

# Behavioral Health Association Readiness Assessment

## What is Needed to Succeed in the New *Healthcare Ecosystem*

### Overview

This high-level readiness assessment tool describes twenty-two important competencies and strategies that will likely be necessary to succeed in the new “healthcare ecosystem.” The tool is organized around five areas that address a range of internal and external issues.

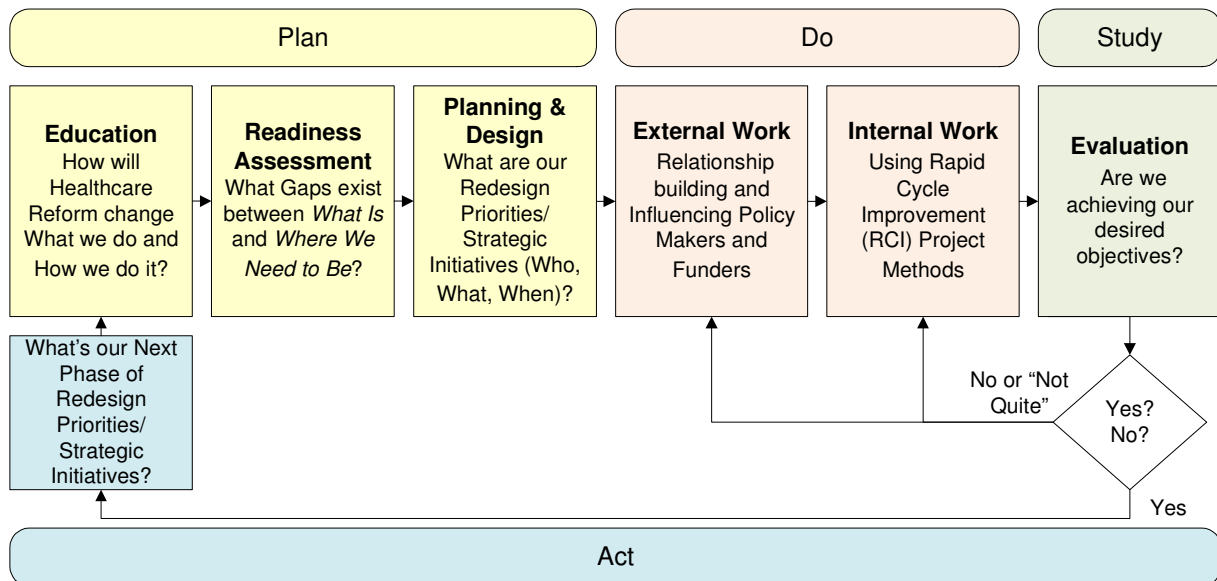
**External Efforts:** Assist state and local healthcare systems to leverage the opportunities under healthcare reform and ensure that persons with mental health and substance use disorders and the organizations that serve them are included in the emerging *healthcare ecosystem*.

**Internal Efforts:** Assess and redesign internal operations to better align with healthcare reform and be able to demonstrate to consumers/patients, healthcare providers and state policy-makers that member organizations have a distinct competency as high-performing, quality-focused, and efficient providers of health, mental health and substance use (MH/SU) disorder services and are essential partners in helping healthcare reform succeed.

Because *all healthcare is local* MH/SU providers will need to pursue a set of change initiatives grounded in the unique characteristics of their community and organization. The typical sequence, illustrated by the diagram below, begins with education and readiness assessment, followed by the identification and prioritization of internal and external change initiatives. Being careful not to *bite off more than they can chew*, leaders will need to start with the most important and pressing initiatives, monitor and assess movement toward identified objectives, make course corrections as needed, and then plan and pursue the next phase of change projects.

### Using this Assessment Tool

State Association Teams should use this tool to assess their association’s *Readiness* while scoring the *Importance* of each item. Pages 8-9 contain Instructions and a Score Sheet to assist organizations in identifying the change projects to prioritize as they prepare a healthcare system of the future that will likely look quite different from the healthcare system of today.



