

Dear BHACA Community,

Next Monday, March 23rd, will mark five years since the Patient Protection and Affordable Care Act (ACA) was signed into law. The ACA is the impetus for our being here, as BHACA, to support behavioral health providers in adjusting to a new landscape after health reform. Happy Anniversary, ACA!

BHACA Blast #31 Headlines:

- **The March 27th training on “The DSM-5: Clinical Assessment, Diagnosis, and Supervision” is at capacity with over 250 registrants!**
If you registered to attend, please look for an important email coming to your inbox today regarding check-in and parking. If you registered for the waiting list (40 plus persons and counting!), we have scheduled a second offering and will announce those details very shortly.

- **Save-the-Date: CMS has approved our request for a BHACA-only webinar on the PQRS with Acting Deputy Division Director, Quality Measurement and Health Assessment Group**
Presenter: Molly MacHarris
More details to come soon, but please mark your calendars!
Date & Time: Thursday, April 9th, 3:00 to 5:00 pm

- **This Week’s BHACA Featured Outcome Measure is – [Adult ADHD Self-Report Scale \(ASRS\) Symptom Checklist](#).** Please find more information below in the Outcome-Based Evaluation section.

All best,

The BHACA Team

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NBHP website – www.nbhp.org

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BHACA: Integrated Health Care (IHC)

- ***WEBINAR TOMORROW – Center for Integrated Health Solutions – Bridging the Divide: Improving Transitions of Care to Reduce Hospital Readmissions***
Date & Time: Thursday, March 19, 1:00 – 2:30 PM Central time
To Register: <https://attendee.gotowebinar.com/register/7796210706800488961>

Presenters: Jason Martin, LCPC, CPRP, Director of Carelink Transitions and OnTrack Maryland, Family Services, Inc. and Harold A. Pincus, M.D., Professor and Vice Chair, Department of Psychiatry, College of Physicians and Surgeons, Co-Director, Irving Institute for Clinical and Translational Research, Columbia University; Director of Quality and Outcomes Research, New York-Presbyterian Hospital; Senior Scientist, RAND Corporation

Description:

Do you have certain clients who seem to be in and out of the hospital? As a behavioral health provider (either in a primary or behavioral health care organization), is it difficult for you to keep track of treatment plans for clients who see different providers (e.g., receiving inpatient care or at the emergency department)? Do you believe that better coordination between inpatient and outpatient services could improve health outcomes and reduce the burden on individuals and their families? Comprehensive transitional care from inpatient to community medical and behavioral health services can improve health outcomes and reduce costs. Join this webinar to review promising care transition models, initiatives and payment incentives that can be employed to promote collaboration between inpatient and outpatient providers; hear how one community provider implemented a successful care transition program; discuss strategies to increase success of discharge and treatment planning; and get tips on how to encourage individuals and family members to manage their care.

- ***New Toolkit on Peer Providers in Integrated Health Care*** – The Integrated Behavioral Health Project (IBHP) out of California is known for its toolkit on integrated health care, which was updated in 2013. In collaboration with the California Association of Social Rehabilitation Agencies, they have now released another toolkit focusing specifically on peer providers; it is titled *Meaningful Roles for Peer Providers in Integrated Health Care*. This new toolkit is available at http://www.casra.org/docs/peer_provider_toolkit.pdf. The IBHP webpage, <http://www.ibhp.org/>, also contains a wealth of other resources, including the general IHC toolkit updated in 2013.
- ***Free SBIRT App Available on iTunes*** – As part of a SAMHSA-funded grant project, Baylor College of Medicine developed the SBIRT app for Screening, Brief Intervention, and Referral to Treatment. The app is designed for use by physicians, other health workers, and mental health professionals and can be used with patients and clients 12 years and older. The app provides evidence-based questions to screen for alcohol, drugs and tobacco use. If warranted, a screening tool is provided to further evaluate the specific substance use. The app also provides steps to complete a brief intervention and/or referral to treatment for the patient based on motivational interviewing. Integrated within the app are three screening instruments for substance use: the CRAFFT assesses substance use in adolescents, the Alcohol Use Disorders Identification Test (AUDIT) assesses alcohol use in adults, and the Drug Abuse Screening Test (DAST) assesses drug use in the adults. The free app is available at <https://itunes.apple.com/us/app/sbirt/id877624835?mt=8>.
- ***Latest editions of IHC-related online newsletters:***

