



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

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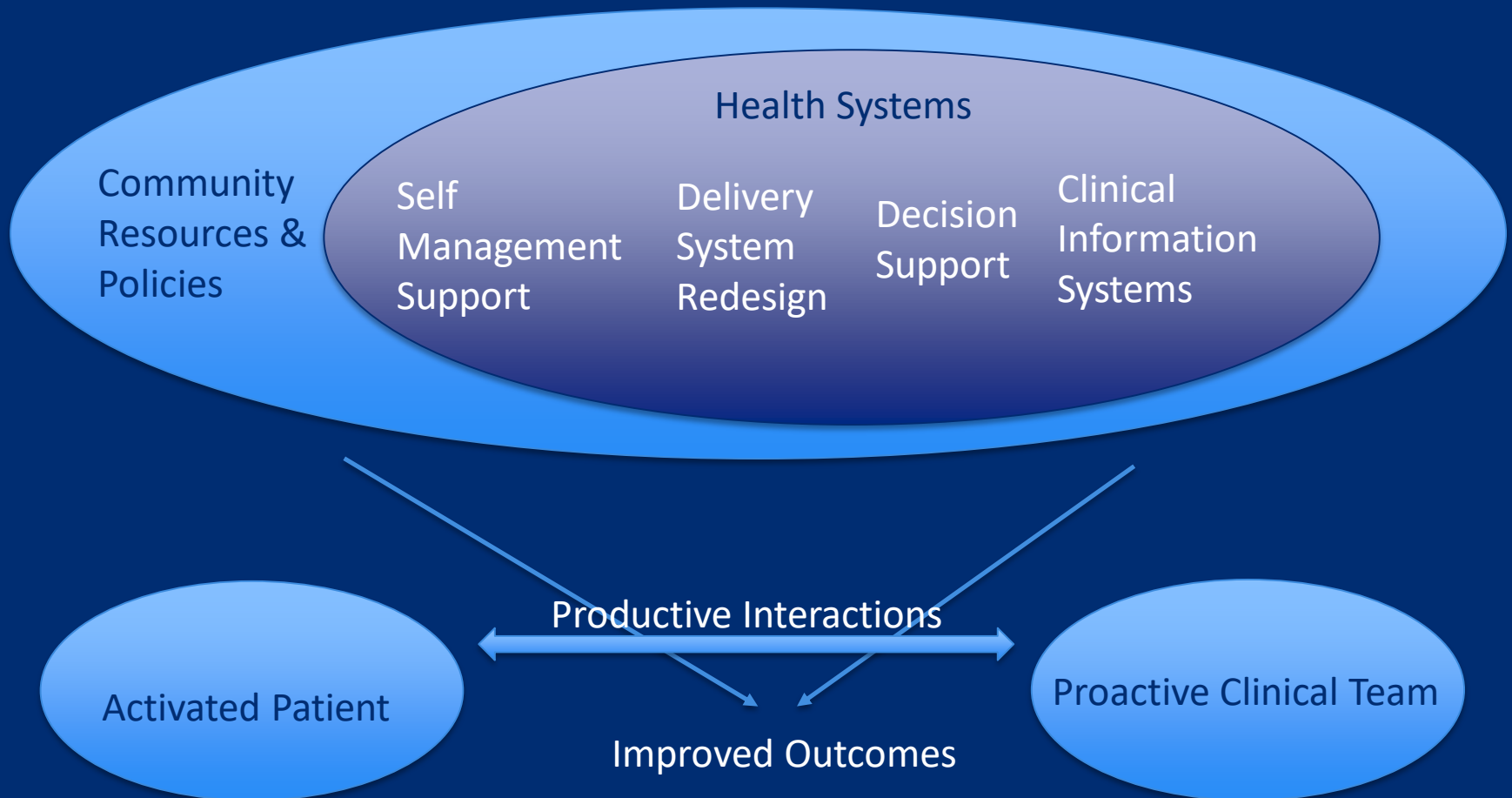
# Framing the Problem

- 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?

