2019 Retreat

Welcome

Board of Trustees

Community Mental Health Fund
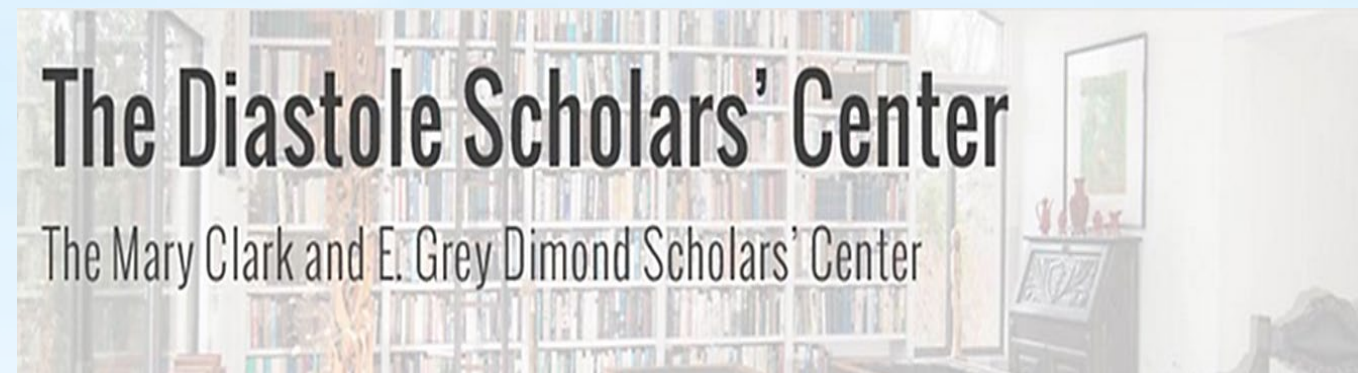

The Diastole Scholars' Center
The Mary Clark and E. Grey Dimond Scholars' Center

Review of Value-Based Payment

2014 to Present

2014: Problems and Opportunities

- Higher Acuity Pts in Niche Provider agencies

- Lack of Communication and Coordination

- Limited impact of Unit-Rate Payment on quality, capacity

- Lack of access to prescribers

- Long waiting periods for intake

- Health Care influences: ACA encouraged quality, holistic care

- Changes in the field: Quality Billing and Payment

- Board support for Prescriber initiative that could go several directions; options

- Medicare and CCBCH had ideas for focus on outcomes, incentives

Medicaid Billers

Levy support:

- **Contributes** significantly to service availability.

- **Increases** access to specialty services.
  - *Day treatment, children's services, etc.*

- **Serves** as critical support for uninsured clients.

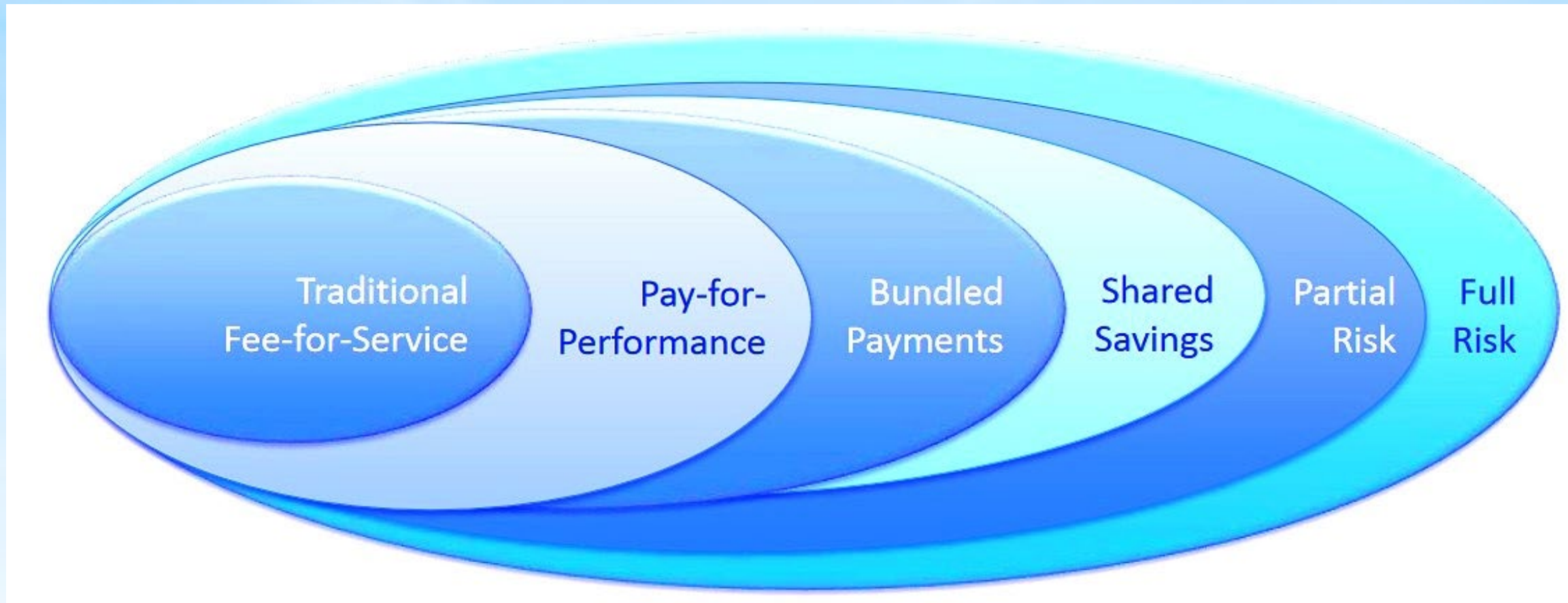- **Assists** in the attraction of additional funding.

Special Population Providers

Levy support:

- **Most reliable** form of support.

- **Increases** service line flexibility.

