



Quality Improvement Initiative 2020: Behavioral Health Integration and Access

Problem Statement

The purpose of this quality initiative is to increase access to behavioral health services through integration of behavioral health practitioners in the primary care setting. Integrated behavioral health is defined by the coordination of care between primary care provider and behavioral health consultant. Personalized treatment plans are created that address a patient's biological, psychological, and social needs. A pilot program is underway CoxHealth for integrated behavioral health. The pilot involves behavioral health practitioners working within eight of our exclusive CoxHealth provider clinics. These practitioners are available to see Cox HealthPlans (CHP) members for behavioral health issues that are brought up during the member's primary care appointment. The program is already rapidly growing, as the number of medical providers requesting behavioral health practitioners in their clinic increases.

Prevalence of depression for adults older than 20 is almost 1 in 12.¹ Prevalence of behavioral health disorders in children is approximately 1 in 5.² Even though behavioral health disorders are prevalent, only 20% receive care from a behavioral health care provider.² Limited options, long waits, and lack of awareness of behavioral health services are some of the challenges members can face when accessing behavioral health services, according to the National Council for Behavioral Health.³ Creating convenience through behavioral health practitioners in primary care clinics removes these barriers and allows for members to receive better care for their needs. Member satisfaction and meaningful patient care experiences are what CHP strives to give its members.

Performance Goals

Based on CHP claims from 2018 and 2019, the Current Procedural Terminology (CPT) codes for integrated behavioral health claims were billed a total of 695 and 950 per year, respectively. The total claim per member for 2018 was 0.016, which will be our baseline and internal benchmark measurement for access. The re-measurement of claim per member for 2019 was 0.023. Our goal is to increase the number of members using this resource and therefore increase the number of claims we receive with these specific codes by at least 10 percent, with our goal being 0.025 claims per member by the end of 2020. Claims per member will be measured at least annually, to ensure that access is being increased and we are on track to meet our goal.

After the initiative is complete, claims per member for integrated behavioral health will be monitored on at least an annual basis to ensure sustained improvement over time.

Data Collection Plan

To measure member access to integrated behavioral health, we will look at total claims paid for the integrated behavioral health CPT codes for all of our membership but only with CoxHealth providers, as the program is specific to the CoxHealth network of providers. The CPT codes we are using to track utilization for 2018 and 2019 are 90791, 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90853,

96150, 96151, 96152, 96153, 96154, and 96155. The measured population, our membership, will be the denominator and the numerator will be total paid integrated behavioral health claims. This will show total integrated behavioral health claims per member.

Data Collection

CoxHealth and CHP began this program in late 2008. With so little time for this program to be active, we have only measured our benchmark so far, which is displayed below. We will add to the chart as more data is collected for this initiative over time.

Year	Measure	Numerator (Total # Integrated BH claims)	Denominator (Total # members)	Rate	Goal
2018	Integrated BH utilization	695	42,000	0.016	N/A
2019	Integrated BH utilization	950	42,000	0.023	N/A
2020	Integrated BH utilization				0.025

Data Analysis and Statistical Testing

CHP uses chi-squared testing to demonstrate the statistical significance of our collected data. Chi-squared is a statistics test that measures how expected data compares to actual data. Results will be displayed in the chart below and indicate year to year changes in statistical significance. Statistical significance will be at $p < 0.05$. CHP will also address barriers here that effect statistically significant results, as applicable.

Statistical Testing:

Year	Numerator	Denominator	Rate	Chi-square test	Statistical Significance
2018	695	42,000	0.016	N/A	N/A
2019	950	42,000	0.023	2018 to 2019: Chi-square: 38.77 p-value: 0.00001	Statistically significant
2020					

Barriers:

- The program was just kicking off to its fullest extent. Access was still limited.
- Patient/members may not be aware of the program.

Comparison to Goal

CHP has shown an increase in Integrated Behavioral Health utilization in recent years. The plan is working to meet the utilization goal in 2020 and to make a statistically significant increase in utilization.

Measure: Integrated Behavioral Health Utilization

Year	Numerator	Denominator	Rate	Goal
2018	695	42,000	0.016	N/A
2019	950	42,000	0.023	N/A
2020				0.025

Interventions

CHP and CoxHealth have implemented the following interventions to improve its Integrated Behavioral Health Utilization measure:

Date	Intervention	Barrier Addressed
6/2018	Staff eight CoxHealth clinics with behavioral health practitioners	<ul style="list-style-type: none"> • Remove barriers to accessing behavioral health services such as: <ul style="list-style-type: none"> ○ Long waits for patients to access behavioral health services. ○ Limited options for patients to access behavioral health services.
Ongoing	Promote depression screening among providers	<ul style="list-style-type: none"> • Patients and/or physicians may not be aware of the need for behavioral health services • EMR work flow
2019	Added behavioral health consultants to additional CoxHealth provider clinics	<ul style="list-style-type: none"> • Limited clinics with access to behavioral health consultants
1/2020	Inform patients of Integrated Behavioral Health Services via website	<ul style="list-style-type: none"> • Patients may not be aware of all options available to access BH services

Re-Measurement

CHP re-measures Integrated Behavioral Health Utilization at least annually to evaluate progress towards meeting its goal. Goals can be re-evaluated during this time and adjusted accordingly.

Additional Corrective Actions

Additional corrective actions are identified on the intervention grid above. CHP will initiate additional corrective actions each year, where necessary.

Findings and Outcomes

The findings and outcomes of this quality initiative will be shared with CHP employees, members, providers, the Quality Improvement Committee, and the Board of Directors. We may add and/or modify goals and interventions when necessary based on findings and outcomes. If the findings at any time

during the initiative lead to needed training and education for staff, the education will be created and distributed within the following quarter.

References:

1. American Academy of Family Physicians. 2018. "Nearly One in 12 U.S. Adults Reports Having Depression". <https://www.aafp.org/news/health-of-the-public/20180219nchsdepression.html> (December 30, 2019)
2. Centers for Disease Control and Prevention (CDC). 2019. "Improving Access to Children's Mental Health Care." <https://www.cdc.gov/childrensmentalhealth/access.html> (December 30, 2019)
3. National Council for Behavioral Health. 2018. "New Study Reveals Lack of Access as Root Cause for Mental Health Crisis in America." <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/> (December 30, 2019)