

# Behavioral Health Centers of Excellence & the Future of Health

*-draft concept paper-*

Healthcare reform is creating tremendous disruption in nearly all aspects of healthcare. As many 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?

## The Future of Health

Michael Porter, a professor at the Harvard Business School and leading authority on competitive strategy, has considered this question since he began his 2006 book, *Redefining Health Care: Creating Value-Based Competition on Results*. Porter is 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>i</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 a full spectrum of health and wellness.

## Centers of Excellence

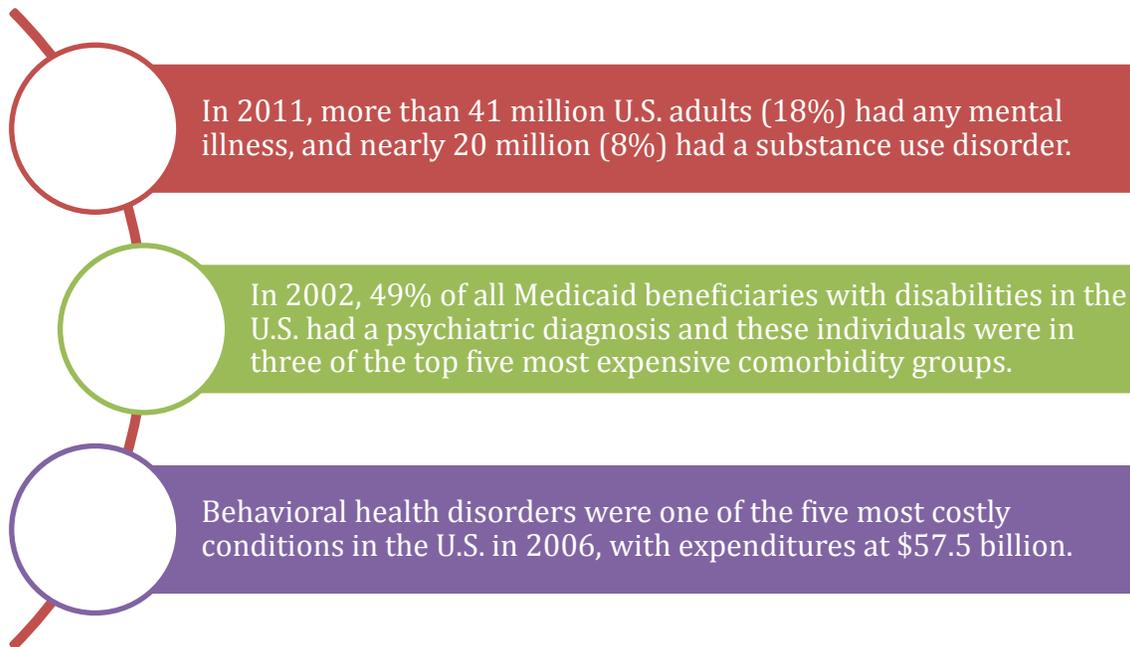
As medical homes and other integrated health systems expand their footprint, supported by payment reform, emerging evidence shows that clinical staff are becoming more thoughtful about specialist referrals. For example, imagine being a clinician in a medical home, treating a patient who has a serious heart condition or a major mental illness beyond the scope of what you can treat at your clinic. You no longer can 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.***

**The New Mindset:** We can no longer afford to make referrals to specialty providers lacking outcomes data or we know to be poor performers with high error rates, high costs, and poor outcomes.

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 in Seattle 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 don't address the problem the first time (a rare occurrence), they will fix it for free.

### The Future of Behavioral Health

There is a growing awareness of the high prevalence of behavioral health disorders, the high comorbidity of behavioral health disorders and chronic health conditions, and the high healthcare costs for Americans with behavioral health disorders.



