Expanding Mental Health Services in the Face of Workforce Shortage

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Samaritan Health Services

Please note that the views expressed are those of the conference speakers and do not necessarily reflect the views of the American Hospital Association and Health Forum.
Mental Health Provider Workforce

Source: The Mental Health Workforce: A Primer, Congressional Research Service, April 2015
Standard Model of Psychiatric Care

Initial evaluation and diagnosis– 90 min
Therapy– 60 min/week, 10–15 weeks
Medication management visit– 30 min/month
Very stable patients– 30 min/ 3 months
36 hours/week, 46 weeks a year
276 patients total
528 patients at 15 min med management visits
Mental Health Demand


Source: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

The Wall Street Journal
Crisis: Inpt, ER, Crisis Team

Severe and Unstable: Specialty Practice

Moderate and Stable Severe: Collaborative Practice; Meds, Therapy, Support

Mild: Make a Plan; Online, Self Help, Groups, Brief Focused Therapy, Exercise

Recognition: Uniform Screening
The Spectrum of Levels of Psychiatric Integration in Primary Care

[Diagram showing the spectrum of levels of psychiatric integration in primary care, ranging from informal curbside consultations to in-house psychiatrists.]
How UW changed my life

- University of Washington IMPACT model
- Jürgen Unützer and Lori Raney


Critical Elements of Collaborative Care

- Standardized Screening and Outcome Measures
- Systematic Patient Follow Up – Chronic Disease Registry Model
- Evidenced-based Guidelines and Stepped Care Approach to Treatment
- Psychiatric Consultation and Caseload Review
- +/- Behavioral Health Interventions on site
- +/- Warm Handoffs
Overall Cost Benefit To System

- Between $600–$1400 pppy depending on study, dx, population
- Cost savings comes from decreased utilization, e.g. ER, crisis, MH inpatient
- Cost savings comes from decreased comorbidity of physical disease, e.g. asthma, diabetes, heart disease
Samaritan Pediatric Psychiatry Pilot

- Full collaboration in a merged integrated practice for all patients
- Psychiatry team in primary care offices accessible to pediatricians with lots of education
- Patient experiences mental health treatment as part of his or her regular primary care
- Mental Health Specialist serves as a liaison between psychiatry and primary care
Impact Model

BHC: Masters level
- Sees/calls patients
- Maintains registry
- Standardized outcome measures
- Brief therapy

MHS: Bachelors + experience
- Unlicensed MA
- Zero therapy, zero dx
- Some case management
- Maintains registry
- Warm handoffs
- “Face” of psychiatry in Primary Care
# CMA Curriculum

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How to train a MHS?

- Interview for “psychological mindedness”
- Use same process as training early residents
  - Interviewing
    - SCID
    - CSV
    - Epic template
  - Boundaries
  - Risk assessment
  - Vitals
  - Case management
  - Customer service
  - Self care
  - Not to overstep role
    - CMA does prescriptions/orders, not MHS
Standard Model of Psychiatric Care

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Therapy – 60 min/week, 10–15 weeks
Medication management visit 30 min/month
Very stable patients 30 min/ 3 months
36 hours/week, 46 weeks a year
276 patients total
528 patients at 15 min med management visits
What if we called people to see if they needed to come in?

- Set up a system where:
  - Urgent appointments available
  - Phone calls instead of follow up visits
    - Would I feel confident?
    - Would families feel cared for?
    - Would I burn out?
  - New evaluations streamlined by having MHS do it
  - Capacity expands
What does the follow up look like?

- Follow up calls are scheduled as 30 minute appointments, with confirmation calls going out before hand.

- The MH Specialist checks on the patient's mood, social HX since last visit, and other concerning factors (over time, the MH specialist gets to know these families, and knows their specific qualities and traits).

- The MH Specialist addresses any specific concerns the Psychiatrist may have (i.e. Sleep, appetite, etc.) and may impart information on their behalf (need for blood draw, lab results, etc.).

- The MH Specialist conducts formal outcome measures based on the patient's diagnosis "(SNAP IV, GAD-7, PHQ-9 etc.)"
Example of Follow up phone call

Nathan Perry at 10/03/16 1500
Author Type: Mental Health Specialist
Status: Sign at close encounter

Caroline Fisher, MD PhD at 10/21/16 0921
Author Type: Physician
Status: Signed

Agree - let's ask him to drop to half a tab of prozac and offer to increase lamictal to 200 mg daily

Nathan Perry at 10/21/16 1132
Author Type: Mental Health Specialist
Status: Signed

I spoke with Underage today. Underage reports that "I'm not doing bad, I'm guessing. Right now I've been able to see my little sister for her birthday, which was nice. We had presents and cake, she had fun, I switch off with Mom and Dad every 2 weeks. My mood has been varying a lot. Some days it's fine, other days not so much. Mood wise, a bad day would be about a 3, high would be a 6 or a 7. I have not found a therapist like Dr. Fisher recommended, I've been out of town. I'm taking the medication as directed, for sure." Outcome measures conducted. Underage scored a (14) on the PHQ-9 Depression measure (down from 22 on 6/24/16), with Underage reporting "I think I'm eating a bit more this summer, but it's not too bad. I guess I have thoughts of suicide from time to time, but no plan. When it happens I just kind of don't pay that thought any attention, and move on. I would say I'm feeling depressed some days, not so other days." 11 minutes spent on this call.
What does the data say?

