Making the Case for Change and Overcoming Resistance

How can your organization make the case for behavioral health integration?

There are several strategies a practice may use to make the case for integrating behavioral health care in primary care. Most practices will use a combination of approaches to engage key stakeholders in supporting integration efforts.

Assess the current level of behavioral health integration

An important step in making the case for behavioral health integration is to assess your practice's current level of behavioral health integration. The AHRQ Atlas of Integrated Behavioral Health Care Quality Measures lists several potential measures to be used for evaluation. The information is also helpful when determining goals and setting outcome measures.

Crunch the numbers

Practices today must consider the costs and benefits of new programs or services. The business case for integrating behavioral health care varies from state to state. For example, in some states, the benefits of seeing behavioral health patients and billing for same day services outweigh the costs of integrating care. Your practice can create its own business case by utilizing tools like the Integrating Behavioral Health Financing Toolkit.

Go beyond the numbers–The Dolly Exercise

For many stakeholders, patient stories are powerful motivators for change. Consider creating a story to help your team understand the benefits of integrated care for individual patients.

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed an exercise, "Dolly's Story," to help practices create patient impact stories. Refer to **Table 1: Create your own Dolly Story** for questions to guide you.

"We have a physician on our staff who was in private practice before he came to Cherokee. He said he stopped referring to Behavioral Health from his private practice because patients often didn't go. If they did, he rarely heard anything back about their care. Since he came to Cherokee he enjoys working in a seamless system of blended primary care and behavioral health care. Patients come to know the entire treatment team and trust them."

Dennis Freeman, PhD; CEO Cherokee Health Systems

Table 1: Create Your Own Dolly Story

Create Your Own Dolly Story
Providing integrated behavioral health services is about more than just the bottom line—it is also about improving the experience of care and improving the overall health of the population you serve. Use these tips to illustrate how using integrated care can impact your patients' experience. 1. Think of a patient with complex needs. Select someone your team has worked with who had behavioral health needs and other comorbidities, costlier care, and complex needs. 2. Put yourself in their shoes. How do you get to your appointments? Do you have a place to live? How do you get food? How do you fill/refill prescriptions? What are all the things that go wrong? 3. Map out all of these considerations in writing. Working with your team, create the full picture of how your "Dolly" gets the support she needs. How would "Dolly" experience integrated behavioral health services if she sought care in your practice? 4. Try to create the ideal pathway for support. In many cases, your Dolly map will look quite busy. How could you simplify and streamline this picture? Where can integrated behavioral and primary care make a difference? 5. Document the business case. How would streamlining your care also help your practice? Are there potential cost savings from an integrated approach? Or billable items you aren't currently accounting for? 6. Share your case with your team so that the practice, especially leadership, understands the potential value of an integrated care model. Turn your "Dolly" into a case study for communicating to your stakeholders—making the case for personal, quality improvement, and financial benefits.

Adapted from: ESolutions: Primary Care Learning Communities. SAMHSA-HRSA Center for Integrated Health Solutions. July 2013.

Consider pitches to specific team members

Tailoring arguments to different audiences will be helpful to engage your patients, staff, providers and policymakers to increase the chances of successful behavioral health implementation.

Primary care providers (PCPs): Identify areas of primary care provider need and address how integrated behavioral health care will help address these challenges. The case for this audience is often that integrating behavioral health will not result in more work, but will actually help them take better care of their patients and improve patient flow. This occurs because behavioral health providers can effectively 'share' some of the work and augment the PCP's care with skills and resources that help provide more comprehensive and effective care. Additionally, a measurement-based approach in which standard measures, such as the PHQ-2 or the PHQ-9 for depression severity, are used as part of an evidence-based integrated behavioral health care program, may be appealing to primary care providers who are used to tracking other health problems in a similar way (e.g., blood pressure). Consider using resources like "Why Practice Collaborative Care" to engage providers.

Mental/behavioral health providers: The ability to provide effective care for patients who otherwise may not have access to care is one of the most important arguments to engage mental/behavioral health providers. Other arguments for integrated care that may resonate well with mental/behavioral health providers include: integrated approaches allow mental health providers to work in a setting where their skills are valued, allow them to work as a member of a team, and reduce isolation that occurs in private specialty practice.

Leadership/Administration: In general, the most important argument for administrators is the business case. Improved access to behavioral health care can create important new business opportunities, meet increasing regulatory and accreditation requirements for PCMHs, improve provider satisfaction, and reduce provider turnover. It can also create new sources of revenue. Arguments should include data and underscore how non-fee for service activities can still add value to the organization.

Staff members: Engage all the staff in understanding the goals of integrating behavioral health care. It is important to make sure all staff understand the goals of the program. Staff members may need additional education about behavioral health care, for example how using a depression screening tool, such as a PHQ-2 or PHQ-9 scale, may help people get better faster. Front desk staff are especially important to engage since they are often the first people patients encounter, and they often bear the brunt of dealing with distressed individuals who present in need of services and care.

Policymakers: Understand the arguments for integrated behavioral health and how policies at the local, state, and national level can support these efforts.

"I have a patient who the team was watching closely for anxiety and psychosomatic symptoms. She was so anxious she had to meet with me initially several times a week, then weekly, then once every two weeks. Once we started mental health integration I was able to connect her to a psychology fellow specializing in chronic care who sees patients at our site. The two of us did a warm handoff at the patient's next visit to reassure her that I am still her PCP and will not stop seeing her. This transition has worked. She now sees the psychology fellow once a month and I haven't seen her for four months! She is doing well, much less anxious and happy with her care." Kirsten Meisinger, MD, Cambridge Health Alliance, Union Square Family Health Center

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"We have been able to show improved patient outcomes (improved patient care experiences, better clinical outcomes, decreased inpatient utilization, ER visits, and overall cost of care—the Triple Aim) which results from providing care using a Collaborative Care Model."

Erin Hafer, Manager of New Programs Integration Community Health Plan of Washington

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Safety Net Medical Home Initiative

The Organized, Evidence-Based Care Supplement: Behavioral Health Integration is a component of the *Safety Net Medical Home Initiative Implementation Guide Series.*

The goal of the Safety Net Medical Home Initiative (2008-2013) was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon, and Pittsburgh), representing 65 safety net practices across the U.S. The partner sites and Regional Coordinating Centers that participated in the SNMHI were members of a learning community working toward the shared goal of PCMH transformation. The *SNMHI Implementation Guide Series* was informed by their work and knowledge, and that of many organizations that partnered to support their efforts.

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For more information about The Commonwealth Fund, refer to www.cmwf.org.

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