



Integrating Behavioral Health within Medicaid Accountable Organizations: Emerging Strategies

February 10, 2015, 1:00 – 2:30 pm ET

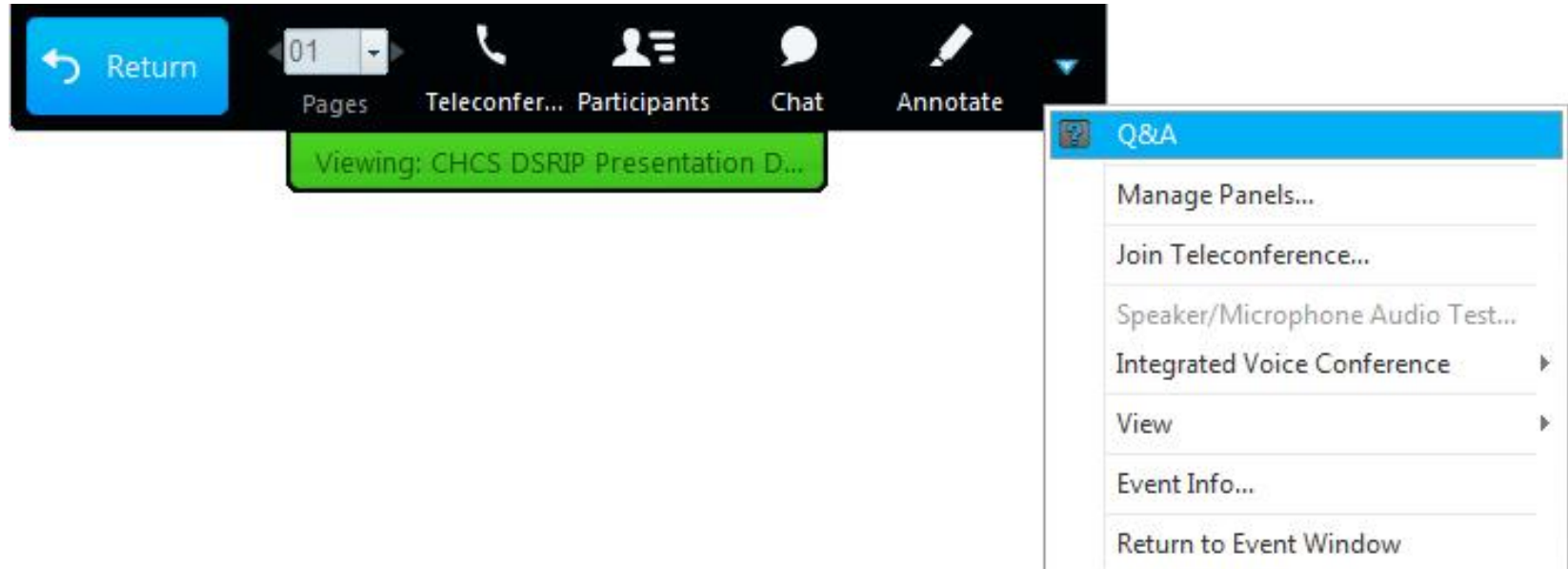
For Audio Dial: 1-888-609-5668
Passcode: 869730

Made possible by The Commonwealth Fund

Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



Agenda

- I. **Introduction and National Overview of Behavioral Health Integration Efforts within Medicaid ACOs**
- II. Integration of Mental Health/Substance Abuse Services in Vermont Medicaid's Shared Savings Program
- III. Behavioral Health Integration Efforts Among Minnesota's Integrated Health Partnerships
 - Southern Prairie Community Care: The Evolution of a Rural ACO
- IV. Questions and Discussion

