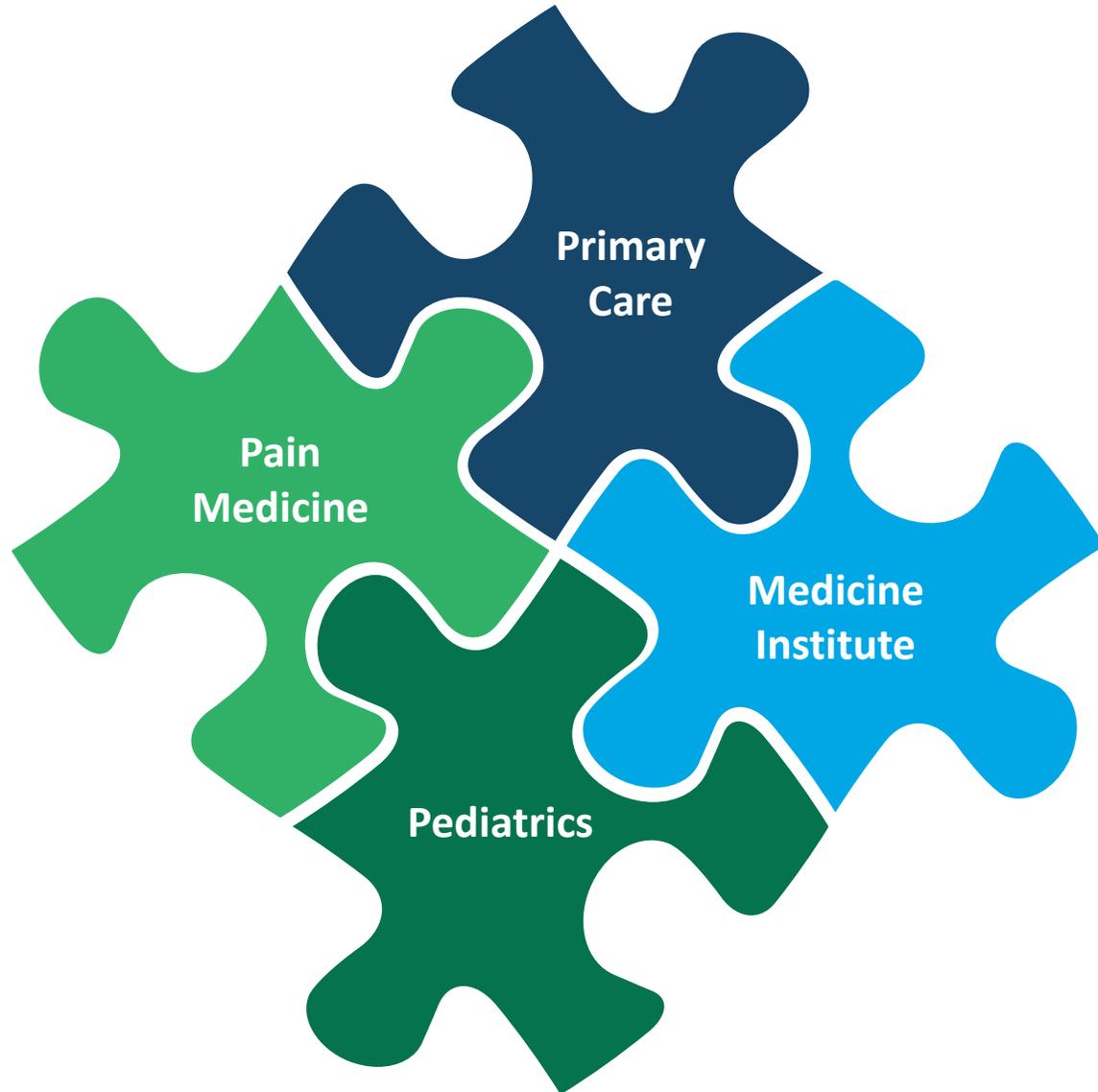


PRESENTED BY: Angela Kypriotis

Behavioral Health and Social Services in Primary Care



Behavioral Health and Social Services Integration



- **Primary Care (46 sites)**
 - BHCs: 31
 - SWs: 5
- **Medicine Institute (10 sites)**
 - BHCs: 7
 - Caseworkers: 3
- **Pain Medicine (6 sites)**
 - BHCs: 4
 - Caseworkers: 1
- **Pediatrics (3 sites)**
 - BHCs: 1
 - SWs: 1

Our Story

Together we help an average of 2,000 patients per month!

