CCBHC-E National Training and Technical Assistance Center

Optimizing Data Series:

The Role of Population Health Management in CCBHCs.

May 11, 2022

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Zoom Logistics

- Call in on your telephone, or use your computer audio option
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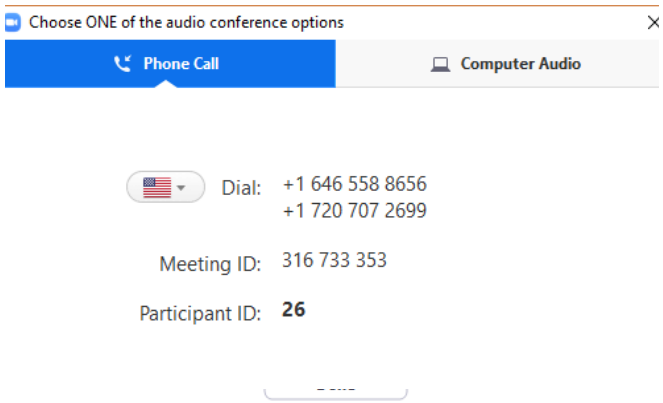
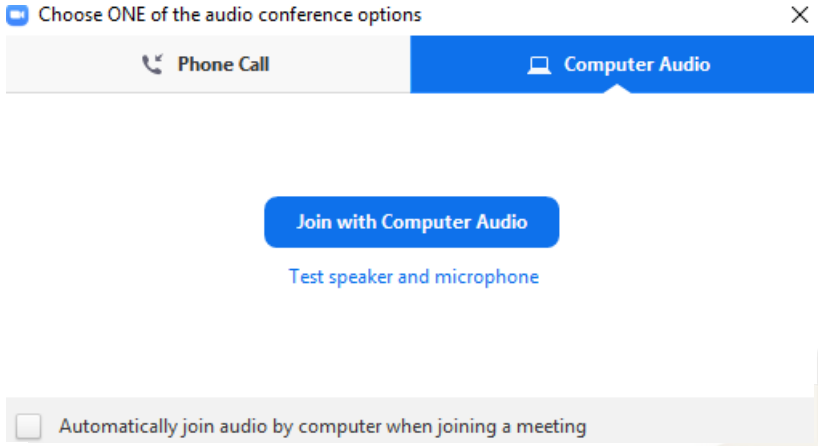
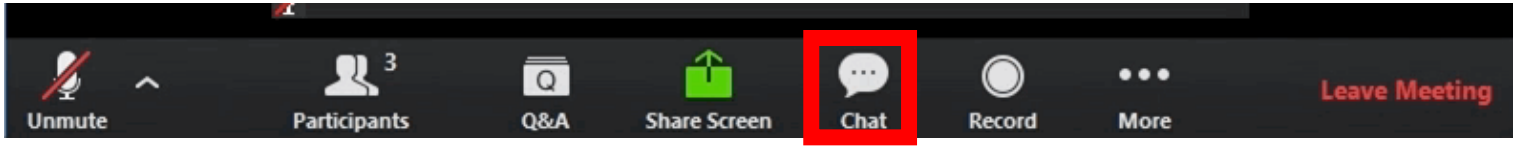




How to Ask a Question



Share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. **We'll answer as many questions as we can throughout today's session.**

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Acknowledgements and Disclaimer

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Your Feedback Is Important To Us!

Please take a moment at the end of this event to complete a brief, post anonymous feedback survey. Your feedback is essential to us to help us better understand your need for training, technical assistance and resources, and to meet the requirements of the SAMHSA IPP reporting.

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Today's Presenters

Renee Boak, MPH

Consultant

National Council for Mental Wellbeing

Clement Nsiah, PhD, MS

Director

National Council for Mental Wellbeing

Courtney Coules

Monitoring & Evaluation Associate

MAHEC

Allison Brenner, PhD, MPH

Senior Director, Quality Management, Quality Improvement, and Population Health Research Cascadia Behavioral Healthcare

Agenda

- Discussion: Optimizing Data: Leveraging Population Health Management and Approaches to Drive Clinical Care

- Cascading Breakout Group Discussion
  - Incorporating and using agency clinic-level data measures to assist with staff buy-in and taking learnings into action

- Wrap-up & Next Steps

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The Learning & Action Sessions

- 3-part session on optimizing agency data
- Each session is designed to expand and advance on the previous event
- Each session will explore and showcase:
  - Effective approaches to maximize clinic-level data to drive and improve clinical decisions and outcomes
  - Successful applications for developing and optimize agency data

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The Learning & Action Sessions

The Role of Population Health Management in CCBHCs Today Recording will Become Available	Learning Objectives: • Increase knowledge of population health management principles and practices • Identify 2-3 new practices/approaches on data collection and analysis that can be incorporated into agency practice • Increase knowledge of how population health management practices address preventative healthcare
Measurement-Based Care Pathways June 8, 2022 Register Here	Learning Objectives: • Increase knowledge of team-based care principles and practices • Learn how to develop population specific care pathways • Identify strategies for how population health management can address health disparities and inequities
Leveraging Health Information Technology July 13, 2022 Registration Coming Soon	Learning Objectives: • Increase knowledge on the role of health information technology (HIT) in population health management • Identify opportunities for how HIT can impact population health management practices • Learn 2-3 strategies for how HIT can improve data sharing between agencies

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Population Health as a Tool in Community Behavioral Healthcare

How to apply population health practice, and engage in data-drive healthcare in reality (and in overwhelm)

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Overview

- Definitions and terminology
- Idealism
  - *Population Health in a neat and tidy world*
- Reality
  - *Population Health in practice*
- Reconciliation
- Population health 2.0

The Beginning: Terminology

Population Health

- "A conceptual approach to understanding the drivers of health and consequently the strategies most useful to improve health; includes both the need to consider factors in social and biologic processes impacting health and an explicit concern with health equity." (Diez-Roux, 2016)

Population Health Management

- "A set of interventions designed to maintain and improve people's health across the full continuum of care—from low-risk, healthy individuals to high-risk individuals with one or more chronic conditions." (Center of Excellence for Integrated Health Solutions)
- Strategies for optimizing the health of an entire client population by systematically assessing tracking and managing the group's health conditions and treatment response. (Center of Excellence for Integrated Health Solutions)

Population Health Management Tools

1. Defining and understanding your population
2. Population segmentation
    - *Identify subpopulations for prevention and intervention opportunities*
3. Risk stratification
    - *Panel management*
    - *Predictive modeling*

Idealism Squashed: Real World Speedbumps

- Data (or lack of)
- Early stages of integration
- Limited clinical capacity
- Limited buy-in or understanding

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Adaptation: Data

- Start with what you have
- Share information on your population as driver for more/better data
- External data sources
  - Payer
  - HIE
  - Additional geographical data
  - Partners (e.g., DCOs)
  - Consumers

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Example: Defining and Understanding Your Population

Identify clients using multiple strategies to supplement EHR data

- Ask providers
- Payers
- Invite consumers
- Collect data (surveys)

Be creative and use the resources you have

- Identify staff who are excited
- Move towards sustainability

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Adaptation: Limited Capacity and Buy-in/Readiness

Goal: Reduce avoidable emergency department visits (ED)

Reality

- Loss of key staff
- COVID-19
- Limited capacity of clinical staff
- Burnout of staff
- Competing priorities and buy-in from clinical leadership

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Example: Regular Reporting

Data sharing through regular reports

- Consistency
- Increased familiarity with data
- Allows staff to act on their own timeline

