Session H07 and 18493

Building Bridges in Health Care:

Technical Assistance Driving Behavioral

Health Integration in California

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COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

CFHA Annual Conference
October 24th-26th, 2024

Faculty Disclosure

California Quality Collaborative, a quality improvement program of the Purchaser Business Group on Health, receives funding from the Centene Corporation as part of their undertakings agreement with the California Department of Managed Health Care.

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Conference Resources

Slides and handouts, shared by our conference presenters, are available on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Analyze best practices in providing integrated technical assistance to help organizations successfully launch integrated care initiatives.
- Explore strategies for delivering impactful training and educational events that drive learning and engagement.
- Pinpoint a critical implementation step that aligns with the needs of their stakeholders and enhances their work.

COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

CFHA

October 2024

Building Bridges in Health Care: Technical Assistance Driving Behavioral Health Integration in California

Collaborative Family Healthcare Association Annual Conference

Welcome!

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Connecting & Reflecting

Stand up and connect with a few people you don't know well.

Introduce yourselves and share:

"When we started BHI, I wish we had _____."

California: BHI Context & Project Goals

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 quality improvement program** of the Purchaser Business Group on Health. Core funding comes from health plans sharing a delivery system.

Identifies and spreads best practices across outpatient delivery system in California
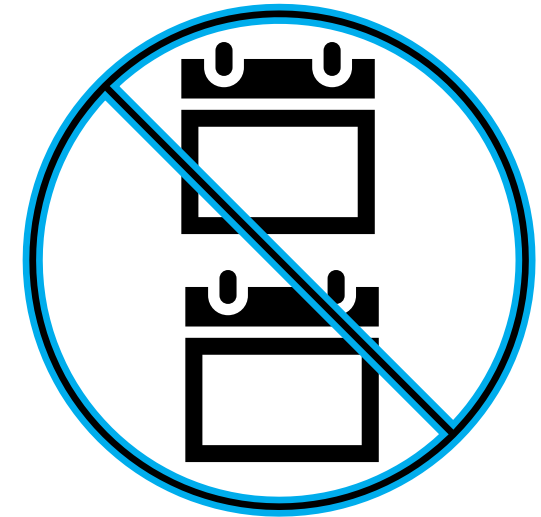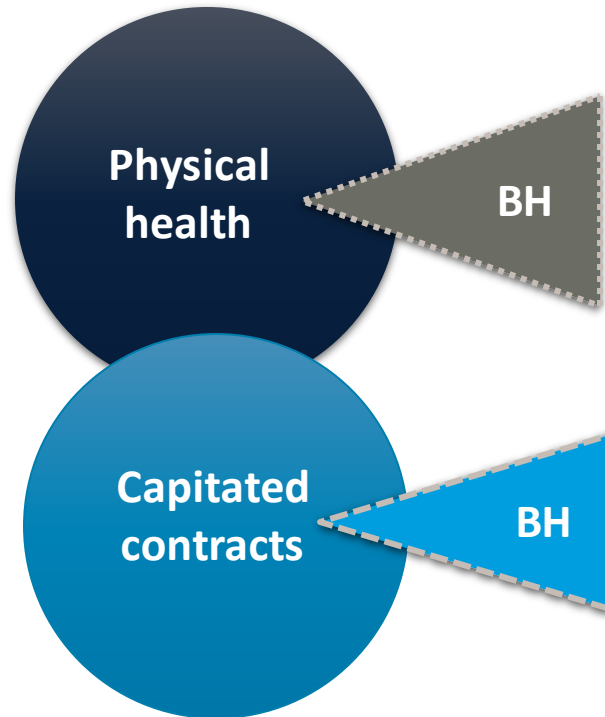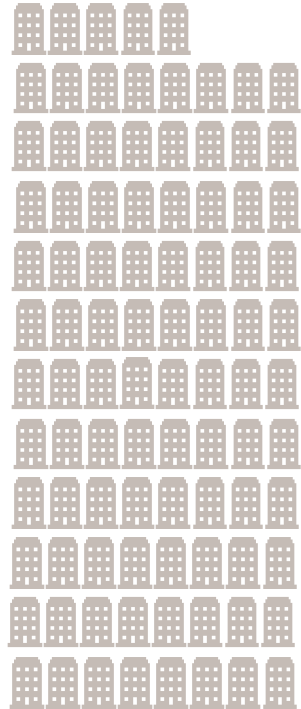
Trains 2,000 individuals from 250 organizations each year

