

Expanding Mental Health Services in the Face of Workforce Shortage

Caroline Fisher MD PhD

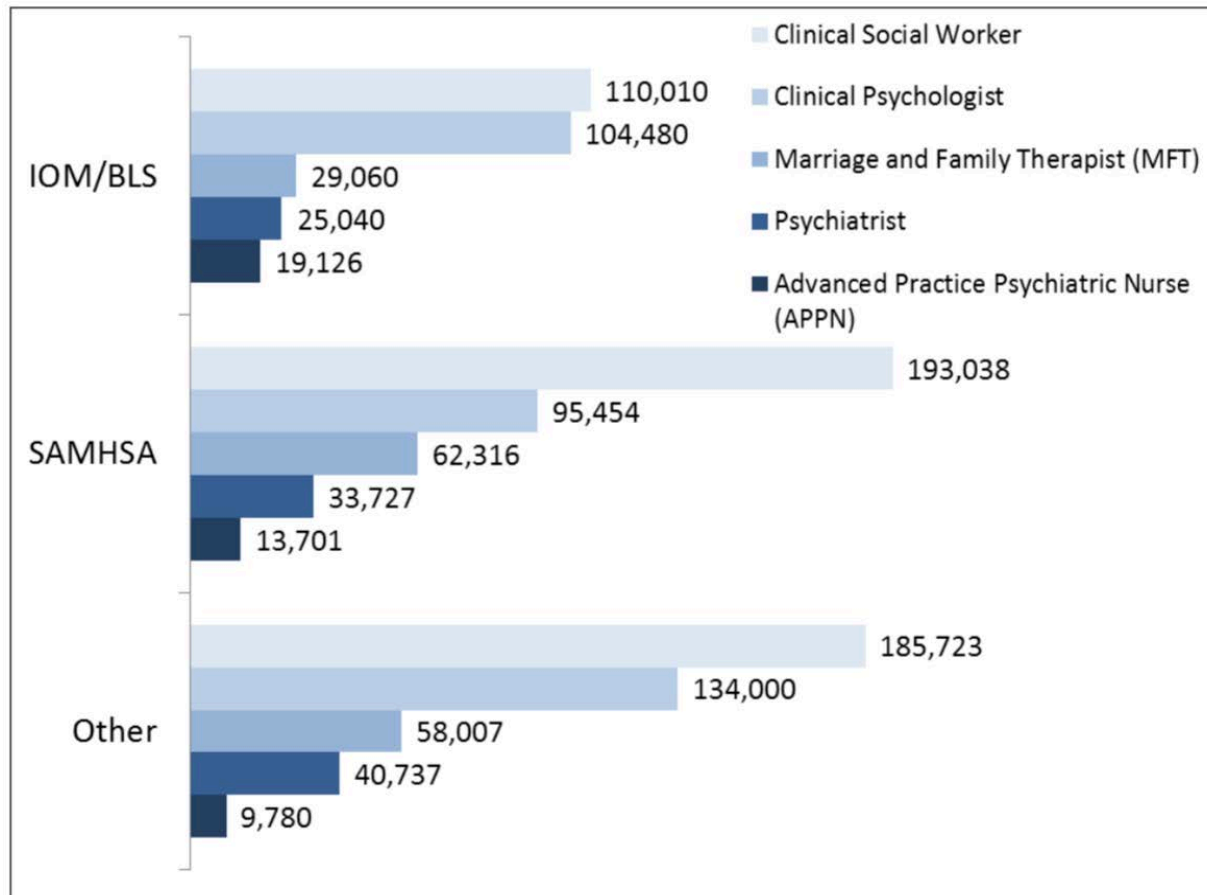
Vice President of Mental Health

Samaritan Health Services



*Please note that the views expressed are those of the
conference speakers and do not necessarily reflect the
views of the American Hospital Association and Health
Forum.*

Mental Health Provider Workforce



Source: The Mental Health Workforce: A Primer, Congressional Research Service, April 2015

