OHS CONNECTICUT Office of Health Strategy

Primary Care Modernization Stakeholder Forums
Adult Behavioral Health Integration
Design Group Meeting 2

September 2018

Agenda

• Introductions	5 minutes
• Review Consumer Comments, Questions and Feedback	10 minutes
• Questions for Today's Discussion	5 minutes
• Discuss Concept Map and Frame Recommendation to PTTF	55 minutes
• Sense of the Group	15 minutes
• Adjourn	

Consumer Comments, Questions, Feedback from Meeting 1

- Need to understand how the proposed payment model options will impact patient care
- Need for better screening for early identification of behavioral health issues including but not limited to depression and substance abuse
- Need to include social determinants of health as part of the assessment
- Need to recognize the opioid crisis
- Patients with behavioral health problems have shorter life expectancy
- Clinicians need training in initial mental health assessment and treatment
- Having a mental health clinician (SW, APRN) in the office as part of the team can improve appropriate treatment options
- Reimbursement for behavioral health services is inadequate
- Insurance companies provide inadequate information lists for referrals to behavioral health services and causes delays in treatment
- Many behavioral health service providers do not accept insurance
- Inadequacies in the behavioral health system may lessen the impact of additional connections through primary care

Are we missing anything?

Notes about the Primary Care Modernization Model

- Advanced Networks and FQHCs that participate in shared savings arrangements will be eligible to participate in the PCM payment initiative
- The payment model offers flexibility from rigid limits on PCP office visit durations and how services are delivered. It will cover codes and services provided by primary care practices.
- Behavioral health providers (and other specialists) will be paid under separate arrangements with payers. The addition of behavioral health capacity to primary care could help increase access to BH specialists through prevention and short term interventions.
- Other design groups are addressing the opioid crisis, including Pain Management prevention strategies and Medication Assisted Treatment.
- The timeline for implementation of the PCM payment model is late 2020/early 2021.

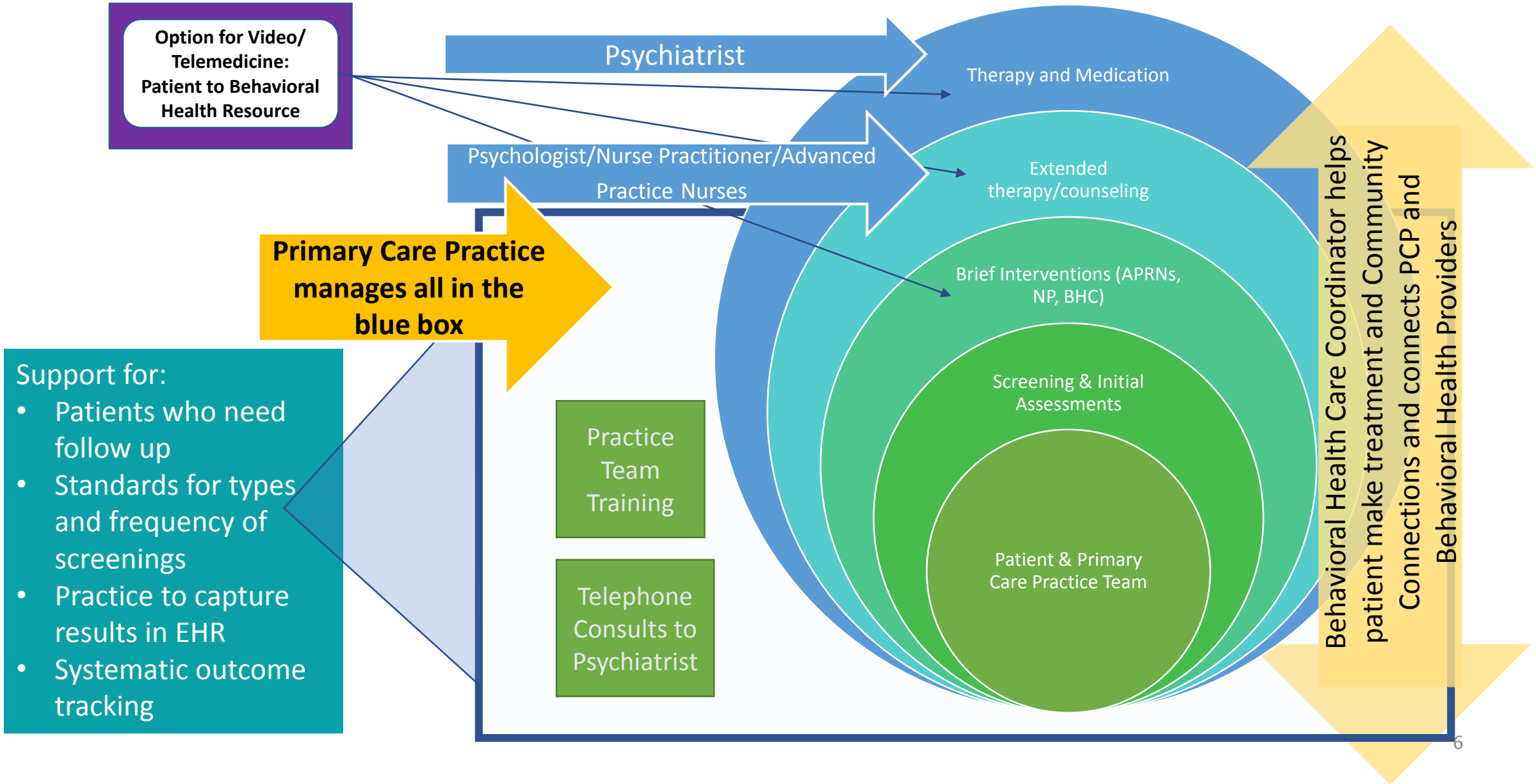
Design Group Recommendations from Meeting 1

