



BEHAVIORAL HEALTH CENTERS  
OF EXCELLENCE

**THE FUTURE OF HEALTH**

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# Behavioral Health Centers of Excellence: The Future of Health

Healthcare reform is creating tremendous disruption in nearly all aspects of the healthcare field. As many other industries have already experienced, disruption and chaos mask innovations that fundamentally change the healthcare landscape and provide competitive advantages for handfuls of forward thinking organizations. How do behavioral health organizations use this chaotic time to not only survive but thrive?

## OVERVIEW

This paper begins by exploring the *survive and thrive* question with a discussion of the future of health, which leads to an overview of “Centers of Excellence” and their application as “Behavioral Health Centers of Excellence.” From there, it reviews a behavioral health center of excellence definition: “A Behavioral Health Center of Excellence is known by the entire community as a great place to get care and a great place to work.” With that definition in mind, the paper delves into five key elements:

- Element 1: Easy Access
- Element 2: World Class Customer Service Built on a Culture of Engagement and Wellness
- Element 3: Comprehensive Care
- Element 4: Excellent Outcomes
- Element 5: Excellent Value

The last sections examine the importance of Performance Measurement and a solid Infrastructure that can be supported by the Excellence in Mental Health Act of 2014 and Certified Community Behavioral Health Clinic designation.

The concepts explored below will be vital to the success of behavioral health organizations and the individuals they serve.

## THE FUTURE OF HEALTH

Michael Porter, a professor at the Harvard Business School and leading authority on competitive strategy, has considered “the future of health” since he began work on his 2006 book, *Redefining Health Care: Creating Value-Based Competition on Results*. Porter has become convinced that “in health care, the days of business as usual are over. [...] It’s time for a fundamentally new strategy. [...] We must move... toward a patient-centered system organized around what patients need. We must shift the focus from the volume and profitability of services provided — physician visits, hospitalizations, procedures, and

tests — to the patient outcomes achieved” and “replace today’s fragmented system... with a system in which services for particular medical conditions are concentrated in **health-delivery organizations.**”<sup>1</sup>

Take special note of the last phrase “health-delivery organizations.” Notice he doesn’t say “healthcare delivery organizations.” That one word fundamentally changes the meaning from organizations that treat medical conditions after you get sick or injured to organizations that address the full spectrum of health and wellness.

This is consistent with the transformation driven by the Affordable Care Act, the employer community, and the millennial generation. We are seeing the evolution of primary care clinics into patient-centered medical homes, soon to be followed or accompanied by one-stop health and wellness centers — with each customized to meet the whole health needs of the communities they serve. This evolving model of primary care is supported by specialty centers of excellence that provide world class inpatient and specialty care to complement new primary care models. There is a growing awareness that medical and behavioral healthcare is not enough to address the social determinants of health and — slowly but surely — dental, public health, social services, housing supports, and other important services and supports are being folded in.

Although we cannot predict with precision how this will unfold, the future of health will be personalized, proactive, integrated, and efficient.

## CENTERS OF EXCELLENCE

As medical homes and other integrated health systems expand their footprint, supported by payment reform, emerging evidence shows that clinicians are becoming more thoughtful about specialist referrals. For example, imagine being a physician in a medical home, treating a patient who has a serious heart condition or a major mental illness beyond the scope of what you can treat at your clinic. You can no longer afford to make referrals to specialty providers lacking outcomes data or that you know to be poor performers with high error rates, high costs, and poor outcomes. Instead, you must become meticulous about building relationships with high-performing specialists to support your patients’ whole health. In other words, ***you are looking for specialty centers of excellence.***

Professor Porter pushes the center of excellence concept to the next level, calling for the development of Integrated Practice Units organized to provide integrated, comprehensive, and team-based whole healthcare to patients with complex conditions. For example, at Virginia Mason Medical Center in Seattle, individuals with lower back pain can get a same-day/next day appointment with a “spine team” that completes a full assessment, identifies the most effective intervention, and in most cases begins treatment that day. This approach reduces missed days from work, lowers cost, and results in outcomes that are meaningful to the patient — back pain relief and improved functioning.

### THE NEW MINDSET

We can no longer afford to make referrals to specialty providers lacking outcomes data or that you know to be poor performers with high error rates, high costs, and poor outcomes.

