Expanding Mental Health Services in the Face of Workforce Shortage

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Vice President of Mental Health
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Please note that the views expressed are those of the conference speakers and do not necessarily reflect the views of the American Hospital Association and Health Forum.
Mental Health Demand

Not Meeting a Need
A University of North Carolina study looked at shortages of mental health professionals across the U.S.

UNMET NEED FOR MENTAL HEALTH PROFESSIONALS AMONG COUNTIES WITH AN OVERALL SHORTAGE

Low

First quartile  Second quartile  Third quartile  Fourth quartile

High

No significant overall shortage


Source: Cecil G. Shaps Center for Health Services Research, University of North Carolina at Chapel Hill

The Wall Street Journal
Mental Health Provider Workforce

Source: The Mental Health Workforce: A Primer, Congressional Research Service, April 2015
Initial evaluation and diagnosis – 90 min
Therapy – 60 min/week, 10–15 weeks
Medication management visit 30 min/month
Very stable patients 30 min/ 3 months
36 hours/week, 46 weeks a year
276 patients total
528 patients at 15 min med management visits
The Spectrum of Levels of Psychiatric Integration in Primary Care

Resources per patient served

- Informal curbside
- OPAL-K consult
- Project ECHO consult
- Phone
- Weekly seminar
- Phone bank
- onsite BHC
- onsite psychologist
- [--- remote flexible psychiatrist ---]
- [--------- onsite or tele-psychiatrist ---------]

Chart-based after eval’ by psychologist
Chart-based after eval’ by structured interview
Face-to-face interview
Interview and few f/u
In-house psychiatrist
Behavioral Health Integration

Child psychiatrist

PCP

PCP

PCP

Child psychiatrist

PCP
Full collaboration in a merged integrated practice for all patients
Psychiatry team in primary care offices accessible to pediatricians with lots of education
Patient experiences mental health treatment as part of his or her regular primary care
Mental Health Specialist serves as a liaison between psychiatry and primary care
Boots on the ground for the psych team:
- Warm hand offs
- Liaison between psychiatry and primary care
- Data collection
- Structured interviews
- Manages referrals and schedules
- Manages outcome measures
  - Follow up phones calls
  - Reports outcomes to Psychiatry
Program Analysis

Patient Outcomes

- Significant Improvement: 36%
- Improvement: 40%
- Worse: 8%
- No Outcome: 16%
Objections:
# PCP’s like Collaborative Care

## Table 1. Clinicians Preferring Integrated Care to Enhanced Referral Care According to Aspects of Treatment of Mental Health Problems

<table>
<thead>
<tr>
<th>Treatment Aspect</th>
<th>Integrated Care Preferred*</th>
<th>P Value †</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better communication</td>
<td>113 (92.6)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>More comprehensive services</td>
<td>74 (61.7)</td>
<td>.0106</td>
</tr>
<tr>
<td>Better management of depression</td>
<td>77 (64.2)</td>
<td>.0019</td>
</tr>
<tr>
<td>Better management of anxiety</td>
<td>91 (75.8)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>Better management of alcohol abuse</td>
<td>78 (65.5)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>More convenient services for patients</td>
<td>106 (87.6)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>Less stigma for patients</td>
<td>111 (92.5)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>Better coordination of mental and physical care</td>
<td>109 (91.6)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>Quicker appointments for mental health</td>
<td>102 (85.7)</td>
<td>&lt; .0001</td>
</tr>
<tr>
<td>Better health education</td>
<td>102 (88)</td>
<td>&lt; .0001</td>
</tr>
</tbody>
</table>

* Some data missing due to item nonresponse.
† P values represent the statistical test for whether the proportion preferring integrated care equaled 50%.
After Adoption

Demand

Time

“Great

“So

“Wonderfu
The Details

Heidi May–Stoulil
Director of Mental Health Operations
Samaritan Health Services
For Psychiatrist CPT Codes:

- Initials evaluations (90791–90792)
- Chart reviews (90885)
- Follow up 99212–15 + 90833 (E/M plus add on therapy codes)
Insurances

- Fee for service
  - Psychiatrist each session CPT reimbursement

- Update Contracts to include chart reviews
  - And MH specialist screenings

- Pediatric Department still reimbursed on a Fee-For-Service basis
Alternative payment methods

- Case rate per member per month
- Initial evaluations higher reimbursement
- Discharge back to PCP
- Bonus (for non billable services)
CPT codes under discussion

Mental Health Specialist to use:

- CPT codes 98966–68 Non-Face to face/ non-physician services telephone Services
- CPT code 90899 Unlisted psychiatric services or procedure *

*Source: 2016 AMA CPT Professional edition
MH Specialist billing considerations

- Increase level of service CPT code
- Incident to billing option
- Qualified Mental Health Professionals (QMHP)
- Qualified Mental Health Assistant (QMHA)
- Rural Health Clinic Status
Increase access

Small example: FTE of .1 in Primary Care clinic (4 hours per week x 3 times a month)

- Pilot served 66 patients in Q3 vs. traditional way of being seen would have been 12–16 patients in a quarter
Cost effective
Barriers

- It is New– upcoming
- Credentialing
- CMS/ State laws
- Commercial insurance: fee for service based
- EMR security/access (new role)
Questions and Answers