Standard Model of Psychiatric Care

Initial evaluation and diagnosis– 90 min

Therapy– 60 min/week, 10–15 weeks

Medication management visit– 30 min/month

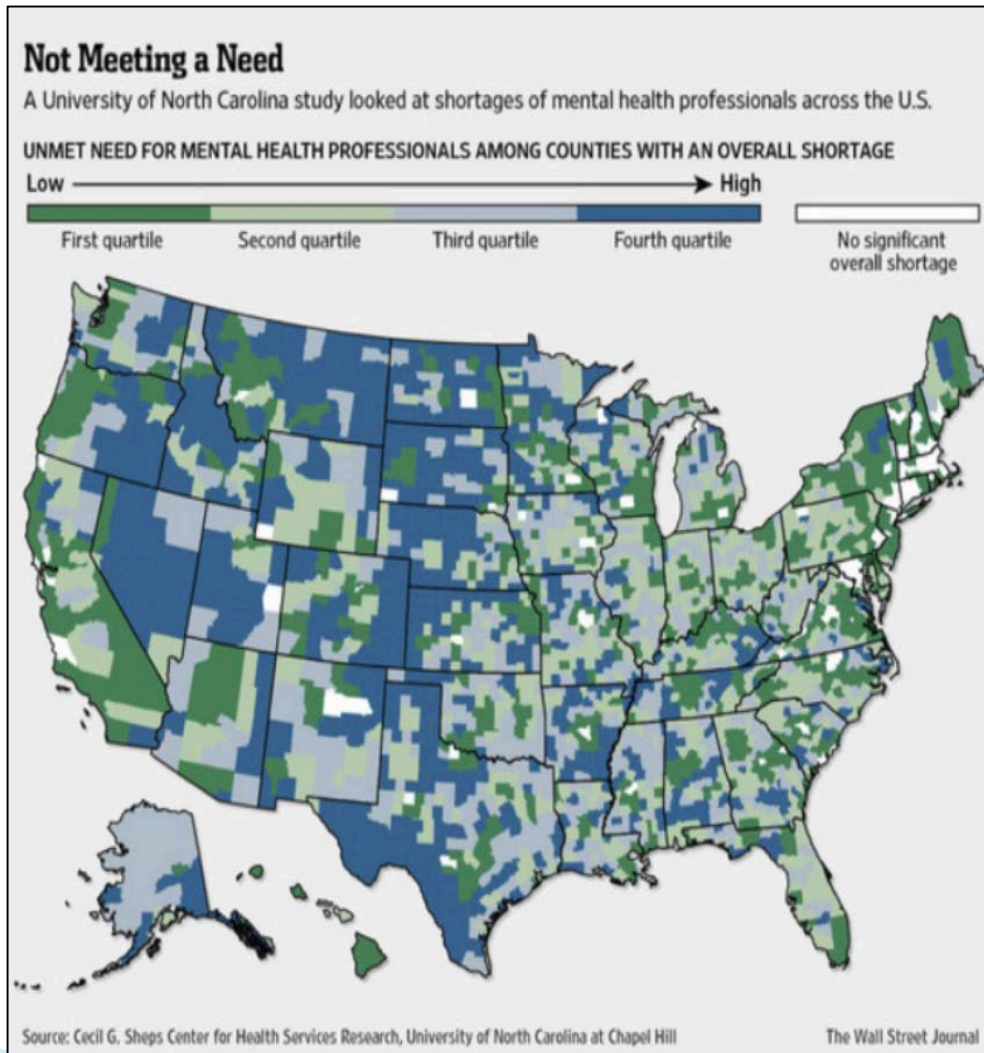
Very stable patients– 30 min/ 3 months

36 hours/week, 46 weeks a year

276 patients total

528 patients at 15 min med management visits

Mental Health Demand



Source: Thomas, K. C., Ellis, A. R., Konrad, T. R., Holzer, C. E., & Morrissey, J. P. (2009). County-level estimates of mental health professional shortage in the United States. *Psychiatric Services*.

