Building a Fiscally Sustainable Integrated Care Service

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Co-Authors of Integrating Behavioral Health into the Medical Home: A Rapid Implementation Guide, 2016, by Greenbranch Publishing
Faculty Disclosure

Drs. Corso and Manson have had a potentially relevant financial relationship during the past 12 months of the following type:

Book Royalties:
*Integrating Behavioral Health into the Medical Home* Greenbranch Publishing
2016
Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify various program metrics which promote sustainable models of integrated care delivery for families and patients.

- Describe and discuss data mining options for collecting metrics to demonstrate fidelity, quality improvement, and fiscal sustainability related to integrated care programs.

- Identify, evaluate and select tools for effective financial strategic planning and management in integrated care.
Bibliography / References


Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
Overview

Why Bother Proving Your Value?
The Role of Process and Outcome Metrics
Optimizing Your Value: Concepts, Calculations and Demonstrations
Data Mining Options for Demonstrating Fidelity and Quality Improvement
Tools for Financial Strategic Planning and Management for Sustainability
Conclusion
Why Bother?

Remaining Current with American Healthcare
- Meeting the Triple or Quadruple Aim
- Taking advantage of special programs, incentives or healthcare initiatives

Survival
- Many funding streams eventually dry up
- If you ARE the business side of the house, it’s your job
- If you are NOT the business side of the house, they will come knocking eventually
- Integrated healthcare IS the standard of care
The Role of Outcome and Process Metrics

Outcome Metrics help us answer:
“How we are doing?”

- Clinical
- Financial
- Operational

Process Metrics help us answer:
“Are we doing this well or poorly?”
Process/Operational Metrics (within the Triple Aim)
<table>
<thead>
<tr>
<th>Quadruple Aim Goal</th>
<th>Metric</th>
</tr>
</thead>
</table>
| **Experience of Care** | - Percentage of patients asked to sign a release of information consent to allow agencies to exchange information  
- Percentage of patients who sign a release of information consent  
- Frequency of contacting patients' other providers to coordinate care  
- Referral "hit rate," or the number of PCP-referred patients who actually accept the referral or warm handoff  
- Percentage of patients who were asked to complete a healthcare satisfaction measure  
- Percentage of patients who completed a healthcare satisfaction measure  
- Reasons patients did not complete satisfaction measure  
- Amount of time (e.g., same day, 3 days out) to next available IBH appointment  
- Patient educational materials are culturally appropriate and written in a language and at a level that best meets the patients' needs  
- Availability of staff who speak the same language as the population being served |
| **Population Health** | - Number of patients seen by the BHP in a week/month/quarter  
- Percentage of patients seen in IBH who were screened for a given problem (e.g., depression)  
- Percentage of patients who screen positive for a problem  
- Percentage of patients who screened positive who were referred to the BHP for further assessment or intervention  
- Reason patients who screen positive were not referred to BHP for further assessment or intervention  
- Average number of clinic visits per patient per quarter (are those who need to be seen to ensure ongoing good health being seen regularly?)  
- Reasons patients with a given problem (e.g., diabetes) are not attending clinic appointments per recommended guidelines  
- Percentage of PCP patients who have been referred for IBH (IBH service penetration rate)  
- Percentage of PCP patients who have been treated by BHP  
- Percentage of PCP patients—who by diagnosis or panel—who should have been referred for IBH (are patients receiving appropriate evidence-based care?)  
- Percentage of patients with a clearly documented integrated treatment plan |
<table>
<thead>
<tr>
<th>Quadruple Aim Goal</th>
<th>Metric</th>
</tr>
</thead>
</table>
| **Cost**          | • Percentage of patients who were referred to the BHP who kept the appointment (patients with poor follow-up may have worse health, therefore demanding a higher overall treatment cost from the payer)  
• Percentage of patients who kept initial BHP appointment that were seen more than once  
• Percentage of patients who were referred for a BH appointment outside of the primary care clinic  
• Percentage of patients who were referred that kept the BH appointment outside of the primary care clinic  
• Type and duration of IBH treatment  
• Percent of patients newly prescribed psychotropic medication  
• Percentage of patients filling on psychotropic medications who fill their prescription  
• Number and type of diagnosis for patients who have high emergency room utilization  
• Number and type of diagnosis for patients who have higher hospital readmissions |
| **Provider Wellness** | • Percentage of primary care staff vacation days used versus unused  
• Average duration of lunch and breaks of primary care staff  
• Average number of days in a given period that primary care staff take lunch and breaks  
• Average number of days in a given period that primary care staff take breaks  
• Average number of hours primary care staff spend after the normal clinical hours (including documentation or correspondence completed at home, etc.)  
• Percentage of telephone consults, secure messages and other communication/documentation that occur during non-clinic work hours among primary care staff  
• The development of policies which make primary care staff wellness a priority (implementation metric) |
## Outcome Metrics (within the Triple Aim)

