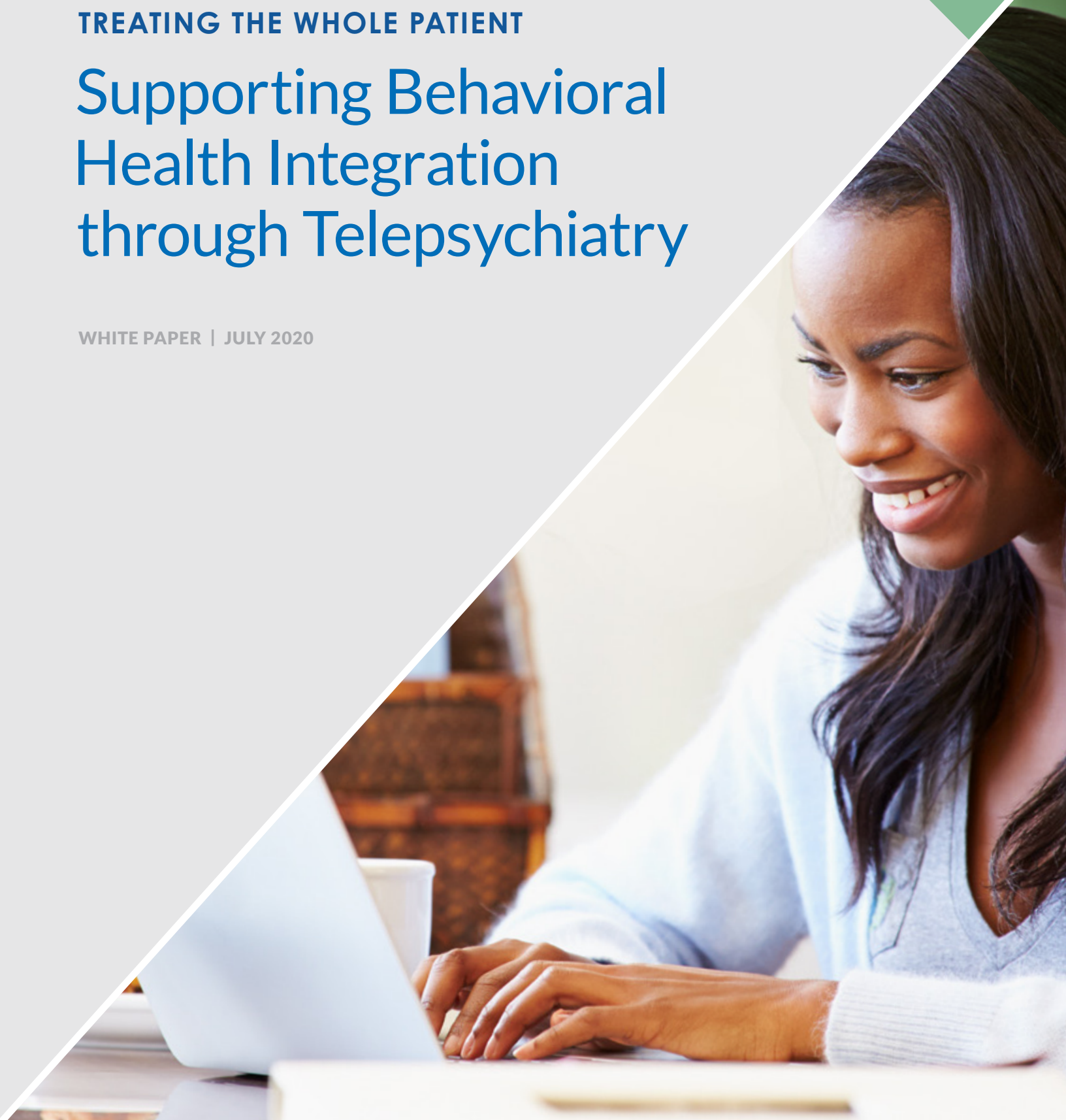


TREATING THE WHOLE PATIENT

Supporting Behavioral Health Integration through Telepsychiatry

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Quality behavioral health care remains frustratingly out of reach across America. With few psychiatrists available in many parts of the country, this lack of coverage comes during a time when many of these services are needed now more than ever. Against this backdrop, the need for innovation in practicing quality mental health care is resoundingly clear.

