EAP Webinar Series

Department of Human Services
Office of Medical Assistance Programs
Office of Mental Health and Substance Abuse Services

"I hope you are taking into account that I have an enormous ego."

Overview

- Integrated Care Plans
- Certified Community Behavioral Health Clinics
- Substance Use Disorder – Centers of Excellence
- Agency for Healthcare Research and Quality (AHRQ) Enhancing Medication-Assisted Treatment Grant

Integrated Care Program (ICP)

- New value-based purchasing program for 2016
- Focus on integrated care for those living with Serious Persistent Mental Illness (SPMI) and Substance Use Disorder (SUD)
- Requires specific BH-PH MCO collaboration
- Program builds on prior pilot that was successful
  - Three process activities
  - Five performance measures
- Baseline data for program will be CY 2015 with measured incremental improvement in CY 2016
- $10M will be allocated for the ICP Program in CY 2016 for the PH-MCOs and BH
- The funding will be allocated according to overall percent of HealthChoices member months for CY 2015
- Why focus on integrated care management?

Key Points

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- 38.8% of all physical health index stays had a primary behavioral health diagnosis within 1 year prior to the index stay
- Index stays with a prior BH diagnosis had a readmission rate 4 percentage points higher than index stays that did not
- There is a significant difference in readmission rates between members who had a primary diagnosis of behavioral health and those that did not. ($p<0.001$)
- Consumers with multiple chronic conditions, a BH condition and SUD have the highest readmission rate
- Overall readmission rate not improving CY2013= 13.26%
- Initiation and Engagement of individuals in treatment of SUD is suboptimal
- Medication adherence for those living with schizophrenia is <70%

Program Overview

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- Process activities
  - Member stratification
  - Minimum of 500 joint BH-PH integrated care plans
  - Hospital notification
- **Process activities must be documented to be eligible for incentive payments** via Operations 17 report
- Operations 17 will be audited to assure compliance
- Five performance measures will be eligible for incremental improvement based payments

Process Activities

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- **Member stratification-**
  - An initial baseline stratification on all members in the targeted SPMI population at the start of the program.
  - New members need an initial stratification level established within 60 days of the date of enrollment.
  - The PH-MCO will report on the member ID, initial stratification level, and six month re-stratification level. Members will be stratified as follows:
  - Four = high PH/high BH needs
  - Three = high PH/low BH needs
  - Two = low PH/high BH needs
  - One = low PH/low BH needs

Process Activities

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- **Member stratification-**
  - The BH-Contractor/MCO will report on the member ID, initial stratification level, and six month re-stratification level
  - Based on a % of membership for BH-Contractors/MCOs
  - Members will be stratified as follows:
  - Four = high PH/high BH needs
  - Three = high PH/low BH needs
  - Two = low PH/high BH needs
  - One = low PH/low BH needs

Process Activities

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Hospitalization Notification and Coordination-

- Each PH-MCO and BH-MCO will jointly share responsibility for notification of a hospital admission and will coordinate discharge and follow-up
- This includes sharing discharge instructions, medications, and recommended follow-up appointments to respective PH-MCO, BH-MCO as appropriate per HIPAA and regulatory standards
- Notification to the partner MCO of hospital admissions shall occur within **one business day** of when the responsible MCO partner learns of the admission
- Each PH-MCO will attest via the Operations 17 report that **90%** of the admission notifications occurred within **one business day** of the PH-MCO learning of the admission
- The PH-MCO must maintain documentation to support the attestation of 90% admissions notification
- The BH-Contractor/MCO will complete the Social Determinants portion of the ICP report

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- **Integrated Care Plan (ICP)**
  - At least **500 members** must receive an ICP that has been used in care management activity by both the PH and BH MCO
  - An ICP is the collection, integration and documentation of key physical and behavioral health information that is used to develop a joint care plan for purposes of care management
  - The ICP must be documented in the PH-MCO care management system
  - Activity must be reported in the Operations 17 report
  - The Operations Report 17 will be audited to verify the accuracy of the stratification, integrated care plan and hospital notification information

