

A model for behavioral–physical health integration

March 22 2023



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Experts from UPMC Health Plan and Community Care Behavioral Health Organization recently published a state mental health policy description that shows how Pennsylvania's county-based model of Medicaid behavioral health managed care exemplifies the integration of

services to support "whole-person" care. The piece appears in the journal *Psychiatric Services*.

In Pennsylvania, Medicaid [behavioral health](#) is funded through and managed by counties that contract with behavioral health managed care organizations. The counties also manage human services, such as those related to aging, children and youth, and housing. Having all these services coordinated under one umbrella allows for the use of a "human services integration" model for delivering Medicaid-funded behavioral health and other supportive services. This model supports engagement with physical health managed care organizations and multidisciplinary care teams for individuals with co-occurring medical health conditions.

"The strategies, lessons learned, and metrics we have outlined demonstrate that a whole-person approach to behavioral health care facilitates [positive outcomes](#), coordinates community and [physical health](#) supports and resources, and aligns providers to focus on the best interest of the individuals we serve," said Matthew Hurford, MD, President of Community Care Behavioral Health Organization and Vice President of Behavioral Health for UPMC Insurance Services. "Coordinating and managing care with county partners ensures a personalized approach to care that more smoothly and comprehensively integrates behavioral, physical and other needs."

This whole-person care model has resulted in the following noteworthy outcomes:

- The number of Community Care members receiving medication-assisted treatment—a highly effective form of substance use treatment that involves [prescription medication](#) and therapeutic support—increased 43% from January 2018 to June 2022.
- Primary and specialty care use in a widespread health integration model increased over a two-year period by more than 30%, while

overall [medical costs](#) decreased by 15% due to a reduction in hospital-based services.

- Increased routine screening of social needs built into several managed care and provider-based care strategies resulted in connecting individuals with resources to address health disparity-related needs, including housing, [food security](#), employment, and job training to better support long-term recovery.

"We believe this integrated approach leaves no stone unturned in addressing the clinical and other needs of individuals seeking behavioral health services," said James Schuster, MD, Chief Medical Officer for the UPMC Insurance Services Division. "This kind of coordination and cooperation may, in part, be why Mental Health America once again rated Pennsylvania among the top three states in the country for addressing mental health challenges."

More information: Amy D. Herschell et al, Human Services and Behavioral Health Integration: A Model for Whole-Person Medicaid Managed Care, *Psychiatric Services* (2023). DOI: [10.1176/appi.ps.20220478](https://doi.org/10.1176/appi.ps.20220478)

Provided by UPMC Health Plan

Citation: A model for behavioral–physical health integration (2023, March 22) retrieved 5 May 2024 from <https://medicalxpress.com/news/2023-03-behavioralphysical-health.html>

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