



eHEALTH INITIATIVE
Real Solutions. Better Health.

Accountable Care Communities **Council**

**Improving Quality & Reducing Costs
Through Integrated Behavioral Healthcare**

Thursday, May 15
2:00-3:00pm ET

Reminder:

- Please mute your line when not speaking (* 6 to mute, *7 to unmute)
- This call is being recorded

Agenda

- Welcome and introduction
- Case study presentations
 - Claire Neely
Medical Director
Institute for Clinical Systems Improvement
 - Mike Harding
Chief Information Officer
Washtenaw Community Health Organization
- Q&A / General Discussion

Co-Chairs

Council is chaired by:

- **Anshu Choudhri, MHS**
Director, Legislative and Regulatory Policy
Office of Policy and Representation
BlueCross BlueShield Association
- **Rebecca Molesworth**
Manager
Solution Management
Truven Health Analytics





COMPASS

Partnering for Mind-Body Health

COMPASS: eHealth Initiative

Claire Neely, MD, FAAP, Medical Director
Institute for Clinical Systems Improvement

Institute for Clinical Systems Improvement



A healthcare quality improvement collaborative in Minnesota focused on achieving the Triple Aim of improving the health of the population, the patient care experience, including quality, and the affordability of care.



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Part of ICSI's work is to take well-studied, successful innovations to scale and to spread further to settings that differ from where the original intervention was proven.



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Care of Mental, Physical, and Substance-use Syndromes

Supported by Cooperative Agreement Number 1C1CMS331048-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services





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The COMPASS Consortium is a collaboration of 10 partners drawing on information from clinical trials and implementation projects to spread an integrated care model across varied settings.



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IMPACT

Evidence-based depression care

Partners in Integrated Care
Patients, Payers, Providers, Primary Care, Purchasers