<table>
<thead>
<tr>
<th>Quadruple Aim Goal</th>
<th>Metric</th>
</tr>
</thead>
</table>
| **Experience of Care**      | • Level of patient satisfaction with access to general health services  
• Level of patient satisfaction with accessibility to IBH services  
• Level of patient satisfaction with effectiveness of physical health services  
• Level of patient satisfaction with effectiveness of IBH services  
• Level of primary care provider satisfaction with delivery of IBH services  
• Level of primary care staff knowledge and comfort level in IBH service provision |
| **Population Health**       | • Patient quality of life functioning (e.g., score on a quality of life measure)  
• Patient mental health functioning (e.g., score on a mental health measure)  
• Patient general health status  
• Patient general health indicators (e.g., body mass index, waist girth, weight, blood pressure, blood glucose levels, lipid levels, pain level, alcohol use, physical activity, tobacco use)  
• Percentage of improvement of number of enrollees in a given measure (e.g., body mass index or tobacco use) compared to previous year |
| **Cost**                    | • Annual percentage increase in per-capita costs  
• Emergency room visits per 100 enrollees per year for any reason  
• Emergency room visits per 100 enrollees per year for mental health presentation alone  
• Frequency of psychiatric hospital admissions  
• Frequency of hospital admissions  
• Number and severity of general health and BH relapses  
• Rate of appropriate psychotropic prescription |
Clinical Outcome Metrics Appropriate for Primary Care

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Clinical Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-9</td>
<td>Depression</td>
</tr>
<tr>
<td>GAD-7</td>
<td>Anxiety</td>
</tr>
<tr>
<td>SF-12</td>
<td>Medical symptoms and functioning</td>
</tr>
<tr>
<td>PAM</td>
<td>Motivation for health behavior change</td>
</tr>
<tr>
<td>BHM-20</td>
<td>Global mental health; overall functioning</td>
</tr>
<tr>
<td>WHOQOL</td>
<td>Quality of life measure</td>
</tr>
<tr>
<td>PEG</td>
<td>Measure of pain intensity and interference</td>
</tr>
<tr>
<td>Functional Outcomes of Sleep Questionnaire</td>
<td>Quality of life questionnaire to determine functional status due to sleep problems</td>
</tr>
<tr>
<td>Dallas Pain Questionnaire</td>
<td>Chronic pain and its impact on behavior</td>
</tr>
<tr>
<td>Columbia Suicide Severity Rating Scale (CSSRS)</td>
<td>Suicide</td>
</tr>
<tr>
<td>Duke Health Profile</td>
<td>Mental health symptoms</td>
</tr>
</tbody>
</table>
Optimizing Your Value: Key Concepts

