

Dear BHACA Community,

BHACA Blast #23 Headlines:

- ***A recording of BHACA's most recent webinar***, “Physical Health 101: Understanding Physical Health for Behavioral Health Providers, Part I: Diseases with Increased Prevalence in Patients Living with Severe Mental Illness” is available online at: <http://www.mhahouston.org/events/288/>
- ***This Week's BHACA Featured Outcome Measure is the*** GDS (The Geriatric Depression Scale)
- **Read on below in the "Maximizing Third Party Funding Streams" section to delve into the topic of "network adequacy"** regarding maximizing behavioral health billing and credentialing.

All best,
The BHACA Team

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NBHP website – www.nbhp.org
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BHACA: Integrated Health Care (IHC)

- ***Materials from 2014 Collaborative Family Healthcare Association (CFHA) Conference Now Available Online*** – BHACA team member Alejandra Posada recently attended the 2014 CFHA Conference in Washington, D.C. Materials such as PowerPoints and speaker handouts from the conference are now available online. They are available to anyone without logging in to CFHA's website until December 1. After December 1, accessing the materials will require membership log in. To log in click on the link: <http://www.cfha.net/?page=Resources2014>
- ***SBIRT Resources (information from the Institute for Research, Education, and Training in Addictions):***

- **Two self-paced online SBIRT courses** – Two online courses are now up on the IRETA website: SBIRT 101 and SBIRT for Adolescents. Earn social work and NAADAC CEUs. [Enroll](#) for free.
 - **An MD on SBIRT as the 5th Vital Sign** – [Click here](#) for an article by Dr. Ronald Dwinnells, CEO of an Ohio FQHC, who writes about the SBIRT project he has overseen for the last two years and his own family history with depression and suicide.
 - **What is SBIRT and why might it fit well in mental health settings?** In 2013, 7.7 million Americans had co-occurring substance use and mental health disorders. That's why it's amazing that research on SBIRT for risky substance use in mental health settings is so scant. [Click here](#) for some of the fledgling research that's being done in this area.
- **Latest Issue of AIMS Center Newsletter** – A new issue of the AIMS Center's online newsletter, Collaborations, is available at: <http://us2.campaign-archive1.com/?u=572a0dfcaff6e8a35beoffb5c&id=44d3c3200d&e=a99c70362e>
 - **Webinar – Patients' Family Members as Linchpins in Integrated Primary Care** (webinar from Collaborative Family Healthcare Association)
Date & Time: Friday, November 7, 11:00 AM Central time
Description: As our population ages and the incidence of chronic illnesses rises, patients' family members increasingly will be seen as the linchpins to clinical outcomes. In this webinar, psychologist and family caregiving expert, Barry J. Jacobs, Psy.D. will review the extensive literature on the medical and psychological consequences for family caregivers, review research on the impact of family presence on medical visits, and explore emerging ideas for deputizing family members as integrated healthcare team members.
To Register:
<https://attendee.gotowebinar.com/register/4498457573453122049>
 - **Webinar – Brief Intervention Skills for Primary Care Providers and Behavioral Health Consultants Working in the PCBH Model** (webinar from Collaborative Family Healthcare Association)
Date & Time: Wednesday, November 12, 11:00 AM Central time
Description: This webinar provides behavioral health consultants, primary care providers and nurses with an opportunity to consider specific competencies that underlie successful brief interventions in primary care. You will use a tool to briefly assess your skills prior to the webinar. During the webinar, you will learn more about higher levels of expertise in all areas.
To Register:
<https://attendee.gotowebinar.com/register/1417764530865044225>

BHACA: Choosing a Certified Electronic Health Record System

- **Read the 2014 report to Congress about progress on the HITECH Act** which highlights progress and accomplishments in advancing the use of health IT.

BHACA: Maximizing Third Party Funding Streams – Insurance Credentialing and Billing & Coding Resources

- **This BHACA Blast regarding “maximizing third party funding streams revenue,” we are focusing on “network adequacy” as it relates to provider credentialing. One of the issues that currently seems to be a hot button topic in our work in billing and coding is whether or not area plans are accepting providers into the network. Sometimes insurance plans state to providers that they already have “network adequacy” and therefore are not taking new providers. This ties into our work on the adoption of EHRs, as well, because the cost-benefit analysis for those considering the purchase of an EHR hinges on the ability to increase revenue through increased billing through insurance (and insurance billing can only be expanded when area insurance networks *are not* already saturated and *are* accepting new providers). Below are a number of articles that shed more light on the topic of network adequacy, a factor that affects the payment streams that providers have access to as well as the access to services for consumers.**
 - **What dictates how robust an insurance plan’s network is?**
“States have taken different approaches in regulating the adequacy of health plan networks. The variation is due, in part, to the need for states to maintain robust health insurance markets by balancing access needs with the goals of controlling costs and attracting a healthy number of insurers.”
Read more here:
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407486
 - **An overview of the Office Inspector General’s (OIG’s) 2015 plan to audit insurance companies (including for network adequacy):** <http://www.govhealthit.com/news/here-come-payer-audits>

