Integrating Behavioral Health and Primary Care Services

Implementing a High Performance Real-world Framework

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Introduction

The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency serving 2.2 million members. The Targeted Investments (TI) Program was developed by AHCCCS to integrate behavioral health and primary care services to improve access, outcomes, costs, and healthcare disparities.

The transformative nature of the TI Program is established by 5 defining pillars of the Program that constitute the TI Program Framework as described in Figure 1: 1) Partnerships 2) Quality Improvement Collaborative 3) Collaborative Care Model 4) Financial Incentives and 5) Performance

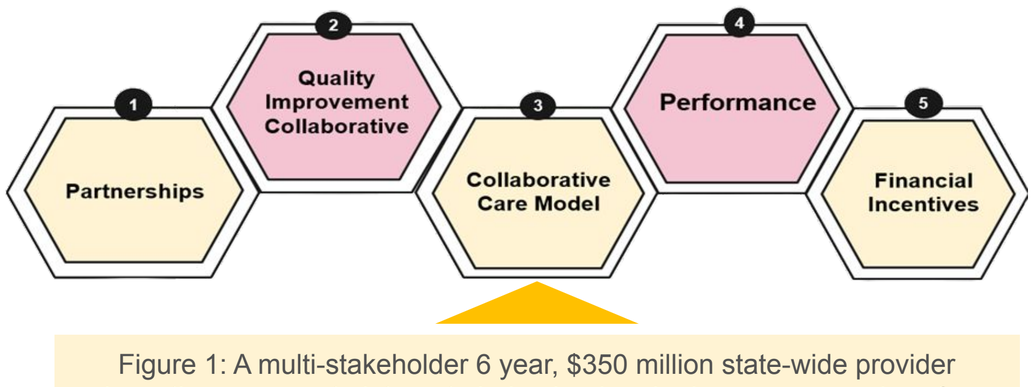


Figure 1: A multi-stakeholder 6 year, $350 million state-wide provider incentive program to integrate behavioral and primary care services for approximately 2 million low income Arizona residents

Methods

Partnerships

The TI program was implemented as an expansive multi-stakeholder partnership involving the following partners: Arizona State University (ASU); 127 Health care provider organizations and more than 500 associated clinic sites; Approximately 2 000 clinicians; 7 Health Plans contracted with Medicaid; and Contexture, Arizona's Health Information Exchange (HIE).

Main Functions

The Quality Improvement Collaborative (QIC) involved a team-based learning series and involved 3 functions: A Learning Collaborative, Technical Assistance, and Data Sharing and Benchmarking.

Learning Collaborative

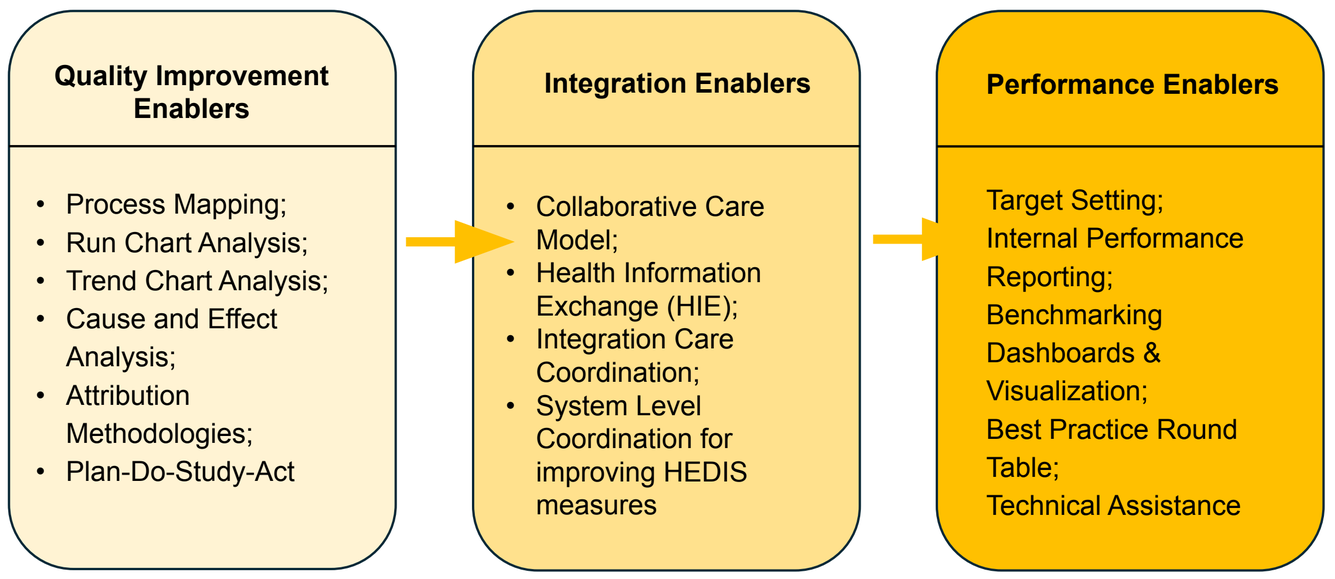
Two representatives per participating organization - a clinician and an administrator - participated in a Learning Collaborative that included greater than 100 hours of peer learning sessions. The Learning Collaborative's curriculum, as described in Table 1, was based on principles from the Model for Improvement developed by Associates in Process Improvement, and used by the Institute for Healthcare Improvement (IHI).