Stepped Care

Crisis: Inpt, ER,
Crisis Team

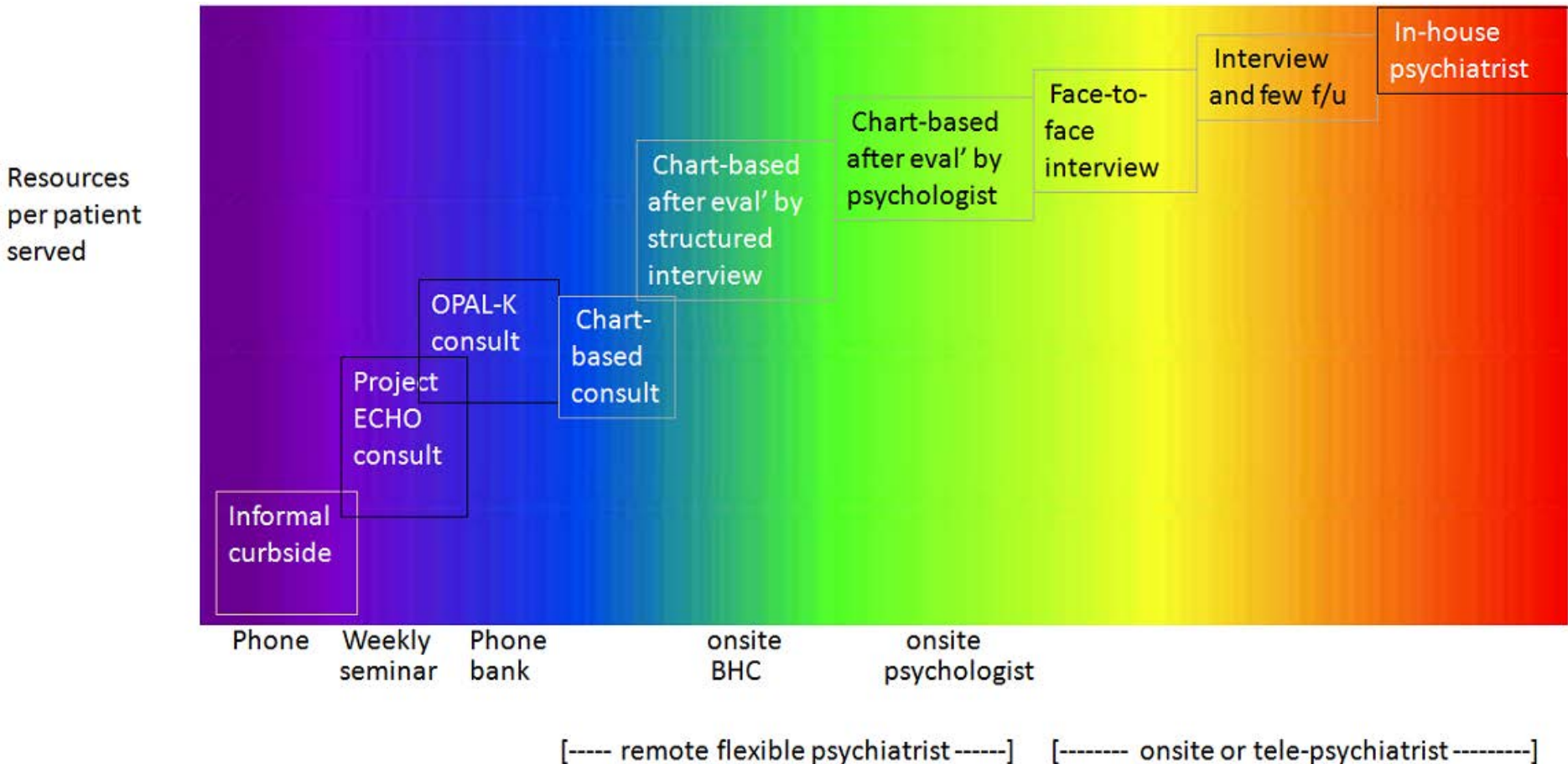
Severe and Unstable:
Specialty Practice

Moderate and Stable Severe:
Collaborative Practice; Meds,
Therapy, Support

Mild: Make a Plan; Online, Self Help,
Groups, Brief Focused Therapy, Exercise

Recognition: Uniform Screening

The Spectrum of Levels of Psychiatric Integration in Primary Care



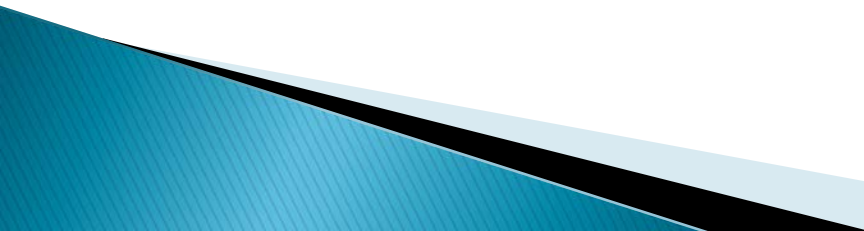
How UW changed my life

- ▶ University of Washington IMPACT model
- ▶ Jürgen Unützer and Lori Raney

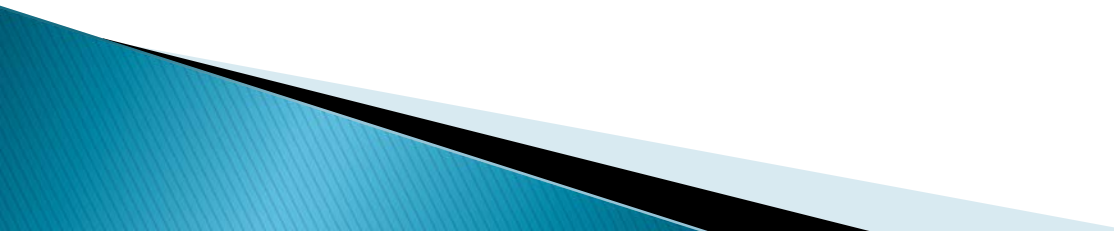
Unützer, Jürgen. "Psychiatry and Integrated Care – All Hands on Deck." *Psychiatric News* 51.5 (2016): 1. Web.

Raney, Lori E. "Integrating Primary Care and Behavioral Health: The Role of the Psychiatrist in the Collaborative Care Model." *American Journal of Psychiatry* 172.8 (2015): 721–28. Web.

Critical Elements of Collaborative Care

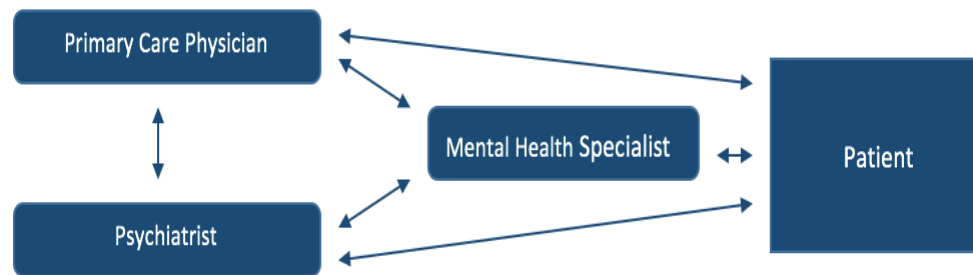
- ▶ Standardized Screening and Outcome Measures
 - ▶ Systematic Patient Follow Up – Chronic Disease Registry Model
 - ▶ Evidenced-based Guidelines and Stepped Care Approach to Treatment
 - ▶ Psychiatric Consultation and Caseload Review
 - ▶ +/- Behavioral Health Interventions on site
 - ▶ +/- Warm Handoffs
- 

Overall Cost Benefit To System

- ▶ Between \$600–\$1400 pppy depending on study, dx, population
 - ▶ Cost savings comes from decreased utilization, e.g. ER, crisis, MH inpatient
 - ▶ Cost savings comes from decreased comorbidity of physical disease, e.g. asthma, diabetes, heart disease
- 

Samaritan Pediatric Psychiatry Pilot

- ▶ Full collaboration in a merged integrated practice for all patients
- ▶ Psychiatry team in primary care offices accessible to pediatricians with lots of education
- ▶ Patient experiences mental health treatment as part of his or her regular primary care
- ▶ Mental Health Specialist serves as a liaison between psychiatry and primary care



