



NH Behavioral Health Integration Learning Collaborative Year 2 Call for Participation

Summary

- Join health care providers, payers, and other stakeholders in learning how to integrate behavioral health and primary care for better results.
- Participate in development of sustainable payment models for integrated behavioral health in primary care.
- Evidence-based education and support for integrating and sustaining behavioral health and primary care in your organization.
- Access opportunities to earn professional continuing education credits and tools to track and analyze electronic health records and claims data.

Deadline for Letter of Intent is October 28th

Background

- About half of Americans will experience some kind of diagnosable mental disorder in their lifetime. Lifetime prevalence of anxiety disorders in the United States is just under 30%, with lifetime prevalence of mood disorders at just under 20%, and substance use disorders at just under 15%.¹
- Individuals with mental illness have a two- to four-fold increased risk of premature mortality; those with more severe illness may die 25 years earlier than the general population.²
- Mental illness and poor health are linked, with two-thirds of patients with mental illness having a co-occurring medical condition and nearly a third of those with a medical condition have a co-occurring mental illness.³
- The research tells us what providers and patients experience on a daily basis—25 to 30% of visits for primary medical care either originate from or have a significant related mental or behavioral health component.^{4,5}

Project Description

The NH Citizens Health Initiative Behavioral Health Integration Learning Collaborative (BHI LC) focuses on the integration of behavioral health into the primary care and of primary care into behavioral health care settings with a focus on depression, anxiety, and substance use disorders.

Our Year 2 Learning Collaborative activities will include:

- In-person, webinar and phone conference calls for learning content, information and data sharing, and peer support. Content will include, but not limited to:
 - Institutional Leadership
 - Workforce/Culture
 - HIT Integration
 - Connecting to Community
 - Maternal & Child Mental health
 - Payment, Contractual and Financial Issues
 - BHI for Diverse Populations
 - Using Data and Measures to Track Outcomes
 - Substance Use Disorders – SBIRT and Medication Assisted Opioid Treatments in Practice
- Implementation Tracks: Targeted Quality Improvement (QI) projects using Plan-Do-Study-Act (PDSA) quality improvement cycles appropriate to the level of integration implementation. Content will be designed to be relevant and actionable for participants at various stages of BH integration.
- Participating Practices will report EHR data quarterly on selected measures on practice screening, behavioral and physical health outcomes and track their progress.

Project Goals and Outcomes

- Increase access of evidence-based integrated behavioral health care within primary care practices.
- Provide support to behavioral health practices integrating primary care.
- Advance the status of participating organizations on the continuum of primary care behavioral health integration.
- Develop sustainable payment models to support the practice of integrated care.
- Demonstrate improvement on key quality and cost measures, using EHR reporting tools, claims-based analytic reports and site self-assessment.

Project Collaborators

- **New Hampshire Citizen's Health Initiative (Initiative)**, staffed through the UNH Institute for Health Policy and Practice (IHPP), is a multi-stakeholder collaborative effort working for a health and health care system with better health, better care, and lower costs for all New Hampshire residents. The Initiative and its NH Accountable Care Project (NHACP) Learning Network will work to bring together the necessary content and infrastructure for the BHI LC, including the NHACP reporting suite.
- **NH Center for Excellence (CfEx)** is a resource center for best practices in alcohol and drug services in New Hampshire. CfEx provides practitioners and providers with tools, resources, training information, and data to support their practices. CfEx is an initiative of the NH Department of Health and Human Services' Bureau of Drug and Alcohol Services and is funded in part by the US Substance Abuse and Mental Health Services Administration (SAMHSA), the NH Governor's Commission on Alcohol and Other Drug Prevention, Intervention and Treatment, and the NH Charitable Foundation. CfEx will provide SAMHSA-certified SBIRT trainers to lead sessions on SUD screening, referral, and treatment in primary care.
- **NH Pediatric Improvement Partnership:** The NH Pediatric Improvement Partnership works with pediatric and family practice providers to develop and conduct practice-focused quality improvement projects. Current behavioral health-related-work includes improving developmental screening rates and developing practical strategies to support providers in caring for children/youth with ADHD and co-occurring mental/substance abuse disorders.

Benefits of Participation

- Learn evidence-based behavioral health integration practices targeted to stages of integration.
- Receive tools, trainings, technical and quality improvement support to aid in implementation.
- Collaborate with providers, payers and other stakeholders throughout the state to implement best practices and together develop sustainable payment models.
- Access to the NH Accountable Care Project's Report Suite, which includes:
 - *Claims-based analytic reports*, driven by the NH Comprehensive Health Information System (NHCHIS) data, providing population, cost and utilization measures for both patients attributed to primary care and for patients attributed to having behavioral health services. The full report suite includes data for Commercial, Medicaid, and Medicare populations.
 - *Electronic Health Record (EHR) quality report*, based on self-reported data from participating organizations. The aggregated median rates report provides a benchmark for comparison around key quality measures.
- Potential to receive CME and other professional continuing education credits
- Reporting, benchmarking and feedback with peers throughout the state.

Learning Collaborative Overview

Learning Collaborative Participation Expectations

In order for the Learning Collaborative to be continue to be successful and work well for all of the participants, all participants are expected to agree to the following core principles.

- All practice and payer teams will have high-level commitment from the leadership of their organizations, including CEO, CIO, and CMO as appropriate.
- All participants must sign Non-Disclosure Agreements (NDA) to participate in shared data conversations.
- Participating practices/systems must have Electronic Health Record (EHR) in place in primary care practices.
- Maintain consistent participation/team representation for in person and web/audio conference sessions and annual symposium.
- Participate in sharing learning in webinars/discussions as appropriate.

