

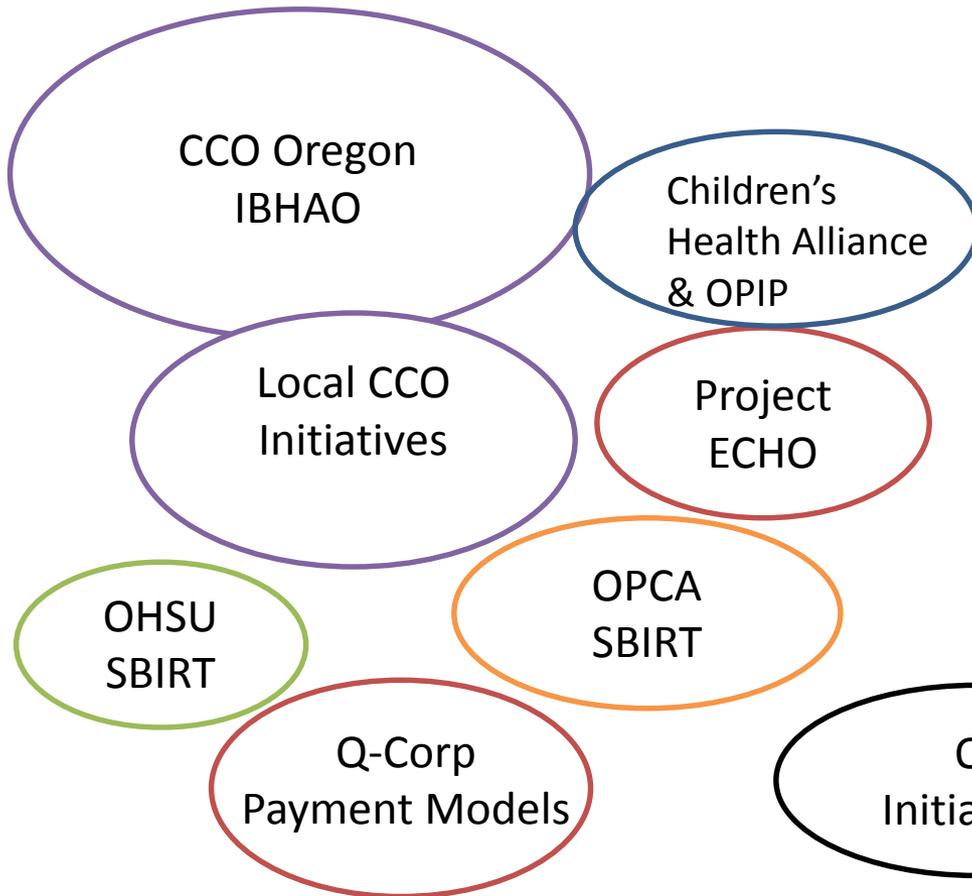
Oregon Behavioral Health Integration: What we've heard, seen and learned

Integration Environmental Scan

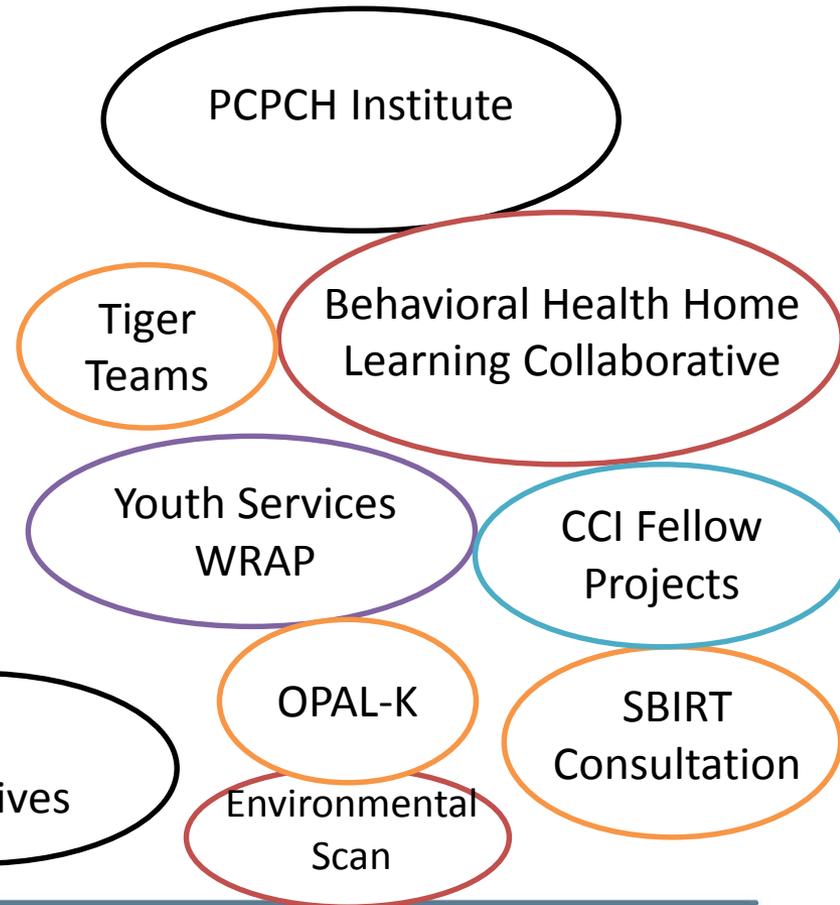
- OHSU qualitative research, five geographically dispersed CCO communities.
- Additional 30+ site visits, CCO and provider interviews.
- Informed by stakeholder groups NAMI, IBHAO, CHA, OPCA, BHH-LC,
- Oregon Innovation Café, Behavioral Health Affinity Group.

