

GETTING TO AN ADVANCED APM AS A BEHAVIORAL HEALTH PROVIDER

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The source of funding for this grant award is District appropriated funds earned based on the American Rescue Plan Act (ARPA) of 2021. The obligated amount funded by Grantor shall not exceed \$999,000 in the first year per year, and one option year of up to \$500,000 unless changes in the obligated amount are executed in accordance with ARTICLE XV of this agreement.



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AGENDA

- I. Review VBP "Glide Path"
- II. Introduce clinically integrated networks
- III. Apply ideas to a use case
- IV. Review needed structures to implement advanced APMs

Learning Objectives

1. Articulate the key components of advanced alternative payment arrangements (APM)
2. Define a clinically integrated network (CIN)
3. List coordination and clinical activities required to successfully achieve quality outcomes in advanced APMs

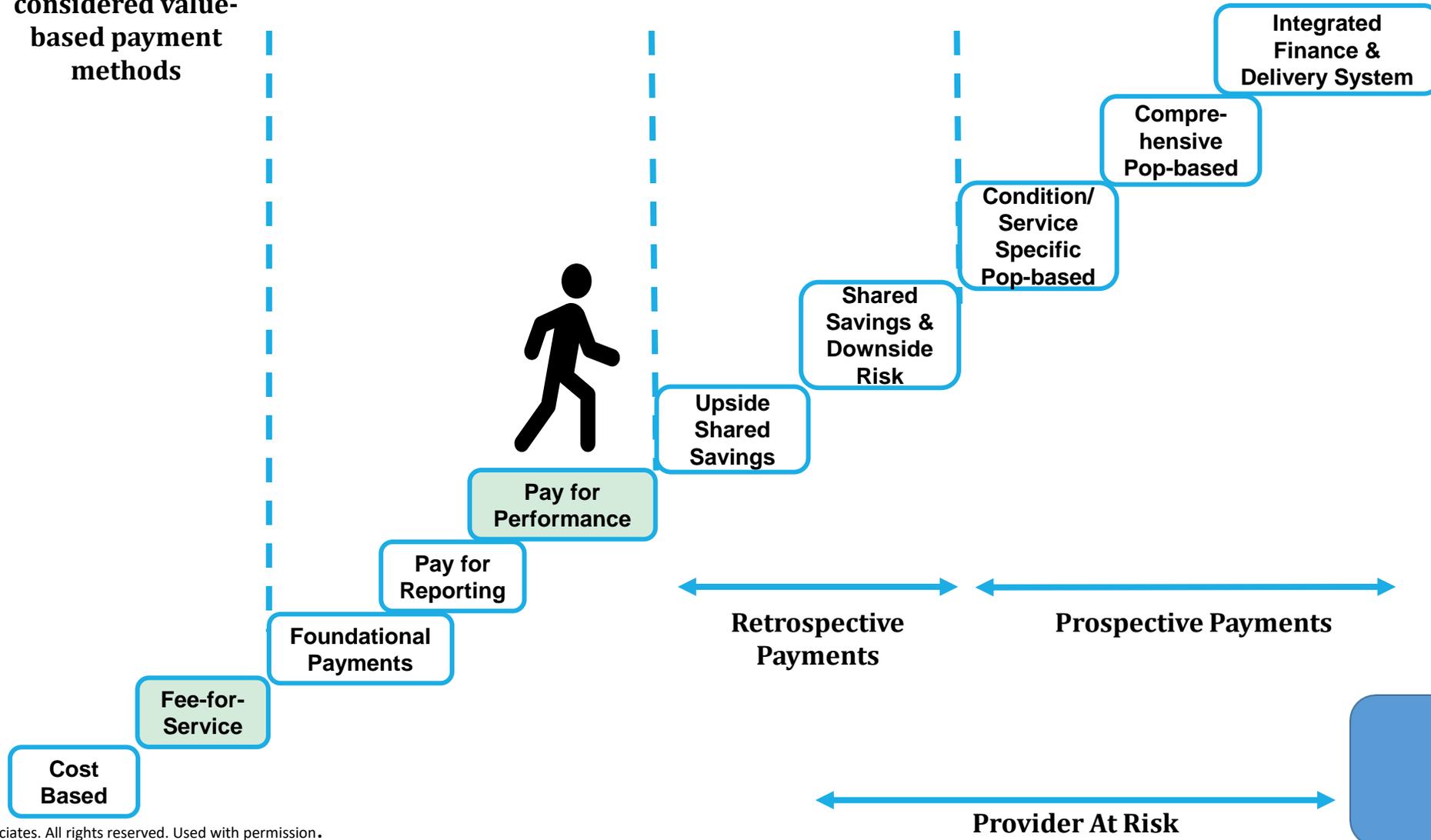
VALUE-BASED CARE FOR DC BH PROVIDERS

Cat 1: No link to quality and not considered value-based payment methods

Cat 2: FFS link to quality and value

Cat 3: APM built on FFS

Cat 4: Population-based payments



CLINICALLY INTEGRATED NETWORKS

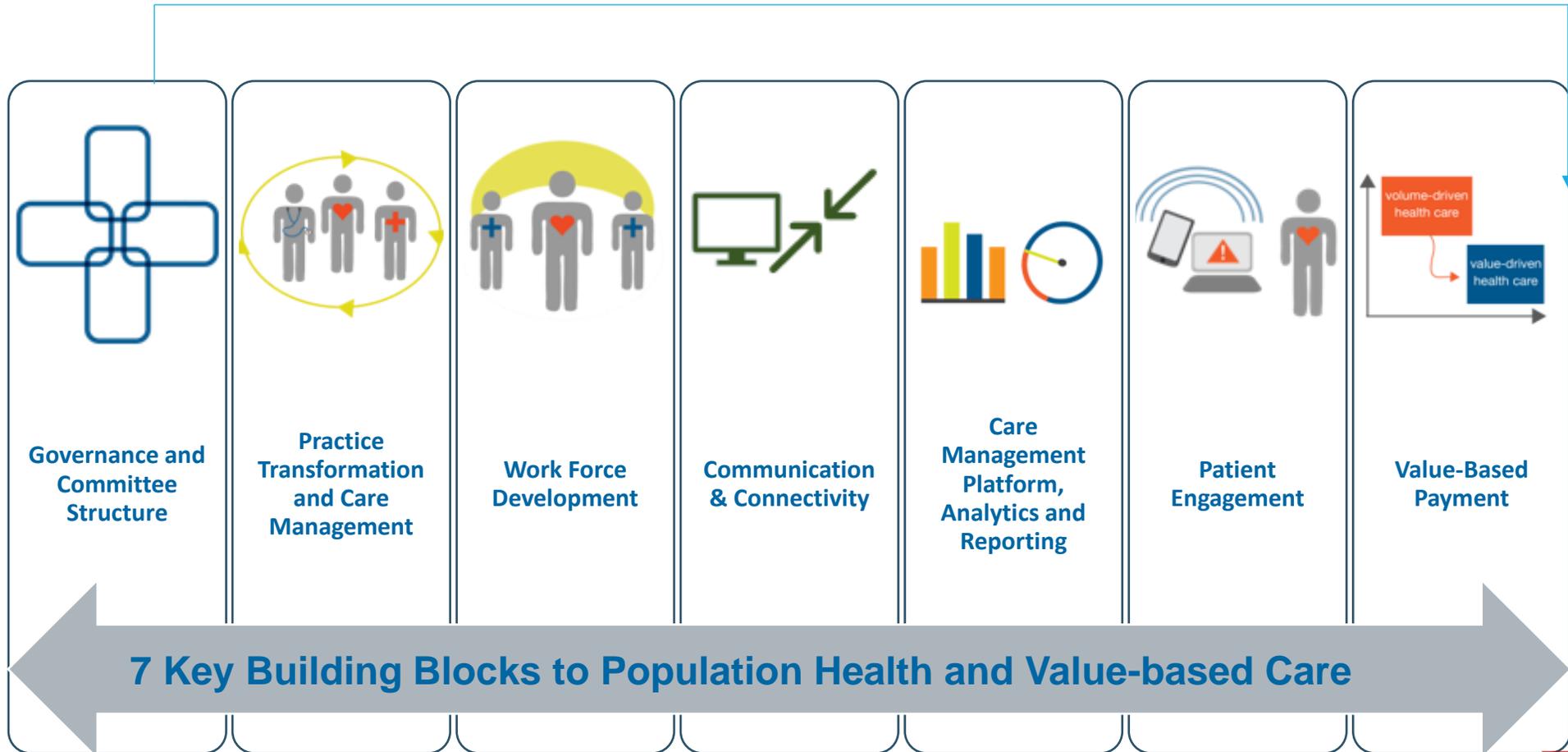
» Healthcare providers and health systems that are collaborating strategically to:

1. improve patient care
2. decrease the cost of care and
3. demonstrate their value to the rapidly changing market

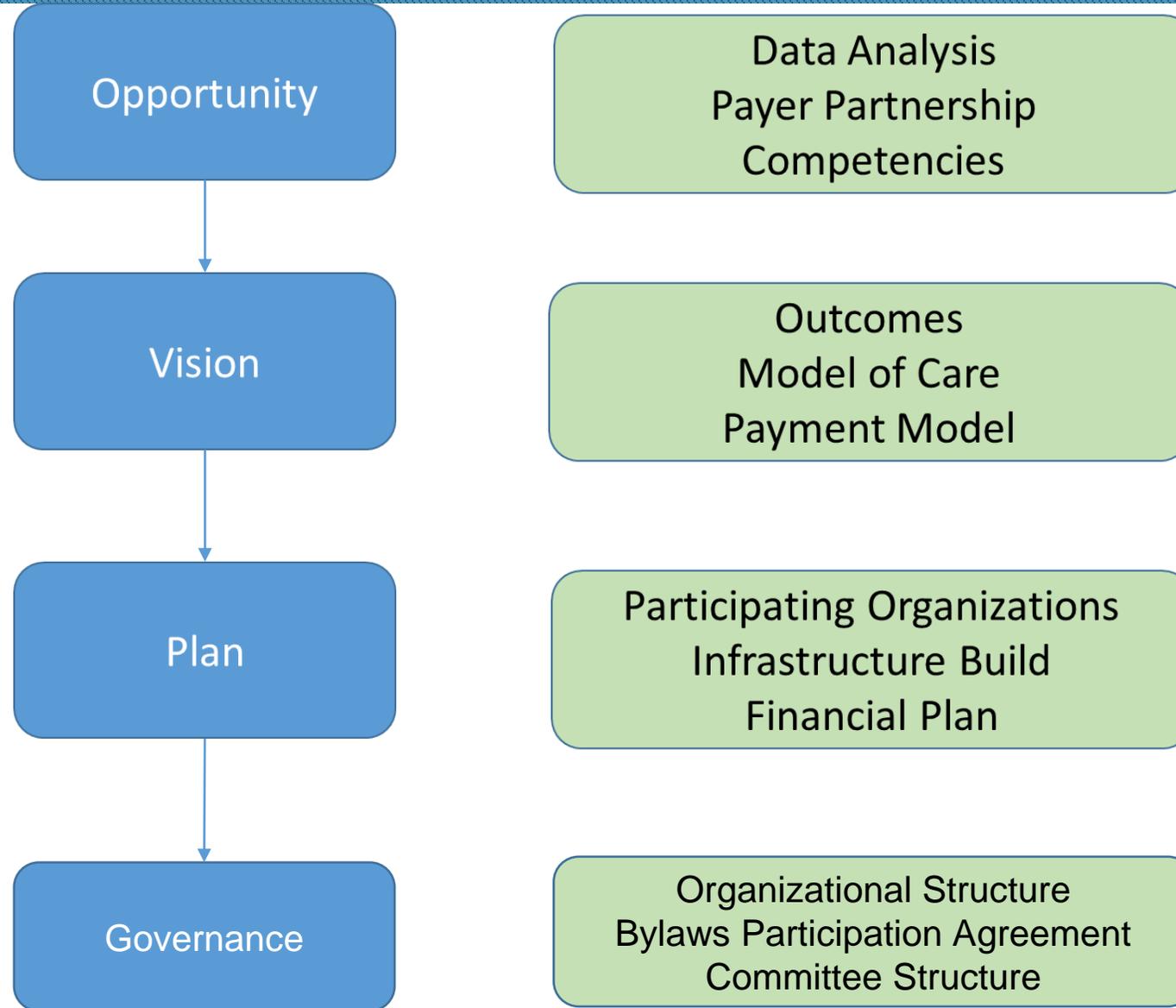
» Key components:

- Clinician Leadership
- Care Coordination
- Data Sharing and Analysis
- Quality Improvement
- Performance Measurement
- Population Health Management
- Contracting and Payer Relations
- Legal and Regulatory Compliance

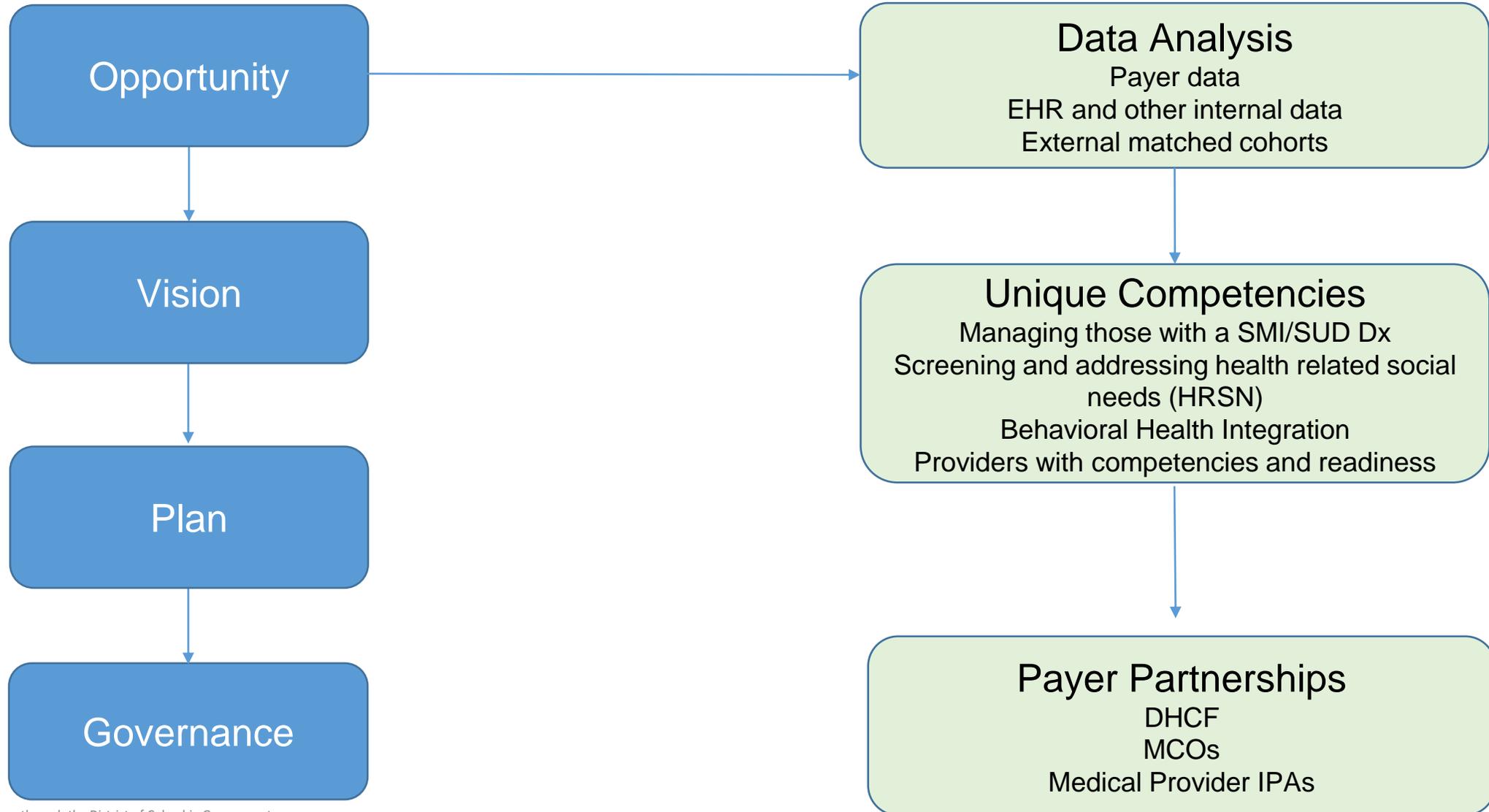
FRAMEWORK FOR CREATING A SUCCESSFUL CLINICALLY INTEGRATED NETWORK



PROCESS FOR CREATING A SUCCESSFUL CLINICALLY INTEGRATED NETWORK



IDENTIFYING OPPORTUNITIES TO IMPROVE POPULATION OUTCOMES



PERSONS WITH SEVERE MENTAL ILLNESS

- Early mortality- on average 10 to 20 years earlier than the general population mostly from preventable physical diseases
- Risk factors:
 - Comorbidities and severity of illness
 - Medication side effects
 - Engagement or interaction of the person with the health care system
 - Fragmented health care systems
 - Behaviors that lead to or exacerbate health problems
 - Social determinants of health

