

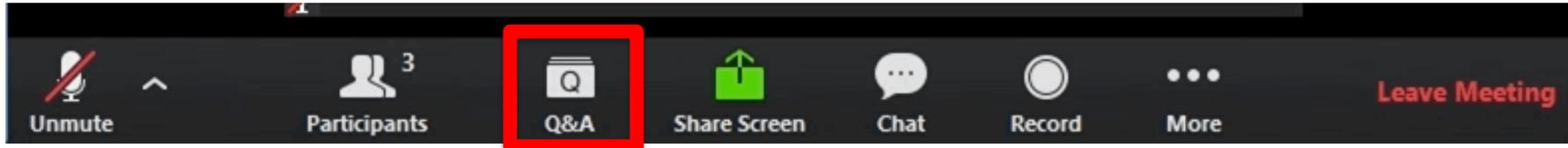
From Evaluation to Action: Four Years of Implementation and Learning in Value-based Care

Wednesday, December 18th, 1:00-2:30pm E.T.

The Care Transitions Network project was supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services under which the National Council for Behavioral Health operated the Care Transitions Network from September 28, 2015 through September 29, 2019. The Care Transitions Network was a partnership between the National Council for Behavioral Health, Montefiore Medical Center, Northwell Health, the New York State Office of Mental Health and Netsmart Technologies. The contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.



How to Ask a Question



You may enter a question in the Q&A panel at any time during the webinar.
The panel is located at the bottom of your screen.
We will answer as many questions as we can at the end of the presentation.

Today's Presenters



Maura Gaswirth, LICSW

Director, Practice Improvement
National Council for Behavioral Health

Samantha Holcombe, MPH

Senior Director, Practice Improvement
National Council for Behavioral Health

Alexandra Meade

Project Manager, Practice Improvement
National Council for Behavioral Health





The Care Transitions Network

Today's Objectives



Translate lessons learned in practice transformation at the program, provider and system level into practical application for the field

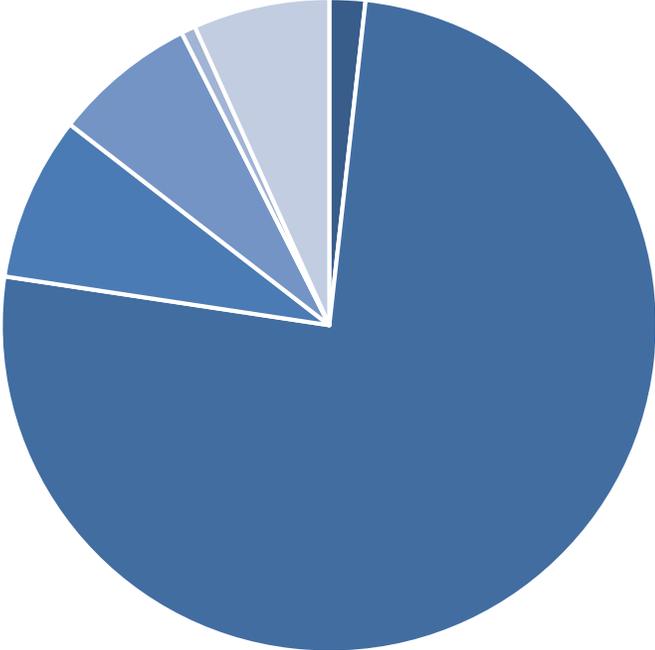


Share tools and resources available to providers currently undergoing transformation efforts

Care Transitions Network

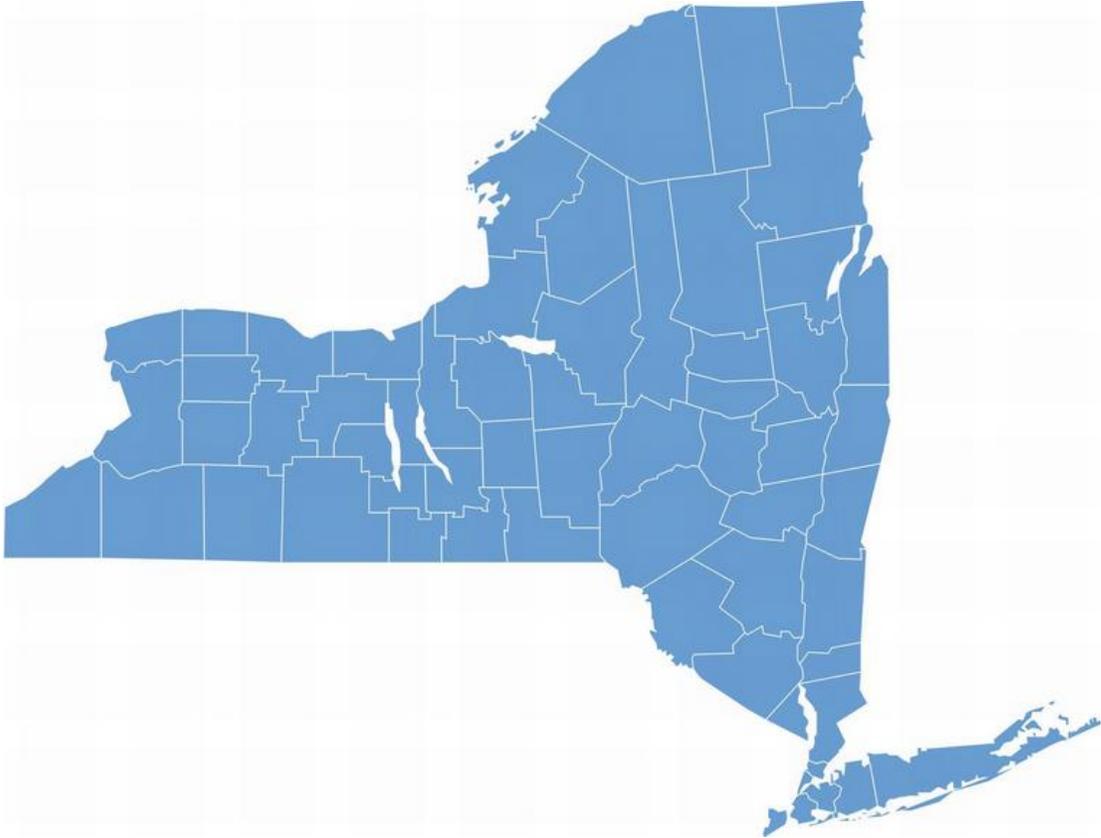
Operated September 2015-September 2019

275 practices



258,663 clients

- Assertive Community Treatment
- Mental Health Clinic
- Substance Use Clinic
- Inpatient Mental Health
- Inpatient Substance Use
- Personalized Recovery Oriented Services