1. Michael E. Porter and Thomas H. Lee. *The Strategy That Will Fix Health Care.* Harvard Business Review. October 201



Virginia Mason is one of many specialty organizations taking up Porter's high-value healthcare delivery system challenge: "organizing around patients' medical conditions rather than discreet medical specialties, measuring costs and outcomes for each patient, developing bundled prices for the full care cycle, integrating across separate facilities, expanding geographic reach, and building an enabling IT platform." (Porter, *Redefining Health Care*)

This is also occurring in the employer community. Companies like Boeing, Lowe's, and Walmart contract directly with centers of excellence, like the Mayo Clinic, Cleveland Clinic, and Virginia Mason Medical Center to provide complex specialty care to their employees, even if they live hundreds of miles away. Why? Because those organizations provide world class care for specific conditions at a fixed price (bundled payment) with a warranty. If they do not address the problem the first time (a rare occurrence), they will fix it for free.

## BEHAVIORAL HEALTH CENTERS OF EXCELLENCE

The National Council for Behavioral Health began in December 2013 a six-month crowdsourcing project to refine these ideas into a framework relevant for behavioral health provider organizations that can then be translated into action through behavioral health centers of excellence (BHCOEs).

Crowdsourcing uses the Internet to channel the wisdom of a large group of people to solve a problem. In this case, the channel was the National Council's social and digital media tools: the National Council website, blogs, webinars, Facebook, Twitter, LinkedIn, and email communication. The project began with a draft concept paper and webinar, followed by 10 blog posts and a mid-project webinar. The National Council and Dale Jarvis and Associates received feedback from dozens of individuals, which was integrated into this paper.

On March 31, 2014, during the middle of the project, Congress passed the Excellence in Mental Health Act, which includes the largest single federal investment (\$900 million) in community-based mental health and substance use treatment in over a generation. The law will expand services to as many as 240,000 people and calls for an eight state pilot of Certified Community Behavioral Health Clinics (CCBHCs), entities that will access a prospective payment system (PPS) similar to that of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). In return, these entities face new opportunities and expectations to provide care coordination and comprehensive treatment services to individuals with mental illnesses and substance use disorders. CCBHCs will likely be one manifestation of a BHCOE, supported by federal dollars. This CCBHC-BHCOE connection is explored further in the Conclusion.

But first, let's talk about a BHCOE definition, five BHCOE elements, BHCOE performance measurement, and the infrastructure needed to support its success.

## BHCOE DEFINITION

Like all things related to BHCOEs, the following definition is a work in progress that will evolve over time as the behavioral health delivery system evolves.

*A Behavioral Health Center of Excellence is known by the entire community as a great place to get care and a great place to work. A BHCOE offers easy access to affordable, comprehensive care for persons experiencing behavioral health issues. Clients experience respectful, self-directed, team-based, and holistic care that addresses their problems and achieves outcomes important to them. Excellence is created by each staff member who has a heartfelt connection to their community and the people they serve, based on a deep understanding of trauma, best clinical practices, and an unshakable commitment to resiliency and recovery.*

Meeting this definition is a high bar. It is not something that comes from passing a written test or a surveyor's review. It begins with building a great team that is able to achieve high marks on a set of core elements, which leads to recognition by the community as a great place to get care and a great place to work.

## BHCOE DRAFT ELEMENTS

Again, as with all things related to BHCOEs, the following elements will evolve over time. This is not an exhaustive list, but organizations will not be viewed by the community as a great place to get care and a great place to work without getting high marks in all of the following areas:

- Element 1: Easy Access
- Element 2: World Class Customer Service Built on a Culture of Engagement and Wellness
- Element 3: Comprehensive Care
- Element 4: Excellent Outcomes
- Element 5: Excellent Value

### >> ELEMENT 1: Easy Access

*"Be there when I need you."* (Oregon Patient-Centered Primary Care Home Principles)

A BHCOE is known for ensuring new and existing clients can get the right care, at the right time, in the right setting, and with the right provider. Work processes have been reengineered to support same-day/next day appointments and open access scheduling. The organization effectively manages no shows and cancellations, eliminates redundant information collection, and reduces the time from first appointment to completed treatment plan. One example of success in this area is healthcare providers' ability to get their patients into specialty behavioral healthcare with same-day/next day access for high-risk, high-need patients.

