



Integrated Behavioral Health and Value-Based Reimbursement: Two Sides of the Sustainability Coin

Michelle N. Cleary, M.A., Facilitator
Courtney Wiggins, Co-Facilitator

Thursday, May 6, 2021

Vision: Healthy Communities, Healthy People





Session 2: Demonstrating Value of Integrated Care Through Improvements in Patient Experience and Clinical Outcomes

Vision: Healthy Communities, Healthy People

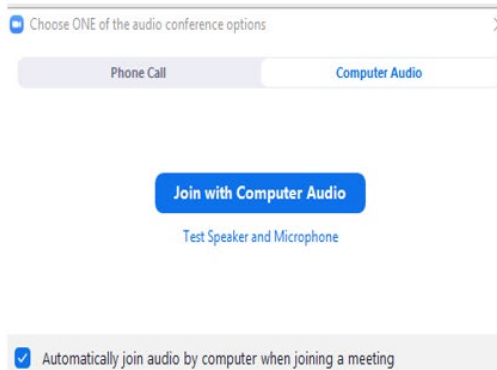


Housekeeping

To establish an audio connection:

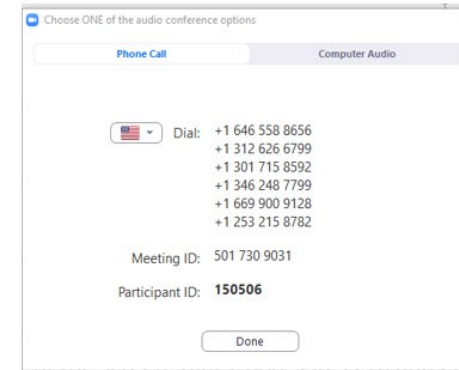
By computer:

- Click **Join with Computer Audio**.

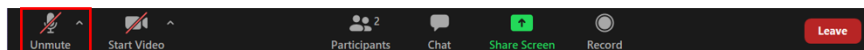


By phone:

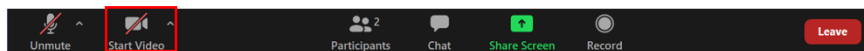
- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



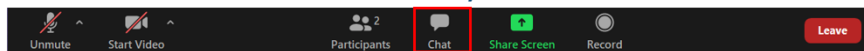
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Notes:

- Please participate and, if possible, be on camera.
- Please mute your phone line if dialed in for audio and remain on mute until you would like to speak.
- This CoP is being recorded.

Session 2: CoP Facilitators and Presenter



Facilitator:
Michelle N. Cleary, M.A.
Advocates for Human
Potential, Inc. (AHP)



Co-Facilitator:
Courtney Wiggins, CGMP
The Bizzell Group



Presenter:
Bonni R. Brownlee, M.H.A., CPHQ,
PCMH-CCE
Senior Consultant, AHP

Agenda

- Participant Check-in
- Subject Matter Expert (SME) Presentation and Discussion
 - *Demonstrating Value of Integrated Care Through Improvements in Patient Experience and Clinical Outcomes*
- Feedback
- Wrap Up/Next Steps



