

Evidence Roadmap: Integration of Physical and Behavioral Health Services for Medicaid Enrollees



AcademyHealth's Evidence Roadmaps present selected, key research studies, systematic reviews, and other rigorous evidence to help policy analysts and others explore the current state of knowledge about a topic relevant to health policy or the delivery of health services.

This Evidence Roadmap¹ explores how best to integrate physical and behavioral health² services for Medicaid enrollees, especially for those with serious mental illness. Medicaid enrollees with both types of needs are often among the program's most costly and medically complex. In AcademyHealth's 2015 Listening Project report,³ "**Improving the Evidence Base for Medicaid Policymaking**," policymakers and other experts identified this topic as needing additional attention from researchers. Not all studies listed are specific to Medicaid, but include models of integration that could be applied to care settings serving Medicaid enrollees.

Systematic Reviews

Integration of Primary Care into the Behavioral Health Setting:

Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness

Gerrity M. Millbank Memorial Fund. 2014.

This report synthesized evidence on the effectiveness of behavioral health integration models targeting individuals with serious mental illness. It also provided strategies for implementing those models and technical assistance resources for integration efforts.

Integration of Behavioral Health into the Primary Care Setting:

Collaborative Chronic Care Models for Mental Health Conditions: Cumulative Meta-analysis and Metaregression to Guide Future Research and Implementation.

Miller CJ, Grogan-Kaylor A, Perron BE, Kilbourne AM, Woltmann E, Bauer MS. *Med Care*. 2013; 51(10):922-30.

This review evaluated the existing body of evidence for implementing collaborative chronic care models in the primary care setting and the impact on physical and mental health outcomes.

Integration in Both Settings:

Comparative Effectiveness of Collaborative Chronic Care Models for Mental Health Conditions Across Primary, Specialty, and Behavioral Health Care Settings: Systematic Review and Meta-analysis.

Woltmann E, Grogan-Kaylor A, Perron B, Georges H, Kilbourne A, Bauer M. *Am J Psychiatry* 2012; 169(8):790–804.

This review assessed the comparative effectiveness of collaborative chronic care models for mental health conditions across disorders and treatment settings. Authors presented the impact on physical and mental health outcomes, quality of life measures, and costs.

Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into Clinical Practice Settings: A Brief Review

Suneel M, Agerwala BA, McCance-Katz EF. *J Psychoactive Drugs*. 2012; 44(4): 307–317.

This article reviewed the literature around implementation of screening, brief intervention, and referral to treatment (SBIRT), a public health approach to the delivery of early intervention and treatment services for individuals at risk of developing substance use disorders and those who have already developed these disorders.

Integration of Mental Health/substance Abuse and Primary Care: Evidence Report/Technology Assessment

Butler M, Kane RL, McAlpine D, et al. Agency for Healthcare Research and Quality. 2008;(173):1-362.

This report reviewed the literature to assess how integration of mental health services into primary care settings or primary health care into specialty outpatient settings impacts patient outcomes. It also described barriers to sustainable programs, use of health information technology, and reimbursement structures of integrated care programs.

Books

Chapter 11: Non-traditional Mental Health and Substance use Disorder Services as a Core Part of Health in Clinically Integrated Networks and Accountable Care Organizations.

Kathol RG, Sargent S, Melek S, Sacks L, Patel KK. In Yale K, Raskauskas T, Bohn JM, Korschak C. (Ed.) *Clinical Integration: Accountable Care and Population Health* (3rd ed.). Virginia Beach, VA: Convurgent.

This chapter described how behavioral health services are delivered in the health system today, the influence of current payment practices have on how and where services are delivered, and the opportunities associated with integrating behavioral health services within clinically integrated networks and accountable care organizations (ACOs).

Individual Studies

Due to the large volume of existing research on integration of physical and behavioral health services, individual studies cited below are limited to those published within the past five years that examine models of integration targeting individuals with serious mental illness, a population of high interest to interviewees in the Medicaid Listening Project Report.

Randomized Controlled Trial to Reduce Cardiovascular Disease Risk in Patients with Bipolar Disorder: The Self-Management Addressing Heart Risk Trial (SMAHRT).

Kilbourne AM, Goodrich DE, Lai Z, et al. *J Clin Psychiatry*. 2013; 74(7):e655– e662.

