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 needs - 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
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

- Costs of Health Care and BH Role
- Life Expectancy of BH with SMI
- Health Care Reform
- Team Based Care
- Public Health
- Population Health
MENTAL ILLNESS AND MORTALITY

Mortality Risk: 2.2 times the general population

10 years of potential life lost

8 million deaths annually

DEPRESSION IS NOT THE ONLY PROBLEM...

- Heart Disease: 20-40%
- Cancer: 10-20%
- Diabetes: 10-20%
- Geriatric Syndromes: 20-40%
- Neurologic Disorders: 10-20%
- Chronic Pain: 40-60%
- Depression
DEADLY COMBINATION

Physical Health Condition + Behavioral Health Condition =

2-3 fold inc cost
30 day readmissions
Frequent ED visits
Worse Outcomes
Early mortality

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

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

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

**Melek S et al APA 2013 [www.psych.org]**
## INTEGRATION ENVIRONMENTAL DRIVERS

<table>
<thead>
<tr>
<th>ACA</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insurance Expansion</strong></td>
<td>+ IOM Report – Crossing the Quality Chasm: There will be no quality health care unless mental health and substance use are integrated into primary care</td>
</tr>
<tr>
<td><strong>Triple Aim Initiatives – better outcomes, lower costs, better experience of care</strong></td>
<td>+ 6 of the required Medicare ACO quality measures are around behavioral health</td>
</tr>
<tr>
<td>• Innovation Grants</td>
<td>+ NCQA PCMH – 2017 standards require integration</td>
</tr>
<tr>
<td>o Collaborative Care</td>
<td>+ HEDIS decision to phase in new depression outcome measures- remission at 12 months</td>
</tr>
<tr>
<td>o Payment Structures</td>
<td>+ CMS – CCM fee and CoCM fee</td>
</tr>
<tr>
<td>• Behavioral Health Homes – SPAs</td>
<td>+ MACRA and MIPS measures</td>
</tr>
<tr>
<td>• Expand CHC</td>
<td>+ CPC+ - Tier 2 requires integration at some level</td>
</tr>
<tr>
<td>• Expand PBHCI</td>
<td>+ Joint Commission required quality measures as of 2011 on universal screening (tobacco, alcohol, and behavioral health)</td>
</tr>
<tr>
<td><strong>State Medicaid agencies</strong> – Currently “carving back in” behavioral health – Only 11 states still have carve outs – down from 17 in 2013- and more are on the way</td>
<td></td>
</tr>
</tbody>
</table>
Prevalence of Adults Who Have Ever Been Told They Have Depression

Heat Map by Delaware Zip Code
Statewide: 16.60%
- Lowest Quartile (0% - 6.02%)
- Second Quartile (6.03% - 6.78%)
- Third Quartile (6.79% - 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 Professional Shortage Area for Population <200% of FPL
- FQHC and PCMH
Prevalence of Adults Who Have Ever Been Told They Have Depression

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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
- BH Treatment Facility
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
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:

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

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
+ 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

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

Delaware Behavioral Health Integration Virtual Learning Community

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

The DHCC 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

Introductory BH Integration Webinar 11/17/17

Modified

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 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 Teman | 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

Recorded Webinars

Presentations

Collaborative Care Model Information

Tools

Best Practice Information

Links to Relevant Resources

new link or edit this list

Edit URL Notes

Delaware Center for Health Innovation (DCHI)
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.
HEALTH INFORMATION TECHNOLOGY APPROACH

+ 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 AN MOU WITH HMA**
  - 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.

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

- **PARTicipate**
  - Attend the TA offerings and webinars.

- **GIVE FEEDBACK**
  - 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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Principal, TA Lead

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lwhittemore@healthmanagement.com