Welcome and Introductions

Deborah Brown Kozick, Senior Program Officer

Center for Health Care Strategies

Pamela Riley, Assistant Vice President, Delivery System Reform

The Commonwealth Fund

Kara Suter, Director of Payment Reform

Department of Vermont Health Access

Mathew Spaan, Policy Specialist

Minnesota Department of Human Services

Mary Fischer, Executive Director

Southern Prairie Community Care



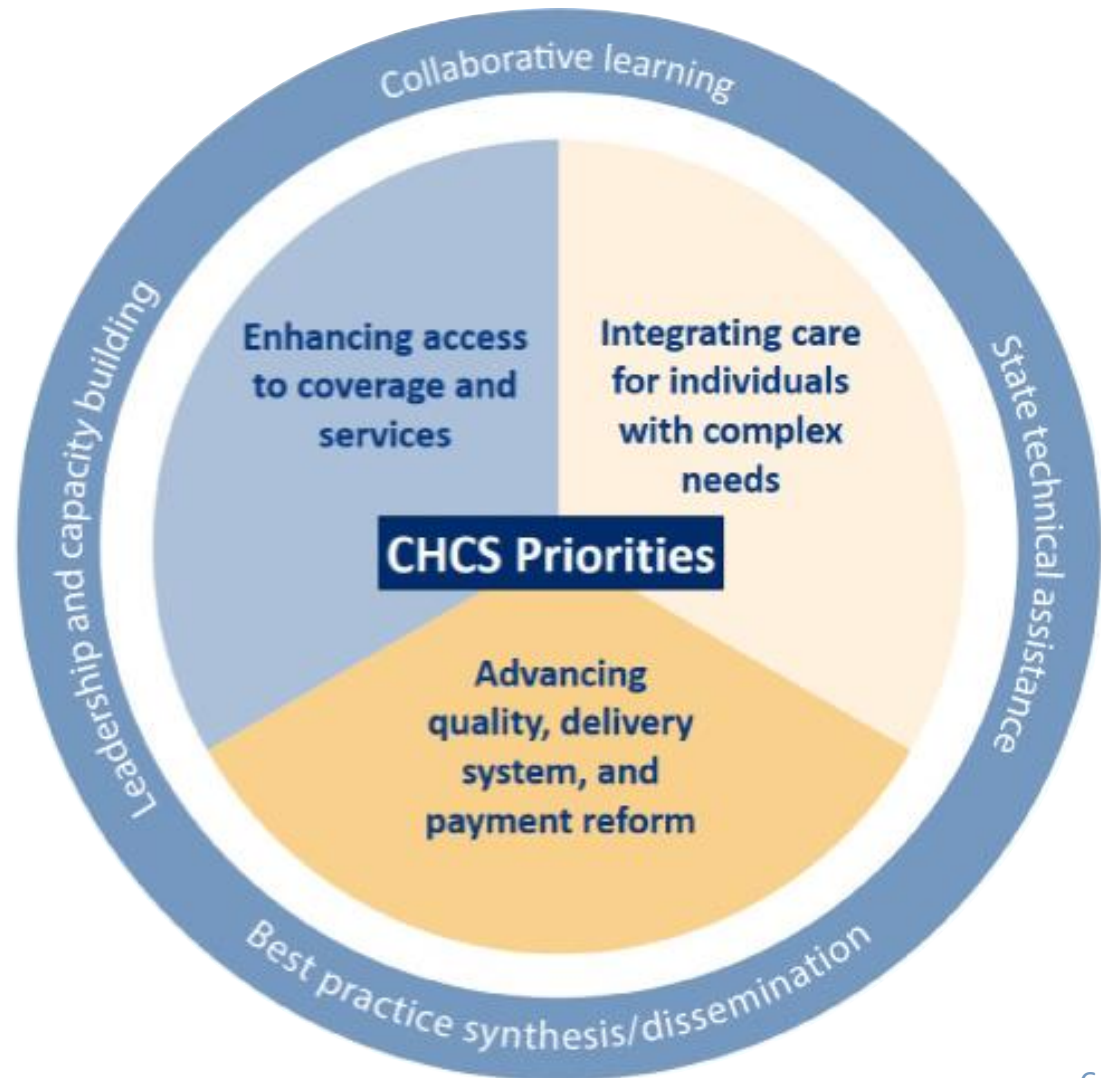
The
**COMMONWEALTH
FUND**

commonwealthfund.org

Pamela Riley
Assistant Vice President, Delivery System Reform

About the Center for Health Care Strategies

A non-profit health
policy resource
center dedicated to
advancing access,
quality, and cost-
effectiveness in
publicly financed
health care



CHCS Medicaid ACO Initiatives

- Medicaid ACO Learning Collaborative – Phase III
 - ▶ Participating states: CO, IA, MA, NC, RI, WA
- State Innovation Model (SIM)
- New Jersey Medicaid ACO Business Planning Toolkit
- ACOs & Super-Utilizers: Health Care Innovation Award spreading Camden's model in four communities
- Totally Accountable Care Organizations (aka TACOS)

Behavioral Health Integration within Medicaid ACOs: ACO LC Discussions

Opportunities

- Use Medicaid ACOs to address comorbid issues for complex, high-need populations
- Leverage existing integration initiatives to support MH/SA, such as health homes
- Encourage behavioral health providers to “play” despite concern for getting “lost” within medically driven model

Challenges

- How to encourage BH providers to integrate services?
- How to support providers in integration work at the practice level?
- How to promote shared accountability through payment mechanisms?
- How to sustain improvements and integration beyond initial grants/pilots?

Considerations for Integrating Behavioral Health Services in Medicaid ACOs

- Acknowledge differing provider capacity to assume downside financial risk
- Invest in mental health and substance abuse provider capacity building activities, including HIT and technical assistance
- Include behavioral health measures and other social outcome metrics across physical health incentive programs and in MCO contracts
- Revise licensure and other regulatory frameworks that currently serve as barriers to provider-level integration



SOURCE: D. Brown and T. McGinnis. "Considerations for Integrating Behavioral Health Services within Medicaid Accountable Care Organizations." Center for Health Care Strategies, July 2014.

Agenda

- I. Introduction and National Overview of Behavioral Health Integration Efforts within Medicaid ACOs
- II. Integration of Mental Health/Substance Abuse Services in Vermont Medicaid's Shared Savings Program**
- III. Behavioral Health Integration Efforts Among Minnesota's Integrated Health Partnerships
 - Southern Prairie Community Care: The Evolution of a Rural ACO
- IV. Questions and Discussion

