



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

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

Thursday, June 3, 2021

Vision: Healthy Communities, Healthy People





Session 6: Participant Sharing

Vision: Healthy Communities, Healthy People

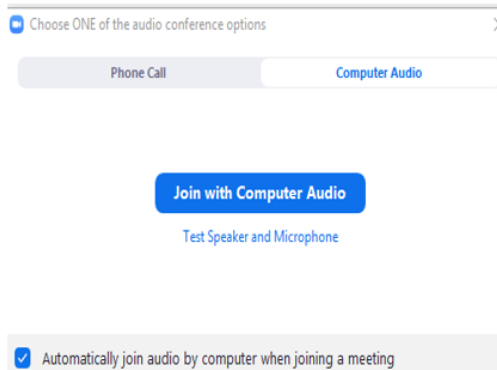


Housekeeping

To establish an audio connection:

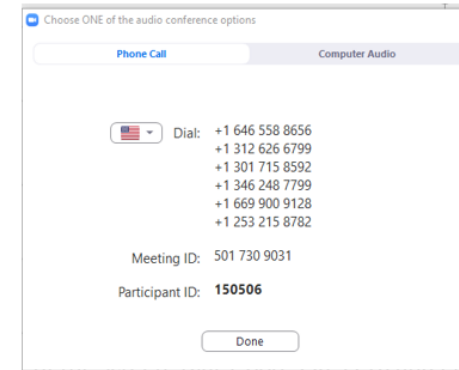
By computer:

- Click **Join with Computer Audio**.

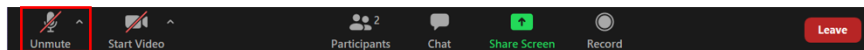


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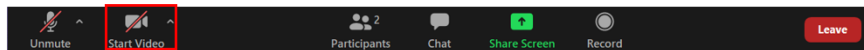
- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



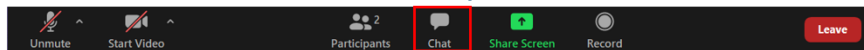
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- 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 6: CoP Facilitators



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



Co-Facilitator:
Courtney Wiggins, CGMP
The Bizzell Group

Agenda

- Participant Check-in
- Participant Sharing
- Feedback
- Wrap Up/Next Steps



Source: iStock

CoP Participants



Participant Roll Call

Organization	Name	State
1st Choice Healthcare Inc	Brigitte McDonald	AR
ACCESS Community Health Network	Thea Kachoris-Flores Suzanne Snyder	IL
Advantage Care Health Center	Darci Weissbrot	NY
American Indian Health & Services	John Lee	CA
Cassopolis Family Clinic Network	Mary Middleton	MI
Centro de Servicios Primarios de Salud de Patillas	Aidín Millán	PR
Community Health Centers of Southern Iowa, CHCSI	Kiley Schreck	IA

Participant Roll Call

Organization	Name	State
Crusader Health	Liz Henning	IL
Greater New Bedford Community Health Center	Paul Cassidy	MA
Iowa Primary Care Association/IowaHealth+	Gagandeep Lamba	IA
New Mexico Primary Care Association	Catherine Reeves Elise Clemens	NM
Santa Barbara Neighborhood Clinics	Nancy Tillie Charles Fenzi	CA
Wheeler Clinic	Sabrina Trocchi	CT
Wisconsin Primary Health Care Association	Molly Jones	WI



Participant Sharing

Vision: Healthy Communities, Healthy People



Session 6 - Report Out



Participant Sharing:

- Share an action step you've taken or are planning to take

OR

- Ideas from the CoP that you'd like to act on in your setting
- Lessons learned



Wheeler Family Health & Wellness Center

Plainville, CT
Sabrina Trocchi

Vision: Healthy Communities, Healthy People



1. Share one activity that you identified or began as a result of this CoP and your next steps.
 - a) Re-visit proposed use of HRSA American Rescue Plan Funds for potential to support care coordination/integrated care

2. Any questions and/or lessons learned?
 - a) Many other providers/states are at the same level and are facing similar challenges in sustaining care coordination/management efforts

