The Behavioral Health Center of Excellence at UC Davis endorses the use of integrated behavioral health care models. Integration of behavioral health into primary care is essential to providing comprehensive health care to all individuals. Findings from the Institute for Clinical and Economic Review indicate collaborative care management has significant economic and quality of life benefits. Collaborative care is a care management model that emphasizes coordinated care provided by a team of clinicians that includes the primary care physician, care manager and psychiatrist. The care team works together to provide screening, proactive monitoring, and effective treatment.

**Background**

The Institute for Clinical and Economic Review (ICER) recently released a policy brief with recommendations for integrating behavioral health into primary care. The recommendations are based on ICER’s rigorous evaluation of clinical and economic evidence about the effectiveness and value of integrated behavioral health into primary health care, with a specific emphasis on Collaborative Care Management (CCM) and Behavioral Health Consultant (BHC) models. These models emphasize care coordination and management among multi-disciplinary team members (i.e., primary care physician, care manager, and psychiatrist) who provide screening, proactive monitoring, and necessary treatment modifications.

Using research and clinical evidence, ICER’s technical councils concluded unanimously that CCM significantly improves depression, anxiety, and patient satisfaction when compared with usual care. The councils also found CCM provided “reasonable- to high-value care.” The value rating combines clinical effectiveness, incremental costs per outcome achieved, additional benefits of the intervention and contextual considerations. ICER reported a cost-effectiveness ratio of $15,000-$80,000/QALY (quality-adjusted life year) for CCM, considered an acceptable price tag range. ICER found no strong evidence for other behavioral health integration models or methods.

**Recommendations**

The following recommendations proposed by ICER identify key areas necessary to support integrated care and are endorsed by the UC Davis Behavioral Health Center of Excellence:

1. **Care Delivery Models**

Behavioral health integration (BHI) should use available resources and seek guidance from those with Collaborative Care Management (CCM) experience while accounting for differences in patients, resources, treatment priorities, and funding.

Researchers, clinicians, and funders should generate more evidence about the effectiveness of: BHI methods and models in addition to CCM (including the “promising” Behavioral Health Consultant model) and behavioral health integration for conditions beyond depression and anxiety.

2. **Reimbursement and Payment Policies**

Use reimbursement models that encourage and support BHI. This includes replacing fee-for-service (FFS) payment for behavioral health services with risk-adjusted capitation and shared savings/risk contracts.

Payers and state agencies should work to improve understanding of the services patients use to determine true costs of BHI. For example, they could use available FFS billing data to document currently uncompensated incremental services (e.g., telehealth and assessments) provided by the integrated practices.

Ease behavioral health provider licensing requirements to enable use of different billing codes (e.g., make evaluation and management [E&M] codes available to behavioral health providers).

Establish new billing codes for care and case management, including provider-to-provider consults and referral coordination.

Allow behavioral health and physical health visits to be billed on the same day.

Eliminate specialist co-pays/co-insurance for patients; single copay for a visit that covers any care provided by primary care team.

3. **Licensing and Certification**

States should eliminate barriers to BHI by modifying licensing and certification requirements, such as streamlining processes for multi-site care settings.

Discount fees for professionals who certify as a “care team” or create an option for integrated practices to apply for a single license together rather than separate facility licenses, which is the more common requirement.

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4. Innovation and Collaboration

Public and private payers, clinicians, and patients should collaborate to reduce fragmentation of care and build system-wide solutions that include BHI by using federal and state programs underway, including Medicaid waivers and State Innovation Model (SIM) grants.

5. Technology/Information Sharing

Providers need to collaborate and communicate. Enhanced information sharing would avoid duplication of services and support-coordinated treatment.

Clear guidance from federal and state officials is needed to help clinicians understand laws affecting the sharing of patient substance abuse and mental health information. This includes the development of electronic health records for providers who lack such systems or interoperability with other systems.

Other recommendations focused on clinic operations, workflow, and space; provider training and capacity; and measurement, outcomes, and standards. In addition to the evidence review and policy brief, ICER also published Action Guides, which include a series of national, California, and New England resources to facilitate coordinated implementation from the payer, clinician, and policymaker perspective.

Integrated Care Education and Practice at UC Davis

The UC Davis Department of Psychiatry and Behavioral Sciences is a leader in the U.S. in integrated, collaborative care practice and training. It is one of two psychiatry departments in the country that have two combined residency programs—Combined Internal Medicine/Psychiatry and Combined Family Medicine/Psychiatry. Cross-disciplinary faculty educate primary care physicians about managing common psychiatric disorders, especially patients with depression and anxiety. Further details are noted on the Department’s website at http://www.ucdmc.ucdavis.edu/psychiatry/residency/index.html.

UC Davis is also at the forefront of national efforts to develop and disseminate cross disciplinary, mental health-related training to teach psychiatrists to deliver preventive medical care and teach primary care providers how best to deliver psychiatric care in the primary care setting as described in a newly published training guide.

Additionally, the department recently implemented a 12-month cross-disciplinary fellowship certificate program to improve access to mental health care. It provides advanced training in primary care psychiatry for primary health care providers (e.g., nurse practitioners, internal and family medicine, emergency medicine and physician assistants).

As part of Sacramento County’s Integrated Behavioral Health Clinic, faculty have been delivering integrated psychiatric and medical care to Sacramento County patients for the last decade.

UC Davis faculty also implemented care innovations. For example, a chronic disease management approach is being used to deliver integrated care through a multidisciplinary team of social workers and nurses. UC Davis faculty are pioneering the use of telehealth and e-consults for integrated care with primary care physicians in California.

The UC Davis Student Health Services and Counseling Services (SHCS) is one of the first campuses in the country to adopt a comprehensive program of integrated medical and mental health care. The SHCS is a single health resource designed to provide coordinated, complimentary student health and wellness care. The SHCS team of mental health, medical and allied health providers and health educators work together to help expedite access to integrated care.

Behavioral Health Center of Excellence at UC Davis

The Center’s mission is to bridge neuroscience research, mental health care and policy to improve the lives of those touched by mental illness. Initial funding is from the Mental Health Services Act. Position statements are developed in partnership with the Center’s evaluations and outcome unit, UC Davis Center for Healthcare Policy and Research (CHPR).

www.behavioralhealth.ucdavis.edu
www.ucdmc.ucdavis.edu/chpr/