This element demonstrates the interconnected nature of the five elements. Easy access is instrumental to great customer service (Element 2). If you do not track multiple access measures, you cannot improve your outcomes (Element 4). This may include length of time to first service; length of time to complete the intake process; length of time to begin the treatment/recovery process; length of time to see a provider with prescribing authority; and length of time to get back into care.

## >> ELEMENT 2: World Class Customer Service Built on a Culture Engagement and Wellness

*“Kind words can be short and easy to speak, but their echoes are truly endless.”* (Mother Theresa)

A BHCOE is known by the community, clients, and staff for going the extra mile. Think Nordstrom, Amazon, Starbucks, Apple, and UPS. All create extraordinary experiences for customers by achieving a seamless service experience provided by caring employees who provide a personal touch, and are empowered to resolve any problems that arise.

Behavioral health organizations are able to achieve world class customer services only if they are great places to work and are staffed with individuals who have a heartfelt connection to their community and the people they serve, based on a deep understanding of trauma, best clinical practices, and an unshakable commitment to recovery and resiliency. These characteristics, skills, and knowledge are grown over time with the support of leaders who prioritize client and staff engagement and wellness.

In a BHCOE, staff members feel what they do is meaningful and they have a way of measuring their own success. Their opinions count, their co-workers are committed to doing quality work, and there is someone at work who encourages their growth and development. Leaders in these organizations engage and empower consumers and staff, and they employ consumers at all levels (including leadership).

Clients experience world class customer service at the front door, supported by walk-in access and programs conveniently located in the community. They also experience this level of customer service during the treatment/recovery process, as well as after their care plan is completed and they wish to have periodic check-backs or need to access crisis services or additional planned care, should their needs change.

## >> ELEMENT 3: Comprehensive Care

*“Provide or help me get the health care and services I need.”* (Oregon Patient-Centered Primary Care Home Principles)

A BHCOE is known for offering a broad scope of mental health, substance use, and co-occurring disorder treatment services that are integrated with medical care and other services and supports. Each person or family has a single care plan that includes what is needed to move toward whole health, supported by a multidisciplinary care team, sometimes representing staff from multiple organizations, connected by an electronic care plan or client registry.

A BHCOE has a deep understanding of the population it serves and is able to offer a tailored version of SAMHSA's nine categories of care for individuals with behavioral health disorders:

1. Healthcare home/physical health
2. Prevention and wellness
3. Engagement services
4. Outpatient and medication services
5. Community and recovery support (rehabilitative)
6. Other supports (habilitative)
7. Intensive support services
8. Out-of-home residential services
9. Acute intensive services

Care management is a critical activity that overlaps and connects all nine categories. BHCOE care managers' work with clients to manage care across the care continuum, throughout various settings, working with the person, providers, payors, and others to improve outcomes and make best use of the full range of available resources.

The ability to achieve this level of integration and comprehensiveness, combined with the other four elements, represents significant progress toward Michael Porter's definition of an Integrated Practice Unit. (Attachment A describes the continuum of care that aligns with this element.)

## >> ELEMENT 4: Excellent Outcomes

*"Take responsibility for making sure I receive the best possible health care."* (Oregon Patient-Centered Primary Care Home Principles)

A BHCOE is known for achieving results for clients. It can measure what is important to clients and achieves excellent outcomes on those measures. The organization has also done its homework and has developed a measurement framework that draws on existing process and outcome measures.

One example is a comprehensive framework developed by Richard Hermann, MD and his colleagues at the Center for Quality Assessment and Improvement in Mental Health, Tufts-New England Medical Center. Based on the identification of more than 300 behavioral health measures drawn from over 20 measure developers, they identified seven behavioral health domains: prevention, access, assessment, treatment, continuity, coordination, and safety.<sup>2</sup>

Of particular importance is the emergence of a treat-to-target, team-based care approach to achieving success at the client level. The client, with support of their care team, identifies their care goals — at least

2. Richard C. Hermann, MD, MS. *Improving Mental Healthcare: A Guide to Measurement-Based Quality Improvement*. American Psychiatric Publishing, Inc. 2005.

one clinical and one personal. Outcome tools relevant to the clinical goals are used to collect baseline information and measurable targets are set. Professional and self-care plans are developed, drawing from scientific evidence about the client's background, conditions, and goals. Frequent measurement is made and if a client is not reaching their targets, the care plan and self-care plan are changed. Client-level outcome data are collected in a central repository, evaluated on a regular basis, and used to continuously improve care.

