Integrated Care: Models, Screening & Financing

NEFTALI SERRANO, PsyD
Director of Clinical Training, Center for Excellence and Integration
Models
Why Language & Behavior Matter

- The lexicon (AHRQ) gave us a start to knowing how to talk about integrated care, but now we need to move on towards behavior in describing integrated care.
- Models give us the key behaviors which exemplify evidence-based integrated care and specify our use of language.
- This allows us to coalesce concepts such as “level of integration,” “population reach,” alongside our use of terminology related to the defined “models.”
Integrated care is defined by the effort to treat the physical health of patients alongside the mental health of patients. How integrated care is delivered varies by setting and by providers, however, well defined Models of integrated care have emerged in the last decade for integrating behavioral health services into primary care clinics. Some clinics choose to create their own ways of integrating services outside of these models, and these are then called Programs. Programs are specific to clinics and do not generalize to other situations. More recently programs have emerged to integrate primary medical care into behavioral health settings. These are still emerging and being studied. Both programs and models can also be described as having a certain reach or Population Penetration into the population. Some models, such as the PCBH model have broad penetration in that almost any patient of a clinic can be impacted by the model whereas the other models by their focus only impact a subset of the clinic population.

<table>
<thead>
<tr>
<th>Program or Model Typology</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>-</td>
<td>Program</td>
<td>SBIRT Model/ Collaborative Care Model</td>
<td>PCBH Model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Six Levels Crosswalk</td>
<td>1 Minimal Collaboration</td>
<td>2 Basic Collaboration at a Distance</td>
<td>3 Basic Collaboration Onsite/Some System Integration</td>
<td>5-6 Full Collaboration/Transformed practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Population Penetration (Four Quadrants)**

- I: Low BH/ Low PH
- I & II: Low BH/ Low PH and/or Low BH/ High PH
- I-IV: All Quadrants

**The Models**

- **PCBH**: A Behavioral Health Consultant works alongside a primary care provider providing real-time support to patients and the medical team to any patients with need in the clinic that day.
- **SBIRT**: A bachelor's or master's level worker screens patients for substance abuse conditions and provides brief intervention to those patients who screen positive.
- **Collaborative Care**: A consulting psychiatrist and care manager provides support for prescribing practices of primary care providers for the care of depression.

**Key & Definitions:**

- **PCBH**: A Behavioral Health Consultant works alongside a primary care provider providing real-time support to patients and the medical team to any patients with need in the clinic that day.
- **SBIRT**: A bachelor's or master's level worker screens patients for substance abuse conditions and provides brief intervention to those patients who screen positive.
- **Collaborative Care**: A consulting psychiatrist and care manager provides support for prescribing practices of primary care providers for the care of depression.

**Notes:**

- **MeHAF**: A Measurement of Health and Access Framework (MeHAF) is a tool to assess the degree of integration of physical and mental/behavioral health at a particular site (http://www.mehaf.org/content/uploadedfiles/health-materials/mehaf%20survey%20results.pdf).
- **Program**: A site-specific effort to increase the level of integration (that is not defined by a model) compared to usual care. This effort is not generalizable to other sites and is not evidence-based.
- **Model**: A discrete, well defined, empirically validated, replicable set of characteristics and pathways which systematically apply strategies using a defined working to achieve integrated care.
- **Population Penetration**: A measure to which a model reaches the population of a site and is represented by the Four Quadrant metric (http://www.integration.samhsa.gov/research/four-quadrant-model).
<table>
<thead>
<tr>
<th>MeHAF Score</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 Full Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program or Model Typology</td>
<td>-</td>
<td>Program</td>
<td></td>
<td></td>
<td></td>
<td>SBIRT Model/ Collaborative Care Model</td>
<td></td>
<td>PCBH Model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Six Levels Crosswalk</td>
<td>1 Minimal Collaboration</td>
<td>2 Basic Collaboration at a Distance</td>
<td></td>
<td></td>
<td></td>
<td>4 Close Collaboration Onsite/Some System Integration</td>
<td></td>
<td></td>
<td>5-6 Full Collaboration/ Transformed practice</td>
<td></td>
</tr>
<tr>
<td>Population Penetration (Four Quadrants)</td>
<td>Variable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I-IV All Quadrants</td>
</tr>
<tr>
<td>1 Low BH/ Low PH</td>
<td>I &amp; III Low BH/ Low PH and/or Low BH/ High PH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Models

• Have a clear definition of practice, personnel roles

• Have an evidence base

• Three exist: Collaborative Care, SBIRT & PCBH

• These models are not mutually exclusive and can run simultaneously in a practice setting given that two are vertical models (CC, SBIRT) and one is a horizontal model (PCBH)

• The models, when run with some degree of fidelity, will usually score 6 or above on the MeHAF

• The models differ in which populations they are applicable to (Four Quadrants)
Programs

• Are unique efforts to make improvements compared to “usual care” that are site specific

• No evidence base is present specific to the effort but there may be some general rationale for the effort that links to research

• Are not generalizable since the boundaries of the effort are not portable; all sites have some “programmatic” aspects to their work

• Sites that primarily run programs typically score between 1 and 5 on the MeHAF on average

• Example: A therapist is contracted by a site to provide care in a primary care clinic in a co-located fashion
Population Reach or Penetration

• Four Quadrants: Low to High Medical & Behavioral Health complexity
• Alternative definition for population reach: Number of unique patients seen by the integrated care service as compared to the total number of unique patients in the served population
• The models differ in their “population reach” potential by design
Level of Integration

• This is an emerging area, but most tools coalesce around the same concepts
• MeHAF is one tool which describes 18 domains and can be used by a site to survey itself
• The Six-Levels continuum proposed by SAMHSA is descriptive only
• “Models” score higher on the levels of integration by definition
Side-By-Side Comparison

**Primary Care Behavioral Health**
1. Generalist (see all comers)
2. Warm Handoff
3. PCP as first customer
4. Mirrors primary care style
5. Horizontal model

**SBIRT**
1. Universal screening
2. Brief Intervention
3. Registry
4. Vertical integration model

**Collaborative Care Model**
1. Registry driven
2. Medication and visit algorithms
3. Disease focused
4. Vertical integration model
Implementation Basics

• Models are not mutually exclusive and can be run side-by-side
• Model selection is done based on target need/population and available personnel
• Implementation of any of the models requires organizational effort thus an implementation team is needed and external guidance is frequently needed for success