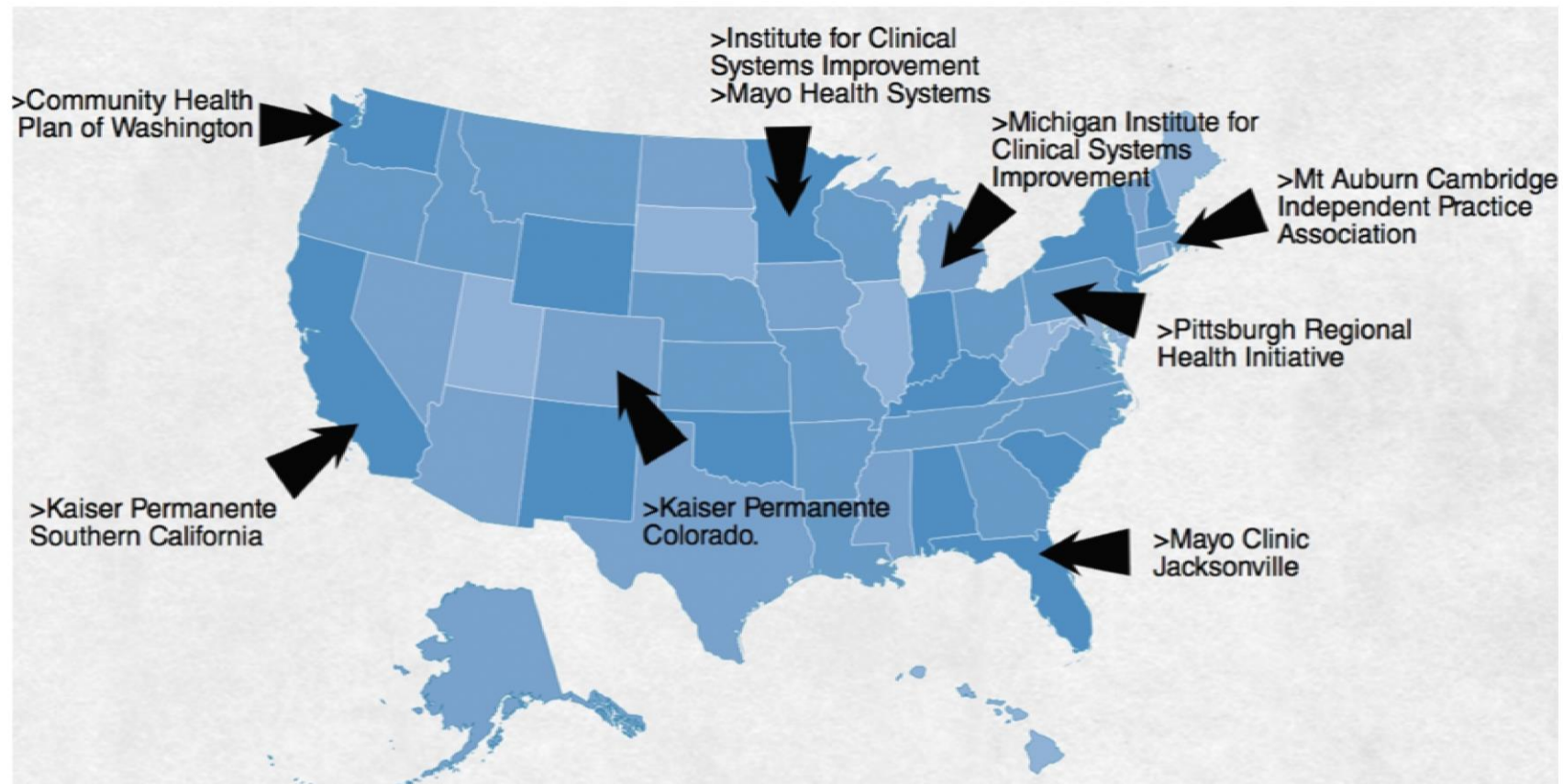


RARE

Reducing Avoidable Readmissions Effectively

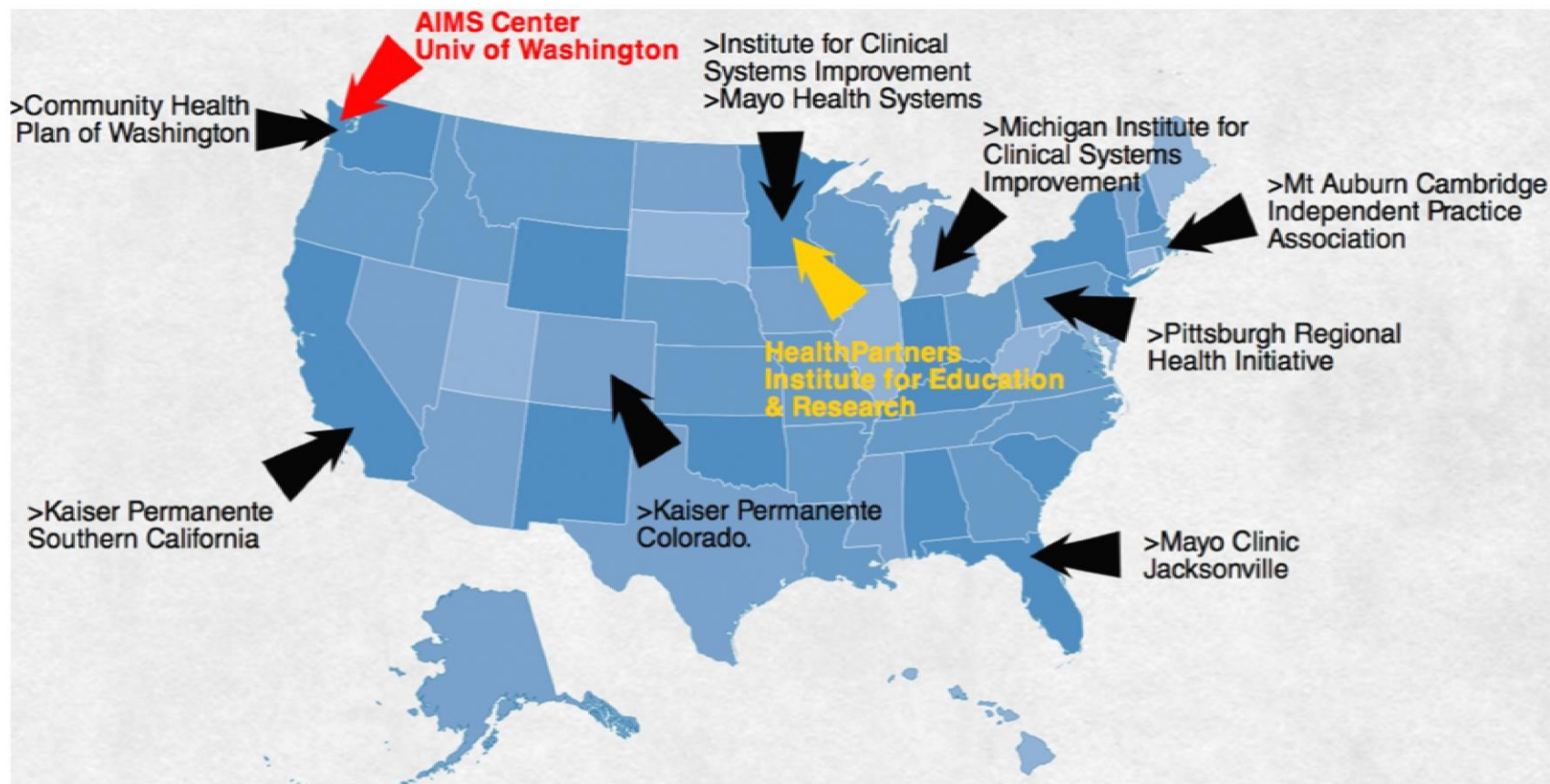


TEAMcare™



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Improve

depression outcomes
diabetes control
hypertension control

Increase

clinician satisfaction
patient satisfaction

Decrease

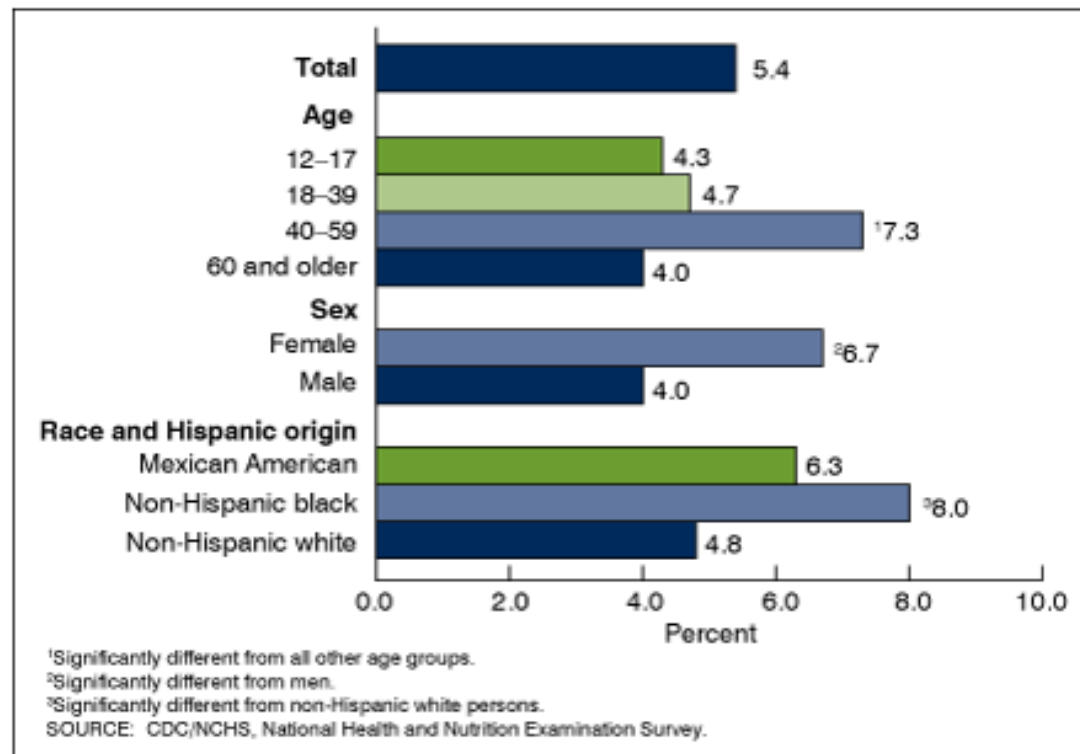
costs
unnecessary hospital & ED
use

Expand

workforce roles

Depression

At any given time, 8% of American adults suffer from depression. This costs \$84 billion per year in healthcare and lost productivity.

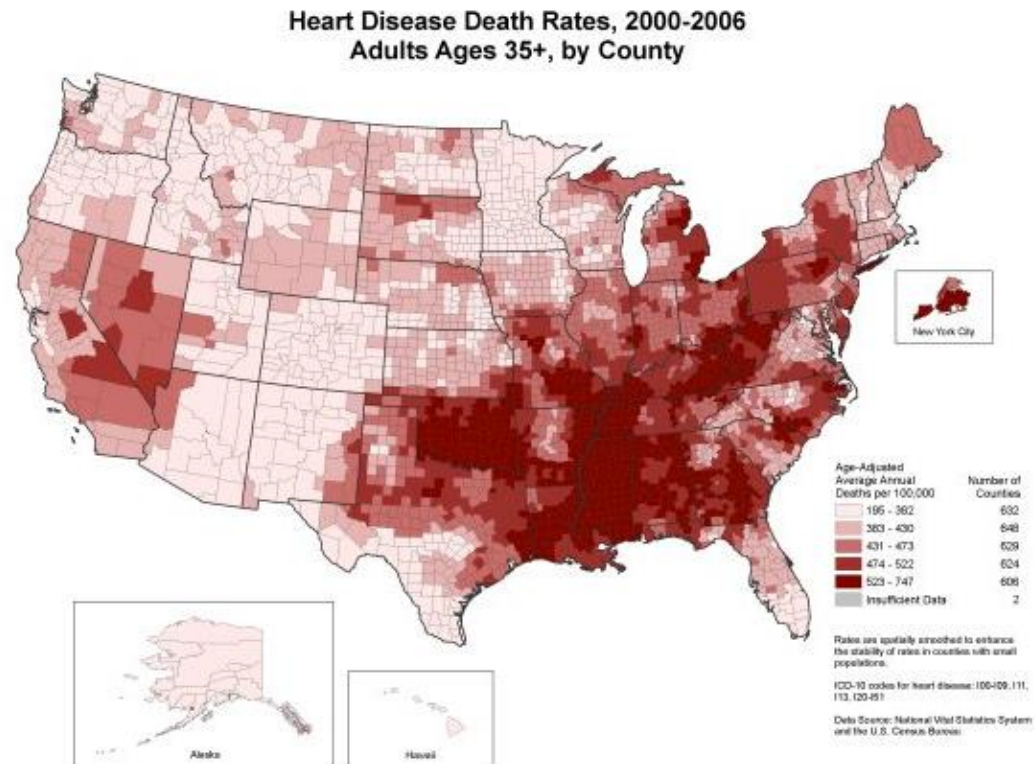


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Heart Disease

33% of US adults are living with some form of cardiovascular disease. By 2040, this will have risen to 40% with a cost of \$818 billion per year.

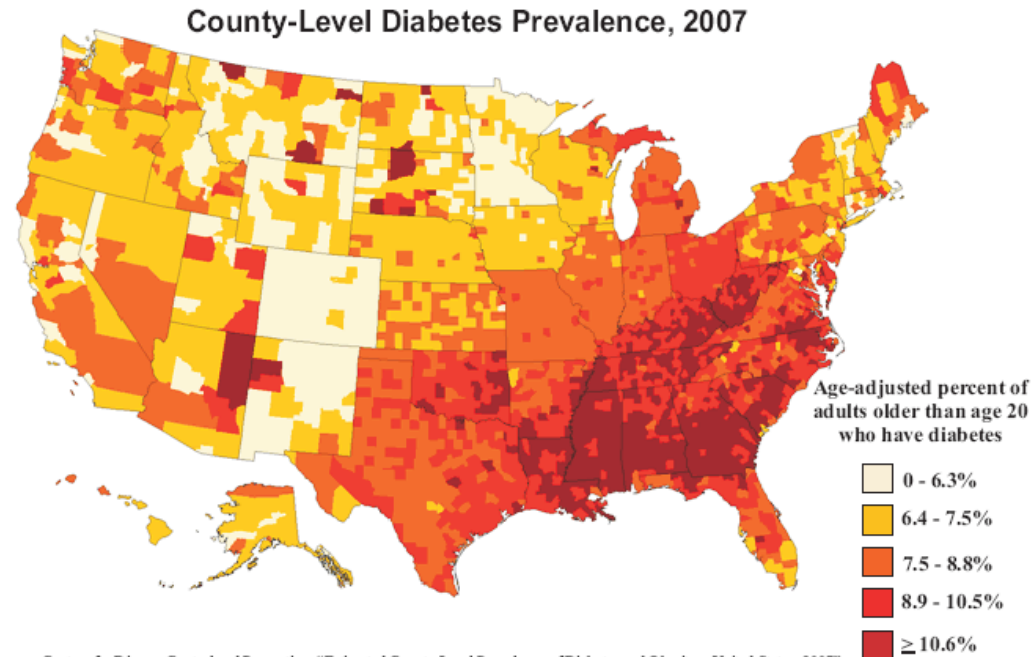


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Diabetes

27% of US residents over 65 have DM, with an expected increase to 85% by 2034 increasing cost to \$334 billion per year.



Sources: Centers for Disease Control and Prevention, "Estimated County Level Prevalence of Diabetes and Obesity—United States, 2007" *Morbidity and Mortality Weekly Report* 58 No. 45 (Nov. 20, 2009):1259-1263.



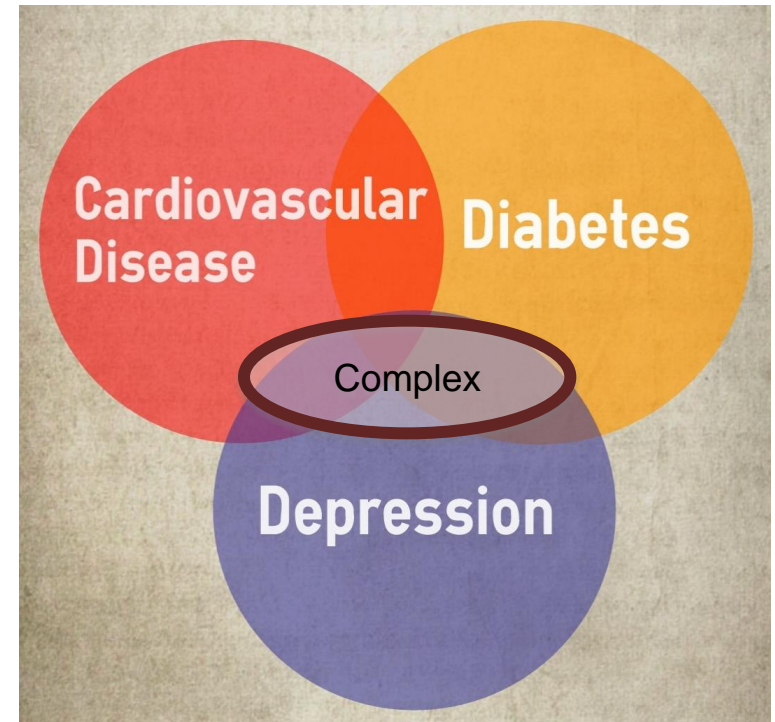
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15% of patients with diabetes or heart disease have depression.

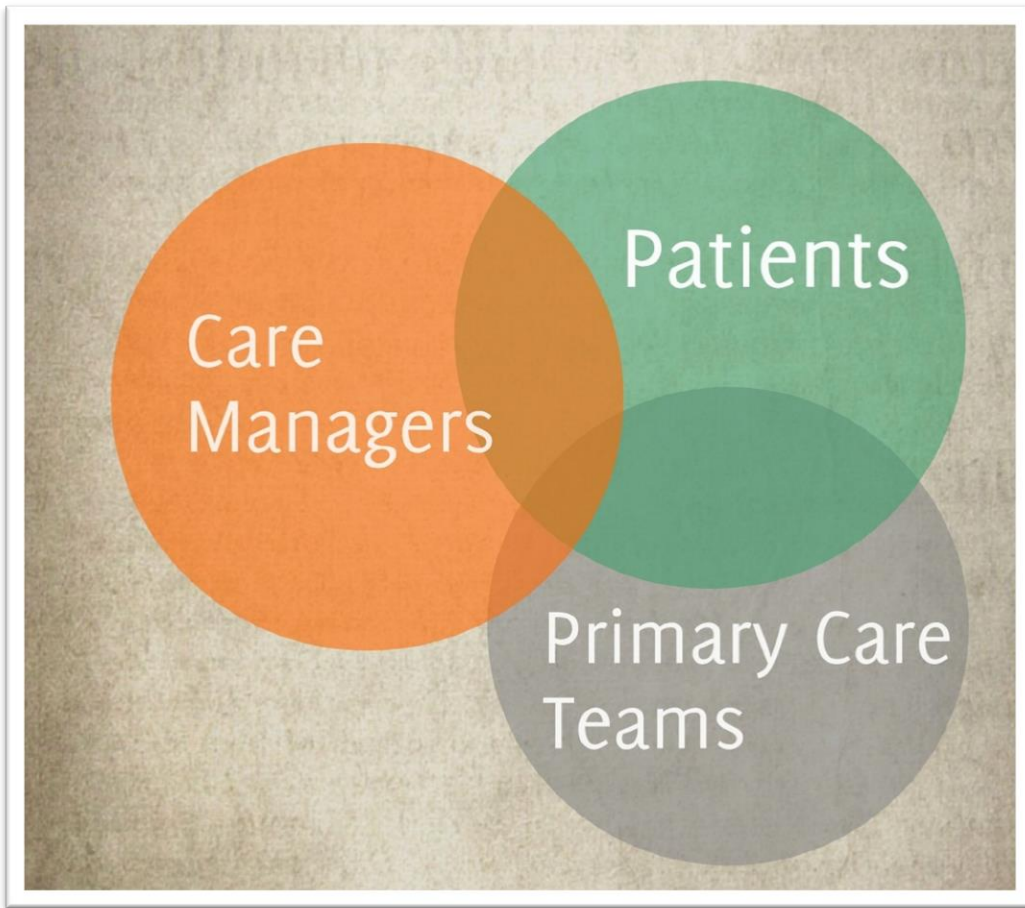
When depression is present with chronic disease:

