Integrated behavioral health

Intervention in brief

System wide:	**Integrated behavioral health** is a team-based model that incorporates behavioral health services into primary care. The goal is to address prevalent behavioral health needs through primary care and behavioral health provider collaboration. Collaborative care teams intervene for low-to-moderate acuity needs and coordinate intensive care for moderate-to-high acuity needs.
Strength of evidence	 High
Impact	• **Decreased cost:** $115 per member per year savings over four years; $3,363 savings per patient over four years; $6:1 ROI over four years; $677 decreased outpatient costs over four years; $2,686 decreased inpatient costs over four years • **Decreased utilization:** 23% decreased ED visits; 11% decreased hospitalizations; 7% decreased PCP visits • **Improved quality, clinical outcomes:** 5 percentage point increased diabetes care regimen adherence, 5.6x higher odds of having a care plan; -0.28 to -0.35 improved standard mean difference in depression outcomes; -0.2 to -0.33 improved standard mean difference in anxiety outcomes • **Increased access:** 22 percentage point increased rate of depression screening • **Improved stakeholder satisfaction:** Insignificant
How to succeed	To build an effective integrated behavioral health program: • Assess organizational need by quantifying the demand for behavioral health services and financial impacts of existing gaps in care (e.g., ED utilization for psychiatric needs) • Consider workforce availability in market (e.g., specialists, potential partners) when determining model deployment (e.g., teleconsulting, embedded staffing) • Formalize processes for screening and monitoring behavioral health needs over time • Emphasize patient-centered care in integrated services by translating screening results into actionable next steps for low, moderate, and high acuity needs To learn more about developing an evidence-based approach, check out our Integrated Behavioral Health Implementation Toolkit here.

Source: Population Health Advisor research and analysis.

Integrated behavioral health

Demonstrated impact

Literature review summary

Title: Association of Integrated Team-Based Care with Health Care Quality, Utilization, and Cost
Publication: JAMA
Date: 2016
Type: Cohort study
Study population: 113,452 adult patients who received care from 113 primary care practices at Intermountain, including 27 team-based medical practices and 75 traditional practices
Major findings: Compared to patients in traditional practices, integrated practices:

- Reduced costs ($115 per member per year savings)
- Decreased utilization
    - Fewer ED visits (23%)
    - Fewer hospital admissions (11%)
    - Fewer PCP visits (7%)
- Improved preventive care outcomes
    - Higher rate of active depression screening (22 percentage points)
    - Higher rate of diabetes care regimen adherence (5 percentage points)
    - Increased documentation of self-care plans (5.6x higher odds of having a care plan)

Source: Full article here.

Title: Long-Term Cost Effects of Collaborative Care for Late-Life Depression
Publication: American Journal of Managed Care
Date: 2008
Type: Randomized controlled trial
Study population: 551 patients randomly assigned to Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) program for late-life depression compared with usual care
Major findings: This study compared the long-term impacts of a one-year collaborative care model, called the IMPACT intervention, to usual care. While years one and two showed higher costs for intervention patients, results across the four-year period showed:

- Decreased overall costs ($3,363 per patient)
    - Decreased outpatient costs ($677), including IMPACT intervention, mental health, pharmacy, and other costs
    - Decreased inpatient costs ($2,686), including medical, mental health, and substance use disorder care costs
- Demonstrated ROI ($6:1, calculated by dividing total cost savings by IMPACT intervention costs of $522)

Source: Full article here.

Source: Population Health Advisor research and analysis.

Integrated behavioral health

Title: Collaborative Care for Depression and Anxiety Problems
Publication: The Cochrane Collaboration
Date: 2012
Type: Systematic review
Study population: 24,308 patients treated for depression and anxiety using the collaborative care behavioral health model across 79 randomized controlled trials
Major findings: Studies analyzed outcomes across the short (0 to 6 months), medium (7 to 12 months), and long term (13 to 24 months). Compared to control, collaborative care resulted in:

- Improved depression outcomes for patients with depression[1]
    - -0.34 short-term standard mean difference
    - -0.28 medium-term standard mean difference
    - -0.35 long-term standard mean difference
- Improved anxiety outcomes for patients with anxiety[2]
    - -0.30 short-term standard mean difference
    - -0.33 medium-term standard mean difference
    - -0.20 long-term standard mean difference
- Insignificant impact on patient satisfaction

Source: Full article here.

1) Studies evaluated a range of different depression outcomes, such as PHQ-9 scores, SPDS, mCESD, MDD, SF, MCS, and HSCL-20.
2) Studies evaluated a range of different anxiety outcomes, such as GAD-7, SIGH-A, PDSS, and high end state functioning composite measure, BSI-12.

Source: Population Health Advisor research and analysis.

Integrated behavioral health

Appendix

- Reiss-Brennan B, et al., "Association of Integrated Team-Based Care with Health Care Quality, Utilization, and Cost," 316, no. 8 *JAMA,* (2016), https://jamanetwork.com/journals/jama/fullarticle/2545685.
- Unutzer J, et al., "Long-Term Cost Effects of Collaborative Care for Late-Life Depression," *American Journal of Managed Care*, 15, 14, no. 2 (2008), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3810022/.
- Archer J, et al., "Collaborative Care for Depression and Anxiety Problems," *The Cochrane Collaboration,* 17, no. 10 (2012), https://www.ncbi.nlm.nih.gov/pubmed/23076925.

Source: Population Health Advisor research and analysis.