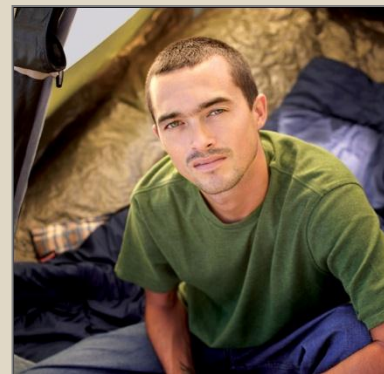




Presidential Politics and the Impact of Health Reform

Chuck Ingoglia
National Council for Behavioral Health



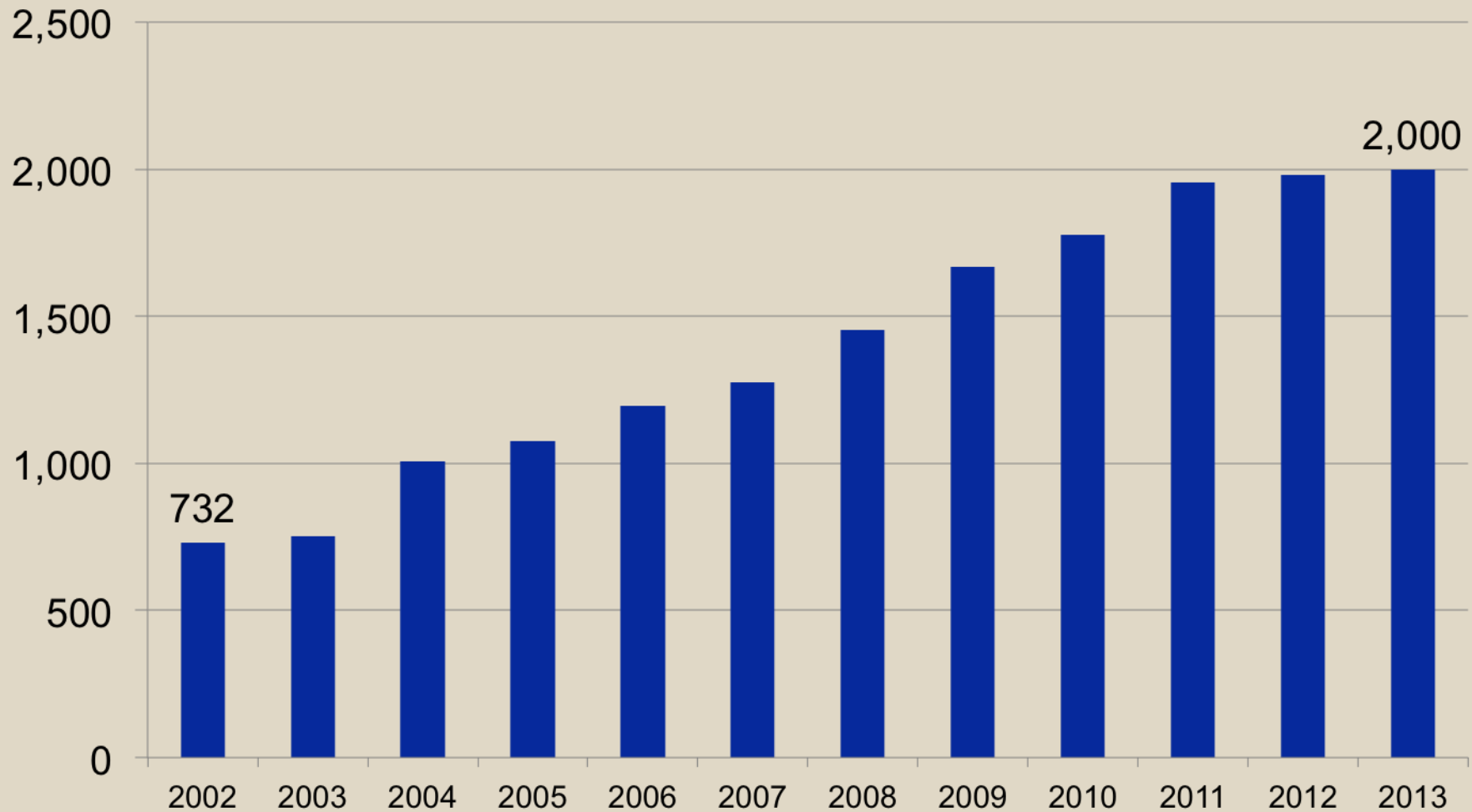


Today...

- **Federal Healthcare reform – particularly *delivery system redesign and payment reform***
- **Current *focus on integrated care* – mental health, substance use and primary care**
- **Preparing specialty behavioral health for a *future in healthcare***

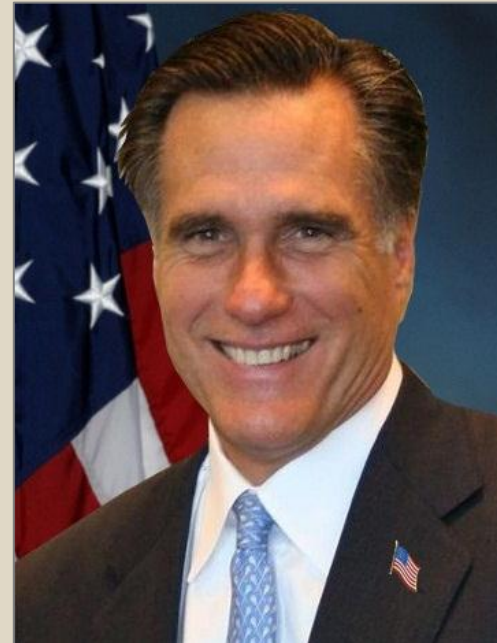


Membership in the National Council...