Key Factors Behind the Mental Health Care Shortage

1 A shrinking pool of providers

Behavioral health clinicians can currently only meet 27% of patient needs across the U.S.¹ An aging workforce, low reimbursement rates, clinician burnout, burdensome documentation requirements, and restrictive regulations around sharing clinical information to coordinate care are all contributing to a shrinking number of psychiatrists from coast to coast. Today, there are 28,000 practicing psychiatrists in the U.S. to serve more than 327 million people,² which highlights a profound lack of coverage.

3 Growing needs for mental health services

One in five individuals experiences a mental illness each year, often putting them at higher risk for cardiovascular and metabolic disease, substance abuse, and unemployment.⁵ Mood disorders, such as bipolar disorder, are the most common cause of hospitalization today for all people in the U.S. under 45, excluding pregnancy and birth.

2 Uneven distribution of providers

While behavioral health services are scarce across the U.S., rural and other remote areas are especially underserved. Approximately 113 million Americans live in areas where there is a lack of mental health professionals,³ and 55% of counties in the United States have no access to psychiatrists at all.⁴

4 Patient barriers to care

The National Council for Behavioral Health (NCBH) reports that 56% of Americans want to access a mental healthcare provider, for themselves or a loved one, but often face serious obstacles like limited health insurance access, clinician access and lengthy wait times.⁶ For example, 31% of patients must wait more than a week when seeking mental health care — far too long during a mental health crisis. Additionally, ongoing quarantine measures and travel restrictions are making it even more difficult for some patients in crisis to receive care.

That's why there's a growing movement to bring mental health care into a setting that is the only connection many Americans have to the healthcare system: primary care. By integrating behavioral health into primary care, health systems, community clinics and other facilities that provide primary care services can not only increase access but also support better outcomes through a holistic, patient-centered approach.



¹ (2019, November 21). Mental Health Care Health Professional Shortage Areas (HPSAs). Retrieved from <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

² Weiner, S. (2018, February 12). Addressing the escalating psychiatrist shortage. Retrieved from <https://www.aamc.org/news-insights/addressing-escalating-psychiatrist-shortage>

³ (2019, November 21). Mental Health Care Health Professional Shortage Areas (HPSAs). Retrieved from <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁴ (2017, October 23). New Study Shows 60 Percent of U.S. Counties Without a Single Psychiatrist. Retrieved from <https://www.newamericaneconomy.org/press-release/new-study-shows-60-percent-of-u-s-counties-without-a-single-psychiatrist/>

⁵ (2019, September). Mental Health By the Numbers. Retrieved from <https://www.nami.org/learn-more/mental-health-by-the-numbers>, Spring, 2011.

⁶ Burwell, J., Rawlett, K. & Wood, P. (2018, October 10). New Study Reveals Lack of Access as Root Cause for Mental Health Crisis in America. Retrieved from <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/>

THE RISE OF BEHAVIORAL HEALTH INTEGRATION

Whether they're suffering from a mental health disorder or need their medication dosage evaluated, many people are already seeking mental health care from their primary care physicians.

BY THE NUMBERS: PCPs and Mental Health Care

80%

of individuals seeking mental health treatment in the United States visit either an emergency room or their primary care provider, rather than a psychiatrist.⁷

1 in 4

primary care visits in the U.S. are for mental health conditions.⁸

While primary care is an important first line of defense for patients facing mental health issues, most primary care practices are not adequately equipped to deal with this influx of demand. Clinicians may not feel comfortable diagnosing and treating higher-acuity mental health conditions, such as personality disorders or disorders like schizophrenia. In these scenarios, it makes sense to refer the patient's care to a psychiatrist or other qualified mental health provider. Yet because of the current shortage of psychiatrists, patients often wait weeks or even months to be seen by a local provider.

