Project LAUNCH: Working with Private Payers

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Blue Cross Blue Shield of Massachusetts Payments for BH Services for Children and Adolescents: *The Current World*

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- Developmental/Behavioral Screening
  - Primary care providers bill 96110: Developmental Testing, Limited
  - Paid separately by private payers and Medicaid when billed with preventive visit
- Psychiatrists:
  - Can bill evaluation, medical management, and therapy codes
  - Can bill E&M codes
- Therapists: Can bill evaluation and therapy codes
- Primary care clinicians:
  - Can bill E&M codes for counseling (if >/= 50% of time of visit)
  - Cannot bill evaluation, medical management or therapy codes
- Co-Located therapist in primary care office:
  - Can bill evaluation and therapy codes if contracted with health plan

The New World…

Fee-For-Service System is Failing All of Us

- Problems for Pediatric and Behavioral Health Providers:
  - Administrative burden
  - Denials
  - Reimbursement for collateral contact
  - Limited range of services defined by billing codes
  - Counter-productive incentives
  - Reimbursement rates

Goal for Blue Cross Blue Shield of Massachusetts Alternative Quality Contract (AQC): an ACO Model

Bring trend down to CPI by changing payment system to reward quality and efficiency instead of volume and intensity of procedures

Integrated care focused on primary care teams and collaboration among all providers is fundamental to success

Highlights of the AQC Model *(1 of 2)*

Global Budgets	• Supports collaboration among primary care providers, specialists, community and tertiary hospitals, behavioral health providers, etc.… • Rewards efficient provider organizations with increased margins
Performance Incentives	• Creates accountability for quality, safety and outcomes in all aspects of care • Ties payments to achieving the goals of safe, effective, patient-centered care.

Highlights of the AQC Model *(2 of 2)*

Sustained Partnerships	• Encourages investment in long-term quality and efficiency initiatives • ***Promotes the integration and coordination of care***
Care Restructuring	• Encourages investment in primary care teams • Creates opportunities for the implementation of alternate care delivery models (e-mail, group visits, etc.), new collaborations among providers, and other innovations…

How is the AQC/ACO Different from Capitation?

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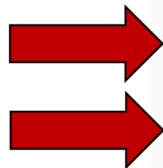
- Includes a significant quality performance upside potential, including measures of clinical outcomes and patient experience
- Settlement of all expenses for the population against their budget
  - Budget adjusted annually for health status
  - Budget increases by a trend rate less than network average
- Five year commitment allows for investment in innovations

Quality Measures and Incentive

- Process, outcome, and patient experience measures, out-patient and hospital
- Ambulatory outcomes triple-weighted
- **Notice that there are only Two Adult BH measures…no Pedi…**

2012 Ambulatory Measures



BCBSMA 2011 AQC AMBULATORY MEASURES	
Depression	
Acute Phase Rx	Ages 18 and older; Members newly diagnosed with Major Depression who are treated with Antidepressant medication and remain on medication for 84 days (12 weeks)
Continuation Phase Rx	Ages 18 and older; Members newly diagnosed with Major Depression who are treated with Antidepressant medication and remain on medication for 180 days (6 months)
Diabetes	
HbA1c Testing (2X) and Control	Ages 18 - 75; Two (2) HbA1c tests per year; most recent HbA1c level < 9.0%
Eye Exams	Ages 18 - 75; Eye Screening for diabetic retinal disease by an eye care professional
Nephropathy Screening	Ages 18 - 75; During current year, either (1) Evidence of Nephropathy screening (Microalbumin test) OR (2) Evidence of Nephropathy treatment OR (3) Nephrologist visit OR (4) Evidence of ACE/ARB therapy
Blood Pressure Control	Ages 18 - 75; Most recent Blood Pressure <140/80 mm Hg
Diabetes LDL-C Screening and Control	Ages 18 - 75; Annual LDL-C screening test; most recent LDL-C level <100 mg/dL
Cardiovascular Conditions	
Cardiovascular LDL-C Screening and Control	Ages 18 - 75; Annual LDL-C screening test; Most recent LDL-C level <100 mg/dL
Hypertension Blood Pressure Control	Ages 18 - 85; most recent Blood Pressure <140/90 mm Hg
Women's Preventive Screenings	
Breast Cancer Screening	Ages 40 - 69; Mammography once every 2 years
Cervical Cancer Screening	Ages 21-64; Pap test every 3 years
Chlamydia Screening	Ages 16 -24; at least one (1) Chlamydia test per year if sexually active
Preventive Screening	
Colorectal Cancer Screening	Ages 50-75; FOBT in current year OR Flexible Sigmoidoscopy every 5 years OR Colonoscopy every 10 years
Respiratory Conditions	
Adult Acute Bronchitis	Ages 18 - 64; Adults with diagnosis of Acute Bronchitis NOT treated with antibiotic
Pedi Upper Respiratory Infection (URI)	Ages 3 months - 18 years; Members with diagnosis of Upper Respiratory Infection (URI) who were NOT dispensed an antibiotic prescription
Pedi Pharyngitis	Ages 2 - 18; Members with diagnosis of Pharyngitis who were dispensed an antibiotic AND received a group A streptococcus test
Well-Visits	
< 15 months	Ages 0 - 15 Months; at least six (6) Well Child Visits in first 15 months of life with a PCP, PA or NP
3-6 Years	Ages 3 - 6; at least one (1) Well Child Visit per year with a PCP, PA or NP
Adolescent Well Care Visits	Ages 12-21; At least 1 Comprehensive Well Care Visit per year with a PCP, PA, NP, or OB/GYN