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

Sponsors

California's Context for BHI Payment

93 different payers
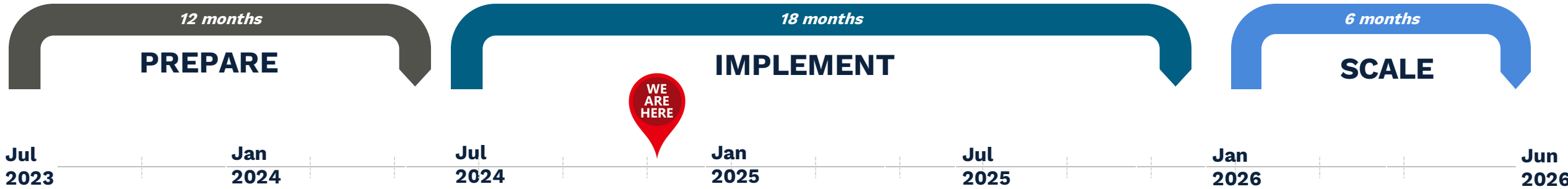(health plans and delegated provider organizations)

Two (often overlapping) carve-outs
- Mental health benefits
- Capitated arrangements

Same day billing prohibited for medical and behavioral visit for FQHCs

Sources: California Health Care Foundation. California Health Insurers and Enrollment – 2023 Edition "Weaving Together Mental and Physical Health Care Outside the Safety Net," CQC (May 2020)

CalHIVE Behavioral Health Integration | Program Overview

12 months

PREPARE

18 months

IMPLEMENT

6 months

SCALE

WE ARE HERE

| Jul 2023 | Jan 2024 | Jul 2024 | Jan 2025 | Jul 2025 | Jan 2026 | Jun 2026 |

- 5 payments available up to $100,000 ($80,000 core, $20,000 incentive)

- Biweekly direct coaching for implementation planning

Direct Funding

Learning Events

Improvement Advising

Data Insights

- Monthly webinars (content, peer-sharing); annual in-person meeting
- CFHA membership and California integrated peer group

- ~Quarterly data submission on global measures and pilot site measures

Integrated Technical Assistance

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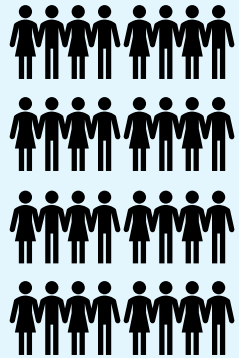PBGH California Quality Collaborative

CalHIVE BHI | Aims and Measurements

A three-year improvement collaborative (July 2023 – June 2026) focused on integrating behavioral health services into the primary care setting.

Collaborative Aim	Measured By
Define and implement a BH integration pathway for each participant	• Implementation Plan • Sustainability Plan
Increase access to BH within the primary care setting to support depression management and substance abuse issues	• Data: Global Measure Reporting • Data: Pilot Site Measures
Improve behavioral health and chronic disease outcomes across key indicators	• Data: Global Measure Reporting

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CalHIVE BHI | Participating Organizations

Provide care to over 730,000 Californians across all major payers (commercial, Medicare, Medi-Cal)

CalHIVE BHI: Technical Assistance Approach

Collaborative Values

1. Collaboration around a common goal
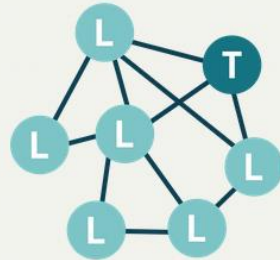
2. Trust and transparency

3. Reflect, revise and adjust

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Learning Design: Dialogue Education

LEARNING-CENTERED

Teaching-Centered

In this approach, the content is teacher-driven. Strategies may include active learning, but interactions are still mostly between teacher and learner.

Learning-Centered

A learning-centered approach acknowledges the expertise of the learners as well as the teacher. Teaching strategies invite interactions among all participants.

