

Dear BHACA Community,

BHACA Blast #44 Headlines:

Monday, September 21: Billing, Collecting and Credentialing Class—ONLY OFFERING THIS FALL IN HOUSTON!!

Title: Billing, Collecting and Credentialing for Behavioral Health

Location: Mental Health America of Greater Houston (2211 Norfolk, Suite 810)

Date & Time: Monday, September 21, 2015, 8:30am to 4:45pm (registration opens at 8:00am)

General tuition for non-member participants: \$100 (includes CEUs if desired)

Discounted tuition for NBHP member agency employees: \$70 (includes CEUs if desired)

Honoring Our Collaborators: Thanks to Beacon Health Options, United Healthcare, and The Council on Recovery for working with the BHACA team to make this training possible!

Reserve your spot: <http://bit.ly/BillingSeptember>

Learn more about this training: <http://www.nbhp.org/behavioral-health-billing-in-houston.html>

A profile of SBIRT (Screening, Brief Intervention, and Referral to Treatment) screening tools can now be found on our BHACA Blog here:
<http://bhacablog.weebly.com/>.

BHACA Blast #44 Featured Outcome Measure: U.S. Department of Veterans Affairs' Trauma Screening Measures - *Trauma History Questionnaire* and *Stressful Life Events Screening Questionnaire*, for support in identifying and examining individuals' experiences with traumatic events throughout their lifetime.

Welcome to September!

The BHACA Team

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

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

Elizabeth Reed, Project Manager (nbhp.elizabeth@gmail.com)

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

Krystal Lau, BHACA Intern (nbhp.krystal@gmail.com)

NBHP website – www.nbhp.org

MHA website – www.mhahouston.org

BHACA: Integrated Health Care (IHC)

- ***TOMORROW – Webinar from the SAMHSA-HRSA Center for Integrated Health Solutions – “Strategies for Early Intervention and Treatment for Adolescent Alcohol Use in Health Centers”***

Date & Time: Thursday, September 3, 12:30 PM Central time

To Register: [Click here](#)

Presenters: Shannon Gwin Mitchell, PhD, Senior Research Scientist, Friends Research Institute, Inc.; Tosan Oruwariye, MD, MPH, MSc, Executive Vice President and Chief Medical Officer, Morris Heights Health Center; Laura Brey, Vice President for Strategy and Knowledge Management, School-Based Health Alliance

Description:

Alcohol remains the substance most widely used by today's teenagers. Despite recent declines in use, seven out of every ten students (68%) have consumed alcohol (more than just a few sips) by the end of high school, and three out of ten (28%) have done so by 8th grade. With growing evidence of the poor long-term health outcomes for individuals who engage in significant alcohol use during adolescence, this remains a significant public health issue. In many communities, health centers play a key role in the health care of adolescents. They also provide a unique opportunity to prevent and intervene earlier with adolescents who may be using alcohol. This webinar will provide both practical and research-based information on how to implement alcohol prevention and treatment services for adolescents in health center settings. The presenters will provide examples of how to talk with adolescents and keep them engaged in services. Please join us for this webinar as we delve deeper into how health centers can assist in curbing adolescent alcohol use.

- ***Webinar from the Collaborative Family Healthcare Association (CFHA) – “Program Evaluation and Integrated Care: When Two Fields Merge, Everyone Wins!”***

Date & Time: Wednesday, September 23, 12:00 PM Central time

To Register: [Click here](#)

Presenter: Beth A. Nolan, PhD, Director of Research, Positive Approach to Care

Description:

Whether you work as a clinician or administrator, many of us are being asked to incorporate program evaluation into regular practice. This webinar will examine the opportunities the field of program evaluation can afford your integration efforts. It is intended for a beginner-intermediate audience, who may not have any previous experience with program evaluation. By the end of the webinar, participants will:

- Understand the basic structure of program evaluation (formative evaluation, summative evaluation) and the utility and importance of process measures, outcome measures, and impact measures; and be able to give examples of measures for each.
 - Be able to describe similarities and differences of program evaluation, experimental research, and quality improvement.
 - Be able to take offered resources to begin to layout and execute their own plan to evaluate their integration programs.
- ***New IHI Report – Community-Based Behavioral Health Integration: A Focus on Community Health Workers to Support Individuals with Behavioral Health and Medical Needs*** – As we all know, addressing people's whole health needs requires work both inside and outside of a clinical setting. A new [Innovation Report from the Institute for Healthcare Improvement \(IHI\)](#) investigates the use of community health workers (CHWs) to further integrated health care in the community, outside the clinical environment. The report, as well as an [article published in *Healthcare*](#), discuss the benefits and challenges of engaging CHWs in this

work, and identify how quality improvement approaches can help address the challenges.

- ***A brief animated video from the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) explains integrated care from a patient's perspective*** by following patient Wendy as a team of providers works together to address her multiple health concerns. This video could be a way to help patients, colleagues, collaborators, etc., understand integrated care and its benefits. To view the video, go to the main CIHS page [here](#) and scroll down to “Featured Video.”

