Health Reform and Behavioral Health Organizations

The Coalition of Behavioral Health Agencies
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Today…

• Federal Healthcare reform – particularly *delivery system redesign and payment reform*

• Current *focus on integrated care* – mental health, substance use and primary care

• Preparing specialty behavioral health for a *future in healthcare*
Deer in the Headlights…

Enough said…
Understanding the Future of American Healthcare…

Understanding that Healthcare is Big Business…

Lobbying:
- US Chamber of Commerce $52,750,000
- Pharmaceutical Research & Mfrs of America $22,733,400
- American Medical Assn $22,132,000
- American Hospital Assn $19,734,545
- AARP $19,540,000
Forces in play…

- **Experimentation Policy**
- **Demand for impact, Service Delivery**
- **Liberation of information Technology Revolution**

Healthcare Policy…

- **Health reform rollout**: challenges & opportunities
  - Medicaid Expansion- new rule*
  - Exchanges and Essential Benefits
  - Parity regulations**
- Rapid expansion of **Medicaid managed care**
- **Health homes** and **ACOs**
- **Dual-eligible** planning and implementation
- Move to **case rates, bundled payments, capitation – risk**

*Demise of the Grand Bargain: debt ceiling extended 3 months beyond Feb; sequestration delay ends 3/1; 2013 CR ends 3/27
50th Anniversary of the 1963 Community Mental Health Act

• Wrote in 1963 - mental illness among our most significant health problems, due to critical size and tragic impact; deserving of whole new national approach

• Honoring the Newtown Tragedy
  • Administration
  • Congress
  • State Government

ACA Implementation … the states

• Healthcare is the single biggest category of government spending
• Slowed but continued growth
• Ongoing issues with the sustainability of spending… IOM report – 750 billion a year wasted – 30 cents on each dollar
• States will expand Medicaid regardless of politics; and will continue “transforming”
The Affordable Care Act: Four Key Strategies

- Insurance Reform
- Coverage Expansion
- Delivery System Redesign
- Payment Reform

Healthcare Reform

Atul Gawande: Testing, Testing

- Insurance Reform and Coverage Expansion are “technical fixes”
- Service Delivery Redesign and Payment Reform is now the focus … “bending the cost curve”
Healthcare Reform’s Task: Inverting the Triangle

It’s all about Inverting the Resource Allocation Triangle so that:

• **Inpatient and Institutional Care are limited**
• **Chronic conditions are care coordinated**

And spending is slowed

Battle for Control is Underway

• **Large legacy hospital healthcare systems** in major acquisition mode to gain larger market share and build ACOs.
• **Health Plans** attempting to reinvent themselves and move horizontally and vertically through ecosystem.
• **Non-hospital affiliated providers** self-organizing the create IPAs and ACOs.
• **New innovative players** with innovative solutions are popping up.
Large Legacy Healthcare Systems

• Currently control most of the money in the delivery system and are increasing market share in order to create ACOs.
• Many of their actions are resulting in higher healthcare costs.
• Their major triple aim activities are OPM-oriented (Other People’s Money).
• And most are practicing “Incrementalism”, which is the primary strategy for avoiding change (after study commissions).

Health Plans…

• The Massachusetts Payment Reform Commission Report: “Hospitals will become reinsurance companies to ACOs.”
• This shift is grounded in the quality improvement theory that pushing the responsibility for quality, utilization, management and cost down to the “production floor”.
• Is this the end of health plans as we know them; or will ACOs fail; or…
For Behavioral Health Providers…

- A serenity prayer moment: God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference.

Key Questions…

1. How does a BH provider make sense of a “parity” world?
2. Who should you and your colleagues should be building relationships with?
3. What strategies can you employ to navigate these waters?
Can you survive and even thrive?

• Short answer: Yes
• A bit longer answer: You have to be able to demonstrate that you can help the payor or purchaser achieve the triple aim.
• With an emphasis on the lower cost aim.
• We are suggesting two strategies.

1. Understand the “new” healthcare

  • Managed
  • Bi-directional integration
  • Population based care
  • Consolidations/Joint Ventures
Making Sense through the Lens of Managed Care

- Every group that will be controlling the money will be deploying some type of managed care.
- You have a dual task of understanding what model your payors are cooking up...
- And attempting to move further upstream.

Mental Disorders Rarely the Only Health Problem

- Impact Project
- NASMHPD Early mortality/Morbidity

- Chronic Physical Pain  25-50%
- Cancer  10-20%
- Neurologic Disorders  10-20%
- Mental Health / Substance Abuse  10-20%
- Heart Disease  10-30%
- Diabetes  10-30%
- Smoking, Obesity, Physical Inactivity  40-70%
Bi-Directional Integration...

