

Doug Tynan: Oh, good afternoon – we're going to have a rapid overview in the next hour of integrated care and practice transformation and where health care is moving.

The goals of integrated health care – a term that many of you have heard -- involve collaboration between health professionals, provide complete treatment to patients, and improve overall well-being. In any clinic setting, whether it's primary or specialty care, includes a diverse group of clinicians including physicians, physician assistants, nurse practitioners, registered nurses, psychologists, clinical social workers, nutritionists, and other health professionals depending on the needs of the patient and that is how teams should be formed.

The benefits of integrated health care are to provide holistic care -- particularly with patients who have chronic illnesses – to reduce depressive symptoms, to enhance access to services, to improve the overall quality of care, and by improving the overall quality of care, we have found integrated programs lower the overall healthcare costs because patients are treated more efficiently and are healthier.

Where does integrated care apply? It applies to individuals in any setting across the lifespan: in primary care, pediatrics, in young adult, adult care, and geriatric care, many primary care settings have integrated psychologists and other integrated professionals to meet the needs of the patient population. Integrated care is also quite prominent in specialized medical settings; we've known for decades that psychologists are essential parts of rehabilitation units, oncology services, diabetes programs for adults and children, transplant programs, cardiology, and surgical centers. In the past, we thought of those psychologists as working in specialty care settings, but we realize now that they have been at the forefront of integrated care. In addition, long-term care settings – particularly nursing homes and long-term rehabilitation facilities – have always been home to many psychologists who often at the core of the integrated care teams as well as community-based health centers and social service sites which now increasingly in some states to serve patients who have high levels of social service needs are putting both primary care and mental health services at those sites.

These integrated behavioral health practices around the country features psychologists and physicians working together in pediatrics, obstetrics, gynecological practices and family practices around the country. Should I click on...?

Chris Nettles: Yeah, tell them what you're going to show.

Doug Tynan: I'm gonna click on our video to show you an introductory video giving the highlights of a range of services.

[Music]

RICHARD DERMAN: Behavioral health services is such a critical part of overall health.

STEPHEN EARLS: Within family medicine a large percentage of patients come in with medical problems that put them at risk for behavioral diagnosis like depression.

MALINA SPIRITO: Depression is the number one complication of childbirth.

KEVIN SHEAHAN: The numbers of children that have unmet behavioral and developmental needs is staggering.

RICHARD DERMAN: We know there's an unmet need in our community. Let's go ahead and address it.

[Music]

DAN MULLIN: There's a lot of energy around integrated care and I think there's a lot of good reasons to believe that sort of reconnecting the mind and the body and caring for them as one is going to lead to better outcomes.

ROGER HARRISON: It offers way more seamless service. It gives me an opportunity to always have the physicians in the office. We can consult. They know the families. I know the families. And we come together and we just provide a much better service to the families.

ALEXA CONNELL: I love practicing this way because I have the doctors as a resource.

ALEXANDER BLOUNT: The longer we work together the more expert we each gets at what the other one does.

CHRISTINE RUNYAN: In terms of having their medical record, you have so much more context and you just - you have a team to work with.

HAL BYCK: So, what it has allowed me to do is see patients more efficiently and see them more effectively.

JENNIFER SCHROFF-PENDLEY: We're able to reduce a lot of barriers to care.

STEPHEN EARLS: You can't tell, looking at our patients in the waiting room who's here to see whom. So I think the stigma goes completely away. It's a godsend!

MALINA SPIRITO: We really have an opportunity for constant collaboration, feeling like we're really a true member of the medical team.

K. AHMED HUSSAIN: There's a capacity that gets built and that comfort level that comes from practicing together.

ALEXA CONNELL: We raise each other's skill set.

DAN MULLIN: We need psychologists in private practice. We need psychologists working in mental health clinics to be able to care for our patients, but we also need psychologists in primary care settings.

ROGER HARRISON: It's a great model. I can't think of doing psychology outside of the model that we do it here, in an integrated care model.

CHRISTINE RUNYAN: I could not imagine nor want to practice in any other way.

RICHARD DERMAN: This is just good preventive health. It's good healthcare. Most importantly, it's what we ought to be doing.

FEMALE: You know it takes a village to raise children? Well, they're part of my village.

[Music]

Doug Tynan: Okay. Again, how psychologists can contribute... after you saw that brief overview was they can practice... identify practices that contribute to disease and behaviors that enhance healthy lifestyles, functional capacity, and treatment adherence. The difference between psychologists and other mental health professionals is we can address both the health behaviors that contribute to disease processes as well as mental health issues. In addition, at any age providing early intervention and wellness services to include behavior health assessment and treatment. As we all know, identifying problems early before they evolve into larger difficulties is essential to improving health.

