#### **BHACA Blast #41 Headlines:**

In preparation for your billing for behavioral health services with ICD-10-CM codes beginning October 1, 2015, the BHACA team has prepared the following guidance on the BHACA Blog: "o to 60mph on ICD-10: A Roadmap for Behavioral Health Clinicians."

**BHACA Blast #41 Featured Outcome Measure:** National Institute for Children's Health Quality's (NICHQ's) Vanderbilt Assessment Scales, for support in making a diagnosis of attention deficit hyperactivity disorder (ADHD), conduct disorder, oppositional-defiant disorder, and anxiety and depression in children.

Happy Summer!

The BHACA Team

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# **BHACA: Integrated Health Care (IHC)**

• Invitation to Participate in New Initiative and Kick-off Event — "Making Together Work: Policy Solutions for Integrated Health Care" — Mental Health America of Greater Houston is launching a multi-year systems-change initiative to collaboratively develop and implement consensus recommendations to improve financing and provider preparation for integrated health care in Texas. It is intended to be a very collaborative process bringing diverse stakeholders to the table to participate as full partners in the initiative. A kick-off event will be held on Thursday, August 13, from 9:00 AM to 12:00 PM. The event is being hosted in collaboration with the Baker Institute for Public Policy at Rice University. For additional information about the event or to register to attend, please see <a href="http://bakerinstitute.org/events/1729/">http://bakerinstitute.org/events/1729/</a>. If you are interested in participating in or learning more about the initiative and cannot attend the August 13 event, please contact Alejandra Posada at aposada@mhahouston.org. (Please Note: This policy-oriented initiative is being coordinated by MHA of Greater Houston and is not a part of BHACA. However, as stakeholders with an

interest in integrated health care, BHACA participants are invited to participate in the initiative.)

 Webinar from Center for Integrated Health Solutions – Improving Health through Trauma-Informed Care

Date & Time: Tuesday, July 28, 1:00 PM Central time (12:00 PM Mountain time)

To Register: Click here

**Presenters:** Leah Harris, Trauma Informed Care Specialist and Coordinator of Consumer Affairs for the National Association of State Mental Health Program Directors; Eddy Machtinger, MD, Professor of Medicine and Director of the Women's HIV Program, UCSF; Larke N. Huang, PhD, Director, Office of Behavioral Health Equity; Mary Blake, CRE, ITE, Public Health Advisor at SAMHSA **Description:** 

People who experience physically or emotionally harmful or life threatening events can have lasting adverse mental and physical health effects. Trauma-informed care can improve patient engagement with their providers and support health outcomes. In addition, a clinic environment that realizes the widespread impact of trauma can actively resist re-traumatization of the people you serve. How can you embed trauma-informed approaches into the practice of your integrated primary care clinic? Join this webinar to walk through what a trauma-informed clinic looks like and simple steps you can take to ensure your services and clinic environment are trauma-informed. Before you join us for the webinar, get a primer on trauma-informed care with SAMHSA's guide and review some of the resources available on CIHS' trauma web page.

- The American College of Physicians has released a position paper in supported of integrated health care, "The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper." The paper, published in the Annals of Internal Medicine, is available here. A summary is available here.
- The latest issue of the AIMS Center's online newsletter, Collaborations, features articles on including individuals and organizations that are not traditional health care providers (e.g., peers, family members, community organizations) as part of the integrated care team and on registry/EHR requirements for collaborative care. To read the newsletter, please click here.
- Identifying and Responding to Substance Use among Adolescents and Young Adults: A Compendium of Resources for Medical Practice This new publication from the National Center for Physician Training in Addiction Medicine is geared towards addiction medicine faculty and primary care providers. It provides links to screening tools, brief intervention guides and education and training materials that have been developed by a wide variety of institutions,

organizations and medical practitioners for use with patients of varying ages. To download a PDF of the compendium, click here. For a quick reference guide to the compendium, click here. For a 2-page document providing general guidance on substance use screening and early intervention in medical practice, click here.

• Free Until August 16 – Article on "Behavioral Health Integration: A Key Component of the Triple Aim" – Provided online ahead of print (and free only until August 16), this article from the journal Population Health Management discusses integrated health care in the context of the Triple Aim. Another article available free until August 16 may also be of interest – "Cross-Continuum Collaboration in Health Care: Unleashing the Potential" (click here).