SAFETY · INCLUSION · RELEVANCE · ENGAGEMENT · RESPECT · IMMEDIACY

▶ *Learning more:*
- [Global Learning Partners](#)

California Quality Collaborative

Learning & Improvement Areas

- **Project planning:** project management and quality improvement activities

- **Patient family engagement**: feedback from patient and families

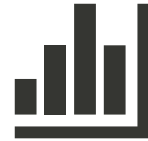- **Workforce:** recruitment, hiring, retention and training

- **Health IT:** electronic health records, registries, privacy and security

- **Clinical/care model:** operational workflows and clinical decisions

- **Financing**: funding and financial planning

- **Data/reporting:** performance measurement and quality reporting

- **Sustainability:** creating standard work; spreading pilot

- **Health equity:** addressing disparities in care and outcomes

Improvement Advising (IA)

Improvement Advising

- Biweekly Virtual Coaching
- Building Internal Sustainability
- Peer & Mentor Support
- Annual Practice Site Visit
- Quality Improvement Support

Learning Events & Resources

- Monthly Learning Webinars
- Annual In-person Convening
- Monthly Newsletter
- Resource Website (Program Development & Process Improvement)
- CFHA Membership

Assignments

- Implementation Plan Sections
- Implementation Milestone Assessment Tool (IMAT)
- Sustainability Plan
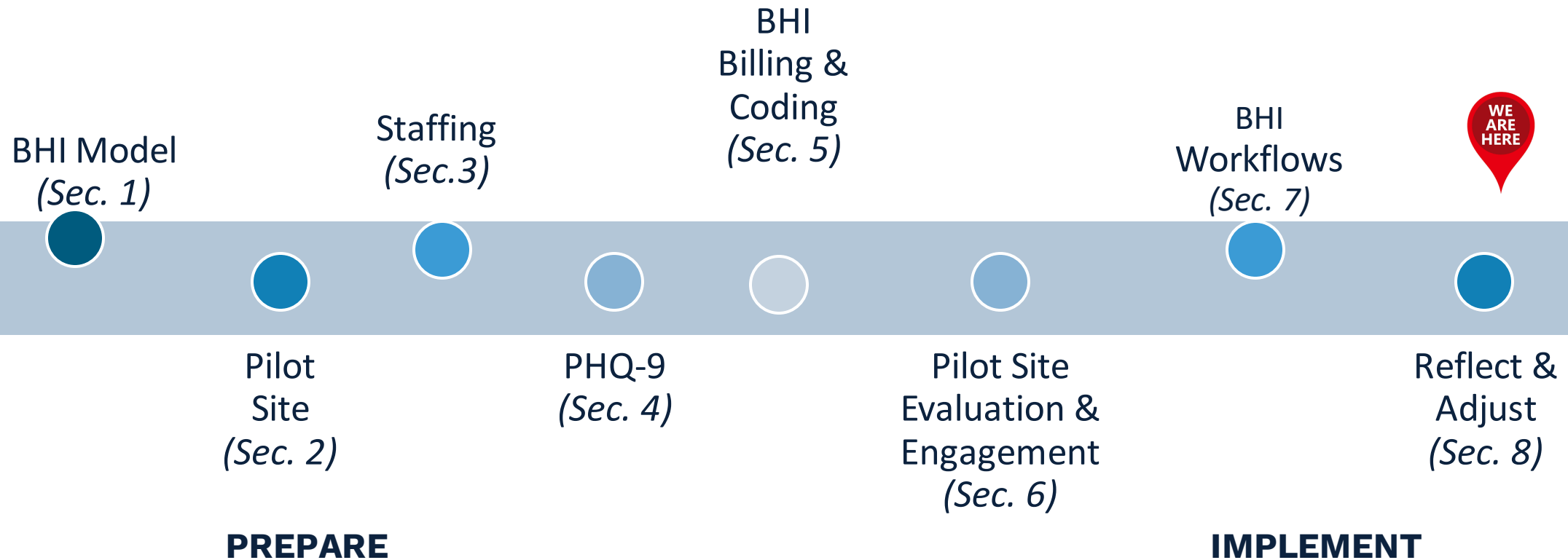- Disparity Reduction Plan
- SMARTIE Aim Statement

IA Collaboration & Culture

- Defined Roles & Responsibilities
- Feedback & Continuous Improvement
- Collaborative Culture (internal and cohort): identifying & connecting bright spots

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Improvement Advising Site Visit & In-Person Convening

Implementation Plan Sections

BHI Model
(Sec. 1)

Staffing
(Sec.3)

BHI
Billing &
Coding
(Sec. 5)

BHI
Workflows
(Sec. 7)

