Wednesday, November 30, 2022; 11:00am PT

CalHIVE Behavioral Health Integration Improvement Collaborative

Informational Webinar

California Quality Collaborative

California Quality Collaborative

Advancing the quality and efficiency
of the outpatient health care delivery system by
creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder program.** Core funding from health plans sharing a delivery system.

Identifies and spreads best practices across outpatient delivery system in California

Trains 2,000 individuals from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

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Healthier, Inclusive, Valuable and Equitable Care for all Californians

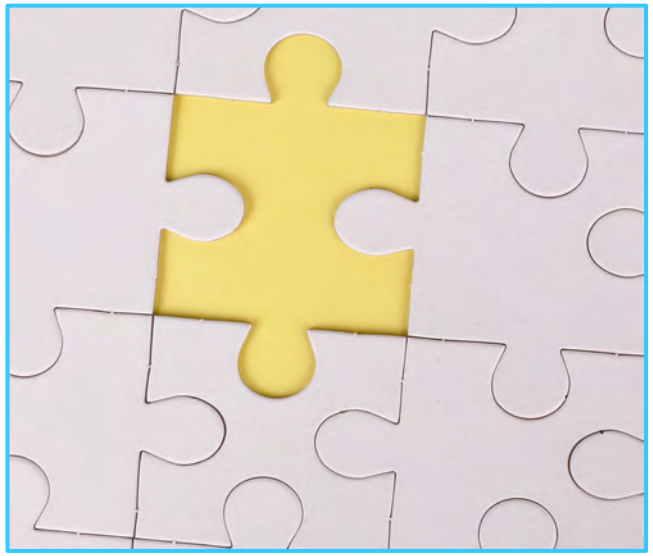
CalHIVE Improvement Collaboratives provide multi-year technical assistance that aims to:

- Support California-based delivery organizations in creating a sustainable health care system
- Provide access to individualized coaching, learning activities and data insights and analytics
- Achieve a breadth and depth of improvement by leveraging CQC expertise and subject matter experts

Learn more: CalHIVE Improvement Collaboratives

Today's Agenda

Reflect on the importance of behavioral health integration (BHI)



Discuss the goals of the BHI collaborative, curriculum and technical assistance

Take steps to join the CalHIVE BHI collaborative

Today's Speakers

Peter Robertson
Senior Director,
Practice Transformation

Felicia Skaggs
Senior Manager,
Behavioral Health Integration

Michael Au
Senior Manager, California
Quality Collaborative

Consider this scenario

Now, consider this scenario

Reflecting on this Patient Experience

Take a moment to reflect on the two scenarios presented:

How would you have felt as a patient in Scenario 2, compared to Scenario 1?

Come off mute or share your thoughts in the chat.