Opportunity

UNDER UTILIZATION OF AMBULATORY SERVICES PRE-ADMISSION AND POST-DISCHARGE

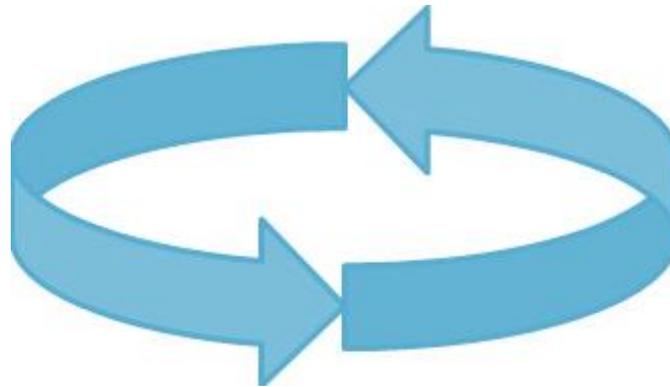
Days Pre-Admit	1-30	31-60	61-90	91-120	121-150	151-180
Number Eligible: ⁽²⁾	702	640	596	543	500	452
Claims Category	Percent With ⁽³⁾					
Rx-Psych/Sub	33.2%	29.1%	26.2%	25.6%	24.0%	22.1%
Rx-Other	41.0%	40.5%	37.4%	40.1%	37.0%	35.6%
Med-Other-Psych/Sub	52.3%	37.3%	33.7%	36.1%	32.0%	30.5%
Med-Other-Other	52.3%	40.0%	35.2%	42.9%	36.8%	36.3%
Med-Primary Care	28.6%	20.8%	22.5%	21.7%	22.4%	22.6%
Med-ED-Psych/Sub	21.5%	6.6%	5.7%	6.1%	5.2%	3.8%
Med-ED-Other	24.6%	17.5%	12.2%	14.5%	14.0%	12.4%
Med-Inpatient-Psych/Sub	7.1%	6.3%	6.7%	6.8%	6.6%	5.5%
Med-Inpatient-Other	3.8%	2.3%	2.9%	1.8%	2.4%	3.1%
Total	76.8%	66.6%	63.1%	68.9%	64.2%	61.3%

Days Post-Discharge	1-30	31-60	61-90	91-120	121-150	151-180
Number Eligible: ⁽²⁾	699	667	648	635	613	597
Claims Category	Percent With ⁽³⁾					
Rx-Psych/Sub	50.5%	43.9%	45.1%	38.7%	40.8%	39.4%
Rx-Other	54.6%	46.3%	46.0%	44.7%	43.7%	46.2%
Med-Other-Psych/Sub	64.5%	54.0%	52.3%	49.4%	48.0%	45.2%
Med-Other-Other	52.4%	45.9%	44.9%	42.5%	43.1%	40.5%
Med-Primary Care	40.3%	27.6%	30.1%	25.7%	26.9%	27.5%
Med-ED-Psych/Sub	13.9%	10.8%	12.8%	9.4%	10.9%	8.2%
Med-ED-Other	20.2%	16.0%	15.6%	15.4%	15.0%	16.1%
Med-Inpatient-Psych/Sub	16.3%	11.8%	15.7%	12.1%	14.2%	10.6%
Med-Inpatient-Other	2.9%	2.5%	2.0%	3.6%	2.1%	3.0%
Total	86.7%	78.4%	78.1%	75.7%	73.7%	72.0%

In the 30 days prior to their admission at a target hospital, 28.6% of the 702 eligible patients had a claim for primary care. In the 30 days following discharge, 40.3% of the 699 eligible patients had a claim for primary care.

Payment Reform
without
Practice Transformation
doesn't
change outcomes.

**Delivery System
Transformation**



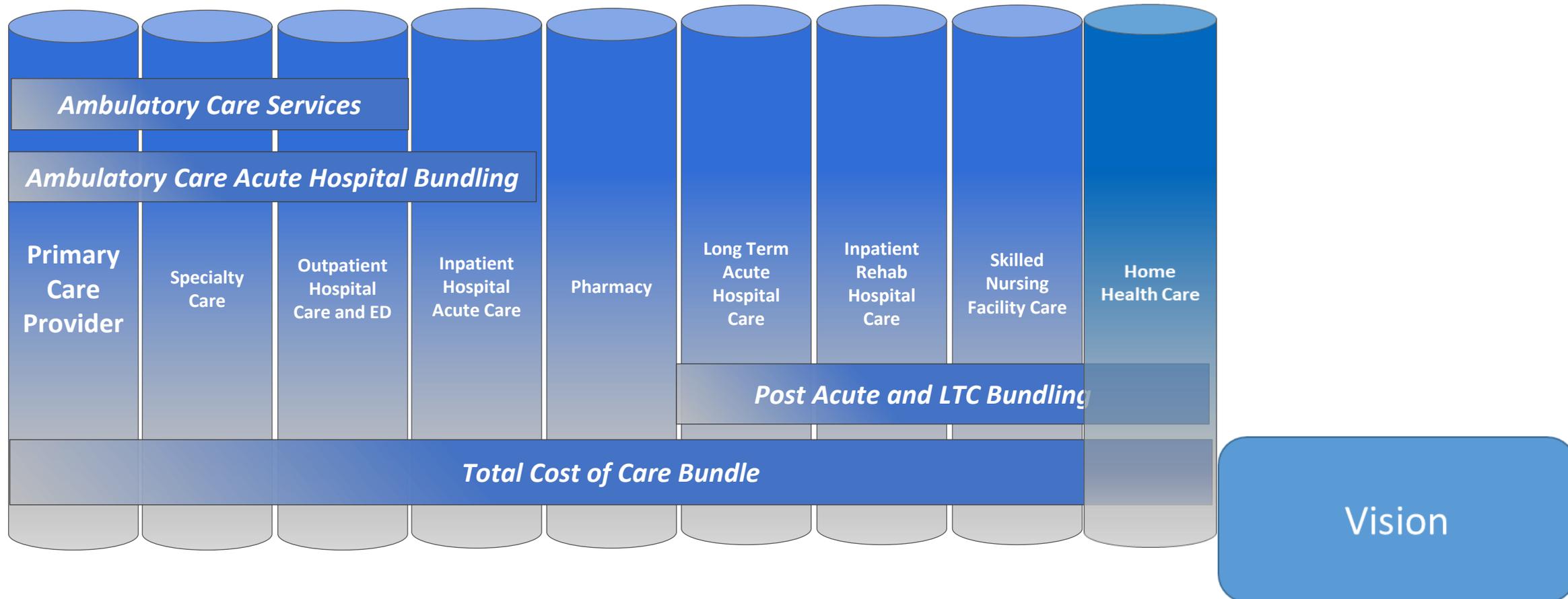
**Payment System
Transformation**

**Practice
transformation**
without a
financial model
is not
sustainable.

Vision

DECISION: ACCOUNTABILITY FOR WHAT?

» What bundle of services can we manage and what do we want to be accountable for now versus over time?



