MICHIGAN ACTION LEARNING NETWORK (ALN) ON
PRIMARY & BEHAVIORAL HEALTH
INTEGRATION
FOR CHILDREN & FAMILIES

Practice Brief 6 July 2016

THE MICHIGAN LANDSCAPE

Health Care System Alignment for Children and Families

INTRODUCTION

Health care integration for primary and behavioral health is unfolding within a landscape of monumental shifts in the health care system. This practice brief features population health management, value-based reimbursement, and community-based innovation to highlight (1) how these directions are unfolding in Michigan, and (2) how they align with primary and behavioral health care integration for children and their families. Communities that align local action to integrate care with these transformations can maximize their progress toward the triple aim of quality, satisfaction, and cost reduction.

The ALN recognizes that these changes in the health care system affect all populations, but focuses on children and their families and the value of integrating their primary and behavioral health care as a priority in reform efforts

POPULATION HEALTH MANAGEMENT

According to the Institute for Health Improvement, "the rapid changes of the last five to seven years in policy-level decision making, payment structures, and provider alignment have shifted the focus from care provided and paid for at an individual level to managing and paying for health care services for a discrete or defined population—an approach known as ***population management.***" (http://www.ihi.org/communities/blogs/_layouts/ihi/community/blog/itemview.aspx?List=81ca4a47-4ccd-4e9e-89d9-14d88ec59e8d&ID=50).

In Michigan, community mental health authorities (CMHs) are joining with local primary care partners to define the healthcare needs of defined populations whose health they manage. Because the health care system is recognizing that any physical condition has a behavioral component, the expertise of CMHs is essential in defining appropriate care for children and families as part of the creation of medical homes serving defined populations. In addition to this activity, which is aimed at an entire population served by primary care in a community, CMH is identifying opportunities for quality and cost-reduction strategies for more severe levels of need. For example, CMHs are analyzing Medicaid claims data to identify the top 25 percent of children who have the most complex physical and behavioral health needs. CMHs and primary care partners use this data to develop health management strategies to improve quality and reduce cost. Examples of populations of children with complex needs include:

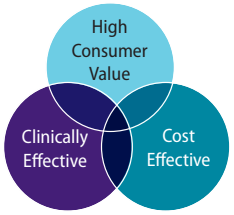
- Children with psychotropic medications being prescribed by primary care providers
- Children with a diagnosis of chronic illness, such as asthma, who lack appropriate medication and have emergency department encounters
- Children "shared" by multiple systems, such as education, juvenile justice, and mental health

VALUE-BASED REIMBURSEMENT

Rather than paying for service volume, such as the number of tests run, patients seen, and procedures provided, major healthcare payers are transitioning to payment based on the quality of care. Nationally, initiatives are underway with private payers as well as state Medicaid programs to institute alternative payment models supporting value purchasing. These payment models depend on measures of quality and processes to improve care. The Affordable Care Act is driving much of this shift to value-based reimbursement, and the Centers for Medicare and Medicaid Services projects that by 2018, 90% of provider reimbursements will be linked to the health and well-being of patients compared to 20% as of 2014 (https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-3.html).

Innovators committed to high value care stress that it is important to ***phase in*** the transition to value-based purchasing, particularly for integrated primary care and behavioral health, ***"to overcome the decades of infrastructure and culture that have been laid down to support paying for volume, not value."*** (http://azpaymentreform.weebly.com/value-based-purchasing-basics.html)

Components of High Value Care



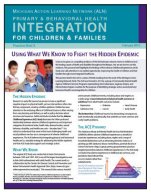
ABOUT THIS BRIEF

This is the 6th in a series of practice briefs prepared by the Michigan Action Learning Network (ALN). The ALN was formed in 2013 by the following Community Mental Health Children's Services Programs in Clinton/Eaton/Ingham, Kent, Kalamazoo, Saginaw, and Wayne counties to encourage innovations in the integration of primary and behavioral health care for children.

Please share this brief and other ALN resources at http://cfs.cbcs.usf.edu/projects-research/detail.cfm?id=491.

Practice Brief 1

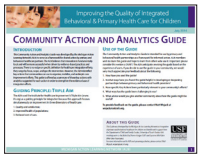
Practice Brief 2



Practice Brief 3

Practice Brief 4

Practice Brief 5



Analytics Guide

UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES

In Michigan, CMHs and primary care partners are using contractual arrangements to handle payment for behavioral health consultants that are integrated into the primary care team. While supportive of new clinical practices in integrated care delivery, these arrangements do not necessarily provide the resources or infrastructure needed for partners and payers to assess cost and quality and link payment to outcomes. These local initiatives, however, provide ready laboratories for developing that infrastructure because they represent emerging clinical practices of integrated health care.

For example, CMHs expertise in infant mental health, reaching out to families at the earliest possible point, contributes to the development of effective, early intervention strategies that identify issues before they become larger, more complex, and costly problems. Another example is CMHs support for care transitions that stabilize patients through same-day appointments, avoiding the need for hospitalization. While these practices illustrate the role of CMH in quality and access improvement, as well as cost reduction, the current payment infrastructure does not support providers sharing in the cost savings for these value-based care contributions.

COMMUNITY-BASED INNOVATION

Based on the success of Federally Qualified Health Centers (FQHCs), Congress enacted the Excellence Act in Mental Health in 2014, the largest federal investment in mental health and addiction treatment in over a generation. In October 2015, 24 states were identified who could apply to be part of a demonstration phase for Certified Community Behavioral Health Clinics (CCBHCs). Michigan is one of those states and is now preparing its application for implementation. The National Council for Behavioral Health calls the law a "game-changer" because providers for the first time will be able to calculate and be reimbursed for the unique, actual cost of delivering mental health, addiction, and primary care screening services and supports, as well as include the allowable infrastructure costs necessary to support comprehensive care (http://www.thenationalcouncil.org/wp-content/uploads/2015/11/Fact-Sheet_CCBHC-implications-and-opportunities-FINAL.pdf). Included in the service array are peer, family, and other supports, whether or not they are included in a state's Medicaid plan.

In Michigan, CMHs are leading partnerships to design local strategies and clinical practices that characterize patient and family-centered health care. Having provided the safety net for high need populations, CMHs are now partnering with primary care so that patients can receive behavioral healthcare where they receive primary care. This allows for assessments that identify any health needs that can be met as early as possible and in one place and time. These communities are well on their way to taking full advantage of the benefits of the CCBHC model. Behavioral health consultants in these initiatives are already customizing access and services to best meet the needs of their communities. CCBHCs will help provide adequate financial support to these efforts, and will help create a reimbursement infrastructure based on quantification of these services, costs, and outcomes.

> *"CCBHC holds enormous potential to streamline access for those needing behavioral health support. Historically, eligibility criteria have determined where individuals get their behavioral health services. CCBHC will provide a simple, clear approach that will significantly improve care."*
>
> —Kathy Dettling, Afia, Inc., Director, Michigan Integrated Healthcare Learning Community

ACCELERATING PROGRESS

As CMHs and primary care partners move forward to integrate care, three key trends in our changing health care landscape must be recognized for their impact upon, and interdependence with, clinical practice innovation. ***Population health management, value-based reimbursement, and community-based innovation*** can enhance clinical practice integration, and innovations in clinical practice through integration are essential for these trends to progress. Innovation in care integration, particularly between primary and behavioral health partners, will be strongly influenced by—as well as influence—these trends. Primary and behavioral health care partnerships, supported by state and federal policy, can accelerate progress toward integrated care by building these trends into their efforts to improve quality and satisfaction, as well as to reduce cost.