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PHOTO BY TOM CROKE

Reimbursement presents one of the biggest barriers to integrated practices, according to John Todaro, Ph.D., who is a clinical health psychologist at Coastal Medical as well as co-owner and director of Providence Behavioral Associates in Rhode Island.

Integrated practices: Moving toward comprehensive health care

By Phyllis Hanlon

The Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration report that some primary care offices are becoming a "gateway" for individuals who have a combination of behavioral and physical health needs. The growing prevalence of co-existing physical and behavioral challenges is prompting a closer look at integrated practices.

Corey D. Smith, director of behavioral health training at the Maine-Dartmouth Family Medicine Residency Program, which trains medical doctors and nurses in collaboration with the University of New England (UNE) College of Medicine and UNE's College of Pharmacy, pointed out that few medical conditions present without a behavioral component.

"The classic example is diabetes," he said, noting that these patients must juggle nutritional needs, exercise and daily living activities. "If you look at the research, a patient with diabetes will, at some point, have depression. Integrated care shows good patient outcomes specific to medical conditions."

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What will ACA replacement mean for mental health?

By Janine Weisman

Uncertainty surrounding President Donald Trump's often repeated campaign promise to dismantle the Affordable Care Act has changed the way Republicans talk about it: Instead of "repeal," the emphasis is now on "repair."

Even so, mental health advocates are worried that any fix to the 2010 federal health care law might mean the loss of historic protections requiring health plans to cover mental health and substance use disorder treatment and services. Before ACA made these services "essential benefits," individual and small group market policies rarely covered them.

"The Affordable Care Act, put in extreme terms, is a life-or-death issue for people with mental illness," said Ken Norton, LICSW, executive director of the New Hampshire chapter of the National Alliance on Mental Illness. "It was years of advocacy to get above the discriminatory insurance practices that had such a profound impact on people's lives."

More than 20 million Americans gained health insurance coverage through ACA, which created a minimum level of protections for those enrolling on the individual market and offered more covered benefits with more sharing of health care costs across a larger population.

At least a half dozen Republican proposals have emerged in Congress to replace ACA, with a general consensus around keeping a popular provision that banned denial of coverage based on pre-existing conditions and another that provided coverage for dependents up until age 26.

Most Congressional leaders, however, are seeking to give states more flexibility in determining the options for essential benefits and how those are defined.

GOP proposals include the Patient Freedom Act introduced Jan. 23 by Sen. Susan Collins (R-Maine) and Sen. Bill Cassidy (R-Louisiana).

Modeled after a 2015 proposal with the same name, it would let states either keep using the ACA or instead divert federal subsidies to either fund their own state exchange programs or create health savings accounts for people who were previously uninsured.

The Cassidy-Collins bill would repeal the individual mandate that imposes a tax penalty on those who failed to obtain health insurance and also repeal the employer mandate that requires employers of 50 or more workers to offer health insurance to at least 95 percent of their full-time employees and their dependents.

Mental health and substance use disorder services must be included in coverage under the Cassidy-Collins bill. But it's unclear what actuarial value standards would apply.

"You could have that cover-

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Additionally, Smith notes that a "limiting stigma with mental health treatment" still exists. He indicated that patients are more likely to see their primary doctor and mention a cluster of symptoms that could be depression or some other behavioral condition rather than seek counseling from a mental health provider.

"Mental and medical health often butt heads. By providing access at the point of care, we can catch a number of patients who wouldn't know to consider behavioral health therapy," he said.

States like Maine, whose population is scattered over a wide geographic area, can be especially well served with an integrated practice. Smith said. "It serves as a one-stop shop. It's difficult to find a physician [in rural areas] and it's likely as difficult to find a psychologist. It's a nice catch for the patient to find a psychologist and physician in the same clinic."

In an integrated setting, the medical provider can do a "warm hand-off" to a professional who is qualified, skilled and ready to address the behavioral issue, according to Smith. "This allows the physician to stay on schedule and meet the needs of the other patients."

Smith works side-by-side with physicians at the Family Medicine Institute where he sees patients in half-hour blocks. "The 30-minute visit is a structural way to facilitate focus on distinct behavioral and cognitive changes, rather than getting too far into history," he said. "Also, the integrated setting is short-term so patients learn skills they can use in traditional therapy. There could well be benefits for the rest of the patient's life. He can benefit from knowing how to calm himself down."

For the last four years, John Todaro, Ph.D., co-owner and director, Providence Behavioral Associates, has also served as a consulting and clinical health psychologist at Coastal Medical, a physician-owned network of medical practices in Rhode Island.

He reported that this co-location where psychologists were placed into the practice has evolved into a fully integrated behavioral health model. "This means we're part of the clinical team of physicians, pharmacists, nurses and social workers. We actually work together in the joint care of the patient. It's a team-based approach as opposed to individual providers working in silos," he said.

Todaro works in primary care, pulmonology and cardiology services and is helping Coastal evolve its behavioral health services and identify individual ways to integrate behavioral health more fully into clinical services.

In spite of the patient benefits, reimbursement continues to present one of the biggest barriers to integrated practices, according to Todaro.