  – *Many clients wouldn't seek care if provider billed.*

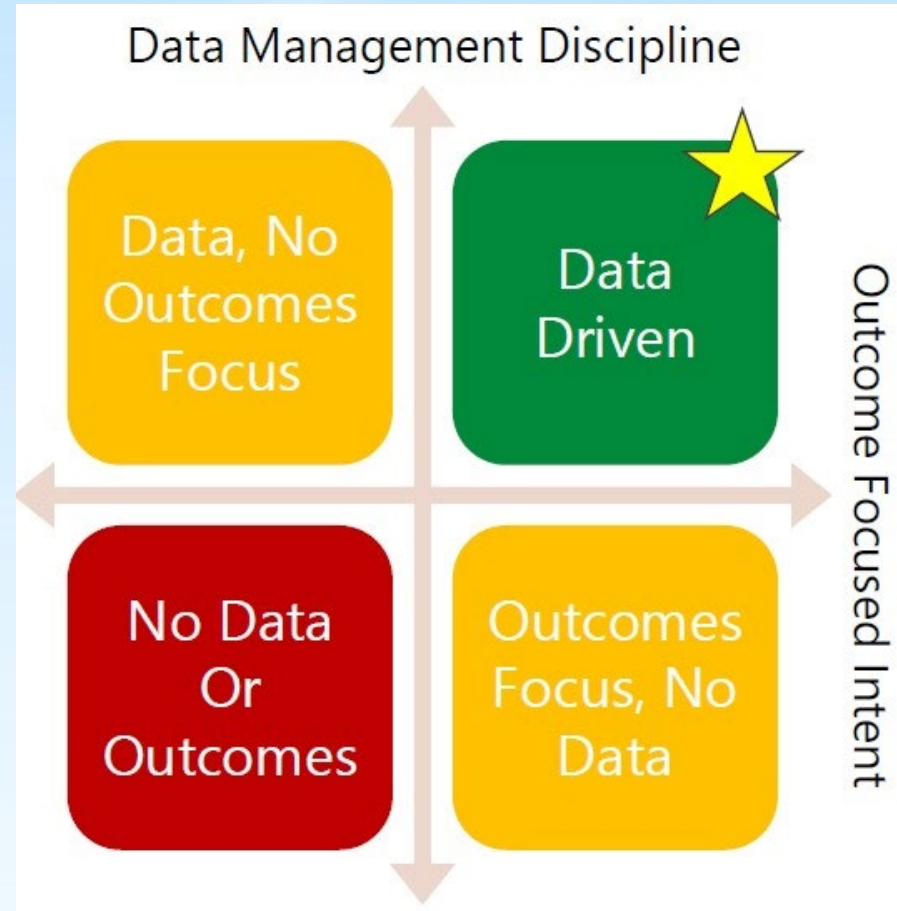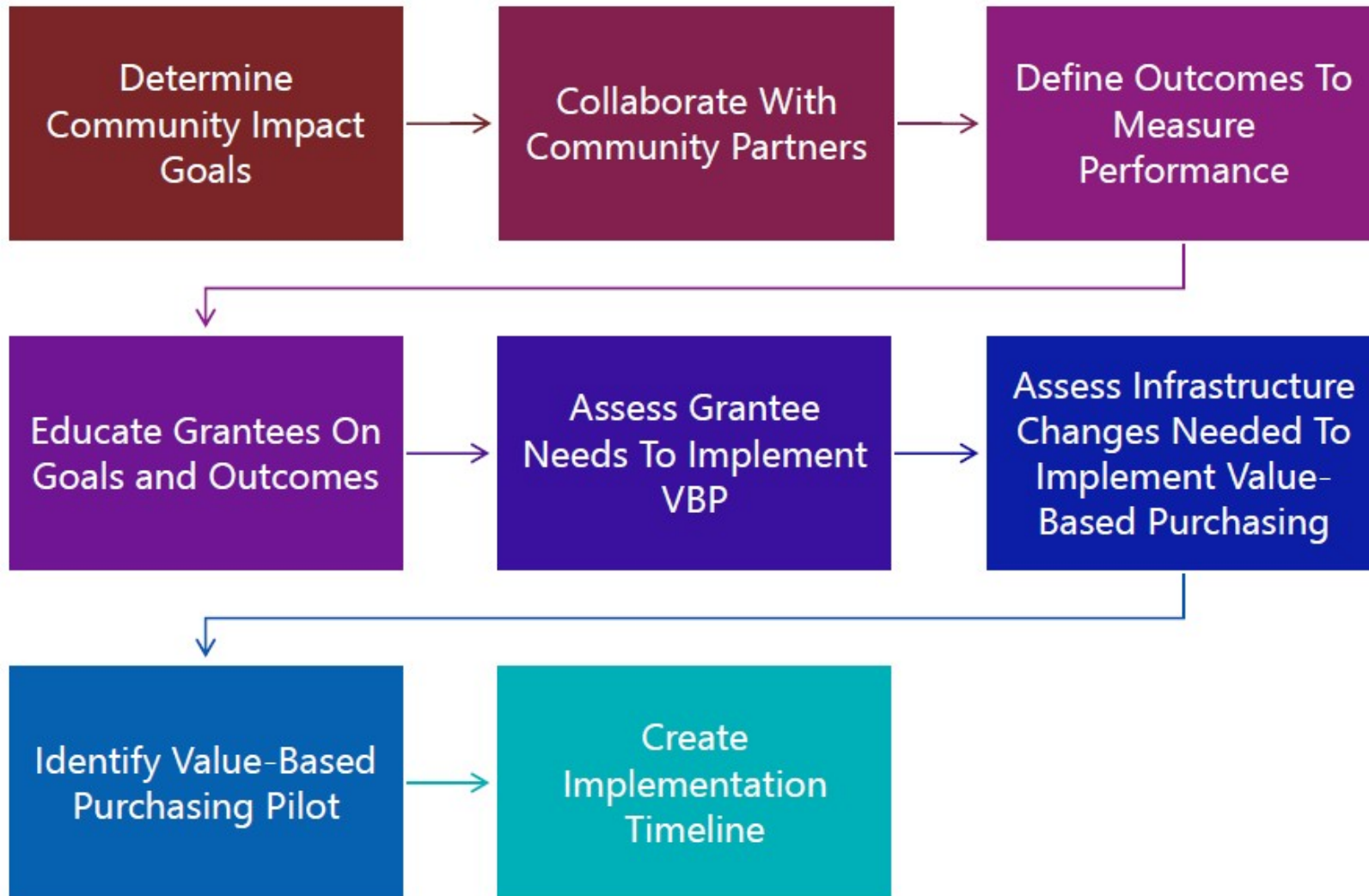- **Assists** in the attraction of additional funding.

Approaches to payment

2016

- Assesses organizations on tactical infrastructure to capture data, and cultural focus to use data to drive better outcomes
- Data-driven organizations must have data and an outcomes focused intent to use that data

The Roadmap To VBP:

OPEN MINDS

Determine Community Impact Goals → Collaborate With Community Partners → Define Outcomes To Measure Performance

Educate Grantees On Goals and Outcomes → Assess Grantee Needs To Implement VBP → Assess Infrastructure Changes Needed To Implement Value-Based Purchasing

Identify Value-Based Purchasing Pilot → Create Implementation Timeline

Community Impact Goals

1. Participants receiving mental health services in the MHF Network will have timely access to care.

Resulting in:

- Improved engagement of new participants in service
- Reduction in institutional stays
- Minimal disruption of care when going between providers
- Reduction in overall no-show rates
- Non-Medicaid eligible persons getting access to care

Community Impact Goals

2. Providers in the MHF Network will deliver high-quality services that are responsive to participant needs

- Resulting in:
- Improved access to care for participants who are non-English speaking
- Services being available in the participants' preferred language
- Increased use of Peer Support services
- Participants individual choice being recognized in their care plan, including culture
- Increased number of persons being enrolled in public benefits, beyond mental health
- use appropriate assessments to plan and monitor care.

Case Management Tiers

- **Care Coordination**
  - Criteria Established
  - Implemented: 6 agencies
- Case Management
  - Implemented: 7+ agencies
- Case Support: 5 dropped

2014-18
Prescriber Initiative

Integrus Health Group

*Integrating Primary and Behavioral Health Care*

Agencies referring to Prescribers

- Collect and review basic information

- Communicate proactively on referrals, track and reduce no-shows

- Monitor medications to reduce loss and prevent crisis lapses

- Share treatment plans and provide updates

Agencies with Prescribers

- Collect, review basic information

- Quality Assurance, Oversight

- Physician extenders

- Share updates internally and externally on complex pts

- Prioritize high turnover populations

- Incentive for Assessment and prescribing in 1-5 days

..moving from 30,000 feet to ground level – where our services impact real people and real communities
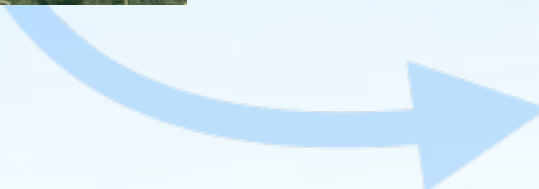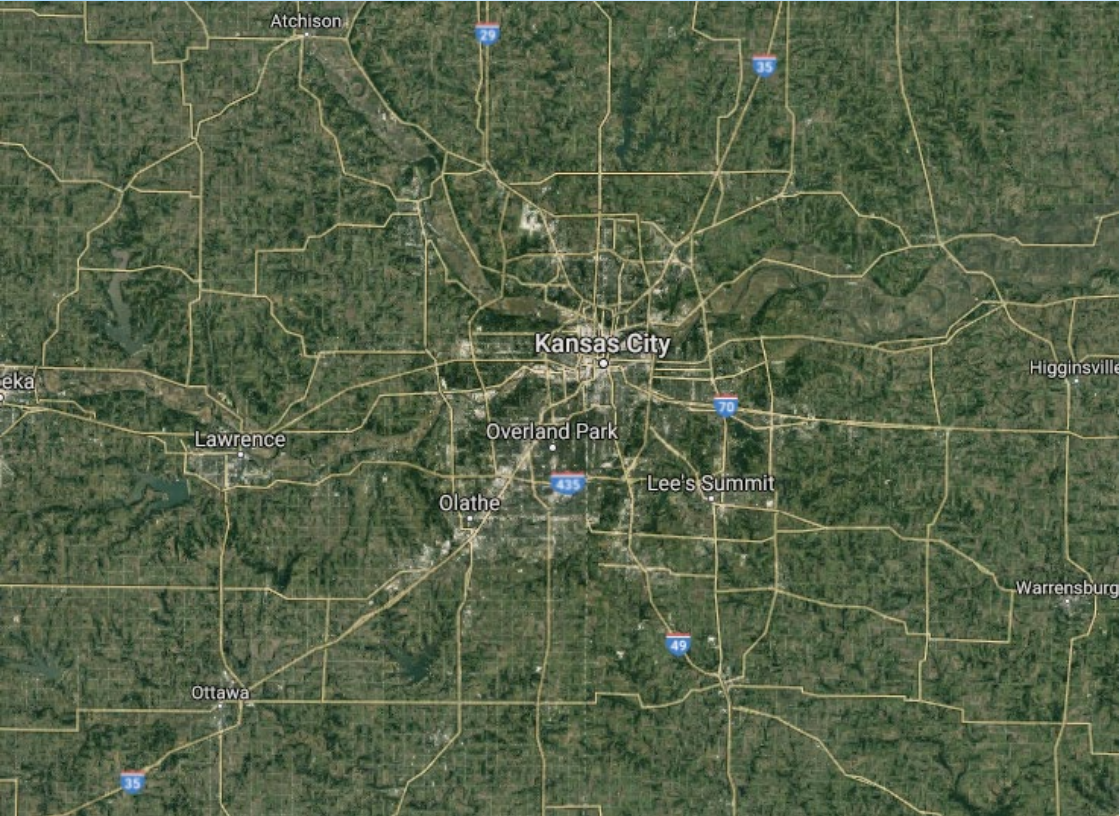
The work ahead: From theory to practice

