Surviving and Thriving Under the Affordable Care Act: How BCM Will Help

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October 24th, 2014
Chicago, Illinois
Behavioral Care / Behavioral Health

Integrated Care

- **Behavioral Care and Behavioral Health**
  - Predominant phrases for mental health services
  - Terms carry less stigma
  - Include wellness and prevention work
  - Include use of our skills in areas not typically referenced in our profession (e.g., behavioral management of chronic health problems)

- **Integrated Care**
  - Predominant phrase for our work in conjunction with medical practices (in co–treatment and/or consultative roles)
To get healthcare providers to change the way they do things, must incentivize them to do so—preferably through making change financially rewarding.

Thus, providers need to be incentivized (paid) to reduce healthcare costs.

And... get paid to do wellness and prevention work related to behavioral health problems.

Now—more important than ever—for mental health care professionals to work together to yield benefits.
The Emergence of Accountable Care Organizations (ACOs)

- ACO = A healthcare system capable of providing the full range of medical care to a defined population of “lives”
- Contracts with payors such as insurance companies, Medicare, & Medicaid to deliver medical care
- Each ACO contract covers a defined population of “lives”
- Desirable ACOs offer the greatest breadth & depth of healthcare across a wide enough geographic region
- ACOs want providers already familiar to the subscribers or “lives”
- ACOs are Gatekeepers who authorize care by specialists & hospitals
  - Primary care physicians (PCPs) for adults & Pediatricians for kids
  - Healthcare corporations/systems
Opportunities will continue for traditional care models.

HOWEVER...Increasing demand—OPPORTUNITIES—for our specialized services as “Behavioral Care Specialists,” including:

- Paid Prevention and Wellness Work
- Integrated Care with medical professionals in a variety of settings (e.g., during medical visits; co-located in medical offices/hospitals)
  - Direct Services (Diagnostic & Therapeutic)
  - Consultative Services
  - Psycho-Educational Services

Challenges—Changes in “business as usual,” including:

- Different billing structure—likely not direct billing to insurance companies
- Different payor rates—likely dependent upon forms/sites for services, routed through ACOs
Considerations for our relationships with ACOs....

- **Important for us to take the initiative with ACOS:**
  - Communicate the nature & value of our services
  - Propose & negotiate fee schedules

- Providers will be incentivized to lower healthcare costs, while maintaining performance parameters

- Providers will be incentivized to coordinate with other healthcare providers

- Physicians will be encouraged (and in some cases, required) to collaborate with Behavioral Care Specialists

- Providers paid more now through use of collaborative add-on codes
  - 90875 – Must be used in tandem with other service (i.e., CPT) codes
  - *(See attached pdf for the rules)*
Considerations for Medicare: Outcomes & Incentives

- Medicare is “conditioning” providers to monitor outcomes

- But first, it is incentivizing us just to track our behaviors in treatment, using PQRS codes. For example:
  
  - **G8431**: Depression screen is positive and follow-up documented (e.g., therapy; MD referral)
  - **G8510**: Depression screen is negative; no follow-up needed
  - **G8433**: No depression screen done; patient not eligible for services for active depression or bipolar dx
Additional Considerations for Medicare Incentives & Audits

- **Report on 9+ PQRS Measures for 51% of Your Medicare Patients in 2014...**
  - Get a 0.5% bonus for this year’s services

- **Report on 3+ PQRS Measures in 2014...**
  - No bonus
  - But...You prevent a 1.5% cut (“payment adjustment”) for Medicare in 2014
  - And...You prevent a 2% cut in 2016

- Medicare can audit certain electronic health records (EHRs) for compliance
An ACO is most desirable when:

- It has a comprehensive array of behavioral care services that are well-integrated into its healthcare system
  - Behavioral Health Care (BHC) Providers will be needed to treat traditional diagnoses
  - BHC Providers will be used to impact certain traditional medical diagnoses that have a primary behavioral care component
- There are strategies for both wellness and prevention of behaviorally-related disorders
Considerations for ACOs & Behavioral Care in Northern Illinois

