

Best Practices for Sustaining Behavioral Health Integration Models in Health Centers using Health Information Technology

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Moderators



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SAMHSA-HRSA Center for Integrated Health Solutions

WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of **integration of primary and behavioral health care** for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider settings across the country.

CIHS is jointly funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health through the contract task order HHSS283201200031I/HHSS28342001T, Ref No. 283-12-3101.

Before we begin

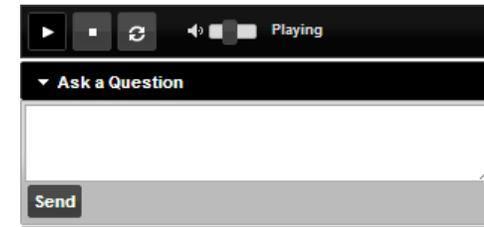
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Test my system now

Operating System	 Passed	Windows 7 Your operating system is ready to go!
Browser	 Passed	Google Chrome 33 Your browser is ready to go!
Bandwidth	 Passed	Your connection speed is approximately: 4,513 Kbps Your current bandwidth connection is ready to go!
Media Playback Test	 Passed	
Slide Display Test	 Passed	Your system is ready to go!
Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64; AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36 Tech info: Windows 7 Google Chrome 33 BW: 4,513 Kbps AFP v. 12.0.0 WMP v. Not installed or disabled IP: 98.141.87.70 RSA: 173.228.128.167 Screen Res: 1920 x 1080 Compatibility Mode Enabled: NA Cookies Enabled: Yes Click here for the advanced system test Time: Thu Feb 27 16:23:17 GMT+00:00 2014	

Before we begin

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Learning Objectives

After this webinar, participants will:

- ✓ Understand appropriate workflows that support sustainability of behavioral health screening, referrals, and treatment
- ✓ Identify best practices in utilizing electronic health records (EHRs) to ensure accurate and comprehensive billing of behavioral health
- ✓ Identify best practices in working with Health Center Controlled Networks (HCCNs) and using Health Information Technology (HIT) to support population health management and data aggregation

Today's Speakers



Simon Smith
CEO
Clinica Health



Janet Rasmussen
VP of Behavioral Health
Clinica Health



Jason Greer
CEO
Colorado Community Managed
Care Network



Sue Lin, PhD, MS
Director
Quality Division
Office of Quality Improvement
Bureau of Primary Health Care
Health Resources and Services Administration

Bureau of Primary Health Care: Strategic Goals



**Increase Access to
Primary Health Care**



**Advance
Health Center
Quality and Impact**



**Optimize Bureau of
Primary Health Care
Operations**

**Health Center Program Mission: Improve the health of the
nation's underserved communities and vulnerable populations**

Strategic Goal 1:

Increase Access to Primary Health Care



Objectives

- Increase the number of underserved communities and vulnerable populations with access to primary health care
- Expand access to comprehensive services
 - ✓ Primary Medical
 - ✓ Oral Health
 - ✓ **Mental Health**
 - ✓ **Substance Use Disorder/Opioid Treatment**
 - ✓ Vision Services
 - ✓ Enabling Services (case management, transportation, patient education)
 - ✓ Clinician education and training
- Strengthen health center capacity to respond to urgent and emergent issues



Clinica Family Health

Clinica Family Health

Founded: 1977
FQHC Status: 1979

People's Clinic
3 Medical Pods
Alpine Clinic
Integrated Care Team

Lafayette Clinic and Administration
3 Medical Pods
Dental Clinic
Training Center

Westminster Clinic
2 Medical Pods

Thornton Clinic
4 Medical Pods
Dental Clinic

Pecos Clinic
4 Medical Pods
Dental Clinic

Clinica Family Health - A Stewardship of Lives



53,379 Patients

95% Living at $\leq 200\%$ FPL

77% Hispanic and/or other minority

550+ Staff

90 Medical Providers

17 Behavioral Health Providers

20 Dental Providers

HRSA
Health Resources & Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

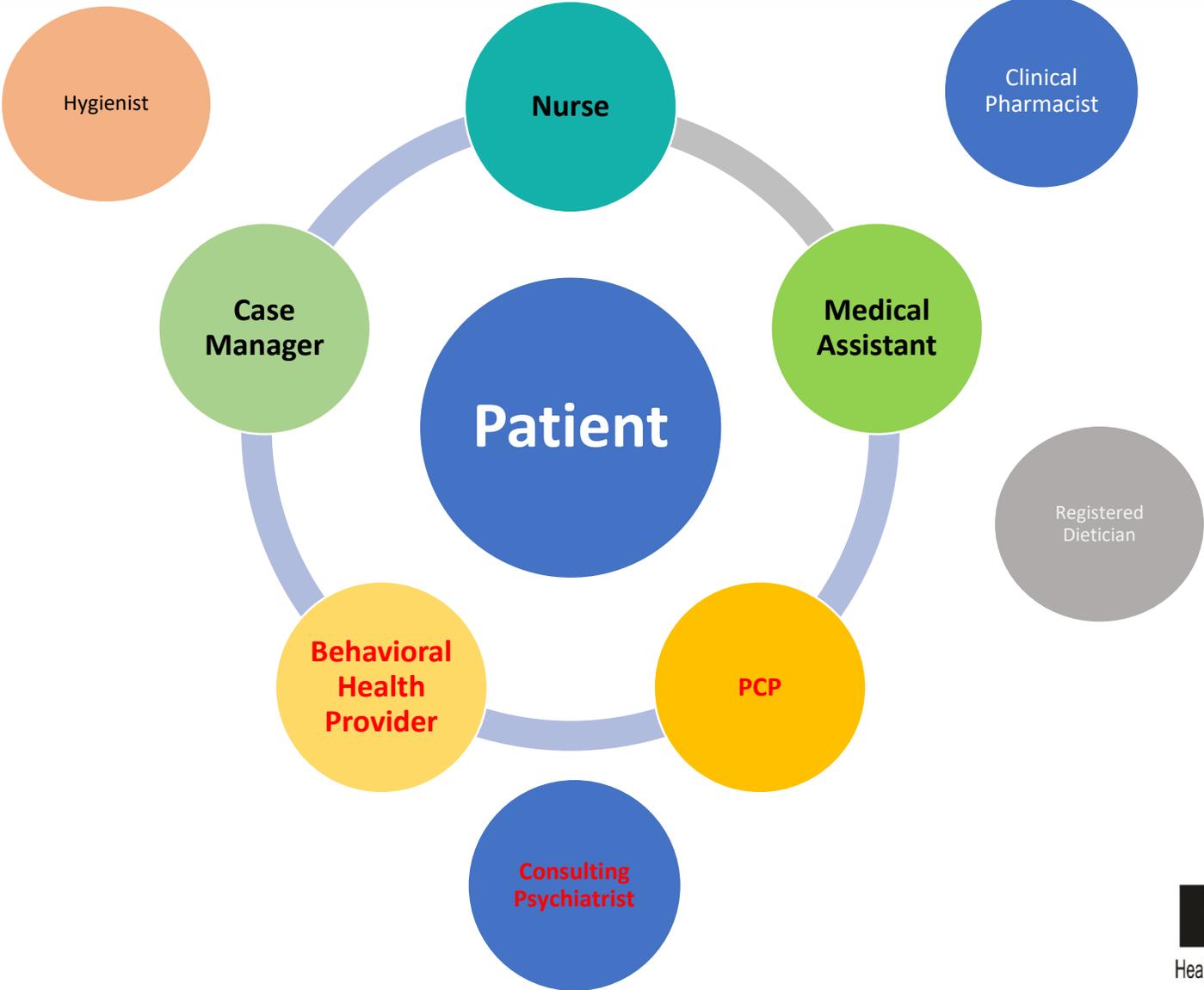
Standard Framework of Integrated Care

COORDINATED		CO-LOCATED		INTEGRATED	
Key Element: <i>Communication</i>		Key Element: <i>Physical Proximity</i>		Key Element: <i>Practice Change</i>	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Minimal Collaboration	Basic Collaboration at a Distance	Basic Collaboration On-Site	Close Collaboration with some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in Integrated Setting
<p>BHP and PCP deliver care separately within their own practices.</p> <p>Information exchanged as needed.</p> <p>Limited collaboration outside of initial referral.</p>		<p>BHP and PCP deliver care within the same practice.</p> <p>Co-location = where services are provided.</p> <p>Patient care often siloed to each clinician's area of expertise</p>		<p>BHP and PCP work together to design and implement a patient care plan.</p> <p>Tightly integrated on-site teamwork with unified care plan</p>	

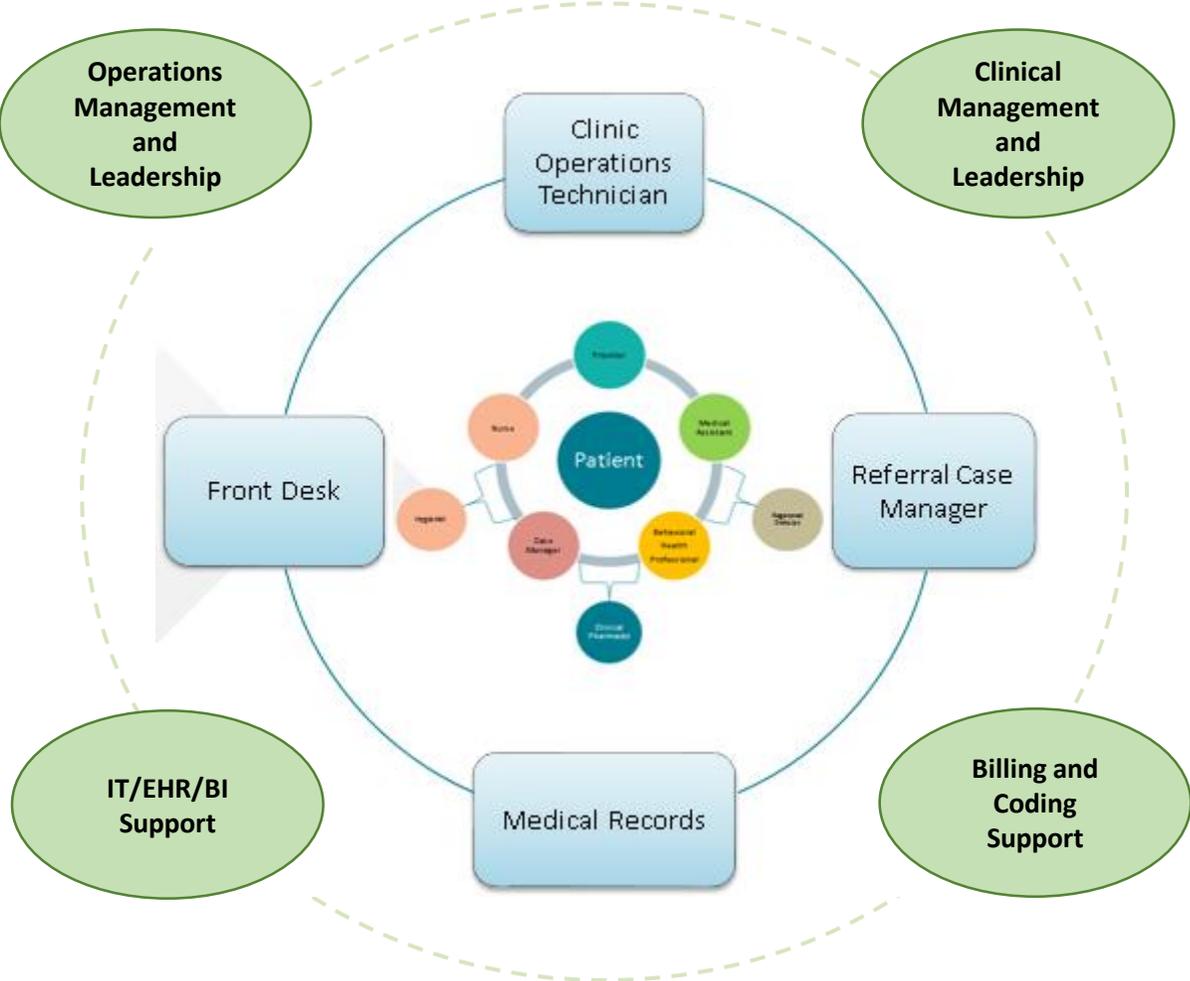
http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf

