



AIMS CENTER

**W** UNIVERSITY of WASHINGTON  
Psychiatry & Behavioral Sciences

# Bi-Directional Behavioral Health Integration Toolkit: Building Integrated Teams for Rural Communities

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# Disclosures:

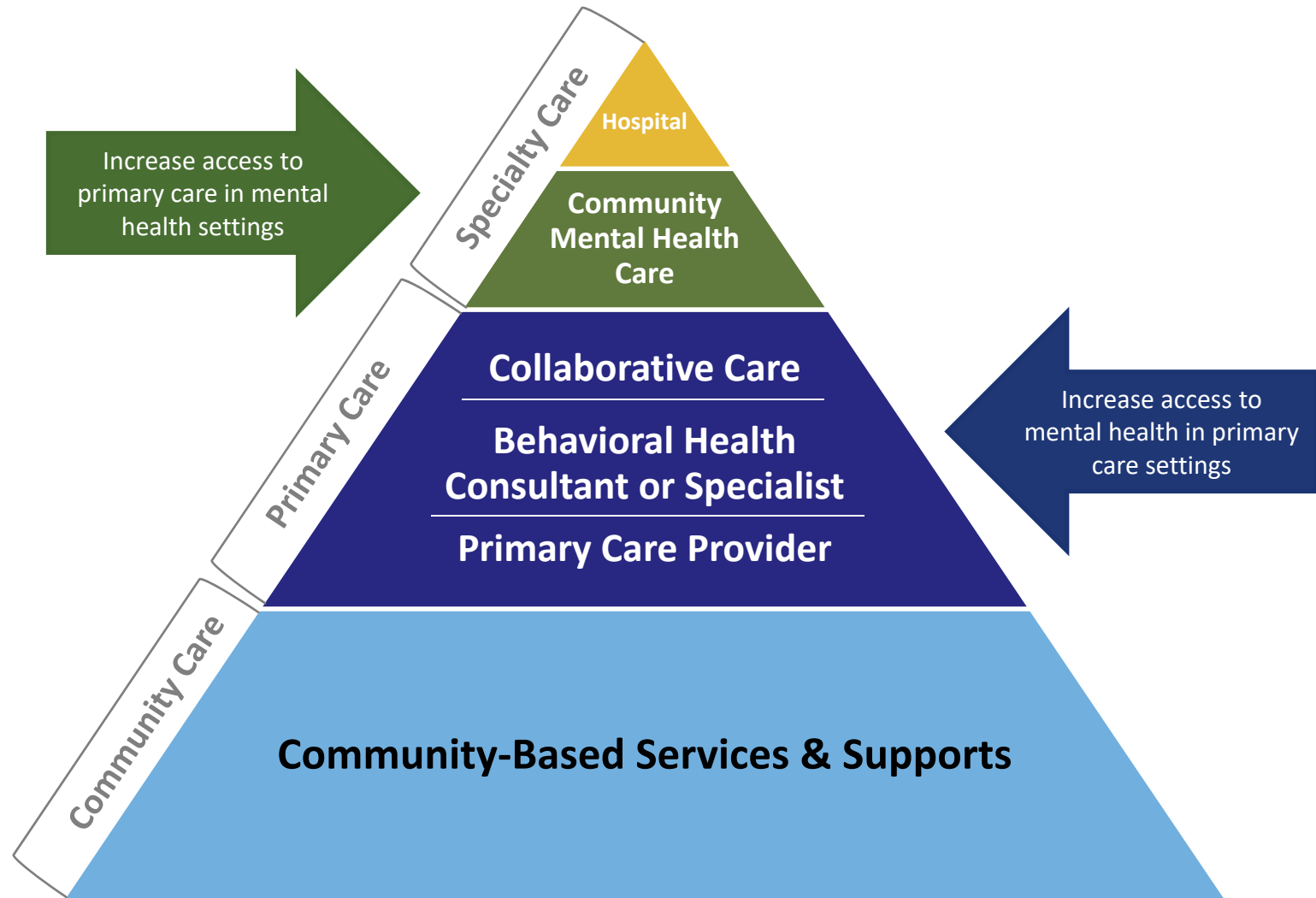
- **Anna Ratzliff, MD, PhD**

- **Grant/Research Support:** Supported from contracts and grants to the AIMS Center at the University of Washington including support from Washington State and CMMI.
- **Allergan:** Spouse employed in last 12 months
- **Royalties:** Wiley - [Integrated Care: Integrated Care: Creating Effective Mental and Primary Health Care Teams](#) (Paid to UW Department of Psychiatry and Behavioral Sciences)





# Whole Person Care





# Bi-Directional Integration Strategies

## Primary Care Settings

- **New Team Roles:**
  - BH Care Managers
  - On-site BH Providers
  - Psychiatric Consultants
- **Measurement-Based Screening & Follow-up (e.g., PHQ9, GAD-7)**
- **Screening & brief intervention for substance use disorders**
- **Measurement-Based Treatment to Target**

## Behavioral Health Settings

- **New Team Roles:**
  - Primary Care RN Care Managers
  - Primary Care Consultants
- **Metabolic Screening**
- **Routine Preventive Care**
- **Cardiovascular and Diabetes Care (BP, A1C)**
- **Measurement-Based Treatment to Target**





# Crosswalk for Project 2A - Integration

## *Same Elements* in Bree Report & Collaborative Care

- **BH professional as part of primary care team**
- **Systematic BH screening**
- **Measurement-based BH services**
- **Population-based care**
- **Treatment to target**
- **Tracking patients and follow up**
- **Evidence-based treatments**
- **Access to psych (Bree) vs. psych case review (CoCM)**