Equally important is the need to identify performance measures relevant to partner organizations such as medical homes and health plans. Both groups are increasingly under the microscope to demonstrate excellent outcomes and BHCOEs can position themselves to help their partners and payors succeed. *(See additional discussion of this topic in the BHCOE Performance Measurement section.)*

## >> ELEMENT 5: Excellent Value

*"We are accountable for both the cost and quality of care."* (Anonymous)

A BHCOE is known for providing high value. This means the organization achieves improved health outcomes that matter to clients relative to the cost of achieving those outcomes. In specialty care, including behavioral health, this move to high-value care is accompanied by a move away from fee-for-service and a move toward bundled payments/case rates.

High value services have three characteristics:

- 1) The services are effective in achieving individual outcomes or system-wide outcomes;
- 2) The services are more cost-effective than alternatives that may have been selected; and
- 3) The services are "lean," meaning waste (i.e., excess costs) have been removed through process improvement activities.

The first two characteristics relate to the achievement of outcomes-based care (Element 4) with the addition of thinking about the cost effectiveness of alternatives. The third characteristic requires that a defined approach to quality improvement, generally lean, is used throughout the organization. Organizations that provide high value services can provide higher quality care and lower costs than their peers, and they can offer competitive prices under alternative payment models such as bundled payments/case rates.

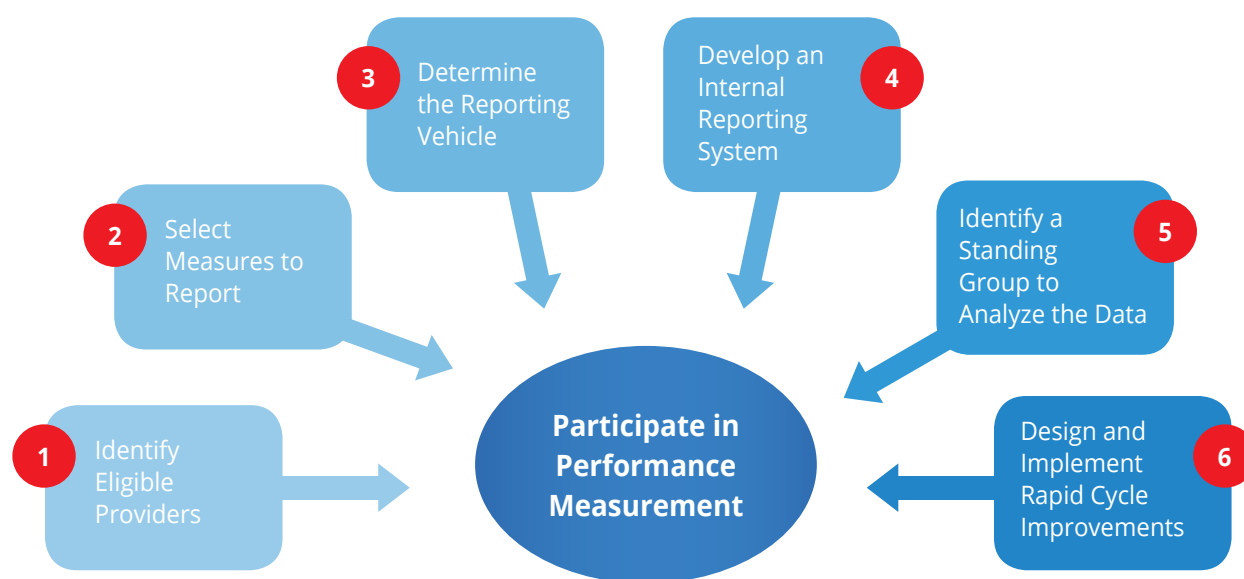
## BHCOE PERFORMANCE MEASUREMENT

The discussion of performance measurement began with Element 4: Excellent Outcomes, but there is more to say in order to achieve true excellence. When it comes to outcomes-based care and performance measurement, the behavioral health field has often been left on the outside looking in. The exclusion of community behavioral health centers from Meaningful Use funding is a prime example. A second major problem is the field's inability to reach consensus on what outcomes are most important and what tools to use.



