NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

www.TheNationalCouncil.org

Quality Improvement and the Importance of Evaluation and Performance Measurement

Jeff Capobianco, PhD, LLP
National Council for Behavioral Health

Contact: Communications@TheNationalCouncil.org
202.684.7457

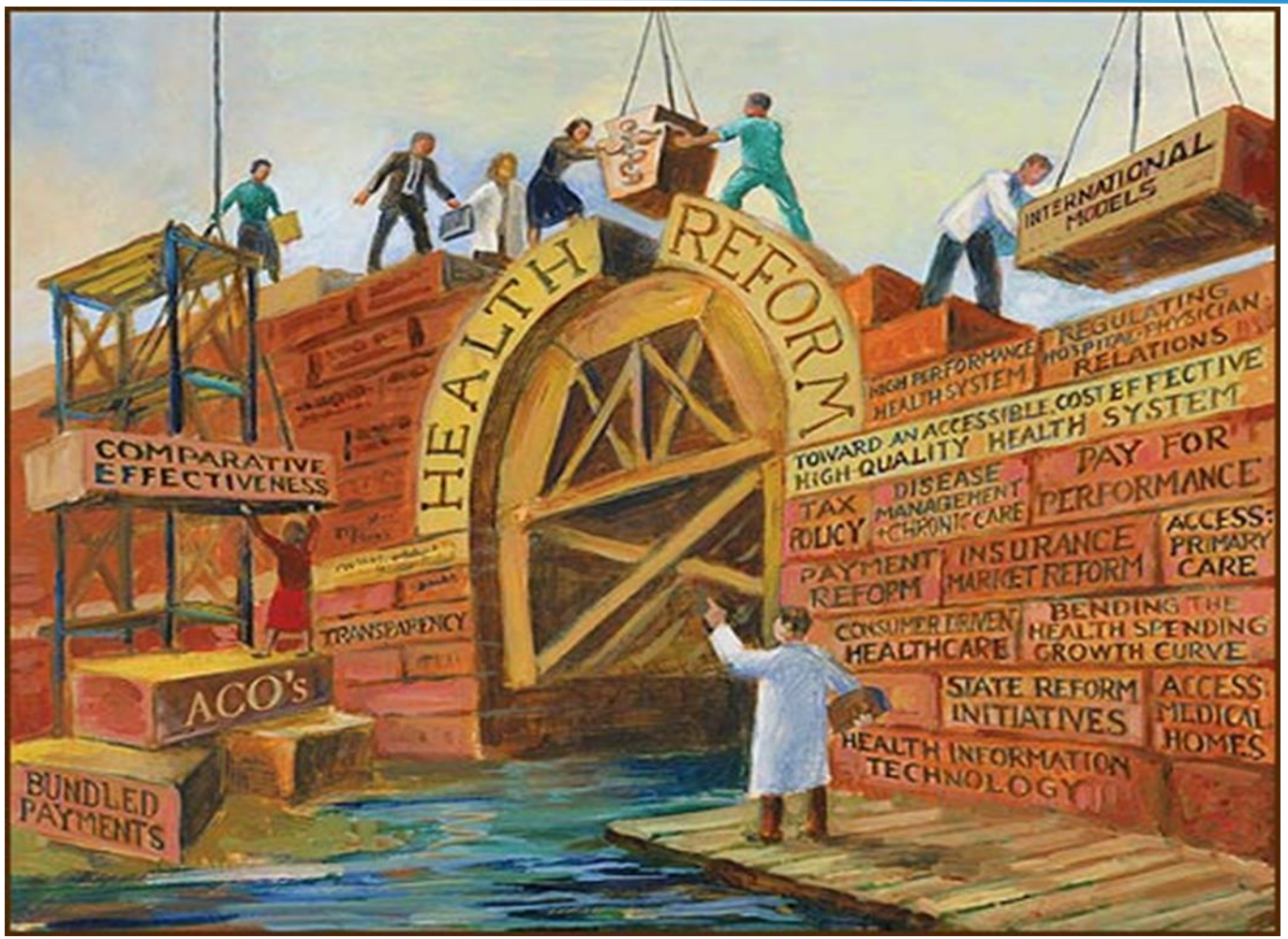
Overview

1. **Trends in the Healthcare Landscape: Think "Data & Dollars"**
2. **Continuous Quality Improvement through Population Health Management**
3. **Components of Effective Data Collection & Use**
4. **Questions/Discussion**

Healthcare System 2014

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

There's a lot going on…



Contact: Communications@TheNationalCouncil.org
202.684.7457

The Triple Aim

Targets identified by Don Berwick (former director of the Center for Medicaid/care Services & Institute for Healthcare Improvement) that new approaches to healthcare services provision should aim to achieve:

1. **Improving the Health of Populations of People**
2. **Bending the Cost Curve**
3. **Improving the Patient's Experience of Care**

Source: Berwick, Nolan, & Whittington (2008).
The Triple Aim: Care, Health, & Cost.
Health Affairs. vol. 27 no.3, 759-769.

Trends in Healthcare

- 73% increase in hospital mergers/acquisitions from 2009-2011. Movement appears to be same for behavioral healthcare providers.

