

Psychiatric Workforce Solutions



*Working Smarter to
Meet the Demand*

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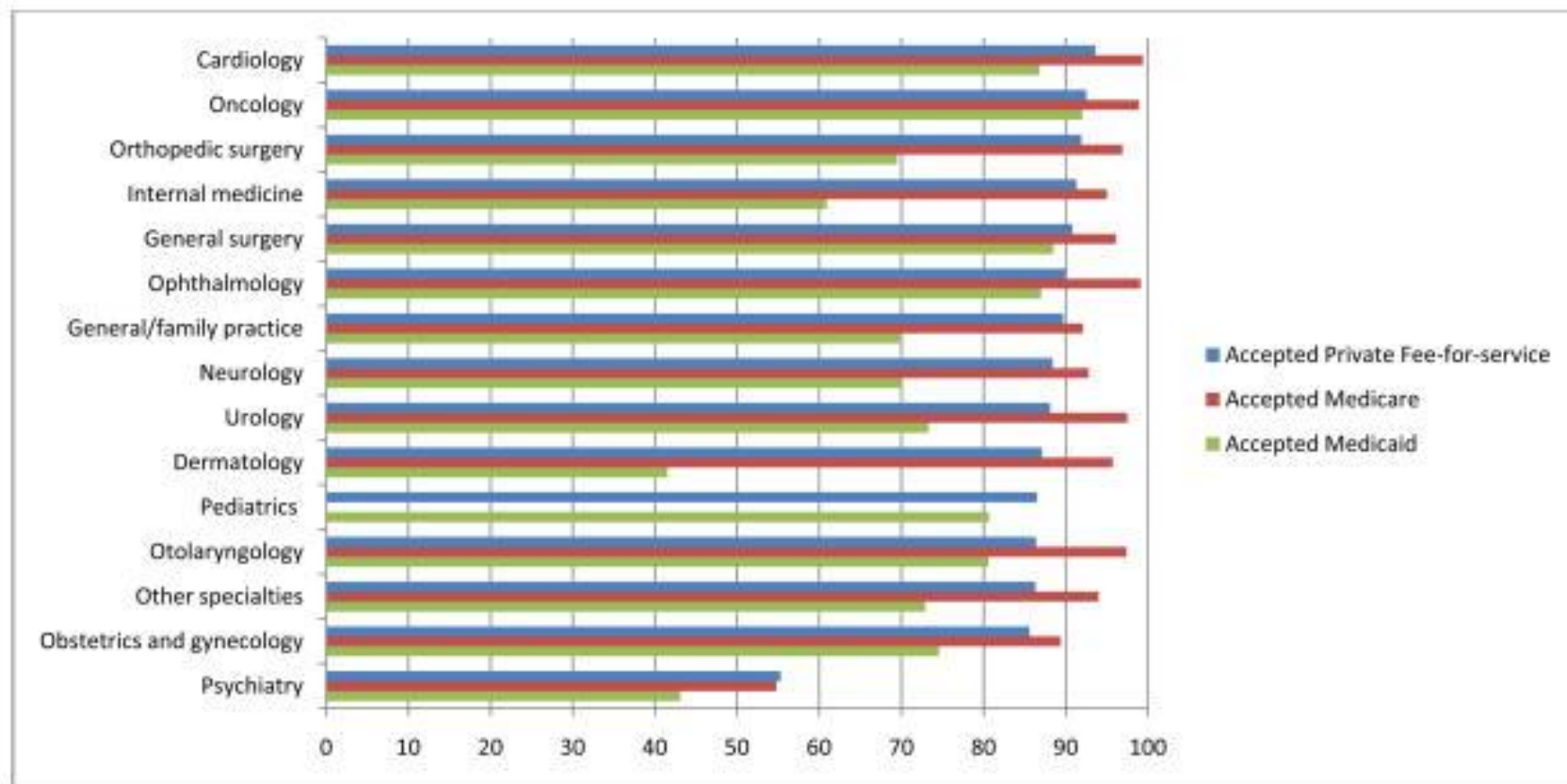
September 8, 2017