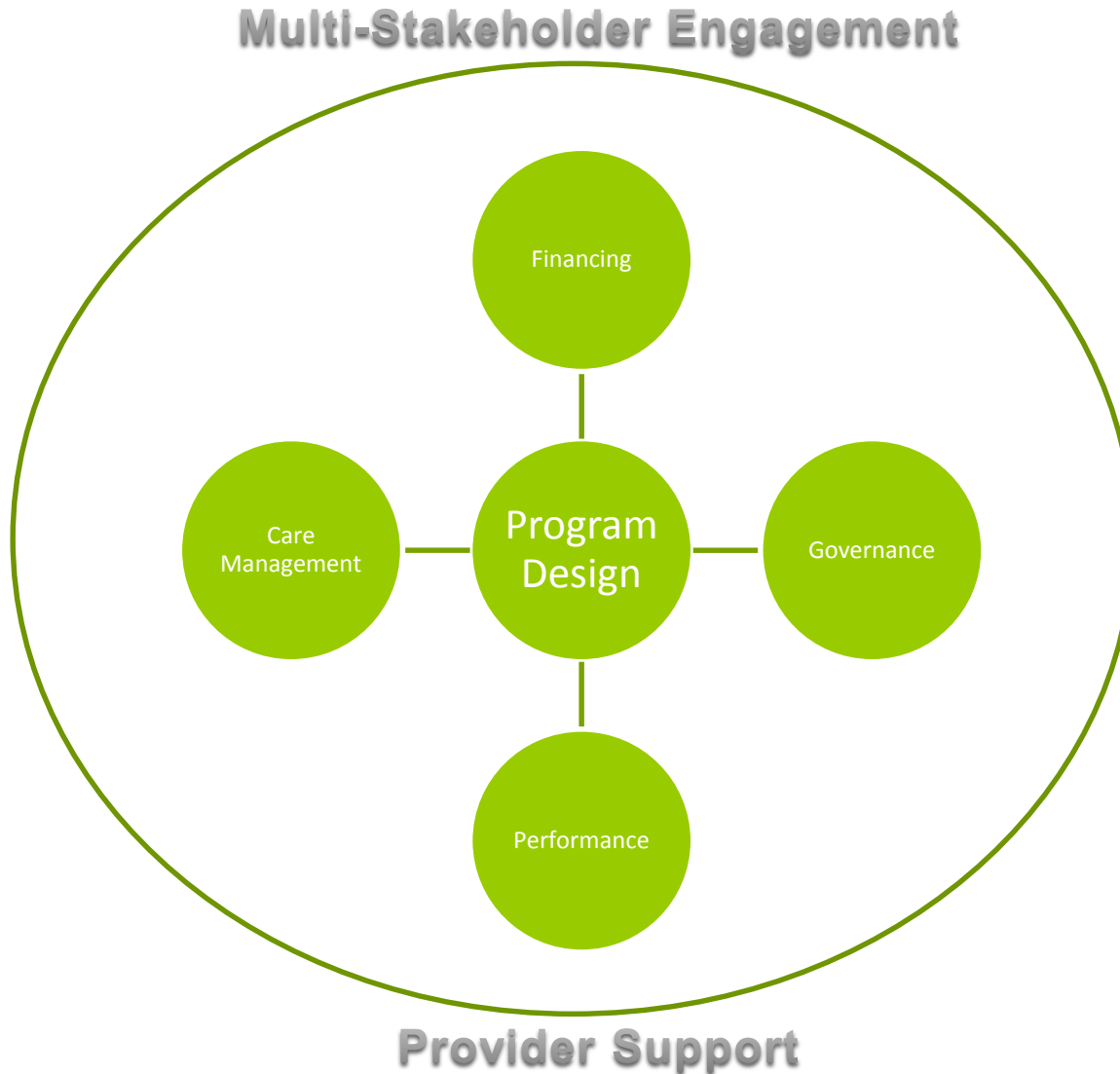
Integration of MH&SA in Vermont Medicaid's Shared Savings Program