The provision of interprofessional team-based care in pediatric, adult, older adult, and family-oriented health care settings: our role right for psychologists, both in clinical service, but also to bring your skills in the development of those teams. Along with the health behavior and team-building processes, helping and participating as a clinician to diagnose and treat mental and behavioral health problems including depression, suicide risk, anxiety, and addictions which can occur on their own and co-occur with physical health conditions. We know that almost two-thirds of patients who have these types of problems present first in the primary care office and that is the right and best time to identify those

patients and start working with them. In addition, psychologists are very good at helping differentiate normal processes from pathology, including side effects from medication, adjustment reactions, pain, insomnia, stress, or normal developmental processes.

Psychologists in addition in integrated care settings can offer competence and expertise in areas such as training, consultation, and supervision of all health professionals. Program development, evaluation -- we're very good at evaluating and setting up programs -- quality improvement leadership and team coaching and working with primary and specialty care teams on their outcome evaluations. In addition, in the increasing role of health care systems, we can help to assess local population needs for health services and again develop and evaluate program interventions to meet those needs and to develop empirically-based interventions that are responsive to specific individuals, the community, and population characteristics.

There are several examples of psychologists working in integrated health care settings at our website at APA dot org psychologists integrated care, but I want to follow up with another video on the essential role of psychologists in family practice.

[Music]

DAN MULLIN: So, the Barre Health Center has been here in the community for more than 40 years now. It's a rural community at least by Massachusetts standards. Our patients prefer to get their care with us rather than going into the big city whenever possible. Unfortunately, it is a pretty good drive to any of the local community mental health centers.

STEPHEN EARLS: We provide care for everything from prenatal care to end of life care and everything in between. Because of the community we are serving and the fact that we are in a community with no emergency room nearby, we also have a robust urgent care function. Within family medicine, a large percentage of patients come in with "medical" problems that have a large behavioral health component.

DAN MULLIN: In the leading ten causes of mortality, for example, pretty clearly eight or nine of those are tied directly to behavior. Behavior is the thing that leads people to get sick, or once they get sick they need to begin to modify their behavior in order to improve the outcomes.

RECEPTIONIST: Good morning -- Barre Health Center. This is Carol.

DAN MULLIN: Family physicians in particular tend to be very open to having psychologists on the team. I find myself in a lot of really important ways being treated as an equal. I'm a member of the same physician group that they are; I receive the same benefits. I'm in the same meetings. I'm involved in making the same decisions. There is a real opportunity for psychologists to be treated as equals when they come in to the primary care settings.

K. AHMED HUSSAIN: It's not like there is the group of family physicians and then there's...

ALEXA CONNELL: Me as an add on. Yeah.

K. AHMED HUSSAIN: She is a part of the meetings every month. She does contribute. And anything behavioral health is channeled through Dr. Connell. It doesn't have to be an emergency or a significant illness. Sometimes it could be somebody who is going through a slump and just needs counseling.

STEPHEN EARLS: Life is a struggle for a lot of people. And the more support we can give them the better they do with their life, the better they do with their chronic disease management, and the better engaged they are. Having that resource available just makes that so much easier. It makes us more efficient and provides them with a better level of care.

PATIENT: This has been my provider for over 20 years. I know the care that I get here. And I trust it, knowing that it was someone here and that I didn't have to go into the city or start with someone new.

DAN MULLIN: When a physician has a patient walk in and the physician identifies them as someone with an unmet mental health need or substance abuse need, they can come knock on my door or call me on the phone and ask me to step in.

ALEXANDER BLOUNT: One of the benefits is being able to address things while they are a concern – while people are ready to make a move. When you raise something with your physician and you say, “This is really hard. I don’t know what to do about it or I’m really struggling” the chance to do something about it is best at that moment. And the chance goes down over time.

STEPHEN EARLS: Patients come into our health center and you can’t tell looking at our patients in the waiting room who is here to see whom. They might be here to see a doctor; they might be here to see a psychologist. They are not going to a different building for their mental health needs and their physical health needs. The stigma goes completely away.

DAN MULLINS: Being able to hand-off to a psychologist on the team who can maybe spend a little bit longer with them or help build on what they are doing with the physician can help the physician get to their next patient.

ALEXA CONNELL: We raise each other’s skill set. I learn more about medicine every day. You learn more about mental health every day. It’s enhancing both of our skill sets.