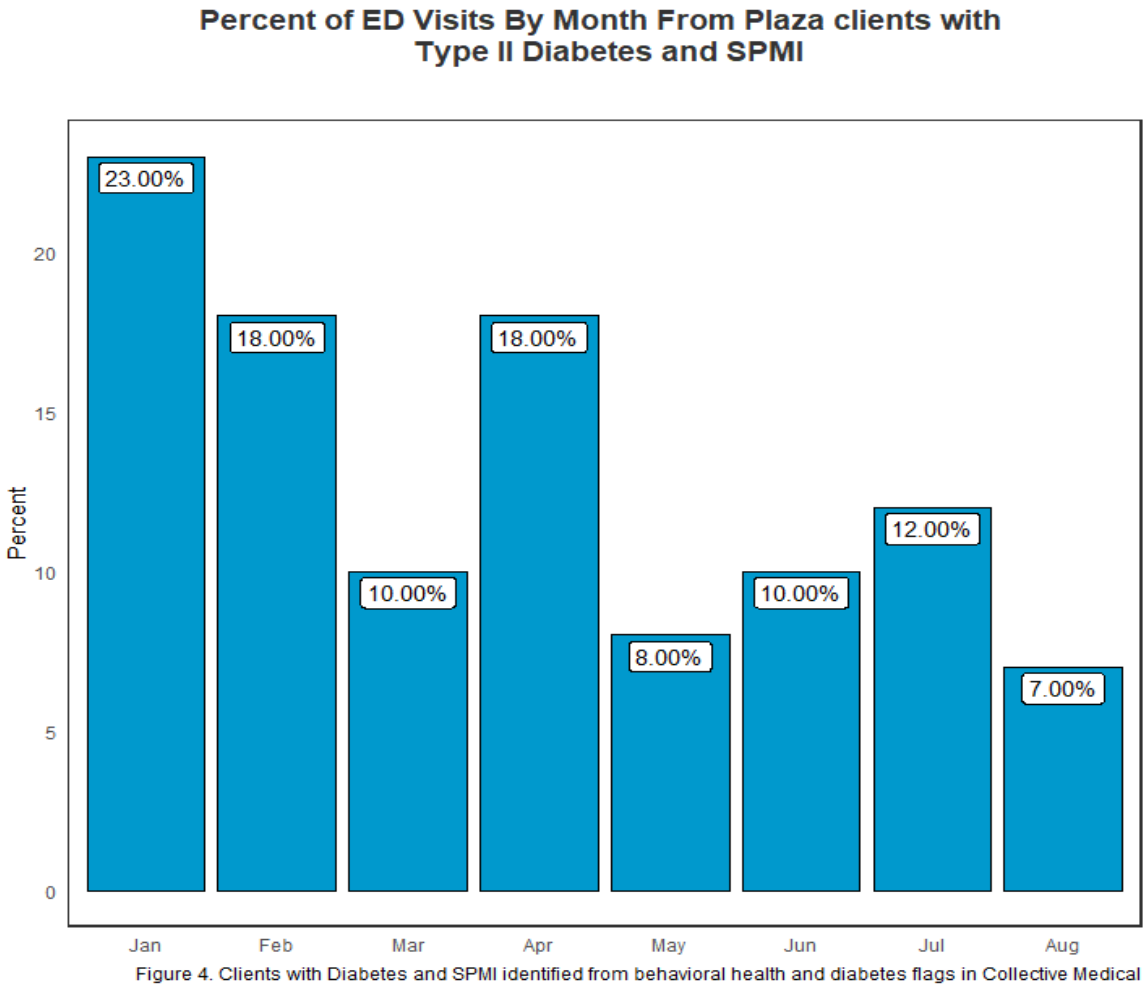

Figure 4. Clients with Diabetes and SPMI identified from behavioral health and diabetes flags in Collective Medical

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Emergency department visit trends in Primary Care, YTD

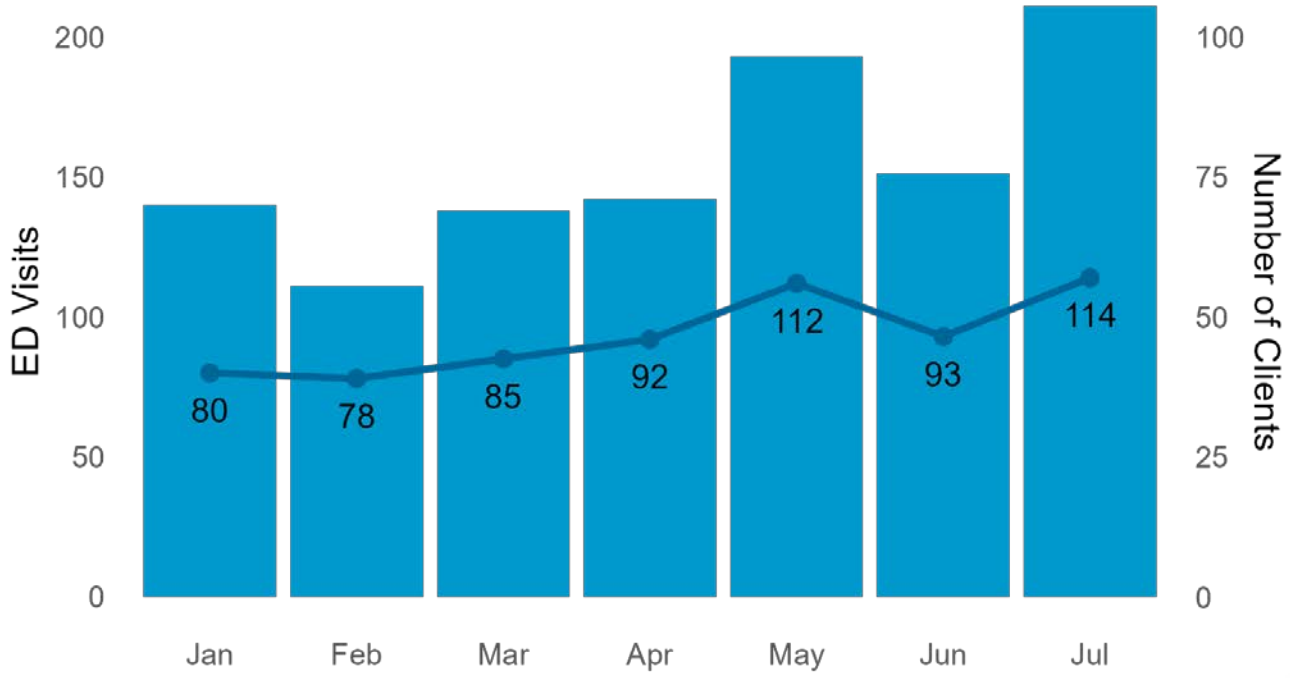

Figure 1. Data include all encounters among Primary Care clients with an ED visit in the past 12 months

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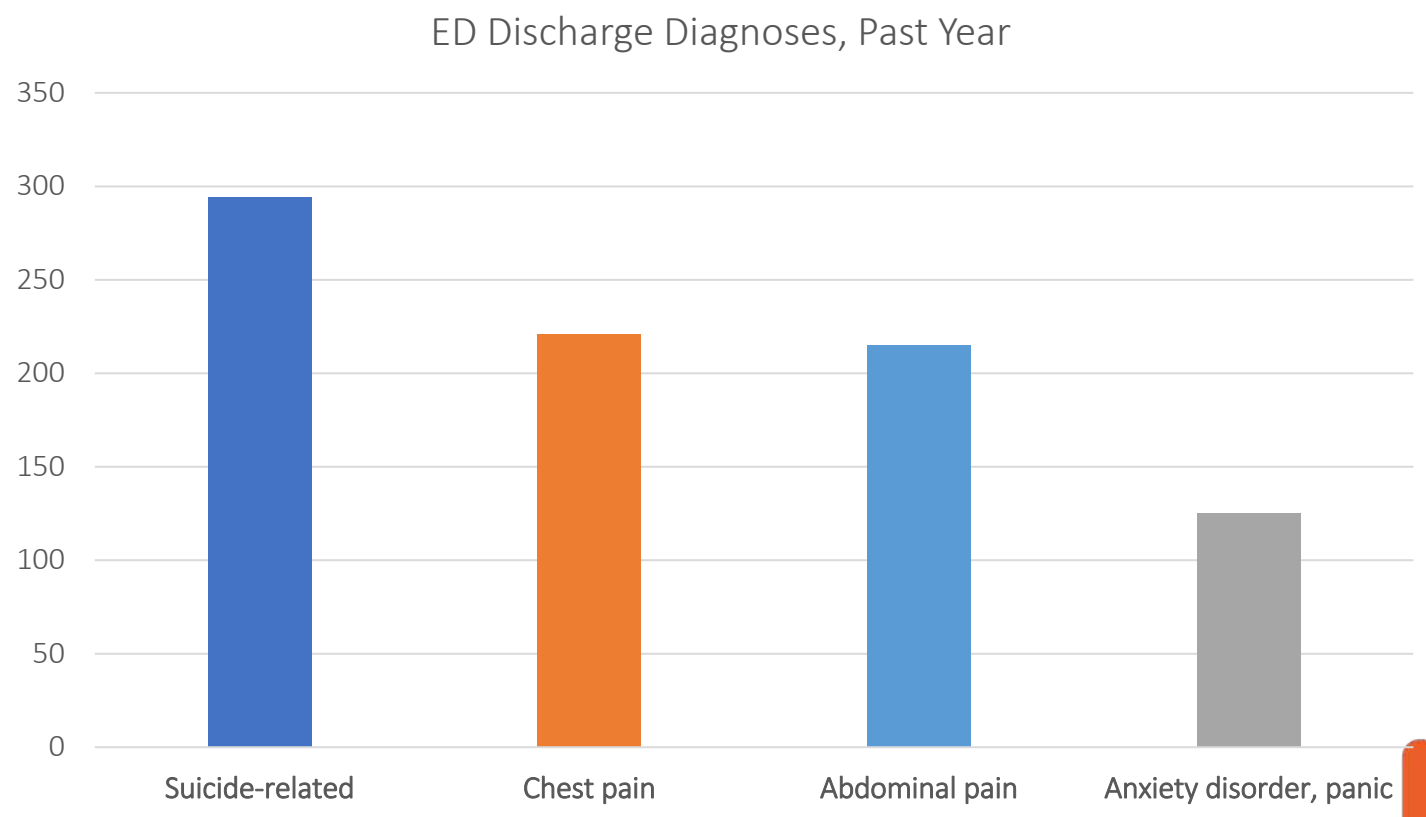
ED Discharge by Diagnosis



