. hcup-us.ahrq.gov/reports/statbriefs/sb227-Emergency-Department-Visit-Trends.pdf
4. Lee, H. (2017). *Results from the Two-year Implementation of a Proactive CL Psychiatric Service at the Yale New Haven Hospital*. Journal of Psychosomatic Research. www.jpsychores.com/article/S0022-3999(17)30651-7/fulltext
5. https://pubmed.ncbi.nlm.nih.gov/35132550/
6. www.hfma.org/payment-reimbursement-and-managed-care/payment-trends/63247/
7. Ross et al. (March 2019). *The Cost Effectiveness of Embedding a Behavioral Health Clinician into an Existing Primary Care Practice to Facilitate the Integration of Care: A Prospective, Case-Control Program*. Journal of Clinical Psychology in Medical Settings. https://pubmed.ncbi.nlm.nih.gov/29713935/
8. https://data.hrsa.gov/topics/health-workforce/shortage-areas
9. www.ahip.org/news/press-releases/new-research-care-integration-is-increasing-improving-access-to-mental-health-care
10. https://integrationacademy.ahrq.gov/about/integrated-behavioral-health
11. www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-guide-for-clinicians.pdf
12. www.ncbi.nlm.nih.gov/pmc/articles/PMC8543553/
13. https://physicians.dukehealth.org/articles/pilot-project-integrates-primary-care-and-behavioral-health-services
14. www.webmd.com/a-to-z-guides/news/20221024/over-333000-healthcare-workers-left-jobs-in-2021-report-says
15. www.behavioralhealthworkforce.org/wp-content/uploads/2017/02/FA2P3_Team-based-Care-Case-Studies_Full-Report.pdf
16. www.ncbi.nlm.nih.gov/pmc/articles/PMC9803502/#:~:text=In%20summary%2C%20Collaborative%20Care%20appears,detection%20of%20mental%20health%20conditions
17. www.aha.org/system/files/media/file/2022/11/2023_AHA_Health_Care_Workforce_Scan_Executive_Summary.pdf
18. www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf
19. Strakowski SM et al. (2003) *Ethnicity and Diagnosis in Patients with Affective Disorders*. Journal of Clinical Psychiatry. https://pubmed.ncbi.nlm.nih.gov/12934973/; Minsky S. et al. (2003) *Diagnostic Patterns in Latino, African American, and European American Psychiatric Patients*. Archives of General Psychiatry. https://pubmed.ncbi.nlm.nih.gov/12796227/
20. Saloner B, Le Cook B. (2013) *Blacks and Hispanics Are Less Likely than Whites to Complete Addiction Treatment, Largely Due to Socioeconomic Factors*. Health Afffairs (Millwood). https://pubmed.ncbi.nlm.nih.gov/23297281/
21. www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn
22. www.chenmed.com/blog/value-based-primary-care-offers-model-how-successfully-integrate-mental-health
23. www.bcbs.com/press-releases/bluecross-blueshield-starts-regions-first-value-based-payment-model-behavioral
24. www.anthem.com/provider/behavioral-health/collaboration/
25. www.thoroughcare.net/blog/role-behavioral-health-integration-value-based-care
26. www.bluekc.com/consumer/employers/aca-plans/spira-care-network/
27. www.bcbs.com/smarter-better-healthcare/article/connecting-the-dots-full-health-approach-integrated-care
28. www.uhc.com/employer/news-strategies/resources/5-ways-to-help-employees-find-the-behavioral-health-care-they-need
29. www.modernhealthcare.com/providers/behavioral-health-home-amedidys-elara-caring

©2023 American Hospital Association | September 2023

American Hospital Association™
Advancing Health in America