# Area I: Leadership and Relationship Building

*This area contains six important readiness items. Carefully review each item and complete the scoring sheet on Page 9.*

- 1. Relationship Building:** We and our members are actively pursuing relationship-building with leaders in the healthcare community – Hospital CEOs, Health Plan Management, FQHC and private Clinic Medical Directors, State Medicaid Directors, Chairs of the Legislature’s Health Care Committees - and have achieved significant success in communicating the importance of mental health and substance use treatment to improving quality in the healthcare system and bending the cost curve.
- 2. Local Health Assessment and Improvement Plan:** We and our members are working with key health leaders including public health, local government, and healthcare system executives to assess community needs and design a local health improvement plan that aligns with the goals of healthcare reform as described in the Institute for Healthcare Improvement’s Triple Aim:
  - Better Health for the Population
  - Better Care for Individuals (including quality, access, and reliability)
  - Reduce, or at Least Control, the Per Capita Cost of Total Healthcare
- 3. Local Accountable Care Organization Development:** We and our members have identified the organizers of the local Accountable Care Organization(s) and have succeeded in having a place at the planning and design table. If there are currently no ACO development activities in our community, we and our members are in discussion with healthcare leaders to initiate the development of a local ACO.
- 4. State Planning and Decision-Making:** States will do much of the heavy lifting in preparing for healthcare reform. We are supporting these efforts, including working to ensure that persons with mental health

and substance use disorders and the organizations that serve them are included in this preparation work. This includes active involvement with state leaders to plan for and develop regulations that will guide the design and implementation of the seven key state-level components of

## Seven Key State-Level Components of Healthcare Reform

- Medicaid Expansion
- Implementation of Federal Parity
- Health Insurance Exchanges
- Accountable Care Organization Design and Standards
- Medical/Health Home Design and Standards and Payment Models
- Medicaid Home and Community-Based Services (HCBS) Option (1915i)
- Dual Eligible and Special Needs Plan Design

healthcare reform listed below.

- 5. Internal Education:** We are supporting our members to develop and implement a healthcare reform education program for our association. This includes support for senior management teams, mid-level managers and supervisors, line staff (clinical and administrative), and consumers about how healthcare reform will affect our organizations and communities and what steps are needed to prepare so that our members are on the leading (but not bleeding) edge of innovation and reform.
- 6. Community Education & Awareness:** As our community, state and nation moves toward a more holistic approach to health and wellness in order to achieve the Institute for Healthcare Improvement’s Triple Aim, we are actively educating community members at all levels about the importance of mental health and substance use treatment and increasing community awareness about our organizations’ distinct competency as a high-performing, quality-focused, and efficient providers of care.

## Area II: High Performing Provider – Access and Outcomes

*This area contains six important readiness items. Consider your agency's readiness level for each on a scale of 1-5.*

- 1. Rapid Access to Care:** New or returning consumers can obtain access to appropriate care, within two hours for emergent care, 24 hours for urgent care and no later than 7 days (ideally 1-2 days) for routine care requests. Our members have reengineered work processes by implementing open access scheduling and centralized appointment making, effectively manage no shows and cancellations, eliminated redundant information collection, and reduced the time from first appointment to completed treatment plan.
- 2. Use of Evidence-Based Practices and Programs:** Our members created a clinical culture and supporting infrastructure that uses the products of scientific research to improve the lives of children, families and adults. This includes leadership that prioritizes and promotes the importance of using evidence to assist practitioner and patient decision-making about appropriate care for specific clinical circumstances; consumer involvement in the selection and evaluation of programs and practices; hiring processes that identify candidates who support the use of evidence-based practices and programs (EBPs); and infrastructure that supports timely training, supervision, coaching, and performance evaluations that focus on EBPs.
- 3. Consumer Engagement and Person-Centered Care Planning:** Our members effectively engage consumers in care, measuring engagement, satisfaction, and dropout rates and address problems as they are identified. Their person-centered care planning processes use industry-standard assessment tools, a level of care system, and active consumer involvement to match consumer need with effective treatment. If an individual were to present at different entry points in our organization they would have a similar customer-friendly engagement experience and recovery-oriented and resilience-building care plan.
- 4. Care Management for High Need Consumers:** Our members have widely deployed the use of *care management* models for consumers with complex health and mental health/substance use conditions, differentiating between *case* management and *care* management. Care managers work with consumers to manage care across the care continuum, throughout various care settings, working in conjunction with the person, providers, payors, and others to improve health and behavioral health outcomes.
- 5. Treat to Target:** Most of our member clinicians use a “treat to target” approach to planning, service delivery, and adjusting the care plan if it’s not working. The majority of clinicians and supervisors have studied the treat to target literature and develop care plans that include measureable targets (e.g. 50% reduction in PHQ-9 scores within 12 weeks), measure progress at least monthly, and work with consumers to adjust the care plan if targets are not being met. Part of this process includes the use of clinical tools that measure improvement in symptomology, functional status, and recovery and resilience-building for the children, families and adults we serve.
- 6. High-Performing Provider:** Our members aspire to be seen as the *Mayo Clinic* of behavioral health in their communities and are widely recognized as a high-performing provider of quality services. They are able to demonstrate our effectiveness through the widespread use of clinical tools that measure key performance indicators. They practice public reporting of our improvement efforts and results and don’t hesitate to *toot their horn* to publicize successes.

