NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Behavioral Health and VBP in NYS: Behavioral Health Care Collaboratives

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Agenda

VBP Readiness and Behavioral Health

- Why Focus on BH?
- Defining Quality and Outcomes
- Challenges for BH Providers
- Behavioral Health Care Collaborative
- Social Determinants of Health
- Next steps

Value Based Payment: Why Focus on Behavioral Health?

Behavioral Health and Medicaid

Without a focus on BH, value based outcome and spending reductions will be hard to achieve

- In NYS, Medicaid members with a BH diagnosis account for
  - 21% of the population but 60% of Medicaid expenditures
  - 53.5% of hospital admissions
  - 45% of ED visits
  - 82% of all readmissions within 30 days of the original admission
    - 59% of those readmissions were for a medical condition
- The average length of stay per admission for BH Medicaid users is 30% longer than for the overall Medicaid population
- People with a BH conditions experience poor inpatient to outpatient connection

Source: Measuring Physical and Behavioral Health Integration in the Context of Value-Based Purchasing. Greg Allen, December 7, 2016. http://www.nashp.org/wp-content/uploads/2016/12/Allen-Slides.pdf

based on 2014 Medicaid claims data

How We Define Quality and Outcomes Matters

Quality Measures

VBP arrangements are based on meeting quality targets

- Pay for reporting
- Process measures – some examples include:
  - SBIRT screening (Screening, Brief Intervention and Referral to Treatment)
  - Screening for clinical depression
  - Medication adherence
- Internal and partnership measures
- HEDIS Measures
  - Reducing preventable inpatient hospitalizations and readmissions
  - Follow-up After Hospitalizations for Mental Illnesses (within 7 and 30 days)

Value Defined

How we define value affects what we pay for

- There is a lack of good BH rehabilitation measures
- For Behavioral Health, value must be more than staying out of the hospital
- Must define value as rehabilitation and recovery
  - Employment
  - Housing
  - Community stability
- BH Clinical Advisory Group (CAG) is starting to move us in this direction

Recovery and Rehabilitation Measures under development

- Employment
  - % of HARP members employed
- Housing
  - % of HARP members who are homeless
- Criminal justice
  - % of HARP members arrested within the past year
- Social
  - % of HARP members with social interaction in past week

VBP: Challenges for BH Providers

Provider Challenges

- Large system with wide range of provider services and expertise
- Heavy reliance on fee-for-service (FFS) payment methodology that incentivizes volume
- Lack of accountability for high-need patients
- High readmission rates and lack of follow up after discharge

Provider Challenges

- Few incentives to support integration both within behavioral health (inpatient-ambulatory-rehabilitation) and across behavioral/general medical health care
- Limited capacity to share information within and between the behavioral health and other systems
  - managed care organizations, criminal and juvenile justice, homeless serving

VBP Readiness: Behavioral Health Care Collaboratives

Behavioral Health Care Collaboratives

- OMH, OASAS, and DOH are investing $60 million over three years to support BH providers transitioning to VBP
  - Funds flow through MCOs
- Funds support qualified groups of community based behavioral health providers to:
  - Improve health outcomes
  - Manage member costs
  - Participate in VBP arrangements
- 19 BHCCs have been awarded funds

