council for Mental Wellbeing

HEALTHY MINDS
STRONG COMMUNITIES

MDI Medical Directors Education: CCBHC Primary Care Screening and Monitoring

February 27, 2025

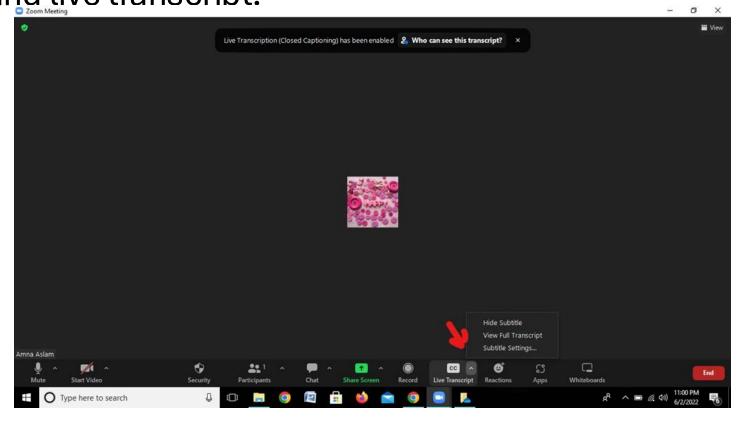
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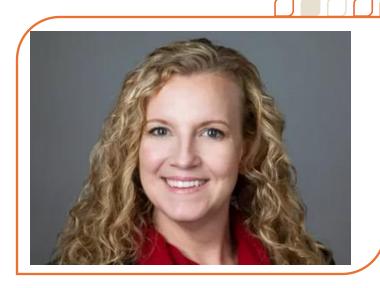


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Agenda

- Review standards 4.g.1 and 4.g.2
- Screening and Testing Protocols
- CCBHC Delivery of Evidence-Based Population Health
- Peer Discussion & Open Forum
- Q&A

4.g.1 - The CCBHC is responsible for outpatient primary care screening and monitoring of key health indicators and health risk.

- Whether directly provided by the CCBHC or through a DCO.
- Received in a timely fashion.
- The Medical Director establishes protocols.
- Conform to screening recommendations with scores of A and B, of the United States
 Preventive Services Task.
- Areas
 - HIV and viral hepatitis
 - Program Requirement 5 Quality and Other Reporting and Appendix B
 - Other clinically indicated primary care key health indicators as determined by the CCBHC Medical Director



4.g.2 The Medical Director will develop organizational protocols to ensure that screening for:

- People receiving services who are at risk for common physical health conditions experienced by CCBHC populations across the lifespan. Protocols will include:
 - Identifying people receiving services with chronic diseases
 - Ensuring that people receiving services are asked about physical health symptoms
- 4.d.3 The initial evaluation....includes at a minimum:
 - 10. Assessment of need for medical care
- 4.d.4 A comprehensive evaluation is required for all people receiving CCBHC services. The
 evaluation shall include:
 - 14. An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider



4.g.2 - The Medical Director will develop organizational protocols

- Establishing systems for collection and analysis of laboratory samples, fulfilling the requirements of 4.g.
- Collect biologic samples directly, through a DCO, or through protocols with an independent clinical lab organization. Laboratory analyses can be done directly or through another arrangement with an organization separate from the CCBHC.
- If the person receiving services' primary care provider conducts the necessary screening and monitoring, the CCBHC is not required to do so as long as it has a record of the screening and monitoring and the results of any tests that address the health conditions included in the CCBHCs screening and monitoring protocols developed under 4.g.



4.g.3 - Provide ongoing primary care monitoring of health conditions as identified in 4.g.1 and 4.g.2., and as clinically indicated for the individual

- Ensuring individuals have access to primary care services;
- Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions;
- Coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments; and
- Promoting a healthy behavior lifestyle.