Clinical Team Based Care Model

17 Care Teams



Broader Organizational Support for Team Based Care



The Clinica Care Team Environment



Care Team Staffing

- 3.4 FTE Medical Provider
 - 1 FTE Behavioral Health Provider
 - 4 FTE Medical Assistant
 - 1 FTE Nurse Team Manager
 - 1 FTE Clinic Nurse
 - 1.5 FTE Case Manager
 - 2 FTE Front Desk
 - 1 FTE Medical Records
 - 0.5 FTE Referral Case Manager
- Shared Staff:
- Dental Hygienist
 - Consulting Psychiatrist
 - Registered Dietician
 - Clinical Pharmacist

Behavioral Health Team Staffing

LCSW or Psychologist 1 per care team

Responsible for behavioral health needs of patients empaneled to PCPs on their care team

Assessment, diagnosis, treatment plan, brief interventions, 6-8 therapy sessions

Warm hand-off exam room
Scheduled individual therapy
Group Visits

Referral to CMHC

Psychiatrist 2 for the organization

Responsible for psych consultation for entire Clinica population

Clarification of diagnosis
Medication recommendations

Individual referral
PCP/Psychiatrist Co-Visit
Curb-Side Consult
Phone Consult
Tasking of Chart

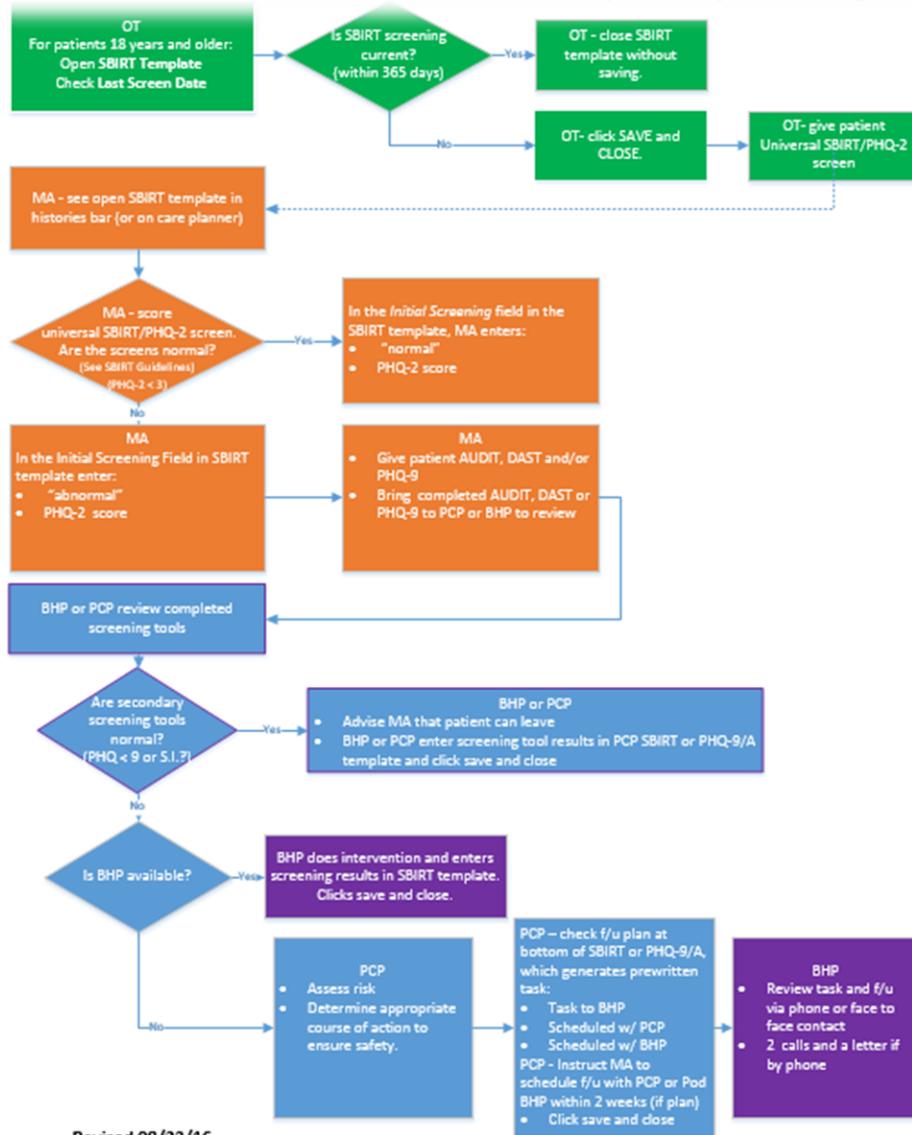
Populations of Focus

- Behavioral Health
 - Mental Health Diagnosis
 - Substance Use Disorder
 - Chronic Pain
 - Crisis Intervention
- Co-Morbid Mental Health and Chronic Disease
- Uncontrolled Chronic Disease
 - A1c > 9
 - Uncontrolled Hypertension
- Life Stressors
 - Grief, Divorce, etc.

Universal Screening

- **Annual Substance Use Disorder** – SBIRT
- **Annual Depression** – PHQ-2/PHQ-9/PHQ-A
- **Pregnancy Related Depression** - PHQ-9/Edinburgh
- **Annual Social Determinants** – PRAPARE

Universal Screening – Define Workflow by Role



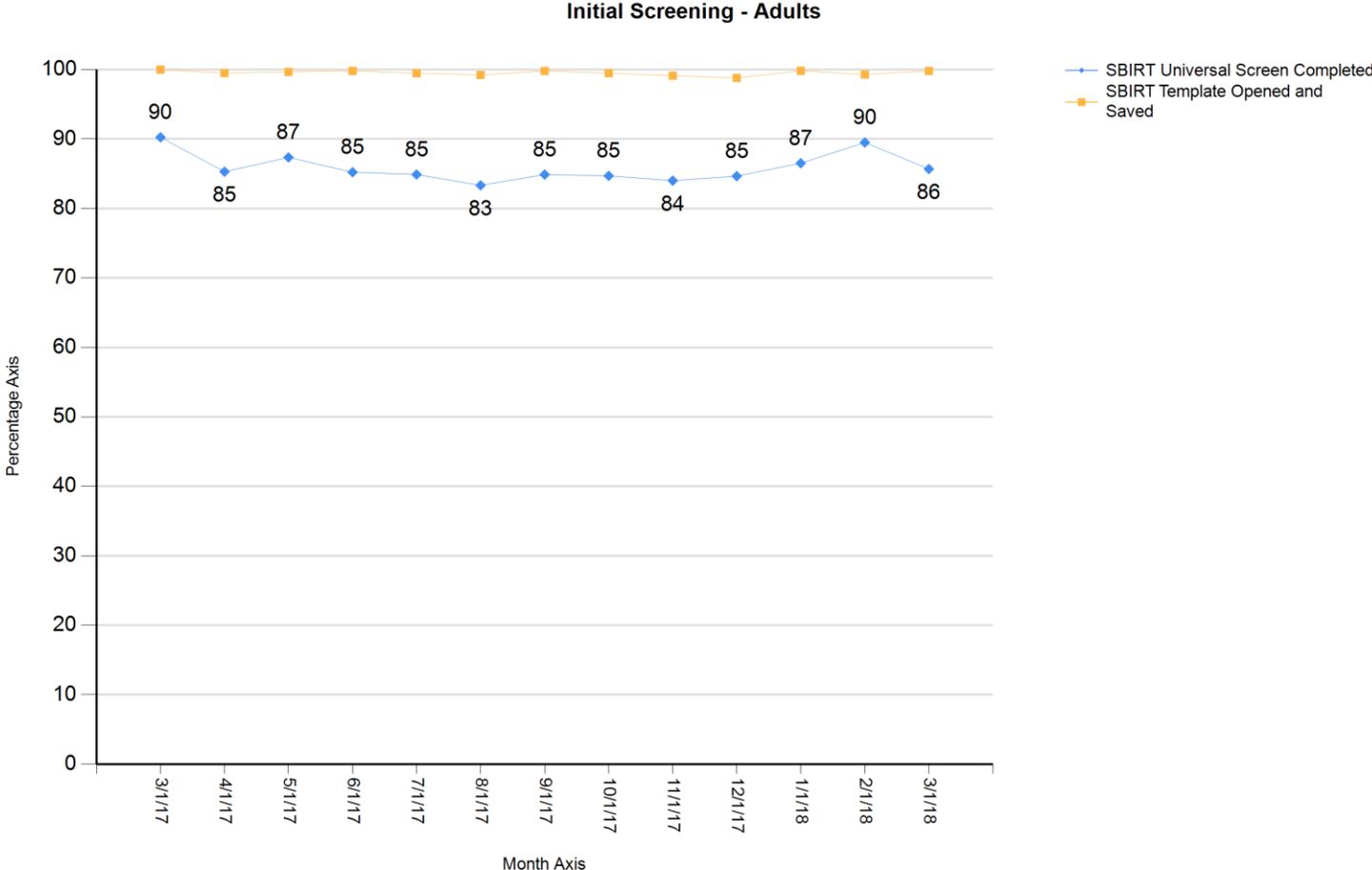
Front Desk Role

MA Role

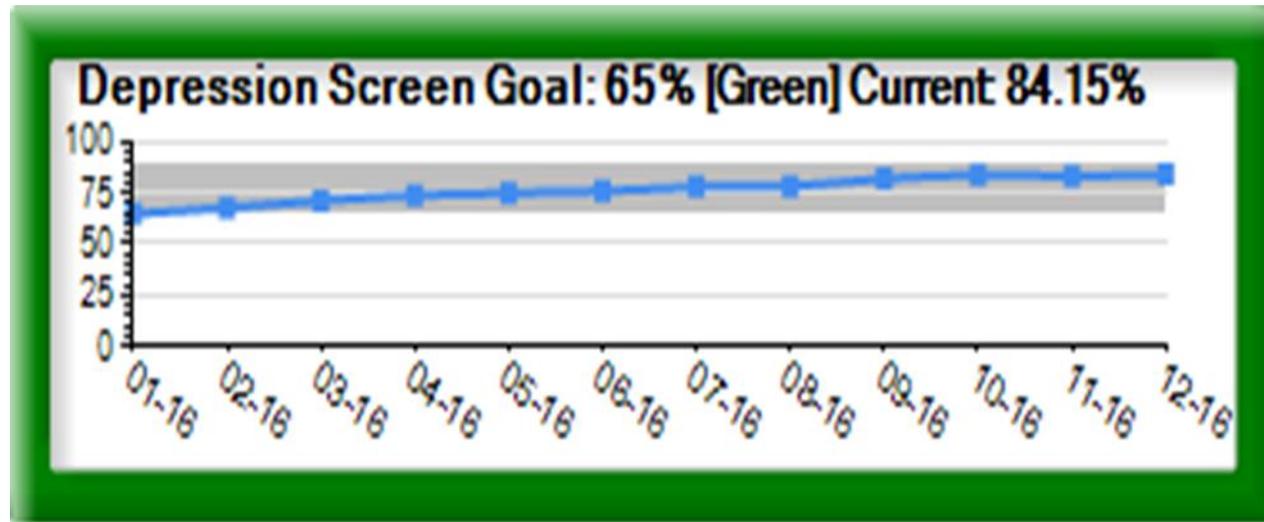
BHP/PCP Role

BHP Role

Universal Screening - Monitor Workflow



Universal Screening - Track Progress Toward Goal



MEASURE - Percentage of patients aged 12 and older who were:

1. Screened for depression with a standardized tool

AND if screening was positive

2. Had a documented plan for follow-up

Tools that Support Integrated Care

- BHP Schedules
- Patient Care Planner
 - Huddle/Visit Tool
- Integrated Record
 - Screening Grid
 - Depression Registry Flowsheet
- Outreach Tool
 - Active scheduling to close chronic disease care gaps – including mental health

BHP Schedules are Open

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Huddle	Huddle	Huddle	Huddle	Huddle
8:20	Therapy	Therapy	Therapy	Therapy	Therapy
8:40	Therapy	Therapy	Therapy	Therapy	Therapy
9:00	Care Team				
9:20	Care Team				
9:40	Care Team				
10:00	Care Team				
10:20	Care Team				
10:40	Care Team				
11:00	Care Team				
11:20	Care Team				
11:40	Care Team				
12:00	Care Team				
12:20	Therapy	Therapy	Therapy	Therapy	Therapy
12:40	Therapy	Therapy	Therapy	Therapy	Therapy
1:00	Closed	Closed	Closed	Closed	Closed
1:20	↓	↓	↓	↓	↓
1:40	↓	↓	↓	↓	↓
2:00	Huddle	Huddle	Huddle	Huddle	Huddle
2:20	Care Team				
2:40	Care Team				
3:00	Care Team				
3:20	Care Team				
3:40	Care Team				
4:00	Care Team				
4:20	Care Team	Care Team	Care Team	Care Team	Therapy
4:40	Therapy	Therapy	Therapy	Therapy	Therapy
5:00	Therapy	Therapy	Therapy	Therapy	Closed
5:20	Closed	Closed	Closed	Closed	↓

