

# Building Integrated Care Models in FQHCs

Infusing Primary Care with Psychiatric Support





# Strengthening a Stretched Safety Net

Without a doubt, federally qualified health centers (FQHCs) serve as a non-negotiable layer of our nation's social safety net. As community-based clinics, FQHCs provide vital comprehensive care, including medical and dental, to some of the country's most vulnerable populations.

And as the need for mental health care and substance use disorder treatment increases across every community, so too does the need for clinical support to address and treat an evolving and increasingly complex patient population.

The American Psychological Association (APA) reports that as many as **70% of primary care visits are triggered by a patient's psychological problems**. And since the nation's 1,400 FQHCs now **comprise the largest primary care network in the U.S.** — along with the additional 14,000 clinics that act as FQHCs without federal funding — the need for access to psychiatric support has never been greater.

FQHCs, which offer a sliding fee scale based on a patient's ability to pay, disproportionately serve racial and ethnic minority groups, low income populations, those insured by Medicaid or those who aren't insured at all. Among these patient populations, especially among Medicaid enrollees, is a **higher prevalence of mental illness and substance use disorder**, according to the Kaiser Family Foundation.

With a greater overall need for behavioral healthcare, and the role primary caregivers at FQHCs serve as a first touchpoint for behavioral health treatment needs among a disproportionately vulnerable patient population, it stands to reason that additional clinical support is needed.

Telehealth is proving itself as one way to improve capacity, shore up desperately needed clinical support and improve access to whole-person, integrated care.



## Staffing reality.

FQHCs are located in both rural and urban areas designated as a shortage area.

# Overcoming a Scarcity of Care



**Only 10% of FQHCs have psychiatrists or licensed clinical psychologists on staff.**

It isn't uncommon for FQHCs to have just one mental health care provider on staff. Some have none, leaving an unmet need for hundreds — if not thousands — of patients in need of mental health care and substance use disorder treatment every year.

Most FQHCs employ one or fewer full-time psychiatrists, according to the peer-reviewed *Psychiatric Services* journal, which is why the majority of any behavioral health treatment administered at an FQHC is either handled by the primary care physician, by a licensed clinical social worker or referred out. There are a number of drawbacks to this approach, the most glaring being that it can be challenging for patients to follow through with referrals for a variety of reasons, including transportation, work schedules and availability.

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**The APA reports that only 10% of patients who receive a behavioral health referral actually follow up with that provider if the provider isn't co-located within the FQHC.**

That low referral follow-through rate is just one of the reasons why an integrated model of care is becoming increasingly appealing to FQHCs, particularly in more rural areas where the availability of services is limited. And, as regulations adjust to allow for more flexibility when it comes to the mode of delivery of care and the originating site of services, FQHCs are finding fewer obstacles in their bids to expand their scope of care to meet the diverse needs of their communities.

**“We have a disjointed system.”**

— **Dr. Liberty Eberly**, *Chief Medical Officer at innovaTel*

A **recently concluded, five-year study**, published by *JAMA Psychiatry*, found that a number of rural FQHCs utilizing a telehealth model to deliver psychiatric care saw a significant improvement in patients living with bipolar disorder and post-traumatic stress disorder. The study involved 24 clinics and more than 1,000 patients in rural Arkansas, Michigan and Washington. It found that virtual care offered “substantially” and “statistically significant” improvements in:

- ✓ Perceived access to care
- ✓ Symptoms and medications
- ✓ Quality of life

**“The results of our trial showed that if you give access to high-quality care for patients who are underserved, they improve their quality of life.”**

— **John Fortney**, *PhD, a professor of psychiatry and behavioral sciences at the University of Washington School of Medicine and lead researcher in the project*

# Policy Changes Create Opportunities

Policy, for better or for worse, regulates what's possible — especially when it comes to healthcare. Fortunately, policy is evolving in ways that promote improved access to care, benefiting both providers and patients.

The most recent Kaiser Family Foundation Medicaid Budget Survey indicated each of the country's **50 states were planning to embark on policy-driven expansion initiatives** to address a number of critical needs, including:

- Extended or permanent coverage of telehealth delivery for behavioral health services
- Development or expansion of crisis services
- Benefit expansions to substance use disorder treatment

Beyond regulatory adjustments, changes made at the legislative level have introduced new funding opportunities aimed at improving access to care. The 2022 Physician Fee Schedule, prepared by the Centers for Medicare and Medicaid Services, is now allowing a **patient's home to qualify as an originating site** for treatment. And, **audio-only treatment** will also be covered for mental health services, which is critical for patients in need who don't have access to video technology for a variety of reasons.