Business Case Analysis (BCA) - A decision support and planning tool that projects the likely financial results and other business consequences of an action. The analysis essentially considers “What happens if we take this or that action?” and answers in business terms—business costs, business benefits, and business risks.
<table>
<thead>
<tr>
<th>Questions</th>
<th>Data Mining</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Is there a patient population in my practice that is not being treated?*&quot;</td>
<td>• Diagnoses across the population</td>
</tr>
<tr>
<td></td>
<td>• Your performance on HEDIS metrics</td>
</tr>
<tr>
<td></td>
<td>• PQRS</td>
</tr>
<tr>
<td>&quot;Is there a patient population in my practice that is being treated in a substandard manner?*&quot;</td>
<td>• Health maintenance completion rates*</td>
</tr>
<tr>
<td></td>
<td>• Yearly visit completion corresponding to diagnosis</td>
</tr>
<tr>
<td></td>
<td>• Diagnosis associated with referred services</td>
</tr>
<tr>
<td></td>
<td>• Population health (predominant populations treated by diagnosis)*</td>
</tr>
<tr>
<td></td>
<td>• Quality improvement and clinical performance metrics (e.g., HEDIS, UDS, etc.)</td>
</tr>
<tr>
<td></td>
<td>• PCMH NCQA metrics</td>
</tr>
<tr>
<td>&quot;Is there a patient population in my practice that is being treated in a way that takes time away from other patients due to their comorbid mental health difficulties?&quot;</td>
<td>• CPT coding</td>
</tr>
<tr>
<td></td>
<td>• Diagnosis coding</td>
</tr>
<tr>
<td></td>
<td>• Next available appointments</td>
</tr>
<tr>
<td></td>
<td>• Duplicated vs. unduplicated patients</td>
</tr>
<tr>
<td></td>
<td>• PQRS</td>
</tr>
<tr>
<td></td>
<td>• Clinical performance metrics</td>
</tr>
<tr>
<td>&quot;Are providers dedicating large amounts of time to complex duplicated patients each week?*&quot;</td>
<td>• Duplicated vs. unduplicated patients seen monthly</td>
</tr>
<tr>
<td></td>
<td>• CPT coding</td>
</tr>
<tr>
<td></td>
<td>• Diagnosis coding</td>
</tr>
<tr>
<td></td>
<td>• High-utilizing patients**</td>
</tr>
<tr>
<td>&quot;Are patients following through with recommendations for behavioral, mental, or psychiatric assistance?*&quot;</td>
<td>• Referral completion logs for behavioral, mental, and psychiatric care referrals</td>
</tr>
<tr>
<td></td>
<td>• Repeated referrals for the same diagnosis within a given period of time</td>
</tr>
</tbody>
</table>

*These are required to maintain your health and are metrics in healthcare (e.g., flu shot, annual exams, etc.; or population-specific requirements such as diabetes foot exam yearly, mammograms, colonoscopies, etc.)

** Identification of specific patients who visit PCPs ≥ 2x/month vs. patients who receive care ≤ 1x/month
WE’RE LOOKING AT A SIX FIGURE RETURN. UNFORTUNATELY, THEY ARE ALL ZEROS!
Optimizing Your Value: Key Concepts

Pro Forma - a method of calculating current or projective fiscal results; describes a presentation of data, in financial terms, where the data reflect the world on an “as-if” basis.
### Integrated Behavioral Health Provider Pro Forma For FQHC with Wrap-Around Funding PPS Rate $200.00 Visit. No Same-Day Billing Reimbursement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual CMS Visits per provider</td>
<td>2,750</td>
</tr>
<tr>
<td>Reimbursable visits (50% are same-day)</td>
<td>850</td>
</tr>
<tr>
<td>CMS Psychotherapy code visit</td>
<td>$200.00</td>
</tr>
<tr>
<td>Private Insurer</td>
<td>$50.00</td>
</tr>
<tr>
<td>CMS HBAM code visit</td>
<td>$200.00</td>
</tr>
<tr>
<td>Total Visits</td>
<td>1,375</td>
</tr>
<tr>
<td>Variable 1 Contribution Margin/Net</td>
<td>150</td>
</tr>
<tr>
<td>Per-Visit Reimbursement</td>
<td>$200.00</td>
</tr>
<tr>
<td>Grant funding</td>
<td>5,000</td>
</tr>
<tr>
<td>BHP Level Net Revenue</td>
<td>$254,300</td>
</tr>
<tr>
<td>Total Net Revenue</td>
<td>$259,300</td>
</tr>
<tr>
<td>Doctorate Level BHP (1.0 FTE)</td>
<td>$80,000.00</td>
</tr>
<tr>
<td>Benefits</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>Total compensation</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>Masters Level BHP (1.0 FTE)</td>
<td>$65,000.00</td>
</tr>
<tr>
<td>Benefits</td>
<td>$16,250.00</td>
</tr>
<tr>
<td>Total compensation</td>
<td>$81,250.00</td>
</tr>
<tr>
<td>CME</td>
<td>$1,750.00</td>
</tr>
<tr>
<td>Laptops</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Coding &amp; Billing Expense</td>
<td>$11,668.50</td>
</tr>
<tr>
<td>Total Expenses Doctorate Level</td>
<td>$114,918.50</td>
</tr>
<tr>
<td>Total Expenses Masters Level</td>
<td>$96,168.50</td>
</tr>
<tr>
<td>Doctorate Level BHP Revenue</td>
<td>$144,381.00</td>
</tr>
<tr>
<td>Masters Level BHP Revenue</td>
<td>$163,131.00</td>
</tr>
</tbody>
</table>
Proforma Development

