MONTANA HEALTHCARE FOUNDATION

2024 ISSUE BRIEF

The Critical Role of Primary Care in Supporting Montanans with Behavioral Health Needs

MONTANA HEALTHCARE FOUNDATION | FEBRUARY 2024

Introduction

Like the rest of the country, Montana is facing a persistent mental health and substance use disorder (SUD) ("behavioral health") crisis. Montanans are struggling with behavioral health conditions on a continuum from mild depression or anxiety to serious mental illnesses like bipolar disorder or schizophrenia. These illnesses often occur simultaneously with SUDs. Primary care providers play a vital role in the Nation's system of care, providing a central access point for prevention, diagnosis, and treatment of illness. As Montana seeks to build a more effective behavioral health system, it is important to understand and account for the role that primary care providers play in the prevention and treatment of behavioral health conditions.

This analysis of Montana Medicaid claims data highlights the central role of primary care providers in the state's behavioral health system. The analysis found that for more than half of Montana Medicaid members with behavioral health needs, primary care providers serve as the sole behavioral health care provider.[i] Primary care providers also deliver approximately half of all SUD treatment, and for people with severe mental illness, they provide nearly one-third of all behavioral health services. Primary care provides a health care lifeline to Medicaid members across the state's rural communities, helping identify, assess, care for, and, when needed, connect individuals to the state's limited number of specialty behavioral health providers.[ii] Montana's primary care providers are also increasingly implementing an integrated behavioral health (IBH) model, co-locating or tightly coordinating physical and behavioral health services to address Montanans' holistic health care needs from a single provider. IBH is an important model in a state where a drive to a specialty behavioral health provider might take several hours on a dirt road, and stigma about seeking behavioral health treatment persists.

Montana's Behavioral Health Needs

Montana consistently has among the highest rates of behavioral health conditions in the country. For 30 years, Montana has been in the top five states for suicide completion.[iii] The rates of drug and alcohol use in the state are also high: Montana consistently reports more adults who drink (63% of Montana adults in 2019-20 compared to 55% nationally) and significantly more binge drinking than in other states (32% of Montana adults in the last month in 2019-20 compared to 25% nationally).[iv] Of particular concern is the state's opioid use disorder (OUD) crisis, which has shown signs of worsening in recent years (see Box 1).

Box 1. Montana's OUD Crisis

Opioid abuse continues to be a major concern in Montana, particularly given the increase in synthetic opioids in the illicit drug market.[v] Fentanyl is a potent opioid that users are often unaware is included in the drugs they take, which makes it especially dangerous. Fentanyl has resulted in a dramatic increase in OUD overdoses in Montana in recent years.[vi] The rate of opioid-related drug overdose deaths in Montana tripled between 2017 and 2021 (from 37 to 113).[vii] Overdoses due to opioids accounted for 113 of Montana's 198 drug overdose deaths in 2021 (57%); 49 of those were linked to fentanyl, an increase from four in 2017.[viii,ix]

OUD and overdoses related to opioids are particularly acute in Indian country. From 2019 to 2021, the opioid-related drug overdose death rate for Native Americans was twice that of white people.[x]

Evidence-based medication such as buprenorphine is the most effective treatment for OUD, which can be prescribed and managed by a primary care physician. To address the OUD crisis, Montana has been training primary care providers to prescribe medications for OUD and providing funding for peer support specialists to support individuals with OUD. Since Montana received the first State Opioid Response Grant in 2017, the number of providers able to prescribe buprenorphine to treat OUD increased from 22 in 2017 to 185 in 2023. The implementation of Medicaid expansion has increased access to OUD treatment, increasing available funding for SUD treatment overall by a factor of five from 2016 to 2021.[xi]