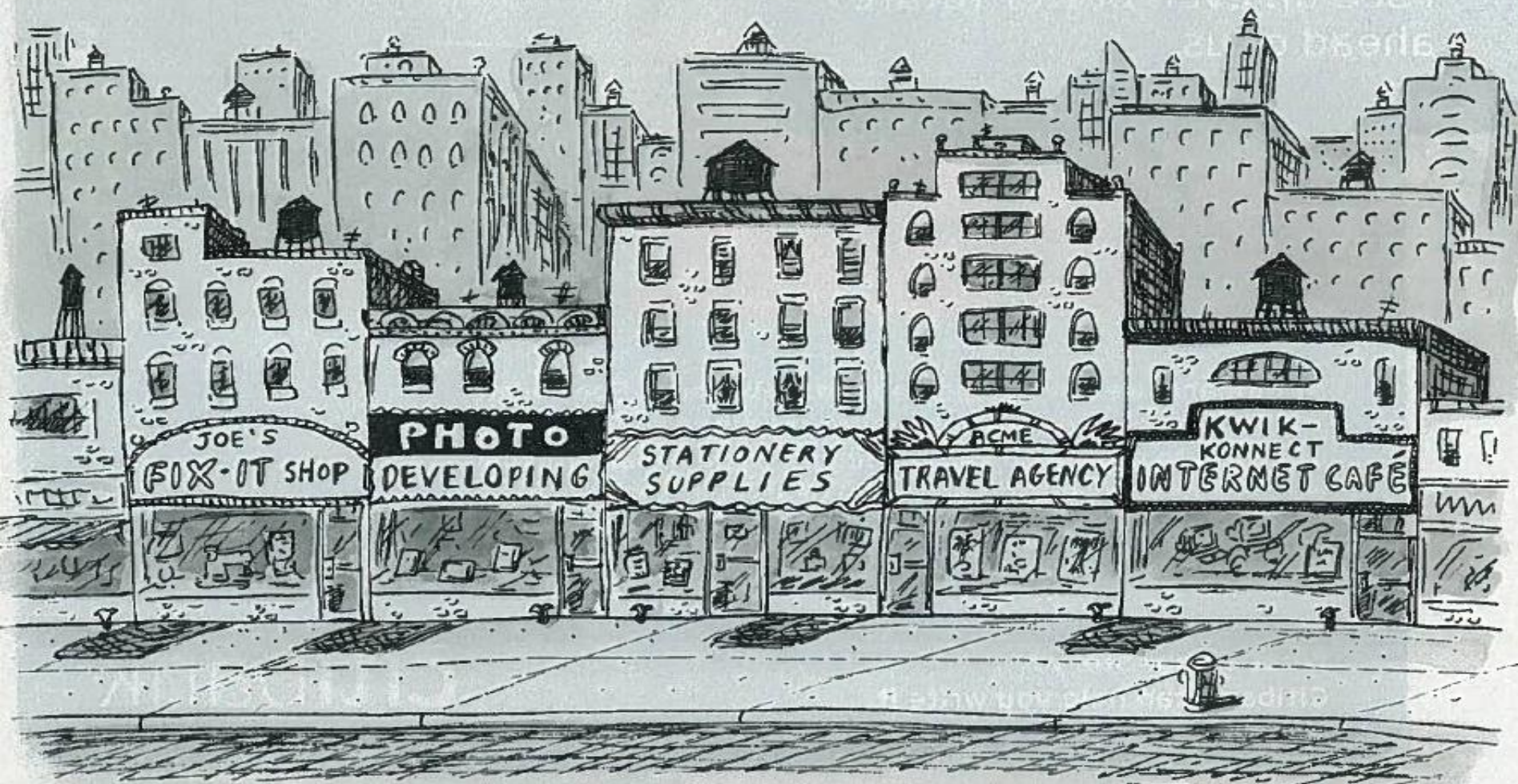




The election results



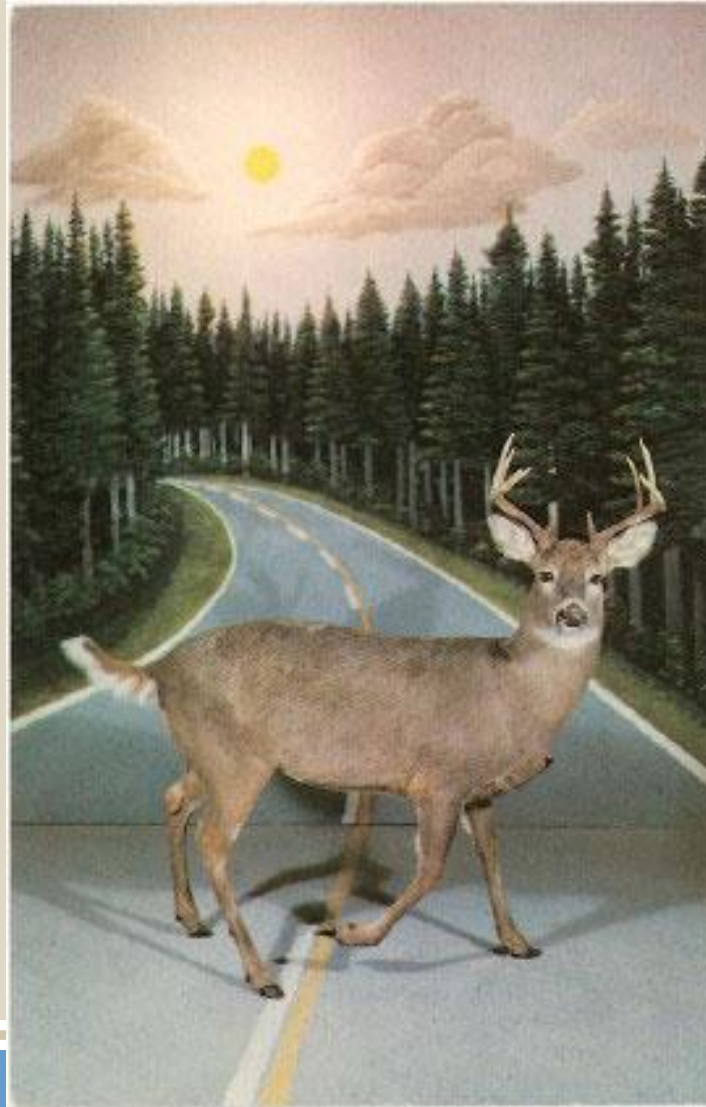
IN THE NOSTALGIA DISTRICT



R. CW



Deer in the Headlights...

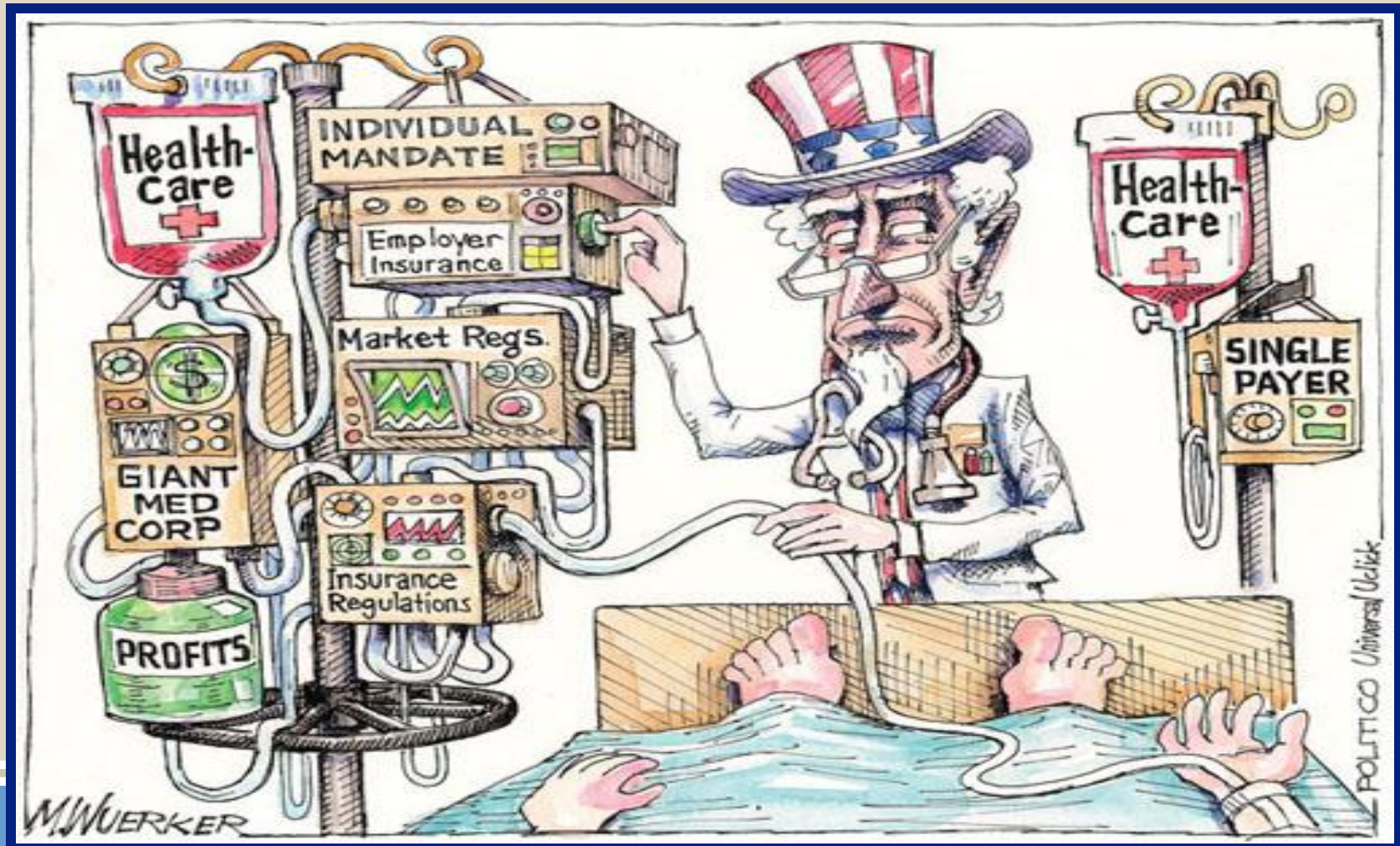




Enough said...



Understanding the Future of American Healthcare...





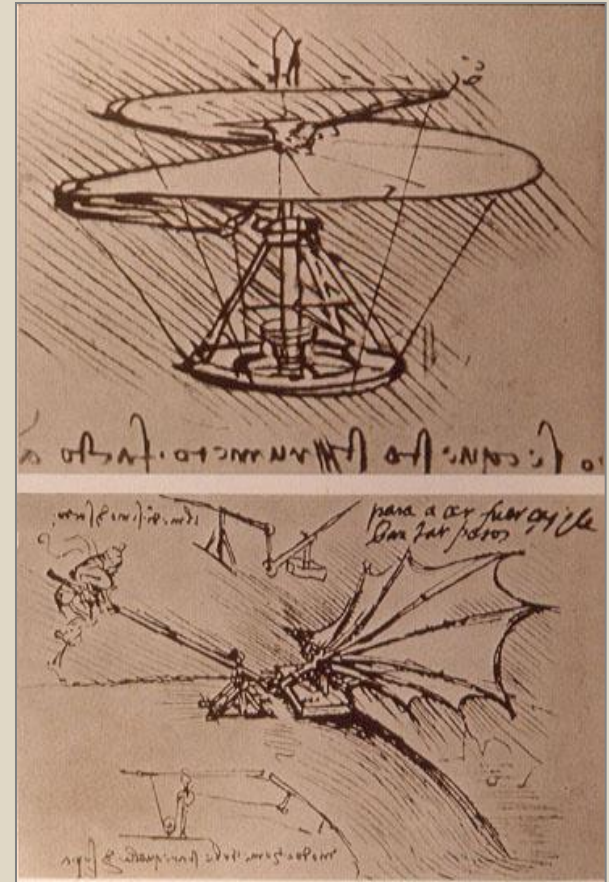
Understanding that Healthcare is Big Business...

US Chamber of Commerce	\$95,660,000
National Association of Realtors	\$25,982,290
Blue Cross/Blue Shield	\$16,238,032
PhRMA	\$14,380,000
American Hospital Association	\$13,275,200
National Cable & Telecom Assoc	\$13,010,000
American Medical Association	\$12,980,000
National Association of Broadcasters	\$11,220,000
Edison Electric Institute	\$10,130,790



Forces in play...

