Wichita State University
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Assessing Stakeholder Similarities and Differences on Support of Policies that Facilitate Integrated Behavioral Health Care in Kansas.

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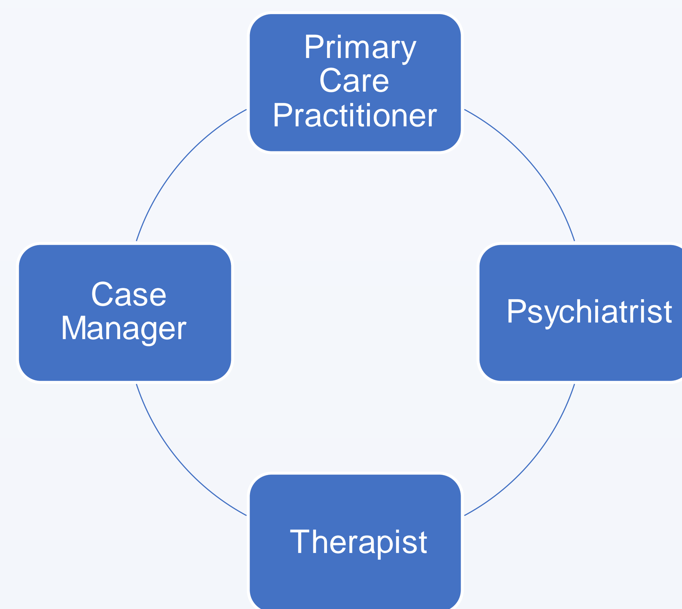
INTRODUCTION

- Primary care and behavioral health integration has emerged as a promising strategy in improving cost, quality, and continuity of behavioral health care (Robinson et al., 2020).
- Recent state legislation (House Bill 2208) helps facilitate integrated behavioral health care through certified community behavioral health clinics (CCBHCs).



OBJECTIVES

- This study examined stakeholder attitudes toward policies that facilitate integrated behavioral health care through changes in reimbursement models for primary care practitioners (PCPs) who treat behavioral health issues.
- Stakeholders included elected officials, state employees, health insurance representatives (payers), and members of health advocacy groups.

MATERIALS

- Demographic survey questionnaire
- A modified version of the Behavioral Health Integrated Survey Module (BHISM) developed by Stewart et al. (2017) - Modified BHISM measured attitudes toward primary care and behavioral health integration on three dimensions: delivery, incentives, and coordination.

SAMPLE ITEMS FROM MODIFIED BHISM

Answer ***Yes, No,*** or ***Don't Know*** for whether you think health insurance plans should reimburse primary care practitioners for the following:

- Coordination: ***Services delivered by a mental health provider co-located in a primary care practice.***
- Incentives: ***Treating depression***.
- Delivery: ***Telehealth services for issues specific to mental health.***

METHODS

- Chi-square tests of independence were conducted to examine differences between stakeholders on their support towards policy changes to reimbursement models that facilitate integrated behavioral health care.

PARTICIPANTS

- Most participants identified as female (n=118, 59.3%), heterosexual (n=173, 87.37%), White (n=170, 79.07%), above the age of 31(n=172, 85.61%), and having completed a bachelor's degree or higher (n=157, 79.3%).

Table 1: Stakeholders represented in survey (n, %)		
Members of health advocacy groups	109	59%
Elected officials	42	23%
State employees	25	14%
Health insurance representatives	7	4%
Total	183	

RESULTS ON COORDINATION

- No significant differences were observed between stakeholder groups on the three coordination items of the BHISM.
- Most stakeholders (M = 90%) supported policies that reimburse PCPs for practices that facilitate the coordination of integrated behavioral health care.

