

WORKFORCE SOLUTIONS JAM

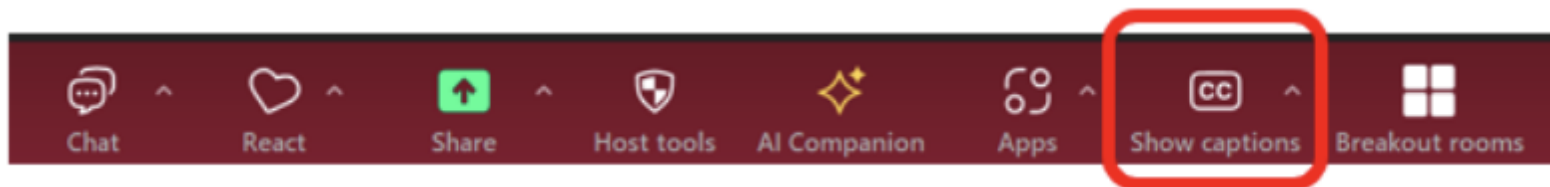
AUGUST 20, 2024

Payment Reform



Housekeeping & Accessibility

- Please introduce yourself in chat: Name, location, organization
- Engagement is encouraged – please share resources and reflections in chat!
- A recording and slides will be emailed to you within 48 hours
- ASL interpretation is being provided at this event - the ASL interpreter will be spotlighted
- Live captioning is available – click the "show captions" button to see the transcript
- If you have technical difficulty, please directly message Srinidhi Alur to try to troubleshoot





What is the Workforce Solutions Jam?

A monthly webinar to build national momentum and encourage collaboration through the Center for Workforce Solutions

- Learn innovative new practices
- Stay informed about ongoing efforts
- Engage with subject matter experts
- Hear about new legislation
- Take action!

Poll – Let's hear from you!

Please let us know which of the previous Workforce Solutions Jams you have attended (check all that apply):

- May 21 – Workforce Expansion
- June 18 – Aligning Across Levers of Change
- July 16 – Workforce Diversity
- None! This is my first Workforce Solutions Jam