- ✓ costs are higher
- ✓ complications higher
- ✓ premature death



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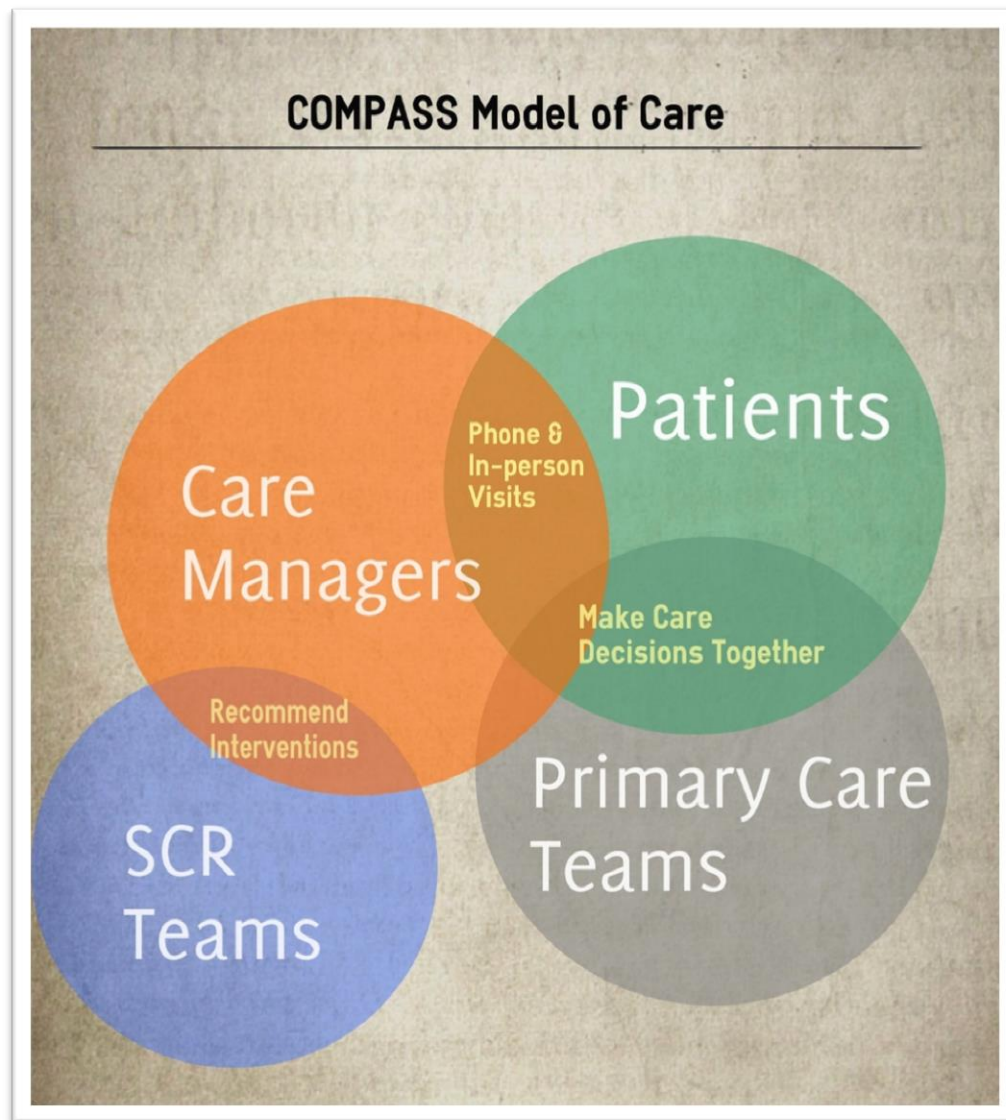
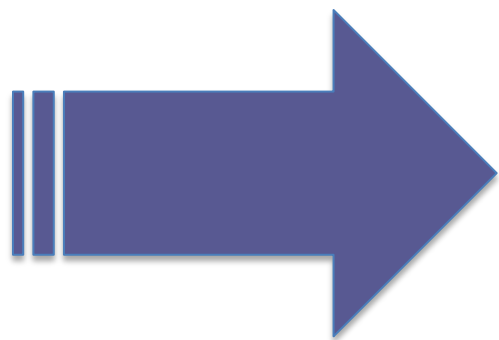
Patient-centered medical home adds care managers to assist primary care teams.



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Systematic Case Review Teams



I'm a care manager

Me, too

I'm an internist

I'm a psychiatrist



The Systematic Case Review Team discusses both the medical and behavioral health needs of a patient to build an integrated care plan to achieve patient goals.



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Care Management Tracking System

- A tool for:
 - Tracking patients
 - Care coordinators know who needs a call
 - Providers know who needs more attention even when the patient is not in clinic
 - Primary care provider can see his/her entire patient list
 - Tracking systems
 - Are we doing our job?
 - Best practices?



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Example: Registry sorting attending to the absent patient

Demo - Patient Stats (31)


Patient						Initial Asmnt	Contacts			Last F/U w/ PHQ-9
Clinic #	Name	Location	CM	PCP	Activation Date	PHQ	# All	# Clinic	# Phone	PHQ
-	-	Baldwin PCIM	jjm07	eet05	2013-10-09	23	2	2	0	22
-	-	Baldwin PCIM	jjm07	m08911	2013-05-30	16	16	0	16	20
-	-	Baldwin Fam Med	jjm07	gm03	2012-12-12	14	19	1	18	18
-	-	Baldwin PCIM	jjm07	dgb04	2013-08-22	13	9	1	8	17
-	-	Baldwin Fam Med	jjm07	mrm3455	2013-05-28	20	11	1	10	16
-	-	Baldwin PCIM	jjm07	law02		15	2	1	1	15
-	-	Baldwin Fam Med	jjm07	dmk03		19	0	0	0	15
-	-	Baldwin Fam Med	jjm07	m007860		16	1	1	0	14
-	-	Baldwin Fam Med	jjm07	kjs24		14	1	1	0	14
-	-	Baldwin Fam Med	jjm07	jw f01	2013-09-04	14	10	1	9	14
-	-	Baldwin Fam Med	jjm07	m059414	2013-07-11	17	5	2	3	13
-	-	Baldwin Fam Med	jjm07	m059414	2013-06-24	22	7	2	5	12
-	-	Baldwin Fam Med	jjm07	jwb04	2013-08-07	23	8	0	8	12
-	-	Baldwin Fam Med	jjm07	mah08		12	0	0	0	12
-	-	Baldwin Fam Med	jjm07	msh01	2013-10-14	12	3	1	2	11
-	-	Baldwin PCIM	jjm07	mrn0733	2013-10-08	17	2	0	2	11
-	-	Baldwin Fam Med	jjm07	jw f01	2013-09-20	25	7	1	6	11
-	-	Baldwin Fam Med	jjm07	m106418		17	2	1	1	11
-	-	Baldwin Fam Med	jjm07	m070121		19	4	0	4	11
-	-	Baldwin Fam Med	jjm07	svs04		10	0	0	0	10
-	-	Baldwin Fam Med	jjm07	m059414	2013-09-18	13	8	4	4	10
-	-	Baldwin Fam Med	jjm07	m007860	2013-09-18	15	4	1	3	9
-	-	Baldwin Fam Med	jjm07	jw f01	2013-10-17	10	2	2	0	9
-	-	Baldwin Fam Med	jjm07	bainj	2013-08-12	16	13	1	12	8
-	-	Baldwin Fam Med	jjm07	m070121	2013-02-14	11	19	1	18	6
-	-	Baldwin Fam Med	jjm07	m059414	2012-12-17	16	14	2	12	5
-	-	Baldwin PCIM	jjm07	bja07	2013-08-19	15	6	1	5	4
-	-	Baldwin PCIM	jjm07	mri4215	2013-05-21	18	22	1	21	3
-	-	Baldwin Fam Med	jjm07	jab35	2013-07-30	10	10	1	9	3
-	-	Baldwin Fam Med	jjm07	m049546	2013-09-09	11	5	4	1	2
-	-	Baldwin Fam Med	jjm07	rds03	2013-09-25	15	3	1	2	2





















A simple column
sorting tool lets the
supervising
physician sort by
patients with (in
this example) a
PHQ-9 of 10 or
more to make sure
to review them all
and make
suggestions.
Same concept with
LDL/HgBA1C

Example 2: Management of the practice – how’ re we doing?