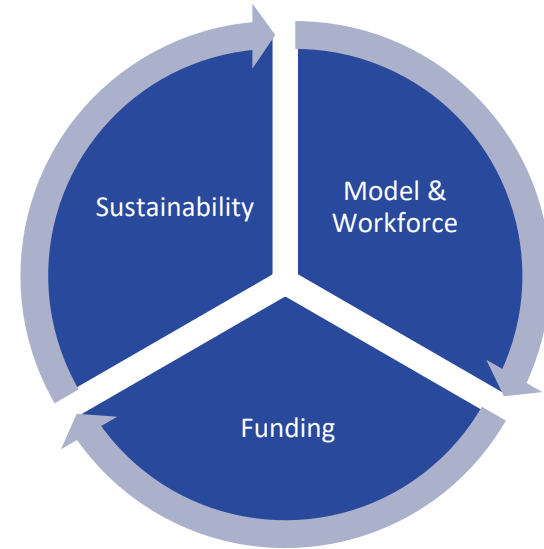
## Regional Approaches to Integrated Care

- **No one approach fits all**
  - Arguing about the best integration model is a bit like arguing about the best religion
- **Evidence-based models adapt to local settings in order to be successful**
- **Important principles that need to be followed in order to reach the Triple Aim:**  
**Value = Reach \* Effectiveness / Cost**





# Objective



Integrated Behavioral Health





# Sustainability: Define Value of Behavioral Health Integration Broadly







# Primary Funding Mechanisms

- **Traditional CPT Codes**
  - Psychiatry, Psychotherapy, Health and Behavior, Screening, SBIRT
  - All require specific credentialing, licensure, and setting (*varies by service and insurance*)
- **Value-based payments and pay for performance contracting with health plans**
  - **Accountability to metrics**
- **Bundled Payment Models**
  - Medicare and WA Medicaid CMS Payments for Psychiatric Collaborative Care (CoCM)

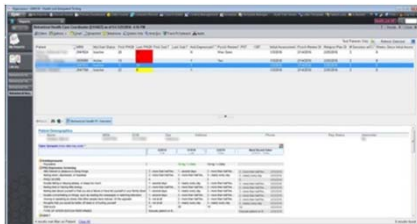




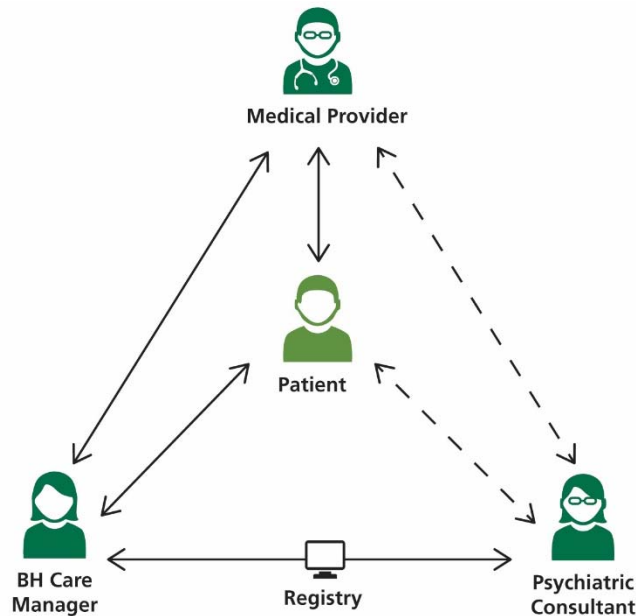
# Collaborative Care Model (CoCM)



Primary care patient-centered team-based care



Registry to track population

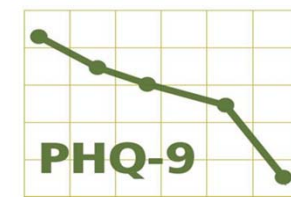


Problem Solving Treatment (PST)  
 Behavioral Activation (BA)  
 Motivational Interviewing (MI)  
 Medications

Active treatment with evidence-based approaches



Systematic case review with psychiatric consultant (focus on patients not improved)



Validated outcome measures tracked over time



# How well does it work with other conditions?

Evidence Base Established	Emerging Evidence
<ul style="list-style-type: none"><li>• Depression<ul style="list-style-type: none"><li>- Adolescent Depression</li><li>- Depression, Diabetes, and Heart Disease</li><li>- Depression and Cancer</li><li>- Depression in Women's Health Care</li></ul></li><li>• Anxiety</li><li>• Post Traumatic Stress Disorder</li><li>• Chronic Pain</li><li>• Dementia</li><li>• Substance Use Disorders</li></ul>	<ul style="list-style-type: none"><li>• ADHD</li><li>• Bipolar Disorder</li></ul>





# Telephone-based interventions: What does the evidence tell us?

## Practice-Based CoCM

- Practice-based includes both in-person and telephone-based interventions
- Over 80 randomized, controlled trials
- 2 meta-analyses

## Telephone-Based CoCM

- 8 published trials
- 4 of the trials used exclusively off-site care managers and psychiatrists
- 4 of the trials, led by John Fortney now @ UW, in rural FQHC and rural VA clinics





# Psychiatric Collaborative Care (CoCM) Billing Codes in Washington State

CPT or HCPCS	Description and Time Requirement	2018 Medicare Rates*	2018 WA Medicaid Rates
Treating Medical Providers			
99492	70 min/month - Initial CoCM mgmt	\$161.28	\$142.84
99493	60 min/month - Subsequent CoCM care mgmt	\$128.88	\$126.33
99494	Additional 30 min/month for initial or subsequent CoCM care management	\$66.60	\$66.04
FQHC and RHC Providers			
G0512**	70 min/month - Initial CoCM care mgmt 60 min/month - Subsequent CoCM care mgmt	\$145.08	\$134.84

\* Please note actual Medicare payment rates may vary. Providers should check with their billing and finance department.