  Source: DHG Healthcare, 2013

- 2012 to 2013, 40 states implemented/planning to implement significant managed Medicaid initiatives. source: Openminds.com

Movement to Invest in BH

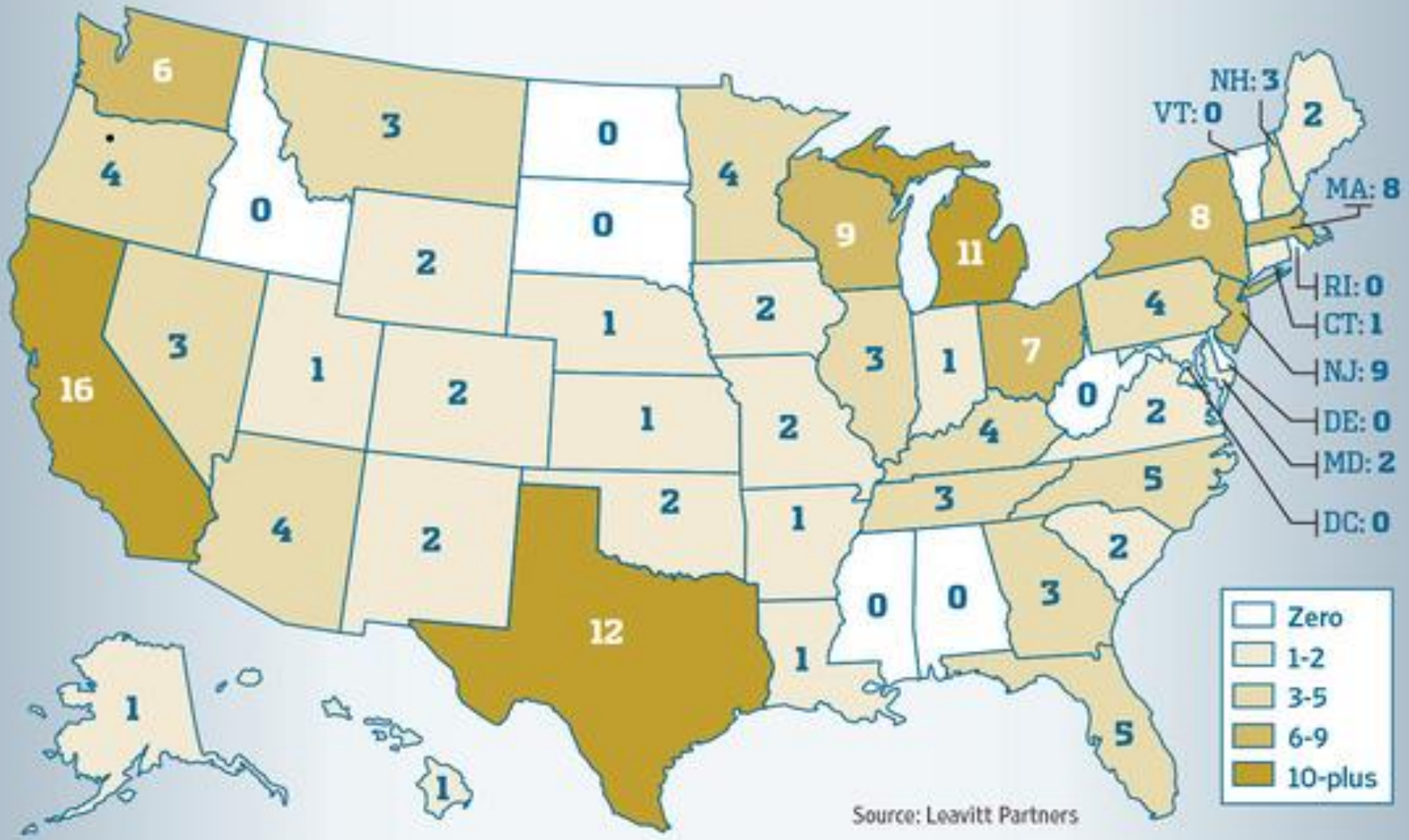
BH is attractive to investors b/c:

- **Growing Market:** National expenditures on BH are expected to reach $239 billion in 2014, up from $121 billion in 2003 (7% compounding growth rate).
- **Favorable Legislation:** Includes ACA, Parity, Carve-in approaches, & states moving to Managed Medicaid.
- **Diverse Payer Mix:** Mcare, Third Party, Mcaid (most risky)
- **Attractive Financing Model:** Compared to general acute care hospitals margins=mid-teens, inpatient behavioral healthcare margins = 20-40% for acute hospitalization & 15-25% for residential treatment w/ maintenance at 2% of revenue.
- **Niche Markets:** BH with untapped **"**Downsize fitness" business models.

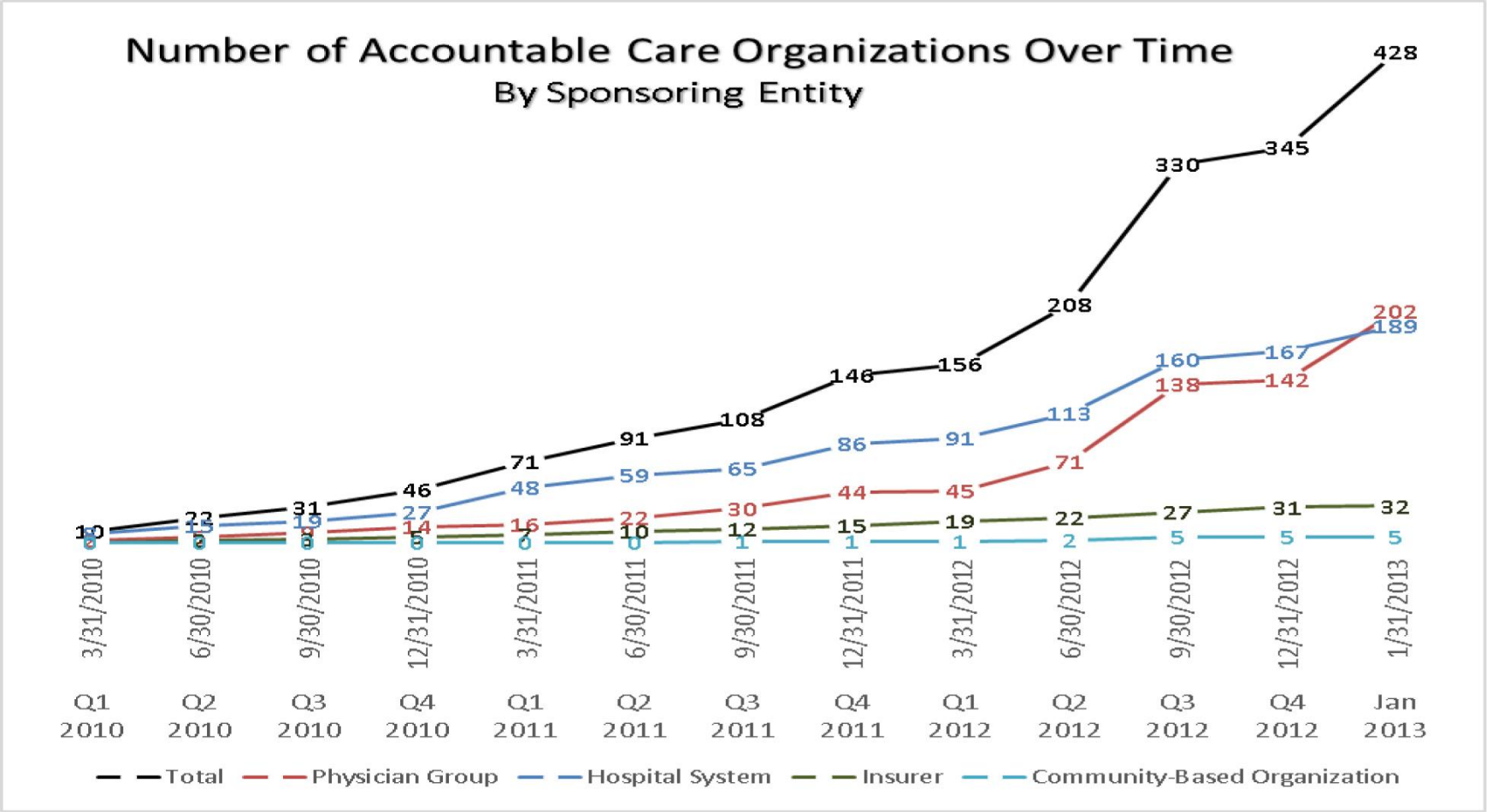
Private equity investors accounting for roughly 30% of overall activity during 2010 & 2011. *(Source: Jon Hill; Triple-Tree.com)*

