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Contact: Polly Marvin, Project Manager
pmarvin@mhqp.org; 617.600.4957

MHQP Partners to Integrate Behavioral Health Screening with Primary Care

Regional Collaborative to Disseminate Innovative Tools
that Identify and Address Behavioral Health Needs for Primary Care Patients

Boston, MA—OCTOBER 2012—Massachusetts Health Quality Partners has been selected to participate in the Partners in Integrated Care (PIC) initiative. This innovative program, funded by the federal Agency for Healthcare Research and Quality (AHRQ) and led by the Pittsburgh Regional Health Initiative (PRHI), focuses on incorporating evidence-based screening tools and intervention services for depression and unhealthy alcohol and substance use into routine primary care for adults in the primary care office setting.

Depression and substance misuse can often be overlooked in routine primary care visits. Clinicians may be less comfortable screening for these problems than they are for other common diseases such as hypertension or diabetes due to lack of specialized training or access to effective treatments. MHQP will support the training of a select number of primary care practices in the use of screening tools and interventions that can be implemented within the primary care office. The PIC program is based on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model for unhealthy substance use and the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) model for depression.

In this initiative MHQP (www.mhqp.org) will partner with other regional health improvement collaboratives, all leaders in implementing this care model in their states. In addition to PRHI, MHQP will partner with the Institute for Clinical Systems Improvement in Minnesota, the Wisconsin Collaborative for Healthcare Quality, and the Wisconsin Initiative to Promote Healthy Lifestyles. MHQP, the regional health improvement collaborative in Massachusetts, plans to select up to five primary care practice sites to implement the program. The goal is to demonstrate that integrating behavioral health services into primary care can be adopted by additional states, to sustain better patient care in an area currently characterized by poor patient outcomes and significant waste.

MHQP and its PIC partners will hold an introductory webinar to provide further information on the PIC program and answer questions from those interested in participating. The webinar will be held on November 15, 2012, from 12:30-1:30. Click here to register for this informational webinar.
“The timing for this partnership with MHQP could not be better in light of the recently enacted payment reform legislation in Massachusetts that promotes the development of new payment models,” says Barbra Rabson, Executive Director of MHQP. “Behavioral health problems can worsen chronic conditions like diabetes or cardiovascular disease, making it hard for patients to gain control over these illnesses. It has also been proven that early identification and treatment of depression or drug misuse improves patients’ health outcomes and reduces health care cost.”

According to research by the PIC Consortium, about 20-35% of primary care patients screen positive for depression and/or substance use, and extensive research has shown that depression and unhealthy substance use are under-identified and under-treated. PIC research also notes that two-thirds of primary care physicians reported that they were unable to connect their patients to behavioral health services, possibly due to limited staff and time.

Through the PIC program, MHQP will be helping sites to implement the two team-driven models – SBIRT and IMPACT. These models have been developed and tested with over 20 years of evidence. In addition to significant improvements in clinical outcomes, integrated care studies found that physician satisfaction was significantly greater in integrated care compared to usual care or enhanced referrals. In the last two years PIC programs in three states have helped up to 90 primary care practices implement behavioral health screening and early intervention.

Practice site recruitment in Massachusetts will start immediately, so that care teams can prepare for training in the winter of 2013. Assistance from MHQP will include coordination of training for primary care practice teams, support during implementation, and work with practices and payers to try to achieve appropriate reimbursement.

For more information visit MHQP’s website: www.mhqp.org or contact MHQP at info@mhqp.org or (617) 600-4621.

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**About MHQP**

Massachusetts Health Quality Partners (MHQP) is a non-profit, broad-based coalition established in 1995 that provides reliable information to help physicians improve the quality of care they provide their patients and help consumers take an active role in making informed decisions about their health care. MHQP’s mission is to drive measurable improvements in health care quality, patients’ experiences of care, and use of resources in Massachusetts through patient and public engagement and broad-based collaboration among health care stakeholders, including physicians, hospitals, health plans, purchasers, patient and public advocates, government agencies, and academics.
About AHRQ
AHRQ is the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. AHRQ supports health services research that will improve the quality of health care and promote evidence-based decision-making.

Here are some facts about depression, unhealthy substance use and primary care integration:

**Depression**
- The prevalence of ongoing, low-level depression affects approximately 1.5 percent of the adult population in the U.S, according to National Institutes of Mental Health (NIMH), July, 2010.
- Almost 62 percent of people affected by low-level depression are receiving any treatment; less than 50 percent of who are receiving adequate treatment according to a July 2010 NIMH report titled *Dysthymic Disorder among Adults*.
- Depression impacts the economy in lost productivity and increased health care costs.
- Hospitalizations and emergency department visits are significantly higher for patients with depression who often have other medical conditions as well.

**Alcohol and Substance Use**
- The National Institute on Alcohol Abuse and Alcoholism estimates that 14 million Americans have some level of alcohol dependence.
- The National Center on Addiction and Substance Abuse estimates that 33 million Americans engage in binge drinking.
- In 2010 Massachusetts residents had an overall rate of binge drinkers and heavy drinkers that exceeded the national medians. (Massachusetts Department of Public Health: A Profile of Health among Massachusetts Adults, 2010, Results from the Behavioral Risk Factor Surveillance System).

**Integration of Behavioral Health in Primary Care:**
- According to research by the PIC Consortium, about 20-35 percent of primary care patients screen positive for depression and/or substance misuse, and extensive research has shown that depression and substance misuse are under-identified and under-treated.