- **Experimentation**
Policy
- **Demand for impact,**
Service Delivery
- **Liberation of information**
Technology Revolution

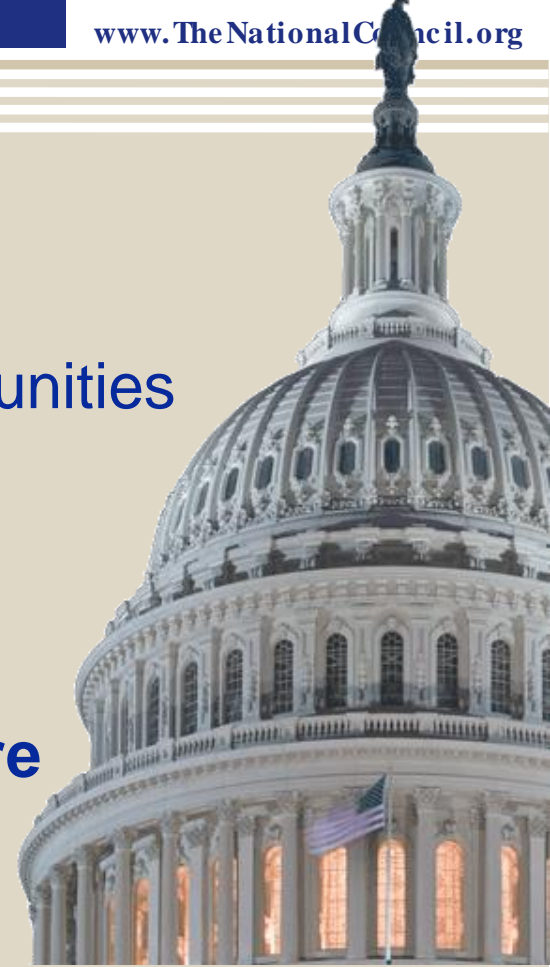




Healthcare Policy...

- **Health reform rollout:** challenges & opportunities
 - Medicaid Expansion- new rule*
 - Exchanges and Essential Benefits
 - Parity regulations**
- Rapid expansion of **Medicaid managed care**
- **Health homes** and **ACOs**
- **Dual-eligible** planning and implementation
- Move to **case rates, bundled payments, capitation – risk**

*Demise of the **Grand Bargain:** debt ceiling extended 3 months beyond Feb; sequestration delay ends 3/1; 2013 CR ends 3/27*



www.TheNationalCouncil.org

50 years

ong our

-

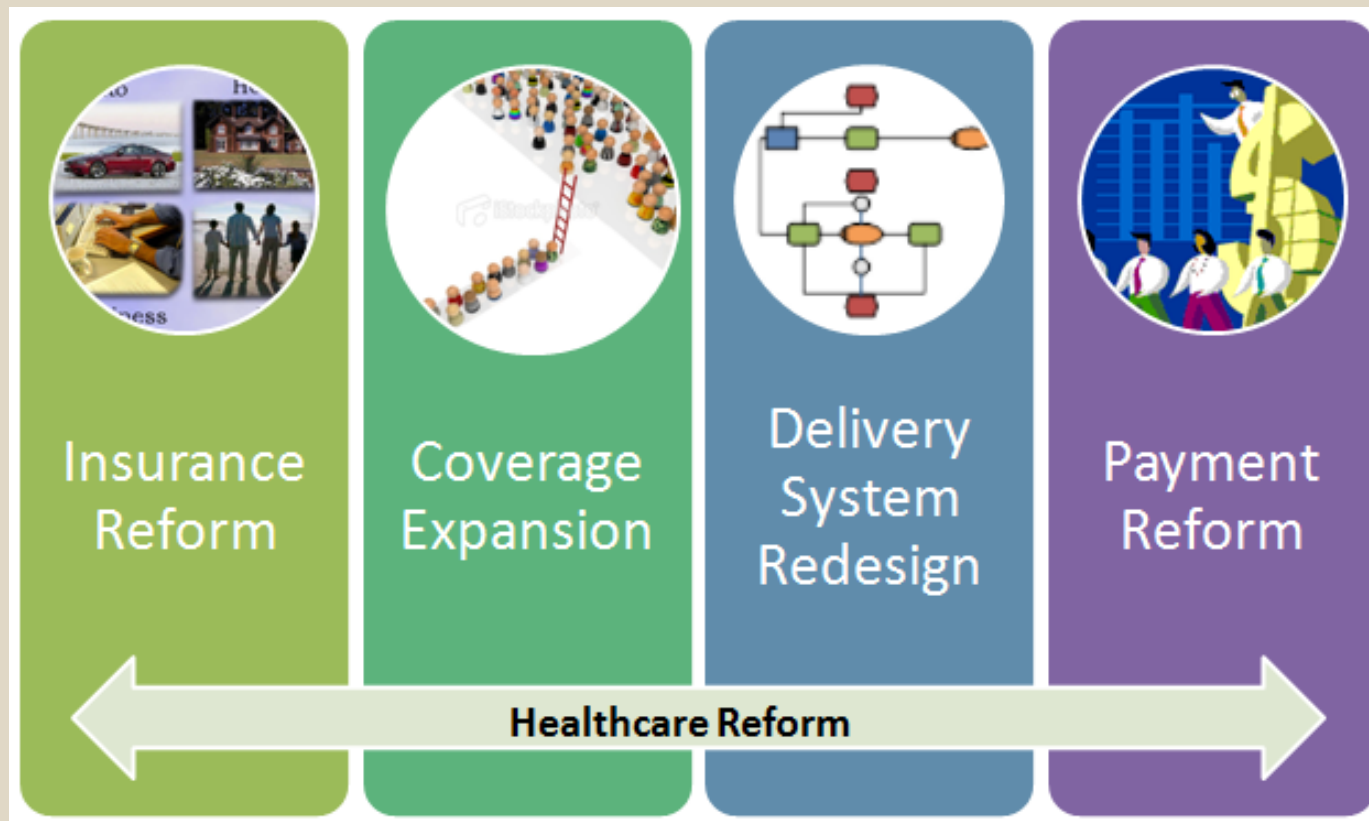


ACA Implementation ... *the states*

- Healthcare is the single biggest category of government spending
- Slowed but continued growth
- Ongoing issues with the sustainability of spending... IOM report – 750 billion a year wasted – 30 cents on each dollar
- States will expand Medicaid regardless of politics; and will continue “transforming”



The Affordable Care Act: Four Key Strategies



Atul Gawande: Testing, Testing



THE NEW YORKER

TESTING, TESTING

The health-care bill has no master plan for curbing costs. Is that a bad thing?

by Atul Gawande

- Insurance Reform and Coverage Expansion are “technical fixes”
- Service Delivery Redesign and Payment Reform is now the focus ... “bending the cost curve”



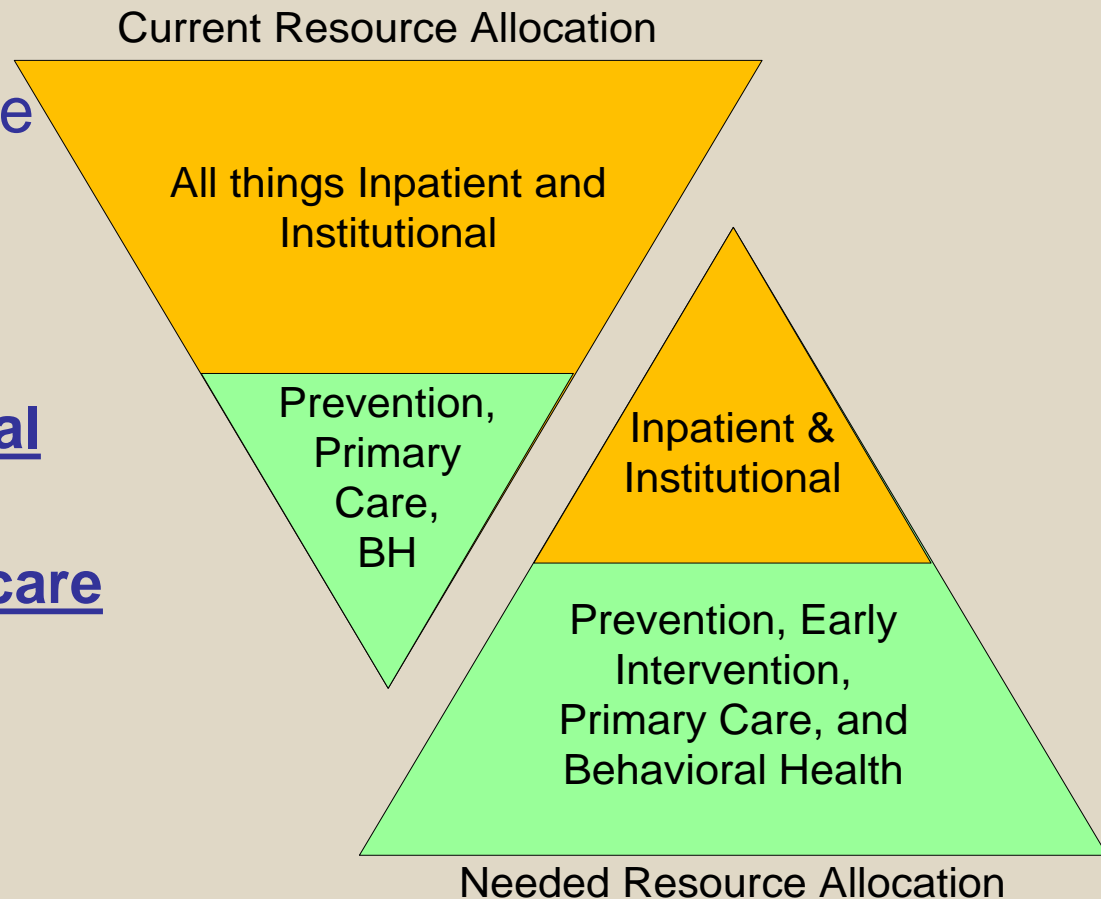


Healthcare Reform's Task: Inverting the Triangle

It's all about Inverting the Resource Allocation Triangle so that:

- Inpatient and Institutional Care are limited
- Chronic conditions are care coordinated

And spending is slowed





Battle for Control is Underway

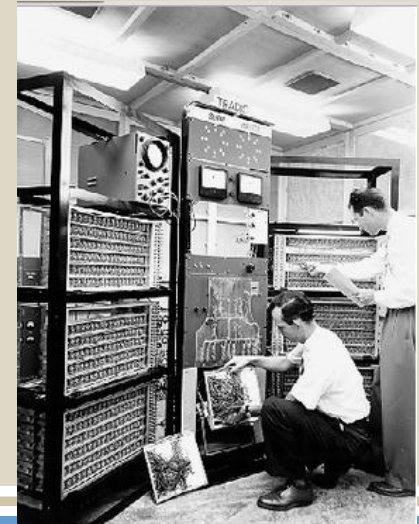
- Large legacy hospital healthcare systems in major acquisition mode to gain larger market share and build ACOs.
- Health Plans attempting to reinvent themselves and move horizontally and vertically through ecosystem.
- Non-hospital affiliated providers self-organizing the create IPAs and ACOs.
- New innovative players with innovative solutions are popping up.





Large Legacy Healthcare Systems

- Currently control most of the money in the delivery system and are increasing market share in order to create ACOs.
- Many of their actions are resulting in higher healthcare costs.
- Their major triple aim activities are OPM-oriented (Other People's Money).
- And most are practicing “Incrementalism”, which is the primary strategy for avoiding change (after study commissions).





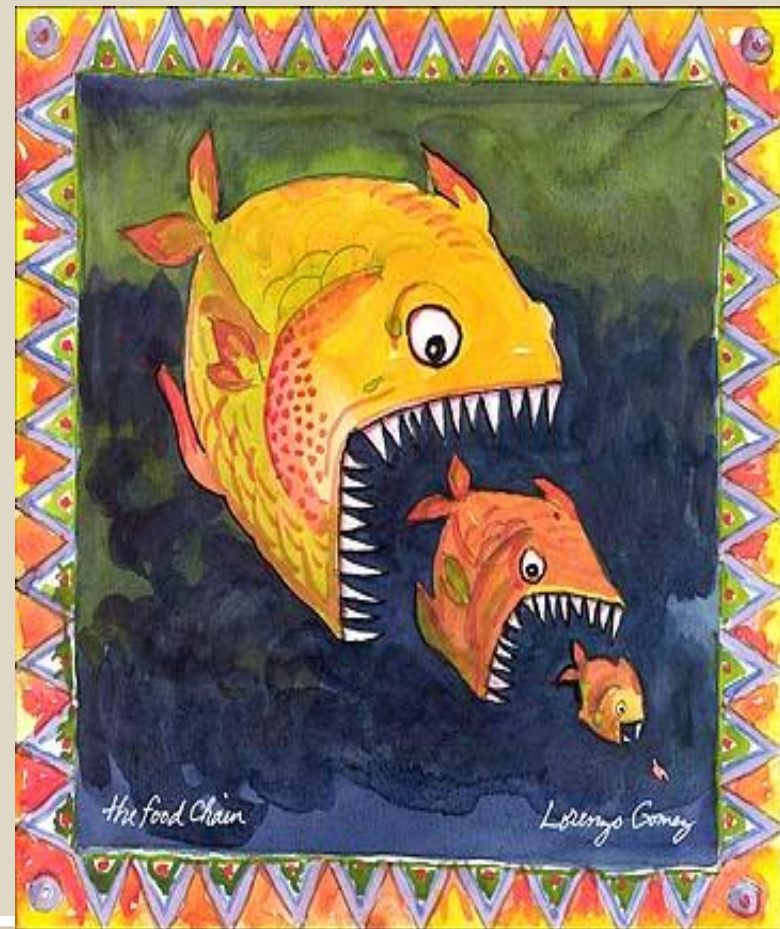
Health Plans...



- The Massachusetts Payment Reform Commission Report: “Hospitals will become reinsurance companies to ACOs.”
- This shift is grounded in the quality improvement theory that pushing the responsibility for quality, utilization, management and cost down to the “production floor”.
- Is this the end of health plans as we know them; or will ACOs fail; or...

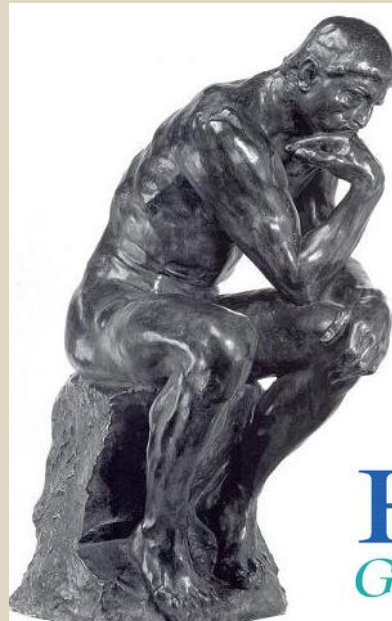
For Behavioral Health Providers...

- A serenity prayer moment:
God grant me the serenity to
accept the things I cannot
change; courage to change
the things I can; and wisdom
to know the difference.



Key Questions...

1. How does a BH provider make sense of a “parity” world?
2. Who should you and your colleagues should be building relationships with?
3. What strategies can you employ to navigate these waters?



HUMANA
Guidance when you need it most

 **CERBERUS**
CAPITAL MANAGEMENT, L.P.



UnitedHealthcare
Healing health care. Together.®



Can you survive and even thrive?

- Short answer: Yes
- A bit longer answer: You have to be able to demonstrate that you can help the payor or purchaser achieve the triple aim.
- With an emphasis on the lower cost aim.
- We are suggesting two strategies.



1. Understand the “new” healthcare

- Managed
- Bi-directional integration
- Population based care
- Consolidations/Joint Ventures