The Spread of ACOs

The number of accountable-care organizations affiliated with hospitals in each state

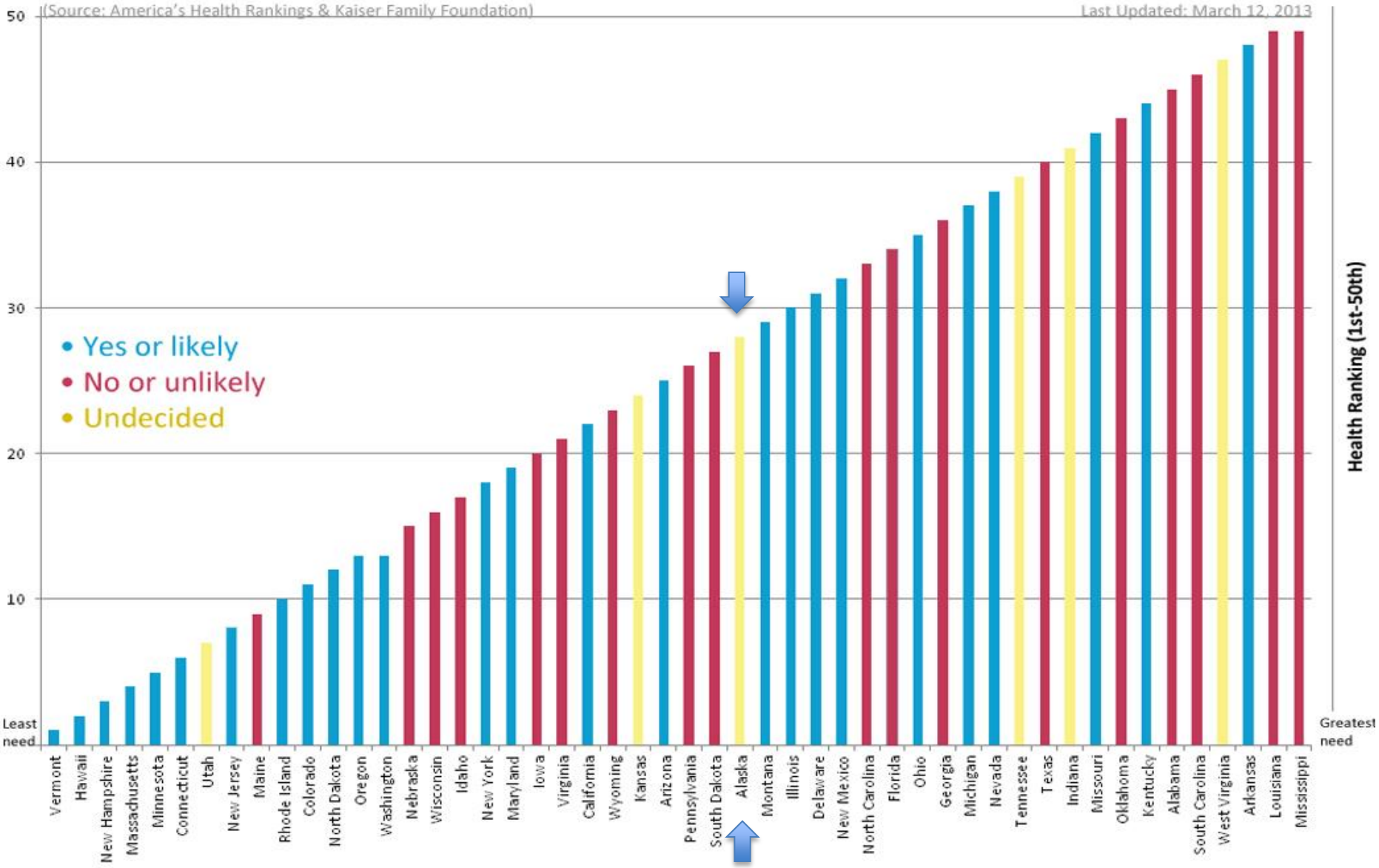


Rise of the Accountable Care Organization (ACO)