Referring patients to outside clinicians for behavioral health services can also make it difficult to align mental and physical health care, which can compromise patient outcomes, particularly for those with complex needs. Primary care appointment times

also tend to be brief, challenging clinicians to cover preventative care, physical and mental health needs adequately in a single session. Even for those who address physical and mental health challenges, inadequate reimbursement rates can make it financially unviable to offer this type of holistic care.

Behavioral health integration seeks to address these challenges by bringing qualified mental health specialists directly into the primary care setting. With in-person resources scarce throughout the U.S., however, it's imperative that healthcare systems, clinics and other organizations take an innovative approach. In a report on the mental health care shortage, the National Council Medical Director Institute called for "implementing innovative models of integrated health care delivery" — with a major focus on telepsychiatry.⁹



What Is Behavioral Health Integration?

Behavioral health integration creates teams of mental health and primary care providers working together with individuals and their families to provide the best possible treatment.

⁷ Emmett, W et al. (2017, August 31). Chapter 8—Mental Health and Substance Abuse. Retrieved from <http://www.allhealthpolicy.org/sourcebook/mental-health-and-substance-abuse/>

⁸ Emmett, W et al. (2017, August 31). Chapter 8—Mental Health and Substance Abuse. Retrieved from <http://www.allhealthpolicy.org/sourcebook/mental-health-and-substance-abuse/>

⁹ Cohen, A. (2017, March 28). Medical Directors' Report Recommends Training More Psychiatrists and Expanding Telepsychiatry. Retrieved from <https://www.thenationalcouncil.org/press-releases/medical-directors-report-recommends-training-psychiatrists-expanding-telepsychiatry/>

ENHANCING BEHAVIORAL HEALTH INTEGRATION WITH TELEPSYCHIATRY

Through telepsychiatry, primary care practices, healthcare systems and clinics can connect patients with qualified remote psychiatric providers, including specialists such as child and adolescent psychiatrists. Using telepsychiatry to support behavioral health integration can increase access, quality and efficiency in care, benefiting both primary care providers and the patients they serve.

What Is Telepsychiatry?

Telepsychiatry is the virtual delivery of behavioral health services, eliminating geographic barriers that prevent many people from accessing care.

28%

currently offer
telepsychiatry services ¹⁰

47%

plan to offer
telepsychiatry in
the near future

By leveraging telepsychiatry to integrate mental health services into primary care services, providers can effectively:

Empower primary care providers

to treat certain conditions themselves through consultation.

Treat a wider range of conditions

effectively by connecting providers and patients with the appropriate trained specialists.

Improve capacity and efficiency

where it's needed. A single telepsychiatry clinician can potentially provide support for multiple primary care sites across the country.

Support patient-centered care

and patient outcomes through a collaborative approach.

For healthcare systems, hospitals and clinics seeking to enhance access to care for those in need, the time for innovation is now. To help organizations build effective programs, this report outlines several evidence-based models for behavioral health integration, as well as ways to leverage telepsychiatry to support these models.

¹⁰ Regroup/Healthcare Dive survey, 2019.

Improving Mood-Providing Access to Collaborative Treatment (IMPACT) Model

WHAT IS IT?

Largely synonymous with collaborative care, the term “IMPACT” originates from the first large randomized controlled trial for treating depression. The IMPACT model of care was tested and led by a team of researchers who followed over 1,800 individuals across the nation for two years.¹¹ Half of the subjects were randomly assigned to receive the IMPACT model of depression care, while the other half received the care normally available in their primary care clinic.

HOW DOES IT WORK?

In this model, a collaborative care team includes a primary care provider, care management, and a psychiatric consultant. The program includes initial options for antidepressants or problem-solving treatments, depending on the patient’s treatment preference. Considering that antidepressants aren’t effective for up to 30% of patients with depression,¹² this is an important choice.

Collaborative care teams use a “treat-to-target” approach, where care plans are adjusted based on clinical outcomes and individual patient results. This approach creates shared accountability for the patient’s outcome across all providers and stakeholders within the collaborative team.

WHO IS ON A COLLABORATIVE CARE TEAM?