Source: iStock

Today's Discussion Question

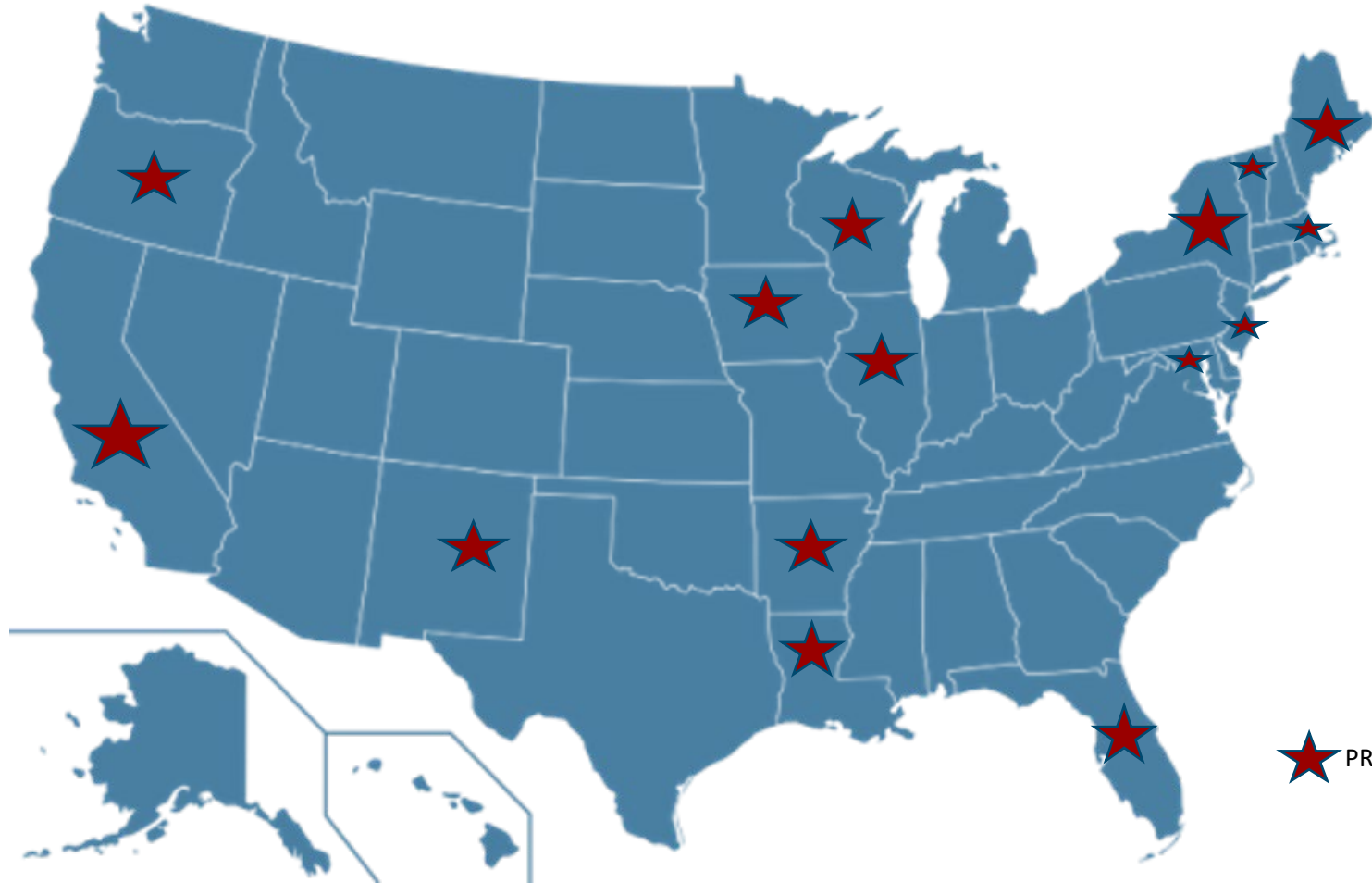
Later in the session, we will ask:

What action item can you put on your action plan related to clinical outcomes and patient satisfaction?



Source: ThinkStock

CoP Participants



Participant Roll Call

Organization	Name	State
1st Choice Healthcare Inc	Debra Finley Brigitte McDonald	AR
Access Community Health Network	Thea Kachoris-Flores	IL
Advantage Care Health Center	Darci Weissbrot	NY
Cassopolis Family Clinic Network	Mary Middleton Meredith Kujawa	MI
Central City Concern	Jacquelyn Hunt	OR
Centro de Salud Familiar	Maria Lacomba	PR
Community Health Centers of Southern Iowa, CHCSI	Kiley Schreck	IA
Crusader Health	Liz Henning	IL
Eric B Chandler Health Center	Jamila Hughley	NJ
Greater New Bedford Community Health Center	Paul Cassidy	MA
Greater Portland Health	Tammy Shapleigh	ME
Health Care for the Homeless	Ruby Bernard	FL
Health Partnership Clinic	Tristen Winston Brenda McLaughlin	KS



