



# Integrating Behavioral Health Across the Continuum of Care

February 2014

**Resources:** For information related to behavioral and mental health, visit [www.hpoe.org](http://www.hpoe.org) and <http://www.aha.org/psych>.

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## Executive Summary

Hospital and care system leaders are pursuing a more comprehensive and integrated approach toward delivering health care. Integrating behavioral health across the care continuum helps create a seamless system of care that offers patients the services they need, when they need them, whatever setting they are in.

Consider that one in four Americans experiences a behavioral health illness or substance abuse disorder each year and that the majority of those individuals have a comorbid physical health condition. Many of these individuals enter care without having their underlying behavioral health disorder addressed. These patients typically have poorer medical outcomes and higher rates of utilization compared to the general population of patients without a comorbid behavioral health diagnosis. With an integrated, patient-centered system of care, hospitals, physician practices and payers can incorporate services that address all of the patient's needs and can work to achieve the Triple Aim—better care, better health and lower costs.

The 2014 American Hospital Association Committee on Research report, *Your Hospital's Path to the Second Curve: Integration and Transformation*, outlines multiple paths that hospitals and care systems can choose on their way to improve and transform health care delivery: redefine, partner, integrate, experiment and specialize. No particular path or model for integrating behavioral health is appropriate for every provider or hospital. The decision to be, for example, a direct provider of behavioral health services or to provide these services via collaborative partnerships, joint ventures or contractual arrangements will be driven by community needs and available resources.

The purpose of this guide is to help hospitals and care systems consider the impact of better integrating behavioral health across multiple health care delivery settings—and provide the tools to do so. Achieving integration takes time and requires the modification of administrative and operational functions. This guide includes Strategic Questions for Integrating Behavioral Health, which health care leaders can use to determine how to advance their integration efforts.

## Introduction

Driven by the shift toward a value-based payment system centered on the patient, hospitals and care systems are working to integrate care delivery services. Integrating behavioral and physical health services is becoming a bigger part of providing high-quality, well-coordinated care.

Providers and patients recognize the importance of integrating behavioral health into a patient's overall treatment. One in four Americans experiences a behavioral illness or substance abuse disorder each year, and the majority of those individuals enter primary care with a comorbid physical health condition. Integrated behavioral health aligns with the Triple Aim to improve the patient experience of care, improve population health and reduce per capita cost. Evidence shows that integrating behavioral health does improve patient outcomes and decreases cost.

In the broadest use of the term, "integrated behavioral health care" can describe any setting or process in which behavioral health and physical health providers work together. At the highest stage of behavioral health integration, the focus of care is not merely improving medical outcomes but managing population health and reducing the total cost.

Each health care organization has to develop its own plan for integrating behavioral health, driven by community needs and available resources. This guide explains the value of integrating physical and behavioral health services and the importance of measuring integration efforts. It offers several frameworks to use for behavioral health integration and provides a list of strategic questions that every hospital leader should consider moving forward.

### Behavioral Health Definition:

*"A state of behavioral/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and behavioral disorders. This includes a range of problems from unhealthy stress or subclinical conditions to diagnosable and treatable diseases like serious behavioral illnesses and substance use disorders, which are often chronic in nature but from which people can and do recover with the help of a variety of interventions from medical and psychosocial treatments to self-help and mutual aid. The term is also used to describe the service systems encompassing prevention and the promotion of emotional health; the prevention of behavioral and substance use disorders, substance use, and related problems; treatments and services for behavioral and substance use disorders; and recovery support."*

Source: Substance Abuse and Mental Health Services Administration, 2014.

### Your Hospital's Path to Integration

As hospitals and care systems modify their care delivery systems, health care leaders can follow one or more paths in their transformation efforts: redefine, partner, integrate, experiment and specialize. The American Hospital Association Committee on Research outlined these paths in the 2014 report [Your Hospital's Path to the Second Curve: Integration and Transformation](#).

Several key issues that health care leaders need to consider in their transformational journey are:

- There is no "one-size-fits-all" model, as provider capabilities and community needs are different everywhere.
- The status quo is not a viable strategy because the environment is changing rapidly.
- Each hospital and care system can consider multiple paths.
- Each path has its own distinct risks and rewards.

Each path affords challenges and opportunities for organizations working to integrate behavioral health. For example, if a hospital or care system chooses to specialize, leaders should identify the behavioral health needs of the community and how the hospital will address those needs.

