



# Learning Community: Preparing for the New Healthcare Ecosystem

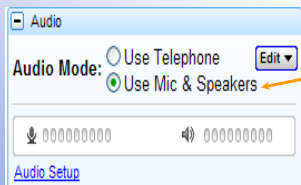
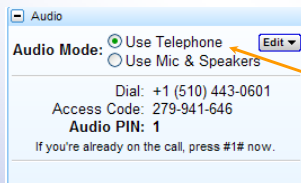
California Council of Community  
Mental Health Agencies

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July 9, 2011



## Tips on Audio



- Make sure your phone is on mute except when speaking
- Make sure to select the 'Use Telephone' button if you're calling in by telephone
- Make sure to select 'Use Mic & Speakers' button if you're using the computer for audio



## Today's Webinar Agenda

- Introduction to the National Council's Learning Community (LC)
  - Goals
  - Background
  - What We've Learned and Done
- California's Statewide Learning Community
  - Goals
  - How We'll Get there
  - Tools
- Next Steps

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## Webinar Objectives

- Become familiar with National Council's Learning Community: content and process
- Understand purpose and value of CCCMHA learning community
- Gain understanding of process for CA
- Understand role of Association
- Learn about next steps and your participation

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## National Council's LC Goals

- Define the Changing Environment
  - Healthcare homes
  - Healthcare neighborhoods
  - Benefit, eligibility expansion and increased competition
  - New payment models
  - Focus on effectiveness and efficiency
  - New payors and partners
  - HIT/HIE
- Educate Association Executives to educate members
- Create state by state Readiness Plans
- Provide tools for each state to develop it's own Learning Community

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## Poll

Which of the following activities is your agency currently engaging in?

- Strategic planning relative to healthcare reform readiness
- Developing internal healthcare home capabilities
- Developing relationships with primary care
- Conducting internal process improvement initiatives, e.g. same day access, managing with data, treat to target
- Participating in discussions with health plans related to expanding your population

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## Background

- How the National Council LC Works
  - Webinar-based education and guidance
  - Association Readiness Assessment
  - Support for state plan development
  - Individual state consultation
- State Activities
  - Member Education
  - Member Readiness Assessment
  - Meeting with David Lloyd
  - Develop and initiate state plan

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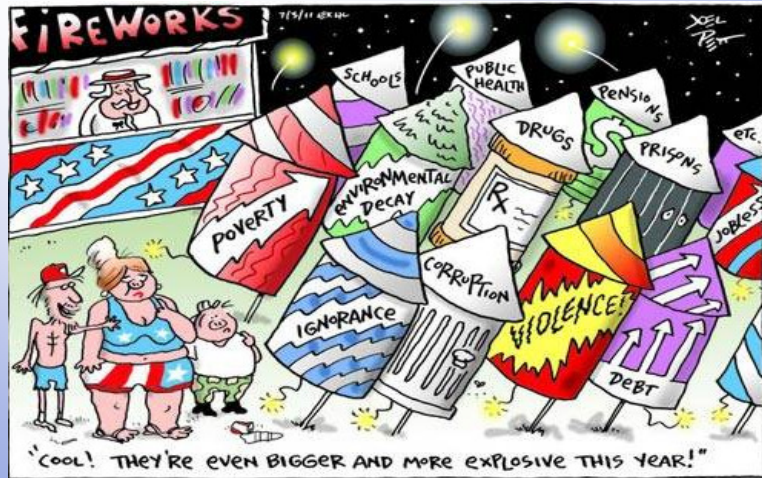
## What We Have Learned

- Reviewed data and rationale for PEI and ongoing care for MH and SU
- Models of HC Homes and Health Home Neighbors
- Concept of Safety Net ACO/Healthcare Neighborhoods
- Payment Reform
- Rapid Cycle Change Model
- Details of Readiness Indicators

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## QUESTIONS???