Participant Roll Call

Organization	Name	State
Institute for Family Health	Benjamin Clemens	NY
Iowa Primary Care Association/IowaHealth+	Gagandeep Lamba	IA
Mercy Medical Health Center	Karla Cormier	LA
Mora valley Community Health Services	Mauricio Lopez	NM
New Mexico Primary Care Association	Catherine Reeves	NM
NYS Primary Care Association	Ava Rose	NY
Osceola Community Health Services	Arselia Klunder	FL
Santa Barbara Neighborhood Clinics	Nancy Tillie Charles Fenzi	CA
Settlement Health	Doris Garrido	NY
Southeast Community Health Systems	Benjamin Larisey	LA
Springfield Health Center	Laura Jensen	VT
The Door	Carolyn Glaser	NY
Total Healthcare	Seth Rosenblatt	MD
UHP, Inc. Urban Health Plan	Yolanda Alicea-Winn	NY
Wheeler Clinic	Sabrina Trocchi	CT
Wisconsin Primary Health Care Association	Molly Jones	WI



Demonstrating Value of Integrated Care Through Improvements in Patient Experience and Clinical Outcomes

Presenter: Bonni R. Brownlee, M.H.A., CPHQ, PCMH-CCE
Senior Consultant, AHP

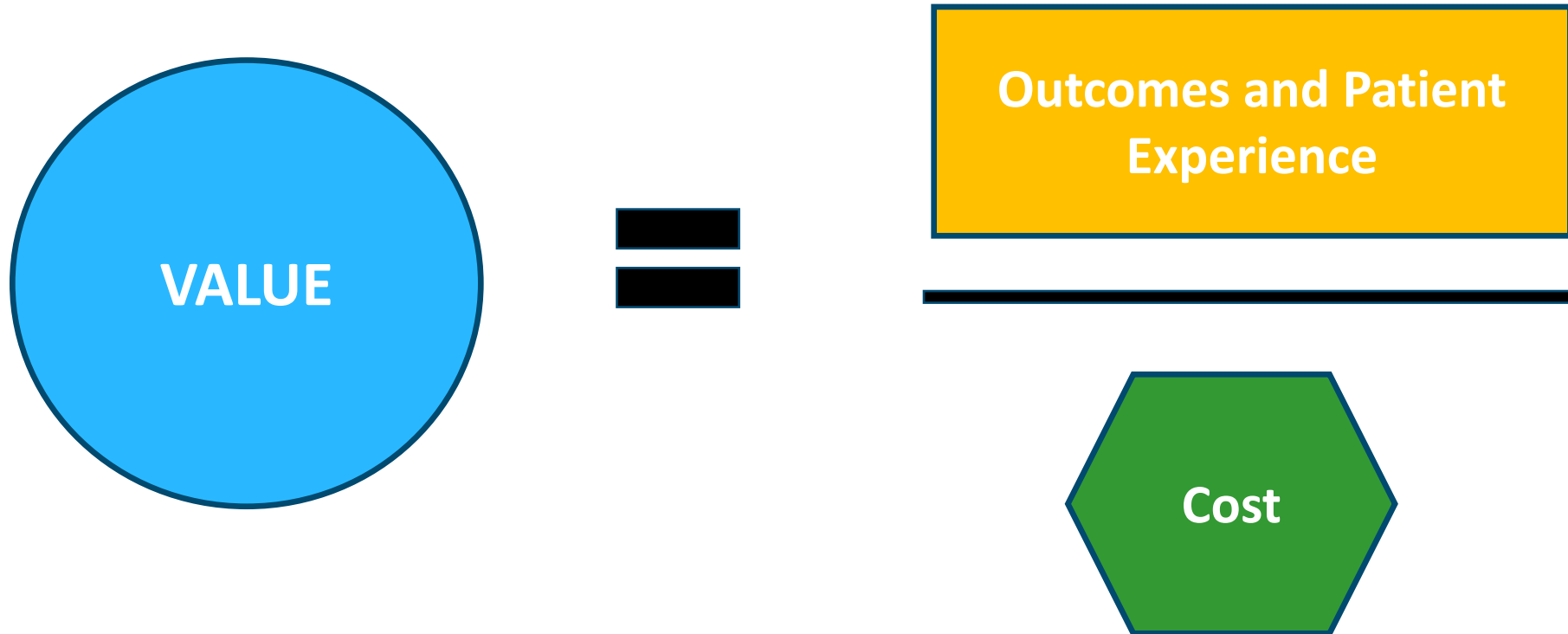


Food for Thought

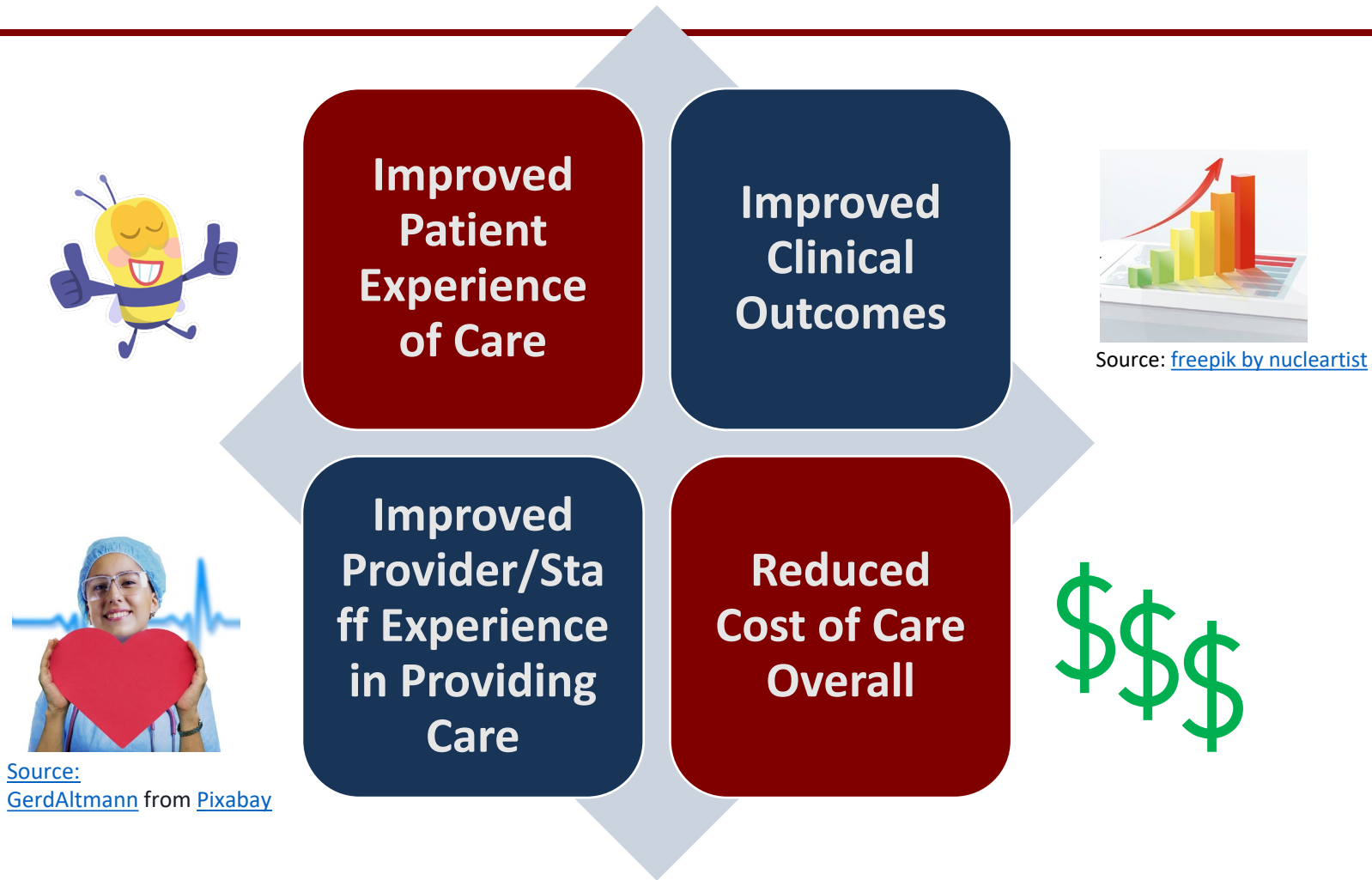
- Does your health center understand the Quadruple Aim?
- Do the questions on your patient experience survey pertain to things your patients value?
- Does your QI program contain metrics to help demonstrate the value of integrated behavioral health services?



