Reaching Our Underserved Neighbors: Adventures in Introduction of Integrated Behavioral Health to Rural Primary Care Practices

Joseph Evans, Ph.D.

and

Holly Roberts, Ph.D.
Learning Objectives

1. Conference participants will be able to recognize three barriers to integrated behavioral health in rural communities.

2. Conference participants will be able to identify two methods to gain entry into rural primary care practices.

3. Conference participants will be able to relate three business options for the delivery of integrated behavioral health in primary care.
Audience

• Programs providing training to integrate behavioral health into pediatric practices

OR

• Wishing to expand integrated behavioral health
Program Description

• Munroe-Meyer Institute of University of Nebraska Medical Center (UNMC)

• Twenty years in integrated behavioral health

• Forty-one integrated behavioral health clinics in Nebraska (twenty-one in rural areas)

• Integrated behavioral health training program funded by the Health Resources and Services Administration (Quentin N. Burdick, Allied Health, Graduate Psychology Education and Behavioral Health Workforce Education and Training Programs, and State of Nebraska)

• Fourteen doctoral psychology and twenty-one counseling interns
Training Program

- Interdisciplinary education with students from pediatrics, occupational therapy, physical therapy, speech, genetics, nursing, and public health

- Evidence-based practices and protocols

- On-site supervision

- Incremental supervision

- Training modules for common child-adolescent behavioral health disorders
Program Evaluation

• Consumer and primary care physician evaluations

• Number of patient sessions

• Number of graduates remaining in integrated behavioral health in primary care

• Number of graduates working in underserved areas

• Knowledge and skills assessments

• Workforce diversity
Results

• Expansion: From eight to fourteen interns (2011 to 2016) plus twenty-one masters-level Counseling interns (2016-17)

• Patient therapy/training sessions: Over 7,500 annually

• Graduates entering primary care:

• Graduates providing integrated behavioral health in underserved areas:

• Diversity: 37 percent (2016-17) vs. Nebraska minority population = 16 percent

• Dissemination: Michigan, Pennsylvania, Florida
Adventures and Lessons Learned in Integrated Behavioral Health

• Sources of resistance to integrating behavioral health into primary care

• A physician "champion" is a necessity

• Start small → pilot the process and gather data

• Graduates need education in methods to approach primary care practices and physicians need education in behavioral health

***Trainees need education in the “business" of integrated behavioral health
Why Provide Training in Business Options?

NO MARGIN, NO MISSION!!!!!
Integrated Behavioral Health Business Consumers and Potential Sources of Resistance

- Hospital administrators
- Physicians and primary care providers
- Business managers
- Clinic managers
- Office staff
- Nurses
Administrator Concerns and Expectations

1. Costs to the clinic for integrated behavioral health

2. Break even without additional costs

3. Make a profit for the clinic

4. Few have expectations that the clinic will be more productive!!! Gotta' convince them!!!!
Integrated Primary Care: Creating a Business Plan

- Overall number of patients served by clinic
- Insurance mix and reimbursement rates
- Need – 14 percent to 20 percent will need services at some time
- Typically, one full-time equivalent (FTE) behavioral health provider per 3,000 to 5,000 patients
- Available space (IN the clinic)
- Licensure
- Insurance paneling
- Medicaid behavioral health provider enrollment
- Behavioral health billings and collections
Business Models for Integrated Primary Care

• **Employment** by the primary care practice/hospital

• **Contractual** service agreement: clinic takes a percentage of billing receipts for items such as making appointment(s), Electronic Health Record, office space, collections

• **Independent Behavioral Health Practitioner**: rent clinic space at fair market value and take responsibility for appointments, billing, collections

• **Partnership** in the primary care practice
Integrated Primary Care: Creating a Business Plan

- Project 20-25 patient visits per week (30-50 minutes)
- Available days and times for behavioral health services
- Behavioral health services to be offered (Peds/Adult/Aged)
- Rent??? Stark Act considerations
- Number of patient sessions to break even
- Number of clinics to cover - circuit rider model possibility
The Case for Integrated Primary Care: Medical Cost Offsets

- Integrated behavioral health reduces unnecessary emergency room visits
- Reduces costs for psychotropic medications
- Saves physician time
- Decreases time for behavioral health appointments
- Decreases waiting room time
- Increases physician Relative Valise Unit (RVUs)
- Increases physician productivity (15 percent)
- Improved behavioral diagnostics
- Improved treatment access and effectiveness
Integrated Primary Care: AIMS Collaborative Care Model

University of Washington, Psychiatry and Behavioral Sciences, Department of Population Health, Advancing Integrated Mental Health Solutions (AIMS)
Jürgen Unützer, M.D., M.P.H., M.A.

https://aims.uw.edu

Essential elements:
• Care/Depression manager (social worker, nurse)
• Screening of patients (Patient Health Questionnaire (PHQ-9))
• Care manager works with primary care physicians (PCP)
Integrated Primary Care: AIMS Collaborative Care Model (cont’d)

• Initial diagnosis and treatment by PCP
• Telepsychiatry consultation to PCP for diagnosis or medication management
• Patient’s behavioral health care remains with PCP
• Follow-up with care manager
• Triage and referral to higher levels of treatment arranged by the care manager
Integrated Primary Care: Nebraska Program Model

