June 13, 2013

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The Joint Commission

- Independent
- Not-for-profit
- Private sector, non-governmental organization
- Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality & value.
The Joint Commission

- Ambulatory Health Care
- Behavioral Health Care
- Critical Access Hospital
- Home Care
- Hospital
- Laboratory Services
- Nursing and Rehabilitation Center
- Accredited over 20,000 health care organizations
Accrediting Behavioral Health organizations since 1969

Accredited over 2,000 Behavioral Health organizations

Range of settings/services

Our focus: helping behavioral health organizations help the people they serve.
Who can become accredited under the Behavioral Health accreditation requirements?

- Community-based Mental Health Services
- Services for Children and Youth
- Addiction Treatment Services
- Medication-Assisted Opioid Treatment Programs
- Services for People with Intellectual/Developmental Disabilities
Today’s Roundtable Topic

Behavioral Health Homes
Need for Behavioral Health Homes

- Integrated health care
- Access to health care
- Quality of health care
Behavioral Health Home (BHH) Certification

- Effective Jan 1, 2014
- Accredited under the Behavioral Health Care (BHC) program
- Integrated Behavioral and Physical Health Care
- Optional
Behavioral Health Home (BHH) Certification

Development Process

- Learning Visits
- Expert panel
- PTAC
- Advisory Councils
- Field Review
Behavioral Health Home (BHH) Certification

Concepts

- Coordination and Integration model for health care
- Guidelines. Not prescriptive requirements
Accreditation Requirements

- Core/Common Standards
- Additional BHH certification standards
Ohio Department of Mental Health (ODMH) designed a Medicaid Health Home to serve Adults with Severe and Persistent Mental Illness and Serious Mental Illness and Children/Adolescents with Serious Emotional Disturbance.
State amendment was passed Sept. 2012 for Health Home Service. The Health Home program standards can be found in the OAC 5122-29-33
Ohio Medicaid Health Home Background

- 2 year Federal and State match for Medicaid Health Home with 90% Federal match for 8 quarters, then regular match
Phase in implementation was designed based on geographic regions defined by ODMH, each region is to have separate 8 quarter 90/10 federal/state match based on phase in dates.
Unison is 1 of 5 agencies in 5 counties providing Health Home services at this time. The rest of the state is to be phased in Oct 2013. Approximately 14,000 clients are being served in the 5 Health Homes counties.

**Enrollment criteria:**

- Medicaid
- Adults with Severe and Persistent Mental Illness, or Adults with Serious Mental Illness
- Children/Adolescents with Serious Emotional Disturbance
- Client choice
Health Home Goals

- Improve Care coordination for clients
- Improve Integration of Physical and Behavioral Health Care
- Improve Health Outcomes
- Improve Experience of Care and Quality of Life for Clients
- Lower Rates of Hospital Emergency Department Use
- Reduce Hospital Admissions and Readmissions
- Decrease Reliance on Long Term Care Facilities
- Reduce Healthcare Costs
Health Home Service Components

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care and follow up
- Individual and family support services
- Referral to community and social support services
- Use of health information technology to link services
Staffing Requirements

- Team Leader
- Care Manager
- Qualified Health Homes Service Providers
- Embedded Primary Care Clinicians
Health Information Technology Data Sharing

- Client profiles
- Real time data exchange with hospitals
- Manage care plans
- Integrated care plans
26 Reportable Performance Measures

- Improve cardiovascular care
- Improve diabetes care
- Improve care for persons with asthma
- Improve health outcomes for people with mental illness
- Reduce substance abuse
- Improve preventative care
- Improve care coordination
- Improve appropriate utilization/site of care
- Improve management of behavioral health conditions
7 Medicaid measures:

- Initiation and engagement of AOD treatment
- Adult BMI assessment
- Timely transmission of records to Healthcare Professional within 24 hours of discharge
- Ambulatory care-sensitive conditions
- Plan-all cause readmissions
19 ODMH measures examples:

- Cholesterol LDL
- Blood pressure
- Hemoglobin A1C
Rapid Development and Implementation

- May 2012 Unison attendance to an ODMH Information Forum on Health Homes

- By October 1, 2012, Unison was certified to provide Health Home services, implementation began with the requirement that health home services be provided:
  - No pilot and no phase in at the provider level was permitted
  - Mass enrollment (by 10/31/12 approximately 3000 clients enrolled)
  - Notification to all clients via letters
  - Client Education of Health Home Services and Informed Consent
    > Group Orientations
    > Individual
  - Disenrolling clients who declined the services
  - Mass Hiring
  - Documentation Changes (progress notes, assessments, care plans, etc.)