Gaps in Care for Patients with Mental Illness, Substance Use Disorders

- Persons with mental and substance use disorders have historically faced limits on health insurance coverage that have restricted their access to treatment
- 77% of U.S. counties had a severe shortage of either psychiatrists or other mental health specialists
- One study reported nearly half of psychiatrists do not accept insurance – other behavioral health specialists also do not accept insurance
- Parity requirements do not apply to approximately 3 million disabled adults – about one third of whom have a severe mental illness—in the Medicaid fee-for-service program

Huskamp, H.A., Iglehart, J.A. “Mental Health and Substance-Use Reforms – Milestones Reached, Challenges Ahead.” New England Journal of Medicine 375:7 (Aug. 18, 2016)

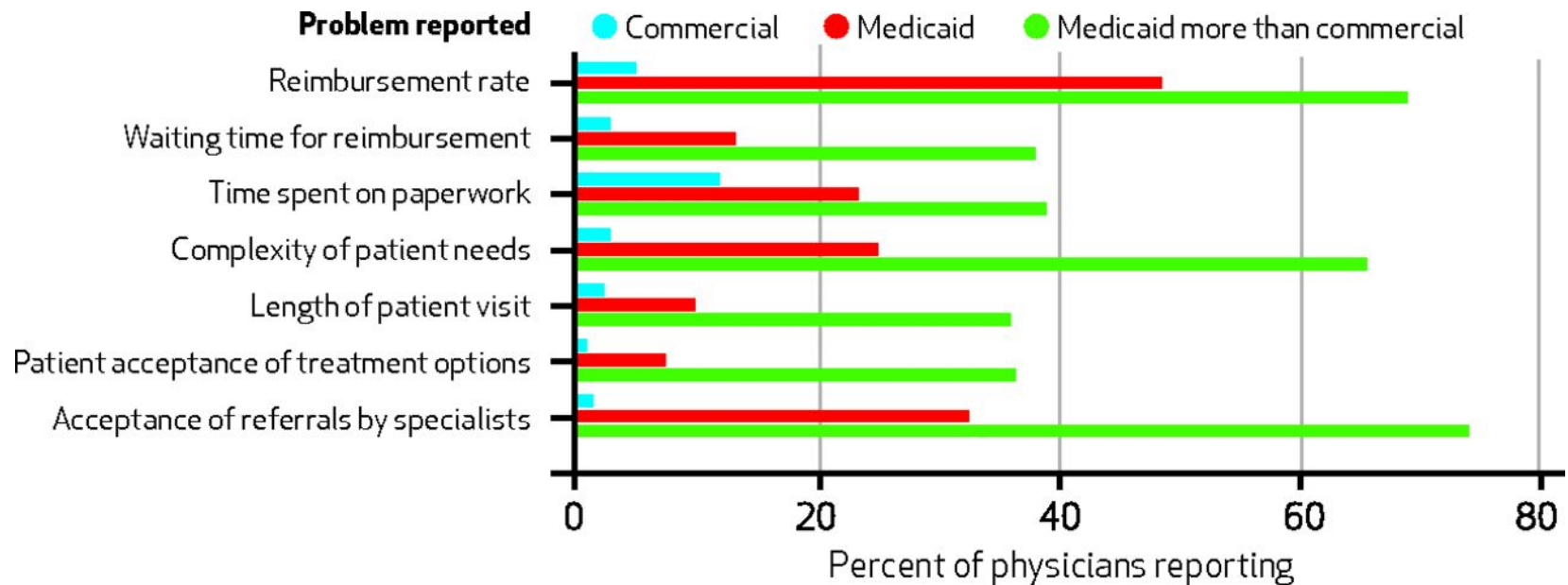
Percentage of office-based physicians who accept insurance by specialty type in 2009-2010



Exceptions:
CMHCs, FQHCs

Bishoff, et al: Acceptance of insurance by psychiatrists and the implications for access to mental health care. *JAMA Psychiatry*. 2014 Feb; 71(2): 176-181.

