

NTx Behavioral Health

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Current State: BSW Behavioral Health Initiatives for Primary Care

- General screening for depression by medical providers and Licensed Clinical Social Workers (LCSWs) using PHQ2/PHQ9
- Approved depression treatment protocol for system based on PHQ9 score
 - Assessment for suicide risk
 - Psychotropic medication management
- Adaptation of IMPACT Model
 - LCSW-led clinical model embedded in select primary care practices
 - Psychiatric support through community partnerships
 - Metrocare
 - 1 hour/week of psychiatric to PCP consult for high-risk or complex patient cases (HTPN-BCC clinics)
 - JPS
 - Virtual Psychiatric Support allows for telephonic consultation with real time access (all HTPN clinics)

Why Integrate into Primary Care?

- 80% of people with a behavioral health diagnosis will visit a primary care provider at least once a year ²
- 50% of all behavioral health disorders are treated in primary care³
- 48% of appointments for all psychotropic agents are with a non-psychiatric primary care provider⁴
- 67% of people with a behavioral health disorder do not get behavioral health treatment⁵
- Two-thirds of primary care physicians report not being able to access outpatient behavioral health for their patients. Shortages of mental health care providers, health plan barriers, and lack of coverage or inadequate coverage were all cited by primary care providers as critical barriers to mental healthcare access⁶
- Evidenced based programs, such as IMPACT, can result in improved PHQ9 (depression) scores
- Integration of behavioral health within primary care is essential to reducing stigma, providing access and managing the overall health of the patient by providing holistic care

Financial Benefits of Integrated Care

- Use of health care services decreased by 16% for those receiving behavioral health treatment, while it increased by 12% for patients who were not treated for their behavioral health care needs⁷
- Depression treatment in primary care for those with diabetes had \$896 lower total healthcare costs over 24 months⁸
- Depression treatment in primary care had \$3,300 lower total healthcare cost over 48 months⁹
- Behavioral health disorders account for half of all disability days¹⁰
- Annual medical expenses--chronic medical & behavioral health conditions combined -- cost 46% more than those with only a chronic medical condition¹¹
- Of the top five conditions driving overall health care costs (work related productivity + medical + pharmacy cost), depression is ranked number one¹²

Comorbid Behavioral Health and Chronic Medical Conditions

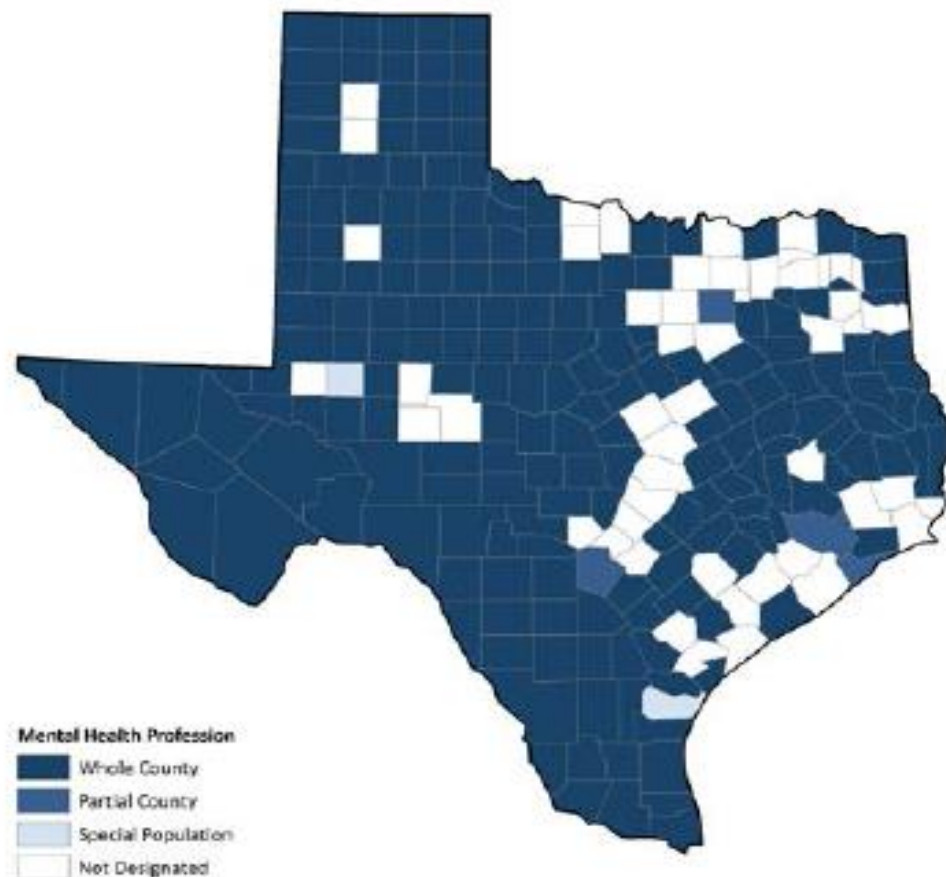
Chronic Medical Condition	% with depression/anxiety	% treated for depression/anxiety
Arthritis	32.3%	7.1%
Hypertension	30.5%	5.5%
Chronic Pain	61.2%	5.9%
Diabetes Mellitus	30.8%	5.2%
Asthma	60.5%	6.8%
Coronary Artery Disease	48.2%	5.7%
Cancer	39.8%	5.7%