This awareness and financial risk (as well as full implementation of parity) already drive policy and system changes to help ensure that more people with behavioral health disorders are engaged in whole person care and effectively treated, resulting in lower rates of morbidity and early mortality, as well as lower total healthcare expenditures for this population. This is already starting to generate greater demand for properly trained behavioral health professionals and paraprofessionals. We are also seeing that organizations employing these individuals are beginning to evolve into high-value health delivery organizations: Behavioral Health Centers of Excellence (BHCOE).

The remainder of this paper explores the concept of BHCOEs, as we begin a national dialog to create a definition and support the transformation of the current systems of mental health and substance use delivery to realize that definition.

## Behavioral Health Centers of Excellence

What is a BHCOE? We don't know yet. It hasn't been defined. To address this, the National Council for Behavioral Health is spearheading a six-month project to develop a definition, identify key elements, explore relevant metrics, and begin working with members across the country to field test, and refine these ideas.

**BHCOE Definition:** Let's start with a draft definition of a Behavioral Health Center of Excellence, drawing on what we're learning about the future of health and health delivery organizations.

*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. It is an organization or program within an organization that is an integral part of the health neighborhood, providing rapid access to specialty behavioral health services that include high value, comprehensive, whole person care that supports resiliency and recovery and results in excellent outcomes, and high client satisfaction.*

**BHCOE Draft Elements:** The following five elements represent a first draft of what will likely define the organizations that reach this status. This is not an exhaustive list, but we believe that 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 five areas.

- Element 1: World class customer service built on a culture of staff and client engagement and wellness
- Element 2: Excellent outcomes
- Element 3: Easy access
- Element 4: Comprehensive care
- Element 5: Excellent value

### Element 1: World Class Customer Service Built on a Culture of Staff and Client 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 employees who are caring, 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 believe deeply in resiliency and recovery. They focus on both staff and client engagement and wellness. Staffs 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. Both staff and client physical and emotional wellness is prioritized. Leaders in these organizations engage and empower consumers, empower staff, and employ consumers at all levels (including leadership).

### **Element 2: 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. The organization is able to measure what is important to clients and achieve excellent outcomes on those measures. The organization uses a treat-to-target, team-based care approach to achieve these successes at the client level. The client, with support of their care team, identifies their care goals – at least 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 isn’t 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.

### **Element 3: Easy Access**

*“Be there when I need you.”* (Oregon patient centered primary care home principles)

A BHCOE is known for ensuring that new and continuing clients are able to get the right care, at the right time, in the right setting, and by 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, eliminated redundant information collection, and reduced the time from first appointment to completed treatment plan. One example of success in this area is the ability of healthcare providers to get their clients into specialty behavioral healthcare with same day/next day access for high-risk, high-need clients.

### **Element 4: 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, staffed by a multi-disciplinary care team, sometimes representing staff from multiple organizations,

connected by an electronic care plan or client registry. (*Note: Attachment A describes the continuum of care that aligns with this element.*)

### **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 that 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 that waste (excess costs) have been removed through process improvement activities.

The first two characteristics relate to the achievement of outcomes-based care 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 at lower cost than their peers provide and offer competitive prices in a bundled payment/case rate environment.

## Description of a Modern Addictions and Mental Health Service System Substance Abuse Mental Health Services Agency (SAMHSA)<sup>ii</sup>

Healthcare Home / Physical Health	Prevention and Wellness	Engagement Services	Outpatient & Medication Services	Community and Recovery Support (Rehabilitative)	Other Supports (Habilitative)	Intensive Support Services	Out-of-Home Residential Services	Acute Intensive Services
<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>	<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>	<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>	<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>	<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>	<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>	<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>	<ul style="list-style-type: none"> <li>• Crisis residential/stabilization</li> <li>• Residential services*</li> <li>• Supports for children in foster care</li> </ul>	<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>

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<sup>i</sup> Michael E. Porter and Thomas H. Lee. *The Strategy That Will Fix Health Care*. *Harvard Business Review*. October 2013.

<sup>ii</sup> Substance Abuse and Mental Health Service Administration (SAMHSA). (2011). *Description of a Good and Modern Addictions and Mental Health Service System*. Rockville, MD: SAMHSA. p. 11