This study examined whether utilizing a collaborative care intervention model (Life Goals Collaborative Care) would reduce risk factors for cardiovascular disease (CVD) while also improving physical and mental health outcomes among US Department of Veterans Affairs patients with bipolar disorder. Authors found that the intervention may lead to reduced CVD risk factors through decreased blood pressure, as well as reduced manic symptoms.

A Randomized Trial of Medical Care Management for Community Mental Health Settings: The Primary Care Access, Referral, and Evaluation (PCARE) Study.

Druss BG, Silke A, Compton MT, Rask KJ, Zhao L, Parker RM. *Am J Psychiatry*. 2010; 167(2):151–159.

This study examined a population-based medical care management intervention designed to improve primary medical care in community mental health settings. Authors found that medical care management was associated with significant improvements in the quality and outcomes of primary care services.

Is the Collaborative Chronic Care Model Effective for Patients with Bipolar Disorder and Co-occurring Conditions?

Kilbourne AM, Biswas K, Pirraglia PA, Sajatovic M, Williford WO, Bauer MS. *J Affect Disord*. 2009; 112(1):256–261.

This study evaluated the effectiveness of using the bipolar collaborative chronic care model for individuals with substance use, psychiatric, or other medical conditions when compared with patients without co-occurring conditions. Authors found that the effects were comparable for those with and without co-occurring substance use and psychiatric conditions, although less effective in improving physical quality of life in those with cardiovascular disease-related conditions.

Grey Literature

Promoting Physical and Behavioral Health Integration: Considerations for Aligning Federal and State Policy.

Stanek M. National Academy for State Health Policy. November 2014.

This brief summarized key lessons and opportunities for federal and state alignment of physical and behavioral health integration efforts that surfaced during a meeting of high-level federal and state leaders supported by The Commonwealth Fund.

State Strategies for Integrating Physical and Behavioral Health Services in a Changing Medicaid Environment.

Bachrach D, Anthony S, Detty A. The Commonwealth Fund. August 2014.

This report utilized a literature review and interviews with consumers, providers, and payers to explore strategies states are using to address or eliminate system-level barriers to integrated care for Medicaid enrollees with physical and behavioral health needs.

Evaluation of the Medicaid Health Home Option for Beneficiaries with Chronic Conditions: Final Annual Report - Year Two.

Spillman C, Richardson E, Spencer A, Allen E. The Urban Institute for the Office of the Assistant Secretary for Planning and Evaluation (ASPE). June 2014.

This report presented findings from the first two years of the five-year evaluation of Medicaid health homes, a new integrated care model authorized in Social Security Act Section 1945 and created by Section 2703 of the Affordable Care Act. The model was designed to target high-need, high-cost beneficiaries with chronic conditions or serious mental illness.

Integrating Physical and Behavioral Health Care: Promising Medicaid Models

Nardone M, Snyder S, Paradise J. The Kaiser Family Foundation. February 2014.

This brief examined five promising approaches currently underway within state Medicaid agencies to better integrate physical and behavioral health care.

State Approaches to Integrating Physical and Behavioral Health Services for Medicare-Medicaid Beneficiaries: Early Insights

Herman Soper M, Ensslin B. Center for Health Care Strategies, Inc. February 2014.

This brief described efforts in four states, Arizona, California, Massachusetts, and Washington, to improve integration of behavioral health services for Medicare-Medicaid beneficiaries.

The Evaluation of the SAMHSA Primary and Behavioral Health Care Integration (PBHCI) Grant Program: Final Report

Scharf D, Eberhart N, Hackbarth N, Horvitz-Lennon M, Beckman R, Han B, et al. RAND Corporation. December 2013.

This report described the RAND Corporation's evaluation of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Primary and Behavioral Health Care Integration (PBHCI) grants program. Grants provided through this program were designed to improve the overall wellness and physical health status of people with serious mental illness and/or co-occurring substance use disorders by supporting the integration of primary care and preventive physical health services into community behavioral health centers.

The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes

Unützer J, Harbin H, Schoenbaum M, Druss B. Center for Health Care Strategies, Inc. and Mathematica Policy Research. May 2013.

This brief highlighted the collaborative care model as one approach to implementing integrated care under Section 2703 of the Affordable Care Act, the Medicaid Health Home State Plan Option.

Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment. Technical Assistance Publication (TAP) Series 33.

HHS Publication No.13-4741. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

This report described the core elements of screening, brief intervention, and referral to treatment (SBIRT) programs and provides information relevant to implementing SBIRT services in multiple settings including SBIRT effectiveness, implementation models, cost and sustainability considerations, challenges to implementation, and case studies.