Agenda

Welcome

Innovative Insights

Presentations + Panel Dialogue

Solutions Suite

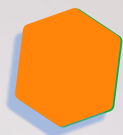
Next Steps



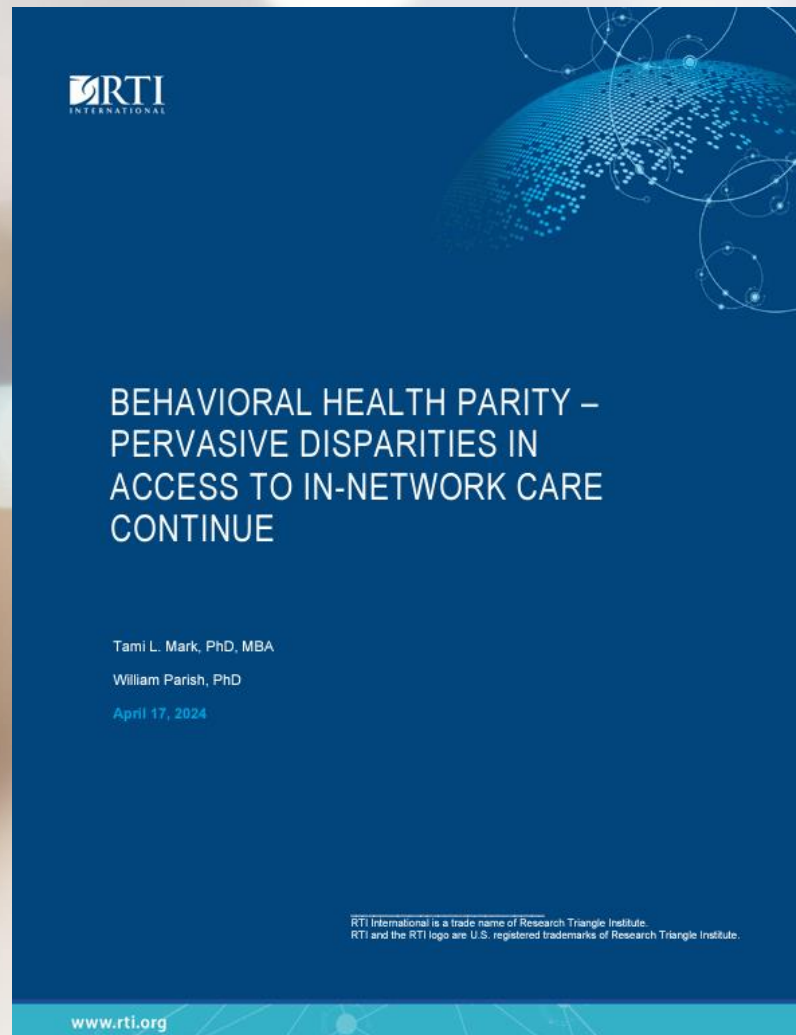
INNOVATIVE INSIGHTS

Resource Spotlight





Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue (*RTI International*)



Mark, T. L., & Parish, W. J. (2024). Behavioral health parity – Pervasive disparities in access to in-network care continue. RTI International.

Findings

Out of network use was many times higher for BH treatment than medical/surgical treatment which created a significantly greater financial burden for BH patients.


Office visit in-network reimbursement levels were much lower for BH providers than medical/surgical providers (21.7% higher for medical/surgical office visits than BH office visits).

- For example, psychiatrists and psychologists had lower reimbursements than physician assistants.

The disparities in out-of-network care have remained large for the last 9 years for office visits.

Provider shortages do not explain the disparities in out-of-network utilization and reimbursement.

These results demonstrate the need for more robust parity enforcement.



today:

**The Promise and Potential
of Value Based Purchasing
for a Thriving Workforce**





Samantha Repka, MPH

**Research Associate,
Duke-Margolis Institute
for Health Policy**

Alternative Payment Models in Behavioral Health

Alternative Payment Models in Behavioral Health: Supporting Workforce and Care Innovation

Samantha Repka, MSPH
Research Associate

Federal commitment to value-based care in health care

Health care payers are increasingly moving away from fee-for-service (FFS) and toward value-based approaches that **reward high-value, cost-effective care**

Alternative payment models (APMs) have the potential to incentivize **high-quality care, encourage longitudinal care coordination, and ensure appropriate linkages** to support services as patients move through the continuum of care

Federal commitment to payment reform, APM targets

- HCP-LAN Advanced APM Targets:
- 100% adoption in Medicare, 50% commercial and 50% Medicaid by 2025



Role for Alternative Payment Models (APMs) in Behavioral Health

- APMs can provide more flexibility to provide services that typically are not paid for (and involve team members that are not typically reimbursed)
 - For example, social drivers of health interventions, community health workers, community outreach and referrals
- APMs can also focus attention on important areas and outcomes underemphasized in behavioral health, including quality metrics, cost efficiency, and care delivery innovations.

Innovation in Behavioral Health (IBH) Model

- Recent model from the Center for Medicare & Medicaid Innovation (CMMI) set to launch in first quarter of 2025
- Designed to deliver person-centered, integrated care to **Medicaid and Medicare adult populations**, including those who are dually eligible, with **moderate to severe mental health conditions or substance use disorder (SUD), or both**.
- Participants include specialty behavioral health practices, including community mental health centers, opioid treatment programs, and public or private practices.

Care Delivery Model

CARE INTEGRATION

Practice Participants will screen, assess, treat, and refer patients as needed for both BH and PH conditions, within the Practice Participants' scope of practice.



CARE MANAGEMENT

An interprofessional care team will address the needs of the beneficiary and provide ongoing care management across the beneficiary's BH and PH needs.

HEALTH EQUITY

Practice Participants will engage in activities that foster equitable care through HRSN screenings, a population needs assessment, and a health equity plan.

Implications of IBH for Behavioral Health Workforce

States can build on existing initiatives (e.g., CCBHC, Medicaid Health Homes, Primary Care Case Management)

Payment and Funding

- Integration Support Payment (ISP) is a monthly care management/care coordination fee paid to BH participant
- Performance-based payments to Medicaid providers can include upside or downside risk
- Infrastructure funding supports investment in IT and/or staffing & practice transformation

Implications of IBH for Behavioral Health Workforce, cont.