CASELOAD STATISTICS

Site : Mayo (Aggregated by Clinic )
Report Created on : Friday, November 1, 2013, 12:17PM


CLINIC	# OF PT. 	INITIAL CONTACT		FOLLOW UP				LAST AVAILABLE 	DECREASED 5+ POINTS	# ON MEDS 	# W/ MISSING MEDS 	# IN M/P 	PSYCHIATRY CONSULTATION 			50% IMPROVED OR < 10 AFTER > 10 WKS
		# 	MEAN PHQ 	# OF PT. 	MEAN # 	MEAN # CLINIC 	MEAN # PHONE 	MEAN PHQ 	PHQ 				# REQ'D 	# W/ P/N 	NOT IMPRV W/O P/N 	PHQ 
Albert Lea	39	39 (100%)	16.0	39 (100%)	3.9	0.4 (9%)	3.6 (91%)	11.4	22 (65%)	29 (74%)	1 (3%)	0 (0%)	0 (0%)	24 (62%)	8	15 (48%) (n=31)
Austin	56	54 (96%)	16.6	53 (98%)	7.7	0.5 (6%)	6.7 (87%)	8.9	34 (69%)	50 (94%)	1 (2%)	3 (6%)	0 (0%)	54 (96%)	4	26 (67%) (n=39)
Faribault	12	12 (100%)	13.8	11 (92%)	8.5	1.2 (14%)	5.8 (69%)	11	5 (45%)	11 (100%)	0 (0%)	1 (8%)	0 (0%)	12 (100%)	8	4 (40%) (n=10)
Mankato	69	69 (100%)	14.1	55 (80%)	7.1	1.8 (25%)	5.2 (73%)	10.2	30 (59%)	25 (45%)	40 (58%)	4 (6%)	0 (0%)	66 (96%)	0	18 (69%) (n=26)
Owatonna	16	16 (100%)	15.9	13 (81%)	4.5	1.3 (29%)	1.9 (43%)	8.3	8 (67%)	12 (92%)	1 (6%)	0 (0%)	0 (0%)	15 (94%)	7	8 (73%) (n=11)
Red Wing	32	32 (100%)	15.5	31 (97%)	9.9	1.2 (12%)	8.6 (87%)	10.3	19 (66%)	31 (100%)	0 (0%)	0 (0%)	0 (0%)	32 (100%)	0	9 (50%) (n=18)
All	224	222 (99%)	15.4	202 (91%)	7.0	1.0 (15%)	5.6 (80%)	10.0	118 (63%)	158 (78%)	43 (19%)	8 (4%)	0 (0%)	203 (91%)	27	80 (59%) (n=135)



















Population(s) included : ☒ COMPASS

[Reload](#)

Example 3: Managing the managers

CASELOAD STATISTICS

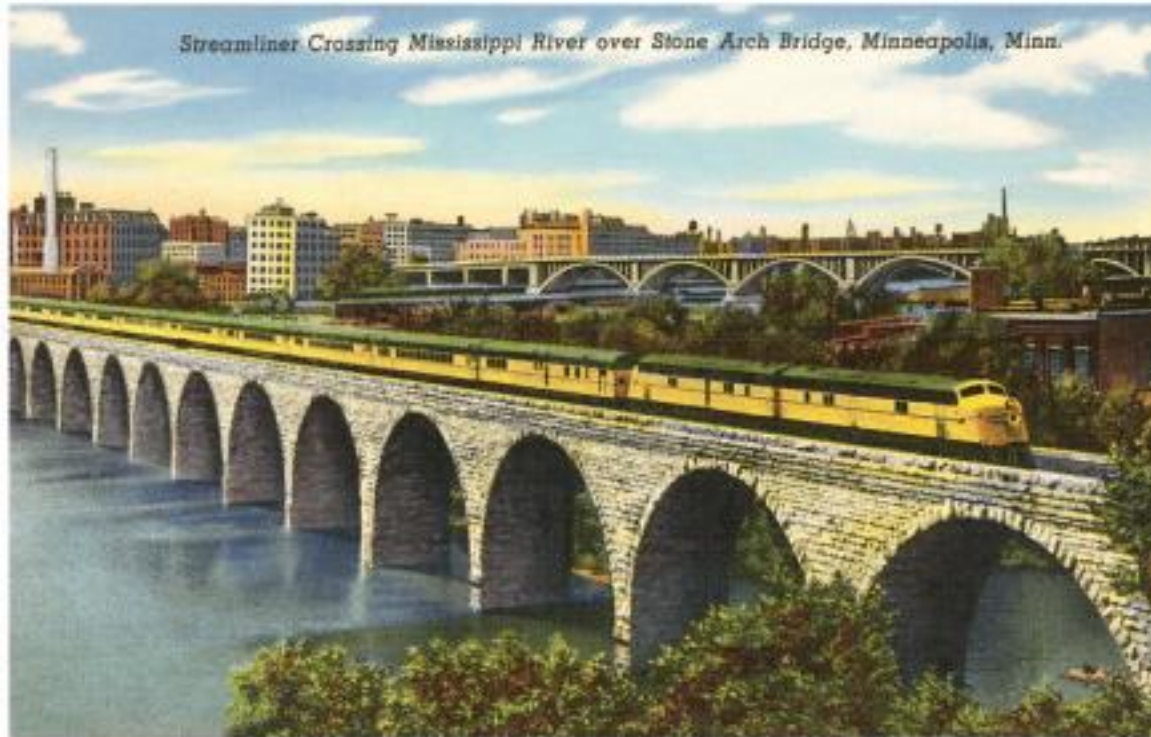
Site : Mayo (Aggregated by Care Manager 
Report Created on : Friday, November 1, 2013, 12:28PM

CARE MANAGER	# OF PT. 	INITIAL CONTACT		FOLLOW UP				LAST AVAILABLE 	DECREASED 5+ POINTS		# W/ MISSING MEDS 	# IN M/P 	PSYCHIATRY CONSULTATION 			50% IMPROVED OR < 10 AFTER > 10 WKS
		# 	MEAN PHQ 	# OF PT. 	MEAN # 	MEAN # CLINIC 	MEAN # PHONE 	MEAN PHQ 	PHQ 	# ON MEDS 			# REQ'D 	# W/ P/N 	NOT IMPRV w/o P/N 	PHQ 
Andrea	56	54 (96%)	16.6	53 (98%)	7.7	0.5 (6%)	6.7 (87%)	8.9	34 (69%)	50 (94%)	1 (2%)	3 (6%)	0 (0%)	54 (96%)	4	26 (67%) (n=39)
Betty	36	36 (100%)	16.3	36 (100%)	4.2	0.3 (8%)	3.8 (92%)	11.6	22 (69%)	26 (72%)	1 (3%)	0 (0%)	0 (0%)	22 (61%)	8	15 (48%) (n=31)
Chad	28	28 (100%)	15	24 (86%)	6.3	1.3 (20%)	3.7 (59%)	9.8	13 (57%)	23 (96%)	1 (4%)	1 (4%)	0 (0%)	27 (96%)	15	12 (57%) (n=21)
David	0	(-%)	-	(-%)	-	(-%)	(-%)	-	(-%)	(-%)	(-%)	(-%)	(-%)	(-%)	0	(-%) (n=0)
Elizabeth	36	36 (100%)	14.4	26 (72%)	5.2	2.8 (54%)	2.2 (43%)	12.7	11 (48%)	10 (38%)	26 (72%)	4 (11%)	0 (0%)	33 (92%)	0	5 (56%) (n=9)
Francis	0	(-%)	-	(-%)	-	(-%)	(-%)	-	(-%)	(-%)	(-%)	(-%)	(-%)	(-%)	0	(-%) (n=0)
Geoff	0	(-%)	-	(-%)	-	(-%)	(-%)	-	(-%)	(-%)	(-%)	(-%)	(-%)	(-%)	0	(-%) (n=0)
Holly	0	(-%)	-	(-%)	-	(-%)	(-%)	-	(-%)	(-%)	(-%)	(-%)	(-%)	(-%)	0	(-%) (n=0)
Immanuel	33	33 (100%)	13.8	29 (88%)	8.9	0.9 (10%)	7.9 (88%)	8.4	19 (68%)	15 (52%)	14 (42%)	0 (0%)	0 (0%)	33 (100%)	0	13 (76%) (n=17)



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Primary care may have the knowledge to manage these patients, but is on a track that does not easily allow change.

