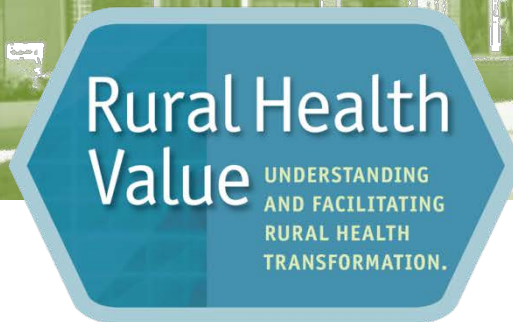




RURAL POLICY RESEARCH INSTITUTE
Center for Rural Health Policy Analysis



March 2018

Rural Innovation Profile

Behavioral Health Integration into Primary Care

What: A Wisconsin rural health system delivers behavioral health services as part of its comprehensive health and wellness approach in its Rural Health Clinic.

Why: Holistic health services address behavioral health, as well as medical needs.

Who: Western Wisconsin Health, Baldwin, Wisconsin

How: Identify options to allow provision of behavioral health services. Consider community need, financial reimbursement, and provider motivation.


Key Points

- When an opportunity presents to deliver better patient care, take advantage of it and adjust the strategic plan.
- Work with government payers to have a shared interpretation of rules, and stay in regular communication to help ensure that your interpretation is accepted during audits.
- Design physician contracts to optimize patient care.
- Use Medicare and Medicaid rules regarding reimbursable provider types and provision of telehealth to build a framework for delivering behavioral health services.

Cooperative Agreement funded by the
Federal Office of Rural Health Policy:
1 UB7 RH25011-01

On the go? Use the adjacent QR code
with your smart phone or tablet to view
the RuralHealthValue.org website.





“If you're a rural health clinic and not providing behavioral health services, it should move to the top of your list.”

Alison H. Page, CEO Western Wisconsin Health

OVERVIEW

Western Wisconsin Health (WWH) is a rural health system in Baldwin, Wisconsin, 45 miles from the Twin Cities metropolitan area of Minneapolis-St. Paul, Minnesota. The health system views itself as a health and wellness center and offers comprehensive health and wellness services, including preventive care, behavioral health, primary care, emergency care, advanced surgical procedures, integrative health, orthopedic services, rehabilitation services, and women’s health. It includes a federally designated Critical Access Hospital (CAH) and a Rural Health Clinic (RHC).

To carry out its vision to imagine a healthier tomorrow, WWH wants to provide holistic services that care for the whole person, not just medical needs.

OPPORTUNITY ARRIVES TO DELIVER BEHAVIORAL HEALTH SERVICES

A psychologist (PsyD) approached Alison Page, WWH CEO, in 2011 about employment possibilities, when his group practice in a nearby community was struggling to stay in business due to low reimbursement for behavioral health services. Knowing that behavioral health services are a key component of the holistic care WWH wanted to provide, Page suggested a merger with the entire group of practitioners. Adding behavioral health was part of WWH’s long range vision—this opportunity accelerated it into WWH’s short-term strategic plan.

Over six months, WWH conducted due diligence, including researching the financial implications of bringing the full behavioral health group practice into its clinic.

MEDICARE AND MEDICAID REIMBURSEMENT

The independent providers in the closing practice did not see Medicare or Medicaid patients because doing so wasn't financially viable. As an RHC with a cost-based reimbursement structure, WWH would be adequately reimbursed by state and federal programs for behavioral health services for underserved populations.

The closing practice had several types of behavioral health professionals. Under Medicare RHC regulations, PsyDs, licensed clinical social workers (LCSW), and psychiatrists are all eligible cost-reimbursement providers for Medicare patients. Licensed professional counselors (LPCs) are not eligible.

While Medicare rules are black-and-white about eligible cost-based providers, Wisconsin’s Medicaid program rules were unclear on whether LPCs are reimbursed at-cost in an RHC. To better understand how the States’ Medicaid regulations could allow LPCs to be eligible Medicaid providers, the WWH chief financial officer, Brian Lovdahl, worked with the State’s Medicaid auditing team to understand how the regulations could allow LPCs as eligible Medicaid providers. During the State’s annual Medicaid audits, Lovdahl reviewed rule interpretation, his communication with the state office, and how the services were



benefitting Medicaid patients. When the State's 2011 audit was performed in 2014, WWH received verification that LPCs were officially recognized as cost-based providers by the State. WWH became the first RHC in Wisconsin to offer behavioral health services to Medicaid patients. Reimbursement of its services set a precedent that made it easier for other clinics to follow suit. Patients meet with behavioral health professionals at the WWH clinic based on their service needs and which provider type is reimbursable by their insurance.