Impact Model

- ▶ BHC: Masters level
 - Sees / calls patients
 - Maintains registry
 - Standardized outcome measures
 - Brief therapy

- ▶ MHS: Bachelors + experience
 - Unlicensed MA
 - Zero therapy, zero dx
 - some case management
 - Maintains registry
 - Warm handoffs
 - “face” of psychiatry in Primary Care

CMA Curriculum

BI 101	General Biology	4	AHS. 440	Interprofessional Education I	1
CMA 101	Medical Term & Body Systems I	3	CMA 200	Medical Office Management	4
CMA 110	Medical Office Communications	3	CMA 201	Basic Clinical Office Procedures	5
WR 121	English Composition	3	CMA 203	Physicians Office Laboratory	4
	Electives	2	CMA 211	Math For Medical Assistants	1
CMA 102	Medical Term & Body Systems II	3	AHS. 440	Interprofessional Education I	1
CMA 112	Basic Law & Ethical Issues In Healthcare	3	CMA 202	Adv Clinical Office Procedures	5
CMA 130	Pharmacology Medical Office I	3	CMA 204	Basic Electrocardiography Techniques	1
CRS 110	Medical Insurance & Reimbursement Systems	4	CMA 205	Phlebotomy for Med Assistant	2
CMA 103	Medical Term & Body Systems III	3	CMA 250	Administrative Practicum	3
CMA 104	Pathology For Medical Asst	3	CMA 251	Prep CMA Exam/Seminar Admin	2
CMA 111	Medical Documentation & Screening	3	AHS. 440	Interprofessional Education I	1
COMM 218	Interpersonal Communication	3	CMA 212	Human Relations In Healthcare	3
HE 112	Emergency First Aid	1	CMA 230	Pharmacology Medical Office III	3
MTH 065	Elementary Algebra	4	CMA 260	Clinical Practicum	6
			CMA 261	Prep CMA Exam/Seminar Clinical	2
			CRS 101	Coding I	2
			CRS 211	CPC/CMA Test Taking Strategies	1

Source: <http://smartcatalog.co/Catalogs/Linn-Benton-Community-College/2016-2017/Catalog/Degrees-and-Certificates/Associate-of-Applied-Science-Degrees-and-Certificates/Medical-Assistant/Medical-Assistant-Associate-of-Applied-Science>

How to train a MHS?

- ▶ Interview for “psychological mindedness”
- ▶ Use same process as training early residents
 - Interviewing
 - SCID
 - CSV
 - Epic template
 - Boundaries
 - Risk assessment
 - Vitals
 - Case management
 - customer service
 - Self care
 - Not to overstep role
 - CMA does prescriptions/orders, not MHS

STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS

SCID-5-CV

CLINICIAN VERSION

Michael B. First, M.D.
Janet B. W. Williams, Ph.D.
Rhonda S. Karg, Ph.D.
Robert L. Spitzer, M.D.

Standard Model of Psychiatric Care

Initial evaluation and diagnosis - 90 min

Therapy - 60 min/week, 10-15 weeks

Medication management visit 30 min/month

Very stable patients 30 min/ 3 months

36 hours/week, 46 weeks a year

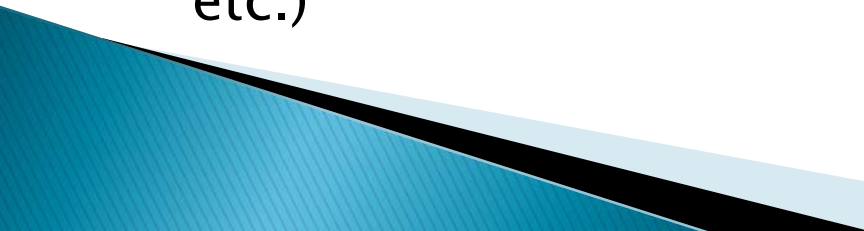
276 patients total

528 patients at 15 min med management visits

What if we called people to see if they needed to come in?

- ▶ Set up a system where:
 - Urgent appointments available
 - Phone calls instead of follow up visits
 - Would I feel confident?
 - Would families feel cared for?
 - Would I burn out?
 - New evaluations streamlined by having MHS do it
 - Capacity expands

What does the follow up look like?

- ▶ Follow up calls are scheduled as 30 minute appointments, with confirmation calls going out before hand
 - ▶ The MH Specialist checks on the patients mood, social HX since last visit, and other concerning factors (over time, the MH specialist gets to know these families, and knows their specific qualities and traits)
 - ▶ The MH Specialist addresses any specific concerns the Psychiatrist may have (i.e. Sleep, appetite, etc.) and may impart information on their behalf (need for blood draw, lab results, etc.)
 - ▶ The MH Specialist conducts formal outcome measures based on the patients diagnosis “(SNAP IV, GAD-7, PHQ-9 etc.)
- 

Example of Follow up phone call

The screenshot displays the Epic EMR interface. The top navigation bar includes 'Epic' logo, 'In Basket', 'Chart', 'Apts', 'Telephone Call', 'Patient Care', 'SmartPhrase Manager', 'Reports', 'Refill Enc', and 'Remind Me'. The patient information bar shows 'Test, Underage Guar...' with details: Phone: None, My Sticky N..., MRN: 10055..., Primary Ins..., Allergies: U..., MyChart: Inactive, Infection/Inf..., AD/POLST/POA FIL..., General Ris..., Infusion: Y, Next Appt Date: None, Next Appt Provider..., Male, 15 y.o., 01/01/2001, PCP: None, CSN: None, Last Height:..., Health Maintenance:..., Active FYIs:..., Care Team.

