Colorado IBH+: Addressing Mental/Behavioral Health Access in Primary Care

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The Challenge

People with mental and behavioral health issues are often in the least advantageous position to overcome the access barriers that exist in gaining treatment.

These barriers to accessing and receiving care need to be addressed:

• knowing where to go
• who to trust
• what is covered by insurance
• overcoming stigma
• lack of inertia from debilitating mental health conditions
The Impact

Providing mental/behavioral health care integrated within the primary care setting helps patients access care that is whole-person focused and coordinated with their existing care team.
The Approach

IBH+
Colorado’s Integrated Stepped Model

Didactic Teaching &
Care Team (peas in a pod)

Tele-Psych Patient Visits
Co-Consult/Direct Patient/ Home Visit

Provider to Provider Coordination & Consultation

CORE/E-Consults

Foundation of Embedded Psychologists
Increase in Psychologists and Psychiatrists Available

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Yearly Increase:
- 2019: 8 Psychologists, 2 Psychiatrists
- 2020: 10 Psychologists, 4 Psychiatrists
- 2021: 12 Psychologists, 6 Psychiatrists
- 2022: 15 Psychologists, 7 Psychiatrists

Total from 2019 to 2022:
- Psychologists: 46
- Psychiatrists: 19
Increased Patient Reach
## Provider Adoption and Implementation

### Practice Survey Results (N=147)

<table>
<thead>
<tr>
<th>Acceptability of Intervention Measure (AIM)</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Integrated Behavioral Health Plus (IBH+) services at this practice meet my approval.</td>
<td>4.55</td>
</tr>
<tr>
<td>2. Integrated Behavioral Health Plus (IBH+) services at this practice are appealing to me</td>
<td>4.58</td>
</tr>
<tr>
<td>3. I like the Integrated Behavioral Health Plus (IBH+) services being offered at this practice</td>
<td>4.68</td>
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<tr>
<td>4. I welcome Integrated Behavioral Health Plus (IBH+) services at this practice</td>
<td>4.76</td>
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<table>
<thead>
<tr>
<th>Intervention Appropriateness Measure (IAM)</th>
<th>Overall</th>
</tr>
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<tbody>
<tr>
<td>5. The Integrated Behavioral Health Plus (IBH+) services being offered at this practice seem fitting</td>
<td>4.62</td>
</tr>
<tr>
<td>6. Integrated Behavioral Health Plus (IBH+) services seem suitable for this practice</td>
<td>4.69</td>
</tr>
<tr>
<td>7. Integrated Behavioral Health Plus (IBH+) services seem applicable for this practice</td>
<td>4.68</td>
</tr>
<tr>
<td>8. Integrated Behavioral Health Plus (IBH+) services seem like a good match for this practice</td>
<td>4.68</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Feasibility of Intervention Measure (FIM)</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Integrated Behavioral Health Plus (IBH+) services seem implementable at this practice</td>
<td>4.65</td>
</tr>
<tr>
<td>10. Integrated Behavioral Health Plus (IBH+) services seem possible at this practice</td>
<td>4.65</td>
</tr>
<tr>
<td>11. Integrated Behavioral Health Plus (IBH+) services seem doable at this practice</td>
<td>4.65</td>
</tr>
<tr>
<td>12. Integrated Behavioral Health Plus (IBH+) services seem easy to use at this practice</td>
<td>4.47</td>
</tr>
</tbody>
</table>

*1-5 point Likert scale*
Patient Perceptions and Satisfaction

Survey results: n=54 (60%)

- **Behavioral health care is something that should be provided for patients at their PCP**
  - Total: 2%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

- **Having behavioral health care as part of a PCP makes it easier for people to get access to this type of care**
  - Total: 2%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

- **Having BH care as part of a PCP improves the quality of care people get for behavioral or mental health concerns**
  - Total: 2%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

- **I prefer to receive my behavioral health services at the location where I receive my medical care**
  - Total: 4%
  - Somewhat Disagree: 40%
  - Neither Agree or Disagree: 36%
  - Somewhat Agree: 24%
  - Totally Agree: 26%

- **I would follow through if I were referred outside this clinic for BH services**
  - Total: 2%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

- **I would be less likely to access BH if they were not provided with Primary Care**
  - Total: 2%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

- **My provider involved me in decisions about my treatment**
  - Total: 4%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

- **My beliefs about health and well-being were considered as part of the care that I received**
  - Total: 4%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

- **Wellness/mental health is better managed because of BH services**
  - Total: 2%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

- **I feel I am learning the skills I need to deal with my problems**
  - Total: 2%
  - Somewhat Disagree: 12%
  - Neither Agree or Disagree: 18%
  - Somewhat Agree: 16%
  - Totally Agree: 49%

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### Interview Thematic Area

<table>
<thead>
<tr>
<th><strong>Interview Thematic Area</strong></th>
<th><strong>Illustrative Quote</strong></th>
<th><strong>Mixed Method Discussion</strong></th>
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<tr>
<td><strong>IBH+ increased patient access to behavioral health. This was due to reduction of barriers and increased awareness.</strong></td>
<td>“It’s a little inconvenient outside of this setting for people to find access to mental health care, and so I think the convenience of it is what drew me into it.”</td>
<td>Survey responses showed preference for BH care in PCP, though BH care outside of the PCP was also acceptable. Interviewees elaborated on the reductions in barriers such as stigma and payment through IBH.</td>
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<tr>
<td><strong>Improved quality of both mental and physical health as a result of a more whole-person orientation to care from providers.</strong></td>
<td>“By their informing each other of my physical or mental health issues, that they have a better picture of the whole person... this reinforces how each can help the other to get a better sense of the issues the patient is dealing with.”</td>
<td>Survey responses focused on satisfaction with current care. Interviewees were able to go into more depth around how collaboration between providers improved care and made patients feel listened to and cared for as patients.</td>
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<tr>
<td><strong>Challenges with IBH+ were minimal: primarily focused on the limited duration of BH sessions.</strong></td>
<td>“I would rather not start lookin’ somewhere else... And they’re not set up for long term, but I would much rather stay put.”</td>
<td>Surveys did not focus on specific limitations, responses were mostly positive. Interviewees revealed that there were some patients who wished they could have more BH sessions than were allotted.</td>
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Cost Impact

Cost Analysis

• Preliminary analyses suggests the cost to deliver CIBH+ exceeds revenue derived from directly billing CIBH+ services, indicating under the current fee-for-service payment model it is not sustainable.

• Using an intention to treat framework, IBH+ is associated with:
  A small, statistically insignificant, reduction in total cost of care ($1.50 decrease),
  A statistically significant (p<.001) increase in pharmacy cost ($27.70), and
  No significant changes in utilization of primary care services or behavioral health services.

• Multiple alternative payment models (APMs) have been proposed to support comprehensive, integrated primary care and the project will investigate the sustainability of CIBH+ under selected proposed APMs, such as the Making Care Primary model developed by the Centers for Medicare and Medicaid Services.
TSBM Benefits

**Clinical**
Therapeutic procedures – Psychological services are provided to patients

**Community**
Health care delivery is enhanced and care quality is improved, health behavior change is addressed to prevent and manage mental and physical health conditions to help improve quality of life and life expectancy, improvement of access to care

**Economic**
Societal and financial cost of illness - May be reduced by ongoing quality care

**Policy**
Standards for care – Available for integrated care in primary care, Inform development of primary care APMs policies

**Equity impact**
May provide access to patients who may otherwise not have the ability to obtain behavioral health care
The Team:

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Vanessa Owen, MA
THANK YOU