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Delmont Medical Care
1624 Central Avenue,
Far Rockaway, NY



Practice Baseline

Practice Description	Physician Group
Number of Annual Patients	3,500
Number of PCP and BH Providers	1.5 FTE, Internal Medicine PCP 1.0 FTE, Physician Assistant 1.0 FTE, Social Worker 1.0 FTE, Care Manager
Payer Mix	60% Medicaid Managed Care 25% Commercial health insurance 10% Medicare FFS 5% each: Medicare Advantage, Medicaid FFS, Self-Pay/Uninsured
Ethnicity	68% Hispanic/Latino 20% Black or African American 10% White 1% Native American and Asian <1% Other



Behavioral Health Integration Timeline

2014

- PHQ-9 screening during Annual Wellness Visit

2016

- Co-location of Primary Care at Behavioral Health Clinic
- Grant Catholic Charities of Brooklyn and Queens

2016

- Co-location of Behavioral Health at Primary Care
- MHSC NYC Thrive
- Far Rockaway Practice

Project Motivations

1. Training clinicians and staff to improve identification and management of patients with BH conditions.
2. Increasing access to primary care for patients with stable BH conditions, containing overutilization of ED and hospital admissions.
3. Improving outcomes in patients with co-existing PC and BH conditions, allowing for a sustainable model with improved quality and achieving performance incentives.

Target Domains Progress Update

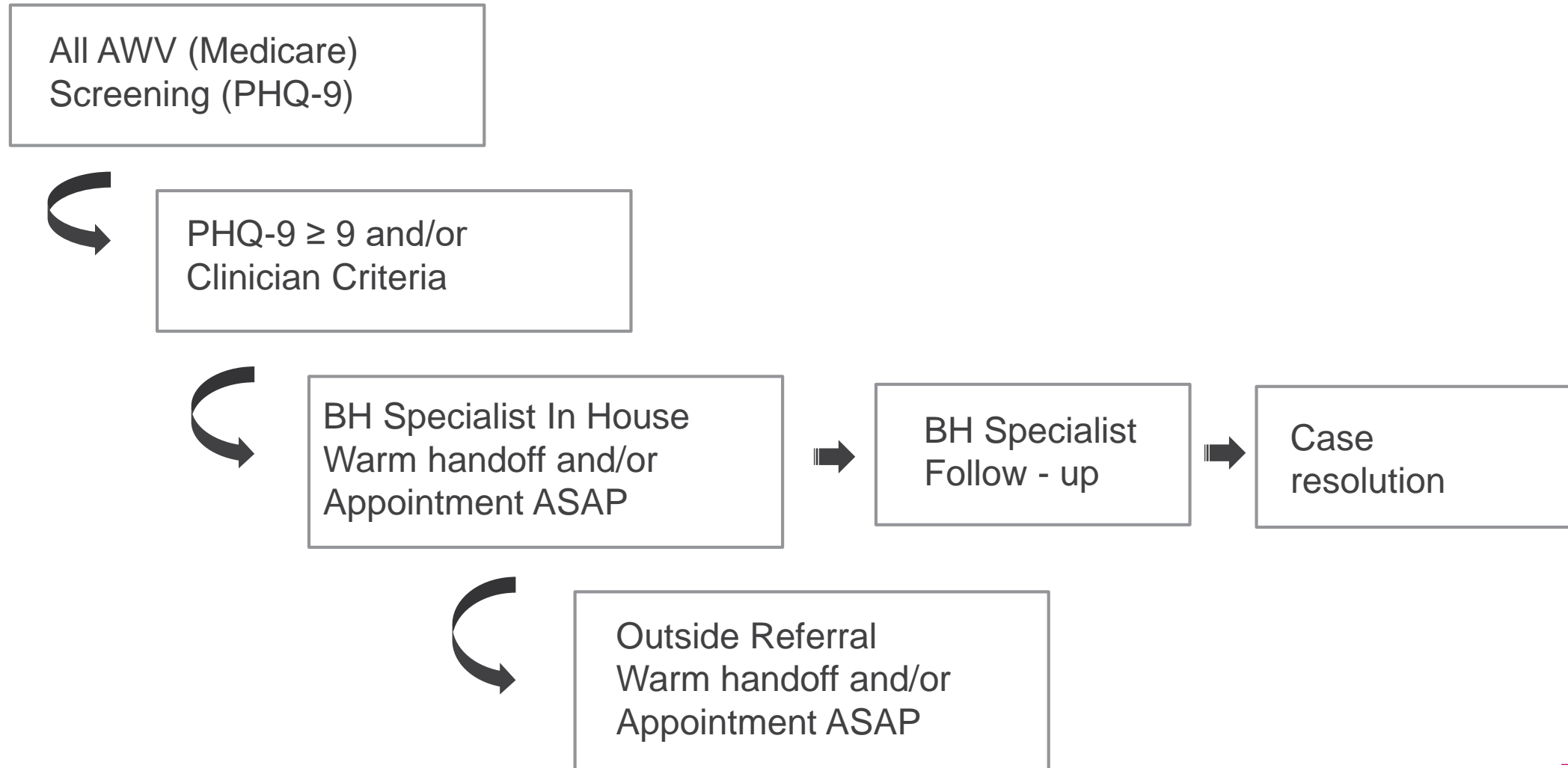
Domains Targeted in Continuum Framework

#	Domain	Six-Month Goal State: April - September 2017	Six-Month Assessment*
1	Case Finding, Screening and Referral to Care	Advanced	Achieved
3	Ongoing Care Management	Intermediate	Achieved
4	Systematic Quality Improvement	Intermediate	Achieved
7	Information Tracking and Exchange among Providers	Advanced	In progress

