Overview of Delaware HCC Behavioral Health Integration Pilot Program

November 21, 2017
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
Delaware's Approach to the BH Needs

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
LOCAL BARRIERS IDENTIFIED – DCHI BHI SUMMARY PLAN

**Align Reimbursement Environment**
- Policies differ by payer increasing potential for provider confusion
- Practice billing may be managed by 3rd party and/or offsite, meaning limited PCP and BH provider (BHP) awareness of coding practices and implications for billing
- Higher volumes of referrals requires to compensate for higher rate of 1st time no-shows to BHP

**Identify Partners**
- Potential lack of interest or energy to expand primary care practices to work with BH providers
- Word of mouth/existing contacts are only current sources for PCPs and BH providers interested in integration
- Multiple PCPs may be needed to sustain BH pilot in southern Delaware

**Develop Operational Processes**
- Integration of BH provider into existing clinical practice requires addressing multiple areas (e.g. workflows, office space, billing systems, medical record)
- Solutions exist for many of these areas; however number of areas and need for attention to detail may challenge success

**Formalize Partnership**
- Limited awareness of partnership models and steps needed to formalize a primary care BH practice partnership (e.g. PCP contracts for block of BH provider time or PCP pays per patient)
- PCPs and BH providers could be across very different cultures
<table>
<thead>
<tr>
<th>Description of model</th>
<th>Depiction of model</th>
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<tbody>
<tr>
<td>Referral and co-management¹</td>
<td>Primary care practice</td>
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<tr>
<td>PCP establishes referral relationship and co-management agreement with BHP</td>
<td></td>
</tr>
<tr>
<td>PCP refer patients in need of BH services to BHP where services are performed</td>
<td></td>
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<tr>
<td>Each practice bills separately for services</td>
<td></td>
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<tr>
<td>BH provider co-located but bills separately</td>
<td>Primary care practice</td>
</tr>
<tr>
<td>PCP and BHP coordinate co-location of BHPs at PCP site through co-management agreement</td>
<td></td>
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<tr>
<td>PCP hands off patients in need of BH services to BHP</td>
<td></td>
</tr>
<tr>
<td>Each practice bills separately for services</td>
<td></td>
</tr>
<tr>
<td>Employed / contracted BH staff</td>
<td>Primary care practice</td>
</tr>
<tr>
<td>PCP employs/contracts BHP part-time or full-time to support BH integration</td>
<td></td>
</tr>
<tr>
<td>BHP delivers screening, diagnosis, and treatment of patients with IBH need</td>
<td></td>
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<tr>
<td>PCP practice bills for all services</td>
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</tbody>
</table>

¹ Referral and co-management is the process of referring patients to other healthcare providers and coordinating their care.
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
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
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

**Webinars**

- Bringing primary care into behavioral health organizations
- Clinical Decision Support for BH in the Primary Care Setting
- Using Data to Drive Integration
- BH Screening Tools and Risk Assessments: Developmental, Substance Abuse and Post-Partum Depression
- Financing BH Integration in a Changing Landscape: G-Codes and ACOs and value-based payment
- Medication Assisted Treatment
- 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
Introductory BH Integration Webinar 11/17/17

Discussion Board

new discussion

Recent  My discussions  Unanswered questions

Discussion Board

Technical Assistance Question
Ask any questions you have about TA.
By Timothy Beger | Latest reply by Amanda Terman | 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 link or edit this list

Delaware Center for Health Innovation (DCHI)

Links to Relevant Resources

Calendar (EST)

November 2017

SUNDAY  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  SATURDAY

20  21  22  1  2  3  4

5  6  7  8  9  10  11

12  13  14  15  16  17  18

7:00 am - 8:00 am
Introductory Webinar

19  20  21  22  23  24  25

26  27  28  29  30  1  2

Health Management Associates

Delaware Health and Social Services
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 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 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

MEMORANDUM OF UNDERSTANDING
Contact HMA about signing an MOU.

TECHNICAL ASSISTANCE COMMENCES
• Site visits in Dec/January
• Learning Collaborative will be held in February
• Webinars and practice coaching ongoing through May
How do we learn and build on what is already happening in the state?

- Transformation work
- Integration work
- Other

Who’s interested in this across the state?

Who are the leaders in this across the state

Who could we partner with in the state on training, coaching, recruiting, or how else could we partner?

How can we collaborative with you to make this a success!
CONTACT US

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