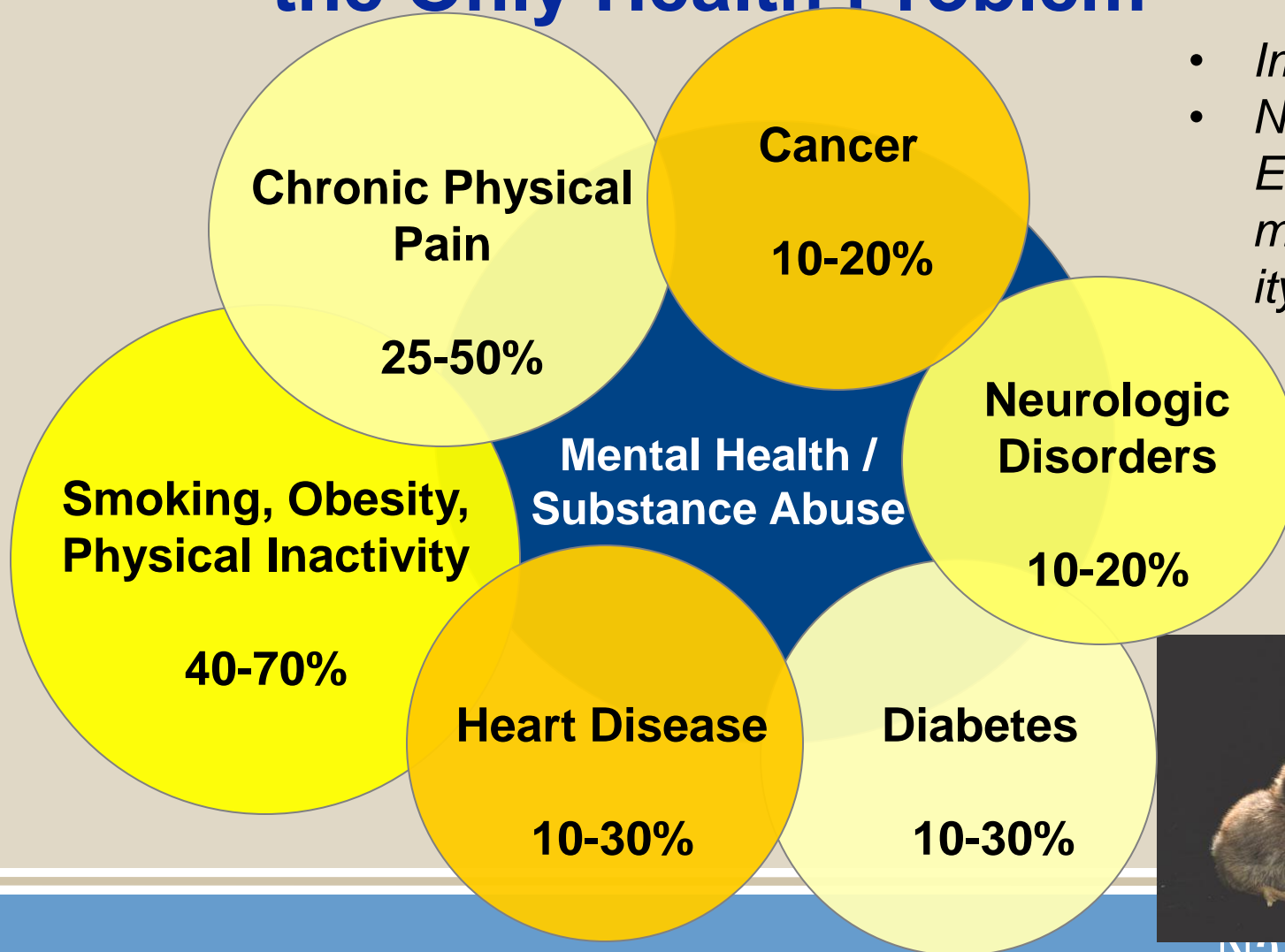


Making Sense through the Lens of Managed Care

- Every group that will be controlling the money will be deploying some type of managed care.
- You have a dual task of understanding what model your payors are cooking up...
- And attempting to move further upstream.



Mental Disorders Rarely the Only Health Problem

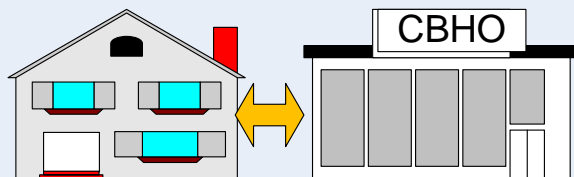


- *Impact Project*
- *NASMHPD*
Early mortality/Morbidity



Bi-Directional Integration...

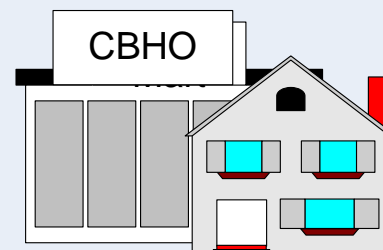
Clinical Design for Adults with Low to Moderate and Youth with Low to High BH Risk and Complexity



Primary Care Clinic with Behavioral Health Clinicians embedded, providing assessment, PCP consultation, care management and direct service

Partnership/Linkage with Specialty CBHO for persons who need their care stepped up to address increased risk and complexity with ability to step back to Primary Care

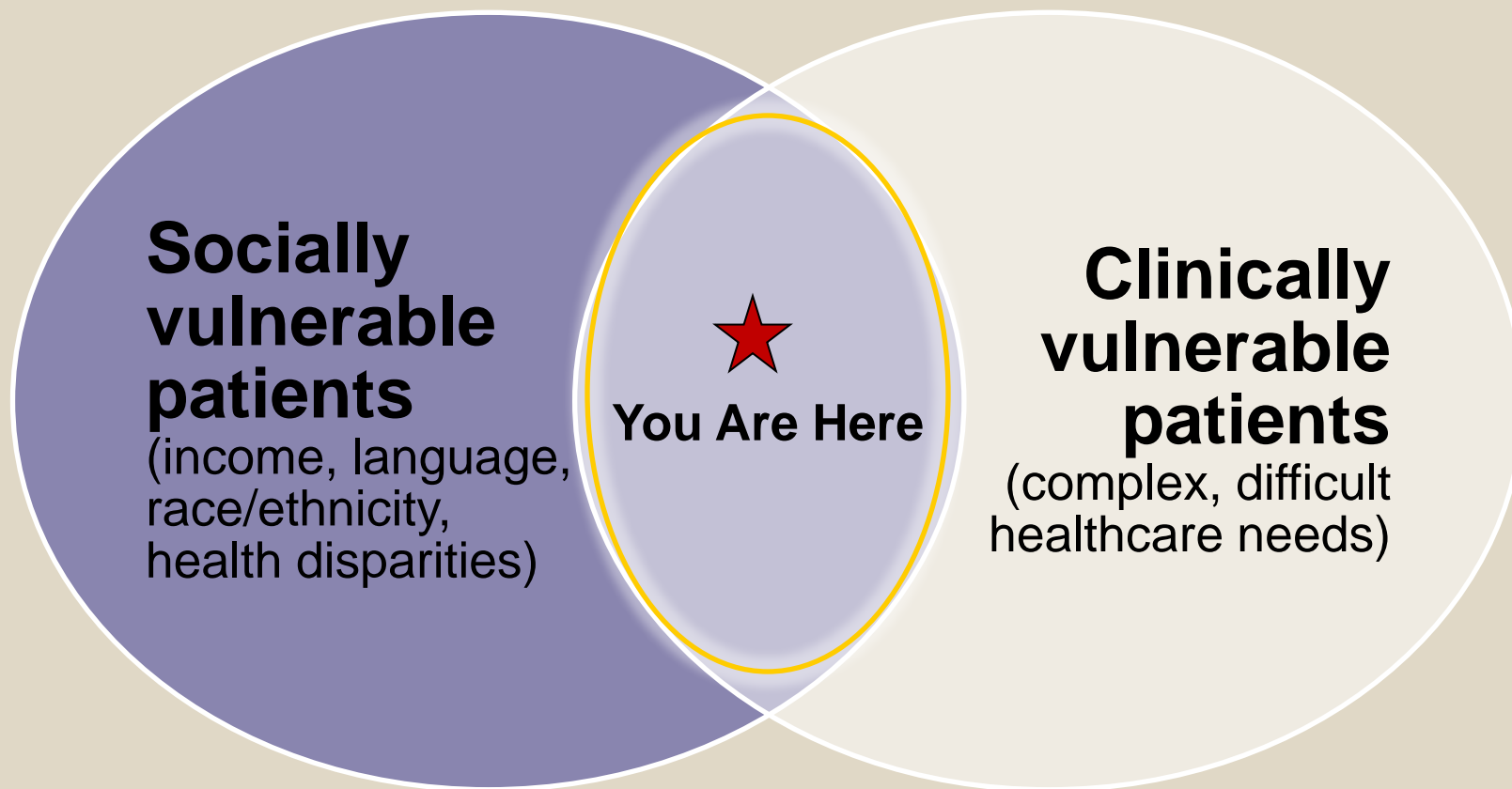
Clinical Design for Adults with Moderate to High BH Risk and Complexity



Community Behavioral Healthcare Organization with an **embedded Primary Care Medical Clinic** with ability to address the full range of primary healthcare needs of persons with moderate to high behavioral health risk and complexity



Our niche: caring for complex, costly patients





Advocacy ...

- **ACA – Behavioral Organizations as Health Homes** - mental illness & substance Use Disorder eligible chronic illness for Medicaid health homes (state plan option); and BHOs eligible providers
- **ACA - 50 m. behavioral-primary care integration grants**



Medicaid Health Home - States to Date

- 7 States with approved State Plans:
 - Missouri (2) – Behavioral Health/Primary Care
 - Rhode Island (2) – adults/children with SMI
 - New York – chronic behavioral/physical health
 - North Carolina - chronic behavioral and physical health
 - Oregon - chronic behavioral/ physical health
 - Iowa - chronic behavioral and physical health
 - Ohio – children/adults with SED and SMI

4 states await approval: Alabama, Wisconsin, NY*, Washington; and 12 states drafting



Behavioral Health Homes: Core Clinical Features



Bi-Directional Integration...

Technical Assistance

SAMHSA-HRSA

Center for Integrated Health Solutions



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



- NYS G-TAC -
- Ohio TTC
- Consultation to governments' and organizations' plans to incorporate mental health and addictions treatment into their health homes programs

93 ACA - PBHCI

"Integration" Grantees

- Fordham-Tremont Community Mental Health Center
- International Center for The Disabled
- Institute for Community Living, Inc.
- New York Psychotherapy and Counseling Center
- Postgraduate Center for Mental Health



Lessons Learned

- Top Down Leadership Buy-in and Engagement
- Organizational history of successful Planned Change
- Identification of patient populations – targeting populations for integrated care
- Assurance of **adequate numbers of referrals** to support medical services
- Recruitment of **medical** staff – doctors and nurses – and behavioral staff training in team-based Care
- Money matters, a lot



Lessons Learned...Partnerships are Hard

FQHC Look-Alike Learning Community

One year of interactive web-based learning sessions

- Helping community behavioral health organizations apply for FQHC Look-Alike status
- Increasing the number of behavioral health organizations with onsite primary care





Excellence in Mental Health Act (S. 264)

- Establishes minimum service package and criteria for Federally Qualified Behavioral Health Centers (FQBHCs), designed to serve those with mental and addiction disorders.
- Improves Medicaid reimbursement



Senator Debbie Stabenow, author of the 2010 Excellence in MH Act

Population Based Care...