Clinical Design for Adults with Low to Moderate and Youth with Low to High BH Risk and Complexity

- Primary Care Clinic with Behavioral Health Clinicians embedded, providing assessment, PCP consultation, care management and direct service

Clinical Design for Adults with Moderate to High BH Risk and Complexity

- Partnership/Linkage with Specialty CBHO for persons who need their care stepped up to address increased risk and complexity with ability to step back to Primary Care

Community Behavioral Healthcare Organization with an embedded Primary Care Medical Clinic with ability to address the full range of primary healthcare needs of persons with moderate to high behavioral health risk and complexity

Our niche: caring for complex, costly patients

Socially vulnerable patients
(income, language, race/ethnicity, health disparities)

Clinically vulnerable patients
(complex, difficult healthcare needs)

You Are Here

Advocacy …

- **ACA – Behavioral Organizations as Health Homes** - mental illness & substance Use Disorder eligible chronic illness for Medicaid health homes (state plan option); and BHOs eligible providers
- **ACA - 50 m. behavioral-primary care integration grants**

Medicaid Health Home - States to Date

- 7 States with approved State Plans:
  - Missouri (2) – Behavioral Health/Primary Care
  - Rhode Island (2) – adults/children with SMI
  - New York – chronic behavioral/physical health
  - North Carolina - chronic behavioral and physical health
  - Oregon - chronic behavioral/physical health
  - Iowa - chronic behavioral and physical health
  - Ohio – children/adults with SED and SMI

4 states await approval: Alabama, Wisconsin, NY*, Washington; and 12 states drafting

*Behavioral Health Homes: Core Clinical Features*
Bi-Directional Integration…

Technical Assistance

93 ACA - PBHCI
“Integration” Grantees
• Fordham-Tremont Community Mental Health Center
• International Center for The Disabled
• Institute for Community Living, Inc.
• New York Psychotherapy and Counseling Center
• Postgraduate Center for Mental Health

SAMHSA-HRSA
Center for Integrated Health Solutions

• NYS G-TAC -
• Ohio TTC
• Consultation to governments’ and organizations’ plans to incorporate mental health and addictions treatment into their health homes programs

Lessons Learned

• Top Down Leadership Buy-in and Engagement
• Organizational history of successful Planned Change
• Identification of patient populations – targeting populations for integrated care
• Assurance of adequate numbers of referrals to support medical services
• Recruitment of medical staff – doctors and nurses – and behavioral staff training in team-based Care
• Money matters, a lot
Lessons Learned...Partnerships are Hard

FQHC Look-Alike Learning Community

*One year of interactive web-based learning sessions*

- Helping community behavioral health organizations apply for FQHC Look-Alike status
- Increasing the number of behavioral health organizations with onsite primary care

Excellence in Mental Health Act (S. 2257/H.R. 5989)

- Congresswoman Doris Matsui (D-CA) and Congressman Eliot Engel (D-NY)
- Criteria for Federally Qualified Community Behavioral Health Centers (FQCBHCs), designed to serve those with mental and addiction disorders
- Improves Medicaid reimbursement
- Creates loan fund for modernization and construction of community-based mental health and addiction treatment facilities.

Senator Debbie Stabenow, author of the 2010 Excellence in MH Act
Population Based Care…

- Jeffrey Brenner - COMPSTAT >> HEALTHSTAT
- Two most expensive city blocks, 900 people, accounted for 4000 hospital visits, 200 hundred million in healthcare costs over a 5 year period.
- 1% of 100,000 people used 30% of costs
- Can you identify patients with MH/SUD who represent the top 5% to 10% of high cost consumers of health care - and provide effective care management services to help them manage their MH/SU disorders AND their chronic health conditions?

Missouri Community Mental Health Centers…

Major Shift of Community Mental Health Centers from Case Management to Care Management/Hot Spotting

Actively identifying community members with high cost chronic health conditions and MH/SUD, wrapping care around them to help them get their lives back (recovery) and move toward health
Missouri Outcomes…

Cohort of MO HealthNet participants

Program outcomes:
• Pharmacy cost decreased 23%.
• General hospital cost decreased by 6.8%.
• Primary care services increased by 21%.
• Independent living increased by 33%.
• **Vocational activity increased by 44%**.
• Legal involvement decreased by 68%.
• Psychiatric hospitalization decreased by 52%.
• Illegal substance use decreased by 52%

Consolidations and Joint Ventures

Harvard Business Review: Cross-cultural Communication **Talking a different language with unfamiliar colleagues**
Possible future…

- 70-80% of Behavioral Health Disorders will be served in primary care clinic settings, with number of one-stops growing
- Community Behavioral Health Organizations will need to:
  - Be part of other organization’s one stop
  - Create their own one stops
  - Have staff working at different types of satellite clinics
  - Have staff working on community-based teams

New Payers & Payment Models…

CBHOs will need to:

- Be ready to contract with new Medicaid Payers as:
  - Parity forces States to create more robust benefits for enrollees with mild and moderate BH disorders and builds this into Health Plan contracts.
  - States blow up Carve-Outs and contract BH to Health Plans.
- Be able to participate in health insurance exchange by becoming part of provider networks of health plans that are selling commercial coverage through the exchange
- Be ready to implement alternative payment models as purchasers incrementally move from fee for service to capitation
In some Cases…

Becoming best friends with Community Health Centers, other Essential Community Providers (ECPs), Primary Care Associations perhaps organizing to take on risk-bearing contracts as full service ACOs/IPAs.