## **BHACA: Choosing a Certified Electronic Health Record System**

- Clinical decision support is now a must-have in healthcare IT—"The move toward value-based reimbursement means quality improvement is an imperative. Proper use of CDS is essential to getting there." Read more: click here.
- Hospital with repeat security failures hit with \$218K HIPAA fine "Does your hospital permit employees to use a file-sharing app to store patients' protected health information? Better think again." Read more: click here.
- **Pushing beyond EHRs, "EHRs aren't enough for value-based care"**—
  "Developed in fee-for-service environment, EHRs are designed to address the workflows within a given office or hospital, and are created more as documentation tools from which billings can be generated. They are not designed for collaboration across organizations." Read more: click here.
- To support the coordination of care and population health management, the AIMS Center is pushing for improved EHR functionality specifically re. capabilities for "a chronic care registry." The AIMS Center, at the University of Washington, is, "a group of faculty, staff and consultants dedicated to improving the health of populations by advancing the research and implementation of Collaborative Care, a specific model of integrated care developed at the University of Washington to treat common and persistent mental health conditions such as depression and anxiety." The AIMS Center says that most EHRs lack the functionality to support a chronic care registry for population health management and care coordination, but that there are several tools out there to support this functionality. For more background information, access the AIMS newsletter (see second entry, "Registry Requirements for Collaborative Care"): click here. For the AIMS Center vision on chronic care registries in EHRs: click here.

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

• *ICD-10: 3 tips for maintaining productivity*—"The predicted dip in productivity can be 'a minor speed bump or a gigantic crater.' That all depends on a number of factors and it's not too late to start mitigating them ahead of the deadline." Read more: click here.

### **BHACA: Outcome-Based Evaluation**

• BHACA Blast #41: Featured Outcome Measure – The Vanderbilt Assessment Scales

The Vanderbilt Assessment Scales helps healthcare professionals diagnose ADHD in children as well as conduct disorder, oppositional-defiant disorder, anxiety and depression. Both the parent and the teacher are asked how often the specific child exhibits particular symptoms of ADHD. A total is aggregated from the different sections and category scores as well as an overall average performance score is given to the child. Children fall under certain diagnoses based on their scores.

- o What does it measure?
  - The Vanderbilt Assessment Scales are separated into two parts: Parent Assessment Scale and Teacher Assessment Scale. Each scale has two components: symptom assessment and impairment in performance. Both screen for symptoms that meet the criteria for both inattentive and hyperactive ADHD.
- For which populations/age(s) is the Vanderbilt Assessment Scales appropriate?

The target population for this measure is children.

- O How are the Vanderbilt Assessment Scales administered?

  The parent and teacher assessments are each 55 questions long. Additionally, each follow-up assessment is 38 questions long. Symptom questions are presented on a 4-point scale of Never, Occasionally, Often and Very Often. Performance questions are presented on a 5-point scale of Excellent, Above Average, Average, Somewhat of a Problem, and Problematic. In the teacher assessment, performance is broken up into "Academic Performance" and "Classroom Behavioral Performance". The follow-up form for both teacher and parent have a third section, Side Effects, where questions are presented on a 4-point scale of None, Mild, Moderate, and Severe.
- Are the Vanderbilt Assessment Scales proprietary?
   The first edition of the Vanderbilt scales are not proprietary. They can be downloaded from the NICHQ website and used/distributed for free as long as NICHQ is credited as the original source. To use the second edition, the entire toolkit must be purchased from the AAP Bookstore.
- 7 pain points of big data, "Despite all the promise predictive and prescriptive analytics hold for population health management, there are obstacles healthcare organizations will have to overcome when it comes to big data." Read more: click here.

- On the Subject of Population Health Management: Guide for Developing an Information Technology Investment Road Map for Population Health Management.
- TOMORROW: Webinar from eHealth Centers for Medicare & Medicaid Services—2015 Physician Quality Reporting System (PQRS) Support Webinar: PORS Group

**Date & Time:** Thursday, July 23, 2015, 10:00am – 11:00am CDT

To Register: click here.

**Agenda:** 

- Background of the PQRS GPRO
- Electronic Reporting Overview
- Information for EHR Vendors
- Information for PQRS Group Practices
- Resources and Where to Call for Help
- TOMORROW: Webinar from TMF Health Quality Institute— Readmissions and Behavioral Health

**Date & Time:** Thursday, July 23, 2015, 12:00pm – 1:00pm CDT

To Register: click here.

**Agenda:** In a healthcare system that increasingly looks at readmission rates as a measure of performance, you may be interested in this webinar that describes the ways that behavioral health conditions such as depression and alcohol use disorder affect hospital readmissions.

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.