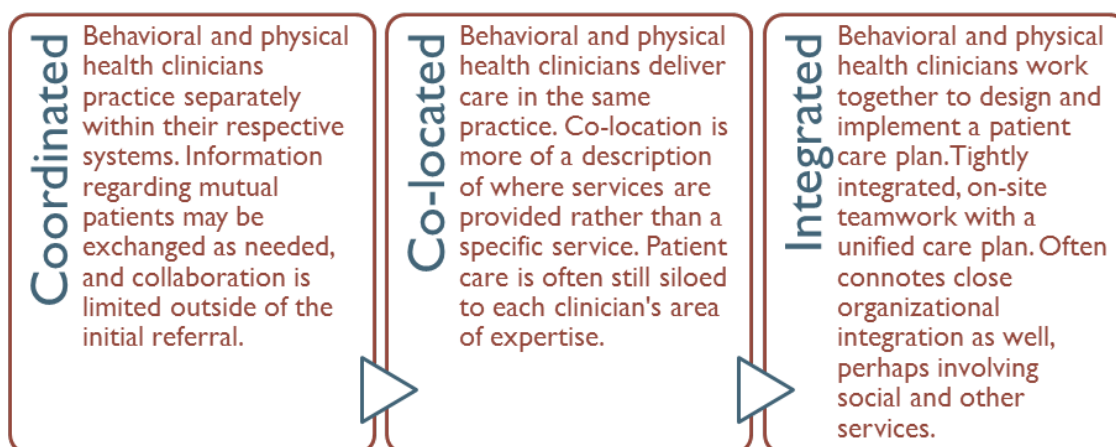
## Moving Toward Integration of Behavioral and Physical Health Services

For the purposes of this guide, the Agency for Healthcare Research and Quality definition for “integrated care” is used:

*The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health, substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.<sup>3</sup>*

As with many paradigm shifts, new terms have developed. The AHA supports the work of the Agency for Healthcare Research and Quality (AHRQ) in developing the [2011 Lexicon for Behavioral Health and Primary Care Integration](http://integrationacademy.ahrq.gov/lexicon) (available at <http://integrationacademy.ahrq.gov/lexicon>). The AHRQ Lexicon describes three stages of the integration continuum: coordinated, co-located and integrated. The journey to achieve integration, consistent with the definition above, typically starts with initiatives that first coordinate care, then co-locate care, and eventually integrate care. Complexities likely will arise in each model along this journey and within each type of health care setting.

Figure 1. Stages of Behavioral Health Integration



Source: Agency for Healthcare Research and Quality, 2011.

AHRQ's [2011 Lexicon](http://integrationacademy.ahrq.gov/lexicon) also outlined three “functions” for integrating behavioral health: the patient-centered care team, a shared population and mission, and a systematic clinical approach.<sup>4</sup>

Table 1. Functions for Integrating Behavioral Health

Function	Stage of Integration		
	Coordinated	Co-located	Integrated
<b>Patient-centered Care Team</b>	<ul style="list-style-type: none"> <li>• Care is referral-triggered with periodic exchanges between behavioral health and physical staff. Treatment plans are mostly separate. Clinic workflows usually exist without common information tools such as registries.</li> <li>• Most physical and behavioral care services are delivered in separate settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Physical and behavioral care services are delivered in the same setting, promoting communication and spontaneous, interdependent consultations.</li> <li>• This model reduces barriers to patient access and follow-through but does not consistently coordinate treatment by the care team. Often, information tools such as registries or automated coordinating functions are used.</li> </ul>	<ul style="list-style-type: none"> <li>• A patient-centered care model exists, integrating the treatment plans developed by behavioral health clinicians and other medical staff. Capacity is developed by building consultations as needed for total care. Patients are tracked in a registry.</li> </ul>
<b>Shared Population and Mission</b>	<ul style="list-style-type: none"> <li>• Physical and behavioral health clinicians understand the concepts of the whole-person model of care and total health outcomes but take responsibility primarily for their own aspect of a patient’s care.</li> </ul>	<ul style="list-style-type: none"> <li>• All clinicians embrace the goal of the whole-person care model and understand that it is their responsibility for the total health outcomes of their patients. Additionally, some systems monitor and report treatment plans and total health outcomes to providers and staff.</li> </ul>	<ul style="list-style-type: none"> <li>• All clinicians understand and embrace the whole-person care model, take responsibility for the total health outcomes—and carry out and adjust care for their entire patient population. This model has expanded connections within the community.</li> </ul>
<b>Systematic Clinical Approach</b>	<ul style="list-style-type: none"> <li>• There are some protocols and shared workflows, but they are mostly informal or driven differently from provider to provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Many protocols and shared workflows are established, but not for all processes of integrated care, and they are not consistently implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Protocols and shared workflows are established for nearly all processes of integrated care and, in most cases, are implemented consistently.</li> </ul>

Source: Adapted from the Agency for Healthcare Research and Quality Behavioral Health Lexicon, 2011.



Health care leaders have at their disposal a variety of integration models to advance care delivery. An effective integration model addresses clinical, administrative and financial functions of the organization. Accountable care organizations, integrated delivery systems and patient-centered medical homes are examples of integrated care models. These models raise the quality of the care and reduce costs for the organization. Integrated care models also include some form of global or capitated payment systems that allows a hospital or care system the ability to recover costs, as long as the use of expensive services decreases. Research has shown that integrated care that includes behavioral health as part of the care delivery process has a significantly positive impact on the patient's health and reduces the total cost of care.