Source: LeavittPartners.com

Medicaid expansion plans, by state levels of ill health



NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

ACO's One Year In…

- **All 32 Pioneers succeeded in improving quality and performed better than fee-for-service Medicare on 15 quality measures, according to CMS. Gross savings of $87.6 million in the 2012, the first year of the program.**
  (Source: www.Kaiserhealthnews.org)

- **CMS estimates, ACO implementation as described in the ACA should result in an estimated median savings of $470 million from 2012–2015.**
- **(Source: Department of Health and Human Services, Centers for Medicare & Medicaid Services. Medicare Shared Savings Program: Accountable Care Organizations; Proposed Rules. 76. Fed. Reg. 67 (November 2, 2011)**

Medicaid & the ACO

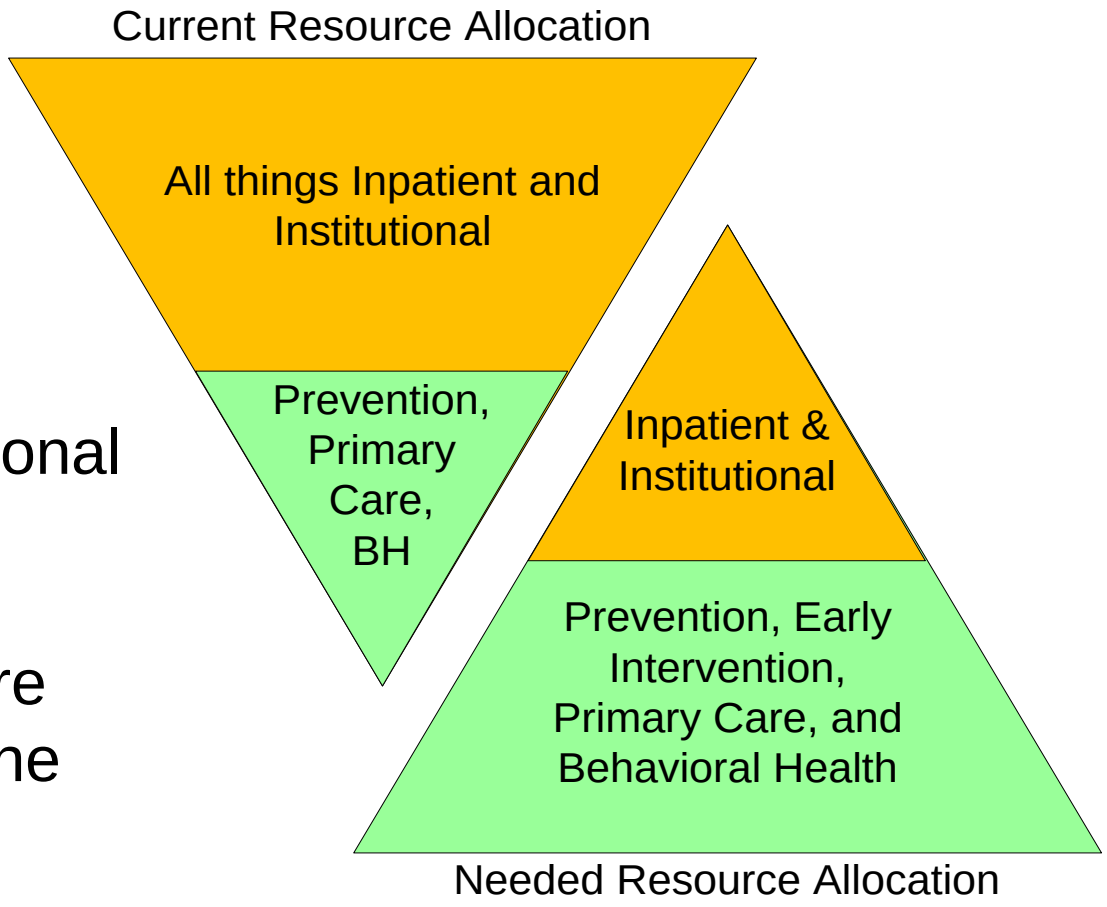
- **History shows savings are likely to come from the Mcaid population.**
- **Annual savings per Mcare beneficiary adjusted mean of $114 (95% CI, $12-$216).**
- **Annual savings per Mcaid/Mcare dual beneficiary were significant w/ adjusted mean of $532 (95% CI, $277-$786).**

(Source: Colla CH, Wennberg DE, Meara E, et al. (2012). Spending Differences Associated With the Medicare Physician Group Practice Demonstration. *JAMA*, Vol 308, No. 10.)

Service Delivery and Payment Reform

It's about Inverting the Resource Allocation Triangle so that:

- Inpatient and Institutional Care are limited
- Chronic conditions are care coordinated in the community



NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

So Maybe Your Thinking…

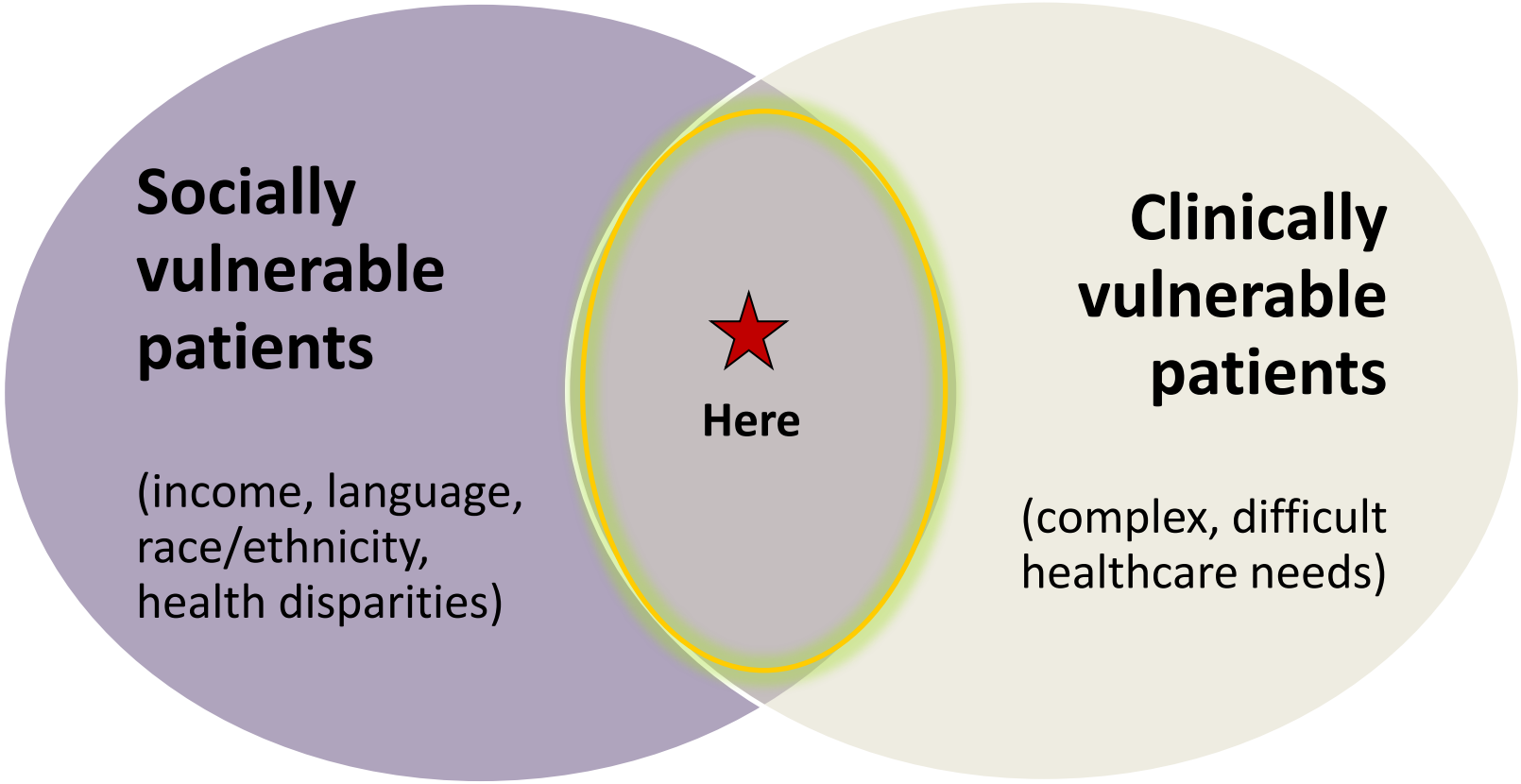
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Or…

"We're ready to begin the next phase of keeping things exactly the way they are."

Contact: Communications@TheNationalCouncil.org
202.684.7457

Specialty behavioral health niche: caring for complex, costly patients



Health Affairs: VA Lewis, et al. "The Promise and Peril of Accountable Care for Vulnerable Populations: A Framework for Overcoming Obstacles." 2012.

Population Based Care…

- Jeffrey Brenner - COMPSTAT >> HEALTHSTAT in Camden NJ - Care managed 1% of 100,000 people that used 30% of costs
- Behavioral health identifies people who represent top 5% to 10% of high cost consumers with a MH/SUD diagnosis in a state/community - and provides care management services to manage their MH/SU disorders AND chronic health conditions where ever served

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Integrated Health…

Illustration: A family tree of related terms used in behavioral health and primary care integration
See glossary for details and additional definitions

Patient-Centered Care
"The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care"—or "nothing about me without me" (Berwick, 2011).

Integrated Care
Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Connotes organizational integration involving social & other services. "Altitudes" of integration: 1) Integrated treatments, 2) integrated program structure; 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

Coordinated Care
The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care" (AHRQ, 2007).

Shared Care
Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared system and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

Collaborative Care
A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unützer et al, 2002)

Co-located Care
BH and PC providers (i.e. physicians, NP's) delivering care in same practice. This denotes shared space to one extent or another, not a specific service or kind of collaboration. (adapted from Blount, 2003)

Integrated Primary Care or Primary Care Behavioral Health
Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

Behavioral Health Care
An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA conditions, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

Patient-Centered Medical Home
An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient's family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007).

Mental Health Care
Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

Substance Abuse Care
Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

Primary Care
Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

Thanks to Benjamin Miller and Jürgen Unützer for advice on organizing this illustration

From: Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf

Contact: Communications@TheNationalCouncil.org
202.684.7457

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Defining Integrated Health

"At the simplest level, behavioral & physical health care integration occurs when behavioral specialty & primary care providers work together to address the physical & behavioral health needs of their patients.

Integration can be bi-directional: either (1) specialty behavioral health care introduced into primary care settings, or (2) primary health care introduced into specialty behavioral settings."

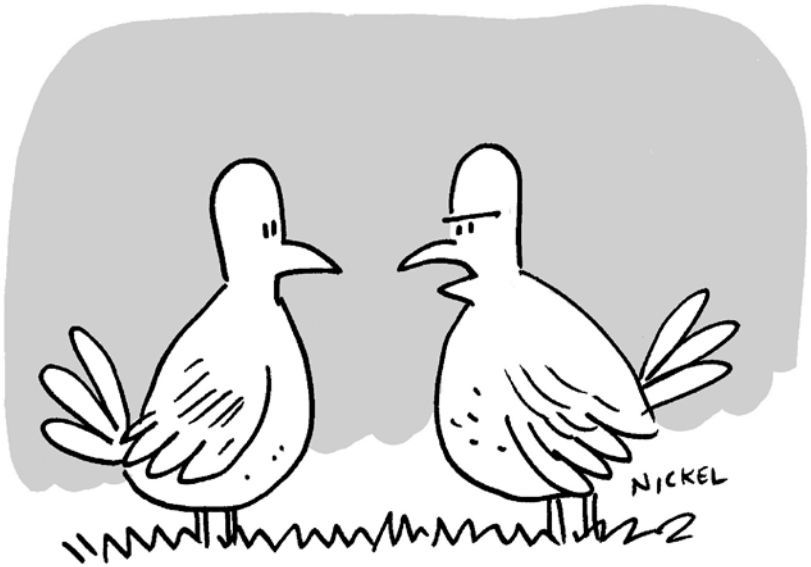
Source: Butler M, Kane RL, McAlpine D, Kathol, RG, Fu SS, Hagedorn H, Wilt TJ. Integration of Mental Health/Substance Abuse and Primary Care No. 173 (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-02-0009.) AHRQ Publication No. 09- E003. Rockville, MD. Agency for Healthcare Research and Quality. October 2008.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Standard Framework for Integration