- The data shows a 3-to-1 contact ratio between the Mental Health Specialist and the Psychiatrist.
- Patients surveyed report a overwhelmingly favorable view of the Mental Health Specialist position and felt it was helpful for their maintained mental health.
In a recent patient survey, patients felt comfortable speaking with the MH Specialist versus coming in more often.

“Do not change at all! Thank you for your personal care. Everyone in the office knows us and is personal. Keep it that way.”
Program Analysis – Primary Care

Patient Outcomes

- Significant Improvement: 36%
- Improvement: 40%
- No Outcome: 16%
- Worse: 8%
Program Analysis – Specialty Care

Progress of 96 patients across various Outcome Measures

- 37% Patients who saw no improvement or worsening conditions
- 35% Patients who improved across one or more measure, but not all measures
- 28% Patients that improved across all measures
6 y.o. Male: ADHD and GAD
The Details
Heidi May-Stoulil
Director of Mental Health Operations
Samaritan Health Services
Psychiatrist CPT Codes:
- Initial evaluations (90791–90792)
- Follow up 99212–15 + 90833 (E/M plus add-on therapy codes)

New one:
- Chart reviews (90885)
Fee for service
- Psychiatrist bills each session via CPT reimbursement

Update Contracts to include chart reviews and MH specialist screenings

Pediatric Department still reimbursed on a Fee-For-Service basis
CPT codes under discussion

Mental Health Specialist to use:

- CPT codes 98966–68 Non-Face to face or telephone/ non-physician services
- CPT code 90899 Unlisted psychiatric services or procedure
- G Code G0507 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time per month
- Potential additional CPT for collective care (non face to face time –every 30 mins)

*Source: 2016 AMA CPT Professional edition*
MH Specialist billing considerations

- Increase level of service CPT code billed by primary care
- “Incident to” billing option
- Qualified Mental Health Professionals (QMHP)
- Qualified Mental Health Assistant (QMHA)
- Rural Health Clinic Status
ACO’s

Alternative payment methods (capitation)

- Case rate per patient per month
- Initial evaluations higher reimbursement
- Bonus for Discharge back to PCP
- Bonus for non billable services (MHS calls)
How we decided on capitation plan

- Evaluations
- Already charging them 99213 + 90833
- What can do with that rate?
  - Psychiatrist face to face
  - MH specialist phone screening
  - Paid per month rather if both or one of these services happens
Cost effective

- Pays for itself in fee for service model by increasing billables
- Increases Access
- Improves outcomes
- Decreases comorbidity and decreases utilization in a population health model
Increased access

Small example: FTE of .1 in Primary Care clinic (4 hours per week x 3 times a month)

- Pilot served 66 patients in Q3 vs. traditional way of being seen would have been 12–16 patients in a quarter
Traditional practice reimbursement
Co-Locate in PEDS

Medicaid Reimbursement Quarterly
12 (Evals) x $200 = $2,400
27 (Follow-up) x $100 = $2,700

Provider cost $135 per hour x 12 hours a month x 3 for Quarter $4,860

Total = $240

* 12 Evals (CPT 90792) + 27 follow-up (CPT 99213) minus provider cost

***Practiced full/closed***
Traditional practice reimbursement Co–Locate in PEDS

Commercials reimbursement Quarterly
12 (Evals) x $300 = $3600
27 (Follow-up) x $150 = $4050
Provider cost $135 per hour x 12 hours a month x 3 for Quarter $4860

Total = $2790

*12 Evals (CPT 90792) + 27 follow-up (CPT 99213) minus provider cost

***Practiced full/closed***
Medicaid reimbursement Quarterly
27 (Evals) x $200= $5400
27 (Follow-ups) x $100= $2700

Provider cost $135 per hour x 12 hours a month x 3 for Quarter $4860
MH Specialist $22 per hours x 80 hours per month x 3 = $1760

Total- $1480

*27 Evals (CPT 90792) + 27 follow-up (CPT 99213) minus Provider & MH Specialist cost

***Practice OPEN still***
Traditional in Specialty (.3 FTE)

Medicaid Reimbursement Quarterly
15 (Evals) x $200 = $3000
90 (Follow-up) x $100 = $9000

Provider cost $135 per hour x 44 hours a month x 3 for Quarter $17820

Total $17820

*15 Evals (CPT 90792) + 90 follow-up (CPT 99213) minus provider cost

***Practiced full/closed***
Case rate – Specialty

Medicaid reimbursement Quarterly
30 (Evals) x $300 = $9000
90 (Follow-ups) x $130 = $11700
54 Phone call (not in office) x $130 = 7020
Provider cost $135 per hour x 44 hours a month x 3 for Quarter $17820
MH Specialist $22 per hour x 80 hours per month x 3 = $1760

Total $8140

*30 Evals (CPT 90792) + 90 follow-up (CPT 99213) + 54 phone calls minus Provider & MH Specialist cost

**Still open and continue to take new patients
Increase access in specialty

- Current case load 144 and have the capacity for 177 verses 105 traditionally.
- Still seeing new patients
- Still have the options to discharge back to PCP
- Full time Psychiatrist case load would be 590 patients with a MH specialist full time
Barriers

- Credentialing
- CMS/State laws
- Commercial insurance: move away from fee for service based to capitation
Ending on a good note

- Feb 2015 1 MH Specialist (1 clinic)
- July 2016 9 MH specialist (12 clinics)

- Increased patient satisfaction scores as well as Primary Care providers

- Contracting with our local ACO to capitation model in both adult and child specialty Mental Health Clinics
Questions and Answers
Thank You!

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