## Driving Factors for Integrating Behavioral Health

Demand for behavioral health services is increasing, and more evidence shows that integrated care with provisions to include behavioral treatment improves patient outcomes and reduces costs.<sup>5</sup> Table 2 highlights some of the driving factors for integrating behavioral health.

Table 2. Driving Factors for Behavioral Health Integration

### Increasing Health Coverage, including Behavioral Health

- The Affordable Care Act (ACA) provides new or expanded behavioral health coverage to 60 million Americans.
- Health plans offered through state and federal marketplaces are required to offer behavioral health services and comply with the Mental Health Parity and Addiction Equity Act of 2008.
- Under the ACA, preventive screenings and routine checkups must be provided with no copays or deductibles.
- Insurers can no longer deny coverage for pre-existing conditions, including behavioral health disorders.
- Adults up to age 26 can stay on their parents' insurance plan.

### Decreasing the Total Cost of Care

- Long-term cost savings are attractive to organizations that seek to achieve the Triple Aim: improved health outcomes, improved value, improved patient experience.
- People with untreated behavioral illness drive up total health care costs because they use non-psychiatric inpatient and outpatient services 3 times more than those who receive treatment.
- Individuals with comorbid physical and behavioral conditions are at heightened risk of being readmitted—particularly if their behavioral disorders remain untreated.
- Short-term disability claims for behavioral illness are growing by 10 percent annually and can account for 30 percent or more of the corporate disability experience for the typical employer.

### Managing a Population's Health

- People with a serious mental illness die 25 years earlier, on average, than the general population.
- While suicide and injury account for about 30 percent to 40 percent of excess mortality, 60 percent of premature deaths in persons with schizophrenia are due to such medical conditions as cardiovascular, pulmonary and infectious diseases.
- Half of all Americans develop a behavioral illness during their lifetime.
- Mental disorders account for 23 percent of years lived with disability (YLD).
- More than 30,000 deaths occur annually in the United States as the result of suicides.
- Behavioral illness and substance abuse annually cost U.S. employers an estimated \$80 to \$100 billion annually in indirect costs.

Source: American Hospital Association, 2014.<sup>6,7,8</sup>

## Assessing the Effectiveness of Behavioral Health Integration

When behavioral health is integrated, hospitals and care systems can use several metrics to determine the true value of the integration. Assessing the effectiveness of an integration effort allows organizations to adjust and make changes as the effort unfolds. For example, hospitals and care systems should track readmissions, patient satisfaction, health outcomes and treatment adherence.<sup>9</sup> Table 3 outlines how integrating behavioral health into the continuum of care aligns with the Triple Aim to improve the patient experience of care, improve population health and reduce per capita cost.

*Table 3. Behavioral Health and the Triple Aim: Case Examples*

<b>Improve Population Health</b>	<ul style="list-style-type: none"> <li>• A 2012 study with UnityPoint-Trinity, West Des Moines, Iowa, of 30-day readmissions—a Medicare quality metric that carries payment penalties—found that 79 percent of readmitted patients had a behavioral disorder complicating their physical condition. Clinicians intervened earlier to address those behavioral issues, and the readmission rate fell 8 percent in just two months. (Morrissey, 2013)</li> <li>• The BRIGHTEN Program (Bridging Resources of an Interdisciplinary Geriatric Health Team via Electronic Networking) demonstrated that an interdisciplinary virtual team linked with outpatient medical clinics can be an effective approach to enable older adults to access treatment for depression. A total of 2,422 patients were screened in participating clinics over a 40-month period, and significant improvements were documented in depression symptoms and general behavioral health. (Emery, 2012)</li> <li>• The Integrated Behavioral Health Project (IBHP) was launched in 2006 to integrate behavioral health services into primary care settings in California. IBHP-funded projects have shown statistically significant improvements in patients’ physical, behavioral and general health.</li> </ul>
<b>Reduce Per Capita Cost</b>	<ul style="list-style-type: none"> <li>• The Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) project followed 1,801 depressed, older adults from 18 diverse primary care clinics from eight health care systems across the United States for two years. The IMPACT project integrated behavioral and physical health services using a collaborative care model. The return on investment was \$6 saved for each \$1 spent on the program. (Unützer, 2008)</li> <li>• In 2009, a one-year pilot study conducted at Sanford Health Hospital in Fargo, ND, examined the integration of a clinical health psychologist on length of stay and use of resources. Medical and nursing staff satisfaction measures showed strong positive scores for the service. In a sample of patients, an estimated 108 days were saved, with a cost savings of \$104,684 (Sandgren, 2010)</li> <li>• St. Charles Health System, located in Bend, Ore., has behavioral health specialists embedded into the NICU, where they work with families on engagement and coping skills, leading to potentially shorter length of stay and maximizing the newborn’s functions. (Henderson, 2014)</li> <li>• Sustaining Healthcare Across Integrated Primary Care Efforts (SHAPE) in Colorado aims to understand the impact of global payment methods on the integration of behavioral health and primary care and test real-world applications to inform policy. Initial projections indicate potential savings of \$656 million on a population of 1million patients who have conditions like arthritis, asthma, diabetes or hypertension in conjunction with a behavioral health condition.</li> </ul>