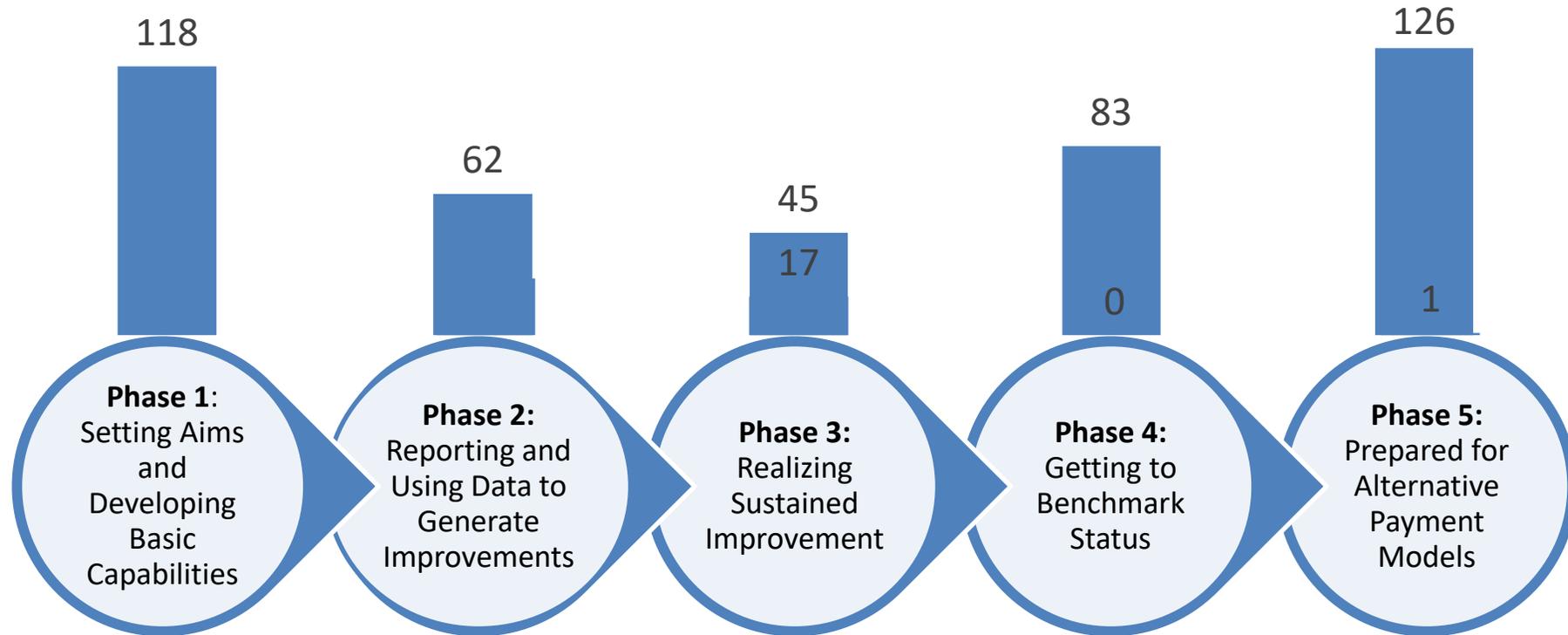


Program Design

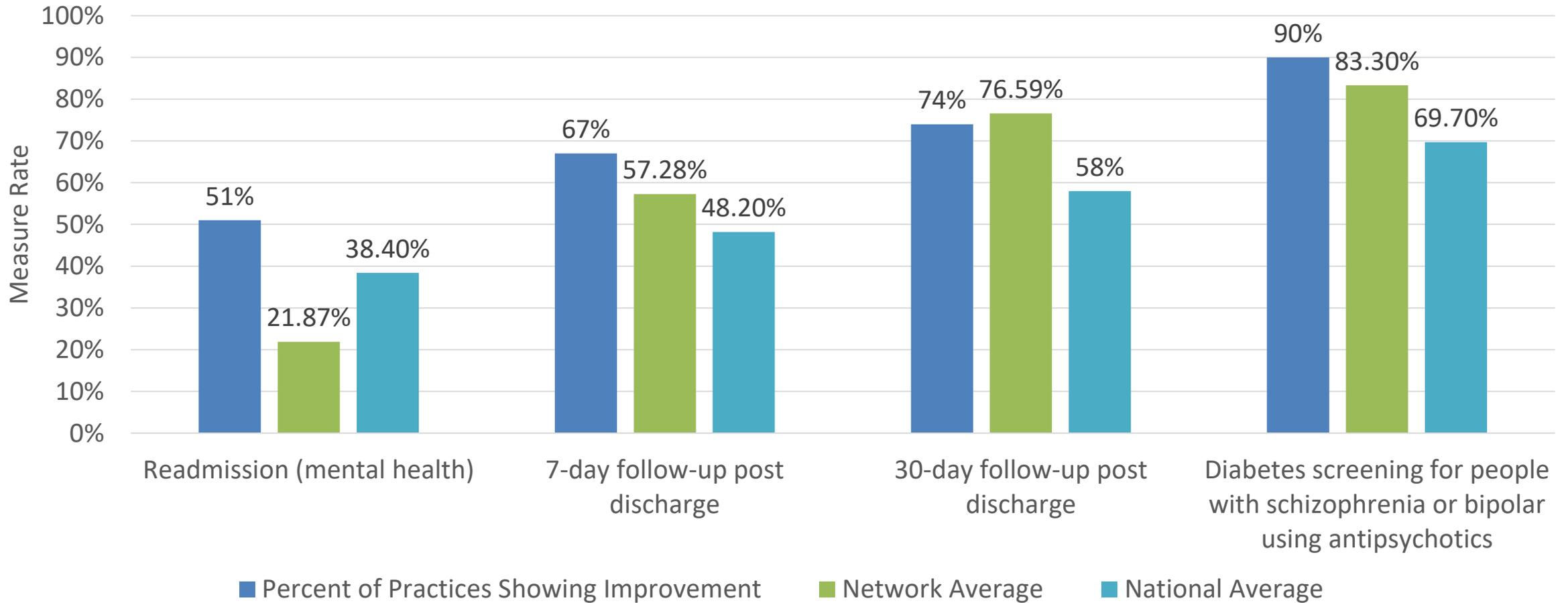


- ### Focus Areas
- Person and Family Engagement
 - Population Health Management
 - Transitions of Care
 - Data-Driven Continuous Quality Improvement
 - Sustainable Business Practices

