Change Concept 5: Finance and Sustain Trauma-Informed Approaches in Primary Care

Identifying and developing a sustainable financing strategy is critical to effective implementation and maintenance of a trauma-informed approach in primary care. To do this, an organization must secure adequate financial and organizational resources including identification of relevant policy, reimbursement processes and opportunities within existing service incentive programs. The alignment of workflow and staffing with reimbursement options is paramount to success.

Action Steps

- ❑ Identify all planned, new and existing activities and procedures resulting from implementation of trauma-informed approaches.
- ❑ Measure trauma-informed activities.
- ❑ Use billing mechanisms to finance trauma-informed approaches.
- ❑ Identify nonfinancial resources for support.
- ❑ Analyze policy landscape and select an advocacy goal to support financing and sustainment.
- ❑ Develop and tailor advocacy messaging for identified stakeholders.
- ❑ Sustain a trauma-informed approach.

Implementation Tools

- Trauma-Informed Primary Care Policy Audit Tool
- Trauma-Informed Care Advocacy Handbook
- Building Community Resilience Policy and Advocacy Guide
- Trauma-Informed Care Quality Outcomes Crosswalk
- Sustainability Guide
- Financing Trauma-Informed Primary Care
- Patient-Level Outcomes Data Collection Template

Change Concept 5 Goals

1. Our primary care service's budget includes funding for structural and administrative resources specific to comprehensive integration of trauma-informed approaches.
2. Our primary care service's budget includes funding for ongoing cross-sector training regarding trauma-informed approaches.
3. Our primary care service's budget includes funding for the maintenance of a safe physical environment.
4. Our primary care service recognizes that finances are not our only resource. Equip staff to support patients in engaging with community social resources that align with their care.
5. Our primary care service identifies desired outcomes of the trauma-informed primary care initiative.
6. Our primary care service actively monitors patient-level outcomes of trauma-informed interventions for a target patient population.

IDENTIFY ALL PLANNED, NEW AND EXISTING ACTIVITIES AND PROCEDURES RESULTING FROM IMPLEMENTING TRAUMA-INFORMED APPROACHES

Organizations need to identify activities, procedures, staffing, spaces and equipment related to trauma-informed care. Understanding what exists currently or what will in the future, will enable an organization to plan for funding and reimbursement options.

MEASURE TRAUMA-INFORMED ACTIVITIES

Tracking processes and outcomes related to trauma-informed initiatives and activities helps develop a value case for your services. Each organization's scope of services and data collection, management, analysis, reporting and interpretation capabilities are unique and will shape the ability to understand the effect of trauma-informed primary care efforts at the organization.

Key Considerations for Collecting Data

- What is the desired outcome of a service? For patients? For staff? For the organization? For the community?
- What are the best data sources available to measure that outcome?
- What are the demographics and descriptors of the people receiving services at the organization?
- What types of services are they receiving, in what doses, and for how long?
- What was the impact of those services on patients?

Existing activities and funding streams may inform or drive data collection efforts, particularly for patient level health metrics. By identifying activities, procedures, staffing, spaces and equipment, your organization can decide what kinds of clinical encounters are reimbursable by funders and payers under current agreements versus creating agreements in the future. As part of this process, organizations should cross-reference agency workflows with available reimbursement and funding options through initiatives, incentive and other programs. For example, many health care organizations are becoming patient-centered medical homes, centers of excellence, advanced primary care certified or working to meet the new Medicare quality measures. Many of these efforts require organizations to collect and monitor specific metrics as part of quality, routine care and payment. These same metrics often align with the goals and desired outcomes of trauma-informed primary care. The Trauma-Informed Care Quality Outcomes Crosswalk is a tool that organizations can use to help assist in this process.

Choosing Data to Track

The CIT and staff responsible for quality improvement should explore available data indicators to track over time. The tools provided throughout the Change Package to assess safety, staff and patient satisfaction and training evaluations provide CITs an opportunity to track implementation progress specific to their goals and action steps. The OSA Workbook provides a list of indicators to help assess your implementation. The CIT should also track readily-available information about engagement, such as staff turnover and number of personal and sick days taken. As you integrate trauma-informed care into your organization, these values should decrease and will likely be among the first metrics that change as a result of your initiative.

Eventually, the CIT and staff responsible for quality improvement should identify key health metrics among patients to track over time. The goal of trauma-informed primary care is to improve the quality of care and the health of patients. While it may take time for implementation to settle in before you see demonstrated improvement in these metrics, it is important to capture and track them over time to inform your service provision and action planning.