States are required to recruit rural, safety-net specialty BH providers, under-resourced providers, tribal providers, and providers serving vulnerable populations

Alignment between Medicare, Medicaid and commercial payers is intended to promote a reduction in provider administrative burden

— ALIGNMENT PRINCIPLES

To achieve alignment across payers, IBH has defined minimum requirements below:

Design Element*	Minimum Required Alignment
Care Delivery Framework	Care Integration: BH, PH, and HRSN screening; care plan development; and referral to care for PH and HRSN needs
	Care Management: Interprofessional care management team, closed-loop referrals, and follow ups as needed
	Health Equity: HRSN screening and reporting to CMS, use of population needs assessment, and health equity plan
Payment Progression	Fee-for-Service to VBP: Payer develops a new or adapts existing APM that complements their state's existing payment approaches
	Attribution: Practices receive list of prospectively attributed members at least quarterly and use health IT data tools
Quality Measurement	Quality Measures: SMAs and MCOs, PIHPs, or PAHPs agree to an aligned set of IBH Model quality measures that at the least are tied to payment and reporting at the state or plan level only

Selected Resources

[Health Care Payment Learning & Action Network](#)

- [LAN Framework](#)
- [LAN Accountable Care Curve](#)

[Exploring Value-Based Payment for Substance Use Disorder Services in the United States](#) (SAMHSA)

Relevant CMMI Model Links

- [Innovation in Behavioral Health](#)
- [Making Care Primary](#)
- [Value in Opioid Use Disorder Treatment](#)

State Examples

- 1115 Waiver Demonstrations (e.g., [Virginia Addiction and Recovery Treatment Services Program](#))
- Medicaid Health Homes (e.g., [Michigan Opioid Health Home](#))
- [Certified Community Behavioral Health Centers \(CCBHCs\)](#)



John O'Brien, MA

**Senior Consultant,
Technical Assistance
Collaborative (TAC)**

Landscape of Value Based Payments for Behavioral Health

Landscape of VBPs for BH

- Initial focus on physicians to prescribe OUD medications:
 - Select California, Pennsylvania and New York MCOs
 - Payments to physicians who became x-waivered to offer buprenorphine (CA&NY)
 - Waivered PCPs, as well as practitioners working under them, to bill for initial and follow-up services related to SUDs on an FFS basis in addition to the base rates (CA)
 - Encouraged PCPs to become primary care medical homes to offer MAT (NY)
 - Incentives to PCPs to prescribe SUD medications to patients in need based on SUD structural and process measures (PA).
 - Statewide efforts include:
 - Pennsylvania's withholds for PCP providers contracted with the OUD COE
 - Virginia's ARTS program—enhanced payments to OBOTs and other prescribers to offer MAT, care coordination and counseling

Value Based Payments (VBP) for Behavioral Health

- VBPs for BH have lagged behind payments for physical health:
 - There were limited measures for BH until the Affordable Care Act and meaningful use
 - Concerns by payers and providers regarding down-side risks strategies such as withholds or other penalties
 - Ability for BH providers to report measures through EHRs
 - Lack of consensus in the field regarding true outcome measures (versus structural or process)
- Progress is being made by federal, state and managed care plans to promote VBPs for BH

Landscape of VBPs for BH

- Federal efforts:
 - Center for Medicare and Medicaid Innovation
 - Innovations in Behavioral Health—specialty BH providers will be compensated based on the quality of care provided and improved patient outcomes.
 - Transforming Maternal Health focuses on improving maternal health care approach to pregnancy, childbirth, and postpartum care that addresses the physical, mental health, and social needs experienced during pregnancy.
 - The Integrated Care for Kids (InCK)--requires states to design an APM that encourages BH providers to coordinate and integrate services youth across multiple child-serving systems
 - Centers for Medicaid and CHIP Services
 - CCBHCs payments (two levels) allow or require CCBHCs to receive a value based payment based on certain CMS Core Measures



Lori Fertall, MBA

**Director of Value-Based
Programs,
Community Care Behavioral
Health Organization**

Payor-Provider Relationships to Support Workforce

Value of Payor- Provider Relationships to support workforce

Individual-Level Factors Associated with Turnover

Stress or burnout or emotional exhaustion (5 studies)

Job satisfaction and two identified job autonomy (2 studies)

Job growth opportunities (2 studies)

Organizational-Level Factors Associated with Turnover

Five studies examined organizational culture and climate.