Integration Initiatives

Provider and Payer Initiatives



OHA Initiatives



High Level Findings

- **Lives are being impacted and saved .**
- Some degree of implementation in most communities, but still limited population penetration.
- Wide variability in the degree of implementation, from system-wide to beta testing.
- Variation in practice models and strategies.
- Ongoing regulatory, reporting, and financial silos
- Common set of barriers and requests for assistance.
- Opportunities for much more shared learning

Models and Strategies

- Levels of Integration
 - Coordinated
 - Co-located
 - Embedded
- Delivery strategies
 - Single organization
 - Dual or multiple organizations
- Behavioral Health Homes

Challenges

- Reimbursement / sustainability
- Communications
- Work Force
- Project management capacity / Change fatigue
- BH specialty care and BH Homes
- Data and analytics
- Health Neighborhoods

Reimbursement /Sustainability

- Complexity and confusion about billing rules
- Continuing budget and regulatory silos
- Codes and billing systems not integrated
- BH vs. HB
- Credentialing
- Non-billable services (no codes)
- CCM model needs to be adopted by commercial payers
- Alternative payments models need to be accelerated

Communications

- Confidentiality regulations
- Misconceptions about confidentiality regulations
- Less developed BH IT systems
- Non-aligned EHR systems

Workforce

- Practice cultures
- Practice redesign and provider retraining
- Provider capacity / access
- Psychiatry gap (adult and child)

Data and Analytics

- Dearth of integration metrics.
- Tools to capture the value of integration.
- Encounter-based data reporting requirements.
- Burden of non-aligned reporting requirements.

Behavioral Health Home Learning Collaborative

Project goals

- **Goal:**

Improve the health of persons with Severe and Persistent Mental Illness and Substance Use Disorders.

- **Methods:** Training and on-site practice coaching.

- **Objectives:**

- ✓ Adopt & adapt PCPCH principles & practices in behavioral health settings.
- ✓ Apply Continuous Quality Improvement tools to improve specific health conditions.

- **Examples:**

- ✓ Improve screening for unmet physical or behavioral health needs.
- ✓ Create registries of clients in need of integrated care.
- ✓ Promote team-based care across primary care, mental health and addictions treatment.



Participating Project Sites

Organizations

- Bridgeway Recovery Services
- Cascadia Behavior Health
- Lifeworks NW
- Options for Southern OR
- Eastern Oregon Alcoholism FND.
- Community Health Services
- Community Health Alliance
- Lane County Behavioral Health
- Old Town Recovery Center
- La Clinica
- Willamette Family Inc.
- Center for Family Development
- Mid-Columbia Center for Living

Locations

Salem
Portland
Portland/Hillsboro
Grants Pass
Pendleton
Benton & Linn Co.
Roseburg
Eugene
Portland
Medford
Eugene
Eugene
Hood River

Technical Assistance Strategies

- Integration Coding and Billing Advisory Group
 - Develop issue briefs & guidelines for billing in an integrated model.
 - Develop a communication plan for disseminating billing information.
 - Develop recommendations for modification to rules that inhibit or could facilitate integration.
- BH Information Sharing Advisory Group
 - Develop issue briefs & guidelines.
 - Develop a consent template.
 - Create a website and provide a 3-part webinar series .

TA Strategies Continued

- PCPCH Integration Standards Advisory Committee
 - Develop BH standards in Primary Care.
 - Develop Behavioral Health Home Standards.
 - Crosswalk with CCBHC criteria
- BHI Regional Consultants and Practice Coaches
 - Contract with regional practice enhancement specialists to provide TA to CCO's and practice groups.
 - Develop curriculum to support training of existing practice facilitators.
- Information Technology and Telehealth Support
 - Scale Project Echo pilot.
 - Explore expansion of OPAL-K availability.
 - Telehealth patient assessment and treatment.

TA Strategies Continued

- BHI Work Force Development
 - Confer with professional schools on curriculums.
 - Promote opportunities for CME/ CEU training.
 - Collaborate with OHPB Board Workforce Committee.
- Integrated Health Community Engagement
 - Link CHIP & CAC leaders interested in BH wellness.
 - Work with AMH Office of Consumer Affairs to enhance to address BH stigma barriers.
 - Link with OHPB Medicaid Advisory Committee.
- Integration Analytics Advisory Group

TA Strategies continued

- BHI Learning Library
 - One-stop site for information, but no wrong door
 - Includes articles and tools
 - links to a myriad of online resources, e.g. SBIRT
 - Podcast interviews
 - Webinars and virtual site visits focused on the nuts and bolts details of implementing integrated care.

Questions & Comments