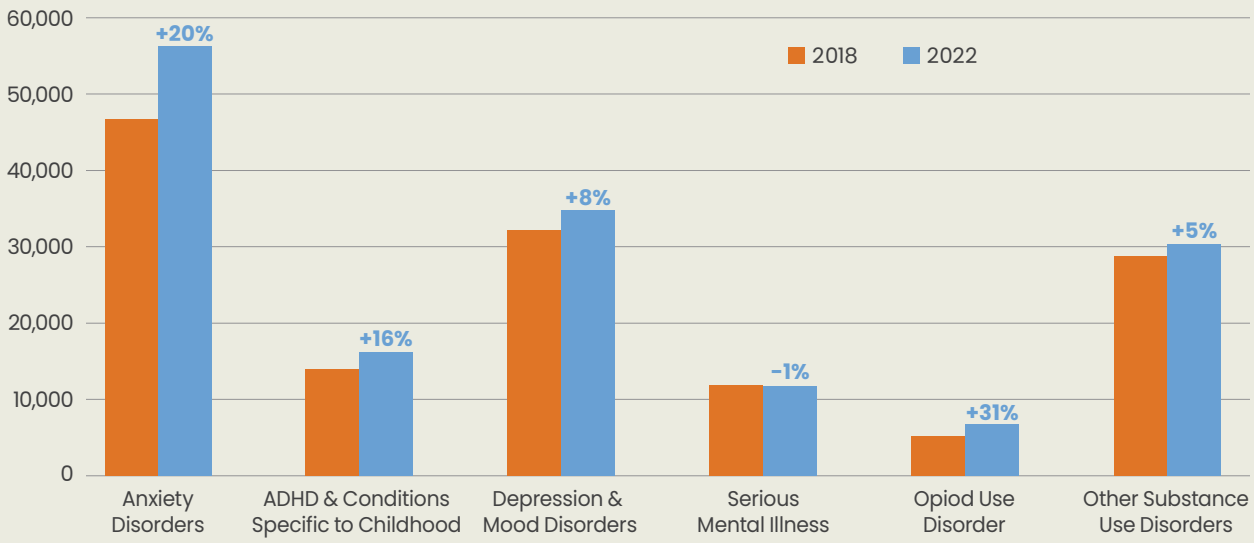
The Role of Montana Medicaid in Behavioral Health Treatment

Montana Medicaid provides health care coverage to more than one of every four Montanans (299,937 individuals in 2022). In 2022, nearly one of every three Montana Medicaid members (92,983), including children and adults, had a behavioral health diagnosis.

Between 2018 and 2022, the total number of Montana Medicaid members with a behavioral health diagnosis increased at a rate similar to the increase in Montana Medicaid enrollment. However, in that four-year period, the number of members with diagnoses related to OUD, anxiety and stress disorders, and child and adolescent onset disorders saw increases that significantly outpaced the corresponding increase in enrollment (+31%, +20%, and +16%, respectively, compared to +11% in Medicaid enrollment; see Figure 1). Over 6,800 Montana Medicaid members had an OUD diagnosis in 2022, an increase of 31% since 2018.

Nearly one in every three (31%) Montana Medicaid members had a behavioral health diagnosis in 2022.

Figure 1. Medicaid Members with a Behavioral Health Diagnosis by Diagnosis Type (CY 2018, 2022)



In recent years, Montana Medicaid has made significant investments in strengthening access to essential behavioral health services - spanning early intervention, community-based treatment, outpatient services, crisis services, and residential and inpatient care - which has increased behavioral health capacity for Montanans statewide.

Primary Care Providers Play a Central Role in Caring for Montana Medicaid Members with Behavioral Health Conditions