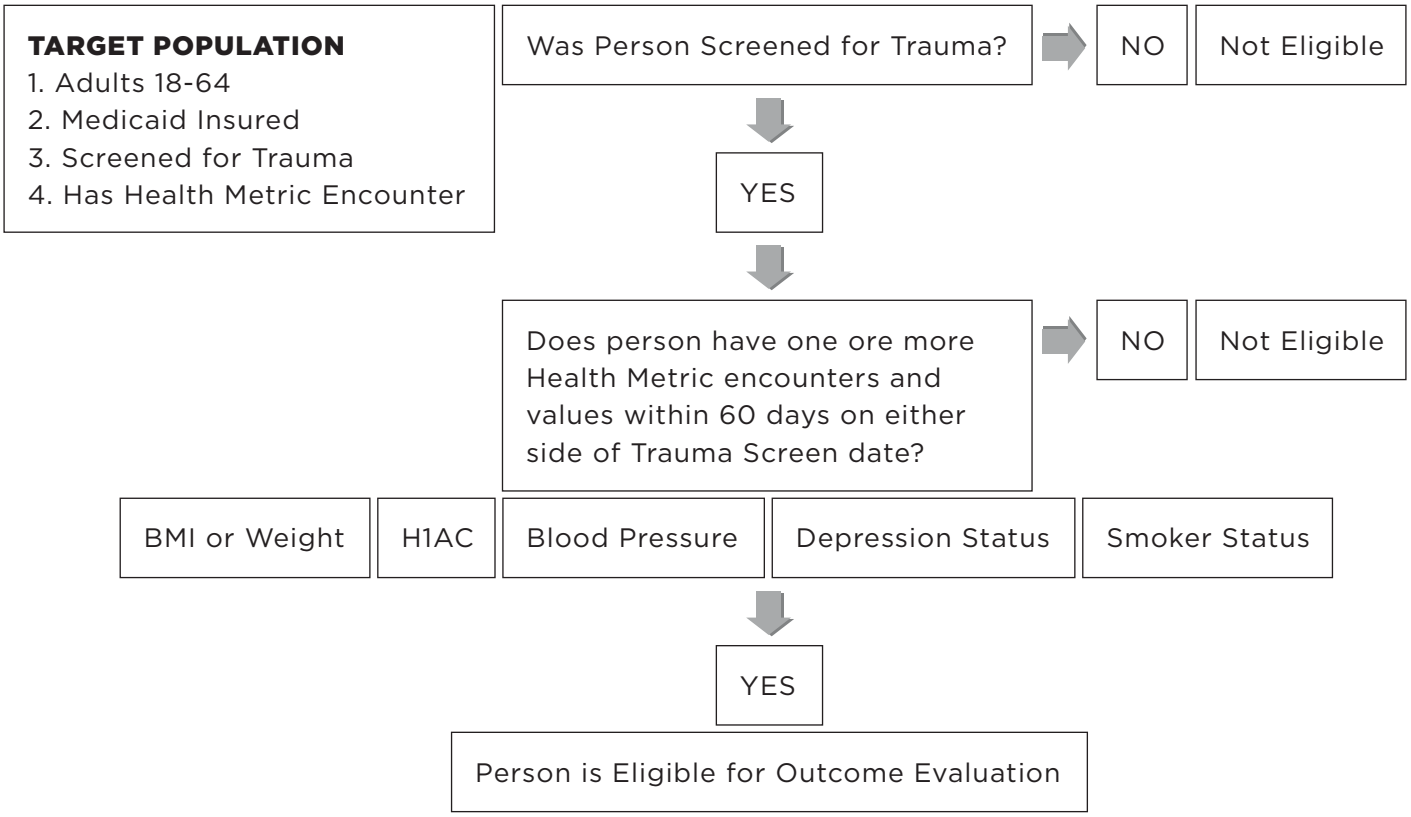
Primary care organizations commonly collect the following metrics, which are covered by Medicaid and often included in continuous quality improvement cycles. Research suggests these chronic health indicators will improve as you adopt trauma-informed care.

