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Regulations and Standards for IHC Programs: Real world challenges and synergies

Phyllis C. Panzano, Dushka Crane, John Kern, Lisa Faber, and Sandra Stephenson

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Presenters:

Phyllis Panzano, PhD is an industrial/organizational (I/O) psychologist who has conducted extensive health services research related to the adoption, implementation, and sustained use of innovations, including evidence-based healthcare practices and mental health legislation has been recognized for excellence by the Academy of Management, state and federal agencies, academic institutions, and health policy groups.

Dushka Crane, PhD is a developmental psychologist with expertise in behavioral health services research and quality improvement. She serves as the Director of Healthcare Integration at the Ohio Colleges of Medicine Government Resource Center and Clinical Associate Professor of Psychiatry at The Ohio State University Wexner Medical Center.

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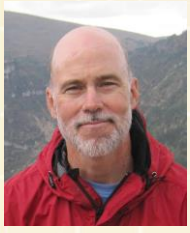

John S. Kern, MD has been Chief Medical Officer of Regional Mental Health Center in Merrillville, IN for 20 years. He also is the Chief Medical Officer of Regional's new Federally Qualified Health Center. Under Dr. Kern's direction, Regional continues to expand and refine data-driven and team-based integrated care. John is a nationally-recognized as an expert on integrated care, has been engaged as a consultant by MTM Services, the National Council for Behavioral Health and the University of Washington AIMS Center.

Zepf Center

Lisa Faber, MA, Director of Community Integration, has worked at Zepf Center, Toledo, OH for 20 years. In her current role, Lisa is dedicated to developing a symbiotic relationship with Neighborhood Health Association (NHA), a local FQHC. Her efforts have contributed to improved access to primary and integrated health care services for Zepf clients, have facilitated the implementation of the PBHCI program, and are expected to result in improved access to behavioral healthcare services for NHA clients.

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Sandra Stephenson, MSW, MA, is the Director of Integrated Healthcare Services at Southeast, Inc. (SE), one of the largest behavioral health centers in Ohio with locations in six counties. Sandra directed SE's SAMHSA-funded PBHCI Program and directs SE's HRSA-funded, Federally Qualified Health Center for the Homeless. Sandy is currently leading the expansion of integrated healthcare to new Southeast sites.

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- **Purpose**:
  - Identify issues and discuss strategies involved in implementing PBHCI programs while transitioning to sustainable models.
- **Origin of panel concept:**
  - Real-world experiences of PBHCI grantees
  - Review of literature and regulatory and credentialing requirements
- **Acts**:
  - Act 1: Coming to grips – Phyllis and Dushka (15 mins)
  - Act 2: Rolling up sleeves – John, Lisa, Sandy (30 mins)
  - Act 3: Questions (15 mins)

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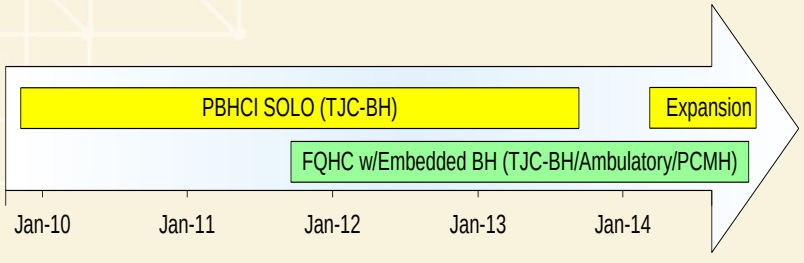
Beyond PBHCI

Southeast, Inc. (Sandy)

Cohort 1



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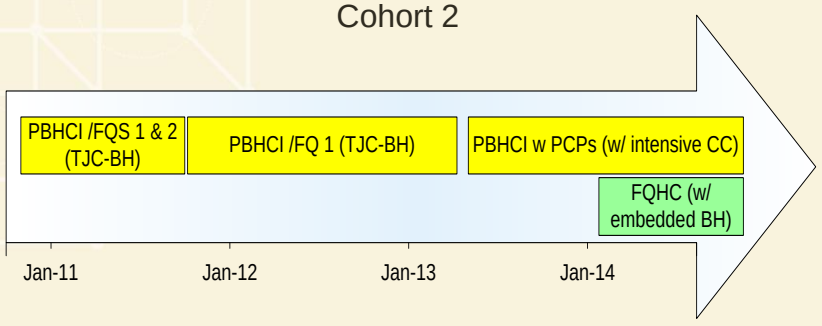
Beyond PBHCI