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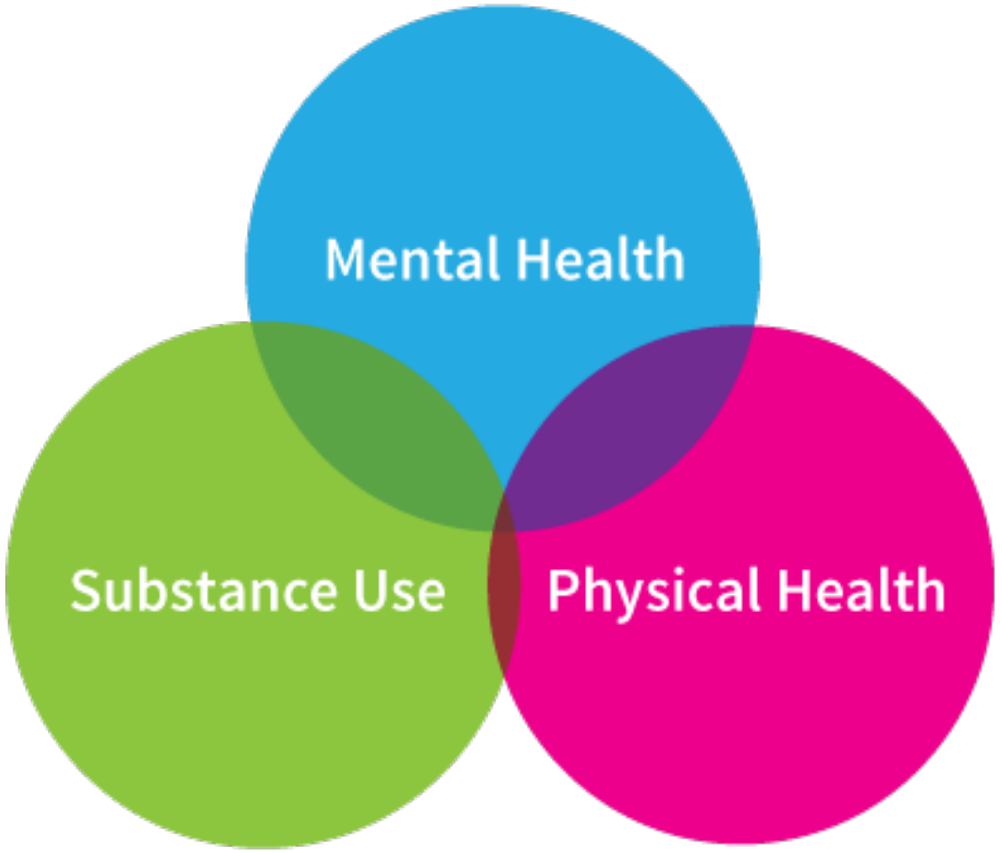
Focusing on Behavioral Health Integration

Integration – Addressing Whole Person Care

Recognizes that an individual's physical health can be impacted by multiple factors including:

- Behavioral health
- Substance use
- Social needs
- Environmental factors

Behavioral health integration and the provision of whole person care has been identified as a key attribute of high-functioning primary care, also known as **Advanced Primary Care.**



Commons barriers surrounding Behavioral Health

Fragmented Delivery

- BH carve out
- Limited coordination between primary care and BH services

Resource Shortages

- Not enough community providers to meet demand

Patient Stigma

- There is stigma associated with going to a clinic for behavioral health only

How integration addresses costs and access

COVID-19 pandemic saw an increase in adults experiencing symptoms of anxiety or depression.[1]

- Health care costs are 75% higher for patients with mental and chronic health conditions. [2]
- Only 1 in 3 patients are regularly asked about their mental health status.[3]

Effective behavioral health integration

- **Decreases overall costs** of care for patients between 5-10%. [4]
- **Improves access** to BH services.

1. Kaiser Family Foundation. The Implications of COVID-19 for Mental Health and Substance Use
2. Substance Abuse and Mental Health Services Administration. Behavioral Health Integration.
3. Purchaser Business Group on Health. The Current State of Mental Health Screening and Access in California: Results from 35,000 Patients
4. Milliman Research Report. Potential Economic Impact of Integrated Medical-Behavioral healthcare

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CalHIVE Behavioral Health Integration Overview

CalHIVE's BHI Collaborative

A 3-year improvement collaborative (July 2023 – June 2026) that will focus on integrating behavioral health services into the primary care setting. The collaborative aims to:

- Define and implement a BH integration pathway for each participant
- Increase access to BH within the primary care setting to support management depression and substance abuse issues
- Improve behavioral health and chronic disease outcomes across key indicators