Table 11. Examples of Common Patient-level Process and Outcomes Measures[79]

MEASURE	DESCRIPTION
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c >9.0% during the measurement period.
Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and adequately controlled blood pressure (less than 140/90 mmHg) during the measurement period.
Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 or older screened for tobacco use one or more times within 24 months and if identified to be a tobacco user received cessation counseling intervention.
Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Percentage of patients age 18 years and older with a BMI documented during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter. Normal parameters: Age 18-64 years BMI =>18.5 and <25 kg/m^2, and Age 65 years and older BMI =>23 and <30 kg/m^2.
Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 or older who were screened for depression with a standardized tool and had a documented follow-up plan for positive screening.

Organizations can track their data at the patient level by using the Patient-Level Outcomes Data Collection Template; however, all patients may not be included in the data collection. Figure 3 outlines the target population for the evaluation of the Trauma-Informed Primary Care Learning Community. Your organization's data and quality improvement team will need to determine the appropriate target population for evaluation. This population can expand over time but starting with a sub-population may help establish the process.

Figure 3. Determining Target Population for Patient-Level Outcomes



[79] National Quality Forum. 2019. Measures. Retrieved from http://www.qualityforum.org/QPS/QPSTool.aspx

Use Billing Mechanisms to Finance Trauma-Informed Approaches

Adequate resources are critical to long-term sustainability of trauma-informed practices in primary care settings.[80] Because there are very few direct payment or reimbursement mechanisms specifically indicated for trauma-informed activities, it is important to incorporate trauma-informed practices into existing services that receive reimbursement from payers. Organizations will not see billing codes that read "trauma." To finance trauma-informed activities, organizations should focus on larger shifts in health financing, including the movement toward integrated behavioral health and primary care, value-based payment mechanisms and bundled rates for services.

There are a growing number of value-based and other alternative payment models to support integrated behavioral health services within primary care settings. These include integrating behavioral health outcomes within value-based managed care contracts, pay-for-reporting and pay-for-performance within fee-for-service contracts, shared savings and condition-specific population-based payments. Recently, the National Council and Centers for Health Care Strategies conducted an environmental scan of existing behavioral health value-based payment models within Medicaid that can help to identify potential finance models to better support trauma-informed efforts.

Organizations should also strive to use billing codes strategically to support trauma-informed services. Because there are no billing codes specifically for trauma-informed services, organizations need to understand how trauma-informed services fit into the existing services they provide and bill for. Table 12 provides a list of common billing codes used to support trauma-informed services.

[80] Menschner, C., & Maul, A. (2016, April). Key Ingredients for Successful Trauma-Informed Care Implementation. Center for Health Care Strategies. Retrieved from http://www.chcs.org/media/ATC_whitepaper_040616.pdf

Table 12. CPT Codes Used for Services That Can Be Delivered Using a Trauma-Informed Approach

BILLING CODE	SCREENING	ASSESSMENT	GROUP THERAPY	EVIDENCE-BASED TREATMENTS	WARM HANDOFFS	FOLLOW-UP CONTACTS
90791 **Psychiatric diagnostic evaluation (without medical services)**	X	X	X			
90792 **Psychiatric diagnostic evaluation (with medical services)**	X	X	X			
96153 **Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)**	X		X		X	
96150, 1 **Health and behavior assessment**	X					
99211 **Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional**	X	X				
90853 **Group psychotherapy (other than of a multiple-family group)**		X	X	X		
99212-99215 **Office or other outpatient visit for the evaluation of a new patient**	X	X				
99490 **Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per month**	X				X	X
90832, 34, 37 **Individual psychotherapy 30, 45, and 60 minutes**	X				X	X
90839 **Psychotherapy for crisis, for first 60 minutes + crisis code add-on for each additional 30 minutes**	X	X				
99495 **Transitional care management services with moderate medical decision complexity (face-to-face within 7–14 days of discharge)**	X				X	X
99496 **Transitional care management services with high medical decision complexity (face-to-face within 7 days of discharge)**	X				X	X

Aligning trauma-informed practices with other performance improvement efforts tied to incentives is another way to finance trauma-informed services. The Trauma-Informed Care Quality Outcomes Crosswalk is a useful guidance tool for this assessment that aligns trauma-informed practice with other initiatives. For example, using the PHQ-9 to screen for depression is a component of APC, NCQA and MIPS standards. This type of screening may also facilitate identifying patients with trauma histories. Screening for depression supports trauma-informed primary care implementation and accrediting standards. Specific guidance regarding financing trauma-informed practices is found in the Financing Trauma-Informed Primary Care resource.