TINA RUNYAN: I fell in love with primary care very early in my career as a psychologist. We’re moving much closer to how people experience their own health... their own health and wellness as well as their own disease processes. It’s more than just the technique of how to deliver care in this way, but conceptually how to get everybody on board working as a team to take care of people in this way.

What’s available to me to understand the person sitting across from me is so much more extensive in terms of having their medical record. You have so much more context and you just... you have a team to work with.

ALAN BROWN: A lot of our work is pretty isolative so to be able to share notes and share ideas and learning is bidirectional.

STEPHEN EARLS: We can see each other’s notes. We can communicate within the record through a task or a note pretty readily.

ALEXA CONNELL: We can make sure the patient is getting a consistent message from their two primary longitudinal providers that you can’t get if you’re not integrated.

K. AHMED HUSSAIN: When you look at the value proposition, it saves you money in terms of better outcomes, in terms of less ED visits, less hospitalizations

STEPHEN EARLS: I think we provide great care in our practice and I think having behavioral health readily available is a big component of that.

K. AHMED HUSSAIN: Good primary care is good primary care and integrated primary care is really good primary care.

[Music]

Chris Nettles: Hi there; I'm Chris Nettles. I'm the project director for the Integrated Health Care Alliance and I hope you enjoyed those videos. We’re very excited to be able to show specific examples of psychologists working in these integrated settings. We’re going to shift the conversation a little bit now to talk about the evolving healthcare system. We see things moving from a volume-driven fee-for-service model to integrated care models that focus on payment for value, payment for quality, rather than payment for doing more services, if you will. So, what's driving this? Well, whether it be government or commercial payers, there's an increasing desire to pay for care that actually results in

people getting better, rather than on the number of things that are done to a particular patient. Here at APA, we feel that there is a link between payment based on quality and behavioral health integration.

So, I'm going to talk to you a little bit about the Integrated Health Care Alliance, which is a cooperative agreement between APA's Center for Psychology and Health and the Centers for Medicare and Medicaid innovation. You're going to hear me say CMMI, the acronym, because it's a little bit easier to say for the rest of this presentation. This is really a technical assistance and workforce development project. We're working to enroll behavioral health providers – specifically psychologists – with a need for developing clinical and business leadership skills that are necessary to work in primary care and specialty care practices, especially those that are implementing models of integrated care and models of value-based payment.

So, CMMI – the Centers for Medicare and Medicaid innovation – has started to refer to this process of moving from fee-for-service to value-based contracts and we're sort of considering this move from individual independent practice to more team-based practice; whether you are employed by a medical center or health care center or employed as an independent practitioner, we feel like you can make this particular transition. We're calling it practice transformation and over these next few slides, I'm going to talk to you about what it involves, the skills and the resources that are necessary to be successful, and some of the benefits of participating in the program that we've developed with the Centers for Medicare and Medicaid innovation.

Here in this next slide, we see the seven aims that CMMI is really focused on with this transforming clinical practice initiative. The Integrated Health Care Alliance is APA's attempt to also address these seven aims as CMMI's larger transforming clinical practice initiative that's enrolling more than 140,000 clinicians in practice transformation networks around the country. In aims two through six, we see that there's a real focus on improving healthcare outcomes and saving money and lastly in the seventh aim, there's a desire to take the learnings of this model and diffuse them out into the broader healthcare economy. So, this really is an innovation model, which means that the best metaphor that I can come up with as we are building this particular plane while we fly it.

The Integrated Health Care Alliance has some specific goals that we're working on, namely to develop, share, and adapt comprehensive quality improvement strategies and we're working with other healthcare professional organizations hand-in-hand really to implement these types of new learnings with our psychologist population and behavioral health providers. We really want to help behavioral health practices to thrive in this new value-based reimbursement model world.

So, if you enroll in the Integrated Health Care Alliance – and I'll give you more information here in just a moment about how to enroll – we are providing you with access to our six-hour training that introduces you to the skills necessary for integrated primary care. Even if you have been trained in this area, this is a great introduction that may remind you of a few things or give you some new ideas you haven't considered. We also give you access, if you enroll in the Integrated Health Care Alliance, to a two-hour training on the business of these new payment models and how to really make this transition from a business perspective. Both courses give you free continuing education credits that you can use for your licensure. And this is a three-year project; we are halfway through the project, so we really have about 18 months left. Takes about a year to go through the model. So, we really are focused for about the next six months on recruitment and at the end of September, we will end the recruitment process and really focus much more heavily on just moving people through the model. I'll talk a little bit about the model here in just a moment, but the major ways in which we're trying to help people transform their practice are with a focus on person and family-driven care. This is something that psychologists are particularly good at. There's also a focus on continuous data-driven quality improvement and sustainable business practices. So, this is a journey; I'm going to talk to you about the five phases of transformation next; this is CMMI's model for transformation. It will require someone in your practice to spend a few hours a month to implement and learn new things about reporting data and collecting data and, like I said, we'll talk about this more in a future slide.