- PCM Model should support:
  - Training for both primary care and behavioral health providers on teaming and collaboration
  - Flexibility to provide services in different settings: primary care office, home or shelter
  - Development of outcome measures that reflect a PCP's progress towards defined goals
  - New case specialist and care management services that are the focus of recent certifications.

- Patient populations who have higher illness burdens and/or SDOH challenges will need more intensive behavioral health staffing integrated into the care team.

- PCM Payment Model should provide an adequate level of reimbursement to networks and practices to fully implement these strategies.

Primary Care Modernization – DRAFT Concept Map for Behavioral Health Integration



Questions for Today's Discussion

- Is this a model that should be required for every primary care practice?
- Does the Design Group have specific recommendations about staffing and resource intensity?
- Should every practice be required to have the same level of resources (e.g., number of FTEs per 1,000 patient lives)?
- Does the Design Group have specific recommendations about measuring outcomes?

Model Component: Care Coordination

Proposed Recommendation: Provide additional behavioral health care coordination resources in primary care

1. The PCP should have capacity to provide short term interventions to patients.
2. Primary care teams should include a trained the behavioral health coordinator who connects the patient to behavioral health and support services in the community, collaborates with the care team and tracks outcomes.
3. Networks should ensure that sufficient behavioral health resources are available in the community for those who need more than short term interventions.

Questions for discussion:

- Should the PCM model require colocation of a behavioral health care coordinator?
- Should the PCM model establish minimum qualifications and/or training for the team member who is responsible for coordinating behavioral health services and supports inside and outside the practice?

Model Component: Case Consultations

Proposed recommendations

- Networks provide PCPs with access to **eConsults and other consultations by a psychiatrist** similar to the pediatric services provided by Access Mental Health CT.

- Networks provide PCPs with the infrastructure to use of **video visits and telemedicine** to enable patients to engage with appropriate behavioral health resources to address transportation barriers.

Question: Are there other types of case consultations that should be included in the PCM?

Model Component: Performance Monitoring

Does the Design Group have input to share with the Task Force and Payment Reform Council on monitoring the outcomes for improving behavioral health integration?

- Which measures accurately reflect the practice performance for improving behavioral health integration?

- What changes, if any, are needed to ensure that all “touches” are recorded in the EHR?

