



## POLICY OPTIONS IN BRIEF

There are 6 policy options in the report for consideration.

**Option:** Direct DMAS to establish a reimbursement rate and develop a Collaborative Care Model program. (Option 1, page 7)

**Option:** Direct DMAS to establish a reimbursement rate for medication therapy management provided via telehealth. (Option 2, page 9)

**Option:** Direct JLARC to evaluate state-funded health care workforce incentive programs. (Option 3, page 13)

**Option:** Fund Virginia Task Force on Primary Care to expand pilot programs on core team-based care criteria for payers. (Option 4, page 14)

**Option:** Fund staff AHECs to support primary care practices transitioning to team-based care. (Option 5, page 16)

**Option:** Direct DMAS to develop a plan for participation in the Medicaid health home program. (Option 6, page 18)

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# Team-based Care Approaches to Improve Health Outcomes

## FINDINGS IN BRIEF

### **Team-based care is evidence-based but reimbursement for behavioral health and pharmacy services is limited**

Practice teams have a positive impact on chronic conditions and have evolved to integrate behavioral health and pharmacy services. Health care professionals cited lack of insurance coverage for integrated behavioral health services and medication therapy management delivered via telehealth as significant barriers to providing much-needed services to patients.

### **The impact of state-funded incentive programs to address primary care workforce shortages is unclear**

Successful team-based care depends on a robust health workforce. Practices rated difficulty recruiting or retaining clinical staff as the top factor limiting optimal implementation. Virginia has invested state funds in multiple primary care work force incentive programs; however, the value and impact of these programs is unknown.

### **Practices need implementation support to transition from traditional to team-based primary care**

Team-based care is cost-effective but requires up front investments in infrastructure, staffing, and training that may not be attainable for all practices. With additional resources, the existing structure of Virginia's regional Area Health Education Centers could be leveraged to provide implementation support to smaller or independently owned practices.

### **Current fee-for-service payment models are a barrier to team-based care sustainability**

Stakeholders and survey respondents reported that the current fee-for-service payment models are a significant deterrent to sustaining team-based primary care. Virginia could support expansion of team-based care using value-based payment models with Medicaid beneficiaries.