

Dear BHACA Community,

BHACA Blast #64 Headlines:

Last week, we participated in the first conference call for both of the National Quality Forum Incubator Workgroups. The NQF Incubator is made up of a Data & Testing workgroup and a Partnership & Collaboration workgroup. The initial call served as an introduction to the workgroup and the overall goals. BHACA staff will continue to participate in the web conferences for both groups and will report any important information as we move forward.

All the best,

The BHACA Team

Marion Coleman, NBHP Executive Director (nbhp.marion@gmail.com)

Alejandra Posada, MHA IHC Program Director (aposada@mhahouston.org)

Tracey Greenup, Program Manager (nbhp.tracey@gmail.com)

Lauren Pursley, Program Coordinator (lpursley@mhahouston.org)

Ashley Singleton, Evaluation Specialist (nbhp.ashley@gmail.com)

NBHP website – www.nbhp.org

MHA website – www.mhahouston.org

BHACA: Integrated Health Care (IHC)

- ***New “Integration Playbook” Now Live on the Agency for Healthcare Research and Quality (AHRQ) Integration Academy Website*** – AHRQ’s Academy for Integrating Behavioral Health and Primary Care developed the Integration Playbook as a guide to integrating behavioral health in primary care and other ambulatory care settings. The Playbook aims to address the growing need for guidance as greater numbers of primary care practices and health systems begin to design and implement integrated behavioral health services. The Playbook’s implementation framework is designed to be meaningful at any level of integration development. The Playbook is intended for practices working to integrate behavioral health in primary care settings, and can be applied in other ambulatory care settings. The information provided in the Playbook can be applied to your unique practice context, no matter how large or small your practice. Tips and examples are offered with primary care in mind, but can easily translate to medical specialties such as neurology, oncology, or occupational medicine. Although the Playbook focuses on ambulatory settings, similar approaches to integration are also vital for inpatient settings. Eventually, the Playbook may be expanded to be of use to other audiences, including health plans, accountable care organizations, and policymakers. To access the Integration Playbook, please [click here](#).
- ***Webinar – Mentoring Scientist Practitioners***
Date & Time: Wednesday, July 13, 12:00 PM Central time
To Register: [Click here](#)
Organizer: Collaborative Family Healthcare Association (CFHA) Research and Evaluation Special Interest Group

Presenters: Patricia Robinson, PhD, Director of Training and Program Evaluation, Mountainview Consulting Group; Heidi Joshi, PsyD, Licensed Psychologist; Javier Luna, PhD, Director of Integrated Health Services at an FQHC in Winters, California

Description:

This webinar introduces basic concepts about taking a “scientist practitioner” approach to delivery of primary care behavioral health services. Presenters include Patti Robinson, Heidi Joshi, and Javier Luna. In the CFHA mentor program, Patti has served as a mentor to Heidi and Javier over the past year. The mentoring program offers an opportunity for clinicians to further develop their research and program evaluation skills. Heidi will present data related to systematic implementation of the Primary Care Behavioral Health (PCBH) model in a large healthcare system with many primary care clinics. Javier will present data related to evolving a PCBH program in a small rural clinic, including addressing Primary Care Clinician stress and identifying high impact patient groups. Participants registered for the webinar will receive copies of the tools used in data collection.

- ***Collaborative Family Healthcare Association Annual Conference – Registration Now Open*** – The Collaborative Family Healthcare Association (CFHA) hosts a national integrated care-focused conference each year. Registration for the 2016 conference, taking place in October in Charlotte, NC, opened last week. This year’s theme is “Celebrating the Many Faces and Places of Integration.” For more information or to register, please [click here](#). ***Also, stay tuned for exciting news about the CFHA 2017 annual conference!***
- ***Seeking Innovative Practices in Behavioral Health Integration!*** CMS’ Quality Innovation Network-Quality Improvement Organization (QIN-QIO) program is establishing the Strategic Innovation Engine (SIE), a new forum for disseminating innovative practices across five areas of focus, including ***integrating behavioral health into primary, acute, or long-term care***. The SIE’s mission is to rapidly move innovative, evidence-based quality practices from research to implementation through the QIO-QIN program and the greater healthcare community. **Applications from organizations that would like to be considered are being accepted through July 1.** For more information or to download an application form, please [click here](#).

BHACA: Choosing a Certified Electronic Health Record System

- ***Webinar – Are You Prepared? Preparing for and Managing Disasters, Backup and Recovery***
Date & Time: Thursday, June 30, 1:00 PM Central time
To Register: [Click here](#)
Organizer: HIMSS
Description: With increased Health IT adoption, disaster preparedness has become more crucial than ever. More than a decade ago, Hurricane Katrina taught the healthcare industry many valuable lessons about the need for electronic health information and proper backup and recovery plans. Disasters can come in many forms, such as natural disasters, bioterrorism, epidemics, unexpected downtime and

security threats. Healthcare organizations and executives must plan for all types of potential disasters in order to protect themselves and their patients. The lack of contingency planning can expose vulnerabilities and lead to lack of confidence within the community. In this digital era, countless technologies and channels exist to support this effort, from cloud computing and health information exchange to social media. This session will help healthcare professionals identify the necessary steps needed to create a comprehensive disaster preparedness and contingency plan.

