Medicare Shared Savings Program ACO Learning System

ACO Strategies for Addressing Behavioral Health Needs

Wednesday, April 27, 2016
2:30-4:00 PM ET

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Past Webinar Materials

Interested in past Learning System events? Go to https://portal.cms.gov to access recordings and summaries of past webinars, including:

- Advancing Primary Care – 11/14/14
- Beneficiary Engagement – 10/22/14
- Beneficiary Engagement and Annual Wellness Visits – 8/19/15
- Care Coordinator Roundtable – Session 1 – 9/30/15
- Care Coordinator Roundtable – Session 2 – 10/14/15
- Coordinating Care for Beneficiaries with Complex Care Needs – 6/24/15
- Coordinating with Hospitals and Specialists – 12/15/14
- Coordinating with Post-Acute Care Providers – 11/21/14, 11/19/15
- Engaging Office Managers in ACOs – 12/10/15
Past Webinar Materials (cont.)

• Evidence-Based Medicine – 1/7/14 and 1/24/14
• Internal Cost and Quality Reporting – 4/17/14 and 5/22/14
• Lessons from GPRO Reporting – 1/17/14, 10/28/14, 10/28/15
• Lessons Learned from the Million Hearts Initiative – 7/29/15
• Provider Engagement – 9/9/14 and 10/1/14
• Strategies of SSP ACOs Achieving Interim Savings – 4/4/14, 4/11/14, 5/2/14, 5/16/14
• Strategies of SSP ACOs Achieving Shared Savings – 4/15/15, 4/29/15, 5/12/15, 5/19/15, 1/7/16
• Using Data to Drive Performance – 6/8/15

In the ACO portal, materials for these and other webinars are located in the Events Calendar, and Program Announcements section, under “Learning System Webinar Materials”
Webinar Agenda

• Housekeeping items
• Presentations:
  – Illinois Health Partners ACO
  – Accountable Care Coalition of Texas
• Q&A
• Wrap-up
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Illinois Health Partners ACO

Gina Sharp, MBA, FACHE
Vice President

Michael Kwiecinski, MD
President and Medical Director
Transforming Behavioral Health Delivery from a Coordinated Care Model to an Integrated Care Model

April 2016

Presented By:
Gina Sharp, FACHE
President, Linden Oaks & Vice President, Illinois Health Partners

&

Mike Kwicienski, MD
President, Illinois Health Partners
Objectives

• Understand partnerships in Illinois Health Partners ACO

• Understand behavioral health trends and various models to access care.

• Identify strategies to effectively transform your organization from a coordinated care behavioral health model to an integrated delivery model.
Illinois Health Partners ACO, LLC

- Illinois Health Partners ACO, LLC (IHP) is a network of more than 1,800 primary and specialty care physicians who are affiliated with DuPage Medical Group, Edward-Elmhurst Healthcare and Northwest Community Healthcare. IHP serves nearly 250,000 patients in the west, southwest and northwest suburbs of Chicago
  - Edward – Elmhurst Healthcare
    - Created in 2013 when Edward Hospital and Elmhurst Memorial Healthcare merged
    - Comprised of three hospitals: Edward Hospital, Elmhurst Hospital and Linden Oaks – the system has annual revenues of more than $1 billion, more than 50 outpatient locations across a service area of 1.7 million residents in the west and southwest suburbs of Chicago
  - DuPage Medical Group
    - Physician-owned and directed multi-specialty group established in 1999
    - 430+ physicians in 53 specialties
    - 450,000 + active patients
    - 60+ locations in 4 Chicagoland counties (DuPage, Will, Kane and Cook)
    - Operates Midwest Physician Administrative Services
  - Northwest Community Healthcare
    - Serves 350,000 outpatients and 20,000 inpatients each year
    - 496 bed hospital
IHP: Who We Are

– **Integrated health system** with multi-disciplinary care teams working together to do what’s best for the patient

– **Standalone network** of hospitals, outpatient facilities and physicians that are able to meet the patient’s needs throughout their continuum of care.

– **The platform that allows the creativity** of our care team made up of physicians, nurses, care managers and many others to succeed in a rapidly changing environment

– We put the **patient at the center** of population management to achieve a higher quality of care

– The vehicle to successfully move from the FFS payment system to the **value based payment system**
Illinois Health Partners ACO, LLC

- MSSP Start date: Began 2014
- Track: 1 – no risk
- State(s): Illinois
- AP or AIM? No
- Are any of the ACO participants hospitals? Yes
- Number of practitioners: 1,500+
- Number of assigned MSSP beneficiaries: 50,000
- Percent EHR penetration, and number of EHR platforms used: 80% use EPIC, the remainder use Valence for ACO data collection
IHP Population Management Strategy