RONALD



- » 36 y.o. divorced man with history of Bipolar II and alcohol use disorder
- » Inconsistent attendance at BH outpatient sessions
- » Two lifetime psychiatric hospitalizations for depression and suicide attempts; last one 5 months ago
- » Smokes, hypertension, pain
- » Lives with acquaintances; alienated from his family
- » Currently unemployed, previously worked as a cook
- » Two felony convictions for shoplifting and repeat DUIs



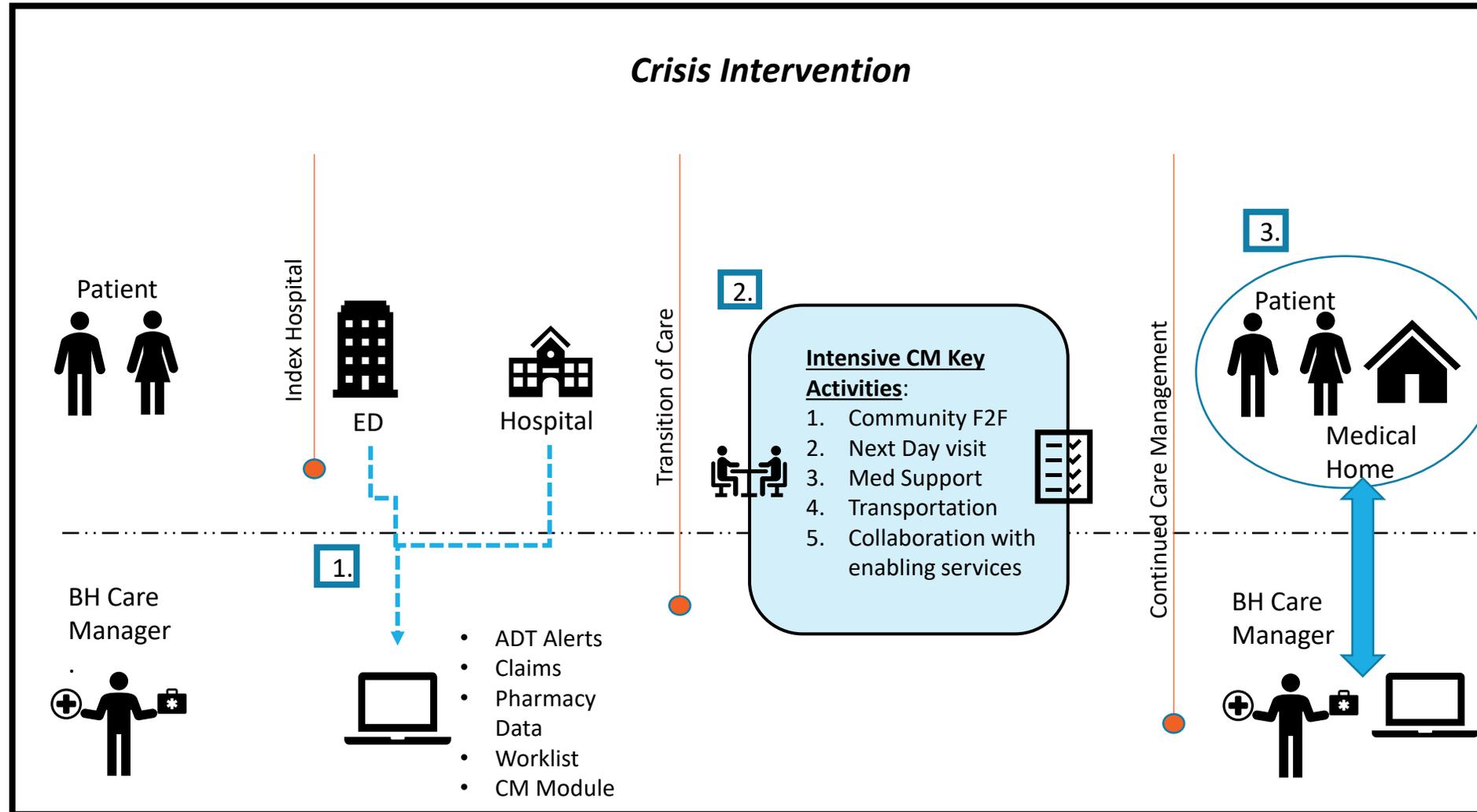
Source: [Hush Naidoo Jade Photography](#) on [Unsplash](#)

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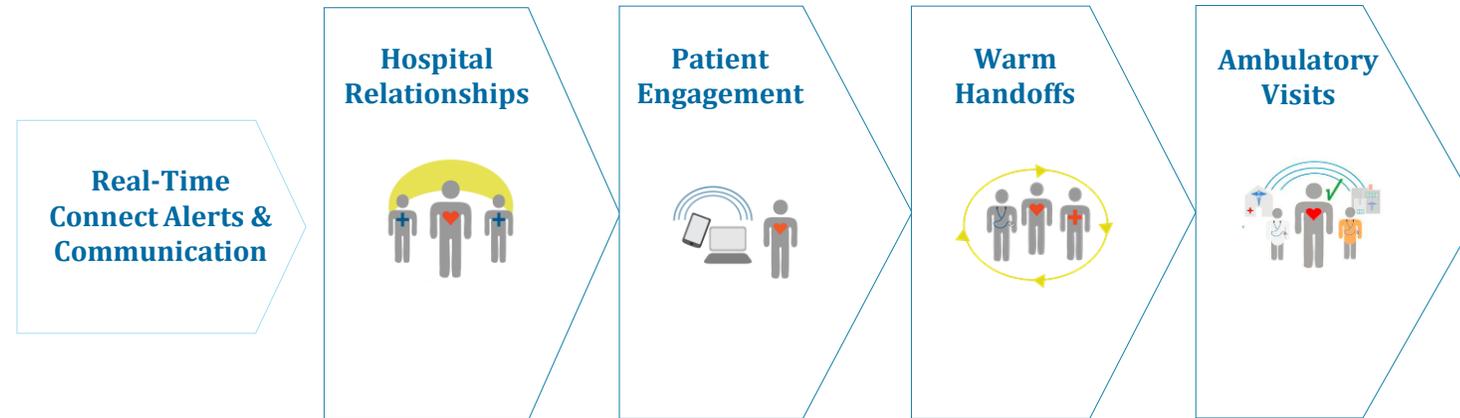
POLL: WHICH OF THESE SERVICES DO YOU PROVIDE?