<http://0.tqn.com/d/politicalhumor/1/0/s/9/4/2011-Fireworks.jpg>

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## CCCMHA Learning Community Objectives

1. Members are educated about issues affecting them in near and long term
2. The value of mental health services and provider capabilities are represented effectively
3. Create and support each agency's pathway to the future

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## Members are Educated About Issues Affecting Them in Near and Long Term

- Integration models
- Payment reform
- Treat to target
- Healthcare neighborhoods
- ACO development efforts
- Business opportunities and threats

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## The Value of Mental Health Services and Provider Capabilities are Represented Effectively

- Providers prepared with effective informational and “marketing” tools
- Association staff knowledgeable about where the tables are and what is needed
- Unified voice relative to place of BH in larger ecosystem

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## Create Each Agency's Pathway to the Future

- Evaluate current services and payment models
- Decide role relative to primary care
- Determine what improvements can be made
- Evaluate threats to current funding or services
- Decide which new business opportunities to pursue
- Define necessary internal changes required
- Set priorities and budget; schedule changes

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## Questions???



<http://politicalhumor.about.com/od/politicalcartoons/ig/Political-Cartoons/Full-Coverage.htm>

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# Case Study: Minnesota

1 Develop a Value Based Purchasing and New Payment Models	
▶	A. Develop a summary for MN and awareness of new payment models for healthcare including bundled rates, episodic care rates, case rates, etc. and provide member centers an awareness of how these new funding models need to be supported through utilization management models at each member center.
▶	B. Develop and implement a statewide cost finding model for all member centers (i.e., staff type specific costing by the Association of Community Mental Health Centers of Kansas and Relative Value Units costing for members of the Colorado Behavioral Healthcare Council) that will provide the MN Association an awareness of cost differentials and how to best develop value based funding solutions.
▶	C. Develop and support an individual member center measurement capacity to track and analyze cost of each service by consumers, provider type, team, program and payor.
▶	D. Develop in conjunction with goal three the ability to link the cost of service per client per episode correlated with the service mix, amount and duration of services based on the level of care/intensity of need correlated to the improvement in symptomology, functional status, recovery and resilience-building to demonstrate value variances.
▶	E. Develop a business case summary and plan to present value based purchasing proposals to state level and local funders.
▶	F. Packaging and pricing services to match with new payment model. (i.e., how you package school based mental health services, etc.)
▶	G. Develop methods for member centers to coordinate/support an enhance/expand service capacity related to practice changes and/or enhance staff resources to ensure an enhanced ability to respond to new payers and new referral sources.
▶	Evaluate Action Steps Implemented for Possible Redesign



# Case Study: Minnesota

2 Develop a Health Home Neighbor/ Involvement	
▶	A. Develop and implement a communications plan with both state level associations (i.e. Association of Community Health Centers) and local health homes in MN including a methodology to identify local health
▶	B. Develop a "business case" message/model of values member centers can provide to health home as a primary vehicle to support the health home communication plan
▶	C. Develop and implement enhanced member centers' capacity to provide appropriate and timely consultations and referrals including direct referrals/consultation between primary care physicians and psychiatrists
▶	D. Develop and implement a training curriculum for member center staff that will focus on core competency skills needed to support providing leadership to integrated healthcare teams and providing care management/care coordination focused support in a wellness
▶	E. Provide training for member center staff on the Minnesota Final Healthcare Home Rule (Standards and Criteria) to support an understanding of and participation in a health/medical home system.
▶	F. Explore contracting/partnership opportunities with FQHCs or other primary care for behavioral healthcare services.