Kara Suter, MS

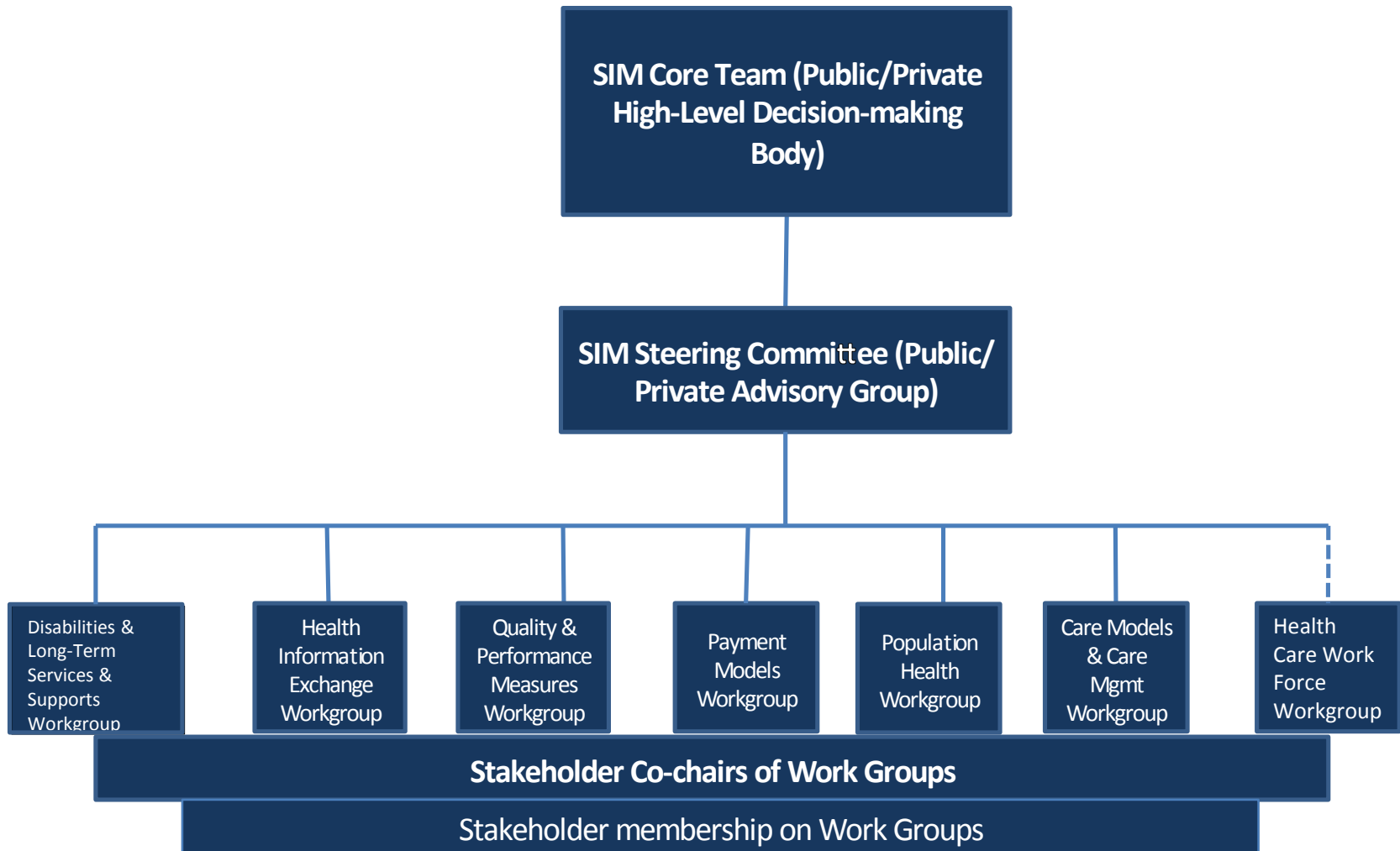
Director of Payment Reform

Department of Vermont Health Access

Key Integration Elements of VMSSP

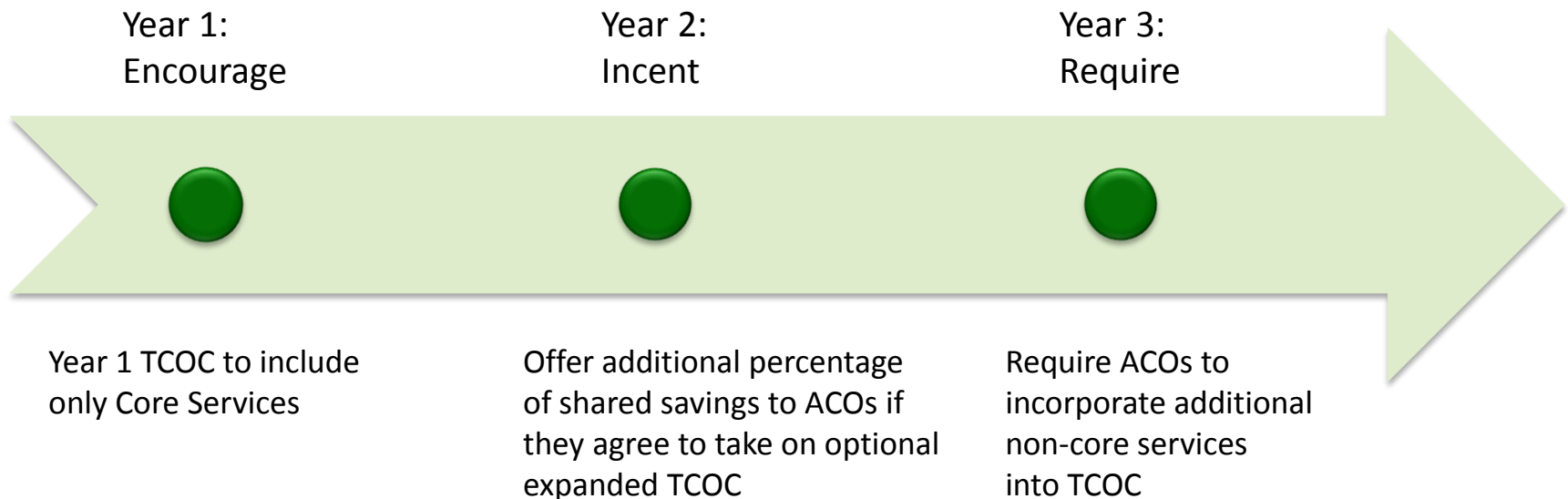


Multi-Stakeholder Engagement



Financing - TCOC

- Incremental approach to the inclusion of services in the Total Cost of Care spend across the three performance years.
- By following this “encourage, incent, require” approach, ACOs will have more time to develop and strengthen their relationships with providers from the home and community based services, long term services and supports, and mental health and substance abuse fields.



ACO Governance

- Governing body (board) has responsibility for oversight and strategic direction of the ACO
- VMSSP mandated composition of ACO governing boards, including:
 - At least 75% must be providers in the ACO, and
 - At least one member must be mental health/substance abuse
 - At least one post-acute care or long term care services and supports
 - At least one beneficiary from each program the ACO participates in (Medicare, Medicaid, Commercial)

ACO SSP Measure Categories

Payment measures are collected at the ACO level. ACO responsible for collecting clinical data-based measures. How ACO performs influences amount of shared savings.

PAYMENT

Reporting measures are collected at the ACO level. ACO responsible for collecting clinical data-based measures. How the ACO performs does NOT influence the amount of shared savings.