- a) Hospital services (ED, inpatient)
- b) Primary care
- c) Pain management
- d) Outpatient mental health
- e) Psychiatry
- f) Outpatient SUD
- g) Peer specialist
- h) Case Management
- i) Housing Assistance
- j) Employment Assistance
- k) All of the above

CRISIS INTERVENTION



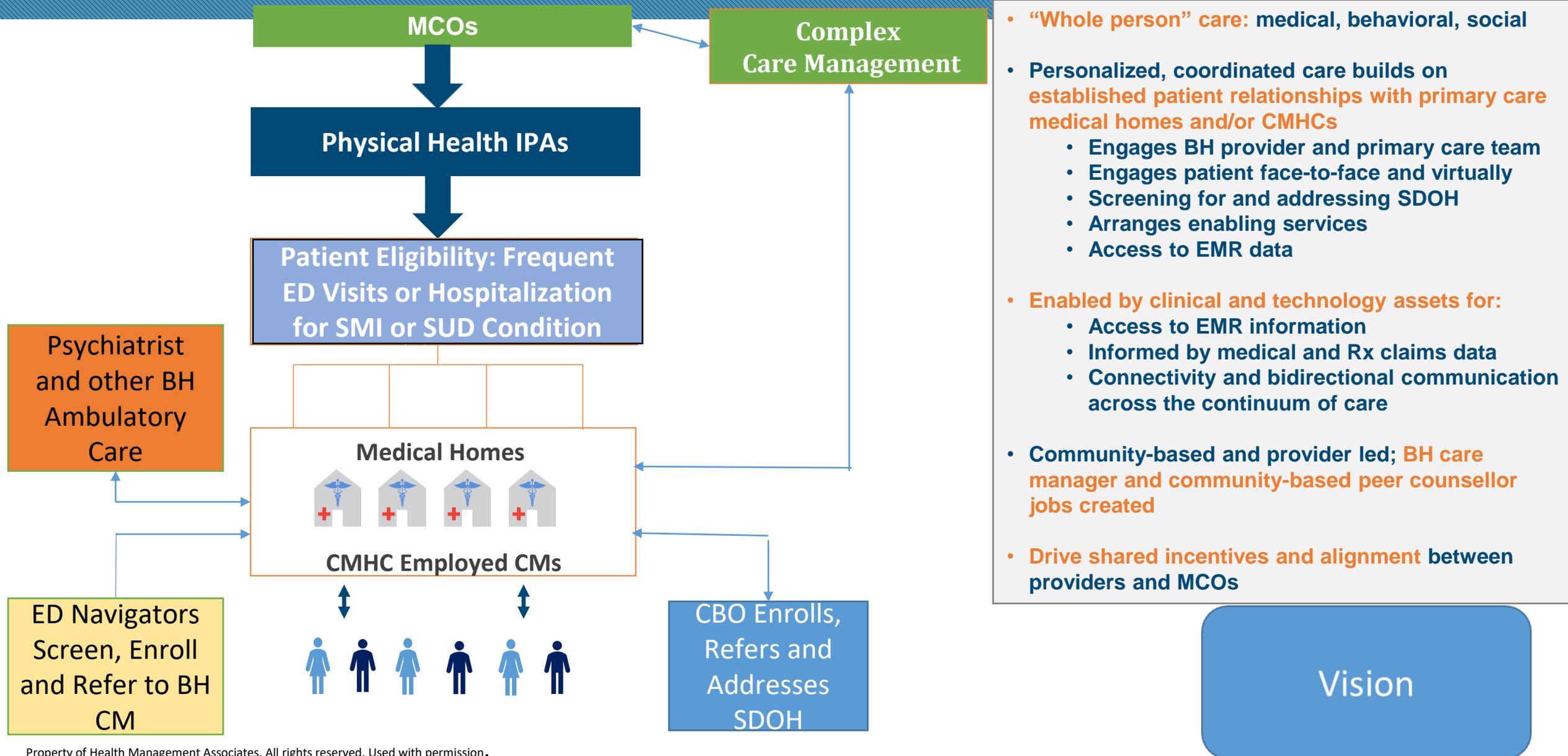
TRANSITION OF CARE WORKFLOWS ACROSS THE CONTINUUM OF CARE



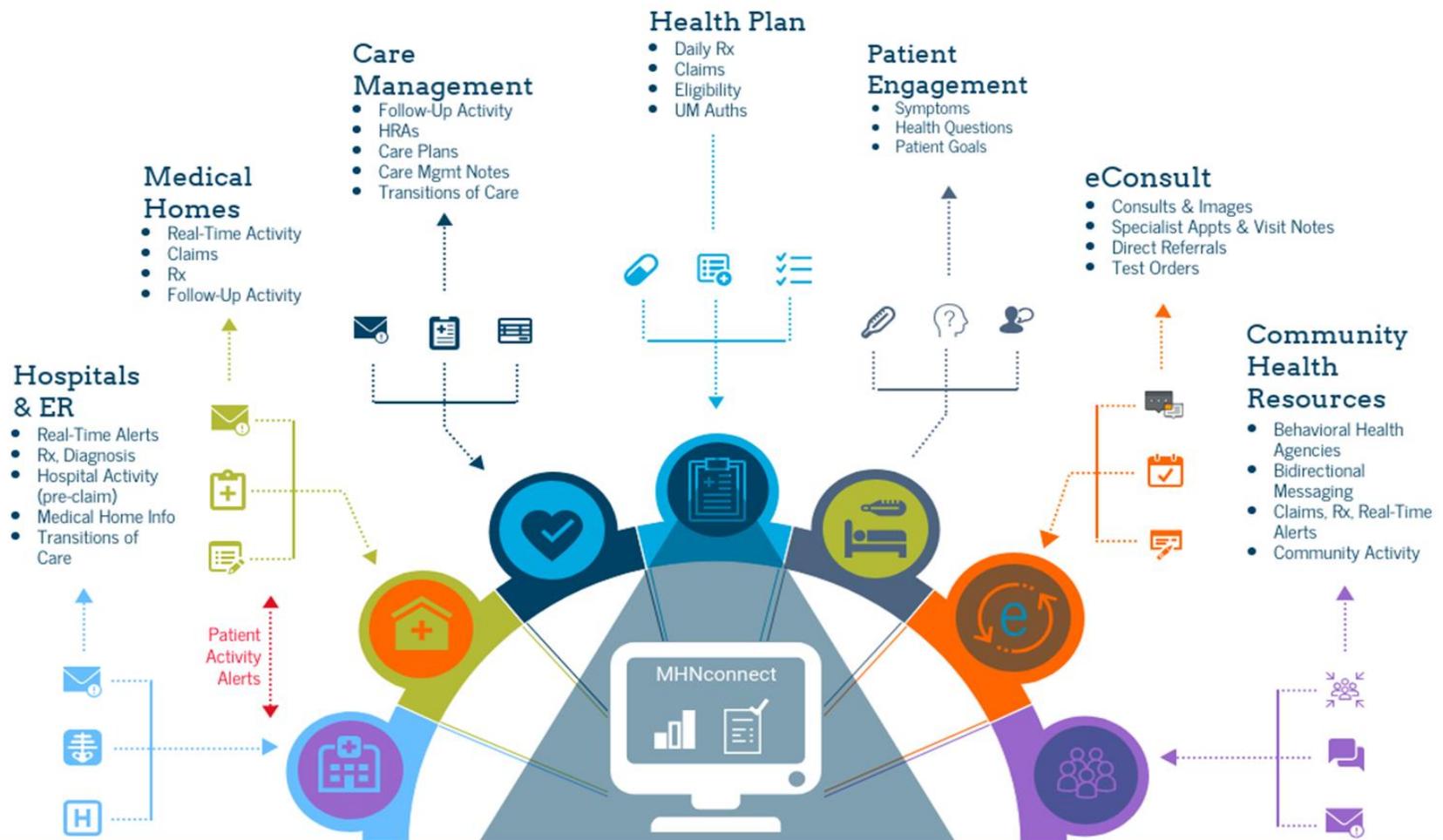
The results of the TOC program:
X% Decrease in 30-day readmission rate