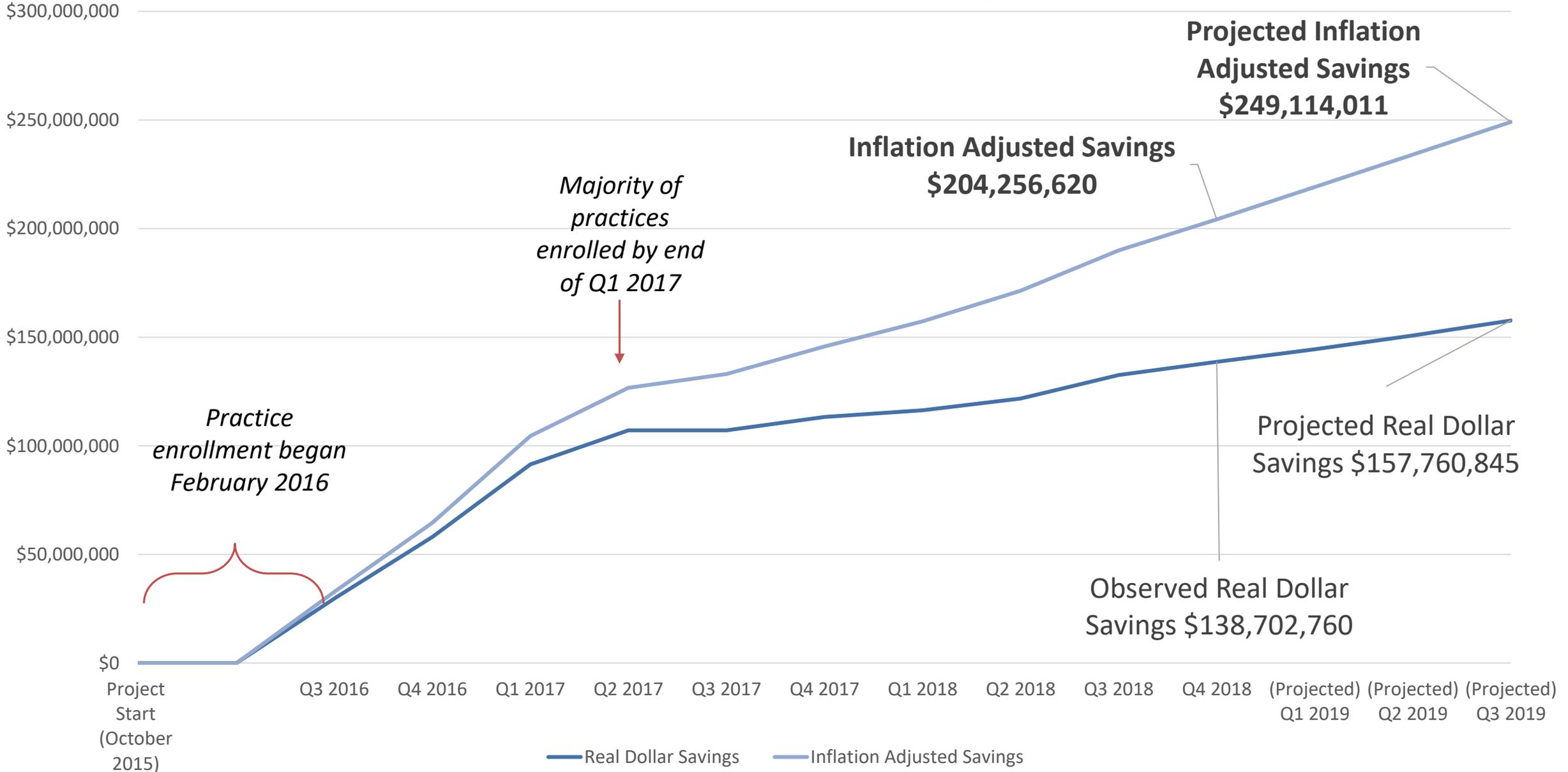
Practice Progression CMS “Phases of Transformation”



Clinical Quality Measure Performance



Total Cost Savings





Program Implementation

Program Implementation



Maura Gaswirth, LICSW

Director, Practice Improvement

National Council for Behavioral Health

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Senior Director, Practice Improvement

