

Piloting Mental Health Integration in the Community Care of North Carolina Program

The Community Care of North Carolina (CCNC) Program is a statewide initiative comprised of 15 networks serving more than 660,000 Medicaid enrollees in approximately 1,000 participating practices. In these networks, providers are expected to take responsibility for managing the care of their enrolled Medicaid population. Each network designates clinical and administrative leadership to work in partnership with the state to design and develop clinical improvement and cost containment initiatives. In recent years, networks in the CCNC program began to see an increasing number of Medicaid enrollees at primary care provider practices with both behavioral and physical healthcare needs. As a result of efforts in mental health reform and changes in the local service delivery infrastructure, four CCNC networks working in concert with their local management entities (LMEs) began piloting (in July 2005) a collaborative approach to managing the Medicaid enrollees with both behavioral and physical health needs and to serve them in the most appropriate setting. This mental health integration pilot is a state-level collaboration between the Division of Mental Health; the Division of Medical Assistance; the Office of Research, Demonstrations, and Rural Health Development (CCNC Program Office); and the North Carolina Foundation for Advanced Health Programs, Inc.

In the mental health integration pilots, the networks aim to do the following: increase the comfort level of primary care providers (PCPs) in identifying and treating people with depression who present in their offices; improve communication between the PCP and behavioral healthcare providers; implement psychiatric telephonic consultations; ensure, through improved coordination, that patients are able to access care at a point in the system where their health and behavioral health needs can be optimally met; and, adopt uniform process and outcome measurements for program evaluation. These pilot projects are targeting both the adult and pediatric populations (cohorts broken out by age, birth to five years and five years and older) using the "Four Quadrant Clinical Integration Model"¹ as the foundation for communication, collaboration, assessment, referral, and clinical management of care. As described by Barbara Mauer, the four quadrant model serves as a conceptual framework for collaborative planning in local healthcare delivery systems—using the framework to decide which providers will do what and how coordination for each person served will be assured.¹ The four

quadrant model categorizes individuals based on the degree of clinical complexity, health risk, and functional status. For example, quadrant IV is indicative of those with both high behavioral health and physical health needs.

Data collection will be comparable across projects since common forms and tools have been developed and adopted, including a telephonic consultation form, behavioral health assessment form, case consultation request form, and provider surveys. In addition, based upon the patient's age, a common set of primary screening tools were chosen: the Ages and Stages Questionnaire (ASQ),² Parents' Evaluation of Developmental Status (PEDS),³ Pediatric Symptom Checklist (PSC),⁴ and Patient Health Questionnaire (PHQ-9).⁵ All four pilot networks are implementing a universal screening tool and a clinical pathway for depression. Evaluation efforts by individual pilots are examining the following: impact of incentives to PCPs for completion of behavioral risk screening; value of different population management strategies; identification of primary care provider screening tools that work best for anxiety, bipolar, and attention deficit disorder; value of co-location models with a behavioral specialist in the PCP practice; impact of integrating with the school system; impact of ongoing educational sessions and "collaborative rounds" to improve communication and collaboration between PCPs and mental health providers; and, use of dedicated case managers.

North Carolina has invested in the development and implementation of the CCNC network infrastructure, which provides an ideal testing ground for innovative models and strategies. The foresight to invest in the development of community-based networks able to partner with the state in managing our most vulnerable citizens is a result of dedicated and visionary leaders at both the community and state level. The lessons learned in the mental health integration pilots will be used to guide the formation of Medicaid mental health policy and assist in forming targeted statewide training and technical assistance. The strategies and plan design models developed and implemented in the pilots will support the replication and expansion efforts in other networks and communities. A model that is able to integrate behavioral and physical healthcare needs will demonstrate the value of a chronic care management model that is patient-centric and able to identify and meet all the needs of an individual.

NOTES

1 Mauer, BJ. Behavioral Health/Primary Care Integration—the Four Quadrant Model and Evidence-Based Practices, Winter 2004, National Council for Community Behavioral Health Care, 2002.

2 Ages and Stages Questionnaire (ASQ) is a parent completed questionnaire. The questionnaire is age specific for children from four to 60 months of age. Questions are in five areas: communication, gross motor, fine motor, problem solving, and personal/social. Sensitivity is 72%, and specificity is 86%.

3 Parents' Evaluation of Developmental Status (PEDS) is a parent-completed questionnaire. The same ten questions are used for all children from birth to eight years of age. Sensitivity is 74-80%, and specificity is 74-80%.

4 Pediatric Symptom Checklist (PSC) is a questionnaire with 35 short statements of problem behaviors to include both externalizing and internalizing. The questionnaire is used for children ages four to 18 years. Sensitivity is 80-95% (all studies except one showed this level of sensitivity), and specificity is 68-100% (scattered across studies).

5 Patient Health Questionnaire (PHQ-9) is a symptom checklist for depression screening. Responses range from "not at all" to "nearly every day." Based on the response, a score is assigned.

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