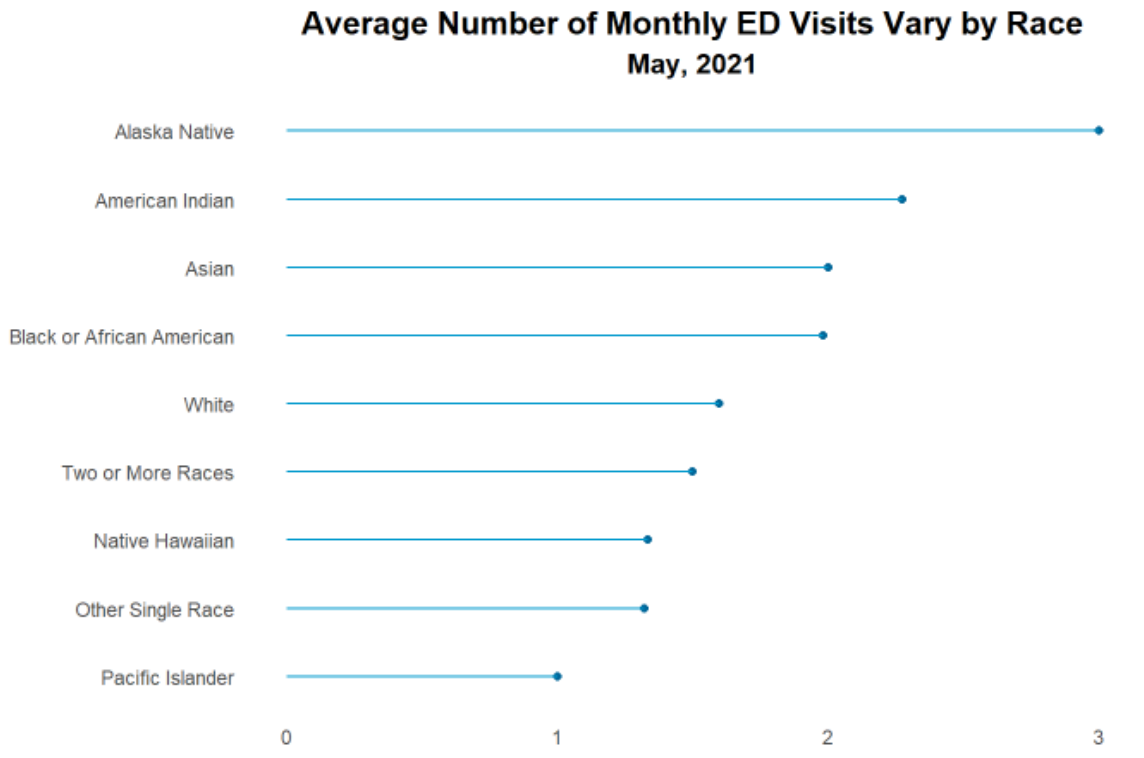


Figure 6. ED visit average per client in May, by race. Data include clients with 1 or more ED visits in May

Example: Get Creative

- Involve staff in ways that meet their needs and recognize their capacity
- Stress the importance that even very small changes accumulate
- Make it fun and rewarding and recognize staff for their efforts

The Supported Employment program worked together as a team to develop a Make One Small Change goal that feels feasible, yet meaningful. In their collaboration, they discovered that staff were often discussing physical health and wellness with clients during intake, although this was not a formalized part of the intake process. The team recognized that building this practice into their intake process would promote health education and preventative healthcare. Their change goal encourages clients to pursue a check-up/physical with a Primary Care provider when beginning their employment search.

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Portland Area Urgent Care Locations

Urgent Cares are different in their insurance practices and appointment requirements.
Call first to check hours, walk-in options, and confirm insurance.

URGENT CARE NAME	CONTACT		Medicaid / OHP accepted	Medicare Accepted		BUS LINES
North Portland						
Providence Express Care - North Lombard	5308 N Lombard St, Portland, OR 97203	(888) 227-3312	Yes	Yes	Portsmouth	35, 75
Providence Express Care - Interstate	4340 N Interstate Ave #14 Portland, OR 97217	(888) 227-3312	Yes	Yes	Overlook	4, 72, 35, 85
Legacy-GOHealth	3505 N Williams Ave Portland, OR 97227	(971) 202-2910	Yes	Yes	Boise	44, 24, 4
Kaiser Permanente - Interstate Urgent Care	3500 N Interstate Ave Portland, OR 97227	(503) 813-2000	Only OHP Kaiser	Only Kaiser Medicare Senior Adv.	Overlook	4, 35, 24
Northeast Portland						
Portland Urgent Care	4160 NE Sandy Blvd Portland, OR 97212	(503) 249-9000	Yes	Yes	Hollywood	12, 75, 77
AFC Urgent Care - NE Portland	7033 NE Sandy Blvd Portland, OR 97213	(503) 305-6262	Yes	Yes	Roseway	24, 12
Providence Immediate Care	1321 NE 99th Ave Suite 100	(503) 215-9900,				

Example: Involve Staff in Development

Goal: Improve integrated care for clients with diabetes and a mental health issue

- Created workgroup
- Data informed planning
- Decisions driven by clinical members
- Evaluation built into the intervention

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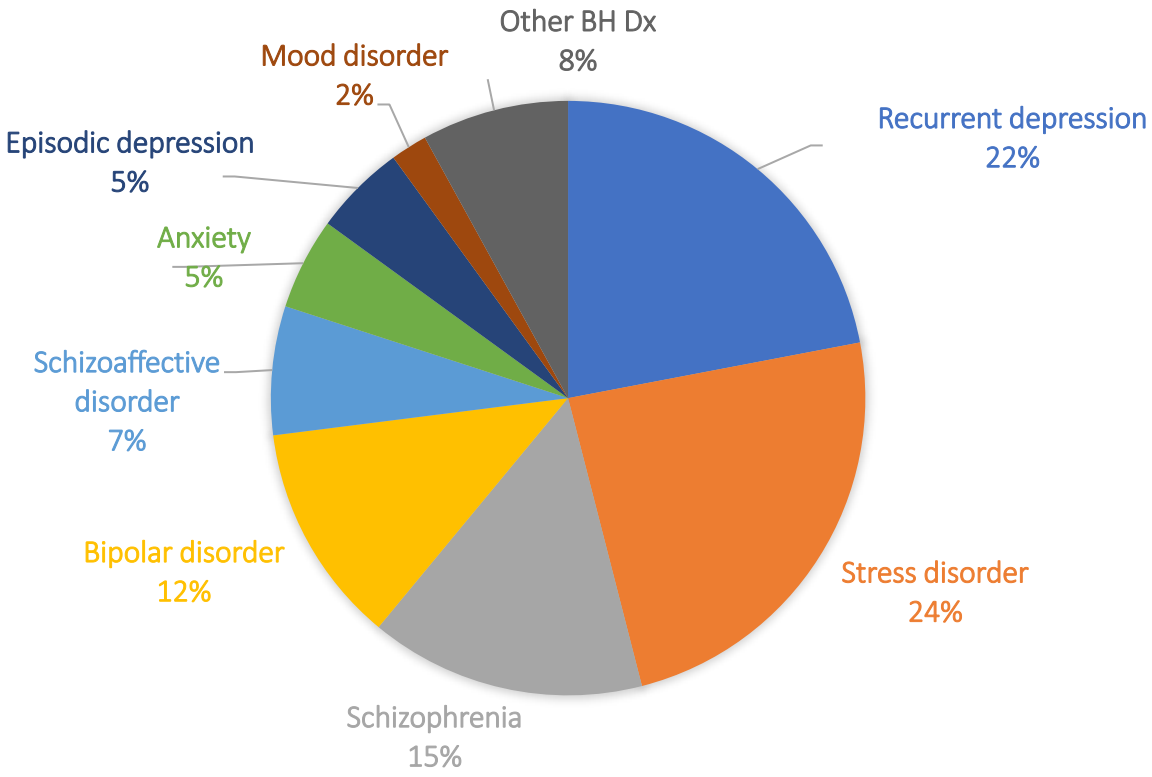
Example: Risk Segmentation Applied

- Data informed decision-making
- Increased “objectivity” in identifying needs
- Can be coupled with clinical input (not best as a stand-alone tool)

