Leading the way forward for CCBHCs

Netsmart and National Council Population Health Partnership

Presenters

- **Joe Parks, M.D. -** Medical Director, National Council for Mental Wellbeing

- **Brent McGinty -** President/CEO, Missouri Behavioral Health Council

- **Scott Green** - SVP & Managing Director, Netsmart

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Agenda

- National Council and Netsmart support of CCBHCs

- Objectives of the partnership

- How CCBHCs benefit

- Case Study: Missouri Behavioral Health Council

- Technology to support the vision

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Dr. Joe Parks - Medical Director, National Council for Mental Wellbeing

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Shared Values: Enabling success and growth of CCBHCs

- Consistent, long-term advocates of integrated care and CCBHC model

- Direct support of agencies adopting CCBHC model
  - National Council's CCBHC Success Center assists organizations with implementation, data requirements and more
  - 133 (~25%) CCBHCs use Netsmart solutions

- Improving quality and assuring accountability through data performance measurement

- Aligned missions – support providers in delivering whole-person care that improves the lives of consumers in their community

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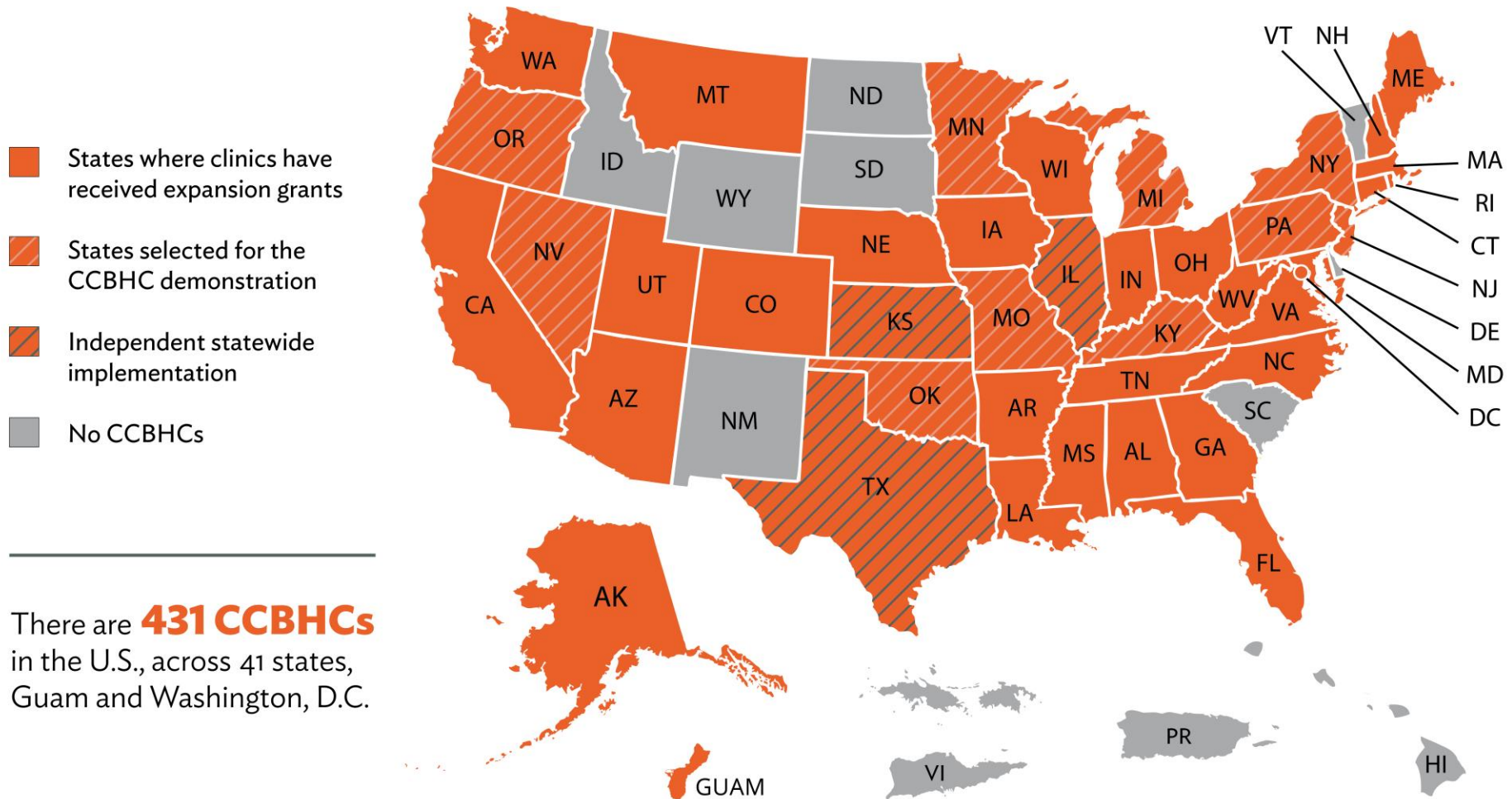# Objectives of the Partnership