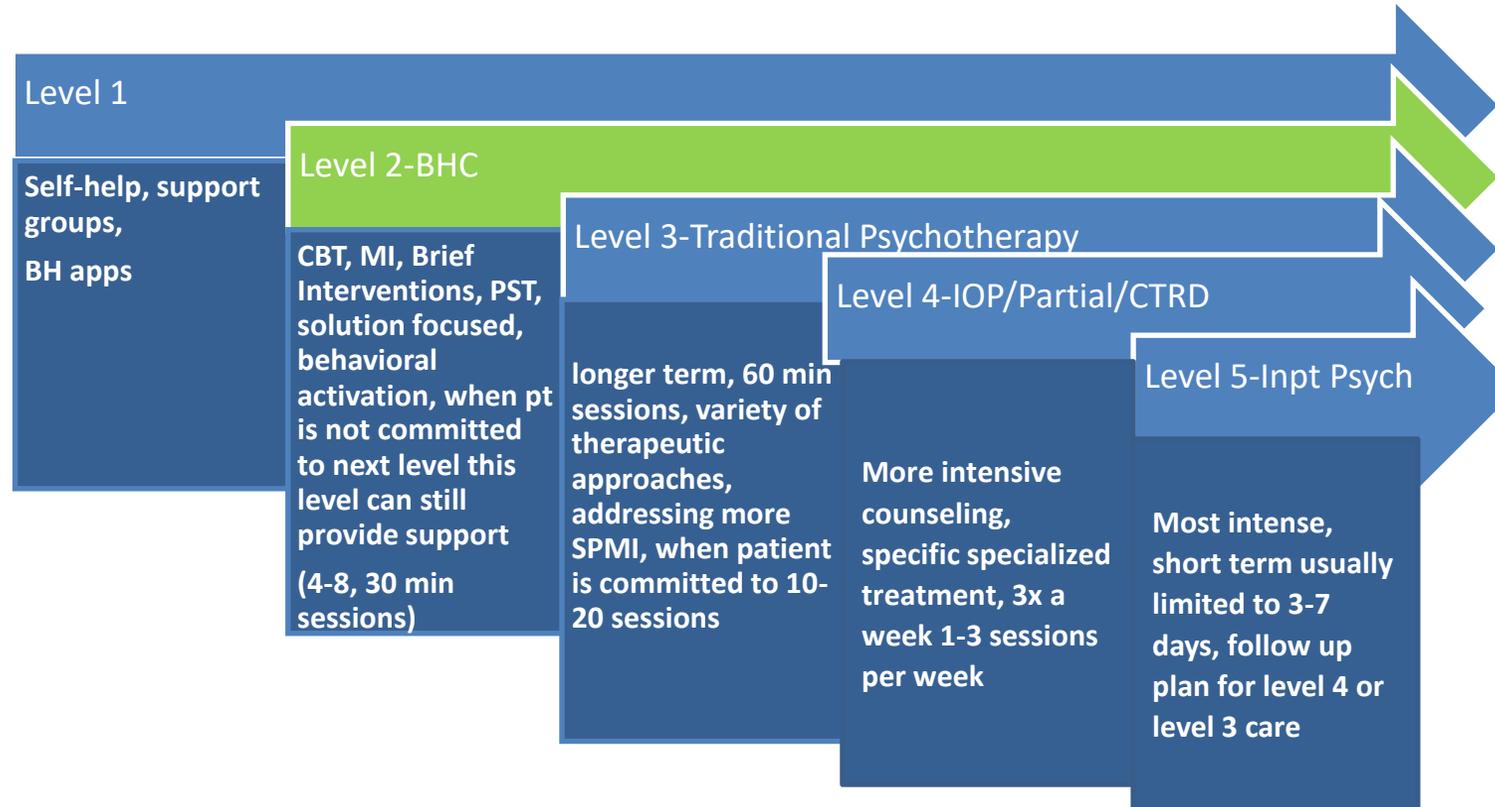


2,000



How?