The patient

IMPACT includes the patient as an active participant in their depression treatment, as patient involvement can help support patient empowerment, adherence, and satisfaction.

The primary care provider

This model provides primary care providers with support and expert advice through collaboration with the care manager and the psychiatric consultant. The primary care physician continues to oversee all aspects of their patient’s care, including prescriptions and referrals. The use of collaborative care encourages

ongoing follow-ups with patients and proactive adjustments in treatment plans.

The care manager

Care managers are behavioral health professionals, including nurses, psychologists, social workers or licensed counselors. Their role involves creating a plan for each member within the group and completing specialized behavioral health tasks, which may include offering psychotherapy if selected as part of the treatment plan. Other tasks include alerting the primary care physician when the patient is not improving and supporting overall medication management.

The psychiatric consultant

The psychiatric consultant works alongside the primary care provider and care manager to treat the patient and make adjustments to the treatment plan if the patient is not at least 50% improved after 10 to 12 weeks of treatment. They do not usually see the patient in-person and do not prescribe medications. The consultant assists with the primary care team diagnosis and resulting treatment plans.

WHAT ARE THE RESULTS?

Studies have found that, when compared with care as usual, the IMPACT model can improve adherence to antidepressant medication, patient satisfaction, treatment outcomes for patients with major depression, and primary care physician satisfaction with their own level of care for depression. After the first 12 months, patients receiving collaborative care were shown to have a 50% reduction in depressive symptoms, as compared with only 19% who obtained typical care.¹³

¹¹ (2019). IMPACT: Improving Mood-Promoting Access To Collaborative Treatment. Retrieved from <http://aims.uw.edu/impact-improving-mood-promoting-access-collaborative-treatment/>

¹² Gander, K. (2019, March 23). Why Don't Antidepressants Work For Some People? Scientists Offer New Answer. Retrieved from <https://www.newsweek.com/why-dont-antidepressants-work-some-people-scientists-offer-new-answer-1372051>

¹³ (2019). IMPACT: Improving Mood-Promoting Access To Collaborative Treatment. Retrieved from <http://aims.uw.edu/impact-improving-mood-promoting-access-collaborative-treatment/>

Ambulatory Integration of the Medical and Social (AIMS) Model of Social Work Consultation and Care Coordination

WHAT IS IT?

Developed at Rush University Medical Center, the AIMS model was created in a primary care setting, where patient psychosocial needs often appear, but physicians may not have the time or awareness of community resources to address them.¹⁴ Under this model, social workers use a standardized protocol to assess the needs of complex patients and provide risk-focused care coordination and intervention.

HOW DOES IT WORK?

The AIMS model relies on consistent patient and caregiver engagement. Key steps include:

- **The social worker contacts the patient or caregiver** to explain the mental health intervention and schedule a full assessment.
- **The social worker performs a standardized biopsychosocial assessment** with a focus on strengths and barriers in multiple domains, including finances, functional abilities, cognition, and mental health.
- **The social worker develops care plan goals collaboratively** with the patient or caregiver.
- **The social worker connects the patient** with telephonic or in-person care management, assesses progress on goals, and provides support or reevaluates goals as necessary.
- **Ongoing care is provided** to help the patient attain goals.



WHAT ARE THE RESULTS?

The AIMS model shows notable evidence-based improvements for both providers and patients alike, including:¹⁵

- 73%** of providers were able to spend more appointment time on medical issues.
- 82%** of patients seemed less distressed.
- 83%** of patients showed a better sense of well-being.
- 73%** of patients exhibited better self-management.

Project ECHO (Extension of Community Healthcare Outcomes)

WHAT IS IT?

Developed by the University of New Mexico, Project ECHO is a training program intended for primary care physicians, with a goal of empowering them to provide more specialized care within the communities they serve.¹⁶

HOW DOES IT WORK?

Project ECHO is designed as a hub-and-spoke program. This model arranges service delivery into a network that includes an anchor establishment, or a hub, which offers a full array of services. The hub is complemented by secondary establishments, or spokes, which offer more specialized services and route patients who need more intensive services to the hub for treatment.¹⁷

This program provides weekly training via teleECHO clinics, allowing primary care physicians to tap in remotely for ongoing education. Embracing a “right knowledge, right place, right time” approach, the model enables physicians to retain responsibility for managing the patient while giving them the confidence to treat more complex conditions.