BHPs do not control their schedules. They are available to meet the needs that are identified at during the PCP visit

Schedule Management

● Schedule Design

- Open schedules to support access for patients at time of PCP visit
- Blocked 2x per day for huddles
- Blocked 1 therapy slot per care session

● Who Can Schedule

- BHP or Call Center can place therapy patient in BHP schedule
- Care team can flag patient for BHP services during all PCP appointments

BHPs can always be interrupted for consultation/triage

CarePlanner

Person	Patient Name	PCP/ Status	Phone / MCC	Age/ DOB	Sex	Last Visit	ACO
	SO: Straight or heterosexual GI: Female	PCP: Yung, Julie Thissethwaib PDP: Missing PDP Hygienist: Status: Active Payer: C/CP FPL 134%-185% Group Visits:	MCC Status: Enrolled MCC Used in Calendar Yr: No	31 Year(s)	F	Last Visit: 07/30/2018 Foster, M Last BHP Contact: 7/30/2018 Last D-Visit: 10/13/2015 Last D-Exam: None Last Hyg: None Last Risk: None	
Alerts		Appts		Active Problem List			
BM: Due Now - Nutritional and Exercise Counseling Depression: Depression: 08/27/2018 - Depression 6 - 12 Week Patient Health Questionnaire (PHQ) and Follow-up (08/27/2018-10/08/2018) Global: Past Due - Self Management Goal (Depression,) Prevention: Past Due - Pap Smear Test				07/16/2018 - Migraine with aura and without status migrainosus, not intractable 12/19/2017 - Moderate episode of recurrent major depressive disorder			
Active Medications							
Start Date	Stop Date	Prescribed Elsewhere	Brand Name	Generic Name	Dose	Instructions	
07/26/2018			LUTERA	levonorgestrel-ethin estradiol	0.1 mg-20 mcg	take 1 tablet by oral route every day	
07/18/2018			PLAN B ONE-STEP	levonorgestrel	1.5 mg	take 1 tablet by oral route once as soon as possible within 72 hours (3 days) after unprotected intercourse	
07/16/2018			IMITREX	sumatriptan succinate	50 mg	take 1 tablet by oral route after onset of migraine; may repeat after 2	
07/16/2018			LEXAPRO	escitalopram oxalate	10 mg	take 1 tablet by oral route every day	
Depression - Up to Date							
Cycle Start	2 Week	6-12 Week	6 Month	1 Year	Treatment Stage	Last BHP Seen	
7/16/2018	7/30/2018				Acute	Foster, Megan on 7/30/2018	
PHQ							
07/30/2018 - 10 (PHQ) - 0(Q9) - 1(Q10)							
07/16/2018 - 11 (PHQ) - 1(Q9) - 1(Q10)							
01/16/2018 - 15 (PHQ) - 1(Q9) - 2(Q10)							

Integrated Record - Screening Grid

Depress Screening Alert 84

Interactive Screening Tools

Behavioral Health Assessments

- AUDIT Screening Instrument
- AUDIT-C Screening Instrument
- CAGE Questionnaire
- Drug Abuse Screening Tool (DAST)
- Generalized Anxiety Disorder - 7 (GAD-7)
- Geriatric Depression Scale (GDS)
- Major Depression Inventory (MDI-10)
- Patient Health Questionnaire (PHQ-2)
- Patient Health Questionnaire (PHQ-9)
- Suicidal/Homicidal Risk

Health Status Assessments

- PTSD Checklist (PCL-C)
- Mood Disorder Questionnaire (MDQ)
- Framingham 10 year Risk for CAD
- Health Assessment Questionnaire Disability Index (HAQ-DI(c))
- The Saint Louis University Mental Status (SLUMS) Examination

Self Assessments

- Edinburgh Postnatal Depression Scale
- Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)
- Veterans Rand 12 Item Health Survey (VR-12)

Website Screening Tools

- Web ACS NSQIP Surgical Risk Calculator
- Web ASCVD 10 Year Risk
- Web Bipolar Spectrum Diagnostic Scale (BSDS)
- Web Goldberg Depression Questionnaire
- Web Hamilton Anxiety Scale (HAM-A)
- Web Hamilton Rating Scale for Depression (HAM-D)
- Web UKPDS Risk Engine
- Web Zung Self-Rating Depression Scale

Screening instrument: Patient Health Questionnaire (PHQ-9) Score: Severity/interpretation: Comments: Major Depressive Disorder (MDD) pre-treatment

See scanned document Exclusions Add Update Clear

Screening Tool

Encounter Date	Documented Date	Instrument	Score	Severity/Interpretation	Completed By	Comments
07/30/2018	07/30/2018	Patient Health Questionnaire (PHQ-2)	2		Megan Foster	
07/30/2018	07/30/2018	Patient Health Questionnaire (PHQ-9)	10	Moderate depression	Megan Foster	
07/16/2018	07/16/2018	Suicidal/Homicidal Risk		Low risk	Alison Shepherd	Denies wanting to die; wants to "run away"
07/16/2018	07/16/2018	Patient Health	11	Moderate depression	Alison Shepherd	

Health Promotion Plan

Edit Remove

Save & Close Cancel

Integrated Record – Depression Registry Flowsheet

MH Diagnosis Major depressive disorder, recurrent, moderate F33.1 Add to Today's Assessment

Visit Information

Visit With

Visit Description

Treatment Cycle

Cycle Start Date

Current Cycle #

Follow Up Schedule (status)

2 Week ✓ **6 Month**

6-12 Week **1 Year**

Evaluation

Treatment Stage PHQ Date PHQ Score Q9 Q10

Suicidal/Homicidal Risk # of Symptoms suggestive of Mania # of Major Depressive Disorder Symptoms

Active Medications

Medication Name	Sig Description	Date Last Refilled
escitalopram oxalate	take 1 tablet by oral route every day	/ /
levonorgestrel	take 1 tablet by oral route once as soon as possible within 72 hours (3 days) after unprotected intercourse	/ /
levonorgestrel-ethin estradiol	take 1 tablet by oral route every day	07/26/2018

Plan Summary

Date	Icd Code	Detail Type	Description
07/30/2018	Z13.89	Assessment	Encounter for screening for other disorder
07/30/2018	F32.4	Plan Orders	Today's instructions / counseling include(s) Dx obtained from PCP chart, Pt. referred to CMHC. ROI signed. Referral sent, BHP to f/u with pt at next visit to monitor engagement in MH services, Pt. to take medication as prescribed by PCP and Pt. is aware of BH services at Clinica and how to access them.

Launch Grid
Save & Close
Cancel

Integrated Record – Documenting in the Same Chart

The screenshot displays the CLINICA IMO PLUS interface. At the top, there are navigation tabs: Assessments, My Plan, A/P Details, Lab Orders, Diagnostics, Referrals, Office Procedures, and Cosign Orders. Below these are sections for 'Today's Reasons for Visit' and 'Today's Vitals'. The main area is divided into 'Add from:' and 'Add to:' sections. The 'Add from:' section includes 'Problem IT', 'Problems', 'History', and 'Favorites'. The 'Add to:' section includes 'Assessment', 'Problems', 'Both', and a star icon. A 'Sort Order' dropdown and a 'Follow Up' button are also present. The 'IMO® Intelligent Problem List' is shown on the left, with categories: Endocrine and Metabolic, Mental Health, and Tobacco. The 'Mental Health' category is highlighted with a red box, showing 'Major depressive disorder, single episode, moderate' with an onset date of 08/03/2018. On the right, a search box contains the text 'Major depressive disorder, single episode, moderate (F32.1)', which is also highlighted with a red box.

Category	Problem	Onset Date	Status
Endocrine and Metabolic	Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin	05/02/2017	R
Endocrine and Metabolic	Obesity (BMI 30.0-34.9)	05/02/2017	
Mental Health	Major depressive disorder, single episode, moderate	08/03/2018	R
Tobacco	Tobacco use	12/14/2015	

BHPs and PCPs share the same IMO Diagnoses are visible
BHPs can update the patient problem list

Integrated Record – Documenting in the Same Chart

Logout Save Clear Delete Clinica Campesina Pecos Vellano, Emily LCSW Patient History Inbox PAQ PM DM Templates Documents Problems Medication Allergies Medications Close EDR

ABigail Zzztestipn (F) DOB: 08/15/2000 (17 years) Weight: 123.00 lb (55.79 Kg) Alerts 4 Allergies 7 Probl 0 D. 165 Meds 7 Appts 0 Labs

OBGYN Report A Bug Patient Pharmacies UpToDate Sticky Note Ref. Provider HIPAA Adv. Directives Screening Sum.

08/03/2018 09:40 AM : "BH - Contact Note" 08/03/2018 09:42 AM : "BH - Contact Note"

Program name: Clinica Behavioral Health Start time: 9:23 AM End time: 9:43 AM Duration: 00 hours, 20 minutes

Contact type: Onsite meeting Phone conversation Offsite meeting Follow up note

Reason for Visit
Services Provided Today
Self Management Goals
Treatment Plan
Assessment/Diagnosis
Disclosure Information
Signatures

Behavioral health billing:
Please enter Start and End time in HH:MM AM/PM format (e.g. 9:00 AM or 3:30 PM)

Service performed by:	Date	Time	Service description:	Service code:	Time-based:
Emily Vellano	08/03/2018	9:43 AM	PSYTX PT 30 MINUTES (16-37)	90832	<input type="radio"/> No <input checked="" type="radio"/> Yes

Submitted to Superbill Go To Finalize

Patient History
Patient ... Patient ... Catego...
New Lock Filter
8.3.18 Vellano, E Office V
BH - Contact Note
BH Contact Note
Problem
Procedure
8.3.18 Vellano, E Office V
8.3.18 Wheeler, J Office V
7.31.18 Vellano, E Patient
7.24.18 Wilson, S Patient
7.19.18 Vellano, E Patient
7.10.18 Vellano, E Patient
My Practice
Custom
Rx Flower Rx

Outreach Tool – Close Care Gaps

Home > Reports > Clinical > Planned Care > Planned Care Registries > Planned Care Registry Outreach SSRS

Group Data By: Site | Focus: Patients with Current Alert(s)

Group Selection: Peoples | Population of Focus: Chronic Pain, Depression

Role: BHP, Clinical Pharmacist, CM, F | Homeless: Homeless, Not Homeless

Sort: None | Alerts: Past Due or Due within 21 Days

1 of 65 | 100% | Find | Next

Total Patients: 324

Person Nbr	Patient Details	Visits and Appointments	Outreach Details	Patient Care Alerts
	PCP: Freedman, Ira PDP: Missing PDP Hygienist: Last Visit: 04/02/2018 Freedman, I-OV , 04/02/2018 Hanson, K-BH Last WCC: Payer: Value Options Next appt: Last Dental Visit: Next Dental Visit:	Clinical Date Reviewed: Comments: Call Attempt: Call Status: Dental Date Reviewed: Comments: Call Attempt: Call Status:	Clinical Depression: 04/27/2018 - Depression 6 - 12 Week Patient Health Questionnaire (PHQ) and Follow-up (04/27/2018-06/08/2018) Prevention: Due Now - Immunizations (Due Now - FLU (Declined 04/02/2018) ,) Dental	
	PCP: Greer, Emily PDP: Missing PDP Hygienist: Last Visit: 08/29/2017 Greer, E-RE Last WCC:	Clinical Date Reviewed: Comments: Call Attempt: Call Status: Dental	Clinical Depression: Risk of Harm (Medium) Prevention: Due Now - Immunizations (Due Now - FLU ,) Dental	

with Current Alert(s) ▾

on, Diabetes, HTN, Chro ▾

s, Not Homeless ▾

or Due within 45 Days ▾

a Value >

or Due within 45 Days

or Due within 12 Months

Optimize Revenue - Contracts

- Identify top payers
 - Medicaid/Medicare/Private
- Negotiate contracts and credential providers
- Understand reimbursable codes and provider licensure
- Understand minimum service documentation to bill
- Conduct Internal Peer Audits

- Partner with Billing/Coding and Revenue Cycle Managers
 - Ensure codes flow through to claims
 - Monitor missing and incomplete encounters
 - Timely filing