Technical Assistance

ASU offered individualized coaching, expert consultation and technical assistance to QIC providers. Providers were encouraged to utilize Run Chart Analysis, Cause and Effect Analysis as highlighted in Figure 1, and Process Mapping to design improvement interventions.

Data Sharing and Benchmarking

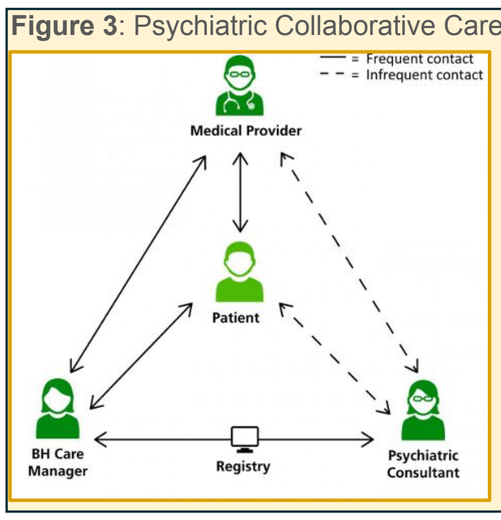
Organizational level dashboards and practice reports allowed practices to track their performance against benchmarks and conduct peer comparisons to support improvement interventions. Figure 2 is an example of a Practice Performance Dashboard that features TI Program performance measures.



Psychiatric Collaborative Care Model

The Psychiatric Care Model, as illustrated in Figure 3, involved therapeutic support provided by a behavioral health care manager, and inter-specialty support through consultation by a Psychiatrist to the Primary Care team.

Figure 3: Psychiatric Collaborative Care Model



- Integration of primary health and behavioral health clinical work-flows
- Multi-disciplinary team with clinical escalation channel, with team based-billing
- Involves co-location of services
- Supported by digital data integration
- Outcomes are measured using validated scales

Financial Incentives

TI Program made available $335 million over the 6-year term of the award as incentive payments to providers who met HEDIS performance targets to develop the care coordination infrastructure, including skills, data assets, and information technology.