Mental Health Dx, Clients With Diabetes



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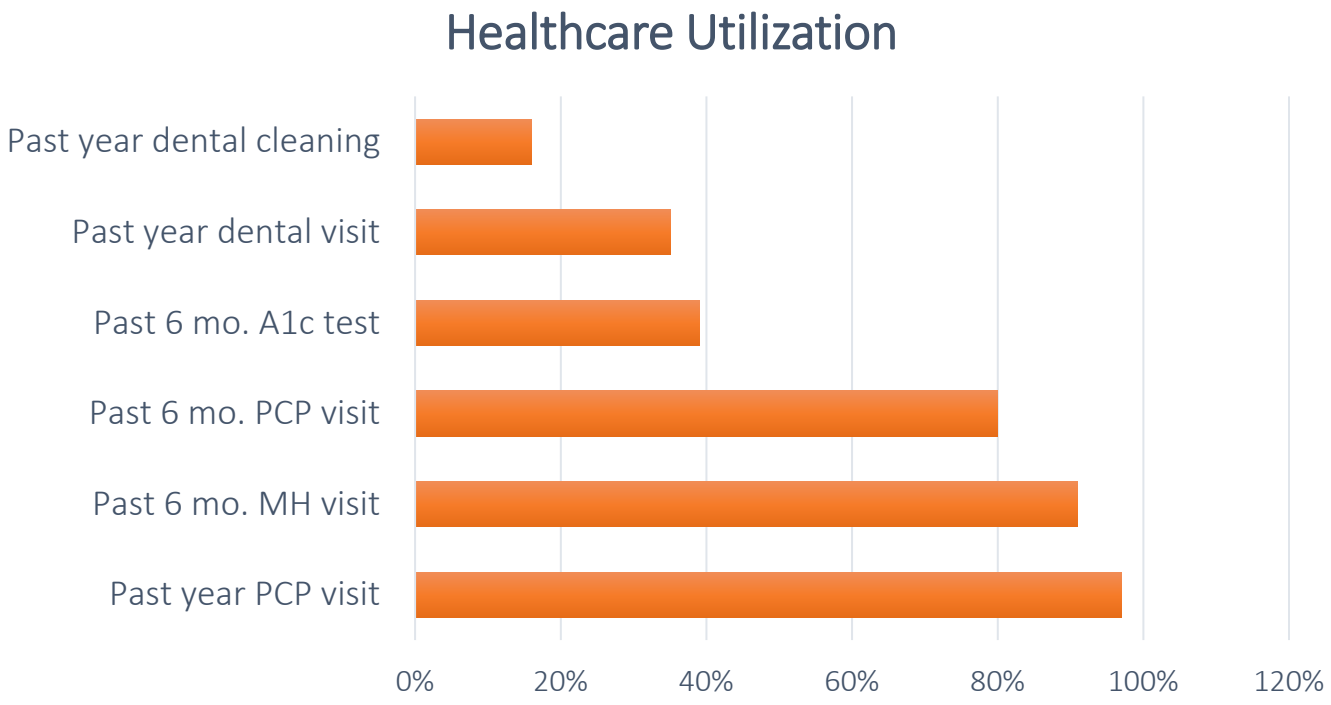
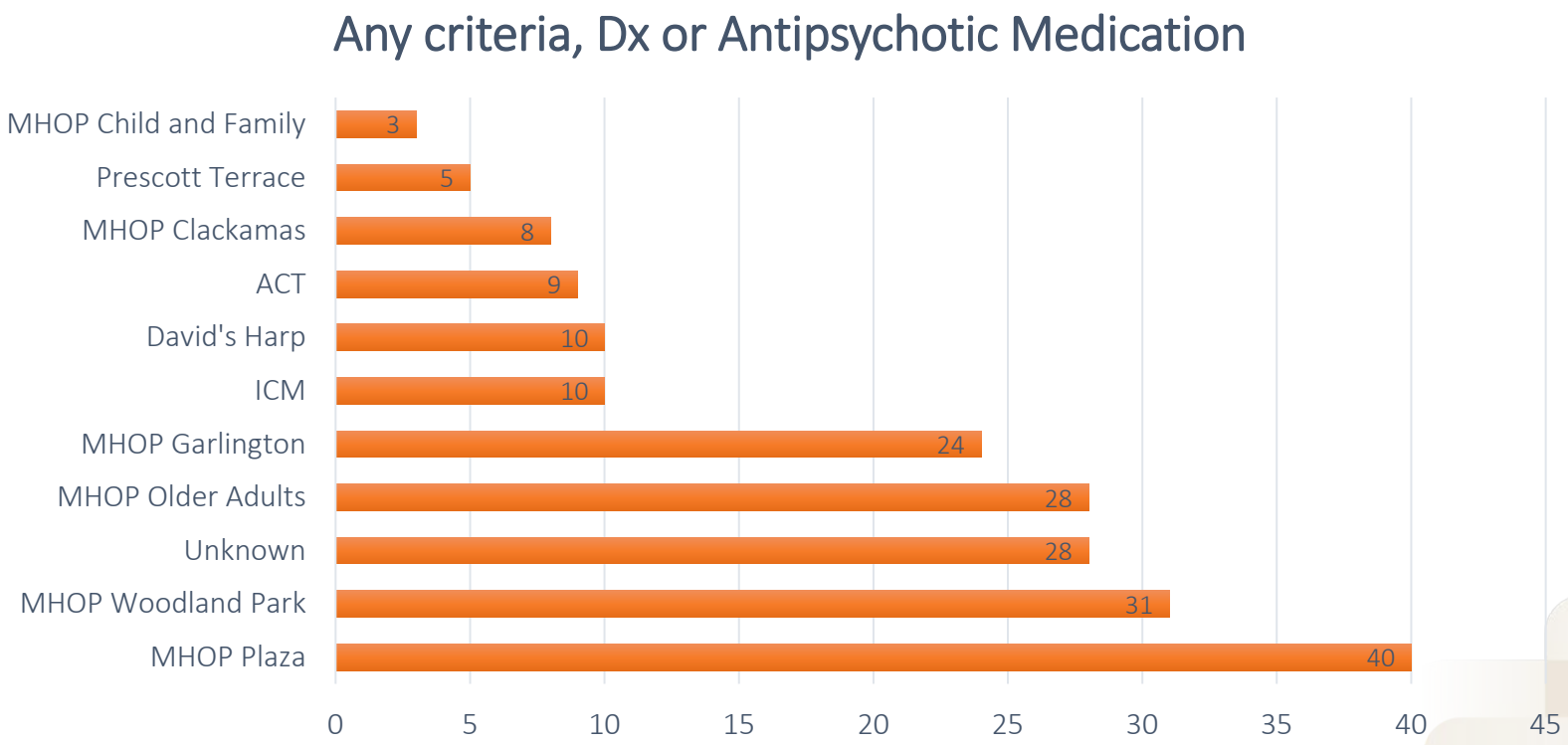
Healthcare Visits by Type



- Lower rates among Asian and Native Hawaiian, Pacific Islanders
- 3.33 ED visits per client in past year (range 0-125)