Optimize Revenue: Ensure Codes Flow Through

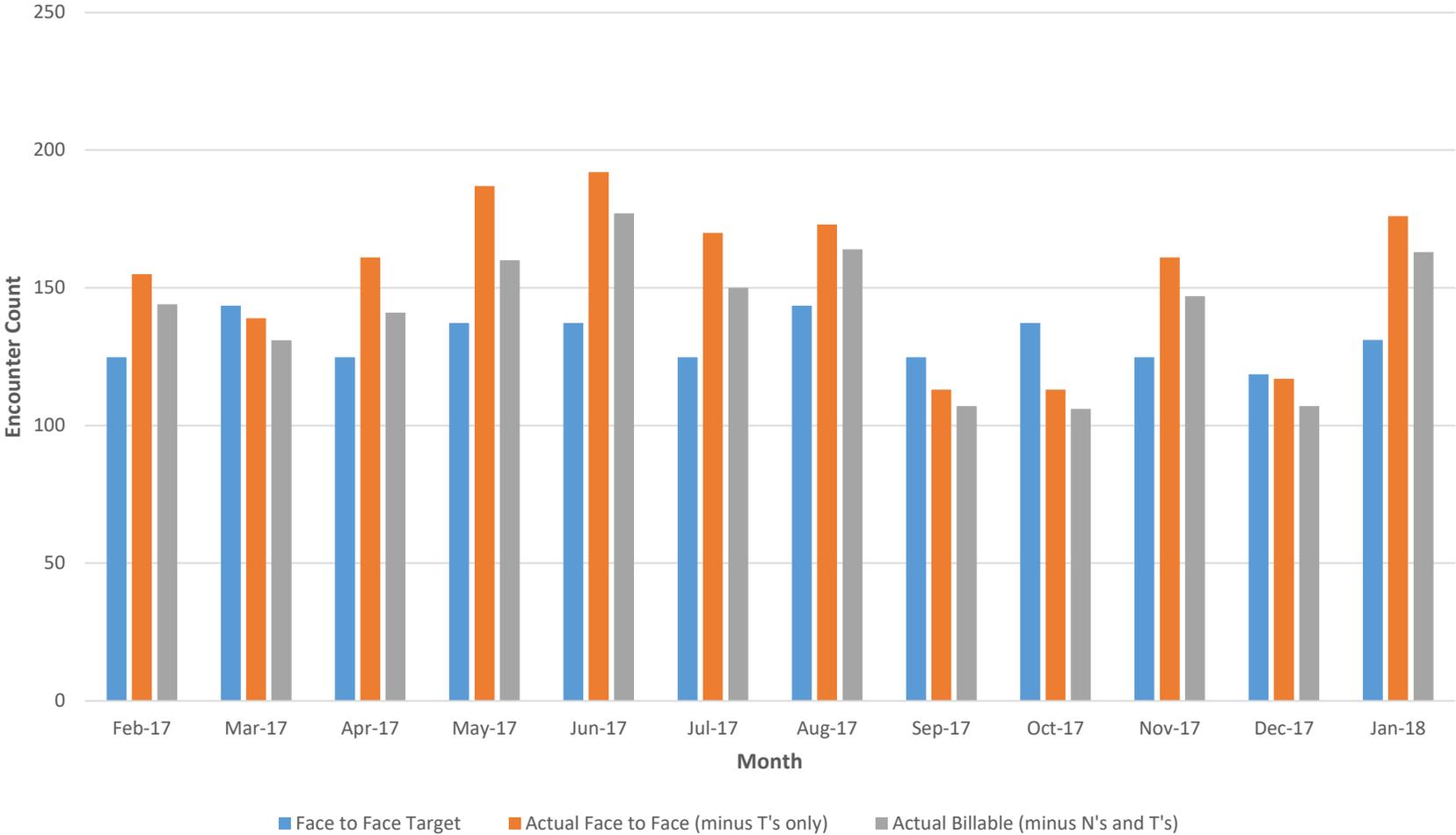
The screenshot shows an EHR interface for a patient named Abigail Zzztestipn. The main window displays a 'BH - Contact Note' for 08/03/2018. The 'Behavioral health billing' section is highlighted with a red box and contains the following information:

- Program name: Clinica Behavioral Health
- Start time: 9:23 AM
- End time: 9:43 AM
- Duration: 00 hours, 20 minutes
- Contact type: Onsite meeting
- Reason for Visit, Services Provided Today, Self Management Goals, Treatment Plan, Assessment/Diagnosis, Disclosure Information, Signatures (all collapsed)
- Behavioral health billing: Please enter Start and End time in HH:MM AM/PM format (e.g. 9:00 AM or 3:30 PM)
- Start time: 9:23 AM
- End time: 9:43 AM
- Duration: 00 hours, 20 minutes
- Service performed by: Emily Vellano
- Service date: 08/03/2018
- Service time: 9:43 AM
- Service description: PSYTX PT 30 MINUTES (16-37)
- Service code: 90832
- Time-based: No
- Status: Submitted to Superbill
- Action: Go To Finalize

Financial Sustainability

- Identify the cost of your program
 - Understand the cost of your providers and the number of reimbursable visits per day required to support your program
- Share Productivity Reports
 - Set a productivity target and track individual/site/organizational performance
 - Consider group visits
- Monitor Payer Mix but ensure same quality of care is delivered to all
 - Medicaid/Medicare
 - Private
 - Self-Pay

Productivity Reports

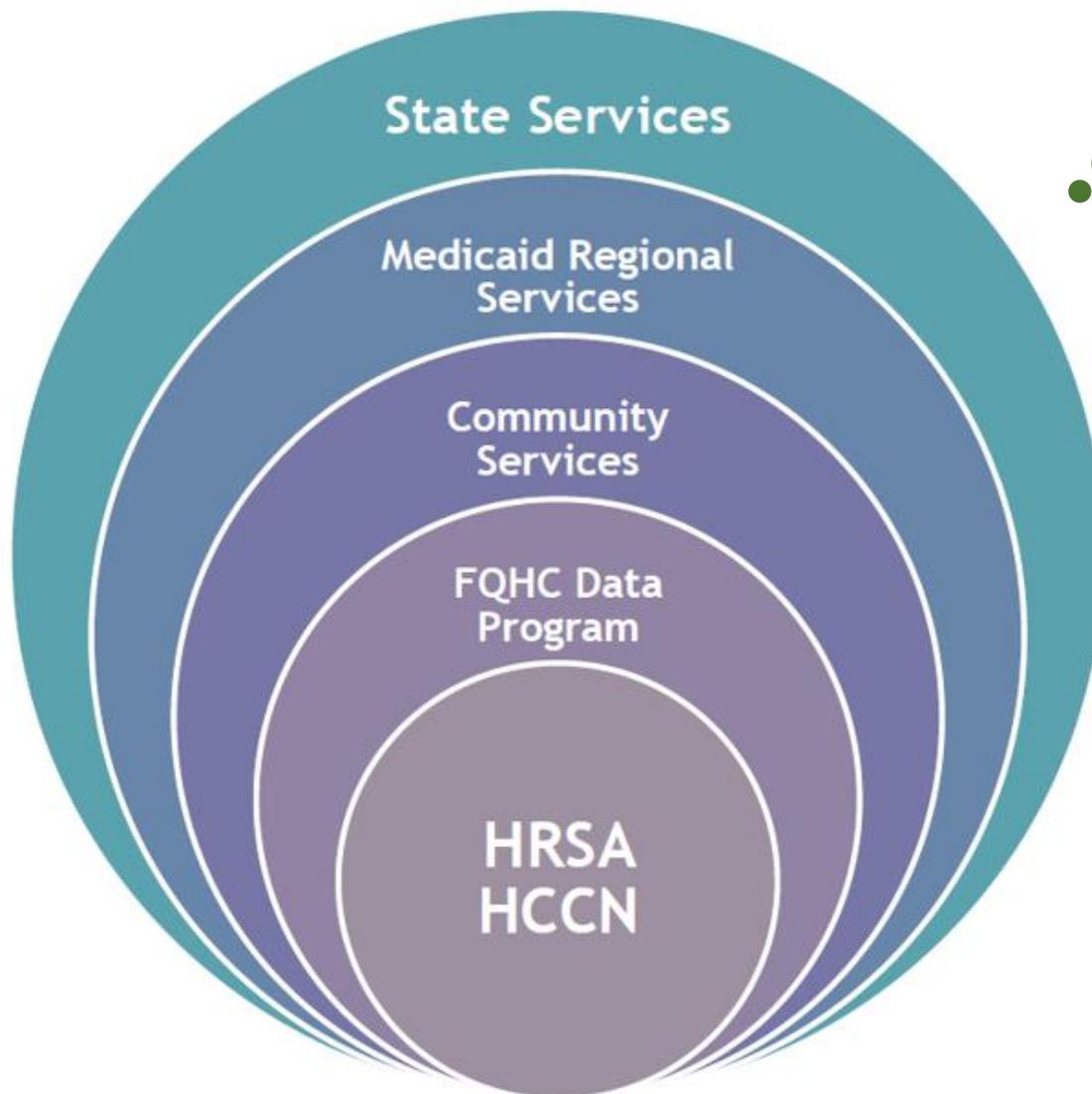


Best Practices for Sustaining Behavioral Health Integration Models in Health Centers using Health Information Technology

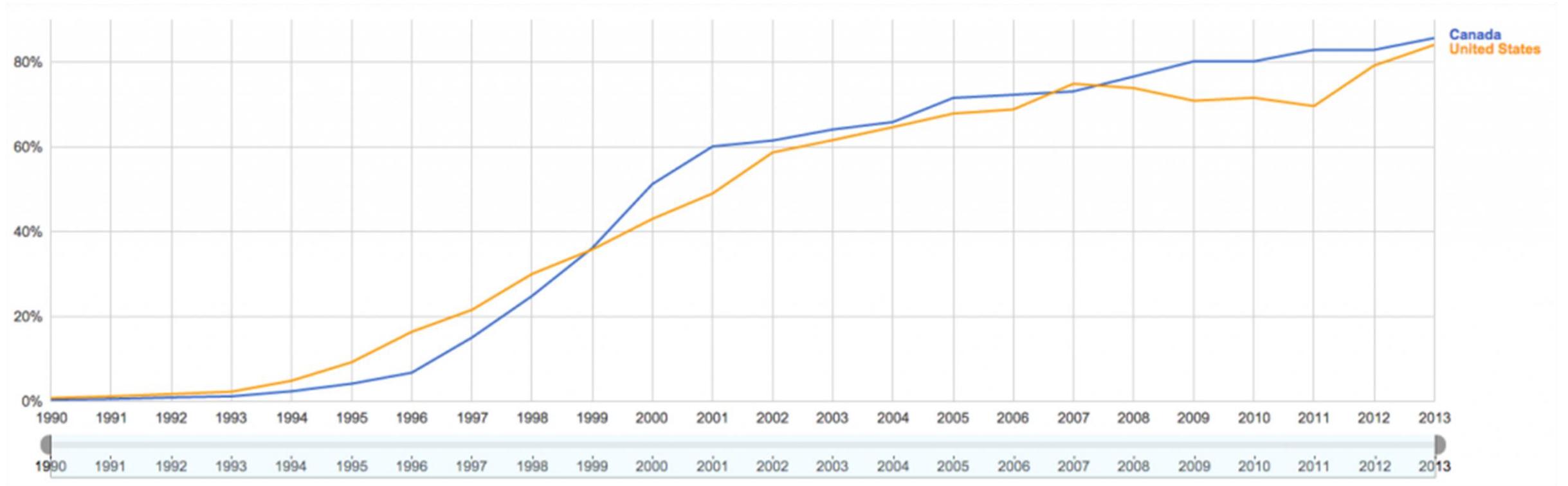


As Colorado's HCCN...

