Policy Consideration for Integrated Care (accessible version)

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Policy Considerations for Integrated Care

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This presentation at a glance

- Post-election: Affordable Care Act moves forward
- Many battles shift from federal to state level
- Issues in ACA implementation:
  - Exchanges
  - Insurance market regulation
  - Medicaid expansion
- Federal level: fiscal cliff, deficit reduction, Medicare & Medicaid reform
- Delivery and payment innovation proceeds
- Issues to watch

The Affordable Care Act: Four Key Strategies

Healthcare Reform

- Insurance Reform
- Coverage Expansion
- Delivery System Redesign
- Payment Reform

Forces at Play

- Experimentation
- Liberation of information
- Demand for impact
- Monopoly economy

Health reform moves forward… but what are the implications for…

- Health insurance regulations?
- Exchanges? State, Federal or Partnership Fate of subsidies for buying coverage in exchanges?
- Medicaid expansion? Many states still opposed
- Medicare reform?
- Deals on budget, debt ceiling, tax reform, sequestration, tax cuts, deficit reduction?

Types of Plan	Must offer MN/SUD?	Parity spplies?
Plans sold in Exchanges (Qualified Health Plans)	X	X
Individual market (not sold in the Exchanges)	X[1]	X
Small group market (not sold in the Exchanges)	X [1]	0 [2]
Large group market (not sold in the Exchanges)	0	X [3]
Traditional Medicaid, fee-for-service	0	0
Traditional Medicaid, managed care	0	X[3]
Benchmark Medicaid for newly eligible, FFS	X	Partially [4]
Benchmark Medicaid for newly eligible managed care	X	X

Innovations under CMS,

Jonathan Blum, CMS

- Payment reform; fundamental shift away from fee-for-service
- Delivery system reform: encourage reorganization of system to take out waste and deliver high-value care
- Different opportunities for providers based on readiness
- Strategic partnerships with data
- Robust quality monitoring
- Emphasis on multi-payer strategies and approaches

States' plans for dually eligible individuals

Capitated managed care states are:

Oregon, California, Idaho, Arizona, New Mexico, Texas, Minnesota, Wisconsin, Illinois, Michigan, Ohio, Tennessee, South Carolina, Virginia, New York, New Hampshire, Vermont, Massachusetts and Hawaii

Managed FFS states are:
Colorado, Oklahoma, Iowa, Missouri, North Carolina, Connecticut

States that are Both:

New York and Washington

States not pursing demo are:

Montanna, Wyoming, Nevada, Utah, North Dakota, South Dakota. Kansas, Indianna, Pennsylvania, Maine, Mississippi, Alabama, Louisiana Florida, Georgia, Arkansas, New Jersey, Delaware, Maryland, Washington D.C., and Kentucky

...and from a business planning perspective

Shifts in revenue sources as more people become eligible and enroll in new insurance options

Increased competition as health providers meet new value-based purchasing standards built on health system partnerships and accountability for clinical outcomes

Connect with other providers

- Coverage expansions are ONLY sustainable with delivery system reform
- Collaborative Care
- Patient Centered Healthcare Homes
- Accountable Care Organizations
- Accountability and quality improvement are hallmarks of the new healthcare ecosystem

Core Components of Collaborative Care

	Two New Team Members	
Two Processes	**Care Manager**	**Consulting BH Expert**
Systematic diagnosis and outcomes tracking **(e.g. PHQ-9 to facilitate diagnosis and track depression outcomes)**	Patient education/self-management support Close follow-up to make sure pts don't fall through the cracks	Caseload consultation for care manager and PCP (population-based) Diagnostic consultation on difficult cases
Stepped Care: **Change treatment according to evidence-based algorithm if patient is not improving** **Relapse prevention once patient is improved**	Support medication Rx by PCP Brief counseling (behavioral activation, PST-PC, CBT, IPT) Facilitate treatment change/referral to BH Relapse prevention	Consultation focused on patients not improving as expected Recommendations for additional treatment/referral according to evidence-based guidelines

Questions:

Is your clinical delivery process supportive of "stepped care"?

The ability to rapidly step care up to a greater level of intensity when needed? The ability to step care down so that a consumer's MH/SU care is provided in primary care with appropriate supports?

All offered from a client-centered, recovery-oriented perspective?

Upcoming CPT code changes

- Removal of evaluation and management (E&M) plus psychotherapy codes from the psychiatry section
- Deletion of pharmacologic management (providers to use appropriate E&M code)
- Inclusion of add-on codes for psychiatry (services performed in addition to a primary service/procedure)
- Addition of code 90785 for interactive complexity
- New code for psychotherapy for a patient in crisis

http://www.thenationalcouncil.org/galleries/policy-file/CPT%202013%20Changes%20Fact%20Sheet.pdf

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