- Jeffrey Brenner - COMPSTAT >> HEALTHSTAT
- Two most expensive city blocks, 900 people, accounted for 4000 hospital visits, 200 hundred million in healthcare costs over a 5 year period.
- 1% of 100,000 people used 30% of costs
- Can you identify patients with MH/SUD who represent the top 5% to 10% of high cost consumers of health care - and provide effective care management services to help them manage their MH/SU disorders AND their chronic health conditions?





Missouri Community Mental Health Centers

Major Shift of Community Mental Health Centers from Case Management to Care Management/Hot Spotting



Actively identifying community members with high cost chronic health conditions and MH/SUD, wrapping care around them to help them get their lives back (recovery) and move toward health



Missouri Outcomes...

Cohort of MO HealthNet participants

Program outcomes:

- Pharmacy cost decreased 23%.
- General hospital cost decreased by 6.8%.
- Primary care services increased by 21%.
- Independent living increased by 33%.
- **Vocational activity increased by 44%.**
- **Legal involvement decreased by 68%.**
- **Psychiatric hospitalization decreased by 52%.**
- **Illegal substance use decreased by 52%**





Consolidations and Joint Ventures

Harvard Business Review:
Cross-cultural

Communication *Talking a
different language
with unfamiliar
colleagues*



© Guy & Rodd/Distributed by Universal Uclick via CartoonStock.com



Possible future...

- 70-80% of Behavioral Health Disorders will be served in primary care clinic settings, with number of one-stops growing
- Community Behavioral Health Organizations will need to:
 - Be part of other organization's one stop
 - Create their own one stops
 - Have staff working at different types of satellite clinics
 - Have staff working on community-based teams





New Payers & Payment Models...

CBHOs will need to:

- Be ready to contract with new Medicaid Payers as:
 - Parity forces States to create more robust benefits for enrollees with mild and moderate BH disorders and builds this into Health Plan contracts.
 - States blow up Carve-Outs and contract BH to Health Plans.
- Be able to participate in health insurance exchange by becoming part of provider networks of health plans that are selling commercial coverage through the exchange
- Be ready to implement alternative payment models as purchasers incrementally move from fee for service to capitation



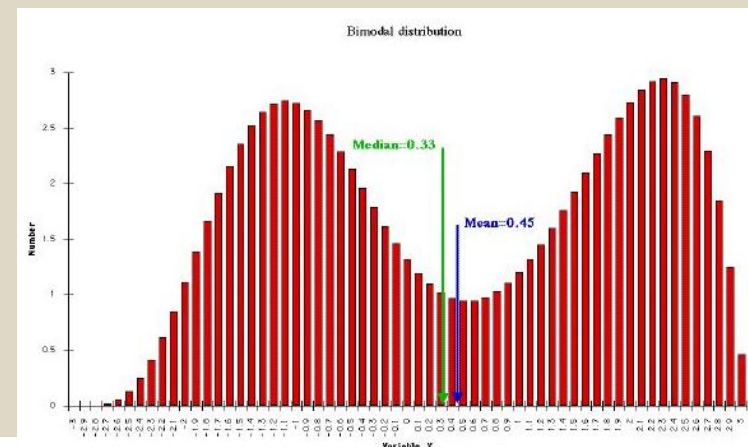
In some Cases...

Becoming best friends with Community Health Centers, other Essential Community Providers (ECPs), Primary Care Associations perhaps organizing to take on risk-bearing contracts as full service ACOs/IPAs.



Current Bi-Modal Distribution of CBHOs

- Some quite proficient at contracting with payors, becoming part of their preferred networks, and succeeding in that operating environment.
- Others avoid these arrangements like the plague.
- Some have long history of managing case rates and/or sub-capitation.
- Others only know grant funding or fee for service.





Strategy 2: Become a Behavioral Health Center of Excellence

- a.k.a. Being seen as the Mayo Clinic of Behavioral Health
- Care is standardized and data driven



“This red line indicates the change in this red line over a period of time.”



Why Mayo Clinic?

- **Brand**
- More and more large corporations are contracting with the Mayo Clinic, Cleveland Clinic and other centers of excellence to provide service for their employees
- The contracts are for a fixed price (case rate)
- Why are they doing this?
- Because patients and employers know that they care they receive will solve their problems, they will receive world class customer service, and the care will be timely and cost-effective.





What is a Behavioral Health Center of Excellence?

1 - Assertive Community Treatment

- Staff to Consumer Ratio 1 to 12 / Consumer receives minimum 9 hours of service per month on average over four month period.

2 - Intensive Case Management

- Staff to Consumer Ratio 1 to 22 / Consumer receives minimum 4 hours of service per month on average over four month period.

3 - Intensive Outpatient

- Staff to Consumer Ratio 1 to 40 / Consumer receives minimum 2 hours of service per month on average over four month period.

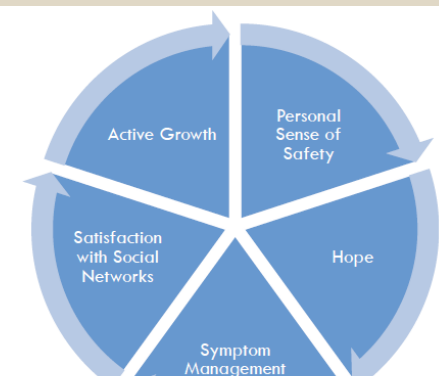
4 - Outpatient

- Staff to Consumer Ratio 1 to 80 / Consumers at this level typically have fewer visits than people in more intensive services.

5 - Psychiatry Only

What is your case mix?

	Clinician 1	Clinician 2	Clinician 3	Clinician 4
Level 1	100%	0%	34%	0%
Level 2	0%	100%	33%	0%
Level 3	0%	0%	33%	100%
Total	100%	100%	100%	100%



Child - Modes 10 and 15

	LOCUS Level 0	LOCUS Level 1	LOCUS Level 2	LOCUS Level 3	LOCUS Level 4	LOCUS Level 5	LOCUS Level 6	Totals
Clients	54	315	513	514	333	256	17	2,002
Client Ratios	3%	16%	26%	26%	17%	13%	1%	100%
Target Hours	6.0	6.0	25.0	60.0	150.0	150.0	150.0	N/A
Actual Median Hours	2.5	11.3	20.2	22.6	38.2	42.2	48.2	22.2
Low Hours	0.2	0.2	0.2	0.1	0.3	0.3	1.0	0.1
Average Hours	10.7	19.7	28.7	36.8	67.8	69.2	113.2	49.4
High Hours	73.4	187.9	239.5	373.2	856.4	468.7	630.9	856.4

Agency XYZ

Clinician Caseload Report

Level 1 Clients: 1

Level 2 Clients: 2

Level 3 Clients: 1

Client Name	Client ID	Level of Care	Auth. Start Date	Auth. End Date	Level of Care Hour Range	Plan	Low	High
1 Bob Jones	111111	2	7/1/2012	7/1/2013	18	10	49	
2 Beth John	111111	1	8/1/2012	8/1/2013	4	1	9	
3 Bill Jack	111111	2	8/15/2012	8/15/2013	18	10	49	
4 Louis Wise	222222	3	1/1/2012	12/31/2012	58	50	100	
5					-	-	-	
32					-	-	-	
33					-	-	-	
Total					98	71	207	

Award of Status
Managing and Adapting Practices (MAP) Therapist
Eric L. Daleiden, Ph.D.

All of the experience and performance requirements to demonstrate the core competency to deliver evidence-informed services using the MAP system in the services of the Registered Organizations Any Organization.

Period of MAP Therapist status is valid by July 2010 to July 2011

July 2010 Workshop Dates: Jan. 4 - 6, 2010
Total Hours: 40
Trainers: Michael A. Southern-Gerow, Ph.D.,
Allyson M. Hienberger, Ph.D.