- The latest edition of the **Center for Integrated Health Solutions' online newsletter, e-Solutions**, is now available at <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/e-solutions-february-2015>. This edition focuses primarily on heart health in the context of integrated health care, but also includes other resources.
- The latest issue of the **AIMS Center's online newsletter, Collaborations**, is available at <http://us2.campaign-archive2.com/?u=572a0dfcaff6e8a35be0ffb5c&id=e38a723963&e=a99c70362e>.

BHACA: Choosing a Certified Electronic Health Record System

- ***Interoperability discussions take center stage in Congress this week.***
This article also summarizes discussions on meaningful use participation, including that 55% of physicians (no data was provided on behavioral health) are not planning to participate in Stage 2 at all due to reporting burdens. Additionally, providers feel interoperability is urgent: recommendations have been made to congress that HHS should be, “ramping up EHR certification requirements and delaying meaningful use penalties until interoperability is achieved.” **Read more here:** www.healthcareitnews.com/news/interoperability-finally-takes-center-stage-congress.
- ***Webinar: Using Health IT to Enable Healthcare Transformation from The Healthcare Information and Management Systems Society (HIMSS)***
Date & Time: Thursday, March 26, 12pm to 1pm Central Time
To Register: [Click here](#)
Description: HIMSS is focused on ensuring that health IT is helping to support healthcare transformation and the move toward value-based care delivery. Jeff Coughlin, HIMSS' Senior Director of Federal & State Affairs, will join the PCPCC on March 26 at 12 p.m. CDT to discuss some of the major health IT public policy issues facing the community in 2015, **specifically the focus on enabling interoperability and health information exchange from a regulatory as well as a legislative perspective.** In addition, he will talk about the Meaningful Use program, some recent electronic health record adoption numbers, and **where the program is headed with the soon-to-be-released Stage 3.**
- ***Webinar: Clinical Decision Support: Leveraging Technology to Enhance Care Delivery***
Date & Time: Wednesday, March 25, 12:00 PM Central Time
To Register: [Click here](#)

Description: As modern healthcare continues to gravitate towards patient centered care and evidence based knowledge, health care IT solutions are ideal tools for professionals to use in pulling information at the point of care. Clinical decision support (CDS) is a sophisticated IT component that intelligently filters patient specific information, providing clinicians, staff, and patients with the appropriate knowledge at the appropriate time, to enhance care delivery.

- ***Health Plans Are Increasingly the Target of Cyberattacks***, as evidenced by a recent security breach of Washington state’s Blue Cross Blue Shield, which exposed 11 million members. Cybersecurity experts advise that providers in healthcare should, “Heighten their alert status, proactively monitor their infrastructure for suspicious logs, and put protections in place that will prevent them from being the next target.” **We have begun developing a session on security issues that will include this topic and will have more details for you soon.** In the meantime, to read more: www.healthcareitnews.com/news/premera-blue-cross-hack-exposes-data-11m?mkt_tok=3RkMMJWWfF9wsRois6jMZKXonjHpfsX56eoqUaO%2BlMI%2FoER3fOvrPUfGjI4ETsNmI%2BSLDwEYGJlv6SgFQ7LHMbpszbgPUhM%3D.
- ***“Decision in Health Law Challenge Will Affect Millions of Texans,” says the Houston Chronicle, March 17, 2015:*** Last week, the U.S. Supreme Court heard oral arguments in King v. Burwell, a case that concerns the Affordable Care Act. The big picture is that if the court decides for the petitioners, subsidies to people who buy health insurance through a federal exchange will be declared illegal, and more than 1 million Texans will lose their 73 percent discount on premiums. **The Supreme Court’s decision, expected in June, could impact behavioral health providers if a large number of clients have a change in eligibility for services if they stop paying their premiums with the loss of the discounts.** Read more: <http://www.houstonchronicle.com/local/prognosis/article/Court-s-decision-in-health-law-challenge-could-6138950.php>

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

- ***Reminder—an opportunity to learn from the source! This CMS learning network starts next Wednesday, March 25th, when CMS launches Health Care Payment Learning and Action Network***, an effort to move toward value- and outcome-based payment models through a learning community that includes “payers, providers, employers, purchasers, states, consumer groups, individual consumers, and others.” To learn more and to register to participate, click here: innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/.

