



# Behavioral Health Care Delivery: Problems and Suggestions for Change



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# Rationale for Change

- Behavioral health problems are a serious public health concern
- Effective treatments exist
- Most people with behavioral health disorders get no care

# Rationale for Change

- Significant consequences of lack of treatment - for individuals and society
- Social consequences - lower educational attainment, unemployment, crime
- Increase in disability
- Health care costs increased
- Many of the primary health conditions driving overall health costs – are behavioral

# Rationale for Change

PCPs are the de-facto behavioral health providers

Yet, not adequately trained, not enough time, no incentives to provide this care

# Integration of Behavioral Health & Primary Care

- \* It's about **access to quality/evidence based care** for those who get no or inadequate behavioral health services.

# Key Features of the Integrated Care Model

- Problem focused assessment and treatment
- Same-day evaluations
- Consultation & warm hand-offs
- Bi-directional collaboration
- Joint appointments
- Documented encounters, but some of the valuable services cannot be billed under current reimbursement models

# Program Evaluation & Outcomes



# Barriers: Need for DHS to Change Mental Health Regulations

1. Eliminate the requirement that a psychiatrist must sign each treatment plan
2. Lengthen the treatment plan requirement from 15 to 30 days
3. Eliminate the 120 day review requirement
4. Eliminate the requirement for discharge summaries

# Barriers: Public/Private Partnerships

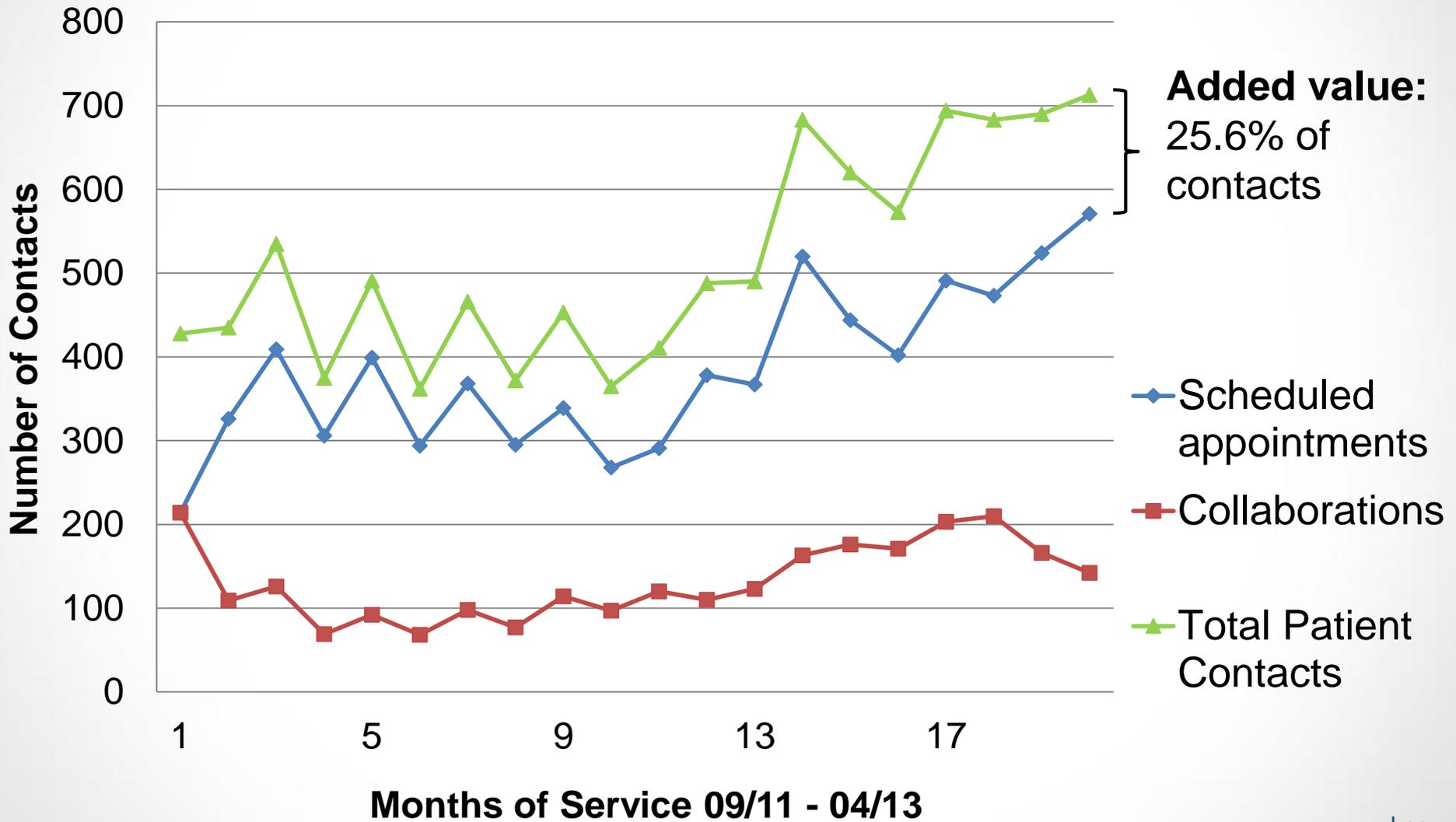
Share Medicaid claims data with private healthcare systems

# Barriers: Unable to Bill for Brief Consultations

Federally Qualified Health Centers (FQHCs) are able to use “t codes” for brief consultations (warm handoffs) but others are not

Help establish that behavioral health providers working in primary care settings can use “t codes” for this valuable work.

# Collaboration: Consults & Handoffs Add Value



# Barriers: Eliminate Behavioral Health “Carve-Outs”

- Conceptually defective
- Many disorders fit both categories and then who should pay?
- Contribute to de facto discrimination against citizens with behavioral health problems
- Difficult to evaluate and control costs



Thanks

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