Performance Measures

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1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment *
   - -Initiation rate*
   - -Engagement rate*
2. Adherence to Antipsychotic Mediations for Individuals with Schizophrenia *
3. Combined BH-PH Inpatient 30 Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SPMI)**
4. Emergency Department Utilization for Individuals with Serious Persistent Mental Illness (SPMI)**
5. Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (SPMI)**

* HEDIS® measure   **Pa Performance measure developed by IPRO

Performance Measures

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- $20M will be allocated for the ICP Program in CY 2016 with $10M for the PH-MCOs and $10M for BH.
- The funding will be allocated to each PH-MCO and BH-contractor/MCO according to its overall percent of HealthChoices member months for CY 2015.
- Each of the measures will be weighted equally and receive 20% of the allocated funding. Each component of the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment will receive 10% of the allocated funding.
- Measures will be calculated and validated by the EQRO using both BH and PH encounters.
- Payments will be based on **<u>incremental improvement</u>** calculated from the base clinical care measurement year of 2015 (HEDIS®/PAPM 2016) to the initial intervention year of 2016 (HEDIS®/PAPM 2017).

Performance Measures

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1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - **20%***
   - Initiation rate-10%
   - Engagement rate- 10%
2. Adherence to Antipsychotic Mediations for Individuals with Schizophrenia-**20%** *
3. Combined BH-PH Inpatient 30 Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SPMI)-**20%****
4. Emergency Department Utilization for Individuals with Serious Persistent Mental Illness- **20%****
5. Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (PSMI)-**20%****

* HEDIS® measure **Pa Performance measure developed by IPRO

Performance Measures

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- The incremental payments will be based on the following scale for measures 1, 2 and 3:

Incremental Improvement	% Payout
≥ 3 Percentage Point Improvement	100.0%
≥ 2 and < 3 Percentage Point Improvement	85.0%
≥ 1 and < 2 Percentage Point Improvement	75.0%
0.5 - < 1 Percentage Point Improvement	50.0%

- For measures 4 and 5, 100% payout will be made if there is a reduction of ≤3.0 events per 1,000 member months and a 75% payout if there is a reduction in ≤2.0 events per 1,000 member months.

Certified Community Behavioral Health Clinics (CCBHCs)

Background

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Congress passed the Protecting Access to Medicare Act in March 2014. This legislation includes the Excellence in Mental Health Act which has the intent of increasing an individual's access to community mental health and substance use treatment while also increasing Medicaid reimbursement for these services.

Stakeholder input is an important component of the process to look at the strength and weaknesses of the current community mental health system, find innovative methods of moving the system forward and compliment other work being done with integration initiatives.

Goal

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- Improve Quality Care
- Improve Payment Structure
- A Demo Project State

SAMHSA's CCBHC Grantee States

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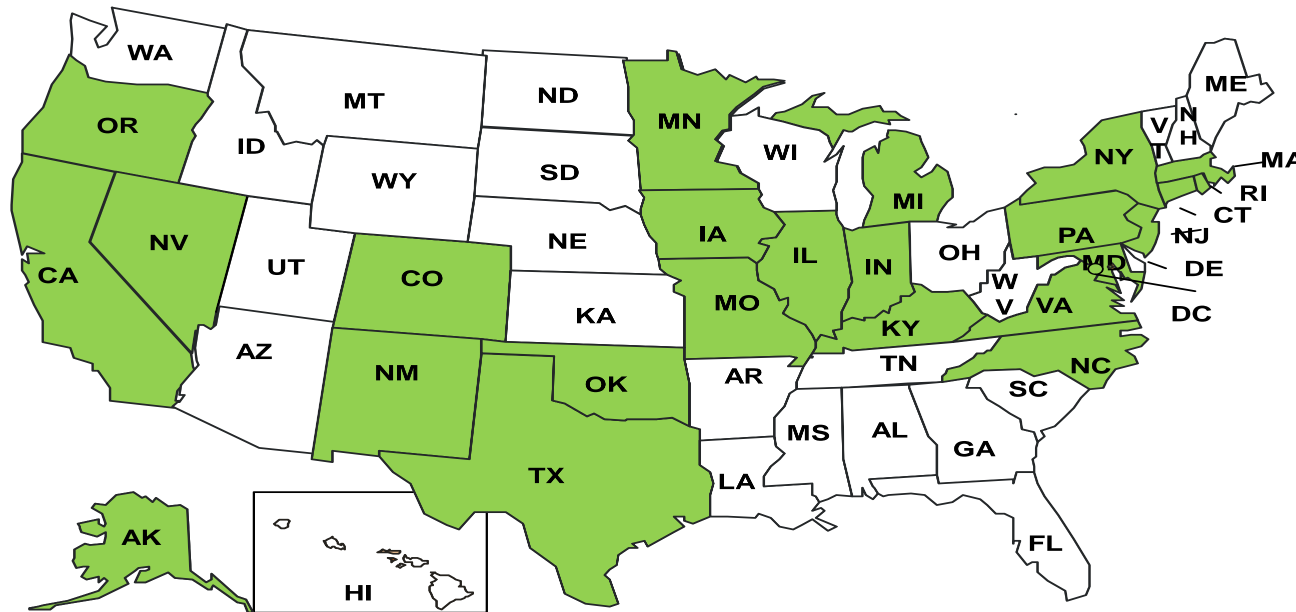
24 States Awarded Planning Grants for CCBHCs