## Area III: Person Centered Healthcare Home Participation

*This area contains two important readiness items. The National Council's papers, "Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home", "Substance Use Disorders and the Person-Centered Healthcare Home", and "Partnering with Health Homes and Accountable Care Organizations", contain important background information.*

- 1. Health Home Involvement:** We and our members have worked closely with our community's primary care partners to determine how to be involved in ensuring that all of our consumers with mental health or substance use disorders have a person-centered healthcare home (i.e. patient centered medical home) and all members of the population we serve have access to high quality primary care, mental health and substance user services. Our members are actively working with one or more of the models to the right.
- 2. Health Home Neighbor:** Members are well underway developing the capabilities to be good neighbors to Person Centered Health Homes. This includes: 1) effective communication, coordination, and integration with health homes; 2) appropriate and timely consultations and referrals; 3) efficient, appropriate, and effective flow of necessary patient and care information; 4) providing guidance in determining responsibility in co-management situations; and 5) supporting the health home as the leader of the care team. Toward this end, we provide or have partnerships with other organizations to offer and seamlessly provide a full array of mental health and substance use services for persons with mild, moderate, serious and severe disorders. (See Attachment A for a sample array.) We are tracking efforts of accreditation bodies that will formally recognize Health Home Neighbors and will help members apply for recognition when it is available.

### Healthcare Home Involvement

- **Full Integration:** Our organization, under a single corporate umbrella, provides primary care, mental health and substance use services to our consumers. This has been achieved through merger with a primary care clinic or by developing our own full scope primary care capacity. In either case we have achieved NCQA certification as a Patient-Centered Medical Home or are working toward that certification.
- **Partnership:** Our organization has developed close working relationships with one or more primary care clinics (for MH/SU organizations) or MH/SU provider organizations (for primary care clinics) to achieve the clinical integration of primary care, mental health and substance use services in both the primary care clinics and our MH/SU clinics. We have been working with our primary care partner to achieve NCQA certification as a Patient-Centered Medical Home.
- **Linkages (MH/SU Providers):** We are actively working with primary clinics in the community to ensure that all of our consumers have a relationship with a primary care provider (PCP) and support our consumers in obtaining regular access to their PCP. If we prescribe psychotropic medications, we have built the following capabilities into our ongoing clinical workflows:
  - We ensure regular screening and tracking at the time of psychiatric visits for all mental health consumers receiving psychotropic medications;
  - We have established specific methods for communication and treatment coordination with primary care providers and ensure that timely information is shared in both directions; and
  - We provide education and link individuals to self-management assistance and support groups.
- **Linkages (Primary Care Clinics):** We are actively working with MH/SU providers in our community to ensure that our patients in need of specialty MH/SU services have timely access to a full continuum of care.

## Area IV: Business Infrastructure – Measure and Get Paid

*This area contains five important readiness items that will be especially important as healthcare reform unfolds.*

1. **Information Technology:** Our members implemented or are in the process of implementing a hardware and network technology infrastructure that supports the use of technology by all organization staff, both in the field and in our offices. Their software suites include an electronic health record that is available and appropriate for every clinician in the organization, billing and accounting software, and a data warehouse or data mart that integrates clinical, quality and financial data to support real-time clinical decision-making, quality improvement and effective financial management.

### **Electronic Health Record Includes:**

- Centralized Scheduling
- Treatment Plans
- Medication Prescribing & Management
- Patient Registries
- Consumer Assessments
- Progress Notes
- Lab Results Tracking
- Consumer Outcomes Instruments

If our organization provides crisis, residential and/or inpatient services, system includes clinical functionality to support these services.

Their systems are connected to the Health Information Exchange (HIE)/Health Information Network (HIN) in the community in order to share data with pharmacies, labs, hospitals, and primary care and specialty clinics. If they cover a wide geographic area, the organization uses telehealth. They have adequate staff to support and maintain all information technology efforts.