- NO known plans in development by any Northern Illinois ACOs
- Large healthcare organizations & large physician groups forming ACOs
- ACOs *NEED* behavioral care services
- Currently, ACOs not planning or conceptualizing how to do this
- Most Behavioral Care Providers are either solo practitioners or in small group practices
- *So…How will behavioral care become organized and represent the opinions and needs of the current Behavioral Care Providers?*
Introducing:

www.behavioralcaremanagement.com
BCM = Consortium of BHC Providers
- Includes psychiatrists, psychologists, social workers, LCPCs, LMFTs, CADCs
- An LLC
- One can opt to become:
  - A Member of the LLC (LLC language for shareholders or owners)
  - A Provider under the LLC contract with the ACOs
  - Both a Member & Provider

BCM will negotiate contracts on behalf of its BHC Providers with the ACOs, and potentially, directly with the payors
BCM Contracts will...

- Pay providers to do wellness and preventative care workshops for the “lives” under contract with BCM
- Establish performance metrics to measure treatment outcomes
- Provide financial incentives to BHC Providers who deliver care at or under length-of-treatment standards, while maintaining established outcome measures of performance
- Allow BCM to determine eligible BHC Providers
- Pay the BHC Providers to offer behavioral care to “lives” with certain medical diagnoses
Positive Responses to BCM’s Model

- BCM’s model viewed as *progressive, ambitious, creative, and appealing* by:
  - DuPage Medical Group (DMG)
    - DMG expressed desire to work with BCM
    - DMG recognizes BCM’s model as “scalable”
  - Blue Cross/Blue Shield (Illinois, as well as nationally)
  - Cadence
  - Loyola
  - Illinois Psychological Association (IPA)
  - American Psychological Association (APA) State Leadership Conference in Washington, D.C.
  - Linden Oaks Hospital
APA Practice Organization (APAPo)

- APAPo recognizes BCM as a preferred model for providing integrated care:
  - Resource for our profession
  - Source of expertise to inform APA efforts

- BCM model was presented at the APA State Leadership Conference in Washington D.C. (March, 2014)

- **APAPo Support:**
  - Endorsement of our efforts
  - Pledging expertise in support of BCM

- **LLC Operating Agreement**
  - Provider contract
  - ACO contract
  - Employment contract with CEO
  - Contract with credentialing company
  - Possible capitation agreements with ACOs
Discussions with BC/BS...

- Meetings with BC/BS Leaders:
  - Rex McCully, Divisional VP of Clinical Operations in Illinois
  - David Wenzel, Head of PPO nationwide
  - Conrad McDanald, VP & Chief Medical Officer, BC/BS nationwide

- Specific feedback from BC/BS Leaders:
  - See as most developed model in country & potential for success
  - Acknowledged medical cost offset benefits of BCM
  - Will direct ACOs in Illinois to use BCM for behavioral care

- Other BCM requests of BC/BS:
  - Tele-Health (Rex McCully said “it’s coming”)
  - Better compensation for integrated care to meet or exceed compensation for specialty care
  - Payment for wellness and prevention work
BCM Discussions with Major Healthcare Systems – Our “Future Customers”

BCM asked, “What is your wish list for Behavioral Care?”
“What would you want BCM to do?”

Health Care System Leaders replied:

- We need Behavioral Care
- We know that it will reduce overall healthcare costs
- We need BHC Providers who take:
  - Medicare
  - Medicaid (BCM is tracking Medicaid reform)
    New emerging models for patient care that may yield better compensation for healthcare providers (e.g., “bundling patients” in one session)
  - United Health Care
  - Humana

- BCM might try to negotiate its own, more competitive rates with the payors
Patient-Centered Medical Homes (PCMH), as credentialed by National Committee for Quality Assurance (NCQA)

35,000 Providers & 6300 Institutions who are PCMH-credentialed (at various levels of services)

“Level 2”–PCMH Providers could have substantially higher reimbursement rates

These providers and groups must have contracts with Behavioral Healthcare Providers

Only about 1 in 8 of the PCMH providers have a “Level 2” credential

Thus → This is a tremendous opportunity for us!