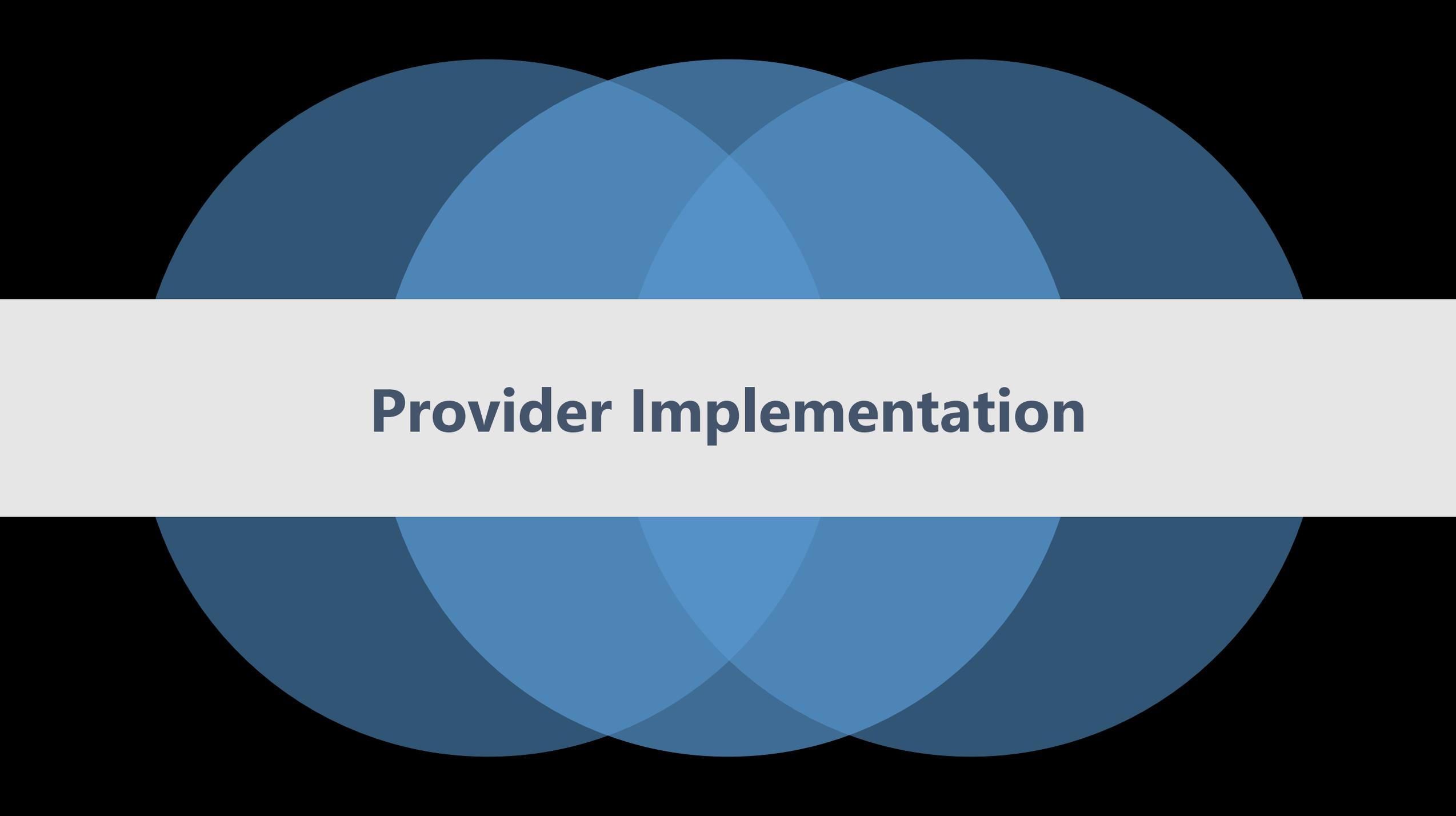
National Council for Behavioral Health

Alexandra Meade

Project Manager, Practice Improvement

National Council for Behavioral Health





Provider Implementation

Provider Implementation: Sullivan County Department of Community Services

- **Location:** Liberty, New York
- **Practice setting:** Rural
- **Services provided:**
 - One primary clinic with 15 satellite sites in all school districts in Sullivan County
 - Clinic is open 5 days a week, plus 2 evenings
 - Open access clinic 4 mornings per week
 - Adding telepsychiatry in 2020
 - Outpatient behavioral health treatment services:
 - Mental health
 - Substance use
 - Care management services
- **Number of clients served:** 1600 to 1800 monthly, from 5 years old through adulthood;
13,184 clients served in 2018
- **Clients receiving Medicaid:** 84%
- **Clients who are dually eligible (Medicare and Medicaid):** 13%
- **Number of clinicians:** 23



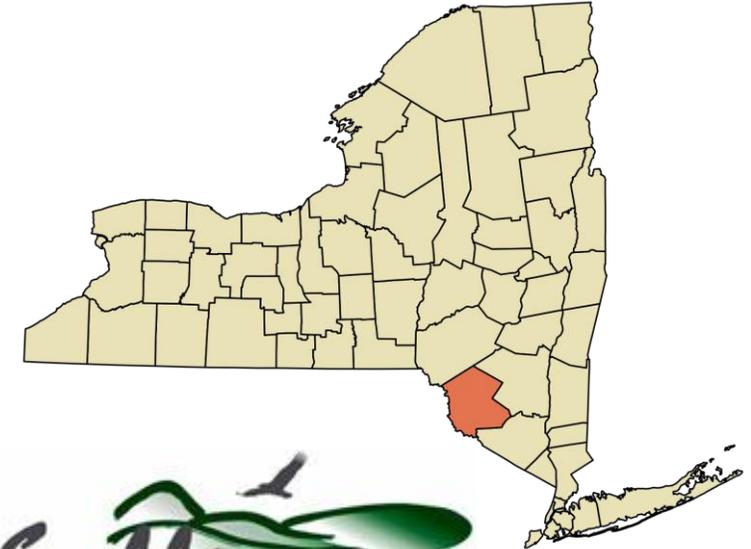
Provider Implementation: Sullivan County Department of Community Services



Katherine Sullivan, LCSW-R
Clinical Program Manager



Melissa Stickle, LCSW-R, CASAC
Director



Provider Implementation: CN Guidance

- **Location:** Hicksville, NY – serving both Nassau & Suffolk Counties on Long Island
- **Practice setting:** Suburban
- **Services provided:**
 - Integrated license combining mental health and substance use services
 - CCBHC (Certified Community Behavioral Health Clinic)
 - Health home care coordination
 - 2 ACT (Assertive Community Treatment) teams
 - PROS (Personalized Recovery-Oriented Services)
 - Residential services
 - Home and community-based services
 - OMH/OPWDD Social Programs
 - Grants: Mental Health First Aid, Youth Drug Prevention, Youth Relationship-Building, Older Adults' Community Services
- **Number of clients served:** 7,500 annually; within the CCBHC/clinic = 2,000 annually
- **Clients receiving Medicaid or are who dually eligible (Medicare and Medicaid):** 60%
- **Number of staff:** 360