\*\* FQHC and RHC practices have one G code and consequently only one payment rate for both initial and subsequent months.





# Psychiatric CoCM Team

- **CoCM Codes billed once each month by the treating provider.**
  - **Treating (Billing) Medical Provider**
    - Primary care or specialty provider
  - **Behavioral Health Care Manager**
    - Formal behavioral health education or specialized training
    - Broad range of behavioral health providers; nursing staff and appropriately licensed bachelor's level
  - **Psychiatric Consultant**
    - Qualified to prescribe full range of psychotropic medications





# Required Activities for Billing CoCM

- **Outreach and engagement of patients;**
- **Initial assessment, including screeners and resulting in a treatment plan;**
- **Review by psychiatric consultant and modifications, if recommended;**
- **Entering patients into a registry, tracking follow-up and progress & participation in weekly caseload;**
- **Monitoring of patient outcomes using validated rating scales;**
- **Provision of brief interventions using evidence-based treatments**
- **Ongoing collaboration with treating providers;**
- **Relapse prevention planning and preparation from active treatment.**





# Additional Information on CoCM Codes

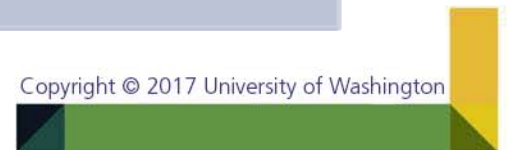
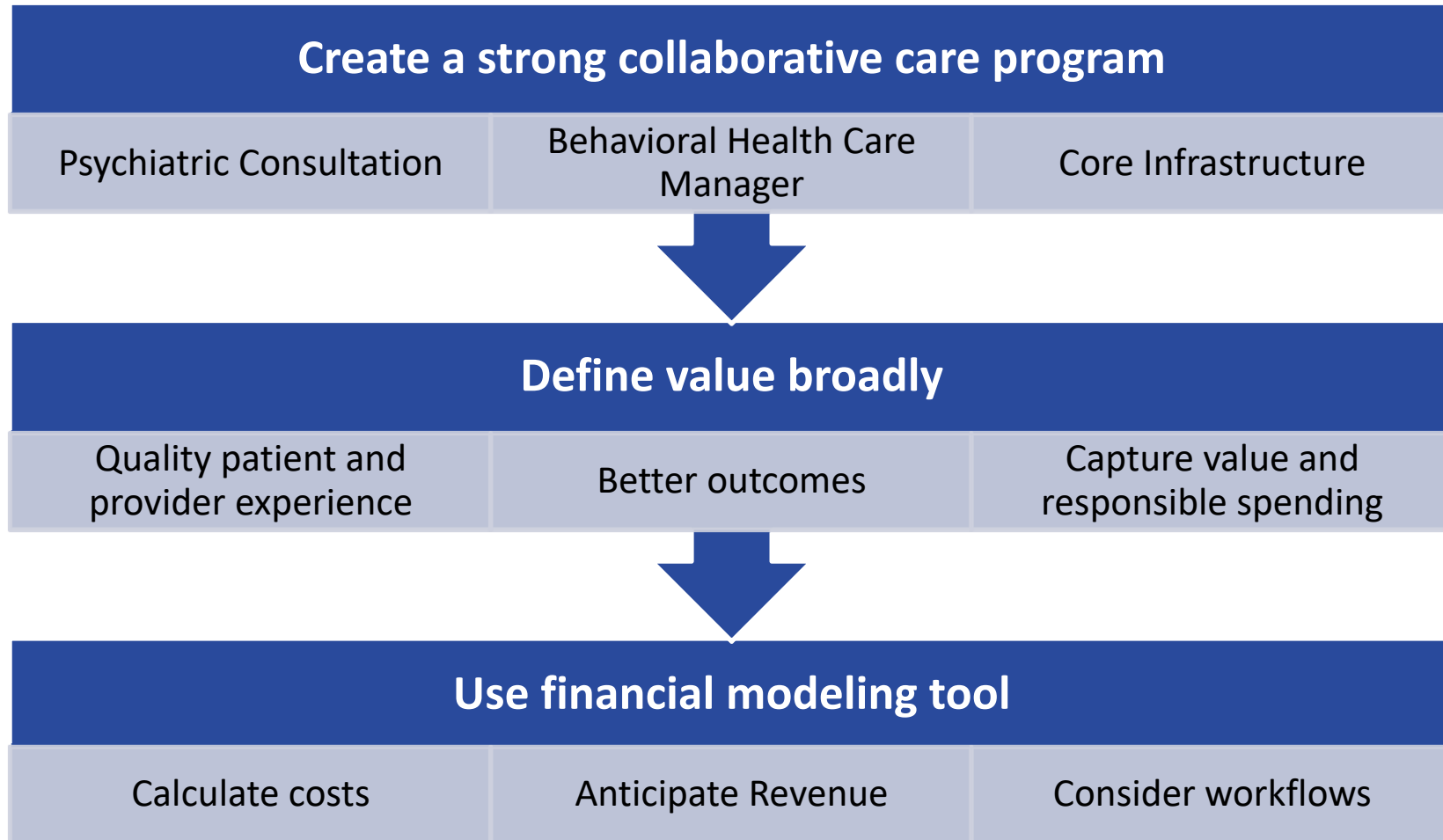
- **Payment goes to the PCP who bills the service**
- **For Medicare:**
  - Before initiating CoCM, CMS requires a separate billable initiating visit for new patients or patients not seen within previous year
  - The patient must provide advanced consent for the service
  - Patient may be responsible co-insurance or co-payment
- **For WA Medicaid:**
  - Practice must submit attestation form to confirm have all program elements to provide CoCM in place at practice site
  - For any Medicaid beneficiary enrolled past 6 months, must submit an Expedited Prior Authorization (EPA)
  - Prior Authorization must be submitted for services beyond 12 months
- **Care manager and psychiatrists can also bill additional codes for therapy etc but time billed separately cannot be counted toward CoCM code time**







