

### Overview

In November 2016, Sheppard Pratt Health System, Greater Baltimore Medical Center (GBMC), and Kolmac Outpatient Recovery Centers teamed up to launch Sheppard Pratt Integrated Behavioral Health at GBMC, a program that integrates behavioral health services into patient-centered medical home primary care practices. This program was made possible because GBMC applied for and was awarded a grant from the Health Services Cost Review Commission to transform care delivery in the primary care space. This idea came from GBMC's advanced primary care practices participating in a Center for Medicare and Medicaid Innovation grant: The Patient Centered Medical Neighborhood.

Sheppard Pratt Health System is the largest private, non-profit provider of mental health, substance use, special education, developmental disability and social services in the country; GBMC is a small, but well regarded full-service community hospital. The two organizations, located across a parking lot from each other, have long enjoyed a collaborative relationship, often referring patients to each other depending on the patients' needs.

As GBMC's emergency department saw an increasing number of patients who required behavioral health

services, they also were seeing that getting patients from the primary care practices in to a psychiatrist was very difficult.

"The patients often had to wait over a month for an appointment," says Robin Motter-Mast, D.O., medical director of primary care for GBMC. "Crisis or near-crisis psychiatric situations were difficult to manage. Cost was also a barrier to psychiatric care,

as many psychiatrists do not take insurance and costs can range over \$300 per visit. The opportunity to have a team-based, collaborative care model that shares information in real time and decreases stigma for patients receiving this type of care made this type of program very attractive."

With Sheppard Pratt Integrated Behavioral Health at GBMC, full-time behavioral health consultants are now embedded within 10 GBMC primary care practices. The initiative also includes a part-time substance abuse counselor and a part-time psychiatrist. Through this

program, when a primary care patient has symptoms of a behavioral health concern, they can see a provider right away in the same office, rather than getting a referral for an appointment weeks or months later.

### Impact

Since the program began in 2016, patients' anxiety



scores have been reduced by 59 percent and depression scores by 32 percent. (The program uses the GAD-7 scale to measure anxiety and the PHQ-9 scale to measure depression.) In addition, caregivers have conducted 89,000 substance use screens on 51,000 unique patients in the last year.

Meanwhile, the no-show rate has been reduced to 8 percent for psychiatry visits and 12 percent for the behavioral health consultants, far lower than the reported rates for these types of visits nationwide.

Significant cost savings have been realized too. After six months in the program, the cost of a patient's care has been reduced by \$775,574 for their care; after 12 months, the cost has been reduced by \$222,000; the organizations hope to do more in the second six months to maintain the impact of the first six. Emergency department utilization at six months for these patients decreased by 13 percent, with a maintained decrease in utilization of 6 percent at 12 months out.

The staff in the practices highly value the program: 96 percent of those surveyed say that the services provided are valuable and they believe it should be continued.

## Lessons Learned

---

"It's harder than it looks," says Catherine Harrison-Restelli, M.D., a psychiatrist with Sheppard Pratt Health System and Chair of the Department of Psychiatry at GBMC. "You can't just put staff in a spot and think this magic chemistry will happen. Teams have to work to break out of their silos and change workflows and mindsets to develop a team approach."

Harrison-Restelli adds that individuals should be carefully chosen for this program. "Personnel really matters," she says. "You have to be flexible. You have to be able to talk to people in the hallways, shift quickly between patients, and change the language you use based on who you're talking to. You can't talk to patients and families the same way you talk to the primary care physicians or the behavioral health staff."

"This is the future of how health care will be delivered," she adds. "We don't have the luxury of working in silos, because now we know that when you can coordinate all these pieces together, you can see remarkable transformation. When patients are doing what they need to do – coming to appointments, complying with treatment, and managing anxiety and depression – it's pretty amazing. They feel so much better and at the same time, the system saves on costs. It will cost the organization money at first, but if you stick with it, you'll be providing better care at a lower cost."

Motter-Mast notes that the organizations must continue to engage patients after six months in the program to gain the most benefit in terms of treating and managing their behavioral health conditions as well as cost.

"Finding ways to make the program self-sufficient from a cost perspective has been challenging," she says. "Really understanding the ROI of the program and working with administration and payers to understand this return is still an evolving process. We know this program makes a difference to our patients and our providers and staff, but figuring out the financial ways to describe this impact and pay for it has been difficult. We know that charging for the face-to-face visits doesn't pay the bills. We are now looking at utilizing the CoCM [Psychiatric Collaborative Care Management] codes to assist in the finances and hope this supplies the solution."

Meanwhile, from Motter-Mast's perspective as a primary care physician, she says that the resources enable her and her staff to spend less time looking for resources to assist the patients and provide more quality resources once they are found. It also allows primary care providers to better understand patients with behavioral health conditions, communicate with the patients in a more personal manner, which allows communication to be more effective, helping them understand some of the barriers to achieving the goals of the medical care they recommend.

## Future Goals

---

The success of this program in the primary care area has led leadership to explore a similar effort in specialty care practices that often see patients with behavioral health concerns, such as oncology and obstetrics.

They're also looking to stabilize utilization, to ensure that they're making the most of their capacity. Meanwhile, they're exploring automatic referrals to take some of the burden off primary care physicians so they don't need to be gatekeepers.


"We'd also like to see patients using this program more for chronic health conditions," says Harrison-Restelli. "We can help with stress management, sleep, diet, and compliance with medicine and other treatment to ensure that patients get the best possible medical outcomes."

## Contact

---

### Catherine Harrison-Restelli

Psychiatrist with Sheppard Pratt Health System and Chair of the Department of Psychiatry at Greater Baltimore Medical Center

 (443) 849-2368

 [charrison-restelli@gbmc.org](mailto:charrison-restelli@gbmc.org)