INTEGRATION ADVISORY GROUP AGENDA

DATE: MARCH 20, 2015

TIME: 1:00PM – 4:00PM

Time	Activity	Facilitator
1:00-1:15pm	Opening Remarks	Dr. Rochelle Head-Dunham
1:15-2:45pm	Round Robin Discussion – Group Breakout	Lisa Gentry
2:45-3:00pm	Break	
3:00-3:30pm	Group Facilitator Report QUALITY, OUTCOMES, AND ACCOUNTABILITY ***Which quality metrics specific or ancillary to behavioral health should be added to the Bayou Health plan monitoring requirements?*** • Whatever metrics are going to be, keep them uniform across all plans. • Validity of provider manuals • Provider network sufficiency • Timely access to services • Time from provider call to live person response • Time from claim submission to reimbursement • Number of claims submitted; number of claims pended; number of claims paid; number of claims denied per time period; top reasons for denials • Wait list for services • Time to first appointment from first contact • Time between evaluation and first treatment appointment • Time from discharge from inpatient treatment to first outpatient follow-up appointment • Number of services provided per week per member • Level of care indicators (inpatient vs. outpatient; including substance use services) • Outcome measures based on services provided (behavioral health treatment outcome measures) • Access to medications • Number of emergency department presentation for psych/substance use indications • Number of readmissions to previous inpatient setting after discharge	Lisa Gentry

	• Time between discharge from inpatient setting an readmission to inpatient setting • Symptom reduction (using standard symptom measurement scales) • Functional capacity (School, home, work) • Employment • Member and provider satisfaction surveys • Number of referrals to primary care for health issues (diabetes, COPD, metabolic disorders, etc.) • How many referrals from behavioral health to primary care are kept? • Number of labs for metabolic profile; lipids; FBS, etc. • Recording of weight, heights, waist measurements at indicated visits • Are providers following APA/ADA monitoring guidelines for members receiving antipsychotic medications • Are primary care providers doing screens for depression, substance use, smoking, gambling, etc. at indication visits? • How many referrals are made from primary care to behavioral health? • How many referrals from primary care to behavioral health are kept? • Look at DHH plan to monitor Magellan and include all currently mandated standards • Change Medicaid codes to accurately reflect which screeners and what treatments are being utilized • Provider network sufficiency and identification of network/service gaps • Outpatient metrics relative to the crisis continuum • Reduction in specific behaviors such as self-harm and suicide • Make each Bayou Health plans' wellness scale available • When client is placed into a higher level of care because recommended level of care is not available • Outcome indicators vs. process indicators • Functional assessment scale • Time from request to authorization and reauthorization • Denial rates • Length of stay • Length of treatment plan • Co-occurring indications • Do not deviate from metrics required from LGE/DHH contracts • Criteria and education level of Bayou Health staff determining service authorization • Track member enrollment changes during open authorizations in while in treatment	

	• Track how many changes in actual level of care received vs. what is outlined in plan of care or treatment plan • Track number of denials after approval and the recouping funds • Track the number of changes in placement during treatment of OJJ/DCFS custody children • Track previous services and transmit medical records of clients to the client's new provider • Track no shows/missed visits for behavioral health and primary care • Track length of time it takes the Bayou Health plan to correct an identified insufficiency • Track number of rejected provider applications and why • Geo-map where clients hospitalized and are receiving outpatient services, especially for children. Track readmissions by regions/provider and address regionally as needed. • Track positive drug screens • Track incarceration rates • Number of behavioral health providers located in or near primary care; establish access standards and geo-map for deficiencies • Discharge planning and ambulatory follow-up metrics • Consider same metrics as CARF • Care coordination/referrals • The Bayou Health plans should look at what provider types have to report for CMS and try to duplicate as much as possible, especially for acute/inpatient providers. ***What technical assistance do you need to ensure quality reporting in terms of on-site workflow to collect and report the data, and with electronic health record utilization?*** • Technical assistance will vary based on metrics collected. Standardize the metrics across plans by provider type. • Providers will have to modify EHR to reflect whatever new requirements Bayou Health implements, which are likely to align mostly with meaningful use. TA on system modifications and meaningful use will be needed. • Need a person on-site from each plan to work with providers, especially their staff, for manual extraction and data entry. Also helps to standardize the data capture so it isn't misinterpreted. • If providers have EHR, it costs extra to connect and interface with each of the 5 plans, so would prefer to feed into a centralized, cost-affordable data warehouse that can then feed into each of the Bayou Health plans so that only one data interface is needed for providers. Concern expressed about using LaHIE due to high cost for hospital association	