Note: The provision of primary care services, outside of primary care screening and monitoring as defined in 4.g., is not within the scope of the nine required CCBHC services. CCBHC organizations may provide primary care services outside the nine required services, but these primary care services cannot be reimbursed through the Section 223 CCBHC demonstration PPS.



USPS Human Immunodeficiency Virus (HIV) Infection: Screening

- Who everyone age 15-65 and pregnant women
- Testing- antigen/antibody immunoassay that detects HIV-1 and HIV-2 antibodies and the HIV-1 p24 antigen,
 - supplemental testing if reactive to differentiate between HIV-1 and HIV-2 antibodies
 - HIV-1 nucleic acid test to differentiate acute HIV-1 infection from a false-positive result.

Testing Intervals

- Initially All initial
- Annually High risk sexually active men who have sex with men; persons with a sex partner who is living with HIV; injection drug use, transactional sex or commercial sex work, correctional facility, or homeless shelter
- Men who have sex with men more frequently every 3 or 6 months



USPS Hepatitis C Virus Infection in Adolescents and Adults: Screening

- Who adults aged 18 to 79 years
 - Most important risk factor for HCV infection is past or current injection drug use.
 - Consider screening in adolescents younger than 18 years and in adults older than 79 years who are at high risk (eg, past or current injection drug use)
- Testing anti-HCV antibody testing followed by polymerase chain reaction testing for HCV RNA
- Screening Interval
 - Most adults need to be screened only once.
 - Persons who inject drugs should be screened periodically.



Hepatitis C Screening and Testing Protocol

Medical Team Service Goals:

The purpose of this protocol is to outline recommendations provided by the US
 Preventative Services Task Force and the Centers for Disease Control for the screening
 and testing for hepatitis C in adult and adolescent patients. Providers are expected to
 execute clinical judgment, and knowledge of USPSTF recommendations (1) regarding
 viral hepatitis testing.

Inclusionary Criteria:

- Asymptomatic adults (including pregnant persons) aged 18 to 79 years without known liver disease
- Patients with past or current intravenous drug use (with consideration for those < 18 years of age and > 79 years of age)
- Any patient with increased risk factors
- Any patient who requests screening regardless of stated risk factors (patients may be hesitant to share stigmatizing risks)



HIV Screening and Testing Protocol

Medical Team Service Goals:

 The purpose of this protocol is to outline recommendations provided by the US Preventative Services Task Force and the Centers for Disease Control for the screening and testing for HIV in adult and adolescent patients. Providers are expected to execute clinical judgment, and knowledge of USPSTF recommendations (1) regarding HIV testing.

Inclusionary Criteria

- Patients 15-65 years of age
- Pregnant persons

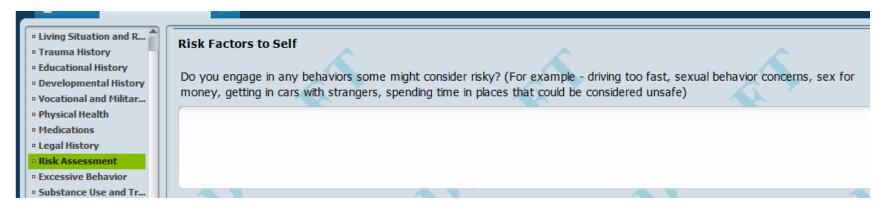
Desired Outcomes:

- Initial testing:
 - All patients
- Annual testing for high-risk patients:
 - Sexually active men who have sex with men
 - Persons with a sex partner who is living with HIV
 - Persons who inject drugs
 - Persons who engage in transactional sex or commercial sex work
 - Persons in correctional facilities or homeless shelters
- Every 3-month or 6-month testing for men who have sex with men more frequently



High Risk Screening

Risk Assessment Tab, Sexual Risk Factors



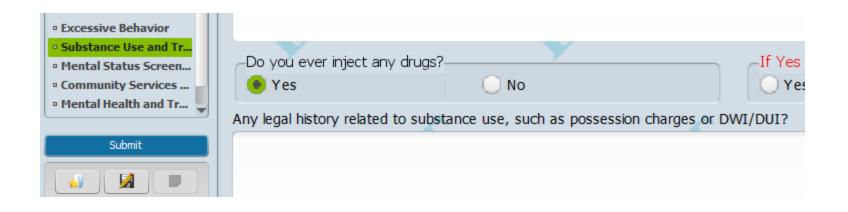


Substance Use & Treatment Tab

Question: Do you ever inject any drugs?