So, I'm going to talk to you now about these five phases of transformation. In the first of the five phases, the focus is on setting aims. This is really to develop a shared vision for your practice and to develop a plan that addresses the goals of transformation with a focus on specific clinical outcomes. So, an example of this might be to set a particular aim around

depression screening. The steps of it are really finding out how well you're doing now, what percentage of your patients you're screening for depression, and then to set a goal about where... what you'd like to attain in some period of time, say in the next six months. We really walk you through this process and handhold you through it very carefully. In phase two, the focus really moves to using data that you collect to drive care and we give you some tools around continuous straightened... data-driven quality improvement. It's about understanding performance at all levels of your practice bringing together systems, technology, and people to make the practice better.

Then, in the later phases, we really want to help you achieve benchmark status on the various metrics that you choose to focus on. This will hopefully drive bonuses and the reimbursement if you are enrolled in a value-based payment model.

Finally, in phase five, we really expect that you will have all of the things in place that make you ready to thrive in these pay-for-value approaches and as an integrated practice. So, in short, this is a technical assistance program; it does take a while to get through and it does require some level of commitment from you and your practice in terms of moving through these five phases of transformation.

We really do see that there are a number of benefits to participation; really, our number one focus here is on improving patient outcomes. If we keep our eye on the target, that's what this is really all about. We also want to prepare psychologists for these alternative payment models and help people that are engaged in this journey gain a competitive edge in the marketplace.

This is part of our marketing; this is... actually comes from a flyer and, as we move through the benefits of participation, I want to point out that we also give you a free subscription to our new mental and behavioral health registry. This registry is going to be more broadly announced in August during convention, but we have a need for collecting clinical quality outcomes as a part of this project. So, you'll get free advance access to this mental and behavioral health registry and begin to learn the processes that are necessary to a) collect the data and b) report the data. You'll gain new expertise in various in-demand skills, both in integrated care and in quality reporting and quality improvement. We really do see this as an opportunity to advocate for psychology because you're going to be providing us data about what works in this process and what does not. This feedback is fed directly back to CMMI as they prepare to diffuse these models more broadly into the health care system. And, of course, we really want to point out that you get eight free CE credits at no cost to you. This whole program is completely free and if you were, I think, to pay for this level of technical assistance out in the marketplace, you could in fact be paying many thousands and even tens of thousands of dollars. So, we think this is a real opportunity for you to get some very important assistance in making this transition.

Any size of practice is eligible to enroll; so, as long as you're seeing patients, it doesn't matter whether they are in fact covered under Medicare or Medicaid. You could be seeing completely self-pay patients – you're still eligible for this program. Really, the key criterion is that you are seeing patients. You will be expected to complete a baseline assessment; we refer to this as the Practice Readiness Assessment and you'll do three follow-ups. These assessments are really aimed at helping us understand what you're doing well along these five phases of transformation and what areas you really need to focus on. We are not the practice police; this is all aimed at helping you get ready. You'll also be asked to report clinical quality data through that new mental and behavioral health registry that I mentioned just a few moments ago.

So again, this slide comes from some of our marketing material. You'll notice down at the bottom of the slide there is a URL – [www dot APA dot org slash IHCA dash enroll](http://www.apa.org/ihca/enroll). This is where you can go to enroll in our program and the important thing to know here is that during the enrollment process, you'll at first just put in your name and email address. We will send you an email that gives you all of the details on what is required of you. After reading that email of all the expectations and commitments and the agreement essentially between us and you, you can click on an enroll button and then fill out all the other necessary information on you as an individual practitioner or, if you choose to enroll your entire practice, you can enroll your entire practice on this enrollment screen.

I'm going to hand things back over to Nicole at this point to begin our question-and-answer time. Dr. Tynan, do you want to join me back over here so we can answer questions together?

Nicole Owings-Fonner: Thanks, Chris and Doug. At this time, the presenters will answer a few questions that were submitted prior to the webinar and then we'll go ahead and switch to some live questions. If you'd like to submit a question, please use the chat or question function on your dashboard. Next slide?

A lot of integrated models appear to lean towards social workers; how can psychologists emphasize their skills and value?

