HMA
HEALTH MANAGEMENT ASSOCIATES

DELAWARE HEALTH AND SOCIAL SERVICES

Overview of Delaware HCC Behavioral Health Integration Pilot Program

November 17, 2017

AGENDA

+ Background
+ BHI Pilots
+ Technical Assistance Offerings
+ Role of Practices
+ Getting Involved

WHY NOW? WHY IS BEHAVIORAL HEALTH AND PRIMARY CARE INTEGRATION A PRIORITY IN DELAWARE?

Why

- On the radar in Delaware for years; state-wide clinical need
- DCHI has a well laid out plan – now need to adapt and execute

Vision – *to improve patient outcomes and experience by providing patients with the leave of integrated care they require in the least restrictive manner – with special focus on patients with higher physical health need s- and also to create a system that enables clinicals to practice at the top of their license.*

Aligns with Road to Value Strategies and SIM primary drivers:

✚ Develop and implement a strategy to promote integration of primary care and behavioral health

✚ Implement patient centered medical homes and accountable care organizations that take responsibility for care coordination for high risk adults/elderly/and children that is person centered and team based

HMA

HEALTH MANAGEMENT ASSOCIATES

We are a leading independent, national healthcare research and consulting firm providing technical and analytical services.

HMA will support pilots implementing:

- Referral management
- Co-location model
- Collaborative Care Model, an evidence based model for supporting patients with behavioral health needs in primary care
- Integration of primary care into behavioral health settings

HMA has assembled a team of content experts and practice coaches to support practices in integrating behavioral health and primary care.