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

- ***This article, from the recent cover of the Houston Chronicle, "Humana suddenly drops Baylor doctors out of network," is relevant to all behavioral health providers*** re. its discussion of narrow networks, at the least. Click on the first link here to access: <https://www.google.com/#q=humana+drops+baylor+doctors+from+network+houston+chronicle>. Further, the article's author Jenny Deam references a Leonard Davis School of Health Economics at the University of Pennsylvania study that came out this June, which describes Texas as ranking 6th in the nation for having the narrowest ACA marketplace networks. That article can be found here: <http://ldi.upenn.edu/sites/default/files/rte/state-narrow-networks.pdf>. **So how did Texas's networks become so narrow?** Benchmark plans for the ACA marketplace vary by state. A state could have picked its own benchmark plan, but Texas was passive and our benchmark plan was selected by default per ACA rules to be "the largest small group plan in the state," or in our case: BCBS of TX- BestChoice, PPO. More on state benchmark plans here: <http://kff.org/health-reform/state-indicator/ehb-benchmark-plans/>.
- ***Where is the niche for behavioral health providers in ACOs (accountable care organizations)?*** As the federal government continues to move toward a pay-for-value system, more ACOs are forming. This article speaks specifically to the role/opportunity for behavioral health providers as a part of ACOs. Some highlights:
 - “First, although a majority of ACOs are responsible for providing behavioral health services to their enrollees, about one third have no formal relationships with a behavioral health provider (see [The Current State Of Behavioral Health In ACOs](#)).”
 - “Second, many ACOs attempt to provide as much case management and specialist services within their own system as they can.”
 - “Finally, getting the ACO/behavioral health provider partnership right takes a lot of trial and error.”
 - As well, “behavioral health provider organizations have to be willing to negotiate with ACOs and take a risk. Behavioral health provider organizations cannot expect to share in an ACO's savings if they are also not willing to take a certain percentage of the downside risk.”

To read more: [click here](#).

- **Health reform is reshaping revenue cycle management**, “The healthcare [revenue cycle management](#) process, having stayed steady for so many years, is now undergoing lightning-fast change on many different fronts.” Major changes pertinent to behavioral health providers’ income include increased patient responsibility (up from 5-10% ten years ago to 30-35% today) on high deductible plans. Investing in a good IT system may be one way to handle the changes. Read more: [click here](#).
- **CMS signals even more movement in the direction of value-based reimbursement (away from fee-for-service models)**: “The Centers for Medicare & Medicaid Service (CMS) announced on August 13th that over 2,100 acute care hospitals, skilled nursing facilities, physician group practices, long-term care hospitals, inpatient rehabilitation facilities, and home health agencies **transitioned from a preparatory period to a risk-bearing implementation period in which they assumed financial risk for episodes of care**. The participants include 360 organizations that have entered into agreements with CMS to participate in the Bundled Payments for Care Improvement initiative and an additional 1,755 providers who have partnered with those organizations.” According to CMS, these “initiatives **are part of the innovative framework established by the Affordable Care Act to move our health care system toward one that rewards providers based on the quality, not quantity, of care they deliver to patients. The Administration earlier this year announced the goal of tying 30 percent of Medicare payments to quality and value through alternative payment models by 2016 and 50 percent of payments by 2018.**” To learn more about the Bundled Payments for Care Improvement initiative: <http://innovation.cms.gov/initiatives/bundled-payments>. **CMS Fact Sheet**: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-08-13-2.html>

BHACA: Outcome-Based Evaluation

- **BHACA Blast #44: Featured Outcome Measures – Two Separate Trauma Screening Measures (the Trauma History Questionnaire and the Stressful Life Events Screening Questionnaire)**

The Trauma History Questionnaire (THQ) is a 24-item self-reported measure that examines experiences with potentially traumatic events. It is divided into questions covering experiences with crime, general disaster and trauma, and physical and sexual experiences. For each item, the client answers either “yes” or “no.” For each item answered “yes,” the client is then asked to provide the frequency of the event and their age at the time of the event.

The Stressful Life Events Screening Questionnaire (SLESQ) is a 13-item self-reported measure for non-treatment seeking individuals. The SLESQ assesses lifetime exposure to traumatic events. It includes 11 specific and 2 general categories, including a life-threatening accident, physical and sexual abuse, and/or witness to another person being killed or assaulted. For each event, respondents are asked to indicate whether the event occurred (“yes” or “no”), their age at time of the event, as well as

other specific items related to the event, such as the frequency, duration, whether anyone died or was hospitalized, etc.

- **For which populations/age(s) are the THQ and the SLESQ appropriate?**
The target population for these measures is all individuals who are suspected of experiencing a traumatic and/or stressful event in their lifetime. For trauma and PTSD measures specifically for children and adolescents, [click here](#).
- **How are the THQ and SLESQ administered?**
Both the THQ and the SLESQ can be administered by the client themselves or by a qualified mental health clinician.
- **Are the THQ and SLESQ proprietary?**
No! You can obtain a copy of the THQ [here](#) and the SLESQ [here](#). Please note that access to these measures is typically reserved for qualified mental health professionals.
- **What other languages are offered for the THQ and SLESQ?**
The THQ and SLESQ are offered in both English and Spanish.
- ***Leaders of the National Quality Forum (NQF) and of the Agency for Healthcare Research and Quality (AHRQ) call*** for more alignment among stakeholders to streamline and solidify support for a smaller selection of standardized outcome measurement tools. Read more: [click here](#).

Additional Items of General Interest:

- ***Texans without health insurance are twice as likely to skip seeking primary and mental health care*** because of cost. That's one of the findings of a [new survey](#) released today by Rice University's Baker Institute for Public Policy and the Episcopal Health Foundation. Read more: <http://medicalxpress.com/news/2015-08-uninsured-texans-primary-mental-health.html>.

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.