

INCREASING ACCESS TO INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

H.2220 **An Act relative to access to psychiatric collaborative care**
S.1390 **(Representative Kathleen LaNatra and Senator Julian Cyr)**

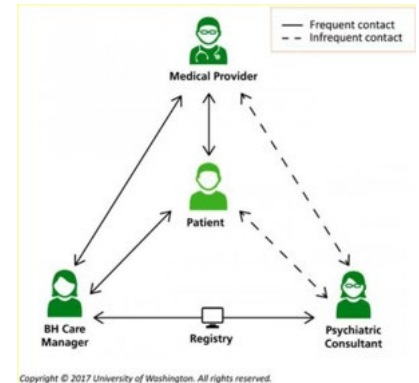
THE PROBLEM

- Nearly 50% of youth and 33% of adults in Massachusetts have high or very high psychological distressⁱ and 10% to 40% (depending on patient population served) of primary care patients have a diagnosable mental health condition.ⁱⁱ
- The average gap between first onset of a mental health condition and treatment is 11 years,ⁱⁱⁱ caused by access problems in behavioral health care, and solvable in large measure by screening in primary care settings.
- People with co-occurring behavioral health and medical conditions most often seek help in primary care and are the costliest patients to treat when primary care practices are not equipped to address behavioral health conditions^{iv}.

WHAT IS THE COLLABORATIVE CARE MODEL

The psychiatric Collaborative Care Model (CoCM) is an evidence-based approach to behavioral health and primary care integration. It has been demonstrated to improve quality of care and reduce health care spending.

A primary care provider (PCP) leads the CoCM team. Team members also include a behavioral health care manager, a consulting psychiatrist, and other mental health professionals. The team works together to provide care, monitor patients' progress, and use measurement-based treatment to advance patients' goals. Implementing CoCM in primary care is associated with reductions in total healthcare costs (THCs).



WHAT THIS BILL ACHIEVES

- This bill would increase payment for the collaborative care codes to at least Medicare levels for MassHealth, the Group Insurance Commission, and private carriers regulated by the MA Division of Insurance. Five other states have now worked to raise rates to the Medicare level, the standard for healthcare reimbursement rate setting;
- This bill would also allow for providers to bill for the collaborative care codes outside of the MassHealth primary care sub-cap. The primary care sub-cap was calculated using historical claims data. Since CoCM is not yet widespread in Massachusetts, there was not adequate data to properly account for CoCM costs in the sub-cap calculation. Likewise, there is precedent for allowance of other services to be billed outside the sub-cap.

What is the MassHealth primary care sub-cap?

MassHealth pays primary care practices through a fixed per-member, per-month payment to improve health outcomes, promote health equity, and manage healthcare costs.

WHY THIS MATTERS

Adequate payment for CoCM will encourage adoption of the model in primary care practices, which in turn will allow for earlier identification and treatment of mental health conditions to help prevent symptom escalation and health crises.

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ⁱ MA Department of Public Health. 2023 Community Health Equity Survey (CHES): Mental Health Report. August 2024.

ⁱⁱ Institute of Medicine (US) Committee on the Future of Primary Care; Donaldson MS, Yordy KD, Lohr KN, et al. Primary Care: America's Health in a New Era. Washington (DC): National Academies Press; 1996.

ⁱⁱⁱ Wang PS, Berglund PA, Olsson M, Kessler RC. Delays in initial treatment contact after first onset of a mental disorder. Health Services Research. 2004 Apr; 39(2): 393-415.

^{iv} Thorpe K, Jain S, Joski P. Prevalence and spending associated with patients who have a behavioral health disorder and other conditions. Health Affairs. 2017 Jan; 36(1): 124-132.