The 'Report Viewer' window is open, showing a report history for '09/30/2016 Clinical Support Open'. The main content area displays two reports:

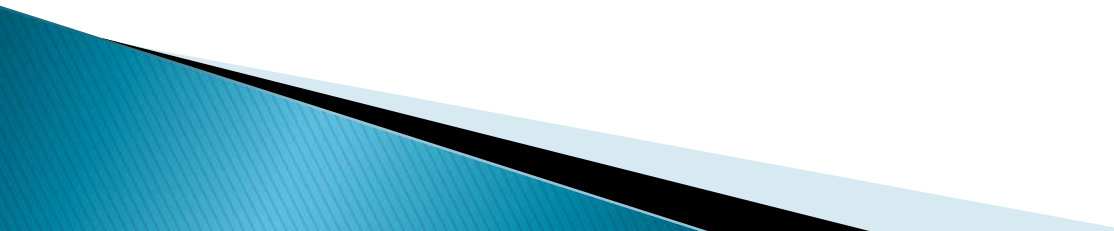
Nathan Perry at 10/03/16 1500
Author Type: Mental Health Specialist Status: Sign at close encounter

Caroline Fisher, MD PhD at 10/21/16 0921
Author Type: Physician Status: Signed
[Expand All](#) [Collapse All](#)
Agree - let's ask Him to drop to half a tab of prozac and offer to increase lamictal to 200 mg daily

Nathan Perry at 10/21/16 1132
Author Type: Mental Health Specialist Status: Signed
[Expand All](#) [Collapse All](#)
I spoke with Underage today. Underage reports that "I'm not doing bad, I'm guessing. Right now I've been able to see my little sister for her birthday, which was nice. We had Presents and cake, she had fun., I switch off with Mom and Dad every 2 weeks. My mood has been varying a lot. Some days it's fines, other days not so much. Mood wise, a bad day would be about a 3, high would be a 6 or a 7. I have not found a therapist like Dr. Fisher recommended, I've been out of town. I'm taking the medication as directed, for sure." Outcome measures conducted. Underage scored a **(14) on the PHQ-9 Depression measure (down from 22 on 6/24/16), with Underage reporting "I think I'm eating a bit more this summer, but it's not too bad. I guess I have thoughts of suicide from time to time, but no plan. When it happens I just kind of don't pay that thought any attention, and move on. I would say I'm feeling depressed some days, not so other days."** 11 minutes spent on this call.

The Windows taskbar at the bottom shows the system clock at 10:13 AM on 10/4/2016, along with various application icons including Epic, Word, and Chrome.

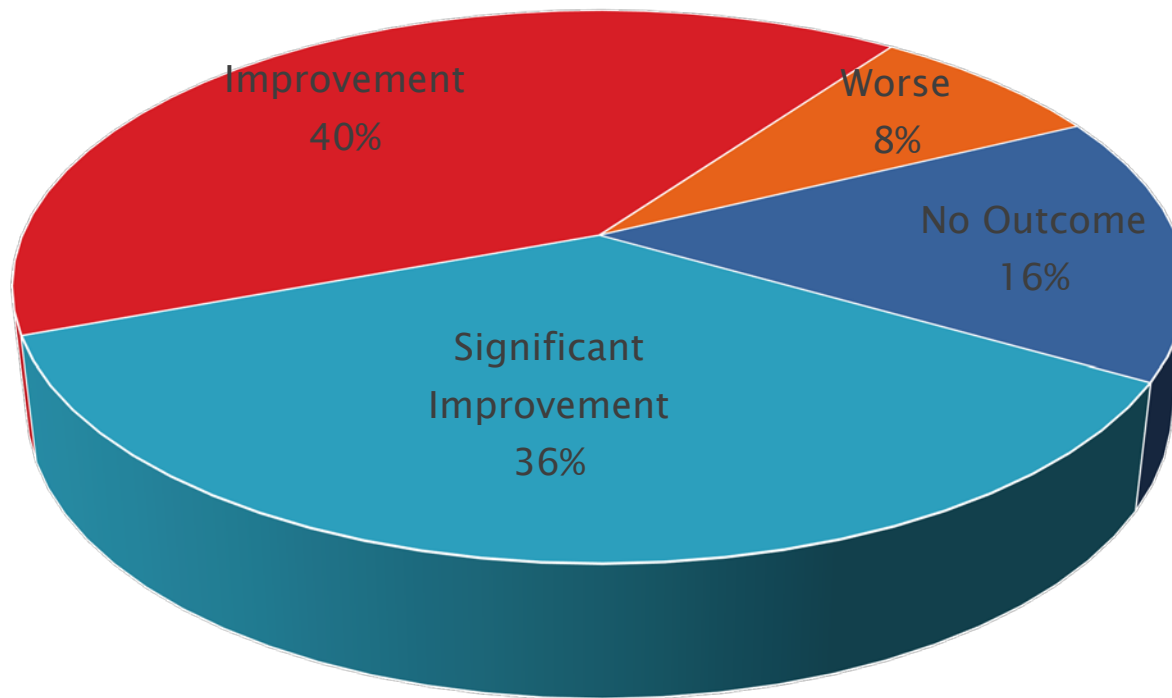
What does the data say?