Protect and Empower FQHC's and their Community Partners with Data

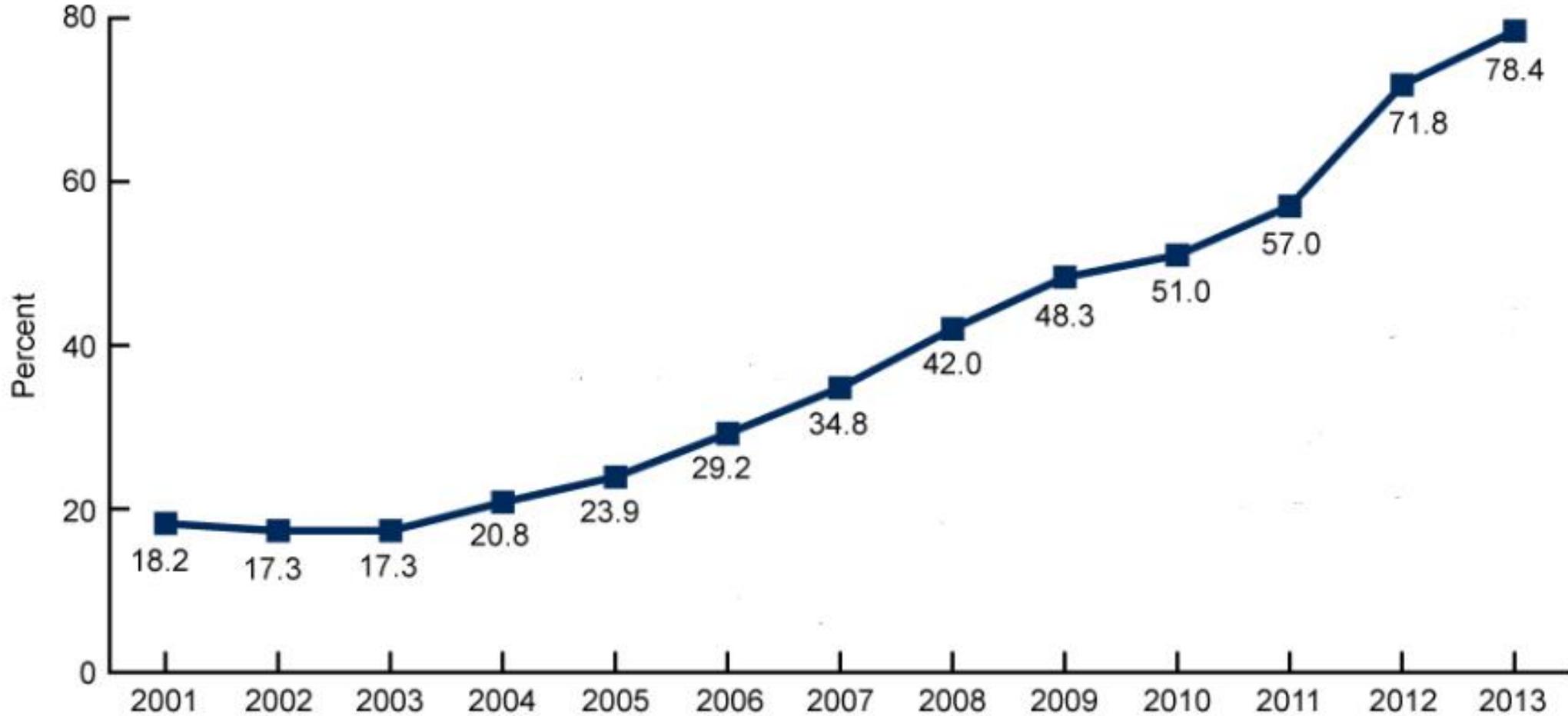


Internet Adoption Rate (1990-2013)



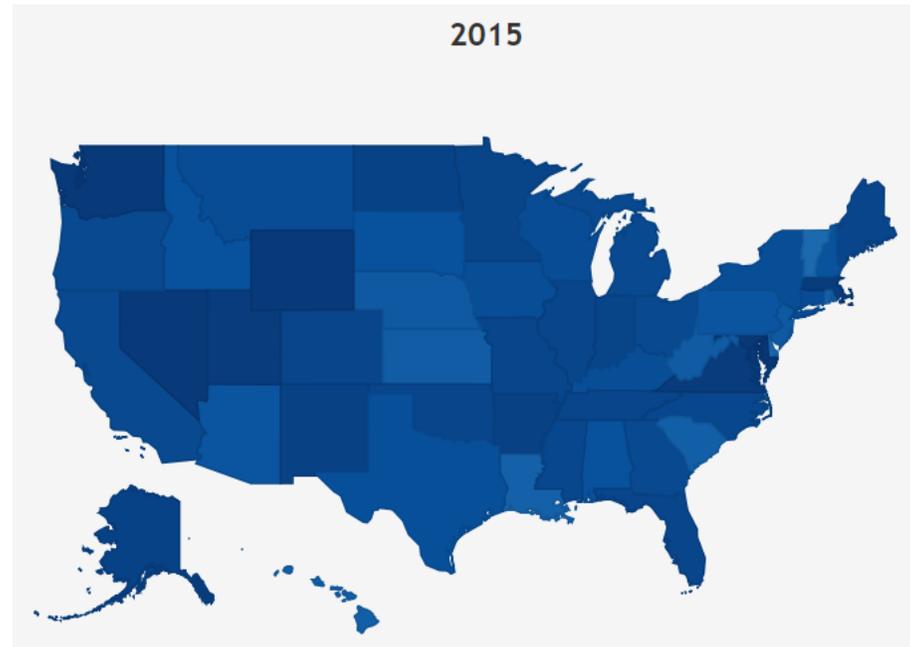
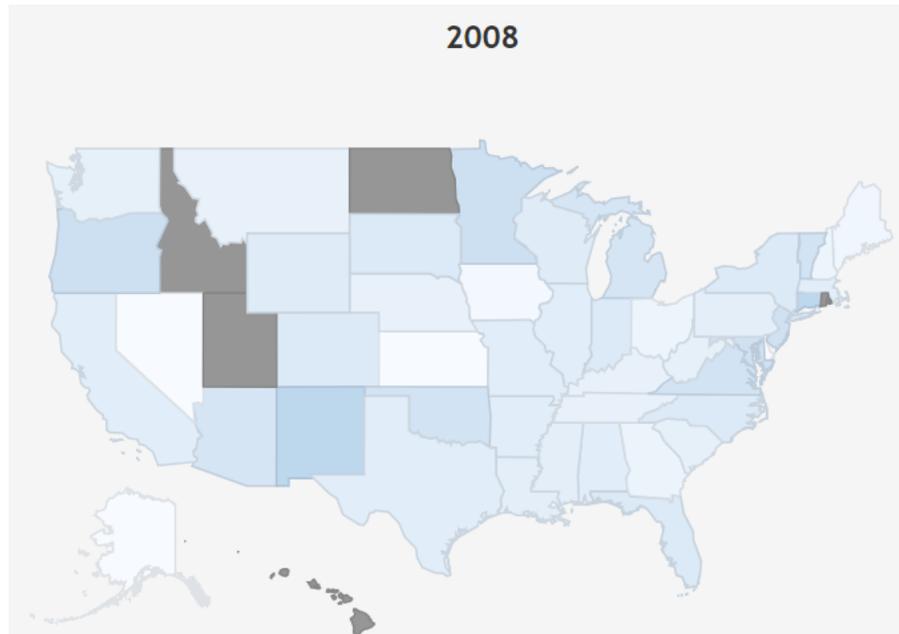
SOURCE: P.E.W Internet, Data Trend, Internet Use Over Time

EHR Adoption Rate (2001-2013)



SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey and National Ambulatory Medical Care Survey, Electronic Health Records Survey

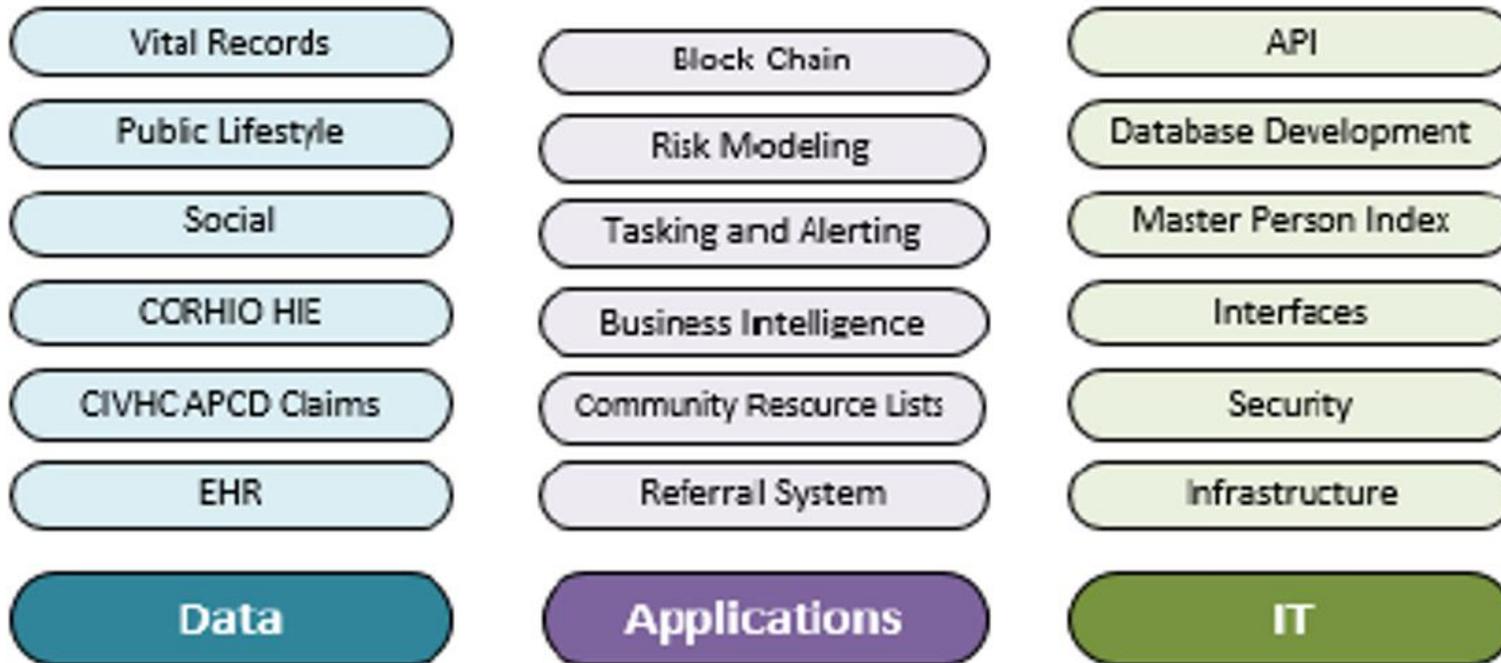
EHR Adoption Rate (2008-2015)



<https://dashboard.healthit.gov/evaluations/data-briefs/non-federal-acute-care-hospital-ehr-adoption-2008-2015.php>

Technology

1.5 Million
Coloradans



Data

- Vital Records
- Public Lifestyle
- Social
- HIE
- APCD Claims
- EHR

1.5 Million
Coloradans



Technology

- Block Chain
- Risk Modeling
- Tasking and Alerting
- Business Intelligence
- Community Resource Lists
- Referral System
- Master Person Index
- API



Need Statements

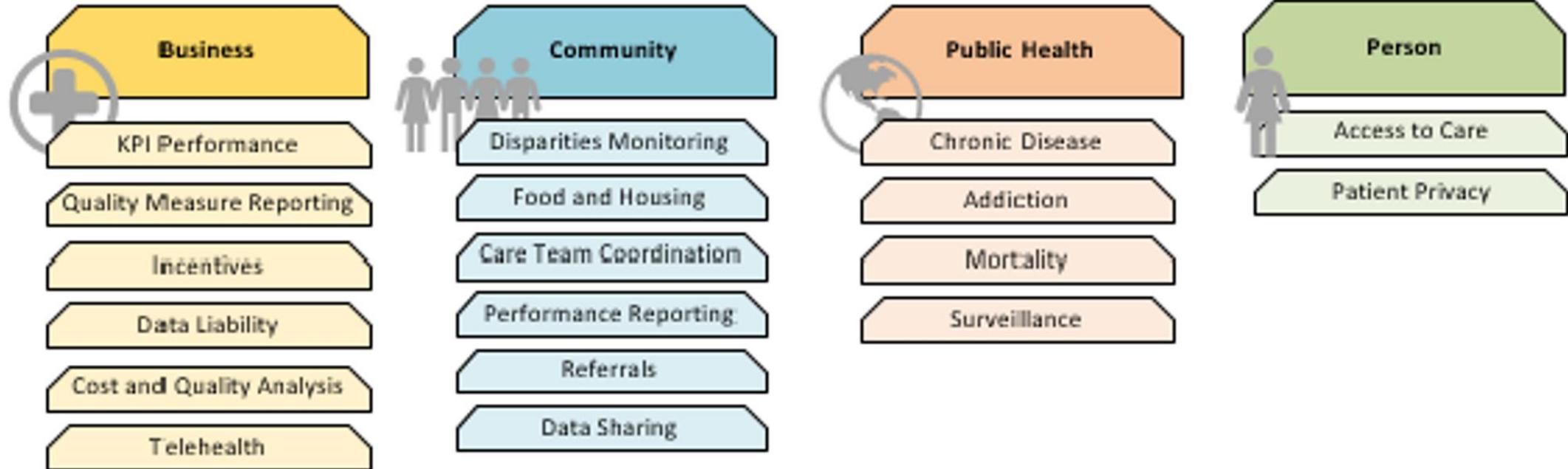
- 1. As a PCMP
 - 2. I need to not lose 4% of my Medicaid reimbursement due to APM KPI performance
 - 3. So that we don't need to make unnecessary cuts in our expenses
-
- 1. As the Health Center ACO Director
 - 2. I need population analysis tools that are accurate and helpful
 - 3. So that I can learn from the data without needing to put in a request for a report



