



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Preparing for Value-Based Payment in Behavioral Health and Primary Care 2018 Innovation Community- Webinar 2

Presented by: Mindy Klowden, MNM,
Director, Technical Assistance and Training,
National Council for Behavioral Health



integration.samhsa.gov

Setting the Stage: Today's Moderator



Madhana Pandian
Associate

SAMHSA-HRSA Center for Integrated Health Solutions



integration.samhsa.gov

**Slides for today's webinar will
be available on the CIHS
website:**

www.integration.samhsa.gov

Under About Us/
Innovation Communities 2018

integration.samhsa.gov

To participate

Use the chat box to
communicate with other
attendees



integration.samhsa.gov


Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

integration.samhsa.gov

Setting the Stage: Today's Moderator





Mindy Klowden, MNM
Director of Training and Technical Assistance
SAMHSA-HRSA Center for Integrated Health Solutions



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Preparing for Value-Based
Payment in Behavioral Health
and Primary Care 2018
Innovation Community –
Webinar 2**

Presented by: Rick Weaver, MA
Retired CEO, Comprehensive
Healthcare

  integration.samhsa.gov

Expectations of Participants

1. Participants will take part in individual and small group coaching calls/webinars, and list serve discussions that will address the educational needs of participants and provide practical resources and tools.
2. By the end of this Innovation Community, participants will have completed a readiness assessment, identified concrete goals, and created a work plan that lays out their next steps and tools needed to achieve their stated outcomes.
3. Work plans are due to Mindy now, will be shared with SAMHSA, and monitored during coaching calls.

SAMPLE Workplan

Goal(s)	Objective(s)	Action Step (s)	Person(s) Responsible	Timeline(s)	Notes
By May 30, 2018, XYZ agency will be ready to track outcomes on key performance indicators, thus preparing the agency to success under a pay-for-performance contract	Develop a continuous quality improvement process to track outcomes and use data to inform clinical processes	<ol style="list-style-type: none"> 1. Create CQI team to meet monthly 2. Conduct analysis of what data is currently available (data mapping) 3. Identify which key performance indicators are most important to track 4. Implement rapid cycle improvement processes 	Betsy Cohen, COO Danny Klein, CQI Director	<ol style="list-style-type: none"> 1. By Feb 28 2. By March 31 3. By April 30 4. By May 30 	Data sources to include EHR, care management software, Medicaid claims, grant specific access database

integration.samhsa.gov

2/7/2018 9

Our Guest Presenter: Rick Weaver



Rick Weaver has worked in the behavioral health field for over 40 years. Until his recent retirement, Rick worked at Comprehensive Healthcare as its President/CEO since 1997. Rick also served the State of Washington as a special policy consultant at DSHS from 2011-2012. In that role his was heavily involved in the settlement of the T.R. lawsuit. More recently he served as a Senior Policy Advisor in the Governor's Policy office with a focus on Behavioral Health Integration. He served as the Co-CEO of Behavioral Health Northwest from 2010 - 2018.

Some Context

Behavioral Health Purchasing in Washington State

Historically a dual track system:

- Routine or low intensity services capitated to Medicaid health plans
- Higher intensity services, state funded services and federal block grant contracted to PIHPs. Eligibility based on “Access to Care Standards”
- PIHPs capitated in the mid-1990s
- Every PIHP has a different payment methodology to providers



integration.samhsa.gov

Comprehensive Healthcare

- Among the largest Behavioral Health providers in Washington State
- Serves a mostly rural and frontier area of the state
- We provide a very broad continuum of mental health, SUD, aging and other services
- We have a broad range of payment models including capitation, block grants, case rates, quality incentives and fee for service
- Medicaid capitated since 1995

integration.samhsa.gov

What We'll Cover

- Organizational Preparation for VBP
 - Internal Messaging
 - Systems
- Use of Measures
- Evaluating VBP Contracts – things to think about
- Pay for Performance Contracts – measures
- Payer Relationships
- Are there other topics you'd like to discuss?



integration.samhsa.gov

Messaging Organizationally for VBP

Start now...Never stop

- Commitment and messaging needs to come from the senior leadership and be translated to all levels of the organization
- Overarching message – “Do what is right and money will take care of itself”
- Must carefully define “what is right”



integration.samhsa.gov

Messaging Organizationally for VBP

Be careful about what you define as “right”

- Messages like “keep people out of the hospital” produce denials of service and increased cost
- Staff and programs tend to get really literal and apply “rules”. Need to help leaders at all levels understand the goal.

