

In Support Of
**HealthCare Practice
Transformation**
HB 22-1302

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For Colorado Health Extension System

March 29, 2022

Main Points In Support of HB 22-1302

BH Integration is right thing to do

- Improves health, improves the experience of care for patients, and healthcare team, and reduces costs

The bill addresses two key elements needed achieve Behavioral Health Integration

- Financial resources and technical assistance (TA)

Colorado is “shovel ready” to provide the TA support

- Colorado Health Extension System
 - Practice Transformation Organizations
 - Regional Health Connectors

Payment Reform is also needed to provide sustainability. HB22-1325

Behavioral Health Integration is the right thing to do

Improves health

Improves experience of care for patient and healthcare team

Reduces costs

1. Balasubramanian BA, Cohen DJ, Jetelina KK, Dickinson LM, Davis M, Gunn R, Gowen K, Miller BF, Green LA. Outcomes of Integrated Behavioral Health with Primary Care. *The Journal of the American Board of Family Medicine*. 2017 Mar 1;30(2):130-9.
2. Melek SP, Norris DT, Paulus J. Economic impact of integrated medical-behavioral healthcare: Implications for psychiatry. *Milliman American Psychiatric Association Report*, April 2014.
3. Ross KM, Klein B, Ferro K, McQueeney DA, Gernon R, Miller BF. The cost effectiveness of embedding a behavioral health clinician into an existing primary care practice to facilitate the integration of care: a prospective, case-control program evaluation. *Journal of Clinical Psychology in Medical Settings*.2018.

RTI Report: SIM National Evaluation Report

Exhibit 3-5. Behavioral health integration model in Colorado, Tennessee, and Washington had mixed impacts on key outcomes

Outcome	CO Medicaid, participating PCPs versus other practices	TN Medicaid, Category 1: SMI diagnosis participating in Health Link versus not participating in Health Link	WA Medicaid, BH patients in participating regions versus other regions	WA Medicaid, adults who have SMI and are in participating regions versus other regions
Access to care				
BH-related visits, per beneficiary	Not applicable	7.19 [†] (6.22, 8.15)	Not applicable	Not applicable
Any BH visits (%)	-4.63 [‡] (-5.42, -3.84)	Not applicable	10.16 [†] (6.52, 13.81)	Not applicable
Utilization				
BH-related ED visits per 1,000 beneficiaries	-3.72 [†] (-6.99, -0.45)	30.47 [‡] (27.64, 36.30)	-92.78 [†] (-151.16, -34.39)	-107.87 [†] (-184.72, -31.03)
BH-related inpatient admissions per 1,000 beneficiaries	1.57 [‡] (1.16, 1.98)	27.12 [‡] (19.75, 34.48)	-4.03 (-10.63, 2.58)	6.43 [‡] (2.09, 10.77)
Spending				
Total spending PBPM (\$)	-26.43 [†] (-32.78, -20.08)	213.87 [‡] (198.52, 229.23)	22.37 (-22.40, 67.13)	86.33 [‡] (40.86, 131.81)

[†] Significant change in expected direction

[‡] Significant change in unexpected direction

Colorado Health Extension System

CHES

Community Care Alliance

Colorado Access

Colorado Children's Health Access Program (CCHAP)

Colorado Community Health Network (CCHN)

Colorado Community Managed Care Network (CCMCN)

Centura/Colorado Health Neighborhood

Colorado Rural Health Center

Colorado Regional Health Information Organization (CORHIO)

Denver Health

HealthTeamWorks

High Plains Research Network

John Snow, Inc (JSI)