Current Bi-Modal Distribution of CBHOs

- Some quite proficient at contracting with payors, becoming part of their preferred networks, and succeeding in that operating environment.
- Others avoid these arrangements like the plague.
- Some have long history of managing case rates and/or sub-capitation.
- Others only know grant funding or fee for service.
Strategy 2: Become a Behavioral Health Center of Excellence

- a.k.a. Being seen as the Mayo Clinic of Behavioral Health
- Care is standardized and data driven

“This red line indicates the change in this red line over a period of time.”

Why Mayo Clinic?

- Brand
- More and more large corporations are contracting with the Mayo Clinic, Cleveland Clinic and other centers of excellence to provide service for their employees
- The contracts are for a fixed price (case rate)
- Why are they doing this?
- Because patients and employers know that they care they receive will solve their problems, they will receive world class customer service, and the care will be timely and cost-effective.
What is a Behavioral Health Center of Excellence?

- Education and Early Intervention: Community Education
- Rapid Access/Open Access: “Be there when I need you.”
- World Class Customer Service: Think Nordstrom, Amazon, Apple, Costco, Southwest Airlines
- Treat to Target: Team-based care using consumer goals to drive planning and rapid-cycle adjustments if plans don’t work
- Effective Care Models: Evidence informed care for whole person, right-sized caseloads, and ample training/ supervision
- Wellness, Resilience and Recovery: Strengths-based, self management, low dropout rates, shorter lengths of stay
- Measurable Outcomes: Prepare for Transparency
Does anyone know you? Telling your Story…

“We were tweeting long before it was cool.”

Organizational Marketing and Branding…

10 out of 10 ghosts have experienced a traumatic event
7 out of 10 adults in the U.S. have experienced some type of traumatic event at least once in their lives. Trauma is a major risk factor in all mental health and substance use concerns — including anxiety, depression, substance use and eating disorders.
Community mental health and addictions treatment providers in the U.S. are world renowned for their strides to create healthy communities. This holiday season, these healthcare professionals have shared their secret recipe for the very first time.

**RECIPE FOR A HEALTHY COMMUNITY**

**Serving size:** Your entire community, especially the 1 in 5 who live with mental and addictive disorders

**INGREDIENTS**

| 1 bottle | 24-hour crisis response |
| 1 can    | Suicide prevention      |
| ½ cup    | Integrated primary care and behavioral health |
| 8 oz     | Mental Health First Aid  |
| 1 package| Prisoner re-entry treatment |
| 1 bushel | Research on trauma and brain science |
| 2 bunches| Job training and employment services |
| 1 quart  | Alcohol and drug abuse treatment |

**DIRECTIONS**

1. Combine 24-hour crisis response and suicide prevention to save lives.
2. Pour primary care into behavioral health clinics to lower health system costs.
3. Add Mental Health First Aid (see recipe at www.mentalhealthfirstaid.org) to teach your community to recognize and help persons with mental illnesses and addictions.
4. Fold in community re-entry treatment for prisoners to keep neighborhoods safe.
5. Add research to push forward the newest therapies.
6. Sprinkle in job training and employment services to build a stronger local economy.
7. Finish off with alcohol and drug abuse treatment to keep people sober.
8. Properly plate with adequate funding and enjoy a healthy community.

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**Education and Early Intervention**

...Mental Health First Aid

Partnership with Maryland and Missouri State Governments

- More than 80,000 trained
- 2500+ instructors
- Youth Version
- Spanish adaptations
- National policy and media attention
Mental Health First Aid Higher Education Act (H.R. 5996/S. 3325)

- Senator Mark Begich (D-AK), Congressman Jason Altmire (D-PA)
- More than third of college students experience mental health problem & suicide is 2nd leading cause of death
- Many people know how to provide first aid in health emergency – but few know what to do for someone experiencing mental health crisis.
- Authorizes demonstration program to train college faculty and staff in MHFA.

Accessible… And welcoming…

*Important factor in getting referrals and handling increased caseloads*
Same Day Access!

Practice change
- **Control the Schedule**
- **Limit any approved meeting to 1 hour**
- **Only schedule two appointments out**
- **Don’t schedule paper work time**
- **Reduce cancellations – reminders**

Treat To Target...