PBGH California Quality Collaborative

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

CalHIVE BHI Curriculum

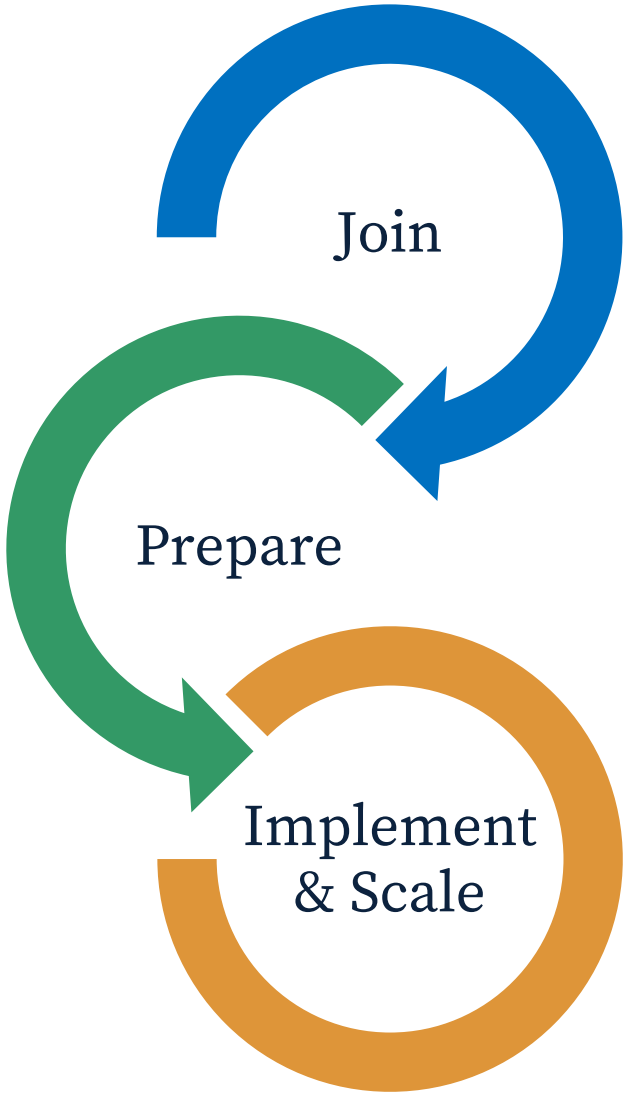
The collaborative will utilize CQC's BHI curriculum, developed specifically for California based delivery organizations

- Draws from **tested integration models**, such as the Collaborative Care Model, while providing flexibility for adaptation
- Sequenced for a "**stepwise" implementation** building upon early curriculum phases
- Improvement advisors will **tailor application** to each participant's specific needs.

Curriculum Areas:

- Project planning/ quality improvement
- Patient/family engagement
- Workforce
- Health IT
- Clinical/care models
- Data/reporting
- Financing
- Sustainability
- Health equity

CalHIVE BHI Timeline



Nov. 2022 – May 2023
- 1:1 conversations with potential participants and CQC team
- Contracting and identification of program team
- CQC to announce **8 participants** June 2023

Jul. 2023 – Jun. 2024
- Identify and secure commitment of pilot site(s)
- Conduct needs assessment and outline integration pathway
- Report data on collaborative measure set
- Participants required to graduate to years 2 and 3

Jul. 2024 – Jun. 2026
- Pilot site(s) begin implementing integration pathway
- Initial test of change expanded to include additional primary care sites throughout participant's network

Who can participate?

CalHIVE BHI is open to provider organizations across California. Ideal candidates:

- Have limited or no prior experience integrating behavioral health
- Manage a network of primary care practices (e.g., IPAs, MSOs, ACOs and FQHCs)
- Support practices with a variety of centralized services
- Take full-risk for patient care across any payer type

What will participants achieve?

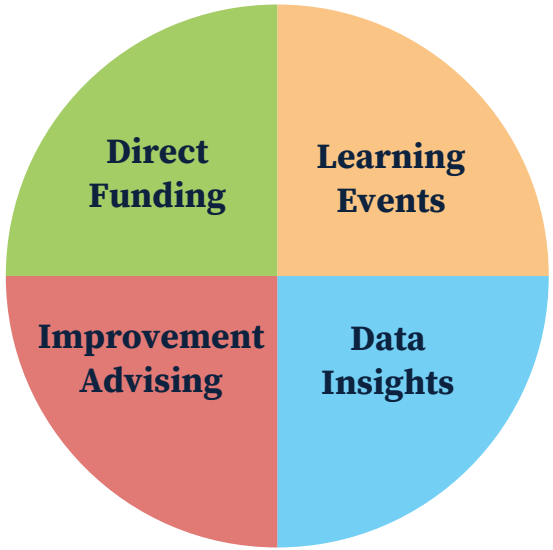
With support from the CalHIVE BHI team, participants will:

- **Identify and document** a BHI plan tailored to your organization
- Engage at least one practice (pilot site) to **implement** the BHI plan resulting in improved access to behavioral health services for your patients
- **Adopt and spread** best practices across your organization to expand screening and referrals for depression and substance use
- Outline a **sustainability** plan to maintain behavioral health services and scale across your organization

How will CalHIVE support participants?

Participants will have access to a variety of technical assistance, including:

- **Funding** to support integration – Up to $100,000 over 3 years, includes core and incentive-based payment
- **Improvement Advising** – Shoulder to shoulder support from CalHIVE's team of experienced advisors
- Virtual & In-person **Learning Events** – Access to subject matter experts and a network of peers
- **Data Insights** – Guidance to build data collection systems to support integration. Access to analysis and insights on data being reported and impact of work.



CalHIVE Technical Assistance

How will we monitor the impact of CalHIVE?

CalHIVE will monitor the impact of participants integration efforts across a suite of measures.

- Addresses both behavioral health and substance use
- Required and optional measures to support tailored approach
- Balancing measures will monitor impact of interventions on clinical health
- Broad collection of data to understand spread of best practices and serve as a point of comparison to pilot site

Domain	Measure
Behavioral Health	Depression Screening and Follow-Up for Adolescents and Adults (DSF)
	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
	Depression Remission or Response for Adolescents and Adults (DRR) – 4-8 Months
	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
	Prenatal Depression Screening and Follow-up (PND)*
	Postpartum Depression Screening and Follow-up (PDS)*
Health Outcomes	Diabetes HbA1c Poor Control (>9%)
Utilization	Emergency Department Visits

* Optional measure

Your commitment as a CalHIVE participant

Supported by an engaged and committed leadership team, participants will:

- Recruit and support an integration pilot site(s)
- Identify an internal team to engage and collaborate wit the CalHIVE BHI team including:
  - Regular touchpoints with your organization's improvement advisor
  - Participation in virtual and in-person learning events
  - Quarterly submission of data across the BHI measure set
- Utilize funding to support integration efforts (e.g., staffing, technology, etc.)

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Questions & Answers

Questions & Answers – Eligibility

1. What types of organizations are eligible to participate?

- See slide #19 for who can participate.
- You are still eligible if you have previously received grant funding for integration projects, but we are looking for organizations at the beginning or early part of their BHI journey.
- Community-based organizations and health plans not eligible; we encourage you to share the opportunity with partner provider organizations.

2. How do you define "beginning to early" part of BHI journey?

- *Scenario 1: We have a team of behavioral health providers but have had challenges in achieving full integration. Would we still be eligible to participate?*
- *Scenario 2: What do you consider a program being integrated? We have a behavioral health program but need additional structure and support to help grow the program.*
- To better understand each organization's particular situation, we encourage you to reach out to Michael Au mau@pbgh.org to explore if this program is right for you.

3. Is there a set number of provider organizations that will be "accepted" into this program?

- Eight provider organizations will be accepted.

4. Does the collaborative include pediatric spaces?

- While we are targeting adult primary care practices, we encourage you to reach out to Michael Au mau@pbgh.org to discuss further.

Questions & Answers – Program Requirements

5. What are the requirements to participate in the collaborative?

- See slide #23 for Participant Commitments.
- Each team is committing to implementing the pilot project at their own organization.

6. What team members should be part of the program?

- We strongly recommend a team that includes:
  - Executive leader / sponsor
  - Clinical lead
  - Project management
  - Data
  - BH staff, either already on staff or to be hired in first phase of program
  - Pilot practice site staff, once identified

7. It would seem that integration requires provider/behavioral health interaction, which means investing resources, as providers generally are the backbone of an organization's revenue. Can you achieve integration in a way that does not require provider time?

