



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 13, 2021

Vision: Healthy Communities, Healthy People





Session 3: Population Health Approach and Intensive Data Analysis Creates Value

Vision: Healthy Communities, Healthy People

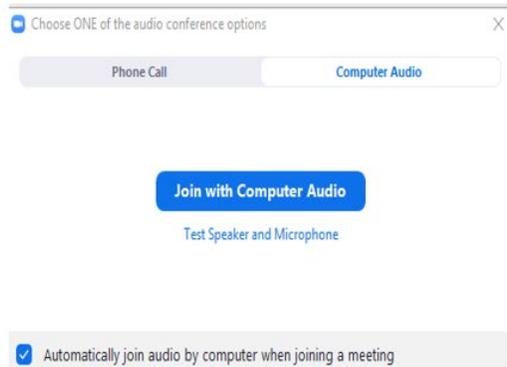


Housekeeping

To establish an audio connection:

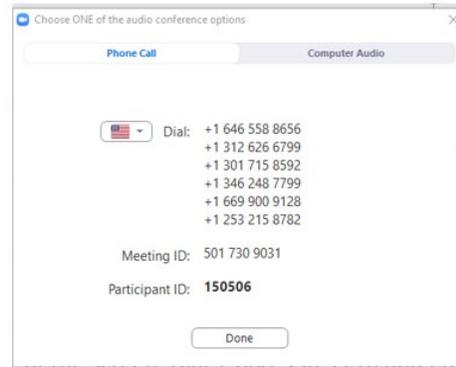
By computer:

- Click **Join with Computer Audio**.



By phone:

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



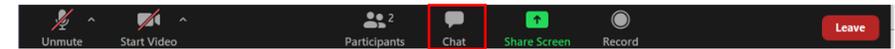
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- 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 3: CoP Facilitators



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



Co-Facilitator:
Courtney Wiggins, CGMP
The Bizzell Group

Session 3: Subject Matter Experts



Patrick Gauthier, B.A.
Director of Healthcare Solutions, AHP



Kellin Rowlands, B.S.
Senior Program Manager, AHP

Agenda

- Participant Check-in
- Session 3 Objectives
- Subject Matter Expert (SME) Presentation and Discussion
 - *Population Health Approach and Intensive Data Analysis Creates Value*
- Feedback
- Wrap Up/Next Steps



Source: iStock

Today's Discussion Question

Later in the session, we will ask:

- 1) What are the impediments to moving away from low value care and toward high value care and services?
- 2) How is the action plan worksheet helping to inform your thinking and planning?



Source: ThinkStock

CoP Participants



Participant Roll Call

As you're checking in, tell us:

On a scale of 1-5 - how urgent is it for you to be prepared for VBR in your setting?

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

As you're checking in, tell us:

On a scale of 1-5 - how urgent is it for you to be prepared for VBR in your setting?

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



Population Health Approach and Intensive Data Analysis Creates Value

Presenters:

Patrick Gauthier, B.A.

Director of Healthcare Solutions, AHP

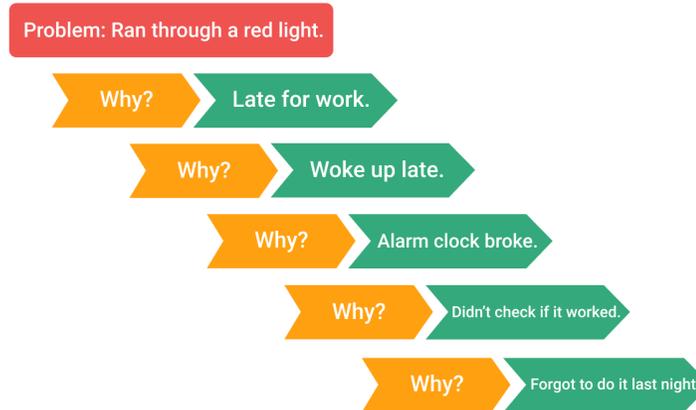
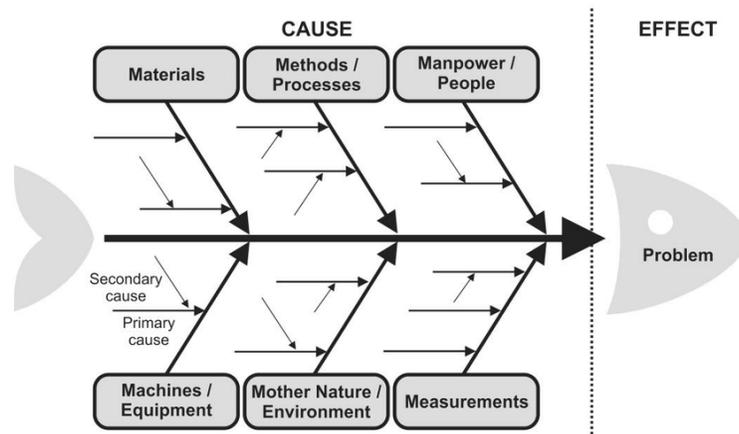
Kellin Rowlands, B.S.