Questions and Discussion





Access Community Health Network

Chicago, IL
Thea Kachoris-Flores
Suzanne Snyder

Vision: Healthy Communities, Healthy People



Access Community Health Network

1. Initiate use of myACCESSHEALTH Patient Portal for Depression Screening
2. Deciding Factors for Choosing this next step:
 - 2019 -2020 - Created *ACCESS Depression Screening Guide*
 - UDS Screening Rate for 2019, 2020 remained about the same (2% improvement)
 - 2020-2021 - Added Depression Screening to SDOH Wheel in EHR
 - Goal: Summer 2021 – Initiate Depression Screening through Patient Portal
3. Lessons Learned –
 - Building the infrastructure, particularly around data, is critical (integration with current reporting structures, ability to report number of PHQs done by patient portal, and robust analytics about patient population)
 - Detailed workflows and processes with provider buy in is important (timing, provider capacity, patient safety, population)
 - Training of Care Teams and process integrated into the *ACCESS Depression Screening Guide*
 - Explore opportunities for leveraging the potential increase of preventive/clinical patient engagement through the patient portal
4. Question: The Integrated Care Readiness and Capacity Assessment was helpful. Would you be able to share with us again as a survey tool so that we can ask our senior leaders to complete?



ACCESS Depression Screening Guide

At ACCESS we screen for depression using Patient Health Questionnaire (PHQ)

ACCESS Depression Screening Guide

Note: If patient previously scored positive on the PHQ-9/PHQ-9A, patient should be screened using PHQ-9/PHQ-9A and not PHQ-2.



	Universal Depression Screening		Perinatal Depression Screening			
Population:	Adults	Adolescents (Ages 13-17)	Obstetrics		Mother-Baby	
Frequency:	Every six months	Every six months	<ul style="list-style-type: none"> Initial prenatal visit Third trimester (28-40 weeks) Final postpartum visit (up to two weeks) Later postpartum visit (up to 6 weeks) 		<ul style="list-style-type: none"> Newborn 1 month 2 months 4 months 6 months 	
Screening Tool:	PHQ-2 If PHQ-2 is 3 or greater, administer PHQ-9	PHQ-9A	PHQ-2 (MAM) PHQ-9A (Adolescent)		PHQ-2 If PHQ-2 is 2 or greater, administer PHQ-9 (MAM) or PHQ-9A (Adolescent)	
Format:	Verbal/Paper	Paper (unless patient has difficulty reading)	PHQ-2: Verbal/Paper PHQ-9A: Paper		Paper	
Workflow and Documentation:	<p>MA: Administer PHQ-2. Enter response to PHQ-2 in EHR. If results are 3 or greater, administer PHQ-9.</p> <p>MA: Enter response to PHQ-2 in EHR. If results are 10 or greater or there is any positive answer to question 9, provider follow-up is required. Alert provider!</p> <p>Provider: Follow up with patient and document using One-Threaded OutProcess.</p> <p>MA: If paper screening tool used, alert.</p>	<p>MA: Administer PHQ-9A. Enter response to PHQ-9A in EHR. If results are 10 or greater, any positive answer to question 9, or answered yes to either of the last two questions that address suicide risk, provider follow-up is required. Alert provider!</p> <p>Provider: Follow up with patient and document using One-Threaded OutProcess.</p> <p>MA: If paper screening tool used, alert.</p>	<p>PHQ-2</p> <p>MA: Administer PHQ-2. Enter response to PHQ-2 in EHR. If results are 10 or greater or there is any positive answer to question 9, or answered yes to either of the last two questions that address suicide risk, provider follow-up is required. Alert provider!</p> <p>Provider: Follow up with patient and document using One-Threaded OutProcess.</p> <p>MA: If paper screening tool used, alert.</p>	<p>PHQ-9A</p> <p>MA: Administer PHQ-9A. Enter response to PHQ-9A in EHR. If results are 10 or greater, any positive answer to question 9, or answered yes to either of the last two questions that address suicide risk, provider follow-up is required. Alert provider!</p> <p>Provider: Follow up with patient and document using One-Threaded OutProcess.</p> <p>MA: If paper screening tool used, alert.</p>	<p>ACCESS Patient</p> <p>MA: Administer PHQ-2 and give completion paper separate to provider. If results are 3 or greater, MA/Provider administer PHQ-9 or PHQ-9A.</p> <p>Provider: Score PHQ-2 or PHQ-9A. If positive, refer to SHC and provide resources. Document results in baby's progress note.</p> <p>MA: Scan screening tool in Meds section of baby's chart and attach to encounter. Direct paper screening tool.</p>	<p>Non-ACCESS Patient</p> <p>MA: Administer PHQ-2 and give completion paper separate to provider. If results are 3 or greater, MA/Provider administer PHQ-9 or PHQ-9A.</p> <p>Provider: Score PHQ-2 or PHQ-9A. If positive, provider refer to patient's OB/GYN/PCP, present with SHC if indicated and provide resources. Document results in baby's progress note.</p> <p>MA: Scan screening tool in Meds section of baby's chart and attach to encounter. Direct paper screening tool.</p>

