BHACA Blast #58 Headlines:

LAST CHANCE TO REGISTER FOR FRIDAY'S BHACA EVENT!

Addressing Substance Use Disorders in Primary Care: A New Frontier in Integrated Health Care

Presenter: Alicia Kowalchuk, DO, Assistant Professor, Department of Family and Community Medicine, Baylor College of Medicine

Location: 9th Floor Auditorium, GW Strake Building, St. Joseph's Medical Center (parking and walking instructions will be provided when RSVPs are received)

Date & Time: Friday, April 1, 2016, 11:30am to 1:00pm

CEU Credit and Cost: 1 hour of general CEUs available for social workers, LMFTs, LPCs, and LCDCs, as well as 1 hour of CMEs for licensed physicians (also accepted for psychologists). \$20 for 1 hour of CEUs for members of the Network of Behavioral Health Providers and \$30 for nonmembers. Credit cards, cash and checks made out to the Network of Behavioral Health Providers will be accepted at the door.

To Learn More and to RSVP: Click here

Full House!

Please join us in welcoming *Ashley Singleton* to the BHACA team! Ashley is currently a student at the University of Texas School of Public Health, where she is pursuing an MPH in Health Services Organization. With Ashley now on board as our Evaluation Specialist, the BHACA team is once again fully staffed. As we move into our last months of initiative activity, we commit to providing you with additional learning and networking opportunities while analyzing this journey with you over the last three years to see what we can report to you in outcomes, continue to build on, and share with others. Welcome aboard, Ashley!

The BHACA Team

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BHACA: Integrated Health Care (IHC)

• Creating a Culture of Whole Health: Recommendations for Integrating Behavioral Health and Primary Care — The Eugene S. Farley, Jr. Health Policy Center at the University of Colorado School of Medicine, with support from the Robert Wood Johnson Foundation, developed a comprehensive report with recommendations that provide a catalyst for moving the integration of primary care and behavioral health forward. To accomplish this, they gathered perspectives from more than 70 key informants and conducted two focus groups to expand upon findings from a literature review. They then convened a working meeting in Washington, DC, with experts from

across the country to develop and refine recommendations. They published two documents:

- A full report with detailed recommendations needed to advance the integration of behavioral health and primary care. The report identifies recommendations in six sections: organizing the movement; workforce, education, and training; financing; technology; care delivery; and population and community health.
- A brief that summarizes the longer report and makes recommendations for specific stakeholder groups: policymakers and payers; providers, their professional societies, and academics; and philanthropy and business.

To view either document, please click here.

• TOMORROW – Webinar – Integrated Care for Women and Children in a Medical Home

Date & Time: Thursday, March 31, 9:00 AM Central time

To Register: Click here

Presenters: *Tangula Taylor*, MBA, BSN, RN, NE-BC, Director, Business Development/Community Initiatives, Texas Children's Health Plan – The Center for Children and Women; *Lisa M. Hollier*, MD, MPH, Chief Medical Officer – Ob/Gyn, Texas Children's Health Plan, Professor, Maternal-Fetal Medicine, Baylor College of Medicine; *Heidi Schwarzwald*, MD, MPH, Chief Medical Officer – Pediatrics, Texas Children's Health Plan, Vice Chair – Community Pediatrics, Baylor College of Medicine

Description:

The Texas Health and Human Services Commission is pleased to host a presentation from Texas Children's Health Plan on an integrated model of care targeting women and children in the Houston area. Attendees will learn how The Center for Children and Women is providing tangible benefits for the patient, provider, and payer. This information should prove useful for anyone in the health care industry.

As health care costs continue to rise, it is imperative to explore alternative delivery models that deliver high quality patient care, enhance patient and provider satisfaction, and bend the cost curve. Texas Children's Health Plan (TCHP) responded to this challenge by implementing an innovative care delivery strategy that provides integrated primary care and women's health services in patient-centered medical homes. Children and pregnant women covered by Medicaid/CHIP with TCHP as their health plan have the opportunity to receive care at The Center for Children and Women ("The Center"). The Center is an NCQA recognized Patient-Centered Medical Home and Patient-Centered Specialty practice. The Center offers a comprehensive approach to care by integrating additional services such as behavioral health, pharmacy, vision care, and other needs in a one-stop location. The webinar will cover how The Center operates, lessons learned, and some of the improvements being observed for patients.

Webinar – Assessing Suicide in Primary Care Behavioral Health (PCBH)
 Date & Time: Wednesday, April 13, 11:00 AM Central time

 To Register: Click here

Organizer: Collaborative Family Healthcare Association

Presenter: Kent A. Corso, PhD, President, NCR Behavioral Health; Adjunct Assistant Professor, Department of Family Medicine, Uniformed Services University of Health Sciences; Subject-matter Expert, National Capital Region Medical Directorate, Department of Defense

Description:

In integrated primary care settings, the behavioral health provider is uniquely situated to collaborate with primary care providers, nurses and medical technicians in screening, assessment and treatment of suicidal patients. While patients presenting moderate levels of risk and higher are most appropriately referred to outpatient behavioral health providers, access to these providers is not always easy or timely. This means the behavioral health provider in primary care may be ideal to provide services for suicidal patients until a higher level of care is procured. However, preliminary research also shows that suicidal symptoms can be effectively treated within integrated primary care settings by behavioral health consultants who adopt evidence-based strategies for screening, risk assessment, and intervention. *Learning objectives*:

- Explain the roles of all primary care team members who can collaborate to address suicide in primary care.
- Describe how to efficiently and accurately screen for and assess suicide risk, and determine an appropriate disposition within a brief 20 minute primary care appointment.
- Create effective crisis response plans suitable for the primary care behavioral health model.
- Open Access Book Chapter on IHC in Under-Resourced Settings The book
 Integrated Psychological Services in Primary Care now has an open access chapter
 available for download online. The chapter is titled "The Nuts and Bolts of
 Developing Integrated Healthcare in Under-Resourced Primary Care
 Settings." To download, please click here.