- Learning Communities/Technical Assistance started January 2013
  Implementation Approach “Do First-Learn How Later”
Some Challenges of the “Do First-Learn How Later” Approach

- Mass enrollment with service provision responsibility, without enough staff and without trained staff

Staff without enough understanding/advance training:

- Little knowledge of Health Home, yet expected to do a new, different job
- Learning duties, objectives, goals, direction, focus, documentation, and major shift in health care provision philosophy on the go
- Staff trying to explain Health Home services and benefits to clients at same time staff are trying to learn and struggling to see benefits
- Expanding treatment focus to include medical issues prior to receiving training, much concern about scope of practice
Some Challenges of the “Do First-Learn How Later” Approach

Staff Resistance:

- misunderstanding
- general lack of knowledge
- job function changes
- job classification changes
Mass hiring challenges of competing with other agencies for staff

Not enough "stuff" (desks, phones, computers, parking spaces...)

Space (offices, group rooms)

Training staff in a rapidly changing environment
Some Challenges of the “Do First-Learn How Later” Approach

Technology Use and Outcome Reporting
- managing data between 5 different managed care companies
- data exchange and incorporation into the EHR
- data collection and reporting

Lack of Community Provider Education regarding Health Home Model and Implementation
“Flying the airplane while it is being built” is not fun – PREPARE!!!

- Train existing staff well in advance
- Advance discussions with staff about job function and position changes
- Enroll in stages so clients may be served adequately and efficiently while agency grows
- Hire in proportion to client enrollment
- Be ready for new staff (have “stuff” in place that is needed)
- Technology needs identified and developed
Benefits

- Overall, better client care
- Staff Education and Provision of Care
- Increased coordination among care providers
- Increased level of creativity and energy in regard to accessing care, information, supports, etc.
- Emerging sense of interdisciplinary teamwork approach both internally and externally
- Agency wide transformation to Integrated Health Care resulting in better services to clients
Future

- Part of ODMH’s initial implementation
- Over the hump of massive immediate change
- Now refining processes, training, documentation, expanding programming, etc
Care Plus NJ, Inc.

Kathy Bianco APRN-BC
Vice President Clinical Services
Care Plus NJ, Inc.
Behavioral Health Home

Superb Access to Care
Patient Engagement in Care
Clinical Information Systems
Care Coordination
Team Care
Patient Feedback
Publicly Available Information

Patient Centered Medical Home
About Care Plus NJ

• Locations:
  – Operate 23 sites in Northern New Jersey

• Who we serve:
  – Care Plus NJ provides a broad range of recovery-focused mental health and substance abuse services that addresses the mental health needs of children, adults and families.

• Established:
  – 1978

• Reach:
  – Serve approximately 20,000 clients annually

• Initiatives:
  – SAMHSA PBHCI Grantee, HIT Supplement Grantee
  – Northern NJ Health Information Collaborative
Evolution of Care Plus NJ’s Care Philosophy
- Least restrictive vs. wellness
- Coordination of care vs. integration of care
- Aftercare vs. continuing care
- Passive recipient vs. active participant
- Individual expertise vs. multidisciplinary teams

Integration of Service Elements: Building a Health Home
- Coordination of care is more important than any individual element of care
- A Healthy Mind in a Healthy Body
- Acute Services, Clinical (Behavioral and Physical) Services, Children and Family Services, Client Support Services
Our Transformation

- Develop a primary care practice
- Integrate teams
- Blend cultures
- Cross train staff
- Blend treatment planning
- Build enthusiasm over outcomes
Service Definitions: ACA

Section 1945(h)(4) of the Act defines health home services as “comprehensive and timely high quality services,” and includes the following health home services to be provided by designated health home providers or health teams:
Health Home Services

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up;
- Individual and family support, which includes authorized representatives;
- Referral to community and social support services, if relevant; and
- The use of health information technology to link services, as feasible and appropriate.
# Our History With Primary Care Coordination

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Model</th>
<th>What We Did</th>
<th>What Worked</th>
<th>What Did Not Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996-2002</td>
<td>Collaboration with outside PCP’s to provide services on site. They billed for the service on their own.</td>
<td>Nursing staff would assist PCP’s onsite and provide needed follow up. Labs were drawn onsite so results were returned directly.</td>
<td>Documentation and lab/medical testing were available quickly. Medications were entered into a central database and a bit easier to reconcile.</td>
<td>Nursing staff were unable to attend to other duties while assisting PCP onsite. Consumer often needed care on “off days”, which resulted in ER use. Little involvement with staff other than Psychiatry and Nursing.</td>
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</tr>
<tr>
<td>2002-2008</td>
<td>Added a Medical APN to CPNJ staffing.</td>
<td>Re budgeted for the position.</td>
<td>Consumers utilized the ER less frequently.</td>
<td>We were unable to refer to specialty care.</td>
</tr>
<tr>
<td></td>
<td>This position did not become the primary care provider of record,</td>
<td>Prepared a small examining room.</td>
<td>This position served as a good liaison to inpatient medical units and for discharge planning.</td>
<td>Consumers would become confused about who was treating them.</td>
</tr>
<tr>
<td></td>
<td>however, provided sick care and assisted when consumers were</td>
<td>Included this positions as part of the behavioral health team.</td>
<td></td>
<td>External testing (clinic) continued to be difficulty to track.</td>
</tr>
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<td>“falling through the cracks”.</td>
<td></td>
<td></td>
<td>Limited Involvement of “non-medical” staff.</td>
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<td>Became licensed as an ambulatory primary care facility by NJDHSS.</td>
<td>Greatly reduced utilization of ER.</td>
<td>Financial Sustainability remains a key concern.</td>
</tr>
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<td>Became primary care provider of Record.</td>
<td>Improved coordination of care.</td>
<td>Full team involvement.</td>
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<td></td>
<td>Integrated, Multidisciplinary Treatment Team</td>
<td>Improved consumer satisfaction.</td>
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<td></td>
<td>Wellness Services are a Central Component</td>
<td>Improved Outcomes</td>
<td></td>
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<td>Focus on: Nutrition, Exercise, Stress Reduction</td>
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Our Model