National trends:

- ➤ Major demographic changes
- ➤ Budgetary implications for the Levy
- ➤ Use and impact of taxpayer funds -- focus on accountability

The role of information

- ➤ collecting it - knowing *what to collect and how*
- ➤ using it - assuring we are *paying for 'value'*

Tomás and Johanna will spend the rest of the morning exploring:

- **What demonstrating 'value' means** ---

  ➤ for vulnerable populations
  ➤ for providers struggling with complex operations while
    meeting external demands, including multiple reporting formats
  ➤ for the Levy staff and Board

- **How we align our payment with 'value'**

IHG Here

Integrus Health Group
Integrating Primary and Behavioral Health Care

- IHG

Lunch

The Diastole Scholars' Center
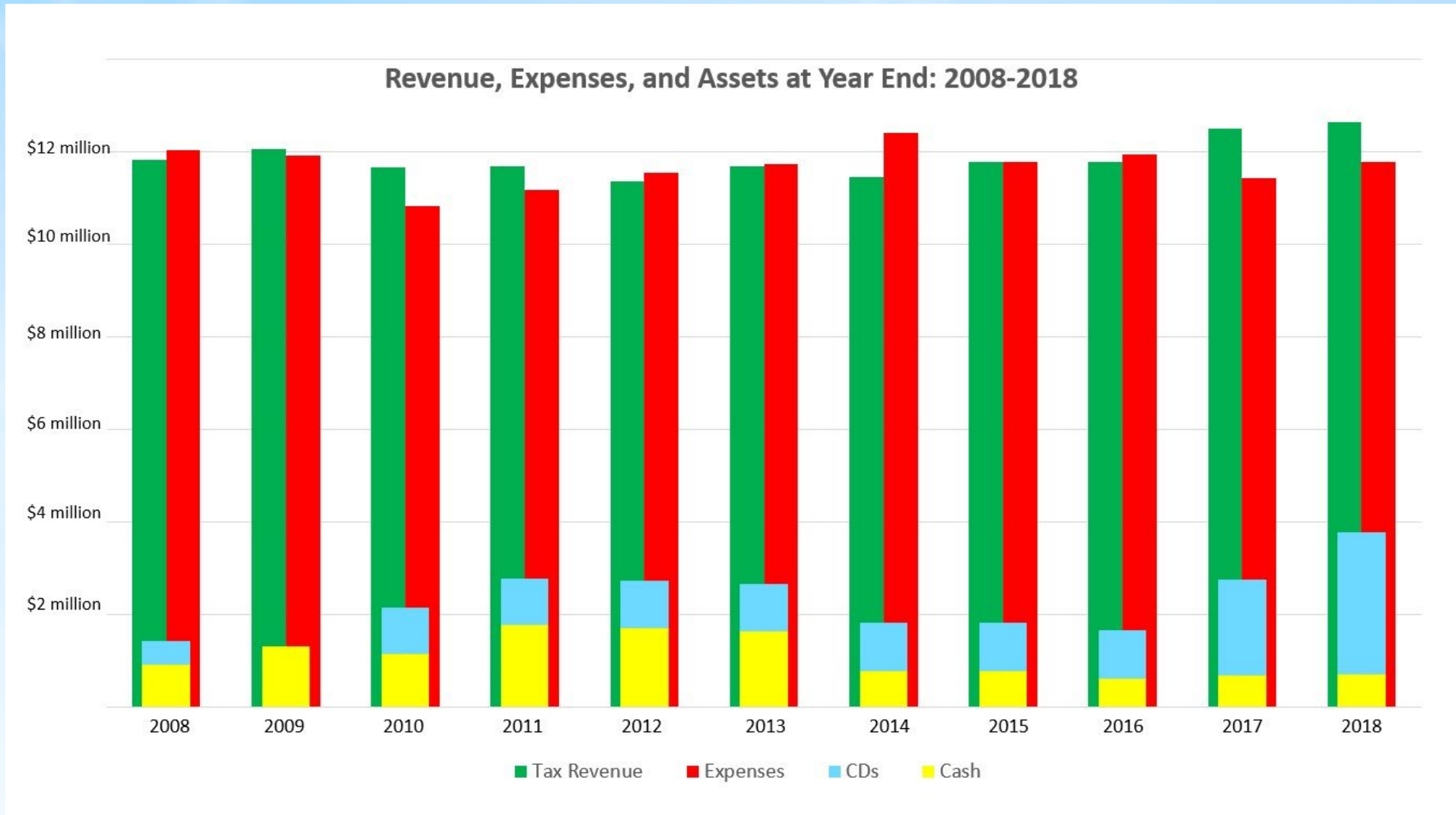The Mary Clark and E. Grey Dimond Scholars' Center

Financial Trends*

* But 2020 May be different

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Financial Trends

Revenue, Expenses, and Assets at Year End: 2008-2018

2019: Reassessment

2020: Traditional budget *and* How much revenue to operate normally

$11.6m projected $8m using CDs

2020 Simplified Overall	
Cash On hand	450,000
Investments 1/1/20	4,250,000
Program Cost	-12,434,396
Overhead	-949,582
Revenue Needed	(8,683,978)

- 40K Protests: delay revenue
- January payment: Safety Net, Children and Families only
- New: pay only after billing
- Track revenue in January, February; consider April funding adjustments if needed
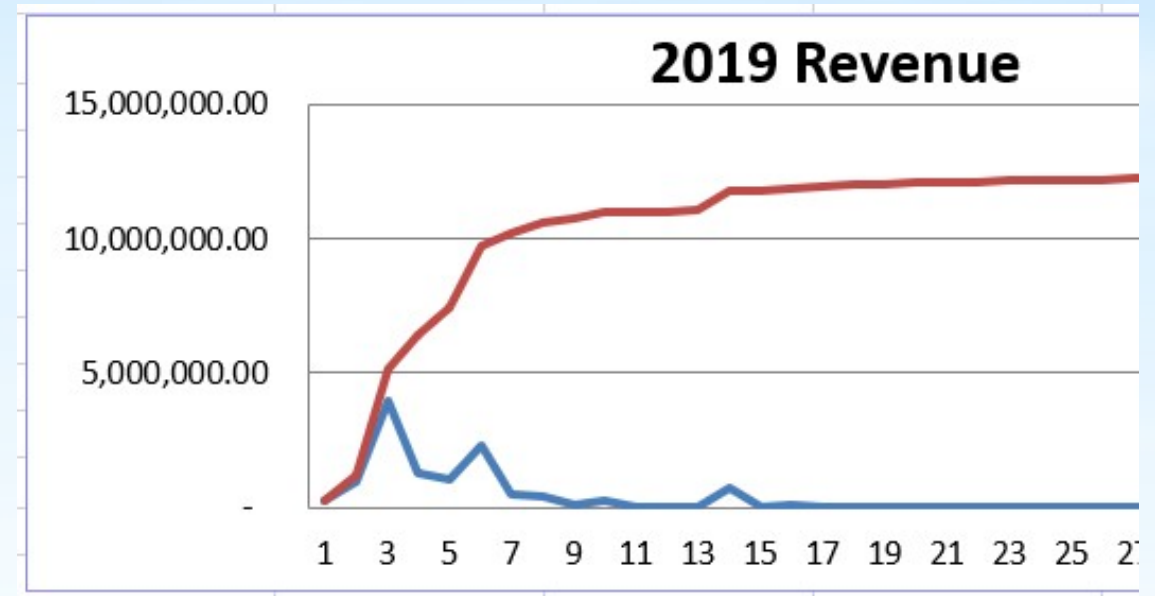
Mental Health Innovations

- National
- Local

The Diastole Scholars' Center
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What Is Innovation?
"Translating a new idea into a service that creates value"

The 'big questions' for innovation in the field…

How do we evaluate what innovations should become standard practice?

How do we speed the adoption of those innovation?