Regional Mental Health Center, Inc. (John)

Cohort 2



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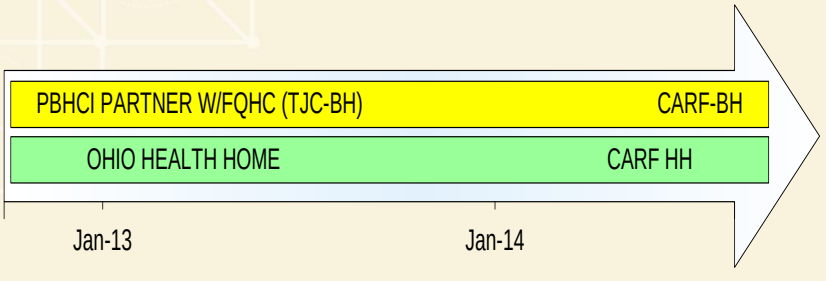
Beyond PBHCI

Zepf Center, Inc. (Lisa)

Cohort 5



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ACT 1

COMING TO GRIPS

- What are the *core elements* of IHC programs for adults w/SPMI?
- Are they aligned with one another?
- Are they related to *core elements* of broader PCMH models?

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PCMH Lessons Learned

- Standards in PCMH recognition tools vary widely in emphasis[1,2]
- Measures often address core elements that are easier to assess[3]
- Lack of research indicating which standards are most closely related to improved performance, patient outcomes, and cost[4]
- Organization of recognition tools vary so comparison process takes time and effort[1,3]

[1]Burton, Devers, Berenson (2010). [2]Stange, Nutting, Miller et al. (2010). [3]Stange, Miller, Nutting (2010), [4]Alexander & Druss (2012)

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"BHH for People with MH and SU Conditions: Core Clinical Features"[1]

- Three Frameworks for Identifying Core Features of Behavioral Health Homes
  - CMS Health Home Service Requirements
  - Chronic Care Model (CCM), essential elements for high-quality chronic disease care
  - Four Principles of Effective Care (AIMS Center, University of Washington, 2011)
- Inductive process to generate initial set of core elements[2]

[1]Alexander & Druss (May, 2012); [2]Crane & Panzano, 2014

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Working Set of Core Elements

- Patient and Family Centered Care
- Culturally Appropriate Care
- Comprehensive Care Plan
- Use of continuing care strategies to include
  - Care Management
  - Care Coordination-
  - Transitional Care
- Self-Management Support
- Multi-disciplinary Team
- Full Array of Services (e.g., PC, MH, SA, Prevention, Health Promotion),
- Quality Improvement Processes
- Evidence Based Practice
- Outcomes measurement
- Health Info Technology
- Enhanced Access to care
- Miscellaneous Organization Level Requirements

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Initial Core Set Elaborated with Program Standards

- CARF Health Home
- CARF Integrated Behavioral Health and Primary Care
- Ohio Health Home Certification Criteria
- The Joint Commission, Behavioral Health Home Certification
- The Joint Commission, Primary Care Medical Home
- SAMHSA Primary Behavioral Health Integration Projects
- Federally Qualified Health Centers
- NCQA PCMH 2011

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5,000 Foot View

Person and Family Centered Care

CARF IBHPC	10. Policies regarding initial consent for treatment identify: b. The ability of the person served to decline integrated services. c. The procedures to be followed if integrated services are declined.	
	11. Written screening procedures identify additional requirements based on the : a. Specific needs of the population served. b. Presenting conditions of persons served.	**Also Comprehen -sive Care Plan**
	12. An individualized integrated plan regarding medical and behavioral health needs is developed with collaboration of: b. The person served. c. All staff necessary to carry out the plan.	**Also Continuous Care**
	15. Written procedures guide ongoing: d. Communication with the person served and family members, when identified.	

