Behavioral Health Integration Meeting

APRIL 24TH, 2025 | 2:00 – 4:00 PM ET

PARTICIPATING ORGANIZATIONS

American Academy of Child and Adolescent Physiatry, American Academy of family Physicians, American Academy of Pediatrics, American College of Physicians, American Psychiatric Association. American Psychological Association, Centivo, EvolvedMD, Mathematica, Mental Health America, National Alliance of Healthcare Purchaser Coalitions, National Committee for Quality Assurance, Society of General Internal Medicine, UPMC Health Plan

- Co-Chairs: Mary Giliberti, Mental Health America & Alin Severance, MD, UPMC Health Plan
- Rhett Styles, Office of Rep. Nicole Malliotakis (R-NY 11)
- Sarah Cusworth Walker, PhD, Co-Lab for Community & Behavioral Health Policy, University of Washington

MEETING SUMMARY

Welcome

Larry McNeely, Policy Director for the PCC, began the meeting by introducing the co-chairs and reviewing the agenda. He reminded attendees about PCC's June Conference. For more information and to register, click here.

Co-Chair Remarks

Mary Giliberti of Mental Health America shared a little bit about the importance of including behavioral health in conversations about improving health outcomes. PCC's conference will be a great opportunity to further these conversations. Mary recommended Emily Feinberg from Team Up for Children to speak at the conference. Team Up is an integrated care model operating in Massachusetts, integrating BH and community health workers, and has had very successful outcomes. Mary strongly encouraged participants to come to the conference and see Emily's presentation. Mary also shared an article she recently coauthored about challenges delivering integrated care. Read it here.

Alin Severance of UPMC Health Plan offered perspectives from a payer. He acknowledged concerns about not wanting to speak out in these times but praised PCC's Medicaid Sign-on Letter as a key mechanism to spread an effective message about Medicaid to various stakeholders. He also highlighted the importance of naming behavioral health as a key comportment of primary care in messaging.

Larry invited participants to share their names and organizations.

Announcements

Larry shared recent PCC news and advocacy activity.

- In February, PCC released a chronic care issue brief, highlighting how primary care is vital to addressing chronic disease. Read here
- PCC and its Better Health- NOW partners have publicly supported the COMPLETE Care Act as it has been reintroduced in the House. Read here.
- PCC sent a letter to HHS Secretary Kennedy, offering primary care and better payment models as the key to addressing chronic disease. Read here
- The House passed H.R. 919- The Chronic Disease Flexible Coverage Act. PCC signed onto a letter supporting this bill last year.
- PCC will be sending a sign on letter to Congress, urging them to protect primary care and funding to Medicaid. The letter is now available here.

Ann Greiner, PCC President and CEO, shared updates from a few meetings with the Administration. Following PCC's December Member Meeting, and advice from our members, PCC has pursued important meetings with key administration figures. Ann met with John Brooks, Deputy Administrator at CMS. John was very receptive to the presentation. He is aware of hybrid payment and understands CMS' role in putting policies into place through their regulatory apparatus and encouraging Congress to improve the nation's health. Ann highlighted primary care led ACOs in delivering savings and high-quality care.

Ann reminded participants about the upcoming Medicare Physician Fee Schedule and encouraged participants to provide CMS with additional ideas to incorporate into the draft. PCC and members can be a valuable resource to help move CMS forward.

Ann also met with Dr. Heidi Overton, staff lead on the MAHA Commission and member of the Domestic Policy Council. She was trained in surgery but made a pivot to preventive care during COVID. She also has experience working in direct primary care. Ann shared that Dr. Overton mentioned incentives, and the need to align incentives to produce health. She also acknowledged the importance of delivery systems in improving health.

Ann also added to Mary's comments, explaining that the Massachusetts model is so successful because of their financial model which includes 11 15 waivers. This allows for support of behavioral health integration and TAs. These waivers allow for a team-based approach for pediatricians.

Update from the Hill

Larry introduced Rhett Styles, Legislative Assistant to Rep. Nicole Malliotakis (R- NY). Larry thanked Rep. Malliotakis for her leadership on the COMPLETE Care Act and behavioral health integration more broadly. PCC and its Better Health – NOW partners have supported this legislation for a few years and are excited about its progress.

Rhett thanked Larry for having him and gave a broad overview of the bill. H.R. 2509 incentives primary care to integrate behavioral health in practices by increasing reimbursement for specific codes and providing technical assistance to do so. It also incentives the adoption of the collaborative care model which can help in the mental health and substance use disorder service space. He shared that mental and behavioral health are a priority for his boss because her district suffers from high rates of substance abuse and mental health disorders.

This bill was introduced in the House last month, with strong bipartisan support and sponsors. It also has bipartisan support in the Senate. He mentioned that the bill was included in the bipartisan Senate Finance package, reported out in late 2023. He also shared that there was lots of progress made last Congress in passing this bill, so his boss is excited to continue this momentum. He did note that the bill has been changed slightly from the last Congress regarding quality measures.

He thanked the group for their support and encouraged participants to meet with staffers about this bill following reconciliation. He is hopeful that this bill can get passed in a larger healthcare spending package as it is a strong bipartisan bill.