Top Ten Innovations Adopted Across Specialty Provider Organizations, 2019, %

Top Innovations, 2019, %

Bar chart data:
- Peer support specialist: 54%
- Readmission prevention program: 45%
- Recovery self-management tools: 44%
- Consumer communication via automated email/text: 43%
- MAT for addictions: 42%
- Consumer-directed decision support tools: 40%
- Medication adherence technologies/programs: 38%
- Colocation with primary care practice/physician: 37%
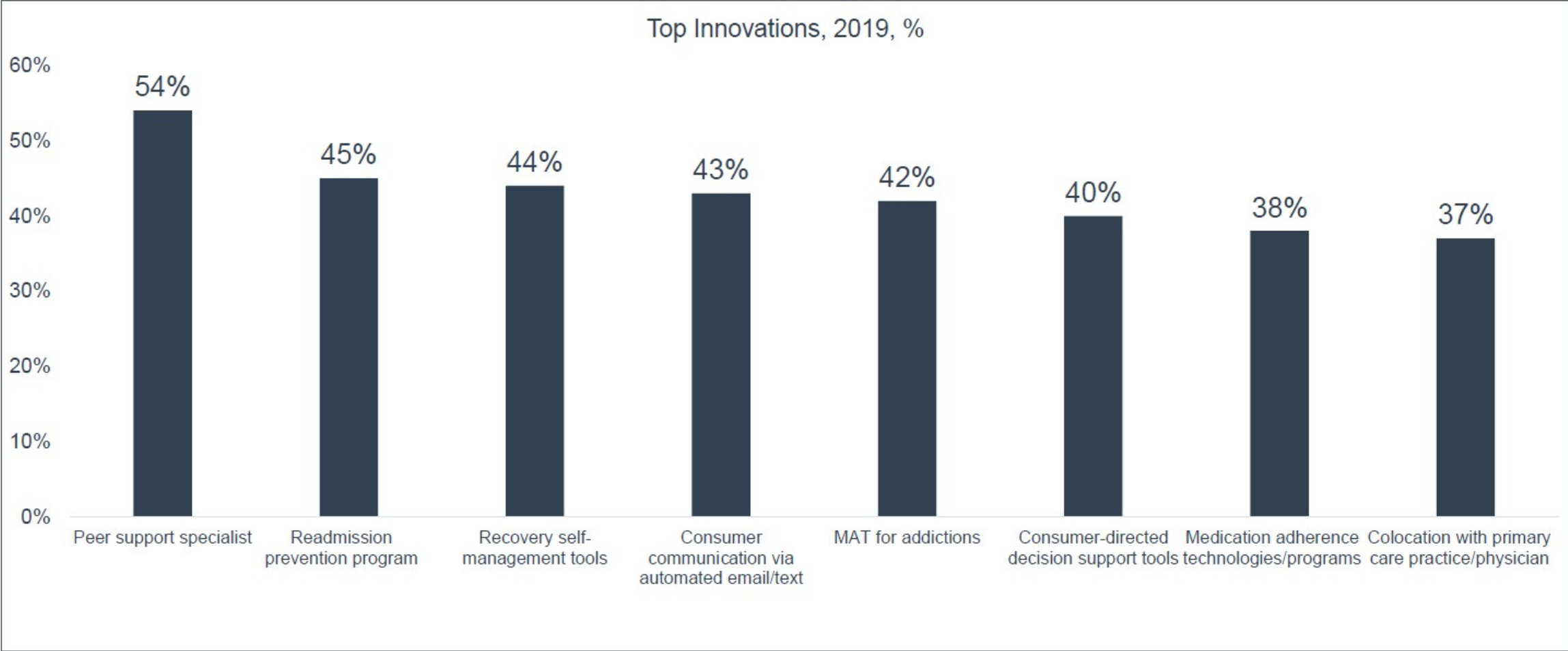
Top Five Key Performance Indicators

Domain	Indicator	Goal	Review Parameters
Customer Experience	Net Promoter Score	Assessment of customer satisfaction and referral development	Response to question about likelihood of recommending our organization to friends and family members; Monthly - Total, By Market, By Service Line, YTD, Previous Year
Employee Experience	Revenue lost due to vacancies	Identification of employee satisfaction issues impacting turnover and organizational sustainability	Average revenue times time open for unfilled positions; Monthly - Total, By Market, YTD, Previous Year
Financial Sustainability	A/R (days in receivables)	Assessment of future cash flow and identification of payer issues	Total A/R divided by average daily charges; Monthly - Total, By Market, By Service Line, YTD, Previous Year
Clinical Performance	ER utilization (service lines TBD)	Effectiveness in sustaining recovery by providing timely, nonacute services	Monthly - Total, By Market , By Service Line, YTD, Previous Year – will require data sharing and/or integration
Technology & Data Analysis	Number of report requests and time to complete	Organization use of analytics; analytics resource adequacy and effectiveness	Count of requests submitted and number of work days from request to completion; Monthly - Total, By Market, YTD, Year over year
Customer Experience	Days to appointment	Assessment of customer satisfaction and service quality	Monthly, Total, By Market, By Service Line, YTD, Previous Year

Social Determinants of Health – Five Domains

Economic Stability	Education	Health & Health Care	Neighborhood & Built Environment	Social & Community Context
• Poverty • Employment • Food security • Housing stability	• High school • graduation • Language & literacy • Early childhood education	• Access to health care • Access to primary care • Health literacy	• Access to healthy food • Quality of housing • Crime & violence • Environmental conditions	• Social cohesion • Civic participation • Incarceration • Discrimination

Payers Are Starting To Recognize The Importance Of Social Support Services

- **80%** of payers believe addressing SDH are important and are using programs to identify and address SDH

- **70%** of payers are integrating awareness of social determinants of health directly into clinical processes

- Though their approaches are different, its clear that payers recognize the value in addressing SDH:

  - **42%** of payers integrate referrals to community-based social service programs and resources

  - **34%** integrate consumer medical information with consumer financial, census, and geographic data

  - **31%** offer a "social needs" assessment along with health risk assessments

# How Do Payers Cover Social Support Services?

Medicaid

- Medicaid is prohibited from covering social supports, like room and board housing costs, but can cover support services directly related to health

- In 2015, the Centers for Medicare & Medicaid Services (CMS), allowed coverage of "housing-related activities and services", such as supporting consumers to maintain housing.

- States are using 1115 waivers to pilot new programs that allow them to support housing, non-emergency transportation, and food security

Medicare

- Starting in 2020, Medicare Advantage plans can cover new social support services, with the goal of keeping consumers in the community.

- Tools or services must be recommended by a licensed medical professional as part of a consumer's care plan

- Services may include:
  - Transportation services for health-related appointments, such as a physician office, a nutritionist, or a chronic condition education program
  - Meal delivery and nutrition services
  - Adult day care services
  - Memory fitness programs
  - Personal care services and home modifications to assist with activities of daily living, such as adding railings or supports in the bathroom