- ▶ The data shows a 3-to-1 contact ratio between the Mental Health Specialist and the Psychiatrist.
 - ▶ Patients surveyed report a overwhelmingly favorable view of the Mental Health Specialist position and felt it was helpful for their maintained mental health.
- 

- ▶ In a recent patient survey, patients felt comfortable speaking with the MH Specialist versus coming in more often
- ▶ *“Do not change at all! Thank you for your personal care. Everyone in the office knows us and is personal. Keep it that way.”*

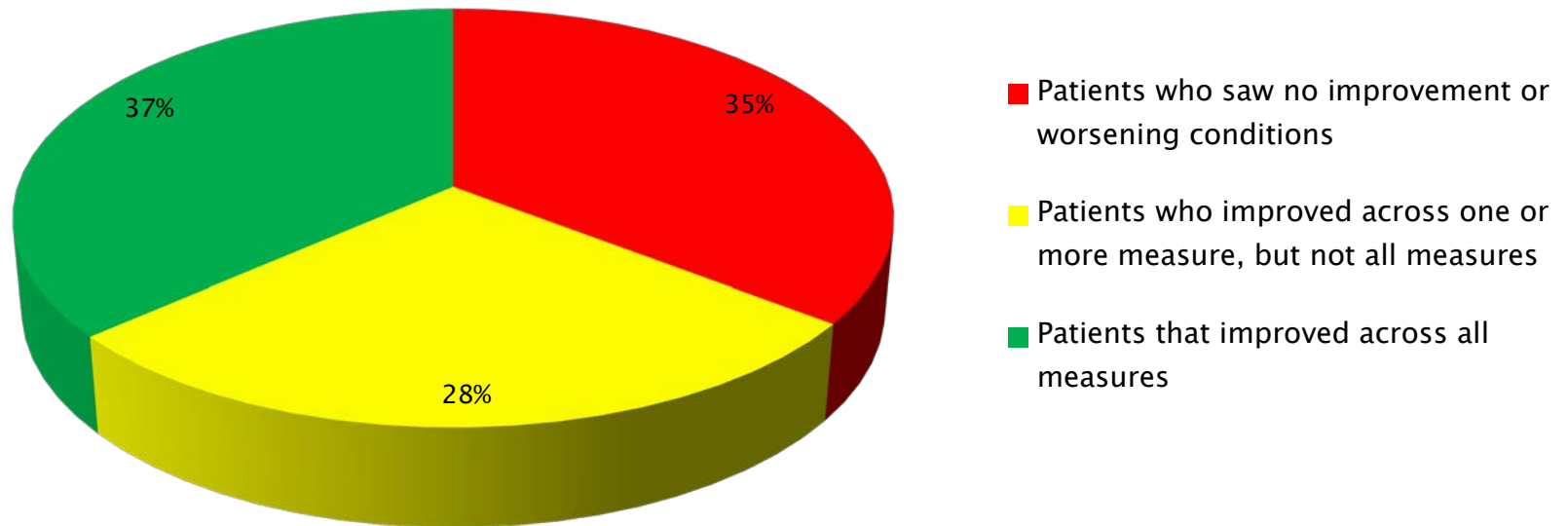
Program Analysis– Primary Care

Patient Outcomes

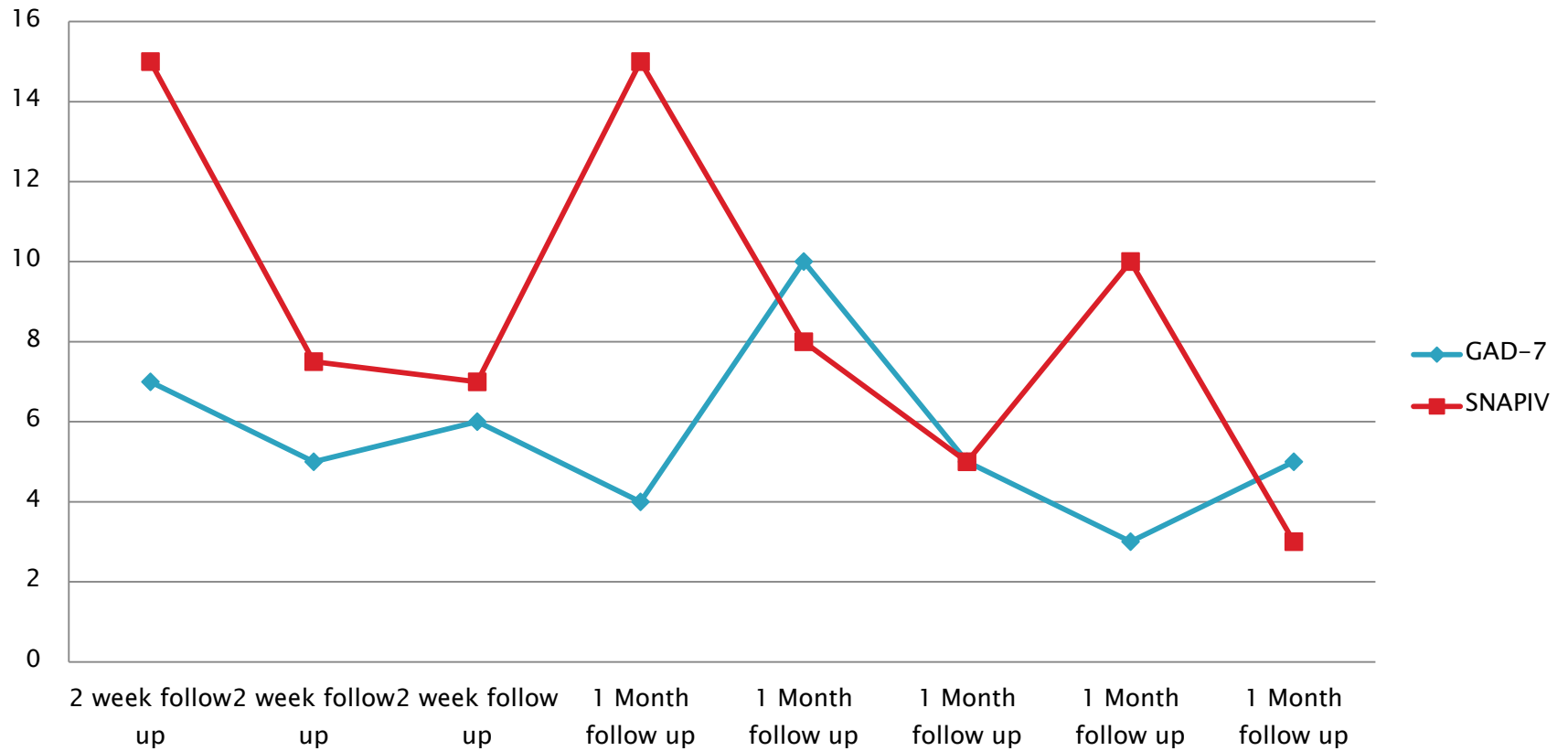


Program Analysis – Specialty Care

Progress of 96 patients across various Outcome Measures



6 y.o. Male: ADHD and GAD



The Details

Heidi May-Stoulil

Director of Mental Health Operations

Samaritan Health Services

Psychiatrist Billing

Psychiatrist CPT Codes:

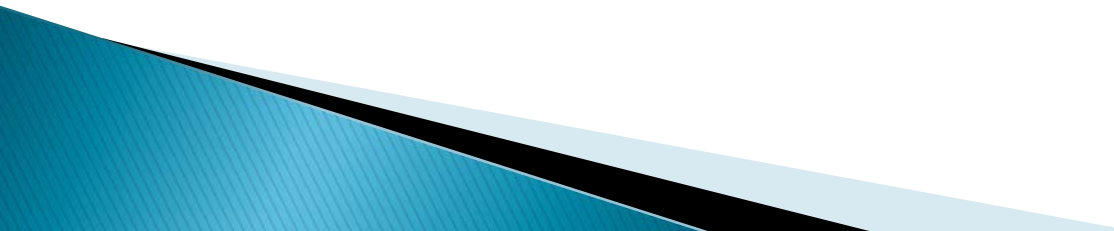
- ▶ Initial evaluations (90791–90792)
- ▶ Follow up 99212–15 + 90833 (E/M plus add-on therapy codes)

New one:

- ▶ Chart reviews (90885)



Insurances

- ▶ Fee for service
 - Psychiatrist bills each session via CPT reimbursement
 - ▶ Update Contracts to include chart reviews and MH specialist screenings