Behavioral Health Homes for People with Mental Health & Substance Abuse Conditions: The Core Clinical Features.

Alexander L, Druss BG. SAMHSA-HRSA. Center for Integrated Health Solutions with funds under grant number 1UR1S-MO60319-01. U.S. Department of Health and Human Services. Washington, DC. May 2012.

This report proposed a set of core clinical features of a behavioral health home and provided context to the development of the health home option and its relationship to the person-centered medical home.

State Options for Integrating Physical and Behavioral Health Care

Hamblin A¹, Verdier J², Au M². Centers for Medicare & Medicaid Services. October 2011.

¹ Health Care Strategies ² Mathematica Policy Research

This brief explored state options for integrating physical and behavioral health services within managed care delivery systems, including current examples of state programs and considerations for implementation.

National Association of Community Health Centers (NACHC) 2010 Assessment of Behavioral Health Services Provided in Federally Qualified Health Centers.

Lardiere M, Jones E, Perez M. National Association of Community Health Centers. January 2011.

This report outlined to what degree Federally Qualified Health Centers have attained integration of physical and behavioral health services and made recommendations for ways to increase the capacity of health centers to integrate services.

Bending the Health Care Cost Curve by Expanding Alcohol/Drug Treatment

Mancuso D, Felver B. In collaboration with the Washington State Department of Social and Health Services, Aging and Disability Services Administration, Division of Behavioral Health and Recovery. September 2010.

This report outlined the impact of the Washington state Senate Bill 5763, The Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005, which provided expanded funding for alcohol or other drug (AOD) treatment for adults enrolled in Medicaid or disability coverage in Washington state from 2005-2009. This report described the resulting changes in utilization and slowed rates of spending growth for both medical and nursing facility costs through 2009.

Evolving Models of Behavioral Health Integration in Primary Care.

Collins C, Levis Hewson D, Munger R, Wade T. Millbank Memorial Fund. 2010.

This report assessed eight models of integrating behavioral health services into primary care settings and their applicability to the medical home model. Descriptions of each model include examples, successes, evidence-based research, and potential financial and implementation considerations.

Search Strategy

Using the National Library of Medicine MeSH browser, AcademyHealth staff first identified key words and associated MeSH (medical subject headings) terms. Staff used the key words to search various databases and journals for relevant articles and then examined the bibliographies of these articles to identify additional studies. Staff searched health care, health policy, trade group, government, and academic websites for grey literature and chose resources most relevant to integration of physical and behavioral health services in the context of the Listening Project Report. Because the purpose of these roadmaps was to inform current policy, searches focused on the period 2010 through 2015, with older resources included when appropriate. Three AcademyHealth members, chosen for their relevant expertise, reviewed the draft Roadmaps, and AcademyHealth staff then updated the document to incorporate the reviewers' comments and suggestions.

Databases: EBSCO Host—Academic Search Elite, Business Source Elite; PubMed/MEDLINE; HSRProj; McMaster Health Forum-Health Systems Evidence; Medical Care Research and Review; SAGE Publications; Google Scholar.

Websites: Robert Wood Johnson Foundation; Changes in Health Care Financing & Organization; Kaiser Family Foundation; The Commonwealth Foundation; Alliance for Health Reform; National Alliance on Mental Illness; National Institute of Mental Health; Substance Abuse and Mental Health Services Administration (SAMSHA); SAMSHA and Health Resources and Services Administration Center for Integrated Health Solutions; National Council on Behavioral Health.



Key words: The tree diagram above presents all of the key word combinations included within the search strategy.

Inclusion criteria: Studies/resources related to the integration of physical and behavioral health services for Medicaid enrollees or conducted in settings serving Medicaid enrollees.

Key to Cited Resources

- **Systematic reviews** provide insights from a body of research literature.
- **Books** often provide a useful overview of key issues and relevant research.
- **Individual studies** provide findings from key pieces of research.
- **Grey literature** provides relevant evidence published by organizations whose primary activity is not publishing.

Endnotes

1. AcademyHealth produced this Roadmap with support from the Robert Wood Johnson Foundation.
2. AcademyHealth uses the term behavioral health services to encompass care for both mental health and substance use disorders, though the specific resources listed in this Roadmap may use different definitions.
3. [The Listening Project](#) interviews policymakers, delivery system leaders, and other users of health services and policy research to identify the most pressing health services research needs looking three to five years into the future.