**Improve Patient  
Experience of Care**

- For three years, St. Charles Health System, located in Bend, Ore., has placed psychologists in pediatric physician practices to provide screening and counseling services. By integrating behavioral health into a primary care setting, families have immediate access to intervention and support provided by highly qualified behavioral and physical health professionals. (Henderson, 2013)
- At the University of Rochester Medical Center, located in Rochester, NY, a coaching program with behavioral health specialists who code the interactions between physicians and patients has shown promise of raising physician awareness of communication patterns and improving patient-centered communication. (McDaniel, 2014)
- The Massachusetts Child Psychiatry Access Project (MCPAP), located in Boston, Mass., is an integration effort that assists primary care providers who treat children and adolescents for psychiatric conditions. According to MCPAP's Fiscal Year 2012 Statewide Data study, successes in each of their distinct categories have increased as much as 57 percent since 2005.

Source: American Hospital Association, 2014.<sup>10</sup>

## Applying an Integration Framework for Behavioral Health

A significant opportunity exists for hospitals and care systems to integrate behavioral and physical health services across all care settings. Choosing the appropriate framework can lead to improved quality and better outcomes for patients and the organization. A variety of frameworks are available, so hospitals and care systems can tailor integration efforts to their own resources and community needs.

Integrating behavioral health into care delivery changes a care setting by:

- Increasing providers' knowledge, expertise and capacity
- Promoting understanding across the entire care continuum
- Providing more comprehensive and better coordinated care
- Identifying behavioral health concerns early
- Facilitating communication, collaboration and treatment between providers
- Allowing physical health providers to use the expertise of trained behavioral health specialists
- Improving patient education and satisfaction

The type, degree and nature of integration will vary by setting and should be used whenever appropriate for the care of the patient. Regardless of the setting—primary care, acute inpatient care, long-term (e.g., skilled nursing facility), outpatient, community, or emergency room—several key elements of behavioral health can be incorporated. Key elements to consider when moving toward integration are:

- Standard behavioral health screening
- Unified treatment plans
- Actionable screening results
- Protocol-based care delivery
- Common electronic health record
- Patient-centered care (treating mind and body)

Table 4 outlines several frameworks that address these key elements.

Table 4. Frameworks for Integrating Behavioral Health

Integration Framework	Description
<a href="#">AHRQ Framework for Primary Care</a>	Based on nine components, this model integrates care team expertise, clinical workflow, patient identification, patient and family engagement, treatment monitoring, leadership alignment, operation reliability, business model sustainability, and data collection and use.
<a href="#">IMPACT</a>	A collaborative care model designed to treat chronic diseases in older adults who also have depression. Using a team-based approach that includes care manager, primary care provider and behavioral health specialists, depression is managed from the primary care setting. The care team uses a three-step, evidence-based approach, in which consultations and care plans are jointly created and monitored by the primary care provider and the behavioral health specialist. Patients receive routine screening for depression as well as more intensive care during the acute and maintenance phases. A care manager, nurse or psychologist provides education, care management, and medication support or psychotherapy, with regular telephone follow-up for a year (weekly at first, and then less frequently as depression lessens).
<a href="#">Three-Component Model (TCM)</a>	Care management is provided from a centralized location in an organization or a local practice, with a spectrum of services provided. Critical to the success of this model is patient education, counseling for treatment adherence and communication with other clinicians involved with the patient’s care. The behavioral health specialist supervises and provides guidelines for the care manager, provides consultation services to the primary care physician, and facilitates appropriate use of additional behavioral health resources.
<a href="#">Co-located collaborative care</a>	Behavioral health specialists are located on-site within a care setting, providing services to the patients at the clinic in a collaborative manner with the other clinicians. Co-located behavioral health specialists provide more traditional psychotherapy regimens. Another key feature of this model is triage, in which the level of care is increased depending on the patient’s need, risk or severity, and ranges from behavioral health consultation, to specialty consultation, to fully integrated care.
<a href="#">The 6P Framework</a>	This framework incorporates six group stakeholders: (1) patients/consumers, (2) providers, (3) practice/delivery systems, (4) plans, (5) purchasers and (6) populations/policies. This framework includes economic considerations and innovative financial incentive arrangements, which encourage the collaboration between care providers and payers. This model provides a framework for treating depression in the primary care site by outlining several care components. These components include the leadership team, decision support to enhance adherence to evidence-based treatment guidelines, delivery system redesign (e.g., use of patient registries), clinical information systems, patient self-management support, and community resources.
<a href="#">Reverse Integration</a>	For patients with severe behavioral illnesses, primary care is provided within a specialty behavioral setting, through co-location or care coordination.

Source: American Hospital Association, 2014.

