

Primary Care: A Gateway to Mental Health Care

Primary care is the most common contact point for people with a health system. Over half of all people see their primary care provider in any given year.¹ For many health conditions, primary care is where a need is first identified — either through screening or when someone comes seeking care for a problem. Many needs can even be resolved directly by the primary care provider, or else the individual can be connected with a specialist for additional diagnosis and treatment.

The same should be true for mental health. Primary care providers should be able to screen and identify common mental health concerns, resolve mild-to-moderate needs with evidence-based interventions, when necessary, and refer and coordinate with specialty care for those with more complex needs. Today, primary care providers do end up providing the majority of mental health care — more patients seek mental health care in primary care than in any other health system setting, and primary care providers prescribe more mental health medications than any other provider type. Unfortunately, primary care providers receive very little training in mental health and may not be able to offer the most effective care.

FINANCING

Integrated delivery requires innovative financing as well as a recognition that many policies and financial models artificially separate out mental health and substance misuse and addiction services.² The way that mental health, addiction services, and primary care are financed often reinforce their siloed nature. Financial models that better support the provision of onsite mental health and addiction treatment in primary care require a move away from volume-based payment methods to value-based payment, to provide more flexible and outcomes-based financial support for integrated teams.

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1 "Ambulatory Care Use and Physician office visits," CDC <https://www.cdc.gov/nchs/fastats/physician-visits.htm>

2 Ross KM, et. al. "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." Accessed September 11, 2019, <https://www.ncbi.nlm.nih.gov/pubmed/29713935>.

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📌 ACTION ITEMS

- The federal government should require that all primary care payment models initiated by CMS or by the States through waivers include consideration of whether the model would **equip the affected practices with the resources needed for integrated mental health care.** This should include auditing and revising existing models, as well as initiating new ones as appropriate, and may include carving certain mental health services out of the cost benchmark to ensure there are adequate incentives for building out integrated care.
- The federal government should **mandate prioritization of mental health screening and outcome measures** in federal value-based payment models — including ensuring that the measures are weighted to reflect their importance for population health. Congress should also create a fund that can help low-performing systems improve by implementing evidence-based integration approaches.
- The federal government should create a seed fund that supports primary care providers, especially Federally Qualified Health Centers and Rural Health Centers, in developing the necessary capacity to begin **seeking sustainable reimbursement for integrated mental health care services** (which could be effectively paired with parity initiatives).
- The federal government should **make available planning grants and state learning collaboratives** to design and implement effective Medicaid waivers and state plan amendments that meaningfully expand access to high-quality mental health care.

TRAINING

Every year, thousands of new primary care providers enter the field — the vast majority of whom receive little to no training on integrated care. For those already in practice, few receive any support in learning new skills and practice models for integrated care. Mental health care is not so different from the countless other health conditions that primary care providers deal with, but without training, effectively addressing it becomes an unreasonable expectation. Structured training opportunities for those both pre-service and in-service is critical for making mental health a standard part of primary care.

📌 ACTION ITEMS

- The federal government should provide incentives, through Graduate Medical Education (GME), Graduate Nursing Education (GNE), and other programs, for health care practitioner education institutions to **offer training in integrated mental health care.**
- Providers should be **incentivized to take additional Continuing Medical Education (CME) classes** on current best practices.³
- The federal government should **focus existing federally funded quality improvement organizations on mental health integration** across diverse primary care practices and for serving diverse populations, and finance additional learning collaboratives as necessary.

³ Navigating the New Frontier of Mental Health and Addiction: A Guide for the 115th Congress.*