HMA CORE TEAM

Nancy J Kamp, RN, CPHQ
Project Lead

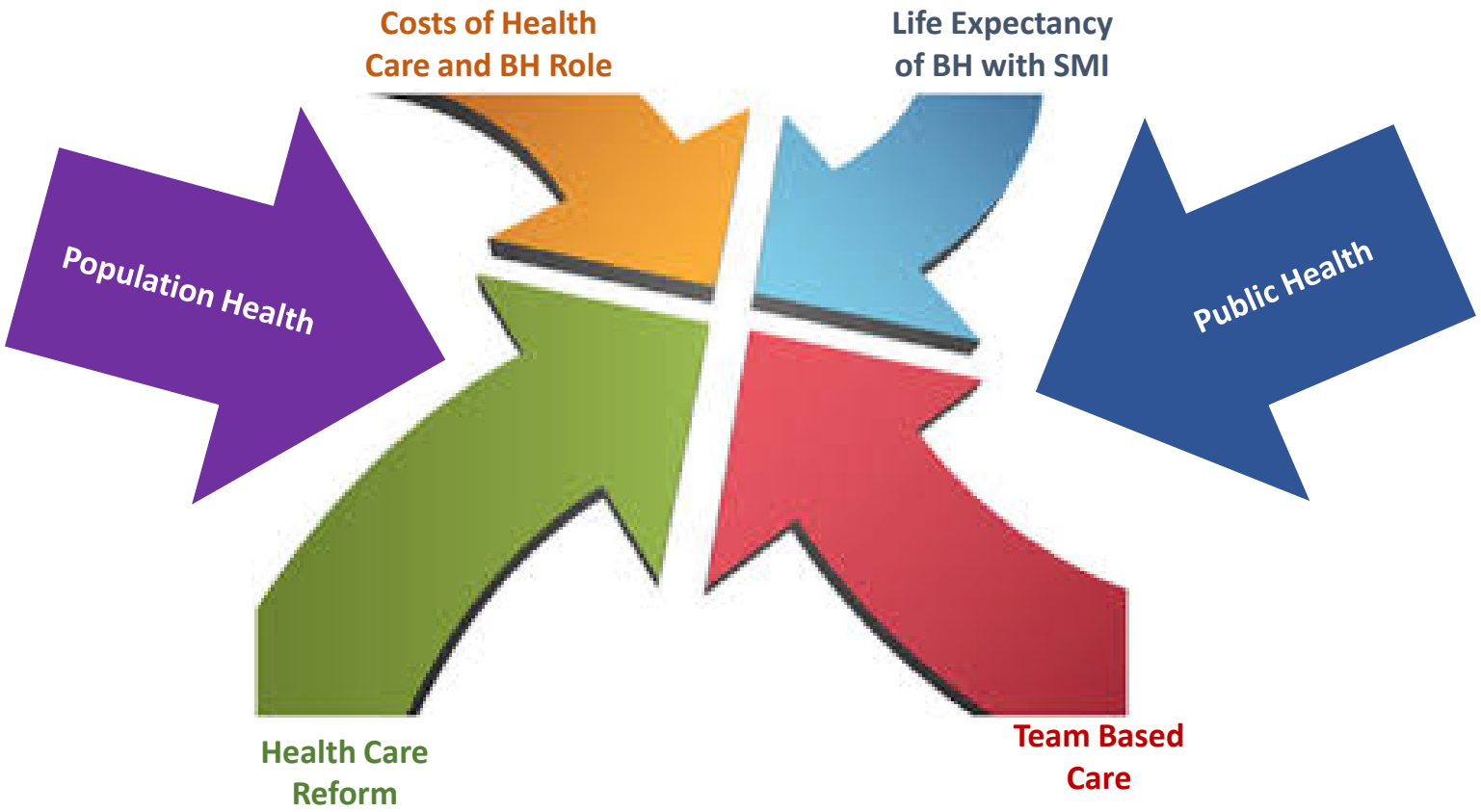
Lisa Whittemore, MSW, MPH
TA Lead

Mary Kate Brousseau
Evaluation Lead

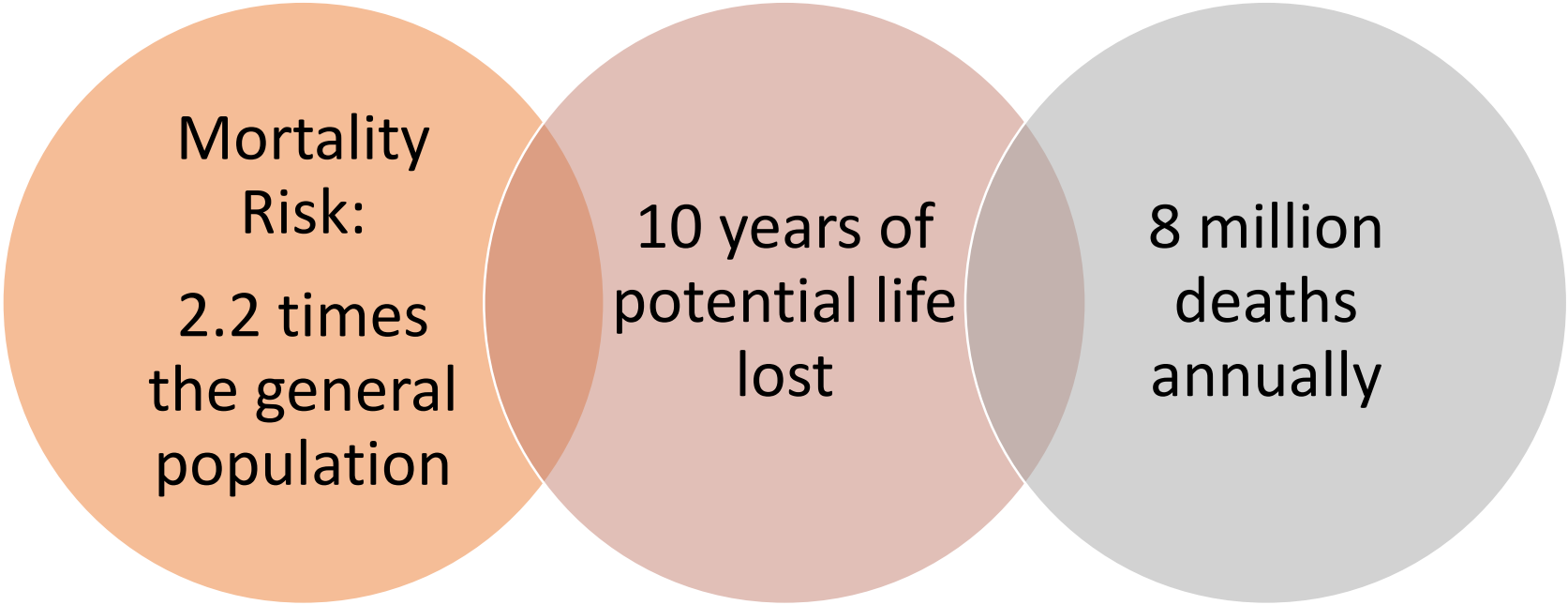
David Bergman
HIT Lead

Amanda Ternan
Project Manager