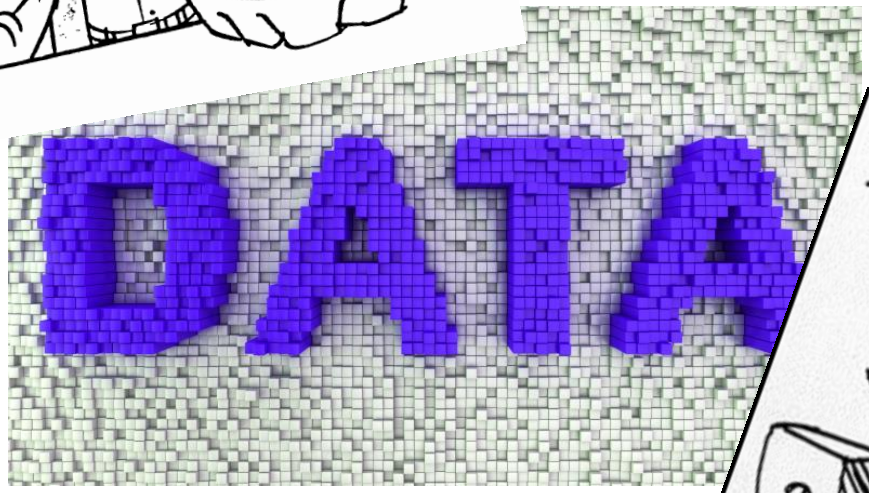
Referral		Co-Located		Integrated	
Key Element: Communication		**Key Element: Physical Proximity**		**Key Element: Practice Change**	
Level 1 *Minimal Collaboration*	**Level 2** *Basic Collaboration at a Distance*	**Level 3** *Basic Collaboration On-Site*	**Level 4** *Close Collaboration On-Site with Some System Integration*	**Level 5** *Close Collaboration Approaching an Integrated Practice*	**Level 6** *Full Collaboration in a Transformed/ Merged Integrated Practice*
Behavioral health, primary care and other healthcare providers work:					
In separate facilities.	**In separate facilities.**	**In same facility not necessarily same offices.**	**In same space within the same facility.**	**In same space within the same facility (some shared space).**	**In same space within the same facility, sharing all practice space.**

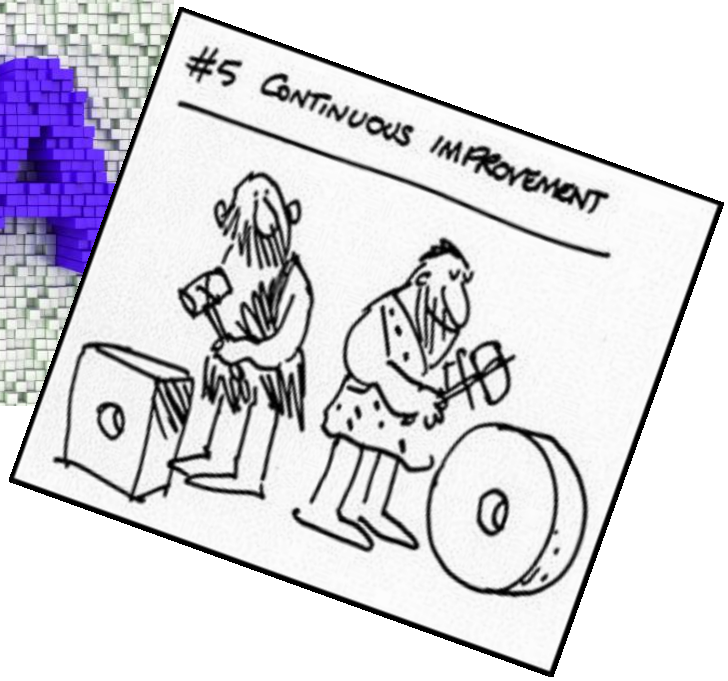
Contact: Communications@TheNationalCouncil.org
202.684.7457



"We were tweeting long before it was cool."

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID





Contact: Communications@TheNationalCouncil.org
202.684.7457

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Data Myth

We have too much data…

Data Myth…

If only we had a good measure for _____ we'd be able to_____....

Social Work types are afraid of numbers…not good at math…

Data Myth…

What we do is too complex to measure…

What we do is about helping people not managing processes/cases…

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Collecting, Using, & Sharing Health Data

BENEFITS

- More efficient workflow (e.g. less time spent handling laboratory results)
- Improved access to clinical data
- Streamlined referral processes
- Improved quality of care--Better health outcomes
- Improved patient safety, including fewer prescribing errors and fewer hospital readmissions
- Cost savings (e.g. eliminating costs of storing paper records)
- Downsizing personnel
- Increased revenue (e.g. government incentives for use of health IT)
- Pay-for-performance incentives

BARRIERS

- Lack of Leadership
- Lack of strategic plan for data use & health IT
- Costs of EHR implementation
- Cost of establishing and maintaining links between EHRs and HIE networks
- Security and privacy issues
- Provider's concern to be held liable for information from outside sources/labs
- Misaligned incentives (who pays and who benefits)
- Provider reluctance to relinquish control of patient information to competing systems
- Technical barriers (e.g. lack of interoperability among EHRs)
- Lack of IT training and support

Source: Fontaine, Ross, et al. (2010). Systematic Review of HIE in Primary Care Practices, JABPM

Leadership

"The central issue is never strategy, structure, culture, or systems (i.e.,CQI).