	providers and it has limited behavioral health capacity according to Central LA Human Services District. Better to expand a DHH mechanism to centralize the data. Other Local Governing Entities (LGEs) and providers disagree and believe that LaHIE is best interface for this purpose in order to interface with primary care providers. • Have Bayou Health plans work with each individual provider to preserve integrity of the data • What is the method of technical assistance (TA), what is quality of TA, who will provide the TA, when will they provide it and how frequently? • Will it be an additional cost to input data and modify systems? • Peer support services are provided by unit so need Bayou Health to prioritize assistance on inputting data into an electronic system data exchange for Peer Specialists as this will be especially cumbersome under five plans. • If using Clinical Advisor now, concerned with cost now approaching 5 different health plans. OBH should define EHR parameters and offer technical and financial support to providers switching off of clinical advisor—not requesting money but rather have OBH underwrite and make available an EHR to smaller providers. Don't make it mandatory, but make it optional and available. Don't have one, single EHR. • Different providers are going to need different metrics for their own business and the data varies across provider types. Providers should look at what has been useful in Clinical Advisor and find an EHR that shares those metrics to purchase. • For providers that already have EHR, why would Bayou Health need to know other information outside of the provision of services and submission of claims? • Providers want Bayou Health to tell them what outcome measures they are responsible for; these should be outcome indicators and not process indicators. • Provide TA but make it brief and through a webinar. • Hold weekly provider calls with DHH on specific issues as they arise for resolution. Organize them based on provider type at the beginning of integration and have a set resolution response time for the state or health plan to respond back to the provider. Include Bayou Health plans as needed. • Use a standardized, single software and provide it to the providers for free. Bayou Health should be paying for the information they expect to be collected from the providers. • Regional training vs. individual training or webinars. Training should be individualized based on provider type and function.	

	• Is DHH requiring uniformity or compatibility of Bayou Health's systems? Or will providers have to enter data 5 different ways? Recommend using only one system.
	• Need technical assistance with transfer of data that existed in Clinical Advisor
	• Bayou Health needs call centers for immediate technical assistance focused solely on systems issues similar to how they have a service call center. Have special liaisons on technical assistance/systems and quality reporting.
	• Have Bayou Health newsletters to providers to keep updated information flowing.
	• Create a technical assistance team at the state level in its role as a contract manager and tie it to contract metrics to address provider issues. Include a representative from each Bayou Health plan to serve on the team to ensure that questions are resolved from service providers.
	• There are very few EHRs that can interface on true integrated models and these are very expensive. Need to know the quality metrics being collected and then need technical assistance in database decision-making on how to use and interpret quality data to lead to improved performance.
	• Educate the Bayou Health plans on HIPAA and 42 CFR so that sharing of member information is not restricted between providers when it's legally allowable through member consent through an information exchange.
	• Need TA and a resolution for integrating care when consent is not given from a behavioral health provider to a medical provider.
	• Offer technical assistance to providers who might need financial support during transition
	• Build in to Bayou Health plan contract that they have general information sharing requirements under a universal consent form as clients become members in the plan. Assure them that it is part of a normal and standard business practice. Explain to members so that they have informed consent.
	• Technical assistance should include:
	  • How to set up a true quality assurance program (choosing quality indicators, capturing those indicators, and how to analyze data/statistical knowledge)
	  • How to establish a quality improvement program:
	  • How to identify areas in need of improvement through the use of objective data
	  • How to construct an improvement plan
	  • How to implement the plan
	  • How to monitor to see if the plan is working
	  • How to determine what to change if the plan is not working	