If patient is in a mental health emergency, initiate emergency medical protocol according to policy.



ACCESS Depression Screening Guide

Epic Documentation References

Universal Depression and Obstetrics Follow-Up

Use the SmartPhrase (DoPhrase): DEPRESSIONFOLLOWUP

The following templates will pull in the SmartPhrase when there is a positive screening:

- Primary Care: Standard (MODEL AMB-FAMILY PRACTICE PHYSICIAN)
- OBG Initial Prenatal Visit
- OBG Routine Prenatal Visit
- Gen Postpartum Visit

To include the above SmartPhrase for a positive screening in your own SmartPhrase template, use @RULESMARTL2PA (124819, DEPRESSIONFOLLOWUP)@

Mother-Baby Follow-Up

Use the SmartPhrase (DoPhrase): MATERNALDEPRESSIONFOLLOWUP

The following templates will pull in the SmartPhrase:

- AC-IN Well Child Check 2-5 days
- AC-IN Well Child Check 01 Month
- AC-IN Well Child Check 02 Months
- AC-IN Well Child Check 04 Months
- AC-IN Well Child Check 06 Months

Resources

Suicide Assessment Five-Step Evaluation and Triage (**SAFE-T**) – Available at https://www.integration.samhsa.gov/imaging/SAFE_T.pdf and the Suicide Safe app.

Hotlines

- SAMHSA National Helpline: 1.800.662.HELP (4357)
- National Suicide Prevention Lifeline: 1.800.273.TALK (8255)

Policies

- Policy: 4.49 Behavioral Health Patient Crisis (Adult)
- Policy: 4.50 Behavioral Health Patient Crisis (Minor)

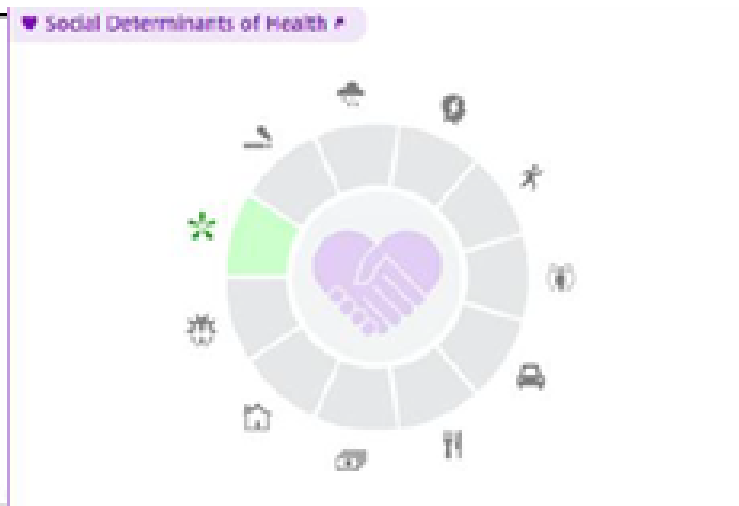
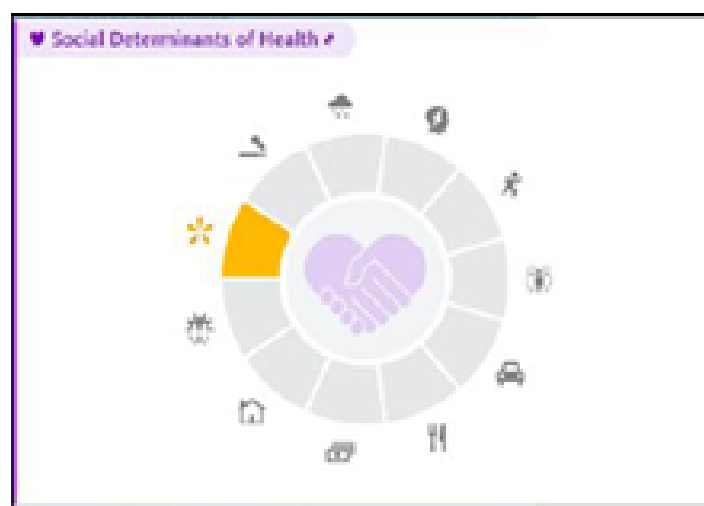
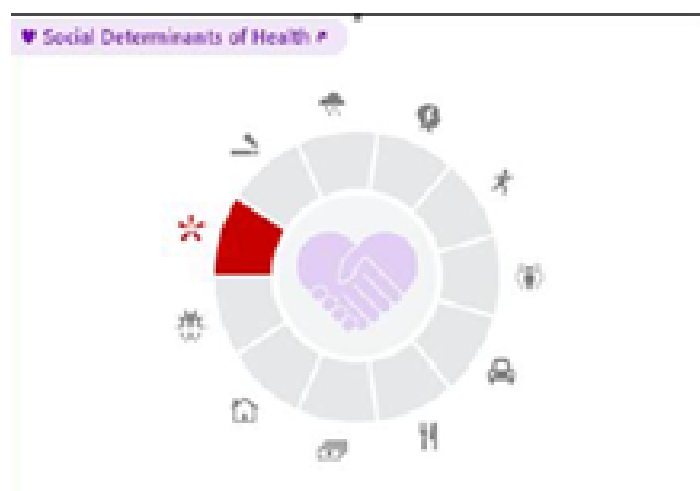
Best Practice Guidelines