# Building a Sustainable Program





# Financing: Costs of Behavioral Health Integration

## Initial Costs of Practice Change:

- provider and administrator time to plan for change
- care team training costs and time/workforce development
- development of registry
- workflow planning, billing optimization

## Ongoing Care Delivery Costs:

- care manager time
- psychiatric consultant time
- administration time and overhead (including continuous quality improvement efforts)



**FMW  
Tool!**

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## Using the Workbook as a Team

- **The workbook asks for information that may “live” with various people in your organization.**
  - **Finance**
  - **HR/Staffing**
  - **Operations**
  - **BH Program Management**
- **Use all your resources to gather the most accurate information.**





## Payer Mix

- **Which payers does your organization or BH services get reimbursement from?**
- **Does the payer reimburse for all credentials, i.e. social workers vs. counselors?**
- **What is the average reimbursement for specific services from each payer?**
- **Which payers pay a case rate, and which pay only for individual services?**





# Task Allocations and Visit Statistics

- **How do your care managers and psychiatric consultants spend their time each week?**
- **What kind of visits do they have?**
- **What is the average length of a treatment episode, and the average number of visits during that episode?**
- **How many weeks in the year do your staff work – not counting holidays, sick and vacation?**





# Financial Modeling Workbook

## Tab 1: Disclaimer

AMERICAN  
PSYCHIATRIC  
ASSOCIATION



AIMS CENTER  
UNIVERSITY of WASHINGTON  
Psychiatry & Behavioral Sciences

THIS FINANCIAL MODELING WORKBOOK ("WORKBOOK") IS AN ESTIMATION TOOL PROVIDED WITHOUT COST AND FOR YOUR CONVENIENCE THAT SHOULD ONLY BE USED FOR INFORMATIONAL PURPOSES. THE INFORMATION GENERATED BY THE WORKBOOK IS RELIANT ON USER INPUT DATA AND THE WORKBOOK'S ACCURACY IS DEPENDENT ON THE DATA PROVIDED BY THE END USER. NEITHER THE UNIVERSITY OF WASHINGTON ("UW") NOR THE AMERICAN PSYCHIATRIC ASSOCIATION ("APA") SHALL BE LIABLE IN ANY WAY FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, OR PUNITIVE DAMAGES, LOST PROFITS, TECHNICAL ISSUES, OR OTHER DAMAGES, REGARDLESS OF FORESEEABILITY, THAT ARISE OUT OF OR RELATE TO THE USE OF THE WORKBOOK. USERS OF THE WORKBOOK HEREBY RELEASE UW, UW SCHOOL OF MEDICINE, APA AND THEIR OFFICERS, AGENTS, EMPLOYEES, REPRESENTATIVES, FACULTY, AND STUDENTS FROM ALL CLAIMS ARISING OUT OF OR RELATING TO THE WORKBOOK.

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**As Agreed:**



# Financial Modeling Workbook

## Tab 2: Staffing

	B	C	D	E	F	G
1						
2	AMERICAN PSYCHIATRIC ASSOCIATION		AIMS CENTER			
3			UNIVERSITY of WASHINGTON			
4			Psychiatry & Behavioral Sciences			
5	Workbook Template Updated 05/25/2017					
					Input	= User-entered value
					Calculation	= Calculated field (not editable)
					Benchmark	= Suggested benchmark (editable)
					Linked Information	= Information copied from another cell
8	STAFFING					
9						
10	Hours per week per 1.0 FTE at your organization	40				
11	Team Member	FTE	Total Hours per Week	Suggested Hours per Week (Based on 40:3 ratio)		
12	Care Manager	1.00	40.0			
13	Psychiatric Consultant	0.10	4.0	3.0		
14						
15	WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: CARE MANAGER					
16						
17	Total Care Manager Hours per Week	40.0				
		Percentage (%)				