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In a perfect world, there would be a model in which the provider and the patient decide together how they're going to conduct their visits.”

— Dr. Liberty Eberly, Chief Medical Officer at innovaTel, participant in CMS COMPASS Study that led to the development of collaborative care codes

## 1 in 12 rely on FQHC for care including:

**3.5 million**  
Public housing patients

**1.4 million**  
Homeless

**1 million**  
Agricultural workers

**350,000**  
Vets

Source: HRSA

# The Future Looks Collaborative

To address a need that is in no hurry to wane, FQHCs are increasingly turning to more collaborative, evidence-based models of care as more states begin to introduce policies that promote co-located services. While there are multiple care- and outcomes-based benefits to a patient when FQHCs integrate a whole-patient approach, there are also a number of benefits to the organizations themselves.

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We began to recognize a gap in services especially in psychiatric services for the Latinx population. Many of the local community service boards were unable to provide services in their native language. As a result, many of the Latinx patients did not continue services due to a lack of rapport with their providers.

Our partnership with innovaTel provides us with access to a part-time bilingual telepsychiatrist. And our patients are incredibly grateful to be able to be served by a provider in their native language.”

— Georgia Highlands Medical Center

By introducing a telehealth modality to its patient population for psychiatric and substance use disorder treatment, FQHCs provide much-needed support to their primary care staff while providing access to specialized care patients might otherwise not seek out on their own.

## In addition, telehealth allows FQHCs to offer:

- **Continuity of care.** Organizations offering telehealth partnerships often boast a higher retention rate for their providers, allowing for sustained relationships. innovaTel, for example, has a 95% retention rate for its providers.
- **Whole-person approach.** By fostering a collaborative approach to care, FQHCs can truly live up to their mission of providing high quality, comprehensive care.
- **Care without regard for geography.** Telehealth allows FQHCs to tap into specialists who are located anywhere, bringing their needed expertise to patient populations in rural areas that are traditionally underserved.
- **Culturally competent care.** Since FQHCs serve large racial and ethnic minority patient populations, telehealth partnerships allow organizations to tap into culturally competent providers no matter where they are located.
- **A closed loop of care.** An integrated care model, that includes telehealth psychiatric care, creates a closed loop system so that no patient and no patient's information falls through the cracks.

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The benefit of collaborative care is that we don't have to send patients to a specialist. If we can have a psychiatrist consulting with a primary care team, we can really keep the patient within the primary care network without them having to utilize a higher level of care until it's absolutely needed.”

— Dr. Liberty Eberly, Chief Medical Officer, innovaTel Telepsychiatry

# Staffing to Serve

Collaborative care looks different in different settings in order to meet the needs of individual FQHCs and their patient populations. Whether a model is consultative, co-located or full-service, all of them work — in part — because the **remote providers act as embedded members of an organization's clinical team.**

Solutions aren't static and can be configured to create an ideal fit for FQHCs in need of clinical psychiatric support. At innovaTel, we start with three different models as foundations and build from there.



## Our Integrated Care Models



### Consultative Model

The innovaTel psychiatrist provides consult time for the primary care physician or a care manager to review the most complex patients without seeing the patients directly. This is an extremely efficient model that can cover several patients per hour.



### Co-Located Model

An innovaTel provider can deliver care directly to your patient, at your office, while connecting from a remote location. With this model, innovaTel telepsychiatrists can provide psychiatric evaluations and carry a caseload for ongoing medication management and return the patient to your primary care team.



### Full Service Model

This is a combination of the curbside consult and co-located model where the telepsychiatrist will provide consultative care with your primary care team and also carry a patient caseload for direct patient treatment.



innovaTel is a national telepsychiatry provider that partners directly with community-based organizations to improve access to behavioral health services. For the past seven years, innovaTel has been providing telebehavioral health services with a remote clinical team made up of psychiatrists, psychiatric nurse practitioners and licensed clinical social workers with a fundamental mission of increasing access to care.

For more information, visit [www.innovatel.com](http://www.innovatel.com).