Levels of BH Care



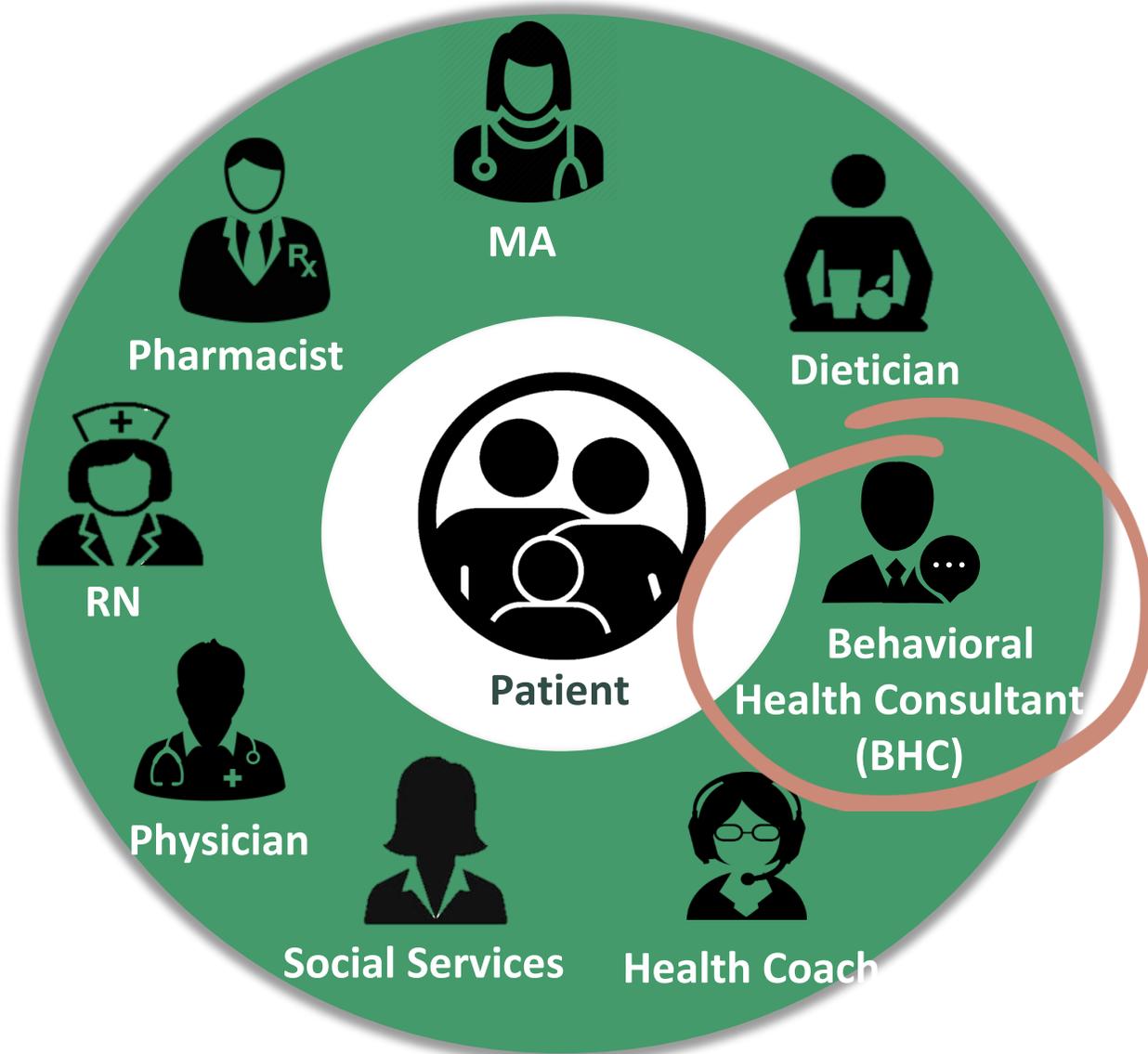
Two Models

AHN Transformed Offices	AHN Non-Transformed Offices
Embedded BHC	BHC Pool
BHC is integrated member of the core care team	BHC does brief assessment and connects patient to resources