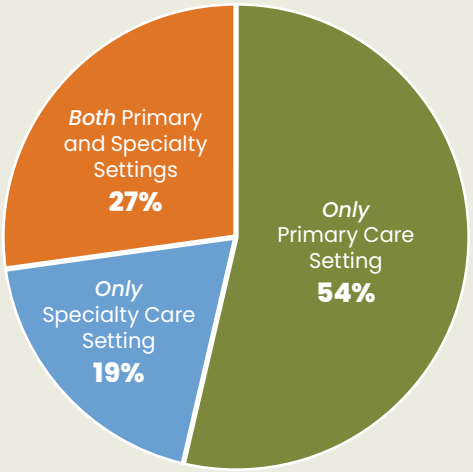
Like many states, Montana suffers from significant behavioral health workforce shortages, particularly in more rural and frontier communities.[xii] All but five of Montana's 56 counties are designated mental health professional shortage areas, making it difficult to hire therapists.[xiii] Fewer than 100 psychiatrists are practicing in Montana; in 2019, there was only one practicing psychiatrist (a fact so shocking it made national news) and one adult community mental health center in the eastern third of the state.[xiv] These specialty behavioral health provider shortages have further elevated the role of primary care providers in supporting Montanans' behavioral health care needs.

Primary care providers play an important role in delivering behavioral health services nationally. Primary care providers are well-positioned to screen for behavioral health conditions, prescribe and manage medications, and refer individuals to specialty services when needed. In 2018, one survey found that approximately one in six (16%) primary care visits across America included management of a mental health concern.[xv,xvi,xvii]

The critical role of primary care providers in the health care system is even more pronounced in rural or frontier areas that lack specialty behavioral health providers. More than 60% of non-metropolitan counties in the United States lack a psychiatrist, more than twice the rate of urban counties (27%).[xvii,xix]

In 2022, four out of every five Montana Medicaid members (81%) who accessed behavioral health care received some behavioral health services in a primary care setting (see Figure 2). More than half of Montana Medicaid members (54%) received behavioral health care exclusively from primary care providers.

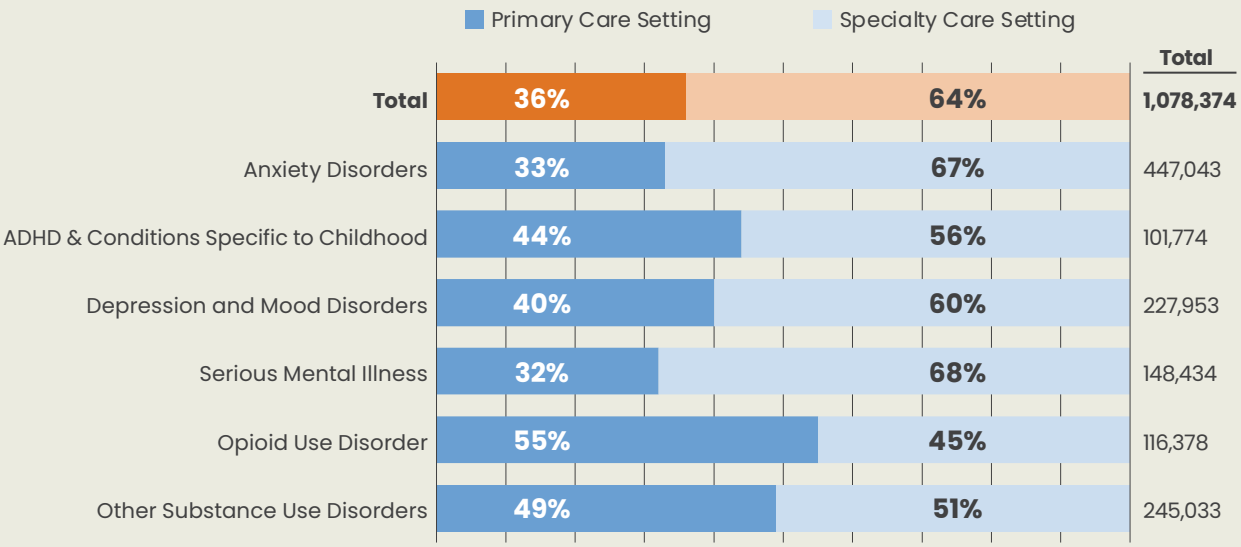
Figure 2. Where Medicaid Enrollees Access Behavioral Health Treatment (CY 2022)