Diabetes and Any Criteria, by Team



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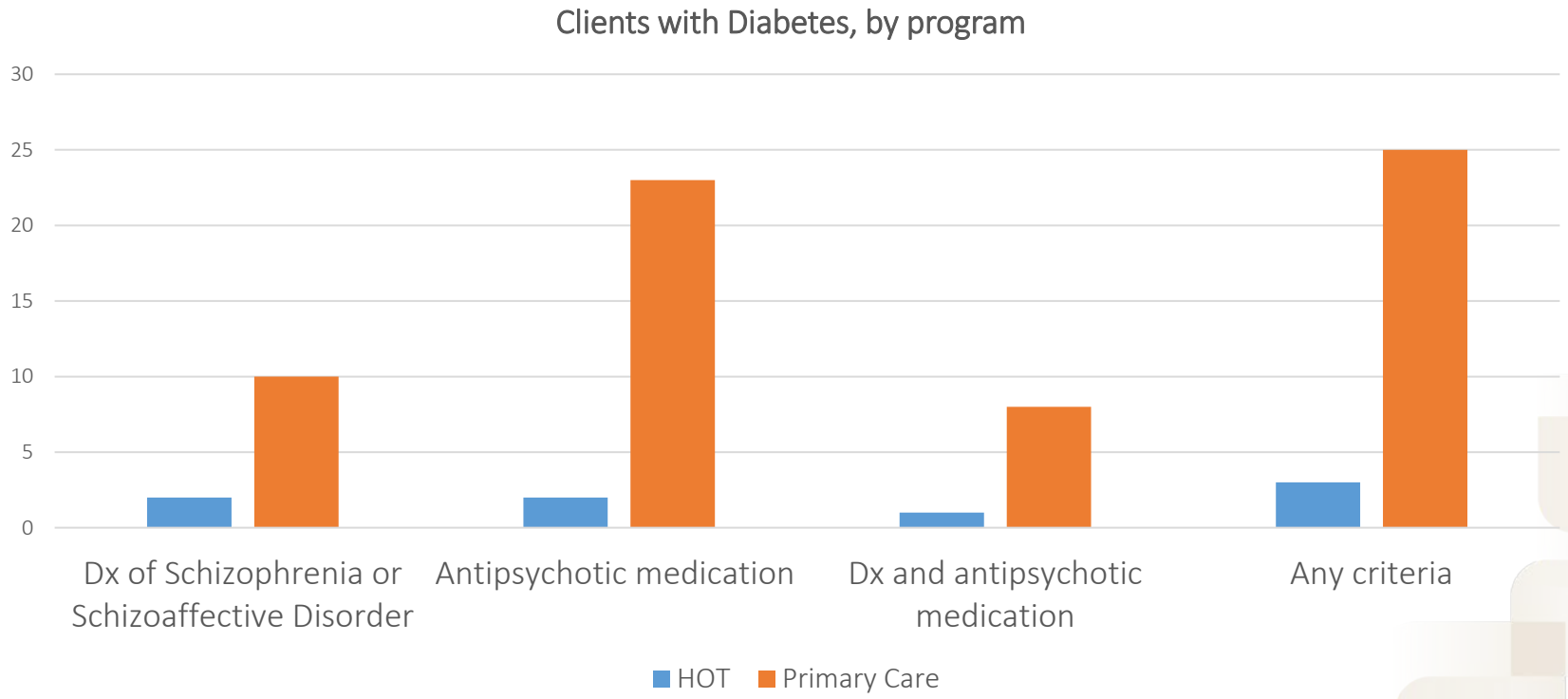
Diabetes and Dx, Pc and Hot



Risk Segmentation Applied

Taking Charge of My Health

- Schizophrenia/schizoaffective disorder
- Clients in BH + PC
- Clients engaged in PC but low A1c testing frequency

Population Health team identifies clients eligible for intervention

- Clinical staff “scrub” the roster

APPOINTMENT PLANNING WORKSHEET

MY NEXT MEDICAL APPOINTMENT IS:

Date:		With (provider):	
Time:		Location:	

PREPARING FOR MY VISIT:

- Questions for my doctor: _____
  _____
  _____
  _____

- How I have been feeling since my last appointment: ☐ Better
  ☐ Same
  ☐ Worse
  - Explain: _____
- New symptoms I have been experiencing: _____
  _____
  _____
  _____

MEDICATIONS

- Current medications: _____
  _____
  _____
  _____

- Notes, questions, or concerns about my medications: _____
  _____
  _____
  _____

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HEALTH & WELLNESS PLANNING

The following table lists aspects that people often talk about with their healthcare providers. Completing this activity can help plan for your appointment.

What is working for me lately:	What is challenging for me lately:	What I would consider changing or working on:
☐ Mental Health	☐ Mental Health	☐ Mental Health
☐ Physical Health	☐ Physical Health	☐ Physical Health
☐ Medications	☐ Medications	☐ Medications
☐ Daily Routines	☐ Daily Routines	☐ Daily Routines
☐ Stress Management	☐ Stress Management	☐ Stress Management
☐ Pain Management	☐ Pain Management	☐ Pain Management
☐ Sleep	☐ Sleep	☐ Sleep
☐ Eating Habits	☐ Eating Habits	☐ Eating Habits
☐ Physical Activity	☐ Physical Activity	☐ Physical Activity
☐ Support System	☐ Support System	☐ Support System
☐ Drug/Alcohol Use	☐ Drug/Alcohol Use	☐ Drug/Alcohol Use
☐ Housing	☐ Housing	☐ Housing
☐ Something Else:	☐ Something Else:	☐ Something Else:

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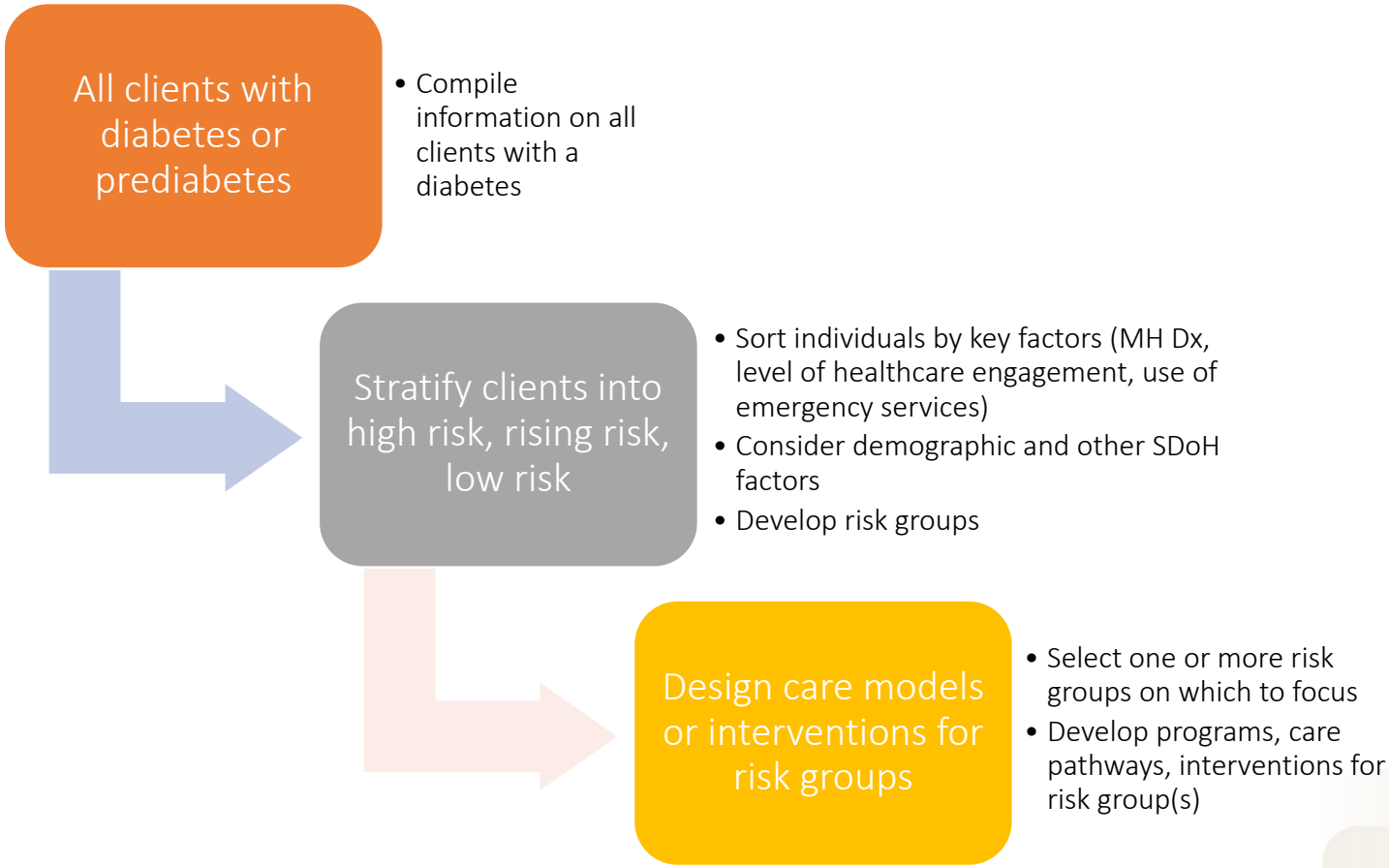
Population Health 2.0

Risk stratification

- Identify the best level of care and services for different subgroups of the population
- Focus resources on a smaller percentage of clients who need more support (triage)
- Assign a level of risk based on pre-identified characteristics and existing clinical knowledge and research



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Gap Analysis: Needs Assessment of WNC

Demographics

- The majority of both provider and consumer respondents: white, female, and ages 30 - 59 years old.
  - Providers
    - 55% worked in the healthcare industry
    - 33% worked in a healthcare-related field
    - 42% were mental health licensed professionals
  - Consumers
    - 26% were from the education industry
    - 16% were unemployed
    - The majority (64%) were unimpaired, but of those with a disability, vision was the most commonly identified impairment.
    - 79% were insured, either with private health insurance or Medicare/Medicaid.