Poor organizational climate is associated with negative work attitude and greater turnover in some studies.

Lower average salary and low rates of referral for service are associated with turnover.

Recommendations from the Literature

Foster a positive and supportive work environment (5 out of 16 studies).

Develop strong leadership (4 out of 16 studies).

Provide high-quality clinical training and supervision (3 out of 16 studies).

Reduce emotional demands on employees (2 out of 16 studies).

Increase financial compensation (2 out of 16 studies).

Brabson, L. A., Harris, J. A., Lindhiem, O. J., & Herschell, A. D. (2020). Workforce turnover in community behavioral health agencies in the United States: A Systematic review with recommendations. *Clinical Child and Family Psychology Review*. doi:10.1007/s10567-020-00313-5

Efforts to Support Workforce

Organizational Culture & Climate:

- Behavioral Health Workgroup
- Project STAR
- Workforce training

Economic Strategies:

- Rate increases
- Alternative payment arrangements
 - Bridge payments
 - Program funding, position funding
 - Team delivered services
 - Expansion of telehealth & peer support
- Value-based payment arrangements
 - Standardization of KPIs, assessment, outcomes tools
 - Addressing SDoH
 - Reviewing Documentation standards and requirements



Jin Lee (Jinny) Palen, MPH

**Executive Director,
Minnesota Association of
Community Mental Health
Programs (MACMHP) and
Convergence Integrated Care**

Convergence Integrated Care

An Overview



WHY? – TWO critical perennial needs of community behavioral health providers:

- Articulate the value provided by community mental health providers
- Leverage our service volume, quality and efficiency





WHAT ACTION? – clinically integrated network

statewide

Infrastructure

&

continuous quality improvement

to address these critical needs





WHY clinical integration?

- ❖ Claim community mental health's identity
- ❖ Individually and collectively improve care
- ❖ Influence value-based care reform & future health care system
- ❖ Demonstrate value
- ❖ Leverage a strong collective voice
- ❖ Achieve better reimbursements





HOW? -

Provide population health management

DATA ANALYTICS

Address barriers – social determinants of health - to whole health and wellness

Promote efficiencies and reduce costs

Demonstrate clinical integration

BUILDING INTEGRATED CARE PATHWAYS

BUILDING INTEGRATED CARE TEAMS

Continually improve services

DATA-INFORMED PROCESSES

Develop an independent practice association (IPA)





DATA!

Analytics & interpretation

Building a network-wide Data Repository

****CLAIMS DATA 1ST****

Contracting as an Integrated Health Partnership (IHP)*

Obtaining Medicaid claims data from DHS

GRANULAR/ PHI-LEVEL DATA

Partnering w Analytics vendors

***MN state contracted Medicaid ACO**





VALUE-BASED PURCHASING & CARE

Independent Practice Association (IPA)

Participating providers agree to **implement standardized quality assurance or quality improvement processes** with the purpose of **demonstrating clinical integration under an independent practice association** for **group contracting** with different payers and partners for services.

WHY?

- Integrated, whole-person care
- Unsustainable FFS rates
- Fee-for-service (FFS) to Total Cost of Care (TCOC):
 - Quality & Performance metrics
 - Alternative payments
 - Shifts in managed care contracts
 - Risk-sharing models



Name it

Data-informed Decisions & Work

Standardized reporting
 Data dashboards**
 IHP claims
 Clinical data
 SDOH/ HRSN*
 Report interpretation
 Network Best Practices

**findhelp
 **Afia

Tame it

clinical expertise & Population Health Management

Care Pathway(s) - Depression standard Flows
 Quality Improvement processes
 SDOH support (FindHelp)
 Care Coordination
 Integrated care
 Hospital Admits

**Client Care
 Sustained & thriving Services
 Drive the System!**

Claim it

Group VBP Contracting

DHS IHP*
 MCOs & County-Based Plans
 Hospitals
 Other partners

*IHP = foundation contract





milestones

2019-20



- CIC formed
- Founding members join
- Group IHP and UCare contracts

2022



- SDOH platform launch
- Analytics platform select
- IHP Contract renewal application

2024



- New group contracts
- Add members
- Shared services & systems

2017



- Exploration of VBP
- Founding members conceive solution (integration)
- IPA development