Bruce T. Chappell, Ph.D.
Bruce T. Chappell, Ph.D., President
ProctorKilby, LLC

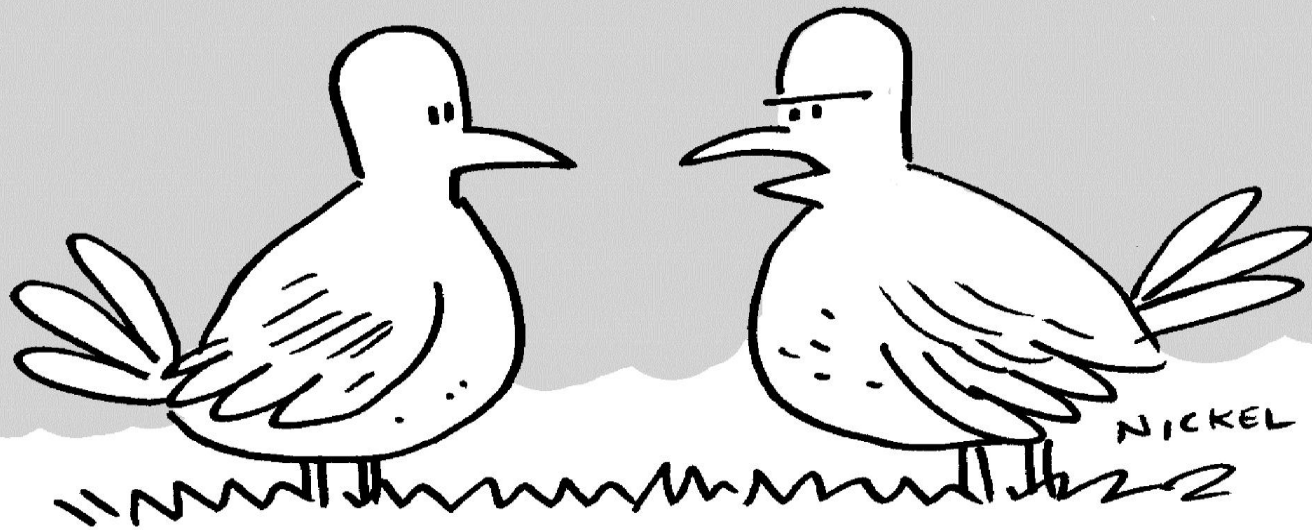


A Behavioral Health Center of Excellence

- **Education and Early Intervention:** Community Education
- **Rapid Access/Open Access:** “Be there when I need you.”
- **World Class Customer Service:** Think Nordstrom, Amazon, Apple, Costco, Southwest Airlines
- **Treat to Target:** Team-based care using consumer goals to drive planning and rapid-cycle adjustments if plans don’t work
- **Effective Care Models:** Evidence informed care for whole person, right-sized caseloads, and ample training/ supervision
- **Wellness, Resilience and Recovery:** Strengths-based, self management, low dropout rates, shorter lengths of stay
- **Measurable Outcomes:** Prepare for Transparency



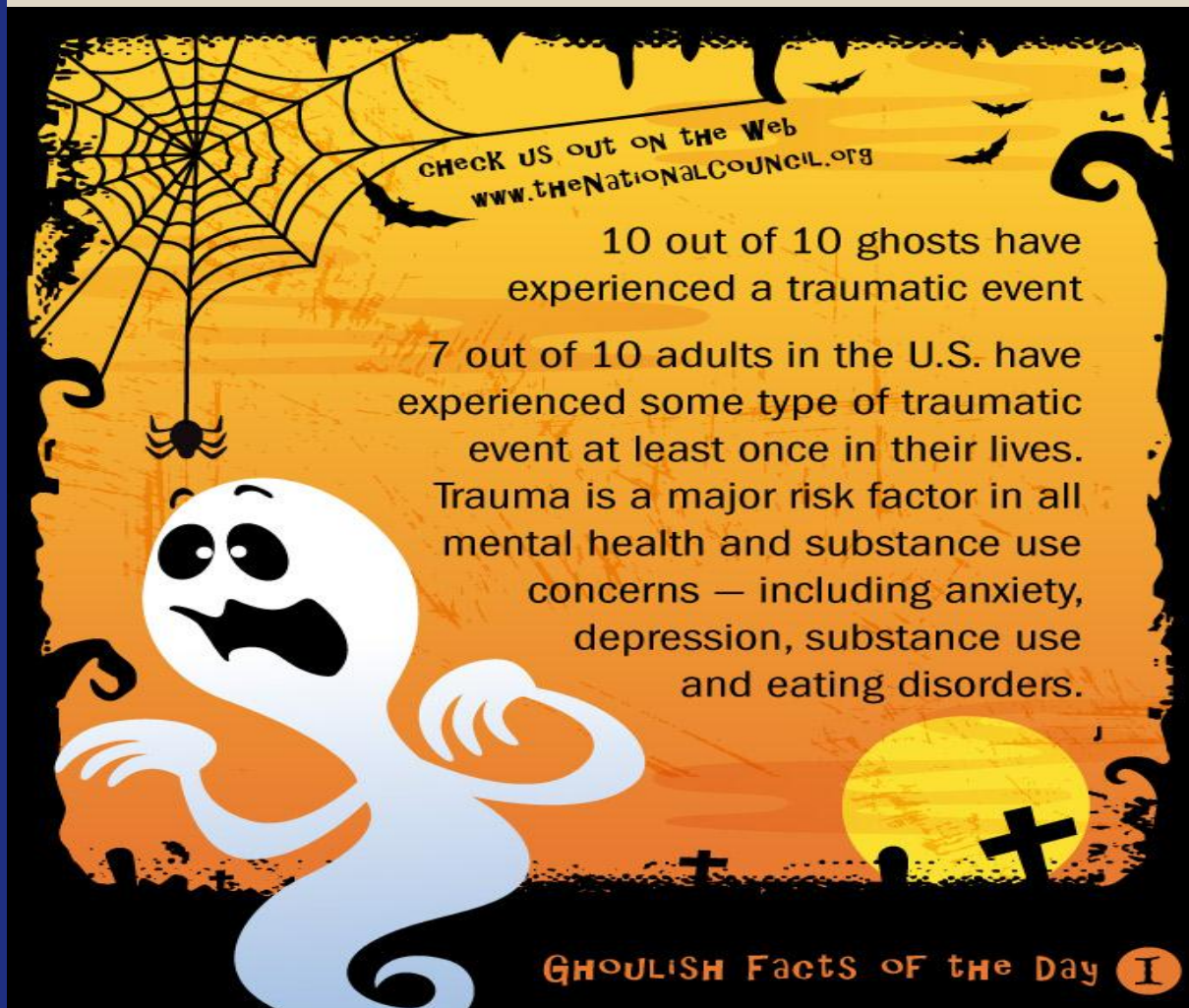
Does anyone know you? Telling your Story...



“We were tweeting long before it was cool.”



Organizational Marketing and Branding...



Halloween



Happy Holidays! From Our Kitchen to Yours

Community mental health and addictions treatment providers in the U.S. are world renowned for their strides to create healthy communities. This holiday season, these healthcare professionals have shared their secret recipe for the very first time.



RECIPE FOR A HEALTHY COMMUNITY

Serving size: Your entire community, especially the 1 in 5 who live with mental and addictive disorders

INGREDIENTS

1 bottle	24-hour crisis response
1 can	Suicide prevention
½ cup	Integrated primary
care and	behavioral health
8 oz	Mental Health First
Aid	
1 package	Prisoner re-entry treatment
1 bushel	Research on trauma and
	brain science
2 bunches	Job training and employment
	services
1 quart	Alcohol and drug abuse
	treatment

DIRECTIONS

- 1 Combine 24-hour crisis response and suicide prevention to save lives.
- 2 Pour primary care into behavioral health clinics to lower health system costs.
- 3 Add Mental Health First Aid (see recipe at www.mentalhealthfirstaid.org) to teach your community to recognize and help persons with mental illnesses and addictions.
- 4 Fold in community re-entry treatment for prisoners to keep neighborhoods safe.
- 5 Add research to push forward the newest therapies.
- 6 Sprinkle in job training and employment services to build a stronger local economy.
- 7 Finish off with alcohol and drug abuse treatment to keep people sober.
- 8 Properly plate with adequate funding and enjoy a healthy community.



Education and Early Intervention ...**Mental Health First Aid**



MENTAL
HEALTH
FIRST AID

Partnership with Maryland and Missouri
State Governments



- More than 80,000 trained
- 2500+ instructors
- Youth Version
- Spanish adaptations
- National policy and media attention



Mental Health First Aid Act (H.R. 274/S.153)

- Senator Mark Begich (D-AK),
Congressman Ron Barber (D-AZ)
- Many people know how to provide first aid in health emergency – but few know what to do for someone experiencing mental health crisis.
- Authorizes demonstration program to train communities in MHFA.



**Senator Mark Begich,
author of the MHFA
Higher Education Act**



Accessible... And welcoming...

Important factor in getting referrals and handling increased caseloads





Same Day Access!

Practice change

- ***Control the Schedule***
- ***Limit any approved meeting to 1 hour***
- ***Only schedule two appointments out***
- ***Don't schedule paper work time***
- ***Reduce cancellations – reminders***



Treat To Target...

What is Treat to Target?

- Multi-disciplinary team
- Multi-dimensional assessment and diagnosis
- Evidence-Informed Care Plan - measurable targets; examples:
 - A1c blood test for diabetes
 - Lipid panel for cholesterol
 - Blood pressure for hypertension
 - PHQ-9 for Depression
 - MDQ (Mood Disorder Questionnaire) for bipolar disorder
 - DLA20 for serious mental illness
- Collaborative Self-Care Plan with measurable targets
- Frequent measurement (every visit for some!)
- If targets are not being met, **CHANGE THE CARE PLANS**



Screening tools as “Vital Signs”

Behavioral health screening tools are like monitoring blood pressure!