- Support CCBHC participants to adopt new approaches of coordinating care, sharing data, and operationalizing population health

- Support state Medicaid departments to implement CCBHC in a manner that is provider friendly, transparent, and creates a true coordination needed for whole person care

- Support the adoption of proven care coordination technology and population health management by working toward a shared-cost model (ex: MO model)

- Create a nationwide CCBHC data repository to enable research, advocacy, and sharing of best practices

- Ensure the value of services delivered by CCBHC sites is captured and funding model is sustained

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What are we proposing?

- Share data at regional/state level for effective care coordination and identification of best practices

- Join national de-identified data repository to help establish nationwide benchmarks and contribute to advocacy efforts

- Share costs by purchasing CareManager as a group

- CCBHCs with any brand of EMR can participate

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Status of Participation in the CCBHC Model

Legend:

- States where clinics have received expansion grants
- States selected for the CCBHC demonstration
- Independent statewide implementation
- No CCBHCs

There are **431 CCBHCs** in the U.S., across 41 states, Guam and Washington, D.C.

Care Coordination:
The "Linchpin" of CCBHC

- Care coordination required with:
  - FQHCs/rural health clinics
  - Inpatient psychiatry and detoxification
  - Post-detoxification step-down services
  - Residential programs
  - Other social services providers, including
    - Schools
    - Child welfare agencies
    - Juvenile and criminal justice agencies and facilities
    - Indian Health Service youth regional treatment centers
    - Child placing agencies for therapeutic foster care service
  - Department of Veterans Affairs facilities
  - Inpatient acute care hospitals and hospital outpatient clinics

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CCBHC Integration Requirements

- Coordinates care across the spectrum of health services, including access to high-quality physical health

- Determine any medications prescribed by other providers and provide information to other prescribers

- Population health management and interoperability

- Contact within 24 hours of ER or Hospital discharge

- Assessment of need for medical care and a physical exam

- Primary care screening and monitoring of key health indicators and health risk

- Staff training in integration

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Targeting Population Health

PPS provides resources and incentives to target population health. CCBHCs are:

- Hiring **dedicated population health** analysts, clinicians, other staff

- Using **data analysis** to understand utilization and risk among client population

- Developing **care pathways** to ensure comprehensive, assertive service delivery to high-risk populations

- Strengthening **integration with primary care** to help clients manage chronic physical health conditions that are cost drivers

- Partnering with hospitals to **streamline care transitions** and prevent readmission

- Assessing for **non-health needs** that are determinants of health (e.g. housing, food, etc.)

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CCBHC: An Ideal Crisis System Platform

- CCBHCs are required to provide crisis call line, 24/7 mobile crisis teams, crisis stabilization, and emergency crisis intervention

- Many also provide:
  - ER diversion
  - Crisis Stabilization/Drop-in Centers
  - Co-response with police/EMS
  - Diversion of calls and mobile response instead of police

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Comprehensive client flow monitoring data system