PHYSICIAN CONTRACTS TO OPTIMIZE PATIENT CARE

When the behavioral health staff first integrated into WWH, the family practice providers were paid based on production. The family practice providers expressed concerns that taking the time to address patients' behavioral health issues would reduce the number of patients they could see, and therefore, reduce their income. That concern was eliminated when WWH moved to an employment model in 2013, with provider salaries guaranteed.

Provider contracts require participation in WWH's quality-based incentive (QBI) program. Up to 10 percent of physician salaries are at-risk and paid based on meeting predetermined, attainable quality metrics. Annually, each department sets its QBI targets, which are approved by the administration. On occasion, when providers have not met the qualifications to receive the QBI payment, administration has worked with the providers to improve engagement and outcomes and the providers have still been paid their QBI.

Mental health was identified as the top community concern in WWH's 2015 community health needs assessment, ranking ahead of obesity and alcohol abuse. After discussion at its provider workgroup, WWH decided to focus on depression screening and tied that metric to its QBI program. Providers went from a baseline of 17 percent of patients screened using the PHQ-9 to more than 99 percent of patients screened.

CULTURE CHANGE

Integrating behavioral health services required ongoing attention to culture change for WWH clinical staff, incoming behavioral health providers, and behavioral health patients. Attitudes of some clinical staff were addressed, such as those of one physician who questioned the appropriateness of behavioral health patients sharing a waiting room with patients with physical health concerns. After adopting a vision for whole-person care, the medical team now sees behavioral health services as integral to the organization and its commitment to overall health and well-being. The one physician who did not embrace the new approach left the organization.

The incoming behavioral health staff had culture adjustments as well. Behavioral health staff were used to being independent, and came to WWH wanting their own department and a separate entrance and





waiting area for their patients. WWH administration wanted full integration. Although initially behavioral health patients had a separate waiting area within the clinic, behavioral health was part of the clinic and treated on par with all other services.

When WWH completed its replacement hospital, clinic, and fitness center in 2016, there was discussion about leaving behavioral health in the old building. But this separation did not fit with WWH's vision of providing holistic care. The new wellness center includes behavioral health services as part of the ambulatory clinic. All patients now use the same clinic entrance and check-in in one place, which allows for total anonymity. Page listened to concerns from the public that behavioral health patients might be dangerous to the general public. She shared her vision about behavioral health being viewed as just one part of someone's health, and not stigmatizing patients with behavioral health needs.

TELEHEALTH

Being located near a major metropolitan area makes it easier for WWH to recruit providers, including behavioral health providers like psychiatrists or LPCs. Since first bringing in the behavioral health group practice, WWH has recruited psychiatrists, psychiatric nurse practitioners, and other members to the team. With additional capacity, WWH behavioral health providers are able to offer telehealth services through other rural health care organizations in remote areas of Wisconsin.

Serving Medicare patients through other organizations is made possible as a member of the Rural Wisconsin Health Cooperative (RWHC). As an RHC, WWH is not permitted under Medicare rules to be reimbursed as a distant site for delivering telehealth services. RWHC operates as an intermediary for its members, coordinating the billing for telehealth services.

NEXT STEPS

Anecdotally, the medical center staff knows its patients are receiving whole-person care. WWH plans to start measuring patient referrals from its medical care visits to behavioral health services to quantify how well they are delivering holistic care. WWH also continues to seek opportunities to better serve behavioral health needs in their community. For example, WWH started offering behavioral health services in the Baldwin-Woodville schools in 2017. School counselors coordinate referrals for children. Therapists are able to see children in school during school hours, and parents do not have to miss work to take their child to an appointment.

(March 2018)

For more information about the Rural Health Value project, contact:
University of Iowa | College of Public Health | Department of Health Management and Policy
www.RuralHealthValue.org | cph-rupri-inquiries@uiowa.edu | (319) 384-3831