Care Transitions Network for People with Serious Mental Illness

A Practice Transformation Network

National Council for Behavioral Health
Montefiore Medical Center
Northwell Health
New York State Office of Mental Health
Netsmart Technologies
Libbi Ethier  
Program Assistant  
National Council for Behavioral Health  
LibbiE@TheNationalCouncil.org

Kate Davidson, LCSW  
Clinical Advisor  
National Council for Behavioral Health  
KateD@TheNationalCouncil.org

Elizabeth Arend, MPH  
Quality Improvement Advisor  
National Council for Behavioral Health  
ElizabethA@TheNationalCouncil.org
The Care Transitions Network is:

- The only PTN focused on supporting clinicians who serve people with serious mental illness
- One of the three project options for OMH’s 2016 Continuous Quality Improvement Initiative
Five “Phases of Transformation”

1. Set Aims
2. Use Data to Drive Care
3. Achieve Progress on Aims
4. Benchmark Status
5. Thrive as a Business Through Value-Based Payment Systems
What are Value-Based Payments?

**Fee-for-Service** = payment is dependent on quantity of care, rather than quality

**Value-based payments** = payment model rewards health care providers for meeting certain predetermined performance measures related to quality and efficiency
Moving toward Value over Volume in New York State

Current State
Increasing the value of care delivered more often than not threatens providers’ margins

Future State
When VBP is done well, providers’ margins go up when the value of care delivered increases
Why Focus on Serious Mental Illness (SMI)?

• 673,000 adults in New York state live with SMI (3.4% of population)

• Adults with SMI die on average 25 years earlier, largely due to treatable comorbid medical conditions

<table>
<thead>
<tr>
<th>Recipient Health Condition</th>
<th>Potentially Preventable Readmission Rate</th>
<th>Total PPR Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>8.0</td>
<td>$202,842,118</td>
</tr>
<tr>
<td>Substance use</td>
<td>10.3</td>
<td>$90,714,989</td>
</tr>
<tr>
<td>Mental health and substance use</td>
<td>17.9</td>
<td>$370,272,653</td>
</tr>
<tr>
<td>All others</td>
<td>4.8</td>
<td>$149,116,486</td>
</tr>
<tr>
<td>Total</td>
<td>9.4</td>
<td>$812,946,246</td>
</tr>
</tbody>
</table>
Goal: To reduce all-cause re-hospitalization rates by 50 percent for people with serious mental illness.
Approach

Set Aims
Use Data to Drive Care
Achieve Progress on Aims
Benchmark Status
Thrive as a Pay-for-Value Business

Targeted Coaching & Clinical Support
Short-term Care Transitions Support
Web-based Platforms to Track Progress
<table>
<thead>
<tr>
<th>CMS Change Package: Primary and Secondary Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient and Family-Centered Care Design</strong></td>
</tr>
<tr>
<td>1.1 Patient &amp; family engagement</td>
</tr>
<tr>
<td>1.2 Team-based relationships</td>
</tr>
<tr>
<td>1.3 Population management</td>
</tr>
<tr>
<td>1.4 Practice as a community partner</td>
</tr>
<tr>
<td>1.5 Coordinated care delivery</td>
</tr>
<tr>
<td>1.6 Organized, evidence-based care</td>
</tr>
<tr>
<td>1.7 Enhanced access</td>
</tr>
<tr>
<td><strong>Continuous, Data-Driven Quality Improvement</strong></td>
</tr>
<tr>
<td>2.1 Engaged and committed leadership</td>
</tr>
<tr>
<td>2.2 QI strategy supporting a culture of quality and safety</td>
</tr>
<tr>
<td>2.3 Transparent measurement and monitoring</td>
</tr>
<tr>
<td>2.4 Optimal use of HIT</td>
</tr>
<tr>
<td><strong>Sustainable Business Operations</strong></td>
</tr>
<tr>
<td>3.1 Strategic use of practice revenue</td>
</tr>
<tr>
<td>3.2 Staff vitality and joy in work</td>
</tr>
<tr>
<td>3.3 Capability to analyze and document value</td>
</tr>
<tr>
<td>3.4 Efficiency of operation</td>
</tr>
</tbody>
</table>
Individualized Coaching and Clinical Support

• Support to assess practice and set individualized goals
• Best clinical practice support services
• Menu of monthly webinars
• Tele-consultations with subject matter experts

Available to all eligible professionals in each enrolled practice
Web-based Platforms to Track Progress

• Regular dashboard reports to track progress toward goals
• ALL data derived from Medicaid claims data = no extra burden for members!
Outcomes

By 2019, Care Treatment Network members will:

✓ Be better positioned as **clinical leaders** for people with SMI
✓ Be locally and nationally recognized as **high performing organizations**
✓ Have the **acumen to thrive as a business** in a rapidly-changing environment
Select Eligibility Criteria

✓ Inpatient and outpatient
✓ Behavioral health and primary care
✓ Urban or rural
✓ Must include at least one physician, NP, PA, PhDs/PsyDs, LCSW
Minimal Investment

• Signed enrollment agreement
• Provide licensure, NPI, contact information of all enrolled clinicians
• Designated leadership to engage team in continuous quality improvement
Benefits

- Up to $1000 incentive payment per eligible clinician
- **Referrals** between participating outpatient and inpatient providers
- **Free contact hours** that contribute to CMEs and CEUs for clinical staff
- Access to **on-demand resources**, including clinical and practice modules and training from Network affiliates
  - The Center for Practice Innovations
  - American Medical Association
  - American Psychiatric Association
  - American Association of Nurse Practitioners
Next Steps

• Sign the enrollment agreement and join the network!

• Share the attached handout with your organization’s leadership and share how you think your organization could benefit

• Contact us to discuss eligibility, enrollment and network benefits with Elizabeth or Kate

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org
Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

The project described was supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

Disclaimer: The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.