Quality
- Transitions of care: ensure coordination between primary care, specialists, acute care and post acute care are done efficiently and safely
- Scorecards of our network partners: SNF, home health, rehab, palliative care

Efficiency
- Identification of high risk, rising risk and low risk
- Predictive modeling
- Readmission risk assessment

Access
- Behavioral health
- Alternatives to Emergency Departments
- Ambulatory Surgical Centers
- Weekend hours
- Medication therapy management

IT Integrated Platform
Data Warehouse
Network of Hospitals & Physicians

- Edward Hospital & Medical Group (Acute Care)
- Elmhurst Hospital & Medical Group (Acute Care)
- DuPage Medical Group (Independent Physician Group)
- Linden Oaks Hospital & Medical Group (Behavioral Health)
- Midwest Provider Administrative Services
- Northwest Community Healthcare (Acute Care)
- Illinois Health Partners ACO
Mental Illness in America

The share of American adults with any mental illness rose slightly between 2008 and 2014. The increase was concentrated among those over age 50 or under 25.

43.6 Million
Or 18.1% of US adults suffered a form of mental illness in 2014.

9.8 Million
Or 4.1% of US adults suffered a serious mental illness in 2014.

All adults in 2014:
43.6 Million
Have a mental health disorder.

20.2 Million
Have substance abuse disorders.

7.9 Million
Have both.

Youths ages 12-17 in 2014:
2.8 Million
Have major depressive episodes.

340,000
Have both.

1.3 Million
Have substance abuse disorders.

Source: Modern Healthcare
Similar Trends in Our Local Communities

**Prevalence of Diagnosed Depression, 2015**

- Edward Service Area: 12.3%
- Elmhurst Service Area: 19.9%
- Chicago Region Benchmark: 15.5%

**Prevalence of Binge Drinking, 2015**

- Edward Service Area: 22%
- Elmhurst Service Area: 17%
- Chicago Benchmark: 19%

**Prevalence of Illicit Drug Use, 2015**

- Edward Service Area: 1% in 2012, 10% in 2015
- Elmhurst Service Area: 0% in 2012, 5% in 2015
- Chicago Benchmark: 5%

**Drug-Induced Deaths: Age-Adjusted Mortality, 2015**

- DuPage/Will Counties: 11
- Chicago Region Benchmark: 11.1

Source: Community Health Needs Assessment Report
Stigma Buster Strategies for Prevention

**Online Tools: Health AwaRes**

- Evidence-based tool for consumers to screen themselves in the comfort of their own home
- Participants encouraged to provide contact information for Linden Oaks
- Linden Oaks reaches out within 24-48 hours to schedule an assessment
- Over 11,000 online assessments have been completed.

**Mental Health First Aid**

- 8 hours education for community members to identify signs and risks of mental illness and substance abuse
- Linden Oaks formed a Community Consortium with over 60 trainers.
- Since 2011, over 6,000 community members trained.
- Coordinated through the National Council of Behavioral Health
Integrating Care throughout the Evolution of Behavioral Health Delivery

Integrating Care

Traditional Practice

Coordinated Care
Psychiatry and medical care need one another and refer to one another, but do not necessarily collaborate on care plans.

Co-located & Collaborative Care
Medical doctor and therapist co-embedded in office and review patient care plans together and make necessary referrals as needed where specialist works closely with their physician.

Evolving Best Practice

Integrated Care
Medical doctor, care manager and psychiatric consultant work together to integrate care. Patient perceives this as a routine part of their care.
Coordinated Care

Create Access to Services
Coordinated Care through Linden Oaks

- Behavioral Health Partner within Edward-Elmhurst Healthcare
- Full Service Behavioral Health Organization
- Highly Trained Board Certified Psychiatrists
  - 21 Employed Psychiatrists and 20 Independent Psychiatrists
  - 10 Employed Advanced Practice Clinicians
- Levels of Care
  - Inpatient (108 beds in Naperville)
  - Outpatient (6 Locations)
    - Partial Hospitalization
    - Intensive Outpatient
    - Traditional Outpatient
  - Residential (Eating Disorder & Addictions)
  - Support Groups
- 7 Joint Commission Disease-Specific Certifications
- 24/7 Access and Referral Center
- Community Partner

We provide hope and recovery to thousands of people a year!
Linden Oaks Access Points Spread Throughout the Community

- **L**: Outpatient Programming
- **L**: Linden Oaks Medical Group
- **L**: Emergency Department

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Healthy Driven
Linden Oaks
BEHAVIORAL HEALTH
A part of Edward-Elmhurst Healthcare
Evolvement of Behavioral Health Delivery

Traditional Practice

Coordinated Care

Co-located & Collaborative Care

Evolving Best Practice

Integrated Care

Two-Way Street
# Co-Located & Collaborative Care

**Objective:** Embed Therapist or Psychologist in PCP office with 4-5 Doctors. 
**Pilot Program:** Began in September 2014 with Psychologist