Plan

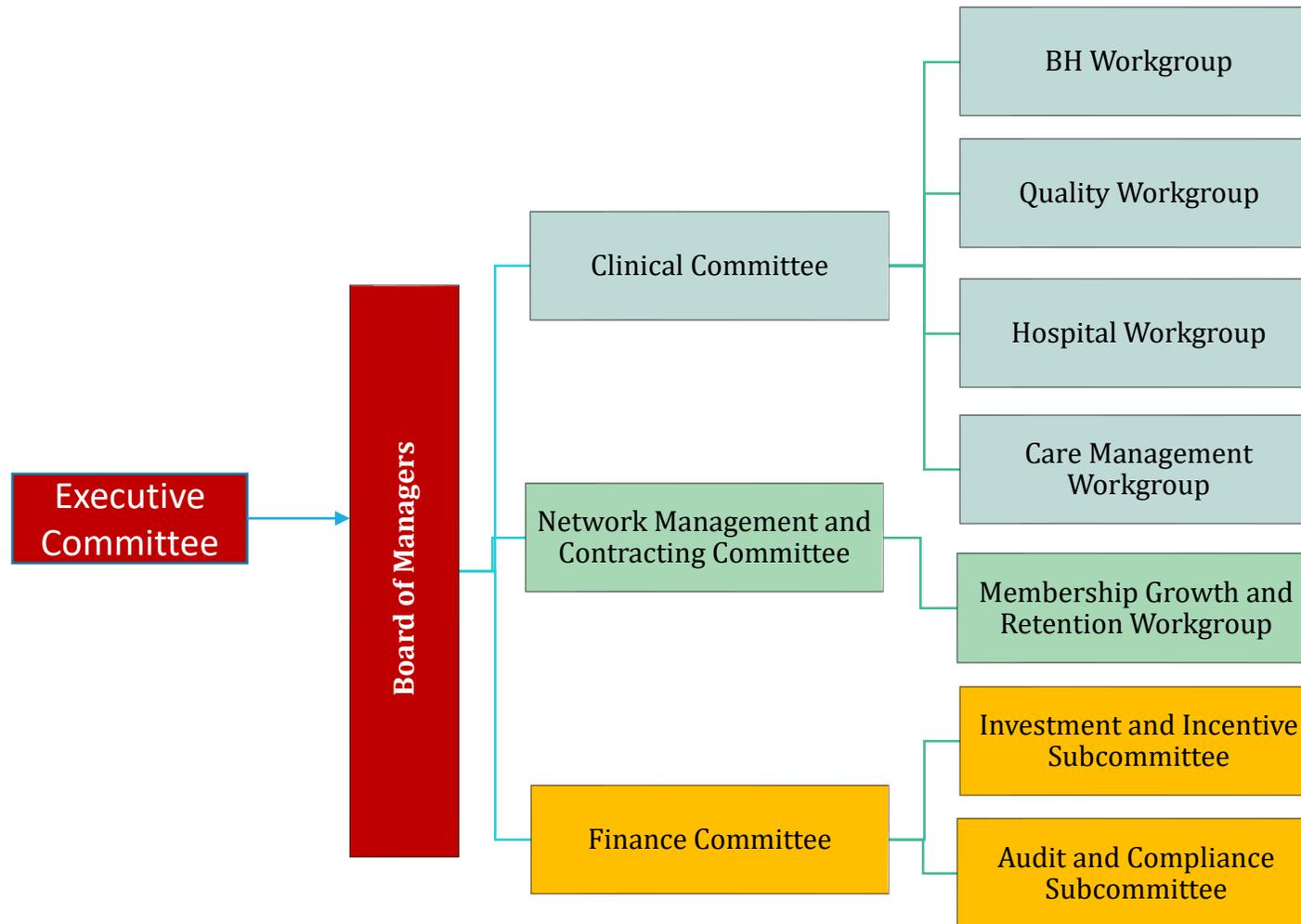
COMMUNITY-BASED BEHAVIORAL HEALTH CARE MANAGEMENT MODEL



CONNECTIVITY, DATA ANALYTICS AND TIMELY REPORTING

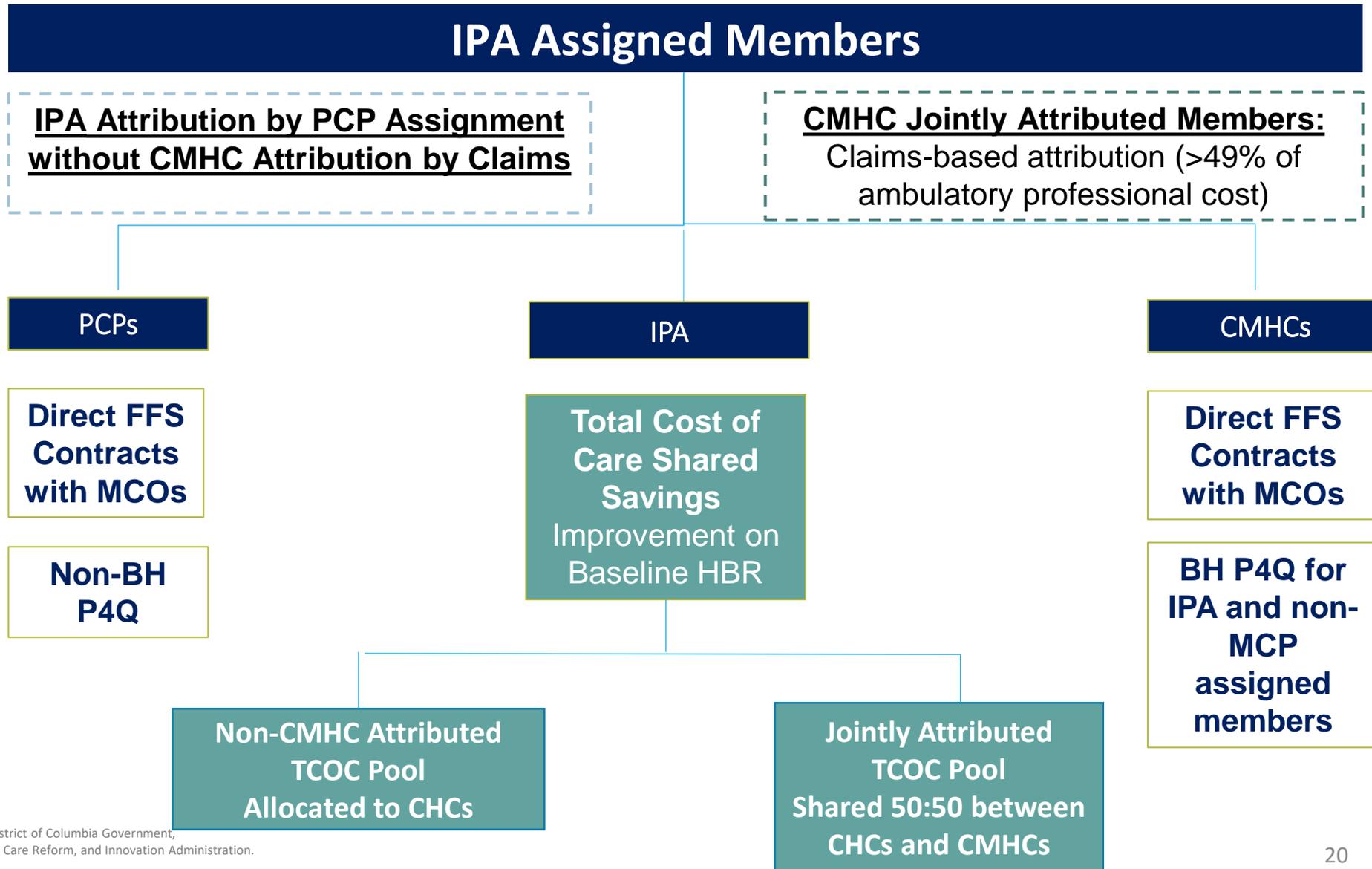


GOVERNANCE STRUCTURE, SUBCOMMITTEES & WORKGROUPS



Governance

MEMBER ATTRIBUTION AND VALUE-BASED PAYMENT CONSTRUCT



WRAP-UP/NEXT STEPS

BRIEF EVALUATION

1. Overall rating:

1. Poor

2. Fair

3. Average

4. Good

5. Excellent



2. Content Level:

1. Too Easy

2. Just Right

3. Too Advanced

3. Which TA modalities are you interested in for additional TA? *(Select all that apply)*

1. Webinars

2. Individual Coaching

3. Group Coaching

4. Which domains are you interested in receiving additional TA in? *(Select all that apply)*

1. Financial

2. Clinical

3. Legal

4. Business

UPCOMING SESSIONS & MORE INFORMATION

Upcoming Cohort Sessions:

- **Managing High-Cost High Need Individuals**
(Sept. 14, 1– 2 pm ET)

Visit the **Medicaid Business Transformation DC** web page for more information and upcoming events:

www.integratedcaredc.com/medicaid-business-transformation-dc/

Don't miss this chance to elevate your practice and make a lasting difference in the lives of your patients. **Subscribe to our newsletter today** and embark on a journey towards delivering exceptional care through Integrated Care DC.

<https://www.integratedcaredc.com/newsletter/>

September 21st

VBP Virtual Learning Collaborative



SAVE THE DATE!

September 21

1st session workshops: 9:00 – 11:00 a.m. ET

2nd session workshops: 1:00 – 3:00 p.m. ET

Value-Based Payment Virtual Learning Collaborative

Transitioning to payment models that support value-based care means doing business differently. Many District healthcare providers are requesting assistance preparing for and implementing this important change.

Join us for a virtual learning collaborative focused on legal agreements, contracting and financial topics, including revenue cycle management and assessing risk. Presenters will share scenarios, assessments and tools to advance capacity and understanding.

- Intended audience: CEOs, COOs, CFOs, clinical directors, billing, coding and reimbursement staff.
- Offering CMEs and CE for participating providers.

Two sessions will be offered in the morning and afternoon focused on finance and legal/ contracting topics.

The session materials and recordings will be posted on the Medicaid Business Transformation webpage:

www.integratedcaredc.com/medicaid-business-transformation-dc/

Medicaid Business Transformation DC is a Department of Health Care Finance technical assistance initiative for District health care providers who serve Medicaid members.

Registration links will be shared soon and can also be found at:
[Medicaid Business Transformation DC | Integrated Care DC](#)

Contact us!

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HMA

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