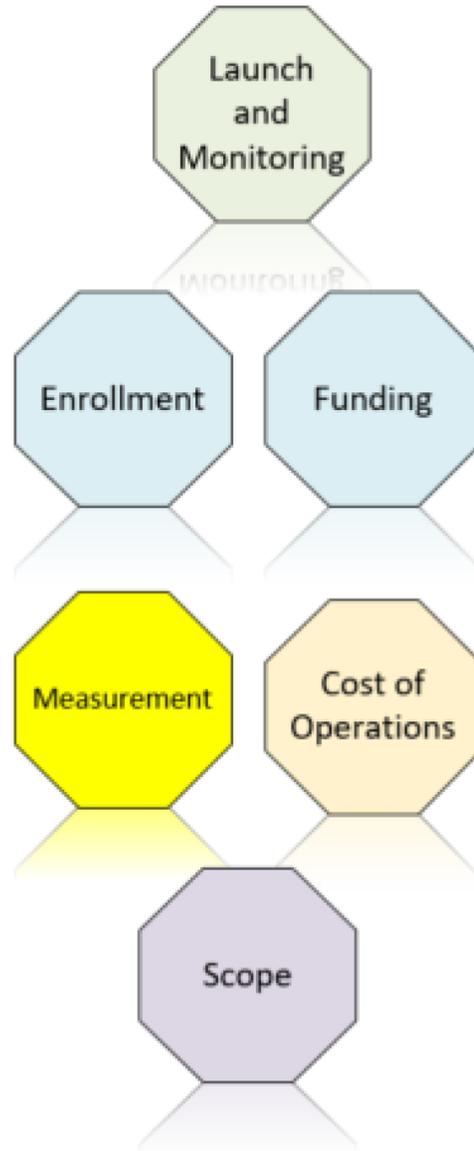
Objectives

- Medicaid 4% Performance Management
- RAE Attribution Analysis
- Value Studies
- eCQM Reporting Centralized Clearinghouse
- Community Performance Reporting

Priorities to support with healthcare technology



Launching New Projects



Community Data Store

- Assimilate disparate data sources into private containers to protect person privacy and each organization's liability
- Assess and resolve data quality issues
- Maintain the most recent versions of healthcare vocabulary standards
- Create and maintain a single person identity with an enterprise master person index
- Measure the performance of communities, individual providers, or specified cohorts of people based on community priorities
- Comply with HIPAA requirements and data security best practices
- Normalize and prepare data to be shared with community partners through Colorado's Health Information Exchange (HIE) organizations, CORHIO and QHN



Legal Agreements

BAA

- Most common agreement between Covered Entity and Service Provider
- Required Elements of BAA
 1. establish permitted and required uses and disclosures of PHI by the Business Associate
 2. provide that the Business Associate will not use or further disclose the information other than as permitted by the BAA or as otherwise required by law
 3. require the Business Associate to implement appropriate safeguards to prevent unauthorized use or disclosure of PHI



QSOA

- Service Providers become qualified to service Part 2 entities and programs
 - Written agreement bound by Part 2 confidentiality regulations

I. Health Oversight Agencies

Under HIPAA, health oversight agency means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.¹

HIPAA allows a covered entity to use or disclose PHI without a patient's authorization for certain health oversight activities. Specifically, HIPAA states:

(d) Standard: Uses and disclosures for health oversight activities.

(1) Permitted disclosures. A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- (i) The health care system;
- (ii) Government benefit programs for which health information is relevant to beneficiary eligibility;
- (iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- (iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.

(2) Exception to health oversight activities. For the purpose of the disclosures permitted by paragraph (d)(1) of this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:

- (i) The receipt of health care;
- (ii) A claim for public benefits related to health; or
- (iii) Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

(3) Joint activities or investigations. Notwithstanding paragraph (d)(2) of this section, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of paragraph (d) of this section.

¹ 45 CFR § 164.501.

(4) Permitted uses. If a covered entity also is a health oversight agency, the covered entity may use protected health information for health oversight activities as permitted by paragraph (d) of this section.²

II. Public Health Authorities

Under HIPAA, public health authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.³

HIPAA allows a covered entity to use or disclose PHI without a patient's authorization for certain public health activities. Specifically, HIPAA states:

(b) Standard: Uses and disclosures for public health activities.

(1) Permitted uses and disclosures. A covered entity may use or disclose protected health information for the public health activities and purposes described in this paragraph to:

- (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;
- (ii) A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
- (iii) A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:

- (A) To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;
- (B) To track FDA-regulated products;
- (C) To enable product recalls, repairs, or replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback); or

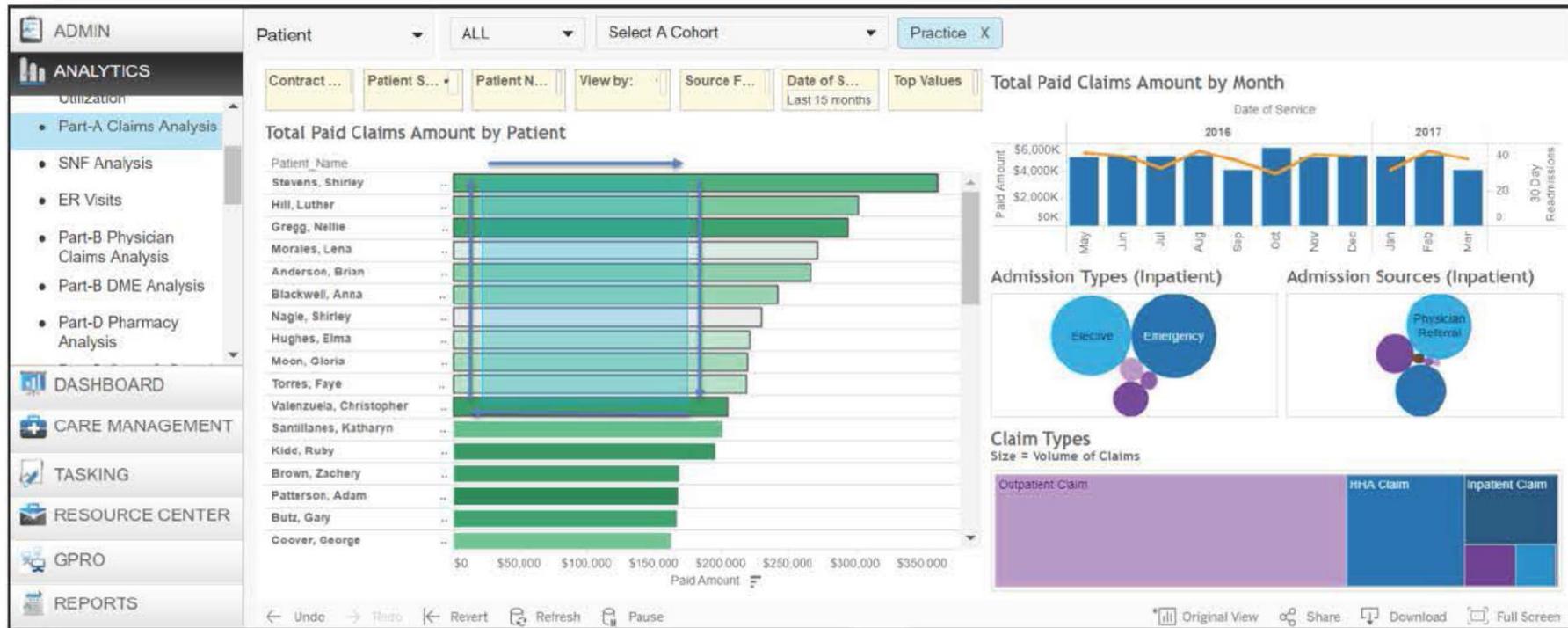
² 45 CFR § 164.512(d).

³ 45 CFR § 164.501.

COLORADO COMMUNITY ANALYTICS



Empowering Colorado with
Intelligent Analytics



Performance Reporting for Value Based Payments

PERFORMANCE SCORE

- Payer designated definition
- No modifications to definition
- Outside data sources not utilized

COMPOSITE SCORE

- Combine all available data to create the most accurate reflection of reality using the exact same definition as the Payment score
- Data includes EHR, claims and HIE data. The more data we have access to the more accurate the scores become.

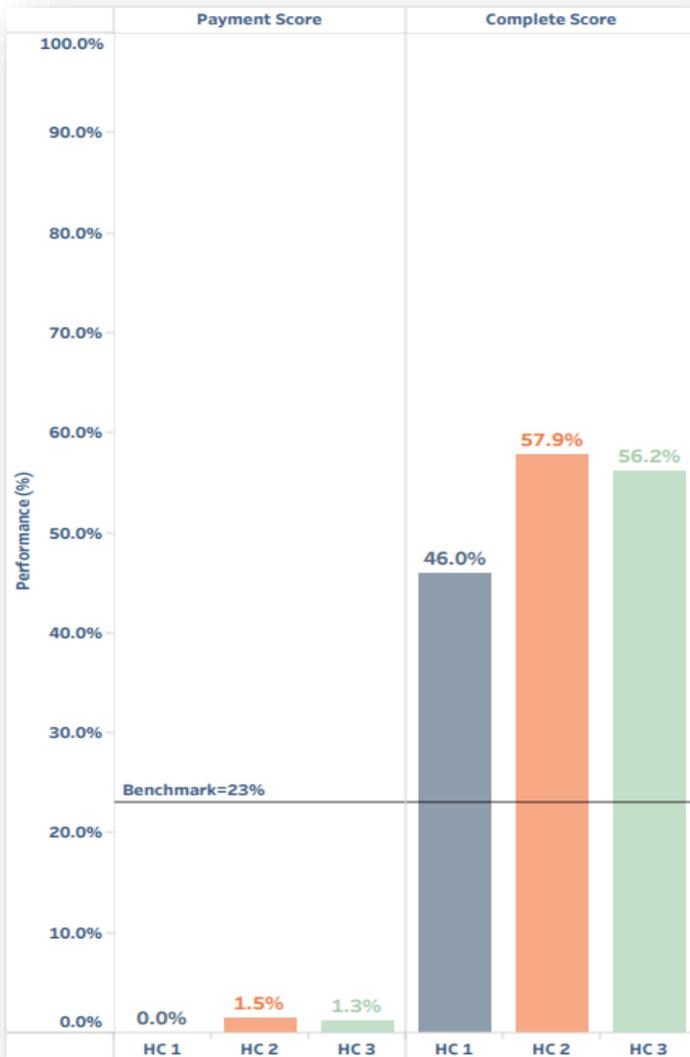
COMPLETE SCORE

- Work with providers to create a clinically appropriate modified definition to create more accurate reflection of reality
 - Examples: adding office visits with postpartum follow up Dx code, adding observations for depression screening