Most of the integration tools described in Table 4 address key elements in care delivery. Table 5 compares four of the tools, each of which addresses approaches for integrating behavioral health screening.


Table 5. Comparison of Integration Frameworks and Behavioral Health Screening

Integration Framework	Description of Behavioral Health Screening
<a href="#">AHRQ Framework for Primary Care</a>	Patients receive a standardized screening upon entering the care site. A primary care physician or behavioral health specialist conducts the screening.
<a href="#">IMPACT</a>	Patients receive routine screening for depression as well as more intensive care during the acute and maintenance phases. If the hospital or care system has decided to target depression, IMPACT specifically addresses screening for this illness.
<a href="#">Three-Component Model (TCM)</a>	The physician conducts screening based on a referral provided to a behavioral health specialist. Screening may be standard or catered to the setting.
<a href="#">Co-located collaborative care</a>	Patients may receive standardized screening upon entering the care site. A primary care physician or behavioral health specialist conducts the screening. Another key feature of this model is triage, in which the level of care is increased depending on patient need, risk or severity and ranges from behavioral health consultation, to specialty consultation, to fully integrated care.

Source: American Hospital Association, 2014.

AHRQ’s [Atlas of Integrated Behavioral Health Care Quality Measures](#) provides an integration framework and core measures for assessing behavioral health care. This framework can serve as a checklist during an integration effort. Figure 2 presents an example of one of the eleven functional domains—care team expertise—and the corresponding measurement constructs are specific characteristics, actions and outcomes that can be observed during integrated behavioral health. Additionally, the framework provides measures that comprise each domain. The complete framework can be found at [http://integrationacademy.ahrq.gov/sites/default/files/framework\\_and\\_measures.pdf](http://integrationacademy.ahrq.gov/sites/default/files/framework_and_measures.pdf).

Figure 2. Integration Framework and Core Measures for Assessing Behavioral Health Delivery: Care Team Expertise

FUNCTIONAL DOMAIN		MEASUREMENT CONSTRUCTS	MEASURES
<p><b>Functional domains</b> divide and organize the integration framework into functions or actions.</p>		<p><b>Measurement constructs</b> describe specific characteristics (i.e., structures), actions (i.e., processes), and outcomes that can be observed during integrated behavioral health care.</p>	<p><b>Measures</b> provide details for how to define and assess measurement constructs and their sub-components.</p>
<p>1) Care team expertise: The team is tailored to the needs of the particular patients and populations—with a suitable range of expertise and roles.</p>		<p><b>Structure:</b></p> <ul style="list-style-type: none"> <li>• Health care professionals with a range of expertise and roles are available and can be tailored into a team to meet the needs of specific patients and population</li> </ul> <p><b>Process:</b></p> <ul style="list-style-type: none"> <li>• Conduct an individualized needs assessment for a specific patient and family.</li> <li>• Develop a unified care plan that builds a team—with necessary members and functions—to care for a given patient.</li> <li>• Train the care team to function in collaborative practice and respond as a team to an individual patient's unique needs.</li> <li>• If desired, select a sub-population of clinic patients with similar needs, such as geriatric care, children with special needs, or chronic illnesses and make available a range of team expertise generally needed to care for the selected sub-population.</li> </ul>	<p>C1. Assessment of Chronic Illness Care</p> <p>C2. Behavioral Health Integration Checklist</p> <p>C3. Competency Assessment Instrument Measures</p> <p>C4. Consumer Assessment of Healthcare Providers and Systems – Clinician &amp; Group Measures</p> <p>C6. Level of Integration Measure</p> <p>C7. Mental Health Integration Programs</p> <p>C8. Site Self-Assessment Evaluation Tool</p>

Source: Agency for Healthcare Research and Quality, 2013



## Strategic Questions for Integrating Behavioral Health

### Assessing Your Efforts Toward Integrating Behavioral Health

To begin integrating behavioral health or to enhance current efforts, health care leaders should assess their organization's current level of behavioral and physical health integration. The questions below are not exhaustive but designed to trigger discussion and promote awareness of future opportunities. These questions can be applied to variety of settings across the health care delivery continuum.