Federal Coordination Workgroup

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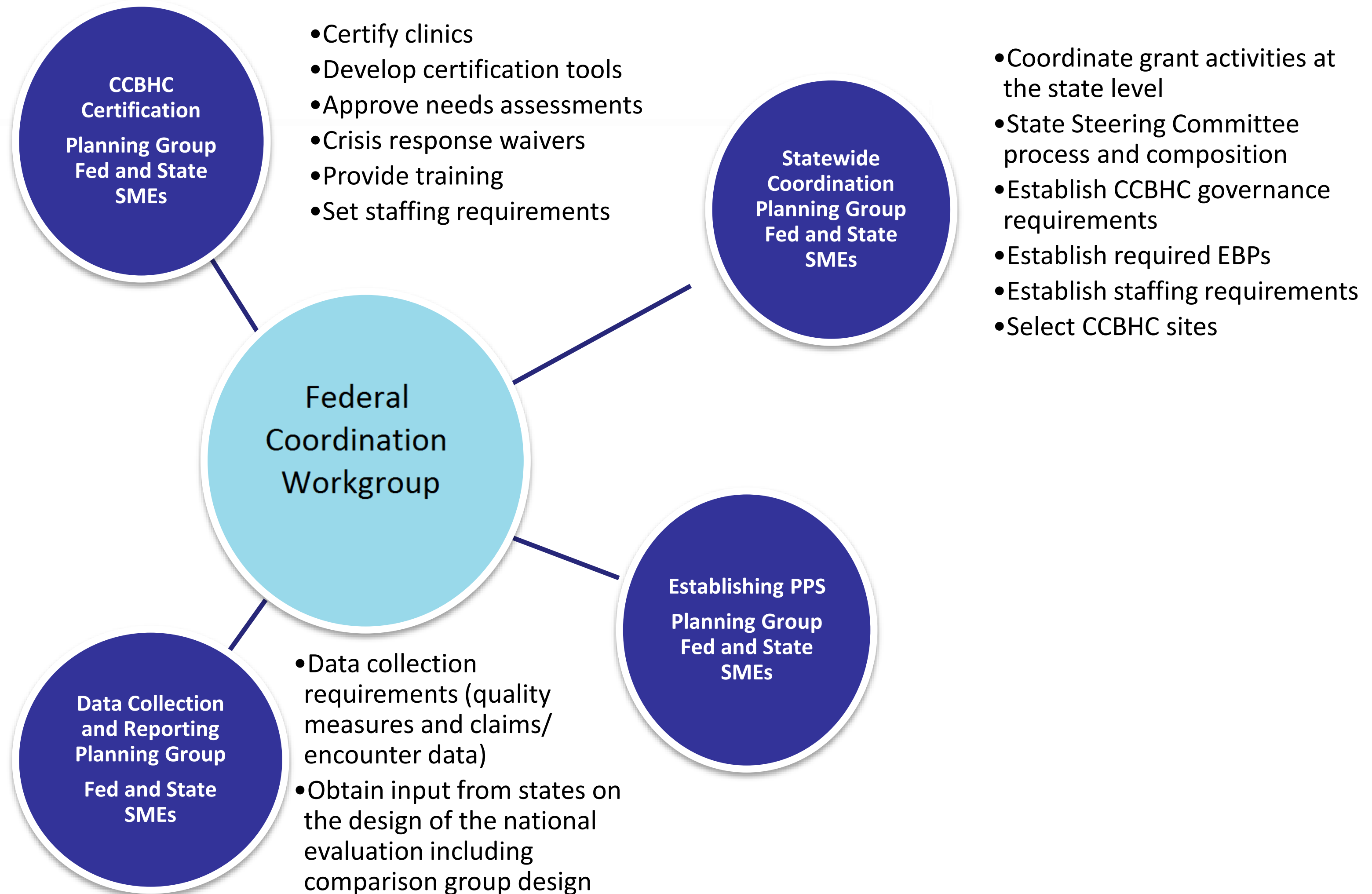