What is Treat to Target?
- Multi-disciplinary team
- Multi-dimensional assessment and diagnosis
- Evidence-Informed Care Plan - measurable targets; examples:
  - A1c blood test for diabetes
  - Lipid panel for cholesterol
  - Blood pressure for hypertension
  - PHQ-9 for Depression
  - MDQ (Mood Disorder Questionnaire) for bipolar disorder
  - DLA20 for serious mental illness
- Collaborative Self-Care Plan with measurable targets
- Frequent measurement (every visit for some!)
- If targets are not being met, CHANGE THE CARE PLANS
Screening tools as “Vital Signs”

Behavioral health screening tools are like monitoring blood pressure!
- Identify that there is a problem
- Need further assessment to understand the cause of the “abnormality”
- Ongoing monitoring to measure response to treatment

Effective Care Models…Trauma-informed Care

> Learning communities
> Magazine
> Resources and materials
> Consulting
Available and Prepared Workforce

Highly regulated, capital-intense, and labor-intensive

- Of 69,000 new private sector jobs created in May 2012, 33,000 in health care
- 7,600 Americans become eligible for Medicare every day

It’s Not Just Us…. It’s a Global Workforce Shortage

- WHO estimates 4.3 million more workers required to meet need by 2015.
- Health workforce shortages has replaced financing as “most serious obstacle” to health

Psychiatrists, Social Workers and Case Managers…

- Psychiatrist Curriculum: 6 Modules designed to increase psychiatrists’ capacity to practice and/or consult in integrated health settings.
- Case Managers to Care Managers: Transforming traditional mental health case management programs into assuming responsibility for the whole health of the individuals they serve.
Healthcare Workers…the future

Whole Health Action Management (WHAM): By and For Consumers

• Preparing consumers as health educators and coaches – support emerging peer workforce in health integration service models like health homes.
• Guiding participants through person-centered planning process to health and resiliency goal with weekly action plan for success.

Leadership - The ability to generate an inspirational future where other people see their future that is unburdened by the past

Middle Management Academy
Preparing Your Future Leaders

• National Council Middle Management Academy
• Emerging Leaders and Health Disparities
• Psychiatric Leadership
• Executive Leadership - Stella Pappas
Wellness, Resilience and Recovery…Self Management Tools

- Everyday, **Bosch Health Buddy System** gathers vital signs, reviews symptoms, educates, and reinforces positive behavior.
- Data from the device is sent to and reviewed by the health provider to identify need for intervention.
- **Smart phone** – substance use
- **myStrength** – anxiety and depression therapy

Produce Measurable Outcomes...

Taking the leap: a new framework of care

- The national shift to accountable healthcare means mental health providers **must show measurable results from interventions**.
- Using **hard data** to examine progress or lack of progress
- **Partnerships** between practitioner and consumer
- **Monitor** – benchmark - staff variance in standards of clinical practice

*If we don’t measure it... we can’t manage it... we can’t improve it... we won’t be paid for it!*
SPQM Dashboards

> Comprehensive quality management system
> Supports data-informed decision making
> Measures performance outcomes and analyzes organizational practices
> Provides essential information to demonstrate program value
> Increases quality, accountability, compliance, and cost-efficiency of services

Using technology a must!
Does Your Organization Have an Electronic Health Record?

EHR use among National Council members (%)

- Yes, all electronic, all sites. No paper charts. 25.3%
- Yes, all electronic at some sites, paper or combo at others 30.7%
- No, but we plan to implement 39.2%
- No, and we have no plan to implement 4.8%

Behavioral Health IT Act of 2011 (S. 539/HR. 6043)

- Extends federal health IT incentive payments to community mental health and addiction treatment facilities
- Currently 17 Senate co-sponsors and 8 House co-sponsors
We can’t stop thinking about the future…

• Because we’re convinced that the healthcare system of the near future will not look much like the present.
• And the implications for those in the room are enormous.

Curated information…

• Public Policy Update and Alerts
• National Council Magazine - Special Suicide Prevention Issue
• Technical Assistance e-Newsletter
• Addictions/Co-occurring e-Newsletter
• Journal of Behavioral Health Services & Research
• Books, Policy Papers
• Salary Survey
• Webinars
2013 National Council Mental Health & Addictions Conference

April 8 – 10, 2013
Las Vegas, NV

Join a community of healthcare executives, mental health and addictions professionals, clinicians, advocates, policy makers, researchers, and technology leaders.

Celebrating Our Legacy
50th Anniversary of the 1963 Community Mental Health Act

Awards of Excellence

3,500 ATTENDEES

As former Senate Majority Leader Everett Dirksen (R-IL) said…

“When I feel the heat, I see the light.”