Physical and Behavioral Health Integration:
State Policy Approaches to Support Key Infrastructure

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New NASHP Issue Brief

- In this brief, NASHP:
  - Reviews the emerging consensus across integrated care models and approaches,
  - Identifies common components of integrated care infrastructure
  - Highlights how leading states support this infrastructure using diverse policy strategies.
Background

- Integrated care: important issue for states
- Key part of major reform efforts: SIM, DSRIP, Health Homes
- Many definitions, models
- Unique needs of state policymakers:
  - Systems approach
  - Diverse settings, populations
  - Need for adaptable, functional approach
Diverse Approaches…

- 2014 National Committee for Quality Assurance Patient-Centered Medical Home Home Standards
- Agency for HealthCare Research and Quality Integration Academy: Lexicon for Behavioral Health and Primary Care Integration
- Medicaid Health Homes: required elements
- Collaborative Care Core Principles
…Common Themes

- Key Components:
  - Multi-disciplinary teams
  - A systematic approach to care using population-based tools, clinical guidelines, and/or evidence-based practices
  - Care management and care coordination, including care transitions
  - Use of health information technology
  - Quality measurement and improvement
State Strategies to Support Infrastructure

- Leverage Medicaid

- Variety of Medicaid options for key service components:
  - team-based care
  - care management/care coordination
  - population-based health strategies
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<th>Authority</th>
<th>Payment Flexibility</th>
<th>State Example</th>
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<td>Health Homes</td>
<td>Population-based PMPM Rates Cost-based Monthly Case Rates Fee-for-Service</td>
<td>Connecticut: Behavioral Health Homes Missouri: Primary Care Health Homes</td>
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<td>Primary Care Case Management</td>
<td>Population-based PMPM Rates Performance-based Payments</td>
<td>Idaho: Healthy Connections</td>
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<td>Managed Care</td>
<td>Capitation to plans, which may in turn develop alternative payment arrangements for providers (including population-based PMPM or performance-based payments).</td>
<td>Idaho: Idaho Behavioral Health Plans</td>
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<td>Medicaid Demonstration Projects</td>
<td>Broad authority to test alternative payment methodologies.</td>
<td>Arizona: Health Care Cost Containment System Regional Behavioral Health Agencies</td>
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<td>State Plan Services</td>
<td>Varies by service, but may include direct reimbursement for relevant providers and services (e.g., peer recovery supports; Health Behavior and Assessment Intervention services).</td>
<td>Georgia: Whole Health Peer Program (Rehabilitative Services Option)</td>
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State Strategies: Provider Requirements

- State Medicaid regulation, payment options
- Major vehicles:
  - Health homes, behavioral health homes
  - 2014 PCMH standards
  - DSRIP Initiatives
State Strategies:
Training and Workforce Development

- Learning collaboratives
- Training resources
- New workforce development: community care teams, integrated peer models, psychiatric consultation
- Scope of work review
State Strategies: Data Infrastructure for Behavioral Health

States taking leadership role in developing BH data capacity:
- Providing guidance, use cases for BH providers
- Funding connections to HIE
- Supporting population-based, integrated data tools
- Facilitating exchange through universal consent forms/technical assistance
- Support for Direct technology
Other Leverage Points

- Supporting administrative changes:
  - unifying licensing requirements
  - reviewing silo’d internal structures
- Managed Care Contracting