Physical Health Tab

Question? Are you currently Pregnant?





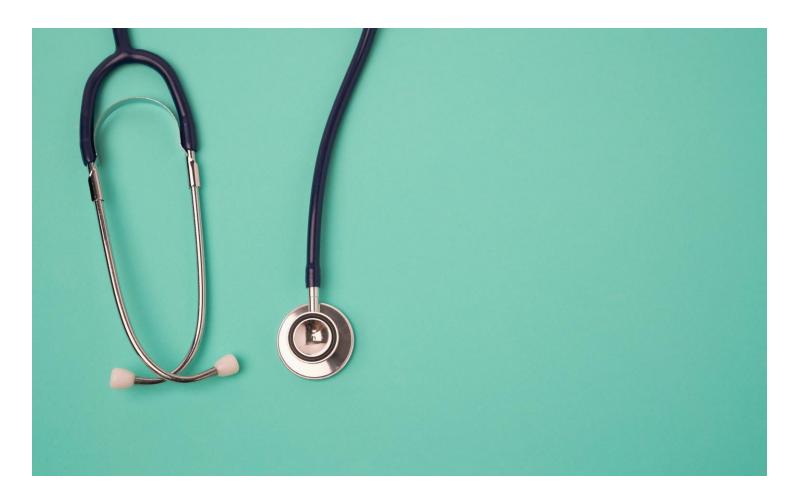


BMG Standing Lab Orders

PPD Tuberculosis Screening	 Person or groups at risk for Tuberculosis (TB) infection or disease. Client with known exposure, Client who would benefit from treatment of latent TB. 	Perform PPD skin test x1.	
Serum HIV antibodies Screen	All clients between the ages of 13 and 64.	Complete Serum HIV antibodies x1. High risk clients should be tested yearly.	Previously tested with no known risks.
Hepatitis Screen	 Any client with increased risk factors. (See list below) Any client who requests screening. 	Complete Serum HBV (triple panel) and HCV Lab Screening Panel	
Supplemental oxygen	Client short of breath and or with 02 saturation less than 90% room air.	 Apply oxygen Per protocol. Notify the prescriber immediately. Known chronic obstructive pulmonary disease diagnosis Target O2 saturation 94-98% for most Target O2 saturation 88-92% for COPD 	