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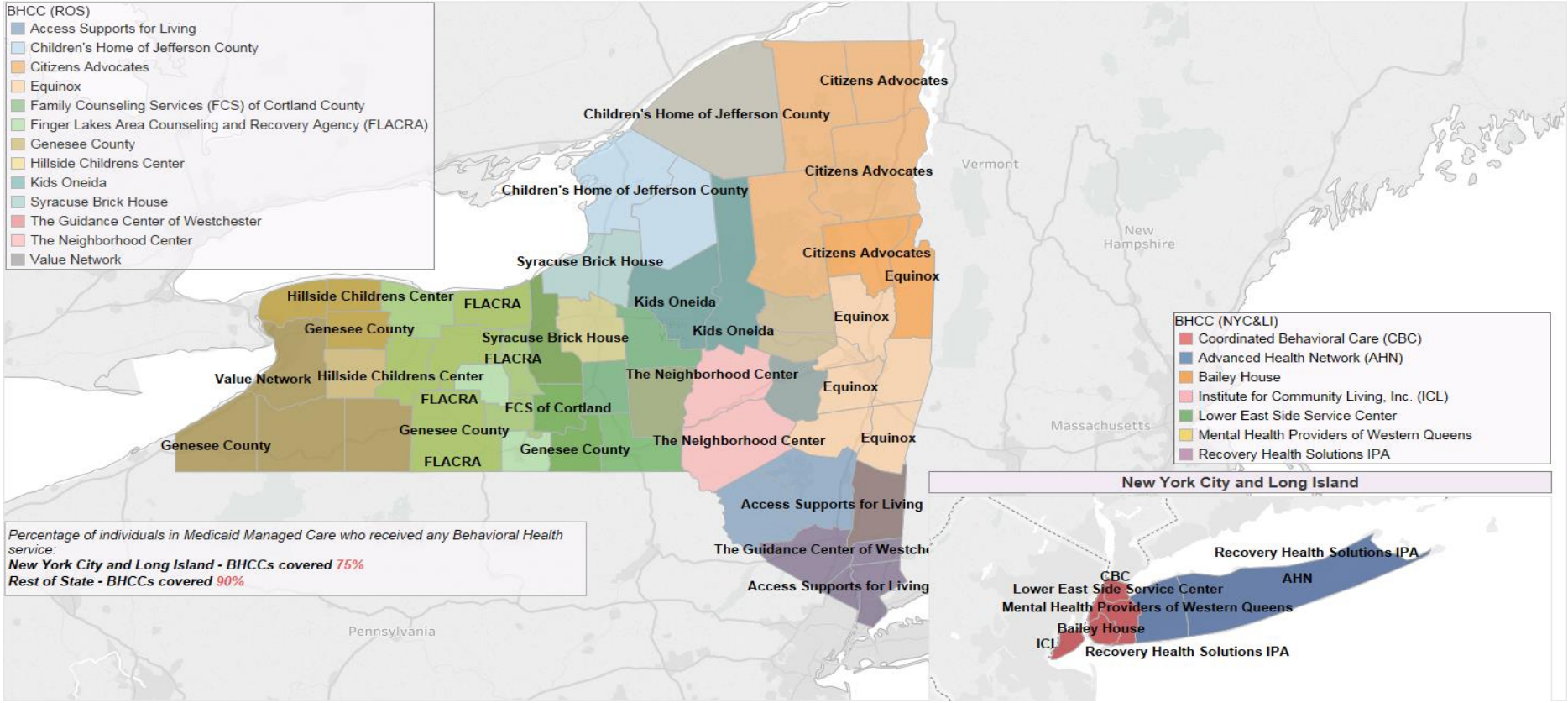
NYS Medicaid Behavioral Health Value-Based Payment Readiness Program: BHCC County Coverage of Network Provider

Updated Dec. 2017



Behavioral Health Care Collaboratives

- Provide the full spectrum of regionally available community based mental health and substance use services
- Promote community partnerships with physical health providers and agencies tackling social determinants
  - Hospitals, primary care providers, PPS, community based providers, and peer-run organizations

BHCCs: Creating a Collaborative

BHCCs MUST include, as available:

- A full spectrum of regionally available BH service types
- Peer-run agencies
- CCBHCs
- Community rehabilitation providers
- Primary care providers
- Community-based programs addressing social determinants of health
- Hospitals or Article 28 licensed providers including hospital operated Article 31/32
- Health Homes (HH)
- PPS

BHCC Goals

- Enable providers to measure and achieve clinical quality outcomes for BH populations
- Promote and develop provider capacity to show value and track quality
- Develop infrastructure to support data collection, reporting, and analytics
- Enhance BH Provider readiness to participate in VBP arrangements
- Demonstrate value of rehabilitation and recovery

Behavioral Health Care Collaboratives

BHCC may take on a variety of forms, including:

- Loosely structured network organized around clinical practice
- An IPA (Independent Practice Association)

Behavioral Health Care Collaboratives

- The final BHCC deliverable is participation in a VBP arrangement
- No need to wait until end of 3-year program to pursue participation in a VBP arrangement
- Understand the current VBP environment in your area
- Get involved early with potential payers, understand their needs

Deliverables

BHCC Deliverables

Readiness areas

- Organization
- Data Analytics
- Quality Oversight
- Clinical Integration

Readiness Area: Organization

Funding Objective: Creation of the BHCC's structure

- Form BHCC committees to ensure compliance and consistency
- Create governance, funds flow, and decision-making structures
- Contract with legal and business consultants
- Create plans to address network gaps

Readiness Area: Data Analytics

Funding Objective: Review and analyze cost and quality data across BH providers and VBP payors

- Purchase or develop data analytics and warehousing software/ hardware
- Manage fees for data management and analytics with staff, contractors and/or consultants
- Connect with the QEs and other data sharing platforms, including the PPS, ACOs, MCOs, etc.

Readiness Area: Quality Oversight

Funding Objective: Promote quality improvement activities

- Develop or purchase data collection tools for selecting, tracking and reporting VBP and BHCC metrics
- Purchase systems to facilitate quality assurance and oversight

Readiness Area: Clinical Integration

Funding Objective: Establish clinical quality standards and enable quality integration across providers.