BHCOEs will need to update their views on this topic and move forward, regardless of outside funding opportunities. And they already have a great deal of help from many organizations. A partial list of these organizations and their roles is included in Attachment B.

The following diagram illustrates a six-step action plan for getting into the performance measurement game relevant for any federal, state, or payor reporting initiatives.



## BHCOE INFRASTRUCTURE

It will be clear that BHCOEs make substantial infrastructure investments as a prerequisite to achieving high marks on the five elements. At a minimum this will include:

- **Information Technology**, including electronic health records, patient registries, and participation in health information exchanges.
- **Quality Improvement Framework** with a well-developed quality management process that addresses quality assurance, quality improvement, risk management, utilization and resource management, utilization review, credentialing, and performance contracting. (This is not the same as compliance.)
- **Supervision and Training Plan** that supports regular and timely training, supervision, coaching, and performance evaluations to support all staff in maximizing their potential and effectiveness.
- **Revenue Cycle Management** that effectively addresses every step in the process including payor contract management, client scheduling, financial counseling, service pre-authorization, charge capture, utilization management, claims submission, third-party follow-up, and denials management and appeals.

- **Value-Based Purchasing**, including the ability to integrate clinical, quality, and financial information to analyze cost and outcomes by client, provider, team, program, and payor, and to operate under a variety of payment models.
- **Compliance Plan** led by a designated compliance officer that ensures appropriate training on robust compliance practices and standards supported by internal monitoring and auditing. (This is not the same as quality Improvement.)

## CONCLUSION

Specialty healthcare, including behavioral health, is in the midst of a major transformation that will fundamentally redefine the field. Michael Porter suggests Integrated Practice Units, organized around people's medical conditions is the future. This is potentially good news for the nation's network of community behavioral healthcare organizations because of their long history of working with a psychosocial rehabilitation model that addresses behavioral health disorders, as well as social determinants of health.

With the full rollout of the Affordable Care Act and an expanding research base telling us that effectively integrated behavioral healthcare improves outcomes and saves money, there is already more demand for properly trained behavioral health professionals and paraprofessionals. There is also a rapidly expanding expectation that organizations employing these individuals must perform as high-value health delivery organizations.

The recently enacted CCBHC Program has the potential to create a *Good Housekeeping Seal of Approval* for centers that are able to pass muster, supported by additional dollars that will fund comprehensive and outcomes based care.

- **By September 1, 2015**, the Secretary of Health and Human Services will publish criteria for an organization to be certified by a state as a CCBHC, along with guidance on establishing a new prospective payment system model.
- **By January 1, 2016**, the Secretary will award planning grants to states that wish to apply to participate in the CCBHC demonstration program.
- **By September 1, 2017**, the Secretary will select eight states to participate in a two-year pilot of the CCBHC program, where each state will receive 90 percent federal funding for all of the required services provided by the CCBHCs.

The time has arrived for behavioral health providers to up their game, moving toward excellence today and CCBHC status tomorrow to become an integral part of the new health ecosystem.



**The Continuum of Care Aligned with Element 3: Comprehensive Care**  
**Description of a Modern Addictions and Mental Health Service System (SAMHSA)**