Senior Program Manager, AHP



Food for Thought

- What is the problem we are trying to solve?
- Who are our customers?
- Tell a story!!



The A3 report is titled 'Theme: Reducing Jeff Hajek's tardiness'. It includes a background section, a 'Jeff's Tardiness' bar chart, a 'Current Condition' section with a flowchart, a 'Goal' section with a target chart, a 'Root Cause Analysis' section with a bar chart, and a 'Follow-Up Actions' table. The report also includes a 'Countermeasures' table and an 'Effect Confirmation' chart.

Suspected Cause	Action Item	Responsible	Due	Finding
Shipping cost for coffee	Reduce coffee shop closer to work.	JEFF	9/14/10	Cost reduced to \$0.00. Shop location, good benefit.

Action Item	Responsible	Due	Status
1. Open donut shop on-site at office	John Doe	1/1/11	Scheduled start 12/1/10
2. Improve A3 process to prevent happening again	JEFF	1/31/11	Data collection in process

Fishbone: https://www.researchgate.net/figure/A-generic-representation-of-the-Ishikawa-diagram-aka-Fishbone-diagram_fig1_317196193

5Why: <https://kanbanize.com/lean-management/improvement/5-whys-analysis-tool>

A3: Google Search - <https://www.assemblymag.com/articles/95484-d-and-a3-formalize-problem-solving>



A Quick Quiz...

As of 2016, _____ became the most valuable traded commodity internationally.

- A) Gold/precious gems*
- B) Oil*
- C) Data*
- D) Water*



Source: iStock

Answer

C) Data

- While somewhat subjective (due to the ethereal pricing nature of data), the leading consensus is that data overtook oil as the most valuable commodity in 2016.
- Data is unvarnished customer information that provides unparalleled insights into our existing and/or potential consumers' habits.
 - Any consumer of social media can relate—when you're casually browsing Facebook or Google, ads are targeted toward your interests and buying habits.
 - Data is ubiquitous in our lives and in the healthcare system.

Source: [The world's most valuable resource is no longer oil, but data | The Economist](#)



Defining Value

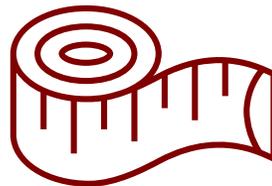
- Value is sometimes lumped into cost savings.
- Value is also sometimes understood to be the health system outcomes achieved per dollar spent.
- Value is not defined by the Executive C-Suite.
- Value is not an abstraction...nor is it intangible!



Image by [Peggy und Marco Lachmann-Anke](#) from [Pixabay](#)

What Is Value?

- Value is a tangible and measurable result of action or effort.
- Outputs of high-value interactions typically *lead to* efficiencies and cost savings—not the other way around.
- In health care, core values are critical to help create an organization’s foundation and strategy framework.
- The goal for all providers of healthcare delivery in any venue is to provide high-value care.
- REMEMBER, value is in the eyes of the *consumer* and should always be defined as such.
 - Whether the consumer is a patient, a family member, a colleague, or an associate, a focus on what is important to the consumer (value) is critical.



Why Are We Talking About Value?