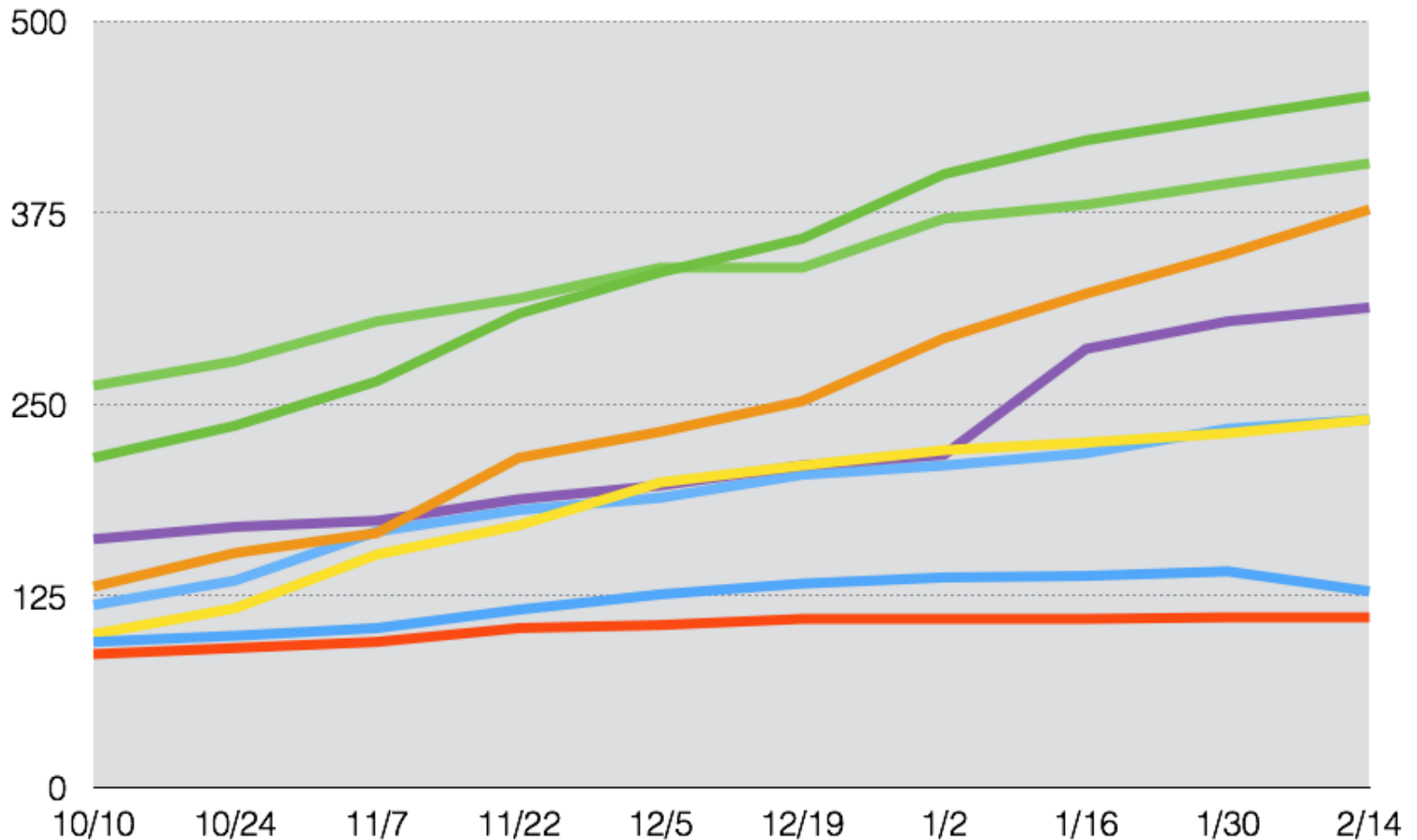


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Enrollment in COMPASS



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CHPW
MiCCSI

ICSI
PRHI

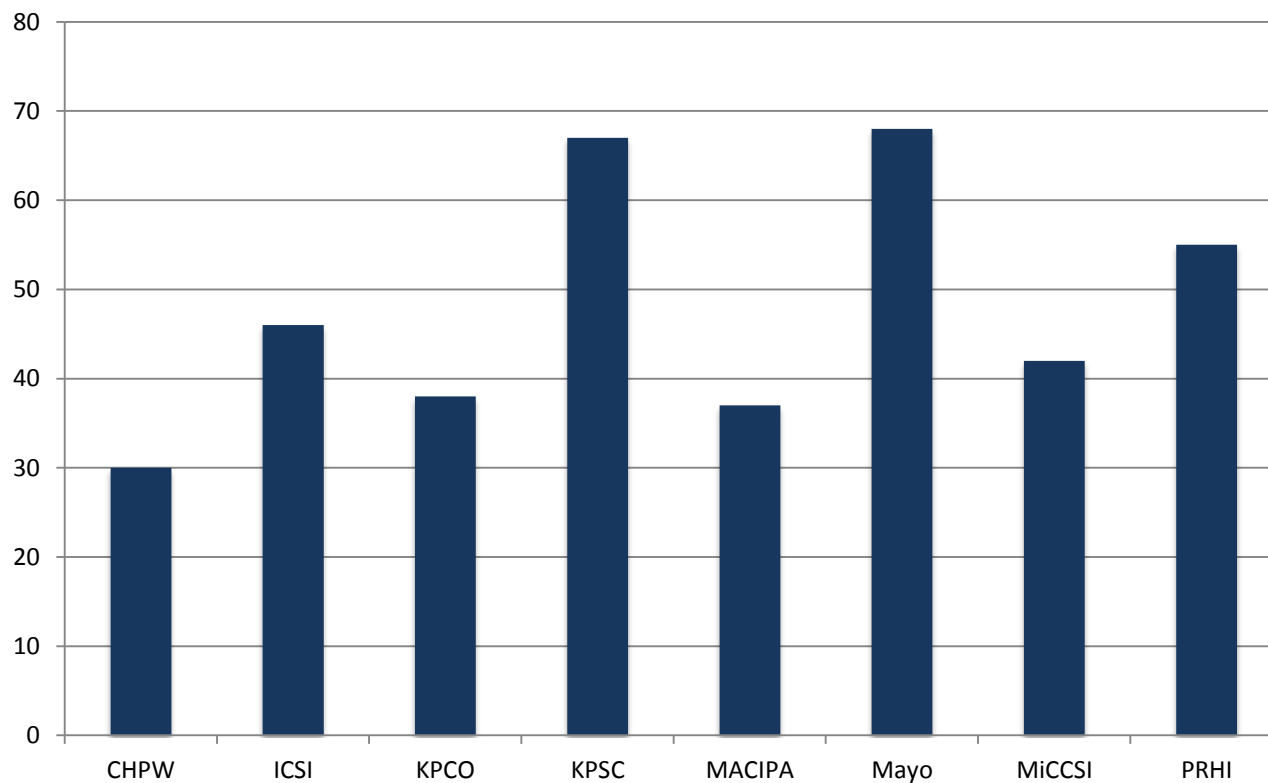
KPCO

KPSC

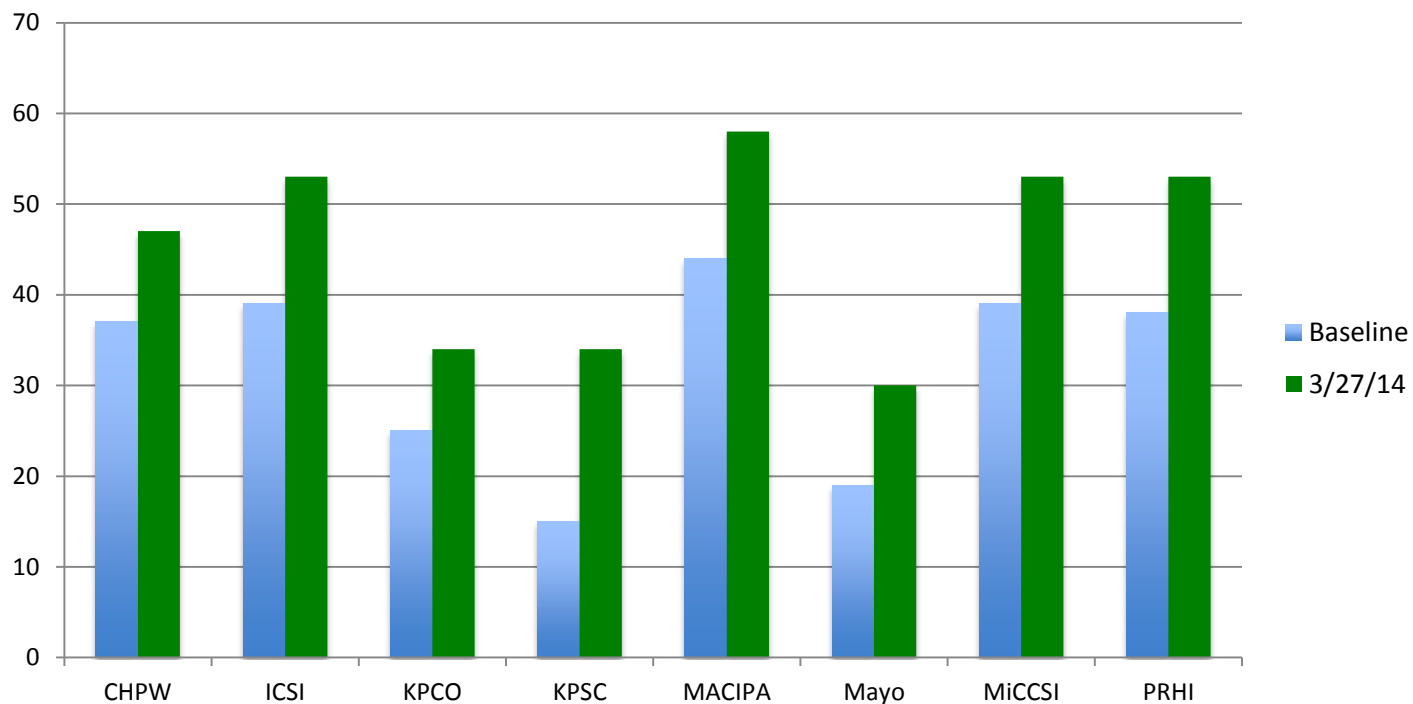
MACIPA

Mayo

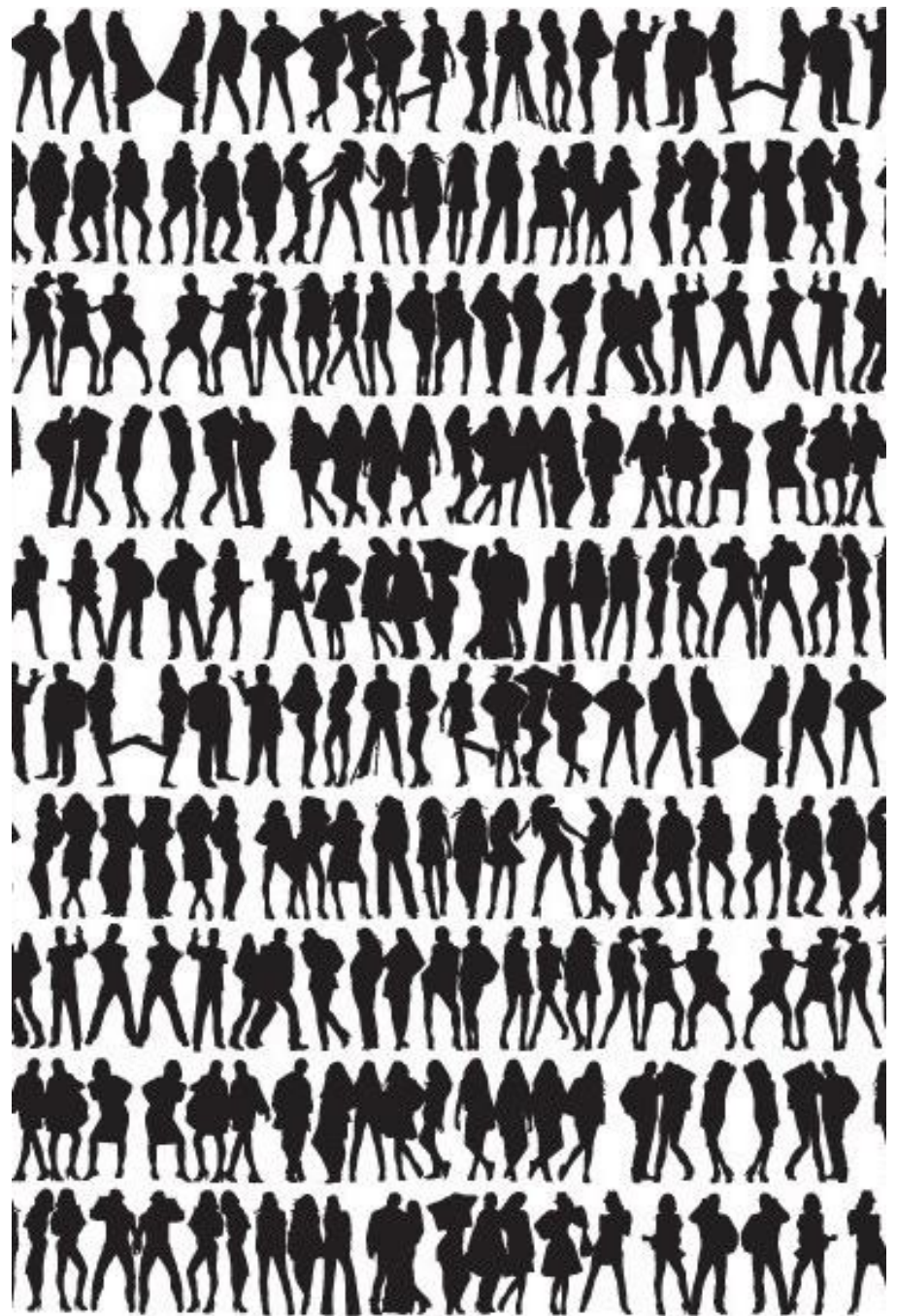
Depression Improved



Diabetes



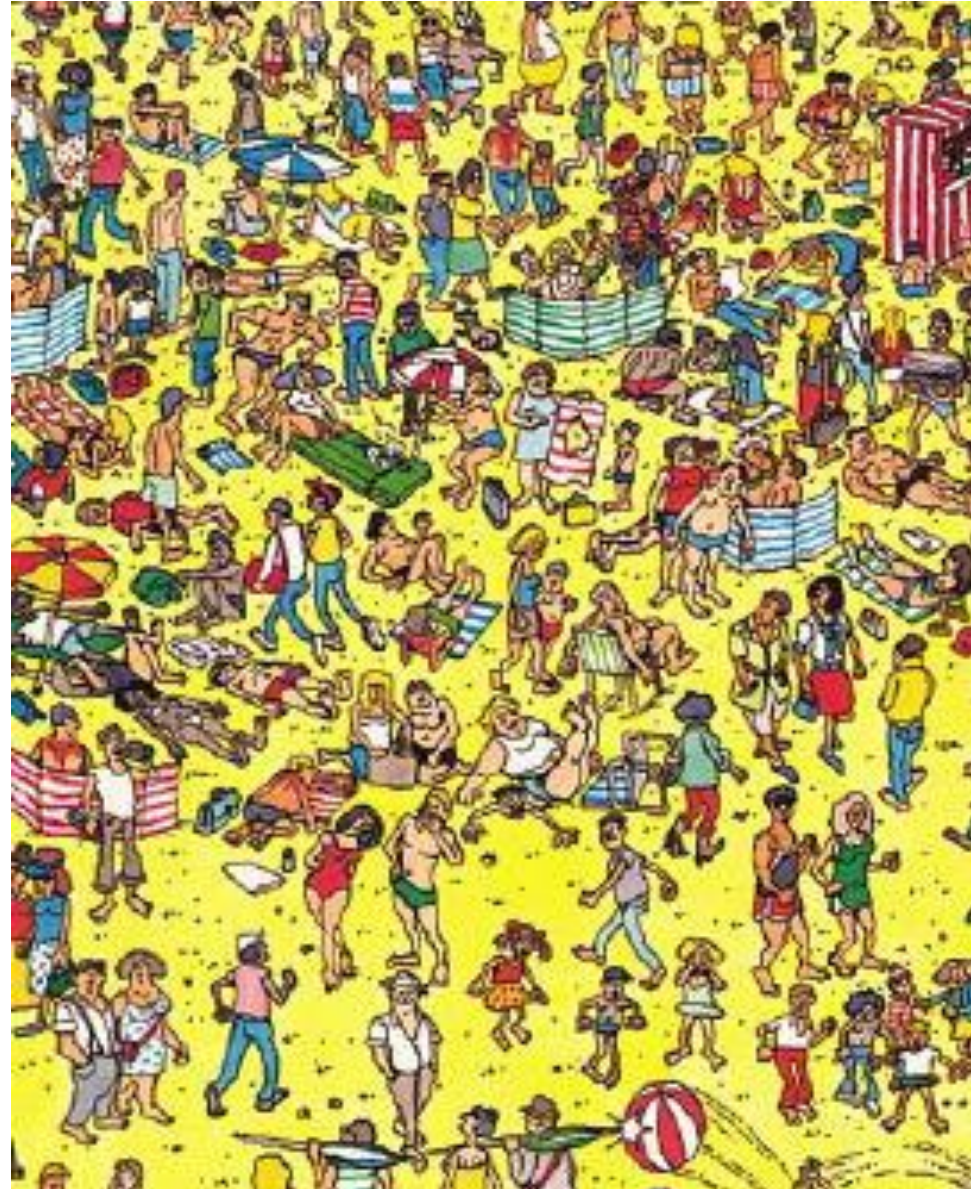
Lessons



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Lessons

Practices have to actively search for patients and invite them into the health care system.

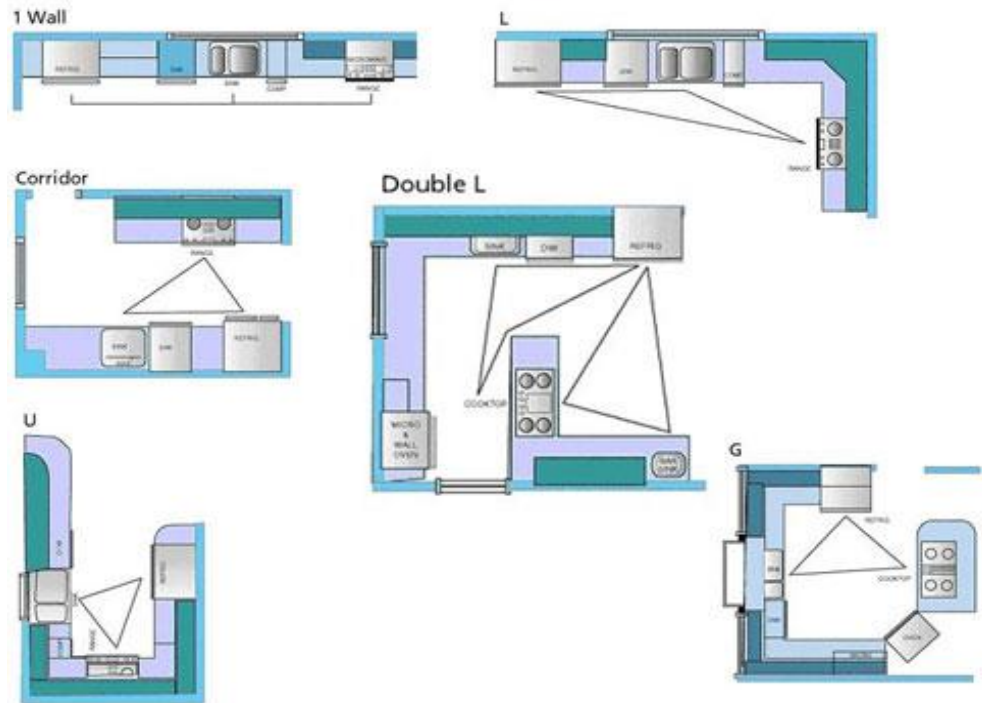