Primary Care Providers Play a Central Role in Caring for Montana Medicaid Members with Behavioral Health Conditions

Individuals with less acute conditions typically receive more behavioral health treatment from primary care providers than do those with more significant needs, which may require more touchpoints with specialty providers. For example, as shown in Figure 3, in 2022, 55% of the SUD services provided to Montana Medicaid members with OUD took place in primary care settings, as did 49% of SUD services for Montanans with other SUDs, including alcohol, cannabis, stimulant-related disorders, and nicotine dependence. Montana primary care providers were instrumental in prescribing lifesaving, evidence-based medications (e.g., buprenorphine) for these conditions.[xx]

Figure 3. Behavioral Health Services Delivered to Medicaid Members in Primary Care Settings by Diagnosis Type (CY 2022)



While less than half (46%) of Montana Medicaid members who accessed behavioral health care saw a specialty behavioral health provider in 2022, specialty providers delivered nearly two-thirds (64%) of the more than one million behavioral health services covered by Montana Medicaid.[xxi] Still, among Medicaid members with schizophrenia and other serious mental illness diagnoses, nearly one-third (32%) of behavioral health services were delivered in primary care settings. For members with serious mental illness, primary care providers can help individuals manage their behavioral health condition and support their recovery by prescribing necessary psychotropic medications and coordinating care.

Advantages of the IBH Model

The IBH model can be particularly effective at serving the physical and behavioral health care needs of individuals in primary care settings. In primary care practices that have adopted the IBH model, physical and behavioral health providers work together to screen individuals for anxiety, depression, and SUDs during regular visits and deliver behavioral health treatment as part of the same visit or at the same location when needed (see Figure 4).[xxii] Primary care practices implementing the IBH model can be a "one-stop shop" that delivers evidence-based care for behavioral health conditions – such as medication management, brief therapy, and care coordination – and referrals to a specialty provider when needed. The IBH model also emphasizes delivering holistic, supportive care in an environment where members are comfortable, encouraging people to disclose or discuss behavioral health issues. The IBH model has been shown to improve health outcomes and the patient experience while reducing unnecessary costs and delays in treatment.[xxiii] There is also evidence that the IBH model can positively impact provider satisfaction due to improved patient care and workflows.[xxiv]

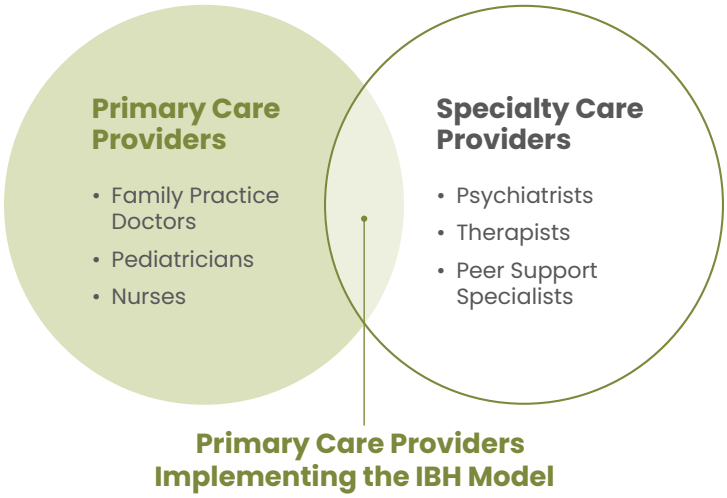
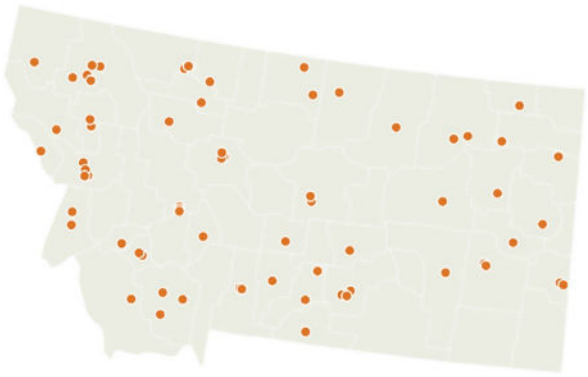