	• How to analyze data • Expertise in choosing an integrated EHR that can be modified to collect real time quality data • How to use and interpret quality data to lead to improved performance ***How should the Bayou Health plans monitor evidence-based practices (EBP) with fidelity to practice?*** NOTE: Question is misleading if it's about programs, or are we referring to practices? Take out the program in the sentence. We should be talking about evidence-based practices for specific diagnoses and categories. <u>*Overall Themes:*</u> 1. Bayou Health Plans need to focus on outcomes. Monitoring fidelity is expensive; do they even have the capacity and staff? 2. Licensing and credentialing process should include monitoring of fidelity of practices. 3. EBPs are identified in National Guidelines; look at process now for monitoring. 4. DHH should have the role of monitoring of fidelity. Could be considered in Accountability and Implementation Plan (AIP) process with the LGEs. • Expecting the Bayou Health Plans to monitor is overreaching. In relation to a specific "practice," use the national standard. • What practices will be reimbursed, and do they cover the continuum of services? • What are the EBPs approved by the state? • We need to maintain appropriate consultants to implement the EBPs. • Bayou Health can monitor the appropriate use of medications—fidelity monitoring around types of medications and appropriate use. Outcomes are poor because guidelines are not followed. • What is the baseline standard? • Monitoring should include feedback from the model facilitators/trainers to be included in data on outcomes. • Bayou Health can communicate with providers what outcomes they are looking for. Outcomes are easier to follow and measure. If you are measuring the outcomes, you see the movement in the right direction. Outcomes should reflect the fidelity. • Bayou Health should track overall outcomes like length of stay, recidivism, tracking readmission, discharge planning are monitored.	

	• Any statewide adoption of a practice should be monitored (for example: ADHD).
	• Licensing and credentialing:
	  • Aren't most programs monitored by the national group?
	  • Credentialing process should identify how the fidelity of the practice is monitored.
	  • Make sure patients are meeting the guidelines for patient population.
	  • Bayou Health plan may not have the personnel, but they should ensure programs are meeting fidelity standards. Monitoring should include the fidelity to the model and training.
	  • Fidelity assessment tools that are standard should be used.
	  • National guidelines clearinghouse has identified EBPs which we should adopt and not reinvent the wheel.
	  • List the providers who are certified in a specific practice. Bayou Health should go further to ensure the fidelity.
	  • Should every provider implement all the EBPs? If a provider holds itself out to provide an approved EBP, they have to show they have been trained. What financial incentives are providers given to ensure EBPs are provided?
	  • Fidelity assessments were done for ACT teams in the past; now there is no knowledge as to whether it is being done currently. Please advise.
	  • Peer support programs administer surveys to monitor quality and outcomes. Certification of peers is available to ensure training is provided on the model. How will peer supports be certified under Bayou Health?
	  • Bayou Health should pay a certain rate if they are implementing a certain practice.
	  • Exercise caution with a for-profit company monitoring fidelity.
	  • Fidelity monitoring should fall under the licensure and credentialing category under DHH licensure with Health Standards (e.g., fidelity should be monitoring by DHH). Others thought monitoring of EBPs should fall under Medicaid as contract manager.
	  • Outcomes should be available to the states by the Bayou Health plan.
	  • Providers should be joint Commission and CARF accredited. CARF accreditation ensures compliance to the model. Will all EBP providers be required to be CARF accredited?
	  • Insurance companies such as the Bayou Health plans have incentives to disqualify services.	

	• Is there enough capacity for Bayou Health to ensure fidelity of practice? Requires onsite monitoring, do they have staff/personnel to do that? • Bayou Health needs to get the data to follow the client to ensure level of care is appropriate. • Bayou Health should have a repertoire of information to ensure they know what the best practices are. • Bayou Health should not do this function, they should continue the auditing of outcomes. • Consider comfort level for providers; state should continue what state does. But it will be hard to monitor from DHH headquarters in Baton Rouge—should be given to LGEs with support for adequate resources. ***What local staffing requirements should exist for the Bayou Health plans?*** • In state administration (CEO, COO, CFO, IT) • In state staff sufficient to respond to member provider issues • Case managers and licensed reviewers who are licensed reviewers who are licensed in Louisiana • Sufficient IT and claims management staff to assist providers with claims submission issues • Sufficient member service personnel to address member concerns with regard to access to services and other member services. • Local staff with Bayou Health need to be knowledgeable about behavioral health services • Need provider relations and peer support services locally staffed and preferably with college degrees/experience • Utilization management (UM) staff and care managers that are LMHP medical personnel, locally assigned and ASAM experienced. UM staff should be individually assigned as case workers to each provider so they only have 1 person to call. • Local staff consisting of psychiatrists, addictionologists, licensed social workers, nurses, pharmacologists, medical psychologists • Specialized care coordination expertise • Backup sites for hurricanes and emergencies • Hotlines have to be staffed by behavioral health experienced staff and operated locally • Clinical triage teams experienced in behavioral health • Have organized community outreach teams knowledgeable in behavioral health • Peer support supervisors • Liaisons and backup liaisons, particularly for LGEs and embedded in the LGEs if possible. Liaisons for each provider type if possible, and member liaisons (including both primary	