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Lessons

There is a dynamic balance between the need for fidelity and the need for local adaptation.



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Lessons

A well-functioning,
electronic, care
management tracking
system is vital .



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Lessons

The skills and attitudes of care managers are as important as their professional degree.

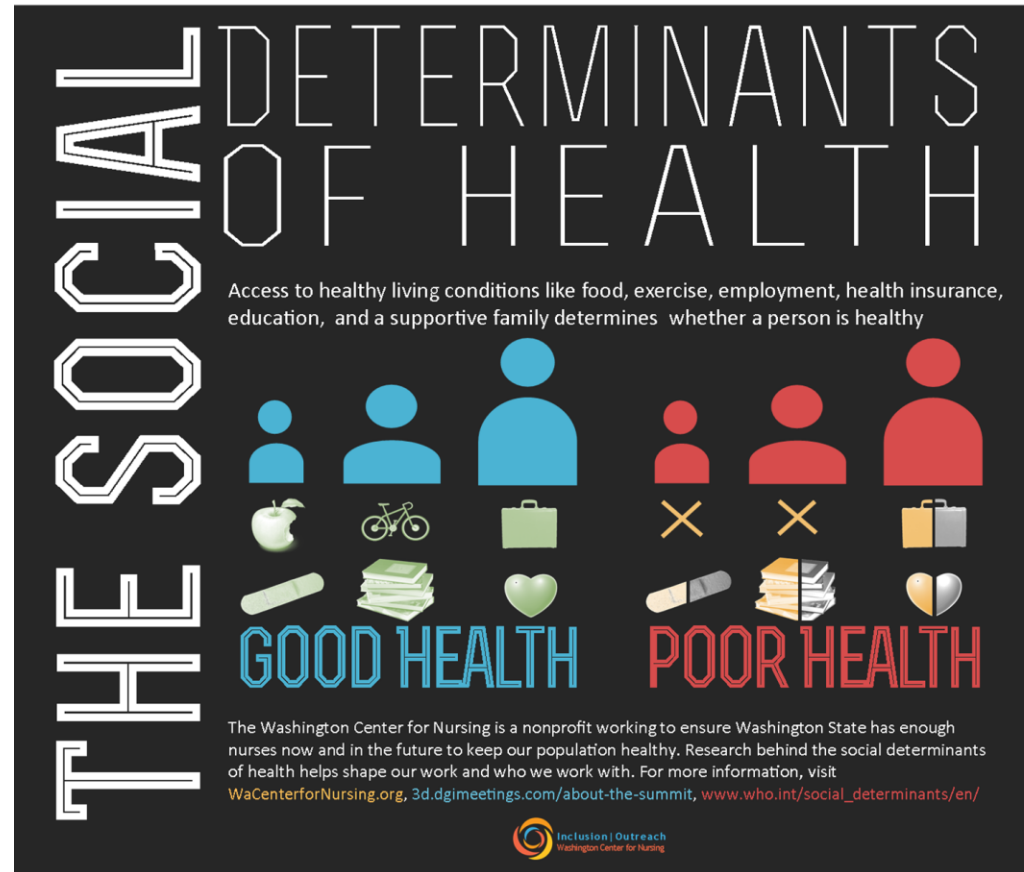


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Lessons

Many of the systematic case review teams are adding social workers.