Doug Tynan: That's a great question and I think first we have to understand that, in the context of what is going on in all of health care, all of health care is moving toward masters' level providers, physician assistants, and advanced practice nurses, so the biggest, the fastest growing groups in health care in terms of providers are those two groups for primary care and specialty care. However, as... in mental health as in general health care, there is still a need to have a doctoral level provider on the team for diagnostic work, to help in managing cases – particularly cases that don't go by the book. So, you can ask a medical practice would they consider running the health side with only masters' level people and no physicians and most places would say no. There are a few that would say nurse-managed clinics are just fine, but most would say no, they'd like one position onboard. I think you can make the same logical argument for the mental health side of a practice. That we certainly welcome skilled and well-trained licensed social workers, licensed counselors, licensed marriage and family therapists, but I still feel that there is a need to have the doctoral level provider on the team for their expertise.

Chris Nettles: In fact, as we enroll practices in the Integrated Health Care Alliance, we are finding more and more that the practices that we see are blended; so, there's almost always a psychologist providing supervision to other providers and those providers seem to be a mix of doctoral and master's level providers.

Doug Tynan: Right, and one last point the research on integrated care -- the very well-done research by Peter Coventry and the research group in the United Kingdom -- shows that the key variable to successful integrated care is having a doctoral level supervisor overseeing programs.

Chris Nettles: Nicole, do you have another question?

Nicole Owings-Fonner: Yes, thank you for that. Can you suggest opportunities and steps to take, dependent on the point in one's career? So, an early career, a mid-career, or someone who's nearing the end of their practice?

Doug Tynan: Nearing the end of your practice... well... yeah, I think for senior providers at this time, fee-for-service is going to go on for a few years. However, fee-for-service fees are not going to go up. If you're okay with that, I wouldn't recommend changes. However, some people told me that late in their career, they'd like to retire, give up their practice, and work part-time and I would suggest for them we're seeing a growing movement of what are called managed service organizations where a practice might take over the quality reporting, electronic records, and the billing, and what they want is providers. And I think... and you might sign up with a provider and say I want to work these two afternoons for this timeslot and they can plug you into that and take care of all the other details that need to be cared for. So, for senior people, I think that's an option. If you're early in your career, this is where health care is going. You really need to stay on top of how health care is transforming and how we fit into the payment models. The same is true in mid-career – which is a tricky definition – but if you think you're going to be doing this for more than five or six years full-time, I really do think you need to sign up and participate and learn more about how the health system is changing and how you as a psychologist could be involved in this change system.

Chris Nettles: I just want to be clear, Dr. Tynan, when you say “sign up”, you're referring to the Integrated Health Care Alliance?

Doug Tynan: Yes, yes.

Chris Nettles: All right, great...

Doug Tynan: The best way to do it... the cheapest.

Chris Nettles: Nicole?

Nicole Owings-Fonner: Thanks again. How would I go about soliciting a role, a partnership, or collaboration to really get into this?

Doug Tynan: if you're going to participate and collaborate with a physician, whether it is primary care or specialty care, first you need to find out what the insurers, what the payers, what the state agencies are demanding of their health care providers, whether it's primary or specialty care. For example, there are a couple of states now that have a common scorecard that insist that all physicians screen for depression and substance abuse. if you know that's the case in your state, then you can approach a practice and say I can help you set up that screening and, more importantly, I can help you take care of those patients who do screen positive for those problems. Because one of the... right now where these physicians are in a position of being asked to screen for some of these difficulties, but then they don't know what to do with the patients one thing... once they do screen positive. Find out from the local commercial insurers or Medicaid what quality outcome vary... variables their primary care providers are rated on and approach those providers again, always with an attitude of how can I help you achieve your goals. I think that's your... your key in the door.

Chris Nettles: I just want to add that as part of the Integrated Health Care Alliance, we are developing a number of resources to assist behavioral health providers as they approach clinicians with... with this idea of doing more behavioral health integration. For example, we have a cost calculator coming on board here in just a few more weeks that's designed to help you model the financials of doing integrated care in a way that helps you present an actual business case to a physician. We're very excited about this new tool.

Nicole, I think we can take some live questions now.

Nicole Owings-Fonner: Okay, great. I'll go ahead -- I've got quite a few that have come in. First, is the IHCA training appropriate for psychologists still in training or in their internship?

Chris Nettles: That's a great question. The... the short answer is that there really are two components of this Integrated Health Care Alliance. There's a practice transformation network and that's where we're putting anybody that's currently seeing patients that has a license and a national provider number – an NPI – from Medicare. If you're still in training, if you're still in your doctoral program, or you're in your pre-doctoral internship, you can enroll and we will put you in what's called our support and alignment network where you can gain access to a subset of the resources that we have available. So, the short answer is that there's a place for everybody in the Integrated Health Care Alliance, but you may end up with a different set of resources and tools based on whether you are currently seeing patients or whether you are still a student and in training. Doug, you want to add anything to that?