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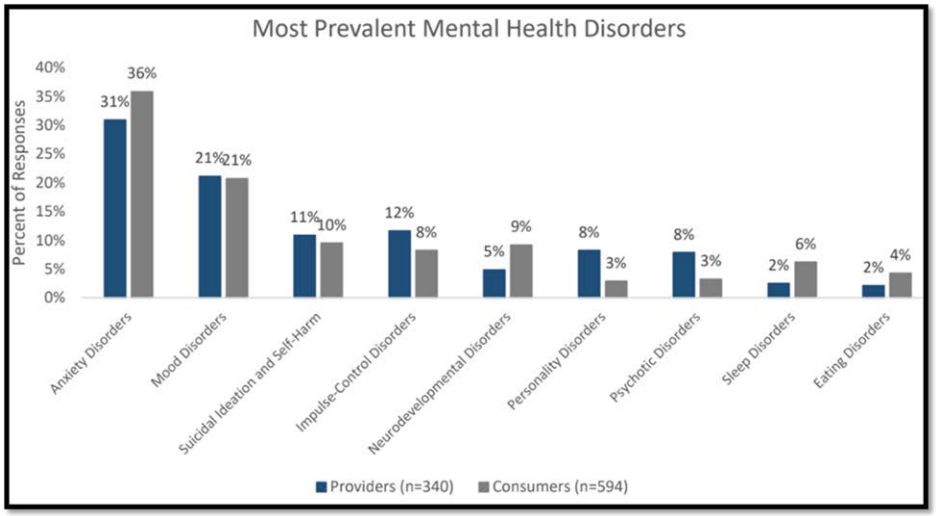

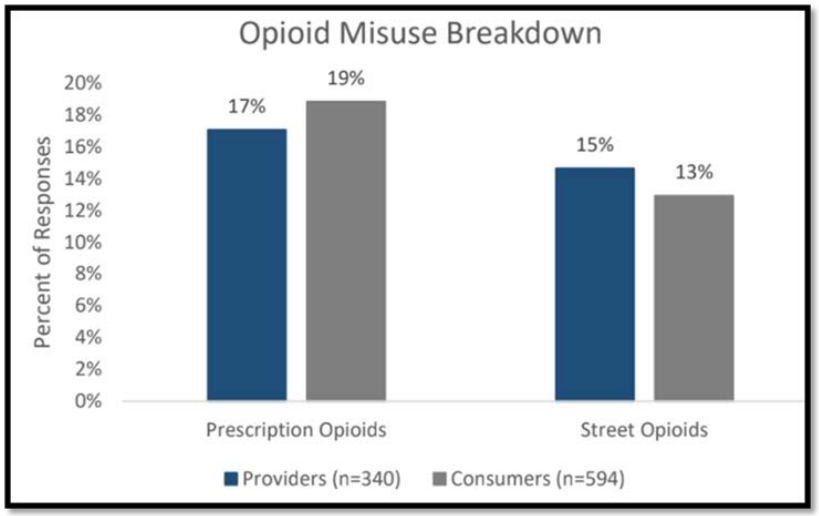

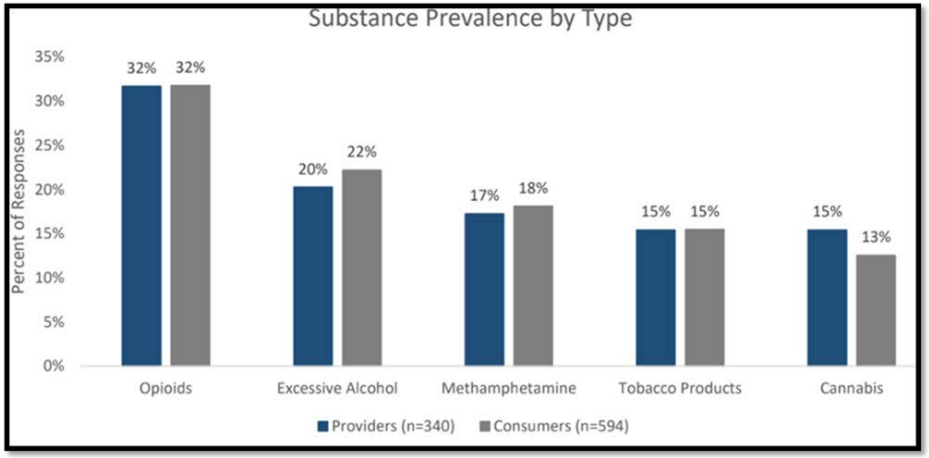

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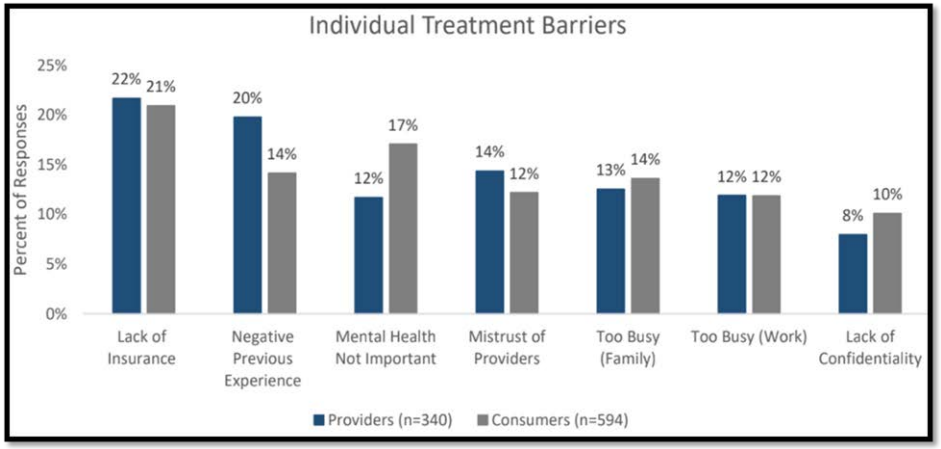

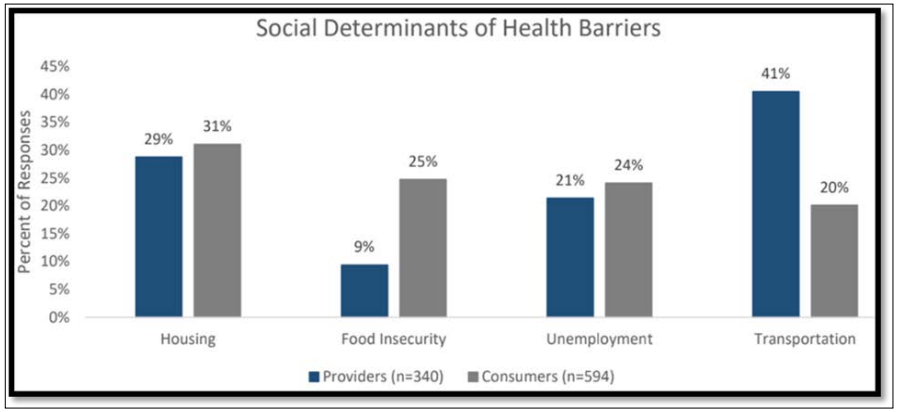

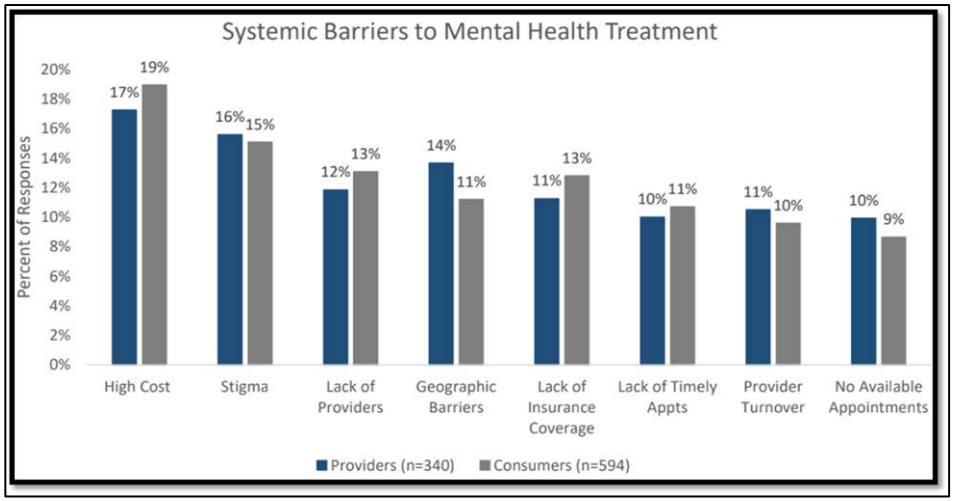

Barrier	Priority*
Barriers to Optimizing Services[+]	
Inability to Address SDOH	1
Low Reimbursement Rates	2
Poor Insurance Coverage	3
Lack of Support Staff	4
Low Patient Retention	5
Time Constraints	6
Lack of Culturally-Appropriate Models	7
Lack of LGBT Health Training	8
Optimization Not Required	9
Lack of Continuing Education	10

[+]Barrier determined by forced ranking of survey provider (n=225) responses.

