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**Arkansas Blue Cross and Blue Shield, New Directions Behavioral Health and Washington Regional Primary Care Clinic Partner to Advance Integrated Care**

Fayetteville, Ark. – January 26, 2016 – An innovative, 24-month pilot program aimed at integrating behavioral health and primary care is underway at an Arkansas primary care clinic.

The single-payer integrated clinic was launched through the efforts of [Arkansas Blue Cross and Blue Shield](#), [New Directions Behavioral Health](#)<sup>®</sup> (New Directions) and Washington Regional's [Advantage Primary Care](#), located at 507 W. Monroe Ave. in Lowell.

The three organizations are working together to transform primary care into what Arkansas citizens value: a one-stop shop that cares for the whole person, including their physical, psychological, behavioral and social needs.

To accomplish this, New Directions is providing a behavioral health consultant to support Advantage Primary Care's lead physician in identifying, managing and treating patients with mental illness and behavioral health conditions.

"The future of healthier Arkansans will happen when we shift from treating physical, behavioral and mental health conditions separately to looking at how all conditions impact a patient's overall health," said Dr. Rhonald Searcy, a physician at Advantage Primary Care. "Having a New Directions behavioral health specialist integrated within our care team has allowed me to spot conditions such as substance abuse, anxiety and depression early so I can accurately diagnose and effectively treat my patients. Equally important, our care team has helped patients achieve behavioral changes, including smoking cessation, weight loss and better management of chronic diseases."

Behavioral health conditions impact one of five Americans, [leading to health care costs of \\$57 billion a year, equivalent to cancer care](#). Nearly 80 percent of patients who seek treatment for psychosocial conditions present in emergency departments or primary

clinics, where physicians often lack the time, training and staff to recognize and treat these conditions. Further, 67 percent of people with a behavioral health disorder do not get behavioral health treatment, and 30-50 percent of referrals from primary care to an outpatient behavioral health clinic do not make the first appointment. Failure to recognize and appropriately treat behavioral health conditions has contributed to declining health outcomes and higher total spending.

The purpose of the pilot project, according to the organizations, is to bridge the divide between medical, behavioral and social conditions by laying the groundwork for a collaborative, integrated care model. That model incorporates three critical elements: 1) embedding a behavioral health consultant to identify, triage and manage patients with behavioral health and/or medical issues, 2) using analytics to stratify the population, identify risk, and promote the appropriate level of care, and 3) analyzing options for non-traditional payment models that provide incentives for demonstrating improvement in health outcomes.

According to the three organizations involved in the pilot, fully integrating a behavioral health specialist within the primary care environment, as opposed to co-locating, is the optimal way to form true integration. Betsy Klein, New Directions' vice president of Corporate Health Promotion and EAP, explains that co-locating simply places behavioral health specialists and physicians in a shared setting. "Just because different providers work in the same office doesn't mean they operate as team," said Klein. "Teamwork means providers on both sides — medical and behavioral — working together and sharing processes, workflow and communication to improve patient care. This comprehensive, embedded model of looking at a patient's health completely, regardless of whether the condition is physical or mental, is what will lead to better satisfaction for patients, lower costs and improved outcomes."

"Until the payer, medical provider and behavioral health provider truly collaborate — becoming a team, rather than working in isolation — we won't achieve the Triple Aim of improving patient experience and the health of populations, and reducing costs," said Steve Abell, vice president of Strategic Services for Arkansas Blue Cross and Blue Shield. "All of us working together — that's what the three of our organizations are stepping out to do."

According to Klein, the pilot is already showing positive impacts and easing access for patients who may be reluctant to address their behavioral health care needs or schedule follow-up care. Because of a high potential to improve the value of care and drive down costs for patients and providers, New Directions and Arkansas Blue Cross and Blue Shield intend to partner with additional integrated clinics in the future.

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