✓ Human Resources

✓ Quality Improvement

✓ Healthcare Management

✓ Program Management and Growth

✓ Fiscal Sustainability
# Integrated Behavioral Health Provider Pro Forma

<table>
<thead>
<tr>
<th>Identify how many BH visits per year</th>
<th>X.XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify estimate of how many will be reimbursed</td>
<td>XX%</td>
</tr>
<tr>
<td>Consider listing</td>
<td></td>
</tr>
<tr>
<td>Est. reimb per Psychotherapy code visit</td>
<td>$XX</td>
</tr>
<tr>
<td>SBIRT/Brief Screening</td>
<td>$XX</td>
</tr>
<tr>
<td>Est. reimb per HBAI code visit</td>
<td>$XX</td>
</tr>
<tr>
<td>Total Visits</td>
<td>$XXXX</td>
</tr>
<tr>
<td>Total Number of Visits Reimbursed</td>
<td>$XXXX</td>
</tr>
<tr>
<td>Contribution Margin/Net</td>
<td>$XX.00 per visit</td>
</tr>
<tr>
<td>Doctorate Level Net Revenue</td>
<td>$XXXXX.00</td>
</tr>
<tr>
<td>Masters Net Revenue (usually pays between 10 and 20% less for private payers; 25% less for Medicare)</td>
<td>$XXXXX.00</td>
</tr>
<tr>
<td>List potential grants</td>
<td></td>
</tr>
<tr>
<td>Total Net Revenue</td>
<td>$XXXXX.00</td>
</tr>
<tr>
<td>Salary of your BHP</td>
<td></td>
</tr>
<tr>
<td>Doctorate Level (1.0 FTE)</td>
<td>$XXX,000</td>
</tr>
<tr>
<td>Benefits</td>
<td>$XXX,000</td>
</tr>
<tr>
<td>Total compensation</td>
<td>$XXX,000</td>
</tr>
<tr>
<td>Salary of your BHP</td>
<td></td>
</tr>
<tr>
<td>Masters Level (1.0 FTE)</td>
<td>$XXX,000</td>
</tr>
<tr>
<td>Benefits</td>
<td>$XXX,000</td>
</tr>
<tr>
<td>Total compensation</td>
<td>$XXX,000</td>
</tr>
<tr>
<td>Additional benefits</td>
<td></td>
</tr>
<tr>
<td>CME</td>
<td>$X,000</td>
</tr>
<tr>
<td>Laptops</td>
<td>$X,000</td>
</tr>
<tr>
<td>Personnel or program expenses</td>
<td></td>
</tr>
<tr>
<td>Coding &amp; billing expense</td>
<td>$XXX,000</td>
</tr>
<tr>
<td>Total Expenses Doctorate Level</td>
<td>$XX,000</td>
</tr>
<tr>
<td>Total Expenses Masters Level</td>
<td>$XX,000</td>
</tr>
<tr>
<td>Doctorate Level BHP Revenue</td>
<td>$XX,000</td>
</tr>
<tr>
<td>Masters Level BHP Revenue</td>
<td>$XX,000</td>
</tr>
</tbody>
</table>
Pro formas

Application:
- Is your organization using them now?
- What does your pro forma reveal?
- Who should be in charge of development?
- Who should review and monitor?
- Consider when to update your pro formas
- Recognize the linkage to job/program description and development
- Associate metrics for management
- Actively monitor with dashboards
- Align with data collection abilities
SHOW ME THE ROI !!
The Power of Data Mining

- Claims data (ROI for insurance companies)
- Joint ventures with insurance companies
- Registries
- Survey Data
- Electronic Health Records
- HIE (Health Information Exchanges)
- HEDIS, UDS, NQF, Physician Quality Reporting
- Self-reporting
Data Points

Clinical Indicators
- Mortality
- Health status
- Biometrics
- Disease prevalence
- Disability status
- Health Maintenance
- Health assessments (screening tools)
- ED visits
- Re-admission
- PHM

Standardization
- HEDIS
- PQRS

UDS / NQF / CMS
- Annual QI Goals
- RVUs/Productivity
- Fiscal ROI
- NCQA PCMH

Organizational
- Employee wellness
- Job satisfaction
- employment sustainment
- Satisfaction

