

Physical and Behavioral Healthcare Integration

Serious untreated medical conditions complicate recovery from behavioral health problems for many consumers. When these medical conditions are combined with problems of access to primary care, the result is often a worsening of symptoms and increased utilization of high-cost emergency and inpatient care. Studies have shown that those with serious behavioral health problems die 25 years earlier than the general population, and 35 years earlier, if co-occurring mental health and substance use problems are present.

Engaging consumers in medical treatment can be a complicated and time-consuming process. For many consumers, the fear of medical treatment can be as debilitating as the physical distress caused by lack of treatment. In addition, many consumers seeking medical care often encounter physical health care providers who are insufficiently informed about behavioral health issues and uncomfortable about treating someone with such issues. As a result, many consumers are reluctant to seek medical treatment, and often delay treatment until medical conditions reach crisis proportions. Such delays can dramatically increase the cost of care and lead to poorer outcomes.

Behavioral health providers are uniquely situated to help resolve these problems – both in terms of reducing health costs and reversing the health disparities described above. Because behavioral health providers are skilled in providing evidence-based engagement and treatment services, they offer the most accessible, least stigmatizing, and most supportive means of addressing consumers’ behavioral health and physical health care needs. By providing integrated treatment, disease management and preventative services through Medical Homes, and/or by providing disease management and preventative services through Behavioral Health Homes, behavioral health providers can help consumers manage both chronic physical diseases and behavioral health problems. In addition, by ensuring timely access to primary care, and by helping consumers learn disease management skills, and how to cultivate healthy lifestyles, among other prevention strategies, behavioral health providers and consumers can work collaboratively to delay the onset of these diseases, minimize the extent of the illnesses, or prevent them entirely.

Because consumers with behavioral health problems are often high-cost users of emergency and inpatient programs for both physical and behavioral health problems, there is strong evidence that the cost of such integrated care would be offset substantially by savings in these higher-cost programs. These savings should be reinvested to finance new integrated care initiatives, which, in turn, will generate additional savings. Just as behavioral health providers were able to facilitate the restructuring of the public psychiatric system, resulting in savings of \$1 billion per year for taxpayers, the same savings are possible in the physical health care system by reducing the reliance on inpatient and emergency care by those with behavioral health and other problems.

NJAMHAA supports:

- ✓ The development of **Medical Homes** in behavioral health settings to provide integrated primary care and behavioral health treatment. The NJ Department of Human Services (DHS) has been supportive of several Medical Home initiatives developed by providers with federal funding and other funds, but there are very few programs state-wide.
 - *NJAMHAA supports*
 - Increasing the number of Medical Homes available statewide by redirecting funds from high-cost programs, where Medical Homes are likely to reduce

health costs, and by ensuring reliable funding at an enhanced rate for those with behavioral health problems to account for the additional time required to address their typically more complex physical and behavioral health problems; and

- Greater flexibility in the ambulatory care regulations to ensure full integration, including integrated treatment, integrated health records, shared facilities, etc.
- ✓ DHS submitting **Behavioral Health Home** State Plan Amendments to implement Behavioral Health Homes as a state-wide initiative. Although this Federal Medicaid program will not fund primary care treatment, it does fund a range of other care management and consumer skill-development services that will help consumers learn to manage chronic diseases, delay their onset, or even prevent their development. The expansion of Behavioral Health Homes into every county, however, is complicated by the need for matching funds.
- *NJAMHAA supports*
 - Redirecting funds from high-cost programs, where Behavioral Health Homes are likely to reduce health costs, to secure the required match.
- ✓ The development of **Behavioral Health Homes** through Medicaid's Community Support Service (CSS) program. This program provides reimbursement for nursing services that can be integrated with other rehabilitative services funded through the CSS program. One problem, however, is that the CSS program does not reimburse phone time, and much of the nurse's time in a Behavioral Health Home is spent on the phone coordinating care with other treatment providers.
- *NJAMHAA supports*
 - DHS submitting a State Plan Amendment to authorize telephonic care coordination, allowable by the Centers for Medicare & Medicaid Services, to ensure that the full cost of care is funded.
- ✓ Ensuring **data sharing and integrated care coordination** through the promulgation of "best practice" standards across medical and behavioral health care sectors, and sufficient funding to reimburse providers for the creation of electronic data exchanges necessary to ensure effective care coordination and to track shared outcomes.
- ✓ Ensuring **training and support** to help behavioral health providers transition into integrated care, including assessment and treatment planning, monitoring of key health indicators, and lifestyle to promote wellness – e.g., history of diabetes, hypertension, and cardiovascular disease; body mass index; blood pressure; lipid profile, substance use history; social supports, physical activity and exercise, eating habits, sleep patterns, etc..
- ✓ Ensuring **access to care** by providing reimbursement rates for primary care providers sufficient to ensure that they will accept behavioral health consumers as patients.

For more information regarding NJAMHAA's position on integrated care, please refer to NJAMHAA's White Paper, ***Integrating Physical Health & Behavioral Health Care***, which can be accessed at the following link:

[**NJAMHAA's Integrated Care White Paper**](#)