WE ARE HERE

Pilot
Site
(Sec. 2)

PHQ-9
(Sec. 4)

Pilot Site
Evaluation &
Engagement
(Sec. 6)

Reflect &
Adjust
(Sec. 8)

PREPARE

IMPLEMENT

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Implementation Plan Samples
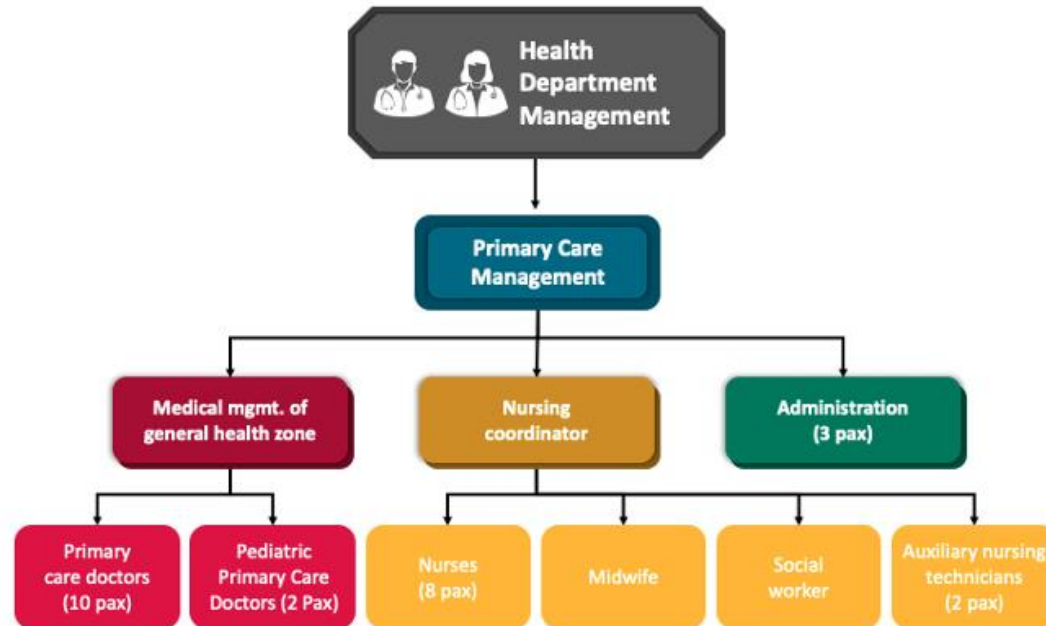
Reporting & Analytics

Reporting

- **Global Measures** data reported through rolling 12 months measurement periods for the entire primary care PO network (includes pilot site)

- **Pilot Site** measures: self-determined

- Reported ~quarterly

Analytics

- Teams given Tableau analytics tool with individual & cohort performance trends

	Global Measures	Measure Info
1.	Enrollment (all patients)	*N/A*
2.	Depression Screening and Follow-Up	NCQA – HEDIS DSF1
3.	Depression Remission or Response	NCQA – HEDIS DRR
4.	Diabetes HbA1c Poor Control (> 9%)	NCQA – HEDIS HPC
~~5.~~	~~Unhealthy Alcohol Use Screening and Follow-up~~	
~~6.~~	~~Emergency Department Visits~~	

Pilot Site Reporting (Self Determined)	
1.	Implementation Plan Measure – Process
2.	Implementation Plan Measure – Financial

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CalHIVE BHI: Example from the Field

Implementation Hurdle

- **Background:** 35,912 patients, 11 family physicians, 23 family residents and 1 LMFT/PhD

- **Hurdle:** Capacity of behavioral health provider supporting physician, family residency program, 3-4 MFT practicum students and BHI program

Key Highlights:

