

Primary Care Payment Reform and Behavioral Health Integration: New Approaches in Population Health Management

When Massachusetts' Primary Care Payment Reform (PCPR) program went into effect on March 1, it marked an important advance in population health management for MassHealth (Medicaid) patients.

"Through this three-year, state-funded program, reimbursement moves from traditional fee-for-service to a capitated per-member, per-month arrangement," explained Barbara Weinstein, MBA, senior director of the Center for the Advancement of Primary Care. "Plus, through a shared savings/risk arrangement with quality incentives, provider organizations can share in any savings they achieve by managing costs effectively and meeting quality metrics."

Equally important, the program helps to integrate behavioral health care with primary care. This is no small consideration given that an estimated 70 percent of primary care visits are related to psychosocial issues, including anxiety and depression. Yet while evidence-based research suggests that behavioral health integration improves health care outcomes and reduces costs, such integration has been hindered by fee-for-service payment structures that impede reimbursement for behavioral health services in the primary care setting.

The new PCPR program helps to change that by providing financial incentives for practices to have resources in place to identify and treat patients with medical and behavioral issues in a more integrated fashion.

"The MassHealth program recognizes that its members have a number of behavioral health needs that are not being met in the most integrated manner. They are looking to organizations such as ours to help them develop innovative and cost-effective solutions for these complex patients," said Jeanne Shirshac, vice president of Health Policy and Public Programs at UMass Memorial Health Care.

UMass Memorial Participation in the PCPR Program

UMass Memorial Medical Group practices, entities and residency sites:

- Nashaway Pediatrics
- Benedict Pediatrics
- Benedict Family Medicine
- Community Healthlink
- Family Health Center of Worcester
- Hahnemann Family Health Center
- Plumley Village Health Services
- Barre Family Health Center
- Tri-River Family Health Center

More practices may be added in the program's second year; the state's legislatively mandated goal is to have 80 percent of its MassHealth beneficiaries under programs using alternative (to fee-for-service) payment methodologies by 2015.

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For the seven UMass Memorial Medical Group and affiliated entities currently participating in the PCPR program (see complete list), this alignment of financial incentives with the principles of the patient-centered medical home means that primary care providers have greater flexibility and resources to deliver care in the best way for their patients.

“Our system has already been moving in this direction, and we believe that risk-sharing and quality-based agreements will continue to make up more and more of our volume in the future,” said David Fairchild, MD, MPH, senior vice president of Clinical Integration at UMass Memorial and professor of medicine, UMass Medical School. “All of our primary care practices are fully engaged in the Blue Cross Blue Shield Alternative Quality contract (AQC), several practices are participating in our partnership with Fallon Community Health Plan to manage dual eligible patients, and we are preparing to become a Medicare accountable care organization (ACO) in 2015. Our work in the PCPR program will contribute to our ability to develop the expertise necessary to be successful in an ACO environment.”

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One of the first initiatives that participating practices will undertake as part of the new PCPR program is to develop integrated care plans for the approximately 10 percent of MassHealth enrollees identified as high-risk, high-utilizing patients. Practices also are being asked to develop interventions for high ED utilizers and those with frequent hospitalizations.

“Our adult clients, who are beset by the effects of mental illness, substance abuse and homelessness, face particular challenges in receiving primary care in traditional settings. We believe that better integration of their primary and behavioral health care will lead to better outcomes for them,” said Deborah Ekstrom, president and CEO of Community Healthlink, a member of UMass Memorial Health Care.

UMass Memorial is one of the largest participants in the PCPR program, with 5,000 MassHealth Primary Care Clinician (PCC) members served by the system’s participating primary care practices. This represents a tremendous opportunity to improve access to care, enhance the patient experience, and boost quality and efficiency through care management and coordination – with financial incentives for providers who do so.

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