The Value of Integration

Practitioner Profile: Allen R. Miller, PhD, MBA

“T
his is no secret, but behavioral health does not drive the health system. We don’t make the big money,” says Allen R. Miller, PhD, MBA. “But in the new integrated environment, we demonstrate our value not by how much we bring in, but how much we save.”

Miller is the director of behavioral health at WellSpan Health, a large integrated health care system headquartered in York, Pennsylvania. In his 25 years there, Miller has had the opportunity to observe and influence the scope of behavioral health’s value in an integrated setting.

“In integrated care, health systems are incentivized by payers to provide good quality care, and earn better patient satisfaction,” he says. A greater emphasis on quality is not only cost-effective, but good for patients and providers, too.

Integrated care is not without its challenges, however. Training a new generation of psychologists to work in health care settings is one challenge. Designing a business model that works for everyone involved – patients, providers, health systems and payers – is another. Miller, who started his career as a private practitioner and forensic consultant, is helping to tackle both.

“I didn’t decide to go into integrated care. It found me!” Miller says.

Miller was the first psychologist hired by York Hospital, which later became the WellSpan system. He was assigned to work in the emergency department – something of an irony, given his childhood dread of hospitals. “I couldn’t go near them,” he jokes. “I honestly didn’t know how it was going to work out at first.”

It ended up working out very well. Miller quickly found that his training in cognitive behavioral therapy was useful in treating emergency patients, whether they were in temporary crisis or had longstanding medical problems. “In many cases, they had coexisting psychological issues — panic disorder, depression, anxiety,” he says. “At that point, my focus was helping to stabilize them and connect them with longer term care.”

This was in the early 1990s, when many hospitals were cutting behavioral health services, Miller says. York Hospital, however, recognized their value, and chose to invest in behavioral health rather than downsize. As York became WellSpan, and as the health system expanded, Miller moved from a strictly clinical position to one with administrative responsibilities.

“Over time, I frequently came into contact with different medical departments – geriatrics, pediatrics, OB/GYN, etc. – who were interested in psychological and behavioral services for their patients,” Miller says.

This led him to help establish the role of psychology in a program called Bridges to Health, an intense outpatient program for “super-utilizers” – patients, often with comorbid conditions, who rely heavily and frequently on hospital resources. Many of the participants in this program have mental health or substance abuse issues in addition to chronic medical problems, Miller says.

“What we learned in the early days of Bridges to Health is what we all now know: there is a strong interaction between people’s medical conditions and their psychological state,” he says. “As we started treating these patients more comprehensively, including psychological services, we had better outcomes.”

A “good outcome” is measured in different ways by different people, he says. “Patients want to feel better; we
want to help them reduce their overutilization of services; payers want to reduce their costs.” Bridges to Health continues to be a very successful program on all these fronts, he says.

Miller became the director of behavioral health 14 years ago. Since then, WellSpan has committed to developing and integrating behavioral health services with all its medical services. For example, the system is now affiliated with the comprehensive mental health clinic Philhaven in south-central Pennsylvania, and one of WellSpan’s goals is to establish on-site behavioral health services at all 49 of its primary care practices.

Miller notes that the WellSpan physicians in primary care practices where psychologists are already in place report higher job satisfaction, lower levels of stress, and a better-quality work environment than those without psychologists on-site. “In these practices, psychologists handle the problems primary care providers might not be equipped to deal with. It’s a win-win for everyone involved.”

In line with the system’s commitment to training future psychologists to work in health care settings, Miller is also the director of WellSpan’s flourishing doctoral internship program.

This year, there are 14 doctoral interns at WellSpan, and there are plans to bring in more next year. “We get very positive feedback from them – this seems to be a great training environment,” Miller says.

The interns (along with several post-docs) also help with WellSpan’s growing staffing needs. Still, Miller is careful to maintain the perspective that they are training students to become practicing psychologists, not to benefit the health system’s development plans. “Clearly, however, there is a mutual interest and need,” he says.

Similarly, WellSpan’s intense focus on growth and development benefits patients and the community first, but its expansion is also essential from a business standpoint, according to Miller.

“We need to be big in order to survive in the current health care climate,” he says.

Miller, who earned an MBA in Medical Services Management from Johns Hopkins University in 2002, still finds that the managerial and financial challenges of his job are far more difficult than the clinical challenges. “My orientation of using cognitive behavioral therapy to work with patients is a foregone conclusion,” he says. “It’s the business model that’s hard.”

Figuring out how to pay, and get paid, for integration is a large and dynamic problem that requires lots of negotiation with payers, creative contracting and a great deal of experimentation, he says. “That means we still have to do some fee-for-service, while continuing to develop and design different ways to get paid in the future.”

That future has been cast into some uncertainty following the recent presidential election, Miller acknowledges. But regardless of the outcome of the election, he believes that Americans still want the best possible care for the least amount of money – and his experience shows that psychologists can have a transformative role in shaping a new status quo.

Written by Hannah Calkins