



Integration Summit VII: Advancing the Louisiana Integration Strategy

September 2 – 3, 2015



Rochelle Head-Dunham, MD, FAPA

Assistant Secretary/Medical Director - DHH/ Office of Behavioral Health

Creating the Context for Change:

- Since Oct 2012 when a SAMHSA/HRSA regional meeting was convened to plan for integrating primary care and behavioral health (SUD and MH services), DHH has been holding several annual Integration Summits to discuss how to progress toward the integration of services.
- Effective 2015, BH and PC integration has culminated in the DHH strategy for integration of BH Medicaid services contracts from carve-out BH services (Magellan) to a carve-in (Bayou Health Plans.)
- Providers across the state have collaborated with DHH to make this major effort possible

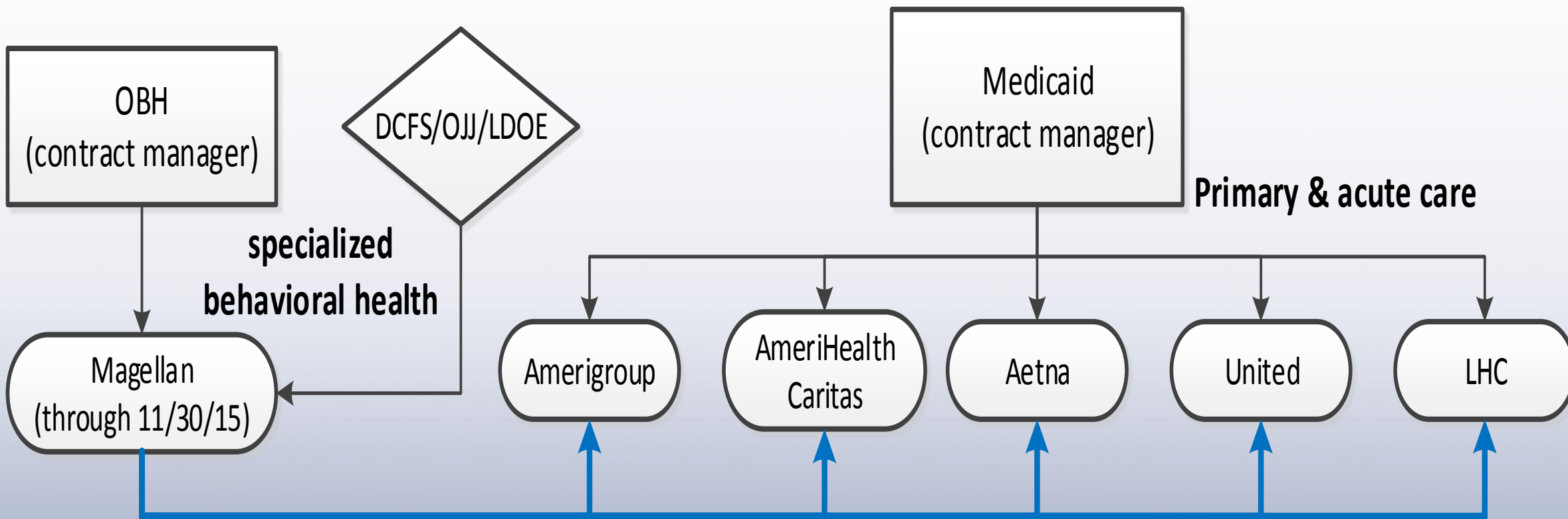
Creating the Context for Change:

- January 2013- December 2014, Regional Summits drove the conversation through engaging the provider network, consumer stakeholders, and the plans to discuss how best to integrate specialty behavioral health and primary care services.
- Each region presented successful approaches specific to regional provider networks and opportunity areas for further development.
- Summit participants reported appreciating the opportunity to learn how to conceptualize and enact integration at the state and network level.
- Importantly, regional stakeholders were able to discuss with DHH staff their needs.

How does Louisiana's integration align with other states?

- 14 states (27%) contract with managed care organizations (MCOs) for a fully integrated complement of behavioral and physical health benefits (not excluding cases where the pharmacy benefit is retained by the state and reimbursed on a FFS basis)
- 11 states (22%) contract with managed care organizations (MCOs) for an integrated complement of behavioral and physical health benefits, but carve-out one behavioral health benefit category — for example, psychosocial rehabilitation services available under a Medicaid Rehabilitation (MRO) option, psychiatric inpatient, or substance use disorder (SUD) treatment
- 16 states (31%) carve out all behavioral health benefits from MCO contracts or the FFS system
- 10 states operate primarily FFS systems with minimal managed care elements (primarily the care coordination features typical of a primary care case management or PCCM model)

Louisiana Integration Strategy



Specialized behavioral health transfers from
Magellan to MCOs Effective 12/1/15

2013-2015 Targeted Change Efforts

DHH and Key Stakeholders

have worked very closely

over the past 2 years 2013-2015 years Identifying

and clarifying various critical areas

relevant to successful Integration

2014-2015 Targeted Change Efforts

- (November 2014) DHH Special Taskforce to Address Treatment of Youth with ADHD
 - Key Findings: Continued integration through education of school and primary care/pediatric providers about BH services and the screening and treatment of ADHD is needed

2014-2015 Targeted Change Efforts

(December 2014) LGE Directors Recommendations

- Key Findings: Concern about smooth transition of data and funding from Magellan to Bayou Plans; simplification of certification/credentialing; network and service continuity

2014-2015 Targeted Change Efforts

- (January - April 2015) Integration Advisory Group (IAG)
 - Key Findings: Concern regarding cert/cred, standardization of policies and procedures across the Plans; how to address the uninsured; CsoC; Appreciation for active dialogue and willingness of DHH to provide detailed responses to each area of concern even if the answer is we do not know or we must let the Plans decide the issue

2014-2015 Targeted Change Efforts

- (May 2015) Niatx Survey of the S/A Provider Network for the purpose of identifying strengths in addiction treatment and to identify opportunities to build greater sustainability in the network
 - Key Findings: Over 35% of providers offer MAT services; More medical detox services are needed; 87% of children using illicit drugs do not receive treatment highlighting the continued need to integrate primary care/MH/SA services

2014-2015 Targeted Change Efforts

- (June 2015) Survey of BH and PC Provider Readiness for Integration
 - Key Findings: Most providers were actively engaged in integration efforts; Most providers were concerned about the ability to use data to inform care and cost; Plans need clear plan for how to support providers with HIT and billing

2014-2015 Targeted Change Efforts

- (July 2015) Focus Groups for Consumer Readiness for BH Integration in four Louisiana markets: New Orleans, Lafayette, Alexandria and Shreveport
 - Key Findings: Consumers report significant reliance on providers for informing the changes underway; Consumers particularly concerned about their providers being paneled by the Plans and interruptions in medication continuity; Simplified communication is critical for Consumers, to understanding how to navigate the Dec transition with clear explanations for what integration is, plan options, etc.

Primary Objectives for Summit VII

- Continued Opportunity for discussion and learning about strides being made and areas of opportunity.
- Stakeholders identify areas of continued need for attention and importantly what can be prioritized through the development of a work plan for addressing identified needs between today and Dec 1st.

Questions & Comments