Larry asked about the broader Medicaid conversation and how Rep. Malliotakis is thinking about possible cuts considering primary care and other access issues in her district.

Rhett answered that about 1/3 of his boss's constituents are Medicaid beneficiaries and it is very important to her. He noted that with any big government spending program, there is room to improve it. However, his boss doesn't want to see any changes to the traditional population in the Medicaid program. She does not want a package that lowers the FMAP floor below 50%. As for the expansion population, there is still a lot of uncertainty about policy approaches. He reiterated that his boss does not want any downstream effects to traditional beneficiaries.

Larry followed up by asking about the broader Republican conference and if the concerns Rhett articulated are widespread.

Rhett acknowledged his boss's concern as well as other Republicans, especially those in tougher districts. Many are trying to ensure their constituents aren't negatively impacted by

major changes to Medicaid. He did acknowledge that this is a very different Congress than during the repeal and replace time. There is a need to come to the middle and form an agreement between the more conversative wing of the party and the less conservative. He also acknowledged that the Senate does not have the same appetite for fiscally conversative policy as the House does.

Larry mentioned PCC's upcoming Medicaid sign-on letter to Rhett that will be sent out in the coming days. He opened the floor up for questions.

Mary Giliberti shared that Mental Health America is a strong supporter of the COMPLETE Care Act and looks forward to continuing work to get the bill passed. She asked how Rep. Malliotakis is thinking about the expansion population in New York and their mental health needs.

Rhett thanked Mary for the support and agreed that the expansion population is important, but his boss wants the main focus of the Medicaid program to be the traditional population. Following the ACA and incentives for states to expand, his boss wants to ensure that there are no downstream effects for people who need this care, even those in the expanded population. He shared that in conversations with E&C, there have been assurances for disabled folks in that expanded population.

Trip Stanford with the American Psychiatric Association asked about the possibility of a "Dear Colleague" being circulated.

Rhett shared that he has put together a list of organizations in support of this bill that he can share and encouraged interests' orgs to reach out (Rhett.Styles@mail.house.gov). The "Dear Colleague" should be circulated in the coming weeks.

Larry shared that the PCC and many of its members endorsed this bill last Congress and encouraged members to send letters of support if they haven't already.

Alin Severance noted that while the traditional Medicaid population generally has the highest needs, it is also intertwined with the expansion population. He recognized the PCC Medicaid Sign-on Letter as doing a good job of explaining the ways that funding supports both populations. He also added that any reduction in capitation revenue is going to negatively affect the traditional population because it is difficult to separate these downstream effects.

Rhett agreed and shared that that is a concern for many of the Republican members who signed on the letter against Medicaid cuts. There are conversations being had about the possibility of reinvesting savings in the traditional population and what these investments

could look like. He encouraged participants to share ideas regarding reinvestment in the traditional population with him and his boss.

Larry noted that the PCC Medicaid Sign-On Letter argues that if Congress shifts resources out of Medicaid, which is the lowest cost-per-beneficiary payer, then we are putting states in a situation where states are fighting for resources.

Julio Abreu with the American Psychological Assocation applauded the Representative for introducing an identical companion to the Senate legislation - which will hopefully help the passage of this bill. He asked for advice on how to advance this bill and get broader support.

Rhett shared that there isn't very much opposition about the specific bill. However, Republicans continue to be concerned about increases in overall cost. Rhett suggested using a "most bang for your buck" argument with Republicans. He also suggested explaining how this bill and the collaborative care model can help to decrease ER visits and hospitalization, which reduces overall cost.

Ann Greiner emphasized the connection between physical and mental health, and how this bill helps patients manage chronic conditions. She asked if this is an effective argument with Republicans. She also encouraged participants to share evidence on this point.

Rhett answered that this is an effective talking point and that the holistic view of healthcare is becoming more popular.

Larry added that primary care advocates argue for treating the whole person, and the PCC has established a whole-person health workgroup to continue these conversations.

Larry asked Rhett about other priorities or issues he would like to share with the group.

Rhett shared that his boss shares many priorities of the Doctor Caucus. They are hopeful to get a Physican fee fix included in the reconciliation package. His boss has also been outspoken on the PBM reform conversation, and this is a bipartisan point that could be attached to the COMPLETE Care Act later on. His boss also introduced the Mental Health Options Act and is hoping to reintroduce that this session.

Larry thanked Rhett for his time and looks forward to engaging on the COMPLETE Care Act in the coming months.

Rhett encouraged participants to reach out with any questions on the bill.

Larry opened it up to the audience for brief reflections.

Tim Clement from Mental Health America discussed thoughts on potential cuts to Medicaid and messaging that many Republican leaders have shared about not supporting cuts. He believes that messaging should reflect that they are willing to cut Medicaid expansion and that includes many individuals in Medicaid.

Primary Care - Behavioral Health Integration in Pediatrics: Toolkits and Payment

Larry introduced Dr. Sarah Cusworth Walker, Director of the Co-Lab for Community & Behavioral Health Policy at the University of Washington. The Co-Lab is a think tank focused on finding creative and sustainable change in behavioral health policy and systems, particularly those involving youth and families.