- ACOG Committee Opinion No. 757: Screening for Perinatal Depression. American College of Obstetrics and Gynecologists. 2018; 130(5): 208-212.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: 2013.
- Earls MF, Yoganar MB, Mattson G, et al. AAP Committee on Psychosocial Aspects of Child and Family Health. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. Pediatrics. 2019; 143(1):e20180259.
- Kitzpatrick, S et al. Guidelines for Perinatal Care. American Academy of Pediatrics and American College of Obstetricians and Gynecologists. 2017, 8th Edition.



Rooming Reminder and SDOH Wheel

- PHQ DUE NOW – will appear in Rooming Navigator with screener
- PHQ also accessible through the SDOH Wheel
- SDOH Wheel will display different colors dependent on answer or when screener is due



Questions and Discussion





Cassopolis Family Clinic Network

Cassopolis, MI
Mary Middleton

Vision: Healthy Communities, Healthy People



Cassopolis Family Clinic Network

1. Share one activity that you identified or began as a result of this CoP and your next steps.

A. Expansion of care management services

2. Any questions and/or lessons learned?

We still have lots of questions and anticipate we'll learn much along the way:

A. What do patients/families want or need help with?

B. What area or focus creates the most positive change for patients?

C. What area or focus creates the most positive impact for the providers who quarterback the care teams.



Questions and Discussion





Iowa Primary Care Association/IowaHealth+

Des Moines, IA
Gagandeep Lamba

Vision: Healthy Communities, Healthy People





OUR MISSION

Enhancing community health centers' capacity to care.

OUR VISION

Health equity for all.

The Iowa PCA is a non-profit membership association comprised of **13 community health centers and one migrant health program** and is recognized as the trusted voice on healthcare, particularly concerning vulnerable populations. These organizations collectively serve more than **226,000 Iowans** each year through over **800,000 patient visits**.