¹⁴ (2020). Why Adopt the AIMS Model? Retrieved from <https://www.theaimsmodel.org/why-adopt-the-aims-model/>

¹⁵ (2020). Results. Retrieved from <https://www.theaimsmodel.org/aims-2/#results>

¹⁶ (2020). About Echo. Retrieved from <https://echo.unm.edu/>

¹⁷ (2017, July 11). Elrod, J & Fortenberry Jr., J. The hub-and-spoke organization design: an avenue for serving patients well. Retrieved from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2341-x>

ADDITIONAL MODELS

There are numerous additional behavioral health integration models that are currently recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA), including:¹⁸

- Depression Improvement Across Minnesota Offering a New Direction (DIAMOND)
- Cherokee Health Systems
- Vermont Blueprint for Health
- The Massachusetts Child Psychiatry Access Project (MCPAP)

As the gap between supply and demand for mental health services widens, new models will likely continue to evolve and leverage technology to deliver care more efficiently and effectively.



Using Telepsychiatry in Behavioral Health Integration

With in-person clinicians unable to meet rising demand for mental health services, telepsychiatry is becoming increasingly critical to bring behavioral health integration programs to life. Telepsychiatry can support behavioral integration in a number of positive ways, helping to support both quality and efficiency of care.

For example, a study of depression care at a federally qualified health center found comparatively better symptom improvement for virtually delivered versus practice-based collaborative care. The study found that these virtual models are not only more cost-effective for smaller practices, but also often have better adherence to collaborative care models than practice-based implementations.¹⁹

Key models for integrating telepsychiatry into primary care practices include:

Ad Hoc Consult Model

In this model, telepsychiatry clinicians are available to primary care practices for consultation on patients who are not meeting their clinical goals, or who are exhibiting other mental health-related symptoms. Typically, this model is used to conduct curbside consultations via phone between prescribers.

Co-Location Model

Telepsychiatry delivers ongoing psychiatric care within a primary care facility where the two practices may or may not already be integrated. Usually, a remote psychiatrist will use this model to provide care from afar, such as video evaluations and medication management.

Ongoing Consult Model

A designated telepsychiatry clinician with an ongoing relationship with the care team reviews diagnostic information for the patient caseload at routine intervals. This model is designed to provide consultation on specific cases, with a goal of enhancing the onsite care team comfort level with diagnosing and treating their patient population.

Enhanced Referrals to Telepsychiatry Model

Primary care physicians or other members of collaborative care teams can refer patients who are appropriate for telepsychiatry to a trusted telehealth provider. This model is used when there is a need to deliver services from a virtualized behavioral health practice. It is often facilitated via a direct-to-consumer or home-based telehealth platform.

¹⁸ (2020). Integrated Models of Behavioral Health in Primary Care. Retrieved from <https://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care#integrated%20models%20of%20BH%20in%20PC>

¹⁹ Fortney, JC et al. (2013, April). Practice-based versus telemedicine-based collaborative care for depression in rural federally qualified health centers: a pragmatic randomized comparative effectiveness trial. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23429924>

BRINGING MENTAL HEALTH CARE HOME

As nearly every industry tackles the transition to delivering goods and services remotely, healthcare systems, clinics and other facilities are navigating how to deliver care to patients at home. This shift is accelerating the move toward telehealth, with payers and policymakers alike rethinking regulations and reimbursement policies to expand access.