CONVERGING FACTORS DRIVING INTEGRATED CARE

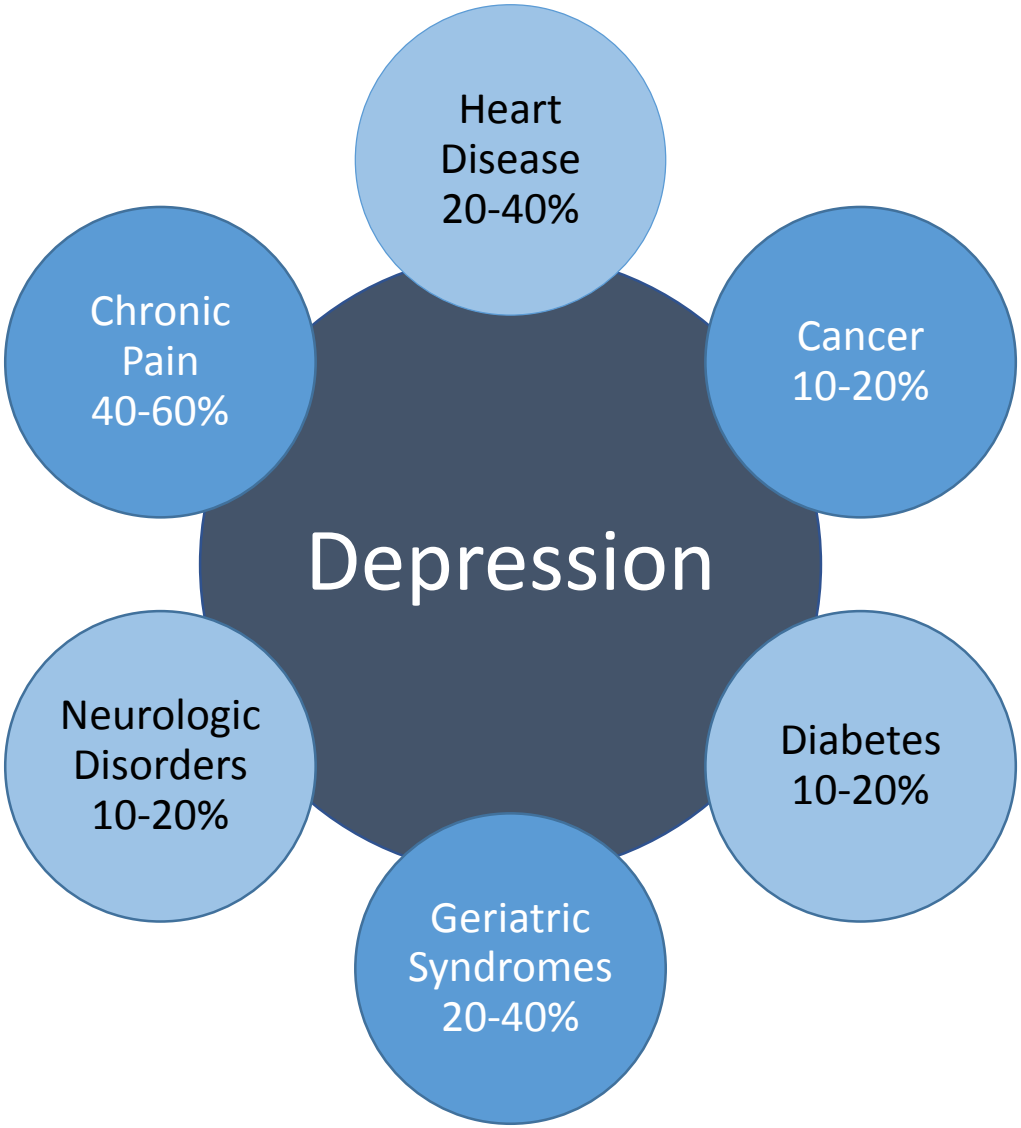


MENTAL ILLNESS AND MORTALITY

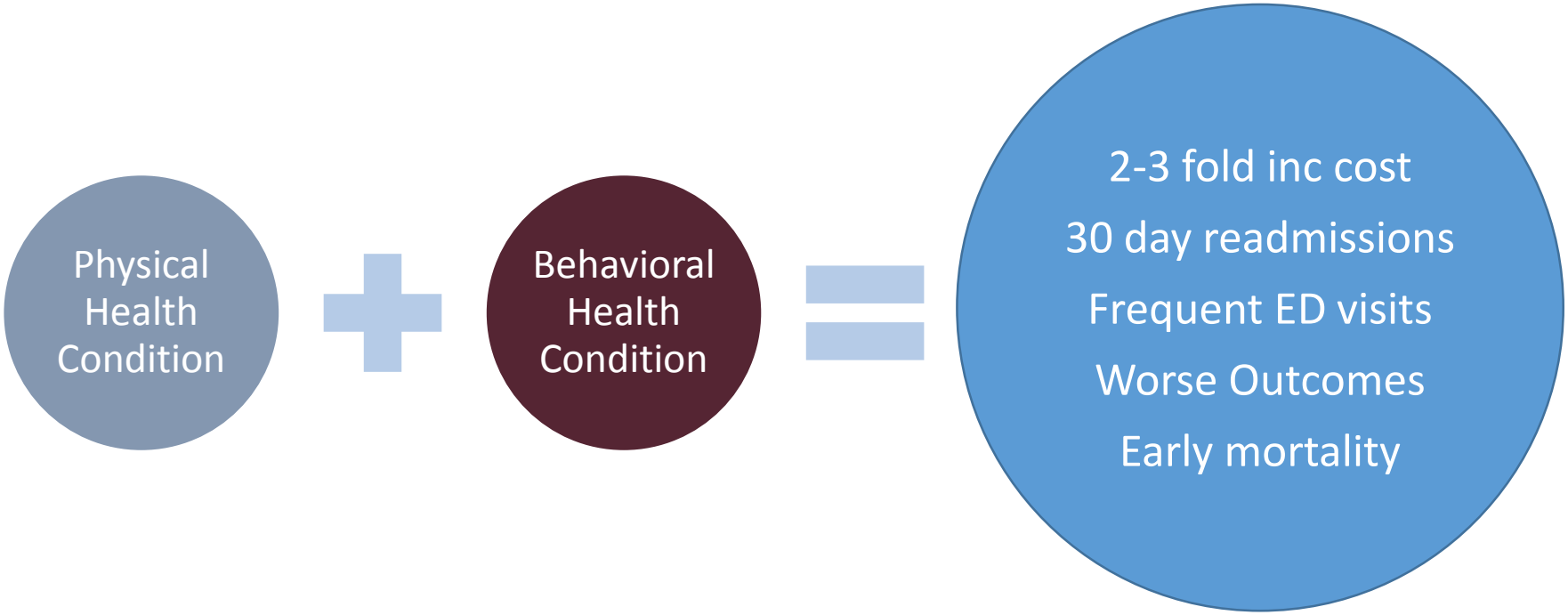


Walker, E.R., McGee, R.E., Druss, B.G. *JAMA Psychiatry.* Epub, doi:10.1001/jamapsychiatry.2014.2502