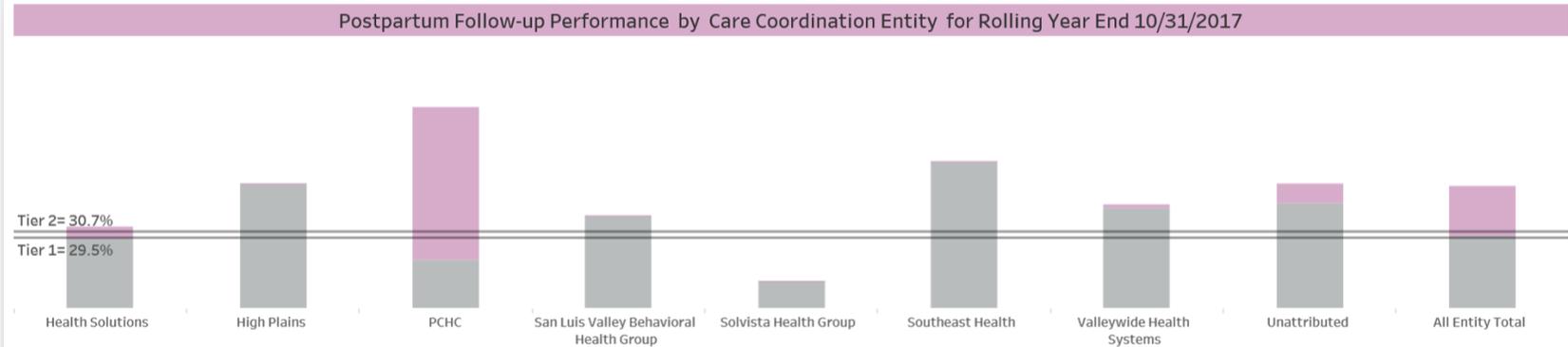


Performance Scorecards

Depression Screening



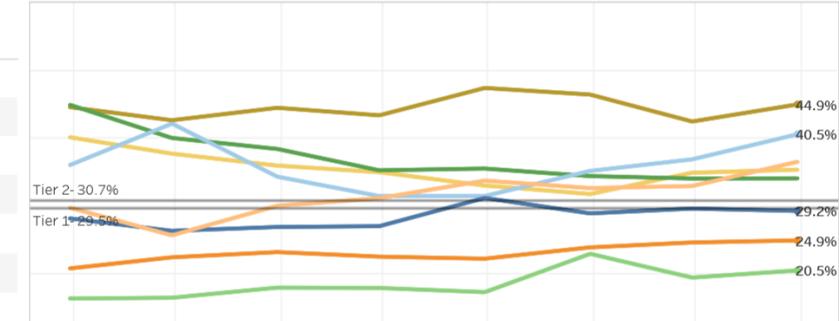
Postpartum Follow-up Performance by Care Coordination Entity



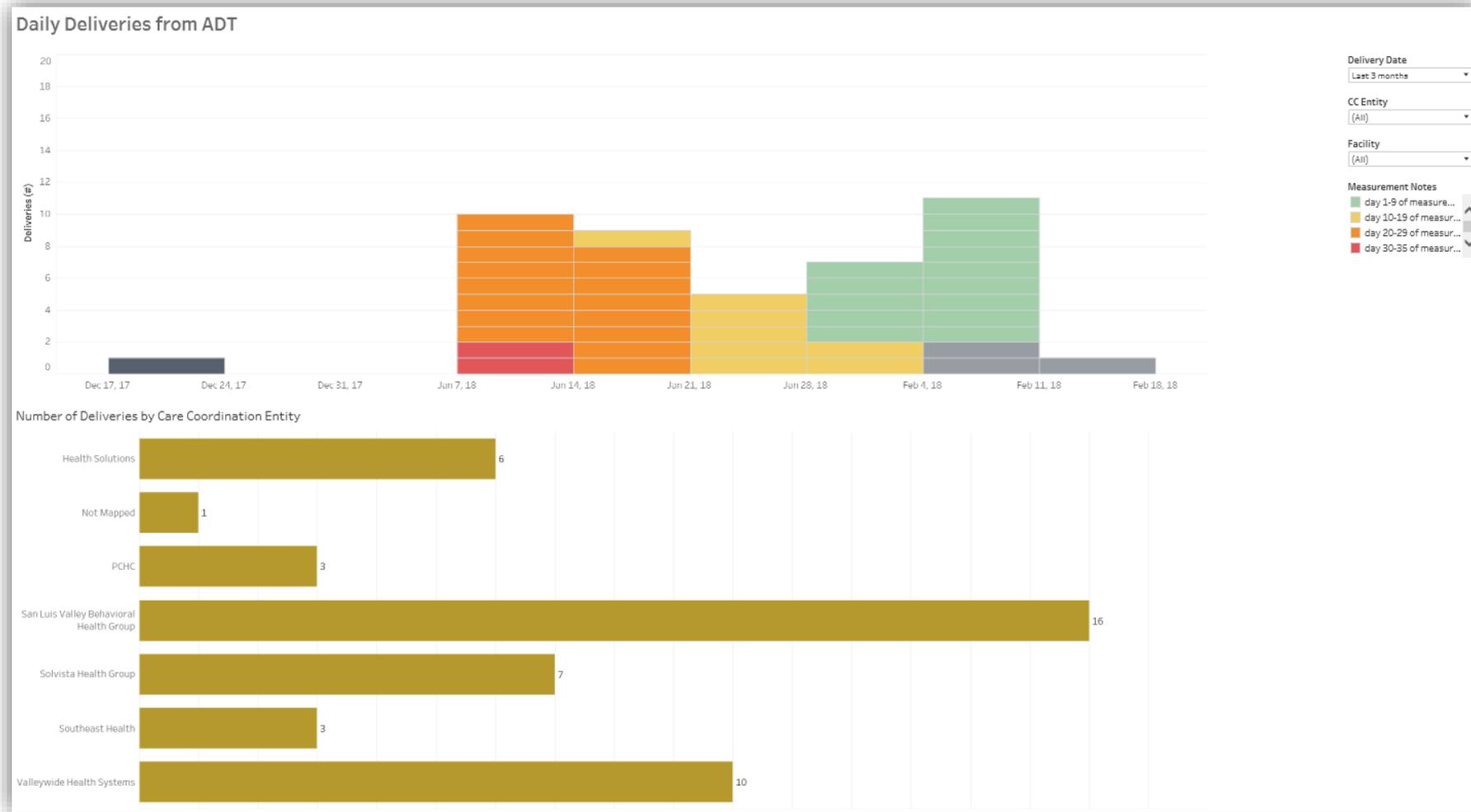
Measure Values for Rolling Year End 10/31/2017

	Denominator	Numerator (Claims)	EHR Additions
Health Solutions	407	119	10
High Plains	37	15	0
PCHC	474	118	148
Unattributed	74	27	3
San Luis Valley Behavioral Health Group	94	32	0
Solvista Health Group	171	35	0
Southeast Health	89	40	0

Postpartum Follow-up Performance By Care Coordination Entity



KPI Strategies: Delivery Countdown Report



KPI Strategies: Delivery Countdown Report

Postpartum Follow-up Registry as of 2/28/2018

PTID	Delivery Date	Start of Measurement Period (21 days)	Days to Start of Measurement period	End of Measurement Period	Days till End of Measurement Period
P21	9/25/2017	10/16/2017	Measurement period has ended	11/20/2017	Measure period has ended
P46	11/22/2017	12/13/2017	Measurement period has ended	1/17/2018	Measure period has ended
P18	12/21/2017	1/11/2018	Measure period has started	2/15/2018	Measure period has ended
P9	1/8/2018	1/29/2018	Measure period has started	3/5/2018	5
P16	1/8/2018	1/29/2018	Measure period has started	3/5/2018	5
P6	1/10/2018	1/31/2018	Measure period has started	3/7/2018	7
P7	1/10/2018	1/31/2018	Measure period has started	3/7/2018	7
P10	1/10/2018	1/31/2018	Measure period has started	3/7/2018	7
P15	1/10/2018	1/31/2018	Measure period has started	3/7/2018	7
P14	1/11/2018	2/1/2018	Measure period has started	3/8/2018	8
P5	1/12/2018	2/2/2018	Measure period has started	3/9/2018	9
P24	1/12/2018	2/2/2018	Measure period has started	3/9/2018	9
P30	1/13/2018	2/3/2018	Measure period has started	3/10/2018	10
P3	1/15/2018	2/5/2018	Measure period has started	3/12/2018	12
P19	1/16/2018	2/6/2018	Measure period has started	3/13/2018	13
P33	1/16/2018	2/6/2018	Measure period has started	3/13/2018	13
P35	1/16/2018	2/6/2018	Measure period has started	3/13/2018	13
P40	1/16/2018	2/6/2018	Measure period has started	3/13/2018	13
P4	1/18/2018	2/8/2018	Measure period has started	3/15/2018	15
P28	1/18/2018	2/8/2018	Measure period has started	3/15/2018	15
P38	1/18/2018	2/8/2018	Measure period has started	3/15/2018	15
P23	1/19/2018	2/9/2018	Measure period has started	3/16/2018	16
P12	1/21/2018	2/11/2018	Measure period has started	3/18/2018	18
P25	1/21/2018	2/11/2018	Measure period has started	3/18/2018	18
P22	1/22/2018	2/12/2018	Measure period has started	3/19/2018	19
P27	1/22/2018	2/12/2018	Measure period has started	3/19/2018	19
P37	1/25/2018	2/15/2018	Measure period has started	3/22/2018	22
P32	1/27/2018	2/17/2018	Measure period has started	3/24/2018	24

Measure Period Color Descriptions

- day 1-9 of mea...
- day 10-19 of m...
- day 20-29 of m...
- day 30-35 of m...
- Measurement...
- Measurement...

Delivery Date: Last 6 months

Facility: (All)

CC Entity: (All)

My Colorado Community

My Colorado Community

Search for free or reduced cost services like medical care, food, job training, and more.

Zip

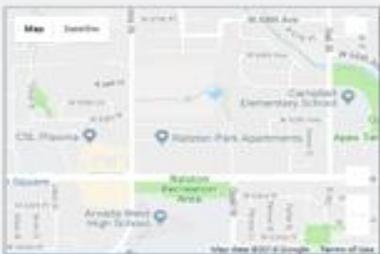


Program Filters | Personal Filters | Income Eligibility

Open Hours
 Open Now
 Open Late
 Open Early
 Open Weekends
 Open 24 Hours

Cost
 Free
 Reduced Cost

Program communicates in:



Best Matches
These programs contain all of the words you searched in the provider name, program name, or description and are likely to be the most relevant matches.

Serves your local area

Client Choice Food Program

by Arvada Community Food Bank, Inc.

2.45 miles away 8555 W 57th Ave, Arvada, CO, 80007 Open Now: 08:00 AM - 04:30 PM

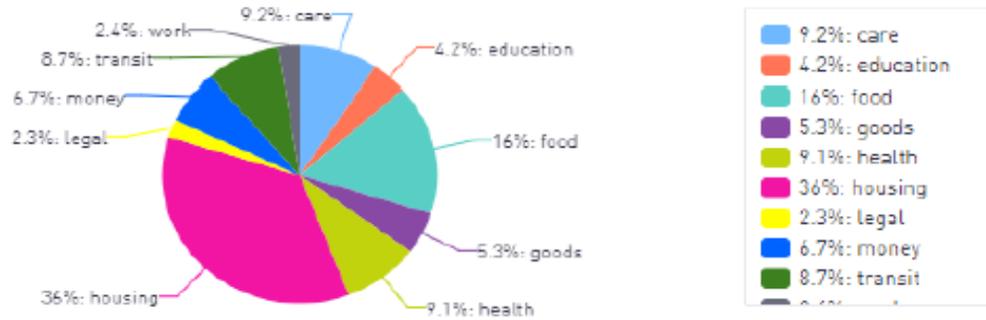
What: food pantry
Who: all ages, individual, families

Next Steps: Description | Hours & Location | My Notes

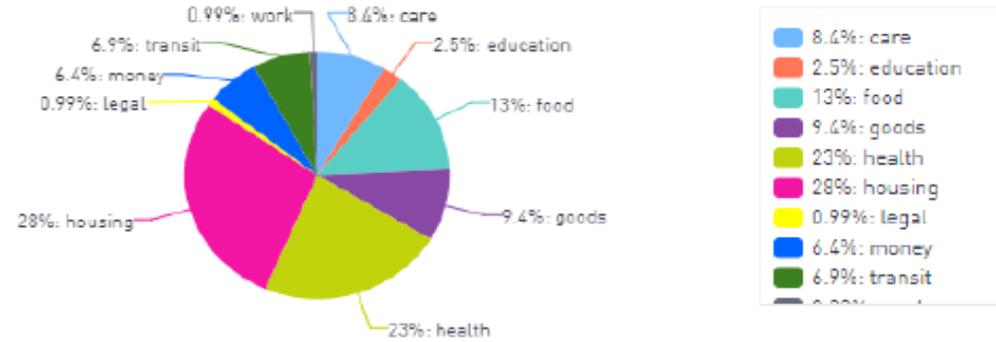
Call 303-428-6699 to get more info.

