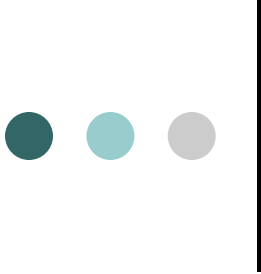




# Clinic Reform: The Clinical Model

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# Changes are more than fiscal: Opportunity for clinical transformation

- Evidence that change is needed
  - Modal number of outpatient visits is 1
    - (Next highest frequency is 4)
  - People wait too long or fail to get access to clinic services
    - Almost 1/3 of hospital discharges wait > 1 months for a clinic visit
  - Too many people with SMI are stuck in non-clinic services (ACT; CDT)



# Clinic Reform: Opportunities for clinical transformation

- Driving frame for clinic reform:
  - What do clinics need to do better in order to promote recovery
  - How can reimbursement reform assist clinicians and clinics with tools that will add dimensions of flexibility and broaden the spectrum of services available in clinics



# Clinic Reform

- Meet the client where he/she is
  - Flexibility to tailor services
    - Outreach
    - Crisis
    - Home visits
  - Flexibility for complex care
    - Multiple service per day reimbursed for certain services
    - Complex Care Management
  - Opportunities for integrated physical/mental health care
    - Health and wellness services
    - Consultation Services
    - Integrated Dual Diagnosis Screening and treatment



# Elements of Reimbursement System

- Payment adjustments for:
  - Visits in a language other than English
  - Visits delivered outside of normal business hours
  - Visits provided in off-site non-licensed locations
    - Restricted to services for children up to and including age 18 and for homebound adults
    - Outreach and engagement will always be done offsite
- Medicaid/Medicare cross-over clients will be reimbursed the same as Medicaid fee-for-service clients



# Guiding principle:

How do we promote recovery?

- What works

- Flexibility/ Mobility
- Groups
- Integrated health and mental health services
- Integrated substance abuse and mental health services



# Clinic Reform: Synergies

- Strategies that will work together to boost transformation
  - Clinic Reform
  - Clinic Licensing:
    - Standards of Care
    - Adoption of “tracer methodology”
    - Focus on what clinics do and the outcomes they achieve---transformed services will be recognized
  - Care Monitoring Initiative:
    - Focuses on outreach, mobility, and engagement of patients at risk of falling out of care
  - Integrated Dual Diagnosis Treatment:
    - Encourages the treatment of substance abuse and mental illness at one site, by the same team
  - ACT Transformation:
    - Focuses on moving patients out of ACT services into more integrated community settings, such as clinic based services



# Conclusion

- Clinic Reform: Model for transformed services that will
  - Enhance recovery and health in those who receive our services
  - Allow and promote a healthy “bottom line” for doing the right things