The core of the matter is always about changing the behavior of people.

Behavior change happens mostly by speaking to people's feelings."

John P. Kotter, Harvard Business School, Fast Company, May 2005

Integration of Data & CQI into Work Flow

The main reason seems to be a lack of integration of health IT and CQI processes into clinical workflow in a way that supports the cognitive work of the clinician and the workflows among (partner) organizations, within a clinic and within a visit.

Source: Carayon & Karsh, (2010). AHRQ Publication No. 10-0098-EF

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Analytics at Work: Smarter Decisions Better Results

by Davenport, Harris & Morison

Requirements for analytics:

- Accessible High Quality Data
- Enterprise/Future Orientation
- Analytical Leadership
- Strategy Targets
- Analysts

Contact: Communications@TheNationalCouncil.org
202.684.7457

Analytics at Work: Smarter Decisions Better Results by Davenport, Harris & Morison

Stage One: The Analytically Impaired

- The organization lacks one or several of the prerequisites for serious analytical work, such as data, analytical skills, or senior management interest.

Analytics at Work: Smarter Decisions Better Results by Davenport, Harris & Morison

Stage Two: Localized Analytics

- There are pockets of analytic activity within the organization, but they are not coordinated or focused on strategic targets.

Analytics at Work: Smarter Decisions Better Results by Davenport, Harris, & Morison

Stage Three: Analytic Inspired

- The organization envisions a more analytic future, has established analytic capabilities, has a few strategic initiatives under way, but progress is slow often because of lack of leadership, future orientation, reliable data, strategic targets or staffing/analysts.

Analytics at Work: Smarter Decisions Better Results by Davenport, Harris, & Morison

Stage Four: Analytic Agencies/Companies

- The organization has the needed human and technological resources, applies analytics regularly, and realizes the benefits across the organization. But its strategic vision/focus is not grounded in analytics, and it hasn't turned analytics to competitive advantage.

Analytics at Work: Smarter Decisions Better Results by Davenport, Harris, & Morison

Stage Five: Analytic Competitors

- The organization routinely uses analytics as a distinctive business capability. It takes an enterprise-wide approach, has committed and involved leadership, and has achieved large-scale results. It portrays itself both internally and externally as an analytic competitor.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Primary Drivers of Successful Data Collection & Use

- **Do you have a strategic plan for how data is shared and leveraged to improve care? If you do, is it being used/updated regularly?**
- **Is your leadership involved in the creation, articulation, and monitoring of this plan?**
- **Are your IT, QI, finance, and clinical leads meeting regularly to execute this plan?**
- **Do your staff/teams know how to use data to inform their work?**

Population Based Care/Health Management

- **Strategies for optimizing the health of an entire client population by systematically assessing tracking, and managing the group's health conditions and treatment response. It also entails approaches to engaging the entire target group, rather than just responding to the clients that actively seek care.**

Population Based Care/Health Management

Approach to better managing all aspects of pt. health from wellness to complex care, by assessing health & health provision beyond a single episode of care. PHM helps clinicians assess their entire population and stratify it into various stages across the spectrum of health:

- **Those who are well need to stay well by getting preventive tests completed**
- **Those who have health risks & need to change their health behaviors so they don't develop the conditions they're at risk for**
- **Those who have chronic conditions need to prevent further complications by closing care gaps and also working on health behaviors**

(source: adapted from phytel.com)

Population Health Management

- **Requires Systems Thinking**
- **Accessible & Transmittable/sharable Data**
- **Culture of Continuous Quality Improvement in Real-time/at the level of workflow**
- **Strong Leadership**

Components of Population Health Management:

1. Knowing what questions to ask about your populations/data
2. Data registry describing your population
3. Ability to engage in CQI Process to respond to the findings
4. Use of Dashboards for making data understandable

The Questions you want answers to about your population include:

1. Who is the sickest & most expensive?
2. What are the costs for the average patient?
3. What kind of services are they getting, where, & when?
4. What is the patient's response to treatment?
5. What is the patient's opinion of their care?

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Meaningful Use is Driving HIT/Data Use Adoption

(source: Afia.com)

Stage 1
2011-2012
Data capture and sharing

Stage 2
2014
Advance clinical processes

Stage 3
2016
Improved outcomes

Stage 1: Meaningful use criteria focus on:	Stage 2: Meaningful use criteria focus on:	Stage 3: Meaningful use criteria focus on:
Electronically capturing health information in a standardized format	More rigorous health information exchange (HIE)	Improving quality, safety, and efficiency, leading to improved health outcomes
Using that information to track key clinical conditions	Increased requirements for e-prescribing and incorporating lab results	Decision support for national high-priority conditions
Communicating that information for care coordination processes	Electronic transmission of patient care summaries across multiple settings	Patient access to self-management tools
Initiating the reporting of clinical quality measures and public health information	More patient-controlled data	Access to comprehensive patient data through patient-centered HIE
Using information to engage patients and their families in their care		Improving population health

Patient Registry

"…an organized system to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes."

Gliklich RE, Dreyer NA, eds. (2010).
Registries for Evaluating Patient Outcomes: A User's Guide. 2nd ed.

Measures
Interpreting the Specifications

The measure specifications will provide the following:

- Brief measure description.
- Definition of measure numerator.
- Definition of measure denominator.
- Exclusions to measure, if applicable.
- Description of report periods.
- Tables detailing the dx and billing codes.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Measures
Interpreting the Specifications

Ambulatory Care—Sensitive Condition Admission (SCA)*

The acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population younger than 75 years of age.

Numerator: The total number of acute care hospitalizations for members under 75 years of age with an ambulatory care sensitive condition as a primary diagnosis (Table SCA-A).

Denominator: The total number of health home members under 75 years of age at the midpoint of the report period.

Exclusions: Deaths prior to discharge.

Formula: (Total number of acute care hospitalizations for ambulatory care sensitive conditions younger than 75 years of age / total mid-year population younger than 75 years of age) x 100,000.