Model
- Length of session
- CPT coding
- Diagnosis coding

Visit type
- Productivity
- Huddles
- Communication
- Documentation
Optimizing Your Value: Key Concepts

Return on Investment (ROI)
Cost Savings

Predictive Modeling
Direct Value
Comparisons
Justification
Sustainability
Return on Investment (ROI) - A performance measure used to evaluate the efficiency of an investment or to compare the efficiency of a number of different investments. ROI measures the amount of return on an investment relative to the investment’s cost. To calculate ROI, the benefit (or return) of an investment is divided by the cost of the investment, and the result is expressed as a percentage or a ratio.

\[
\frac{\text{gain from program} - \text{cost of program}}{\text{cost of program}} \times 100 = \text{percent of ROI}
\]
ROI Example

Behavioral health provider in a primary care practice:

8 direct billable patients per day (varied coding: 90832 to 96152, totaling $360/day)

Plus 2 shared patients per day (PCP is able to raise their level billing code for higher complexity, translating to an additional revenue of $60).

Thus, the BHP produced approximately $420 for the day. If the BHP works 18 days in a month, monthly total = $7560, which is $90,720 annually. The behavioral health provider gets paid $88,000 year (compensation and benefits); thus, your fiscal cost per month is $7,333 (88,000/12).

ROI:

\[
\frac{90,720 - 88,000}{88,000} = \frac{2,720}{88,000} = .03 \times 100 = 3\% \text{ return}
\]

With this calculation, the behavioral health provider is demonstrating a 3% fiscal return, which means for every $1 you spend in the program, the return is an additional .03 cents, an annual return of $2,720.
Optimizing Your Value: Key Concepts

Cost Savings - A measure used to demonstrate fulfillment of the objectives of a service at a cost lower than the historical cost or the projected cost. To calculate cost savings, the cost savings attributed to the program is divided by the cost of the program, and the result is expressed as a percentage or a ratio.

\[
\frac{\text{Cost Savings}}{\text{Standard Cost of Program}} \times 100 = \text{percent}
\]
Cost Savings

If you are not looking at reimbursable amounts or revenue, it may be more beneficial to complete ROI by showing the decision makers how your intervention will decrease over-utilization of healthcare services.

ED / Hospitalizations / PCP visits / Required

Labs / Diagnostics / Treatments / Medications / Psychoeducation

Key component: Consider provider delivered activities a BHP or other can do!

Then.....what else happens for the provider.....take a break? Educate/teach? See another patient?
Behavioral health provider in a primary care practice:

Psychiatric evaluation appointments with high no show rate (cost: 100$ per hour, 5x/week) = 500$

BHP to complete intakes (cost: 42$ per hour, 5x/week) = 210$

Thus, the BHP completes all initial intakes for the psychiatric provider to reduce no show costs and streamline the psychiatric provider into clinical care delivery. BHP cost is lower which has reduced cost for no shows.

Cost Savings: \[
\frac{500 \text{ (Psych) } - 210 \text{ (BHP)}}{500} = .58 \times 100 = 58\% \text{ savings}
\]

With this calculation, the behavioral health provider is demonstrating a 58% savings in costs.
Fidelity and Quality Metrics
HEDIS

- Psychiatric hospitalization (e.g., 7 and 30-day follow-up)
- Antidepressant medication adherence (e.g., 6 month treatment duration)
- Others include: treatment adherence for ADHD in children and schizophrenia in adults, treatment engagement for chemical dependency
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- Depression Remission, Response or Treatment Adjustment for Adolescents and Adults
- Depression Screening and Follow-up for Adolescents and Adults
- Emergency Department Utilization
Fidelity Measures

- Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ)
  

- Care Management / Collaborative Care Model (3CM Model)
  
  → Oxman et al., Med Care 2006;44: 1030–1037.
Other Ways of Calculating and Demonstrating Your Value

- Direct Revenue: dollars / Return on Investment

- Indirect Revenue (e.g., productivity, operational efficiency, etc.)

  - **Cost Savings**

  - **Cost Offset**: occurs when general healthcare savings are identified as exceeding the cost of the integrated care intervention.
5 Steps Review

1. Healthcare institution site license (legalities)
2. Site type
3. Payers (stakeholders)
4. Provider license type (workforce)
5. Service delivery and coding (business case)

Overcoming the reimbursement / fiscal sustainability challenge!
1. Understand your legal requirements

Identify your health care institution site licensure. This will define your parameters for service provision and hiring.