- Behavioral health integration occurs when involving behavioral health and primary care providers and care teams. When implemented well, it reduces burden on the care team. However, the care team needs to invest some up front to learn how to achieve those efficiencies.

Questions & Answers – Incentive Funding & BH Financing

8. How can the funding be utilized?

- There is flexibility for use of program incentive funding, as long as it supports program objectives. There are no criteria such as a minimum of patients served.
- However, the goal to set up a sustainable program so we do not recommend using funding for staffing costs or direct care services.

9. In addition to securing resources, are there other financial commitments to participate?

- Any financial resources that would be needed by the pilot site, in addition to staff/provider time as noted.

10. Will this collaborative address the behavioral health payment carve out?

- Yes, the collaborative will look at financing arrangements and will provide technical assistance that help organizations navigate the BH payment carve out.

Questions & Answers – Data & Reporting

11. Will data collection occur in the organization's EMR, or in another system?

- Data will be collected quarterly in a standardized template with measure numerators and denominators at clinician level. Data should be extracted from claims or an electronic health record.
- Organizations will need to submit measure data every 3 months through rolling 12-months measurement periods.

12. What resources should an organization have in place for data sharing? Does the collaborative support generating data reports from electronic health records?

- Organizations should have electronic medical record systems and/or population health registries where data is being documented, and the ability to pull data for the measures required (see slide 22).
- The collaborative will include data technical assistance to support organizations pulling the data and analyzing it for insights.

Questions & Answers – Integration

13. What kind of integration model will the collaborative support?
Example: Should practices have behavioral health therapist onsite to meet with patients, or are they referred out?

- The collaborative draws from tested integration models, such as the Collaborative Care Model, while providing flexibility for adaptation.
- For example, organizations will decide if they should have behavioral health staff in-person, virtual or through hybrid visits.
- Improvement advisors (coaches) will help identify a model and adapt for each organization's situation.

14. Can you please share examples of behavioral health and chronic disease outcomes supported through this collaborative?

- This program will focus on integrating behavioral health into primary care or patients with mild to moderate depression, substance use disorders and other conditions. The program includes diabetes and ED utilization measures to monitor physical health outcomes.

15. What are the biggest challenges to BH integration, and how they have been resolved?

- Integration will look different for every provider, and improvement advisors during the collaborative will help assess the needs of your organization for how to address those challenges. For example, it can be difficult to integrate outside providers, which could be solved by improved communication and looking at virtual or hybrid models. The collaborate will make sure that solutions are tailored to meet the needs of your organization.

CalHIVE BHI Team

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Health Integration

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Senior Manager,
Care Transformation

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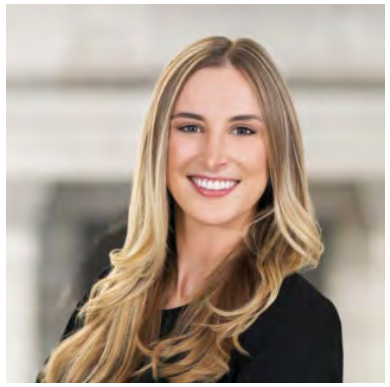
Data Analyst



Erika Lind
Manager, CQC Events &
Learning

How do I apply?

CalHIVE BHI is now accepting applications. On a rolling basis, applications will be reviewed and accepted until 8 participants have been selected. To apply:

Step 1: Review

- CalHIVE BHI Webpage
- Prospectus

Step 2: Contact

- Michael Au (mau@pbgh.org) to discuss participating

Step 3: Complete

- An application and the collaborative participation agreement

Step 4: Onboard (if accepted)

- Your assigned improvement advisor will begin the onboarding process

Sign Up Today!

CalHIVE Behavioral Health Integration Resources

- Webpage
- Program Prospectus
- BHI Improvement Collaborative Curriculum

Contact Michael Au at mau@pbgh.org to schedule a meeting with the CalHIVE Team