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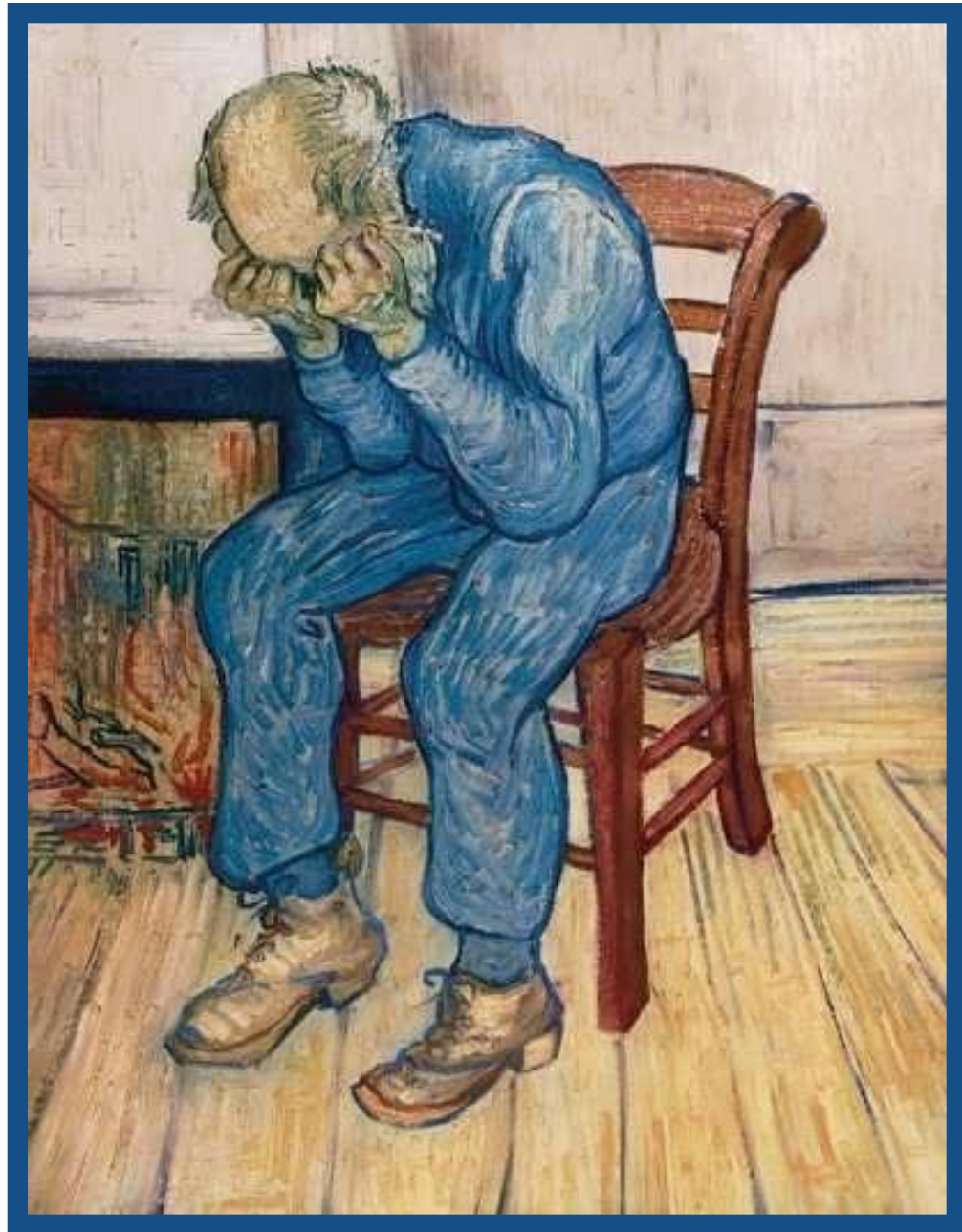
Lessons

There continues to be a stigma around depression for both patients and healthcare providers.



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THANK YOU



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Washtenaw's Pathway to Exchanging Behavioral Health

By: Michael Harding

Community Support and Treatment Services (CSTS)

In Partnership with:



Washtenaw Community Health Organization

Washtenaw County CSTS

- Community Mental Health Center
- Integrated Health Service Provider
- Populations Served:
 - 2,630 Adults with Mental Illness
 - 860 Adults with Intellectual Disability
 - 566 Children with Severe Emotional Disturbance & Intellectual Disabilities

4,056 Total Served

Why we need HIE's

- Individuals with serious mental illness served by public mental health systems on average ***die 25 years earlier*** than the general population
- Less likely to receive care for chronic physical health conditions
- Affords the opportunity to provide quality care that treats the holistic view of the consumer

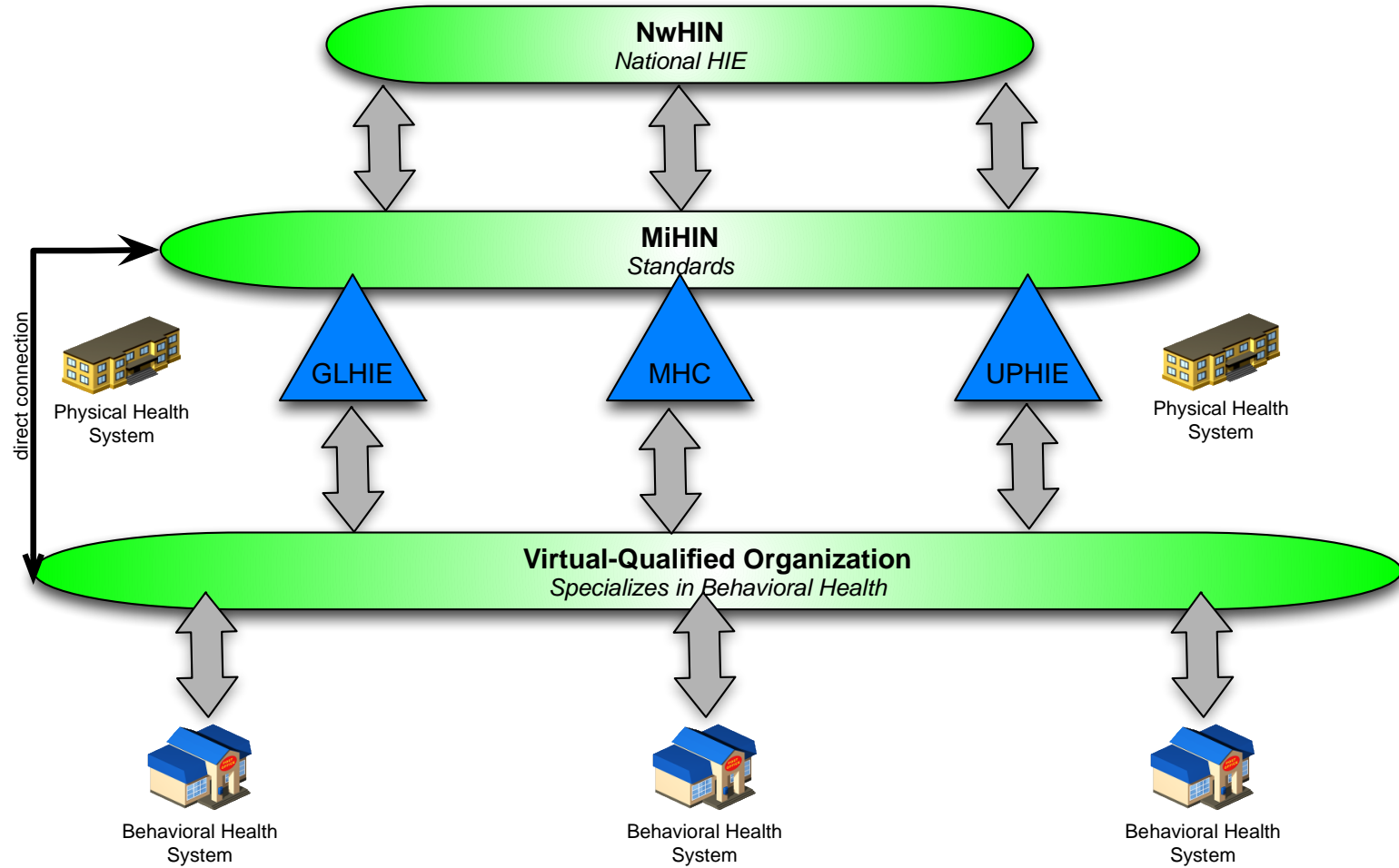
PROJECT HISTORY

- 2012 Awarded a Supplemental HIT Grant to the PBHCI Grant
 - Meaningful Use Certification
 - Personal Health Record
 - Pre-Development of a Behavioral Health Consent for HIE Sharing
- 2013 Awarded Medicaid Match Project
 - Focus on sharing behavioral health information to three primary care agencies (Packard Health, Delonis Shelter, and U of M)

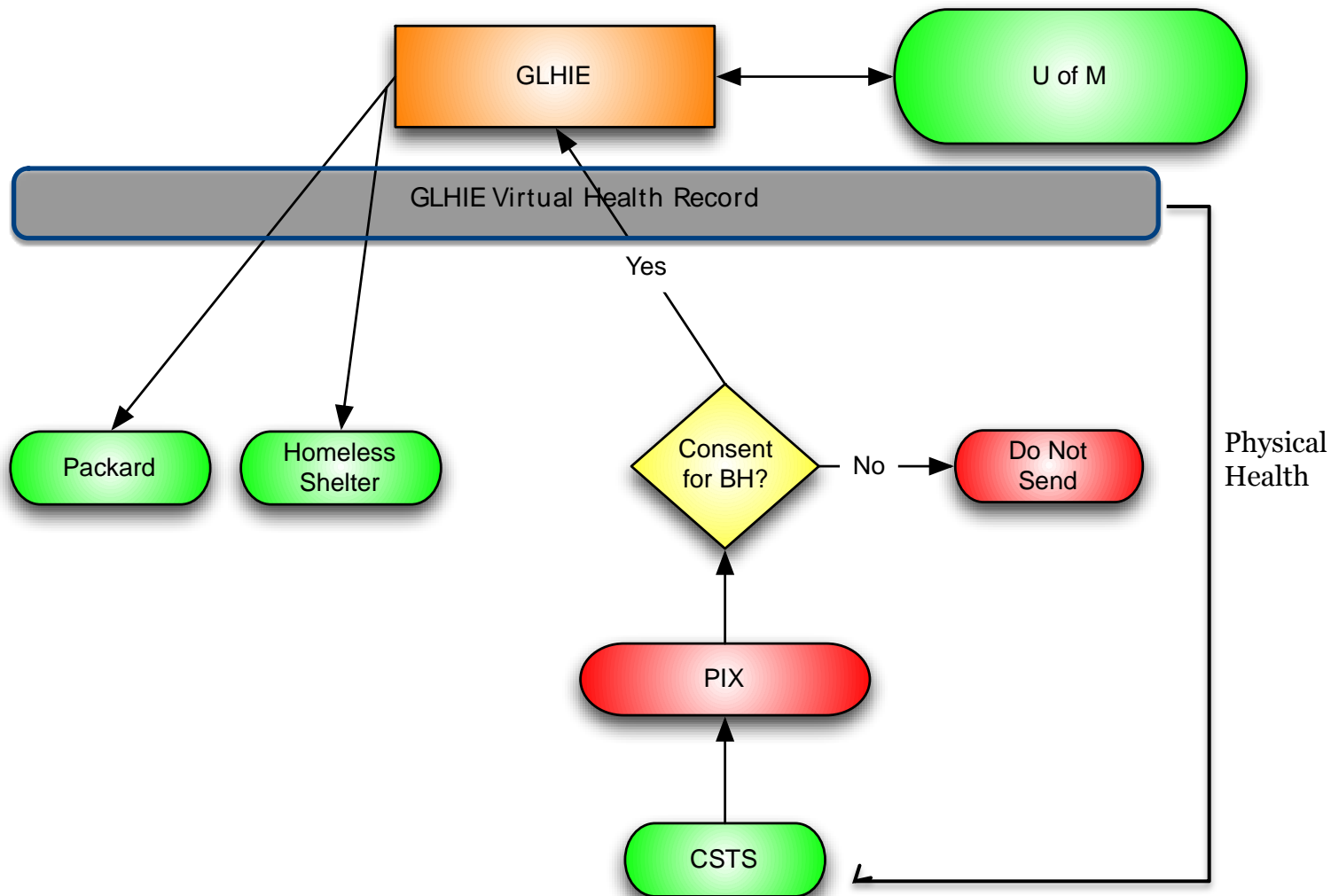
State-Wide Initiative

- Unified Consent for Behavioral Health
 - CIO Statewide Forum Developed Consent
 - Presented to HIT Commission
 - Passed by the House and Senate
 - Expected to be signed by the Governor