The Healthcare Value Equation



The Quadruple Aim



Patient Experience

- What do patients want?
- How do we measure it?



Image by [mohamed Hassan](#) from [Pixabay](#)

What Do Patients Want?

- Patients **define quality care** in terms of their own experience.
- Patients perceive **good value** when **their healthcare provider**:
 - **Takes time** during the appointment,
 - **Is easily accessible**,
 - **Communicates well**, and
 - **Demonstrates knowledge and technical proficiency.**

What Do Patients Want?

- **Capability**

- The ability to do the things that define them as individuals and enable them to be themselves. This is tracked with functional measures.

- **Comfort**

- Relief from physical and emotional suffering. In addition to relieving pain, this means addressing the distress and anxiety that frequently accompany or exacerbate illness.

- **Calm**

- The ability to live normally while getting care. Freedom from the chaos experienced in the healthcare delivery system.



Source: Teisberg, E., Wallace, S., & O'Hara, S. (2020). Defining and implementing value-based health care: A strategic framework. *Academic Medicine*, 95(5), 682-685. <https://doi.org/10.1097/ACM.0000000000003122>

Why Measure Patient Experience?

- Positive patient experiences increase engagement in, and adherence to, care plans and recommendations.
 - Better engagement in prevention and chronic disease management protocols
 - Adherence to medication regimens
 - Better health outcomes
- Positive patient experiences are associated with health center benefits.
 - Lower malpractice risk
 - Higher employee satisfaction
- Ongoing assessment of patient experience and satisfaction can inform quality improvement and contribute to program sustainability.
 - Identify gaps in communication skills and patient-centered attributes
 - Highlight inefficiencies and/or poor behavior



The Overall Goal in Health Care is Improving Health

- Typical patient satisfaction survey: “How were we?”
 - Did we do what we said we would do?
 - Provide you with an appointment?
 - Treat you with dignity and respect?
 - Communicate in a way that you could understand?
- Value-based care providers ask, “How are you?”
 - Is your health improved based on your visit today?
 - Are you better able to manage your medications?
 - Are you able to follow your care plan to meet your goals for_____?

Which questions provide a better understanding of whether the patient perceives an improvement in health status?



Poll

Which modalities do you use to measure patient experience? Select all that apply?

- a. In-person surveys (interview)
- b. Mail-in surveys
- c. Online surveys, portals, kiosks
- d. family advisory council
- e. Focus groups
- f. Leadership rounds
- g. Interviews
- h. Comment cards, suggestion boxes
- i. Patient complaints/grievances



Source: iStock

Clinical Outcomes



Why is Quality Improvement Important?