CCBHC Letters of Interest Received by County

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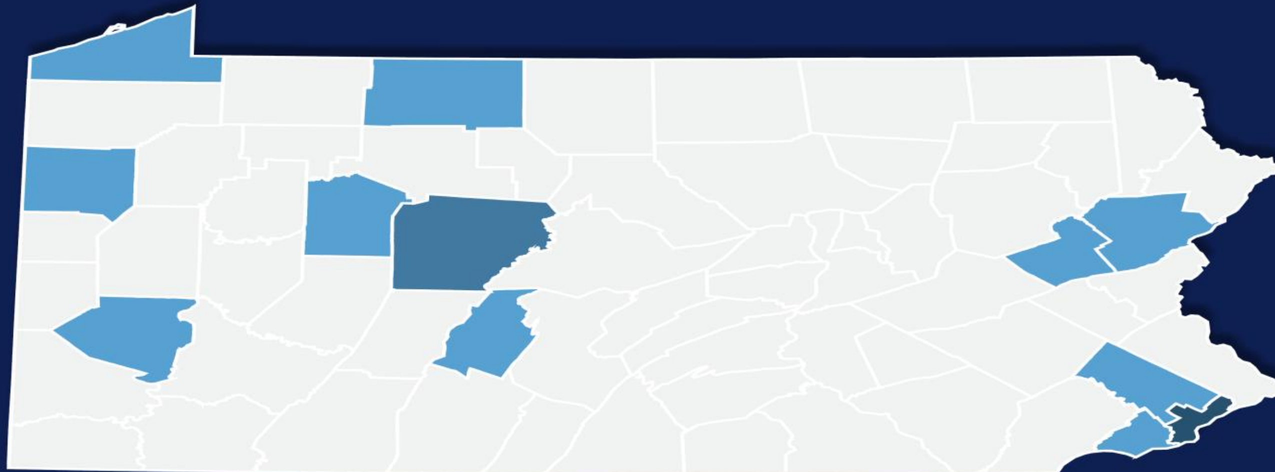
Erie
3
Warren
McKean
2
Potter
Tioga
Bradford
Susquehanna
Wayne
Crawford
Forest
Elk
Cameron
Wyoming
Lackawanna
2
Pike
Mercer
2
Venango
1
Clarion
Jefferson
Clinton
Lycoming
Sullivan
Luzerne
2
Lawrence
Butler
Clearfield
1
Centre
3
Montour
1
Columbia
Union
Monroe
2
Carbon
Beaver
Armstrong
Indiana
1
Mifflin
Snyder
Northumberland
1
Schuylkill
Northampton
Allegheny
8
Cambria
3
Blair
3
Juniata
Lehigh
2
Westmoreland
Huntingdon
Perry
Dauphin
3
Lebanon
Berks
4
Bucks
2
Washington
1
Cumberland
1
Lancaster
1
Montgomery
5
Chester
Greene
Fayette
1
Somerset
Bedford
Fulton
Franklin
1
Adams
York
1
Philadelphia
15
Delaware
3