Figure 2: Practice Performance Dashboard

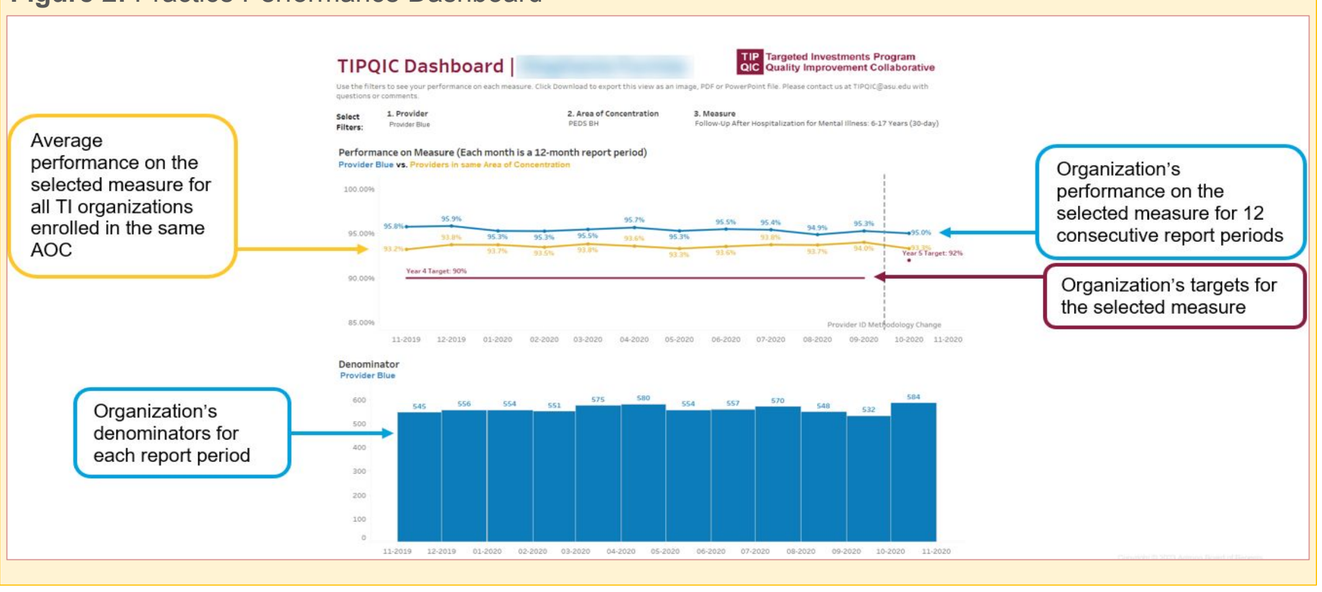


Table 2: Example of Practice TI Program Performance Dashboard for Years 4-6 (2020-2022) for three selected Areas of Concentration

TI Program Measures Year 4-6 (2020-2022)					
Area of Concentration	**Performance Measure**	**Pass/Fail**	**Final Performance**	**Target**	**Earned Incentive**
Adult Behavioral Health	FUH-7	Pass	69.40%	56.38%	50%
	FUH-30	Pass	87.60%	75.78%	25%
	SSD (Diabetes screening)	Pass	71.30%	47.93%	15%
	IPAT (Integrated Practice Assessment Tool)	Pass	100.00%	100.00%	5%
	QIC	Pass	100.00%	80.00%	5%
					100%
Adult Primary Care	FUH-7	Fail	60.90%	63.82%	0%
	FUH-30	Fail	76.50%	79.70%	0%
	SSD	Pass	66.70%	46.90%	15%
	IPAT	Pass	100.00%	100.00%	5%
	QIC	Pass	100.00%	80.00%	5%
					25%
	FUH-7	Fail	28.80%	37.01%	0%
	FUH-30	Pass	81.30%	65.09%	25%
	SSD	Pass	96.90%	91.53%	15%
	IPAT	Pass	100.00%	100.00%	5%
	QIC	Pass	100.00%	80.00%	5%
					50%

Results (Performance of the TI Program Framework)

HEDIS Measures

The TI Program covered a subset of 478,000 allocated members. The HEDIS process performance measures were regarded as "interim outcomes", reflecting the difficulties experienced by primary care level systems to report on outcomes of care. As illustrated in Table 2, the analysis to determine the project impact indicated the intervention group had a 228% difference ($p<0.001$) for the Follow-up after Hospitalization for Psychiatric Hospitalization (FUH) 7-day measure and a 211% difference ($p<0.001$) for the Follow-up after Hospitalization for Psychiatric Hospitalization (FUH) 30-day measure.

QIC Survey Feedback

A QIC participant survey conducted in year 6 of the TI Program reflected that 89% of those surveyed strongly conveyed their intention to integrate team-based approaches into practice. Additionally, 88% of participants strongly indicated a greater awareness of the roles of others in teams.

Conclusions

In 2022, CMS approved a 5-year extension of the TI Program, making available $250 million of incentive funds. The extension offers the opportunity to sustain what worked well, extend the program to include providers who did not participate previously, and improve the goals of the Program to more comprehensively address health equity.

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