Question	
<b>1. Does your organization align behavioral health treatment with the Triple Aim?</b>	<i>The Triple Aim involves promoting the integration of physical and behavioral health services to improve patient care, improve population health and reduce cost.</i>
<b>2. Does your organization screen for behavioral health disorders in the patient population?</b>	<i>A system is in place in all settings and routinely used to screen patients who may need or benefit from integrated behavioral health care.</i>
<b>3. Does your organization measure the cost and health outcomes resulting from the integration of physical and behavioral health services for your patient population?</b>	<i>An integration effort between physical and behavioral health is measured and evaluated, and specific metrics, such as for patient satisfaction and health outcomes, are linked for continuous process improvement.</i>
<b>4. Does your organization survey behavioral health needs as a consistent part of your community health needs assessment?</b>	<i>A community health needs assessment includes surveying behavioral health issues in the community so that the hospital or care system incorporates care delivery processes that address the behavioral health needs of all the patients it serves.</i>
<b>5. Does your organization have a process to assess the possible reorganization of care delivery to incorporate behavioral health?</b>	<i>Health care leaders assess any possible reorganization of care that will be necessary to incorporate behavioral health into the care delivery process, including the creation of treatment plans and health interventions.</i>
<b>6. Does your organization align resources—clinicians, space, information technology—for behavioral health across the system?</b>	<i>Hospitals and care systems prioritize organizational initiatives and resources that address behavioral health and address any gaps in the care delivery process.</i>
<b>7. Does your organization explore partnerships with behavioral health providers?</b>	<i>Hospitals and care systems examine how to build capacity for behavioral health offerings by collaborating with other providers to address community health needs.</i>
<b>8. Does your organization use a patient-centered care model in each care delivery setting that incorporates behavioral health services?</b>	<i>A patient-centered approach involves using integrating behavioral health services so the patient can receive holistic care throughout the care continuum.</i>

## Question

**9. Does your organization use unified treatment plans that include input from behavioral health and physical health staff?**

*Treatment plans for patients are created with input from all staff, including behavioral health specialists, to ensure planned treatments are holistic.*

**10. Does your organization use behavioral health registries to track patients?**

*Measuring and tracking patients in an integrated system involves data collection and analysis. Data registries will allow stratification and identification of patients who require specific interventions for both physical and behavioral health conditions.*

For additional information related to integrating behavioral health:

- [AHRO Atlas of Integrated Behavioral Health Care Quality Measures](http://integrationacademy.ahrq.gov/atlas) (available at <http://integrationacademy.ahrq.gov/atlas>)
- [AHRO Lexicon for Behavioral Health and Primary Care Integration](http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf) (available at <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>)
- [Integrated Care Resource Center](http://www.integratedcareresourcecenter.com/) (available at <http://www.integratedcareresourcecenter.com/>)
- [Center for Advancing Health: Collaborative Care Teams Improve Mental Health Outcomes](http://www.cfah.org/hbns/2012/collaborative-care-teams-improve-mental-health-outcomes) (available at <http://www.cfah.org/hbns/2012/collaborative-care-teams-improve-mental-health-outcomes>)

## Conclusion

Hospitals and care systems continue to move out of their four walls and into the community to improve population health and manage the total cost of care. Integrating behavioral health and physical health services across all health care settings and in the community moves an organization toward achieving the Triple Aim, with a patient-centered care model that treats the mind and body.

No particular framework or model of integrating behavioral health is appropriate for every provider and hospital. The decision to be a direct provider of behavioral health services or to provide these services via collaborative partnerships, joint ventures or contractual arrangements will be driven by community needs and available resources. The Agency for Healthcare Research and Quality outlined the three stages of behavioral health integration—coordinated, co-located and integrated—along with the three clinical functions—patient-centered care team, shared population and mission, and systematic clinical approach—to guide hospitals and care systems in moving integration forward.

Hospitals and care systems should develop and sustain robust measurement systems that track patient satisfaction, admission rates and total cost to determine the effectiveness of their integration effort. Publicly available checklists that assess behavioral health integration are a useful tool for leaders. The strategic questions for integrating behavioral health included in this guide will help health care leaders assess strategic questions and assess their organization's current level of behavioral health integration. From there, leaders can access resources to develop an effective integration plan or further expand existing integration effort.

Innovative health care leaders are moving quickly to integrate physical and behavioral health services, to not only address rising costs and an increased demand for behavioral health services, but also to improve outcomes, reduce the total cost of care and enhance the patient experience.

## Case Example I: Geisinger Health System, Danville, Pennsylvania

**Background:** Geisinger is an integrated health services organization that serves more than 2.6 million residents throughout 44 counties in central and northeastern Pennsylvania. The mission of Geisinger is: “Enhancing quality of life through an integrated health service organization based on a balanced program of patient care, education, research and community service.”

**Primary Care Setting and Specialty Care Integration:** As an accountable care organization, Geisinger has been integrating behavioral health into different care settings, including pediatric and primary care clinics. Behavioral health specialists are co-located in the care setting. For example, behavioral health specialists are embedded with primary care clinicians at 42 primary care clinic sites. The co-location of these specialists supports the health system’s mission and moves toward the goal of creating a holistic care approach that makes the patient part of the care team.

To improve the collaboration between health professionals at the primary care clinics, all staff receive training on basic concepts of behavioral health and the goals for incorporating these services at the clinic. Physicians and behavioral health specialists who are hired to work at these primary care clinics should understand and want to be part of a holistic care approach. One direct benefit that resulted from having behavioral health specialists embedded were “warm handoffs,” when the primary care physician introduces the patient to a behavioral health specialist almost immediately. Patients receive a standard screening that includes behavioral questions based from the [PHQ-2](#) and [PHQ-9](#), a standard behavioral health screening that measures depression levels. Physicians use the screening results to determine the next steps for care.