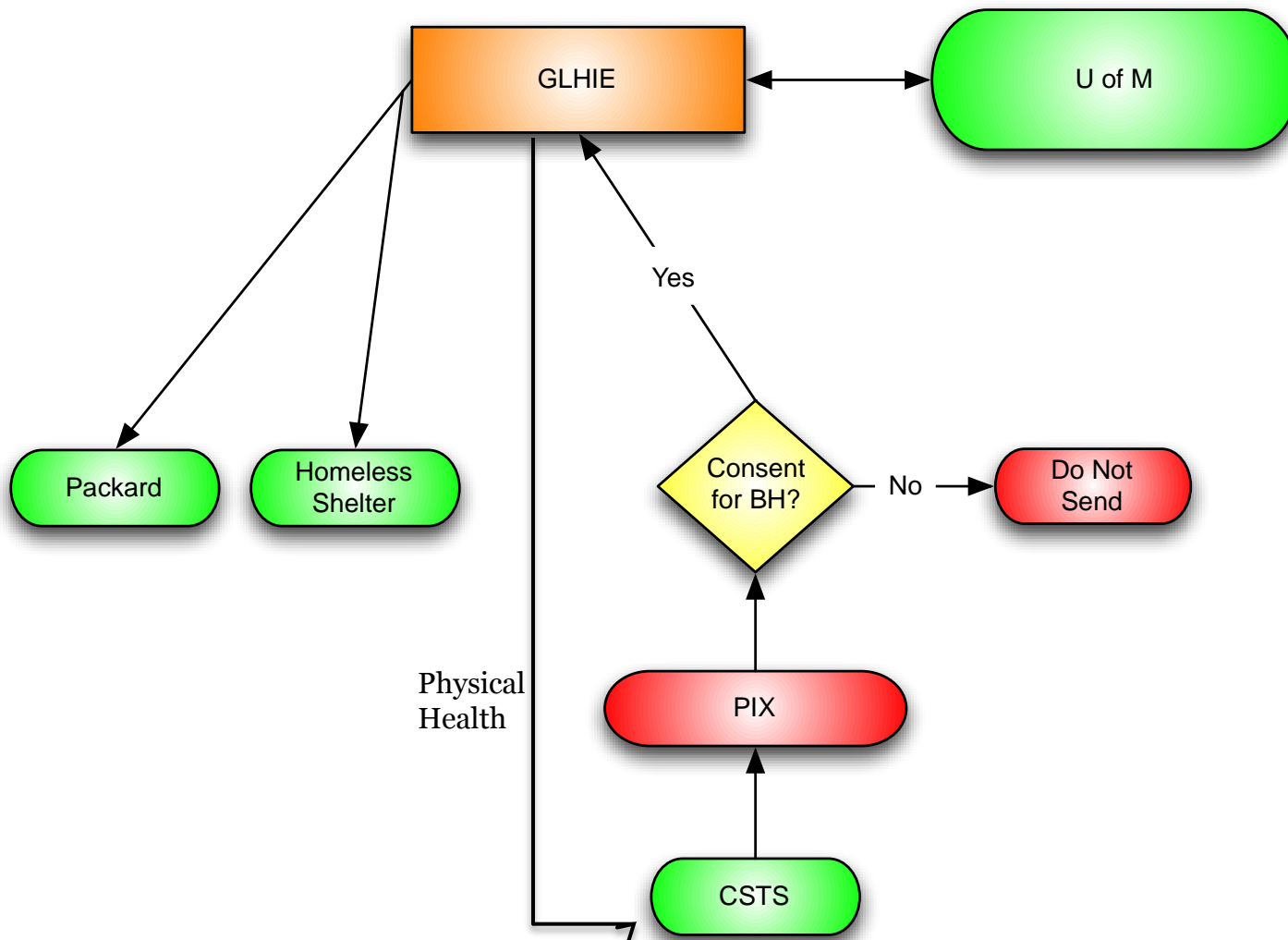
Michigan Health Information Exchange Model Overview



Washtenaw Phase 1 Model



Washtenaw Phase 2 Model



Operationalizing HIE

- Promotion
 - Staff
 - Consumers
 - Partnering Agencies
- Workflow Modifications
- Consent Education for Staff & Consumers
- Training

Operationalizing HIE

- Bridging Partnering Agencies
 - All Partners were completely dedicated to the success of this project
 - Consumer Driven Focus
 - Technology
 - Query Based
 - Smaller attainable goals
 - Not using Direct Messaging for this project

CONSENT TO DISCLOSE BEHAVIORAL HEALTH INFORMATION

Please Fax to: 248-406-1240

IDENTIFYING INFORMATION

Individual Name (Please Print)	Individual Identifier	Date of Birth	Last-4-Digits of SSN	Consent-ID YYJDT##
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SIGNING THIS FORM WILL ALLOW THE INDIVIDUALS AND ORGANIZATIONS LISTED BELOW TO EXCHANGE AND USE YOUR BEHAVIORAL HEALTH INFORMATION FOR COORDINATING HEALTHCARE SERVICES

I. By signing this "Consent Form", I voluntarily authorize the individuals and organizations involved in my care and identified below to disclose, re-disclose, and otherwise share my behavioral health information among and between them as identified in Section-II below:

1. Catholic Social Services of Washtenaw County
2. University of Michigan Health System
3. Avalon Housing, Inc
4. Saint Joseph Mercy Health System
5. Ann Arbor Housing Commission
6. Huron Valley Ambulance

Additional individuals and organizations can be added at the top of the second page

II. Information To Be Disclosed

- ☐ I consent to the disclosure of all behavioral health information
--- OR ---
☐ I do not consent to the disclosure of the following information (see instructions):

III. Personal Statements about this disclosure of confidential/protected information:

- I know what information will be disclosed and I understand that this authorization is voluntary.
- I understand that my decision on whether to sign this form will not affect my ability to obtain mental health or medical treatment, payment for treatment, health insurance enrollment or benefit eligibility.
- The purpose of the disclosures authorized in this form is to assist in diagnosing and treating my health conditions and in coordinating healthcare services.
- I agree that the information I agreed to disclose may be shared electronically using secure methods to protect my healthcare information.
- I understand that the disclosure of my information will follow state and federal laws and regulations.
- I understand that Alcohol, Drug Abuse and Mental Health Records are subject to a higher standard of protection through federal law (42 CFR Part 2) and the MI Mental Health Code. With my signature on this consent, I authorize the release of Alcohol, Drug Abuse and Mental Health Records.
- I have read this form and/or have had it read to me in language I can understand. I have also had the opportunity to have my questions about this form answered.
- I understand psychotherapy notes are not subject to disclosure.
- I understand that I may withdraw my authorization at any time. I also understand that such withdrawal of my authorization may not prevent or stop disclosure of information previously authorized or previous action that has been taken based on this authorization.
- Unless I revoke this consent, it will expire on : _____ (If the expiration date is left blank or extends beyond one year, the consent will expire 1 year from the signature date.)
- I also understand that I have the right to refuse to sign this form; however, that will not prevent disclosure of my health information that may be disclosed under the law without my consent.

Individual providing Consent Signature

Date Signed:

Parent/Guardian/Authorized Representative Signature (if required)

If Signed - Indicate Relationship:

☐ Parent ☐ Guardian ☐ Authorized Representative

Witness Signature

Date

Additional Individuals and Organizations - continued from previous page

7. Home of New Vision
8. Packard Health
9. Washtenaw Health Plan
10. Shelter Association of Washtenaw County
11. _____
12. _____
13. _____
14. _____

Revoking my consent verbally

If you wish to verbally modify or revoke the consent you have provided in this form, please contact the primary care physician, case manager or other primary healthcare contact that you have listed on this form.

Revoking my consent in writing

I understand that prior to this date, my healthcare information may have been disclosed to and shared between or among some or all of the individuals and organizations named above, that treatment may have been provided based upon this information and that this revocation does not apply to the information previously disclosed.

I revoke my consent(s) to the disclosure of my health information by completing the following section:

As of (Date) _____ I hereby revoke the following consent(s) to the disclosure of my healthcare information:

____ Any consent involving the disclosure to, between, or among any of the following parties:

☐ - Any and all consents included in this Consent to Disclose Behavioral Health Information

Note: The organization you are working with to revoke consent can only administer the change for consents where they are identified as a party in the exchange.

Individual providing consent signature

Parent/Guardian/Authorized Representative Signature (if required)

If Signed - Indicate Relationship:

☐ Parent ☐ Guardian ☐ Authorized Representative

Date signed

☐ Individual Provided Copy

Case Studies

- Labs
 - 800 Lab Feeds a Week
 - Reduced Costs
 - Consumer Quality of Care
 - Transportation
 - Multiple Draws
 - Added Anxiety
- ADT
 - Operationalized ADT data that helps with coordination of care.
- Physical Health Data
 - Medications, Allergies, Diagnosis

Future.....

- People involved in consumer's care have access to all information that is relevant to their care
 - Jail Services
 - Homelessness Data
- Consumers' engaging in their own care through the use of HIE information
 - Utilizing Mobile Technologies
 - Personal Health Records

We can do this!

Next time you go to a doctor's office think about the following:

- How many times you have to repeat the medications you are taking
- How many times you have to wait for your labs to get to your doctor's office
- How often you have to remember procedures that you had in the past
- What was your last BMI reading or Blood Pressure reading
- ***If you didn't have to do any of the above we are almost there!***

General Discussion

- What are key strategies for effective collaborative or integrated behavioral care?
- What is the business case for value-based care networks to integrate behavioral care beyond basic depression screening?
- From a HIT perspective, what barriers and challenges exist beyond CFR 42?
- Q&A / General Discussion



Next Steps

- Audio recording and slides will be available online at <http://ehidc.org/issues/accountable-care/accountable-care-council-materials>
- Our annual ACO survey is live, please share with your network!
www.surveymonkey.com/s/WVQXDPL
- Upcoming topics in the summer:
 - Home health / Skilled Nursing Facilities
 - Bundled Payment Models



Thanks for participating!