Primary Care Payment Strategies for Integrated Behavioral Health in Hospital-affiliated and Other Practices

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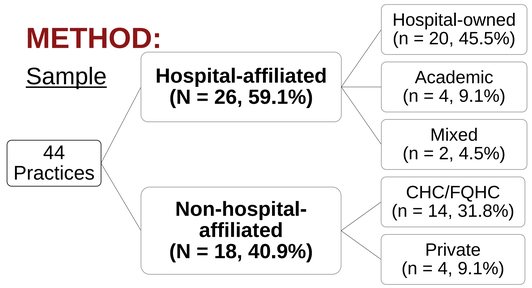
INTRO: Fee-for-service reimbursement model is a barrier to behavioral health (BH) integration in primary care. Primary care practices have been seeking alternative funding streams to support integrated BH services. Value-based payment show promise to incentivize BH integration, but limited data on their adoption in primary care practices for BH services or how adoption varies across different organizational structures.

AIM: To describe the patterns of payment models and funding streams used by primary care practices to fund BH integration, and to compare the patterns between practices with and without hospital affiliations.

METHOD:

Sample



- This study is part of a pragmatic clustered randomized trial evaluating two models of BH integration funded by PCORI.
- Prior to COVID-19, staff/providers from each practice completed baseline surveys on organization characteristics, payment models and funding streams.

Hospital-affiliated practices tended to fund their behavioral health integration through fee-for-service (FFS) and pay-for-performance incentives alone.

Practices not affiliated with hospitals (mostly CHC/FQHC) relied on multiple funding streams – grants and/or graduate medical education funds, in addition to FFS and other payments.

PRACTICE CHARACTERISTICS

Hospital-affiliated practices were more likely to be nonprofit, include internal medicine providers, and have residency programs, compared to non-hospital-affiliated practices. The practices located in six regions across the U.S.; 18% rural.

RESULTS

- Over half (53.8%) of the hospital-affiliated practices funded their BH integration through fee-for-service (FFS) and performance incentives alone, while none of the non-hospital-affiliated practices had this arrangement.
- About two-thirds (66.7%) of non-hospital-affiliated practices used grants and/or graduate medical education funds, in addition to other payments. Ten CHCs or FQHCs used grants, 6 also received payments via enhanced FFS, capitation, inclusion in preferred health plan network, and/or collaborative care CPT codes.
- Due to a small sample size, comparisons were not adjusted for covariates.

DISCUSSION

- Primary care practices support BH integration through different funding streams and their approaches varied based on whether they are affiliated with a hospital or not.
- It is important to create stable funding arrangements for BH in primary care, particularly among practices without hospital resources to pursue value-based payment arrangements.