**Note that achieved status doesn't mean the domain is closed. The achieved state must be continuously monitored and sustained throughout the life cycle of the practice.*



Sustainability: Workflow Overview



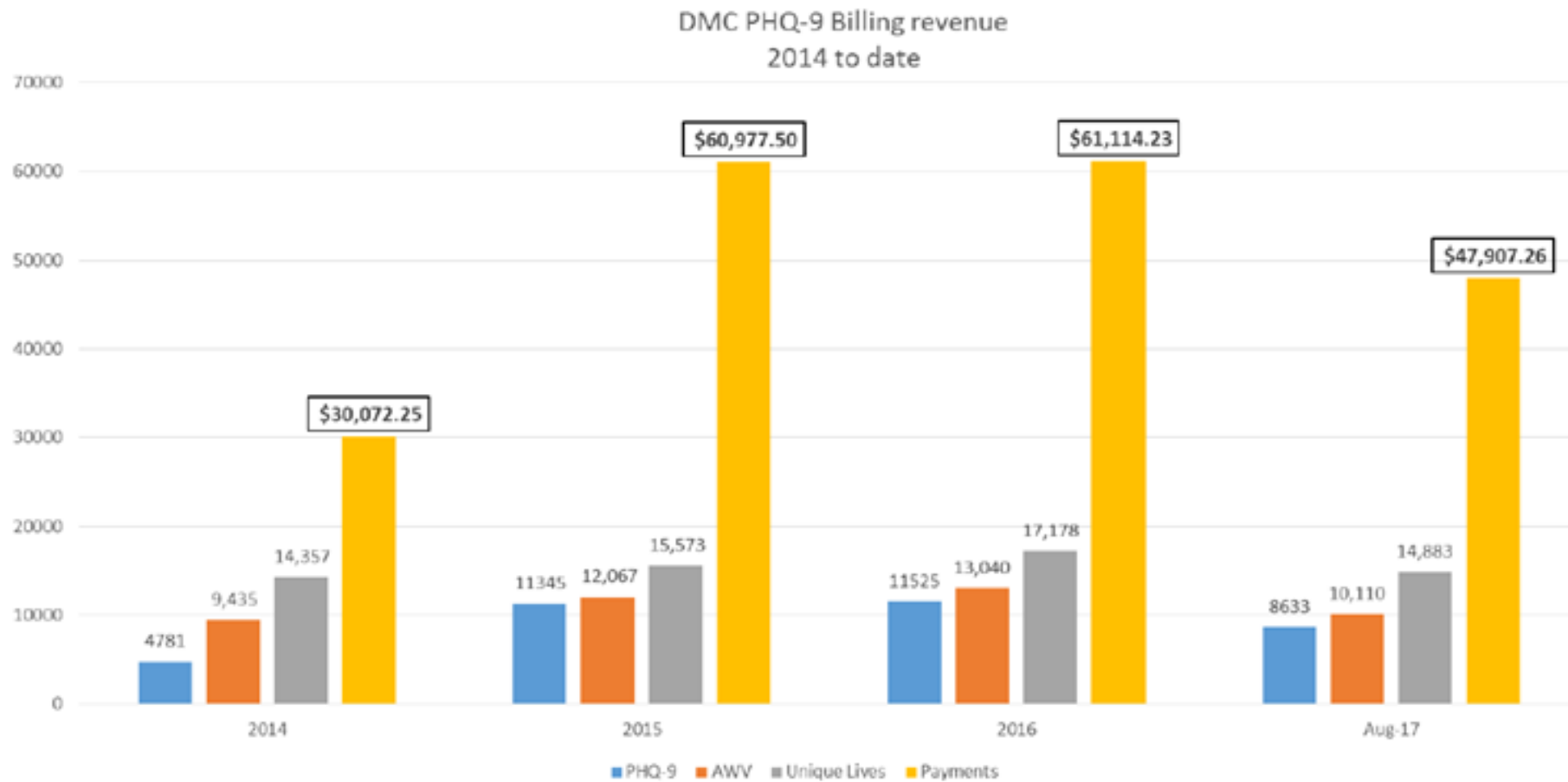
Results Description

Data March through November 2017	
Patients treated	107
# visits	466
Average baseline PHQ-9 - patients referred to BH	12.5
Patients diagnosed with depression	64
Average baseline PHQ-9	16.3
Average drop PHQ-9	6.4
Average latest PHQ-9	9.9

Sustainability

- **PHQ-9 CPT Code since 2012**
- **Billing since 2014**
- **Medicare G0444**
- **Commercial 96127**
- **Payment CMS \$19.39**

Sustainability: BH – Billing Revenue 2014 to date



Projected 2017	
\$	72,586.76



Additional Opportunities for Revenue

Payer	Code	Description	Fee Schedule
Commercial Insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$29.42
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$57.69
Medicare	G0442	Prevention: Screening for alcohol misuse in adults including pregnant women once per year. No coinsurance; no deductible for patient http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf	\$17.33
Medicare	G0443	Prevention: Up to four, 15 minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse; No coinsurance; no deductible for patient http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249	\$25.14
Medicaid	H0049	Alcohol and/or drug screening (code not widely used)	\$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)	\$48.00



Lessons Learned

- Providers and staff highly engaged
- Increased level of comfort with initiation and management of BH medication
- Provider and CM training in SBIRT
 - Motivational interviewing
 - Billing in 2018
- Leveraging IT platform to better discriminate improvement in PHQ-9 and enable Population Health and Care management
- Cultural sensitivity plays a huge role in compliance

Identified Challenges

- Timely and effective referrals to CBO's specialists
- HR: Employee turnover, shortage of BH specialists
- Sustain Integration – primary care practices billing for BH provider services
- Variation and inconsistency in payment of BH screening