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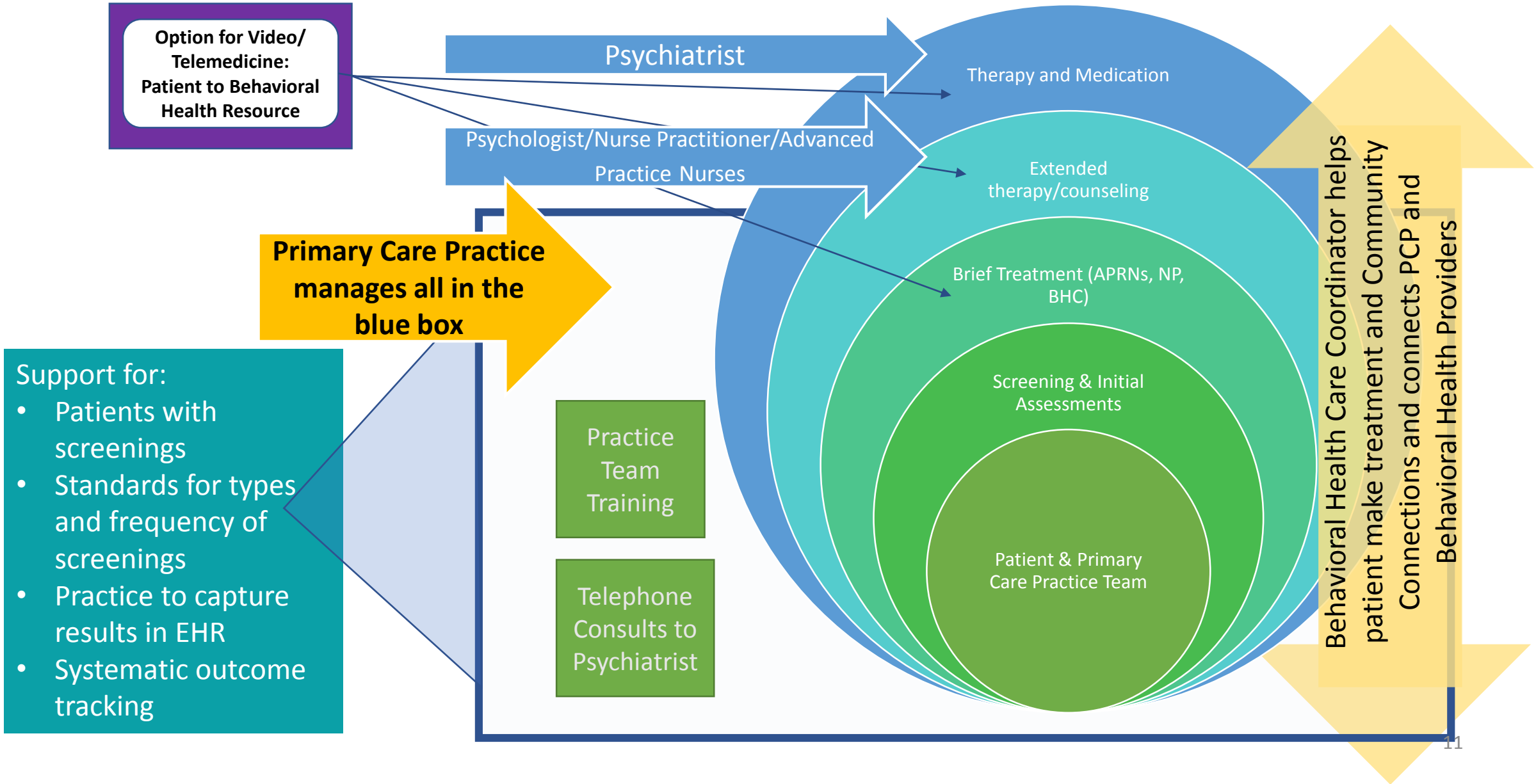

Next Steps

- Practice Transformation Task Force will consider these recommendations on October 9.
- Meeting minutes and a final summary of recommendations will be circulated for comment on _____
- Questions?
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