My Colorado Community

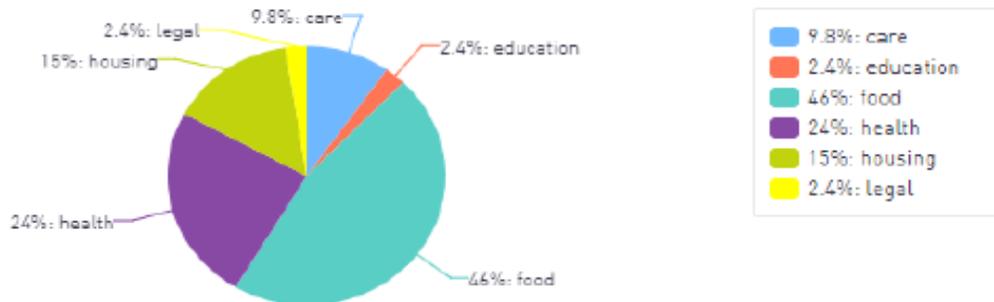
Denver and Arapahoe:



Boulder:



Garfield:



PRAPARE Dashboards

PRAPARE Assessment: Money & Resources

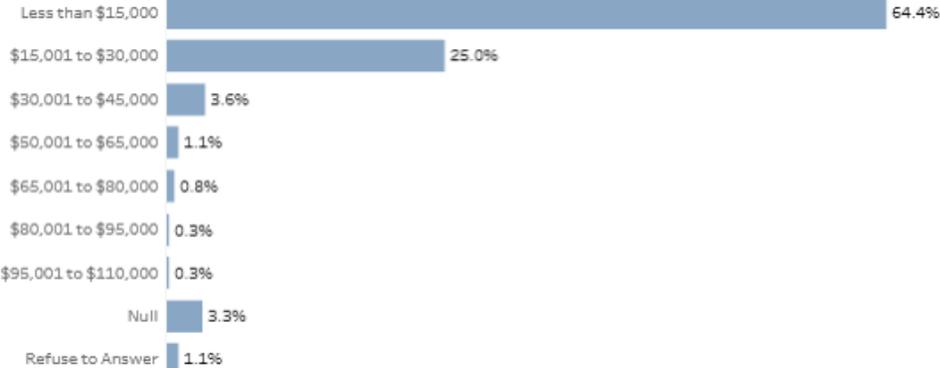
Patient Count: **609**

Care Management Group: (All) |
 PCP: (All) |
 Care Manager: (All) |
 Zipcode: (All) |
 Medical Condition: (All) |
 Primary Payer: (All) |
 Patient Age Range: (All)

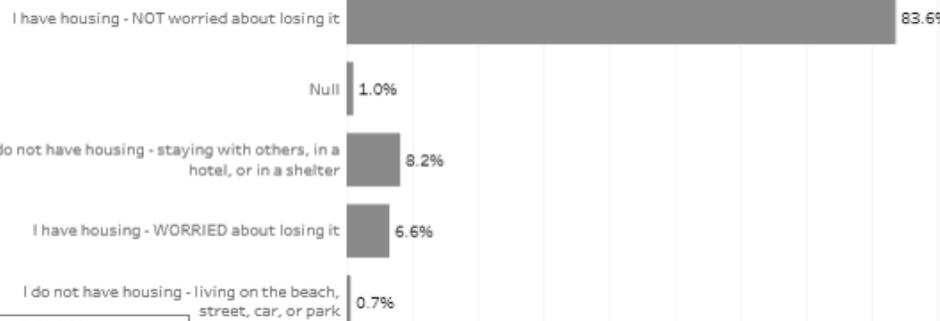
Avg. Household Members

2.2

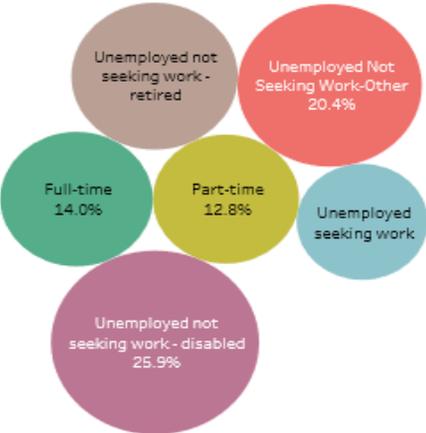
Income



Housing



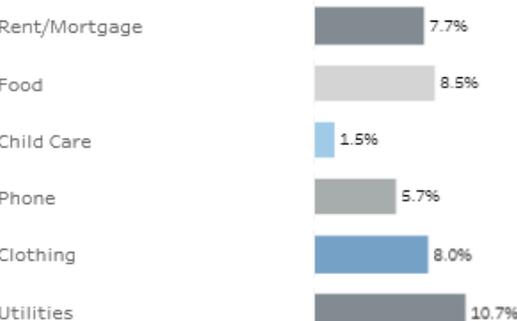
Employment (roll-over circles for info)



Work Provides Insurance: 4.8%

Material Concerns

In the past 30 days, have you or any family members you live with been unable to get the following when it was really needed? Percentage of patients who responded "Yes"



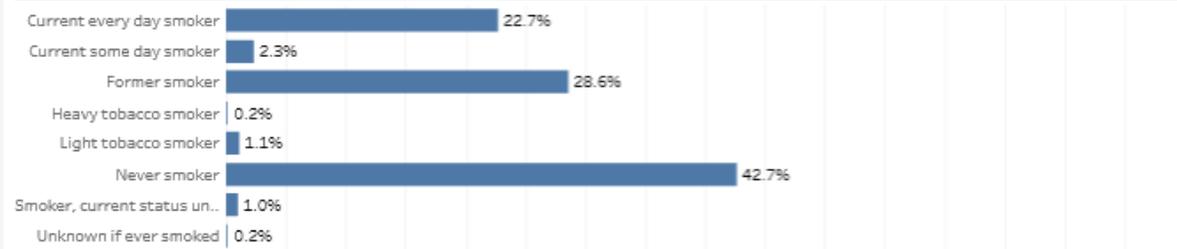
PRAPARE Dashboards

PRAPARE ASSESSMENT: Medical, Social, and Emotional Health

Patient Count: **609**

Care Management Group: (All) | Zipcode: (All) | Medical Condition: (All) | Primary Payer: (All) | Patient Age Range: (All)

Smoking Status



Avg ER Visits

2.3

Avg. PHQ Score

5.1

Psych Referral:

Have you seen or been referred to a psychologist or psychiatrist in the last 3 months

12.3%

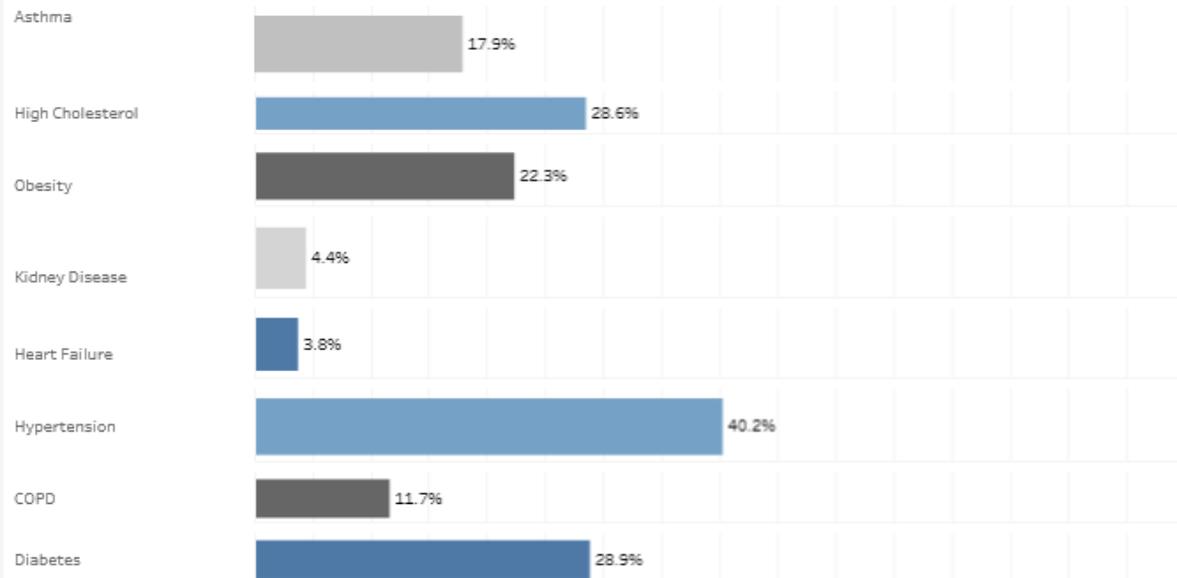
Hospital stay

stayed in the hospital overnight two ore more times in the past 30 days

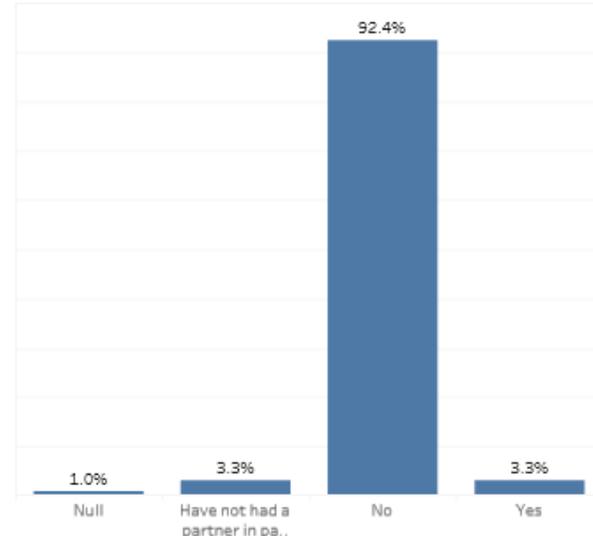
2.6%

Medical Conditions

Have you been told you have any of the following:

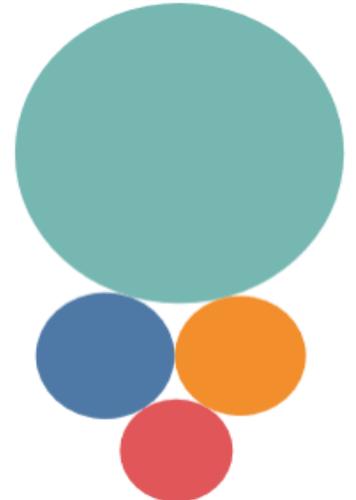


Afraid of Partner in Last Year



Frequency of Communication

How often do you see or talk to peoeple that you care about and feel close to per week



Contact



Jason Greer
Chief Executive Officer



www.ccmcn.com



Jason@ccmcn.com



1212 South Broadway
Denver, CO 80210



(303) 601 - 2266

CIHS and other resources for sustainability

- ✓ CIHS “Sustainability Checklist”

https://www.integration.samhsa.gov/PBHCI_Sustainability_Checklist_revised.docx

- ✓ “Sustaining Integrated Services Report - Lessons Learned from PBHCI Alumni”

https://www.integration.samhsa.gov/pbhci-learning-community/Sustainability_Report.pdf

- ✓ Value-Based Payment Innovation Community

https://www.integration.samhsa.gov/about-us/innovation_communities_2018#value_based_payment_IC

- ✓ Tools for creating strong partnerships

<https://www.integration.samhsa.gov/operations-administration/contracts-mous>

- ✓ Individualized technical assistance from subject matter experts. Email integration@thenationalcouncil.org or visit our website www.integration.samhsa.gov

- ✓ Nonprofit organization sustainability planning tools

<http://strengtheningnonprofits.org/resources/e-learning/online/sustainability/Print.aspx>

- ✓ Agency for Healthcare Quality and Research (AHRQ) sustainability planning guide

<https://www.ahrq.gov/funding/training-grants/hsrguide/hsrguide6.html>

- ✓ Rural Health Information Hub sustainability planning tools

<https://www.ruralhealthinfo.org/sustainability>

CIHS News and Resources

Visit

www.integration.samhsa.gov

or e-mail

integration@thenationalcouncil.org

Free consultation on any
integration-related topic!

Making Integrated Care Work | 202.684.7457

SAMHSA-HRSA Center for Integrated Health Solutions eSolutions newsletter

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ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

[LEARN MORE](#)

TOP RESOURCES

[View Our RSS Feed](#)

FEBRUARY 24, 2014
Integrating Physical and Behavioral Health Care: Promising Medicaid Models

FEBRUARY 21, 2014
February Is American Heart Month!

CALENDAR OF EVENTS

FEB 26 Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment
FEBRUARY 26-26, 2014

FEB 27 Integrating Peer Support in Primary Care
FEBRUARY 27-27, 2014

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

www.hrsa.gov | www.samhsa.gov
integration.samhsa.gov