Overview-Behavioral Health

Behavioral Health Consultant (BHC)-

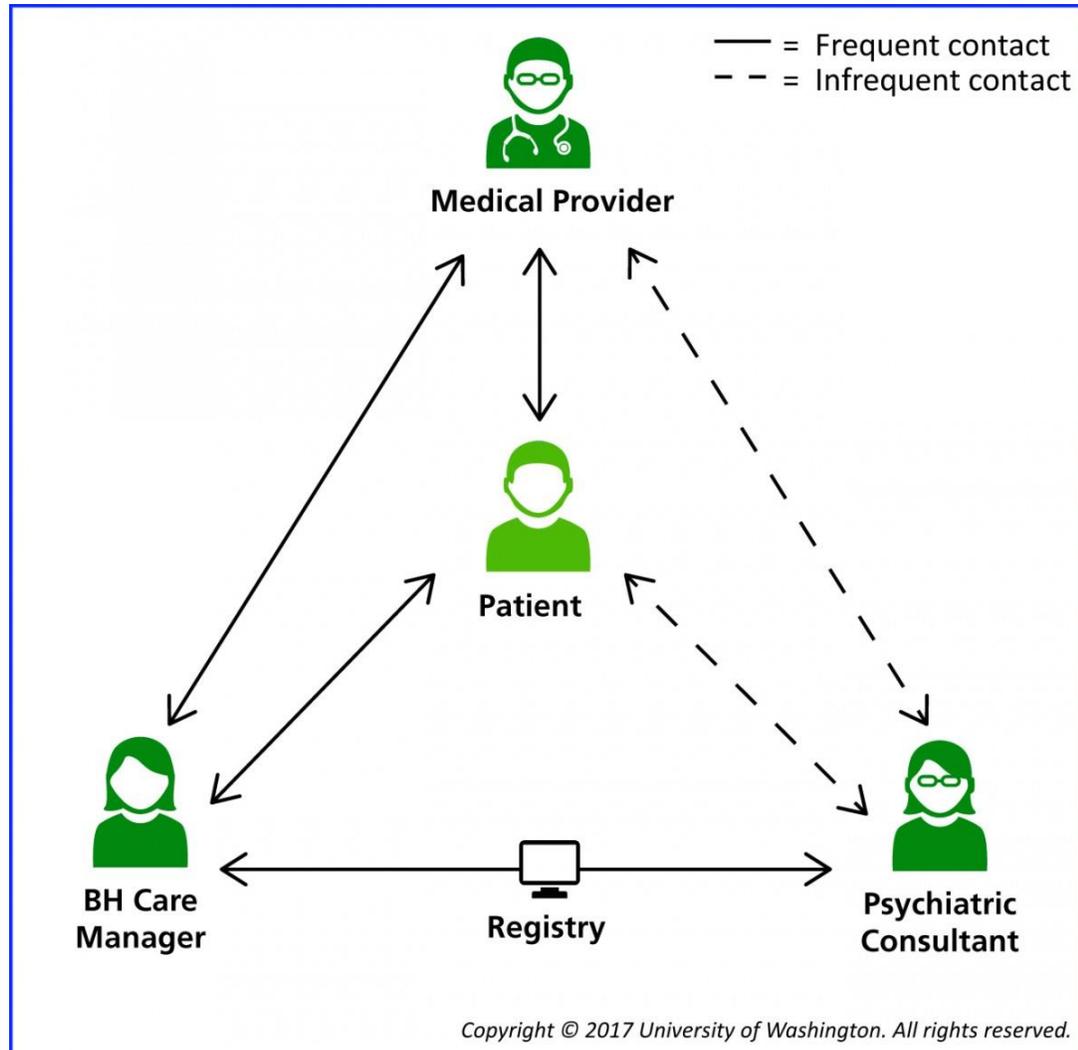
- **Licensed behavioral health professional who can assess and treat patients for behavioral health conditions as well as grief, adjustment to illness, behavior change related to chronic conditions, substance use, etc.**
- **Brief intervention model (6-8 sessions)**
- **Refers to higher levels of care when necessary**
- **Consults weekly with AHN Psychiatrist, liaison to PCP**