Doug Tynan: No, other than to urge your internship or graduate student sites to have a course and additional training. I think all trainees, you know, all health professions including psychology should have some basic training in the American health care system and how it gets paid and also... and how your particular profession fits in.

Chris Nettles: Great, thank you. Do we have any other live questions?

Nicole Owings-Fonner: Sure, the next one is do you have to be using an EHR to do the PRAT?

Chris Nettles: It's a great question. No, the Practice Readiness Assessment is actually done live. We have... the Centers for Medicare and Medicaid Innovation require us to use a contractor that essentially, they have a subcontract with as well and you'll receive a call within five days or an email within five days of enrolling our program, asking for you to schedule one of these assessments. That quality improvement organization will call you and go through the practice assessment with you. The Practice Readiness Assessment takes anywhere from about thirty minutes to an hour to complete, depending upon how far along you are in this process of moving towards value-based care. So, with regard to EHRs, the... the real issue around EHRs is that it facilitates the collection of quality reporting metrics and we are well

aware that not all of our clinicians out in the world have good EHRs for doing this. That's why we think it's important to enroll in this program because you can begin to develop whatever clinical practices you need to, to collect the data even if you have an EHR that's not particularly well-suited for it. It also gives you plenty of time before these value-based contracts begin to emerge and there is an impact on your reimbursement rate for not collecting quality outcome metrics. So, we view this as sort of a grace period -- a time when you can get whatever you need to in place to help make sure you're successful as quality reporting becomes much more prominent. So, the EHR really serves a different function than participation in the Practice Readiness Assessment. Nicole, do you think that answers the question?

Nicole Owings-Fonner: Yes, thank you -- I think that covered it. I have another question for you: for those of us who are licensed, have practiced for many years in the past, but do not currently have a practice, is there a way that we too can participate?

Chris Nettles: Well, so the short answer to that is yes; as I mentioned earlier, we do have those two... essentially two programs within the Integrated Health Care Alliance: the practice transformation network and the support and alignment network. If you're not currently seeing patients, you will be in in the support and alignment network and that will give you access to some of the additional training as well as some listservs on which you can participate and begin to have the conversations around integrated care and value-based care.

Nicole Owings-Fonner: Thank you. We're gonna do two or three more and then switch back to some previously submitted questions. So, one that just came in says I don't work with Medicare or Medicaid -- can this program still work for me?

Chris Nettles: Absolutely -- that's a full-stop question. You don't need to be seeing Medicare or Medicaid patients to benefit from this program and you are eligible to participate. CMMI is very focused on helping all providers make this transition to value-based care, independent of whether you're seeing Medicare or Medicaid patients. Now, of course, we think that the value-based programs will probably come down the pike much more rapidly if you're seeing those types of patients, but you're not required to be seeing them to participate.

Doug Tynan: Right, and the private insurers -- a number of them are already doing value-based programs, so this... this isn't gonna change.

Nicole Owings-Fonner: Great -- one more question from the audience. What percentage of primary care practices do you see across the country that are already participating in this model?

Doug Tynan: I think in terms of... if we're talking about family practice right now, I've seen estimates as high as 15 or 20 percent of family practices who are closely engaged with some kind of behavioral health professional, whether it's a psychologist or a licensed social worker. Currently family practices... actually any primary care practice if they are registered and certified as a patient-centered medical home and there are three organizations that certify those; NCQA is the one that has probably 90% of them. Family practices that establish themselves as the patient center medical home get additional care management payment from Medicaid and from some of the commercial insurers. To be a patient-centered medical home under the current NCQA rules and to get recertified, the primary care practice has to demonstrate that they have a close working relationship with a behavioral health professional or group. So, right now all the... and last, there is a large CMS program -- CPC Plus -- that's providing cap... global payments, member-per-month payment along with fee-for-service to 2,900 primary care practices around the country in 18... there is specifically 18 regions. Those 2,900 practices, currently over a thousand of them are still looking for behavioral health providers to connect with... at least a thousand; it could be as many as 1,500. So, a fair number of primary care practices have providers; both the government agencies and the insurance companies are pushing them in that direction. So, a lot of them are seeking those. Just as an aside, I've attended in the last three years one AAFP Family Practice meeting and one AAP Pediatric meeting and we had a booth and we've literally had hundreds as in like four hundred at the pediatric meeting, more at the family practice meeting asking us how do I find a psychologist, so the demand is out there.

