




Key Levers for Advancing Physical-Behavioral Health Care Integration at the Practice Level through Integrated Medicaid Managed Care

Clinical integration of physical and behavioral health services holds the promise of improving health outcomes and reducing avoidable costs. This infographic shares recommendations for states, health plans, and providers seeking to partner to advance greater physical-behavioral health integration. It is based on the experiences of providers in three states — Arizona, New York, and Washington State — that recently transitioned to integrated managed care.

	 Data-Sharing and Quality Measures	 Payment and Business Practices	 Clinical Practice and Service Design
STATES	<p>Invest in statewide data-sharing infrastructure for integrated plans and providers, and develop a quality measure set — with stakeholder input — that comprehensively assesses outcomes across the full continuum of services.</p>	<p>Eliminate financing silos that impede integration, develop financial incentives for integrated clinical practices, encourage plans to implement alternative payment models to accelerate integration, and support provider readiness for integration.</p>	<p>Provide guidance and comprehensive monitoring to ensure that all consumers can access high-quality integrated care to address health and social needs, and assess the need for regulatory reforms such as changes to licensure requirements.</p>
PLANS	<p>Share enrollment and encounter data with providers, where permissible, and support providers in leveraging newly available data, including through incentives to encourage data use.</p>	<p>Partner with providers to develop value-based payment arrangements that are inclusive of physical and behavioral health services and account for varying provider capacity to assume risk.</p>	<p>Develop provider networks that incorporate the full array of needed services, and provide care management across the continuum of needs.</p>
PROVIDERS	<p>Use integrated data to identify gaps in care, coordinate treatment plans, and assess the impact of services delivered on consumer outcomes.</p>	<p>Pursue partnerships and business relationships that increase the scope of available services and advance integrated practices, as enabled by new payment models.</p>	<p>Redesign services and staffing to enable integrated team-based and patient-centered care that addresses comprehensive needs — including through integrated screenings and care plans and by addressing social determinants of health.</p>