Cn guidance & counseling services



Provider Implementation: Central Nassau Guidance and Counseling Services

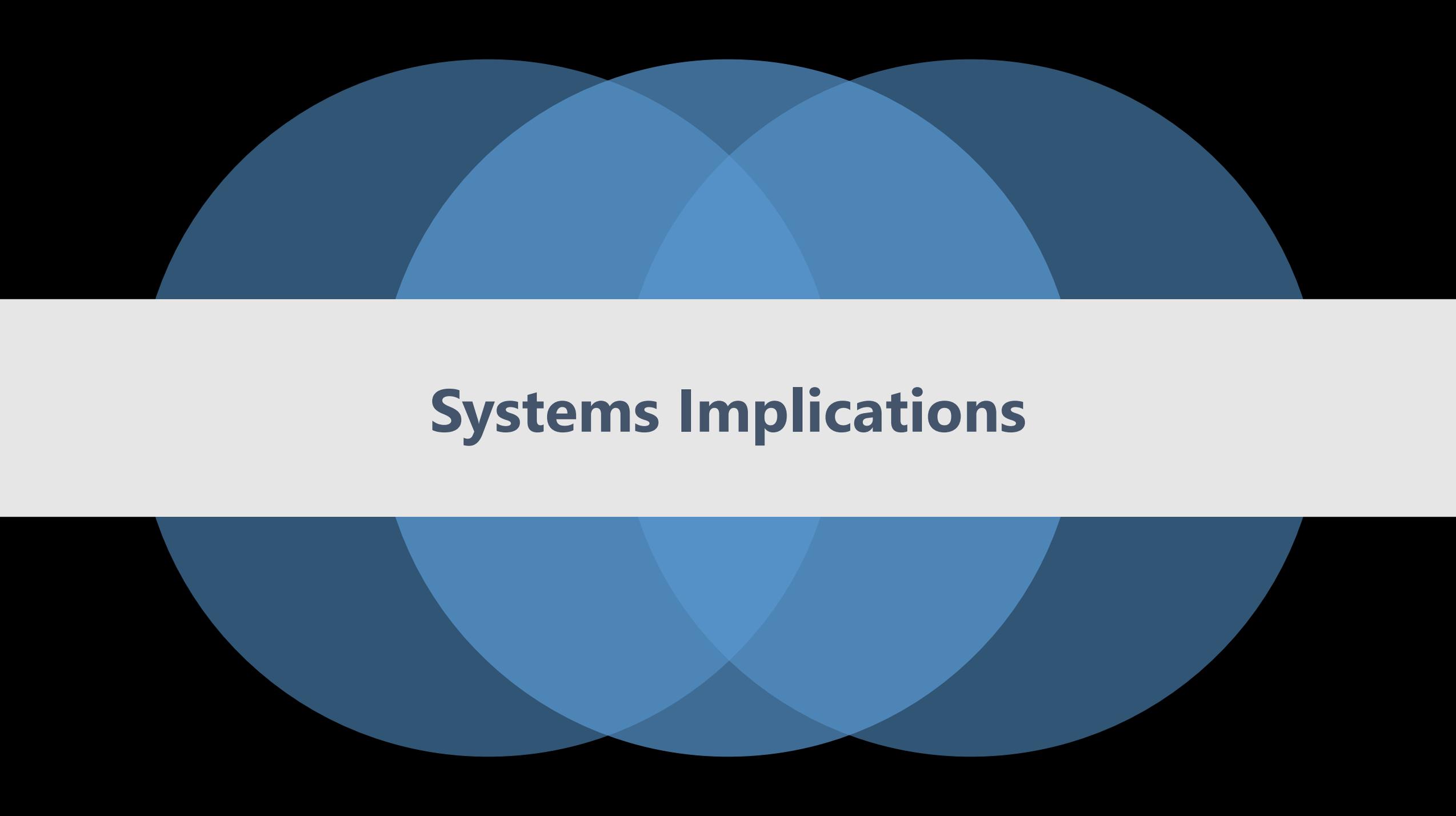


Lindsay Ragona,
Project Director, CCBHC



Cn guidance & counseling services





Systems Implications



Sarah Overholt, MA

Associate Program Director, Care Transitions Network

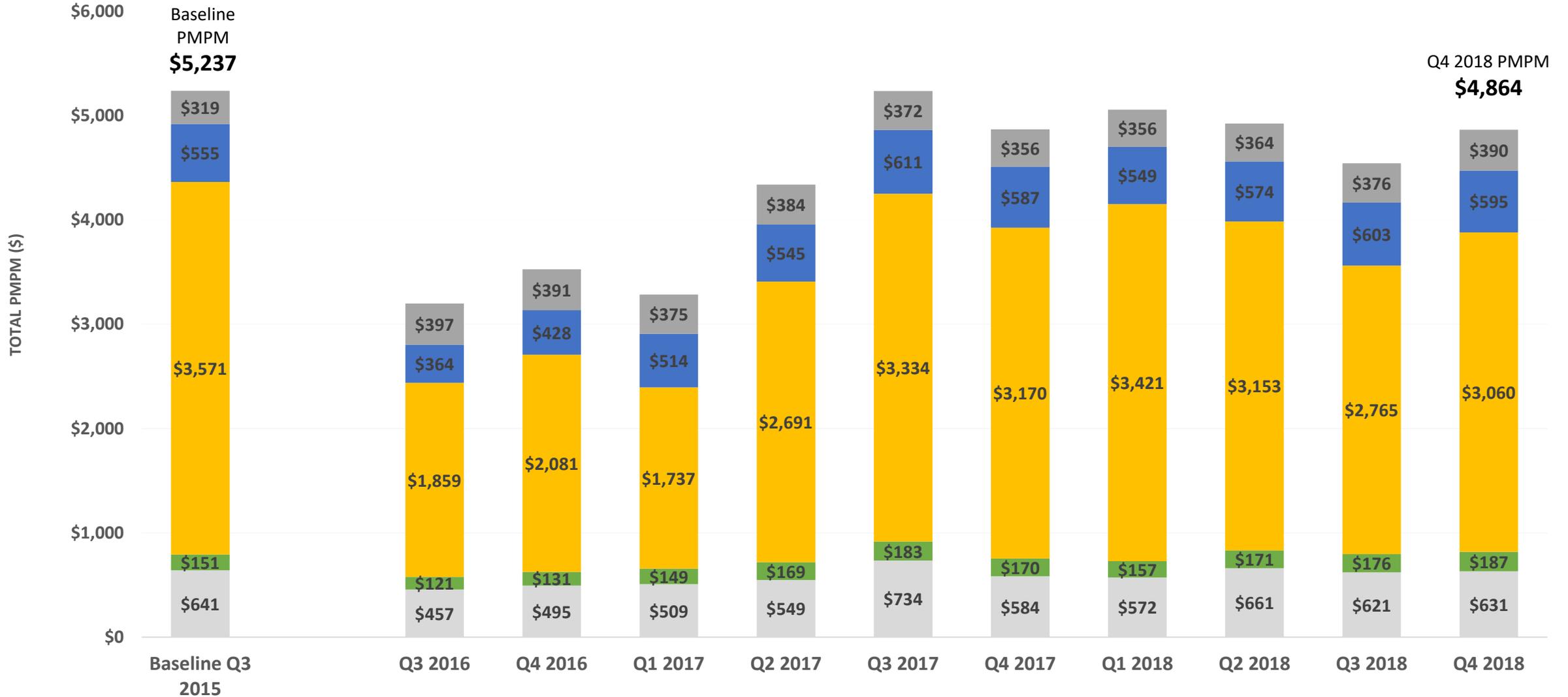
Montefiore Health System

Montefiore



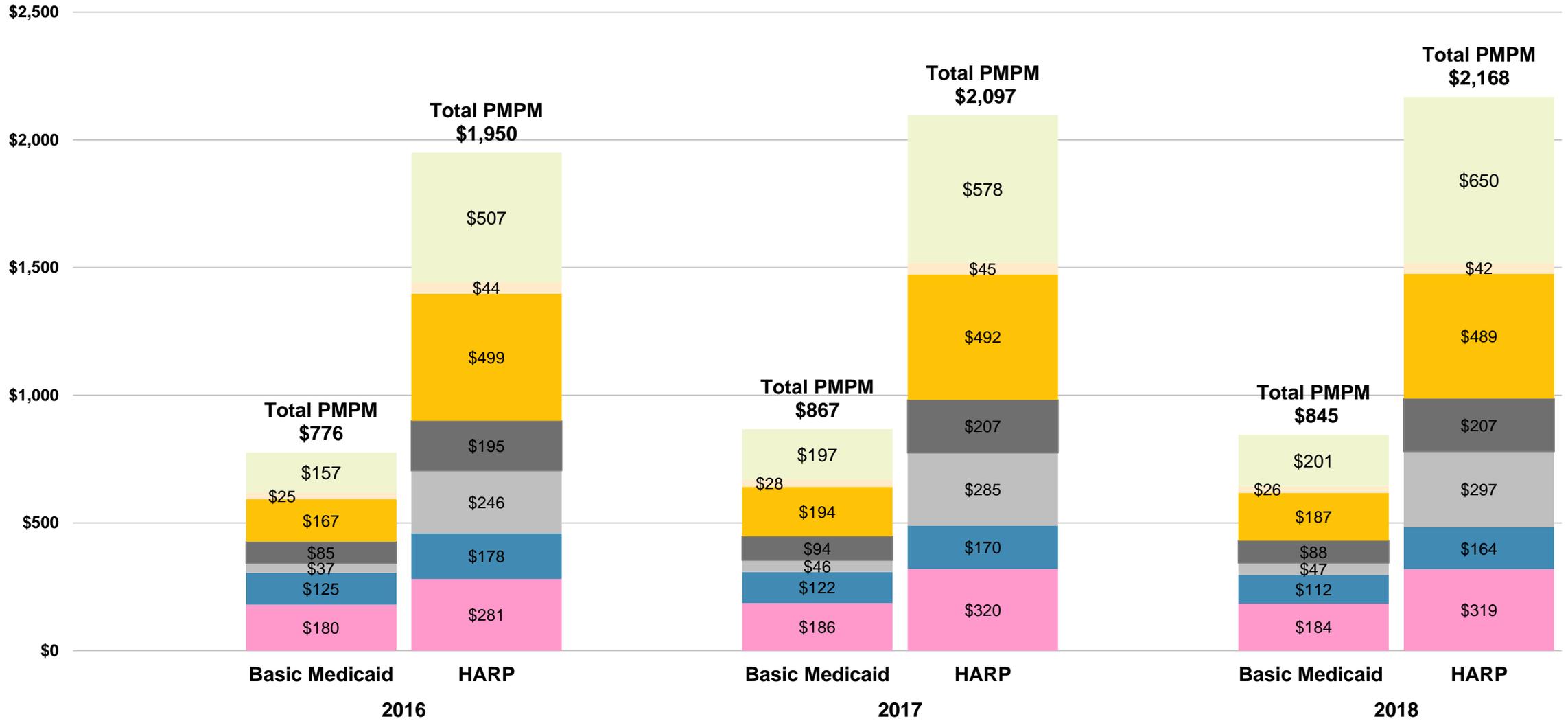
Analysis of Total Per Member, Per Month (PMPM) Costs

