

# **Behavioral Health Organization Readiness: An Overview of What's Needed to Succeed in the New Healthcare Ecosystem, August 2010**

## **Overview**

This discussion paper describes important competencies and strategies that will likely be necessary to succeed in the new “healthcare ecosystem.” While this highly abbreviated list may itself appear daunting, it is important to both stay grounded in reality and keep your eyes on the prize.

To some extent, the list below is backwards. Begin by thinking of your current and potential consumers. They are the reason all of us do this work. In order to serve your consumers, you must have the business infrastructure to document, measure and improve the work that you do – this has been relevant to getting paid for a while now, but will be absolutely essential as healthcare reform unfolds. To be the best resource possible for your consumers and to succeed as an organization, it is vital to participate in healthcare homes, providing behavioral healthcare in primary care and primary care in behavioral health. If you're moving toward doing all of these things, you are well on your way to serving your consumers and healthcare partners as a high performing specialty provider of behavioral healthcare, relentlessly focused on enhancing access to services and consumer outcomes. But there is one critical thing you must all do to be ready for healthcare reform – you have to be at the table for the discussions taking place in your communities, states and at the national level. If behavioral healthcare providers and stakeholders don't succeed in that task, your consumers, your organization and the overall healthcare system may suffer.

## **Pre-Test Assignment**

Contemplate each of the items in the five sections below and complete the following task:

**Step 1:** *All Healthcare is Local.* Rank each item for **Relevance to Your Community** on a scale of 1-5 (1 = Low Importance; 5 = High Importance).

**Step 2:** *No Two Organizations are Alike:* Next rank **Your Organization's Readiness to Successfully Accomplish the Work** embedded in each item on a scale of 1-5 (1 = Low Importance; 5 = High Importance).

**Step 3:** *No Two States are Alike:* Now rank **Your State Association's Readiness to Support the Effort** of each item on a scale of 1-5 (1 = Low Importance; 5 = High Importance).

**Step 4:** *If you had to Choose.* Finally, if you were forced to decide today, **Select the Top 3 Items You Might Prioritize to Work on in the Next 12 Months.**

**Note:** If an item isn't clear and/or doesn't make sense, put a big ? mark next to it and proceed to the next item.

## **Area I: Relationships – Be at the Table**

1. **Actively Pursue Relationship-Building** with leaders in the healthcare community – Hospital CEO, Health Plan Management, Multi-Specialty Clinic Medical Directors, State Medicaid Directors, the Chairs of the Legislature’s Health Care Committees, etc.
2. **Become a Founding Member of your Local Accountable Care Organization** and actively participate in Development Efforts; if one hasn’t begun, start it!
3. **Explore the Idea of Developing a Regional Health Authority** that integrates the management and funding of health, behavioral health, public health, housing, and social services for your community to support the transition from a “sick care” system to a true health care system.
4. **Influence State and Health Plan Decision-Making Process** regarding Parity, ACOs, Medical Home Standards and Payment Models, Health Insurance Exchanges, and Medicaid Expansion.

## **Area II: High Performing Specialty Provider – Access and Outcomes**

1. **Reengineer your Organization for Rapid Access to Services** – eliminating redundant information collection and other variances, move to centralized scheduling, manage no shows and cancellations.
2. **Pursue Person Centered Engagement Strategies** – using collaborative concurrent documentation, address specific engagement barriers, develop and follow relapse prevention strategies.
3. **Match Consumer Need with Treatment** – including the implementation of a Level of Care that is shared with your primary care partners; build stepped care into all clinical processes inside your organization and between your organization and your primary care partners.
4. **Implement robust Care Management for High Need Consumers** (Health and Behavioral Health) – differentiating between *Case* Management and *Care* Management and use the latter to manage patient care across the care continuum, throughout various care settings, working in conjunction with the person, providers, payors, and others to improve outcomes and make the best use of health care resources.
5. **Measure and Improve Quality** – ensuring that High Value Processes are in place and Individual Outcomes are achieved; Design and implement key performance indicators for all staff and support their use by developing and implementing a clinical supervision/ coaching plan.
6. **Implement Internal Utilization Management** – with functions that help ensure that consumers receive the right care at the right time in the right amount, putting in place mechanisms to obtain necessary pre-authorizations and re-authorizations, ensuring that consumers are matched with appropriately credentialed and paneled providers.

### **Area III: Person Centered Healthcare Home Participation**

1. **Decide your Healthcare Home involvement level** – Full Integration, Partnership or Linkages – and then begin or expand your efforts.
2. **Provide Primary Care Services in the Behavioral Health Center** – either the basic set of screening, education and linkage to and communication with primary care providers; or become part of a full scope Person Centered Healthcare Home.
3. **Provide Behavioral Health Services in Primary Care** – supporting the mental health and substance use delivery efforts inside the primary care clinic using clinical practices appropriate to those settings.
4. **Develop Strong Linkages as Specialty Behavioral Healthcare Providers to Medical Homes** – ensuring that patients of the medical home can obtain rapid access to high quality behavioral health services (see Area II).
5. **Develop a Strategy for Your Participation in FQHC Expansion** – deciding how you will help the FQHC system double in size over the next five years.

### **Area IV: Business Infrastructure – Measure and Get Paid**

1. **Develop your Technology Infrastructure to Integrate Clinical, Quality, and Finance** – including deployment of an electronic health record to every clinician in the organization that includes patient registries and a data warehouse that integrates clinical, quality and financial data to support clinical services and financial health.
2. **Build a High Performing Quality Improvement Infrastructure** – through quality management process that includes an annual quality plan that addresses quality assurance, quality improvement, risk management, utilization/resource management, utilization review, credentialing, and performance contracting.
3. **Develop an Effective Revenue Cycle Management Infrastructure** – building on the service delivery process to capture and collect every dollar owed to the organization by all payors along consumer-friendly self-pay billing and collections system.
4. **Prepare to Participate in the Health Insurance Exchanges** – ramping up your ability to work with Private Insurance Plans, Accountable Care Organizations, and Employers that will be operating under parity and purchasing higher levels of behavioral healthcare services from high performing specialty providers.
5. **Prepare for Value-Based Purchasing** – including the development of the infrastructure to support Case Rates, Capitation, and Pay for Performance Bonus Arrangements.
6. **Develop a Bullet-Proof Compliance Plan** for an era of increased scrutiny overseen by a compliance officer that ensures appropriate training on robust compliance practices and standards supported by internal monitoring and auditing.
7. **Review Your Human Resources Function and Plan for Workforce Expansion** in order to be prepared for the newly covered expansion population and increased demand as the employer community and healthcare system recognize in increasing numbers the importance of quality behavioral healthcare services.

## **Area V: Consumer Advocacy – Helping Consumers Obtain Coverage and Services**

1. **Support Parity Implementation** through the active monitoring and reporting of parity violations and the education of consumers, advocates, community groups, health plans, state officials and others about how to comply with the private health plan and Medicaid parity regulations and the importance of these regulations to improving quality and managing costs.
2. **Develop an Enrollment Strategy for Your Uninsured Consumers and Potential Consumers** that identifies persons eligible for coverage through Medicaid and the Exchange, assists with the enrollment process, and advocates for the removal of structural barriers that they state may construct.