### **Minimum IT Staffing Requirements**

- Help Desk available during hours staff are using the system
- Hardware and Network Technicians to maintain servers, security, user devices (desktops, laptops, handheld devices), and local area and wide area networks
- Application Support Specialist(s) that train and support users on the software
- Decision Support Unit that is responsible for data warehouse/mart administration, report design and development, and report production

2. **Quality Improvement Infrastructure:** Quality improvement is part of our members' organizational culture and not seen as a separate department where quality improvement efforts are "*handled by someone who works in the office at the end of the hall*" to meet regulatory or contractual requirements. They have well-developed quality management processes with an annual quality plan that addresses quality assurance, quality improvement, risk management, utilization/resource management, utilization review, credentialing, and performance contracting. They have extensive experience with Rapid Cycle Improvement (RCI) methods and our workforce understands the RCI concept of, "What can we complete by next Tuesday?"

## Area IV: Business Infrastructure – Measure and Get Paid

3. **Revenue Cycle Management:** Our members have put in place an effective Revenue Cycle Management infrastructure, building on the service delivery process to capture and collect every dollar owed to the organization by all payors along with a consumer-friendly self-pay billing and collections system. All employees participate and have clear roles in supporting our billing and collection efforts. They are prepared to participate in the new Health Insurance Exchanges through demonstrated competency in their ability to work with private insurance companies. They are able to effectively obtain necessary pre-authorizations and re-authorizations from health plans, accountable care organizations, and medical homes, ensuring that consumers are matched with appropriately credentialed and paneled providers.
4. **Value-Based Purchasing:** We have educated ourselves and our members about the new payment models that will be unfolding under the rubric of Value-Based Purchasing and understand that payment reform is moving from “*paying for volume to paying for value*”. Leveraging the integration of our clinical, quality and financial information, they are able to determine, in near real-time, the cost of each service provided in their organization. They have the ability to track and analyze costs by consumer, provider, team, program, and payor and can operate effectively under fee for service, case rate, and sub-capitation payment models. They are able to integrate clinical and financial data in order to succeed under a variety of Pay for Performance (P4) bonus arrangements.
5. **Compliance Plan:** We and our members understand that part of healthcare reform will be paid for through increased efforts to combat fraud and abuse. They are well versed in the regulation and guidance in

the Federal False Claims Act, Health Insurance Portability and Accountability Act of 1996, Balanced Budget Act of 1997, Sarbanes-Oxley Act, Deficit Reduction Act, and DHHS OIG Regulation. They have in place a *bullet-proof* Compliance Plan led by a designated compliance officer that ensures appropriate training on robust compliance practices and standards supported by internal monitoring and auditing.

### Seven Components of a Compliance Plan

- Conducting internal monitoring and auditing through the performance of periodic audits;
- Implementing compliance and practice standards through the development of written standards and procedures;
- Designating a compliance officer or contact(s) to monitor compliance efforts and enforce practice standards;
- Conducting appropriate training and education on practice standards and procedures;
- Responding appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate Government entities;
- Developing open lines of communication, such as (1) discussions at staff meetings regarding how to avoid erroneous or fraudulent conduct and (2) community bulletin boards, to keep practice employees updated regarding compliance activities; and
- Enforcing disciplinary standards through well-publicized guidelines.

*(OIG Compliance Program for Individual and Small Group Physician Practices)*

## Area V: Consumer Advocacy – Helping Consumers Obtain Coverage and Services

*This area contains three important readiness items. As you rate the importance of each on a scale of 1-5, make sure you think about their importance in 2014.*

1. **Workforce Expansion:** We have worked with our members to estimate the increase in demand for mental health and substance use services in our service areas and have been developing a Workforce Expansion Plan that will help our organizations prepare to serve the newly covered expansion population and increased demand as the employer community and healthcare system recognize, in increasing numbers, the importance of quality mental health and substance use services.
2. **Federal Parity Implementation:** We have worked with members to develop linkages with state and national organizations and the internal infrastructure to support the implementation of federal parity regulations for Medicaid/SCHIP, private health insurance and the Health Insurance Exchange in our state. This includes processes to actively monitor and report parity violations; efforts to educate consumers, advocates, community groups, health plans, and state officials about the importance of these regulations for improving quality and managing costs and how to comply with them.
3. **Enrollment Strategy:** We have educated ourselves and our members about the groups of individuals that will obtain coverage in our service areas between now and 2014 and how Medicaid Expansion and the Health Insurance Exchanges will unfold in our state. We are using this knowledge to develop an Enrollment Strategy for our members' uninsured consumers and potential new consumers to provide outreach, assistance with the enrollment process, and advocacy for the removal of structural barriers that they state may construct (intentionally or unintentionally). These efforts are integrated with our member organizations' marketing plan and workforce expansion plans.

