New Resources: Behavioral Health Integration into Primary Care

Medicaid Demonstration Project for Integration

May 17, 2017
Your Speakers

Chelene Whiteaker, MHA
WSHA
Policy Director

Anne Shields, MHA, RN
UW AIMS
Associate Director

Anna Ratzliff, MD, PHD
UW AIMS
Associate Director for Education
Objectives
An increased understanding of:

• The general timeline of the demonstration work
• The importance of engaging with your ACH
• The primary care integration standards and model in the project toolkit
• New billing codes and resources for financial sustainability
• Ideas for training and implementing the model
ACHs work with community partners to decide on transformational projects in their region.

Together, they select projects and develop a portfolio of Project Plans. Projects must align with the demonstration Project Toolkit.
More than $250 million available for providers (primary care and community mental health)

Project Pool Funding Will Incentivize Critical Regional Initiatives

- Each ACH will coordinate and submit a Project Plan application by October 23, 2017
- ACHs must select at least 4 projects from Domains 2 and 3, including both 2A and 3A and one additional project from each of those domains
- In Year 1, Project Pool funding will be adjusted based on project plan evaluation scores which will include, in addition to other criteria under development, the number of projects above the minimum of 4 that are selected by the ACH
- In addition, all ACH project plans under Domains 2 and 3 must integrate the cross-cutting Domain 1 initiatives

Source: Working DSRIP Funding and Mechanics Protocol; Working Internal HCA / PG Modeling
Subject to Change: Under Negotiation with CMS
October 23
Engaging with your ACH

Project toolkit: https://www.hca.wa.gov/assets/program/MTP-Attachment-C-DSRIP-Planning-Protocol.pdf

Information on your ACH is available here: http://www.wsha.org/articles/medicaid-demonstration-underway-achs-forming-project-committees-need-provider-input/

Accountable Community of Health

<table>
<thead>
<tr>
<th>Select your ACH</th>
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<tbody>
<tr>
<td>Olympic</td>
<td>Cascade Pacific Action Alliance</td>
</tr>
<tr>
<td>North Sound</td>
<td>King</td>
</tr>
<tr>
<td>Pierce</td>
<td>Southwest Washington</td>
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<tr>
<td>North Central</td>
<td>Better Health Together</td>
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<td>Greater Columbia</td>
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Recording of the Webinar Available

Recording and slides will be posted by Monday, May 22:

WA Medicaid Demonstration Project
Project 2A - Integration into Primary Care
Focus on Primary Care Side of Project 2A

• Common principles, how alike and how different
  – Bree Collaborative specifications
  – Collaborative Care Model

• Tools for working with your ACH, planning your model of integrated care
  – Resources and tools online for planning and implementation
  – Defining value
  – New AIMS tool online to plan financing strategies

• Tools for training and capacity building
  – Registry and patient tracking options
  – New AIMS tracking tool for WA State providers

• AIMS Training Strategies to Support Medicaid Transformation
Principles for Evidence-Based Integration

Team-Based and Person-Centered
Primary care and behavioral health providers collaborate effectively, using shared care plans.

Population-Based and Data-Driven
A defined group of patients or clients is tracked in a registry so that no one “falls through the cracks.”

Measurement-Based Treatment to Target
Treatment goals clearly defined and tracked for every patient. Treatments actively changed until clinical goals are achieved.
Stepped Integrated Behavioral Health Care

- Hospital
- Community Mental Health Care
- Collaborative Care
- Behavioral Health Consultant or Specialist
- Primary Care Provider
- Community-Based Services & Supports
Regional Approaches to Integrated Care

• No one approach fits all
  – Arguing about the best integration model is a bit like arguing about the best religion

• Evidence-based models adapt to local settings and circumstances in order to be successful

• Important principles that need to be followed in order to reach the Triple Aim:

  Value = Reach * Effectiveness / Cost
Collaborative Care Team Approach

- PCP
- Patient
- BH Professional
- Psychiatric Consultant
- Rest of Primary Care Team
- Core Program
- New Roles
- Additional Clinic Resources
Collaborative Care (CoCM) Payment Code Structure

Each CoCM G code bundles payment to medical care for the collective work of the collaborative care team:

- Primary care provider
- BH professional (BH Care Manager, RN, LICSW, CoCM specialized training)
- Psychiatric consultant (psychiatric ARNP or psychiatrist)
## Medicare G codes for BHI/CoCM

Available January 2017

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
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<tbody>
<tr>
<td>G0502</td>
<td>CoCM - first 70 min in first month</td>
<td>$142.84</td>
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<tr>
<td>G0503</td>
<td>CoCM - first 60 min in any subsequent months</td>
<td>$126.33</td>
</tr>
<tr>
<td>G0504</td>
<td>CoCM - each additional 30 min in any month (used in conjunction with G0502 and G0503)</td>
<td>$66.04</td>
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<tr>
<td>GO507</td>
<td>Other BH services - 20 min per month</td>
<td>$47.73</td>
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Crosswalk for Project 2A - Integration

Same Elements in Bree Specs & Collaborative Care

- BH professional as part of primary care team
- Systematic BH screening
- Measurement-based BH services
- Population-based care
- Treatment to target
- Tracking patients and follow up
- Evidence-based treatments
- Access to psych (Bree) vs. psych case review (CoCM)
Psychiatric Systematic Case Review in Collaborative Care Model

- Weekly 60-90 minute session for each caseload
- Care manager and psychiatric consultant team
- Conducted in-person or by phone, using registry EHR data
- Team may review all patients or only priority patients in each session
- Treatment recommendations to PCP, who makes the decisions, prescribes all meds
- Goal: No patients fall through the cracks
Registry Strategies for Measurement-Based Care

“The care team tracks patients to make sure each patient is engaged and treated to target.”