Challenges
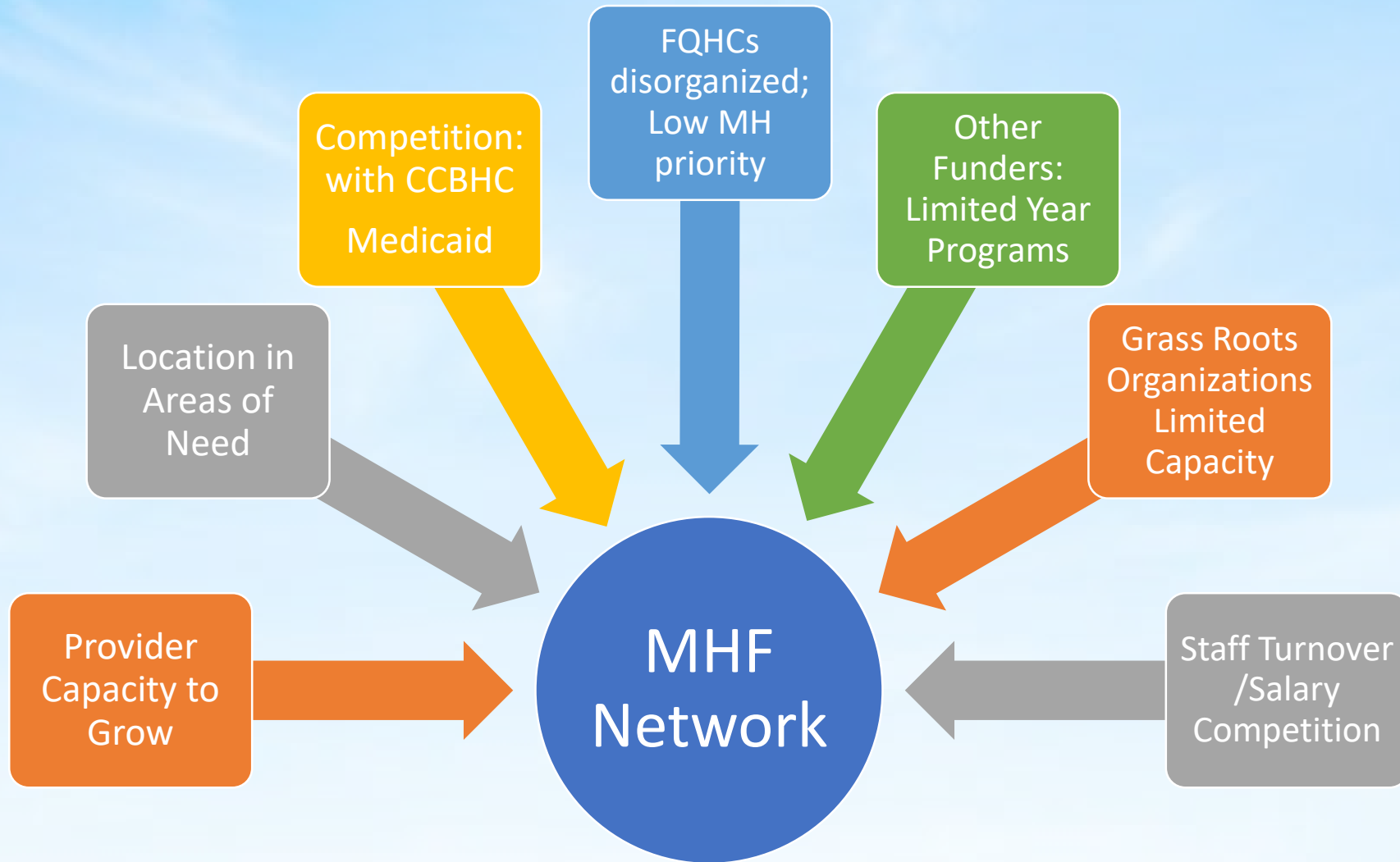
Opportunities
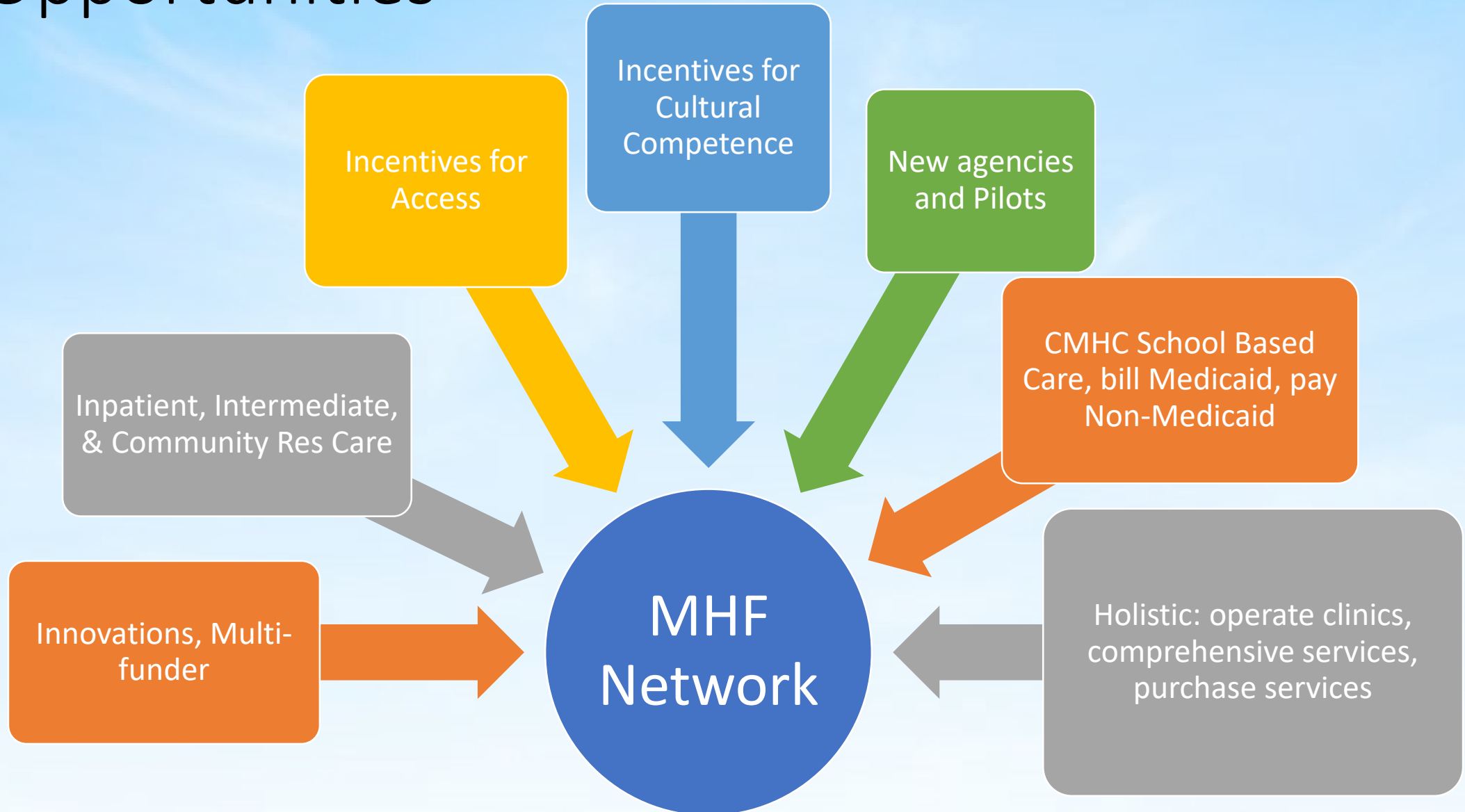
Funding New Agencies

Current Process

New Process

Pre-Application

- Legal Screening

- Outcomes, Capacity for Quality Assurance, Records

- Development of Project with new Provider

Application

- Provider submits application for approval or disapproval

- **NEW: include implementation plan like Innovation**

Payment by Units

- If Pilot Project is approved

- Payments are made via billing for units.

- **NEW: Initial, payment from invoicing that is audited Quarterly**

Phase in Payment by Units

- **NEW: Smaller start up money IF need is demonstrated.**

- **NEW: Funds disbursed quarterly amount as billed**

- **New: provider has 2 years to create a billing process with TA**

- Payment for units to start in year 3.

Business Session

- Case Management Tiers

- Community & Provider Education Requests

- Funder Collaborative: Care Coordinator Training

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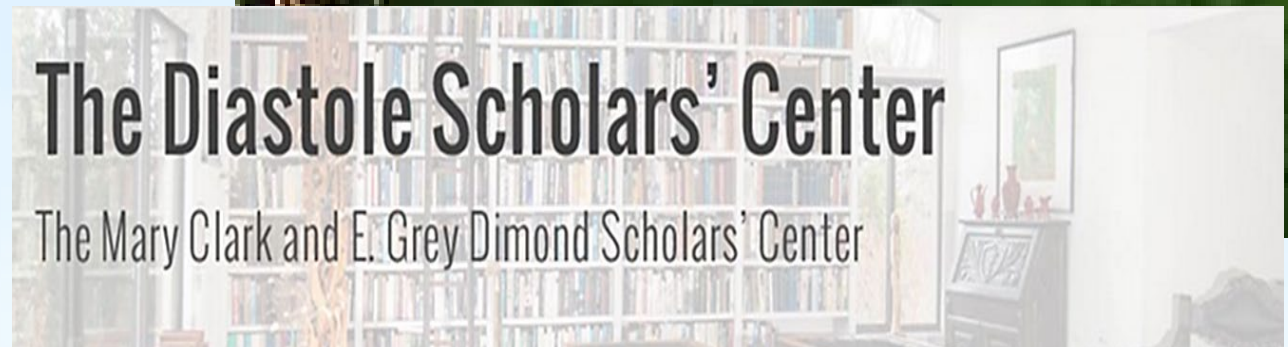
2019 Retreat

Thank You!

Board of Trustees

Community Mental Health Fund

The Diastole Scholars' Center

The Mary Clark and E. Grey Dimond Scholars' Center

Connecting value to reimbursement:
The Levy's 'Value-based Payment' Initiative

Johanna Ferman, M.D.
Tomás Moran
Integrus Health Group

The Levy Board Retreat
Saturday,
August 17, 2019

Values before payment

Oversight role of the Board

- Prioritizing spending – broad direction reflects 'values'

- Guardianship of public trust
  - Accountability and quality assurance – reflects understanding of 'value'
  - Special opportunities and risks in use of measurement in behavioral health field

How do we best align our values to our spending?

