

### Quality Improvement Initiative 2023: 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. <sup>1</sup> Prevalence of behavioral health disorders in children is approximately 1 in 5. <sup>2</sup> Even though behavioral health disorders are prevalent, only 20% receive care from a behavioral health care provider. <sup>2</sup> 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. <sup>3</sup> 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**

Our goal was to increase the number of members using integrated behavioral health services and therefore increase the number of claims received with the indicated codes by at least 10 percent, with a goal of 0.025 claims per member by the end of 2022. This goal was met, and we intend to monitor performance and allow for reevaluation of this initiative after data collection for 2023. Claims per member will be measured at least annually.

#### **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 following CPT codes were used for tracking after crosswalk of codes was performed: 90791, 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90853, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171. See the Crosswalk for 2020 Health Behavior Assessment and Intervention CPT Codes by the American Psychological Association Services, Inc. write up for more information on the CPT codes chosen. 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**

Year	Measure	Numerator (Total # Integrated BH claims)	<b>Denominator</b> (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	997	43,244	0.023%	0.025%
2021	Integrated BH utilization	780	41,843	0.019%	0.025%
2022	Integrated BH utilization	1,068	40,978	0.026%	0.025%
2023					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.

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	Statistically significant
				p-value: <0.00001	
2020	997	43,244	0.023%	2019 to 2020:	
				Chi-square: 0.1735	Not statistically significant
				p-value: 0.677011	
2021	780	41,843	0.019%	2020 to 2021:	
				Chi-square: 19.4359	Statistically significant
				p-value: 0.00001	
2022	1,068	40,978	0.026%	2021 to 2022:	
				Chi-square: 49.53	Statistically significant
				p-value: <0.00001	
2023					

#### Barriers:

• No new barriers identified; utilization goal met in 2022

### Proposed action:

- Continue tracking IBH utilization rates to monitor for changes,
- Re-evaluate initiative after data collection for 2023

# **Comparison to Goal**

CHP has shown an increase in Integrated Behavioral Health utilization in recent years. This, along with the change in CPT codes used for the program, provided for a hard year for comparison. CHP tracks utilization rates and monitors for statistically significant changes by comparing to previous utilization rates and the utilization goal.

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	997	43,244	0.023%	0.025%
2021	780	41,843	0.019%	0.025%
2022	1,068	40,978	0.026%	0.025%
2023				0.025%

#### **Interventions**

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

Date	Intervention	Barrier Addressed
6/2018	Staff eight CoxHealth clinics with behavioral health practitioners	<ul> <li>Remove barriers to accessing behavioral health services such as:</li> <li>Long waits for patients to access behavioral health services.</li> <li>Limited options for patients to access behavioral health services.</li> </ul>
2019	Added behavioral health consultants to additional CoxHealth provider clinics	Limited clinics with access to behavioral health consultants
2020	Inform patients of Integrated Behavioral Health Services via website	Patients may not be aware of all options available to access BH services
2021	Correct billing code problem	One provider could not bill the integrated behavioral health codes
2021	Fill open provider positions	Two providers left the network
2022	Educate providers about Integrated Behavioral Health Services	Providers may not be actively aware of integrated behavioral health 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". <a href="https://www.aafp.org/news/health-of-the-public/20180219nchsdepression.html">https://www.aafp.org/news/health-of-the-public/20180219nchsdepression.html</a> (December 30, 2019)
- 2. Centers for Disease Control and Prevention (CDC). 2019. "Improving Access to Children's Mental Health Care." <a href="https://www.cdc.gov/childrensmentalhealth/access.html">https://www.cdc.gov/childrensmentalhealth/access.html</a> (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." <a href="https://www.thenationalcouncil.org/press-releases/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/</a> (December 30, 2019)