Integrating Behavioral and Physical Health

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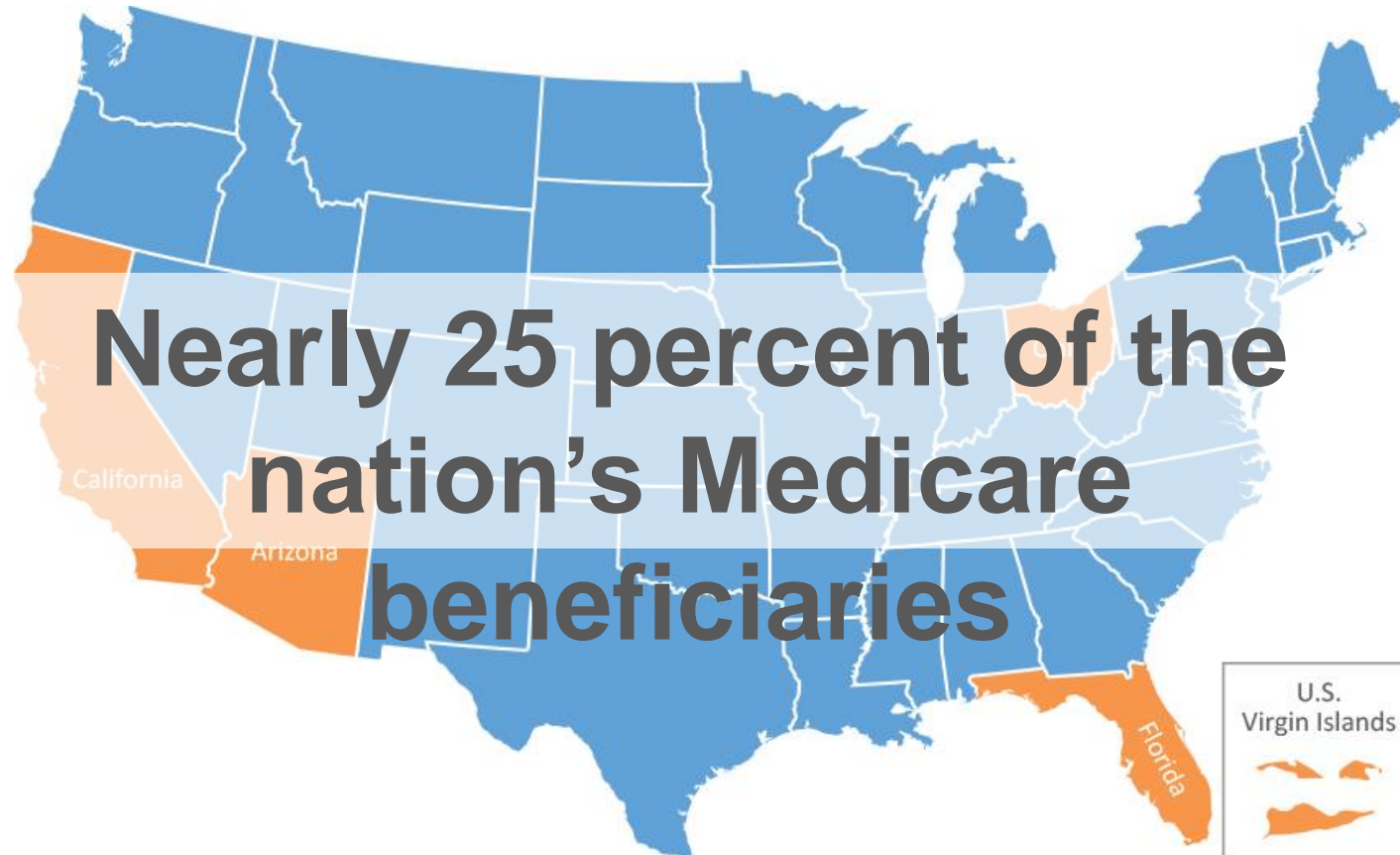
Wednesday, April 12, 2017

Agenda

- Introduce Health Services Advisory Group (HSAG)
- Centers for Medicare & Medicaid Services (CMS) Priorities
- Ohio Medicare needs
- Integration of Behavioral and Physical Health
  - QIN-QIO scope of work
  - TCPI and PTN tasks
  - MACRA reporting options
- Next steps
- Wrap up and questions

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HSAG: Your Partner in Healthcare Quality

- HSAG is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.