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15,000 Foot View

Person and Family Centered Care

CARF IBHPC	CARF HH	OHH	TJC HH Cert	TJC PCMH	PBHCI Program	FQHC App	NCQA
10b &c, 11, 13b&c, 15d	2e, 7c4, 7c5, 7e, 12b, 13, 15a9, 16b, 18c, 18d, 18e, 18f,	C1a, C1b, C1c, C1e, C5e, C5g, C5h, C5i, C5j, l	CTS.02.02.01-6, CTS.03.01.01-(12,13), CTS.03.01.03-(17,20,22), CTS.04.01.01-7, CTS.04.01.03-27, CTS.04.02.25-(2,4), CTS.06.01.05-(1,4), CTS.06.01.07-(1,2) RI.01.02.01-(31,32,33), RI.01.04.01-6, RI.01.04.03-(1,2,3,4,5,6) RI.01.05.01-(4,5,8,10,11)	RI.01.02.01: EP31, EP32 RI.01.04.03: EP1, EP2, EP3 RI.01.04.03: EP1, EP2, EP3, EP4, EP5, EP6 RC.02.01.01: EP28	1. I. Purpose, 1, pg. 6: / 2. I. Purpose pg. 7: / 3. Expectations, pg 8: / 4. Expectations, pg. 8: / 5. 2.1 Required Services / 6. 2.1 Required Services: Preventive and Health Promotion Services / 7. Appendix M: Suggest Year 1 (of 4) implementation goals	Subpart C: §51c.303 Project elements, (j), (k) §51c.304 Governing board, (b), (b1) Site Visit Guide, Program Requirement #18: Board Composition	Elements 1C1-1C4, 1D2, 1E2, 1E3, 3C2, 3C3, 3C5, 3D3, 6B1

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30,000 Foot View

Person and Family Centered Care

Core Elements	CARF IBHPC	CARF –HH	OHH	TJC HH Cert	TJCP CMH	PBHCI Pgm	FQHC App	NCQA
Patient and Family Centered Care	✓	✓	✓	✓	✓	✓	✓	✓
Culturally Appropriate Care		✓	✓	✓	✓			✓
Comprehensive Care Plan	✓	✓	✓	✓	✓	✓	✓	✓
Continuing Care Strategies (Care Mgmt., Coordination, Transitional Care)	✓	✓	✓	✓	✓	✓	✓	✓
Self-Management Support	✓	✓	✓	✓	✓	✓	✓	✓
Multi-disciplinary Team	✓	✓	✓	✓	✓	✓	✓	✓
Full Array of Services (e.g., PH, MH, Health Promotion, LTC)		✓		✓	✓	✓	✓	✓
Quality Improvement Processes	✓	✓	✓	✓	✓	✓	✓	✓
Evidence Based Practice			✓	✓	✓	✓	✓	✓
Outcomes measurement		✓	✓	✓	✓	✓	✓	✓
Health Info Technology		✓	✓	✓	✓	✓	✓	✓
Enhanced Access to care	✓	✓	✓	✓	✓	✓	✓	✓

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Initial Observations

- A ✓≠✓
- The way that each element is operationalized differs under each model.
- Assessment methods vary in term of 'level' of measurement (e.g., policy versus patient experience)[1]
- Clarifying these differences in advance can support selection and implementation of sustainable models.

[1]*Crane & Panzano, 2014*

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Patient & Family-Centered Care

PBHCI: Individual clinical & non-clinical needs; includes individual and family supports

FQHC: Majority of governing board members are current or future service recipients

Ohio Health Home: Consumer & family access to EHR and clinical information

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ACT 2:

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ROLLING UP SLEEVES

- What synergies and challenges exist for PBHCI grantees implementing multiple IHC programs?
- How can knowledge of core elements inform that process?