DEPRESSION IS NOT THE ONLY PROBLEM…



DEADLY COMBINATION



Melek S et al APA 2013 www.psych.org

MILLIMAN REPORT – APRIL 4, 2014

Large claims data base Medicaid, Medicare, Commercial Insurers 2010 – no MH/SUD, non-SMI MH/SUD, SMI, SUD

Most of the added cost is in **facility-based costs** (ER and inpatient) for medical care

Patients with treated MH/SUD cost **2-3 times more** ($400 PMPM compared to $1,000 PMPM)

The need is for better outpatient integration and crisis prevention to keep these ER and hospital costs down

Melek S et al APA 2013 www.psych.org

ANNUAL COST OF CARE

Common Chronic Medical Illnesses with Comorbid Mental Condition "Value Opportunities"

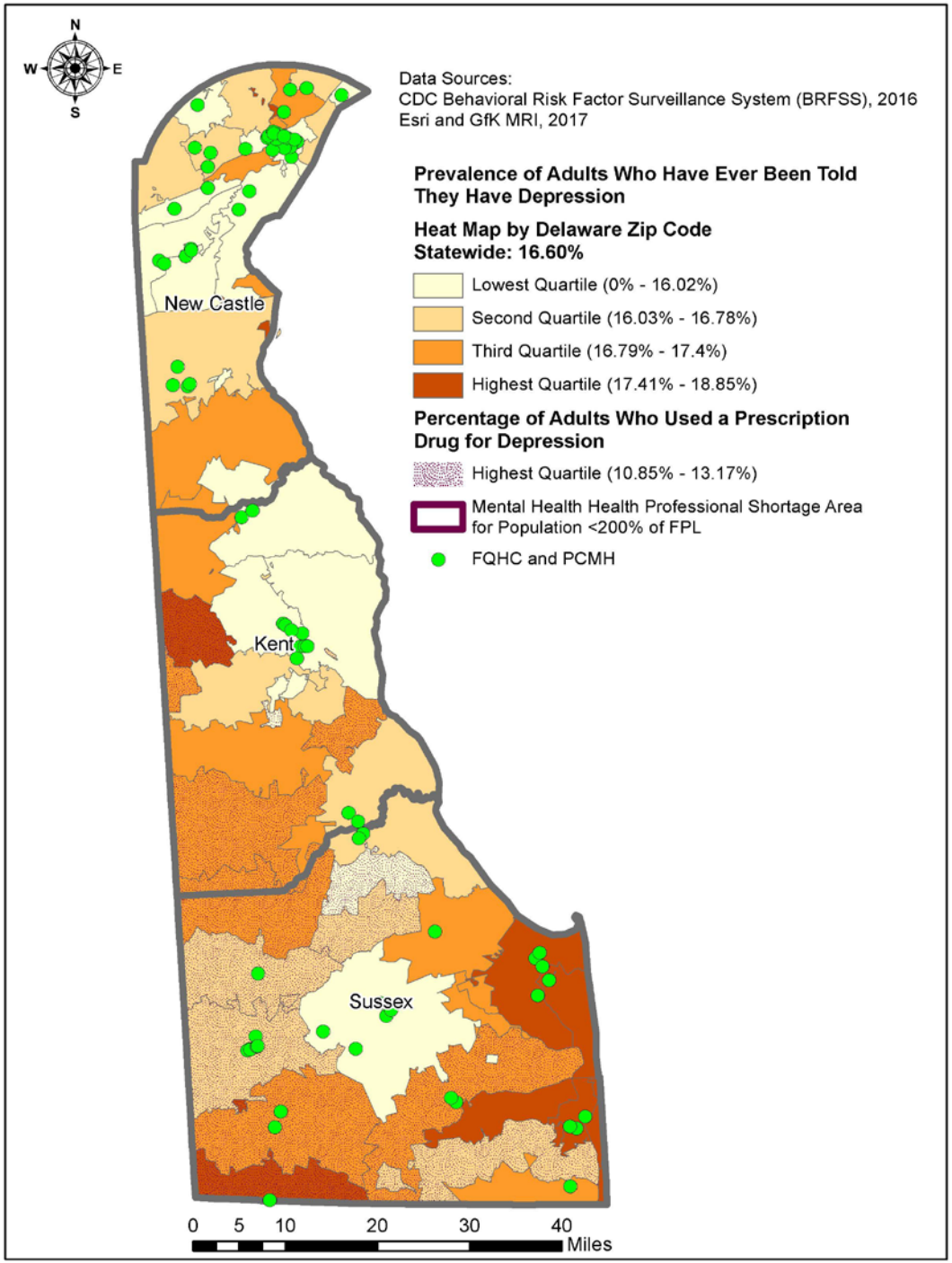
Patient Groups	Annual Cost of Care	Illness Prevalence	% with Comorbid Mental Condition*	Annual Cost with Mental Condition	% Increase with Mental Condition
All Insured	$2,920		10%-15%		
Arthritis	$5,220	6.6%	36%	$10,710	94%
Asthma	$3,730	5.9%	35%	$10,030	169%
Cancer	$11,650	4.3%	37%	$18,870	62%
Diabetes	$5,480	8.9%	30%	$12,280	124%
CHF	$9,770	1.3%	40%	$17,200	76%
Migraine	$4,340	8.2%	43%	$10,810	149%
COPD	$3,840	8.2%	38%	$10,980	186%