- As in our earlier Facebook/Google example, the healthcare market has access to a *massive* wealth of clinical and financial (claims) information.
- Emerging tech, policy, and processes are allowing practitioners to access these data to maximize operational efficiency and provide pinpoint intervention.
- These data enable evidence-based strategies to most efficiently and effectively identify your highest-risk members and address all aspects of any given “*dis...ease.*”

Data Governance vs. Data Management

- Data Governance: The establishment of policies and procedures to manage the entry points and people/processes standards
 - People
 - Policies
- Data Management: The establishment of policies and procedures to curate datasets (through hygiene, cleansing, normalization) for use in clinical decision-making
 - Access
 - Cleansing



Types of Data

- As in our earlier Facebook/Google example, the healthcare market has access to a *massive* wealth of information.



- Customer Data

- ✓ Utilization data (i.e., are they frequent ED users? Do they have a PCP?)
- ✓ Consuming habits (i.e., compliance—do they fill Rx? Are they compliant with medical advice?)
- ✓ Diagnostic and prescribing (i.e., laboratory studies, imaging, and other objective outputs)



- Performance Data

- ✓ Intervention and healthcare delivery (i.e., are providers compliant with best prescribing/treatment practices?)
- ✓ Consumer value and satisfaction (i.e., satisfaction survey and NPS—do patients report positive experiences?)



- Financial Data

- ✓ Delivery/cost of care (i.e., claims data provides service delivery, diagnostic, and procedural costs)
- ✓ Operational data (i.e., overhead and operational cost—P&L)

Source: iStock

* Large body of emerging data sources (wearable device, smart phones and “IOT” data)



Building a Value-Based Data Governance and Data Management Strategy



Collect, manage, and analyze data



Use available data to stratify population, analyze risk, and predict needs.



Create clinical pathways to address unique population needs based on data.



Calculate financial risk and negotiate fair contracts with payers based on available data.

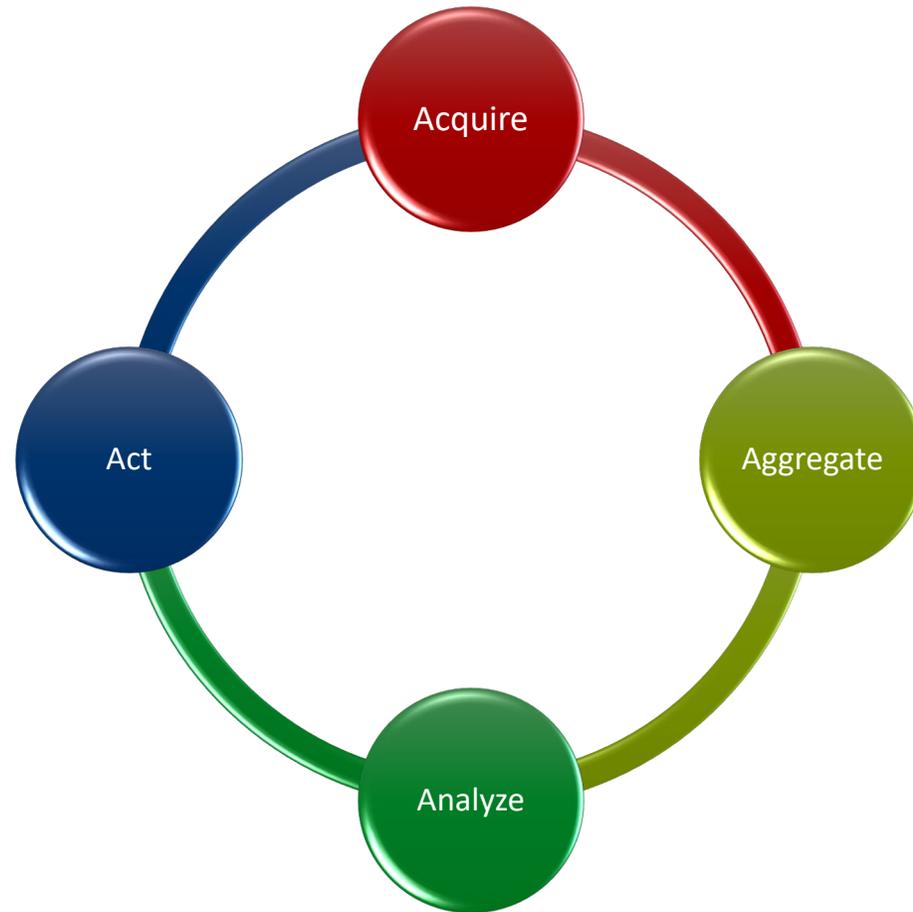


Connect with patients and engage them in clinical pathways and services to address their needs.