MT Demo Toolkit
Why Do You Need a Registry Tool?

• Track populations
• Track patient outcomes
• Prompt treatment-to-target

A “must have” for Project 2A Bree and/or Collaborative Care strategies
Registry Options to Consider

• Spreadsheet + EHR
  – AIMS Patient Tracking Template

• Build functions into EHR
  – Experience with Epic Healthy Planet, Workbench

• Care Management Tracking Systems
  – AIMS Care Management Tracking System (CMTS)
  – CHPW/King Co. MHITS, New York CMTS

• New AIMS Depression Tracker
AIMS WA State Depression Tracker

- Streamlined app for depression caseload management
- Cloud-based, HIPAA-compliant
- Minimal data entry, use alongside EHR
  - Track PHQ-9 baseline and most recent scores, displays progress over time
  - Prioritize patients for follow-up, case review
  - Facilitate reporting on HEDIS depression remission/improvement
  - Track minutes for BHI/CoCM G code billing
Why Just depression? Why PHQ-9?
HEDIS Depression Metrics in Project 2A

• Use of PHQ-9 or PHQ-A to Monitor Patient Following Depression Dx
  – 12+ years
  – Use of PHQ within 4 months

• Depression Remission or Response
  – Measured by PHQ9 or PHQA
  – Remission within 5 – 7 months of first elevated PHQ9

• Depression Screening and Follow Up (2018)
WA State AIMS Depression Tracker

• More information on pricing and online demo available in June
• Available for licensing directly to providers by July 1
• Contact AIMStech@uw.edu for more info
New AIMS Resources Online
to Help You Plan a Sustainable Model

• Defining value for your model of integrated care
• Guidance on planning BH staffing
• Financing strategies on the way to VBP
• *New* Financial Modeling Workbook
  – Designed to help you evaluate staffing models, visit volume, FFS and case rate payments to more accurately estimate revenue and expenses
  – https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook
# Tab 2: Staffing And Service Delivery

## Staffing and Service Delivery

### Staffing

<table>
<thead>
<tr>
<th>Team Member</th>
<th>FTE</th>
<th>Total Hours per Week</th>
<th>Suggested Hours per Week (Based on 40:1 ratio)</th>
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<tbody>
<tr>
<td>Care Manager</td>
<td></td>
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<tr>
<td>Psychiatric Consultant</td>
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<tr>
<td></td>
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### Weekly Time and Effort Allocation and Service Unit Generation: Care Manager

#### Reimbursable Direct Care Services

- **Direct Treatment: Assessment Visit**: 0.75 hours per week
- **Direct Treatment: Ongoing Visits**: 0.50 hours per week
- **Group Treatment**: 0.25 hours per week

**Subtotal: Reimbursable Direct Care Services**

#### Non-Reimbursable Direct Care Services

- **Warm Connection (Non-Billable)**: 0.25 hours per week

**Subtotal: Non-Reimbursable Direct Care Services**

#### Indirect Care Coordination and Administrative Tasks

- **Charting**: 100.0% (Green checkmark indicates value is at target)
- **Registry Management**: 0.0%
- **Psychiatric Consultation**: 0.0%
- **Team Communication**: 0.0%

**Subtotal: Indirect Care Coordination and Administrative Tasks**

### Weekly Time and Effort Allocation and Service Unit Generation: Psychiatric Consultant

**Total Psychiatric Consultant Hours per Week**

<table>
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<th>Percentage (%) of Total Hours per Week</th>
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AIMS Training and Support for Project 2A Implementation
AIMS Center Training at a Glance

Planning for Integration
- Calls with leaders and workgroup for planning, advice on model
- “Readiness” check list
- Involve primary care team
- Develop or fine-tune workflows
- Orientation for BH clinicians and psychiatric providers
- Sustainability planning

In-Person Clinician Training
- 1 to 2 days
- Focus on small practice groups, teamwork
- Using registry to prioritize and manage a caseload
- Driving active treatment to target, using psychiatry time effectively
- Team communication
- Emphasis on practice and active learning

Virtual Coaching & Training
- New content introduced over time through webinars, practiced in follow up conference calls
- Coaching calls for BH clinicians and psychiatry providers
- Ad hoc support for course corrections
Resources: http://aims.uw.edu

A new book on integrated care provides the first comprehensive guide for care teams to effectively integrate mental health care into primary care.
FREE to Providers in WA State

Expand the mental health and addictions care capacity of health care professionals in remote, underserved areas of Washington

Offer telehealth resource support to build the confidence and skills of providers who care for patients with behavioral health conditions

Ultimate Goal: Better patient care

Thursdays 12-1:30pm

http://ictp.uw.edu/programs/uw-pacc

UW PACC in the news:
http://hsnewsbeat.uw.edu/story/mental-health-video-consults-ease-rural-providers-burden
Community-Based Integrated Care Training

• Psychiatric providers seeking additional training to deliver integrated care
• Year-long employment-friendly program with a priority of flexibility in scheduling
  – Online coursework
  – Quarterly in person training
  – Mentored quality improvement project
• Complementary to other integrated care implementation efforts
  – Train psychiatric provider to work with primary care clinic transformation

FREE to Washington State psychiatric providers!

http://ictp.uw.edu/
Questions