In response, a growing number of primary care providers are integrating telepsychiatry into their operations to deliver high-quality care to patients at home. Under this at-home model:

- Facilities partner with a telepsychiatry clinician who manages a regular caseload of behavioral health patients via scheduled, consistent telepsychiatry appointments, supporting continuity of care and patient outcomes
- Patients receive care via a secure telehealth platform, with services administered by the telepsychiatry clinician as well as local behavioral health staff, in some cases
- Telepsychiatry clinicians coordinate with the facility's local staff to develop individualized care plans that consider both physical and mental health needs

At-home care enables primary care clinics to provide critical psychiatry and mental health services, without the hassles that can come with co-location. The telepsychiatry clinician can become part of the treatment team, without requiring space or appointment time at the onsite clinic. Patients visit their clinics for primary care appointments and vitals collection, while receiving behavioral health services from the comfort of home.



SUCCESS STORY

Morris Hospital and Healthcare Center

Located in Morris, Illinois, Morris Hospital and Healthcare Center serves residents in five counties, in addition to providing care through its 25 office locations. After recognizing the need for mental health services in its primary care population, Morris launched a collaborative care pilot program in February 2019 using the AIMS model. Since the program began, Morris has seen patients become more engaged in their care and primary care clinicians gain confidence in treating mental health issues.



Understanding Reimbursement

Long-term success in behavioral health integration depends on a financially sustainable model. While traditional fee-for-service billing will be challenged, payers are beginning to shift their reimbursement structure to accommodate these forward-thinking approaches to care delivery. When implementing behavioral health services in the primary care setting, healthcare systems, hospitals and clinics should consider their payer mix carefully to maximize reimbursement and overall program success.

Medicare

Medicare recently agreed to interprofessional codes to pay for collaborative care, which allows for dual payment to the primary care physician and psychiatrist. [Recently introduced CPT codes](#) allow for proper billing of psychiatric collaborative care services, including remote provision of certain services by the psychiatrist and other care team members.²⁰

Medicaid

While some states are moving toward adopting Medicaid codes for integrated services, billing is very complex since it varies by state. Organizations should evaluate state-specific codes carefully to determine reimbursement levels based on the types of services and individuals credentialed to provide services.²¹

Private insurance companies

Private payers are still catching up when it comes to behavioral health integration reimbursement, helping to explain why some primary care providers have not embraced these collaborative care models yet. There are encouraging signs of movement however, with certain insurers beginning to establish interprofessional codes to facilitate integrated care.

²⁰ (2020). CMS and Behavioral Health Integration. Retrieved from <https://www.integration.samhsa.gov/news/articles/2018/02/01/cms-and-behavioral-health-integration>

²¹ (2020). Paying for Primary Care and Behavioral Health Services Provided in Integrated Care Settings. Retrieved from <https://www.integration.samhsa.gov/financing/billing-tools>

Best Practices for Behavioral Health Integration



Create a shared vision

Determine your new care approach and how you will get there, and build support for the model across key stakeholders.



Plan for clinical changes

Identify and train team members, develop workflows and action plans, source technology, and plan for any other needs (*funding, space, monitoring and tracking, HR, etc.*).



Build a strong multidisciplinary team

Identify key requirements for your care team and hire as needed to fill roles and capabilities.



Launch your program

Monitor progress of your patients and care team to ensure smooth collaboration.