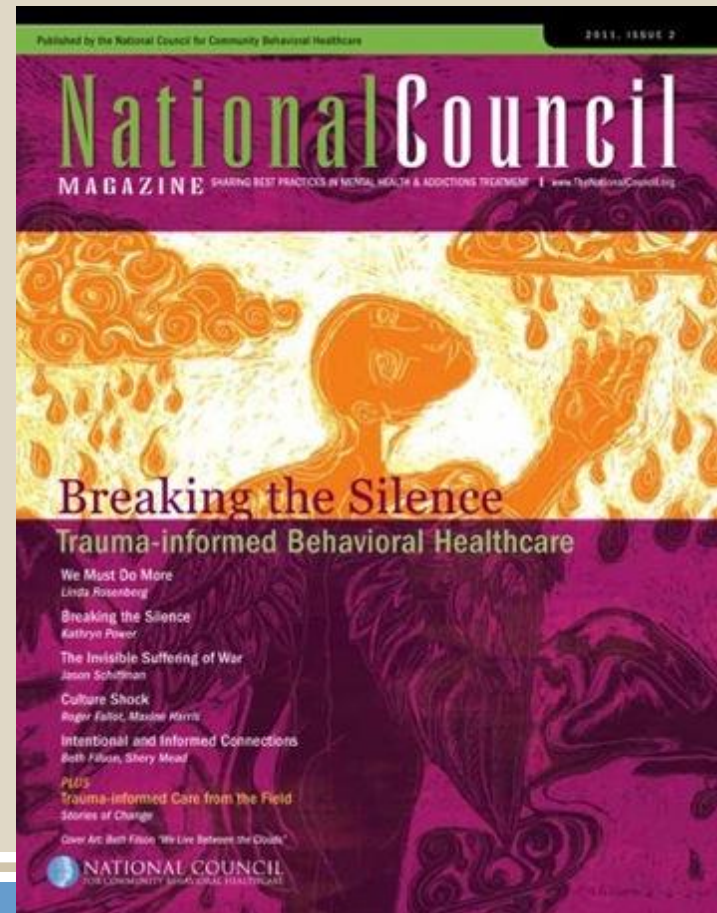
- Identify that there is a problem
- Need further assessment to understand the cause of the “abnormality”
- Ongoing monitoring to measure response to treatment



RFA for Advanced Standards of Care Project***

Effective Care Models...Trauma-informed Care

- > Learning communities
- > Magazine
- > Resources and materials
- > Consulting





Available and Prepared Workforce

Highly regulated, capital-intense, and labor-intense

- Of 69,000 new private sector jobs created in May 2012, 33,000 in health care
- 7,600 Americans become eligible for Medicare every day

It's Not Just Us.... It's a Global Workforce Shortage

- WHO estimates 4.3 million more workers required to meet need by 2015.
- Health workforce shortages has replaced financing as “most serious obstacle” to health



Psychiatrists, Social Workers and Case Managers...

- **Psychiatrist Curriculum:** 6 Modules designed to increase psychiatrists' capacity to practice and/or consult in integrated health settings.
- **Integrated Healthcare Curriculum and Integrated Field Placements for Schools of Social Works:** Prepare Masters of Social Work students for behavioral health practice focused on integrative and collaborative primary/behavioral health care.
- **Case Managers to Care Managers:** Transforming traditional mental health case management programs into assuming responsibility for the whole health of the individuals they serve.



Healthcare Workers...the future

Whole Health Action Management (WHAM): By and For Consumers

- Preparing consumers as health educators and coaches – support emerging peer workforce in health integration service models like health homes.
- Guiding participants through person-centered planning process to health and resiliency goal with weekly action plan for success.



Leadership - *The ability to generate an inspirational future where other people see their future that is unburdened by the past*



- National Council Middle Management Academy
- Emerging Leaders and Health Disparities
- Psychiatric Leadership
- **Executive Leadership** - *Stella Pappas*



Wellness, Resilience and Recovery...Self Management Tools

- Everyday, **Bosch Health Buddy System** gathers vital signs, reviews symptoms, educates, and reinforces positive behavior.
- Data from the device is sent to and reviewed by the health provider to identify need for intervention.
- **Smart phone** – substance use
- **myStrength** – anxiety and depression therapy





Produce Measurable Outcomes...

Taking the leap: a new framework of care

- The national shift to accountable healthcare means mental health providers **must show measurable results from interventions.**
- Using **hard data** to examine progress or lack of progress
- **Partnerships** between practitioner and consumer
- **Monitor – benchmark - staff variance** in standards of clinical practice



***If we don't measure it...
...we can't manage it
...we can't improve it
...we won't be paid for it!***



*BETTER BUSINESS PROCESSES...
BETTER CLINICAL OUTCOMES...*



SPQM Dashboards

- > Comprehensive quality management system
- > Supports data-informed decision making
- > Measures performance outcomes and analyzes organizational practices
- > Provides essential information to demonstrate program value
- > Increases quality, accountability, compliance, and cost-efficiency of services



Using technology a must!

Visit
 Profile
 History

H&P
 SOAP
 Custom

CC / History of Present Illness

Med / Fam / Social History

Medications & Allergies

Review of Systems

Physical Exam

Assessment

Plan

Billing

View Complete Note

Katelyn Gleason

Chart ID: GLKA000003
 Gender: Female
 DoB: 02/15/1986
 Age: 25 years

Chief Complaint:

+ Photo

Temperature f
 Pulse bpm
 Blood Pressure /
 Respiratory Rate rpm
 Oxygen Saturation %

Height in
 Weight lbs
 BMI
 Pain (1-10)
 Smoking Status

Unknown if Ever Smoked

Clinical Checklist

General WNL ☒ ON
 General Abnormal Obese,

General Comments medication

HEENT WNL ☒ ON
 HEENT Abnormal traumatic lesion to head,

HEENT Comments test

Skin WNL ☐ OFF
 Skin Lesion ☒ ON

Skin Comments

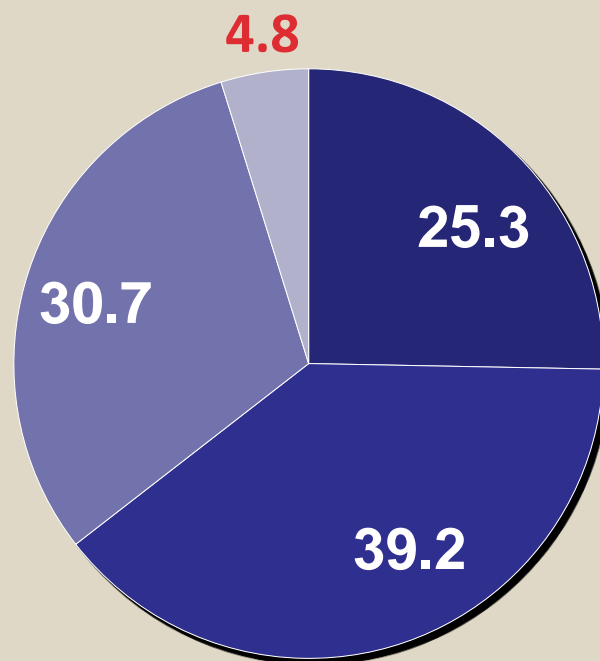
Speech to Text
 Load Previous

The patient has chronic back pain.



Does Your Organization Have an Electronic Health Record?

EHR use among National Council members (%)



- Yes, all electronic, all sites. No paper charts.
- Yes, all electronic at some sites, paper or combo at others
- No, but we plan to implement
- No, and we have no plan to implement

Behavioral Health IT Act of 2011 (S. 539/HR. 6043)

- Extends federal health IT incentive payments to community mental health and addiction treatment facilities
- Currently 17 Senate co-sponsors and 8 House co-sponsors

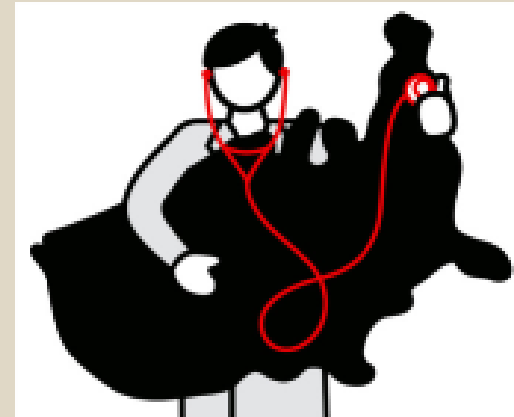


**Senator Sheldon
Whitehouse, author
of the Behavioral
Health IT Act**



We can't stop thinking about the future...

- Because we're convinced that the healthcare system of the near future will not look much like the present.
- And the implications for those in the room are enormous.





Curated information...

- Public Policy Update and Alerts
- National Council Magazine - ***Special Suicide Prevention Issue***
- Technical Assistance e-News
- Addictions/Co-occurring e-Newsletter
- Journal of Behavioral Health Services & Research
- Books, Policy Papers
- Salary Survey
- Webinars





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As former Senate Majority Leader Everett Dirksen (R-IL) said...



*“When I feel the heat,
I see the light.”*



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