Central Oregon Health Council

RHIP Behavioral Health Identification & Awareness Workgroup
Deschutes County Health Services (2577 NE Courtney Drive, Bend) - Stan Owen Room

Agenda: July 23, 2019 from 8:00am-9:15am

Goals

Clinical Goal(s):
(1) Increase screenings for depression, anxiety, suicidal ideation, and substance use disorders.
(2) When screenings are positive, increase and improve primary care-based interventions, and, when appropriate, referrals and successful engagement in specialty services.

Prevention Goal(s): Normalize the public's perception of accessing resources for depression, anxiety, suicidal ideation, and substance use.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. Number of SBIRT/CRAFFT screenings provided in healthcare settings shall exceed 12% (Oregon Health Authority, 2015).	√		
2. Number of Depression screenings and follow-up care provided in healthcare settings shall exceed 25% (Oregon Health Authority, 2015).	√		
3. First year develop a baseline of successful referral and engagement in specialty care from primary care. Second year develop performance improvement benchmarks.			

1. **8:00-8:10 Introductions and review commitments – All**
2. **8:10-8:15 Level setting from last month, objectives for today – Gwen Jones**
3. **8:15-8:30 Mind Your Mind request for support – Jessica Jacks, Dawn Creach**
4. **8:30-8:45 Presentation of reimbursement work and opportunities – Katie Keck**
5. **8:45-9:00 Presentation of reimbursement work and opportunities – Dawn Creach**
6. **9:00-9:15 Discussion and direction-setting/decision – All**

Next Meeting: 8.27.2019
8:15-9:15a Deschutes County Building (1300 NW Wall Street, Bend) DeArmond Room (DOWNTOWN)

BH Screening and Awareness (13)	Organization
Dawn Creach, MS	Consultant: Advancing Integrated Care Project
Barrett Flesh	Deschutes County Behavioral Health
Janet Foliano, PsyD	St. Charles Health System
Mike Franz, MD	PacificSource
Sierra Groenewold, LPC	Mosaic Medical
Jessica Jacks, MPH, CPS	Deschutes County Health Services
Katie Keck, LMFT	Rimrock Trails Adolescent Treatment Services
Larry Kogovsek	CAC Consumer Representative
Christy Maciel	NAMI
Kristi Nix, MD	High Lakes Healthcare
Laura Pennavaria, MD	St. Charles Health System
Jason Prinster, PhD	High Lakes Healthcare
Rick Treleaven, LCSW	BestCare Treatment Services

Commitments - BH: ID and Awareness Workgroup

- Look for comprehensive approaches
- Genuinely consider all ideas
- Do not presume to already know the solution
- Be open minded, cultivate self-doubt
- Know myself and seek to understand
- ELMO- Enough Let's Move One
- Do not interrupt
- One person speaks at a time
- Speak Up
- Participate in meaningful way
- Make space for others to speak up
- Attendance- Try for 75% or more of meetings per year
- Be present and engaged, honor emergencies (technology)

Decision Making:

We will strive for a group consensus.

We understand that despite our best efforts, we might not always be able to reach a full consensus and need to move forward with a decision. Therefore, we will set parameters for our discussion and a deadline for a vote. We will follow a majority vote of those presenter voting virtually.

Per COHC guidelines, funding decisions are decided by Rostered members of the workgroup, other decisions will be open to all participants.

BH ID & Awareness Workgroup:

Primary Care Payment Reform Collaborative BHI Policy Discussion

E. Dawn Creach, MS

Regional Integrated Care Trainer

Principal/Consultant

Creach Consulting, LLC

Oregon's Primary Care Payment Reform Collaborative

- Legislatively mandated multi-stakeholder advisory body to the Oregon Health Authority (OHA).
- Established in 2015 via SB 231; also established the Primary Care Spend Report, published annually
  - Recommended reading: https://www.oregon.gov/oha/HPA/ANALYTICS/Documents/SB-231-Report-2019.pdf
- Purpose is to "develop and share best practices in technical assistance and methods of reimbursement that **direct greater health care resources and investments** toward supporting and facilitating health care innovation and care improvement in primary care."
- 46 members representing a broad range of provider, payer, and other primary care stakeholders
- First set of policy recommendations in 2016 resulted in SB 934 in 2017:
  - Extended collaborative for 10 years
  - Established a primary care spending benchmark that all payers must meet (at least 12% of medical spending, excluding drugs)
- Full collaborative meets quarterly; three work groups meet monthly in between:
  - Payment improvement & alignment
  - Metrics & Evaluation
  - Behavioral Health Integration
- https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SB231-Primary-Care-Payment-Reform-Collaborative.aspx

Primary Care Transformation Initiative

- Primary Care Payment Reform Collaborative is charged with implementing the “Primary Care Transformation Initiative”
- Senate Bill 934 (2017) states that the Initiative should:
  - Increase investment in primary care (without increasing costs to consumers or increasing the total cost of health care);
  - Improve reimbursement methods, including by investing in the social determinants of health; and
  - Align primary care reimbursement by purchasers of care.
- To achieve the implementation of this initiative, the collaborative will support the:
  - Use of value-based payment methods;
  - Provision of technical assistance to clinics and payers in implementing the initiative;
  - Aggregation of data across payers and providers;
  - Alignment of metrics, in concert with work of the Health Plan Quality Metrics Committee established in ORS 413.017; and
  - **Facilitate the integration of primary care physical and behavioral health care**