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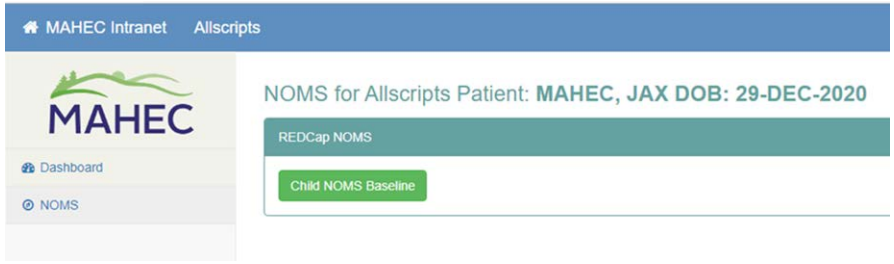
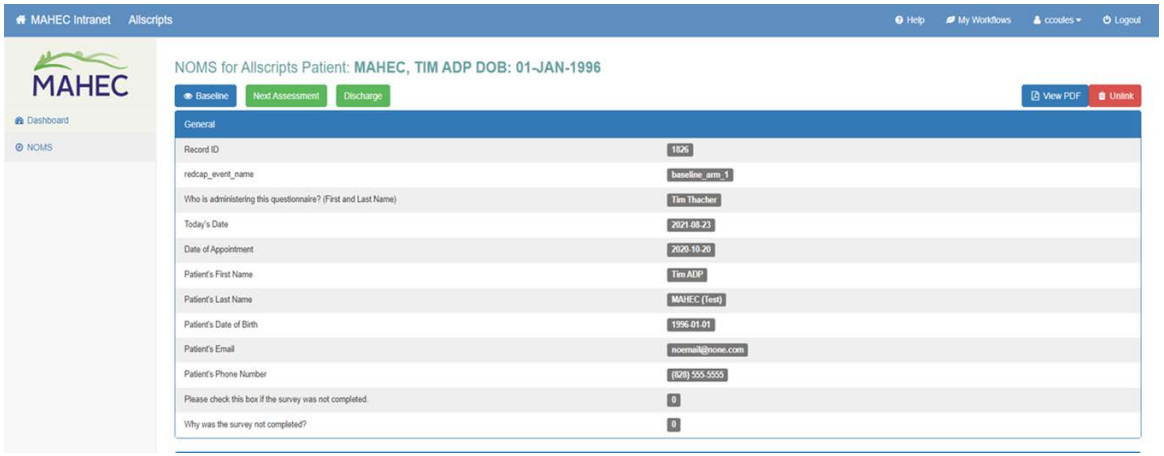
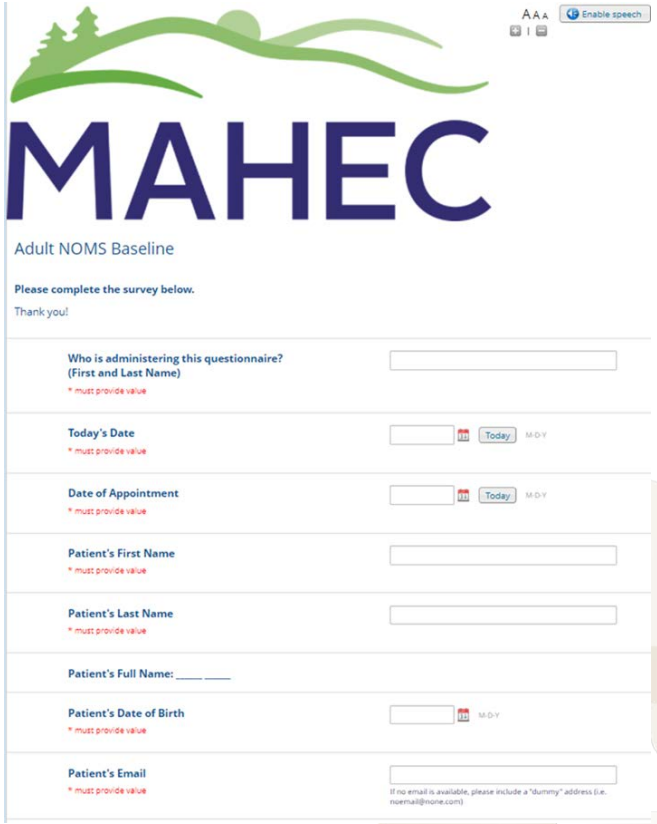
Capturing NOMS







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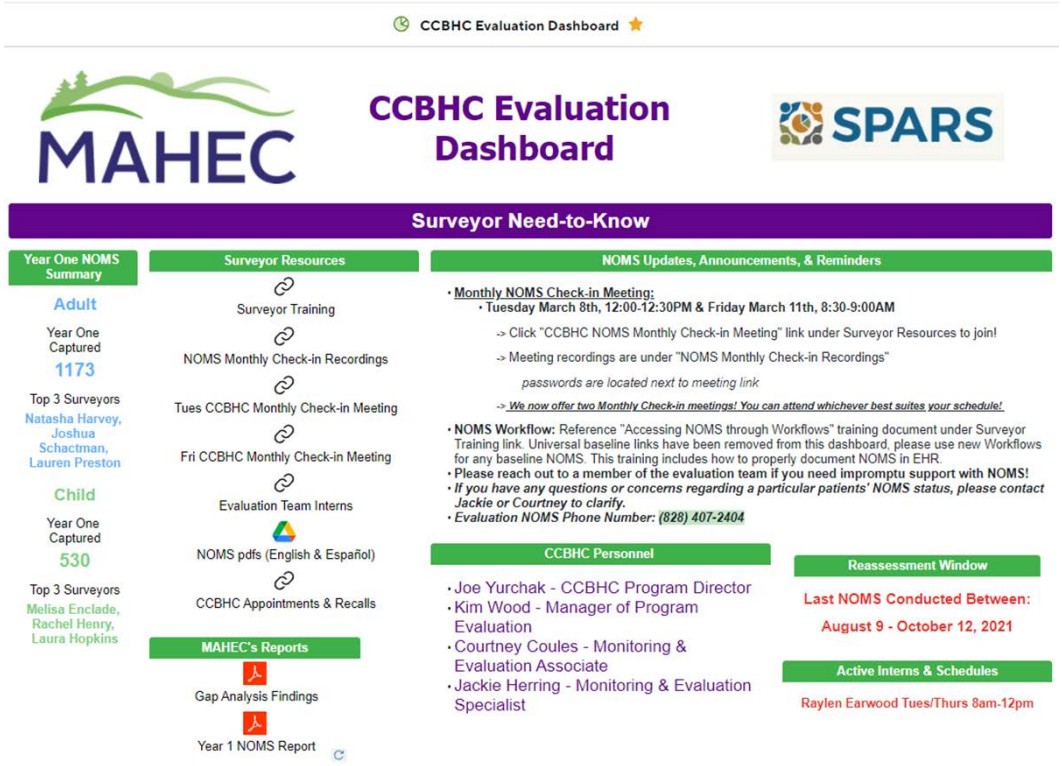
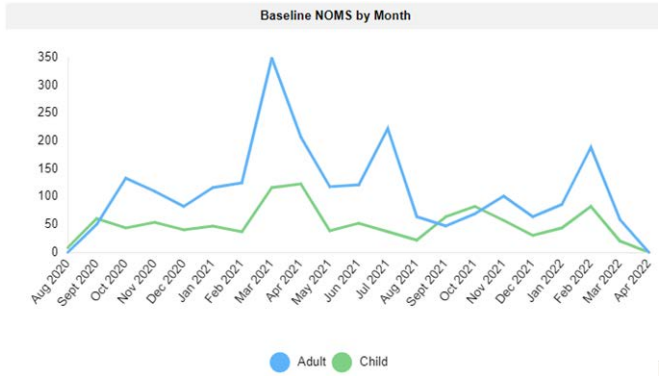
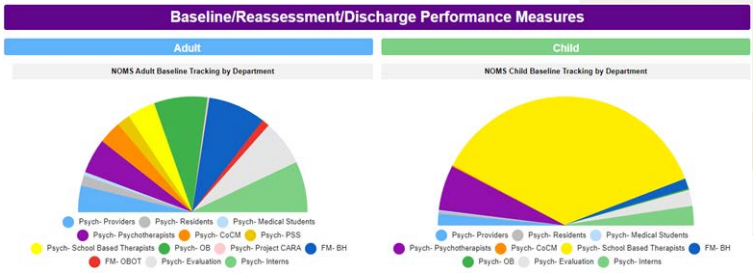
Evaluation Dashboard: Data on Demand