REPORTING

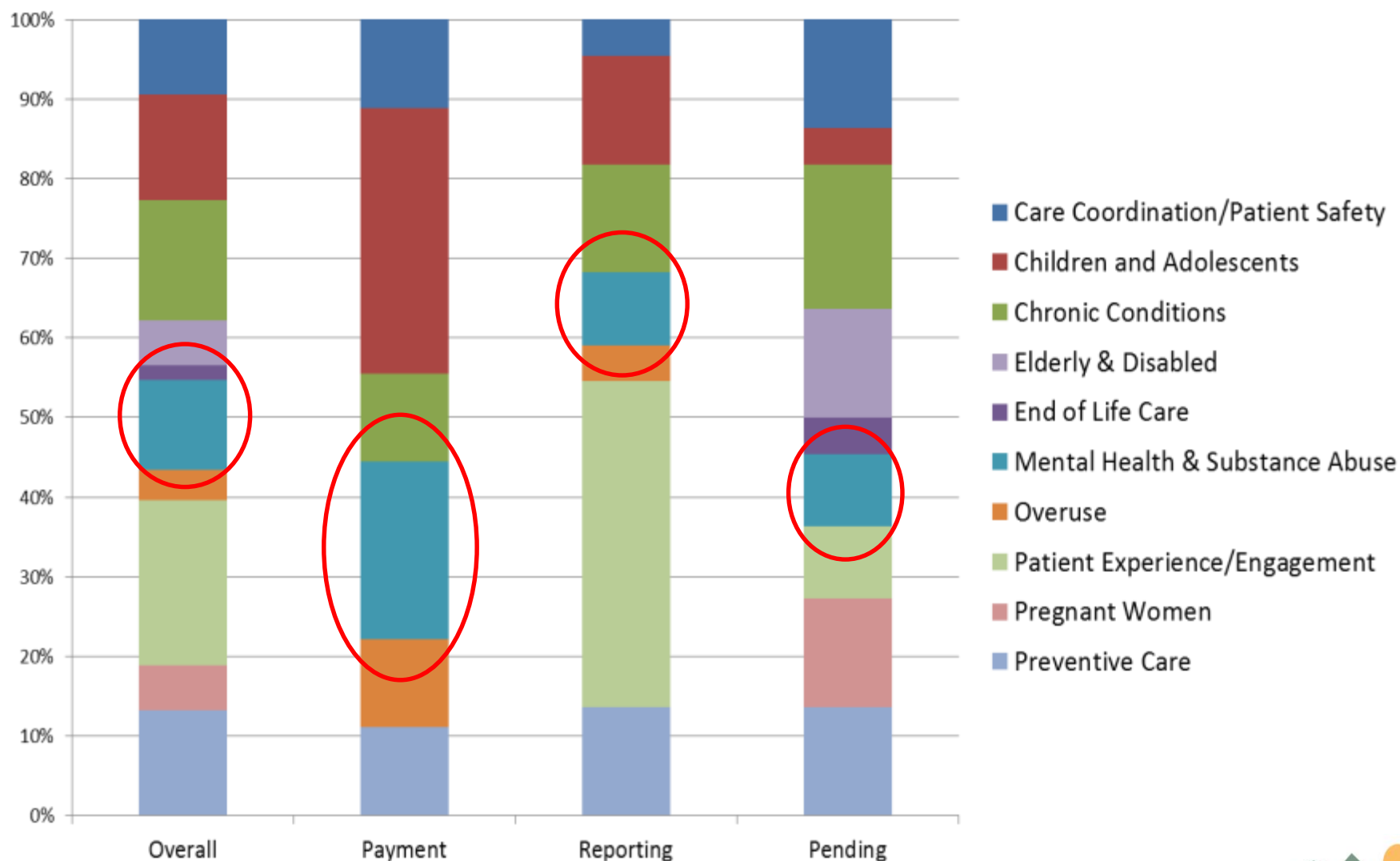
Monitoring measures are collected at the State or Health Plan levels; cost/utilization measures at the ACO level. ACO not responsible for collecting these measures. How the ACO performs does NOT influence the amount of shared savings.

MONITORING & EVAL

Pending measures are considered to be of interest, but are not currently collected.

PENDING

ACO Core Measure Domains – PY1



ACO SSP Measures – Performance Year 1

Shared Savings Program Payment Measures - MHSA

Measure Name	Measure Description
Core-4: Follow-up after Hospitalization for Mental Illness, 7 day	The percentage of discharges for attributed individuals 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.
Core-5: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment a) Initiation, b) Engagement	The percentage of adolescent and adult attributed individuals with a new episode of alcohol or other drug (AOD) dependence who received the following: <ul style="list-style-type: none">• Initiation of AOD treatment• Engagement of AOD treatment

- 2 out of 8 (25%) of Vermont Medicaid ACO SSP Payment Measures for Performance Year 1 relate to mental health/substance abuse

ACO SSP Measures – Performance Year 1

Other Shared Savings Program Measures (Reporting, Pending, Monitoring & Evaluation) - MHSA	
Measure Type	Measure Name
Reporting	Core-19: Depression Screening and Follow Up
Pending	Core-36: Tobacco Use Assessment and Tobacco Cessation Intervention
Pending	Core-45: Screening, Brief Intervention, and Referral to Treatment
Monitoring & Evaluation	M&E-6: Antidepressant Medication Management

ACO SSP Measures for Performance Year 1 that relate to mental health/substance abuse:

- Reporting: 1/20
- Monitoring & Evaluation: 1/22
- Pending: 2/22

Provider Supports

- \$15.2M in SIM funds for HIE/HIT investments
 - Includes expansion of HIT and HIE interfaces to mental health and long-term services and supports providers
- Provider Sub-grant program - \$4.3M to 14 awardees to develop innovative care delivery transformation and cost reduction models, including:
 - \$500,000 to providers in Central Vermont to expand substance use screening intervention and treatment protocols
 - \$60,145 to InvestEAP, to test the return-on-investment of behavioral health screening and follow-up in the workplace

Challenges

- Incremental change
- Mistrust among providers
- Resistance from independent providers
- Resistance for more measurement and performance targets
- Restrictions on sharing data specific to some mental health and substance abuse services