## Case Study: Minnesota

3 Develop Treat To Target Expertise	
▶	A. Develop and implement a training plan for members' clinical staff to support use of the PHQ-9 or other assessment tool(s) to provide objective based measured target improvement and how to modify the interventions if target improvement is not achieved.
▶	B. Develop and implement internal Utilization Management, levels of care, episodes of care and/or services based on EBP models that can support internal array and service intensity procedures for members to use to assist in measuring and reporting improvements achieved
▶	C. Develop and implement a data management/reporting capacity that will identify the levels of improvement in symptomology, functional status, recovery and resilience-building for children, families and adults.
▶	D. Investigate statewide measurement models being used in TN, AR, CO, OR, LA and KS to confirm if these models will assist members' needs to report outcomes achieved to ACOs, Healthcare Homes, and/or payers.
▶	E. Develop plan to integrate improvement/outcome data as core support for value based purchasing advocacy.

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## Rapid Cycle Change Plans (RCCP)

- Create RCCP to develop solution designs and change strategies
- Elements of RCCP
  - Plan/Do/Study/Act – QI Process
  - Proposed change tested on small scale
  - Results evaluated
  - Intervention modified or expanded
  - Results evaluated

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## Rapid Cycle Change Benefits

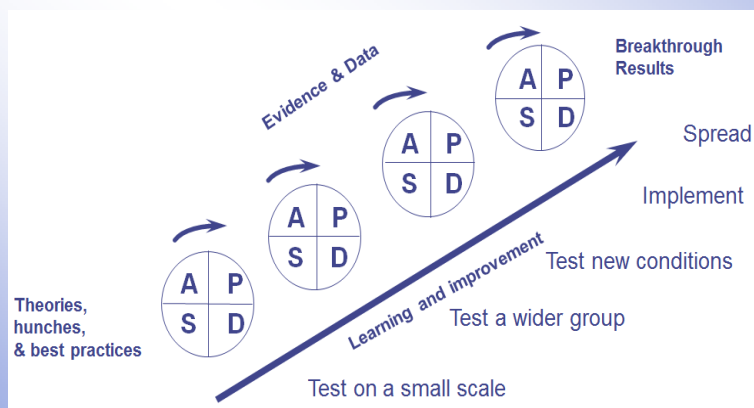
- Helps breakdown a transformational change into manageable benchmarks that can be accomplished in a short planning cycle
- Supports change team by providing assignment of duties in logical order
- Supports moving change team members from a “good idea” to an implementable solution
- Provides the building blocks for managing change through accountability of all involved

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## Rapid Cycle Change Model



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## Stages of Agency Acceptance of Need for Change

1. Denial
2. Negotiation
3. Elevated Anxiety
4. Drop Out – “It’s Awful!”
5. Acceptance of the Need to Change

WHERE IS YOUR AGENCY???



## Association Role

- Educate membership
- Facilitate member self assessment
- Develop statewide plan
- Support member RCCP
- Implement association-based activities



## Statewide LC Tools

- Webinar series to educate and interact
- Readiness Assessments
- Newsletters and informational pieces
- Business case pieces
- Consultants for Member RCCP support
- Steering Committee to keep us on track
- Revamped Website: resource library and chat

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## Next Steps

- Convene Steering Committee
  - 4 or 5 CEOs who want to provide leadership in this endeavor and are willing to make the commitment to regular meetings (phone and perhaps in person);
- Readiness Assessment Submission/Analysis
  - All participating agencies
  - Identify 2-3 initiatives around which to create learning communities
- Develop Plan
  - Use results of Assessment
- Implement: Agencies and Association

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## CRAZY THOUGHTS

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## Poll

- Are you interested in participating in the Steering Committee?
- Are you interested in participating in this Learning Community?

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## Thank You & Resources

### Resources

- NIATx website for RCCP:  
<http://www.niatx.net/Content/ContentPage.aspx?PNID=1&NID=8>
- Treat to Target Study (WA State Co-Morbid Health/BH Conditions):  
<http://www.academyhealth.org/files/2011/sunday/lin.pdf>
- ACOs and Health Homes:  
[http://www.thenationalcouncil.org/cs/partnerships\\_for\\_behavioral\\_health](http://www.thenationalcouncil.org/cs/partnerships_for_behavioral_health)