- Committed to improving healthcare quality for more than 35 years.

- QIN-QIOs in every state/territory are united in a network under the Centers for Medicare & Medicaid Services (CMS).

- The Medicare QIO Program is the largest federal program dedicated to improving healthcare quality at the community level.

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HSAG's QIN-QIO Territory

Nearly 25 percent of the nation's Medicare beneficiaries

U.S. Virgin Islands

HSAG is the Medicare QIN-QIO for Florida, California, Ohio, Arizona, and the U.S. Virgin Islands.

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CMS Priorities

Regulations and Funding

CMS Priorities

- Health plan first and foremost
- Accountable to Congress for spending
- Regulations
  - Federal
  - State
- Funding
  - QIN-QIO Behavioral Health Task
    - Billing
  - Contracts
    - Transforming Clinical Practice Initiative (TCPI)
    - MQIDTA (QPP-SURS)
  - Alternative Payment Models (APMs)

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CMS Regulations

- Federal Regulations
  - Affordable Care Act
    - Supports emerging models of care delivery including accountable care organizations and patient-centered medical homes
    - Creates financial incentives for providers
    - Sets new standards for quality of behavioral health care
  - 2014 CMS launched Innovation Accelerator Program (IAP)
    - Program support provided to up to ten state Medicaid agencies to expand or improve physical and mental health integration
  - Federal Grant Programs
    - $1 billion awarded nationally to initiate coordinated service delivery

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State Regulations

- Massachusetts Primary Care Payment Reform Initiative
  - Supports the delivery of primary care through patient-centered medical homes which integrate behavioral health services
  - Awarded $44 million over 3.5 years (April 2013 – end of 2016)

- The Colorado Framework
  - Creates a system of clinic-based and public health supports to spur innovation
  - Provides access to integrated care and behavioral health services in coordinated community systems
  - The State of Colorado will receive up to $65 million from the Center for Medicare and Medicaid Innovation (CMMI) (February 2015 – January 2019)

- Ohio Mental Health Transformation
  - Ohio Medicaid and Mental Health and Addiction Services (MHAS) will restructure all Medicaid reimbursed behavioral health services under managed care
  - Explore new ways to pay for behavioral health services that reward providers who improve outcomes while holding down costs.

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Ohio's Mental Health Expansion

- Governor Kasich targeted funding of $1.5 million for mental health and addiction treatment that allowed expansion of behavioral health services to 54 counties.

  - Current budget runs through June 30, 2017, and bumps up that allocation to $2 million per year.

- Nearly 500,000 low-income Ohio adults received mental health and addiction services under the state's Medicaid Expansion.

- About 100,000 of the new beneficiaries have severe mental illnesses, including psychosis, schizophrenia and bipolar disorder.

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Integrating Mental and Physical Health

QIN-QIO

QIN-QIO Related Tasks

- The Behavioral Health Task

  - Depression and alcohol use disorder are common behavior health conditions in the Medicare population.

  - Improve quality of care for Medicare beneficiaries by increasing alcohol and depression screening.

  - Practices can receive full Medicare reimbursement utilizing proper codes for screenings and can be done with the Annual Wellness Exam (AWE).

    - G0444 – screening for depression; available once in a 12 month period (Subsequent AWEs)

    - G0442 – screening for alcohol misuse; available once in a 12 month period (Initial and Subsequent AWEs)

Funding: QIN-QIO Related Tasks

- ***Technical Assistance for Implementation*** of the Quality Payment Program (QPP)

  - Improvement Activities

  - Activities that integrate behavioral and mental health include:

    - Offering integrated behavioral health services to support patients with behavioral health needs, dementia, and poorly controlled chronic conditions.

    - Integration facilitation, and promotion of the colocation of mental health services in primary and/or non-primary clinical care settings.

    - Diabetes screening for people with schizophrenia or bipolar disease who are using antipsychotic medication.

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QIN-QIO Funding: QPP Improvement Activities Continued

- Tobacco use: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including tobacco use screening and cessation interventions for patients with **co-occurring conditions** of behavioral or mental health and at risk factors for tobacco dependence.