John: Multi-disciplinary Teams

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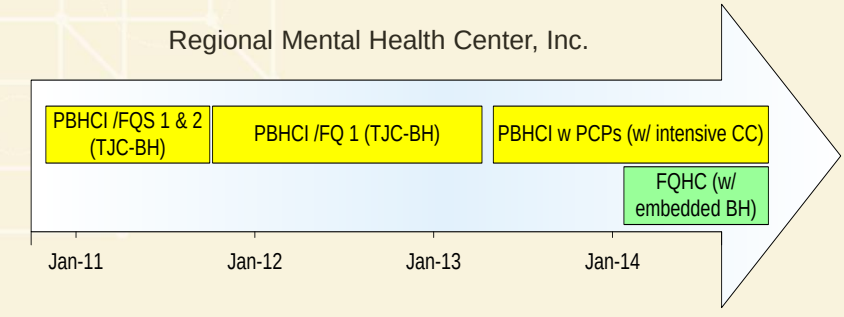

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Multi-disciplinary Teams

- Need to address demands from multiple accrediting and regulatory bodies:
  - What would a Team look like in order to meet criteria for all frameworks?
- Reviewed 30,000, 15,000, 5,000 views
  - 30,000: Team relevant to all
  - 15,000: Different levels of emphasis?
  - 5,000: Plenty of substance; generated a list until new elements were exhausted

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The List

CARF: Team; multiple disciplines; Training

OHH: Very prescriptive

- Access of physician consultation/PCP on site
- Specifies positions and job descriptions and credentials of team members
- Outreach plan, tracking, reminders, specification of collaborative relationships

TJC (BHH): Assessment and plan; Procedures for collaboration

PBHCI: EBPs

FQHC: Nothing new

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Things to think about

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- Each accrediting body has its own ideas about what a TEAM means, what it look likes, what it is (e.g., Who leads the team? Do you need to have a formal team?).
- What's important is your own organization's vision and goals (e.g., Regional dictated the team model structure to partner FQHC).

Lisa: Continuity of Care

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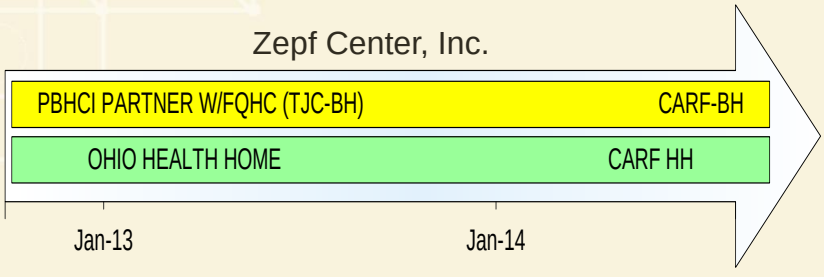
- care coordination
- care management
- transitional care



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Continuity of Care

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Structure

- PBHCI
  - Initially, un- and underinsured clients
  - Individual case manager is primary structure
  - Involves expansion of duties (job enlargement) for case managers
- Health Home
  - Medicaid-covered clients
  - HH Team is the primary structure
  - Prescribed job descriptions and credentials for team members
  - Narrowing of job duties within team member position

Continuity of Care

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Observations

- Under Health Home Model
  - Continuity as perceived by client is a question especially for clients without existing case management relationship
  - Team structure requires more intra-team coordination mechanisms (e.g., communication, reminders) to assure continuity
- Under the PBHCI Model
  - Conditions may be more favorable for continuity as perceived by the client because case manager is clear point of contact
  - Case Managers are key to transitional care; they're in active contact with Access Team for both PBHCI and HH

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Recommendations

- Workforce
  - Shift focus of *initial* training from data reporting requirements to cross-training and team-based experiences (e.g., mixed "huddles" involving PBHCI team, HH team, & Access team)
  - Refine system for weighting credentials, experience and other qualifications to achieve 'best fit" between work and worker as seen by both the provider *and* client
- Minimize insurance-based disparities for un- and under-insured clients
  - Provide *ALL* clients with enhanced access to full array of services
  - Provide similar education and training experiences to HH and PBCHI staff and key FQHC partner staff