Chris Nettles: Yeah and we see the demand increasing. As Dr. Tynan mentioned, there's this the CPC Plus model if you want to do more research on it; it's the comprehensive primary care plus model. It does have a behavioral health

integration requirement associated with it and right now this is an innovation model as well. CMMI is trialing it in these regions; I expect that if it's successful, it will roll out nationwide which will increase the demand for primary care psychologists and other behavioral health providers to be able to do this work with primary care physicians.

Doug Tynan: My last comment on this is health care is statewide; it's states – it's not as much federal, so check to see if your state has an innovation board. Check to see if your state psychological association is working with them, but find out what's going on at the state level in your state.

Chris Nettles: Great advice, Doctor Tynan; thank you.

Nicole Owings-Fonner: Thank you. We're gonna go ahead and ask some of the questions that came in before the webinar and if we have time, we'll go back to a few more live questions. So, first what are some of the hurdles and advantages to implementing integrated healthcare systems in community settings?

Doug Tynan: Okay, the hurdles for the most part -- again this varies by state -- some... some states have some quirky regulations about how you can physically set up an integrated care clinic. Most of the states that had those have gotten rid of them, but you need to check in your state. For example, Massachusetts and New Jersey -- both said you have to have separate waiting rooms for your mental health patients and things like that that are really throwback requirements. In most states, those are gone, but check in your state. The biggest hurdle in a number of states is still the presence of a mental health carve-out, where, for example, Blue Cross might carve their mental health services after a separate company – which I always use the fake company of Mutant Behavioral Health, but here in the Mid-Atlantic, it's been Magellan and some others. Carve-out companies don't see an advantage, for example, if I see a patient with depression and diabetes and I treat them for depression and their diabetes gets better. Carve-out companies don't benefit from that. If the health insurance company manages both the health and mental health benefits, they can see the advantage of mental health improving the health status. So, that's probably one of the bigger carve-outs. I know in California they still have a lot of carve-outs which surprised me. Some of the more rural states actually are much more amenable to the integrated health systems. The advantages? Again, at the community and at the practice level is helping the health care team; if you're part of that team, meet their health goals as well as their behavioral health goals. We have tons of research going back to the 60s showing that if somebody's seeing a psychologist who has a lot of anxiety and some health problems, they go to the emergency department a lot less, they're admitted to the hospital a lot less frequently, so we have a lot of data showing that and... and it's highlighted in a number of our books that APA publishes on health psychology. Should I go to the next one – how do I bill for integrated care?

Chris Nettles: Always the biggest question, isn't it?

Doug Tynan: How do I bill and incorporate it into my practice? First off, if the patient meets diagnostic criteria for a DSM-5 disorder, you bill like you would anywhere. What you have to do is make sure, for example, if you're signed up with three insurance companies, that that primary care office where you're seeing the patient is listed as one of your offices. To go back to some of the quirky rules, some insurers got a little testy about using the same address for health and mental health, so you might be Suite A versus Suite B, but if it's the same office, make sure it's what the insurer. But you can bill for your typical diagnostic interviews, health and mental health. If you're seeing a patient strictly for something that's health-related such as medication adherence or smoking reduction, you can bill for the health and behavior codes if those are turned on by the commercial insurer and turned on by Medicaid. In most states, Medicaid's turned them on; you can certainly use those in Medicare. So, those are your two major ways of billing. In addition, as you know if you sign up for the Health Alliance, you'll get more information. If a primary care office has some goals – for example, depression screening or improving patients with hypertension which you can do by doing stress management for patients – and you help that practice meet those medical goals, we encourage psychologists to work that into their contracts so that they share... they can share savings or, if you want to be very adventuresome, also share some risk, but... but you can certainly bill your standard codes in practice and... and that's the advantage that you have over some other providers.

Nicole Owings-Fonner: Great - thank you for that. The final question from earlier is what should training programs do to prepare their students for integrated health care?