- Bi-Directional and Embedded Care
  - Primary care within the mental health center
  - Mental health care within the primary care center

- Integrated and Multidisciplinary Treatment Team
  - Wellness Services are a Central Component

- Focus on:
  - Nutrition
  - Exercise
  - Stress Reduction
## Our Clients

### Adults with Serious and Persistent Mental Illness

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Care Plus NJ</th>
<th>JNMD Study</th>
<th>AJGP Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>18%</td>
<td>13%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>39%</td>
<td>30%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Liver Problems</td>
<td>5%</td>
<td>7.9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Weak/Failing Kidneys</td>
<td>5%</td>
<td>3.7%</td>
<td>N/A</td>
</tr>
<tr>
<td>Thyroid Disorder</td>
<td>12%</td>
<td>N/A</td>
<td>4.1%</td>
</tr>
<tr>
<td>Obesity</td>
<td>48%</td>
<td>N/A</td>
<td>6%</td>
</tr>
<tr>
<td>Chronic Respiratory Disorder</td>
<td>26%</td>
<td>N/A</td>
<td>11.4%</td>
</tr>
<tr>
<td>Elevated Lipids</td>
<td>36%</td>
<td>N/A</td>
<td>13%</td>
</tr>
<tr>
<td>Cancer</td>
<td>4%</td>
<td>5%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
Our Clients

Adults with Multiple Chronic Medical Conditions

- Two: 0%
- Three: 5%
- Four: 35%
- Five: 15%
- Six: 10%
- Seven: 5%
- Nine: 0%

Multiple Chronic Medical Conditions
Engagement Strategies

- Health Home – Breadth of Services
- Health Management Focus
  - Nutrition: Cooking Classes
  - Exercise: Wellness Center (gym)
  - Stress Reduction: Yoga
- Peer/Consumer Group
  - Feedback and support
- Family Involvement
- Referral Source Relationships
  - CPNJ broad continuum of services
  - Local behavioral health providers
  - Other physicians and specialists
# Outcomes – wellness programming

<table>
<thead>
<tr>
<th>Group Name</th>
<th>No. of Groups Per Week</th>
<th>Average No. of Attendees Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Group</td>
<td>12</td>
<td>87</td>
</tr>
<tr>
<td>Walking Group</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>YMCA</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>YOGA</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Weight Management</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Wellness</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Health Issues</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Healthy Choices</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Nutrition &amp; Healthy Living</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Cooking, Kitchen</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Smoking Cessation/Holistic Welness</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Diabetes Education</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Meditation &amp; Relaxation</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Breaking Unhealthy Habits</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>WRAP</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
<td><strong>298</strong></td>
</tr>
</tbody>
</table>
Outcomes

- 39% Initially Diagnosed with Hypertension
  - 92% are now normotensive

- 48% Initially Diagnosed as Obese
  - Lost an average of 11 pounds
    (national average ~6-9 pounds)
"Bad Cholesterol" decreased for clients through use of Statins

Goal: LDL <100
“Good Cholesterol” increased for clients through TLC (Therapeutic Lifestyle Changes)

Goal: HDL>40
Outcomes: Triglycerides

Triglycerides decreased for clients through TLC (Therapeutic Lifestyle Changes)

Goal: TRG <150
Client Satisfaction

- Ranked Number 1 among all MHCA agencies with 5 or more programs
- Rated higher than the MHCA national database across all dimensions

![Client Perception of Agency and MHCA - 2011](chart)

*Mean values based on a 5-pt scale: 5 = Excellent and 1 = Poor*
EHR

- Integrated Management
- Reporting
- ePrescribing
- Interoperability
Support for Organizations Working Toward Accreditation

Live and Online Support

- Behavioral Health Care Team
- Complimentary webinars
- [www.jointcommission.org](http://www.jointcommission.org);
  [www.jointcommission.org/bhc](http://www.jointcommission.org/bhc)
The Joint Commission’s Gold Seal of Approval™ means your organization has reached for and achieved the highest level of performance recognition available in the behavioral health field.
Aug 8 - An Orientation to the Accreditation Requirements

Sept 12 - Roadmap to Accreditation

Nov 7 - Strategies for a Successful on-Site Survey

* Already conducted webinars posted on BHC website
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