She defined the three components that the lab strives for when describing quality care – culturally responsive, client-centered and informed by evidence when possible. Additionally, the Co-Lab houses the Evidence Based Practice Institute (EBPI). They partner with Washington State Medicaid Authority to provide resources and promote high quality mental health services for children, youth and families.

Sarah shared the Co-Lab has created value-based care resources and she briefly discussed the guidelines used to develop each resource.

The Co-Lab developed a set of guiding recommendations for Washington state when considering contracts with managed care organizations. These recommendations include:

- Two different APMs tailored to primary care and specialty care sites of practice.
- Alternative payment models for VBC should specify the expected course of quality care in capitated or bundled contracts while developing shared savings approaches and additional incentives for a small number of quality indicators.
- Start-up investments to support providers to adopt electronic health records
- Upfront funds to build providers' capacity to collect and use client symptom and satisfaction measures
- Continued engagement with clinical training organizations to support the workforce development needed to provide high quality pediatric mental health services.

In closing, Sarah highlighted that a few key takeaways from the Co-Lab's recommendations:

- Different (primary care vs specialty) sites need different recommendations and payment models. For specialty sites – bundled payments model are better and for primary care – per member per month payment models are ideal.

- Sites need to be clear about what kind of care they are delivering and for what purpose.
- The Co-Lab intentionally excluded pay for symptom reduction outcome from their recommendations. They are wary of including this in a payment recommendation as it may disincentive agencies from bringing on complex cases.

You can view Sarah's full slides here.

Sarah opened the conversation up to questions.

Susan McDaniel of the American Psychological Association commented that moving the needle forward on workforce development is critical to supporting the initiatives and recommendations discussed today.

Mark Borer of AACAP shared that it is critical for clinicians and payers to be in communication and negotiation. Payers are now adopting different payment models, and negotiating/communicating with clinicians helps to understand which payment models work best.

Additionally, Mark stated the importance of listing other perimeters – such as attendance to school and therapy alongside symptom outcomes – in assessing and rating a patient's improvement

Sarah thanked Mark for his comments and posed a question to the group on what other metrics are important outside of the HEDIS measures.

Alin shared that he agrees that the existing behavioral HEDIS measures drive incentives and appreciates the idea of not tying payments to symptom reduction. He asked Sarah which outcomes have the most opportunity.

Sarah responded that symptom measures are an important clinical tool when paired with clinician discretion. She stated that these symptoms can prompt conversations with patients about how treatment is going and where they would like it to go moving forward. These conversations are critical because it helps to understand where patients are at. She shared that the Co-Lab recommends a measure focused on how many patients are prevented from moving to a higher level of acuity.

Alin followed up by asking a question about the Co-Lab's partnership with payers in Washington.

Sarah shared that the Co-Lab is not currently working with any payers in Washington, as many organizations are weary of sharing their contracts with external entities.

Assessing Changes at HHS: Whither PC/BH Integration

Larry thanked Sarah for her presentation and shifted the conversation to discussing recent changes at HHS. He briefly level set the conversation by highlighting three components of interest to the PCC:

- Reductions in force at major agencies
- Reorganization of HRSA, SAMHSA,
- Reporting of proposed changes and budget cancellation of programs and models

Larry opened it to the group for comments on what they are hearing.

Tim shared that it is hard to understand the changes that are occurring – the changes are chaotic and there is limited information online about what has been shut down or downsized.

For Mental Health America, one of the biggest concerns is the reduction in force at SAMHSA. Tim mentioned the National Survey on Drug Use and Health which is a statutorily required report. The majority of the team responsible for this report have been laid off.

Kate Gilliard of AAFP shared that AAFP is concerned about the leaked budget and changes occurring at HHS. AAFP has spent time analyzing these leaked documents and may take their concerns to Congress.

Scott Barstow of the American Psychological Association highlighted the President's proposed budget and how it zeroed out the only workforce training support program for psychologists. APA is very concerned about Congress passing the President's proposals and the associated cuts.

Larry mentioned the upcoming Congressional hearings – including with the Senate HELP committee and on the President's proposed budget. He shared that these hearings may be an opportunity for advocates to do oversight and hear what proposals are coming out.

Larry then posed a question about federal grants and any disruptions to major research institutions.

Alin shared that AHRQ's Healthcare Extension Grant has been cancelled. Here is the link to AHRQ's webpage on this grant. This grant would have provided $25 million in grants for states to improve healthcare delivery – Pennsylvania had applied to use the funding to support the implantation of the Collaborative Care Model.

Sarah commented that she has participated in the grant process in Washington state and is disappointed that sites no longer have access to this funding.

Ann asked the group if anyone has had a direct conversation with the administration about these changes.

Alin shared that Matt Press at UPenn has reached out to his contacts in the administration.

Steve Bilijan of evolvedMD shared that they plan to publish research soon focused on behavioral health, spending and chronic conditions. Their initial research is promising, and they are hopeful to use this information to support the COMPLETE Care Act.

Ann thanked those who were able to sign onto the Medicaid primary care letter.

Larry thanked attendees for joining and closed the meeting out.