Cartesian Solutions, Inc.™--consolidated health plan claims data

**Melek S et al APA 2013 www.psych.org

INTEGRATION ENVIRONMENTAL DRIVERS

ACA	Other
✚ **Insurance Expansion** ✚ **Triple Aim Initiatives – better outcomes, lower costs, better experience of care** • Innovation Grants o Collaborative Care o Payment Structures • Behavioral Health Homes – SPAs • Expand CHC • Expand PBHCI	✚ **IOM Report** – Crossing the Quality Chasm: There will be no quality health care unless mental health and substance use are integrated into primary care ✚ **6 of the required Medicare ACO** quality measures are around behavioral health ✚ **NCQA PCMH** – 2017 standards require integration ✚ **HEDIS** decision to phase in new depression outcome measures- remission at 12 months ✚ **CMS** – CCM fee and CoCM fee ✚ MACRA and MIPS measures ✚ CPC+ - Tier 2 requires integration at some level ✚ **Joint Commission** required quality measures as of 2011 on universal screening (tobacco, alcohol, and behavioral health) ✚ **State Medicaid agencies** – Currently "carving back in" behavioral health – 0nly 11 states still have carve outs – down from 17 in 2013- and more are on the way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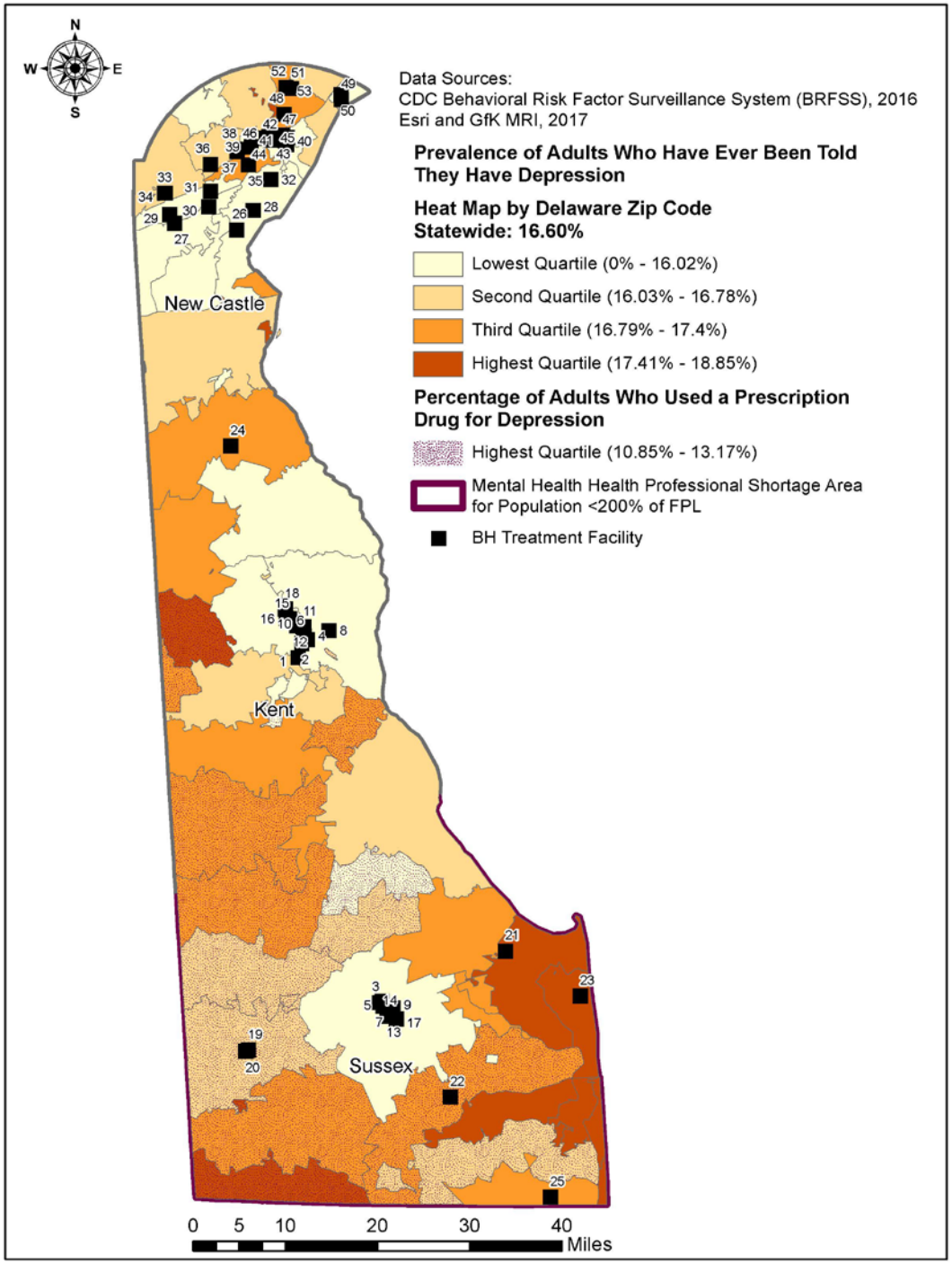
Data Sources:
CDC Behavioral Risk Factor Surveillance System (BRFSS), 2016
Esri and GfK MRI, 2017
Prevalence of Adults Who Have Ever Been Told They Have Depression
Heat Map by Delaware Zip Code
Statewide: 16.60%
Lowest Quartile (0% - 16.02%)
Second Quartile (16.03% - 16.78%)
Third Quartile (16.79% - 17.4%)
Highest Quartile (17.41% - 18.85%)
Percentage of Adults Who Used a Prescription Drug for Depression
Highest Quartile (10.85% - 13.17%)
Mental Health Health Professional Shortage Area for Population <200% of FPL
FQHC and PCMH
New Castle
Kent
Sussex
0 5 10 20 30 40
Miles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Mental Health Health Professional Shortage Area for Population <200% of FPL
BH Treatment Facility
New Castle
Kent
Sussex
0 5 10 20 30 40
Miles