Operations and Care Pathway

- Minors
- Labs
- Primary care
- Didactics



CCBHC Delivery of Evidence-Based Population Health

Our Health Screening Reflects Our Needs Assessment

Prioritized Health Needs Summarized from Regional CHNAs

	Missouri	Central	Western	Southern	Eastern	ADAPT
Quality and Length of Life	'					
Premature death (p<.001)	8,860	8,093	9,000	10,405	8,558	11,345
Poor or fair health (p=.04)	18%	20%	22%	22%	20%	19%
Poor physical health days (p=.02)	4.0	4.5	4.7	4.7	4.4	4.0
Poor mental health days (p=.01)	4.9	5.0	5.1	5.2	5.0	4.5
Low birth weight (p<.001)	9%	8%	8%	8%	8%	11%
Health Behaviors						
Adult smoking (p=.009)	20%	23%	24%	24%	23%	18%
Adult obesity (p=.002)	35%	33%	35%	34%	33%	34%
Food environment index (p=.001)	6.7	7.7	7.1	6.9	7.6	7.9
Physical inactivity (p=.02)	30%	33%	35%	34%	33%	30%
Access to exercise opportunity (p=.008)	70%	38%	41%	53%	53%	94%
Other Health and QOL Indicators						_
Frequent physical distress (p=.02)	12%	14%	15%	15%	13%	13%
Frequent mental distress (p=.02)	16%	17%	17%	18%	16%	15%
Diabetes prevalence (p=.03)	9%	10%	10%	10%	9%	11%
Clinical Care Factors and Availability	·					
Uninsured (p=.002)	12%	13%	15%	15%	12%	10%
Primary care physicians (p=.002)	1,405:1	3,952:1	3,293:1	4,940:1	5,991:1	926:1
Dentists (ns)	1,650:1	3,345:1	3,273:1	3,345:1	4,024:1	1,356:1
Mental health providers (p=.02)	457:1	1,089:1	1,207:1	1,089:1	2,785:1	270:1
Preventable hospital stays (p=.03)	4,155	3,423	4,269	4,901	3,875	4,377
Diabetes monitoring (ns)	86%	85%	85%	84%	86%	
Mammography screening (ns)	45%	45%	40%	40%	44%	44%

Central

- Mental Health and Substance Use Disorders
- Chronic Disease and Health Risks Prevention
- Access to Preventative and Specialty Care
- Health Literacy

Eastern

- ObesityChronic Disease Management
- Behavioral Health Services
- Access to Care

Southern

- Mental Health and Substance Use Disorders
- Chronic Disease Management
- Heart &
 Vascular Health
- Access to Mental Health and Primary Care Providers

Western

- Mental Health and Substance Use Disorders
- Access to Affordable, Reliable Care
- Obesity
 Awareness &
 Prevention
- Health Literacy Improvement

- Chronic Disease Management
- Tobacco Cessation & Obesity Management
- Access to Care

Compass Policy & Strategy

- 5. Outpatient primary care screening and monitoring of key health indicators and health risk.
 - USPSTF grade A and B recommendations will be available through both collaborating with the client's primary care provider and directly obtaining recommended testing whenever possible.
 - Compass Health recommends and provides the following metabolic and preventative screening tests to all CCBHC clients:
 - i. Hepatitis C testing for everyone 18 to 79 years of age
 - ii. HIV screening for everyone 15 to 65 years of age
 - Age-appropriate Metabolic Syndrome Screening to include the following as indicated:
 - Vitals: height, weight, blood pressure, BMI, and/or waist circumference
 - 2. Blood glucose or HbA1c if they have a diagnosis of diabetes
 - 3. Fasting Lipid Profile
 - c. Compass Health recommends all CCBHC clients establish care or follow up with a primary care provider at least once a year. USPSTF grade A and B recommendations not provided by Compass and the treatment of chronic medical conditions are managed by primary

CCBHO Required Services

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Behavioral Health Services

Section: CCBHO-Certified Community Behavioral

Effective Date: 7/10/2019
Last Revised: 6/1/2024
Board Review/Approval: 6/27/2024

care providers chosen by the client.

- Team members request the client sign a release of information to obtain results obtained through their primary care provider if that is their preferred site of service or the recommended screening has already been completed.
- d. Compass Health supports every client's right to make healthcare decisions that align with their value system and preferred service location. Compass Health Network team members will document when a patient refuses a recommended screening in the EHR.

Primary Strategy:

- Directly Obtain:
 - HIV/Hep C to all clients, directly obtaining testing
 - Metabolic Screening
- Emphasize and facilitate Primary Care Relationship and annual visit
- No Wrong Door:
 - Mini health screen for all outpatient
 - Execute on Healthcare Home Program Strategy
- Standardize screening & utilize EMR templates to assist