- Develop and complete care coordination trainings
- Support provider and stakeholder meetings related to care coordination practice
- Promote treatment practices for co-occurring disorders, including screening treatment and referral

BHCCs and Social Determinants of Health

Social Determinants and VBP

All NYS Risk Bearing VBP level 2 & 3 arrangements MUST include:

- At least ONE SDH Intervention
- At least ONE Tier 1 Community Based Organization
  - Tier One CBO is non-profit, non-Medicaid billing social service agency such as in housing, social services or a food bank

Social Determinants and VBP

- Risk bearing contracts without SDH and CBO requirements will not meet the definition of VBP.

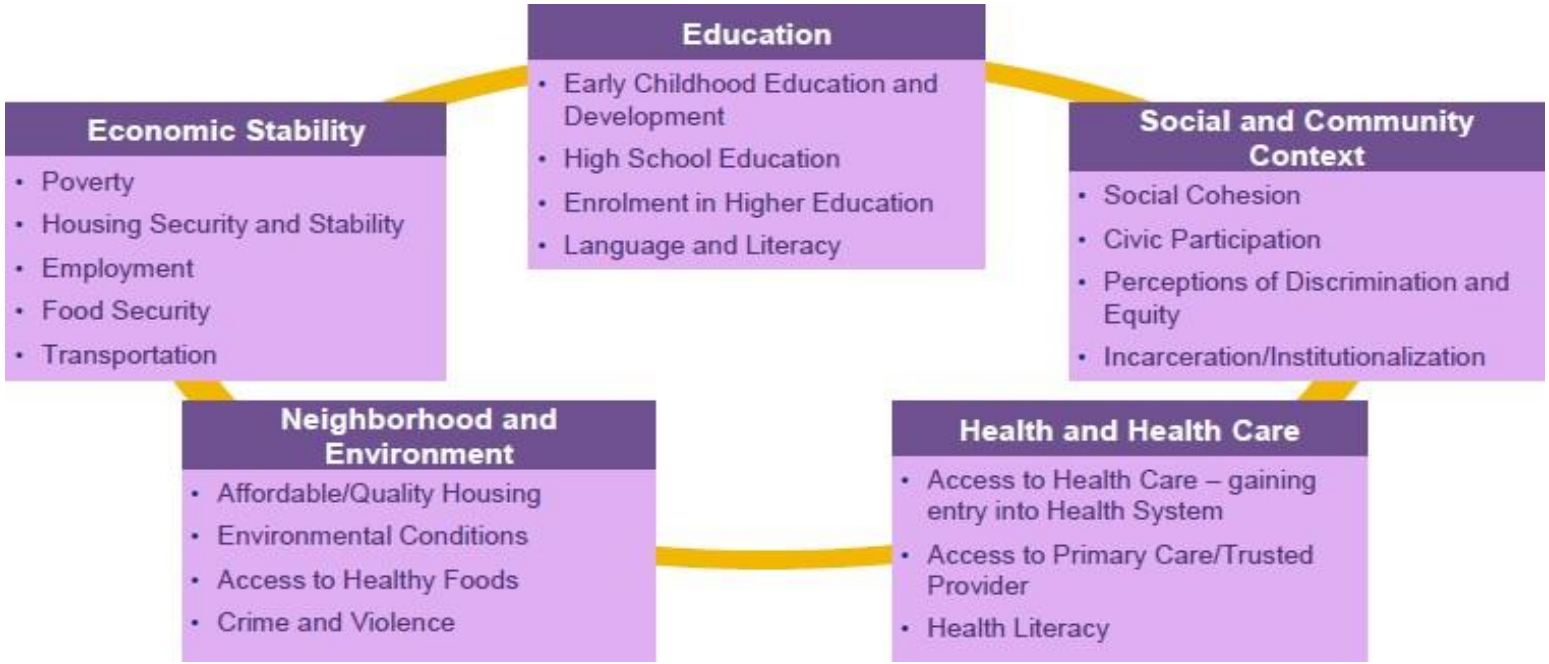
- MCOs and providers that do not meet NYS Roadmap VBP goals will be subject to penalties

Social Determinants of Health

- Housing (Neighborhood and environment)
- Money/Economic stability
- Education
- Health and Health Care (Exercise)
- Social and Community Support

Social determinants of health are discussed in Semester 3 of the DOH VBP University videos accessible on the MCTAC website:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/index.htm

Social Determinants of Health



Supportive Housing

The Medicaid Redesign Team created numerous supportive housing programs to provide vulnerable high–cost Medicaid members with rental subsidies and capital construction

- Since 2012, over 11,000 high acuity Medicaid members have been served

- Early findings demonstrate that investments in social determinants, such as housing, can have a profound impact on health care costs and utilization

Supportive Housing

- 40% reduction in inpatient days
- 26% reduction in emergency department visits
- 15% reduction in overall Medicaid health expenditures *

    * Average $6130 per person

Source: https://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm

THANK YOU

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