DHS IS PROUD TO ANNOUNCE

16 Certified Community Behavioral Health Centers are coming to PA



COUNTY LOCATIONS

Berks • Clearfield (2) • Jefferson • Blair • Philadelphia (4) • Mercer
Montgomery • Monroe • Delaware • Allegheny • Erie • McKean

LIST OF FACILITIES: WWW.DHS.PA.GOV

Program Requirements

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- Staffing
- Availability and accessibility of services
- Care coordination
- Scope of services
- Quality and other reporting
- Organizational authority, governance, and accreditation

Scope of Services

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- Crisis mental health services
- Screening, assessment, and diagnosis, including risk assessment
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports
- Intensive, community-based mental health care for members of armed forces and veterans

Quality and Other Reporting

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- Encounter
- Clinical outcomes
- Quality improvement

Clinics

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- Certify 10 Clinics representing 9 counties:

    Allegheny
    Berks
    Clearfield
    Delaware
    Erie
    Jefferson
    McKean
    Montgomery
    Philadelphia

Opioid Use Disorder Centers of Excellence

Opioid Epidemic in PA

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- Almost 2,500 and over 3,500 Pennsylvanians died of drug overdose respectively in 2014 and 2015, mostly related to heroin and prescription drugs.
- A recent PHC4 report notes over 1,800 acute inpatient stays in 2014 related to prescription opiate and heroin overdose.
- In 2013, only 48% of individuals in Medical Assistance (MA) diagnosed initially with opioid use disorder (OUD) initiated treatment. Only 33% continued to stay engaged in treatment beyond 30 days.

Opioid Epidemic in PA

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- Of those individuals presenting to the emergency department with substance use disorder, only 10% initiated treatment within seven days and only 15% sought treatment over the next 30 days.
- Almost 66% of those leaving acute detox have no additional OUD treatment
- Currently, MA paid for treatment of over 24,000 individuals with buprenorphine products prescribed by about 750 unique prescribers in 2015.

Opioid Epidemic in PA

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- About 70 methadone clinical sites provide care to over **23,000** individuals in MA in 2015.
- There exists a need to expand the capacity to serve more individuals with OUD in a high-quality treatment program.
- The enacted 2016-2017 budget includes $15 million in state funds to expand access for treatment to over 11,000 individuals with OUD through Centers of Excellence.

OUD Centers of Excellence

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- DHS is implementing 45 OUD Centers of Excellence (COEs).
- COEs were selected by DHS through an application process with input from stakeholders.
- 26 COEs licensed drug and alcohol providers that provide counselling, methadone, buprenorphine, or naltrexone assisted treatment.
  - 20 COEs will be implemented in October in conjunction with the Single County Authorities (SCAs).
  - 6 COEs will be implemented in January 2017 in conjunction with the Behavioral Health HealthChoices program.
- 19 COEs providing buprenorphine and naltrexone treatment through the HealthChoices physical health network of providers will start in January 2017.

OUD Centers of Excellence

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- Each COE will be awarded funding of $500,000 to:
  - Deploy a community-based care management team of licensed and unlicensed professionals,
  - Track and report aggregate outcomes,
  - Meet defined referral standards for drug and alcohol, as well as mental health counseling,
  - Report on standard quality outcomes,
  - Participate in a learning network.

Care Management Team

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- Care management team will help individuals with OUD navigate the health care system by:
  - Facilitating initiation into OUD treatment from emergency departments & primary care physicians,
  - Helping individuals transition from inpatient levels of care to ongoing engagement in outpatient treatment,
  - Facilitating transition of individuals with OUD leaving state & county corrections systems to ongoing treatment within the community,

Care Management Team

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- Collaborating with local primary care providers to educate about screening, referral, and treatment for OUD.
- Working with telemedicine psychiatry providers in rural areas to increase the referral for appropriate treatment of mental health conditions.
- Motivating & encouraging individuals with OUD to stay engaged in both physical health and behavioral health treatments and
- Facilitating recovery by helping individuals find stable housing and employment, and reestablishing family/community relationships.

