July 21, 2022

PRIMARY HEALTHCARE RFI TO INFORM THE DEVELOPMENT OF A 2022 HHS ACTION PLAN -

FOCUS: INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE

I.INTRODUCTION:

An essential ingredient to high-quality primary care is the integration of evidence-based behavioral health (mental health + substance use) care in primary care sites as part of primary care transformation.

Since the goal of the HHS Initiative to Strengthen Primary Care is to develop a federal foundation for providing primary health care that supports improved health outcomes and health equity, it must include support for primary care practices to be able to integrate evidence-based behavioral health services for their patients.

II.SUCCESSFUL MODELS/INNOVATIONS OF BEHAVIORAL INTEGRATION IN PRIMARY CARE:

The most researched behavioral integration model is the collaborative care (CC) model. Research studies have demonstrated that: "collaborative care is a complex, multi-component clinical practice change that affects the entire workflow of the clinic and all clinic staff. As such, every organization (primary care site) experienced unexpected implementation challenges no matter how well they planned and prepared for implementation. Clinics and providers rarely understand the true scale of disruption to usual practice that will be required to effectively implement collaborative care when they embark on implementation, no matter how much they are told that this is a large-scale systemic change to clinic operations." (Source: Social Innovation Fund (SIF) IMPACT Study Final Report, October 2018).

Due to these implementation challenges, and to the current mental health crisis facing the nation, it is crucial that HHS prioritize promotion of ALL evidence-based models of integrated care. Besides collaborative care, such models include the primary care behavioral health (PCBH) intervention. The PCBH approach is popular among primary care providers and their patients, has the highest uptake in Medicare CPT billing codes for BHI (2018-2019), and is deployed by leading BHI health systems such as Kaiser Permanente, Southcentral Foundation/Nuka Health, Cherokee Health, the Department of Defense, and the Veterans Administration. While collaborative care deploys a psychiatrist only as the BH provider, the PCBH makes a behavioral health consultant an integral part of the primary care team to extend and support the primary care team (Source: Reiter et al, *Jnl of Clin Psych in Med Settings*, 2018).

Both CC and PCBH interventions represent proven integrated care approaches. Yet their effective implementation will remain challenging for primary care practices for some time until enabling policy

changes are made. Therefore, we strongly urge HHS to support policy reforms needed for these primary care delivery innovations to be made available to the American primary care patient population, with resultant improved outcomes and expanded, equitable access to care.

III.BARRIERS TO IMPLEMENTATION OF SUCCESSFUL MODELS/INNOVATIONS:

The main bottlenecks to effective real-world clinical implementation of integrated care are:

* the need for payment reform
* the development of behavioral integration quality metrics (to underpin value-based care) and
* the demands on the primary care system to meet the complex needs of patients with chronic conditions, including co-occurring medical and behavioral conditions. These include: lack of time; minimal training in behavioral health; a lack of care coordination between healthcare delivery and social services.

Integrating behavioral health care in primary care is ultimately not sustainable in a fee-for-service system; however, value-based alternative payment models may serve as a sustainable financial arrangement. A value-based payment system necessarily entails establishing a set of quality measures – structural, process, and outcome – which demonstrate value, efficiency and outcomes results, and hence allow payers, government and commercial insurers, to pay those practices rewarding them for high-quality care delivered.

Behavioral health integration progresses along parallel pathways composed of structural, process and outcomes measures. Thus we must focus on these categories of quality measures shown to demonstrate effective integrated care (Source: Pincus et al, *Curr Psychiatry Rep* 2019; Chung, BHI Frameworks, *BHI Issue Brief Series*, 2022).

Structural Measures - where clinical organizations demonstrate capacity to provide efficient care. Often framed as an accreditation/recognition program, they are based on a practice's:

*policies
*expertise and training
*co-location
*financing mechanisms
*staffing mix/care team
*HIT functionality/clinical information systems
*patient-centered care plan
*decision-support protocols

Process-of-Care Measures – these address the extent to which providers effectively implement clinical practices, or treatments, shown to result in high-quality or efficient care, e.g.

*access to care
*systematic patient identification
*info tracking and exchange
*measurement-based stepped care
*self-management support
*case management
*use of evidence-based treatment
*team-based care/collaborative practices
* linkages with community/social services
*systematic quality improvement

Outcomes Measures - these track the results of care interventions:

*symptom measures (PH9s) *patient's experience of care
*quality of life *functional quality of life
*patient-centeredness *patient activation
*progress towards life goals *medication adherence and side effects

Presently, few valid and feasible process and outcomes measures exist to support integrated care and value-based payment approaches for patients with behavioral health and co-occurring general medical conditions. Outcomes measures that do exist focus on single-diseases or populations, rather than the reality of multimorbidity in this population with both behavioral health and physical health conditions. Finally, there are gaps in how the efficiency of integrated care is conceptualized and measured.

As patient and family advocates and professional organizations, working to make evidence-based behavioral health care widely available in primary care, we know there is an urgent need to: (1) address the above barriers to behavioral health integration (BHI) and (2) to fundamentally strengthen primary care in general. In adopting new policy changes to allow for BHI, experience has shown that two key principles that must be applied in supporting primary care practices to integrate behavioral health care, are: FLEXIBILITY and ACCOUNTABILITY.

IV.PROPOSED HHS ACTIONS:

As advocates and professional organizations, the undersigned endorse and propose that HHS adopt the key relevant policy recommendations of the Bipartisan Policy Center Behavioral Integration Report of March 2021, namely that the Secretary of HHS:

Review and develop a standardized set of quality measures in consultation with the leaders in BHI practice and implementation, and develop an integrated care quality initiative inclusive of process and outcomes measures, implementing those measures in Medicaid MCOs, Medicare MSSPs, Medicare ACOs, and Medicare Advantage programs and plans;

Review and develop core quality measures for BHI in consultation with leaders in BHI practice and implementation and apply across all HHS operating units and programs; and

Require Medicaid MCOs, Medicare ACOs and MA plans and other entities providing integrated medical-BH services to report on measures that capture mobile health and HER interoperability and add BH professionals to receive HITECH Act federal financial incentives for EHR adoption.

Ensure that all HHS BHI-relevant operating units (eg CMS, HRSA; SAMHSA; AHRQ; NIMH; HIS; ASPE; ONDC) advance BHI through creation of a Federal Strategic Plan for BHI, including developing greater inter-unit coordination and collaboration to advance medical-behavioral integrated care.

We also propose, in line with BPC recommendations, that HHS unit CMS:

> Work with States and insurers to ensure multi-payer alignment with Medicaid and commercial payers including in Medicare MA plans for providing BHI;
>
> Require States to describe in their State Quality Statement for Medicaid MCO contracts how States will work with MCOs to advance BHI, and
>
> Revise the Medicare MA performance rewards STAR ratings to add BHI measures.

Thank you for the opportunity to comment on HHS' Initiative to Strengthen Primary Care. The undersigned organizations welcome any opportunity to further collaborate with HHS and other federal agencies to strengthen primary care through behavioral health care integration.

Sincerely,

NHMH – No Health without Mental Health
Florence C. Fee, J.D., M.A., Executive Director

American Association on Health & Disability
E Clarke Ross, D.P.A., Public Policy Director

Clinical Social Workers Association
Laura Groshong, LCSW, Executive Director

International Society of Psychiatric-Mental Health Nurses
Sally Raphael, R.N., Public Policy Chair

Lakeshore Foundation
E. Clarke Ross, D.P.A., Washington, D.C. Representative

Maternal Mental Health Leadership Alliance
Adrienne Griffiths, Executive Director