Delivery Systems under Healthcare Reform

Indiana Council
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I. How does a CMHC deal with an external environment that is changing dramatically with little certainty on when and how changes will occur and what will be funded?

- Wait until substantial funding is available.
- Do a few things exceeding well.
- Work on many small projects:
  - to train staff
  - to shift organizational mindset, and
  - to see what works.
Two Major Drivers of Change

1) The Affordable Care Act (government as an accelerant)
2) Disruptive Innovation in the US Healthcare System (market forces)
Integrated Health Projects

- **Unity Health Partners** onsite clinics
- **BeWell Primary Care Wrap Around (SAMSHA)**
- **Johnson Nichols Rural Health Clinics**
  - ISALUS – New Electronic Medical Record
  - New blended facility in Owen County – $400,000 grant
- **Improving Physical Health of Clients**
  - Health Navigator training for adult/youth case managers
  - Graphic Display of Wellness indicators
- **FQHC/RHC Bi-Directional Integration**
  - CSI therapists placed at 4 FQHCs and RHCs
- **Data Management/Youth Health Navigator**
  - MDWise JIVA claims data
  - Tracking HEDIS Measures
Integrated Health Projects

> **Hospital Engagement Projects**
  - HealthLINC HIE, ADT Alerts from Bloomington Hospital
  - Lean Sigma project at Columbus Regional Hospital

> **Telehealth**
  - Expansion of tele-psychiatry capabilities to 9 locations
  - Beginning work on primary care

> **Electronic Recovery Engagement Center** *(SAMSHA)*

> **Collaboration and Advocacy**

> **Miscellaneous**
  - Client exercise/nutrition training at on-site staff gym
  - Participating in Chantix study on smoking cessation
  - Hepatitis C grant from IU School of Public Health
  - Collaboration with HealthLINC on medication adherence
II. It is important for a CMHC to have onsite physical health care; however, it is almost impossible to provide directly without a loss. What course should a CMHC follow?

- Become an FQHC or own RHCs.
- Negotiate with another provider to supply the primary care at your site.
- Provide directly and bill OMPP & MCOs.
Several centers have FQHCs providing onsite primary care.

One center has become an FQHC look-alike, while several others are applying.

Indiana Medicaid pays 60% of Medicare rates for physical health care.
Providing Primary Care

Primary and Behavioral Health Care Integration Grants (PBHCl)

Centers that have had grants for 2 or 3 years:

- Adult & Child Centerstone
- Midtown Regional

2 new grants have been awarded for 5 centers:

- Community Aspire
- Porter-Starke Oaklawn Swanson
III. CMHCs potentially have a unique and vast community health coaching resource – our case management staff. How do we alter their role to become health coaches?

• Train staff on key illnesses and shift mindset.
• Develop a measurement tool to track staff and client changes.
• Train all case managers or develop specialists.

Realigning Health with Care   Stanford Social Innovation Review   Summer 2012
http://www.ssireview.org/articles/entry/realigning_health_with_care
Health Coach Job Functions

• Provide resources to help individuals understand their physical illness.
• Support adherence to treatment for chronic physical illness.
• Assist in modifying lifestyle by improving nutrition and increasing exercise.
Flowsheet: TESTPATIENT, TESTY [DOB: 11/01/1996] (ID=29841)

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Double-click an entered value or an empty cell to modify it.
To submit a new entry, enter data in the boxes above and click submit at the right end.
NO, HONEY, THEY'RE NOT SANTAS... THEY'RE AMERICANS.
IV. How do CMHCs obtain needed data to change client behaviors and improve health outcomes?

- Work with MCOs and OMPP to provide claims data.
- Work with health information exchanges to provide hospital admission data, ER usage, etc.
- Track change data inside our own systems.
Missouri Hospital Admission E-mails

- CMHCs receive daily e-mails regarding enrollees who have been authorized by Medicaid for admission to a hospital.
- CMHCs are responsible for:
  - Contacting the hospital to participate in discharge planning
  - Contacting the individual within 72 hours of discharge
  - Completing a medication reconciliation
V. Should my CMHC collaborate or go it alone?

• Look for every opportunity to collaborate and obtain grants/other funding opportunities, small and large.

• Collaborate with MCOs, ACOs, FQHCs, CMHCs, hospitals, physician practices, etc.
Centerstone

Creating a Partnership that Accelerates Integrated Care
Spencer Integrated Health Clinic
Seamlessly Blending Behavioral and Physical Health Care
VI. *When should our Indiana CMHCs start the process of becoming behavioral health homes?*

- When the SPA passes.
- When ample funding is available.
- Now, on an incremental basis.
It Takes Time

• Be Patient

• Get Ready: Be Clear About Your Vision

• Take Time
  • To prepare your organization
  • To design, implement and improve your processes
  • To build teams and trust

• Swallow Your Pride: Ask for help
The CATIE Study

At baseline investigators found that:
88.0% of subjects who had dyslipidemia
62.4% of subjects who had hypertension
30.2% of subjects who had diabetes
were NOT receiving treatment.

Joseph Parks, M.D., National Council, 4/14/12
Learning to Use the Data Collection and Reporting System

All of our data is grossly inaccurate...but I need data in order to manage.

If I concentrate hard enough I can forget that the data is bad, then I can use it.

I have to give him credit: managing is harder than it looks.
"Of all the forms of inequality, injustice in health care is the most shocking and inhumane." Martin Luther King Jr.