Using information to demonstrate VALUE

- Getting the right elements
- Continuous process
- Transparency
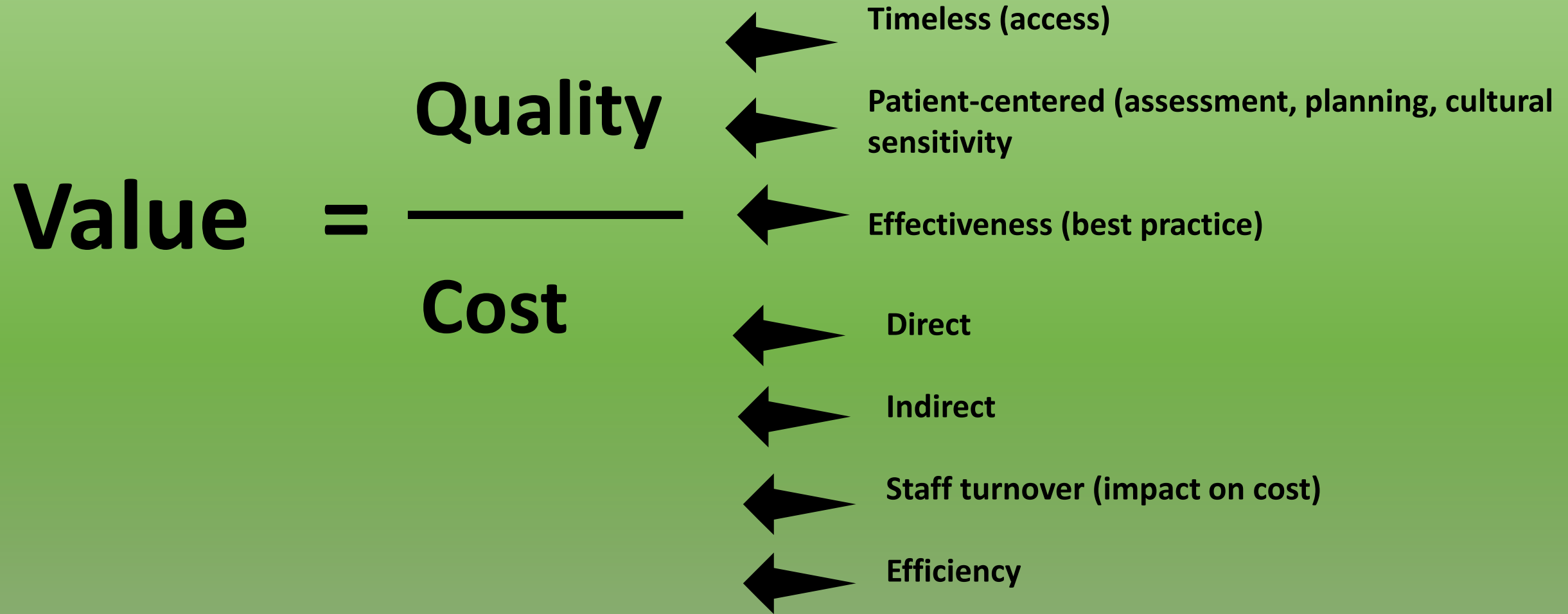
Timeliness (access)   (Quality)

COMPLEXITY OF CONTRIBUTING FACTORS

- Capacity – demand
- Administrative and management issues (hours operation, support)
- Language/cultural/other social determinants

Patient-centered   (Quality)

- Cultural sensitivity
  (delivered in manner that makes the patient comfortable)

- Trauma-informed

- Assessment process
  (comprehensive whole person, strength based, use of 'best' tools)

- Planning in partnership
  (for treatment, discharge and aftercare/step-down or step-in)

- Incorporation of family and support systems

Effective   (Quality)

- Care is delivered

        --   using best practice for each population

        --   the people we serve are experiencing measurable improvement

- What we measure and how

        --   tools, costs, workflow and training

        --   facilitating adaptation (a QI approach)

Cost:

- Direct

- Indirect

- Staff turnover (impact on cost)

- Efficiency (workflow)

Tomás' presentation

Next 4-5 months (August 2019- February 2020)

- Achieving broader penetration of VBP into Levy's funding

- Develop culture and skill sets
  - Board
  - Staff
  - Grantees

- Selection of KPIs

- Contracts and budget

- End year evaluation

MEASURING VALUE

Jackson County Mental Health Levy
Board Retreat
August 17, 2019

Tomas Moran
Integrus Health Group

Our sense of "value"

- Depends on many factors

- Each person may include different factors in their consideration of value

- As a Board, you are asked to look at the way that the Jackson County Tax Levy for Mental Health is spent, and to help staff continuously direct resources to produce greater "value" for the public

Today we will start the work to create the tools that will assist you in assessing the value of the services rendered using Levy funds.

The tools will reflect the values of your organization, as interpreted by you with the assistance of your Staff.

But first, let us introduce some new words that will then help us look at how other fields have done the task of assessing value

The sports industry has a long history of using indicators to assess value. We will look at a few examples.

"Value" is a complex concept

You saw earlier examples of the multiple factors that are taken into consideration, even when making simple decisions

"Value" is a complex concept

Some factors can be quite easy to 'measure', such as cost.
* Items that are easily given a number are often called "hard metrics"

Some factors relate to opinions or feelings, such as those measured in customer satisfaction surveys
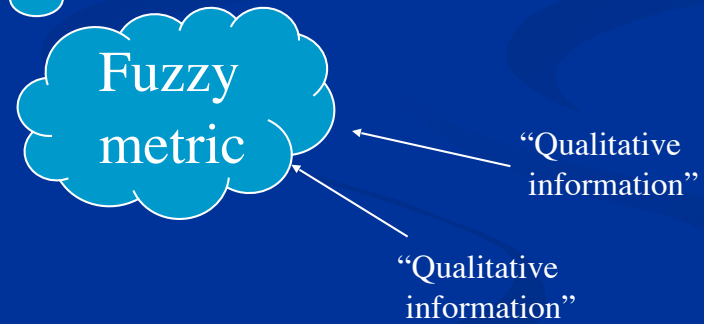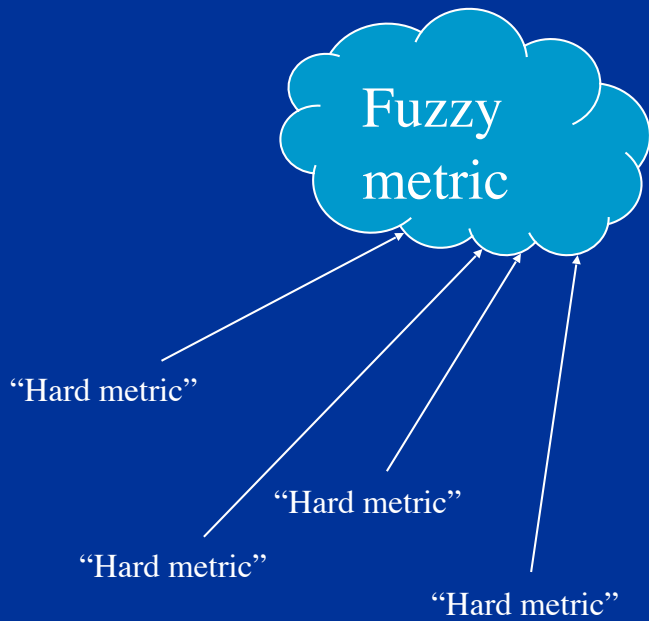* These items are "qualitative information" and sometimes called "soft metrics"

"Value" is a complex concept

We will measure value using a combination of "hard metrics" and "qualitative information"

When we combine these factors, we make a "fuzzy metric"
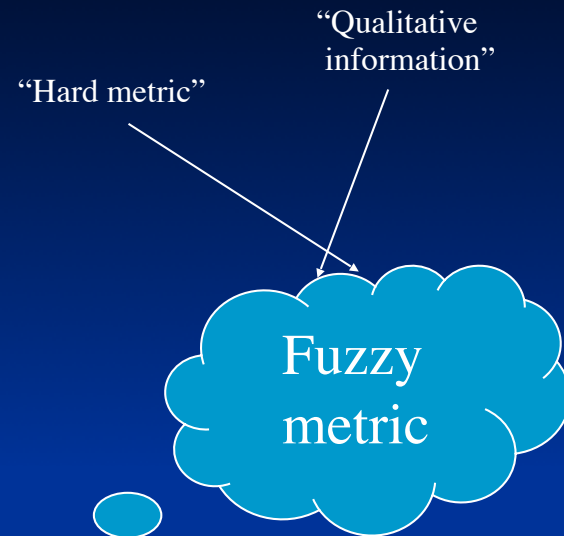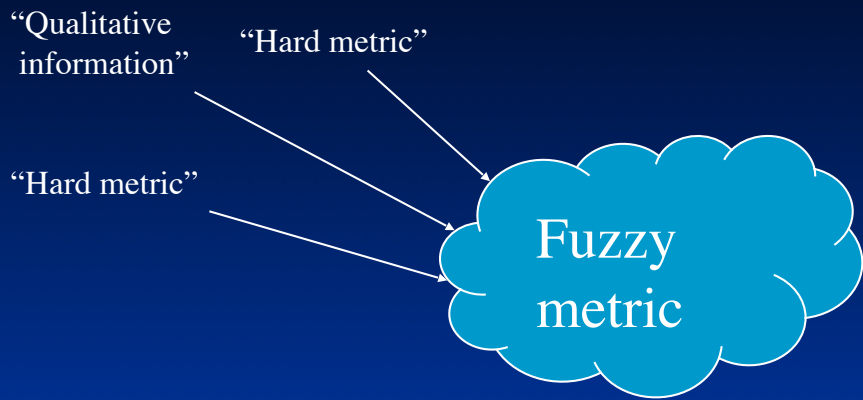
Sports example

- Kansas City Chiefs prospects for 2019 (some additional slides to be included in live presentation

Sports example -KC Chiefs

- Several "fuzzy metrics" could be constructed to assess the strength of this year's Kansas City Chiefs
  - Hard metrics:
    - Won/loss previous year ; record at home and away
    - Total yards
    - Yards passing
    - Interceptions
    - Defensive team sacks

  - Qualitative Information
    - Opinion of fans
    - Opinion of sportscasters
    - Injury reports