We need to understand more about PCMHs as credentialed by NCQA

Example of a Creative Reimbursement Model
BCM’s Mission…

- Create financial incentives wherever we can to give BCM providers the rewards to change their practice behaviors.
- Meet with carriers such as United Health Care, Humana, Medicare and Medicaid to make the case for competitive reimbursement for integrated health care, wellness, and prevention.
- Give us higher reimbursement rates for traditional care, if it’s used more efficiently.
BCM Work Groups...

- **Administrative / Legal**
  - General organization
  - Legal contracts
  - Anti-trust issues
    - Ensure that the overall structure of BCM and its various work groups establish parameters that satisfy anti-trust provisions in the law

- **Information Technology (IT)**
  - Website design & implementation
  - *EarlyByrd* design, education, & implementation
  - Implement integrated IT system to communicate with BCM providers and other (non-BCM) ACO providers
  - Provide education, training, and IT support
  - Create & maintain our internet library of supplemental treatment modules
  - Promote Tele-Health
BCM Work Groups...

**Provider Relations**

- Implement credentialing procedures
- Reach out to various kinds of providers (Psychiatry, Psychology, Social Work, Professional Counselors, Marriage & Family Counselors, Addictions Specialists)
- Reach out to professional organizations for these providers
- Reach out to various settings (Private practice, agencies, & hospitals)

**Public Relations(PR)/Marketing**

- Get known in the insurance industry
- Meet with ACOs
- Meet with professional organizations and potential providers
- Provide Education & Training
  - Meet with local graduate school programs to promote class curriculum on integrated care
  - Encourage training sites in integrated care
 Bernstein Care Management

BCM Work Groups...

- **Outcomes**
  - Development of measurable goals:
    - To monitor utilization
    - To monitor quality of treatment
    - To develop clinical protocols
  - Track cost savings
    - Reduce more expensive mental health services (<5% of healthcare costs)
    - Measure savings in traditional healthcare costs (the “medical offset”)

- **Diversity** *(Need to fill this Volunteer position)*
  - **Providers** (culture, ethnicity, gender, sexual orientation, religious affiliation)
  - **Settings** (solo, group, private sector, public sector, agency, hospital, etc.)
  - **Locations** (urban, suburban, rural, catchment area coverage)
  - **Professional disciplines** (psychiatry, psychology, social work, marriage and family, professional counselor, addiction counselors)
What BCM can target first…

- Reducing Emergency room visits for DSM–5 problems
- Reducing the utilization of more expensive services such as inpatient, PHP and IOP admissions for mental health problems
- How???
  - Provider Scheduling Software
The Provider Scheduling Software

- **EarlyByrd** is a scheduling and referral system developed by Consortium Psychologist Jeremy Bidwell, Ph.D. and Software Designer Steve Haller

- Cloud-based

- Emphasizes security and patient privacy

- Accessible anytime, to any computer or tablet with an internet connection

- Operates with secure encryption to protect patient data, in compliance with federal regulations

- MDs, nurses’ stations and exam room computers simply need to be emailed a secure link to access the system, which can then be bookmarked

- No deployment/installation needed to use it
Functions of Provider Scheduling Software

Major functions of *EarlyByrd*:

- Referral directory for BCM
- Built-in intake management system
- Referral interface for medical organizations, allowing PCPs to:
  - Search consortium-affiliated providers by specialty, location and immediate availability
  - Directly schedule the patient into that provider’s schedule (which triggers an immediate notification to the provider)
More about Provider Scheduling Software...

- *EarlyByrd* is live at [EarlyByrd.com](http://EarlyByrd.com)

- The BCM *EarlyByrd* directory is at [behavioralcm.com](http://behavioralcm.com)

- In continuous state of development, with feedback from early adopters of the software

- Several group practices currently enrolled that:
  - Continue to develop *EarlyByrd* skills
  - Provide feedback that helps *EarlyByrd* to shape the platform to meet the needs of BCM
  - Are on track to be ready for *EarlyByrd’s* official launch

- Contact these early adopters through the *EarlyByrd* website if you have questions or suggestions for them
Some Examples of What BCM Can Accomplish
How BCM Will Reduce ER Visits

- Once we have a contract, provide *EarlyByrd* training to the BCM providers, as well as the gatekeepers and their office personnel.

- If an urgent situation arises in a gatekeeper’s office, have them schedule the patient in distress via *EarlyByrd* for an immediate consult with a BCM provider who is:
  - Available within an hour or two, and
  - Within an acceptable distance to do a real-time assessment.