■ Additional Services
 ■ ER Visits
 ■ Hospitalization
 ■ Outpatient
 ■ Pharmacy



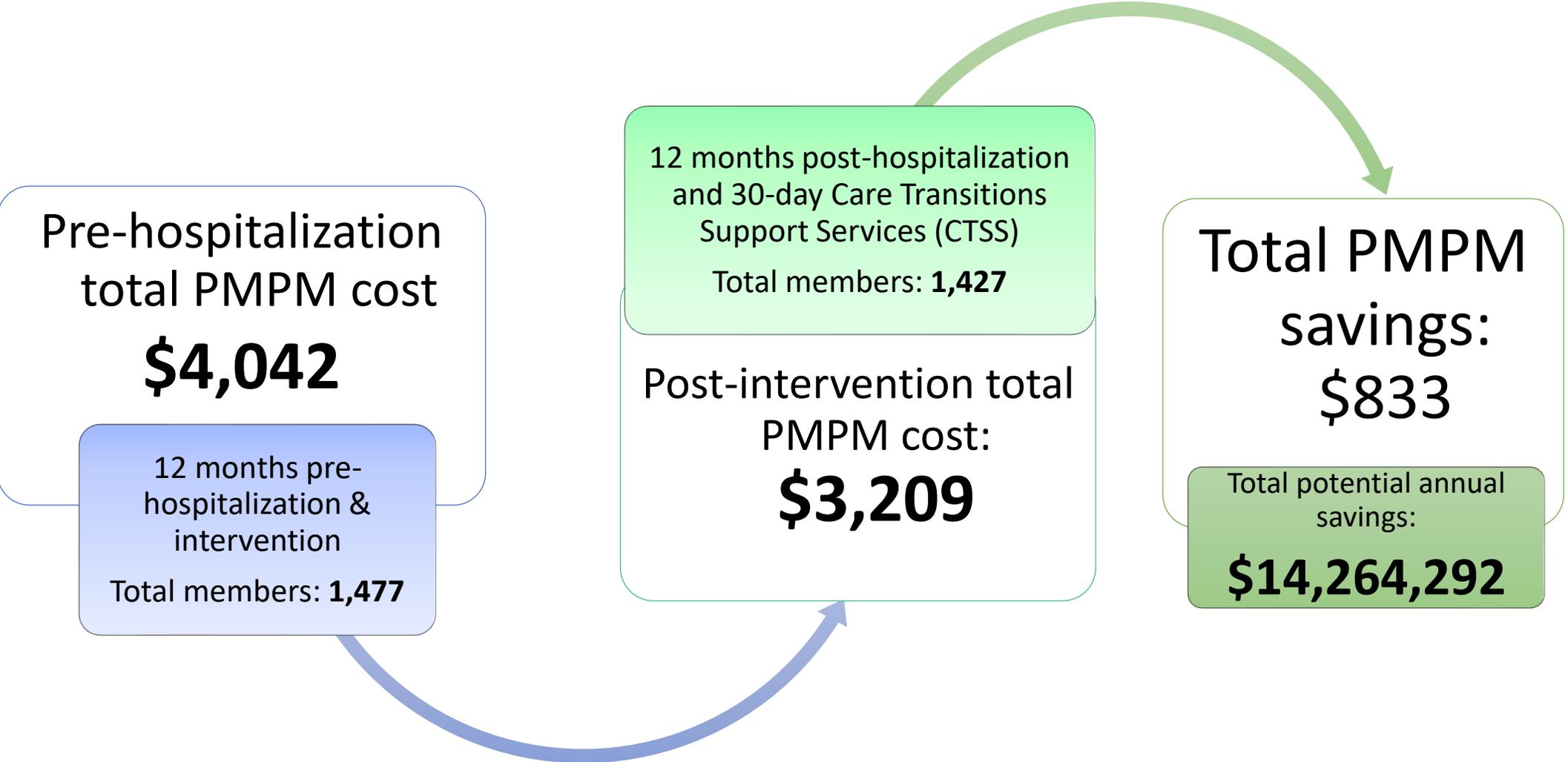
CTN Article 31 Patients: PMPM Spending by Service Area and Population

■ BH Outpatient
 ■ Medical Outpatient
 ■ BH Hospitalization
 ■ Medical Hospitalization
 ■ Pharmacy
 ■ All ED Services
 ■ Additional Services



Finding your Value: Effective Care Transitions Engaging High Cost Patients Post-Hospitalization

Pilot Post-Discharge Care Transitions Program





Emily Leckman-Westin, Ph.D.