Use IT infrastructure to support reporting, quality and performance dashboards, and business intelligence.

How Do We Manage Our Data? The 4 A's



Acquire

- Acquisition refers to the identification of disparate data sources and establishment of data transfer protocols.
- Additional activities include:
 - Data governance/stewardship routine(s)
 - Legal and compliance
- The quality of the data being acquired is wholly dependent on the quality control and input standards at the place of origination.
 - Quality control standards are not just a legal/compliance consideration—quality clinical documentation is paramount to the success of a data strategy.
 - As the saying goes, “Garbage in—garbage out!”



Aggregate

- Aggregation (following acquisition) pertains to the “pull and push” of the acquired data sources.
- Additional activities include:
 - Establishment of data storage and maintenance routines
 - Data cleansing and manipulation (matching member-to-member across disparate sources)
 - Quality assurance
 - Warehouse quality control and standardized technical environment “hygiene” standards (controlling quality standards)

Analyze

- Analysis is the linchpin in 4 A's cycle, and it is fully dependent on quality inputs from both preceding steps.
 - In the absence of holistic and systemic analysis, the cycle must rerun to determine the upstream/downstream opportunities and gaps.
- Analysis pertains to the manipulation and output generation of the data being reported (dashboarding and data presentation).
- Additionally:
 - Descriptive analytics—dashboards, scorecards, and alerts are used to illustrate what happened in the past, but not why it happened or what might change.
 - Predictive analytics—past data is used to model future outcomes (e.g., which patients have the greatest propensity to readmit).
 - Prescriptive analytics—techniques such as optimization or A/B testing are used to help inform how to do certain activities (e.g., advising a physician on which drug(s) to prescribe for a patient with a certain condition).

Act

- Action pertains to the integration of data into decision-making. This is the process of operationalizing the learning gleaned from the data analysis.
- Additional activities include:
 - Key Performance Indicator(s)/Benchmarking (identifying standards and surrounding/supporting conditions and implementing testable hypotheses)
 - Outcomes Policy/Processes (evidence-based or data-informed—“if X, then Y” or “if not A, then B”)
 - Process, Product, and People

Drilling Down

- Of the data types listed, which would be the most valuable to your organization in the near term?

Customer Data

Utilization data (i.e., are they frequent ED users? Do they have a PCP?)

Consuming habits (i.e., compliance—do they fill Rx? Are they compliant with medical advice?)

Diagnostic and prescribing (i.e., laboratory studies, imaging, and other objective outputs)

Performance Data

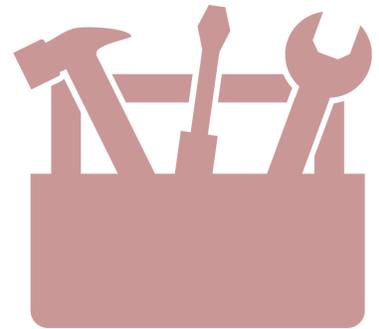
Intervention and healthcare delivery (i.e., are providers compliant with best prescribing/treatment practices?)

Consumer value and satisfaction (i.e., satisfaction survey and NPS—do patients report positive experiences?)

Financial Data

Delivery/cost of care (i.e., claims data provides service delivery, diagnostic, and procedural costs)

Operational data (i.e., overhead and operational cost—P&L)



Source: iStock

Today's Discussion Question



Source: ThinkStock

What's in your way?

What are the impediments to moving away from low value care and toward high value care and services?

