

Integrating Mental Health and Addiction Treatment into General Medical Care: The Role of Policy



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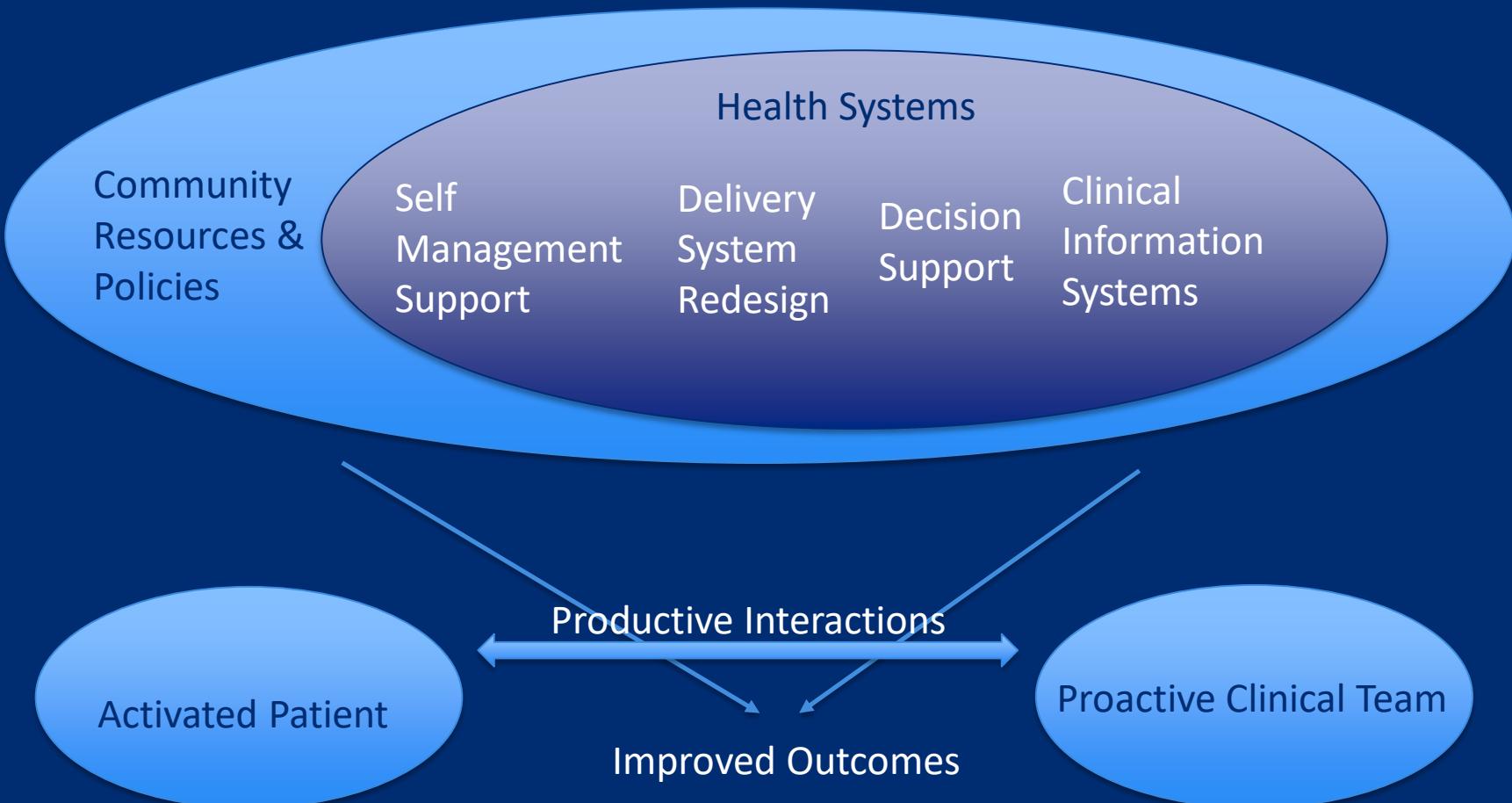
Framing the Problem

- Mental illness and substance use disorder are under-treated.
- Mental illness, substance use disorder, and general medical conditions frequently co-occur.
- There are un-realized opportunities to address these issues in primary care settings.



Primary Care Integration Models

- Collaborative Care – based on Wagner's Chronic Care Model



Primary Care Integration Models

- Integration models that are less complex (and less effective?) than collaborative care
- Screening, brief intervention, referral to treatment (SBIRT)
- Consultation-liaison models



Key Elements of Integrated Care

Key elements of Integrated General Medical and Behavioral Healthcare

PANEL A: PROCESS-OF-CARE ELEMENTS

***Elements that may be most feasible for low-resource settings**

Proactive and systematic patient identification and connection to evidence-based treatment*

Team-based care by general medical & specialty behavioral health providers

Information tracking and exchange among providers

Continual care management: ongoing, proactive follow-up of patients.

Measurement-based, stepped care

Self-management support*

Linkages with community/social services*

Systematic quality improvement



Key Elements of Integrated Care

Key elements of Integrated General Medical and Behavioral Healthcare

PANEL B: STRUCTURAL ELEMENTS

***Elements that may be most feasible for low-resource settings**

Multidisciplinary care team

Clinical information systems: all care team members should have access to:

- a. Population-based patient registry***
- b. Shared electronic health records (EHRs)**
- c. Inpatient and emergency department utilization data**
- d. Quality improvement data**

Patient-centered care plan*

Decision-support protocols

Financing mechanisms



Policies to support integrated care

What have we tried?

- Strategies to overcome payment barriers:
 - CMS behavioral health integration billing codes
 - Primary care medical home (PCMH) reimbursement strategies
 - Accountable care organizations (ACOs)



Policies to support integrated care

What have we learned?

- Need for multi-payer financing arrangements to support both process-of-care and structural elements of integrated care models
- Accountability for “whole person” health
- Policy barriers: same-day billing limits, behavioral health carve-outs, condition-specific barriers (e.g., federal regulations around opioid agonist prescribing)



Policies to support integrated care

What's next?

- Moving beyond financing – policies to address:
 - Behavioral health workforce
 - Social determinants of health



Questions?