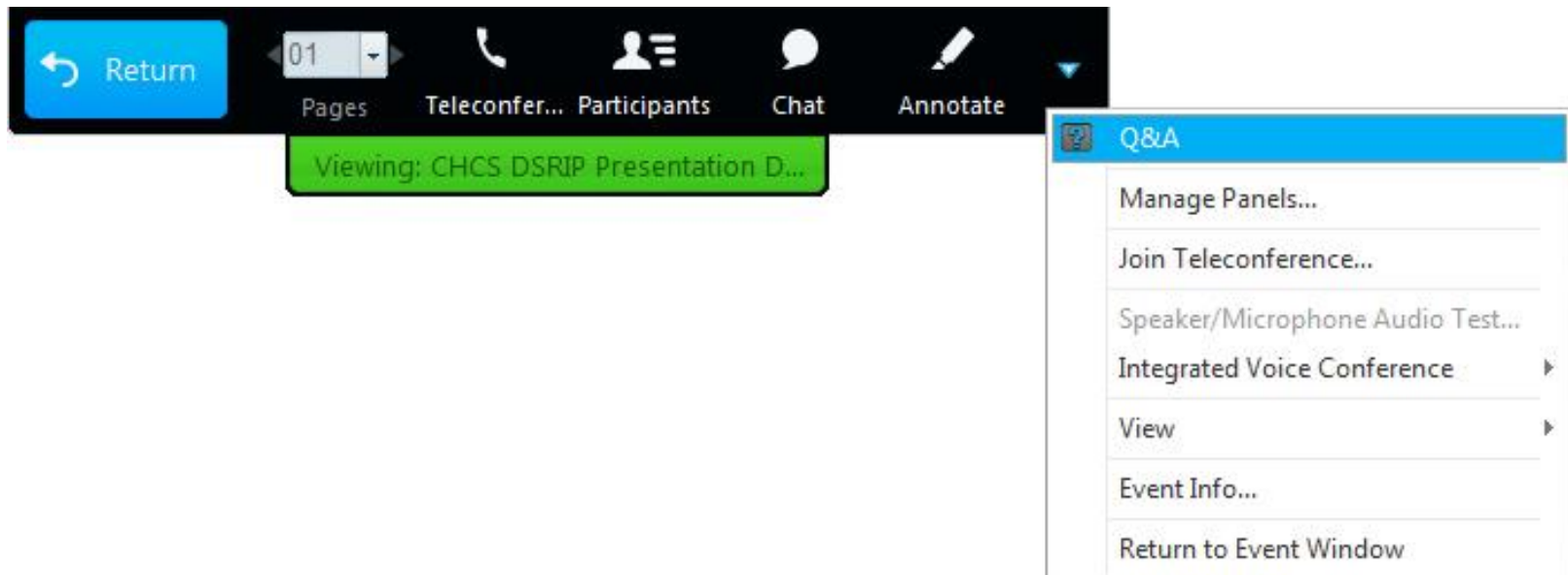
Successes

- Community collaboration formalizing with shared focus on core set of performance measures
- Trust being built
- HIT/HIE infrastructure being extended beyond traditional medical providers

Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



Agenda

- I. Introduction and National Overview of Behavioral Health Integration Efforts within Medicaid ACOs
- II. Integration of Mental Health/Substance Abuse Services in Vermont Medicaid's Shared Savings Program
- III. Behavioral Health Integration Efforts Among Minnesota's Integrated Health Partnerships**
 - Southern Prairie Community Care: The Evolution of a Rural ACO
- IV. Questions and Discussion



Mathew Spaan

Policy Specialist, Minnesota Department of Human Services

Agenda

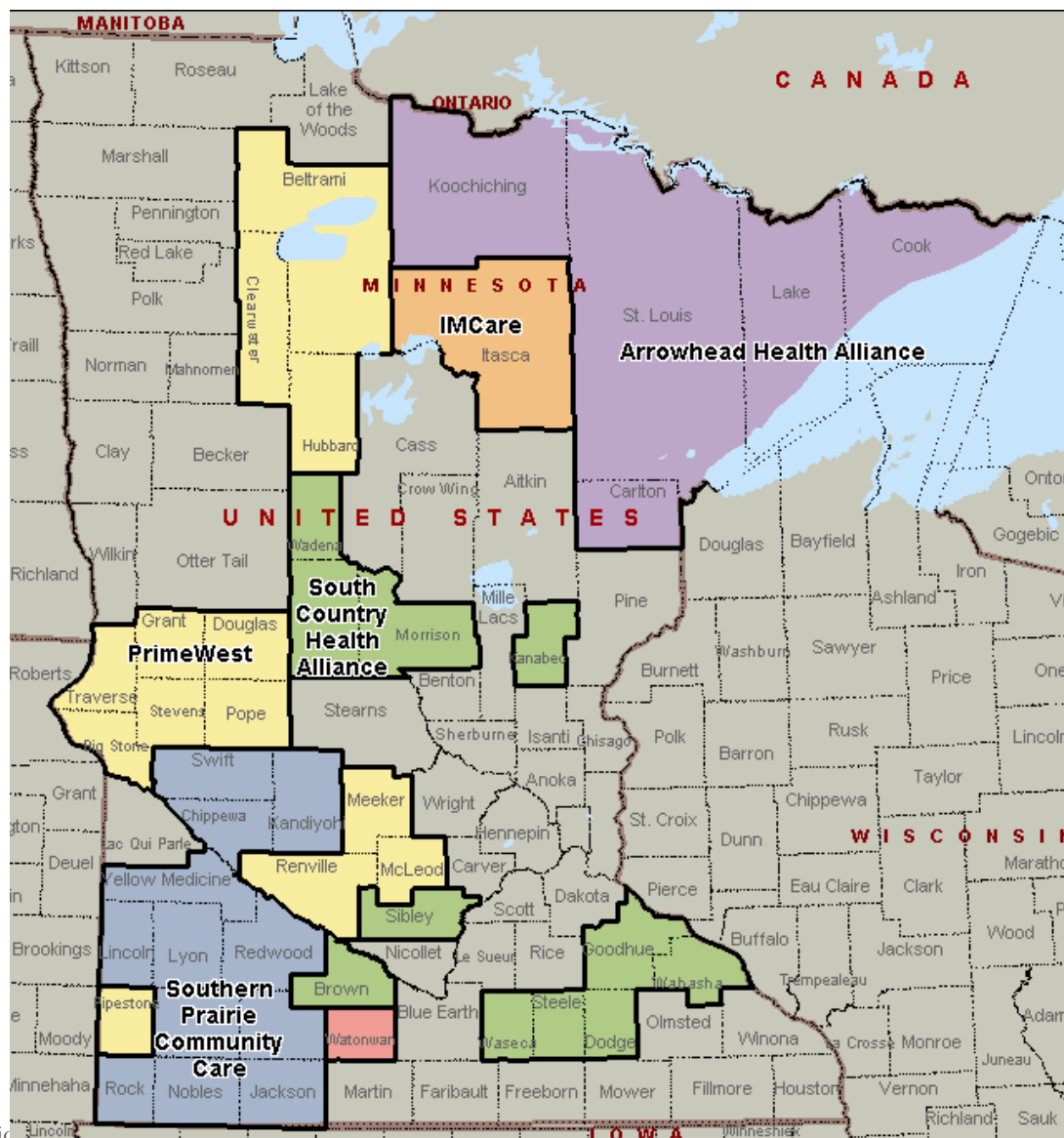
- I. Introduction and National Overview of Behavioral Health Integration Efforts within Medicaid ACOs
- II. Integration of Mental Health/Substance Abuse Services in Vermont Medicaid's Shared Savings Program
- III. Behavioral Health Integration Efforts Among Minnesota's Integrated Health Partnerships
 - **Southern Prairie Community Care: The Evolution of a Rural ACO**
- IV. Questions and Discussion