Doug Tynan: First, I'd like to mention... we don't have a slide for this, but Division 38 Society for Health Psychology has a superb graduate student course developed by Mark Vogel and a team of about nine people. I'll try to remember all the names, but Nancy Ruddy, Barbara Ward-Zimmerman, Bill Gunn, Lisa Kearney... I'm running out of names already, but Mark's developed this over years. You can download it from the Division 38 website; it is designed so any faculty member in counseling or clinical psychology should be able to present the course. It includes PowerPoints, lectures, videos, exams, references -- it's a complete plug-and-play program. I encourage all grad students out there or any faculty members are interested: if you're going to have to teach a course, there's like no prep, no prep work. You faculty members out there: here's a course you can tell your chairman, "I can offer a new course -- everybody wants it: no prep." That's probably the best training that's available. In addition, our Education Directorate maintains, in the internship directory, a subset of internships that have training and integrated health care as part of the internship and also our accredited postdocs, so there are a range of ways to do this. Last, some of the... there are some programs -- the one that I'm most familiar with is the Fall College of Osteopathic Medicine PsyD program. There are now a number of doctoral programs that offer an integrated healthcare essential major or specialty in their training at the graduate student level.

Chris Nettles: It seems to me that, Doctor Tynan, we could also use that Division 38 training for people that have an internship didactic component that they want to develop.

Doug Tynan: Yeah, the Division 38 training would be great if... I was out in Idaho over the weekend and they have a new collaborative internship that's going to be across several community health centers in a rural area and I strongly recommended that they use the Division 38 program as one of their didactic courses for the year.

Nicole Owings-Fonner: Great, thank you. I have three more quick questions that have just come in...

Chris Nettles: Okay...

Nicole Owings-Fonner: I want to go ahead and do and then we'll go ahead and switch to closing. So, first does the technical assistance component of the program include assistance finding or linking to a primary care setting in the providers area that seeking to collaborate?

Chris Nettles: Well, this is a very interesting question. Doug, do you want to maybe mention a little bit about what's happening, what's developing with Comprehensive Primary Care Plus?

Doug Tynan: Yes, because of our role with CMS, the compre... I already mentioned the Comprehensive Primary Care Plus program, we've been invited to go to their annual meeting. They invite 3,000 of their closest friends to an annual meeting in Baltimore on May 8th and we're going to talk about psychology's role in integrated care. So, we're going to be collecting the names the practices all over the country who will be... who are interested in finding a psychologist. Once we collect and we intend to work with the state associations to help connect psychologists with these practices that are looking for psychologists.

Chris Nettles: So, essentially, we are...

Doug Tynan: Matchmaking.

Chris Nettles: Matchmaking. It's a... it's a work in progress, so stay tuned for more information about that.

Nicole Owings-Fonner: Great -- thank you. Another attendee asks I work for a large geropsych group practice. If I convince my CEO to allow me to enroll, it's my understanding based on the webinar, it's ok if only one provider enrolls in the practice transformation program, correct?

Chris Nettles: That's absolutely true. We can support individual clinicians that want to enroll; the only tricky part of that is that there is an expectation that you will track and report clinical outcome data. We, you know, recognize that it

needs to be de-identified and properly reported; that might be the only issue that you need to check with your management about, but otherwise we think that once you enroll and start moving down this... this journey as we call it – the five phases of transformation -- you'll be in a good position to sell this to the rest of your practice and, in fact, may be able to bring the CEO along with you on this journey.

Doug Tynan: Right, and we understand... we... you know, I've been a clinician for a long time myself; most practices are multidisciplinary and we're encouraging these multidisciplinary practices to join us. What makes our program different – the American Psychiatric Association has a parallel program – is where our program is open to all licensed mental health professionals and theirs is open to psychiatrists only. So, for... the reality is if you're in a multidisciplinary practice including all the professions, you should sign up with us. It allows your business manager and your practice to learn about the... how things are changing, and we'd give all the members of the practice access to the education programs.

Chris Nettles: So, in short, yeah, we do have a place for individual practitioners that are part of a larger practice if they just want to enroll by themselves and we also have a place for the entire practice to come along on this journey. It's a great question -- thank you, Nicole.

Nicole Owings-Fonner: And thank you, guys. I think we're gonna go ahead and have to close now. I see that we only have two minutes left, so if you go ahead to the next slide...

You can find additional resources on integrated health care at the following link under APA Center for Psychology and Health and then for more information or to register for the Integrated Health Care Alliance; the link is right there. Next slide...

Also, please be sure to check out Progress Notes. If you enjoy the content of our monthly webinars, we also have a podcast that's produced by the APA Practice Organization for practicing psychologists and there's more information in the link. Next slide...

Thank you for attending today's webinar; a link to today's recorded webinar will be emailed to all registrants within 48 hours. In addition, the slides in the recording will be available on the APA Practice Organization website in a few weeks. We'd also like your feedback on this webinar; with each recording email, there's a link to a survey. We would appreciate it if you would take the time to fill it out. Have a great day and thank you, Dr. Tynan and Dr. Nettles.

Chris Nettles and Doug Tynan: Goodbye, everyone; thank you.