 - ▶ Pediatric Department still reimbursed on a Fee-For-Service basis
- 

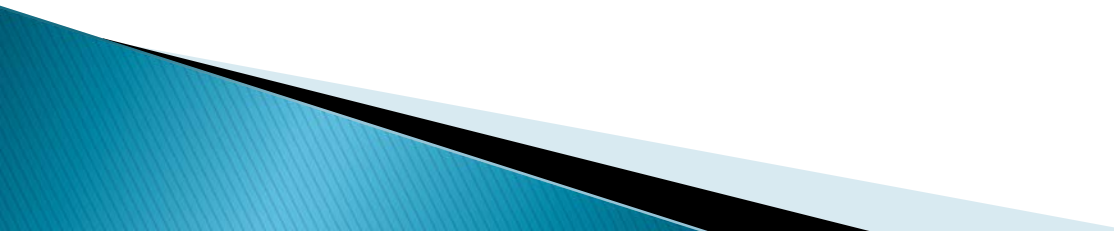
CPT codes under discussion

Mental Health Specialist to use:

- ▶ CPT codes 98966–68 Non– Face to face or telephone/ non physician services
- ▶ CPT code 90899 Unlisted psychiatric services or procedure
- ▶ G Code G0507 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time per month
- ▶ Potential additional CPT for collective care (non face to face time –every 30 mins)

** Source: 2016 AMA CPT Professional edition*

MH Specialist billing considerations

- ▶ Increase level of service CPT code billed by primary care
 - ▶ “Incident to” billing option
 - ▶ Qualified Mental Health Professionals (QMHP)
 - ▶ Qualified Mental Health Assistant (QMHA)
 - ▶ Rural Health Clinic Status
- 

ACO's

- ▶ Alternative payment methods (capitation)
 - Case rate per patient per month
 - Initial evaluations higher reimbursement
 - Bonus for Discharge back to PCP
 - Bonus for non billable services (MHS calls)

How we decided on capitation plan

- ▶ Evaluations
- ▶ Already charging them 99213 + 90833
- ▶ What can do with that rate?
 - Psychiatrist face to face
 - MH specialist phone screening
 - Paid per month rather if both or one of these services happens