2021



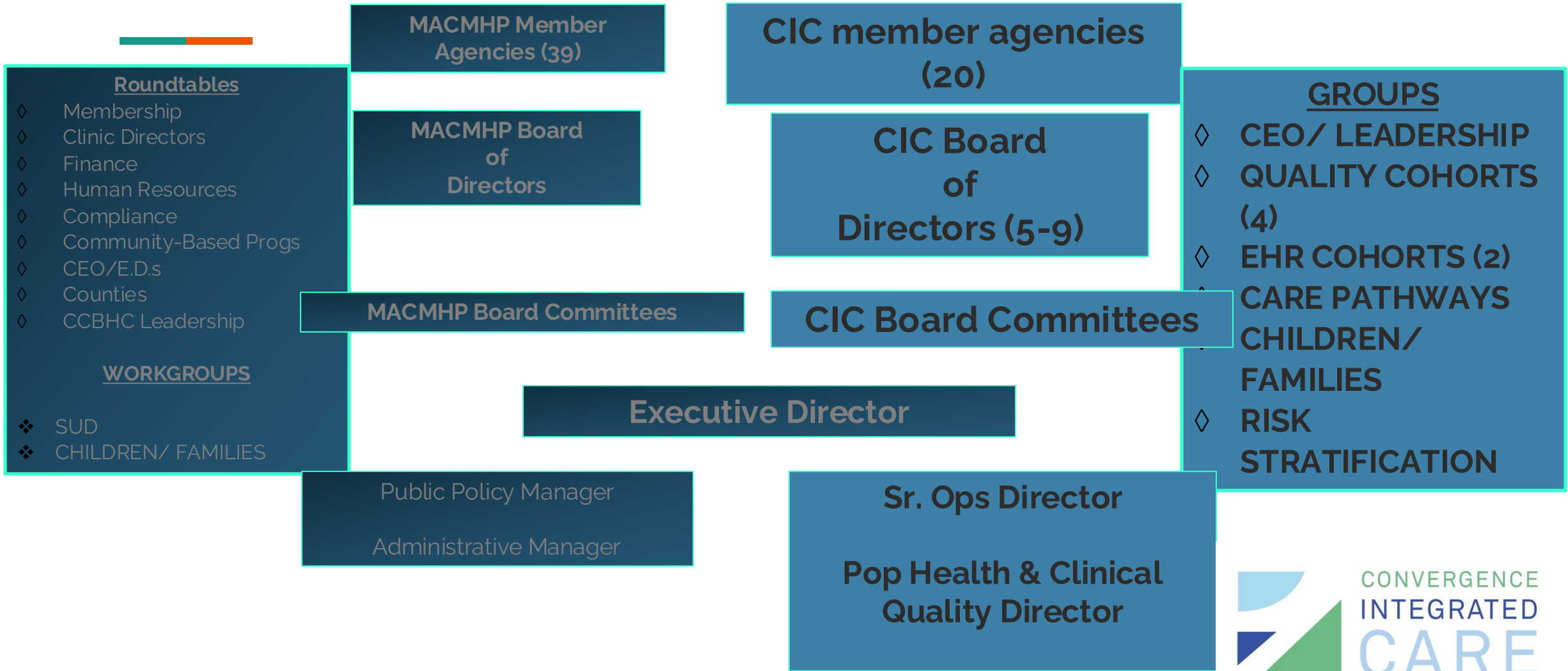
- QIP design & launch
- IHP pilot implementation
- Strategic plan completed

2023



- IHP Contract 2023-26 Equity, Quality, Utilization
- Data analytics implementation
- SDOH, EAS, Care Pathways