Director of Data Analysis, Bureau of Evidence-based Services and Implementation Science at New York State Office of Mental Health



CTN Evaluation Update

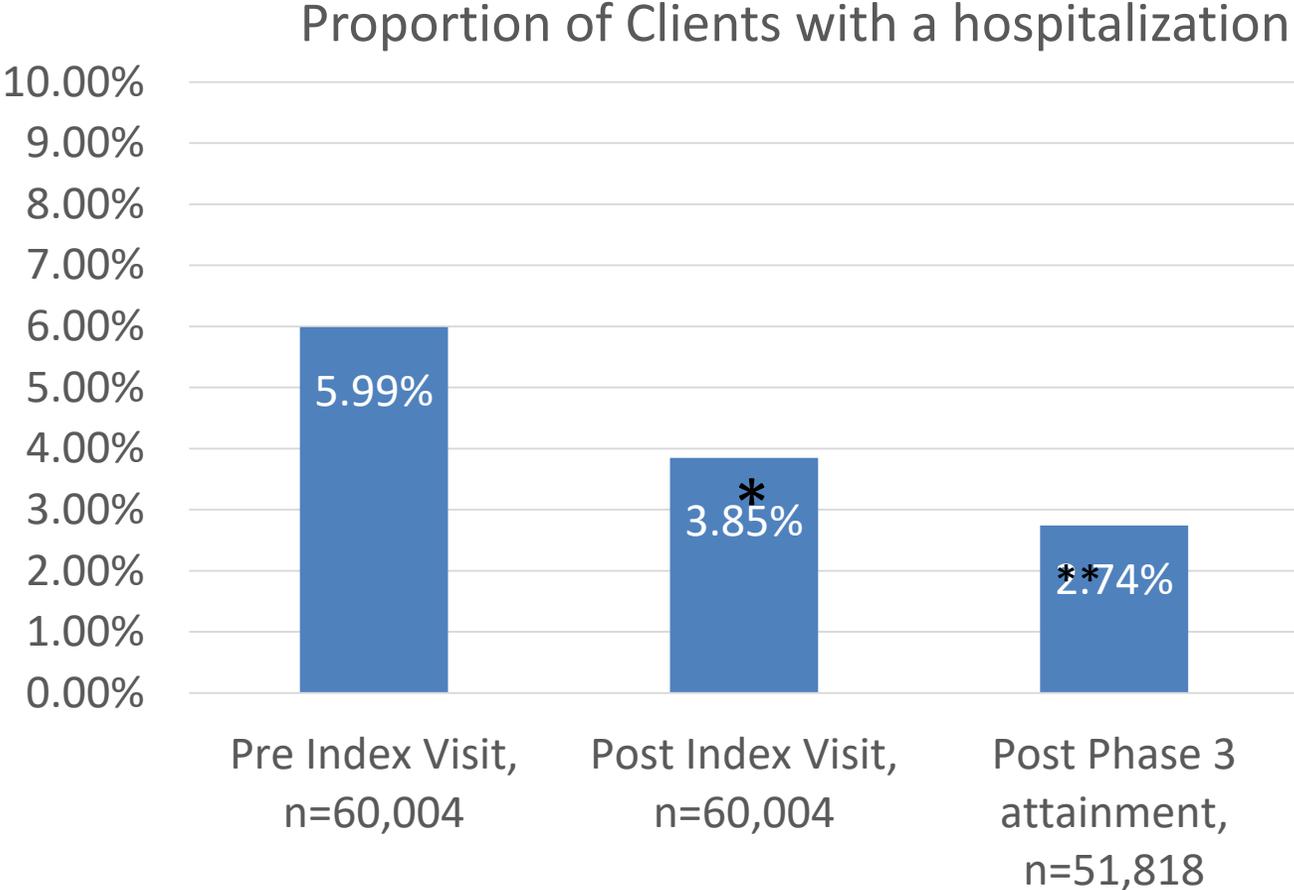
- Overall Practice Network Evaluation (preliminary analyses completed)
 - Pre-Post Evaluation, No comparison group
 - Sample, n=60,004 clients served by specialty mental health programs, ages 18 to 64, continuous Medicaid eligibility, and no Medicare
 - 22.3% with Schizophrenia/bipolar; 34.5% with depression;
 - 185 practices included (enrolled by 7/1/2018)
 - Analytic Plan
 - GLM/GLMM modeling, comparing clients to baseline period



Decreases in CTN Clinic Client Hospitalization Following Enrollment in CTN

Significant decreases in psychiatric hospitalization were observed, with 0.62 (95% CI: 0.59, 0.65) reduced odds of hospitalization.