Figure 4. The IBH Model

The IBH model is particularly important in Montana given the state's workforce shortages, the long distances to reach health care providers, and the already heightened role of primary care providers in treating behavioral health conditions. As one Montana provider implementing the IBH model noted: "Adding a psychologist to the team made a big difference in provider resiliency. Having an expert in-house guaranteed accessibility and that the right person was taking care of patients instead of just being the 'bridge' to a psychiatrist. It also made a big difference in the mental health of providers."

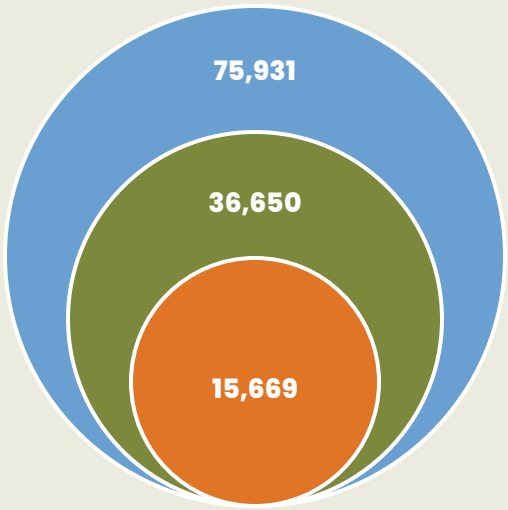
The Montana Healthcare Foundation has provided grants and training to 68 primary care practices to support start-up costs and implementation of the IBH model. As of 2023, 79% of adult and 81% of pediatric Medicaid members across Montana have access to integrated, whole-person care in an initiative-funded practice.[xxv] Additional primary care providers across Montana may also practice integrated care that is not captured in the Foundation's list of grantees.



At least 68 primary care clinics across Montana use the IBH model *with support from* the Montana Healthcare Foundation.

Primary care providers implementing the IBH model are a significant and growing component of Montana's behavioral health landscape. In 2022, 36,650 Montana Medicaid members received behavioral health treatment from a primary care provider implementing the IBH model (see Figure 5), and more than half of those members (15,669) received behavioral health care exclusively from a primary care provider implementing IBH.[xxvi]

Figure 5. Medicaid Members Receiving Behavioral Health Care in Primary Care Settings Implementing the IBH Model (CY 2022)



- Members Receiving Behavioral Health Care from a Primary Care Provider
- Members Receiving Behavioral Health Care from a Primary Care Provider Implementing IBH*
- Members Receiving Behavioral Health Care *Exclusively* from a Primary Care Provider Implementing IBH*

**May be an undercount; some primary care providers may be implementing integrated care but were not identified as Montana Healthcare Foundation grantees. Grantees were identified by National Provider Identifier (NPI).*

Conclusion

Primary care providers are a lifeline to low-income Montana Medicaid members with a range of behavioral health conditions across the state. While the importance of specialty care has often been the focus of media coverage and policy discussions about Montana's behavioral health needs, primary care provides access to a critical continuum of behavioral health care, including access to care in parts of the state with few specialty behavioral health providers. In 2022, 81% of the Montana Medicaid population that accessed behavioral health care received behavioral health services from a primary care provider. IBH is an important and growing model in Montana. As Montana continues to seek effective ways to combat the behavioral health crisis, it will be critical to consider ways to optimize reimbursement for the IBH model of primary care to ensure primary care providers are well-equipped to deliver whole-person, comprehensive behavioral health treatment.