What kinds of messaging is occurring at your organization?



integration.samhsa.gov

Preparing Systems for VBP

Essential system elements:

- Utilization management
- Reporting
- Outcomes tracking
- Quality measures
- Patient flow
- Finance measures



integration.samhsa.gov

Utilization Management

- It is important to manage both over AND underutilization.
- Our experience is that over management can produce undesired effects (e.g., delays in service, underutilization)
- Think about knowing and managing trends rather than individual cases
- Underutilization can be a bigger problem than over utilization



integration.samhsa.gov

Reporting

The perfect mix of reporting tools is hard or impossible to obtain. We are always learning, improving and experimenting

Some of the tools I find helpful are:

- Denials (all types and programs)
- Hospitalizations and re-hospitalizations with short turn around
- Follow-ups following any more intensive care (e.g., inpatient, ER)
- Patients not seen (looking for gaps in service)
- Formal and informal complaints
- Crisis contacts
- Medication adherence/medication possession ratio
- No show/cancels
- LOS
- Patient Activation Measures



integration.samhsa.gov

Outcomes Tracking

- Our experience is that providers can have a lot to say about what outcomes are tracked
- While it is tempting and easy to look for outcomes that provide quick wins, you will ultimately want to measure outcomes that drive system success even if they are contractually required.
- We use a blend of measures but don't over measure
- Examples include:
- What are you using/considering?



integration.samhsa.gov

Quality Measures

Quality Measures keep the system honest and provide a means to tell the story of your good work

- Examples
 - Patient, referral source and community satisfaction
 - Complaints and grievances
 - Patient Advocate
 - Review of significant utilization changes
 - Denials



integration.samhsa.gov

Patient Flow

We routinely look at changes in patient flow to help manage over/underutilization

- Are people being turned away? Do they give up because access is too hard?
- Are stays in programs unusually short or long?
- Are referrals to programs dropping off? If so, why?
- Are lengths of stay changing significantly?



integration.samhsa.gov

Finance measures

Need to develop a financial strategy for VBP especially capitation

- Don't assume the need for re-insurance/stop loss.
- Have a strategy for the use of gains/savings
 - Have a 5-10 year plan for reinvesting savings to produce more savings
 - Be prepared to invest in the plan even if there aren't savings
- There will be good and bad years – what will your strategy be?



integration.samhsa.gov

Use of Measures

- We use a number of measures to help manage for outcomes, quality, etc.
- We do not use any universal measure or tool
- There are currently criteria, called “Access to Care Standards”, that are applied to determine the payer and the benefit plan. These are going away
- We have discussed a number of tools. What tools are you using or considering?



integration.samhsa.gov

Contracting – Things to Think About

- As a provider you are in a much better negotiating position than you might think
- Plans really don't know how to contract in a VBP environment
- Increasingly plans are being pressured to enter such arrangements
- Everything is negotiable – take the lead
- Often plans will welcome a financial proposal from you. Be proactive.



integration.samhsa.gov

Contracting – Things to Think About

- Take the time to develop a financial model (or two or three) that will work for you. Engage a consultant if necessary. Don't wait until a plan is at your door.
- Have a bottom line. If an offer doesn't work, it doesn't work
- Financial terms are just one part of a contract other areas to look at are general terms, credentialing, etc.



integration.samhsa.gov

Contracting – Things to Think About

- Credentialing
 - Individual clinician vs. organization/facility
 - What do they require? Is the NCQA card being played?
 - Frequency? Roster update requirements?
 - Delegated credentialing?



integration.samhsa.gov

Contracting – Things to Think About

- General Terms
 - Contract term, renewal clauses
 - All lines clauses
 - Notices
 - Auto amendments
 - Reciprocity
 - Claims processing



integration.samhsa.gov

Pay for Performance Contracts

- We have had some experience with this kind of contract
- We are seeing increasing interest in this kind of arrangement
 - It is a small step for plans trying to demonstrate a move to VBP
 - We've seen plans use it to try to maintain fee for service systems
- We have had some good outcomes with a case rate contract that produced a reasonable bottom line with the opportunity to get an incentive payment



integration.samhsa.gov

Pay for Performance Contracts

We have used measures such as:

- Completion of follow-up appointment with PCP/Specialist
- Avoidance of ER visits
- Avoidance of re-hospitalizations within 30 days (both medical and psych)
- Face to face contact within 7 days post inpatient
- Medication adherence (picked up meds post hospital)
- A1c reduction



integration.samhsa.gov

Payer Relationships

- Don't wait for them – reach out
- Make it easy for them
 - Be prepared
 - Respond quickly (be ready rather than rushing)
 - Propose projects or smaller contracts to get to know each others
 - Find out what their problems are – propose solutions
 - While difficult look for ways to be the partner vs. the vendor
 - In multiple plan environments a good partnership with one often helps bring along the others



integration.samhsa.gov

Payers

- What challenges are you experiencing? What has worked? Not worked?



integration.samhsa.gov

Questions?

Comments?



integration.samhsa.gov

Next Steps...

- Group webinar
March 7th 3pm ET:
The Payer's
Perspective
- Do background
reading
- Submit workplan
- Schedule individual
coaching calls

