

Guide to Broadly Defining Value for Your Model of Integrated Care

It is important to think first about creating or improving a strong, high quality, measurement-based integrated health care delivery model and then determine how to sustain your effort. Long term, quality is the best assurance of sustainability.

A narrow view of sustainability might only consider finances, but there are other critical factors that play a role in helping practices develop, sustain, and continually refine their model of care. The AIMS Center strongly encourages practices to consider all the ways that practicing measurement-based care can contribute to the health of your patients and your practice.

As you plan for your model of care, it is important to consider all the ways in which delivering effective integrated treatment will add value to your organization. Common domains include:

- **Mental Health Care Access:** Improved access and access times, ability to leverage access to psychiatric provider time
- **Patient Experience:** Improved satisfaction, improved access, decreased stigma, improved communication between multiple providers
- **Provider Experience:** Reduced isolation, increased support/improved access to specialty consultation, improved satisfaction rate, case-based learning, opportunity to work on a team, reduced burnout and turnover of staff
- **Quality of Care:** Patients consistently receive appropriate effective treatment; both brief behavioral intervention and supported medication management are available, population-level impact
- **Care Coordination Capacity:** Critical to patient-centered care efforts; PCMH accreditation; relevance to chronic care and transitional care services, increasing skills for team-based care
- **Patient Outcomes:** Improved quality process measures, improved quality of life, improved return to work (absenteeism), decreased impact on productivity (presenteeism)
- **Billing Expertise:** Develop your billing skills for codes that cover integrated care; maximize staffing models and workflows to increase revenue from CPT billing
- **New Funding Opportunities:** Mental health as a target for accountable care organization (ACO) shared savings target, value-based payments, and new payment opportunity with [Medicare behavioral health integration/collaborative care codes](#)
- **Health Care Savings:** Treating depression shown to result in a \$6:1 return on investment; patients with comorbid mental and physical health conditions cost two to three times more than patients with physical health conditions alone

Cost of Behavioral Health Integration

There are two types of costs associated with implementing BH Integration. The Workbook focuses on the ongoing costs of care. Organizations typically have to invest in the practice change necessary to implement and optimize behavioral health integration workflows.

- **Initial Costs of Practice Change:** Provider and administrator time to plan for change, care team training costs and time, development of registry, workflow planning, billing optimization
- **Ongoing Care Delivery Costs:** Care manager time, psychiatric consultant time, administration time and overhead (including quality improvement efforts)

Collaborative Care Staffing

A full-time care manager (1.0FTE) can generally support an active caseload of 60-100 patients. Clinics serving patients with complex socio-economic needs typically work best with a smaller caseload, while those serving patients with less complexity and adequate income can work at the upper limit.

We recommend three (3) hours of psychiatric consulting time for each full-time or nearly full-time behavioral health care manager. These three hours represent: one hour for case consultation weekly, one hour for preparation and documentation and one hour to cover availability throughout the week for urgent consultation as needed. Any direct patient care time should be added onto the base three hours.

See [Caseload Guidelines for Behavioral Health Care Managers and Psychiatric Consultants](#) for more detailed information and real-world examples.

Resources for Sustainability Planning

In addition to the AIMS Center's Resource Library, the American Psychiatric Association has a suite of materials for integrated care and payment reform.

- Payment Reform: <https://www.psychiatry.org/psychiatrists/practice/practice-management/coding-reimbursement-medicare-and-medicaid/payment-reform>
- Integrated Care: <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care>