Table 2: Should health insurance plans reimburse PCPs for the following?	Yes (n, %)	No (n, %)	Don't Know (n, %)
Health care delivered in integrated primary care-mental health settings.	163 (89.6%)	9 (4.9%)	10 (5.5%)
Services delivered by a mental health provider co-located in a primary care practice.	169 (93%)	6 (3%)	7 (4%)
Mental health therapy, medical evaluation, and management codes billed on the same day.	159 (87%)	6 (3%)	18 (10%)
Average	164 (90%)	7 (4%)	12 (6%)

RESULTS ON INCENTIVES

- No significant differences were observed on whether PCPs should be reimbursed for treating anxiety, depression, eating disorders, PTSD, schizophrenia, gaming disorder, or substance use disorders.
- There were significant differences on whether PCPs should be reimbursed for treating gender dysphoria, $x^2(6, N=180) = 13.75$, $p=.033$, $V=.195$.
- Most politicians and health insurance representatives either opposed or did not know whether PCP treatment of gender dysphoria should be reimbursed.

Table 3: Should health insurance plans provide financial incentives for PCPs who treat the following?	Yes (n, %)	No (n, %)	Don't Know (n, %)
Anxiety	131 (72%)	31 (17%)	20 (11%)
Depression	138 (75.4%)	28 (15.3%)	17 (9.3%)
Eating Disorders	128 (70%)	31 (17%)	23 (13%)
Gaming Disorder	84 (46.4%)	53 (29.3%)	44 (24.3%)
Gender Dysphoria	99 (55%)	46 (26%)	35 (19%)
Post-Traumatic Stress Disorder (PTSD)	135 (74.2%)	28 (15.4%)	19 (10.4%)
Schizophrenia	128 (70%)	33 (18%)	22 (12%)
Substance Use Disorders (SUDs)	124 (67.75%)	32 (17.5%)	27 (14.75%)

Table 4: Should health insurance plans provide financial incentives for PCPs who treat gender dysphoria?	Yes (n, %)	No (n, %)	Don't Know (n, %)
Members of health advocacy groups	68 (63.55%)	19 (17.76%)	20 (18.69%)
Elected officials	16 (38%)	15 (36%)	11 (26%)
State employees	13 (54%)	8 (33%)	3 (13%)
Health insurance representatives	2 (29%)	4 (57%)	1 (14%)
Total	99	46	35

RESULTS ON DELIVERY

- Significant differences were observed on whether PCPs should be reimbursed for telehealth services, $x^2(6, N=183) = 15.256$, $p=.0018$, $V=.204$, and whether PCPs should be reimbursed for consultations with specialists, $x^2(6, N=182) = 28.939$, $p<.001$, $V=.282$.
- No significant differences were observed on whether PCPs should be reimbursed for having social workers or case managers in a primary care setting.
- Most stakeholders (M = 88%) supported policies that facilitate delivery of integrated behavioral health care.

Table 5: Should health insurance plans reimburse PCPs for telehealth services?	Yes (n, %)	No (n, %)	Don't Know (n, %)
Members of health advocacy groups	102 (94%)	1 (1%)	6 (5%)
Elected officials	38 (91%)	3 (7%)	1 (2%)
State employees	22 (88%)	2 (8%)	1 (4%)
Health insurance representatives	5 (71%)	2 (29%)	0
Total	167 (91%)	8 (4%)	8 (4%)

DISCUSSION AND CONCLUSION

- Although there were statistically significant differences between stakeholders on their support of health insurance reimbursement for primary care practitioners treating gender dysphoria, providing telehealth services, and consulting with specialists, stakeholders generally supported most policies that facilitate integrated behavioral health care.

LIMITATIONS AND NEXT STEPS

- Participants who support integrated behavioral health care or reforms to behavioral health policy may have been more likely to take this survey.
- There were small sample sizes of elected officials, state employees, and health insurance representatives relative to members of health advocacy groups.
- This survey only assessed a few psychological disorders.
- Future studies should ensure a larger, more representative sample size and consider how other variables may affect attitudes toward primary care and behavioral health integration policies.
- Future studies should also consider the use of other measures to measure political and policymaking dynamics of efforts to integrate primary care and behavioral health.

CORRESPONDENCE

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