- Centralized data system for client flow

- Systematic level of care assessment

- Available Resource identification

- Data system reporting

- Prompt reporting for care coordination
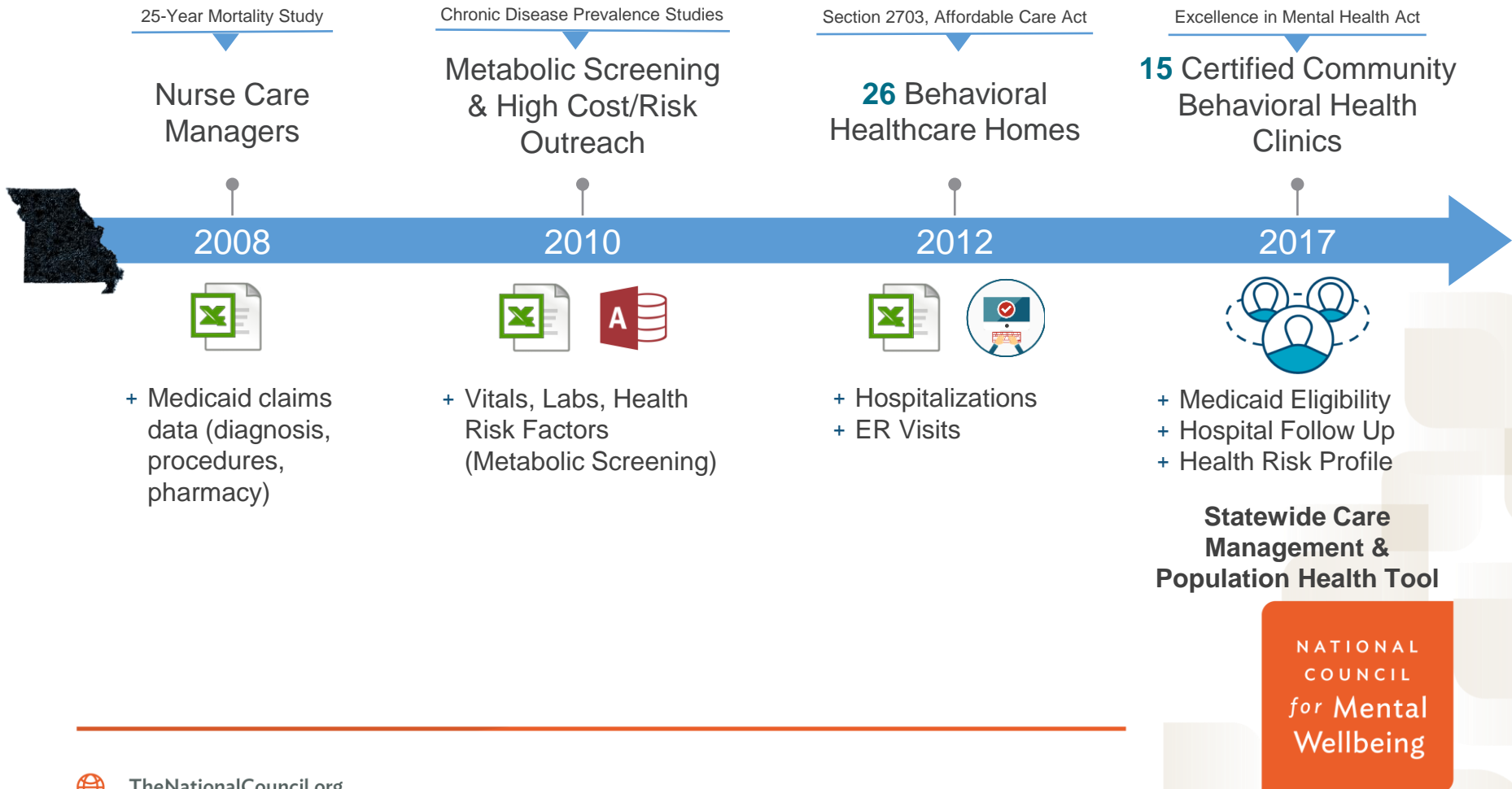
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Client Tracking System Capacities

- Notify involved providers of an encounter with crisis services

- Create and access care plans for individuals who may need care coordination

- Identifying individual clients in need of follow up

- Report quality improvement data

- Identifies individuals who have patterns of frequent utilization of crisis services

- Ability to share information with for other data systems (interoperability)