Cost effective

- ▶ Pays for itself in fee for service model by increasing billables
- ▶ Increases Access
- ▶ Improves outcomes
- ▶ Decreases comorbidity and decreases utilization in a population health model



Increased access

*Small example: FTE of .1 in Primary Care clinic
(4 hours per week x 3 times a month)*

- ▶ *Pilot served 66 patients in Q3 vs. traditional way of being seen would have been 12–16 patients in a quarter*

Traditional practice reimbursement Co-Locate in PEDS

Medicaid Reimbursement Quarterly

12 (Evals) x \$200 = \$2400

27 (Follow-up) x \$100 = \$2700

Provider cost \$135 per hour x 12 hours a month x 3
for Quarter \$4860

Total= \$240

* 12 Evals (CPT 90792) + 27 follow-up (CPT 99213) minus provider cost

Practiced full/closed

Traditional practice reimbursement Co-Locate in PEDS

Commercials reimbursement Quarterly

12 (Evals) x \$300= \$3600

27 (Follow-up) x \$150= \$4050

Provider cost \$135 per hour x 12 hours a month x 3
for Quarter \$4860

Total= \$2790

*12 Evals (CPT 90792) + 27 follow-up (CPT 99213) minus
provider cost

Practiced full/closed

Pilot PEDS

Medicaid reimbursement Quarterly

27 (Evals) x \$200= \$5400

27 (Follow-ups) x \$100= \$2700

Provider cost \$135 per hour x 12 hours a month x 3
for Quarter \$4860

MH Specialist \$22 per hours x 80 hours per month
x3 = \$1760

Total- \$1480

*27 Evals (CPT 90792) + 27 follow-up (CPT 99213) minus
Provider & MH Specialist cost

Practice OPEN still

Traditional in Specialty (.3 FTE)

Medicaid Reimbursement Quarterly

15 (Evals) x \$200 = \$3000

90 (Follow-up) x \$100 = \$9000

Provider cost \$135 per hour x 44 hours a month x
3 for Quarter \$17820

Total= \$(5820)

*15 Evals (CPT 90792) + 90 follow-up (CPT 99213) minus provider
cost

Practiced full/closed

Case rate –Specialty

Medicaid reimbursement Quarterly

30 (Evals) x \$300= \$9000

90 (Follow-ups) x \$130= \$11700

54 Phone call (not in office) x \$130= 7020

Provider cost \$135 per hour x 44hours a month x 3 for
Quarter \$17820

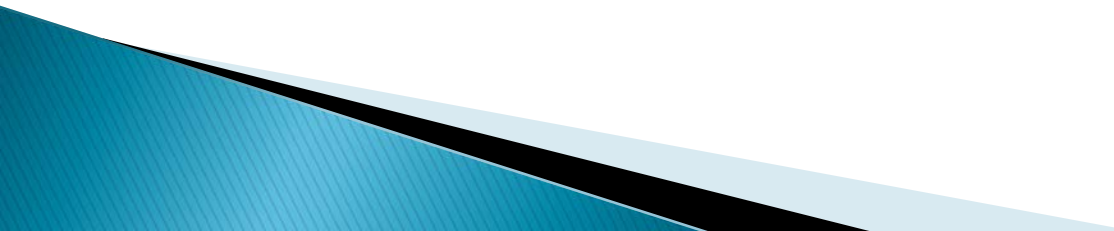
MH Specialist \$22 per hours x 80 hours per month x3 =
\$1760

Total \$8140

*30 Evals (CPT 90792) + 90 follow-up (CPT 99213) + 54 phone calls
minus Provider & MH Specialist cost

****Still open and continue to take new
patients**

Increase access in specialty

- ▶ Current case load 144 and have the capacity for 177 verses 105 traditionally.
 - ▶ Still seeing new patients
 - ▶ Still have the options to discharge back to PCP
 - ▶ Full time Psychiatrist case load would be 590 patients with a MH specialist full time
- 

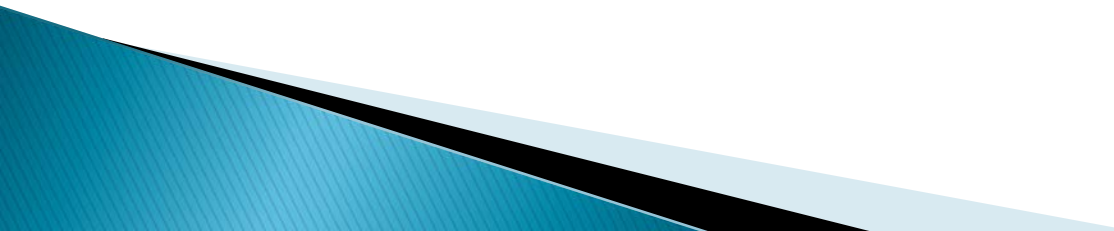
Barriers



- ▶ Credentialing
- ▶ CMS/State laws
- ▶ Commercial insurance: move away from fee for service based to capitation



Ending on a good note

- ▶ Feb 2015 1 MH Specialist (1 clinic)
 - ▶ July 2016 9 MH specialist (12 clinics)
 - ▶ Increased patient satisfaction scores as well as Primary Care providers
 - ▶ Contracting with our local ACO to capitation model in both adult and child specialty Mental Health Clinics
- 

Questions and Answers



Thank You!

Contact information

Caroline Fisher

carofisher@samhealth.org

Heidi May–Stoulil

hmay@samhealth.org