CURRENT CIC ORGANIZATIONAL STRUCTURE





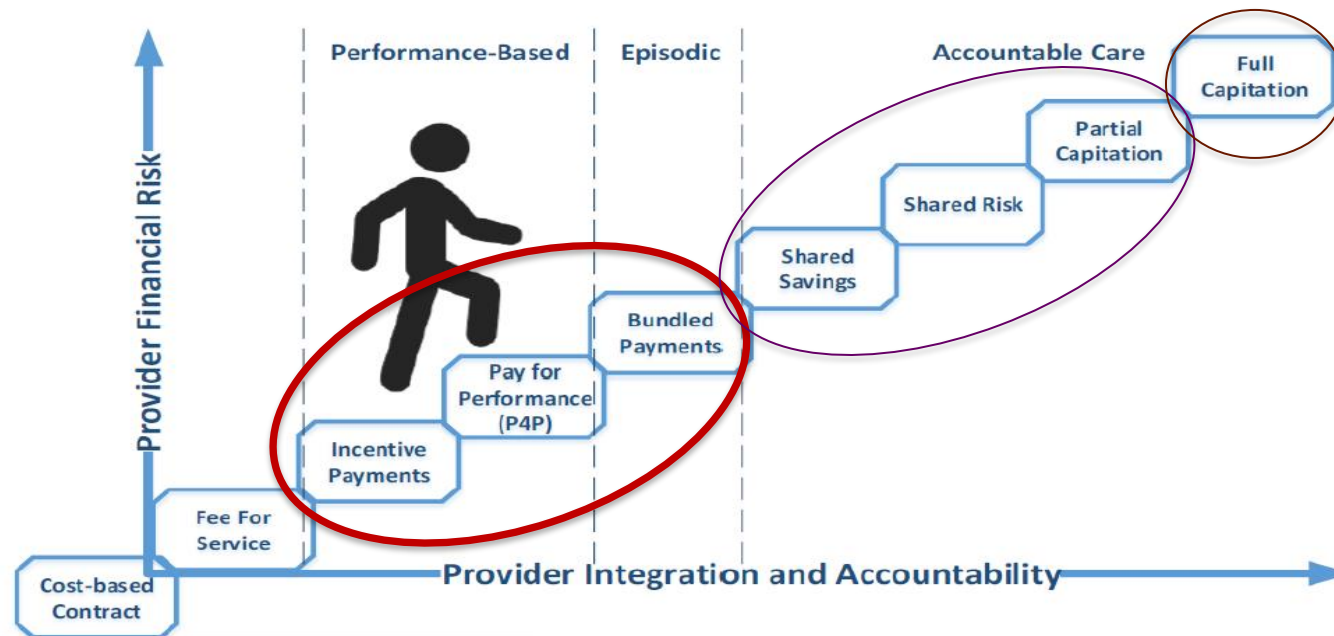
PARTICIPATION

- Member Participation Agreement
- Business Associate Agreement
- Dues (established by the CIC Board)
- CIC network care models
- Information, documents & data sharing
- Data exchange or future HIE (if developed)
- VBP contracts' deliverables

Provider is not obligated to enter into any particular CIC negotiation, and not participating in a specific negotiation does NOT preclude a member from participating in others.



Value-based Payment



Source: J. Rubin Principle Health Management Asso. 2016



IHP Contract Deliverables w MN State Medicaid

- **Social Determinants of Health (SDOH)/ Health-Related Social Needs (HRSN) network care management system:**
 - Screening, navigation, data reporting and follow-up
- **Care Management/ Coordination**
 - Encounter Alert System (EAS)
 - CIC (care coordination) Care Pathways
- **Child & Teen Check-Up outreach**
- **CIC quality assurance and utilization management programs - HEDIS**



CIC VBP Timeline & Strategy

Discovery

Network strengths and weaknesses. Marketplace assessment. Goals and objects.

Strategic and operational planning

Prioritize opportunities for maximum impact. Ensure marketing and policy match up with goals and objectives.

Implementation

Work with network staff to ensure data flow is ideal for operational needs. Establish feedback loops.



2024 Goals

- 1 - 2 signed contracts
- Topic areas of focus
 - Care Coordination
 - Client Engagement
 - Social determinants of health