Outpatient Mini Health Screen

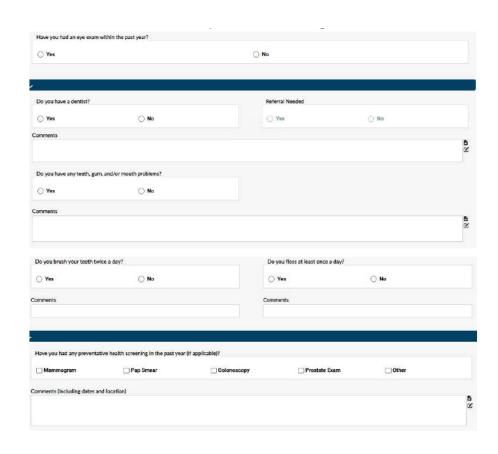
Would you like Compass to collaborate (exchange records) with your primary care provider? \square Yes \square No

MINI HEALTH SCREEN			
Do you have a Primary Care Physician/Pediatrician? Physician Name:	☐ Yes ☐ Physician Phone I		
Physician Address:	100 000 000 000 000 000 000 000 000 000		
Street	City State	Zip	
Have you had a physical exam in the last year?	☐ Yes [□ No	
Do you have a Dentist	☐ Yes ☐	□ No	
Have you seen a dentist in the past year?	☐ Yes [
Have you or close family members (parents/grandpa			
	Self	Parent/Grandparent	
Diabetes/Pre-Diabetes	☐ Yes ☐ No	☐ Yes ☐ No	
Hyperlipidemia (high cholesterol)	☐ Yes ☐ No	☐ Yes ☐ No	
Obesity	☐ Yes ☐ No	☐ Yes ☐ No	
Hypertension (high blood pressure)	☐ Yes ☐ No	☐ Yes ☐ No	
Cardiovascular (heart) Disease	☐ Yes ☐ No	☐ Yes ☐ No	
Do you use tobacco or nicotine products (Vape, Juul, cigarettes, cigars, chewing tobacco, etc)? ☐ Daily Use ☐ Never Used ☐ Occasional Use ☐ Previous Use, no use in past 90 days ☐ Unknown			
Have you received mental health or substance use treatment in the past? ☐ Yes ☐ No			
If yes, please explain:			
Are you currently receiving behavioral health services from another agency? If so, which agency, and for what purpose?			
Have you been hospitalized or gone to the emergency department in the last year? Yes No Psychiatric reasons Medical reasons			
Are you currently pregnant?			
If yes, are you receiving prenatal care? \square Yes \square No			

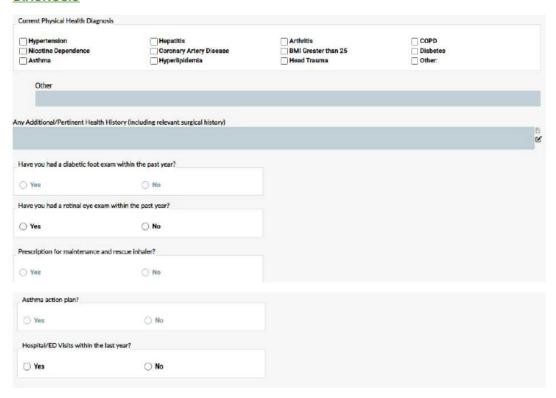
If yes, name of provider or clinic	
How many times in the past year have you had	
Men- 5 or more drinks per day	
Women or all adults older than 65 years- 4 or more drinks per day	
□ 0-1 times	
□ 2-3 times	
□ 4-5 times	
☐ 6+ times	
Please mark any prescribed medications below that you are taking:	
☐ Pain Medications ☐ Anxiety Medications	☐ Muscle Relaxants
Please list all Over the Counter medications you are taking	

Completed by the patient & then reviewed by Access Team who facilitates ROI, follow up appointments, & screening completed at Compass

HCH Intake Leveraging EMR Prompts



DIAGNOSIS



- Primary Care Provider & Physical Health
- History of Preventative Screening
- Oral Health
- Chronic Medical Conditions Management
- Exercise & Nutrition
- Tobacco Use and other substances