Case Study:
Willamette Family Services

To sustain staff training, Willamette Family Services created a line item in their agency's official budget to account for each specific training offered. This allowed the agency to be transparent with staff and show its investment in trauma-informed approaches. The new policy emerged as an idea to support staff and help them understand that their wage does not solely define their value.

IDENTIFY NONFINANCIAL RESOURCES FOR SUPPORT

Not all aspects of sustainability are directly related to financial support. There are other resources that are critical to embedding trauma-informed practices, including patients, individuals with lived experience and the community itself. Establishing robust partnerships with existing community services and supports and including a range of community stakeholders on advisory and governing boards are examples of ways to leverage nonfinancial resources to support trauma-informed efforts. By continually involving the community, your organization recommits to the principles of trauma-informed care, particularly empowerment, voice and choice. Increasing community-wide understanding of trauma and resilience increases the capacity of your referral partners to provide relevant and responsive services to advance trauma-informed approaches across systems of care.

Case Study:
Bread for the City

The mission of Bread for the City is to help Washington, D.C. residents living with low income to develop the power to determine the future of their own communities. They do this by providing food, clothing, social services, civil legal services, and holistic health care (primary, dental, vision, and behavioral health) to about 32,000 D.C. residents each year. They also seek justice through community organizing and public advocacy, and they work to uproot racism, a major cause of poverty. They are committed to treating their clients with the dignity and respect that all people deserve. As an example of this, each year, their devoted staff and volunteers work together to make sure that Bread for the City's entire community can enjoy a Thanksgiving meal around their own table through their annual Holiday Helpings program. It is one of their most meaningful traditions, and it gets to the heart of what they do: provide D.C. families with holistic supportive services with dignity and respect.

ANALYZE POLICY LANDSCAPE AND SELECT ADVOCACY GOAL TO SUPPORT FINANCING AND SUSTAINMENT

In addition to looking at an organization's internal policies, it is imperative to assess the current and potential external policy landscape to align support and maintain trauma-informed practices and set an advocacy goal based on that assessment. Legislators, regulators and funders make decisions every day that will either help improve access to care for those who need it or make it more difficult for your organization to serve your community. Ensuring that these stakeholders have current information on the prevalence and impact of trauma and the relevance and effectiveness of trauma-informed approaches will ensure you don't miss opportunities to financially support and sustain this work.

DEVELOP AND TAILOR ADVOCACY MESSAGING FOR IDENTIFIED STAKEHOLDERS

Organizations need to create advocacy messaging that aligns with its trauma-informed practice efforts. The Trauma-Informed Care Advocacy Handbook is a guide you can use to develop a plan and approach to speak to legislators, regulators and funders. Part of the process includes getting to know your legislators, regulators and funders and their positions on your issues; introducing yourself and your organization via email or in-person; and attending upcoming community events or town halls or inviting your legislator to visit your agency.

SUSTAIN A TRAUMA-INFORMED APPROACH

Sustaining trauma-informed practices in primary care requires ongoing financial and operational support. In addition to financial resources, ongoing clear and consistent leadership, engaged staff buy-in and a commitment to continuous quality improvement are factors for sustainability. The Trauma-Informed Care Sustainability Guide contains detailed organizational considerations for sustaining a trauma-informed approach.

Sustaining Trauma-Informed Practices Key Considerations

- Is there ongoing presence and support of the CIT?
- Are trauma-informed policies and procedures institutionalized?
- Is data continuously monitored to assess progress and make improvements?
- Do regular meetings occur with community partners to strengthen trauma-informed efforts?
- Is there continuous review of the changing financing landscape to support trauma-informed practices?
- Have you identified nonfinancial resources to support sustainability efforts?

Conclusion

This Change Package marks a significant step forward in the delivery of trauma-informed primary care services and is the culminating result of years of dedicated research and practice. This effort would not be possible without significant contributions by Kaiser Permanente, the Practice Transformation Team, Learning Collaborative participants, the National Council project team, the primary care and behavioral health provider communities and people with lived experience.

We acknowledge that undertaking an organizational change of this type requires a significant commitment by leadership and staff at all levels and we applaud organizations that are taking on this challenge. As efforts to improve care for individuals who have experienced trauma are continuously evolving, we look forward to your feedback related to the Change Package and encourage you to share your experience with using the tool. We know implementation of trauma-informed primary care is a multi-year process and encourage conversation across the field about this journey. We want to thank you for dedicating the time, resources and energy to improving care for individuals with trauma histories and look forward to partnering with you into the future.