- Leveraging interdisciplinary team

- Hiring not an option

- BHI billing and coding workflows

- Leadership support

- Training MFT students

Brainstorm
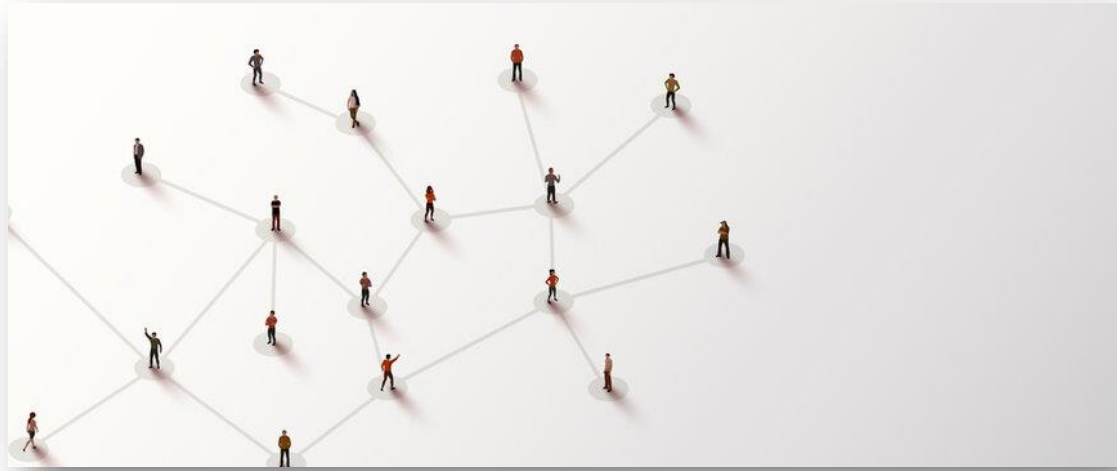
- Imagine you are an improvement advisor/coach supporting this organization

- How you would approach supporting this organization?

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Solutions

Leverage Technology

- **EHR Screening**: Utilized electronic health record (EHR) to screen patients using PHQ-2 and PHQ-9 with a hard stop, significantly reducing the burden on staff.
- **Telehealth Implementation**: Implemented telehealth services to extend the support of BHI providers to more patients.

Enhance Interdisciplinary Collaboration

- **Defined Roles and Responsibilities**: Clearly defined roles and responsibilities for interdisciplinary teams, integrating into their workflows (example: billing and coding).