Surveyed Community-Based Primary Care Physicians In Washington State Who Considered Selected Issues A Problem For Their Practice



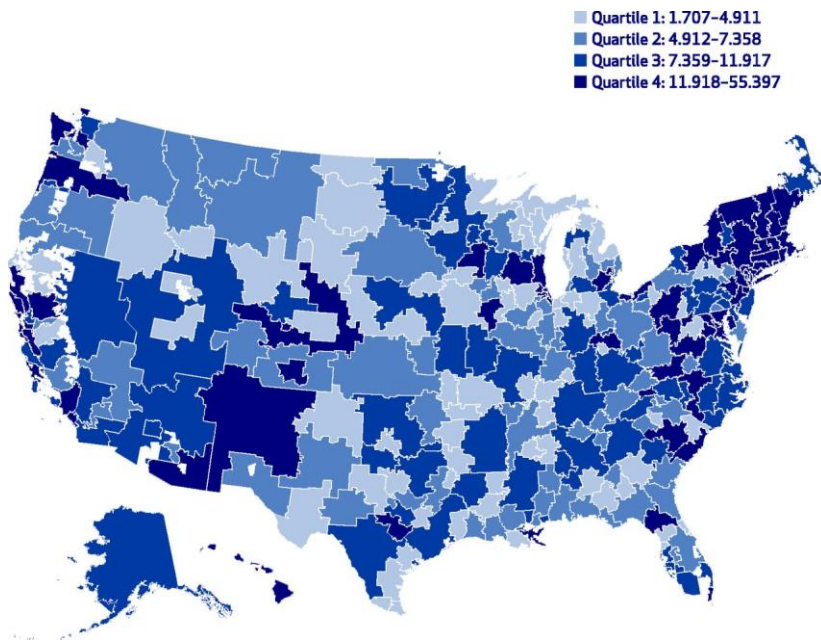
Reducing the costs to physicians of serving the Medicaid population. This would include reducing the costs of participating in Medicaid by

- simplifying administrative processes (for example, those related to billing, audits, and documentation and other paperwork)
- speeding up reimbursement
- reducing the costs of providing care to Medicaid patients

Core Principles for Behavioral Health APMs

- Increase access, improve quality of care and outcomes for individuals with MH/SUDs – as well as reigning in overall costs.
- Designed specifically for care of individuals with MH/SUDs. Support individual treatment options to meet diverse needs of heterogeneous patient population.
- Developed with input from psychiatrists and other BH providers.
- Participation is voluntary, not mandatory.
- Provide adequate reimbursement to psychiatrists and other BH professionals.
- Adjust for lack of EHR systems for BH and limited resources for CEHRT.
- Support delivery of services via telepsychiatry.

Psychiatrists per 100,000 US Residents in Hospital Referral Regions



Telepsychiatry:
remove barriers!