"We're looking at business models that allow psychologists and physicians to partner together financially. I think if the healthcare system moved away from fee-for-service to alternate payment models, the revenues we generate from bundled payments, for example, shared savings agreements, may make it financially attractive for both groups to form joint ventures," he said.

"We actually work together in the joint care of the patient. It's a team-based approach as opposed to individual providers working in silos."

John Todaro, Ph.D.

PHOTO BY TOM CROKE

"There's no question that it makes clinical sense to integrate clinical health into behavioral care, but now we have to demonstrate that it makes financial sense. That's the next phase, refining the business model that allows integration not just to initiate a program but to sustain it over time."

Traci Cipriano, Ph.D., JD, a private practitioner in Woodbridge, Conn., explained that determining which billing codes will work on the medical side, especially for short-term therapy or intervention, is part of the problem.

However, hospitals and professional organizations are conducting research and collecting data to solve the issue.

"Hartford Hospital is doing a lot of grant work that involves gathering pilot data," she said, noting that figuring out how to manage the 50-minute hour in a medical setting is the challenge. "But physicians are interested, especially with the opioid crisis and pain management. You can't just give pills to people. You need to learn ways to manage the pain."

The American Psychological Association is also exploring the viability of integrated practices. Cipriano reported that in 2016, the Centers for Medicare and Medicaid Services awarded a three-year, $2 million grant to the APA to place psychologists into medical practices to gather data.

The CMS Transforming Clinical Practice Initiative Support and Alignment Network, which issued the grant, is intended to enhance patient care quality and find ways to better use health care dollars. As part of the grant, the APA plans to offer education, training and workforce development to more than 5,000 psychologists to qualify to participate in integrated care programs.

Although some physicians and psychologists involved in integrated care report good outcomes, Cipriano pointed out that robust data would reinforce the need for integrated practices and help secure funding to support them.

"When you are asking for funding, you need data, not just anecdotal evidence," she said.

Todaro said that this work can be beneficial for patients and also fulfilling for psychologists who enjoy the fast pace and multi-disciplinary nature of the work.

"You have to have a lot of internal interest and enthusiasm to do this kind of work," he said. "We like feeling our behavioral contributions enhance the overall medical care the patient is getting with the physician, pharmacist and nurse." ■

ACA replacement

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age, but there could be a lot of limits on the services or it could be very high cost sharing requirements on them unless they explicitly regulate that and put some standards in place," said economist Linda J. Blumberg, Ph.D, a senior fellow in the Health Policy Center at the Urban Institute.

Collins' office did not respond to requests for an interview. A moderate among Senate Republicans, she received praise in the press both nationally and in her home state for a proposal seen as building a bridge for ACA replacement efforts.

But John E. McDonough, DrPH, MPA, a professor of practice in the Department of Health Policy & Management at Harvard T. H. Chan School of Public Health who worked on writing the ACA, said the Cassidy-Collins bill would merely "kick the can" to states without ensuring real protections for consumers.

"The bill is an example of a Republican Congressional majority that has been unable, after six years of attacking the ACA, of articulating a clear alternative vision for how Americans should have a guarantee of access to quality and affordable health coverage," McDonough wrote in an email.

One big problem with the ACA is that insurance remains very expensive. Those who earn too much to qualify for subsidies still struggle to pay premiums and have high deductibles.

In her remarks in the Congressional Record, Collins noted that premiums for the individual market in Maine this year soared by an average of 22 percent as plan options have become more limited.

Blumberg said too much of the conversation about repairing the ACA has focused only on lowering premiums. The easiest way to lower premiums is to limit benefits or increase the costs consumers must pay out of their own pocket, she added.

"If you only think about lowering premiums there's a lot you can do pretty quickly, but it can be really damaging in terms of impeding access to care for people who need it," she said.

Insurers, who receive forms and rate filing instructions for 2018 in March, will want clarity from Congress and the Trump Administration as soon as possible. But the timetable for a replacement looks like it will drag on through the end of the year or into 2018. Senate Republicans who have a 52-48 margin need 60 votes under budget reconciliation rules to repeal ACA tax penalties or any provisions involving Medicaid. They will be looking to get enough Democrats on board.

"Republicans are walking back from repealing the Affordable Care Act, and I hope will be ready soon for a mature discussion about improving health care," Sen. Sheldon Whitehouse, (D-Rhode Island) said in a statement his office released to *New England Psychologist*. The two-term Democratic Senator is among 23 Senate Democrats plus two independents up for reelection in 2018.

"Republicans in Congress have a lot of this work going on in their home states, so when the 'Repeal Obamacare' political fever passes, I believe we can do good bipartisan work together."

Whitehouse authored the bipartisan Comprehensive Addiction and Recovery Act (CARA), which President Barack Obama signed into law last year to expand prevention and treatment efforts to address the opioid epidemic.

"Half a billion dollars is on its way to states to help with treating mental health and substance abuse. There should be no going back on this issue, not with 239 overdose fatalities last year just in Rhode Island," Whitehouse said. ■