Organizational Alignment to Serve Iowa Health Centers

INCC Services:

- Hosted Applications and Vendor Management
- EMR Implementations and Training
- Practice Management and Revenue Cycle
- Clinical Analytics and Data Warehouse
- Performance Improvement Coaching
- Interoperability
- HIPAA Privacy and Security



Management Agreement

Management Agreement



IowaHealth+ Services:

- Performance Improvement Learning Collaborative
- Value-Based Purchasing & Payment Reform
- Data Analytics & Reporting
- Attribution
- Risk Stratification
- Care Coordination
- Population Health Focused



Iowa PCA Services:

- Policy & Advocacy
- Quality & Performance Improvement
- Emerging Programs
- Workforce Development
- Outreach & Enrollment
- Health Center Development & Expansion
- Communications

Behavioral Health Strategy Sessions 2019



Photo by Ethan Forsgren





Iowa FQHCs Vision for integrating behavioral health

Behavioral Health Strategy Session, Spring 2019

Iowa's FQHCs will: See and care for the whole health of our community and patients throughout their life-course—preventing, addressing, and remembering the social, cultural and behavioral determinants of patients' wellness—by integrating behavioral health services, addressing our own staff and provider's wellness, and by strengthening our collaboration with our community allies.

In order to do this, we need a change in payment that is fair and allows for more flexibility in building behavioral health services—including telehealth, care coordination, group care, and same-day services.

We believe that behavioral healthcare is core to our patients' wellbeing and the financial soundness of our health system, and we are prepared to measure our efficacy—primarily for our patients' sake, and also for our payors'.



Iowa Primary Care Association

- Health centers still participate in FFS (fee-for-service) models
- Population-based payments - MCO/VBC contracts (traditional capitation model)
 - ITC: Pay-for-Performance (P4P/P4Q) only incentivized based on quality measured and no down-side risk.
 - AGP: Shared-Savings where we must meet a cost of care target before we are able to earn savings based on quality measures. There is down-side risk in this contract--if don't keep the cost of care below a certain percentage, then IH+ must pay back the difference up to a certain percent.
- IH+ is a clinically integrated network that acts similarly to an ACO. It is anticipated that we will be entering into the Medicare Shared Savings Program beginning in Jan 2022.
- Also, working on Alternate Payment Methodology (APM) to kick-off in Jan 2023.



Iowa Primary Care Association

1. Share one activity that you identified or began as a result of this CoP and your next steps.

- Re-evaluate BH strategy & vision statement on measurement of BHI
- Elevated VBC discussion (FUH - BH measure) internally at PCA and health centers

2. Any questions and/or lessons learned?

- Can't learn to dance without missing a few steps!
- Sustaining your integrated model of medical and behavioral health care is challenging and requires many PDSA cycles!
- Leverage Data Analytics for identifying gaps in BH Service Integration
- Integration is a means to an end!
- We are NOT ALONE!



Questions and Discussion





Santa Barbara Neighborhood Clinics

Santa Barbara, CA
Charles C. Fenzi, MD
Nancy Tillie

Vision: Healthy Communities, Healthy People



Santa Barbara Neighborhood Clinics



Santa Barbara Neighborhood Clinics

PCBH Integration

- Two Tiers

- Behavioral Health Consultant (BHC)
 - Works side by side with Primary Care Provider
 - Limited scheduled encounters
 - Available for warm hand offs

