DC Medicaid Pilot Project:

Opportunities and Challenges for Stakeholders in Placing Psychology Trainees into a Primary Care Practice Serving the Medicaid Population
Chair & Presenters:

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Associate Executive Director,
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Presenters:

Catherine L. Grus, PhD
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Elana C. Maurin, MHS, PhD
Associate Professor
American School of Professional Psychology
at Argosy University, Northern Virginia

Winnie Fong, PsyD
Psychology Associate
Behavioral Health Consultant
Core Health and Wellness Center
Today’s presentation:

• 11:00am-12:00pm
  • Origin and nature of the DC pilot project
  • Importance/Value of this type of project for interns, internship programs, and Medicaid programs
  • Integrated primary care generally, models of integrated care, and evidence of effectiveness
  • Personal experience of the project’s post-doctoral Fellow

• 12:00pm-12:30pm: Q & A
DC Medicaid Pilot Project – overview

• Innovative pilot project conceived in 2017 and launched in 2018 by APA and the DC Psychological Association

• Placed supervised psychology trainees in a primary care practice serving the DC Medicaid population (Summer 2018)

• Supervised services provided by Interns and Post-doctoral Fellow were reimbursed by Medicaid managed care organization (MCO)

• Project partners:
  • Argosy University/Mid-Atlantic Internship Consortium
  • Primary care practice serving DC Medicaid beneficiaries
  • AmeriHealth Caritas DC (the District’s largest Medicaid MCO)
What’s next? – more states, more projects

• DC was the pilot project. We’ve learned a lot. Next step is to launch similar projects in other states.

• We’ve already contacted SPTAs in several states. Meeting today with PLC attendees from those states.

• Pennsylvania: we’ve had initial discussions with likely partners in Philadelphia (an internship program and primary care provider) and identified relevant Medicaid MCOs. We’re optimistic we can move forward there.

• Interested in your state as a possibility? Speak with us after the presentation!
Origin of the DC Pilot Project and the Importance of Training in Integrated Care and Medicaid

Catherine L. Grus, PhD
Acting Chief Education Officer, APA
@APAeducation
Origins of the DC Pilot Project

• Project grew out of pre-existing Medicaid advocacy efforts of APA’s Practice and Education Directorates

• Since 2015, Practice and Education have worked together to reduce barriers to psychologist/trainee participation in Medicaid by increasing the number of Medicaid programs that:
  • reimburse for services provided by doctoral psychology interns
  • reimburse independently-practicing psychologists
  • allow providers to bill Health & Behavior codes
Origins of the DC Pilot Project (cont.)

Practice and Education Directorates have also been working together to:

- Expand service to underserved populations in need of behavioral health care as a part of Medicaid expansion
- Correct internship imbalance created by many factors, including difficulties in funding training sites and sustain existing slots
Origins of the DC Pilot Project (cont.)

• Because these were crosscutting initiatives, Education and Practice collaborated to create a Fellowship position dedicated to Medicaid advocacy for trainee reimbursement.

• The Fellowship eventually became a permanent staff position dedicated to these issues.

• Since 2015, 10 additional states now permit reimbursement for supervised trainees.

  • This reimbursement takes different forms in every state; e.g., permitted by regulation or legislation, setting or facility specific, services billed through supervisor, services billed at a reduced rate, etc.
Origins of the DC Pilot Project (cont.)

• At the outset, the APA team faced regulatory hurdles within DC’s complex behavioral health delivery system. Initially, the team contemplated a regulatory fix to the lack of reimbursement for psychology services within DC Medicaid.

• Medicaid MCOs, however, often have more flexibility to allow for innovative payment strategies, including reimbursement for services provided by supervised trainees.

• So, instead of changing regulations, which would have taken much longer and involved a lot of interaction with DC bureaucracy, APA worked directly with AmeriHealth Caritas DC.
Origins of the DC Pilot Project (cont.)

• Practice worked with outside counsel to contact executives from AmeriHealth (the largest DC MCO).

• AmeriHealth needed to offer increased behavioral health services to its members, and APA could help meet that need by facilitating high-quality trainees and psychologist supervisors to deliver those services.

• AmeriHealth agreed to reimburse supervised trainees (interns and postdoc) and to identify a primary care practice with a high volume of AmeriHealth members that was willing to join the project (Core Health and Wellness Center).
Origins of the DC Pilot Project (cont.)