BHACA: Choosing a Certified Electronic Health Record System

- *Texas treatment center ties EHR to data-tracking tech to slash addiction relapses:* The Centers for Medicare and Medicaid Services said earlier this month that it will match up to 90 percent of funds that facilities not eligible for meaningful use spend on interoperable technology. Kemah Palms Recovery, one such facility, has already started using data-tracking tools to better understand outcomes and ultimately reduce relapses. To view, please click here.
- Integrating Behavioral and Primary Care Technology and Collaboration: Efforts to promote and establish the integration of behavioral and primary health services have been under way for quite some time, in an attempt to improve patient care. For people with complex health care needs, integrated care and treatment of the whole person leads to a higher quality of care and better health outcomes. But this type of care requires increased collaboration between team members, and robust health information technology (HIT) is needed to meet the demands associated with day-to-day operations. To view, please click here.

- What to do if a data breach happens to you: Most behavioral providers are small organizations without significant resources to devote to information security. The person who functions as the compliance officer might wear several other hats in the organization as well, and the providers might depend on a small internal or external IT service organization to oversee security. Behavioral Healthcare asked experts with experience helping provider organizations improve their privacy and security posture for their recommendations for how to be more proactive about safeguarding their PHI and what to do if they have a breach. To view, please click here.
- *Mediocre Senate bill could include EHR incentives:* A bipartisan group of senators on the HELP Committee (Health, Education, Labor and Pensions) approved the Mental Health Reform Act of 2016, a piece of legislation that aims to address the need for mental health treatment. Sen. Sheldon Whitehouse (D-R.I.) told Politico he plans to offer an amendment to the Mental Health Reform Act that would allow behavioral health providers to receive federal incentive money to implement EHRs—incentives that other medical providers already receive, to the tune of more than \$25 billion. Providers could possibly voice support for the amendment because it's a cause they have long advocated for. To view, please click here.

BHACA: Maximizing Third Party Funding Streams Revenue—Resources Related to Insurance Billing and Credentialing

• CMS finalizes mental health and substance use disorder parity rule for Medicaid and CHIP: In conjunction with the President's visit to the National Rx Drug Abuse and Heroin Summit, the Centers for Medicare & Medicaid Services (CMS) finalized a rule to strengthen access to mental health and substance use services for people with Medicaid or Children's Health Insurance Program (CHIP) coverage, aligning with protections already required of private health plans. The Mental Health Parity and Addiction Equity Act of 2008 generally requires that health insurance plans treat mental health and substance use disorder benefits on equal footing as medical and surgical benefits. To view, please click here.

BHACA: Outcome-Based Evaluation

 REGISTRATION OPENS TODAY AT 11:00AM – LIMITED SPACE AVAILABLE

Webinar – Virtual Office Hours Session Focused on 2016 Physician Quality Reporting System (PQRS) Participation Overview

Presented by: CMS

Date & Time: Tuesday, April 12, 2016, 12:00pm Central time

To Register: Click here

Description: This PQRS Virtual Office Hours session will allow stakeholders an opportunity to ask a CMS representative questions about how to participate in 2016

PQRS to avoid the 2018 PQRS negative payment adjustment. Topics to be discussed in this session include eligibility, how to participate in 2016 PQRS, and applicable resources provided on the CMS PQRS web site.

2016 PQRS Educational Materials Available:

- o *How to get started:* This page offers the new implementation guide and other useful resources.
- Measures Codes: Contains information about Physician Quality Reporting System (PQRS) quality measures, including detailed specifications and related release notes for the individual PQRS quality measures and measures groups. This page also contains other measures-related documentation needed by individual eligible professionals (EPs) for reporting the PQRS measures through claims or qualified registry-based reporting.
- o **Spotlight Webpage:** Use this page to find new PQRS documents and resources, which are arranged by date. This page is updated quarterly.
- CMS aligns and simplifies physician quality measures: On February 16, CMS, in conjunction with America's Health Insurance Plans (AHIP) and other health care stakeholders, released seven sets of core measures that will help health care payers evaluate physician performance. Developed through the Core Quality Measures Collaborative, the sets are designed to align and simplify the core measures reported by and to various health care system participants. The data generated as part of the care coordination measures will provide information on how patients with depression respond to treatment services. CMS notes that developing measures related to substance use disorder (SUD) screening and treatment is a goal of future updates. To read more from CMS, click here and to read more from AHIP, click here.

BHACA: Additional Items of General Interest

• Student Loan Repayment Program for Mental Health Professionals: Last year, the Texas Legislature authorized a student loan repayment program for mental health professionals. Last month, the Texas Higher Education Coordinating Board launched the Loan Repayment Program for Mental Health Professionals. The program will repay student loans for approximately 100 mental health professionals working with underserved populations. Eligible professionals include psychiatrists, psychologists, advanced practice nurses certified in psychiatric or mental health nursing, licensed professional counselors, and licensed clinical social workers. For a blog post with more information from MHA Greater Houston, please click here. For more information and the application from the Texas Higher Education Coordinating Board, please click here.

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, the United Way of Greater Houston Community Response Fund, and the Rockwell Fund.