- **6 tips for successfully migrating to a common EHR system:** Today, organizations are challenged with the evolution to a common patient record. Implementing an integrated Patient Access, Patient Care, and Revenue Cycle functionality brings with it many different goals, objectives, and motivations. As a result, buy-in and adoption of the ultimately developed solution has been inconsistent across the industry. With this in mind, there appear to be six key factors that serve to improve chances for success. To view more, please [click here](#).

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

- **Webinar – MIPS Scoring Overview**
Date & Time: Friday, June 24, 11:00 AM Central time
To Register: [Click here](#)
Organizer: CMS
Description: This webinar provides an overview of the proposed Merit-Based Incentive Payment System (MIPS) performance category scoring and how a composite performance score will be calculated based on each performance score. CMS subject matter experts review the proposed scoring system for MIPS and also discuss how payment adjustments will be determined based on the composite performance score, as outlined in the key provisions of the [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\) Notice of Proposed Rulemaking \(NPRM\)](#). The information will pertain to MIPS participants in the first year of the program and beyond.
- **CMS to offer \$10 million in grants to help physicians to transition to MACRA:** CMS is awarding \$10 million over the next three years to organizations that will help clinicians transition to the new quality payment system outlined under MACRA. The goal is to move towards the adoption of alternative payment models at very large scale and with very low cost, CMS said. Those applying should be able to provide quality improvement support to a large number of clinicians; are multi-regional or national in scope; are involved in generating evidence-based guidelines for clinical practice; are effectively using measurement through clinical registries and electronic health records; and are committed to expanding action to improve safety and person and family engagement. Medical professional associations and specialty societies may also apply. Letters of intent may be submitted to transformation@cms.hhs.gov and are due to CMS on July 11. To view more, please [click here](#).

- **2017 ICD-10-PCS Updates Available:** The 2017 ICD-10-PCS updates are available on 2017 ICD-10 PCS and GEMs webpage, including the complete list of code titles, addenda, and a conversion table showing changes from 2016. To view more, please [click here](#).

BHACA: Outcome-Based Evaluation

- **Reminder: 2016 PQRS GPRO Registration Open through June 30, 2016:** Groups of two or more eligible professionals (EPs) can avoid the -2.0% CY 2018 Physician Quality Reporting System (PQRS) payment adjustment by meeting the satisfactory reporting criteria through the 2016 PQRS Group Reporting Option (GPRO). The Physician Value - PQRS (PV-PQRS) Registration System is now open through June 30 for groups to select a GPRO reporting mechanism:
 - Qualified PQRS Registry
 - Electronic Reporting using Certified Electronic Health Record Technology (CEHRT)
 - Web Interface (for groups with 25 or more EPs only)
 - Qualified Clinical Data Registry (QCDR)
 - Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS Survey via a CMS-certified Survey Vendor (in addition to another GPRO reporting mechanism)

Avoiding the CY 2018 PQRS payment adjustment by satisfactorily reporting via PQRS GPRO is one of the ways groups can avoid the automatic downward payment adjustment under the Value Modifier (-2.0% or -4.0% depending on the size and composition of the group) and qualify for adjustments based on performance in CY 2018. Alternatively, groups that choose not to report via the PQRS GPRO in 2016 must ensure that the EPs in the group participate in the PQRS as individuals in 2016 and at least 50 percent of the EPs meet the criteria to avoid the CY 2018 PQRS payment adjustment. For more information, please [click here](#).

- **Best practices for healthcare data visualization:** As more health systems work to harness their data for quality improvements and efficiency, many are realizing that it's about a lot more than just numbers. Intuitive and communicative charts and dashboard are key to ensuring the right story gets told. At the HIMSS Big Data and Healthcare Analytics Forum in San Francisco, Teresa Larsen, director of the Foundation for Scientific Literacy, offered tips for spotting suboptimal data visualizations and recommendations to improve them. Key to her messages was that, just as with spoken and written words – visual images have their own rules of vocabulary and grammar that should be followed for effective communication. To view more, please [click here](#).
- **Should we aim for cured, doing better or still working on it?:** Behavioral healthcare professionals are taught a variety of ways to help people, and yet there is little instruction on how to talk to clients about the level of clinical success they should expect. Addiction treatment has been quite distinct from mental health care in this regard, offering some of the boldest and the most tepid claims. An expensive residential treatment program in Malibu has been promising a cure for addiction for

many years, which is quite a departure from the typical 12-Step promise that “the program works if you work it.” Is this an important problem? Assessment of this question can start by looking to the broader healthcare arena. To view more, please [click here](#).

Additional Items of General Interest

- ***Houston recovery-oriented systems of care (ROSC) highlighted in a recent Journal of Addictions Nursing:*** A recent article in a special edition of the *Journal of Addictions Nursing* included lessons from the ROSC efforts in Houston. “Over 200 agencies in the city of Houston, Texas, united into one large ROSC because of volunteer collaborative efforts that began in 2010. In this article, Bitting et al. describe the process that created this recovery safety net and include lessons learned, future plans, and the resources needed for other communities to replicate this incredible system.” To view more information about the special edition, please [click here](#) and for a free overview article, 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.