

Achieving the Triple Aim with Specialty Behavioral Health Homes

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Flexible, Accessible, Team-Based Care for Individuals with Serious Mental Illness Improves Health and Reduces Cost

Problem Statement

The traditional case management service model often involves multiple and **fragmented** health care providers, offers **limited access** options for consumers, and a **strict level of care eligibility** requirement. Can services for individuals with serious mental illness be improved with a flexible team-based behavioral health home model that supports continuity of care, increased access, and enhanced care coordination?

The Specialty Behavioral Health Home Solution

Team-Based Care • Shared Responsibility and Clinical Decision Making

FTEs for Team Serving 400 Clients	Team-Based Care Features
Psychiatrist Assigned to Team (.75 FTE) Clinical Supervisor (1.0 FTE) Therapists (5.0 FTE) Case Managers (3.0 FTE) RN (1.5 FTE) Medical Assistant (1.0 FTE) Peer Support (.5 FTE)	<ul style="list-style-type: none"> Weekly Whole Team Huddles Population Management Focus Warm Handoffs On-the-fly Case Consultations Well Defined Roles

More Evidence-Based Therapy • Less Traditional Case Management

Core Evidence-Based Practices: Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy Skills, Seeking Safety

Average Annual Behavioral Health Home Service Units		Average Annual TAU Service Units (traditional case management)	
Service	Units/Consumer	Service	Units/Consumer
Therapy	10.15	Therapy	1.30
Case Management	10.78	Case Management	36.00
Nursing	.33	Nursing	.96
Psychiatry	3.47	Psychiatry	2.49
Crisis Residential	.20	Crisis Residential	.70
Inpatient Psychiatric	.98	Inpatient Psychiatric	2.27

Care Flexes with Individual Need • Enrollment Maintained Through Periods of Illness and Wellness

Same-Day & After-Hours Appointments • Telephonic Interventions

Staff & Culture: Presumption of Recovery, Shared Purpose, and Continuous Learning

Improving Health & Reducing Cost

Psychiatric Inpatient Admissions Per 1000 Enrolled Individuals		
	BHH	TAU
Fiscal Year 2013	110.34	197.59
Fiscal Year 2014	65.57	178.19
Fiscal Year 2015	60.61	145.12

Average Psychiatric Inpatient Cost Per Consumer		
	BHH	TAU
Fiscal Year 2013	\$1,496	\$2,000
Fiscal Year 2014	\$817	\$2,207
Fiscal Year 2015	\$586	\$1,826

Average Total Cost of Behavioral Health Care Per Consumer		
	BHH	TAU
Fiscal Year 2013	\$4,155	\$4,390
Fiscal Year 2014	\$3,442	\$5,022
Fiscal Year 2015	\$3,486	\$4,919

Service in the behavioral health home model began in April 2012 and continues presently. Individuals eligible for both Medicare and Medicaid were excluded from the analysis above due to the inability to capture Medicare cost data and the potential to skew results. Treatment as Usual (TAU) includes all clients who were served in a traditional case management model at five sites within the network180 system. No new individuals were enrolled into the behavioral health home during 2012–2015. Non-dual eligible BHH enrollment was 145 in FY13, 122 in FY14, and 99 in FY15. Non-dual eligible TAU enrollment was 1,241 in FY13, 1,351 in FY14, and 1,318 in FY15.

Paying for Value

4-Part Value-Based Payment Model

1. Staffing Grant for Case Managers

+

2. Care Coordination Per Member Per Month

+

3. Fee-for-Service billing for all non-case management clinical service codes

+

4. Outcome-Based Incentive (based on Total Cost of Behavioral Health Care & Maintaining or Improving VR-12 & PAM-13 Scores)

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Population Health Focus in Service Delivery

Practical Clinical Outcome Tools

Patient Activation Measure (PAM-13)	Veterans Rand-12 Health Survey (VR-12)
<ul style="list-style-type: none"> Measures capacity to self-manage health Highly valid and reliable 13-questions, easy to understand Use with all diagnoses Pairs with continuously available E-coaching Tool, which provides a menu of diagnosis-specific goals and action steps based on activation level NOT Free 	<ul style="list-style-type: none"> Free, identical version of SF-12 (co-developed but with federal funds) Highly valid and reliable 12 questions Produces Two Scores: Mental Health and Physical Health Use with all diagnoses. Measures overall ability to function. Free, including SAS scoring algorithm, with written permission from developer

NOTE: Because the behavioral health home recently transitioned from using the CAHPS Experience of Care and Health Outcomes (ECHO) Survey to these tools, we do not yet have reportable outcome data on the PAM-13 and VR-12.



Mental Health. Substance Use Disorders. Developmental Disabilities.