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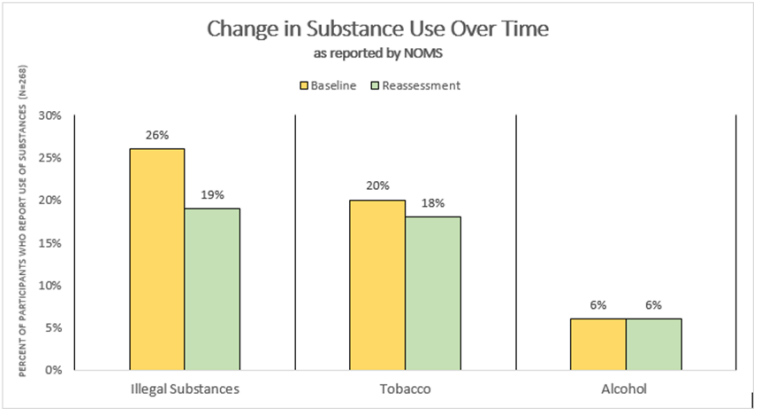

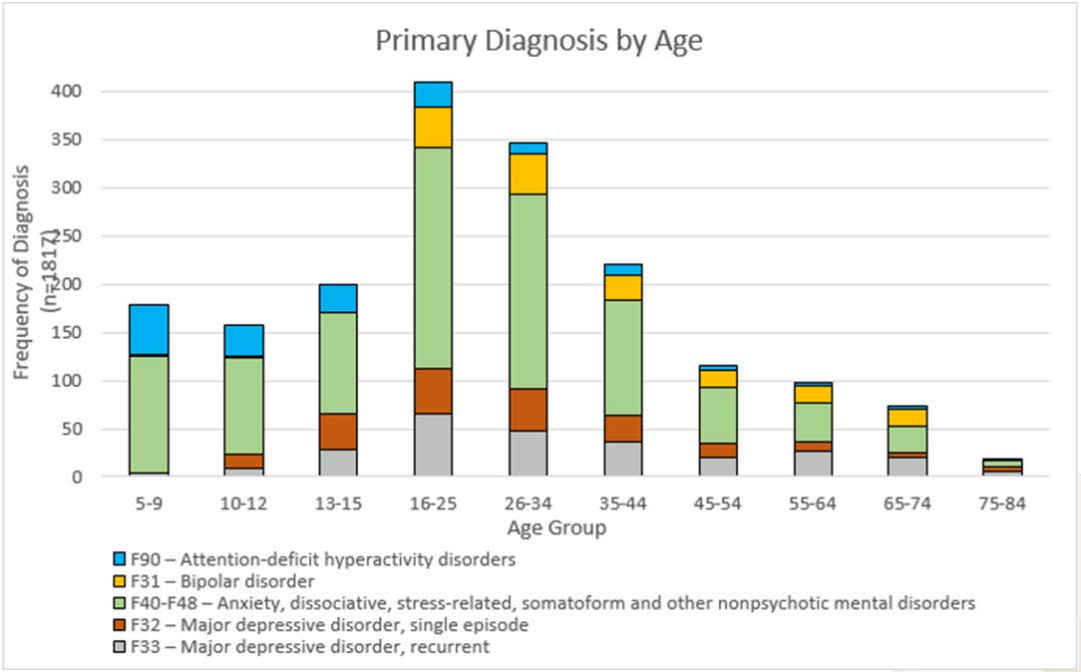

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What's Next for MAHEC?

- Recently launched a completion rates dashboard
  - Shows which surveyors collect the most NOMS
  - Shows NOMS Opportunities for every surveyor
  - Has leader board – stimulate competition
  - Patient recall to easily identify who needs NOMS and when

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Breakout Discussion

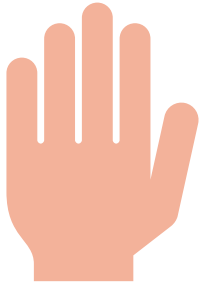
Discussion Questions

- *Consider how your organization is currently using data collected for CCBHC Expansion grant.*
    - *What other opportunities, outside of grant reporting requirements, exist (e.g., how is your agency using data for CQI, population health management, or sustainability efforts)?*

Convener will report-out for the group!

Welcome Back!

Please share in the chat takeaways from breakout room.



If you'd rather speak you can unmute and share.

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Things to Consider

- Facilitate a conversation with your CCBHC leadership team – share lessons from this session on population health management practices and recommend to adapt one (if one is not already in place).

- *Consider identifying additional data points needed (including utilization data) to engage in population health management.*

Wrap-up:
Preparing for Our Next Session

Now that you have taken the time to consider how your organization will be leveraging Population Health Management approaches…in the next session we will focus on how to optimize team-based care provisions through designing and implementing measurement-based care pathways.

Tips

- *Take inventory of how your organization address health disparities!*

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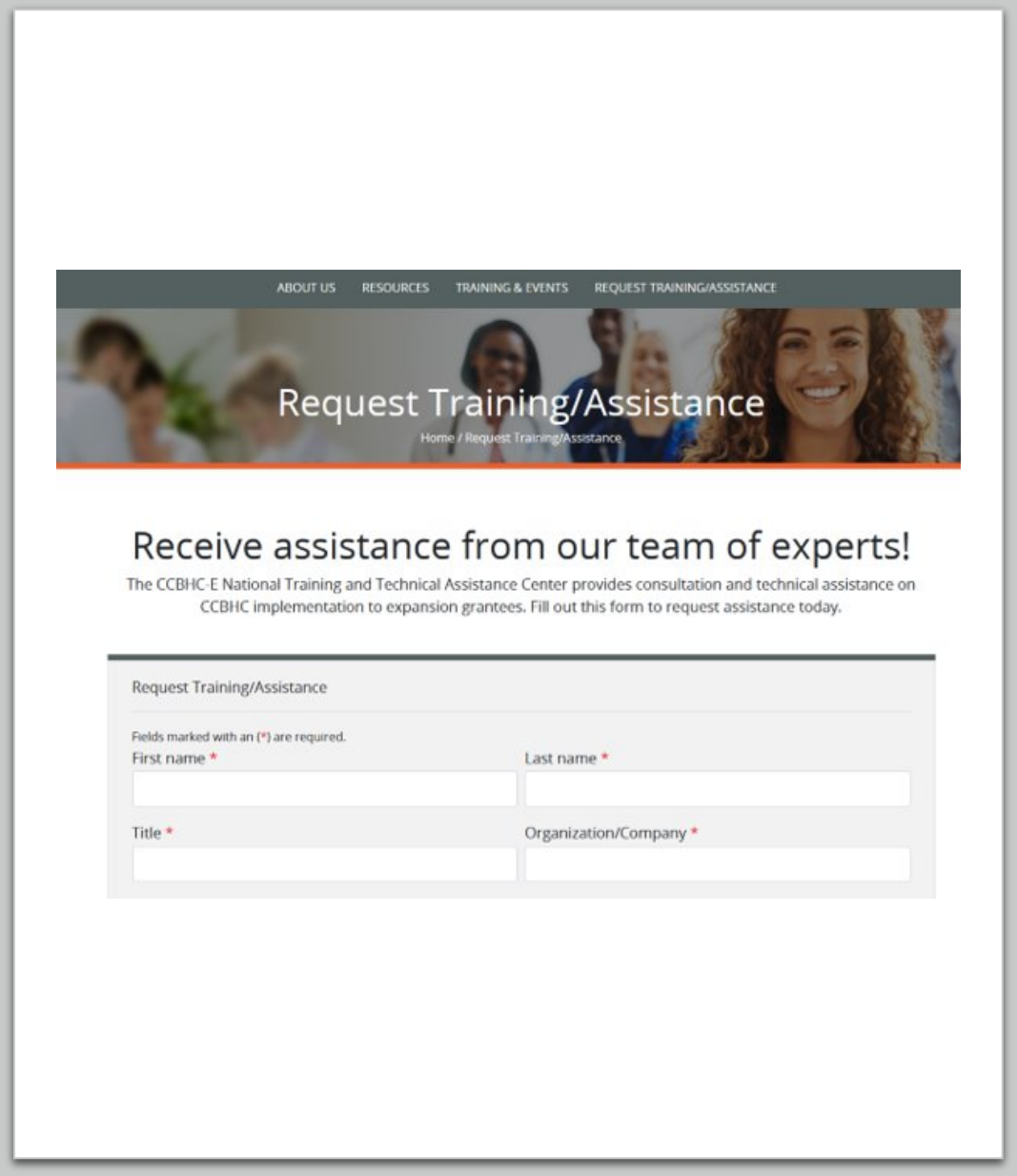
Questions or Looking for Support?

Visit our website and complete the **Request Technical Assistance** form

https://www.thenationalcouncil.org/ccbhc-e-nttac/



Thank You

Please take a moment to share your feedback in the **post-webinar survey**.

It will pop up once the webinar is closed.

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References and Resources

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