CASE STUDY

Partnership Drives Integration of Behavioral Health into Pediatric Primary Care

Aloft Integrated Wellness and **Core Pediatrics, an Exeter Health Resource**

Stratham, New Hampshire

Background:

- In 2020, Aloft Integrated Wellness, a mental health group, approached Core Pediatrics, to integrate behavioral health services into their primary care practice.
- Exeter Hospital's Physician Group, Core Pediatrics, had previously co-located behavioral health services, but aimed to more meaningfully integrate behavioral health services into their practice.
- The group leveraged an emerging payment model - the Collaborative Care Model (CoCM) - to enable all providers be reimbursed for services rendered.
- Aloft and Core Pediatrics providers have served hundreds of patients through this model and have been successfully reimbursed.

Pilot Program:

- Model is implemented at 1 of 4 Core Pediatrics locations (Stratham, NH).
- Patients are typically referred into the program during a visit with the pediatrician. No outreach or marketing has been used to date.
- Treatment plan includes behavioral care for 3-6 months, at which point the patient rolls off or care is elevated.
- Care manager and consultative psychiatrist are part of Aloft. Care managers are social workers.
- Mental health screenings are conducted through *Mirah,* an online measurement-based care company that administers and tracks assessment tools. Assessments are monitored for outcomes.

Collaborative Care Model:

- CoCM leverages a triad care team: primary care provider, a behavioral care manager and consultative psychiatrist. The behavioral health manger is typically a social worker or a licensed therapist.
- This model has specific requirements, which include advanced informed consent from patient, a robust registry for patient tracking and provider time tracking and billing.
- The primary care provider bills and payment is distributed amongst the care team.
- Collaborative Care Codes: 99492, 99493, 99494, G2214

Impact:

- Served 15-25 new patients/month during the 24-month pilot
- CoCM codes have been reimbursed by both Medicaid and Commercial plans
- Received advocacy support from patients, providers, and state senator advocating for expansion of program
- Planned efforts to expand program to multiple sites

Lessons Learned:

- Registry tracking is a new competency that takes time to perfect.
- Social workers enable continuity outside of clinical care (eg, school).

Sources: https://www.aloftnh.com/wholechildvisits; CMS Behavioral Health Integration Services; Mirah; Sg2 Interview conducted March 2022; Sg2 Analysis 2022.

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Emerging Revenues Streams Support Behavioral Health Integration

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Stratham, New Hampshire

PROGRAM:

- Aloft Integrated Wellness approached Core Pediatrics to partner and pilot integrated behavioral health services in 1 of 4 primary practice locations
- On-demand behavioral health care team to support primary care pediatrician
- 15-25 new patients per month; phase off or move up after ~6 months

OUTCOMES:

- Track mental health screening scores through Mirah
- Overwhelmingly positive community response

Psychiatric Collaborative Care Model (CoCM)

- Triad care team
  - Primary care provider
  - Behavioral health care manager (typically a social worker or licensed therapist)
  - Psychiatric consultant
- Registry for tracking and billing
- Currently ~17 state Medicaid programs are reimbursing CoCM

Mirah is an online measurement-based care company that administers and tracks assessment tools. Sources: Whole Child Visits; CoCM; State Medicaid and CoCM; Mirah; Sg2 Analysis, 2022.

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