Executive Summary

This monograph explores the benefits of integrating behavioral health care and primary health care, as well as the barriers, models, pathways, and opportunities for philanthropy to advance community health and wellness via integrated care.

The Need. The following facts help clarify the need for integrated health care:

- Three out of ten people (29%) with a medical disorder also had a mental health condition.
- Seven out of ten people (68%) with a mental health condition also had a medical condition.
- Major depression is a risk factor for developing medical conditions characterized by pain and inflammation (including cardio vascular disease).
- The risk of self-reported depression among people reporting diabetes was two times the risk for individuals without diabetes.
- Eight out of ten (79%) disabled and six of ten (56%) nondisabled adult Medicaid enrollees nationwide had one or more chronic conditions.
- People with a diagnosis of asthma were 2.3 times more likely to screen positive for depression.

The Environment. The current health care environment is in flux, and includes the following characteristics:

- We are moving from an acute care system to a chronic care system. This system needs to support the long-term management of many chronic conditions.
- Health care reform embraces the patient-centered medical home, which at many levels of accreditation (for example, the National Council on Quality Assurance) must include behavioral health care.
- Potential changes in funding mechanisms will further strengthen the delivery of enhanced primary care and increase the need and financial capacity for integrated behavioral health care.

The Models. This report covers four models of providing mental and physical health care. These models may be thought of as moving from "playing alongside" one another to becoming fully integrated, as follows:

- **Colocated:** In this model, primary care and behavioral health services are delivered in the same location. Collaboration or integration will only be developed with intentional planning and effort.
- **Coordinated care.** In this model, care is coordinated between two or more behavioral health and physical health providers.
- **Collaborative care.** In this model, behavioral health works with primary care.
- **Integrated care.** In this model, behavioral health consultation services work within and as part of primary care.

The Challenges. To deliver the integrated care that will best serve people, the system needs to overcome the following challenges:

- Shifting from a model that focuses on acute care to a chronic care model that focuses on the needs of all people served in a care setting.
- Lack of communication between managed care organizations and lack of communication of care data from managed care organizations to providers.
- Developing sustainable financing models for integrated care.
- Navigating confidentiality regulations.
- Working with the constraints of different benefit packages and payment structures across insurance plans.
- Increasing the ease of collaboration with specialty behavioral health via, for example, the creation of preferred referral status, granting open access, and resolving issues that prevent communication between the specialty provider and the primary care (referring) provider.
- Procuring reimbursement for psychiatric consultation.
- Dealing with workforce issues:
    - Need an expanded acceptable provider panel.
    - Access to training in working in primary care settings.

The Opportunities. The following actions can help transform our system of care:

- Advocating for models of integrated care, including changes in payment mechanism.
- Requiring all insurance plans in the state (and future health exchanges) to recognize models of integrated care as unique instead of attempting to fund them as extensions of traditional outpatient care models.
- Enacting state-level policies that require communication between managed care organizations and with providers in order to integrate critical care information.
- Implementing regulatory changes to support integration, including:
    - Standard coding for behavioral health consultation services in primary care.
    - Managed care organization payment for integrated services in Federally Qualified Health Centers (FQHCs), FQHC lookalikes, and primary care settings.
    - Expanded workforce.
    - Reimbursement for psychiatric consultation to primary care providers, including pediatricians.
    - Waive copayment for behavioral health consultation services in primary care.

- Changing the delivery of specialty behavioral health services, including:
    - Open access.
    - Communication with primary care.
    - Preferred referral status for people already screened in primary care.