**Results:** Initial results from the effort to incorporate behavioral health have been positive. Through the introduction of “warm handoffs,” patients have an 85 percent probability of attending their first office visit with the behavioral health specialist. Embedded behavioral specialists in the pediatric department have increased identification of at-risk patients, which has reduced the number of pediatric patients entering the emergency department.

### Lessons Learned:

- A hospital or care system should explore behavioral health integration in-depth with the physician leaders, as physician buy-in is critical.
- Even with co-located care, a behavioral health practitioner can still be insulated from other practitioners, have financial barriers and experience stress that hinders effective collaboration.
- It is important to explore different payment models, such as shared savings when integrating care services.

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## Case Example 2: Robert Young Center for Community Behavioral Health, Rock Island, Illinois

**Background:** Part of UnityPoint Health in West Des Moines, Iowa, Robert Young Center is a community mental health center with a 25-bed adult psychiatric unit, 6-bed child and adolescent unit and a 16-bed chemical dependency unit. With locations in Iowa and Illinois, Robert Young Center was the first community mental health center in Illinois as well as the first hospital-based community mental health center in Illinois or Iowa. It has 2,500 admissions each year.

**Primary Care Setting Integration:** Part of Robert Young Center's integration approach has been the creation of a patient-centered medical home. Co-located in the hospital, the center collaborates with providers and delivers care that is coordinated. Focused on standardization, the center ensures that each patient who is at risk for depression receives a standard depression screening. Collaborating with the Iowa Health Physicians and a federally qualified health center, a behavioral health specialist—licensed clinical social worker or licensed clinical professional counselor—is embedded into five primary care locations. Behavioral health specialists provide assessments, treatments and consultations. Additionally, primary care physicians can access a behavioral health specialist for consultations on any treatments.

Integration of physical and behavioral health services occurs across the entire care continuum including:

- Inpatient child and adult psychiatric units
- Outpatient behavioral health services
- Community treatment, including skills training and employment assistance
- Home- and school-based behavioral services
- Primary care screening and targeted case management
- Telepsychiatry for outlying emergency departments and jails

**Results:** Robert Young Center had the following positive health outcomes in one quarter:

- 46 percent reduction in emergency room visits
- 65 percent reduction in Medicaid payments for emergency room visits
- 50 percent reduction in psychiatric admissions
- 16.9 percent reduction in medical admissions for patients with behavioral health diagnoses
- 80 percent reduction in payments for medical admissions

### Lessons Learned:

- Helping patients navigate multiple health systems and coordinating their care between providers can have a significant impact on outcomes and cost.
- It is vital to provide annual health risk assessments to identify at-risk patients with co-morbidities.
- Using evidence-based practices to determine accurate health outcomes and tracking each patient's treatment, adherence and outcomes are critical for continued process improvement.

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### **Case Example 3: Samaritan Health Services, Corvallis, Oregon**

**Background:** Samaritan Health Services, located in Oregon, is a five-hospital system with eight primary care and specialty physician clinics. Serving an area of 290,000 residents, the mission of Samaritan Health Services is to build a healthier community.

**Primary Care Setting and Chronic Care Integration:** Samaritan Health Services created two community clinics, Corvallis Heartspring Wellness Center and Albany Heartspring Wellness Center, incorporating multiple health practitioners including allopathic, osteopathic, and naturopathic physicians as well as nurse practitioners, behavioral health specialists, massage therapists, acupuncturists, an occupational therapist and a dietician. The goal of these clinics is to provide holistic and integrated health care for patients, utilizing both conventional and complementary treatments from a variety of health practitioners. Patients are referred to the clinic for treatment from other providers or use the clinic for their primary care. Most patients who are referred to the clinic have chronic conditions or have been unresponsive to traditional medical treatments.

Initial evaluations with patients are extensive, typically lasting 90 minutes or more. Clinic practitioners develop treatment plans and monitor patient progress as a team. Collaboration between the various practitioners and the referring provider is especially important in providing the holistic approach to patient care. Creating an effective and collaborative care team starts with the provider selection process. Clinic staff and providers need to possess a basic understanding of and desire to provide holistic care. Additionally, a curiosity and desire to learn about other care modalities are important characteristics of the team providers. Clinic providers meet regularly to review patient cases, develop treatment plans and assess outcomes, providing a setting to learn and improve collaboration and each patient's care.

**Results:** Over time, the clinic practitioners work as one team providing holistic care. The integrative primary care providers typically create the treatment plans for the most complex patients due to their greater breadth of understanding of both conventional and complementary treatments. The clinic's mission and vision statements have been revised to reflect this new approach to holistic care, with input from all practitioners at the clinic.

**Lessons Learned:** Samaritan Health Services's primary lesson from this integration effort was the realization that both medical and nonmedical health care practitioners may have very little understanding of each other and their respective practices. This "silo effect" was initially evident in these two clinics, which brought together a variety of practitioners to provide care. Extensive collaboration methods were used at the clinic's inception to improve understanding and awareness between all the practitioners.