- **OIG's Fiscal Year 2015 work plan (in full):**
<https://oig.hhs.gov/reports-and-publications/archives/workplan/2015/FY15-Work-Plan.pdf>

- **The National Conference for State Legislatures provides details about federal laws (such as the Patient Protection and Affordable Care Act) and state laws that determine the requirements for network adequacy.** The first three paragraphs in the article offer a good overview of what factors shape network adequacy:
<http://www.ncsl.org/research/health/insurance-carriers-and-access-to-healthcare-providers-network-adequacy.aspx>

- **Narrow Provider Networks in New Health Plans: Balancing Affordability with Access to Quality Care** - *Georgetown University Center on Health Insurance Reforms and Urban Institute, June 2014*
 Narrow networks contain a smaller number of providers and in-network facilities than traditional provider networks, typically resulting in lower premiums. This paper assesses the benefits and risks of a range of policy and regulatory options available to federal and state policymakers on these narrow networks.

- **"Anger over narrow networks"** - Anger over limited choice of doctors and hospitals in Obamacare plans is prompting some states to require broader networks. "So far, just a handful of states have moved to ratchet up their standards. They're mostly blue states that built their own Obamacare exchanges, including Connecticut, New York, Washington and California. But since the beginning of 2013, more than 70 bills have been introduced in 22 states to clarify the network rules, according to the National Conference of State Legislatures." Article posted by Politico, 7/22/2014, at <http://www.politico.com/story/2014/07/obamacare-health-care-networks-premiums-109195.html>

- **ACA Implications for State Network Adequacy Standards.** The Robert Wood Johnson Foundation, August 2013.

BHACA: Outcome-Based Evaluation

- **BHACA Blast #23: Featured Outcome Measure –GDS (The Geriatric Depression Scale)**
 - **What is GDS?**

The Geriatric Depression Scale (GDS) is a brief questionnaire developed as a basic screening measure for depression in older adults. There are multiple versions of the questionnaire including: four-item, 15-item and 30-item forms. The GDS is not a substitute for a diagnostic interview by mental health professionals. It is a useful screening tool in the clinical setting to facilitate assessment of depression in older adults especially when baseline measurements are compared to subsequent scores.
 - **What does it measure?**

The Geriatric Depression Scale (GDS) measures depression in older adults; it does not assess for suicidality. The questions focus on mood and the score can help clinicians decide whether further assessment is needed.
 - **For which populations/age(s) is the GDS appropriate?**

The GDS may be used with healthy, medically ill and mild to moderately cognitively impaired older adults. It has been extensively used in community, acute and long-term care settings.
 - **How long does the measure take to complete?**

The GDS takes approximately five to seven minutes to complete, depending on which version/form is completed.
 - **How is it administered?**

The GDS can be filled out by the patient or administered by a provider with minimal training in its use.
 - **Can I get the GDS in other languages?**

The GDS is available in a wide variety of languages including English, Spanish, French, Chinese and many more. Find all additional languages the GDS is available in [here](#).
 - **A note about BHACA's Featured Outcome Measures**

Our intention is to expand awareness of and knowledge about existing outcome measures within the BHACA community. In featuring a measure, we do not mean to endorse it as the right fit for your practice, because the appropriateness of a measure for any one behavioral health practice must be evaluated with that specific practice in mind. We hope you enjoy our featured outcome measures section.

BHACA: Additional Items of General Interest

- ***A year after the first open enrollment period***, *The New York Times* summarizes what we know so far about some of the big questions about the ACA, including "who has profited?" and "who has seen improved health outcomes?" [Click here](#) to read more.
- ***In the first edition of the Behavioral Health Barometer: United States***, one of a series of state and national reports that provide a snapshot of the state of behavioral health in the nation. The data collected provides a unique overview of the nation's behavioral health at a point in time as well as a mechanism for tracking change and trends over time. This national report, along with a Behavioral Health Barometer for each state and the District of Columbia, will be published on a regular basis as part of SAMHSA's larger behavioral health quality improvement approach. Download the report [here](#).
- ***SAMHSA Listening Session on Improving Community Mental Health Services***
Date and time: Wednesday, November 12, 2014, 8 am–4 pm CST
Description: A listening session about criteria development for the Demonstration Programs to Improve Community Mental Health Services ([Section 223](#) of the Protecting Access to Medicare Act of 2014).
To Register: <http://www.eventbrite.com/e/listening-session-sec-223-criteria-for-state-certified-behavioral-community-behavioral-health-tickets-13532338589>

About BHACA: The Behavioral Health Affordable Care Act (BHACA) Initiative is a major collaborative endeavor of the Network of Behavioral Health Providers (NBHP) and Mental Health America of Greater Houston (MHA) designed to support Greater Houston area mental health and substance use providers in responding to the Patient Protection and Affordable Care Act and other recent healthcare reforms across four domains: (1) enhancing and increasing the delivery of integrated health care (IHC), (2) maximizing third party funding streams revenue, (3) adopting certified electronic health record (EHR) systems, and (4) developing outcome-based evaluations. The BHACA Initiative is generously funded by Houston Endowment Inc., The Meadows Foundation and United Way of Greater Houston Community Response Fund.