2000 Institute of Medicine report

“To Err is Human: Building a Safer Health System” estimated between **44,000 to 98,000** people die each year due to preventable medical errors

2001 Institute of Medicine report

“Crossing the Quality Chasm” – A New Health System for the 21st Century”

- Information technology: meaningful use of data, health information exchange
- Clinicians should be compensated for taking good care of all types of patients
- Reinvent the nation’s health care delivery system
- **Six dimensions of performance**

2012 Institute of Medicine report

“Best Care at Lower Cost: The Path to Continuously Learning Health Care in America”

- As a result of improved scientific understanding, new treatments and interventions, and new diagnostic technologies, the U.S. health care system now is characterized by **more to do, more to know, and more to manage** than at any time in history.

2015 NCQA Panel Discussion to Promote Improvement in Health Care

Since implementing HEDIS diabetes process measures in the 1990s, diabetes complications have been **cut in half** (stroke, blindness).



Current Day – Measurement and QI

- FQHCs: UDS reporting, meaningful use
- FQHCs: Required annual QI work plan
- FQHCs: Accreditation initiatives
- Health Plans: Contracts are tied to quality (pay for performance), accreditations
- Grants: Performance monitoring requirements
- Clinically integrated networks, health center-controlled networks accountable care organizations

The Future of Health Care Revenues

- Trending fast towards value-based payment
 - Medicare 2018: 90% of payments tied to quality or value
 - Health plan contracts tied to quality performance (P4P/P4Q/P4R) and accreditation
 - All insurance payers: 2012 11% 2013 27% 2016 48.5% 2017 53%
- Increased focus on population management
 - Hot spotting / segmentation
 - Better understanding of who we serve: risk stratification
 - Capturing social determinants of health
- Advances in care coordination, care management, and integrated care



Integrated Care Goals

Integrated care enhances the primary care team through:

- Expanding identification / screening for individuals with behavioral health disorders.
- Improving outcomes for both physical and behavioral health diagnosis.
- Avoiding hospital admissions and readmission.
- Reducing emergency room utilization for patients of the primary care practice.
- Preparing the practice for value-based payment models, case rate and episode-based reimbursement.



Source: The Value of Integrated Behavioral Health, 2020. www.thenationalcouncil.org



Poll

Does your health center have staff and processes in place to understand and mitigate the use of the emergency department for ambulatory-sensitive conditions?

- a. Yes
- b. No



Source: iStock

Demonstrated Value of Integrated Behavioral Health

Improved Clinical Outcomes, Resource Utilization, and Cost

Patients with depression and anxiety experienced significantly better outcomes under a collaborative care model (BH) than those receiving standard primary care.

Intermountain Healthcare:

- Increased screening and treatment for depression by 46%
- Improved adherence to diabetes care protocols by 25%
- Reduced emergency room visits by 18%
- Reduced hospital admissions by 9.5%.



Source: www.aha.org/TheValueInitiative

Demonstrated Value of BHI (cont'd)

Washington State-wide Collaborative Care Initiative Impact of P4P on Patient Outcomes (depression)

- After pay-for-performance (P4P) was put into place, patients were considerably more likely to experience significant improvement in depression severity, and the time to improvement was significantly reduced, compared to before P4P. Also, the median time patients experienced depression improvement decreased from 64 weeks pre-P4P to 25 weeks post P4P.



Unützer J, Chan YF, Hafer E, et al. Quality improvement with pay-for-performance incentives in integrated behavioral health care. Am J Public Health. 2012;102:e41-45.



Demonstrated Value of BHI (cont'd)

Perinatal Depression Care, Washington State

- MOMCare is a culturally relevant, collaborative care intervention, which provides a choice of brief interpersonal psychotherapy and/or antidepressants. It is shown to yield improved quality of care and depressive outcomes compared to intensive public health Maternity Support Services (MSS-Plus).
- Compared to MSS-Plus, MOMCare showed significant improvement in quality of care, depression severity, and remission rates from before birth to 18 months post-baseline for socioeconomically disadvantaged women. Findings suggest that evidence-based perinatal depression care can be integrated into primary care services.