Develop and implement a strategy to promote integration of primary care and behavioral health…

✚ Offering several options of pilots along the continuum of behavioral health integration:

- Building referral relationship and connectivity between primary care and behavioral health practices
- Co-location model development
- Full integration through the collaborative care model
- Integration of primary care into behavioral health
- Assistance with HIT tools to aid in integration and connectivity

✚ We want to work with the Delaware clinics wherever they are starting from and adapt and enhance what's already working

WHY JOIN?

WHETHER PCP OR BH…..IT MEETS THE TRIPLE AIM PLUS ONE

- Proven model to get better patient clinical outcomes – not only in BH conditions but co-morbid medical conditions; working in tandem with population health management
- Patient care experience increases with more personal “touches” and activation into team and self-management
- More efficiencies gained by working collaboratively to best meet the level of patient needs
- Health care cost savings over time $1/person in collaborative care to $6.50 savings long term
- Team satisfaction with a more integrated team approach
- Create alignment with other work going on within PCMH, other BHI initiatives to enhance the outcomes
- Build/bridge integration relationships and new opportunities with BH within any of the 4 pilot levels
- Hands on guidance and tools from national experts on evidence-based BHI and SUD models of best practice
- Beneficial for ongoing work towards PCMH recognition
- Beneficial for MACRA/MIPS quality measures
- Potential for new revenue streams and preparing for value based contracting

WHAT DO YOU GET AS PART OF THESE PILOTS? TECHNICAL ASSISTANCE OFFERINGS: FORMAT

Six month offering to enable more practices to participate over time.

Goal: Help practices implement or enhance behavioral health integration capabilities and improve patient outcomes.

INDIVIDUAL PRACTICE ASSESSMENT

Individual practice assessments to identify areas of focus

GROUP LEARNING OPPORTUNITIES

Two in person Learning Collaboratives and one Regional Knowledge Sharing Opportunities

WEBINARS

Webinars, hosted by various subject matter experts

WEB-BASED VIRTUAL LEARNING COMMUNITY

A website forum, housing materials and tools to share and use, and discussion platform

INDIVIDUAL PRACTICE COACHING

Practice coach working with each participating practice to aid them in their level of integration implementation or enhancement

HMA has developed an assessment tool for interested practices to identify gaps and readiness for the varying levels and options for behavioral health integration.

✚ Once a practice has committed to some level of participation in the state collaboratives and technical assistance program:

- BHI practice coaches will conduct a site visit and readiness assessment for each of Delaware's participating practices
- Based on these assessments, the practice coach and practice team will collaboratively discuss the level of integration the practice desires and is ready for and plug them into the appropriate track for the BHI pilots

TECHNICAL ASSISTANCE OFFERINGS: CONTENT

Tailored technical assistance program designed to address identified barriers to integration and lessons learned at the practice level:

Effective communication and leadership for integration	Development of efficient effective workflows demonstrating team integration	Clarity on roles and responsibilities in fully integrated practices
Use of tool kits with validated tools and approaches for BHI - adult, adolescent and peds	Problem-solving in behavioral health resource constrained environment	Using data to drive integration efforts
Integration of primary care into behavioral health practices – tools, training and lessons for implementation	Learn about financing integration in changing payment environment	Focus on, substance abuse screening, response, and treatment

Learning Collaboratives

+ All day adult learning offerings

1. Introduction to the Collaborative Care Model
    - Nationally recognized, evidence-based model for supporting patients' behavioral health needs in the primary care setting
2. Leadership: Change Management and High Performing Teams
3. Team time with coaches to work on implementation strategies

