PRIMARY AND BEHAVIORAL HEALTH INTEGRATION (PBHI)

TRANSFORMATION IN ACTION

PBHI

FSSA *ISDH*

Consumer Driven
Recovery Oriented

In alignment with key strategies of providing integrated care for physical and behavioral health needs, Indiana is focused on recovery with a commitment to reduce silos and improve care coordination.

FSSA **ISDH**

Six Levels of Collaboration/Integration *(overview)*

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL ONE Minimal Collaboration	LEVEL TWO Basic Collaboration at a Distance	LEVEL THREE Basic Collaboration Onsite	LEVEL FOUR Close Collaboration Onsite with Some System Integration	LEVEL FIVE Close Collaboration Approaching an Integrated Practice	LEVEL SIX Full Collaboration in a Transformed/Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they;	In separate facilities, where they;	In same facility not necessarily same offices, where they;	In same space within the same facility, where they;	In same space within the same facility (some shared space), where they;	In same space within the same facility, sharing all practice space, where they;
•Have separate systems •Communicate about cases only rarely and under compelling circumstances	•Have separate systems •Communicate periodically about shared patients	•Have separate systems •Communicate regularly about shared patients, by phone or email	•Share some systems, like scheduling or medical records •Communicate in person as needed	•Actively seek system solutions together or develop work-a-rounds •Communicate frequently in person	•Have resolved most or all system issues, functioning as one integrated system •Communicate consistently at the system, team and individual levels
Key Differentiator: Clinical Delivery					
Key Differentiator: Patient Experience					
Key Differentiator: Practice/Organization					
Key Differentiator: Business Model					
Advantages					
Disadvantages					

Source: SAMHSA

- **Formation of Statewide Stakeholder group**
- **Creation of five sub-committees**

  Data & Technology, Education & Training, Funding and Billing, Health Homes and Policy
- **Applied and Awarded Transformation Transfer Initiative (TTI) Grant**

  from NASMHPD/SAMHSA
- **Statewide PBHI Indicator Survey**
- **State development and establishment of Guiding Principles**
- **Eight Education and Training 2013 Events**
- **Community Health Workers (CHW) and Certified Recovery Specialist (CRS)Cross Training**
- **Establish process for state-approved integrated care CHW certification**

PBHI

Accomplishments

Funding Subcommittee

- **Subcommittee Meeting on a Regular Basis – MCE, OMPP, DMHA & Provider Representation**
- **Charge to Funding Subcommittee Members:**
  - **Define funding models for integrating PC/BH**
  - **Identify and resolve barriers to payment for integrated care**
  - **Develop reimbursement strategies for claim submission process for payment of Integrated care best practice components**
  - **Make recommendations regarding reimbursement of mid-level practitioners delivering care in an integrated system**
  - **Make recommendations regarding telemedicine guidelines as they relate to reimbursement and quality patient care**

Funding Subcommittee Achievements

- **Identified and defined the following three scenarios that are either currently in operation or wish to be developed and implemented by providers in the State of Indiana.**
  - Behavioral Healthcare Provider on Site at FQHC or Medical Clinic
  - FQHC or Medical Practice Physician Practicing On-Site at CMHC
  - CMHC or Behavioral Healthcare Organization Contracts/Hires Medical Practitioner(s) to Provide Medical Care on Location (or) Creates Separate Medical Clinic
- **A model "white paper" was completed for each model that summarized the following:**
  - Description of Services
  - Model Design
  - How Services are Integrated
  - Identified Billing Issues and Instructions
  - Issues to be Addressed in Model by Subcommittee
  - References (used for research)

Funding Subcommittee Achievements & Activities

- Conducted and reviewed considerable research on funding issues on a national level
- Completed crosswalk table to assist with identification of claims issues surrounding delivery of same day services in an integrated setting.
- Identified barriers to funding for each integrated scenario and initiated process to prioritize and work through
- Identified and resolved payment issues surrounding brief intervention codes (96150) for **both** Traditional and Managed Care Entities
- SBIRT Services in State of Indiana – completed research and discussion on identified issues; agreed to complete Policy Consideration to OMPP to request State policy change. Draft is completed and reviewed by members at last meeting – 11/15/2013.
- Assisted with State policy changes surrounding Telemedicine services