- Maybe a fuzzy metric each for:
  - Offense
  - Defense
  - Field Goal Unit
  - Punt/Kickoff Unit
  - Coaching Staff
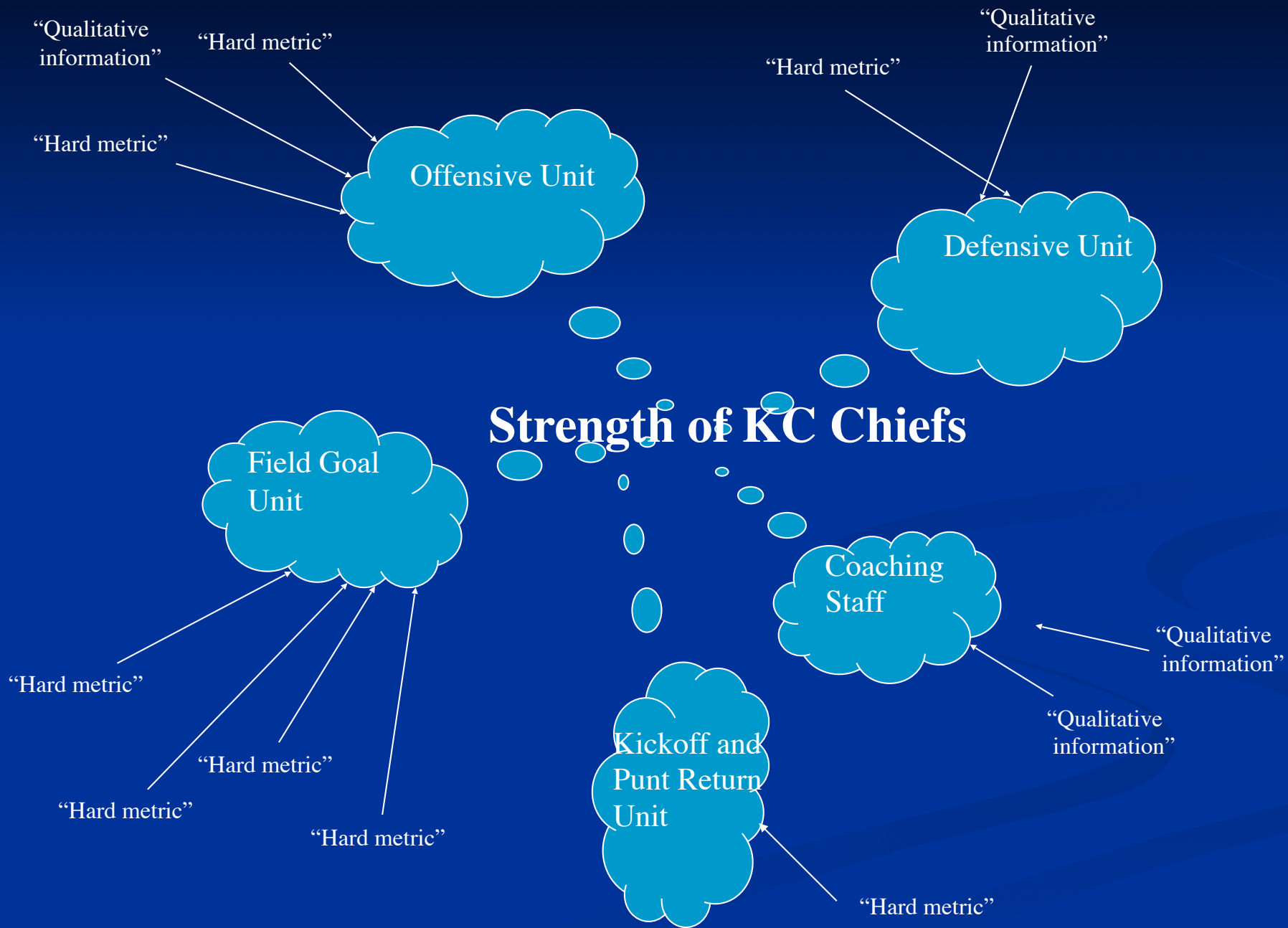
2020 Super Bowl odds to win:

New England Patriots 6-1

Kansas City Chiefs 6-1

Los Angeles Rams 10-1

New Orleans Saints 10-1

Indianapolis Colts 14-1

Chicago Bears 14-1

Philadelphia Eagles 14-1

Green Bay Packers 14-1

Los Angeles Chargers 16-1

Cleveland Browns 20-1

Pittsburgh Steelers 20-1

Dallas Cowboys 20-1

Minnesota Vikings 25-1

Seattle Seahawks 30-1

Houston Texans 40-1

Atlanta Falcons 40-1

Baltimore Ravens 40-1

San Francisco 49ers 40-1

Carolina Panthers 40-1

Jacksonville Jaguars 50-1

Oakland Raiders 60-1

Denver Broncos 80-1

New York Jets 100-1

Cincinnati Bengals 100-1

Buffalo Bills 100-1

New York Giants 100-1

Detroit Lions 100-1

Tampa Bay Buccaneers 100-1

Washington Redskins 100-1

Tennessee Titans 100-1

Arizona Cardinals 300-1

Miami Dolphins 500-1

http://www.nfl.com/stats/team

http://www.nfl.com/stats/team

All NFL ▾   Offense ▾   Game Stats ▾   2018 ▾   Regular Season ▾   [Go]

Game Stats

Rk	Team	G	Pts/G	TotPts	Scrm Plys	▼Yds/G	Yds/P	1st/G	3rd Md	3rd Att	3rd Pct	4th Md	4th Att	4th Pct	Pen	Pen Yds	ToP/G	FUM	Lost	TO
1	Kansas City Chiefs	16	35.3	565	996	425.6	6.8	24.0	83	176	47	12	15	80	137	1,152	29:11	18	6	+9
2	Los Angeles Rams	16	32.9	527	1,060	421.1	6.4	25.1	86	191	45	6	15	40	96	878	30:42	17	7	+11
3	Tampa Bay Buccaneers	16	24.8	396	1,055	415.5	6.3	24.2	86	187	46	9	13	69	117	975	30:30	23	9	-18
4	Pittsburgh Steelers	16	26.8	428	1,058	403.3	6.1	23.6	88	198	44	9	14	64	111	1,026	31:00	21	9	-11
5	New England Patriots	16	27.2	436	1,073	393.4	5.9	22.8	82	201	41	7	14	50	93	744	31:05	11	7	+10
6	Atlanta Falcons	16	25.9	414	1,010	389.1	6.2	22.0	92	203	45	10	19	53	101	899	29:36	24	11	+1
7	Indianapolis Colts	16	27.1	433	1,070	386.2	5.8	23.2	104	214	49	7	15	47	120	953	30:05	17	9	+2
8	New Orleans Saints	16	31.5	504	1,010	379.2	6.0	23.6	82	184	45	13	16	81	94	939	31:53	18	9	+8
9	Baltimore Ravens	16	24.3	389	1,135	374.9	5.3	22.9	104	231	45	13	22	59	116	940	32:54	25	11	-3
10	Carolina Panthers	16	23.5	376	1,011	373.2	5.9	22.2	77	185	42	9	19	47	92	818	30:44	20	6	+1
11	Los Angeles Chargers	16	26.8	428	945	372.6	6.3	21.1	70	177	40	7	8	88	113	967	30:43	17	7	+1
12	Green Bay Packers	16	23.5	376	1,026	369.1	5.8	20.8	75	204	37	10	20	50	108	937	30:03	22	11	0
13	Cleveland Browns	16	22.4	359	1,023	368.8	5.8	19.6	73	208	35	9	21	43	112	894	29:29	19	7	+7
14	Philadelphia Eagles	16	22.9	367	1,037	365.3	5.6	21.6	84	205	41	14	23	61	100	852	32:39	29	12	-6
15	Houston Texans	16	25.1	402	1,040	362.6	5.6	20.8	77	208	37	8	12	67	105	787	30:46	19	7	+13
16	San Francisco 49ers	16	21.4	342	1,003	360.6	5.8	21.5	73	193	38	5	10	50	112	982	29:55	31	12	-25

Jackson County Mental Health Levy

- Sample "dimensions" of value:
    - Timely service
    - Efficient care with affordable cost
    - Grantees can add capacity as needed
    - Culturally sensitive and trauma-informed care
    - Grantee staff is stable with low turnover