Report Period:

- Report Period 1: October 1, 2012 – December 31, 2012
- Report Period 2: October 1, 2012 – March 31, 2012

Table SCA-A: Codes to Identify Sensitive Conditions

Description	Primary ICD-9-CM Diagnosis Codes		Secondary ICD-9-CM Diagnosis Codes
Grand mal status and other epileptic convulsions	345		
COPD	491, 492, 494, 496		
	466, 480–486, 487.0	*AND*	496

Contact: Communications@TheNationalCouncil.org
202.684.7457

Where to Start as BH Provider?

- Make sure all Clts. Have a Primary Care Doctor & Were seen recently
- BH/PH Admissions, Discharges, & Transfers
- Axis III Dx's
- Substance Use Screening
- Blood Pressure (BP)
- Body Mass Index (BMI)
- Diabetes Screening (A1C)
- Cardio Vascular Screening
- BH Functioning

Dashboards Drive CQI

- **A dashboard translates your organization's strategy into metrics that provide timely information and insights that enable staff to proactively improve decisions, optimize processes and plans.**

- **In short it allows for an organization to monitor, analyze, and manage their work.**

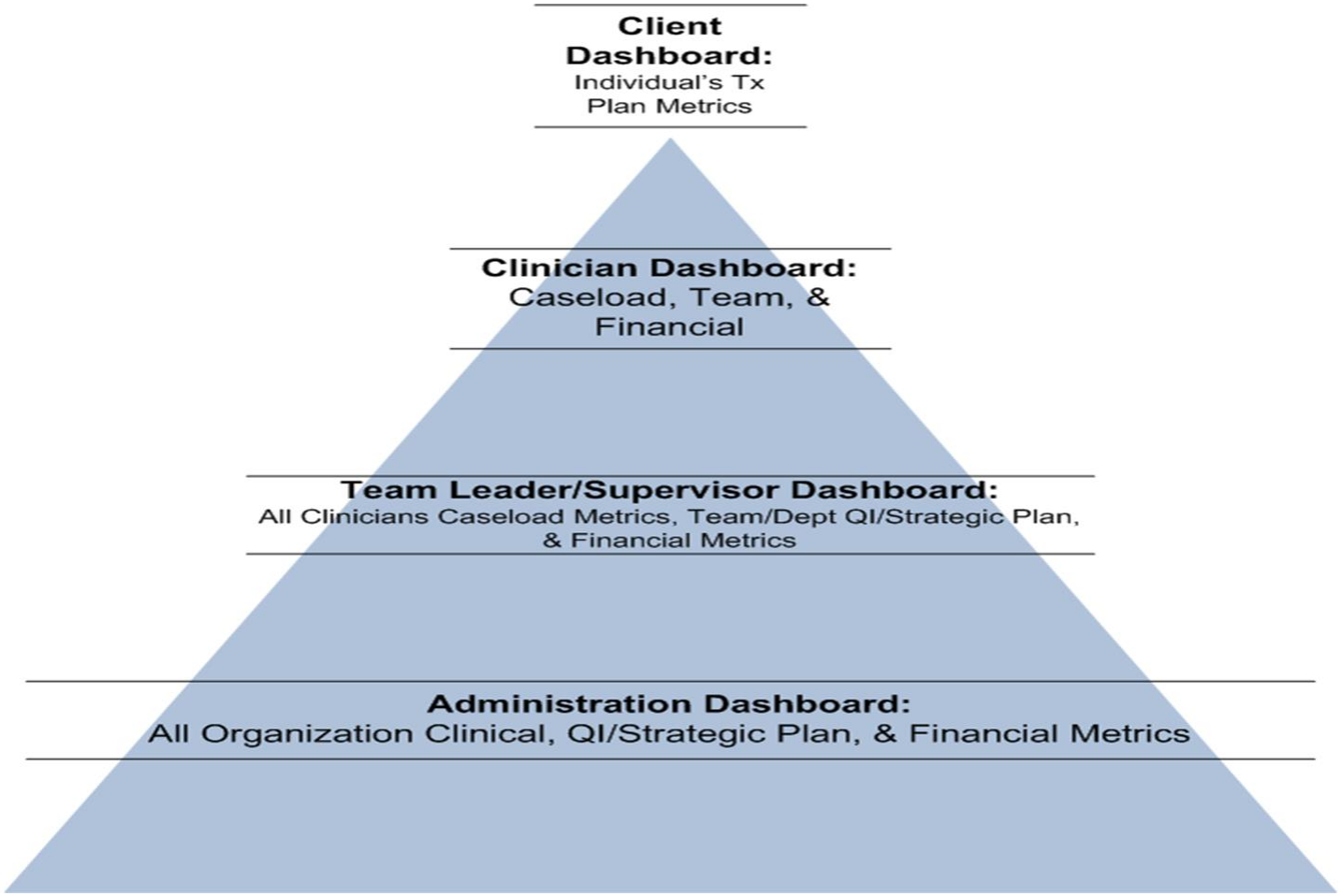
Source: Performance Dashboards: Measuring, Monitoring, & Managing Your Business. 2nd Edition 2011 Wayne Eckerson

How to use a Dashboard

1. **Monitoring: Convey information at a glance**
2. **Analysis: Identify exceptions & drill down to details**
3. **Management: Improve alignment, coordination, & collaboration**

Source: Performance Dashboards: Measuring, Monitoring, and Managing Your Business. 2nd Edition 2011 Wayne Eckerson

The Dashboard



NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

In Summary

- **We are in a time of tremendous change.**
- **Behavioral Health Care providers have been doing for years what the Healthcare system needs.**
- **Linking processes and outcomes to dollars in behavioral healthcare is difficult not impossible.**
- **No better time than now to do it!**

Contact: Communications@TheNationalCouncil.org
202.684.7457

Remember Progress is Hard to See Unless you Dig Below the Surface!

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Thank You!

Jeff Capobianco

jeffc@thenationalcouncil.org

734.604.2591