**Details of staffing**

- Weeks for 1.0 FTE
- Care manager FTE
- Psychiatric consultant FTE





# Financial Modeling Workbook

## Tab 2: Staffing and Service Delivery for Care Manager & Psych Consultant

WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: CARE MANAGER					
17	Total Care Manager Hours per Week	40.0			
Care Management Service Category	Percentage (%) of Total Hours per Week	Hours per Week	Service Units Generated	Hours per Service Unit	
<i>Reimbursable Direct Care Services</i>					
20	Direct Treatment: Assessment Visit	10.0%	4.00	4	1.00
21	Direct Treatment: Ongoing Visits	51.3%	20.50	41	0.50
22	Group Treatment	3.75%	1.50	6	0.25
23	<b>Subtotal: Reimbursable Direct Care Services</b>	<b>65.0%</b>	<b>26.00</b>	<b>51</b>	
<i>Non-Reimbursable Direct Care Services</i>					
25	Warm Connection (Non-Billable)	7.5%	3.00	15	0.20
26	Care Management Telephonic Services	7.5%	3.00	15	0.20
27	<b>Subtotal: Non-Reimbursable Direct Care Services</b>	<b>15.0%</b>	<b>6.00</b>		
<i>Indirect Care Coordination and Administrative Tasks</i>					
29	Charting	5.0%	2.00		
30	Registry Management	3.0%	1.20		
31	Psychiatric Consultation	2.5%	1.00		
32	Team Communication	4.5%	1.80		
33	Other (Clinical Supervision, Staff Meetings, Training, etc.)	5.0%	2.00		
34	<b>Subtotal: Indirect Care Coordination and Administrative Tasks</b>	<b>20.0%</b>	<b>8.00</b>		
36	Unassigned Time [Target = 0%]	<input checked="" type="checkbox"/>	0.0%	(Green checkmark indicates value is at target)	
WEEKLY TIME AND EFFORT ALLOCATION AND SERVICE UNIT GENERATION: PSYCHIATRIC CONSULTANT					
40	Total Psychiatric Consultant Hours per Week	4.0			
Psychiatric Consultant Service Category	Percentage (%) of Total Hours per Week	Hours per Week	Service Units Generated	Hours Per Service Unit	
<i>Indirect Care and Administrative Tasks</i>					
43	Registry Management	10.0%	0.40		
44	Psychiatric Consultation	25.0%	1.00		

### Details of BH care manager effort

- Direct care
- Warm connections
- Telephone services
- Charting
- Care management
- Psychiatric consultation

Avg. length of warm connection  
Avg. length of phone calls

### Details of psychiatric consultant effort

- Indirect psychiatric consultation
- Registry/Charting
- Direct care







# Financial Modeling Workbook

## Tab 2: Staffing And Service Delivery for Care Manager and Psych Consultant

AMERICAN PSYCHIATRIC ASSOCIATION		AIMS CENTER UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences		Staffing and Service Delivery			
Workbook Template Updated 05/25/2017							
<b>ANNUALIZED REIMBURSABLE DIRECT CARE SERVICES</b>							
Working Weeks Per Year	47						
<b>Annualized Reimbursable Direct Care Service Units</b>	<b>Assessment</b>	<b>Direct Treatment:</b>	<b>Ongoing</b>	<b>Direct Treatment:</b>	<b>Group Treatment</b>	<b>Total Service Units</b>	
Care Manager	188		1,927		282	2,397	
Psychiatric Consultant	75		19			94	
<b>Total: Annualized Reimbursable Direct Care Service Units</b>	<b>263</b>		<b>1,946</b>		<b>282</b>	<b>2,491</b>	
<b>CASELOAD AND MONTHLY CASE VOLUME</b>							
<b>Average Weeks Elapsed Between First and Last Direct Care Service</b>	25.0						
Avg. number of weeks per episode of care							
<b>Average Count of Direct Care Service Units Provided</b>	12.0						
Avg. number of contacts per episode of care							
<b>Single Point in Time Caseload Capacity</b>	96						
Number of individuals feasible to have on the caseload at any point in time across all Care Managers							
<b>Projected Annual Caseload Capacity</b>	200						
Number of unique individuals feasible to serve over one year across all Care Managers							
<b>Projected Average Monthly Caseload Turnover</b>	17						
Number of cases opened and closed each month, based on above estimate of number of individuals possible to serve over one year							
<b>Projected Number of Patients Served per Calendar Month</b>	113						
Potential number of patients served over one month who might be eligible for monthly case rate reimbursement							
<b>Projected Annualized Monthly Case Rate Potential</b>	1,352						
Number of times a monthly case rate could potentially be billed in one year--before accounting for payer mix.							

- Input** = User-entered value
- Calculation** = Calculated field (not editable)
- Benchmark** = Suggested benchmark (editable)
- Linked Information** = Information copied from another cell

**Summary of available care**

- Direct Care
- Caseload details
  - Length of episode
  - Caseload capacity
  - Eligibility for case rate

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# Financial Modeling Workbook

## Tab 3: Net Financial Impact – Payer Mix and Case Rate

AMERICAN PSYCHIATRIC ASSOCIATION		AIMS CENTER UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences		Net Financial Impact		
Workbook Template Updated 05/25/2017						
<b>PAYER MIX</b>						
Payer	% of Patients per Payer	% of Patients per Payer Eligible for Monthly Case Rate	Adjusted % of Patients Eligible for Monthly Case Rate			
medicaid	33.0%	100%	33.0%			
medicare	33.0%	100%	33.0%			
commercial	33.0%	0%	0.0%			
self pay	1.0%	0%	0.0%			
To add rows: 1) Unprotect sheet 2) Insert rows above the last row with data 3) Copy formula in column E 4) Protect sheet						
No Payer Assigned [Target = 0%]		0.0%	(Green checkmark indicates value is at target)			
<b>REIMBURSEMENT: ANNUALIZED MONTHLY CASE RATE</b>						
Potential patient/months for billing case rate		1,352				
Payer	Monthly Case Rate Name	Monthly Reimbursement per Case	Adjusted % of Patients Eligible for Monthly Case Rate	Of Patients Eligible for Case Rate, % of Patients Also Eligible for Individual Services	Annualized Count of Cases Eligible for Monthly Case Rate	Annualized Reimbursement per Monthly Case Rate
medicare	Medicare CoCM	\$ 134.58	33%	0%	446	\$ 60,051.05
medicaid	WA Medicaid CoCM	\$ 134.58	33%	0%	446	\$ 60,051.05
To add rows: 1) Unprotect sheet 2) Insert rows above the last row with data 3) Copy formula in columns E, G, and H 4) Protect sheet						