BHC

- Meets patients and providers where they are, providing **immediate support**
- Available for “**warm handoffs**”
- Helps patient in crisis get **urgent mental health** and substance abuse needs met
- Treat patients with short term interventions based on “**treat to target**” approach
- Provide brief follow up, including **relapse prevention** education
- **Triage** and refer patients to specialty mental health and substance abuse services when appropriate

Psychiatry Consult



- Designated weekly consult time for each practice
- Discuss diagnostic questions, symptom management, treatment plans, and medications
- BHC is often the liaison between Psychiatrist and PCP: sometimes there are additional follow up questions, tools to administer, or additional patient history needed
- Psychiatrist makes recommendations to PCP
- PCP decides whether to implement recommendation
- PCP is the prescriber
- PCP can reach out to Psychiatrist anytime for follow up questions, concerns and urgent situations

Psychiatric Collaborative Care Services (CoCM)

- **CMS adopted codes in 2017**
- Integrating behavioral health care with primary care (behavioral health integration or BHI) is now widely considered an effective strategy for improving outcomes for millions of Americans with mental or behavioral health conditions. Medicare makes separate payment to physicians and non-physician practitioners for BHI services they supply to beneficiaries over a calendar month service period.
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>

Psychiatric Collaborative Care Services (CoCM)

What is CoCM? This figure is a model of behavioral health integration that enhances usual primary care by adding two key services to the primary care team, particularly patients whose conditions are not improving: Care management support for patients receiving behavioral health treatment and regular psychiatric inter-specialty consultation.

A team of three individuals deliver CoCM:

1. Behavioral Health Care Manager (what we call a Behavioral Health Consultant or BHC at AHN)
2. Psychiatric Consultant
3. Treating (Billing) Practitioner

Psychiatric Collaborative Care Services (CoCM)

- Calendar month billing (total and drop code at end of month)
- Added a new code 1/1/21

Code	
99492 (CoCM)	70 mins/calendar month- 1 st visit
99493 (CoCM)	60 mins/calendar month
99494 (CoCM)	Each addtl 30 mins/month
G2214 (CoCM)	30 mins/calendar month
99484* general integration	20 mins/calendar month

Psychiatric Collaborative Care Services (CoCM)

- BHC drops “dummy” miscellaneous code in charge capture in EPIC note
- Flows to special work que for this specific misc code-staffed by those who have been trained
- Billing team drops appropriate CPT code after month end/total minutes tallied
- Copays are pretty low for patients (except high deductible plans)

Case Study- Collaborative Care Works

- 25 y/o female who presented to her PCP with heightened anxiety about some physical discomfort
- Diagnosis: Anxiety related to health condition and was referred to the BHC, **scored a 19** on the GAD-7.
- Diagnosis: Sarcoidosis which can account for some of her physical pain which triggers her anxiety
- BHC was able to utilize Cognitive Behavioral therapy to assist patient in learning how to identify and challenge her thoughts around her physical symptoms
- BHC provided psychoeducation on how our physical body and mental state go hand in hand
- Pt was able to identify that her heightened anxiety increased her physical symptoms which in turn increased her anxiety
- Pt learned how to utilize relaxation techniques when anxiety was high, check her thoughts and challenge them and identify her triggers
- With the BHC and provider working together, when the patient would come in to see the PCP regarding physical symptoms and being worried about them, the PCP was able to pull in the things the patient was working with the BHC on and reiterated how the patient could help themselves manage this mentally as well as answer the questions the patient had about her physical sensations
- Patient met with BHC for 7 sessions over a course of 4 months and was able to decrease her **GAD7 score from a 19 to a 9** at the time she completed services



Contact Information:

Manager Behavioral Health and Social Services

Angela Kypriotis, MSW, LCSW

angela.kypriotis@ahn.org

cell: 412-735-8035