Southern Prairie Community Care

The Evolution of a Rural ACO



Minnesota County Collaborations





SPCC is a **virtual “ACO”** network:

- 27 provider members, including area **clinics and hospitals, public health, mental health centers, and area human service agencies**, focused on improving the health of people in our communities.
- The **strength** of our approach is the ability to **quickly mobilize “the community”** around those with the highest medical need. **Governance** of SPCC the same as area **hospitals , HHS/MH orgs.**

SPCC Partners

- **Minnesota Department of Human Services**

 - Integrated Health Partnership

 - 3 Year Medicaid Demonstration

 - Year Two-Inclusion of Mental Health Costs in TCOC

- **Minnesota Department of Health**

- **State Innovation Model (SIM)**

 - Health Information Exchange

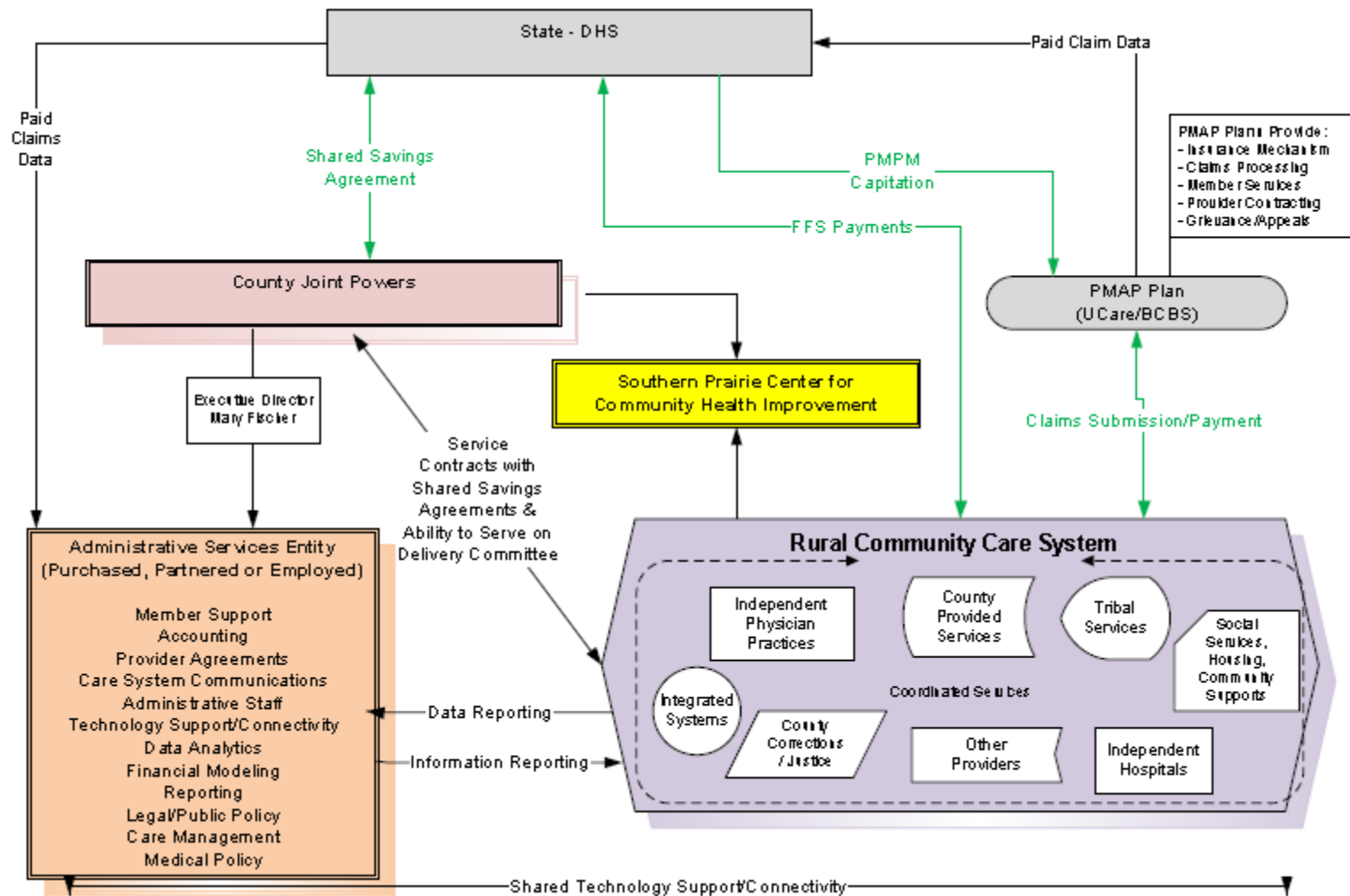
 - Accountable Community for Health-Diabetes Initiative