- **WEBINAR TOMORROW – Revenue Cycle Management: Keys to Financial Health**

Date & Time: Thursday, March 19, 12:00 PM Central Time

To register: [Click here](#)

Description: Return on investment, payer perspectives, and performance-based compensation models are concepts that are changing the business of behavioral health. At the center of this is revenue cycle management and it shouldn't be a surprise that money is the focal point. This live webinar will share RCM techniques and best practices designed to make your billing process as efficient and productive as possible. The speaker will also address the need for persistence in the pursuit of denials as these can have a major impact on the financials of your healthcare facility.

BHACA: Outcome-Based Evaluation

- **BHACA Blast #32: Featured Outcome Measure – Adult ADHD Self-Report Scale (ASRS) Symptom Checklist**

- **What is the Adult ADHD Self-Report Scale (ASRS) Symptom Checklist?**

The ASRS is a tool to help screen for ADHD in adult patients. Insights gained through this screening may suggest the need for a more in-depth clinician interview. The ASRS consists of eighteen DSM-IV-TR criteria.

Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the ASRS. Part B of the ASRS contains the remaining twelve questions.

- **For which populations/age(s) is the ASRS appropriate?**

The ASRS is only for screening on adults, ages 18 and older.

- **How long does the ASRS take to complete?**

The ASRS takes approximately 5 minutes to complete.

- **How is it administered?**

The ASRS is to be administered during an appointment between clinician and patient. The patient is given the checklist and they are asked to complete the checklist on their own, and once they complete the checklist they give it back to the clinician to score.

- **Can I get the ASRS in other languages?**

The ASRS can be found in many languages including Spanish, French, German, Chinese, Japanese, and many more. Find the list of available languages [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.

- ***Outcomes Management: Implementing an Effective Process for Measuring and Improving Your Behavioral Health and Substance Abuse Treatment Programs***

Date & Time: Friday, March 27, 8:30 am to 5:00 pm

Location: The Council on Alcohol and Drugs Houston, 303 Jackson Hill St., Houston, TX 77007

Registration: [Click here](#)

Description: Behavioral health agencies, specifically those with a focus on treating and preventing substance abuse, are increasingly being asked to demonstrate the quality of their programs. However, in order to demonstrate a program's quality, agencies must have effective outcomes management processes in place. These processes can enhance a program's potential to sustain and increase funding and more importantly, they can improve the quality of life for clients.

- ***CMS Announces the Second Quality Measures Virtual Office Hours Session (Measures 201) in its Getting Started with Quality Measures Series for 2015 Physician Quality Reporting System (PQRS)***

Date & Time: Monday, March 23, 12:00 PM to 1:00 PM Central Time

Register: [Click here](#)

Additional information: This Measures 201 session will allow stakeholders an opportunity to ask a CMS representative questions about choosing the right PQRS quality measures for their practice. A CMS representative will provide a live demo reviewing how one can search for applicable PQRS measures. This brief presentation is followed by a question and answer session where participants can ask clarifying questions.

Want more information on the PQRS? [Click here](#)

BHACA: Additional Items of General Interest

- ***New HHS Report: 16.4 Million Uninsured Have Gained Health Insurance Since Affordable Care Act***—One week out from the five-year anniversary of the signing of the Affordable Care Act, HHS is announcing that about 16.4 million uninsured people have gained health coverage since the law's passage—the largest change in the uninsured in four decades. **HHS Report:** aspe.hhs.gov/health/reports/2015/uninsured_change/ib_uninsured_change.pdf.
Technical appendix:

aspe.hhs.gov/health/reports/2015/uninsured_change/uninsured_technical_notes.pdf. **Landing page with links to the report and the technical appendix:**
aspe.hhs.gov/health/reports/2015/uninsured_change/ib_uninsured_change.cfm.

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.