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## Case Example 4: Cherokee Health Systems, Knoxville, Tennessee

**Background:** With 47 clinical locations in 13 counties, the Tennessee-based Cherokee Health Systems serves more than 63,800 patients. Using a care delivery philosophy that treats the body and mind, Cherokee Health provides comprehensive primary, behavioral health and preventive care.

**Systemwide Integration:** Cherokee Health Systems incorporated behavioral health services in the care delivery system by co-locating behavioral health professionals in primary care settings for real-time consultations. These consultations are available to all physicians, allowing focused behavioral health intervention at the primary care level. A standard medical questionnaire includes behavioral health screening questions to identify potential issues. Care managers track high-need patients for treatment adherence. The collaboration between the care managers and the physician and behavioral health staff has led to significant positive outcomes.

**Results:** Compared to similar area providers who have not incorporated behavioral health, Cherokee Health Systems has achieved the following outcomes for its overall patient population:

- Nearly a 20 percent increase in primary care visits for the overall patient population, which has reduced the amount of inpatient treatments, improving efficiency and saving money
- 68 percent reduction in emergency room visits
- 42 percent reduction in specialty care visits
- 37 percent reduction in hospital care
- 22 percent reduction in overall cost

**Lessons Learned:** Cherokee Health Systems integrated behavioral health services systemwide and determined that primary care is the best platform for its effort. Patients prefer the primary care setting for receiving behavioral health care. By using highly skilled behavioral health specialists, the health system's care team increased the efficacy of care delivery.

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## Case Example 5: Council of Community Clinics, San Diego, California

**Background:** With 16 members and more than 100 sites, Council of Community Clinics has represented and supported community clinics and health centers for 35 years. Council of Community Clinics does not operate a public hospital or clinic yet provides care to 1 in 6 residents of San Diego.

**Community Setting Integration:** In December 2006, Council of Community Clinics signed a contract with the county of San Diego's Behavioral Health Administration to implement the Behavioral Health and Primary Care Integration project, which uses the IMPACT model—Improving Mood Promoting Access to Collaborative Care Treatment—to treat individuals suffering from depression. All health providers use the [Patient Health Questionnaire-9](#), which standardizes the screening process. Additionally, training is provided to all staff on the care team.

To evaluate the integration project, a quality management committee was created. Meeting regularly, the committee provides feedback to Council of Community Clinics and participating clinics to improve care services and integration effort.

**Results:** During each visit, IMPACT patients complete the [PHQ-9](#) to assess depression. From July 2006 to June 2012, scores from 1,546 patients were examined for the impact that the services had on depression levels. The average score at the time of enrollment was 16.3, indicating a significant level of depression. By the fifth session, the [PHQ-9](#) scores were below 10 and remained low throughout the treatment. Council of Community Clinics also examined the reduction in stigma attached to receiving behavioral health services and measured patient satisfaction. Patients treated by behavioral health professionals had increased satisfaction and treatment adherence.

### Lessons Learned:

- Council of Community Clinics sought out individuals who desire to work in this type of care setting.
- After their initial resistance to the embedded behavioral health specialists, the primary care physicians found they were able to treat more patients, increasing their revenue stream.
- Partnerships with local behavioral health providers were essential to Council of Community Clinics' success in integrating physical and behavioral health into the care continuum.
- Better collaboration was fostered by providing an on-staff psychiatrist to provide real-time consultations to primary care physicians.

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## Endnotes

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## **About HRET**

Founded in 1944, the Health Research & Educational Trust (HRET) is the not-for-profit research and educational affiliate of the American Hospital Association (AHA). HRET's mission is to transform health care through research and education. HRET's applied research seeks to create new knowledge, tools and assistance in improving the delivery of health care by providers and practitioners within the communities they serve. [www.hret.org](http://www.hret.org)

## **About HPOE**

Hospitals in Pursuit of Excellence (HPOE) is the American Hospital Association's strategic platform to accelerate performance improvement and support delivery system transformation in the nation's hospitals and health systems. HPOE shares best practices, synthesizes and disseminates knowledge, and engages leaders in the health industry through education, research tools and guides, leadership development programs and national engagement projects. [www.hpoe.org](http://www.hpoe.org)

## **About AHA's Section for Psychiatric and Substance Abuse Services**

The American Hospital Association's Section for Psychiatric and Substance Abuse Services represents more than 1,600 behavioral health providers, across a continuum of service levels. The section is a key contributor to the AHA's behavioral health advocacy and policy initiatives and provides a forum to discuss critical health care issues. The 18-member Psychiatric and Substance Abuse Services Governing Council, which meets three times a year, leads these efforts. The AHA's Section for Psychiatric and Substance Abuse Services offers an array of member services including executive small group-facilitated discussions on current best practices and research, monthly communications on key behavioral health issues and a members-only section website: [www.aha.org/psych](http://www.aha.org/psych).