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<tr>
<th>Start Up Challenges</th>
<th>Solutions</th>
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<td>Identify PCP willing to pilot</td>
<td>• Restricted behavioral health services only to patients who were currently seeing a PCP in that office</td>
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| Concern about additional costs to system | • Received grant funding  
  • Identified # of counseling sessions to break even |
| Space in PCP Office Setting | • Converted small office for psychologist |
| Buy In from Psychiatrists | • Education and Time |
Co-Located & Collaborative Care

Results of Pilot:
• 703 total patients referred to co-located Psychologist
• 4 patients required inpatient hospitalization
• 35 referred for outpatient programming
• 6 diversions from the Medical Emergency Department
• 29 diversions from Behavioral Health Hospital ED/Intake
• 62% - 80% of patients show improvement based on their PHQ-9 or Zung SAS score on a monthly basis

Outcome:
• If this not implemented, 74 patients would have received higher level of care whereas only 39 patients received care
• Cost of Psychologist / Therapist is breakeven
Co-Located & Collaborative Care
Next Steps...

PCP Integration Highlights

- 4 sites of PCP integration:
  - Naperville
  - Elmhurst
  - Plainfield
  - Oak Park

- Increased access and patient engagement in receiving behavioral health services due to breakdown in stigma

- Improved care processes and better clinical outcomes

- Enhanced PCP satisfaction and increased PCP productivity

- Site for future integration:
  - EMG (3)
  - Elmhurst Clinic Schiller
  - Elmhurst Med. Assoc.
  - DMG (3)
Co-Located & Collaborative Care

Legislative Challenges

- Medicare only reimburses for individuals with LCSW, PsyD or PhD. LCPCs are not recognized by Medicare for reimbursement.
- CMS is evaluating a new CPT code for Care Management for Behavioral Health.
- 42 CFR Part 2 requires a Release of Information for individuals who have substance abuse diagnosis. This needs to be taken into consideration for organizations in a collaborative model and on a shared EMR system.
Co-Located & Collaborative Care

• Navigator: For PCP offices who do not have a therapist or psychologist co-located.
• Began January 2016 with one office
• Navigator is a Masters Level Social Worker
• Developed protocols within EMR for requests and communication
Integrating Care throughout the Evolution of Behavioral Health Delivery

Medical doctor, care manager and psychiatric consultant work together to integrate care. Patient perceives this as a routine part of their care.
Integrative Care Model

Psych Consult / Clinic... Coming in Summer 2016

• Different than Traditional Office Clinic
• PCP Office / Care Manager consult with Psychiatrist either through nurse, EPIC, therapist
• Patient receives 4-6 visits then returns to PCP for Medication Management
• Weekly treatment team meetings on challenging cases

Challenges In Getting Started

• Psychiatry Workforce Shortage (Psychiatrists, Psych APCs, Therapists)
• PCP Office Education (either through PCP or PCP APC)
• PCP acceptance of bringing patient back under their care
• Psychiatrist Time Availability

Solutions

• MD Recruitment & Grow Your Own APCs
• CEUs to educate PCP and PCP APNs
• Develop weekly treatment team meeting to discuss cases to alleviate too many phone calls to psychiatrist
Integrative Care Model
Outcomes

- More Efficient Diagnosis & Improved Quality
- Increased Patient Compliance
- Cost Containment

Next Step:
Pursue Joint Commission Integrated Care Certificate
Lessons Learned

• Advocate on behalf of your community.
• Educate yourself on the various models.
• Educate your physicians on these models.
• Promote these strategies to senior leadership.
• Be Persistent. Be Creative. Be Valuable.
Contact Information

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Illinois Health Partners ACO, LLC
Questions & Answers

• Please submit questions through the Q&A panel/widget

• Documents for this session are in the Resource List widget below, and will be posted to the ACO portlet.
Accountable Care Coalition of Texas

Lois Hayden RN BSN, MBA
Executive Clinical Director
Accountable Care Coalition of Texas, Inc.

Care Coordination Presentation
April 27, 2016

Lois Hayden RN BSN, MBA
Executive Clinical Director
Accountable Care Coalition of Texas

- Track and Start date: Track 1, 4/2012
- State(s): Texas, Houston market
- Advance Payment or ACO Investment Model? No
- Are any of the ACO participants hospitals? No
- Number of practitioners: 217
- Number of assigned beneficiaries: 22,000
- Percent EHR penetration, and number of EHR platforms used: 76% penetration, 13 different platforms
ACO Formation, Culture and Background