# Instructions

**Step 1: Fill Out Part 1 of the Attached Score Sheet for Each Item using the following scoring method.**

**A. No Two Associations are Alike**

Rank *Your Association's Readiness to Successfully Accomplish the Work* described in each item on a scale of 1-5 as follows.

<b>1 = We are Ready for the Future:</b> We and our organizations have fully addressed this item and are fully operational.
<b>2 = High Readiness:</b> We and our organizations have done substantial work to achieve the competency described by the item and are close to checking it off as successfully completed.
<b>3 = Moderate Readiness:</b> We and our organizations have made significant progress to address this item but our organization is not nearing completion in addressing this item.
<b>4 = Minor Readiness:</b> We and our organizations have begun to work on this item but we are still in the early stages of planning and preparation.
<b>5 = Not Ready:</b> We and our organizations have not begun to address this item.

**B. All Healthcare is Local**

Next rank each item for *Importance to Your Organizations and Communities* on a scale of 1-5 as follows.

<b>1 = Low Importance:</b> This item is of little importance to our organizations or communities where members provide service.
<b>3 = Moderate Importance:</b> This item is important but would never be a top priority for our organizations or communities.
<b>5 = High Importance:</b> This item is very important to our organizations and communities and is a candidate for a top priority item.

**Step 2: Tally the Part 1 Score Sheet Results**

A. Multiply the *Readiness Score* and *Importance Score* and place the result in the *Total Score* box for each item.

<i>Sample</i>	Readiness Score	Importance Score	Total Score
I. 1. Relationship Building	4	5	20

B. Total the twenty-two scores and place the sum in the *Total Overall Score* box.

**Step 3: (Optional) Fill out Part 2 Score Sheet for Each Item using the Readiness Scores**

A. Estimate the percentage of your members who would score 1 (we are ready for the future); would score 2, 3, 4 and 5. The total should equal 100%. For example, your guesstimate is that 1/3 of the members for an item are a 1, 1/3 a 3 and 1/3 a 5:

% 1	% 2	% 3	%4	%5	Total
33%		34%		33%	100%





## Description of a Modern Addictions and Mental Health Service System Substance Abuse Mental Health Services Agency

Healthcare Home / Physical Health	Prevention and Wellness	Engagement Services	Outpatient & Medication Services	Community and Recovery Support (Rehabilitative)	Other Supports (Habilitative)	Intensive Support Services	Out-of-Home Residential Services	Acute Intensive Services
<ul style="list-style-type: none"> <li>• Screening, brief intervention &amp; referral</li> <li>• Acute primary care</li> <li>• General health screens, tests &amp; immunization</li> <li>• Comprehensive Care management</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention Programs*</li> <li>• Wellness Programs*</li> <li>• Smoking Cessation Education Session on MI/SUD</li> <li>• Health Promotion</li> <li>• Brief Interviews</li> <li>• Warm line</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Specialized Evaluations (psychological, Neurological)</li> <li>• Service planning (including crisis planning)</li> <li>• Consumer/ Family education</li> <li>• Outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Individual Evidenced Based Therapies *</li> <li>• Group therapy</li> <li>• Family therapy</li> <li>• Multi-family counseling</li> <li>• Medication management</li> <li>• Pharmacotherapy (including Opioid Maintenance Therapies)</li> <li>• Laboratory services</li> <li>• Specialized consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Peer supports</li> <li>• Recovery Support Services*</li> <li>• Family Training &amp; Support</li> <li>• Skill building (social, daily living, cognitive)</li> <li>• Case Management</li> <li>• Continuing Care</li> <li>• Behavioral management</li> <li>• Supported employment</li> <li>• Permanent Supportive housing</li> <li>• Recovery housing</li> <li>• Therapeutic mentoring</li> <li>• Traditional healing services</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Care</li> <li>• Homemaker</li> <li>• Respite</li> <li>• Educational Services</li> <li>• Transportation</li> <li>• Assisted Living Services</li> <li>• Recreational Services</li> <li>• Other Goods &amp; Services*</li> <li>• Trained behavioral health interpreters</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse intensive outpatient services</li> <li>• Partial hospital</li> <li>• Assertive community treatment</li> <li>• Intensive home based treatment/</li> <li>• Multi-systemic therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis residential/ stabilization</li> <li>• Residential services*</li> <li>• Supports for children in foster care</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile crisis services</li> <li>• Urgent care Services</li> <li>• 23 hour crisis stabilization service</li> <li>• Psychiatric inpatient &amp; medical detoxification services</li> <li>• 24/7 Crisis Hotline Services</li> </ul>