



Integrating Behavioral Health with Physical Health

Federal Activities on Mental Health and Primary Care

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Outline

- Historical Federal activities
- Current Federal activities
- The Evidence-based Practice Center (EPC) Program at AHRQ
- The EPC Report on Integration



Federal Efforts

■ AHRQ

- Treatment Guidelines for Depression, 1993
- Updated Treatment Guidelines for Depression, 1998
- Funded research, e.g. Depression PORT
- User Liaison Programs
- Depression Implications for State and Local Health Care Programs



Federal Efforts

- *Surgeon General's Report on Mental Health (US Department of Health and Human Services; 1999).*
 - The first ever SG report on behavioral health presented the evidence to support a wide range of effective treatment modalities.



Federal Efforts

- *Report of a Surgeon General's working Meeting on The Integration of Mental Health Services and Primary Health Care - 2001*
 - *Recommendations toward Core Principles*
 - *Recommendations toward a National Action Strategy*



Federal Efforts

■ White House

New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*. Final Report. DHHS Pub No. SMA-03-3832. 2003.

- Established six major goals for improving behavioral healthcare in America.



Federal Efforts

■ National Business Group on Health

An Employer's Guide to Behavioral Health Services: A roadmap and recommendations for evaluating, designing, and implementing behavioral health services. 2005

- Recommendations Directed at Health Plan Benefits and Services



Federal Efforts

- Institute of Medicine - Quality Chasm Series - 2006

Improving the Quality of Health Care for Mental and Substance-Use Conditions



Federal Efforts

- CMHS/SAMHSA – The Behavioral Health Managed Care Initiative: Standards, Guidelines, and Competencies by the Center for Mental Health Policy and Services Research, U. of Penn – 2000
- SAMHSA/HRSA Listening Sessions – 2003-2004
- SAMHSA/HRSA/CMS – Abt Associates Report on Financing Barriers -2007



Other integration activities

- American College of Mental Health Administrators (ACMHA), National Council of Community Behavioral Healthcare, Carter Center Mental Health Program
 - Annual Summit – Mind and Body Reunited: Perspectives on the Integration of Behavioral and Physical Healthcare - 2007



CMS Statement at ACMHA

- Statements given by Peggy Clark, Technical Director at CMS
 - “General rules regarding medical services are that they must be medically necessary”
 - “State Medicaid officials have latitude in deciding what is medically necessary”
 - “There are no Federal Medicaid regulations that require the state to only reimburse one face-to-face visit per day”
 - “States may impose such a requirement or they can follow Medicare’s same day billing policy which permits one medical visit and one mental health visit (clinical psychologist, clinical social worker, or other mental health professional) to be billed on the same day”



Other integration activities

- Robert Wood Johnson commissioned Health Management Associates - 2007
 - *Integrating Publicly Funded Physical and Behavioral Health Services: A Description of Selected Initiatives.*



The President's New Freedom Commission on Mental Health

“The Commission suggests that collaborative care models should be widely implemented in primary health care settings and reimbursed by public and private insurers. Numerous studies have documented the effectiveness of collaborative care models. Expanded screening and collaborative care models, such as the Collaborative Care Model for treating late-life depression in primary care settings could save lives.”



The President's New Freedom Commission on Mental Health

“The Commission recommends the Medicare, Medicaid, the Department of Veterans Affairs, and other Federal and State-sponsored health insurance programs and private insurers identify and consider payment for core components of evidence-based collaborative care, including:

- Case management
- Disease management
- Supervision of case managers, and
- Consultations to primary care providers by qualified mental health specialists that do not involve face-to-face contact with clients.”



The President's New Freedom Commission on Mental Health

- HHS Charged SAMHSA to:
 - Convene 20+ Federal Agencies including all under HHS as well as Education, Justice, Labor, HUD and VA.
 - Create a Federal Action Agenda for integrating Mental Health into Primary Care (2nd Agenda in approval process).