	care and behavioral health specialties with a liaison in each region)
	• Bayou Health should maintain a presence/office in each region of the state or have local quick access; have a local administrator who makes decisions.
	• Dedicated trainers in processes, quality management
	• Member and provider relations staff
	• Case managers and license reviewers must also be licensed in Louisiana
	• Hold periodic meetings that invite all local providers
	• Diverse, multi-lingual staff including local, community persons
	• Medicaid enrollment specialists
	• Claims management staff with a centralized claims processing for both behavioral and physical claims
	• Judiciary liaison for each Bayou Health plan
	• Employ staff who are knowledgeable about ASAM levels that can assist on the front end
	• Knowledgeable reauthorization staff and assigned staff who can approve admission and discharge with follow-up relative to inpatient psych care
	• Persons knowledgeable for approvals/discharges for inpatient psych care and overall improvements in case management staff
	• Quality staff that perform spot checks for those not reaching outcome measures
	• Family support coordinators that are local and multi-cultural
	• Patient advocates
	• Provider care and mental health and addiction liaison in each region
	• Single 1-800 number for members and providers with 24/7 access
	• Q&A section on Bayou Health plan websites
	• Housing coordinators
	Public response
	• Question 1:
	  • Reasons for switching between the Bayou Health plans and the numbers associated
	  • Members switching providers within the same level of care.
	  • Grievances and complaints.
	  • Provider dashboard that Magellan publishes needs to transition over to Bayou Health and try to include client outcomes.
	  • Performance based rate setting.
	  • Metrics around 1915(i) process and timelines associated with benchmarks.	

	• Retention of provider metrics. • Question 2 – Provide info on types of EHRs and Bayou Health should give electronic mechanism for providers to track progress of an authorization so they can report back to clients. Offer TA on primary care world including trends and future aspects of the healthcare system. • Question 3 – Monitor the number of people authorized for service that dropped out; referral criteria. • Question 4 – Want a Louisiana based call center for Bayou Health providers, or in the alternative, offer A LOT of cultural-based competency training to be effective immediately on December 1, 2015; liaisons to providers/member boards.	

3:30-4:00pm	Questions/Answers & Closing Remarks
	• Working through first 2 meetings' recommendations to answer them in the best way possible. Still some answers we don't know, but will work to address all comments for the last advisory group meeting.
	• Magellan will be reaching out to its provider network for focus groups on specialty areas for transition.
	• OBH and Medicaid are continually looking at ways to field information to help us sort through the issues. We have arranged an internal meeting between OBH and the Bayou Health plans to orient them to our experiences and agreements through the LBHP and start to unveil our needs and concerns over and above the basic benefit plan re: unique specialization of our provider network and members. This will be the start of a series of meetings and some will involve provider group interaction with the plans as specific issues arise on the agendas.
	• April 24th date for final meeting will have to be rescheduled due to unavoidable conflict. New date will be decided and communicated soon.
	• Level of anxiety around this mission is high, but three major areas in the provider community include:
	  • Clinical Advisor and its transition – MGL will be issuing a series of communications and there will be a vendor's fair to begin considering possible EHR alternatives.
	  • CSoC changes – CSoC services and 1915(c) waiver will remain through integration; same for 1915(i) services. Administrative process around those services may be reconsidered.
	  • Certification and credentialing – working with Medicaid to address to the degree possible streamlining the process. There's not a sufficient amount of behavioral health info on the Bayou Health applications as they stand now, so we are working through possible adjustments.
		Dr. Rochelle Head-Dunham

	• Discussing with Bayou Health plans a possible separate circular for behavioral health • Please email any questions to our offices via *IntegratedHealthCare@la.gov* • All items being discussed in these meetings are being discussed and addressed • **Public question: How is information being disseminated and communicated out to providers?** DHH is developing a communications strategy across all levels: internally, to state partners, to members, and to providers (via Magellan or Bayou Health plans). It requires layered communications. The advisory group meetings were communicated outside of the main provider mailouts. • **Public comment: Don't forget to communicate to members and involve them in decision-making. There's still anxiety amongst members about integration/transition.** • **Public question: Can primary care providers play a role in medication management with behavioral health meds?** Primary care providers are able to prescribe, follow and monitor, and get reimbursement for services. With limited behavioral health prescribers, they should be able to follow same methodology with integration, especially through FQHC model. There are no identified barriers to that now.	