Grote NK, Katon WJ, Russo JE, et al. Collaborative care for perinatal depression in socioeconomically disadvantaged women: a randomized trial. *Depress Anxiety*. 2015;32:821-834.

Demonstrated Value of BHI (cont'd)

Opioid Use Disorder Treatment, Washington State

- Collaborative care was a system-level intervention designed to increase the delivery of either a 6-session brief psychotherapy treatment and/or medication-assisted treatment with either sublingual buprenorphine/naloxone for opioid use disorders or long-acting injectable naltrexone for alcohol use disorders.
- Patients engaged in collaborative care intervention showed significantly more access to treatment and abstinence from alcohol and drugs at 6 months, than usual care.



Watkins KE, Ober AJ, Lamp K, et al. Collaborative care for opioid and alcohol use disorders in primary care: The SUMMIT randomized clinical trial. JAMA Intern Med. 2017;177;1480-1488.

Demonstrated Value of BHI (cont'd)

Depression Therapy, Washington State

- Interventions included cognitive-behavioral therapy (CBT) or facilitated antidepressant medication given by primary care providers or both. Social workers without prior mental health experience were engaged as depression managers for this trial.
- Patients in the intervention group had significantly improved depression, quality of life, and satisfaction outcomes.



Lagomasino IT, Dwight-Johnson M, Green JM, et al. Effectiveness of collaborative care for depression in public-sector primary care clinics serving Latinos. *Psychiatr Serv.* 2017;68:353-359.

Demonstrated Value of BHI (cont'd)

Cost Reduction

Integrated behavioral health can reduce the cost of care for patients and hospitals, projected at \$38-68 billion in potential health care savings annually.

Cherokee Health System

- Reduced ED visits by 68%
- Reduced hospital care by 37%
- Reduced costs by 22%



Source: www.aha.org/TheValueInitiative

Select Metrics, Collect Data and Prepare to Tell Your Story...

Metric Category	Sample Metrics
Clinical-Preventive	Screening for Depression and followup
Clinical-Preventive	Tobacco Use Screening and Cessation Intervention
Clinical-Preventive	Maternal depression screening
Clinical-Preventive	Unhealthy Alcohol Use- Screening and Brief Counseling
Clinical-Acute	Child/Adolescent Major Depressive Disorder - Suicide Assessment
Clinical-Acute	Reduce anxiety/depression in family caregivers of people with disabilities
Clinical-Chronic	Depression remission at 12 months
Clinical-Chronic	Documentation of signed opioid treatment agreement
Clinical-Chronic	ADHD-Followup Care for Children prescribed ADHD Medication
Clinical-Chronic	Controlling High BP
Clinical-Chronic	Diabetes - HbA1c control
Access,Stewardship	Reduce use of ED visits for non-medical use of opioids



Discussion Question



Bureau of Primary Health Care Behavioral Health Technical Assistance

Integrated Behavioral Health and Value-Based Reimbursement: Two Sides of the Sustainability Coin Community of Practice (CoP)

LIST THE STEPS NECESSARY TO ADVANCE YOUR WORK IN _____	PERSON RESPONSIBLE	BY WHEN	COMMENTS/ POTENTIAL BARRIERS/CONCERNS
1.			
2.			
3.			
4.			
5.			
6.			

What action item can you put on your action plan that is related to clinical outcomes and patient satisfaction?



Source: ThinkStock

Between Session Activity - Your Action Plan

Did the action plan worksheet help you begin planning?



BPHC-BH TA

Bureau of Primary Health Care Behavioral Health Technical Assistance

Integrated Behavioral Health and Value-Based Reimbursement: Two Sides of the Sustainability Coin Community of Practice (CoP)

LIST THE STEPS NECESSARY TO ADVANCE YOUR WORK IN _____	PERSON RESPONSIBLE	BY WHEN	COMMENTS/ POTENTIAL BARRIERS/CONCERNS
1.			
2.			
3.			
4.			
5.			
6.			