Knowledge Sharing Opportunities

+ Two to three hour sessions focused on best practice sharing

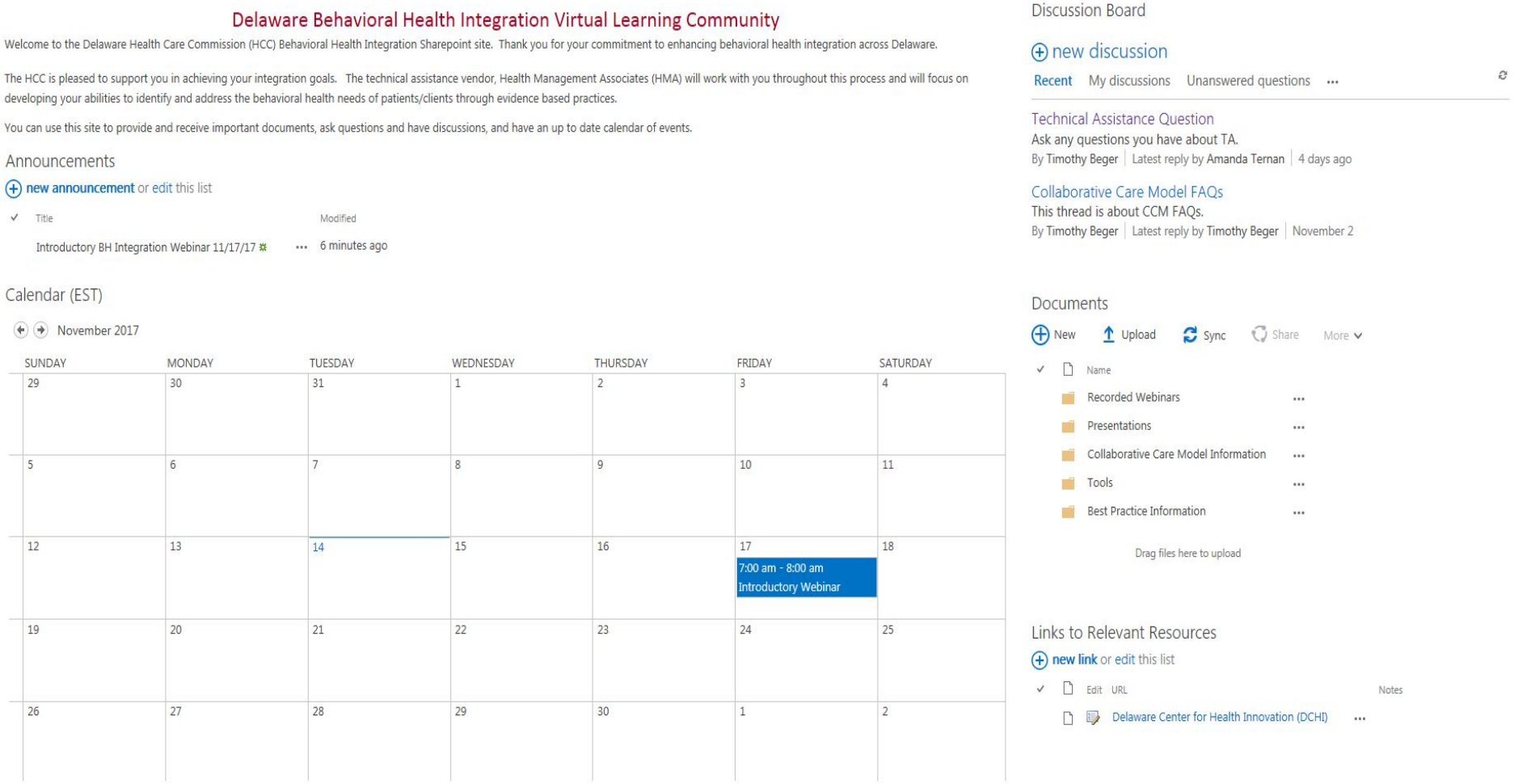
1. Sharing success stories and challenges
2. What Works and Why
3. How to overcome barriers

WEBINARS

- Periodic one hour webinars on a variety of enhanced topics relevant to Delaware's unique environment.
- Content by national experts in subject matter
- Each webinar will be recorded and available on the virtual learning community

Webinar Bringing primary care into behavioral health organizations	Webinar Clinical Decision Support for BH in the Primary Care Setting	Webinar Using Data to Drive Integration	Webinar (Pediatrics) BH Screening Tools and Risk Assessments: Developmental Screening, Substance Abuse and Post-Partum Depression
Webinar (Adult) BH Screening Tools and Risk Assessments – Beyond the PHQ-9: Substance Abuse, Anxiety and Depression	Webinar Financing BH Integration in a Changing Landscape: G-Codes and ACOs and value-based payment	Webinar Medication Assisted Treatment	Webinar Integrated Care Planning for Care Managers

WEB-BASED VIRTUAL LEARNING COMMUNITY



Delaware Behavioral Health Integration Virtual Learning Community

Welcome to the Delaware Health Care Commission (HCC) Behavioral Health Integration Sharepoint site. Thank you for your commitment to enhancing behavioral health integration across Delaware.

The HCC is pleased to support you in achieving your integration goals. The technical assistance vendor, Health Management Associates (HMA) will work with you throughout this process and will focus on developing your abilities to identify and address the behavioral health needs of patients/clients through evidence based practices.