Value Equation

Timely service

Culturally sensitive and trauma-informed care

Grantees can add capacity as needed

$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

Grantee staff is stable with low turnover

Efficient care with affordable cost
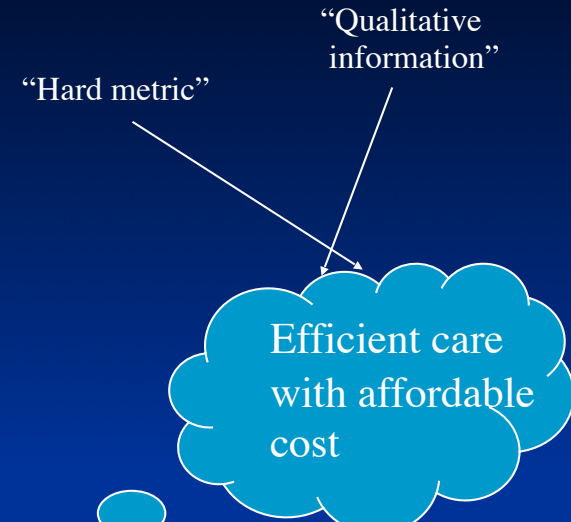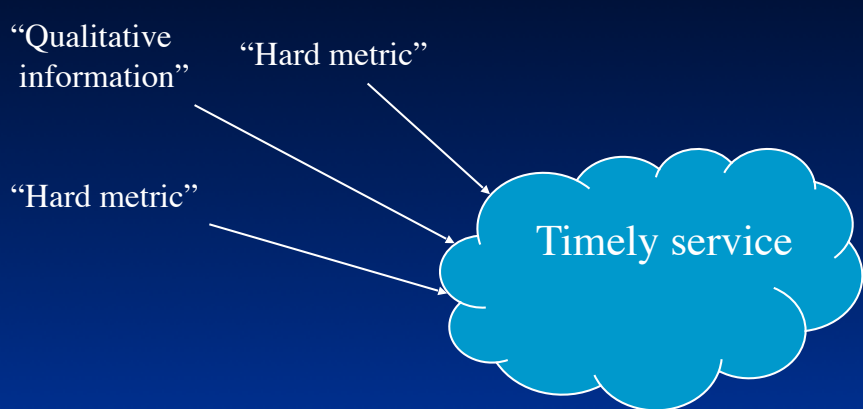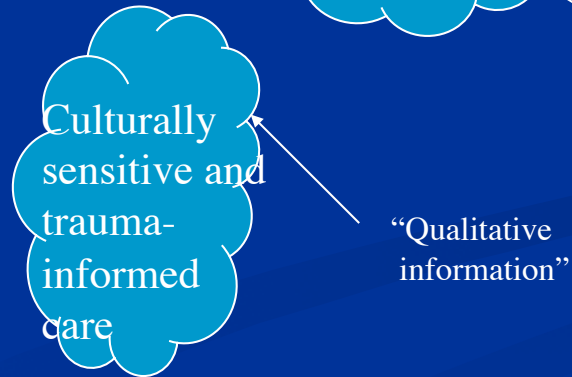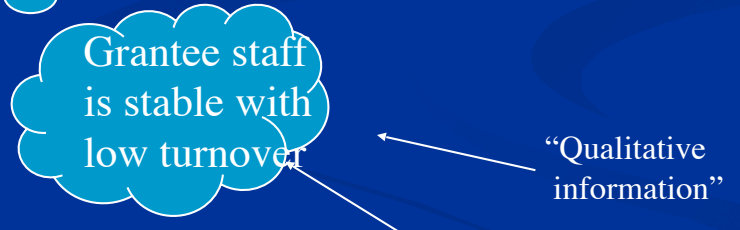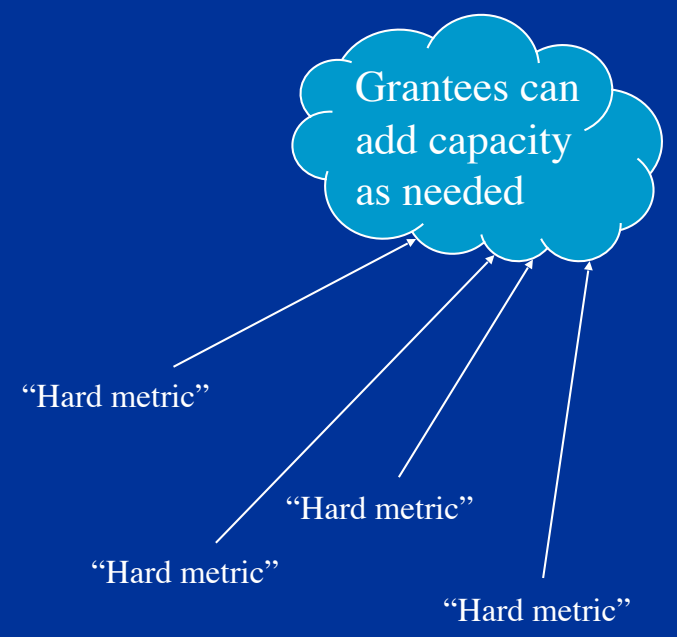
Payment incentives (pay for value) can be attached to one or more of the metrics available, be they simple metrics or complex, "fuzzy metrics"
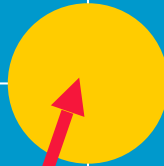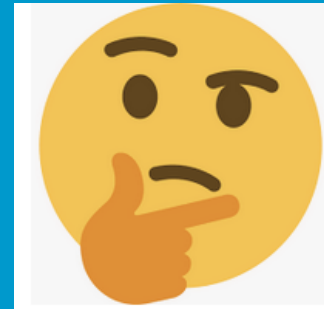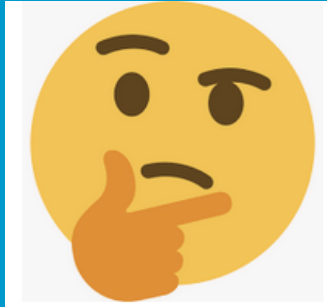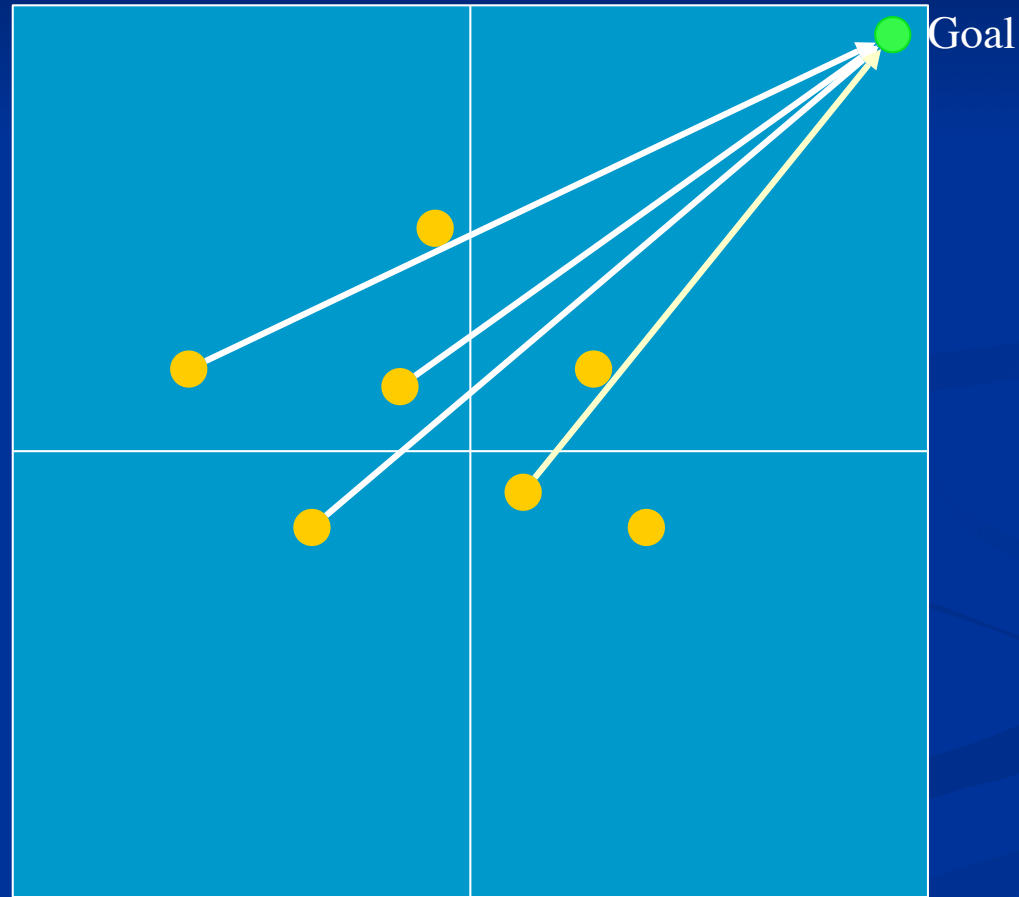
Preliminary findings for Levy Grantees

- Observations made over the summer by working individually with each grantee
    - Individual assessments were made to arrive at a potential list of KPIs
- Prepared interim reports currently being reviewed by the grantees and by Staff
    - Report describes the areas of programmatic focus that merit most attention for value-based reimbursement
- These will serve to guide each grantee in the selection and reporting of KPIs.
- On track to have measures and process in place by November

More specific comments about grantees

- Additional slides will be presented live