Federal Partners Senior Workgroups

- 13 Federal Workgroups
 - Suicide Prevention
 - Primary Care/Mental Health Integration
 - Financing
 - Employment
 - Disaster and Emergency Response
 - Consumer and family-driven/youth-guided care
 - Criminal and juvenile justice
 - Homelessness and housing
 - Information technology
 - Public education
 - Research
 - State system transformation
 - Workforce



Federal Partners Senior Workgroups

- 5 Priority Areas:
 - Suicide Prevention
 - Primary Care/mental Health Integration
 - Financing
 - Employment
 - Disaster and Emergency Response



PC/MH Integration Workgroup

Related Agenda Action Steps

- Include issues critical to MH services in health care reform.
- Advance efforts to integrate MH and PC services for racial and ethnic minorities.
- Include MH in Community Health Center assessments.
- Address reimbursement in PC.
- Review the literature and develop new studies on mental illness/general health.



PC/MH Integration Workgroup

Member Agencies

Admin on Aging

DoD

NIMH

Off of Minority Health

Indian Health Service

VA

AHRQ

HRSA

Office of Disability

Office of Women's Health

SAMHSA



EPC Report

- First product to be an Evidence-based Practice (EPC) Report
- Supported by AHRQ, SAMHSA, HRSA, Office of Minority Health, Office of Women's Health



EPC Report

- EPC Program
- Evidence reports and technology assessments
- Rigorous, comprehensive synthesis of the scientific literature
- Detailed documentation of the methods, rationale, and assumptions



EPC Report

- There are 13 EPC Centers across the U.S.
- EPC's bid on topics
- Projects last 12-13 months in length
- Content of the EPC review is guided by key questions from Federal Agencies



EPC Report

- The University of Minnesota School of Public Health
- Key MN EPC Staff:
Robert Kane, M.D., PI and Co-Director
Timothy J. Wilt, M.D., M.P.H., Co-Director
Donna McAlpine, Ph.D., Researcher
Marilyn Eels, Editor



EPC Report

Technical Expert Panel

- Mady Chalk (Center for Performance-based Policy, Treatment Research Institute)
- Benjamin Druss (Rollins School of Public Health, Emory University)
- Michael Fitzpatrick (National Alliance on Mental Illness)
- Wayne Katon (Dept of Psychiatry & Behavioral Sciences, University of Washington)
- Michael Klinkman (Dept of Family Medicine, University of Michigan)
- David Mechanic (Institute for Health, Health Care Policy, and Aging Research, Rutgers)



EPC Report cont.

Key questions for the Report

- What evidence-based models have been developed using a rigorous research and/or program evaluation approach? What measures were used with what outcomes related to clinical, patient/provider issues, access, costs? All outcomes can be examined using secondary data.
- Which programs work and why? For each model identified, how were the barriers known to integration processes managed and overcome? Barriers include staffing, financing, cultural. Describe the implementation efforts and plans for sustainability.
- What types of IT systems are being used? Include EHRs, databases/registries, and/or any type of electronic tool or system?



EPC Report

What is known about the impact of integration on different populations, e.g. chronically ill, racial/ethnic groups, elderly/youth?

What financial and/or reimbursement structure was found to be the most successful?

What models are actually being used in practice across the U.S.? This may be described using case studies.



EPC Report

Definition of integration (as used by SAMHSA in past reports to Congress on co-occurring disorders)

- Integrated treatment refers to interactions between clinicians to address the individual needs of the patient/client, and consists of any mechanism by which treatment interventions for mental health disorders are combined within the context of a primary treatment relationship or service setting. This would include screening, diagnostic, treatment, and/or follow-up.
- Integrated program refers to an organizational structure that ensures the provision of staff or linkages with other programs to address all of the patient/client needs.
- Integrated systems refers to an organizational structure that supports an array of programs for individuals with different needs through funding, credentialing/licensing, data collection/reporting, needs assessment, planning, and other system planning and operation functions.



Other Workgroup Activities

- Currently developing next steps
- Best Practices Symposium
- Technical Expert State meetings



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