Acknowledgments

Montana Healthcare Foundation (MHCF) makes strategic investments to improve the health and well-being of all Montanans. Created in 2013, the MHCF has more than $200 million in assets, making it Montana's largest health-focused private foundation. MHCF contributes to a measurably healthier state by supporting access to quality and affordable health services, conducting evidence-driven research and analysis, and addressing the upstream influences on health and illness. To learn more about the Foundation and its focus areas, visit mthcf.org.

Manatt Health integrates legal and consulting expertise to serve the complex needs of clients across the health care continuum. Combining legal excellence, firsthand experience in shaping public policy, sophisticated strategy insight, and deep analytic capabilities, it provides uniquely valuable professional services to the full range of health industry players. Its diverse team of more than 180 attorneys and consultants from Manatt, Phelps & Phillips, LLP, and its consulting subsidiary, Manatt Health Strategies, LLC, is passionate about helping clients advance their business interests, fulfill their missions, and lead health care into the future. For more information, visit manatt.com/Health.

This issue brief would not have been possible without the partnership and support of the Montana Department of Public Health and Human Services. MHCF would also like to thank the following individuals for sharing their time and expertise: Sarah DeVries, Intermountain Health; Danny Zimmerman, Children's Clinic of Billings; and David Mark, One Health.

References

i. In this analysis of Medicaid claims data, primary care providers include federally qualified health centers, rural health centers, hospital outpatient settings, Indian Health Service providers, independent practices, and IBH providers.

ii. In this analysis of Medicaid claims data, specialty behavioral health providers include psychiatrists, psychologists, counselors, social workers, marriage and family counselors, SUD counselors, chemical dependency centers, mental health centers, and opioid treatment programs.

iii. Rosston, Karl. "Suicide in Montana." 2022.
Available at https://dphhs.mt.gov/assets/suicideprevention/SuicideinMontana.pdf.

iv. Montana Department of Public Health and Human Services. "Summary of Alcohol Use in Montana." 2023.
Available at https://dphhs.mt.gov/assets/publichealth/EMSTS/Data/AlcoholUseMontana.pdf.

v. Montana Department of Justice Division of Criminal Investigation. "Montana Fentanyl Trends." 2021.
Available at https://leg.mt.gov/content/publications/fiscal/2023-Interim/IBC-D/MT_Fentanyl_Trends_2021.pdf.

vi. Bolton, Aaron. "Tribal leaders sound the alarm after fentanyl overdoses spike at Blackfeet Nation." 2022.
Available at https://www.npr.org/sections/health-shots/2022/06/01/1101799174/tribal-leaders-sound-the-alarm-after-fentanyl-overdoses-spike-at-blackfeet-natio.

vii. Montana Department of Public Health and Human Services. "Injury and Overdose Indicators."
Available at https://dphhs.mt.gov/publichealth/EMSTS/InjuryandOverdoseIndicators-Fatal.

viii. Ibid.

ix. "New Data Show Fentanyl Is Top Public Safety Threat in Montana." 2022. Available at https://dojmt.gov/ag-knudsen-new-data-show-fentanyl-is-top-public-safety-threat-in-montana/#:~:text=The%20number%20of%20overdose%20deaths,deaths%20where%20fentanyl%20was%20involved.

x. Bolton, Aaron. "Tribal leaders sound the alarm after fentanyl overdoses spike at Blackfeet Nation." 2022.
Available at https://www.npr.org/sections/health-shots/2022/06/01/1101799174/tribal-leaders-sound-the-alarm-after-fentanyl-overdoses-spike-at-blackfeet-natio.

xi. Montana Healthcare Foundation. "Medicaid in Montana." 2023.
Available at https://mthcf.org/resource/medicaid-in-montana-2023/.

xii. Michels, Holly. "Workforce shortage wreaks havoc on Montana's behavioral health providers." 2021.
Available at https://helenair.com/news/state-regional/workforce-shortage-wreaks-havoc-on-montanas-behavioral-health-providers/article_1e0305fc-c33d-5f56-8102-913c20e32eee.html.

xiii. Montana Department of Public Health and Human Services. "Montana Health Professional Shortage Area (HPSA) Designations," September 2022.
Available at https://dphhs.mt.gov/ecfsd/primarycare/shortageareadesignations

xiv. Reel, Monte. "The State With the Highest Suicide Rate Desperately Needs Shrinks." 2019.
Available at https://www.bloomberg.com/news/features/2019-08-15/the-state-with-the-highest-suicide-rate-desperately-needs-shrinks.

xv. Rotenstein, Lisa. "Adult Primary Care Physician Visits Increasingly Address Mental Health Concerns." Health Affairs. 2023. Available at https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2022.00705.