- Unhealthy alcohol use: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including screening and brief counseling for patients with **co-occurring conditions** of behavioral or mental health conditions.

- Enhancements to an electronic health record to capture additional data on behavioral health (BH) populations and **use that data** for additional decision-making purposes (e.g., capture of additional BH data results in additional depression screening for at-risk patient not previously identified).

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QIN-QIO Funding: QPP Improvement Activities Continued

- Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan for patients with **co-occurring conditions** of behavioral or mental health conditions.

- Major depressive disorder: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including suicide risk assessment for mental health patients with **co-occurring conditions** of behavioral or mental health conditions.

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QIN-QIO Funding: QPP Advancing Care Information

- Advancing Care Information (ACI)
- An ACI objective is coordination of care through patient engagement which includes three measures.
  - View, Download, Transmit (VDT)
  - Secure Messaging
  - Patient-Generated Health Data

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QIN-QIO Funding: QPP Quality

- The highest weighted performance category is Quality.
- There are quality measures eligible professions can choose from that focus on the integration of behavioral and physical health.
  - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
  - Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
  - Follow-Up After Hospitalization for Mental Illness
  - Depression Utilization of the PHQ-9 Tool
  - Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions

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QIN-QIO Funding: Transforming Clinical Practices Initiative

- Assessment of practice transformations
  - Continuous process of assessing procedures in a physician practice to support quality improvement and patient-centered care.
- Assessment tool questions address the integration of behavioral and physical health
  - Milestone 10 – The practice provides care management for patients at highest risk of hospitalizations and/or complications and has a standard approach to documentation.
  - Milestone 11 – Practice facilitates referrals to appropriate community resources, including community organizations and agencies as well as direct care providers.
  - Milestone 15 – Practice ensures that care addresses the whole person, including mental and physical health.

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Ohio's Senior Population

- Overall population is projected to grow from 2010 to 2030.
- In 2015, the 60+ population is 2.6 million and forecasted to grow to 3.3 million in 2030.
- In 2010, 1 in 7 Ohioans were a senior compared to 1 in 8 Americans.
- In 2030, 1 in 4 Ohioans are estimated to be a senior compared to 1 in 5 Americans.

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Where We Were In 2014

- 1,639,270 Medicare Fee-for-Service (FFS) beneficiaries in provider practices across Ohio.
- CMS data indicate for Ohio FFS beneficiaries
  – Only 1.8% screened for depression.
  – Only 0.1% screened for alcohol misuse.