You can use this site to provide and receive important documents, ask questions and have discussions, and have an up to date calendar of events.

Announcements

new announcement or edit this list

Title | Modified

Introductory BH Integration Webinar 11/17/17 ... 6 minutes ago

Calendar (EST)

November 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17 7:00 am - 8:00 am Introductory Webinar	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

Discussion Board

new discussion

Recent | My discussions | Unanswered questions ...

Technical Assistance Question

Ask any questions you have about TA.

By Timothy Beger | Latest reply by Amanda Ternan | 4 days ago

Collaborative Care Model FAQs

This thread is about CCM FAQs.

By Timothy Beger | Latest reply by Timothy Beger | November 2

Documents

New | Upload | Sync | Share | More

Name

Recorded Webinars ...

Presentations ...

Collaborative Care Model Information ...

Tools ...

Best Practice Information ...

Drag files here to upload

Links to Relevant Resources

new link or edit this list

Edit | URL | Notes

Delaware Center for Health Innovation (DCHI) ...

INDIVIDUAL PRACTICE LEVEL COACHING

- **Each practice will be assigned a practice coach with knowledge and experience working with practices through behavioral health integration along the continuum of integration and where your organization is at and is ready to focus**
- **Practice Coach:**
  - Coach and practice will meet to conduct a site readiness assessment and discuss options and approaches
  - Co-develop an individualized work plan and use of a tool kit to help with implementation or enhancement to an existing model
  - Coach will make periodic on-site visits to each practice as needed/desired
  - Frequent telephone contact as needed/desired
- **HMA Subject Matter Experts are available to practices for content issues as practices request and as part of the individual TA plan**

+ **Work with DHIN, Behavioral Health Practices and Primary Care Practices to develop the infrastructure to support integrated care:**
+ **Behavioral Health:**
  - Address barriers to health IT adoption and use
  - Facilitate exchange of information consistent with privacy obligations
  - Develop templates and materials to support information exchange across care silos
+ **Primary Care Providers:**
  - Adapt existing health IT tools to support integrated care;
  - Enable, train, and support exchange of information with needed care partners
  - Develop templates and materials to support information exchange across care silos

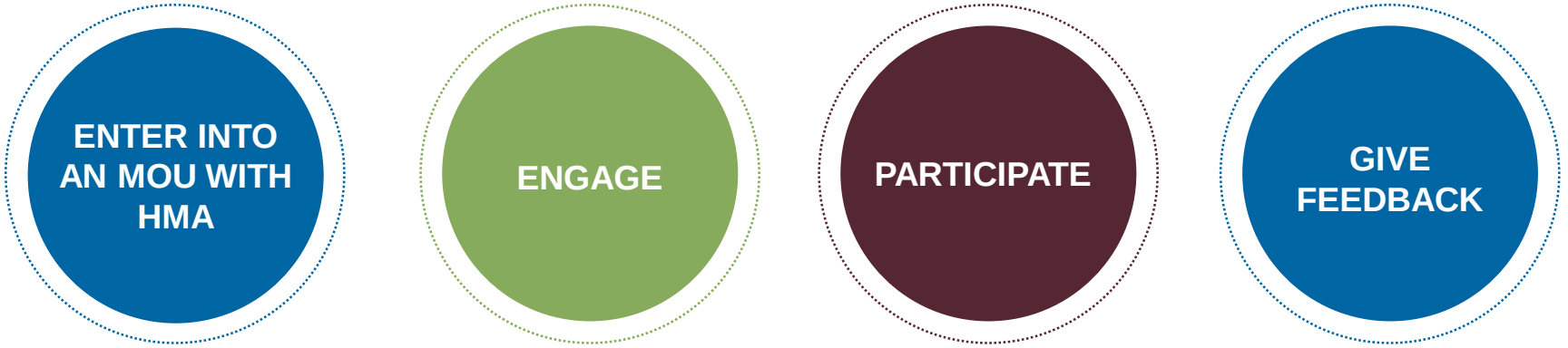
EVALUATION

Evaluation Of TA Program At Helping Practices Implement BHI Components

Measurement Of Participating Practices Satisfaction

Measurement Overtime Of Quality And Outcome Measures – Is This Making A Difference

ROLE OF PRACTICE SITES



Enter into a Memorandum of Understanding (MOU) with HMA (on behalf of DHCC) and indicate your interest and commitment to the process and level of integration

Identify leaders/team who will attend the TA offerings and engage with the practice coach to lead these efforts in your practice

Attend the TA offerings and webinars

Assist with the evaluation by responding to survey requests and data submission

NEXT STEPS

APPLICATION FOR PARTICIPATION

Submit application anytime and/or pose questions or request a 1:1 discussion with an HMA team member between now and January 5, 2018.

An HMA team member will contact you

PARTICIPATION AGREEMENT

Contact HMA about signing an MOU/participation agreement in the pilot program.

TECHNICAL ASSISTANCE COMMENCES

- Site visits in Dec/January
- Learning Collaborative will be held in February
- Webinars and practice coaching ongoing through May


ANY
QUESTIONS?

CONTACT US

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