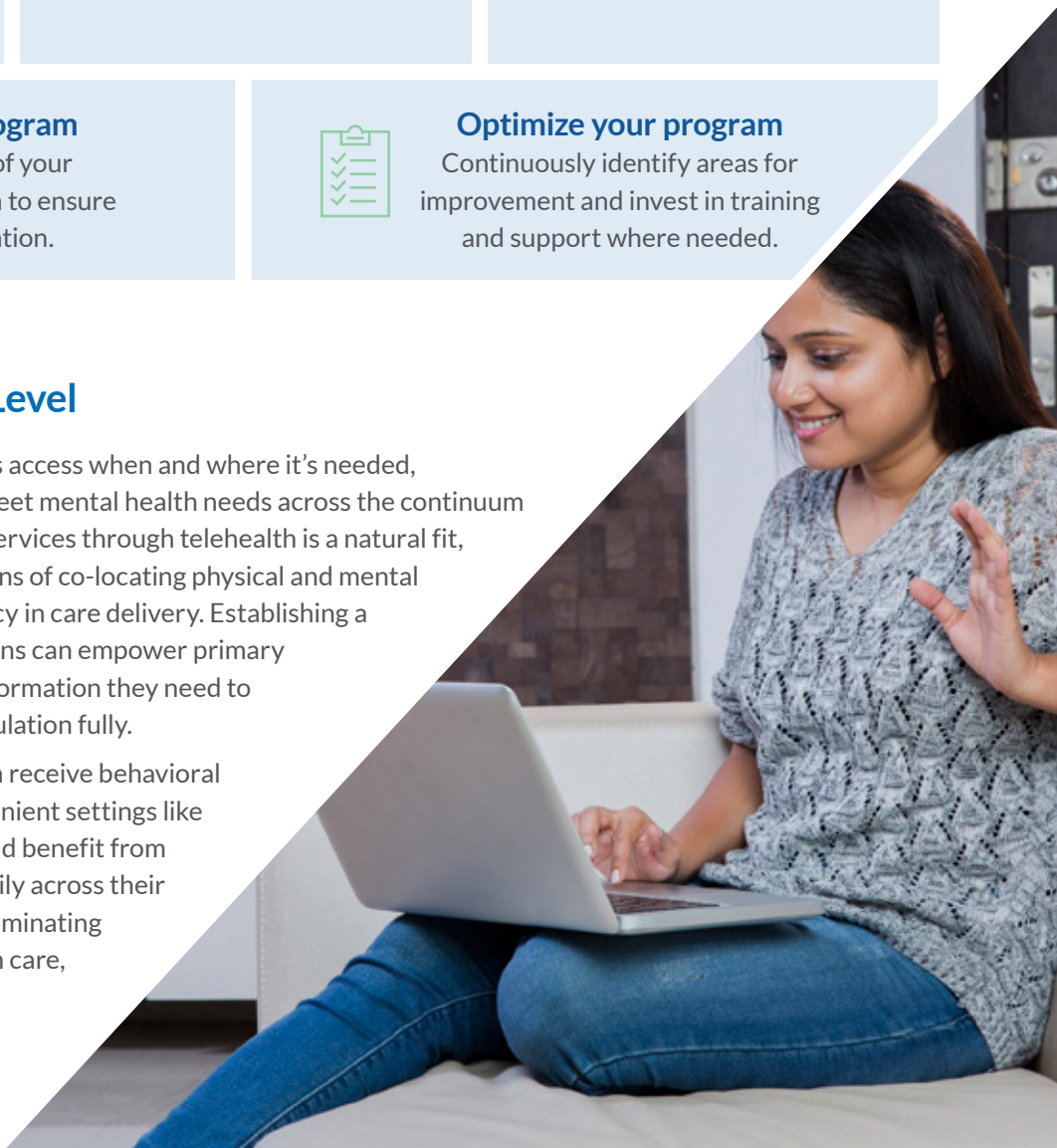
Optimize your program

Continuously identify areas for improvement and invest in training and support where needed.

Enhancing Care at Every Level

Behavioral health integration enhances access when and where it's needed, allowing healthcare organizations to meet mental health needs across the continuum of care. Integrating behavioral health services through telehealth is a natural fit, because it minimizes the logistical strains of co-locating physical and mental health services and maximizes efficiency in care delivery. Establishing a relationship with telepsychiatry clinicians can empower primary care practices with the support and information they need to manage the health of their patient population fully.

Perhaps most importantly, patients can receive behavioral health care treatment in familiar, convenient settings like their primary care office or at home, and benefit from having their patient records shared easily across their care team. By removing barriers and eliminating stigmas around receiving mental health care, behavioral health integration can put high-quality care within reach for more Americans — and even save lives.



About InSight + Regroup

InSight + Regroup is the leading and largest telepsychiatry service provider in the U.S. with a mission to transform access to quality behavioral healthcare. Its size, diversity of services and extensive experience and expertise have helped establish it as an industry thought leader that has helped to shape the field, define the standard of care and advocate for improved telepsychiatry-friendly regulations. To learn how InSight + Regroup can help your organization deliver quality behavioral healthcare, visit InSightTelepsychiatry.com and RegroupTelehealth.com.