Input = User-entered value  
Calculation = Calculated field (not editable)  
Linked Information = Information copied from another cell

**Payer Mix**

- CoCM codes
- Other value-based payments
- Direct care revenue

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# Financial Modeling Workbook

## Tab 3: Net Financial Impact – Reimbursement Annualized Billable Individual Services

AMERICAN PSYCHIATRIC ASSOCIATION		AIMS CENTER UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences		Net Financial Impact				Input	= User-entered value	
								Calculation	= Calculated field (not editable)	
								Linked Information	= Information copied from another cell	
Workbook Template Updated 05/25/2017										
<b>REIMBURSEMENT: ANNUALIZED BILLABLE INDIVIDUAL SERVICES</b>										
Reimbursable Direct Care Service Units		2,491								
Payer	% of Patients per Payer Eligible for Monthly Service Billing	Care Manager			Psychiatric Consultant					
		Direct Treatment: Assessment Avg. Payment	Direct Treatment: Ongoing Avg. Payment	Group Treatment Avg. Payment	Direct Treatment: Assessment Avg. Payment	Direct Treatment: Ongoing Avg. Payment				
commercial	33.0%	\$ 106.00	\$ 75.00	\$ 40.00	\$ 175.00	\$ 105.00				
medicaid	0.0%	\$ 90.00	\$ 65.00	\$ 35.00	\$ 150.00	\$ 95.00				
self pay	1.0%	\$ 190.00	\$ 125.00	\$ 50.00	\$ 200.00	\$ 150.00				
<i>To add rows: 1) Unprotect sheet 2) Insert rows above the last row with data 3) Copy formula in column C 4) Protect sheet</i>										
Weighted Average per Service Unit		\$ 108.47	\$ 76.47	\$ 40.29	\$ 175.74	\$ 106.32				
Annualized Service Units		188	1,927	282	75	19	Across All Individual			
Billable Individual Service Units		64	655	96	26	6	Service Categories:			
<b>Subtotal: Annualized Billable Individual Services Reimbursement</b>		\$ 6,933.44	\$ 50,102.00	\$ 3,863.40	\$ 4,493.20	\$ 679.62	\$ 66,071.66			
<b>TOTAL REIMBURSEMENT</b>										
<b>Total Reimbursement:</b>		<i>Monthly Case Rate Reimbursement</i>			<i>Billable Individual Services Reimbursement</i>					
Monthly Case Rate Reimbursement + Billable Individual Services Reimbursement		\$ 120,102.09	+	\$ 66,071.66	=	\$ 186,173.75				
<b>TOTAL COST</b>										
Annual Salary per					Fringe Benefits					

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# Financial Modeling Workbook

## Tab 3: Net Financial Impact – Summary of Financial Model and Net Impact

AMERICAN PSYCHIATRIC ASSOCIATION		AIMS CENTER UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences		Net Financial Impact		Input	= User-entered value
						Calculation	= Calculated field (not editable)
						Linked Information	= Information copied from another cell
Workbook Template Updated 05/25/2017							
<b>TOTAL REIMBURSEMENT</b>							
<b>Total Reimbursement:</b>		Monthly Case Rate Reimbursement		Billable Individual Services Reimbursement			
Monthly Case Rate Reimbursement + Billable Individual Services Reimbursement		\$ 120,102.09	+	\$ 66,071.66	=	\$ 186,173.75	
<b>TOTAL COST</b>							
Personnel	Annual Salary per 1.0 FTE	FTE	Salary Cost Per FTE	Fringe Benefits % of Salary	Fringe Benefits Cost	Personnel Subtotal	
Care Manager	\$ 60,000.00	1.00	\$ 60,000.00	30.0%	\$ 18,000.00	\$ 78,000.00	
Psychiatric Consultant	\$ 250,000.00	0.10	\$ 25,000.00	30.0%	\$ 7,500.00	\$ 32,500.00	
<b>Subtotal: Personnel Cost</b>						<b>\$ 110,500.00</b>	
Organizational Overhead					Percentage:	30.0%	\$ 33,150.00
<b>Total Cost: Personnel + Overhead</b>						<b>\$ 143,650.00</b>	
<b>NET IMPACT</b>							
<b>Net Impact: Total Reimbursement - Total Cost</b>		Total Reimbursement		Total Cost			
		\$ 186,173.75	-	\$ 143,650.00	=	\$ 42,523.75	

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# RESOURCES FOR BEHAVIORAL HEALTH INTEGRATION





# HCA: Behavioral Health Integration Billing Matrices

- <https://www.hca.wa.gov/billers-providers/programs-and-services/behavioral-health#ssb5779>

- [Stakeholder letter](#) (Phase 1)
- [Stakeholder letter](#) (Phase 2)
- [Health and behavior codes assessment](#) (Matrix - Phase 1)
- [Health and behavior codes assessment](#) (Matrix - Phase 2)
- [Collaborative Care Model](#) (Matrix - Phase 3) - located on pages 60 - 68
- [Maternal and Youth Depression Screening Tools](#) (Matrix - Phase 4)
- [Developmental, caregiver/maternal depression, and youth depression screening tools](#) - located on pages 38 - 39
- [5779 stakeholder meeting \(slide presentation\)](#) (12/6/17)
- [5779 stakeholder meeting summary](#) (12/6/2017)
- [5779 meeting FAQs](#) (12/6/2017)