<b>Healthcare Home / Physical Health</b>	<ul style="list-style-type: none"> <li>• Screening, brief intervention &amp; referral</li> <li>• Acute primary care</li> <li>• General health screens, tests &amp; immunization</li> <li>• Comprehensive care management</li> </ul>
<b>Prevention and Wellness</b>	<ul style="list-style-type: none"> <li>• Prevention programs</li> <li>• Wellness programs</li> <li>• Smoking cessation education session on MI/SUD</li> <li>• Health promotion</li> <li>• Brief interviews</li> <li>• Warm line</li> </ul>
<b>Engagement Services</b>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Specialized evaluations (psychological, neurological)</li> <li>• Service planning (including crisis planning)</li> <li>• Consumer/ family education</li> <li>• Outreach</li> </ul>
<b>Outpatient &amp; Medication Services</b>	<ul style="list-style-type: none"> <li>• Individual evidenced based therapies *</li> <li>• Group therapy</li> <li>• Family therapy</li> <li>• Multi-family counseling</li> <li>• Medication management</li> <li>• Pharmacotherapy (including Opioid maintenance therapies)</li> <li>• Laboratory services</li> <li>• Specialized consultation</li> </ul>
<b>Community and Recovery Support (Rehabilitative)</b>	<ul style="list-style-type: none"> <li>• Peer supports</li> <li>• Recovery support services*</li> <li>• Family training &amp; support</li> <li>• Skill building (social, daily living, cognitive)</li> <li>• Case management</li> <li>• Continuing care</li> <li>• Behavioral management</li> <li>• Supported employment</li> <li>• Permanent Supportive housing</li> <li>• Recovery housing</li> <li>• Therapeutic mentoring</li> <li>• Traditional healing services</li> </ul>
<b>Other Supports (Habilitative)</b>	<ul style="list-style-type: none"> <li>• Personal care</li> <li>• Homemaker</li> <li>• Respite</li> <li>• Educational services</li> <li>• Transportation</li> <li>• Assisted living services</li> <li>• Recreational services</li> <li>• Other goods &amp; services*</li> <li>• Trained behavioral health interpreters</li> </ul>
<b>Intensive Support Services</b>	<ul style="list-style-type: none"> <li>• Substance abuse intensive outpatient services</li> <li>• Partial hospital</li> <li>• Assertive community treatment</li> <li>• Intensive home based treatment/</li> <li>• Multi-systemic therapy</li> </ul>
<b>Out-of-Home Residential Services</b>	<ul style="list-style-type: none"> <li>• Crisis residential/ stabilization</li> <li>• Residential services*</li> <li>• Supports for children in foster care</li> </ul>
<b>Acute Intensive Services</b>	<ul style="list-style-type: none"> <li>• Mobile crisis services</li> <li>• Urgent care services</li> <li>• 23 hour crisis stabilization service</li> <li>• Psychiatric inpatient &amp; medical detoxification services</li> <li>• 24/7 crisis hotline services</li> </ul>



## PERFORMANCE MEASUREMENT ORGANIZATIONS

The following is a partial list of key organizations that have been involved in the development and promulgation of behavioral health performance measures.

**The National Quality Forum (NQF)** is the national measurement validation engine for the federal government and numerous other organizations. Currently the NQF has endorsed several dozen behavioral health measures. ([www.qualityforum.org](http://www.qualityforum.org))

**The Centers for Medicare & Medicaid Services (CMS)**, the largest purchaser of healthcare in the United States, has 26 separate CMS quality initiatives under way, tracking 971 measures that include 60 unique behavioral health measures. The CMS measurement framework is part of a larger federal structure containing 2,179 total measures including 179 behavioral health measures. ([www.qualitymeasures.ahrq.gov/hhs/inventory.aspx#browseType=current](http://www.qualitymeasures.ahrq.gov/hhs/inventory.aspx#browseType=current))

**The Center for Quality Assessment and Improvement in Mental Health (CQAIMH)**, consisting of faculty and staff from Tufts and Harvard, have developed a quality measure inventory consisting of more than 300 behavioral health measures drawn from more than 20 measure developers. ([www.cqaimh.org](http://www.cqaimh.org))

**The Substance Abuse and Mental Health Services Administration (SAMHSA)** has worked on several projects, including their ongoing project to create a National Behavioral Health Quality Framework, a joint project with the Office of the National Coordinator (ONC), and a joint project with the Assistance Secretary for Planning and Evaluation (ASPE). ([http://store.samhsa.gov/draft/NBHQF\\_DRAFT\\_082613.pdf?WT.mc\\_id=EB\\_20130827\\_NBHQDraft](http://store.samhsa.gov/draft/NBHQF_DRAFT_082613.pdf?WT.mc_id=EB_20130827_NBHQDraft))

**CMS' "Physician Quality Reporting System" (PQRS)** is a relatively new program open to all behavioral health providers that bill Medicare Part B with an individual provider identifier. This is an ideal vehicle for potential BHCOEs to jump into federal quality reporting, especially because providers that do participate will receive a 0.5 percent incentive bonus if they participate in 2014, and will be subject to a 2 percent penalty beginning in 2016 for those that fail to report into the PQRS beginning in 2014. ([www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/?gclid=CMD-o4Cu6L-0CFY17fgodHTcATQ](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/?gclid=CMD-o4Cu6L-0CFY17fgodHTcATQ))