Increase Team Utilization of USPSTF Recommendations &

Awareness of Grades & Benefits

Grade	Definition	Suggestions for Practice
А	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
В	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
С	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Levels of Certainty Regarding Net Benefit

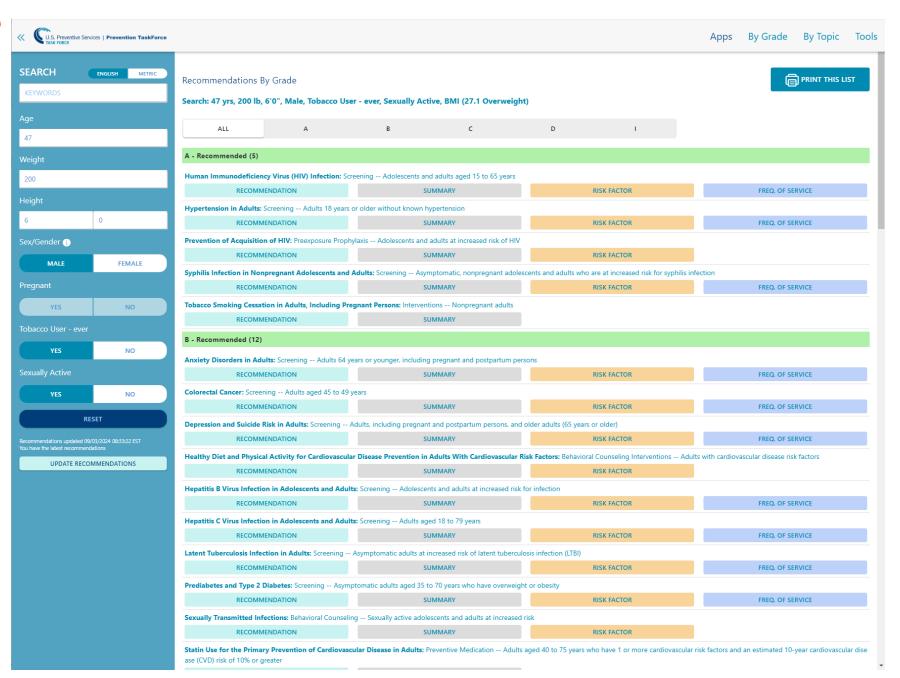
Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: The number, size, or quality of individual studies. Inconsistency of findings across individual studies. Limited generalizability of findings to routine primary care practice. Lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: The limited number or size of studies. Important flaws in study design or methods. Inconsistency of findings across individual studies. Gaps in the chain of evidence. Findings not generalizable to routine primary care practice. Lack of information on important health outcomes. More information may allow estimation of effects on health outcomes.

^{*}The USPSTF defines certainty as "likelihood that the USPSTF assessment of the net benefit of a preventive service is correct." The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.

Sec 2713 of the ACA requires private insurers to cover preventive services recommended by the USPSTF with a grade of A or B, along with those recommended by ACIP, Bright Futures, and HRSA's guidelines for women's health. The ACA requires insurers to cover these services with no cost-sharing (i.e., no deductible, no co-pay), sec 4105 of ACA addresses Medicare, and sec 4106 addressed Medicaid

USPSTF App & Website « CIS. Preventive Services | Prevention TaskForce

- Enter information on the left
- All recommendations are listed on the right
- Links to explanation of recommendation



Integration Program Movements: Uniform Data System (UDS) & **CCBHC Standards**

- FQHC recognized excellence in quality outcomes by HRSA & the AMA/AHA
- Some 2023 UDS Quality measures included psychiatry, therapy & dental patients that were previously excluded
- CCBHC Protocols emphasize to USPSTF A and B screening recommendations

















Peer Discussion & Open Forum

- CCBHC Primary Care Screening and Monitoring
- CCBHC Medical Director Role
- Implementation Strategies and Examples
- Upcoming MDI Medical Director Training
- And anything else on everyone's minds!

Questions?





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