- Care management activity will be tracked through a care management report generated monthly (see sample provided)

OUD Centers of Excellence

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- Each COE will be expected to track and report the following metrics at an individual and aggregate level:
  - Number and percent of recipients initiated in treatment and engaged for 30, 60, 90,180, 210, 240, 270, 300 and 365 days,
  - Number and percent of patients seen within 1 business day of referral,
  - Number and percent of patients diagnosed, referred, and treated for a mental health condition,
  - Number and percent of patients referred for comprehensive pain management treatment,
  - Number and percent of patients concomitantly taking benzodiazepines, prescription or non-prescription opiates,
  - Number and percent of patients diagnosed, referred and treated for drug and alcohol,
  - Patient survey measuring of quality of life and movement towards recovery.

Quality Metrics

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- Initiation and Engagement of 300 new patients.
  - Number of new recipients (new = not seen by COE within past 60 calendar days).
  - Initiation starts when the patient is seen face-to-face with a **licensed professional.**
  - Ongoing engagement counted on a **monthly** basis of face-to-face encounters by a licensed professional.
  - Activity can be captured two ways:
    - Through billable claims and
    - Care management activity reporting.

Quality Metrics

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- Number of new patients seen within one business day of referral.
  - New = not seen by COE within past 60 calendar days.
  - Referral starts with an incoming phone call, email, verbal notification from an external organization (emergency department, PCP office, prison, detox facility).
  - Time frame the patient is seen face-to-face with a licensed/unlicensed professional.
  - For 300 patients, COE will track the number of business days it takes each patient to be seen.
  - Activity captured through monthly care management report.

Quality Metrics

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- Number of recipients diagnosed, referred, and treated for mental health conditions.
  - Number of 300 new patients with a mental health diagnosis.
  - Number of 300 new patients **referred** to an external mental health agency or a licensed health professional within the COE for a mental health condition.
  - Number of 300 new patients with a mental health diagnosis actively **treated** by referral agency or treated within the COE.
  - Treated = billable encounter from a licensed health provider.
  - Activity can be captured two ways:
    - Through billable claims and
    - Care management monthly reporting.

Quality Metrics

- Number and percent of recipients concomitantly taking benzodiazepines, as well as prescription or non-prescription opiates.
  - Number of 300 new patients prescribed or taking benzodiazepines.
  - Number of 300 new patients prescribed or taking prescription or non-prescription opiates.
  - A positive numerator can be reported by checking the prescription drug monitoring program (PDMP) or the result of a urine or blood drug screen test.
  - Results reported through **monthly** care management activity report.

Quality Metrics

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- Self-reported 15 question survey on metrics indicating movement towards recovery done on all 300 patients (see sample).
- Survey completed within the first 30 days, and repeated at six months.
- Done by team during a visit and reported through care management activity report.
- An **annual** validated patient satisfaction survey (MHSIP) done on a random sample of the 300 patients done by DHS (see sample).

COE Learning Networks

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- Each COE will be expected to participate in learning networks (LN).
  - Regional LN, statewide LN.
  - Minimum of $15,000 per COE expected to be spent on LN activities.
  - Senior clinical/operational leadership and care management team expected to attend.
  - Sharing of clinical and operational best practices.
  - Other COE applicants not chosen will be invited to participate in regional LNs.
  - Activities will be coordinated by DHS working in partnership with BH and PH MCOs, SCAs, and community stakeholders.
  - Regional LNs will be at least quarterly, can be face-to-face or virtual, with at least 2 meetings each year face-to face.
  - Statewide LN will be at least annually with one meeting being face to face.
  - Documentation of attendance will be tracked

COE Operational Expectations

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- Each COE will be expected to submit to DHS the following:
  - An initial program description,
  - An initial 12 month budget,
  - Submit a electronic care management and quality tracking report securely through Docushare,
  - Refer to template documents provided for each of the above.

COE Payments

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- Each COE will be paid a total of $500,000.
- The initial payment will be $330,000 at the start of the program
  - October phase 1
  - January phase 2
- At 6 months, each COE will receive an additional $170,000 based on documentation of:
  - Hiring and deployment of a care management team,
  - Ability to submit care management and quality tracking reports.
- Payment mechanism will vary based on SCA versus HealthChoices funding.

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