- Identify and analyze patterns of high utilization or high risk
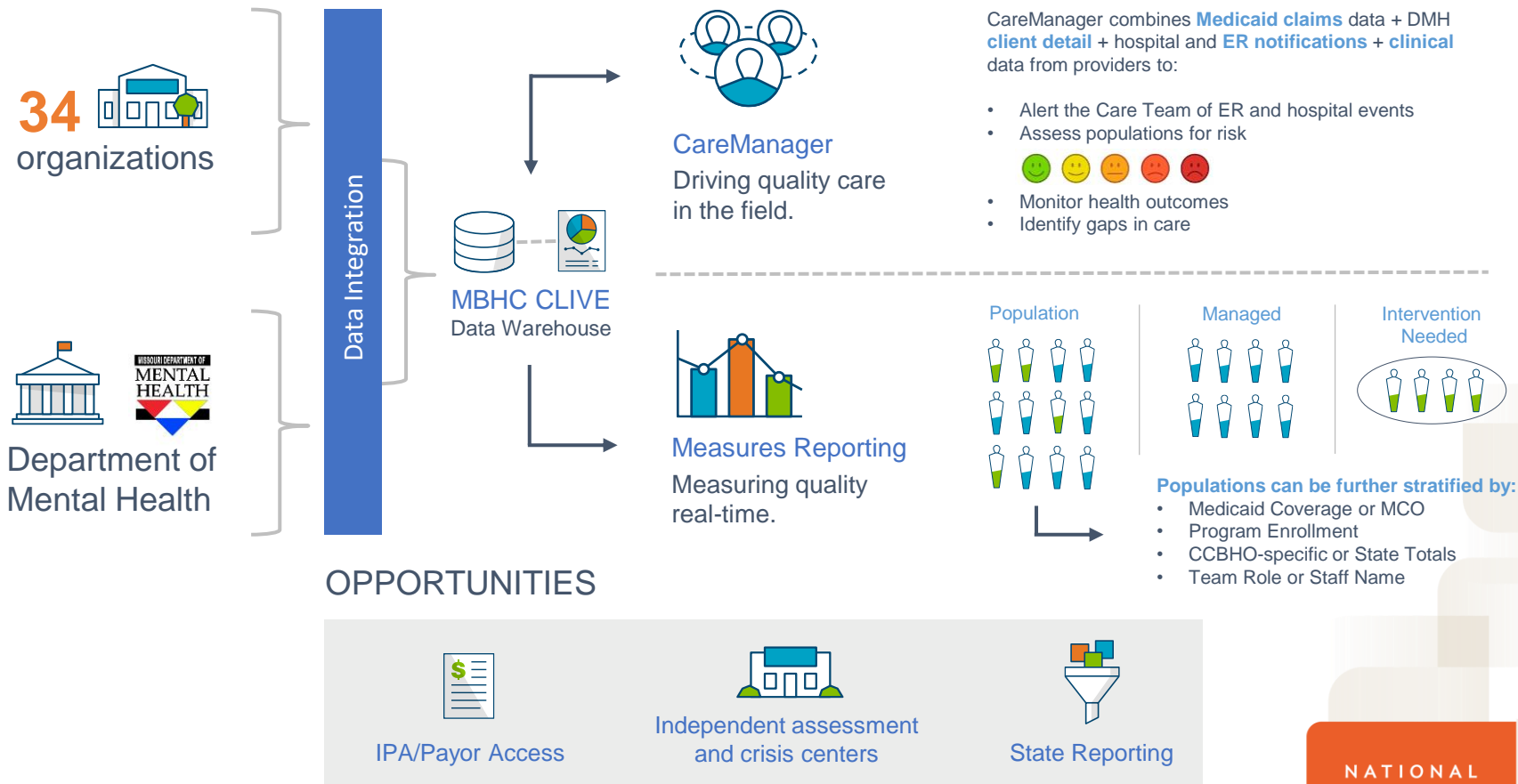
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Brent McGinty - President/CEO, Missouri Behavioral Health Council

Missouri History of Integrated Care and Data

25-Year Mortality Study

Nurse Care Managers

Chronic Disease Prevalence Studies

Metabolic Screening & High Cost/Risk Outreach

Section 2703, Affordable Care Act

26 Behavioral Healthcare Homes

Excellence in Mental Health Act

15 Certified Community Behavioral Health Clinics

2008

+ Medicaid claims data (diagnosis, procedures, pharmacy)

2010

+ Vitals, Labs, Health Risk Factors (Metabolic Screening)

2012

+ Hospitalizations
+ ER Visits

2017

+ Medicaid Eligibility
+ Hospital Follow Up
+ Health Risk Profile

Statewide Care Management & Population Health Tool

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Health Information Landscape

34 organizations

Department of Mental Health

Data Integration

MBHC CLIVE
Data Warehouse

CareManager
Driving quality care in the field.