# Online Resources

- **WA State Medicaid HCA Billing Guidance (March 2018); see pages 59 – 67 for CoCM Guidelines:**
  - <https://www.hca.wa.gov/assets/billers-and-providers/physician-related-serv-bi-20180301.pdf>
- **CMS Medicare Fact Sheet on Behavioral Health Integration (January 2018):**
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>
- **CMS Medicare FAQs for FQHCs and RHCs (February 2018):**
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf>





# Resources: <http://aims.uw.edu>

The screenshot shows the AIMS Center website homepage. At the top left, the AIMS Center logo reads "AIMS CENTER Advancing Integrated Mental Health Solutions". To the right, the University of Washington logo and "UNIVERSITY OF WASHINGTON, PSYCHIATRY & BEHAVIORAL SCIENCES DIVISION OF POPULATION HEALTH" are displayed, along with the "IMPACT" logo. A navigation bar contains "WHO WE ARE", "WHAT WE DO", and "COLLABORATIVE CARE", followed by a search box. The main content area features a large banner for a new book, "Integrated Care: Creating Effective Mental and Primary Health Care Teams", with a description: "New book on integrated care provides the first comprehensive guide for care teams to effectively integrate mental health care into primary care." Below this are three columns: "DANIEL'S STORY" (Learn about Collaborative Care through the eyes of Daniel...), "IMPLEMENTATION GUIDE" (Learn how to implement Collaborative Care...), and "FREE RESOURCES" (Looking for something? Search for resources...). A "COLLABORATIVE CARE IN THE NEWS" section lists three articles: "CMS Payment Codes Explained", "CMS Finalizes Payment Rule", and "Payment for Collaborative Care". A footer banner at the bottom reads "NONE OF US IS AS SMART AS ALL OF US".

**AIMS CENTER**  
Advancing Integrated  
Mental Health Solutions

UNIVERSITY OF WASHINGTON, PSYCHIATRY & BEHAVIORAL SCIENCES  
DIVISION OF POPULATION HEALTH

IMPACT

WHO WE ARE WHAT WE DO COLLABORATIVE CARE

Search

**Integrated Care**  
Creating Effective  
Mental and Primary  
Health Care Teams

ANNA RATZLIFF  
JÜRGEN UNÜTZER  
WAYNE KATON  
KARI A. STEPHENS  
UNIVERSITY OF WASHINGTON  
WILEY

New book on integrated care provides the first comprehensive guide for care teams to effectively integrate mental health care into primary care.

**COLLABORATIVE CARE IN THE NEWS**

**CMS Payment Codes Explained**  
A New England Journal of Medicine article explains Medicare payment for CoCM.

**CMS Finalizes Payment Rule**  
The APA describes impact of CMS' finalized rule for collaborative care tasks.

**Payment for Collaborative Care**  
A discussion on measurement-based care and payment for Collaborative Care.

Read more about a new book that helps teams provide effective mental health care < >

**DANIEL'S STORY**

Learn about Collaborative Care through the eyes of Daniel, a patient whose care team changed his life. >

**IMPLEMENTATION GUIDE**

Learn how to implement Collaborative Care, a specific type of integrated care developed at the University of Washington. >

**FREE RESOURCES**

Looking for something? Search for resources, tools, videos, research and more related to Collaborative Care. >

NONE OF US IS AS SMART AS ALL OF US





# AIMS Center Upcoming Webinar:

Best Practices in Billing and Financial Sustainability for Behavioral Health Integration including Collaborative Care

- **April 16: 1-2pm**
- **Overview of the new billing codes**
- **Opportunities and challenges**
- **Billing and staffing strategies**
  - **Primary care and other medical providers**
  - **MAT for opioid use disorder**
- **Register on the AIMS Center page coming soon!**





# AIMS/APA-SAN FMW Office Hours

- **Next *virtual* drop-in:**
  - April 4, May 2, June 6, July 11, August 1, September 5, October 3, November 7 & December 5.
  - 9am Pacific/ 12noon Eastern
- **Join details on AIMS Center Website:**  
[aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook](https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook)





## UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

- **FREE to Providers in WA State**
- Expand the mental health and addictions care capacity of health care professionals in remote, underserved areas of Washington
- Offer telehealth resource support to build the confidence and skills of providers who care for patients with mental and behavioral health conditions
- **Ultimate Goal:** Better patient care

**Thursdays 12-1:30pm**

<http://ictp.uw.edu/programs/uw-pacc>



*UW PACC in the news:*

<http://hsnewsbeat.uw.edu/story/mental-health-video-consults-ease-rural-providers-burden>



**Integrated Care  
Training Program**

UW Psychiatry & Behavioral Sciences



# UW TelePain:

<http://depts.washington.edu/anesth/care/pain/telepain/#schedule>

- **Wednesday 12 noon Pacific**
- **Panel of experts**
  - **Opportunity to Present Cases**
  - **Didactics**
  - **CME**





# UW Perinatal Consult Line

- Free phone line:  
**206-685-2924**
- Monday through Friday from 3-5pm
- Providers can call at any time and receive a call back within one working day.