References

[xvi] The cited study defines "primary care provider" as family medicine, internal medicine, pediatric, and geriatric physicians.

[xvii] Half of prescriptions (50%) for antidepressants and anxiolytics for those with anxiety or depression were written by primary care providers according to Jetty A, Petterson S, Westfall JM, Jabbarpour Y. "Assessing Primary Care Contributions to Behavioral Health: A Cross-sectional Study Using Medical Expenditure Panel Survey." J Prim Care Community Health;12:21501327211023871. doi: 10.1177/21501327211023871. PMID: 34109860; PMCID: PMC8202306. 2021. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8202306/.

[xviii] Andrilla C, Patterson D, Garberson L, Coulthard C, Larson E. "Geographic Variation in the Supply of Selected Behavioral Health Providers." American Journal of Preventive Medicine, 54(6), S199–S207. 2018. Available at https://doi.org/10.1016/j.amepre.2018.01.004.

[xix] Physicians located in rural areas also had higher rates of diagnosing and treating patients with anxiety disorders, ADHD, bipolar disorder, clinical depression, serious mental illness (SMI), and SUDs than did physicians practicing in non-rural areas. according to University of Michigan Behavioral Health Workforce Research Center. "Behavioral Health Service Provision by Primary Care Physicians." 2019. Available at https://www.behavioralhealthworkforce.org/wp-content/uploads/2019/12/Y4-P10-BH-Capacityof-PC-Phys_Full.pdf

[xx] Montana Department of Public Health and Human Services. "Montana Focus on Opiate Crisis." 2018. Available at https://dphhs.mt.gov/assets/MedicaidTribalConsultation/December2018/MontanaFocusonOpiateCrisis.pdf.

[xxi] A "service" is a treatment that happens during a visit to a provider, such as a therapy session or a medication management check. Many members received multiple behavioral health services.

[xxii] The Montana Healthcare Foundation uses the Comprehensive Healthcare Integration framework to support primary care practices in achieving integration that is congruent with their organizations' resource capacity, population needs, payer incentives, and regulatory requirements. Successful IBH implementation includes universal screening for depression, anxiety, SUD, and suicide risk; team-based care; care coordination; and sustainability. Available at https://mthcf.org/wp-content/uploads/3-IBH-Core-Elements-%E2%80%93-Presenting-A-New-Framework.pdf.

[xxiii] Bipartisan Policy Center. "Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration." 2021. Available at https://bipartisanpolicy.org/report/behavioral-health-2021/.

[xxiv] Chang Y, Joy M, Roma N, Casucci S, Canfield-Smith CE, et al. "Integrating Behavioral Health in Rural and Underserved Primary Care." Nursing Economics; Pitman, Vol. 41, Iss. 2 (Mar/Apr 2023): 87-95. Available at https://www.proquest.com/docview/2809782147?fromopenview=true&pq-origsite=gscholar&parentSessionId=r4%2B55lvoB2TYNBAzJuKYRwrQrrlk7xnuqiEav2vm7lQ%3D&sourcetype=Scholarly%20Journals.

[xxv] This analysis only includes IBH practices that are part of the MHCF's IBH grant program.

[xxvi] Enrollees may have visited multiple primary care settings and are counted in all settings.

MONTANA
HEALTHCARE
FOUNDATION

406.451.7060 | info@mthcf.org | www.mthcf.org