Strategies to accelerate

- Proof of concept
- Land and expand
- Whitespace capture
- Develop relationship



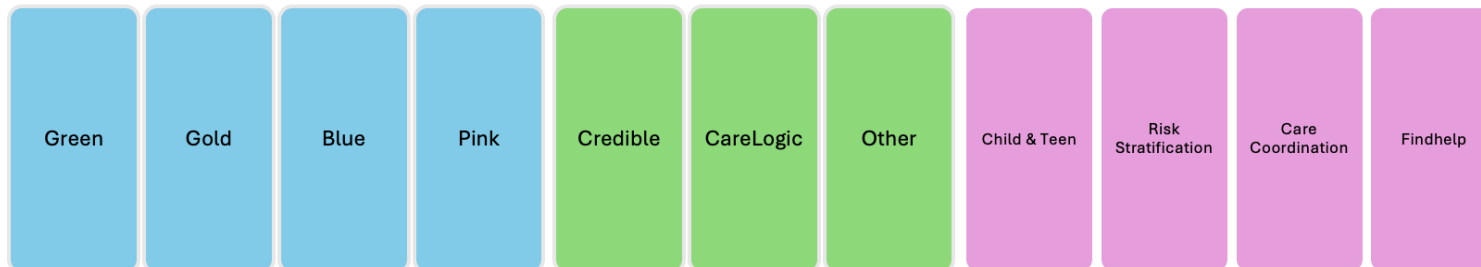


- CIC Health-Related Social Needs Screener (Adult)
- CIC Health-Related Social Needs Screener (Kids & Teens)
- Equity Utilization Process Measures
- Findhelp
- Child & Teen Checks
- Care Models
- Reduce Avoidable Admits & Emergency Department Visits

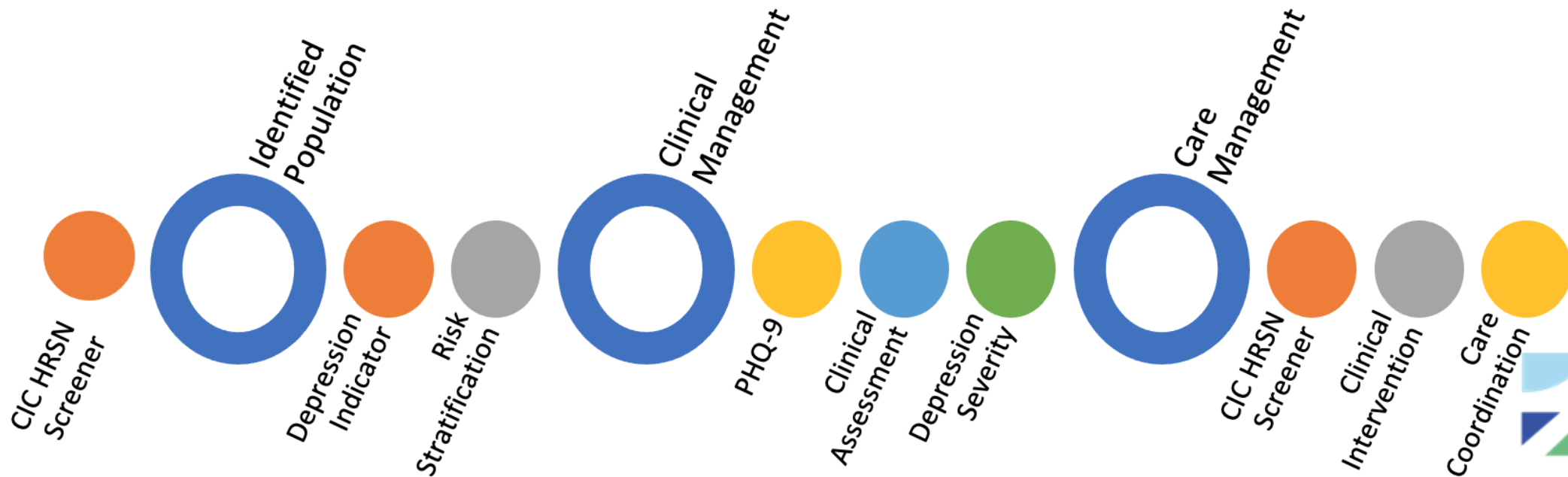
CIC Quality Initiatives



CIC Quality Management



High-Level Depression Care Pathway



THANK YOU!

Jin Lee Palen
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DISCUSSION

LET'S TALK

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TAKEAWAYS & REFLECTION

Poll – Let's hear from you!

How likely are you to refer a colleague to a future session?

We want your feedback!



Scan the QR code, or type this link into your browser:

<https://www.surveymonkey.com/r/Aug20JamEval>

Have a suggestion for a future presentation?



Scan the QR code, or type this link into your browser:

<https://www.surveymonkey.com/r/workforcesolutionsjam>

JOIN US AT THE NEXT WORKFORCE
SOLUTIONS JAM!

September 17, 2024

at 10:00am PT / 1:00pm ET

Organizational Culture and
Employee Wellness