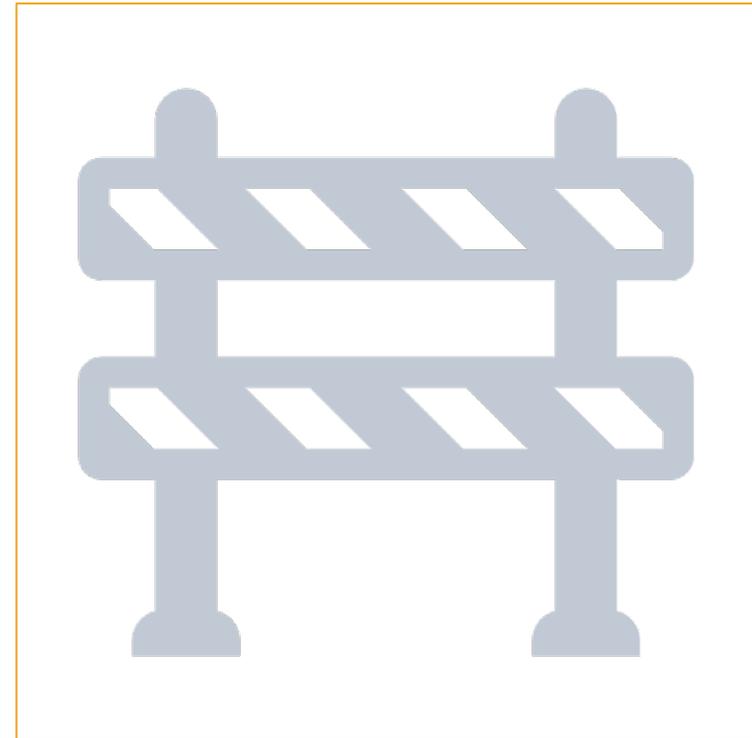


Image source: iStock by Getty Images

Between Session Activity/Report Out



Checking in on your action plan worksheet: ***How is the action plan worksheet helping to inform your thinking and planning?***
****Reports outs in Session 6***



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 with an SME
- Meet colleagues from other health centers



Next Steps

- Thinking about this week’s presentation, choose an action item 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.
- Begin thinking about what you will share in Session 6.

Food for Thought

- What is the problem we are trying to solve?
- Who are our customers?
- Tell a story!!

Fishbone: https://www.researchgate.net/figure/A-generic-representation-of-the-Ishikawa-diagram-aka-Fishbone-diagram_fig1_317196193

5Whys: <https://kanbanize.com/learn-management/Improvement/5-whys-analysis-tool>

A3: Google Search - <https://www.assemblymag.com/articles/9548-4-d-and-a3-formalize-problem-solving>

HRSA Health Center Program

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.			
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3.			
4.			
5.			
6.			

Reflecting on Today: Plus, Delta

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



TA Offerings for Health Centers

- One-on-One Coaching
- Virtual Site Visits to Improve Outcomes
- Webinars
- 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 Portal. At the top left is a logo consisting of a grid of colored squares (blue, yellow, red, green) next to the text "BPHC-BH TA" and "Bureau of Primary Health Care Behavioral Health Technical Assistance". Below the logo is a navigation bar with links: "Home", "Request Technical Assistance", "Learning Management System", "About Us", and "Contact Us". The main content area features a large heading "Welcome to the BPHC-BH TA Resource Portal!" followed by a table with columns "View", "Edit", "Delete", and "Revisions". Below the table is a paragraph of text: "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." To the right of the main content is a box titled "Learn About BH TA Options" with a bulleted list: "One-on-One Coaching", "E-learning Webinars", "Strategies for Community Outreach", "Virtual Site Visits to Improve Outcomes", and "Join a Community of Practice (CoP)". Below that is another box titled "Complete the Readiness Assessment".

Upcoming TA Opportunities!

Webinars

- **Strategies for Addressing Health Disparities in Medications for Opioid Use Disorders**
Wednesday, June 2, 3:00–4:00 p.m. ET
Registration Link: https://zoom.us/webinar/register/WN_hUz8J4lvQ0eidc8x6XCkFQ
- **Reducing Health Disparities by Addressing Integrated Behavioral Health in a Maternal Child Health Care Setting**
Thursday, July 29, 3:00–4:00 p.m. ET
Registration Link: coming soon!

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.



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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Kellin Rowlands – krowlands@ahpnet.com

Vision: Healthy Communities, Healthy People