- Do what is ethically and clinically feasible to manage the situation without the use of an ER.
BCM providers will indicate willingness to provide this kind of real-time emergency assessment

- Need BCM providers willing to do after-hours assessments (for a higher fee)
- May need to establish a call schedule

*EarlyByrd* Has data fields to identify these providers
BCM providers for emergency consults must be well-versed in BCM resources and alternatives to inpatient or IOP admissions, including:

- DBT
- ACT
- Intensive Outpatient psychotherapy

BCM Website used to:
- Identify appropriate BCM providers and programs
- See examples at: www.heritageprofessional.com
How BCM Will Reduce Hospital Re–Admission Rates for People with Chronic Mental Illness

Provide supports for needs of patients with chronic mental illness

- Medication re-assessment
- Support groups for:
  - Patients
  - Care-givers
  - Other family members
- Individual and family psychotherapy
- Education regarding how to access the BCM Emergency Coverage system
Behavioral care contracts that:
- Require physicians to refer patients for behavioral care who have common medical diagnoses with behavioral components (e.g., Type II diabetes, high cholesterol, hypertension, obesity, addictions)

Pay structure for behavioral care services that includes:
- Heavy use of group formats to deliver behavioral care services
- Likely use of mental health providers in tandem with other healthcare providers (e.g., nutritionists, personal trainers, etc.)
- Heavy use of our digital library of treatment modules and other resources

“Warm hand-offs” for referrals (e.g., with the use of EarlyByrd)
- Only 20% of PCP referrals to BHC Providers yield at least one scheduled appointment
- Direct linkages yield significantly higher of patient follow-through

“Co-located” space
- Integrated Care where BHC Provider on-site
Wellness and prevention work for all patients

Treatment protocols for patients with Serious Mental Illness (SMI). SMI is a particular focus for ACOS because:

- Patients live 20 years less than someone without such illness
- Medical problems often are not treated
- Tend to be more obese (in part, related to medications)
- More likely to smoke than other patient groups
- Don’t routinely get to PCPs
- Significant mental health issues intersect in complex ways with physical health issues
What Can We Do Next to Establish Connections with our Medical Colleagues?

- Solidify our ties with Medical Groups

- Talk to PCPs and pediatricians about BCM

- Find out what our medical colleagues need from behavioral care providers:
  - Someone in their suite?
  - Someone in their building?
  - Someone in their town?
  - What medical diagnoses would they like supported by BCM providers?
Establish empirically-validated behavioral care treatment protocols
  ◦ For relevant medical diagnoses
  ◦ For the major DSM-5 diagnoses (including SMI s)

Create BCM Learning Centers
  ◦ Enlist 30+ already-certified Integrated Behavioral Care Specialists to do training/mentoring with colleagues
    (See details on next slide)
    ◦ Host wellness and prevention workshops

Continue to enlist/train student volunteers to help with BCM-related projects
Get Certified in Integrated Behavioral Care…

UMASS Certificate in Primary Care and Behavioral Health
(https://umassmed.edu/ClPC/Training/Certificate-Programs/pcbh/Overview/)

- 36 hours of CEs ($1,800 for training [$1,400 ea. if done as a group])
- Primary Care Culture, Behavioral Health Needs and Working with Physicians
- Evidence-based Therapies and Substance Abuse in Primary Care
- Child Development and Collaborative Pediatric Practice
- Integrating Care for People with Serious and Persistent Mental Illness
- Behavioral Health Care for Chronic Illnesses, Care Management and An Overview of Psychotropic Medication in Primary Care
- Behavioral Medicine Interventions: Health Behavior Change and Relaxation Response Techniques
- Families and Culture in Primary Care; Advice on Implementation
Another “Do Next” for Everyone: Join the BCM ListServ

- Receives updates on what we’re doing
- Go to www.behavioralcaremanagement.com or www.behavioralcm.com
- Join the email list
- Consider becoming BCM LLC member
- If you’re a provider in Illinois, consider being a provider for BCM:
  - You maintain your own practice
  - We negotiate contracts on your behalf with the emerging healthcare systems (ACOs)