 - Learning Community Applicant (in Process)

- **Blue Cross Blue Shield**

 - 3 Year Agreement/Sustainability Plan In Process (Beyond 2016)

SPCC Evolution



Shared Savings Formula-IHP

Local, **consensus driven**, workgroup process:

- **Primary Care Network**-60%
- **Area Hospitals**-30%
- **Mental Health Centers**-5%
- **Social Service Agencies**-5%

Considerations:

- Medical community had to come to the table and stay engaged
- Continuous persuasion/collaboration/focus on paradigm shift

Southern Prairie Community Care

**Health equity
and
access to care
and support
for all**



**Integrated,
locally-
driven
model of
care and
support**



**Person and
Population
Quality of Life**



**Improved
population
health in our
12-county
region**



**Individualized
care
through a
comprehensive
health record**



Integrated Community Care

- **Community** based
- **Multidisciplinary** care
- Improving care delivery through **connection, communication, and coordination**
- Identifying individuals with poor health, **high risk, complex conditions**, and/or high utilization due to **medical, mental health concerns**, emotional challenges, family circumstances and other **social determinants**

Minnesota Department of Human Services-Considerations

- Bush Foundation **System Redesign**
- **Pharmacy**-Medication Therapy Management-Expansion of Network
- Inclusion of **Mental Health Costs in TCOC**
- Integrated Community Care Team Processes-Revision of **Data Sharing Agreement**
- Health Information Exchange (Sandlot)-Consider **interface** of **SSIS** into SPCC **HIE**

Questions?

Mary Fischer

Executive Director

Southern Prairie Community Care

507.215.2280

mary.fischer@southernprairie.org

www.southernprairie.org

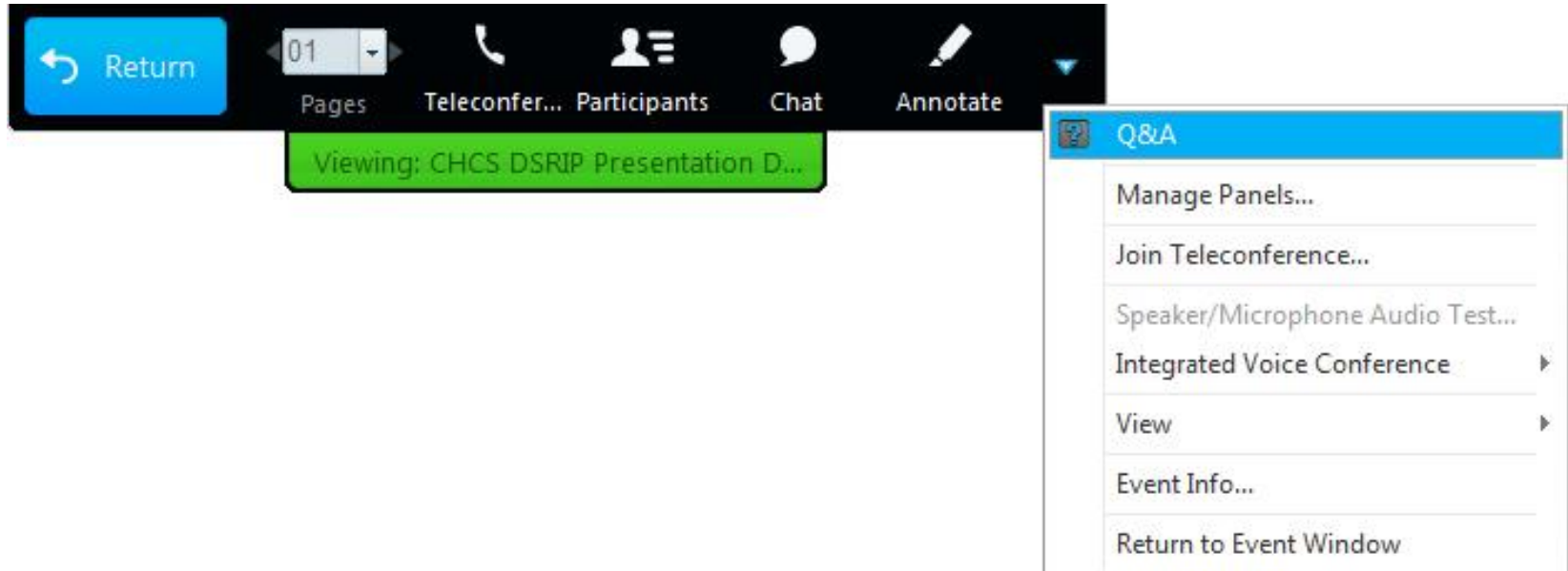
Agenda

- I. Introduction and National Overview of Behavioral Health Integration Efforts within Medicaid ACOs
- II. Integration of Mental Health/Substance Abuse Services in Vermont Medicaid's Shared Savings Program
- III. Behavioral Health Integration Efforts Among Minnesota's Integrated Health Partnerships
 - Southern Prairie Community Care: The Evolution of a Rural ACO
- IV. Questions and Discussion**

Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



Visit CHCS.org to...

- **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services
- **Subscribe** to CHCS e-mail updates to learn about new programs and resources
- **Learn** about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries

www.chcs.org