CareManager combines **Medicaid claims** data + DMH **client detail** + hospital and **ER notifications** + **clinical** data from providers to:

- Alert the Care Team of ER and hospital events
- Assess populations for risk

- Monitor health outcomes
- Identify gaps in care

Measures Reporting
Measuring quality real-time.

Population

Managed

Intervention Needed

Populations can be further stratified by:
- Medicaid Coverage or MCO
- Program Enrollment
- CCBHO-specific or State Totals
- Team Role or Staff Name

OPPORTUNITIES

IPA/Payor Access

Independent assessment and crisis centers

State Reporting

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Missouri CCBHCs

23%

⬆ Increase in patient access to care

Overall increase in patients served from baseline to Year 3

Missourian's Served by CCBHCs

119,002   121,431   140,884   146,665

Baseline   Year 1   Year 2   Year 3
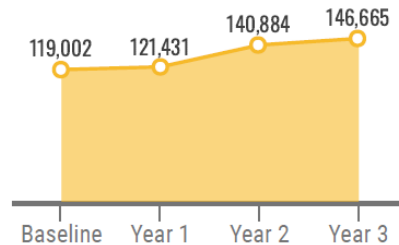
2,993

Veterans Served by CCBHCs

⬆ **19%**

Overall increase in veterans served from baseline to Year 3

Reducing Hospital & ER Utilization

44%
39%
31%
ER Visits
28%

30%
25%
21%
24%
Hospital

Baseline   Year 1   Year 3   Year 6

CCBHCs continue to reduce the number of patients with 1 or more ER or hospital encounter
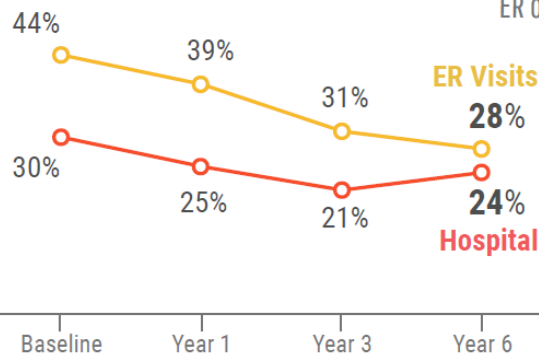
⬇ **36%**
Decrease in ER Visits

⬇ **20%**
Decrease in hospitalizations

Providing Medication Assisted Treatment

3128   4306   5668   **6292**

CCBHCs are providing **101%** more patients with medication assisted treatment

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Missouri CCBHCs

Measuring Progress & Improvement

Follow Up After Hospitalization in 30 Days

- adult: 74%
- youth: 78%

Follow Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication | Continuation & Maintenance Phase

- DY1: 83%
- DY2: 91%

DY=demonstration year for CCBHC
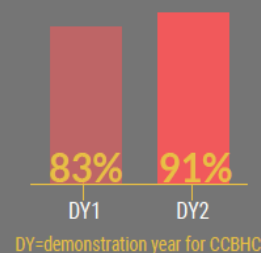
Follow Up After Mental Health ER Visit in 30 Days

- adult: 70%
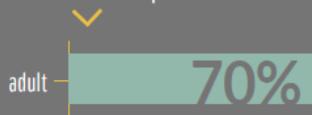
Plan All-Cause Readmissions Rate

26% in DY1 ⬇ 23% in DY2

Prevention Screening

adult > over 18 years of age
youth > ages 17 and under

Metabolic Syndrome Screening
- adult: 91%
- youth: 90%

Suicide Risk Assessment for Depression
- adult: 88%
- youth: 90%

Weight Assessment & Follow Up
- adult: 67%
- youth: 91%
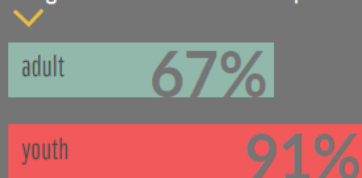
Improving Outcomes & Access to Care

Missouri's Impact Report | Year 3

Missouri Success

53,295

Referrals from law enforcement Jan2017-Nov2020

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Building a Data-Driven Culture
to thrive in a value-based world

CareManager

Provider

**Care Management
Risk Stratification
Custom Reporting**

Population Health

Provider, State, Association, Payors

**Measures
Outcomes**

Data Warehouse

Provider Admin, State, Association, Payors

**Evaluations
Advocacy
Social Factors of Health**

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Scott Green - SVP & Managing Director, Netsmart