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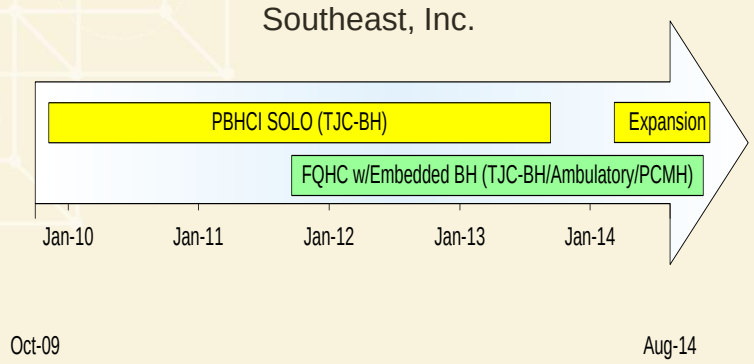
Sandy: Quality Improvement



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Quality Improvement

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Observations and Action

- Quality improvement cannot be reviewed in isolation (e.g. tightly tied to outcomes, EBPs, HIT)
- The accrediting and regulatory entities place different emphasis on data collection/reporting versus planning, initiating and monitoring of a CQI process.
- Models vary in terms of requirements for stakeholder involvement (e.g., consumers, families, Board)
- Models vary in terms of types of measures to be gathered (e.g., process, outcome, consumer perceptions, experience of care, client versus population level)
- Important to differentiate between "Descriptive" and "Prescriptive" when building CQI to meet organizational and regulatory/accreditation requirements

Quality Improvement

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Observation and Actions

- A strong EHR, clinical guidelines/EBPs and outcomes are the building blocks of your QI process
- Too much Data Collection – Not enough Quality Improvement
- Keep "Triple Aim" in mind in your selection of measures
- Population-based QI is key; make sure you define your populations appropriately (e.g., people with Diabetes)
- Review and apply NCQA PCMH Quality Improvement Requirements

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Next steps for the core element analysis

- Complete 5,000 foot view and summarize analysis
  - Clearly define parameters of core domains
  - Finalize cross-classification system
  - Incorporate concise overview statements
  - Highlight differences (e.g., levels of measurement) that impact implementation, reporting, and measurement
- Refine 15,000 and 30,000 foot views accordingly
- Seek sponsorship to produce a white paper
- Share findings with other audiences

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Questions?

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[2] Stange K, Miller W, Nutting P, Crabtree B, Stewart E, Jaén C: Context for understanding the national demonstration project and the patient-centered medical home. Annals of Family Medicine 8:S2-S8, 2010.

[3] Stange K, Nutting P, Miller W, Jaén C, Crabtree B, Flocke S, Gill J: Defining and measuring the patient-centered medical home. J Gen Intern Med 25: 601-612, 2010.

[4] Alexander L, Druss B: Behavioral health homes for people with mental health & substance use conditions: the core clinical features. SAMHSA-HRSA Center for Integrated Health Solutions, 2012.

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[5]Recognition Tools

Commission on Accreditation of Rehabilitation Facilities Standards Manual, *Health Home supplement to the 2013 Behavioral Health Standards Manual (released July 1, 2013)*

Commission on Accreditation of Rehabilitation Facilities Standards Manual, *Integrated Behavioral Health and Primary Care supplement to the 2013 Behavioral Health Standards Manual (released July 1, 2013)*

Ohio Health Home Service Standards for Persons with SPMI, *Ohio Administrative Code 5122-29-33 (effective July 1, 2014)*

Joint Commission Behavioral Health Home Certification Standards, *for organizations accredited under the Behavioral Health Care Accreditation Program (effective January 1, 2014)*

Joint Commission Primary Care Medical Home Certification *for organizations accredited under the Ambulatory Care Accreditation Program (version 2011)*

SAMHSA PBHCI RFA: (PPHF-2012), Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243, Applications due 6/8/2012.

Federally Qualified Health Centers:

- Electronic code of Federal Regulations (e-CFR Data current as of July 8, 2014), Title 42: Public Health, Part 51c – Grants for community health services.
- Health Center Program Site Visit Guide for HRSA Health Center Program Grantees and Look-A-likes; January 2014/Fiscal Year 2014

The National Committee for Quality Assurance Patient-Centered Medical Home 2011 Standards and Guidelines *(released Jan. 31, 2011)*

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