The screenshot shows the University of Washington Psychiatry & Behavioral Sciences website. The header includes navigation links: UW HOME, UW DIRECTORY, MAPS, MY UW, INTERNAL DEPARTMENT WEBSITE. The main navigation menu includes: Who We Are, Clinical Services, Education, Research, Trainings, Philanthropy, Getting Involved. The page title is "Perinatal Psychiatry Consultation Line". The content area features a sidebar with links for Inpatient/Hospital, Outpatient/Clinic, Consultation and Telepsychiatry, and Locations. The main text describes the consultation line as a free telephone service for providers, staffed Monday through Friday from 3-5pm. It lists various topics for consultation, such as pregnancy loss, depression, and medication management. A video player with a red play button is visible on the right side of the page. The footer includes contact information for Deborah Cowley, MD, and links to learn more, including a flyer, a Psychiatric News article, and an HSNewsBeat article.

UNIVERSITY of WASHINGTON  
PSYCHIATRY & BEHAVIORAL SCIENCES  
School of Medicine

Who We Are | Clinical Services | Education | Research | Trainings | Philanthropy | Getting Involved

Consultation and Telepsychiatry ▶ Perinatal Psychiatry Consultation Line

### Perinatal Psychiatry Consultation Line

The **UW Perinatal Psychiatry Consultation Line** is a free telephone consultation service for providers. Any health care provider in Washington State can receive consultation, recommendations, and referrals to community resources from a UW psychiatrist with expertise in perinatal mental health.

Faculty members consult on any mental health-related questions for patients who are pregnant, in the first year postpartum, or who have pregnancy-related complications (e.g. pregnancy loss, infertility). Topics may include depression, anxiety, or other psychiatric disorders; adjustment to pregnancy loss, complications, or difficult life events; risks of psychiatric medications; non-medication treatments; and consulting about women on psychotropic medications who are wanting to or thinking about getting pregnant.

The phone line ([206-685-2924](tel:206-685-2924)) is staffed Monday through Friday from 3-5pm, but providers can call at any time and receive a call back within one working day.

Our perinatal psychiatrists are also available to help any practice thinking about instituting routine screening for depression. We can come to a clinic and provide a broad overview of best practices for depression screening and follow up in the perinatal period.

For more information about the consultation line or to arrange a clinic visit, please contact Deborah Cowley, MD at [206-543-6577](tel:206-543-6577) or [dcowley@uw.edu](mailto:dcowley@uw.edu).

**Learn more**  
Download our [Perinatal Psychiatry Consultation Line flyer](#)  
*Psychiatric News* article: [Maternal Mental Health: Moving Mental Health Care Upstream](#)  
*HSNewsBeat* article: [Helping moms, babies navigate mental health](#)



# PAL for Kids

The screenshot shows the Seattle Children's Hospital website. At the top, there is a navigation bar with the hospital's logo, address (4800 Sand Point Way NE, Seattle, WA 98105), phone numbers (206-987-2000, 866-987-2000 toll-free), and a "Donate Now" button. Below this are several menu items: "Clinics and Programs", "Medical Conditions", "Classes and Community", "Safety and Wellness", "Research", and "Ways to Help". A search bar is located on the right side of the navigation bar.

The main content area features a green header with the text "Partnership Access Line" and "Partnership Access Line: Child Psychiatric Consultation Program for Primary Care Providers". Below the header, there are social media icons for Print, Email, Facebook, Google+, Twitter, and LinkedIn. Three images are displayed: a healthcare professional on a phone call, a young boy smiling, and a family of four.

Below the images, there is a paragraph of text: "The Partnership Access Line (PAL) supports primary care providers (doctors, nurse practitioners and physician assistants) with questions about mental health care such as diagnostic clarification, medication adjustment or treatment planning. Our child and adolescent psychiatrists are available to consult during business hours." Below this is another paragraph: "PAL is available to providers caring for any patient in Washington and Wyoming. This consultation program is funded by Washington's Health Care Authority and Wyoming's Department of Health. The phone consultation is covered by HIPAA, section 45 CFR 164.506; no additional release of patient information is required to consult by phone."

On the right side of the page, there is a sidebar titled "Also in This Section..." with a list of links: "Overview", "Partnership Access Line Team", "Frequently Asked Questions", "Care Guides and Resources", "Conferences", "Medication Reviews", "PAL Plus", "Wyoming Multidisciplinary Team Psychiatric Evaluations", and "Contact Us".

- Washington providers: Call 866-599-7257 Monday–Friday, 8 a.m. to 5 p.m. Pacific time, to be directly connected to a PAL child and adolescent psychiatrist.
- Wyoming providers: Call 877-501-7257 Monday–Friday, 9 a.m. to 6 p.m. Mountain time, to be directly connected to a PAL child and adolescent psychiatrist.



# Community-Based Psychiatric Provider Integrated Care Training

- **First cohort started March 2018 of psychiatric providers seeking additional training to deliver integrated care**
- **Year-long employment-friendly program with a priority of flexibility in scheduling**
  - Online coursework
  - Quarterly in person training
  - Mentored quality improvement project
- **Complementary to other integrated care implementation efforts**
  - Train psychiatric provider to work with primary care clinic transformation



<http://ictp.uw.edu/>

AIMS CENTER

**W** UNIVERSITY of WASHINGTON  
Psychiatry & Behavioral Sciences



**Integrated Care Training Program**

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# **Thank you!**

## **Questions and Discussion**

**Acknowledgement to  
Staff and Faculty of the  
AIMS Center and ICTP**





## Workforce Needs:

# Deliver Principles of Evidence-Based Integration



### **Team-Based and Person-Centered**

Primary care and behavioral health providers collaborate effectively, using shared care plans.



### **Population-Based and Data-Driven**

A defined group of patients or clients is tracked in a registry so that no one “falls through the cracks.”



### **Measurement-Based Treatment to Target**

Treatment goals clearly defined and tracked for every patient. Treatments actively changed until clinical goals are achieved.