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What Does this Partnership Mean to You?
Technology is ready to support your CCBHC

- ◉ Data aggregation capabilities make this possible
  - Aggregating data from multiple EHRs
  - Aggregating data from multiple sources (Jail, HIEs, State, MCOs)
  - Eliminating data blackholes
- ◉ Strength in numbers
  - Amplifies your voice with partners and stakeholders (claims data)
  - Economies of Scale
  - #BetterTogether
- ◉ Power in data
  - Awareness of what is happening in your state
  - Increased effectiveness of advocacy
  - Ability to demonstrate value of services

Use Case: AsOne IPA, NY

"Gathering and utilizing data with visibility into shared clinical dashboards and key performance indicators are vital to their approach toward clinical integration between AsOne providers who may be unknowingly treating the same patients or clients.

Aggregating data across their network of providers as well as external providers throughout the healthcare continuum will help AsOne better understand and serve their shared population.

Tracking all healthcare interactions for individuals changes how healthcare is currently administered, transitioning from a piecemeal of services treatment approach to one that is more holistic."

Press release - AsOne Healthcare IPA and Netsmart Partner to Utilize Care Coordination and Data to Enable Success in a Value-Based Payment Environment

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Agency/State vs. National Council Use Cases

Agency/State System

- Data managed State/Association

- Identified patient-level PHI

- State-level users with system wide access, provider users with agency-specific access

- Data sourced by aggregated connected systems and individual EHRs

- Dedicated environments per agency/state

- Training provided for state/agency level users per environment

National Council System

- Data managed by National Council

- Aggregate data at agency-ZIP level

- Data sourced from state system(s)

- One single aggregate environment for National Council

- Research and advocacy efforts driven/controlled by National Council

Agency Views: Actionable Alerts and Tasks

Available Views: Quality Metrics

Dashboard	Agency Summary	Population Quality

Common Selectors

Populations
Agency

Common Selectors

Team Role
Staff Name

Reporting Period

Reporting Period

Payor Selectors

Payor Name
Medicaid/Medicare

Adult   Youth   Care Transitions

Number	Description	Percentage	Results	Goal
MoCo 0036 ℹ	Asthma Medication Adherence (Adult)	0%	0 / 115	0% — Goal: 70%
MoCo 0059 ℹ	Blood Pressure Control for Diabetes (Adult)	65%	2248 / 3458	65% — Goal: 65%
MoCo 0059 ℹ	Hemoglobin HbA1c Control for Diabetes (Adult)	59%	2031 / 3458	59% — Goal: 60%

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Available Views – Quality Metrics Benchmarking

Dashboard	Agency Summary	Population Quality

Common Selectors   **Payor Selectors**

data transparency

| Reporting Period | | Measures | |

Missouri Quality Measures - Adult

Export Data

Adult   Youth   Care Transitions

Agency	Measure	Values			
		Population	Managed	Flagged	% Managed
Total Distinct Clients		**20316**	**18295**	**18862**	**90.1%**
Adapt of Missouri	Asthma Medication Adherence (Adult)	3	1	2	33.3%
	Blood Pressure Control for Diabetes (Adult)	76	47	29	61.8%
	Blood Pressure Control for Hypertension (Adult)	114	65	49	57.0%
	Body Mass Index Control (Adult)	368	61	307	16.6%
	Hemoglobin HbA1c Control for Diabetes (Adult)	76	49	27	64.5%
	LDL Control for Cardiovascular Disease (Adult)	25	14	11	56.0%
	LDL Control for Diabetes (Adult)	76	43	33	56.6%
	Metabolic Screening Complete (Adult)	408	362	46	88.7%
	Tobacco Use Control (Adult)	408	160	248	39.2%
Arthur Center	Asthma Medication Adherence (Adult)	1	0	1	0.0%
	Blood Pressure Control for Diabetes (Adult)	55	41	14	74.5%
	Blood Pressure Control for Hypertension (Adult)	75	55	20	73.3%
	Body Mass Index Control (Adult)	268	37	231	13.8%
	Hemoglobin HbA1c Control for Diabetes (Adult)	55	38	17	69.1%

Available Views: Health Risk Profile

Health Risk Profile

😊	Low Risk	< 7.5
😐	Moderate Risk	7.5 – 11.5
☹️	Mod-High Risk	11.6 – 15
😣	High Risk	> 15