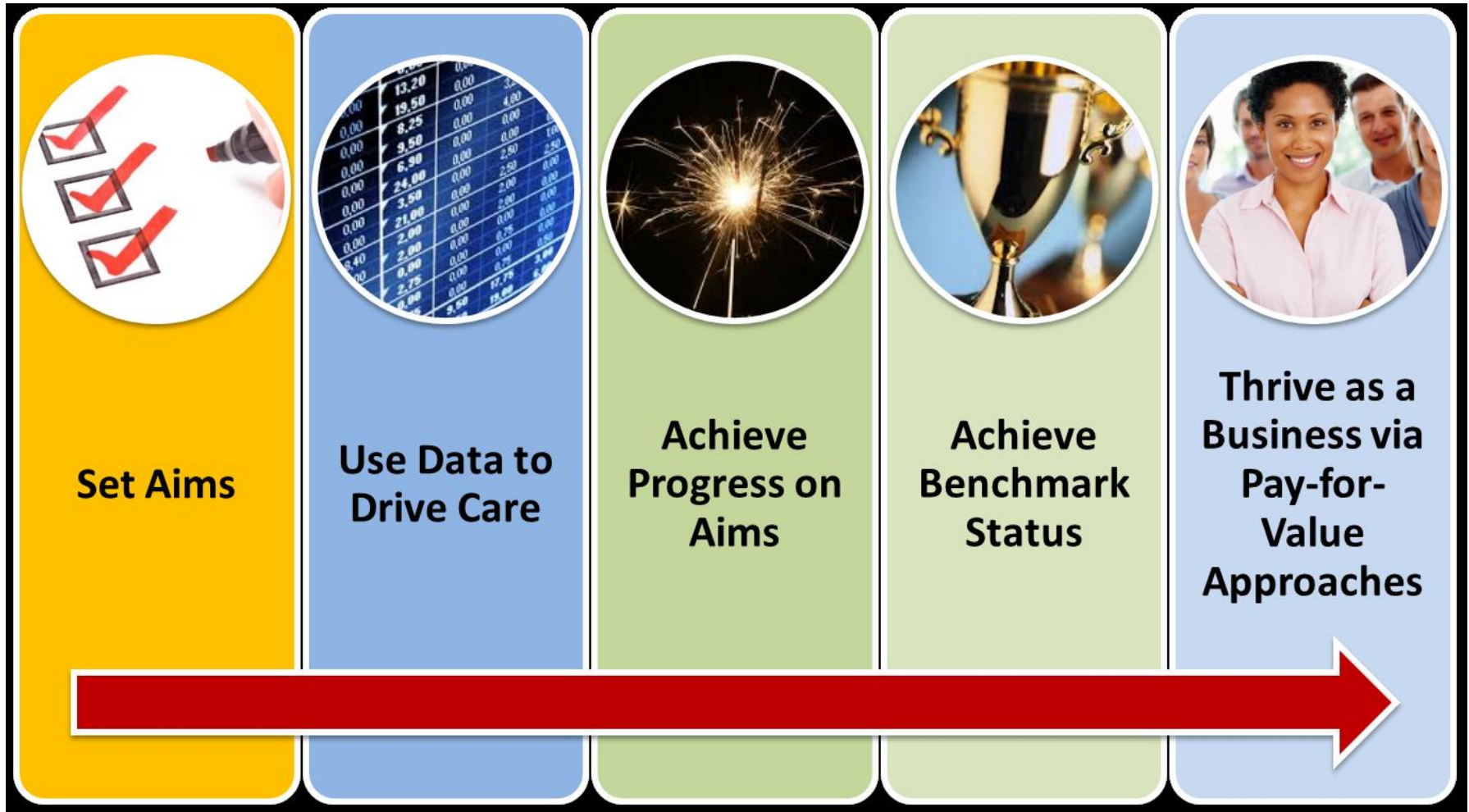For providers, this is approximately **$56,445,600** in lost revenue.

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Integrating Mental and Physical Health

QIN-QIO

TCPI and the PTNs

MQIDTA

Transforming Clinical Practice Initiative (TCPI)

| Set Aims | Use Data to Drive Care | Achieve Progress on Aims | Achieve Benchmark Status | Thrive as a Business via Pay-for-Value Approaches |

* Designed to help clinicians achieve large-scale health transformation

Source: https://innovation.cms.gov/files/slides/tcpi-ptnbidders.pdf

TCPI Goals

Support more than 150,000 clinicians in their practice transformation work

Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients

Reduce unnecessary hospitalizations for 5 million patients

Generate $1 to $4 billion in savings to the federal government and commercial payers

Sustain efficient care delivery by reducing unnecessary testing and procedures

Build the evidence base on practice transformation so that effective solutions can be scaled

Source: https://innovation.cms.gov/files/slides/tcpi-ptnbidders.pdf

TCPI: Practice Transformation Networks (PTNs)

- 29 PTNs
  - Peer-based learning networks designed to coach, mentor and assist clinicians in developing core competencies specific to practice transformation
  - Main metrics include reducing hospital admission/readmissions, reducing unnecessary tests, improving select quality measures, improving efficiencies
- In Ohio
  - Great Lakes PTN (Altarum, Medical Advantage Group)
  - National Rural Accountable Care Consortium (Caravan)
  - Vizient
  - COSEHC

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MACRA Quality Improvement Direct Technical Assistance (MQIDTA)

- Also known as the Quality Payment Program-Small, Underserved and Rural Support (QPP-SURS)

- Provides support for QPP for practices who have 15 or less eligible clinicians, particularly in historically under resourced areas:

    - Health professional shortage areas

    - Rural

    - Medically underserved areas (MUAs)

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MQIDTA Aims

- Offer multiple pathways with varying levels of risk and reward for clinicians to tie more of their payments to value

- Expand opportunities for a broad range of clinicians to participate in APMs

- Minimize additional reporting burdens for eligible clinicians

- Promote understanding of each 'Clinicians' status with respect to MIPS and/or APMs

- Support multi-payer initiatives and the development of APMs in Medicaid, Medicare Advantage, and other payer arrangements

Thank you!

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