**From 2003-2013, the median
number of psychiatrists per
100k residents decreased by
10.2%**

Work Smarter: Collaborative Care



**Informed,
Activated Patient**

**Effective
Collaboration**



**PCP supported by Behavioral
Care Manager**

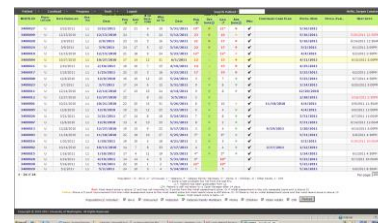
Practice Support



**Measurement-based
Care**



**Psychiatric
Consultation**

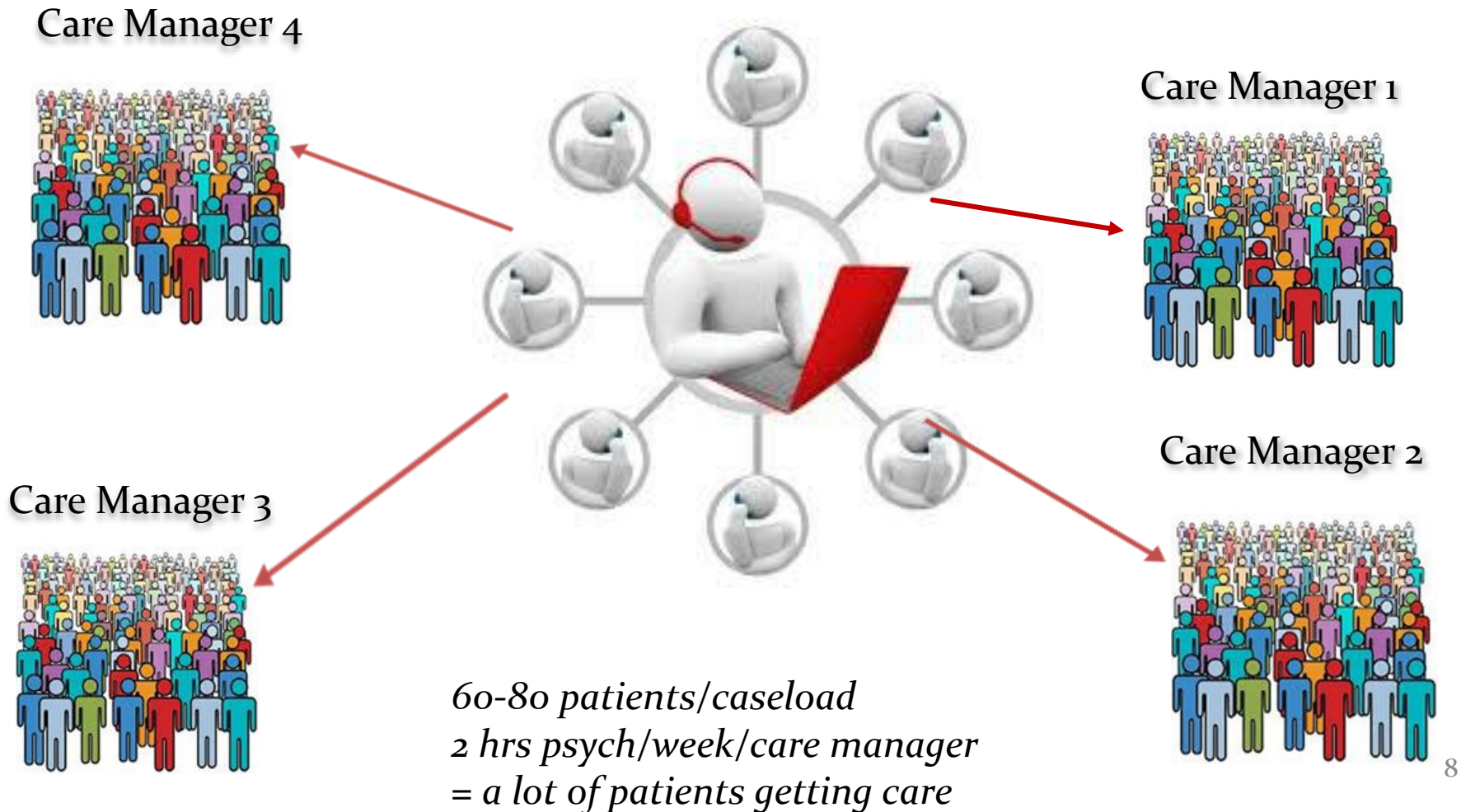


Registry review



Training

Psychiatric Consultants Supporting Teams



“What Works Can’t Be Coded”
APM: CPT Codes for CoCM
January 2017 – Medicare Only

G0502 - \$143

G0503 - \$126

G0504 - \$66

Billed once a month by the PCP

- Outreach and engagement by BHP
- Initial assessment of the patient, including administration of validated rating scales
- Entering patient data in a registry and tracking patient follow-up and progress
- Participation in weekly caseload review with the psychiatric consultant
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.



Allow These Codes for Medicaid

Support Technology to Expand Capacity

TECHNOLOGY ENABLED BEHAVIORAL HEALTH IN PRIMARY CARE

Patient Facing Technology

Apps and Web Services



Self Management

self-help, fitness, affirmative prompts, relaxation, steps, personal exploration

Text Messaging and Apps



Practice Extenders

remote monitoring, reminders, follow up assessments, reduce phone tag

Digital Therapeutics



Practice Extenders

variety of approaches including online therapies (like CBT) and coaching modules

Build PCP Capacity to Treat Mild to Moderate Behavioral Conditions

Decision Supports



Embedded In EHR

treatment pathways, clinical formulation, prescribing and treatment algorithms

e- Consult



Consultation Platform

primary care to specialist, all cases with consultation input, education

Project ECHO®



Telementoring and Education

didactics and case presentations, "hub" and "spokes", collaborative learning

Remote Tele-Hub



Collaborative Care

curbsides, outreach and treatment, registry review, Child Access Projects

Telepsychiatry



Direct Evaluation

evaluation by specialist, documentation, asynchronous model, teletherapy

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