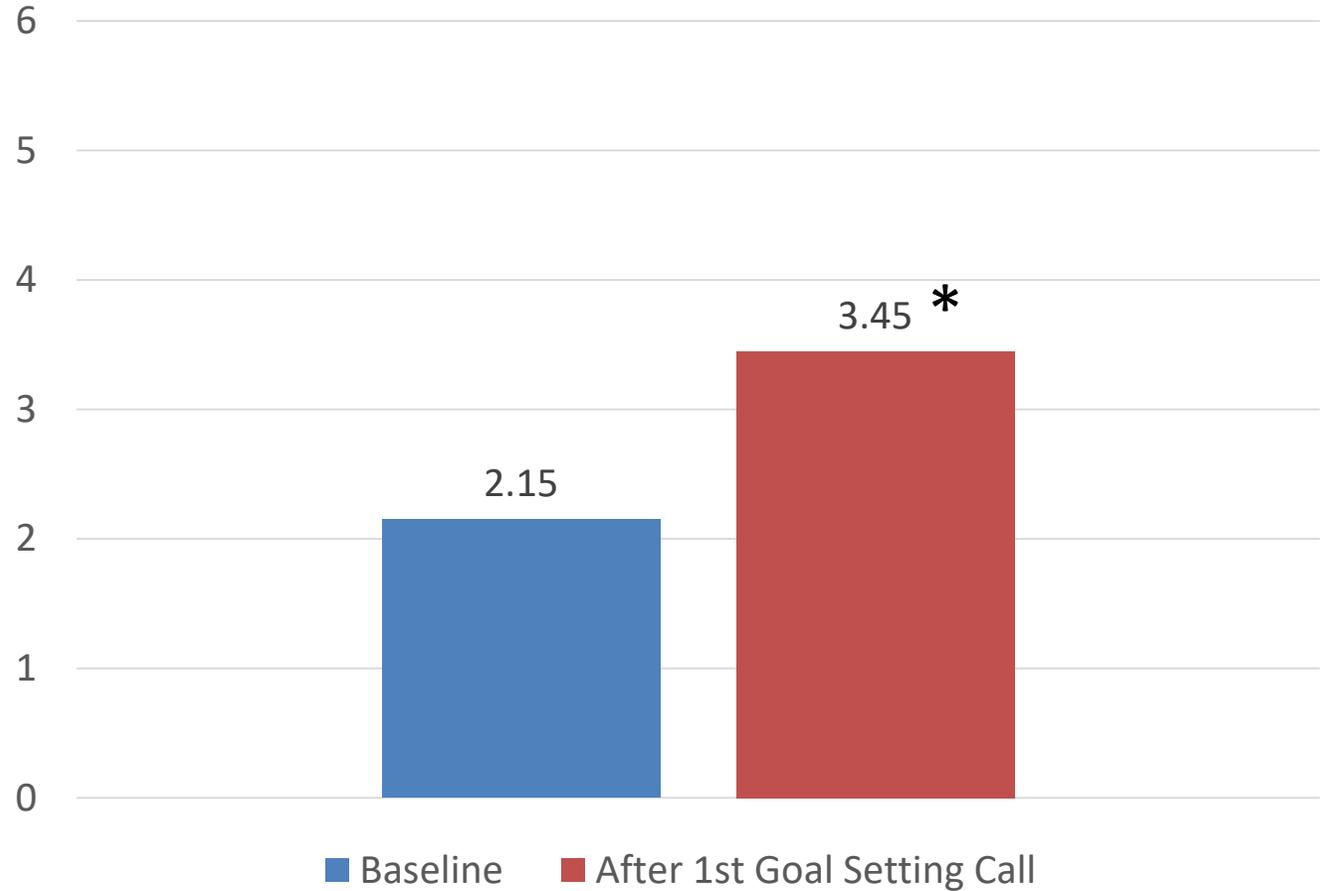
Gains persisted for the period following Phase 3 attainment, with 0.43 (0.41, 0.46) reduced odds of hospitalization, compared to the pre-index period.



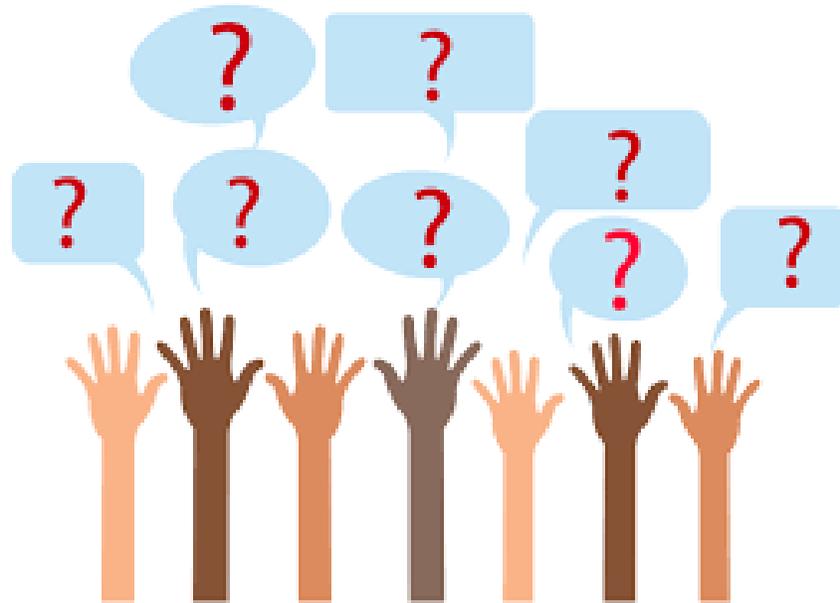
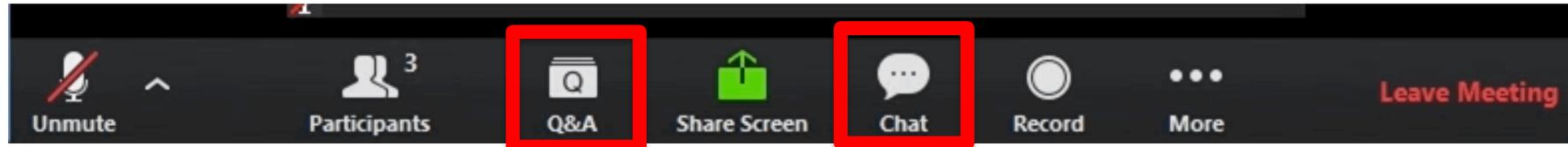
* p<.001; ** p<.005

Significant increases in engagement with practices were noted in the 6 months after the first goal setting call

Months with 1+ Visit in 2 six-month periods,
n=60,004 in 185 practices*



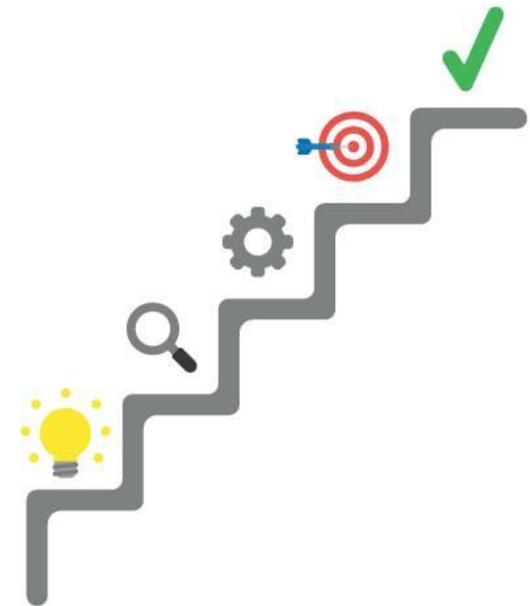
Questions?



Additional Opportunities

- **Launching new webinar series on Value-based Payment Preparedness from January-June; Content areas will include:**
 - Value-based Payments Primer
 - Performance Measurement and Quality Improvement
 - Role of Clinical Care Pathways in Value-based Care
 - Key Considerations for Value-based Contracting
 - Best Practices in Costing and Revenue Cycle Management
 - Crafting Your Value Proposition

Keep an eye out for future announcements and registration!





Please provide your feedback on the post-webinar survey which will pop up when the webinar ends.