Top Funding Challenges Being Addressed

1. Current State system structure does not allow for CMHC's to directly bill for medical services provided by licensed medical practitioner at one of their organization service sites. Connects to future determination of "Medical Home" in Indiana.
2. Reimbursement for Treatment teams meetings or consultations (telephonic or face to face) in an integrated setting.
3. Rate structure for payment of medical services in an non-FQHC integrated setting
4. PMP assignment and ability for policy change in an integrated setting.
5. Allowance for restricted panel provider classification for CMHCs that provide integrated care vs. full panel provider requirement
6. Address same day service issues to allow for all needed services to be provided in an integrated setting

Guiding Principles: Theoretical Tenants

Holistic approach
Recovery focused
Personal resiliency
Healthcare prevention
Empowering individuals to promote
healthy, self sufficient and productive lives

Guiding Principles: Operational Tenants

A holistic approach through a multi-disciplinary team
"Real time" linkage to care and communication between care providers

Guiding Principles: Relating Standards

Use of evidence-based practices
Continuous quality improvement processes
Adhere to approved standards of care
Performance based outcomes

*DMHA has entire listing of *Guiding Principles*

Why Formalize of Integrated Care in Indiana?

Baseline survey conducted by FSSA/ISDH - Summer 2013

What we learned includes:

- Wide range of approaches to integration
- Wide range of individuals served
- No common data sets (across or among provider types)
- No common integrated performance outcomes
- Barriers identified: funding, health information technology, staffing

Focus on defining principles and standards vs. prescriptive practice models

Need consistency along with flexibility - one size does not fit all at the:

- *community,*
- *provider, and*
- *patient level*

Areas of Consideration

TYPE

GOAL: Establish and implement a mechanism to formalize integrated care between partner agencies (ISDH and FSSA) to bring state defined best practice integrated care to scale across Indiana.

SCOPE

GOAL: Scope of integration program

Define:

Levels of integration

- Target Populations
- Provider agencies – FQHCs, CHCs, RHCs, and CMHCs
- Data sets/needs and Outcomes (process and quality)
- Continuous Quality Improvement/Quality Assurance processes

FUNDING

GOAL: Define funding model which fits best with formalized integration for Indiana

Model Recognized by CMS

- Health Homes (HH) – Options:
  - Submit HH State Plan Amendment (SPA) to Centers for Medicare and Medicaid Services (CMS) and develop HH rule
  - Utilize 1-2 year planning and funding ($500k per year opportunity) period to create infrastructure and demonstration sites
  - Include multiple defined levels of integration within the HH context or include health homes on the integrated care continuum

Guidance and Recommendations for Next Steps …

Guidance and support requested:

✓Leadership concurrence on the definition of Integrated Care (WHO)

✓Consensus on formalizing integration

✓Direction regarding behavioral health focused Health Home development:

Include continuum or stand alone

Develop SPA and rules

Pursue planning funds ($500k) to develop infrastructure and demonstration sites

Team's Recommendation for Integrated Care:
Health Homes be a component of a continuum of integrated care and pursue planning opportunity to take full advantage of 90/10 match to align the components of the integrated continuum

Recommended Next Steps …

FSSA and ISDH Leadership support:

✓Leadership support to move Integrated Care forward – allocate staff time toward planning

✓Finalize the Integrated Care Strategic Plan in alignment with FSSA and ISDH strategic plans including but not limited to Integrated Care goals, action steps, resources and proposed time frame

Concurrently:

✓ Develop SPA/rules for Health Homes (while exploring options to leverage federal planning funds)

✓Mobilize stakeholder group and subcommittees to include consumer/patient and provider input in planning and implementation of an Integrated Care framework using a continuum of levels of integrated care which includes Health Homes

✓Define partner agency roles, responsibilities, and resources needed.

✓Develop and implement a mechanism for state approval process to recognize entities who meet qualification as an integrated care provider

✓Reconvene with leadership next quarter with a strategic plan and progress report

QUESTIONS