- **Improvement Advising Meetings**: Team members utilized IA meetings to report progress, troubleshoot issues and create actionable next steps to ensure BHI program's continuous advancement.

Expand Workforce Capacity

- **Training Programs**: Trained staff and practicum students to provide behavioral health resources for patients with mild conditions.
- **Leadership Support**: Leveraged leadership to troubleshoot issues and provide high-level program support.
- **Team Buy-In**: Fostered collaborative team support and buy-in at all levels, ensuring flexibility to improve workflows and scheduling.
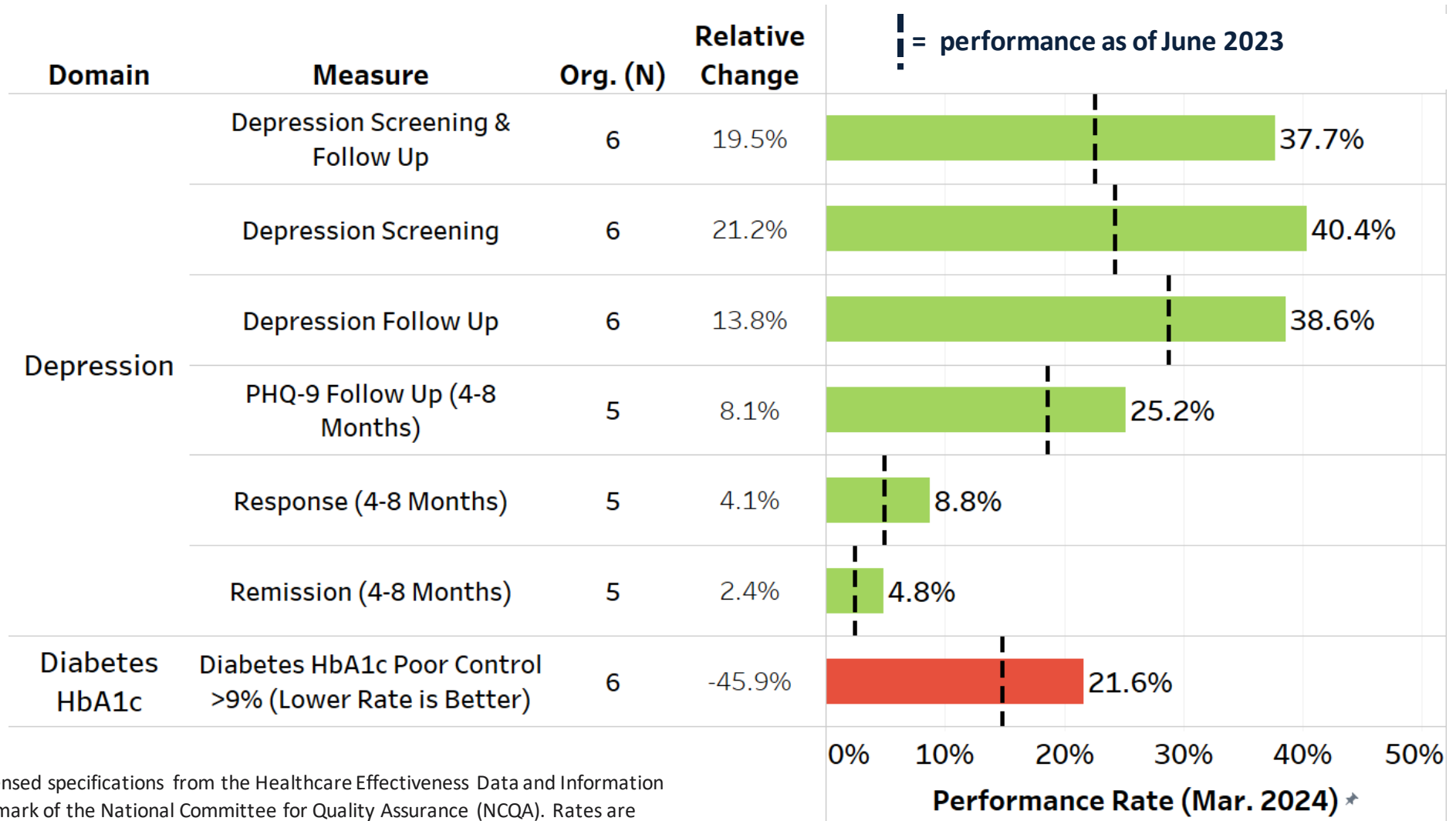
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CalHIVE BHI:
Impact, Lessons Learned & Opportunities