Children and Adolescents:
- UNMC Munroe-Meyer Institute Dissemination Sites
  - Pennsylvania (Geisinger Health Systems)
  - Michigan (University of Michigan Pediatrics Department)
  - Florida (University of South Florida Pediatrics)

- Elements:
  - Psychologists/behavioral health providers assigned to clinics
  - Prevention and early intervention focus
  - Intensive training program/supervision
  - Treatment involving parents/schools
  - Sessions 30 to 60 minutes
  - Warm hand-offs
  - Evidence-based treatment protocols
  - Short-term treatment (four to five sessions on average)
Employed by Clinic

Pros:
• Firm salary (plus bonuses based upon productivity?)
• Benefits (e.g., health insurance, disability, retirement, malpractice insurance, and they pay employer portion of taxes)
• Records maintained in one file and ready sharing of information
• Authorizations, billings, and collections by practice staff
• No overhead
• Best for individuals who enjoy belonging to teams
Employed by Clinic (cont’d)

Cons:

• Limited autonomy and control of schedule

• Pay may not be dependent on how hard you work

• Can not determine your partners/psychologists/doctors

• Few ways to increase income in the practice
Contractual Practice

Pros:
• Earn according to how hard you work
• Authorizations, billing, collections, space are provided
• Payment is a percentage of collections (45 percent to 80 percent)
• Best for part-time practice

Cons:
• Percentages can change
• No benefits for health insurance, vacation, retirement
• Pay own SSI and FICA
• Contract can specify hours, patients seen, RVUs required
Independent Practice

**Pros:**
- How hard you work dictates how much you make
- You are in charge of everything (authorizations, scheduling, records retention, billing, accounting, collections)
- You determine expansion - hiring/your partners
- Best for clinicians who want control and can handle details

**Cons:**
- Start-up costs (test materials, computers, handouts, forms)
- Pay is dependent on: a) expected volume minus no-shows and b) insurance reimbursement rates
- Self-pay benefits (health insurance, retirement, vacation)
- Rental space costs – Stark Act and Anti-kickback laws
### 1040 Tax Form

#### Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return**

**For the Year Jan. 1—Dec. 31, 2020, or other year beginning, 2020, ending.**

**OMB No. 1545-0022**

**Use Only If You Are Not Claiming Exemptions.**

**Use the IRS label.**

**Instructions:**

1. **Main instructions:** See page 16. Use the IRS label. Otherwise, please print or type.

2. **Personal information:**
   - **Name and Address:**
   - **Social Security Number:**
   - **Employer Identification Number:**
   - **Phone Number:**

3. **IRS Forms:**
   - **Form 1040EZ:**
   - **Form 1040A:**
   - **Form 1040:**

4. **Calculations:**
   - **Taxable Income:**
   - **Tax Due:**

5. **Signatures:**
   - **Sign and Date:**
   - **Spouse’s Name:**
   - **Spouse’s Signature:**

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**Exemptions:**

- **Dependents:**
  - **Name:**
  - **Social Security Number:**
  - **Relationship:**

- **Qualifying Widow(er) with qualifying child or children claimed:**

- **Qualifying child or children claimed:**

**Income:**

- **Wages, salaries, tips, etc.**
  - **Form W-2:**
  - **Wages, salaries, tips, etc:**
  - **Taxable income:**

- **Tax-exempt interest.**
  - **Interest:**
  - **Taxable income:**

- **Ordinary dividends.**
  - **Dividends:**
  - **Taxable income:**

- **Qualified dividends (see page 29):**
  - **Dividends:**
  - **Taxable income:**

- **Taxable income:**

- **Capital gain or loss.**
  - **Gain or Loss:**
  - **Taxable income:**

- **Other gains or losses.**
  - **Gains or Losses:**
  - **Taxable income:**

- **Taxable income:**

- **Other income:**
  - **Income:**
  - **Taxable income:**

- **Adjusted Gross Income:**
  - **Gross Income:**
  - **Adjusted Gross Income:**

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**For Disclosures, Privacy Act, and Paperwork Reduction Act Notices, see page 58.**
Introducing Integrated Primary Care: Logistics for Integrated Behavioral Health Administrators

- Check-in
- Space
- Appointment scheduling
- Common EHR
- Behavioral health screenings??
- Reminder calls??
- Authorizations
- Billing submissions and follow-up
- Electronic health record
Introducing Integrated Primary Care: Medical Cost Offset

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• Decreases waiting room time
• Increases physician RVUs
• Increases physician productivity (+15 percent)
• Improved behavioral diagnostics
• Improved treatment access and effectiveness
Integrated Primary Care: Pilot Project guidelines

Data Collection:

- Number of patients seen by behavioral health provider(s)
- Number of referrals and sources (Physicians, patient self-referrals, parents, schools)
- Number of telehealth consults
- Patient satisfaction
- Practice staff satisfaction
- Cost analysis
- Wait room times
- Appointment keeping
- Appointment scheduling
Contact Information

Joseph H. Evans, Ph.D.
Professor, Munroe-Meyer Institute and Pediatrics
Associate Clinical Director
Behavioral Health Education Center of Nebraska
University of Nebraska Medical Center
jevans@unmc.edu

Holly Roberts, Ph.D.
Associate Professor, Munroe-Meyer Institute and Pediatrics
University of Nebraska Medical Center
hroberts@unmc.edu