• Education reached out to Argosy University (NoVA) and the Mid-Atlantic Internship Consortium (MAIC), an APA accredited internship program, to serve as the source of trainees for the project.

• The MAIC identified Dr. Winnie Fong, a postdoctoral fellow, to serve her postdoc year at the Core Health and Wellness Center and to help facilitate the interns’ time there as well.

• 11 interns from the MAIC came to the Core Health and Wellness Center to gain experience in integrated care.
Project structure and timeline

• APA, Argosy/MAIC, and Dr. Fong were ready to go by February 2018.

• CoreHealth and Wellness joined the project in April 2018.

• Dr. Fong started at Core Health and the project launched in May 2018.

• Interns (11) were at CoreHealth one day per week for 10 weeks.
Importance of Training

• APA research shows that trainees not only tend to stay in the geographical region where they train, but also in the type of setting where they train.

• This makes it essential that individuals train and serve Medicaid populations to ensure a uniquely knowledgeable workforce for their particular area.

• Training in an integrated care setting is especially conducive to serving these populations, who often have complex medical and mental health needs.
Importance of Training (cont.)

Future of psychology is moving toward integrated primary care:
• Many psychology graduate programs either have or are developing an integrated care track for students interested in specializing in this area

APA has worked to facilitate this trend by:
• Developing competencies for psychology practice in primary care
• Partnering with other health professions associations to develop educational resources (e.g., Interprofessional Professionalism Tool Kit)
• Member of key organizations focused on interprofessional education (e.g., Interprofessional Education Collaborative, Federation of Associations of Schools of the Health Professions)
Integrated Primary Care

Elana C. Maurin, MHS, PhD
Associate Professor
American School of Professional Psychology
at Argosy University, Northern Virginia
What is Integrated Primary Care?

• Coordinated system of care that provides medical and mental/behavioral health services to address the whole person

• Medical, MH, and other providers collaborate to coordinate the assessment, treatment and follow-up of both medical and MH conditions

• Rooted in population-based principles
Rationale

1. Primary Care is the “de facto” mental health system

POP QUIZ

• ___% of individuals experience diagnosable psychiatric disorder each year
• ___% get treated solely in primary care
• ___% prescriptions for psychotropic meds written by PCPs

Gatchel & Oordt, 2003; Kessler, 2008; Regier et al., 1993
Rationale

2. Multiple barriers to accessing Specialty Mental Health (SMH) care
   • Cost/lack of insurance
   • Inconvenience (long waiting list, distance, too busy)
   • Stigma
   • Disagrees with need for tx/doesn’t believe in psychotherapy
   • Prior negative experiences
   • Better familiarity/comfort with PCP

Fisher & Ransom, 1997; Fries et al., 1993; Olfson et al., 2009
Rationale

3. High comorbidity between mental and physical health problems

- 25% of U.S. adults have a mental disorder
- 68% of adults with mental illness have at least one other medical condition
- 29% of adults with medical conditions have a mental disorder
- 58% of adults have a medical condition

Druss & Walker, 2011
## Common Conditions encountered

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Medical</th>
<th>Health behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depression</td>
<td>1. Diabetes</td>
<td>1. Tobacco Use</td>
</tr>
<tr>
<td>2. Anxiety Disorders</td>
<td>2. Chronic Pain</td>
<td>2. Unhealthy/over-eating</td>
</tr>
<tr>
<td>3. Sleep Disorders</td>
<td>3. CVD</td>
<td>3. Physical Inactivity</td>
</tr>
<tr>
<td>4. Somatic Disorders</td>
<td>4. IBS/Crohn’s Disease</td>
<td></td>
</tr>
<tr>
<td>5. Substance Abuse</td>
<td>5. Cancer</td>
<td></td>
</tr>
<tr>
<td>6. Behavioral Disorders (in children)</td>
<td>6. COPD and asthma</td>
<td></td>
</tr>
</tbody>
</table>
Advantages of Integrated Care

The Quadruple Aim
## Continuum of Behavioral Health Integration

<table>
<thead>
<tr>
<th>Level</th>
<th>Coordinated</th>
<th>Co-Located</th>
<th>Integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Element</td>
<td>Communication</td>
<td>Physical Proximity</td>
<td>Practice Change</td>
</tr>
<tr>
<td>Description</td>
<td>Minimal</td>
<td>Basic at a Distance</td>
<td>Basic onsite</td>
</tr>
<tr>
<td>Facilities</td>
<td>Separate</td>
<td>Separate</td>
<td>Same facility but not necessarily same offices</td>
</tr>
<tr>
<td>Communication</td>
<td>Rare</td>
<td>Periodic</td>
<td>Regular, about shared patients</td>
</tr>
</tbody>
</table>


DOES IT WORK?