Impact | Performance
March 2024

| Domain	Measure	Org. (N)	Relative Change	Performance Rate (Mar. 2024)
				▮ = performance as of June 2023
Depression	Depression Screening & Follow Up	6	19.5%	37.7%
	Depression Screening	6	21.2%	40.4%
	Depression Follow Up	6	13.8%	38.6%
	PHQ-9 Follow Up (4-8 Months)	5	8.1%	25.2%
	Response (4-8 Months)	5	4.1%	8.8%
	Remission (4-8 Months)	5	2.4%	4.8%
Diabetes HbA1c	Diabetes HbA1c Poor Control >9% (Lower Rate is Better)	6	-45.9%	21.6%

Measure rates are based on licensed specifications from the Healthcare Effectiveness Data and Information Set (HEDIS®) a registered trademark of the National Committee for Quality Assurance (NCQA). Rates are displayed for quality improvement purposes only and are uncertified. To learn more about copyright notices and disclaimers of licensed products, click here.

*Note: two organizations are not included due to limitations with data reporting (EHR transitions)

Impact | Implementation

Implementation Milestone Assessment Tool (IMAT) Trends
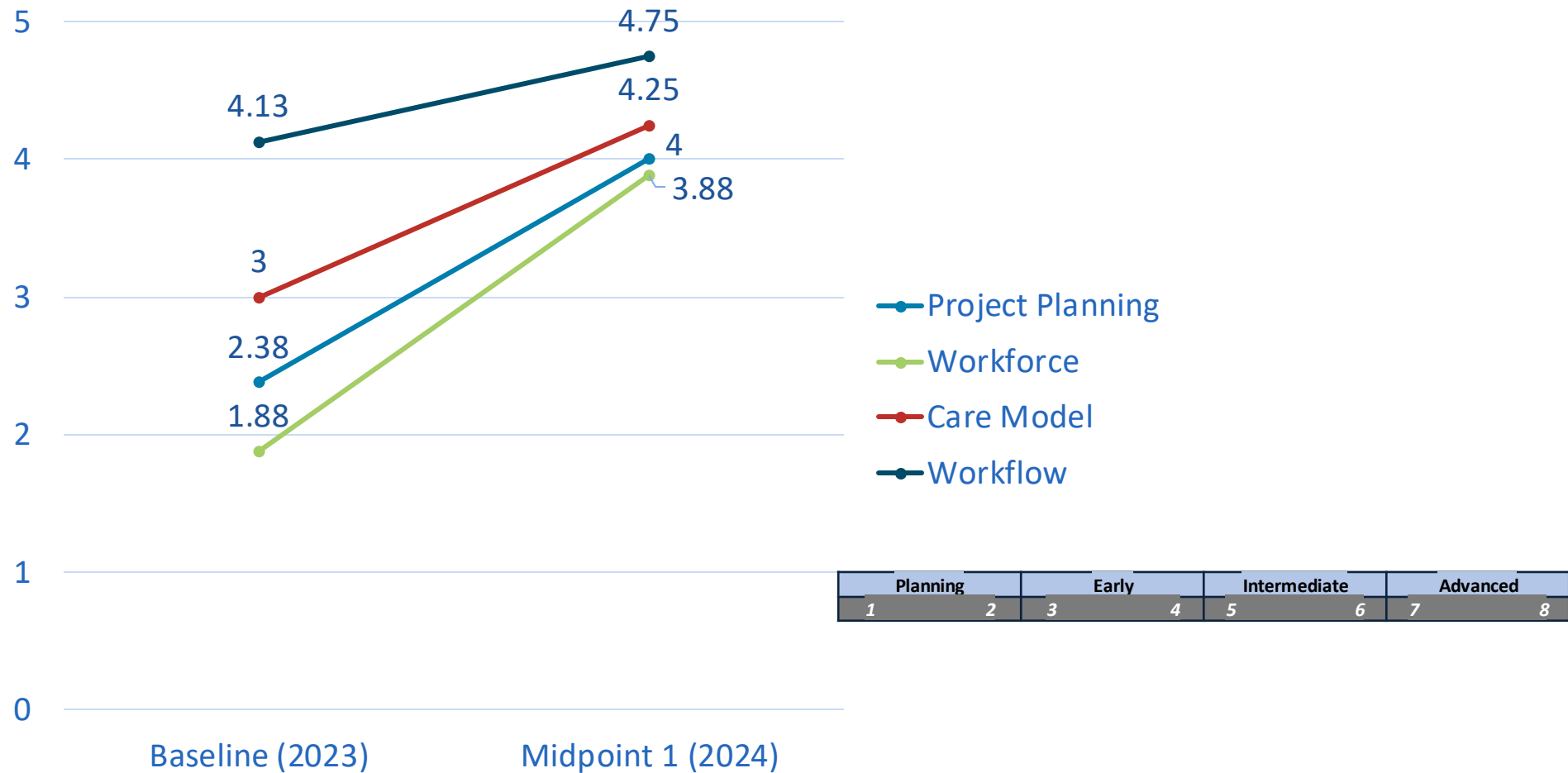
Connection & Celebration

Winner: Most Improved
Pomona Valley Hospital
Medical Center

Winner: Most Impact
San Francisco Health Network

Most Improved
CalHIVE BHI 2024 Convening

Most Impact
CalHIVE BHI 2024 Convening

Lessons Learned

- Leveraging organizational and individual team members strengths
  - ❑ Strengthening internal and cohort collaboration (see our values!)

- Building organizational capacity for integrated care
  - ❑ Embedding long-term vs. "grant project"; leadership engagement

- Balancing individualized attention with broad-based guidance
  - ❑ Delineate "core curriculum" and individualized application (e.g., BHI models, BHI model selection)

- Navigating competing priorities (e.g. EHR transition)
  - ❑ Be flexible!

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Lessons Learned

- Innovative approaches to remote team engagement
  - ❑ Build trust when not onsite, not part of org

- Program planning for long-term work
  - ❑ Plan in 3-4 month "chunks"

- Engaging stakeholders in continuous feedback loops
  - ❑ Conduct webinar polls, program surveys, peer coach feedback

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Future Opportunities

- Embed BHI sustainably

- Continuously support provider engagement and leadership support

- Solve for BHI financing

- Capture and share insights gained throughout the project
  - Share lessons with other states, partners
  - Having a diverse expert panel – tapping into experts from all disciplines

- Encourage community engagement
  - Policy, advocacy, problem solving, peer sharing

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Behavioral health integration is a marathon not a sprint.

What is one reflection about building a BHI program you want to share with someone after this session?

Thank you!

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Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

See you next year in Raleigh, NC!