New 2018 Consensus Policy Recommendations

- Oregon's Primary Care Transformation Initiative: 2018 progress report
- 47 organizations endorsed the recommendations, including all payers that participated in the collaborative
- Recommendations presented to the legislature and the Oregon Health Policy Board:
  - Infrastructure
  - Payment models, including for behavioral health integration
  - Implementation
- The collaborative will now focus on implementing the initiative
- Oregon Academy of Family Physicians (OAFP) put forth legislation aligned with policy recommendations (SB765) - I think it died in committee this session
  - Would count payments made for integrated BH toward the primary care spend; incentivizes payers to invest in BHI

Payment model recommendation: Primary Care Behavioral Health Integration (see page 29 of the report)

Identified barriers:

- Contracting structures that may result in restricted access to services; double co-payments and confusion for patients and families; and administrative burden for providers (for example, the delegation or “carve-out” of the total behavioral health services benefit to a separate organization);
- Inconsistent benefit coverage across payers;
- Provision of and lack of coverage for preventive behavioral health; and
- Variation in how primary care practices provide integrated behavioral health care, and a lack of standard accountability measures.

Payment model recommendation: Primary Care Behavioral Health Integration (see page 29 of the report)

1) Health Plan Contracting Structure

- Payers, providers and other contracting entities (such as independent practice associations) should work together to develop contractual mechanisms with integrated primary care clinics where all services delivered at the clinic are included in the same contract with the health plan. Primary care providers and behavioral health clinicians at the same clinic should be included in the same contract and network and undergo the same credentialing process.

2) Improved access to integrated behavioral health care for patients

- Payers should remove pre-authorization requirements for behavioral health services delivered in an integrated primary care clinic, as with other primary care services. This aligns with federal parity requirements.
- Payers should remove double co-pays for patients who see a primary care provider and behavioral health clinician on the same day.
- Payers should remove policies that reject two payments for services provided on the same day by a primary care provider and behavioral health clinician.

3) BHI Sustainable Payment Approach

- Payers should provide population-based payments to integrated primary care clinics that meet at least one of the following set of standards:
  - Patient-Centered Primary Care Home Measure 3.C.3 (Figure 2)
  - Integrated Behavioral Health Alliance (IBHA) Recommended Minimum Standards for PCPCHs Providing Integrated Health Care (Figure 3)
- Population-based payments should sustainably support key elements of behavioral health integration in primary care that are not typically paid for under FFS mechanisms, such as same-day brief consultations; preventive behavioral health; warm hand-offs between the primary care provider and the behavioral health clinician; behavioral health clinician participation in pre-visit planning and team huddles; consultations between primary care and behavioral health clinicians; and care coordination and communication, especially outside the primary care clinic, including with specialists, schools, teachers, community services, etc.
  - e.g. risk-adjusted PMPM payment based either on level of behavioral health integration (for example, PCPCH measure 3.C.3 and IBHA standards) or on meeting benchmarks for population penetration, access, quality, patient experience, or other outcomes.

Sustainable Payment Approach, Continued…

Aligned minimum set of CPT codes:

- Payers should reimburse primary care providers and behavioral health clinicians working in a clinic with integrated health care for an agreed-upon set of fee-for-service (FFS) codes with no pre-authorization requirements. Payers are encouraged to adopt a broad interpretation of which providers can bill for these codes within the scope of practice defined by provider licensing boards.

Questions and Discussion

Advancing Integrated Care in Central Oregon (AIC)
Central Oregon Health Council Regional Health Improvement Project
E. Dawn Creach, MS, Consultant

BH ID & Awareness Workgroup: AIC Project Status Update July 2019

- **Primary care survey –** Identifying technical assistance priorities & clinic QI goals + Gap analysis of traditional health workers (THW)
  - Data analysis underway; Results will be presented at August BH ID & Awareness meeting
  - THW gap analysis will be submitted by 9/1 to COHC as part of Year 1 grant progress report

- **Year 1 grant report due to COHC by September 1st -** Will include traditional health worker gap analysis

- **Technical Assistance/Trainings in Progress**
  - **Building Bridges Between Behavioral Health and Primary Care**
    - Vison: Ongoing forum that brings together specialty behavioral health and primary care to improve BH access and coordination
    - Madras/Warm Springs training August 14th – registration open now!
    - Second Bend training scheduled for October 1st – Save the Date going out soon
    - Will begin planning La Pine and Prineville after Madras training
  - **Behavioral health 2.0 pilot project** – Dawn is supporting Brightways, Rimrock Trails, and BestCare outpatient on a pilot project focused on better meeting the needs of primary care clinics (timely access, referral tracking, increased engagement, better coordination, etc.). COIPA is supportive of the project.
    - Select primary care clinic partners have agreed to participate
    - Proposal will be submitted to PacificSource this summer
    - Exploring options to have AIC support the data collection efforts, given the pilot project metrics are aligned with the AIC grant
  - **AIC Workgroup –** Monthly meetings are "mini trainings" focused on various BH topics

- **Regional Step up/Step down workgroup –** Supporting this effort through the development of specific pieces that will become part of larger toolkit for primary care & behavioral health:
  - Overview of the behavioral health system in Central Oregon
  - Glossary of terms and explanation of different BH provider types

- **Pathways from Developmental Screening to Services –** Dawn is working with Oregon Pediatric Improvement Partnership (OPIP) on their next phase of work in Central Oregon. Coordinating closely and exploring options to conduct joint trainings/TA efforts focused on children 0-5 & families.