Identify and review your state office of administrative counsel rule making regarding your facility.

Review your state laws: Are you legally able to offer integrated care services? Do you need to complete a state application if you are preparing to offer integrated care or CMS services?
2. Site type (identify how your site is classified? E.g.: ACO, FQHC, RHC, etc)

Identify your site type (identify how your site is classified? E.g.: ACO, FQHC, RHC, etc). This will assist with identifying state and federal payment models and eligibility for quality reimbursement initiatives. Further, it will provide information on which professionals are reimbursable for which services.

This helps to identify the way you can receive direct reimbursement, health savings, and outcome measurements. Fiscal direct pro forma as well as return on investment and cost savings are primarily dependent on site. Many sites have specific eligibility for quality reporting and reimbursement models.

Are there rules, regulations, and support for my specific entity for integration? Do I have or wish to develop PCMH? Do I report specific behavioral metrics already related to chronic health conditions and behavioral health (HEDIS, NCQA, Joint Commission, PQRS, UDS), which I can leverage for PCBH development and quality health outcome improvements?
3. Stakeholder communication

Develop patient advisory councils, patient questionnaires, and/or community stakeholder meetings to identify needs, interest, and further insight into program development.

Utilize PCBH screening tools and questionnaires to identify and address provider needs in developing PCBH programming and services. Leverage data mining for common diagnoses, treatment considerations, screenings, CPT coding, registry use, and health maintenance and quality outcomes data for further program development.

Contact payers (insurance programs) to identify reimbursement (service types, program types), health savings, and outcome measurements needed for sustainability. Payers identify the licensure, regulations, and documentation requirements of providers, services, and programs. Identify specific state, federal, and private rules and regulations for integrated care services.
4. Workforce development and license needs

Provider license types identify the areas of specialty, education, training, and professional practice, which may be required or encouraged by payer systems, members, and providers. Action: In addition, review state, federal, and payer specific regulations related to licensure requirements for reimbursable and provided services.

Create EHR and practice infrastructure to support the services and requirements identified for integrated care.

Consider workforce development and formal training opportunities in team based care, population health, behavioral medicine, and creation of internships, and fellowships. Further, consider augmenting your workforce with training and leveraging community service professionals, allied health, and patient members to deliver specific evidenced based healthcare programs.

Understand your institution, site, stakeholder, and workforce requirements related to service delivery, documentation, coding, interventions, and privacy/consent requirements. Ensure all verbiage and service delivery descriptions are aligned for integrated team based care.
5. Business case development, service delivery, and coding

Ensure the service delivery, essential coding, site, payer types, and licensure are aligned appropriately.

Identify the business cost of all professionals/programs and the pro forma related to billing and/or cost savings for program and performance monitoring.

Create auditing tools for successful monitoring, continuity of care, quality outcomes, and fiscal measurement. Ensure interventions and documentation meets expectations (continuity, quality care, and regulatory).

Create a formal business case and proposal for PCBH services inclusive of return on investment, shared-cost savings, pro formas, and direct reimbursement metrics which align with provider and patient satisfaction, population health improvement, and healthcare costs reduction (quadruple aim).
5 Steps Review

1. Healthcare institution site license (legalities)
2. Site type
3. Payers (stakeholders)
4. Provider license type (workforce)
5. Service delivery and coding (business case)

Overcoming the reimbursement / fiscal sustainability challenge!
Financial Strategic Planning and Management for Sustainability
Strategic Planning for Sustainability

- Pro forma Development
- Data Mining
- Quality Metrics
- Dashboards, Benchmarking, Monitoring
- ROI
- Cost Savings
- Understand RVUs
- 5 Steps to Fiscal Support of IBH Programs
- Create an Integrated Behavioral Healthcare Strategic and Operational Financial Plan
Conclusions

If you don’t feel compelled to prove your value, someone will ask you to do it, eventually.

Regarding metrics...just ensure you ask “good” questions and the data will give you “good” answers.

Outcomes tell us “what” and process/operational metrics help us understand “why.”

There are many ways to demonstrate ROI and they may not be in direct revenue.

There are many options when it comes to measuring quality; while there are fewer options for fidelity measurement, that doesn’t make it any less important.

If your “success story” is not sustainable, consider developing a new story.

Do your homework for sustainability!

Plan, implement, evaluate, iterate, repeat
Final Questions
For Further Information

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  Uniformed University of Health Sciences
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Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!