2011 Hospital Measures

Hospital Clinical Process Measures
AMI Measure
Aspirin at Arrival
Aspirin at Discharge
ACE inhibitor or ARB for Left Ventricular Systolic Dysfunction
Beta Blocker at Discharge
Smoking Cessation Advice/Counseling
Heart Failure Measure
Evaluation of Left Ventricular Systolic (LVS) Function
ACE inhibitor or ARB for Left Ventricular Systolic Dysfunction
Discharge Instructions
Smoking Cessation Advice/Counseling
Pneumonia Measure
Pneumococcal Vaccination Status
Influenza Vaccination Status
Antibiotics within 6 hours
Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
Appropriate Initial Antibiotic Selection
Smoking Cessation Advice/Counseling
Surgical Infection Measure
Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
Prophylactic Antibiotic Selection

Hospital Clinical Outcome Measures
Acute Myocardial Infarction After Major Surgery
In-hospital Mortality
Wound Infection Rate
Pneumonia After Major Surgery/Invasive Vascular Procedure
Selected Infections Due to Medical Care
Postoperative Pulmonary Embolism or Deep Vein Thrombosis
Birth Trauma – Injury to Neonate
Obstetric Trauma – Vaginal Without Instrument

Hospital Patient Experience Measures
Communication with Nurses Composite
Communication with Doctors Composite
Responsiveness of Staff Composite
Discharge Information Composite

What Does This Mean for Integration of Pediatric Primary and Behavioral Health Care?

Change is in the wind….

- Federal and state governments (Medicare and Medicaid) reducing health care budgets
- Employers demanding changes to slow premium increases or even reduce premiums
- All this means medical cost trend has to be slowed…and this pressure on the system won't disappear

Where is the Wind Blowing?...

- Movement away from fee-for-service by federal and state governments and by commercial insurers
- Revolution in alternative payment models
- New Relationships between providers
  - ACOs "own" the population and determine how to care for them, not insurers
  - So various types of providers are beginning to collaborate within ACO's or may approach/partner with ACO's
- This is an opportunity to promote pedi primary care-BH integration

Demonstrating the Value of Behavioral Health Integration with Primary Care

- ACO's and pediatric primary care providers don't understand how BH integration can be valuable so BH providers and others (you?) need to make that case
- Show that integration can:
  - Improve the quality of care
  - Lower TOTAL costs
- This value can be in any aspect of caring for an ACO's populations and keeping it healthy

Many Ways BH Integration Can Add Value

- Team and Collaborative Care Models
- Curbside Consults for providers
- Easy Access for patients (emergent and routine)
- Help reduce the increased medical/surgical costs associated with patients with BH diagnoses ("BH co-morbidity")
- Measure effectiveness with outcome measures *(help develop new and better pediatric BH measures, including outcome measures)*
- Create collaborative BH networks to address the full spectrum of needs
- Other…

Possible Financial Models for Integration of BH with Primary Care

- Retainers
- Payment for collaboration, meetings, support
- “Sub-caps”
- Pay for performance on outcome measures
- Fee-for-Service
  - Traditional process (and rates) through health plans OR…
  - Direct contracts with ACOs with negotiated rates based on the value provided
- Other….

Not necessarily limited to ACO's…some of this can work in FFS

Impact of New Models

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- Many specialists feel threatened.
- Hugely increased focus on primary care…with resources and respect starting to follow
  - Primary care clinicians have long felt underpaid, overworked, unappreciated, disrespected by specialty colleagues…and patients…
  - BH providers feel the same
- Integration with resurgent primary care may offer BH providers a path to thrive in the new world…

….IF THEY CAN DEMONSTRATE VALUE

Engaging Payers…
Regardless of Current Payment Model in Your State

- Participate in Pediatric Councils or Child Mental Health Forums in your states, in collaboration with pediatric and/or BH leaders
  - Pediatricians, hospitals, advocates, government agencies, BH providers…and PAYERS (or invite them)
- Partner with above contacts and meet with colleagues at the plan or contact the CMO or BH leaders in the plan
- Offer collaboration: want to learn from and work with you…
- Discuss models that will promote integration and offer evidence for its value
- Encourage payers to include Pediatric BH measures in accountability measures for ACOs…but first must…
  - Encourage and work with national measurement entities to create such measures
  - Achieve this through work with local and national professional societies, hospital organizations, government entities, groups above, or individually

Thank you!