Weekly Office Hours

- **Wednesdays, 3:00–5:00 p.m. ET**
- Designed to discuss progress and/or challenges related to
 - Your team's action plan
 - The session topic
- Meet colleagues from other health centers

Next Steps

- Choose an action item related to today's presentation that will help your health center take a step toward establishing or enhancing VBR.
- Before next week's session, using the action plan worksheet, work with your team to build out that action item.
- Complete the ICRC questionnaire.
- Please sign up for a Triage-coaching call
- Remember, Wednesday Office Hours—See you there!



Source: iStock by Getty Images

Reflecting on Today: Plus, Delta

- + What worked for you today?
- Δ What would you change?



TA Offerings for Health Centers

- One-on-One Coaching
- Webinars
- Strategies for Community Outreach: How Health Centers Can Use Social Media for Social Marketing
- Virtual Site Visits to Improve Outcomes
- Communities of Practice (CoPs)

BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
 - One-on-One Coaching
 - E-learning Webinars
 - Strategies for Community Outreach
 - Virtual Site Visits to Improve Outcomes
 - Join a Community of Practice (CoP)



The screenshot shows the homepage of the BPHC-BH TA Resource Portal. At the top, there is a logo for BPHC-BH TA, which is a stylized diamond shape made of smaller diamonds in blue, yellow, and red. To the right of the logo, the text "BPHC-BH TA" is displayed in large, bold, blue letters, with "Bureau of Primary Health Care Behavioral Health Technical Assistance" in smaller text below it. Below the header, there is a navigation bar with five links: "Home", "Request Technical Assistance", "Learning Management System", "About Us", and "Contact Us". The main content area is divided into three sections. The first section, titled "Welcome to the BPHC-BH TA Resource Portal!", has a sub-header "View" and a table with columns "Edit", "Delete", and "Revisions". Below this, a paragraph states: "The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as 'behavioral health'), with an emphasis on the opioid epidemic." The second section, titled "Learn About BH TA Options", lists five bullet points: "One-on-One Coaching", "E-learning Webinars", "Strategies for Community Outreach", "Virtual Site Visits to Improve Outcomes", and "Join a Community of Practice (CoP)". The third section, titled "Complete the Readiness Assessment", is partially visible at the bottom.

Upcoming TA Opportunities!

Webinars

- Strategies for Addressing Health Disparities in Medication Assisted Treatment for Opioid Use Disorders

Wednesday, June 2, 3:00–4:00 p.m. EST

Registration Link:

https://zoom.us/webinar/register/WN_hUz8J4lvQ0eidc8x6XCkFQ

Registration links for webinars can also be found on the BPHC-BH TA Portal.

You can receive **1 hour of Continuing Education** credit for your participation.



Upcoming TA Opportunities! (cont'd)

Communities of Practice (CoPs)

- **Social Determinants of Health and Integrated Care**

- *Cohort 2: Tuesdays, 6/8/21 – 7/13/21, 2:30–4:00 p.m.*

<https://zoom.us/meeting/register/tJYkdeivqz4jHNGwrJzV8L4gUoaxTCSCPGLu>

CoP Satisfaction Assessment

- Please complete a satisfaction assessment of today's session.
- If you plan to obtain CEUs for your time in this CoP, the satisfaction assessment is required.
- There are two ways navigate to the assessment:
 1. Follow the link provided in the chat here.
 2. You will be emailed a link from us via Alchemer, our survey platform.



Continuing Education

- We will be offering **1.5 CE credit per session** attended for a maximum of 9 CEs for participation in all 6 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
- **CE credits will be distributed for all sessions at the conclusion of the CoP.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.



Thank You!

Presenter Contact Information:
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Vision: Healthy Communities, Healthy People

