A Study on Promoting Integrated Behavioral Health and Primary Care in New Hampshire

December 9, 2014
Concord, New Hampshire
Thank you for your flexibility!

- Thank you for joining us via webinar; we are disappointed not to be there with you in person.

- Please mute your phones during today’s presentation; you will have an opportunity to type your questions/comments into the text box.

- Copies of today’s presentation and the Final Report will be available at www.endowmentforhealth.org.
Today’s Agenda

I. Opening Remarks from:
   A. NH DHHS Commissioner Nicholas Toumpas
   B. NH Endowment for Health President Steven Rowe

II. Brief Background of Cherokee Health Systems
   Dennis Freeman, Ph.D., Chief Executive Officer

III. Methodology & Key Findings
   Bob Franko, MBA, Vice President

IV. Clinical Model and Workforce Strategies
   Parinda Khatri, Ph.D., Chief Clinical Officer

V. Finances and Practice Transformation Strategies
   Joel Hornberger, MHA, Chief Strategy Officer

VI. Questions and Answers
Cherokee Health Systems – The Road to Integrated Care

Dennis Freeman, Ph.D.
Chief Executive Officer
Our Mission...

To improve the quality of life for our patients through the integration of primary care, behavioral health and substance abuse treatment and prevention programs.

Together...Enhancing Life
Cherokee Health Systems:
Merging the Missions of CMHCs and FQHCs
Number of Employees: 646

Provider Staff:

- Psychologists - 47
- Primary Care Physicians - 24
- NP/PA (Primary Care) - 39
- Master’s level Clinicians - 78
- Psychiatrists - 12
- NP (Psych) - 9
- Case Managers - 38
- Pharmacists - 11
- Cardiologist - 1
Cherokee Health Systems
FY 2014 Services

57 Clinical Locations in 14 East Tennessee Counties

Number of Patients: 64,300 unduplicated individuals

New Patients: 16,672

Patient Services: 488,209
Cherokee Health Systems
Participation in Health Care Reform

• Primary care platform
• Behavioral Health Consultants in patient-centered medical home
• Specialty behavioral health services continuum
• Practice transformation and clinical informatics
• Training Academies and provider consultation
Methodology and Key Findings

Bob Franko, MBA
Vice President/National Training Coordinator
Methodology

Purpose: To conduct a “state of the State” on the implementation of behavioral health and primary care integration in New Hampshire.
Primary Behavioral Health Integrated Care Status Assessment Tool

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<th>Cherokee Health Systems</th>
<th>Domains</th>
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<td><strong>8 Defining Clauses</strong></td>
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Field of 40 Factors

Statewide Assessments

- Survey: Hospitals (9), Primary Care (17), Community Mental Health Centers/SA (12)
- On-Site Assessments and Key Informant Interviews: 28
- Environmental Scan (Payers, policies, legislature, national trends, review of former studies and literature)
### Key Findings

#### Distribution of Scores

- **Hospitals**
- **Primary Care/Community Health**
- **Community Mental Health/SA**
- **Total**

#### Domains

<table>
<thead>
<tr>
<th>Domains</th>
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<tbody>
<tr>
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<td>38</td>
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<tr>
<td>Hospital</td>
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<tr>
<td>Primary Care/Community Health</td>
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<tr>
<td>Community Mental Health/SA</td>
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Key Findings

• Pockets of advancement throughout the State, but widespread implementation is lacking
• Outpatient primary care is more advanced than other sectors
• Much frustration about workforce, licensing issues, confusion over allowable/billable services, timely access to specialty care
• Widespread confusion as to what integrated care really is
Clinical Model and Workforce Strategies and Considerations

Parinda Khatri, Ph.D.
Chief Clinical Officer
Observed Clinical Models

- Preferred referral relationships
- Partnerships
- Consulting psychiatrist
- Embedded behaviorists
Components of Advanced Integrated Practices

• Comprehensive care approach

• Multidisciplinary patient-centered team

• Behavioral providers accessible to the primary care team

• Strong clinical leadership

• Care coordination and collaboration

• Shared documentation and/or integrated charts

• Training
Workforce: What We Heard

- Shortage of qualified behavioral providers and primary care providers
- Poor access to behavioral health services, including specialty mental health and substance abuse treatment
- Licensure/Credentialing barriers
- Limited opportunity and infrastructure for collaboration, coordination, and community networking across disciplines
Workforce: Strategies & Considerations

• Strategic workforce plan organized around provider type, service need
• Support training of clinical and inter-professional competencies within existing workforce as well as behavioral health training programs
• Policy changes to support expansion of graduate training, including dispensation for Medicaid billing for trainees practicing under supervision in health centers
• Expansion of telehealth services
Financing and Practice Transformation

Joel Hornberger, MHA
Chief Strategy Officer
Financing: What We Heard

• Confusion about coding, same-day billing, integrated care codes
• Concerns about inaccurate coding and associated losses
• Financial fragility among some providers
• Desire to protect current contracts/financial arrangements
• Uncertainty about, but interest in, value-based contracts
• Mistrust between payers and providers
• Limited funding
Financial: Strategies and Considerations

• Examine coding issues and conduct ongoing provider training

• Expand contracted financial incentives for integrated care coordination (PMPM)

• Enhance practice workflow, billing, care coordination, patient access, productivity standards, and metrics/informatics

• Use the State’s revised 1115 Waiver as a means to launch the plan, infrastructure, and finances to improve quality and control costs using an integrated care platform

• Consider formal strategic alliances and/or possible mergers among providers.
Financial: Strategies and Considerations

• Consider a shift to value-based based contracts
  – Manage Quality, Costs and Risks for an Assigned Population of Patients

• Consider collaborations between payers and providers (Discuss innovations and metrics to align incentives. Shift from adversaries to collaborators)

• Advocate a shift from behavioral health FFS carve-out contracts to integrated care value-based contracts
Practice Transformation

• Integrated, value-based contracts will drive practice innovation and transformation.

• Promote strong leadership at the board and C-suite levels.

• Analyze electronic health records systems to assure that they meet providers’ long-term integrated care needs.

• Enhance skills in healthcare analytics – metrics, analysis of “real-time” data, health information exchange(s)

• Focus on access, especially for behavioral health

• Same day access pilots across the country

• Develop a forum for providers to share best practices
Questions/Answers

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