- Therapist

- Traditional therapy
- Defined Panel of Clients

- Collaborative Care Model

- Leverage Psychiatrist time for Consulting with BHC and Medical Provider

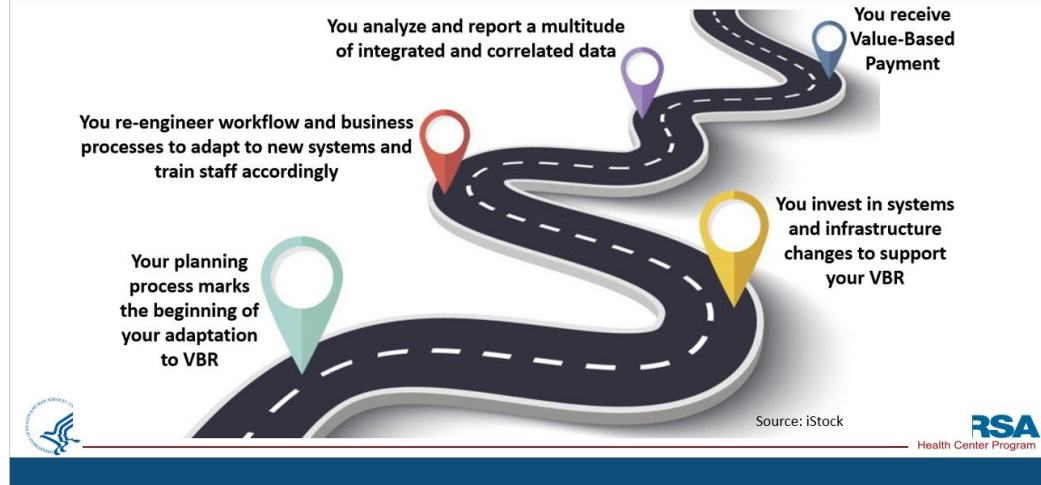


Questions and Discussion



Session 1

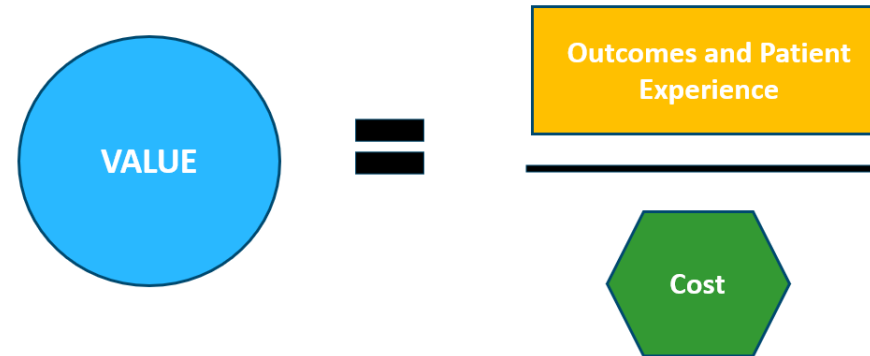
VBR Initiatives Begin with Policymakers and Payors



1. Ask questions – ask staff, leadership, patients
2. Value is something the customer defines
3. Learn your state Medicaid policy
4. It's doable!

Session 2

The Healthcare Value Equation



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- When patients are happier, staff are happier.
- Most satisfaction surveys focus on hospitality versus value
- Patients want an environment of capability, comfort, and calm (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>)



Session 3

Building a Value-Based Data Governance and Data Management Strategy



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Session 4

The Quadruple Aim



Source: Institute for Healthcare Improvement: <http://www.ihi.org/>



Session 5

Practice Transformation

- Comprehensive evaluation of people, and process to assure accountability and efficiency while driving consumer value
 - VBR requires an overhaul of current processes and reassessment of staffing, roles, and responsibilities.
 - Central to these activities is the foundational focus on data and reporting.



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- Both policymakers and payors need to be considered.
- Let the data inform how you will do things.
- Training and workforce development is imperative.
- Total cost of care is a crucial metric to have.



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

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 BPHC-BH TA Resource Portal website. The header features the BPHC-BH TA logo and the text "Bureau of Primary Health Care Behavioral Health Technical Assistance". Below the header is a navigation bar with links: Home, Request Technical Assistance, Learning Management System, About Us, and Contact Us. The main content area has a large heading "Welcome to the BPHC-BH TA Resource Portal!" and a table with columns: View, Edit, Delete, and Revisions. Below the table is a paragraph describing the portal's purpose. To the right, there are two sidebars. The first sidebar is titled "Learn About BH TA Options" and 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 second sidebar is titled "Complete the Readiness Assessment".

BPHC-BH TA
Bureau of Primary Health Care Behavioral Health Technical Assistance

Home | Request Technical Assistance | Learning Management System | About Us | Contact Us

Welcome to the BPHC-BH TA Resource Portal!

View	Edit	Delete	Revisions
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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.

Learn 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)

Complete the Readiness Assessment

Upcoming TA Opportunities!

Webinars

- Reducing Health Disparities by Addressing Integrated Behavioral Health in a Maternal Child Health Care Setting

Thursday, July 29, 2:00–3:00 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.



Upcoming TA Opportunities! (cont'd)

Communities of Practice (CoPs)

- Integrated Behavioral Health and Value-Based Reimbursement: Two Sides of the Sustainability Coin
 - *Cohort 2: Thursdays, 6/10/21 – 7/15/21, 2:30–4:00 p.m.*
<https://zoom.us/meeting/register/tJUuduqhpfJuHtwabD2xSdkmuHLR5Qju0XeD>

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!

Contact Information:

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Courtney Wiggins - cwiggins@thebizzellgroup.com

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