• Provider-based ACO with strong collaboration between hospitals and providers.
• Achieved Shared Savings in 2013 (19M) and 2014 (16M)
• Includes primarily Urban and Suburban settings.
• ACO Participants include IPA PCPs and Specialists
• Same PCPs and Specialists participate in Universal American Medicare Advantage Plan
• The ACO has leveraged:
  ▪ Medicare Advantage best practices
  ▪ Relationships with participating providers
  ▪ Medicare Advantage CM workflows, triage guidelines, disease management models, and social service resources
ACC of Texas Care Coordination

• Staff:
  ▪ 5 Registered Nurses
  ▪ 1 Licensed Vocational Nurse

• Outreach Activities both telephonic and embedded
  ▪ Transition of Care Assessments, Medication Reconciliation, disease-specific assessments, care plan development, beneficiary education, and ongoing communication with PCPs

• Identification of targeted beneficiaries for disease management
  ▪ Analytics including quarterly ER and multi-admission reports
  ▪ PCP identification of high-risk beneficiaries
  ▪ Proprietary risk stratification software that identifies beneficiaries with high acuity
  ▪ Daily Passport ADP reports
  ▪ Developed disease management protocols for CHF, diabetes and COPD
Identifying Beneficiaries with Behavioral Health Needs

• Beneficiaries with behavioral health conditions often have unnecessary presentations to the ER due to:
  ▪ Substance Abuse
  ▪ Anxiety
  ▪ Migraine Headaches and chronic pain
  ▪ Bipolar Disorder
  ▪ Beneficiaries embarrassed about discussing with PCP
  ▪ PCP not comfortable treating behavioral health conditions
  ▪ PCPs have limited knowledge of quality behavioral health providers in their area
Targeting Beneficiaries

- **Identification**
  - Utilized CMS reports that identifies any beneficiary with 4 or more ER visits in a 6 month rolling period
  - Care Coordinators reviewed medication claims to identify medications commonly prescribed for behavioral health issues

- Plan reviewed by ACO QICC Subcommittee and approved

- Targeted outreach to 10 beneficiaries attributed to a PCP in East Texas with a combined 58 ER visits in 2014

- Care Coordinator outreach made to targeted beneficiaries to include ER assessment, provide assistance with transportation resources, resources for medication co-pay assistance and appointment scheduling
Behavioral Health Needs

- PCP provided with behavioral health resources in the area, including pain management practitioners and county mental health authority clinic
- ACO Medical Director contacted PCP directly and provided suggestions for on-going care

- Barriers
  - Unable to reach beneficiaries
  - Beneficiary refuses care coordination
  - Dependence on CMS claims data for ER visit information
  - PCP limited knowledge of quality behavioral health providers in their area
  - Beneficiaries choose not to share BH claims data

- Results
  - Post intervention between 04/15-03/16, same 10 beneficiaries had 30 ER visits or a reduction of 52%
Behavioral Health Needs Suggestions

• Utilize “real time” ER notification from facilities to identify beneficiaries with behavioral health needs
• Utilize CMS claims reports to identify beneficiary patterns
• Share your findings with the PCP
• Identify quality Medicare approved behavioral health clinicians in your area
• Encourage Care Coordination participation in Behavioral Health CEUs that provide education including behavioral health assessment, motivational interviewing, medications prescribed for behavioral health conditions, side-effects, and non-adherence issues
Addressing Beneficiary Psycho/Social Needs

• Social Services Resource Directory developed by MA Social Workers (SWs) includes resources for:
  ▪ Provider services
  ▪ Dental and hearing aid assistance
  ▪ Meals on wheels
  ▪ Legal aid
  ▪ Transportation
  ▪ Prescription assistance
  ▪ Housing, utility payment assistance in Houston and surrounding counties

• In-service provided by MA SWs to ACO Care Coordinators included resource directory, qualification requirements, tips on assisting beneficiaries with completing applications and explanation of legal terms such as guardianship and Power of Attorney

• ACO currently recruiting for Social Worker
Beneficiary Psycho/Social Needs

• Palliative Care
  ▪ Partnership with Aspire which provides supportive care for beneficiaries whose life expectancy is less than a year
  ▪ PCPs refer directly to Aspire for continued care and support
  ▪ Aspire Physicians, Nurse Practitioners, and Social Workers treat beneficiaries in the home and work closely with their caregivers
  ▪ Aspire can facilitate meaningful conversations about end of life and transition beneficiaries to a hospice where they can achieve maximum benefits

• End of Life Discussions
  ▪ Multiple hospice agencies in Houston
  ▪ Local hospice agencies provide ongoing in-services to Care Coordinators annually
Next Steps/Strategies

- Partner with Behavioral Health Preferred Provider Organization in Houston
- Meetings with Greater Houston Psychiatric Association scheduled
- Consider partnership with JSA Heath which provides tele psychiatry
- Leverage hospitalists to perform PHQ-9 while admitted or order a psychiatric consult
- Consider contracting with Human Arc for ACO business which provides assistance with Medicaid applications
Contact Information

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Questions & Answers

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