Medical Advantage

Pediatric Care Network

Physician Health Partners / Colorado Community Health Alliance

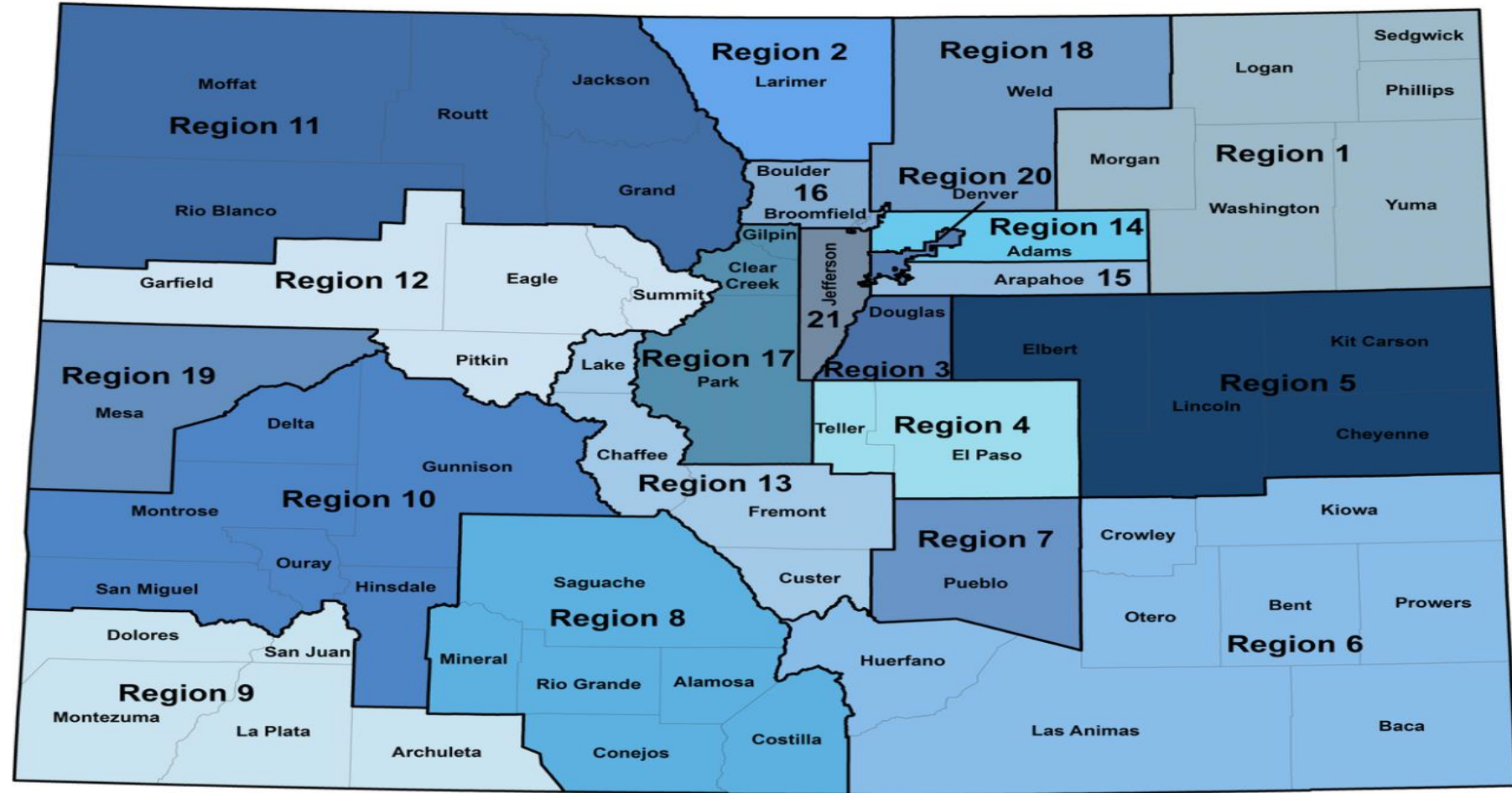
Quality Health Network (QHN)

Rocky Mtn Health Plan

Telligen

Texas Medical Foundation
UC Health

Regional Health Connectors



**Practice Transformation
to achieve Behavioral
Health integration takes
resources**

- **Financial Resources needed**
 - Invest time to reorganize care delivery model
 - Invest in staff training
 - Invest in Electronic Health Record modifications
 - Invest in physical space reconfiguring
- Financial support is provided in HB22-1302

**Practice Transformation
to achieve Behavioral
Health integration takes
resources**

- **Technical Assistance Needed**
 - Revise roles and responsibilities
 - Develop efficient and effective new workflows
 - Use data to inform care
 - Learn to code and bill to sustain BH Integration
 - Understand complexities of sharing data among physical, behavioral health and substance use providers
- Technical Assistance is provided by HB 22-1302

Colorado
Health
Extension
System
is Prepared to
Support
Integration

Practice Transformation
Organizations are trained and ready

Regional Health Connectors are in
place to support community
collaboration to address social needs

Payment
Reform is
needed for
sustainability

HB-22-1325

- **HB22-1302 Healthcare Practice Transformation**

IS excellent use of ARPA one time funding

- to train healthcare teams
- To build infrastructure,
- To adopt and enhance new models of integrated care

- **AND....**

HB -22-1325 Primary Care Alternative Payment Model

Necessary to sustain behavioral health integration

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Questions ??

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House Public & Behavioral Health & Human Services

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HB22-1302 Health-care Practice Transformation

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Virginia Gebhart For Colorado Foundation for Universal Health Care	<p>The Colorado Foundation for Universal Health Care supports this bill because it will promote normalizing the provision of behavioral health services right along with the provision of other medical health services.</p> <p>Unfortunately, many of us have been socialized to believe that seeking behavioral health services is a sign of weakness. If these services were offered on a regular basis in the same setting as medical services, we might begin to understand that seeking behavioral health services is a sign of strength and wisdom. We might be able to prevent the heartbreaking behavioral health issues we are experiencing in our families now.</p> <p>As you know, health insurance corporations have never paid for behavioral health services on par with medical health services, and they never will, even though it's required by law. Only when we have a single payer universal health care system, will behavioral health services be available on par with medical health services. A SPUHC finance system would have righteous incentives to normalize provision of behavioral health services as is envisioned by this bill. Good mental health enhances good physical health, saving lives and saving money.</p> <p>Please vote yes to pass this bill as it will be a small step in the right direction toward normalizing the provision of behavioral health services as a part of comprehensive health care.</p>