YES!

- **Insomnia** (Goodie et al., 2009)
- **Depression** (e.g., Hay, Katon, Lee & Guterman, 2012)
- **Anxiety Disorders** (e.g., Muntingh et al., 2014)
- **PTSD** (Cigrang et al., 2015)
- **Diabetes** (Katon et al., 2010)
- **AND providers love it!** (Runyan et al., 2003)
Who is Using the Model?

• Standard of care in all branches of military
• Increasingly common within the VA system
• Kaiser Permanente
• A number of other CHCs & FQHCs across the country
  • HealthPoint, Cherokee, Salud, Access, City of San Francisco
• Locally . . .
  • CNMC, Christiana Care Health System, INOVA 1° care clinics
IBH Track at ASPP

- **Goal:** To offer enhanced training in integrated behavioral health care to doctoral students in clinical psychology

- **Accomplished via:**
  - Monthly didactics
  - Coursework
  - Practica in health care settings
  - Dissertation
  - Access to internship opportunities such as . . . this APA / DCPA project
Questions?
elana.maurin@gmail.com
Post-Doctoral Fellow’s Experience

Winnie Fong, PsyD
Psychology Associate
Behavioral Health Consultant
Core Health and Wellness Center
Credentials and Experience

• Biola University, BA in Psychology
• The Chicago School of Professional Psychology, PsyD in Forensic Psychology
• Clinical Practice: school counselor, private practice neuropsychological assessments, multi-discipline mental health practice
• Dissertation: The Relationship Between Ethnicity and Dual Diagnosis to Received Outpatient Treatment on a National Level (2016)
Core Health and Wellness Center

- Located in Southeast DC (two sites)
- 10,150 patients since 2010
- 97% Medicaid
- 1 adult full-time PA
- 2 part-time NPs
- 2 part-time Pediatricians
- 1 Dietician
- 1 Psychology Associate
- 2 Medical Assistants
- 50% no-show rate
- Typical week: 220 medical appointments for children and adults
- 12-15 psychotherapy appointments per week
- Integrated Behavioral Health Consultation: 10-15 appointments per week
Demographic and Issues

- Range: newborn - 90 years old
- Predominately African American
- Diabetes & Hypertension
- Asthma
- Sleep issues
- Pain management
- Over-diagnosed/Self-diagnosed major mental illness
- Stress, circumstances, anger, depression, anxiety
Types of doctor’s visit

- Annual physicals
- Consultations
- Hospital and Labs Follow-ups
- Sick visits
- Women’s care
- Psychotherapy
Day-to-Day Behavioral Health

- Annual physicals
  - ACT, PHQ-9, GAD-7, DASS21, SDQ
- Consultation (H+B codes)
  - Pre-Diabetes or Diabetes Management
  - Asthma Management
  - New diagnosis/adjustment stress management
Vignette

• 14 year old, male
• Seen by Pediatrician after annual and lab follow-up, found to be pre-diabetic
• Discussed his eating habits; mother noted picky eating
• Was having fast food 3 out of 5 days of the week w/ frappes and unhealthy snacks
• Commitment: 1 frappe a week, pack snacks (nuts, cucumbers)
Intern Experience

• Once a week as a group of 11 (10 weeks)
• ½ “on call” experience for BHC, with supervision
• ½ planning and organizing a behavioral health wellness day
• Switched halfway through work-day
• Coached and “sat in” in post-doc’s BHC sessions
• Administered and collected surveys for attitudes toward behavioral health treatment (providers, patients, interns/post-doc)
Challenges of Integrated Behavioral Health

• Stigma: spending a lot of time in a session or encouraging patients of the importance of their mental state apart from the severe mental illness

• Matching models: how I integrate into the practice between psychotherapy and consultation – doing both

• Billing: what consultation is considered billable
Benefits for Interns and Early Career Psychologists

• Gain familiarity with Medicaid population and program
  • How consultation and therapy is different than other settings
• Acculturating with the medical model and educating staff on mental health model
• Developing consultative skills to medical professionals
• Responding quickly, as needed, to escalating patients that require de-stressing
Questions?