Demographics

NAME | Blaine L Bambooson

DCN # | 5378434

NURSE CARE MANAGER ASSIGNMENT | Cecilia Rahardjo

DATE OF BIRTH / AGE | 06/06/1981   36 years   Adult

GENDER | Male

RACE | Caucasian

Risk Summary

Metabolic Screening	6.5
Physical Health Diagnosis	3
Medication Use	2.2
ER & Hospitalizations	3
TOTAL RISK SCORE MODERATE-HIGH RISK	14.7

Client Profile	› Demographics › Program Enrollment › Health Plan
Risk Factors	› Metabolic Screening Profile › Diagnosis: • Physical, Behavioral, Substance Use, Developmental Disability, Other Chronic Conditions › Medication Use › ER & Hospitalizations + Housing, Employment Status + PHQ-9, Suicide Risk + Functional Assessment Scores

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Available Views: Claims History

Russell, Marcus
Client ID: 3785772   DOB: 09/14/1959   Status: **Enrolled**

🔔 **Alerts** [2]   ⚙️ **Coordination**

Episode: (06/19/2017 - ... ▼

Claims	**Procedures**	Diagnosis	Drug Claims

👤 Facesheet	▶ Free assay (FT-3)	84481	01/18/2018	2
📈 Metabolic Trends	▶ OFFICE/OUTPATIENT VISIT EST	99213	12/01/2017	3
🌐 Demographics	▶ PPPS, SUBSEQ VISIT	G0439	10/19/2017	1
⚏ Programs	▶ Immunization admin	90471	10/19/2017	1
🔲 Claims	▶ REMOVE IMPACTED EAR WAX UNI	69210	10/10/2017	3
✱ Eligibility	▶ OFFICE/OUTPATIENT VISIT EST	99214	08/28/2017	4
	● X-ray exam of finger(s)	73140	07/24/2017	1

Service Date	Billing Provider	Rendering Provider	Place of Service ⇕	Claim Number
07/24/2017	MERCY CLINIC SPRINGFIELD COMMUNITIES		Urgent Care Facility	5555512021195

🩺 Physical Health	▶ OFFICE/OUTPATIENT VISIT NEW	99203	07/24/2017	1
♥ Health Factors	▶ CHEST X-RAY 2VW FRONTAL and LATL	71020	07/19/2017	1
⊞ Hallmark Events	▶ ELECTROCARDIOGRAM COMPLETE	93000	06/28/2017	2
⛶ Documents	▶ Iron binding test	83550	06/26/2017	1
➔ Discharge	▶ ASSAY OF FERRITIN	82728	06/26/2017	1
	▶ ASSAY OF NATRIURETIC PEPTIDE	83880	06/26/2017	1

.ıl Assessments
⚙️ Care Coordination

DEMO PATIENT DATA ONLY

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Available Views: Population Insights
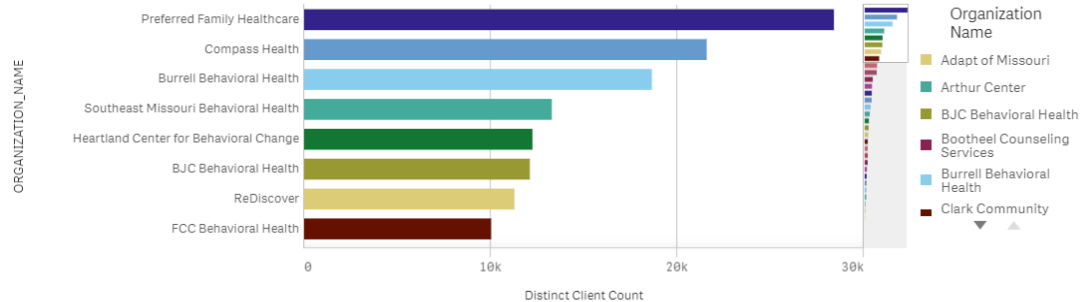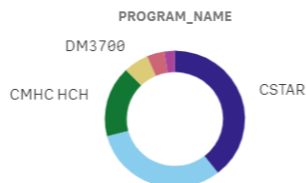
Q&A

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Next Steps & Contact Info

- CCBHC Success Center
  - https://www.thenationalcouncil.org/ccbhc-success-center/
- Julie Hiett
  - jhiett@ntst.com
- Brent McGinty
  - bmcginty@mobhc.org

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