Data Source: Milliman, Inc US Health Care
Study 2006

Texas Overview

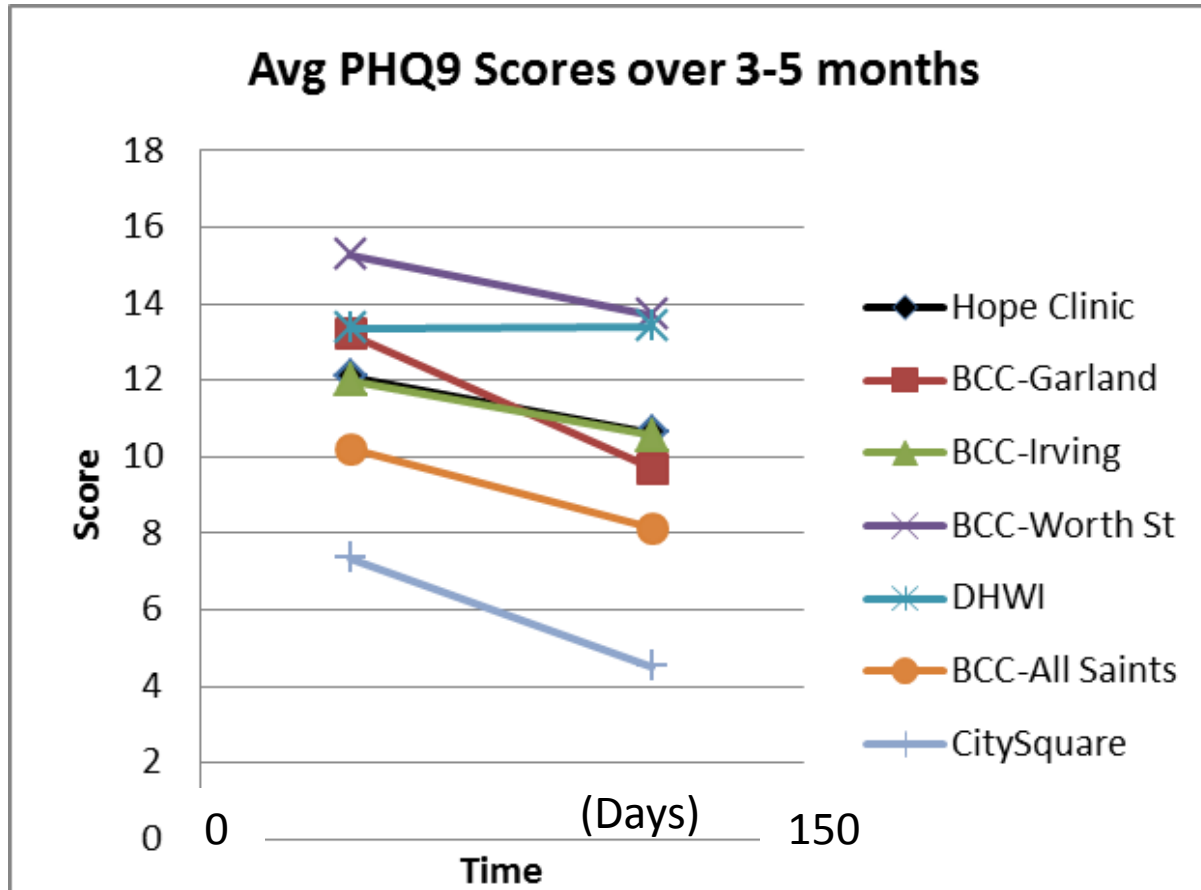
- Texas ranks 49th in access to care for behavioral health
- The majority of counties have extreme mental health professional shortages

Map 2. Mental Health Professional Shortage Areas (HPSAs) in Texas, as of June 2013.



Data Source: The Health Status of Texas 2014

BSW IMPACT (Depression) Model Outcomes



PHQ-9 Score Key

- 0-4 minimal
- 5-9 mild
- 10-14 moderate
- 15-19 Moderately severe
- 20-27 Severe

Takeaway: strong decrease in depression score in a program led by LCSWs

Challenges/Barriers

- Creating a service line across the system with limited resources
- Recruitment/Severe Shortage of Psychiatrists, Psychologists, Licensed Clinical Social Workers and other Behavioral Health professionals
- Funding
 - Current primary care initiatives are grant funded
- Billing/reimbursement challenges
- Managing uninsured/underinsured populations
- Managing outpatient capacity

Billing/Reimbursement Challenges

- Mental health diagnoses are not typically recognized under medical benefits
- Managed care “carve outs” typically contract with licensed behavioral health professionals only and do not reimburse primary care physicians for treatment, which leads to fragmented care for the patient
- Not all insurance plans include mental health benefits and there has been a decrease in mental health coverage being provided by employers, leaving many patients without access
- The norm has become for behavioral health providers to accept cash only due to reimbursement challenges, further segregating care providers

Opportunities

- Hiring of Psychiatrists, Psychologists, and Licensed Clinical Social Workers
- Expansion of current programs and embedding of behavioral health in primary care
- Sustainable strategy and funding

Sources

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Thank you