All participants (practices/systems, payers and other stakeholders) joining the learning collaborative will sign a Letter of Commitment demonstrating their understanding of and commitment to the Behavioral Health Integration Learning Collaborative. In addition, participants will be expected to sign a Non-Disclosure Agreement to protecting the confidentiality of the cost, quality and service volume data made available through the Accountable Care Learning Network reporting suite to the participants of the Behavioral Health Integration Learning Collaborative.

Teams and Participants

Clinical Practice Participant, Teams and Roles

Each participating Implementation Track practice/ health system will identify a team to spearhead their clinical system and process change effort to implement evidence-based standards for integrating behavioral health care into primary care in their practice. We recognize that not all members of the team will be able to attend every BHI LC session; however, teams should assure representation by at least 2-3 members at each session and continuity of information flow for the team. Ideally, practice teams, should include:

Team Member	Role
Team Leader (can be any clinic staff person)	<ul style="list-style-type: none">• Serve as Clinic contact to the Learning Collaborative staff• Coordinate team effort to institute change processes• Ensure evaluation data/reports are submitted
Clinical Leader (MD, DO, NP, PA)	<ul style="list-style-type: none">• Encourage & facilitate PCP involvement• Provide PCP perspective/insight
Nurse Leader	<ul style="list-style-type: none">• Encourage & facilitate nursing staff involvement• Provide nurse perspective/insight
Behavioral Health Lead (for practices with current service)	<ul style="list-style-type: none">• Provide BH clinical perspective• Provide insight BH integration
Information Technology (IT) Lead	<ul style="list-style-type: none">• Assist with changes in IT infrastructure required to support clinic implementation of work flow changes• Work with IHPP staff to facilitate EHR extractions for evaluation

Practice Management Staff Lead	<ul style="list-style-type: none"> • Encourage & facilitate practice management staff involvement • Provide administrative /frontline staff perspective/insight
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Practices are welcome to include any other staff or patient representatives on their team.

Clinical Team Participation Expectations

Implementation Track Practices are expected to:

- Complete pre-work activities, including identifying QI team members, collection of baseline evaluation data, and completion of a baseline site self-assessment.
- Hold (at minimum) monthly meetings of their QI team.
- Participate in three in-person, half-day learning seminars (TBD central location).
- Participate in webinars and monthly conference calls
- Participate in in-person Learning Symposium at the completion of program year.
- Collect and submit monthly EHR data.
- Provider National Provider Identifiers (NPI) of primary care and behavioral health providers in order to receive the claims-based analytic reporting of NH Accountable Care Project's Report Suite.
- Complete annual site self-assessment review.

Listen & Learn track Practices are expected to:

- Complete pre-work activities, including identifying team members.
- Participate in three in-person, half-day learning seminars (TBD central location).
- Participate in webinars
- Participate in in-person Learning Symposium at the completion of program year.
- Collect and submit monthly EHR data if possible.
- Provider National Provider Identifiers (NPI) of primary care and behavioral health providers in order to receive the claims-based analytic reporting of NH Accountable Care Project's Report Suite.

Payer and Other Stakeholder Participants

Participation Expectations

Payers and other stakeholders are expected to:

- Complete pre-work questionnaire, including identifying team members.
- Participate in three in-person, half-day learning seminars (TBD central NH location).
- Participate in webinars and monthly conference calls and payment model discussions.
- Participate in in-person Learning Symposium at the completion of program year.
- Complete annual evaluation questionnaire.

Who Should Join?

Types of Providers

- Health Care Systems with Primary Care Practices
- Independent Primary Care Practices
- Federally Qualified Health Centers and Other Primary Care Safety Net Providers
- Community Mental Health Centers

Types of Payers

- Commercial
- Commercial TPA
- Co-ops
- Medicaid MCO
- Behavioral Health
- Government Payers

Other stakeholders

- Patient Advocates
- Community Services
- Policy-makers
- Academic Institutions
- Other Health Care Innovators

Organizational Stage of Behavioral Health Integration

- Practices or health systems without integrated behavioral health that are committed to providing their patients with behavioral health services integrated into primary care.
- Practices or health systems with co-located (but not integrated) behavioral health services that are committed to providing their patients with fully integrated behavioral health services.
- Practices or health systems with integrated behavioral health in primary care that want to move to the next level of integration and develop sustainable models and financing.
- Community Mental Health Centers working to integrate primary care.

Interested?

To receive Application and Self-Assessment/Questionnaire materials, please email your Letter of Interest by October 28, 2016 to: Stephanie.Cameron@UNH.edu

Key Dates:

Oct. 28 Deadline: Letter of Intent

Nov. 9 Deadline: Completed Application Package including:
Online Application, including Site Self-Assessment (for Practices) or Pre-work Questionnaire (for Payers and Other Stakeholders)
Letter of Commitment, Team Member List, Non-Disclosure Agreement, Provider Identifiers (for Practices)

Nov. 16 Event: NH Behavioral Health Integration Learning Collaborative Year 2 Opening Session
9:00 – 1:00 @ UNH School of Law, 2 White Street, Concord, NH

1. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Arch Gen Psychiatry*. 2005;62(6):593-602. doi:10.1001/archpsyc.62.6.593.
2. Sharfstein SS. Integrated Care. *Am J Psychiatry*. 2011;168(11):1134-1135. doi:10.1176/appi.ajp.2011.11050766.
3. Kessler RC, Berglund P, Chiu WT, et al. The US National Comorbidity Survey Replication (NCS-R): design and field procedures. *Int J Methods Psychiatr Res*. 2004;13(2):69-92.
4. Gunn J William B., Blount A. Primary care mental health: A new frontier for psychology. *J Clin Psychol*. 2009;65(3):235-252.
5. Anseau M, Dierick M, Buntinkx F, et al. High prevalence of mental disorders in primary care. *J Affect Disord*. 2004;78(1):49-55.